



# Unani Perspectives on Waja ‘al-Mafāṣil (arthritis): Classification, Clinical Features, and Therapeutic Approaches

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## ABSTRACT

**Background:** *Waja‘al-Mafāṣil* (arthritis) is one of the most common musculoskeletal disorders described in Unani medicine, correlating with modern entities such as osteoarthritis, rheumatoid arthritis, and gout. Classical physicians, including Rāzī, Ibn Sīnā, and Jurjānī, provided detailed descriptions of its etiology, symptomatology, and management.

**Objective:** This review aims to present the concept, classification, and therapeutic approaches of *Waja‘al-Mafāṣil* in Unani medicine and correlate them with modern understanding.

**Methods:** Relevant classical Unani texts and contemporary scientific literature were reviewed to compile data on the definition, classification, causes, symptoms, and management of *Waja‘al-Mafāṣil*.

**Results:** Unani scholars classified *Waja‘al-Mafāṣil* based on severity (acute, chronic), site of involvement (e.g., *Niqris*, *Waja‘al-Warik*, *‘Irq al-Nasā*), and underlying humoral imbalance (*balghamī*, *damawī*, *safrawī*, *saudawī*, or *rīḥī*). Clinical features include pain, swelling, stiffness, and restricted joint movement, closely resembling modern descriptions. Management is holistic, comprising *Ilāj bi’l-Tadbīr* (regimenal therapy), *Ilāj bi’l-Ghizā* (dietotherapy), and *Ilāj bi’l-Dawā* (pharmacotherapy). Regimenal measures such as massage, venesection, and leech therapy are used for evacuation of morbid matter. Dietary regulations emphasize easily digestible and temperament-correcting foods. Pharmacotherapy includes single drugs like *Suranjān* (*Colchicum luteum*), *Asgand* (*Withania somnifera*), *Zanjabil* (*Zingiber officinale*), and *Muqil* (*Commiphora mukul*), as well as compound formulations such as *Ma’jūn Suranjān* and *Itrifāl Muqil*. Many of these have documented anti-inflammatory and analgesic properties.

**Conclusion:** The Unani concept of *Waja‘al-Mafāṣil* provides a comprehensive and holistic framework for understanding and managing arthritis. Its therapeutic approaches, particularly the use of *Suranjān* and other time-tested formulations, parallel modern treatments. Further scientific validation and clinical trials are required to integrate these Unani interventions into contemporary healthcare.

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## Introduction

### Terminology and Definition

The term *Waja‘al-Mafāṣil* is an Arabic term composed of two words: *Waja‘* meaning “pain” and *Mafāṣil* meaning “joints” [1]. Medically, pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage [2]. Thus, *Waja‘ al-Mafāṣil* refers to pain in the joints. If pain is localized to specific joints, it is designated accordingly, for example, *Niqris* for pain in the toe, *Waja‘ al-Wark* for pain in the back, and *Waja‘ al-Rakba* for pain in the limbs. *Waja‘ al-Mafāṣil* is also known as *Hudār* and *Gathiya* [3-6].

### Historical Perspective

The disease *Waja‘ al-Mafāṣil* (Osteoarthritis) has been described since ancient times. It was mentioned in old Egyptian, Greek, and Roman

medical texts and elaborated extensively in Unani classical literature. Hippocrates compiled the first known treatise on the disease in his book *Kitāb al-Mafāṣil*. Dioscorides (70 AD) provided further detailed description in *Kitāb al-Hashāi‘sh*. Subsequently, Rufus of Ephesus (117 AD) authored *Kitāb Auja‘ al-Mafāṣil*, and Galen (129-217 AD) discussed it in *Kitāb al-‘Ilal wa’l-A‘rād* [7,8].

### Correlation with Modern Medicine

On careful comparison of the clinical features and descriptions, *Waja‘ al-Mafāṣil* closely resembles Osteoarthritis (OA). Therefore, it may be inferred that Osteoarthritis is the modern equivalent of *Waja‘ al-Mafāṣil*.

### Epidemiology

Worldwide, 10-15% of adults over the age of 60 years are estimated to be affected by osteoarthritis (OA) to some degree [9]. It is recognized as the leading cause of disability among older adults [10].

