International Journal of Health Sciences and Research
Volume 14; Issue: 12; December 2024
Website: www.ijhsr.org
Case Report *ISSN: 2249-9571*

Effectiveness of *Safoof-e-Majusi* with Wet Cupping in Managing *Irq-un-nisa* (Sciatica): A Case Report

Bushra Husain[1], Irshad Ahmed Wani[2], Mohd Nayab[3], Mehmooda Begum[4]

[1]PG Scholar, Dept. of Ilaj bit Tadbeer, National Institute of Unani Medicine, Bangalore
[2]PG Scholar, Dept. of Ilaj bit Tadbeer, National Institute of Unani Medicine, Bangalore
[3]Associate Professor, Dept. of Ilaj bit Tadbeer, National Institute of Unani Medicine, Bangalore
[4]Head, Dept. of Ilaj bit Tadbeer, Hakim Syed Zia-ul-Hasan Govt. Unani Medical College, Bhopal

Corresponding Author: Bushra Husain

DOI: https://doi.org/10.52403/ijhsr.20241231

ABSTRACT

Objective: Sciatica, or lumbosacral radicular syndrome, is characterized by pain radiating along the sciatic nerve due to compression or irritation of its nerve roots, commonly caused by lumbar disc herniation or spinal stenosis. In Unani medicine, this condition is referred to as Irq-un-nasa. It is a kind of Waja-ul-Mafasil that develops in the hip joint as a result of the accumulation of Khilt-e-Dam or Khilt-e-Balgham ghaleez. Many drugs and surgical procedures are available in the traditional medical system to treat sciatica, but their efficacy has not been well-established in clinical trials. This study aims to evaluate the efficacy of Safoof-e-Majusi, a traditional Unani formulation, combined with wet cupping therapy in the management of Irq-un-Nisa (sciatica), offering a holistic and integrative approach to treatment.

Case Presentation: A 51-year-old laborer presented with 10 days of lower back pain radiating to his right leg after heavy lifting. MRI showed L4-L5 disc desiccation and lumbar spondylosis. He was treated with Safoof-e-Majusi and two sessions of wet cupping. After 15 days, he experienced significant pain relief and improved mobility, with no recurrence during follow-up.

Conclusion: The study concludes that the combination of Safoof Majusi and wet cupping is an effective and low-cost treatment for symptomatic relief in patients with sciatica. While this case report yielded positive results, larger clinical trials are necessary to confirm these findings.

Keywords: Sciatica, Unani medicine, Wet cupping, Safoof Majusi, Irq-un-Nisa

INTRODUCTION

The medical literature lists several terms that are interchangeable with sciatica, including ischias, lumbosacral radicular syndrome, nerve root pain, and nerve root entrapment.[1] Sciatica is a debilitating condition in which the patient experiences pain and/or paresthesias in the sciatic nerve distribution or an associated lumbosacral nerve root. Together, the L4 through S2 nerve roots comprise the sciatic nerve, which is formed at the pelvis. Any ailment that compresses or affects the sciatic nerve structurally may result in symptoms of sciatica.[2] In general an estimated 5%-10% of patients with low back pain have sciatica, whereas the reported lifetime prevalence of low back pain ranges from 49% to 70%. The annual prevalence of disc related sciatica in the general population is

estimated at 2.2%.[1]The most common cause of sciatica is a herniated or bulging lumbar intervertebral disc. Other causes include lumbar spinal stenosis, lumbar or pelvic muscular spasms or inflammation, Spondylolisthesis & a spinal or paraspinal mass, including malignancy, epidural hematoma, or epidural abscess, producing a mass-like effect.[2] Risk factors for acute sciatica are personal factors (Age 45-64 years, increasing risk with height, smoking, mental stress) and occupational factors (Strenuous physical activity for example, frequent lifting, especially while bending and twisting, driving etc.)[1]. Clinical picture includes pain sensed in the leg along the distribution of the sciatic nerve, which runs from the lower back, through the buttock, to the posterior thigh, and into the posterolateral lower leg and foot; sometimes accompanied by low back pain.[3]The pain is often associated with tingling, numbness and weakness of the leg; it may be sudden in onset and then persist for days or weeks.[4] Sciatica is a clinical diagnosis, so a thorough history and physical examination are necessary for a complete evaluation and diagnosis. Examination includes neurological maneuvers like Straight Leg Raising Test (SLRT) or Lasègue's sign, Braggard's test, crossed straight Leg Raising Test, Femoral Nerve Stretch Sign & Bowstring Sign .[2]

