



# Role of Ilaj-Bit-Tadbeer in Falij Nisfi (Hemiplegia)-A Review Article

\* Dr. Mohammad Abdul Quadeer <sup>1</sup>, Dr. Naeem Ahmed Shaikh Ibrahim <sup>2</sup>,

Dr. Aatera Anees Ahmed <sup>3</sup>, Dr. Sayyed Adnan Mohammad <sup>4</sup>,

<sup>\*1</sup> Associate Professor and HOD, Dept. of Ilaj-bil-Tadbeer, Markaz Unani Medical College & Hospital,  
Markaz Knowledge City, Kozhikode District Kerala.

<sup>2</sup> Professor and HOD, Dept. Ain Uzn Anf Halaq wa Asnan, Markaz Unani Medical College & Hospital,  
Markaz Knowledge City, Kozhikode District Kerala.

<sup>3</sup> Associate Professor, Dept. of Tashreehul-badan, Markaz Unani Medical College & Hospital,  
Markaz Knowledge City, Kozhikode District Kerala.

<sup>4</sup> Assistant Professor, Dept. of Ilaj-bit-Tadbeer, Markaz Unani Medical College & Hospital, Markaz  
Knowledge City, Kozhikode District Kerala.

## ABSTRACT

Falij in Unani system of medicine is been used for weakness of muscles or Hemiplegia. Unani scholars, adverted ahteabaas (obstruction) in the pathway of roohe muharrika (motor pneuma) & roohe hassassa (sensory pneuma) being the pathology behind Falij. The obstruction may be due to sudda (obstruction in brain vessels), inflammation or injury of nerves, change in the temperament of organ or excess of baroodat (cold) & ratoobat (wet). In Unani system of medicine regimens like dalak, Riyazat, hammam, cupping. have shown their great effect in the management of Falij and prevention from permanent disabilities. Out of all Unani regimens, dalk & riyazat both help in dissolving the fuzlat (waste), liquefies ratoobat, produces hararat, increases the blood circulation in the affected part, relieves pain and strengthen the muscles. Unani physicians advised to use hot oils like roghane qust, surkh, nawein, arand etc. for Dalk to stimulate the innate heat. Dalk also strengthen ligaments, relieves stress, increase the atrophied muscles mass, and hence improves the sensory impairments. Riyazat along with strengthening the muscles also strengthens the nerves, tendons, improves the flexibility & integrity of joints. It reduces the spasticity of muscles, improves postural control & balancing, and hence improves the motor impairments.

**Key words:** Falij, History and background, Etiologies, Dalk, Riyazat, Household remedies

## I. Introduction of Falij Nisfi, History and background.

In Unani literature description of Istirkha (paralysis) is same as that of word Falij or Falij-e- Nisfi (Hemiplegia). Falij is a disease causing loss of movement and sensation in longitudinal half of the body because the penetration of Roohe Hassas and Muharrik (active Pneuma) into the organs may either be

arrested or the Rooh (Pneuma) may penetrate but the organs may not respond due to Sue Mizaj (intemperament) <sup>[1,2]</sup>. It is a well-known disease since Greco-Arabic period and was first described by Hippocrates, the father of Medicine. After Hippocrates other Unani physicians like Jalinoos (129-200AD), Rabban Tabri (770/780-850AD), Sabit Ibn Qurrah (836-903AD), Ali Ibn Abbas Majusi (930-994AD) and Ibn Sina described it in detail and mentioned the aetiology, pathophysiology, clinical features, and the treatment of the disease in their treatises. Tabri proposed that Falij is caused by an obstruction in any part of the brain <sup>[1,2,3]</sup>.

Falij is an Arabic word meaning “to halve.” In specific meaning, Falij indicates Istirkha of longitudinal half of the body either starting from the neck sparing head and face or the entire longitudinal half of the body from head to foot <sup>[1]</sup>. Since Falij affects one half of the body and leaves the other half unaffected (healthy), it has been named so because of the virtue of dividing the body into two halves; one healthy and the other diseased <sup>[2,4]</sup>.

