



THE ROLE OF VENESECTION (FASD) IN MANAGING SCIATICA (IRQ-UN-NASA) - A COMPREHENSIVE REVIEW

Aliya¹ Bushra Aftab² Nusrat Parveen³

¹PG Scholar D/O Ilaj Bit Tadbeer State Unani Medical College, Prayagraj, U.P, India

²Reader D/O Ilaj Bit Tadbeer State Unani Medical College, Prayagraj, U.P, India

³Reader D/O Ilaj Bit Tadbeer State Unani Medical College, Prayagraj, U.P, India

ABSTRACT

This review delves into the historical significance and therapeutic efficacy of Fasd (Venesection) in managing Irq-un-nasa (Sciatica) within the Unani medical tradition. Iraq-un-NASA, commonly known as sciatica, is characterized by radiating pain originating from the hip joint down the leg. The review explores the etiology, symptomatology, and treatment approaches described in classical Unani literature. Fasd, a technique involving controlled bloodletting, emerges as a central intervention for addressing the underlying imbalance of humoral factors causing Irq-un-nasa. The study highlights the historical lineage of Fasd across civilizations and its integration into Unani medical practice. While traditional wisdom underscores Fasd's therapeutic potential, scientific validation through rigorous research and clinical trials is essential to substantiate its effectiveness.

Keywords: Irq-un-Nasa, Pain, Sciatica, Fasd, Venesection

INTRODUCTION

The term 'sciatica' finds its roots in the Greek term "Ischia," which translates to 'hip'¹. This naming arose from the ancient Greek belief that the pain associated with this condition emanates from the hip region. The term "scia" encompasses the combined areas of the buttocks, thigh, and hip. The ancient physician Hippocrates was among the first to describe this condition, referring to it as "Ischias," "Ischides," and "Ischiadon"². In various literary works, numerous synonyms for sciatica are utilized, including lumbosacral radicular syndrome, ischia, nerve root pain, and nerve root entrapment³.

In conventional medical terminology, sciatica is categorized as a form of neuropathic pain and stands as one of the most prevalent manifestations of low back pain⁴. Its defining features encompass intense pain that originates in the hip joint, travels down the leg, and culminates at the toe^{3,4,5}. As described in Harrison's principles of internal medicine, the term "sciatica" is employed when leg pain extends posteriorly in a distribution pattern akin to the sciatic nerve or the L5/S1 region⁶. In many instances, a tingling or numb sensation in the leg while standing or walking accompanies leg discomfort, along with a deep burning sensation in the buttocks. The heightened leg pain may coincide with neurological alterations like muscle weakness and atrophy, changes in sensory perception, and reduced reflex responsiveness that aligns with the distribution of a specific nerve root^{7,8}.

The prevalence rates of sciatica vary significantly across different studies, largely due to discrepancies in the definition of sciatica symptoms. A recent review of studies on sciatica prevalence revealed a substantial range of estimates, spanning from 1.6% to 43%⁴. The annual prevalence rates also exhibit a wide spectrum, ranging from 2.2% to 34%⁹. Unfortunately, precise data regarding the prevalence of sciatica remains elusive.

Approximately 90% of sciatica cases stem from the compression of a lumbar or sacral nerve root caused by a spinal disc herniation¹⁰. Other potential causes of sciatica include spondylolisthesis, spinal stenosis, piriformis syndrome, pelvic tumors, and pregnancy¹¹. It's important to note that sciatica is not a specific diagnosis, but rather a symptom and clinical condition¹⁰. Diagnosis of sciatica primarily relies on the patient's medical history and physical examination, with a significant emphasis

on neurological assessment. One of the most commonly employed tests is the straight leg raising test, also known as Lasègue's sign.

Conventional treatments for sciatica encompass pharmacological and surgical approaches, often utilized individually or in combination, depending on the case.