In Unani System of Medicine, the particular Arabic term, 'Irq-un-nasa', is made up of two words. "The first term, *Irq*, means nerve; &, the word *Nasa* refers to a specific type of nerve, the sciatic nerve. Thus, the name Irq-un-Nasa refers to the "Sciatic nerve" and has distinct implications. The second, pathological perception is that Nasa is an "ailment" that affects this particular nerve; as a result, the word "Irq-un-Nasa" has been used to refer to this ailment, since it also indicates the location of the pain caused by the nerve. The third impression is clinical, which defines the "severity" of pain induced by this disease as Irq-un-Nasa is a strong pain that causes patients to forget other pains in their bodies. Here the term Nasa is derived from Nasyan, which means "to forget".[5]

Numerous Unani scholars provided a detailed description of Irq-un-nasa (sciatica) and including its pathophysiology, symptoms, and treatment options as outlined in classical literature. Some of them are following. It was said that Hippocrates (Buqrat) was the first physician to adopt the term "sciatica," which comes from the Greek word "ischios," meaning hip. Irq al-Nasa was described by Ibne Sina (980–1037 AD) as one of the arthralgias marked by pain in hip that extends to the groin and ankle. Irq-un-Nasa is the name given to the pain that radiates from the ischial joint toward the leg and was first described by Mohammad Ismaeel Jurjani (930–994).." Regarding Irq al-Nasa, Abu Marwan Abdul Malik Ibne Zuhr (1092–1162) reported that the pain occasionally starts in the foot and travels up to the uppermost portion of the thigh that can be affected to any of the leg with mild discomfort.[6] "Rengan Bao," according to Azam Khan (1813–1902 A.D.), is a synonym for Irq–un–Nasa which is defined as a pain that originates at the hip joint and extends to the lateral portion of the thigh and the toes. According to Azam Khan, if hip joint pain continues for an extended period of time, it might develop into Irq-un-Nasa.[5] The etiologies include Khilt-e-Dam or Khilt-e Balgham ghaleez, which build up in the hip joint; however, Khilt-e Balgham or a combination of Khilt-e Balgham wa Safra is typically the cause.[7] The principal treatment of Irq-un-Nasa in Unani Medicine varies according to the underlying etiology and derangement in temperament (Mizaj) including Tanqiya-e-Mawad-e-Fasida (Cleansing and elimination of morbid material), Tahleel-e-Warm (Resolution of inflammation) & Taskeen-e-Dard (Pain relief).[6] Scholars have advocated numerous formulations for these actions in classical literature, one of which is a powder (safoof) described by Ibne Abbas Majusi.[8] Several regimens are also offered, including Hijama bila shart & Hijama bish shart (Cupping - both Dry & Wet), Irsal-e-Alaq

(leech therapy), Dalk (massage), Abzan (Sitz Bath), and Fasd (Venesection). These regimens are more successful, have fewer side effects, and are more cost-effective. One of the most effective treatment procedures for sciatica, according to Unani scholars, is Ḥijāmah (wet cupping therapy). Few Stalwarts of Unani medicine recommend the four main sites listed below:

1. The region over the hip joint and at the gluteal depression (Warik).[9,10]
2. Frontal or lateral aspect of the thigh (fakhiz)[11,12]
3. Over the calf muscle (saaq)[13]
4. Under the ankle joint (kaab)[14,15]

According to Baghdadi, Ḥijāmah (wet cupping) should be applied to both hips to treat sciatica pain.[16,17] For the treatment of sciatica, Jurjani suggests Ḥijāmah across the calf muscle (saaq) and in the gluteal area (warik), emphasizing that "it should be done repeatedly and a considerable amount of blood should be evacuated."[18]

CASE DESCRIPTION

A 51-year-old man, working as Labourer presented to the National Institute of Unani Medicine's outpatient department on July 26, 2024, complaining of lower back pain that had been radiating to his right lower leg and foot from 10 days. Patient presented with a history of heavy weight lifting following which symptoms appeared. He did not have a history of any trauma, Hypertension, or T2DM.