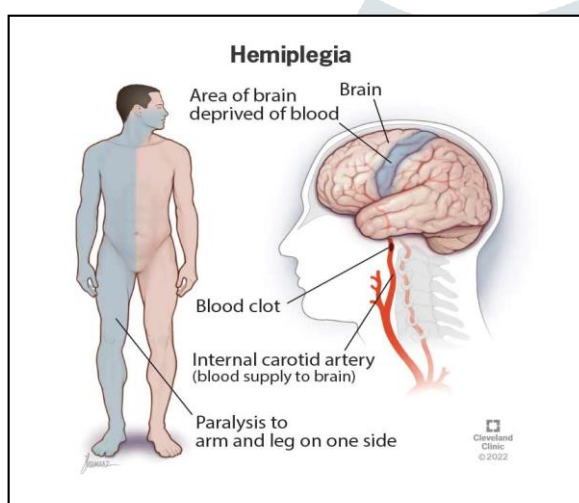
Falij-e-Nisfi (Hemiplegia) is one of the major neurological disorder; usually caused by the occlusion of blood vessels to atherosclerotic thrombosis and embolism. Other causes are cerebral haemorrhage; neoplasms and infections. According to Unani system of medicine; Falij-e-Nisfi (Hemiplegia) occurs due to the accumulation of morbid nonfunctional Humours (especially phlegm-Balgham) in the nerves causing obstruction in the path of rooh-e-hassas (sensory pneuma) and Rooh-e-Muharrrik (motor Pneuma). The nerves gets affected due to this sue-mizaj-ebarid ratab; which in turn results in the loss of motor and sensory Functions. Accumulation of this Ghair Tabai balgham (abnormal phlegm) invades half of the body causing dryness of cerebral vessels, looseness in tendons and joints. Ultimately it damages half side of the body. This disease is mainly manifested as paralysis/paresis (weakness of one side of the body affecting the functions of upper and lower limbs). It may also affect the functioning of speech; facial muscles and control on defecation and urination. As the prevalence of disease is increasing, lots of research work is also been carried out worldwide in different systems of medicine. There are encouraging results in Unani lines of treatment. As falij is considered one of the major hormonal disorder caused due to Ghair Tabai Balgham (Abnormal Phlegm) which produces Sue mizaj maddi in the body.

This madda (matter) needs to be eliminated to restore tabai Mizaj this Eliminations is known as Tanqia (Evacuation) and Restoration is known as Taadeel (normalization). Munzij-Mushil Therapy is the fundamental principle of treatment of falij and is actually meant for Istifragh (Elimination) of Morbid humours from the body; But prior to Istifragh; the process of Nuzj (concoction) is employed by administration of Munzzijat (concoctives) of respective humours involved. Nuzj means the of Morbid humours is made easily removable from the body Sometimes the madda (matter) is too thick or too thin to be Eliminated; therefore some drugs are used to change the consistency and make it ready for Elimination ;Such drugs are Known as Advia-e-Munzijah (concoctive drugs). After the administration of munzij course as soon as the nuzj appears in urine; mushil –e-balgham Advia (purgative drugs) along With Tabreed are given for the purpose of Tanqia (Evacuation) of Ghaleez Khilt (Viscid humour)<sup>3</sup>. After Purgation of Ghaleez khilt; which produces the sudda (obstruction) causing falij; the nerves Structures becomes receptive to regain the lost vigour ;vitality and normal functions. This phase of rejuvenation is