In the classical Unani literature, the term "Irq-un-Nasa" (Sciatica) is extensively discussed, providing detailed insights into its pathophysiology, symptoms, management, and treatment as a subtype of "waja ul mafasil"¹², a category related to joint pains. While pain in the distribution of the sciatic nerve was recognized by ancient Greek and Roman physicians, it was often attributed to hip joint issues. It is believed that Hippocrates, around 460 B.C., was among the first to use the term "sciatica"¹³.

The earliest known textbook addressing sciatica is "Ferdos-al-Hekmah," a medical work by Ali ibn Sahl Rabban al-Tabari, who lived in the 9th century AD (260 AH)¹⁴. Numerous other scholars also contributed to the understanding of Irq-un-Nasa: Ibne Sina (Avicenna) (980-1037 AD) explained Irq al-Nasa as a type of arthralgia characterized by hip pain that radiates from the hip joint to the ankle¹⁵.

Ibn-e-Hubal Baghdadi (d. 1213 AD) described Irq al-Nasa as pain starting from the hip and radiating from the lateral aspect of the thigh to the calf muscles¹⁶.

Mohammad Ismael Jurjani (930-994 AD) defined Irq al-Nasa as pain originating from the ischial joint and radiating down the leg¹⁷.

Razi (Zakariya Razi) (865-925 AD) defined Irq-un-Nasa as a subtype of Waja ul Mafasil, resulting from the accumulation of thick morbid phlegm within the joints, particularly the hip joint. The pain begins in the gluteal region, the thigh, and near the knee, and can intensify, radiating to the toes¹².

Rabban Tabri (780-850 AD) described Irq-un-Nasa as a neuritic pain of the thigh that extends towards the toes¹⁸. Majusi (930-994 AD) also categorized Irq-un-Nasa as a subtype of Waja ul Mafasil, originating in the hip joint and spreading to the thigh, knee, ankle, and lateral aspect of the foot¹⁹.

In the realm of Unani medicine, the pathophysiology and causative factors of Irq-un-Nasa (Sciatica) are elucidated by attributing the condition to disturbances in the body's humoral balance. Unani scholars have detailed that Irq-un-Nasa can arise due to imbalances in the body fluids or humours, particularly Khilt-e-Damwi Ghaleez (viscid sanguineous humour) and Khilt-e-Balghami Ghaleez (viscid phlegmatic humour). These humours accumulate in the Mafsil-i-Warik, or the hip joint, resulting in pain and, in some cases, potential joint dislocation¹⁹.

Maddah (material substances) plays a significant role in the development of Irq al-Nasa. These substances can encompass Khilt-e-Damwi (sanguineous humour), Khilt-e-Balghami (phlegmatic humour), and Makhloot Balgham wa Safra (mixed phlegmatic bilious humour)^{12,19}.

Zakariya Razi explained that Irq-un-Nasa results from the buildup of "chyme" (Kaimoos) in the joints, causing congestion and subsequent pain. Ibn-e-Sina noted that the cause could lie in the hip joint itself or sometimes within the sciatic nerve (Asab-e-Ariza)^{12,15}.

Abul Hasan Ali Ibne Rabban Tabri (770-780 A.D.) specifically linked Irq al-Nasa to the influence of Safra (bile) and the standing position of the sun as causative factors¹⁸.

In essence, Unani scholars attribute the occurrence of Irq al-Nasa to imbalances in humoral fluids, particularly viscous sanguineous and phlegmatic humours, which accumulate in the hip joint and lead to pain. The specific humoral composition and other factors like bile and celestial influences are considered contributory causes in the Unani perspective. Treatment in Unani Medicine depends on the underlying etiology and the temperamental (Mizaj) imbalance. It's essential to address both the causative factors and the temperament derangements for effective treatment¹⁸.