In 2020, OA affected 595 million people globally, representing 7.6% of the world’s population. This marked a 132.2% increase in cases since 1990.

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Projections suggest that by 2050, the prevalence will further increase: by 74.9% for knee OA, 48.6% for hand OA, 78.6% for hip OA, and 95.1% for other sites compared with 2020 levels [11].

In India, OA is the second most common rheumatologic condition, with a prevalence ranging between 22–39% [5,6]. The knee joint is the most frequently affected site. Approximately 20.4% of OA cases are attributable to high BMI, highlighting obesity as a major risk factor [12].

Radiographic evidence reveals that about 30% of men and women over 65 years have knee OA. Furthermore, 80% of affected individuals experience mobility limitations, and 25% are unable to perform essential daily activities due to the disease. Beyond physical disability, OA exerts a significant impact on mental health and imposes substantial healthcare costs and resource burdens [9].

Gender disparities are well-documented. Women are more likely than men to develop OA [13]. Studies consistently report a higher prevalence, greater severity, and more frequent multi-joint involvement among women, particularly affecting the hands, knees, ankles, and feet. In India, OA can manifest in women at a relatively younger age, especially among those over 46 years and post-menopausal [14,15].

### Classification of Waja' al-Mafāšil

Physicians of **Unani medicine** have classified *Waja' al-Mafāšil* on various bases:

#### 1. Based on Severity of Clinical Features and Duration [16]

- **Hād (Acute):** Sudden onset with severe pain and inflammation.
- **Muzmin (Chronic):** Slow, persistent, and long-standing disease.

#### 2. Based on Site of Involvement (as described by Aḥmad Ḥasan Jurjānī) [17]

- **Niqris:** Pain affecting the toe (often correlated with gout).
- **Waja' al-Warik:** Pain in the hip joint.
- **'Irq al-Nasā:** Pain radiating along the course of the sciatic nerve (sciatica).

#### 3. Based on Sū'-i-Mizāj (Morbid Temperament) and Accumulation of Fāsīd Mādā (Abnormal Matter) (as per Ḥakīm Muḥammad A'zam Khān) [3]

##### A. Waja' al-Mafāšil Mufrad (Simple type):

Here, only *Sū'-i-Mizāj* (morbid temperament) is involved without abnormal matter.

- *Waja' al-Mafāšil Ḥār* (Hot type)
- *Waja' al-Mafāšil Bārid* (Cold type)

##### B. Waja' al-Mafāšil Murakkab (Compound type):

In this type, *Sū'-i-Mizāj* occurs with involvement of abnormal matter.

- *Waja' al-Mafāšil Balghamī* (Phlegmatic)
- *Waja' al-Mafāšil Damawī* (Sanguineous)
- *Waja' al-Mafāšil Ṣafrāwī* (Bilious)
- *Waja' al-Mafāšil Sawdāwī* (Melancholic)

##### C. Waja' al-Mafāšil Riḥī (Gaseous type):

In this type, there is accumulation of **morbid gases** (*Riḥ fāsīda*) in the joints instead of matter.

### Etiopathogenesis

#### Unani Perspective

In Unani literature, the cause of *Waja' al-Mafāšil* (Osteoarthritis) is generally described as **Sū'-i-Mizāj** (morbid temperament). However, various physicians elaborated additional causal factors:

- **Ibn Sīnā (Avicenna):** He categorized causes into two types:
  - *Sabab-i-Munfa'ila* (*Passive Cause*): Refers to organs that are inherently susceptible to disease.
  - *Sabab-i-Fā'ila* (*Efficient Cause*): Refers to abnormal matter (*Fāsīd Mādā*) that accumulates in the joints and produces disease.

Ibn Sīnā emphasized that the *Passive Cause* is more dominant than the *Efficient Cause*, since abnormal matter can cause disease only if it accumulates in joints, which is facilitated by dilation in the joint cavities (*Majāri Ṭabī'iyya*).

Joints (*Mafāšil*) are considered more prone to disease due to their spacious structure, weak temperament, and cold nature, being distant from the heart (*Mudabbir-i-Awwal* and seat of *Ḥarārat Gharīziyya* – innate heat). This cold nature predisposes them to accumulation of abnormal matter, which may harden like lime, leading to stiffness, hardness, or abnormal tissue growth, causing pain [18].