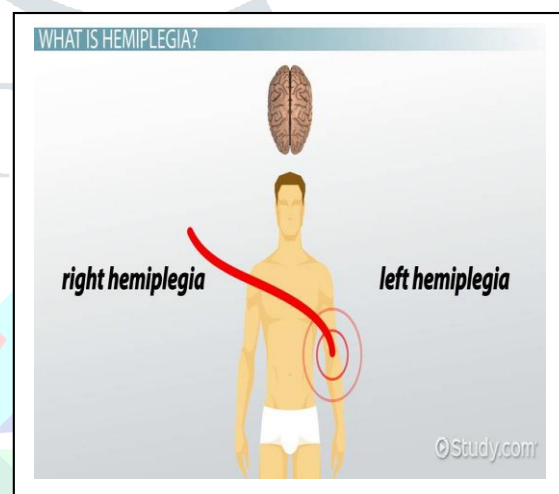
called as Taadeel (Normalization) This Taadeel is accomplished by using various regimental Therapies like Dal'k (massage) Riyazath (exercise) etc<sup>3</sup>;for the purpose of potentiation of physiological functions of an organ and restoration of mizaje- Motadil (Normal temperament). Considering the importance of above mentioned therapies in the treatment of Faliij; I worked on the combination therapy of internal and external medicines.

## II. Definition of Hemiplegia

Hemiplegia is a symptom that involves one-sided paralysis. Hemiplegia affects either the right or left side of your body. It happens because of brain or spinal cord injuries and conditions. Depending on the cause, hemiplegia can be temporary or permanent. Some causes of hemiplegia are treatable or even reversible with immediate medical care. A Hemiplegia is one-sided muscle paralysis or weakness. It's usually a symptom of a brain-related issue or condition. It can affect the face, arm and leg, and sometimes it affects all three.



**Fig. 1 Anatomy of Hemiplegia**



**Fig.2 Right and left Hemiplegia**

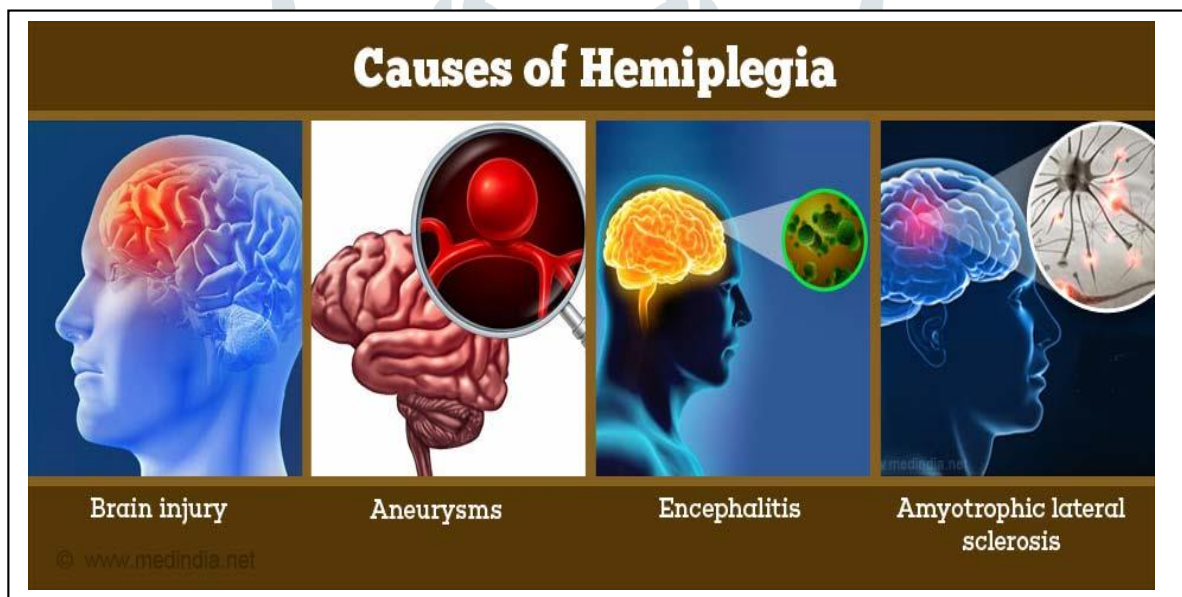
Hemiplegia is paralysis that affects only one side of your body. This symptom is often a key indicator of severe or life-threatening conditions like a stroke, but can also happen with conditions and circumstances that aren't as dangerous. Hemiplegia is paralysis, which means you can't move or control the muscles in the affected body part. That can cause muscles that are completely limp. It can also cause spastic hemiplegia, a type of paralysis where muscles contract uncontrollably. Hemiplegia affects either the right side of your body (right hemiplegia) or the left side of your body (left hemiplegia), with your spine (backbone) being the dividing line between the two halves. Hemiplegia may affect your face, arm and leg on one side of your body in various ways: The paralysis may not be present, or not be as severe in all of these three body areas. There are even some rare conditions that cause hemiplegia to come and go, affecting one or both sides of the body as it does. Depending on how and why it happens, hemiplegia may be treatable. In some cases, no treatment is necessary, while others need immediate medical care to reverse the cause of the hemiplegia.