The necessity of evacuation, referred to as Istefragh or Tanqia within the framework of Unani Medicine, arises when an excess or abnormal dominance of morbid khilt is present whether due to quantitative or qualitative dominance^{20,21}. In addressing Irq-un-Nasa (Sciatica), a diverse array of therapeutic regimens is deployed, aiming for heightened efficacy while minimizing adverse effects and maintaining cost-effectiveness. These approaches encompass:

Hijama (Cupping): Cupping therapy entails the application of suction to specific body points to enhance blood circulation and facilitate the healing process. This technique has demonstrated efficacy in the management of Irq-un-Nasa.

Irsal-e-Alaq (Leech Therapy): Irsal-e-Alaq, or leech therapy, is utilized to extract excessive humours and stimulate blood flow. It is considered a valuable modality for addressing Irq-un-Nasa.

Dalk (Massage): Dalk, denoting therapeutic massage techniques, is employed to alleviate muscular tension, improve circulation, and mitigate discomfort associated with Irq-un-Nasa.

Abzan (Sitz Bath): Abzan, involving a sitz bath where the lower body is immersed in water, holds the potential for pain alleviation and relaxation in cases of Irq-un-Nasa.

Fasd (Venesection): Fasd, or venesection, involves controlled bloodletting to rectify humoral imbalances.

Prominent figures in Unani medicine consistently underscore the integration of Fasd as a pivotal treatment component for Irq-un-Nasa. This therapeutic strategy underscores the restoration of humoral equilibrium and the alleviation of symptoms through a balanced and personalized approach.

FASD APPLICATION IN IRQ-UN-NASA MANAGEMENT

Fasd, essentially a procedural incision made on superficial vessels, permits the controlled flow of blood containing madda-e-fasida (waste material)²². This approach facilitates the evacuation of madda-e-fasida, effectively eliminating excess humors in proportions akin to those present in blood vessels, and addressing any abnormal humor presence²³. Commonly recognized as Phlebotomy, Venepuncture, Drawing of the blood, or taking blood. Fasd's literal interpretation is the cutting or tearing of the vessel, implying a precise incision made for patient benefit²⁴.

Scholars such as Ibn-i-Habal Baghdadi and Ibn-i-Sinā contribute to the understanding of Fasd. According to Ibn-i-Habal Baghdadi, venesection encompasses a complete evacuation process, removing both blood and dominating humors mixed with blood from the vein²⁵. Ibn-i-Sinā highlights Fasd as a comprehensive elimination of humors, aligning the removal with the humors' proportions in the bloodstream²⁶. In Al-Umdah Fil-Jarahat, Maseehi defines Fasd as a specialized form of Tafarruq-i-Ittisāl (loss of continuity) intentionally executed in veins through specialized instruments²⁷. Qurshi's viewpoint aligns with the notion of incision-induced blood drainage²⁸. Hakeem Akbar Arzani emphasizes Fasd's role in complete Akhlat drainage through Tafarruq-i-Ittisāl of vessels²⁹.

The extensive utilization of Fasd (venesection) in the treatment of Irq-un-Nasa holds significant importance. Among these therapeutic strategies, Fasd emerges as a pivotal approach in Sciatica management. Notably, classical Unani literature suggests Fasd-e-Basaleeq (Basillic Venesection) and Fasd-e-Irq-un-nisa (Sciatic Venesection) for this purpose³⁰. According to Ibne-Habtullah, if the pain arises from Khoone-Ghaleez (viscid blood), Fasd-e-Basaleeq on the same side is recommended. Conversely, in cases of severe pain (dard shadeed) and insomnia (Sahar), venesection of opposite veins such as Fasd-e-Saafin (Saphenous Venesection) or Fasd-e-Irq-un-Nisa (Sciatic Venesection) is advocated. Maseehi proposes Fasd-e-Basaleeq as an approach among prominent Unani physicians³¹. Majusi's viewpoint aligns with the recommendation of Fasd-e-Basaleeq on the affected side, followed by a light diet, in instances where Irq al-Nasa stems from derangement in hot temperament¹⁹.