- **Najībuddīn Samarqandī:** Attributed the cause to weakness of the joint and infiltration of morbid matter [19].
- **Ḥakīm Muḥammad Sharīf Khān:** Mentioned *Imtilā'* (plethora), chronic indigestion, and excessive coitus as causes of *Waja' al-Mafāšil* [20].
- **General Unani View:** Causative factors include:
  - *Sū'-i-Mizāj Ḥār Waramī* (inflammatory temperament)
  - *Sū'-i-Mizāj Bārid Mujammid* (cold and coagulating temperament)
  - *Sū'-i-Mizāj Yābis Qābiḍ* (dry and astringent temperament)

These alterations may affect the whole body or specific organs. The *Sū'-i-Mizāj* may be:

- *Sāda* (simple), or
- *Māddī* (substantial), involving abnormal matter similar to *Akhlāṭ* (humours) or *Ghalīz Riyāḥ* (thick gaseous matter).

Ibn Sīnā also noted that pain may result from accumulation of *Rīm* (pus) in the joints [3].

### Modern Scientific View

Osteoarthritis (OA) is considered a disease of joint failure, in which all joint structures undergo pathologic alteration, often simultaneously.

- **Initiation:** Joint injury in the context of impaired protective mechanisms is usually the first step.
- **Protective Structures:**
  - *Ligaments* and the *joint capsule* limit joint excursion, acting as protectors.
  - *Synovial fluid* reduces friction between articulating cartilage, with lubrication dependent on **hyaluronic acid** and **lubricin**, secreted by synovial fibroblasts. Their levels decrease following joint damage and synovial inflammation.
- **Neuromuscular Protection:**
  - Ligaments contain mechanoreceptor sensory afferents, similar to those in skin and tendons.
  - These receptors provide feedback to muscles and tendons, enabling anticipatory contraction to reduce stress across joints.
  - Muscles and tendons spanning the joint are crucial protectors: their coordinated contractions distribute joint forces evenly, reduce focal stress, and prevent impact-induced cartilage wear.

Thus, osteoarthritis develops when these **joint protectors (capsule, ligaments, synovial fluid, muscles, tendons, and bone)** fail to maintain homeostasis, leading to progressive cartilage damage and joint dysfunction [12,21].

### 'Ālāmāt wa Nishāniyān (Clinical Features) of Waja' al-Mafāšil

In Unani Medicine, the clinical features of *Waja' al-Mafāšil* (Arthralgia/Arthritis) depend upon:

- **Mizāj (Temperament):** It may arise due to *Sū'-i-Mizāj* (morbid temperament), either **Ḥār** (hot), **Bārid** (cold), **Raṭb** (wet), or **Yābis** (dry).
- **Akhlāṭ (Humours):** It may be due to the predominance of one of the humours – **Dam** (sanguine), **Balgham** (phlegm), **Ṣafrā'** (yellow bile), or **Sawdā'** (black bile) [3].

Accordingly, *Waja' al-Mafāšil* is classified into:

1. Waja' al-Mafāsil Ḥārr [22]

This type may be:

- **Sāda (simple):** Without involvement of Mādḍa (pathological matter).
- **Māddī (substantial):** With involvement of Mādḍa, leading to Damawī or Ṣafrāwī varieties.

General Features

- **Malmas (palpation):** Hot on touch.
- **Cold exposure:** Relieves symptoms.
- **Heat exposure:** Aggravates symptoms.

(A) Waja' al-Mafāsil Damawī [17,22-24]

- **Cause:** Predominance of **Khilṭ Dam**.
- **Onset:** Sudden with moderate pain.
- **Site:** Signs of inflammation with tightness, heaviness, and fluctuation.
- **Malmas:** Hot.
- **Aggravation:** Heat exposure.
- **History:** Intake of *Muwallid-i-Dam Aghdhiya* (sanguine-producing diets).