His BT and CT times were three and six minutes, respectively, and his Hb% was 16.2gm%. RBS was 120 mg/dL and FBS was 86 mg/dL. His vital signs were stable, with a temperature of 98.4°F, a pulse rate of 84 bpm, a respiratory rate of 20 breaths/min, and a blood pressure of 140/80 mmHg. Viral markers (HIV I and II, HbsAg, and HCV) were found to be negative and non-reactive after testing.

He showed his previous investigations, which included an MRI of the lumbosacral spine that revealed L4-L5 disc desiccation with mild diffuse disc bulging and compression of the anterior spinal canal, resulting in indentation of thecal sac. An X-ray of the lumbosacral spine revealed lumbar spondylosis. His ECG was normal. This patient, who was hemodynamically stable, received a thorough examination, which revealed a positive, right leg SLR and crossed SLR in the left leg with a positive Braggard's test. The patient was diagnosed with severe sciatic pain at 45º in the right and 70º in the left leg, accompanied by loss of ankle jerks.

INTERVENTION

After obtaining the patient's consent and conducting a proper assessment, the patient was orally administered Safoof Majusi in a dose of 7gm BD along with two sittings of Wet Cupping one week apart.

Table 1: Composition of Safoof-e-Majusi -[8]

S.no	Drug	Botanical Name	Part Used	Quantity
1	Sana makki	Cassia senna *Linn.*	Leaves	3 tola/35g
2	Suranjan Shireen	Colchicum luteum *Linn.*	Root	1.5 tola/17.5g
3	Sheetraj hindi	Plumbago zeylanica *Linn.*	Root	10.5 masha/10.2g
4	Zafran	Crocus sativus *Linn.*	Stigmas	1.45masha/1.10g
5	Qand Safed	Sugar	-	Eq. to total weight of drugs

Wet cupping was performed on the lower back and along the route of the sciatic nerve, with two big cups put on each side of the lower back at the level of L4-L5, one medium cup on the lateral portion of the left thigh and one on the left calf muscle as shown. Procedure involved cleaning the target area with an alcohol swab, placing cups over it, and starting suction. The cups are then gently removed, and approximately 30-35 superficial scarifications (2mm depth 2mm length) are made at the hyperemic area. About 60-100ml of blood is then drawn and discarded according to bio-

medical waste management guidelines. The areas are then cleaned and dressed.

Figure 1: Wet cupping therapy performed at specific points for the management of Irq-un-Nisa (Sciatica), including lower back, lateral thigh, and calf muscle.

RESULTS & OBSERVATIONS

The patient was assessed as per following objective criteria i.e.,

i. Straight leg raising test (SLRT) for assessing degrees of nerve root impingement & is considered positive if the patient experiences pain radiating down the leg, when the straight leg is at an angle of 30 to 70 degrees.
ii. Crossed SLRT is said to be positive 'When the contralateral or unaffected leg is flexed at the hip, pain is perceived by the patient on the ipsilateral or afflicted side'
iii. 10-point Visual Analog Scale (VAS) to measure pain intensity & is a 10-cm line with two endpoints designating 0 ('no pain') and 10 ('pain as awful as it could possibly be'). Asking the patient to rate their present pain level by marking the line will allow you to determine how intense the pain is.
iv. ODI Scale (Oswestry Disability Index)[19] to assess function in daily activities for those suffering from acute or chronic back pain. It consists of ten patient-completed questions, with response options given as 6-point Likert scales. The scores range from 0 (no disability) to 100% (most severe disability).