Hemiplegia is a key sign of a stroke, which is a life-threatening medical emergency. To recognize the symptoms of a stroke, remember to think FAST:

- **F is for face.** Ask the person to smile. Look for a droop on one or both sides of their face, which is a sign of paralysis (facial hemiplegia) or muscle weakness.
- **A is for arm.** A person having a stroke often has muscle weakness or paralysis on one side. Ask them to raise their arms. If they have new one-sided weakness or paralysis, one arm will stay higher while the other will sag and drop downward, or won't raise up at all.
- **S is for speech.** Strokes often cause a person to lose their ability to speak. They might slur their speech or have trouble choosing the right words.
- **T is for time.** Time is critical, so don't wait to get help! If possible, look at your watch or a clock and remember when symptoms start. Telling a healthcare provider about when the symptoms started can help them know what treatment options are best.

### III. Possible Causes of Hemiplegia

Hemiplegia happens because of problems that affect your central nervous system (CNS). The two parts that make up your central nervous system are your brain and spinal cord. To understand how conditions cause hemiplegia, it helps to know a little bit about how your CNS works. There are dozens of conditions and circumstances that can cause hemiplegia. Some of the most common causes include:



**Fig. 3 Cause of Hemiplegia**

- Strokes or transient ischemic attacks (TIAs).
- Aneurysms and hemorrhages inside of your brain.
- Concussions and traumatic brain injuries (TBIs).
- Spinal cord injuries.
- Injuries you experience during birth or very early childhood, causing conditions like hemiplegic cerebral palsy.
- Congenital conditions (which you have when you're born) such as alternating hemiplegia of childhood.

- Facial paralysis conditions like Bell's palsy.
- Seizures and epilepsy.
- Bleeding in between your brain and its outer layers (subdural hematomas or subarachnoid hemorrhages) or between your skull and your brain's outer membrane (epidural hematomas).
- Brain tumors (including cancers).
- Nervous system diseases, especially autoimmune and inflammatory conditions, such as multiple sclerosis or progressive multifocal leukoencephalopathy (PML).
- Infections that affect your nervous system, like encephalitis, meningitis or Ramsay Hunt syndrome.
- Migraine headaches (when these involve hemiplegia, they're known as hemiplegic migraines).

#### IV. Etiology of Hemiplegia

Falij is caused by an obstruction in any part of the brain. In Falij, the nerves after absorbing the moisture descending from the brain become paralyzed leading to loss of voluntary movements in that part<sup>[5]</sup>. This description draws analogy with hemiplegia occurring due to cerebrovascular accidents or stroke. A stroke (cerebrovascular accident) is a rapidly developing episode of focal, and at times global (applied to patients in deep coma and to those with subarachnoid hemorrhage), loss of cerebral function with symptoms lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin<sup>[6]</sup>. In Unani literature causes of Falij have been grouped into two principal categories<sup>[2]</sup>.

- A. Cause leading to obstruction in the path of Roohe hassas and muharrik preventing their penetration into the organs. This obstruction, in turn, may be due to any obstruction in nerves or organs or due to breach in continuity of nerves.
- B. Causes making the organs non-responsive to Roohe hassas and muharrik. In absence of any obstruction and with normal penetration of Roohe hassas and muharrik, the organs sometimes may not respond to it due to intemperament; leading to loss of sensation and movement in them. This intemperament may be due to abnormally excessive heat, cold, dryness or moist. But this heat and dryness seldom affects movements and sensation except in extreme conditions. But, if the intemperament is due to superfluous cold and moist, it often causes loss of movement and sensation.

