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Rationale of Ancient Pragmatic Approach in Therapeutics of *Falij-e-nisfi* (Hemiplegia): A Review Article

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ABSTRACT

Falije Nisfi (Hemiplegia) is a disease causing loss of sensations and movements in longitudinal half of the body. It is the commonest form of paralysis, occurring due to cerebrovascular accident or stroke. Despite the advancements in modern technology and drug development, the figures in terms of deaths and disability caused by stroke grossly suggest the limitations in its management. Unani system of medicine asserts to possess treatment for recovery in *Falije Nisfi* (Hemiplegia). Unani Physicians such as Buqrat, Jalinoos, Ibne Sina, Razi and all successors have discussed *Falije Nisfi* (Hemiplegia) and described the risk factors, etiology, signs and symptoms, pathophysiology, prognosis, treatment and complications in detail. In this article authors delineate the Unani concept of *Falije Nisfi* (Hemiplegia).

Keywords: *Falije Nisfi*; Stroke, Hemiplegia, Unani Medicine;

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INTRODUCTION

Falij is described as paralysis or paresis of longitudinal half of the body starting either below the neck, sparing head and face or covering the entire longitudinal half of the body, from head to toe.^{1,2} This description draws analogy with modern term of hemiplegia. Hemiplegia is the commonest form of paralysis, occurring due to cerebrovascular accidents or stroke.³ Stroke is the second most common cause of death and major cause of disability worldwide. *Falij* occurs due to *Sudda* (obstruction) in *Asab* (nerves), *Sharain wa Auradah* (arteries and veins) and *Butoone Dimagh* (cerebral hemisphere).⁴ This *Sudda* is usually composed of *Ghaleez* and *Luzj Balgham* (Thick and viscid phlegm). *Ghaleez* and *Luzj Balgham* (Thick and viscid phlegm) arrest penetration of *Rooh Hassas* (sensory impulses) and *Rooh Muharrik* (motor impulses) into the organ to cause *Falij*. It may also occur due to failure of the organ to respond to the stimulation by *Arwah* owing to *Fasad* in their *Mizaj*.^{1,2,5}

The older people, entering into their advanced age with development of *Barid mizaj* (cold temperament), living in cold weather, and inflicted by *Imtila* (Plethora) carry greater risk to be struck by *Falij*. Since *Falij* is caused due to *Ghair Tabai Balgham*; hence, the *Mizaj* (Temperament) of *Falij* is also considered as the *Mizaj* of *Balgham* i.e. *Barid Ratab* (cold and wet).^{1,2,5,6}

According to Avicenna “*Tanqia* should be the first choice if the cause of a disease is morbid *Akhlat*”.¹

The Unani treatment of *Falije Nisfi* consists of *Tanqia Mawade Raddiya* (evacuation and cleansing) *Ta'deel Mizaj* (rejuvenation), *Taqwiate Aam* and *Taqwiate Aasab*.¹

Definition

Falij is an arabic word which literally means “to Halve”.^{1,2} in terminology, it refers to *Istirkha* (paresis or weakness) of any part of the body as a very broad term loosely attached to any part weakened or paralysed, and another in a specific, or exclusive term of paralysis or paresis of longitudinal half of the body starting either below the neck, sparing head and face or covering the entire longitudinal half of the body, from head to toe.^{1,2} Ancient *Unani* physicians used both terms synonymously.² The above description draws analogy with hemiplegia. Hemiplegia is the commonest form of paralysis, involving the arm, leg, and sometime the face on one side of the body. According to the modern medicine Hemiplegia stands as the classic sign of all cerebrovascular diseases. The WHO has defined stroke as “rapidly developing clinical signs of focal (at times global) disturbance of cerebral function, lasting more than 24 hours or leading to death with no apparent cause other than that of vascular origin.”³

Risk factors According to the Unani System of medicine

Falij (Paralysis) may occur at any age, at any time, in either sex but it usually affects people having *Barid Mizaj*. *Falij* usually occurs due to *Sudda* (Obstruction), *Warm* (Inflammation), *Imtila* (Plethora), and *Baroodat* (coldness), which obstructs the passages of *Rooh*.^{1,7,8} Unani physicians described several risk factors causing *Sudda*, *Warm* or *Imtila*. Most important among them are advanced age, cold weather, cold temperament, physical inactivity, over eating, excessive sleeping habit, alcohol consumption and obesity.^{1,8}

The classical definition of TIA is recent one but the transient attack, facial palsy, flickering, twitching etc. have been attributed the bellwether of paralysis in classical Unani literature since ancient times. Ibne Sina described the transient attack as follows: “If the twitching or flickering is more in the body, phlegm must be evacuated to prevent the persons from being afflicted by apoplexy and *Tashannuj*.”¹

Etiology

In Unani literature, *sababe kulli*(general causes) of *Falij* have been grouped into two principal categories.