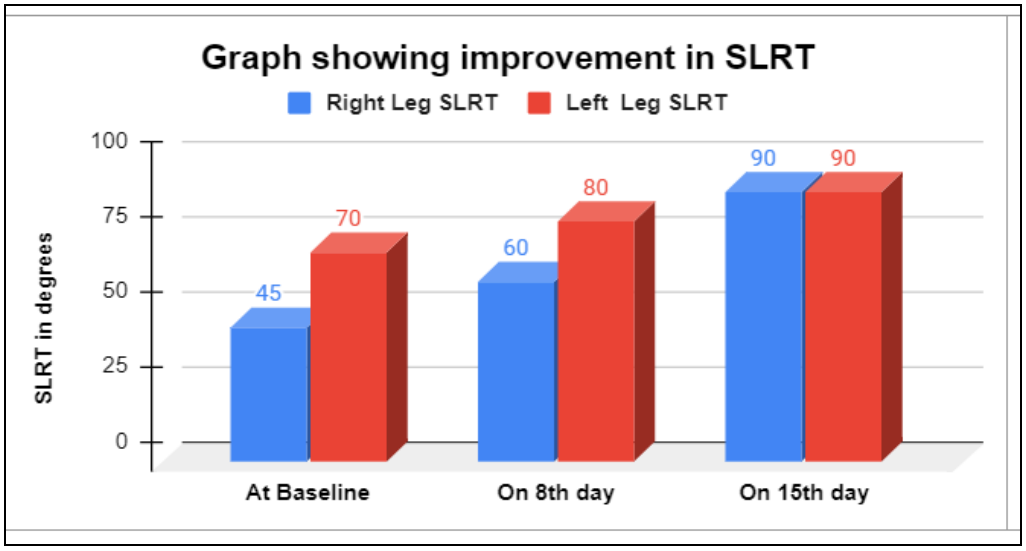
Values obtained were recorded on the proforma at baseline & post intervention.

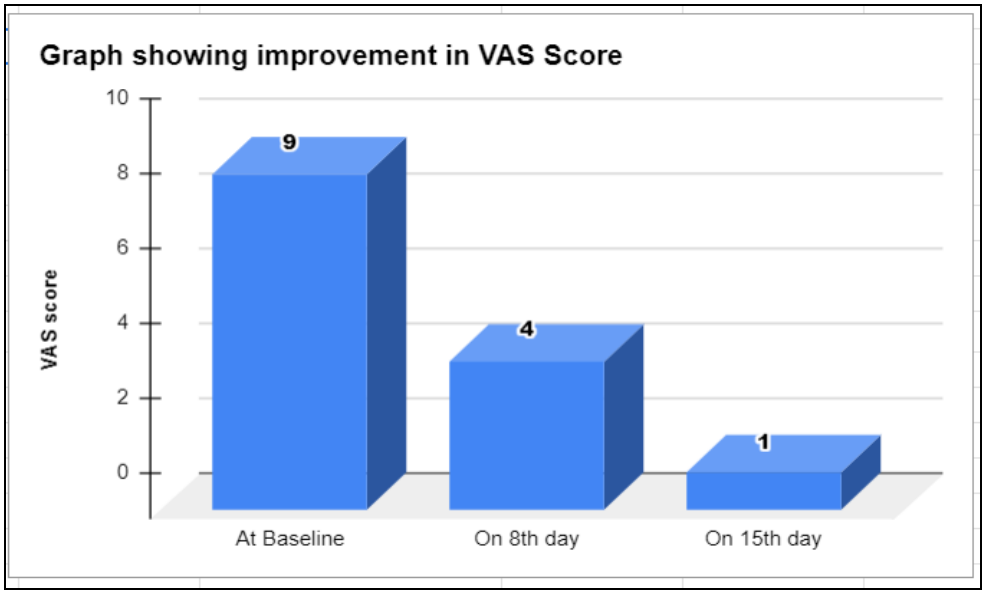
On the first day, the SLRT was 45º in the right leg and 70º in the left leg, with a VAS score of 9/10 and disability of 66%. The next day, treatment began with oral medication with 7gm of Safoof Majusi in the morning and at bedtime, followed by the first session of wet cupping on the seventh day. On the 8th day of treatment, the patient's objective measures were evaluated, including an SLRT of 60º in the right leg and 80º in the left, a VAS score of 4/10, and an ODI of 40%. On the fourteenth day, the second session of wet cupping was completed. On the 15th day, parameters were assessed with SLRT of 90º in both legs, VAS of 1/10, and ODI of 8% & the patient was discharged on request. Oral medication was continued for the entire duration of 15 days.