Ismail Jurjani has mentioned 5 causes of Sudda leading to Falij<sup>[2, 7,8]</sup>.

##### A. External causes

If any part of the body is tied by means of a tight ligature, it would lead to obstruction or obstruction in the pores of the nerves serving as passages for Roohe hassas and muharrik causing temporary loss of movement and sensation.

##### B. Thick and Viscous fluid

Any thick and viscous fluid gains entry and gets collected in nerve cells and obstructs the routes or passages of Roohe hassas and muharrik. Mostly this fluid is phlegmatic in nature, which descends from the ventricle of brain into the nerves, their origins or their branches<sup>[10]</sup>.

### C. Inflammation

If there is inflammation in any organ, the inflammatory materials may obstruct the passages of Roohe hassas and muharrik.

### D. Injury and Bruises

Compression and contusion of nerves as a result of fall or blow over their roots can also obstruct or block the passages of Rooh (pneuma).

### E. Inclination or deviation of vertebrae

Inclination or deviation of any vertebrae towards right or left side may lead to contusion or compression of the nerves emerging from the spinal cord, blocking the routes of the Rooh [2]. In addition Hakeem Akbar Arzani has added two more causes of obstruction [7, 8, 9].

**A. Constriction** (freezing) of nerves due to severe cold or due to thickening of nerve cells.

**B. Dislocation of joints** of any organ due to external or internal cause compressing nerves and blocking the passages of Rooh.

Any breach in continuity of nerves due to any cut in the nerves may be one of the causes of Falij. Cut in the length of the nerves, will not affect the movement and sensation of the part it supplies; but if there is a transverse cut in a nerve, there would be loss of sensation and movement in the part supplied by the affected nerves as a result of a breach in the route of Roohe hassas and muharrik [2].

Falij may be caused by the buhran of acute diseases like apoplexy, Epilepsy, abdominal colic, Hysteria, acute fever, due to secretion of morbid matter towards nerves. Such buhran occurs when tabiyat has no enough power due to old age or weakness to evacuate the morbid matter completely. Hence tabiyat gets rid of this morbid matter by Dafa'e naqis (Buhrane naqis) and some part of this matter may remain in the brain and ultimately moves towards nerves to cause Falij [1, 2, 10, 11].

## V. Risk factors of Hemiplegia

Hippocrates said that "people who often have common cold and coryza are at a risk of developing Falij". Galen's view is that "people having superfluous cold humours in their brain, when exposed suddenly to excessive heat or cold, develop Falij" [12].

Ibn Sina has revealed that Falij is more common in severe cold of winter season and in spring. In spring it is due to haemorrhage and haijane akhlat (qualitative intemperament in humours). He also added that Falij is more common in people living in southern countries, who attained 50 years of age or somewhat near it, due to excessive secretion from their heads because that climate fills the head [1, 2]. Azam Khan added in this context that this disease is common in people with cold temperament especially in weak and old people and those people having excessive phlegm in their body. He also described exposure to cold air and drinking enough cold water as predisposing factors for Falij. He further said people with apoplexy; epilepsy and hysteria are more susceptible to develop Falij [13].

## VI. Pathophysiology of Hemiplegia [1, 2, 14, 16, 17]

In Unani system of medicine Falij is described as a disease causing loss of sensation and movement in longitudinal half of the body. Loss of sensation and movement occurs in Falij because the penetration of

Roohe hassas and muharrik into the organs may either be arrested or the Rooh may penetrate but the organs may not respond to it due to intemperament. This intemperament may be due to excessive heat, cold, dryness or moist. But this heat and dryness seldom affects movements and sensation except in extreme conditions as evident in patients of tuberculosis, these patients despite having excessive heat in their Aazae aslia (vital organs) don't suffer any loss in movement and sensation. But if the intemperament is due to surperfluous cold and moist, it often causes loss of movement and sensation. Cold is antagonist to temperament of Roohe hassas and muharrik and causes numbness in Roohe hassas and muharrik. The excessive fluid makes the part prepared for laziness. Such excess of cold and moist do not affect the whole or half of the body and leave the other half unaffected but it would affect a particular (single) organ. This loss of movement and sensation caused by surplus solely coldness and moistness without involvement of matter/humour can be corrected by implication of heat alone.