1. Causes leading to obstruction in the pathways of *Roohe Hassas* and *Muharik* preventing their entry into the organs. This obstruction may be due to a *Sudda* impacted in nerves, arteries, veins, or *Batoone dimagh* (cerebral hemisphere). *Sudda* is caused due to deposition of foreign material in the passages, which may be pathogenic in nature due to its increased viscosity, tenacity, enormous quantity, or solidity. Other causes which hamper the *Rooh* to reach the organ are *Zarba wa Saqta*, Inclination or deviation of vertebrae, *Ghaleez* and *Luzj Ratoobat*, *Buhran*, *Warm*, and *Imtila*.^{1,7,8,9}
2. Unresponsiveness of organ to *Roohe Hassas* and *Muharik*:^{1,2} Sometimes, the organs fail to respond to normal entry of *Roohe Hassas* and *Muharik* due to *Fasad* (abnormality) in their *Mizaj* leading to loss of sensation and movement in them. This *Fasad* in *Mizaj* may be due to abnormally excessive *Hararat*, *Baroodat*, *Yaboosat* or *Ratoobat*, but this *Hararat* and *Yaboosat* seldom affects movements and sensation except in extreme conditions. Usually the *Fasad* in *Mizaj* is due to superfluous *Baroodat* and *Ratoobat* and often cause loss of movement and sensation.^{1,2}

Pathophysiology

Unani physicians mentioned that *Hararate Ghariziya* (innate heat) declines as the age advances, causing dominance of *Baroodat*.⁹ In presence of risk factors and primary causes, a person becomes more susceptible to develop neurological disorders such as *Rasha*, *Khadr* and *Falij*. They mentioned that *Falij* is caused due to constriction of pores, *Imtila* (Hypertension), *Sudad* (obstruction) and *Warm* (Inflammation). *Sudda* is caused due to impaction of foreign material in the passages, which may be pathogenic in nature due to its

increased viscosity, tenacity, and enormous quantity. Unani physicians mentioned that physical inactivity and alcohol drinking produces *Imtila*, and *Imtila* causes rupture of vessels.
1, 10

Prodromal features

Prodromal features of *Falij* have also been discussed almost by all Unani physicians. Raban Tabri and Ibne Hubal Baghdadi described the prodromal features of *Falij* as Heaviness of head,¹ sudden severe headache,⁸ blackouts, engorgement in the vessels of the neck, coldness of extremities, twitching in whole body, heaviness in feet, difficulties in movement, giddiness¹⁰ and vomiting.¹¹

Razi describes the prodromal features as sudden severe headache, blurring of vision, cold peripheries, generalized twitching in body, feeling of heaviness in movements.

CLINICAL FEATURES

Tabri specified the reason of variation in sign and symptom of brain in his book '*Moalajat Buqratiya*' that intensity and severity of neurological disorders vary widely according to the active humour, nature of the morbid material, and its accumulation at a specific site in the brain.⁴ Similarly, other physicians also emphasized the importance of site of lesion in the brain and relationship with different signs and symptoms. Jalinoos stated "if lesion is in the origin of the spinal cord, it leads to the paresis of whole body except face",⁸ he further stated "inward prolapse of vertebrae leads to paralysis of whole body".⁸ Unani Physicians classified the functions of brain under the heading of *Quwwat Nafsaniya* which is divided into two major types, namely, *Quwwat Mudrika and Muharrika*.⁹ Manifestations in neurological disorders occur due to malfunctions of these *Quwwat*. Disorders of brain are diagnosed by sensory functions, higher mental functions comprising recalling, thinking, imagination, vision, speculation and motor functions. The clinical manifestations in sensory functions of eye, ear, nose, skin, and tongue occur in three ways: weakness of functions, loss of functions and misrepresentation or ambiguity in functions.¹ Clinical symptoms occurring due to disturbance in motor or sensory functions manifest either as loss of function or weakness of function. Abnormal positive movement like twitching, shivering, yawning, stretching are included among abnormalities of motor functions.⁹