DISCUSSION

The term "sciatica," tracing its origin to ancient Greek and Roman medicine, denotes pain originating from the hip region. Classical Unani literature, particularly the works of scholars such as Ibn-e-Sina, Rabban Tabri, and Zakariya Razi, provides comprehensive insights into Irqunasa's pathophysiology and symptomatology. The accumulation of humoral imbalances, specifically Balgham and Safra, within the hip joint serves as a primary etiological factor. Fasd, a form of venesection, emerges as a prominent therapeutic modality for evacuating these morbid humors and rectifying the underlying imbalance.

Unani scholars have emphasized Fasd's significance as a vital treatment method for Irqunasa. Tailored approaches to Fasd, such as Basillic Venesection and Sciatic Venesection, are recommended based on the prevailing imbalances and symptomatology. The historical evolution of Fasd across civilizations underscores its therapeutic value, tracing its lineage from ancient practices to Galen's contributions and its enduring application in diverse cultures.

Fasd's potential effectiveness in managing Irqunasa can be attributed to its capacity to eliminate excessive humors from blood vessels, facilitating humoral equilibrium. Although classical Unani literature establishes a strong foundation, modern scientific validation is pivotal to ascertaining Fasd's efficacy, mechanisms of action, and integration with contemporary medical paradigms. Rigorous clinical trials and research endeavors hold promise in optimizing Fasd's application within the realm of modern healthcare.

CONCLUSION

In conclusion, this review illuminates Fasd's historical legacy as a therapeutic intervention in managing Irqunasa within Unani medicine. The extensive exploration of classical Unani literature reveals Fasd's role in addressing the intricate web of humoral imbalances that contribute to Irqunasa. The practice of Fasd, rooted in historical civilizations and carried forward by Unani scholars, holds promise for its potential to alleviate symptoms and restore humoral equilibrium.

While the traditional wisdom surrounding Fasd is compelling, its true potential can only be realized through systematic scientific investigation. Rigorous research, including randomized controlled trials and comparative studies, is essential to validate Fasd's efficacy and safety in managing Irqunasa. The convergence of ancient insights with modern scientific rigor presents an opportunity for Unani medicine to contribute meaningfully to the contemporary management of musculoskeletal disorders. The harmonious integration of traditional practices like Fasd with evidence-based approaches can pave the way for a holistic and patient-centric healthcare paradigm.

REFERENCES

[1] WC Peul et al. Influence of gender and other prognostic factors on outcome of sciatica, Pain. 2008, 180-190