Falij is caused due to Ihtibase rooh (arrest of pneuma) either due to blockade or distortion of pores and passages through which it normally reaches the organs. This blockade may in turn be due to constriction of pores or due to obstruction caused by a barricading humour. Both these factors can come into play simultaneously as happens in the inflammation. So the basic pathology behind the loss of movement and sensation in Falij is obstruction in supply and penetration of Rooh into the organs either due to constriction of pores or due to accumulation of morbid matter in these pores or inflammation. If this arrest of Rooh is due to some tight ligature applied externally, loss of movement and sensation in this case is only temporary and would soon revert after the untying of the ligature without need of some other treatment.

Sometimes the loss of sensation may be due to severe compression as occurs in case of a blow or fall or deviation of vertebrae towards one side or fracture of vertebrae from either side compressing the nerves emerging from the involved vertebrae. When a humour causes obstruction in the penetration of Rooh, its cause is a moist and less viscid matter which otherwise in normal conditions is beneficial to the organ but unfortunately if this matter enters and stays in the origins of the nerves or compartments of the nerves blocking the routes, through which Rooh is supplied to the organs leading to loss of movement and sensation. Same thing happens in case of inflammation of compartments of nerves, obstructing the pores in the involved part.

## VII. Classification of Hemiplegia <sup>[9-11, 18]</sup>

Ancient Unani Scholars used words Istirkha and Falij synonymously to indicate paralysis irrespective of the part involved, but contemporaries use word Falij specifically for paralysis of longitudinal half of the body sparing head and face. If whole longitudinal half of the body including head and face is paralyzed then it is named as Falij ma'a Laqwa (Hemiplegia with facial palsy). When there is paralysis of whole body except face, the condition is called as Abu Bilqisya. When the whole body including head and face is involved then this condition is called Sakta.

Hakeem Azam Khan has classified Falij according to its causes into following 5 types <sup>[7, 8, 10]</sup>.

### A. Falije Balghami Ratubi (due to excess of phlegm)

This type of Falij is caused by 'excess of phlegm.' Phlegm descends from the brain to the nerves and

obstructs the routes or passages of Roohe Hassas and Muharrik leading to loss of movement and sensation. This type of Falij is characterized by sudden onset and presence of symptoms of excess of phlegm.

#### **B. Falije Damwi** (due to quantitative imbalance in blood)

This type of Falij is caused by ‘excess of blood.’ It is also sudden in onset and the symptoms of excess of blood are present.

#### **C. Falije Intiqale Buhrani**

This type of Falij is caused as a result of buhran in diseases like meningitis, apoplexy, epilepsy, colic, Hysteria and acute fever. It is also sudden in onset.

#### **D. Falije Warami** (due to inflammation)

The underlying cause of this type of Falij is inflammation; hot, cold, gaseous or hard inflammation; and is characterized by gradual onset and accompanying symptoms like fever and pain or palpable swelling in the nerves.

#### **F. Falije Wabayi**

This type of Falij affects many people in the same season at the same place and is believed to be caused by ‘infected air’ and often involves left side of body and is characterized by symptoms like redness in eyes, halitosis, vomiting, unconsciousness followed by delirium, incontinence of urine and faeces and sudden death within days.

### **VIII. Ilaj Bit-Tadbeer (Regimental Therapy):-**

After the completion of Munzij and Mushil Dal’k layyan (soft massage) with Roghan Shifa (or) Roghan-e-Haft barg is employed externally twice daily for strengthens the nerves (Taqwiyat-e-Asab) and Riyazat (exercise) for regaining the mobility of joints & normal Movements.