Prognosis

Physicians have described several etiologies of paralysis, according to which prognosis of recovery varies. According to Buqrat, "Treating *Falij qavi* (fulminant *Falij*) is almost impossible and treating *Falij zaeef* is difficult".¹² If paralysis is due to the trauma and fall, its treatment is difficult. There is no treatment for paralysis due to the through and through cut of nerves. Paralysis after *sakta* (Apoplexy) recovers minimally.¹¹ Younus stated that paralysis

due to vertebral dislocation may be fatal.¹²If the colour (appearance) of paralyzed part is similar to that of healthy parts, and it is not atrophied, then chances of recovery are more as compared to the contrary conditions.¹

Usool-e- Ilaj

The Unani treatment of *Faliye Nisfi* consists of *Tanqia Mawade Raddiya*, *Ta'deel Mizaj*, *Taqwiate Aam* and *Taqwiate Aasab*. Ibne Sina stated “*Tanqia* should be the first choice of the treatment if the cause is morbid *Akhlat*”. *Tanqia Mawade Raddiya* requires systemic purgation by *Munzij* and *Mushil*. *Munzijat* (Concoctives) is the group of drugs which suitably modifies the consistency of morbid *Akhlat* to make them evacuable from the tissues, vessels, interstitial spaces. They act either by liquefying the consistency of *Ghaleez Khilt*, or by thickening the *Raqeeq Akhlat*. *Nuzj* occurs over a period of time and time varies according to the affection of different morbid *Khilt*. *Munzij* drugs acts by their properties of *Tahleel*, *Taqtee*, and *Talteef*.

Mushil drugs have property to expel the morbid *Akhlat* from the vessels, neighboring structures and whole body through intestine.

Ta'deel Mizaj (revitalization of temperament): It relates to restoration, normalization and potentiation of normal physiological function after purging out *Akhlate Raddiya* from the diseased organ. In this phase of treatment, the altered temperament is brought back to normal by drugs or employing various *Tadabeer* (regimens) such as *Dalk* (Massage), Exercise, etc.⁶

Ilaj

In treatment of *Faliye Nisfi*, Unani physicians refrain from using the strong drugs from beginning to 4th or 7th day of the disease.¹⁴If the disease is severe, the strong drugs should not be used up to 14th day.¹²During this period drugs like *Anisoon*, *Tukhme shibbat*, *Tukhme karafs*, *Bekhe badiyan*, *Bekhe karafs*, *Bekhe izkhar*, *aslussoos*, *sibr*, *Turanjabeen*, *maulusool*, having mild action of *talayeen*, *nuzj* and *ishaal*, should be used. *Huqna* can also be done during this period.¹Few Physicians advised *Fasd* to be done in initial days to reduce the *Imtila*.

NuskhaMunzijeBalgham⁷

Badyan, 5 grams; *BekhBadyan*, 5 grams; *MaveezMunaqqa* 5 grams; *Ustukhuddoos*, 5 grams; *Inabussalab*, 5grams; *Bekh Kibr*, 5 grams; *Persiaoshan*, 5 grams.

NuskhaMushileBalgham⁷

Ustukhuddoos, 5 grams; *Barg Sana*, 7 grams; *Turbud*, 3 grams; *Maghz Faloos* 7 tola; *RoghanZard* (Ghee), 5gram.

For *Taqwiate Aam* and *Taqwiate Aasab* drugs like *Qurs Marjan Jawahar Wala*, *Khameera Gauzaban Jawahar Wala*, *Itrifal Ustukhuddoos*, *Majoon seer Alvi khani*, *Majoon Falasfa*,

Majoon Azaraqi should be used. After *TanqiaMawad*, massage should be done on back overlying vertebral column and affected part with *Muhallil* and *Muqawwi Aasab* oils like *Roghan Qust*, *Roghan Seer*, and *Roghan Malkangani*,^{7, 13}

CONCLUSION

The description of *Faliye Nisfi* draws analogy with hemiplegia. Hemiplegia is the commonest form of paralysis, occurring due to cerebrovascular accidents or stroke.³. Despite the fact that stroke is the leading cause of long term disability, it is a condition for which there is no universally accepted, evidence based, rehabilitation approach. The general objective of rehabilitation is to enable individual patient to regain the highest possible degree of physical and psychological performance.

Unani system of medicine asserts to possess possible treatment for recovery in *Faliye Nisfi*. In *Faliye Nisfi*, physical performance and independence is achieved by treating the patients on the time-tested principle of *Tanqia* and *Ta'deel*. Almost all ancient Unani physicians have advocated *Tanqia* and *Ta'deel* as treatment for *Faliy Hissi* and *Harki*(sensory and motor paralysis).

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