(B) Waja' al-Mafāsil Ṣafrāwī [22,23]

- **Cause:** Predominance of **Khilṭ Ṣafrā'**.
- **Onset:** Acute, sudden, with severe throbbing pain (more than Damawī).
- **Site:** Slight yellowish redness, burning sensation, mild swelling.
- **Malmas:** Very hot, with less tightness and swelling compared to Damawī.
- **Aggravation:** Heat exposure.
- **Relief:** Cold exposure.
- **Nabḍ (pulse):** Sarī' (rapid).
- **Bawl (urine):** Nārī (flame-yellow).

2. Waja' al-Mafāsil Bārid [22]

This type may be:

- **Sāda (simple):** Without Mādḍa involvement.
- **Māddī (substantial):** With Mādḍa involvement, leading to Balghamī or Sawdāwī varieties.

General Features

- **Malmas:** Cold on touch.
- **Hot exposure:** Relieves symptoms.

(A) Waja' al-Mafāsil Balghamī [17,22,23]

- **Cause:** Predominance of **Khilṭ Balgham** (most common).
- **Onset:** Gradual, persistent dull aching pain.
- **Site:** Swollen, soft, whitish.
- **Malmas:** Cold with heaviness.
- **Mizāj:** Balghamī temperament.
- **Aggravation:** Cold exposure.
- **Relief:** Heat.

(B) Waja' al-Mafāsil Sawdāwī [22-24]

- **Cause:** Predominance of **Khilṭ Sawdā'**.
- **Onset:** Rare.
- **Site:** Very dry with hyperpigmentation.
- **Pain:** Mild with heaviness.
- **Malmas:** Hard and cold.
- **Aggravation:** Cold exposure.

- **Relief:** Things of Ḥārr (hot) and Raṭḅ (moist) temperament.

3. Waja' al-Mafāsil Rihī [20]

- **Cause:** Involvement of Rih (gases).
- **Malmas:** Light on touch.
- **Pain:** Fleeting, migratory, with tension (Waja' Mumaddid).

Uṣūl-i-'Ilāj wa 'Ilāj (Principles of Treatment and Treatment) [3,7,18,25-28]

In Unani medicine, the management of **Waja' al-Mafāsil** (Osteoarthritis/ Joint pain) is based on fundamental therapeutic principles as well as specific treatment modalities.

Uṣūl-i-'Ilāj (Principles of Treatment)

1. **Avoidance of Exertion:** In case of severe pain, the patient should avoid long-distance walking.
2. **Joint Support:** The affected joint may be supported with medical crutches to reduce strain.
3. **Izāla'-i-Sabab (Removal of Cause):** Primary aim is to eliminate the underlying cause.
4. **Tanqiya'-i-Mawād (Evacuation of Morbid Matter):** Removal of *Fāsīd Mādḍa* (morbid matter) accumulated in the joints is considered the prime goal.
5. **Imāla Mawād (Diversion of Morbid Matter):** If evacuation is not possible, morbid matter should be diverted towards organs from where it can be easily excreted.
6. **Tasliy-i-Alam (Relieving Pain and Inflammation):** Administration of *Muhallil-i-Awrām* (anti-inflammatory and resolvent) drugs.
7. **Ta'dil Mizāj (Correction of Temperament):** If the disease is due to derangement of temperament, corrective measures should be adopted to restore balance.
8. **Taqwiya'-i-Quwwat Mudabbira-i-Badan (Strengthening Medicatrix Naturae):** Enhancing the natural healing power of the body.

'Ilāj (Treatment)

Ibn Sīnā emphasizes that Waja' al-Mafāsil must be treated at the earliest, as chronicity makes treatment more difficult. Rāzī highlights the role of *Riyāḥ* (abnormal wind) as a causative factor, and thus treatment should also focus on its management.

In the Unani system, treatment is stratified into three major modalities:

1. 'Ilāj bi'l Ghidhā' (Dietotherapy)
2. 'Ilāj bi'l Tadbīr (Regimenal Therapy)
3. 'Ilāj bi'l Dawā' (Pharmacotherapy)

These are employed either singly or in combination, depending upon disease severity.