#### **A. Effect of Riyazat (exercise/ rehabilitation) in Hemiplegia:**

Ibne Sina defined Riyazat as a sequence of voluntary and continuous movements of the body which produces rapid and deep respiration. Therapeutic exercise is the systematic and planned performance of movement of body, specific postures, or physical activities intended to provide a patient to prevent impairments, enhance physical functions, and reduce health related risk factors and to provide feeling of well being.





Broadly Riyazat is classified into two categories-

- Riyazate Haqeeqi/Kulli / Whole body exercise e.g. Brisk walking
- Riyazate Juziya /Specific body part or organ's exercise e.g. singing to improve lung capacity.

### **B. Types of exercises advised in Falij (Paralysis):**

In case of paralysis, exercise (Riyazat) is advised to maintain the tone of the muscles. So, the type of exercise/riyazat depends on the site of affected muscles.

- For facial palsy- Riyazate Mutarakhiya (Exercise in which movements are weak and slow)
- For upper limbs paralysis- Riyazate Motadil (average strenuous exercise)
- For lower limbs paralysis-Riyazate Hasheesha (fast and strenuous exercise)

### **C. Effect of Dalk in Falij (paralysis):**

Dalak (Massage) is a therapeutic technique or systematic manipulation of body tissues with the hands. It involves working and acting on the body with gentle pressure by using expertise hands sometimes with fingers, elbows, knees, forearm, feet, or with a massage device.

### **D. Type of Dalk advised in Falij (Paralysis):**

Sulb kaseer (hard and prolonged massage) with Roghan-e-qust (Saussurea lappa), nardeen (Nardostachys jatamansi), kaknaj (Withania coagulans), badam (Amygdalus communis), balsan (Commiphora opobalsamum) prepared with jundbedastar (Castoreum), farfiyoon (Euphorbia resinifera ) etc. for the duration of 20 minutes

When muscles are no longer activated to perform work, muscle's protein breakdown (proteolysis). When proteolysis becomes greater than protein synthesis, muscle's mass decreases which is known as atrophy of muscles. Increased proteolysis leads to altered muscles composition causing accumulation of fat and decalcification.

## **IX. Care and Treatment of Hemiplegia**

The treatments for hemiplegia depend on the underlying cause. Some of these conditions are treatable or even curable. Others may get better on their own. Unfortunately, many of these conditions cause permanent damage to parts of your nervous system, such as spinal cord or traumatic brain injuries. In these cases, the hemiplegia won't go away, although it may improve to some degree. Because there are so many different ways to treat hemiplegia that a healthcare provider is the best person to tell you more about the possible treatments in your situation. They can give you information that considers your specific condition, circumstances, health history and more.

Hemiplegia is a key symptom of stroke, which is a life-threatening medical emergency. Because of that, you shouldn't try to self-diagnose or self-treat it. An exception to this is a condition where hemiplegia can happen temporarily, like migraines, or if you have permanent hemiplegia from another nonlife-threatening cause. In either of these cases, talk to your healthcare provider about your condition and its symptoms. They can tell you when hemiplegia is a sign that you need to seek medical attention immediately.

Hemiplegia often happens unpredictably. Because of that, there's no way to prevent it entirely. However, you can reduce your risk of it by avoiding conditions or circumstances that can cause hemiplegia. Some steps you can take include:

- **Eat a balanced diet and maintain a weight that's healthy for you.** Many conditions related to your circulatory and heart health, especially stroke, can cause brain damage that leads to hemiplegia. Preventing stroke and similar conditions is a key way to reduce your risk of developing hemiplegia.
- **Manage your health conditions.** Chronic conditions like Type 2 diabetes, high blood pressure and epilepsy can raise your risk for conditions or injuries that could cause hemiplegia. Managing these conditions is essential to lowering your risk of developing this symptom. Managing conditions that can cause incremental damage to your brain or spinal cord over time, such as multiple sclerosis, is also crucial.
- **Don't ignore infections.** Infections, especially ones that affect your eyes and ears, can cause hemiplegia if they spread to your brain. Getting prompt treatment for infections — and then following treatment guidelines as closely as possible — can reduce your risk of this happening.
- **Wear safety equipment.** Protective gear, especially helmets and safety restraints (such as seat belts), can help you avoid head, neck and back injuries that could lead to hemiplegia.