- [2] Pearce JMS. Review A brief history of sciatica. *Spinal Cord*. 2007;45:592–6.
- [3] BW Koes, MW Van Tulder, WC Peul. Diagnosis and treatment of sciatica. *BMJ*. 2007; 334(7607):1313-1317
- [4] Kika Konstantinou, Kate M. Dunn. Sciatica review of epidemiological studies and prevalence estimates, *Spine*. 2008; 33(22):2464-2472.
- [5] Pinto RZ, Maher CG, Ferreira ML, Ferreira PH, Hancock M, Olivera VC et al. Drugs for relief of pain in patients with sciatica: a systematic review and meta-analysis. *BMJ* 2012; 344: e497, Published online 13 February 2012.
- [6] Frey, D. *Harrison's principles of internal medicine*. 20th Edition. Mc Graw Hill Education Vol.1. pp.99
- [7] Qin Z, Liu X, Yao Q, Zhai Y, Liu Z. Acupuncture for treating sciatica : a systematic review protocol. *BMJ Open*. 2015
- [8] Mathieson et al PRECISE - pregabalin in addition to usual care for sciatica: study protocol for a randomized controlled trial. *Trials* 2013; 14:213
- [9] A.J.H. Verwoerd et al., Systematic review of prognostic factors predicting outcome in non-surgically treated patients with sciatica. *Eur J Pain*. 2013; 17:1126–1137.
- [10] Valat, J. P., Genevay, S., Marty, M., Rozenberg, S., & Koes, B. Sciatica. *Best Practice & Research Clinical Rheumatology*, 2010; 24(2):241-252
- [11] Ropper, AH; Zafonte, RD (26 March 2015). "Sciatica". *The New England Journal of Medicine*. 372 (13): 1240–8. doi:10.1056/NEJMr1410151
- [12] Razi Z. *Kitab-ul- hawi* (Urdu translation), Vol.11. New Delhi: CCRUM, 2004, 75-188
- [13] Trager, R. J. *Sciatica: Foundations of diagnosis and conservative treatment* [Google Book]. IntegratedClinic, LLC, 09-Nov-2019-Medical pp.1.
- [14] Daher M, Tabari H, Stjernsward J, Ammar W, Nabhan TA, Khalil MB, et al. Lebanon: pain relief and palliative care. *J Pain Symptom Manage*. 2002;24(2):200–4. [PubMed] [Google Scholar]
- [15] Ibn-e-Sina. *Al-qanoon fit tib* (Urdu: translated by Ghulam Hasnain Kantoori), Vol 3. Lahore: Sheikh Mohammad Bashir & Sons. YNM, 274-277.
- [16] Bagdadi IH. *Kitabul mukhtarat fit-tib* (Urdu translation), Vol. 4. New Delhi: CCRUM, 2005, 277-278.
- [17] Jurjani A. *Zakheera khwarizm shahi*. (Urdu: translated by Hakeem Hadi Husain Khan), Vol 6. Lucknow: Matba Munshi Nawal Kishore. YNM; 637-651.
- [18] Tabari, R. *Firdous ul Hikmat* (Arabic). New Delhi: CCRUM. 2010;pp.497,498,499
- [19] Majusi, A. *Kamil Al-Sana't*. New Delhi: Central Council for Research in Unani Medicine. 2010; pp.397
- [20] Nafees B. *Kulliyat-e-Nafeesi*. (New Delhi: Idara Ktab-UsShifa), 1934
- [21] Rushd I. *Kitab al-Kulliyat*. (New Delhi: Central Council For Research In Unani Medicine, Ministry of Health and Family Welfare, Govt. Of India) 1987, pp.368–369.
- [22] Dr. Mahfu Zur Rahman, (2006). *Ilaj bil Tadbeer* (Regimental Therapy), Idara Kitabul Shifa, Kucha Chelan, Darya Ganj, New Delhi, p. 6.
- [23] Mazhar, H., and Shah. T.P.K., (1998). *The General Principles of Avicenna's, Canon of Medicine*, Naveed Clinic, Karachi, Pakistan, pp. 391, 405-406, 400, 397
- [24] Mustafa I, Hasan A, Qadir H. *Al-Mojam-ul- waseet*. Deoband: Faisal publications; 2006.
- [25] Baghdadi I. *Kitab Al Mukhtarat Fil Tibb Vol-4*. (New Delhi: Central Council For Research In Unani Medicine, Ministry of Health and Family Welfare, Govt. Of India), 2007.
- [26] Sina I. *Al Qanoon Fit Tib*. Vol. 1 (Urdu Translation by GH Kantoori). New Delhi: Idara Kitab us Shifa; 2010.
- [27] Maseehi I. *Kitabul Umdah fil Jarahat*, Vol.1. (New Delhi: Central Council For Research In Unani Medicine), 2000.
- [28] Qurshi MH. *Jam-ul-Hikmat*. (New Delhi: Idara kitab-Us-Shifa), 2011.

[29] Arzani A. Qarabadeen Qadri (Urdu Translation by CCRUM). New Delhi: CCRUM, 2009, 613-634.

[30] Alqamari N. Ghina Muna (Urdu translation). New Delhi: CCRUM, 2008, 339.

[31] Khan MA, Ikseer-e-Azam.persian Vol. 4,Kanpur: Matba Nizami, 1872, 53-62