1. 'Ilāj bi'l Tadbīr (Regimenal Therapy)

- **Hijāma (Cupping), Dalk (Massage), Riyāzat (Exercise), Irsāl-i-'Alaq (Leeching)** are recommended for *Tanqiya'-i-Mawād* and *Imāla Mawād*.
- 'Alī ibn 'Abbās Majūsī advised regular exercise before meals and after digestion, as well as elimination of morbid matter through vomiting and diuretics.
- Rāzī strongly recommended exercise and massage as beneficial measures [3,29]

2. 'Ilāj bi'l Ghidhā' (Dietotherapy)

- Modification of diet is essential.
- Majūsī advised avoiding excessive eating, heavy diets, alcohol, sweets, and juicy fruits (*Raṭḅ*).
- Rāzī discouraged meat intake, recommending vegetables instead, but permitted bird meat in Waja' al-Mafāsil.
- Cold and phlegm-producing diets must be restricted, as they aggravate symptoms and reduce drug efficacy [23,24,27,28].

### 3. 'Ilāj bi'l Dawā' (Pharmacotherapy)

- Includes Mufradāt (single drugs) and Murakkabāt (compound formulations) of plant, mineral, animal, or mixed origin.
- Internal and external medications are used depending on disease severity.
- Mundij (concoctive) and Mushil (purgative) therapy is considered important for evacuation of morbid matter.
- Anti-inflammatory, analgesic, temperament-corrective, bone- and muscle-strengthening drugs are recommended to reduce pain, correct humoral imbalance, and restore joint strength [3,23,27,28].

### Pharmacological Management in Unani Medicine

#### Mufradāt (Single Drugs) [7,19,22,23,28]

A large number of single drugs (Mufradāt) have been used in the management of Waja' al-Mafāsil (Arthritis).

Some important drugs include:

- Suranjān (*Colchicum luteum* Baker.)
- Buzidān (*Tanacetum umbelliferum*)
- Asgand (*Withania somnifera* Linn.)
- Babūna (*Matricaria chamomilla* Linn.)
- Elva / Aloe (*Aloe barbadensis* Mill.)
- Muqil (*Commiphora mukul* [Hook. ex Stocks])
- Halīla Siyāḥ (*Terminalia chebula* Retz.)
- Khulanjān (*Alpinia galanga* Willd.)
- Turbud (*Operculina turpethum* Linn.)
- Zanjabil (*Zingiber officinale* Rosc.)
- Filfil Siyāḥ (*Piper nigrum* Linn.)
- Dār Filfil (*Piper longum* Linn.)
- Anīsūn (*Pimpinella anisum* Linn.)
- Ḥiltīt (*Ferula foetida* Regel.)
- Shaḥam Ḥanzal (*Citrullus colocynthis* Schrad.)

Among these, **Suranjān (*Colchicum luteum* Baker.)** is most frequently emphasized by eminent Unani physicians such as *Rāzī*, *Ibn Sīnā*, *Azam Khān*, *Arzānī*, and *Kabīr al-Dīn*. It is employed both internally and externally in various formulations. Suranjān acts as an analgesic, strengthens joints, and eliminates morbid matter from the body.

#### Murakkabāt (Compound Drugs)

##### 1. For Oral Administration [3,17,19,30-33]

Numerous compound formulations are described in Unani literature for arthritis, including:

- **Ayarij** preparations – Ayarij-e-Shabyar, Ayarij-e-Loghaziya, Ayarij-e-Harmas, Ayarij-e-Faiqra
- **Ḥabb** preparations – Ḥabb-e-Āfiyat, Ḥabb-e-Asgand, Ḥabb-e-Suranjān, Ḥabb-e-Ayarij, Ḥabb-e-Azraqi, Ḥabb-e-Chobchini, Ḥabb-e-Hudar, Ḥabb-e-'Irq-un-Nisā, Ḥabb-e-Sammul Far, Ḥabb-e-Mafāsil, Ḥabb-e-Gul-e-Ākh
- **Ma'jūn** preparations – Ma'jūn-e-Suranjān, Ma'jūn-e-Chobchini, Ma'jūn-e-Gheekwar, Ma'jūn-e-Muddat-ul-Hayat, Ma'jūn-e-Musaffi-e-A'zam, Ma'jūn-e-Azraqi, Ma'jūn-e-Ushba, Ma'jūn-e-Yahya Bin Khalid, Ma'jūn-e-Falāsifa, Ma'jūn-e-Jograj Guggul
- **Others** – Kushta Gaudanti, Jawārish Safājali, Itrifāl-e-Muqil Mulayyin, Halwa Gheekwar