## X. Rehabilitation and exercise in treatment of Hemiplegia

When hemiplegia isn't temporary, healthcare providers often recommend rehabilitation in addition to other treatments. Rehabilitation can take place in a hospital (inpatient rehabilitation), clinic or office (outpatient rehabilitation), or at home. Rehabilitation generally includes:

- **Physical therapy:** Focused on leg function, standing, walking and balance.
- **Occupational therapy:** Focused on arm/hand function and other activities of daily life.
- **Prescription of equipment,** to enhance safety and the ability to function inside and outside of your home.
- **Managing symptoms associated with hemiplegia,** such as spasticity and depression.
- **Guidance and resources to address the consequences of hemiplegia,** for example, returning to work or applying for disability benefits.

There's ample evidence that exercise helps optimize health and the ability to function after hemiplegia. Exercising may be more challenging with hemiplegia. This is why rehabilitation therapists usually develop exercise programs adapted to a person's needs and abilities.

## XI. Home Remedies to Improve Blood Circulation & Manage Hemiplegia.

### a. Turmeric

**Turmeric:** Turmeric's powerful polyphenol curcumin has anti-inflammatory and antioxidant properties that reduce inflammation, improve blood circulation and strengthen the nerves, all of which can be useful in managing hemiplegia. Add a teaspoon of turmeric to a glass of warm milk and have it twice daily.



**Fig. 6 Turmeric used in treatment of Hemiplegia**



**Fig. 7 Mustard oil used in treatment of Hemiplegia**

#### **b. Mustard Oil**

Mustard Oil: A natural rubefacient, mustard oil improves blood circulation and strengthens the nerves. Heat a cup of mustard oil and apply it on the affected area using a cotton cloth and massage for 20 minutes every day to find relief.

#### **c. Neem**

Neem: Carotenoids present in neem have antioxidant properties that prevent nerve damage caused by free radicals. Add two tablespoons of neem oil to a tub of warm water. Take a bath with this water twice every day to find relief from hemiplegia.

#### **d. Ginger**



**Fig. 8 Ginger used in treatment of Hemiplegia**



**Fig. 10 Neem used in treatment of Hemiplegia**

Ginger: Gingerol, the bioactive compound in ginger, has antioxidant and anti-inflammatory properties that relieve inflammation and improve blood circulation. It acts as a nerve stimulant and strengthens them.

Take an inch of ginger and add to a cup of boiling water. Allow it to steep for 20 minutes. Strain and drink this tea twice daily to ease symptoms.

#### e. Garlic

Garlic: The organosulfur compounds in garlic can effectively reduce blood pressure and improve blood circulation. Its strong antioxidant properties can prevent nerve damage and improve blood flow that can be useful in dealing with hemiplegia. Eat two to three cloves of raw garlic along with warm water at night before going to bed to find relief.

## XII. Conclusion

Falij is a leading cause of disability and morbidity in present era. Its increasing incidence in adults became a great matter of concern; this shift from 6<sup>th</sup> decade to 3<sup>rd</sup> decade of life is exerting extra strains on nation's wealth as well as health delivery system. Because each year apart from mortality millions of stroke survivors have to adopt a life with restriction in daily activities as well as their professional loss as a consequence of Falij. As far as Unani medicine is concerned, it is very well versed with understanding and management of Falij. In the world's first organised medical book "Al Canon" Avicenna quoted as "If the disease that produces paralysis comes from the middle of the brain, half of the body is paralyzed. If the disease is not in the brain but in the nerve, only that depending on this nerve is paralyzed." For treatment he prescribed various medicinal plants in different doses form. In some cases he recommended cauterization and massage. As to prognosis, he stated that "no recovery should be expected from any paralysis that lasts more than six months". So time has come to follow the concept, understanding and ways the Unani medicine handle this disease because this is the need of hour to save the suffering and at least minimize the loss caused by Falij.

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