##### 2. For External Application [3,17-19,31,34,35]

Topical formulations (mostly oils – *Roghanāt*) are widely employed for symptomatic relief and to strengthen joints. Commonly used are:

- **Roghanāt based on single drugs** – Roghan-e-Suranjān, Roghan-e-Bābūna, Roghan-e-Qust, Roghan-e-Zaitūn, Roghan-e-Mafāsil, Roghan-e-Marzanjosh, Roghan-e-Bādām, Roghan-e-Chobchini, Roghan-e-Balsān

- **Compound Roghanāt** – Roghan-e-Chahār Barg, Roghan-e-Haft Barg
- **Special oils** – Roghan-e-Dhaturā, Roghan-e-'Aujā, Roghan-e-Gul-e-Ākh, Roghan-e-Satawarī, Roghan-e-Jundābedastar, Roghan-e-Mom, Roghan-e-Ḥanzal, Roghan-e-Sosan, Roghan-e-Kuchla

### Discussion

*Waj' al-Mafāsil* (arthritis) has been described in detail by eminent Unani physicians such as *Rāzī* and *Ibn Sīnā*, who linked its origin to derangement of humours, mainly *balgham* and *saḥra*. The classical symptomatology like pain, swelling, stiffness, and restricted mobility closely resembles the modern understanding of arthritis, including osteoarthritis, rheumatoid arthritis, and gout.

Unani management is based on a holistic approach that includes *Ilaj bi'l-Tadbir* (regimenal therapy), *Ilaj bi'l-Ghiza* (dietotherapy), and *Ilaj bi'l-Dawa* (pharmacotherapy). Regimenal measures like massage, steam bath, venesection, and leech therapy aim at elimination of morbid matter and symptomatic relief. Dietary advice emphasizes easily digestible and warming foods while avoiding cold and damp-inducing items.

Pharmacotherapy remains central, with both Mufradāt (single drugs) such as *Suranjān* (*Colchicum luteum*), *Asgand* (*Withania somnifera*), *Zanjabil* (*Zingiber officinale*), and *Muqil* (*Commiphora mukul*) and Murakkabāt (compound formulations) like *Ma'jūn Suranjān*, *Habb-e-Suranjān*, and *Itrifal-e-Muqil*. These medicines demonstrate analgesic, anti-inflammatory, and metabolism-correcting actions. Notably, the use of *Suranjān* aligns with modern colchicine therapy in gout, showing the relevance of Unani principles today.

Thus, the Unani approach to *Waj' al-Mafāsil* not only provides symptomatic relief but also focuses on humoral balance and long-term disease control. Its holistic philosophy can complement modern medicine if supported by scientific validation.

### Conclusion

*Waj' al-Mafāsil* (arthritis) has been recognized and treated in Unani medicine since antiquity, with detailed descriptions of etiology, pathology, clinical features, and therapeutic strategies. The Unani approach is unique in its holistic vision, encompassing regimenal therapy, dietary regulation, and pharmacotherapy. Both single drugs (*Mufradāt*) like *Suranjān*, *Asgand*, *Zanjabil*, and compound formulations (*Murakkabāt*) such as *Ma'jūn Suranjān*, *Ayarijāt*, and *Roghan-e-Mafāsil* continue to hold therapeutic significance.

The emphasis on detoxification, humoral balance, and joint strengthening demonstrates an advanced understanding of chronic joint disease management. With growing global interest in traditional systems of medicine, Unani formulations could serve as effective, accessible, and affordable options for arthritis, provided they are scientifically validated.

Future directions must focus on pharmacological studies, clinical trials, and standardization of classical formulations to integrate Unani medicine into modern evidence-based practice. By combining traditional wisdom with contemporary scientific approaches, Unani remedies have the potential to contribute significantly to the management of arthritis and improve patient quality of life.

**Conflict of Interest:** None.

**Ethical Consideration:** None

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