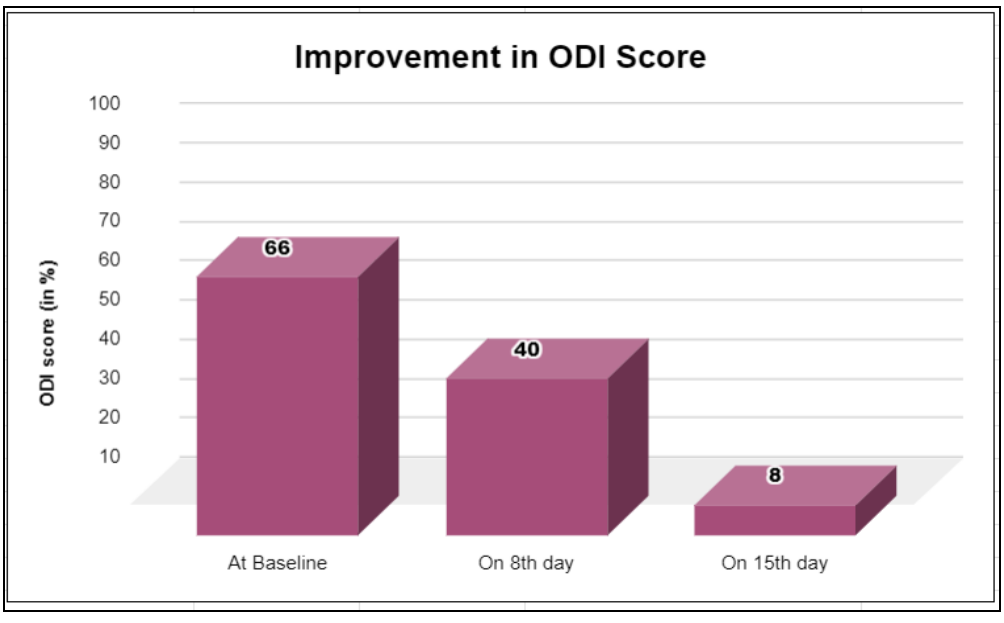
After receiving telephonic follow-ups for a month, the patient was advised to report to the hospital if any symptoms reappeared. However, there was no recurrence of symptoms, and the patient was able to work comfortably without pain.

Table showing results according to improvement in SLRT, VAS &ODI

Assessment Parameters		Before treatment	On 8th day	On 15th day	Improvement in percentage
SLRT	Right Leg	45º	60º	90º	100%
Crossed SLRT	Left Leg	70º	80º	90º	28.57%
VAS score		9/10	4/10	1/10	88.88%
ODI score		66%	40%	8%	87.875%


Graph showing improvement in SLRT
Right Leg SLRT
Left Leg SLRT
SLRT in degrees
100
75
50
25
0
45
70
60
80
90
90
At Baseline
On 8th day
On 15th day


Graph showing improvement in VAS Score
VAS score
10
8
6
4
2
0
9
4
1
At Baseline
On 8th day
On 15th day


Improvement in ODI Score
ODI score (in %)
100
90
80
70
60
50
40
30
20
10
66
40
8
At Baseline
On 8th day
On 15th day

DISCUSSION

Sciatica is a crippling condition resulting from compression of the sciatic nerve root (L4-S3) due to trauma or narrowing of the vertebral canal disk, also known as vertebral disk protrusion or prolapse. Symptoms include more severe unilateral leg pain than low back pain, radiating posteriorly at the leg and below the knee, and paresthesia and/or numbness in the affected lower leg. Other signs of nerve root involvement include numbness or tingling in the affected leg, as well as a decrease of muscle strength. This is a typical type of neuralgic pain that can hinder daily activities. Therefore, finding a treatment that can offer sustained symptom relief without any side effects is imperative.

According to the Unani system of medicine, Irq-un-Nasa refers to pain that originates in the hip joint and extends to the foot due to accumulation of morbid humors at hip joint. The Unani system of medicine primarily recommends Istefragh, which involves removing these morbid humors from the body & with that, some pain relief & anti-inflammatory actions of various drugs & regimes. Drugs included in Safoof Majusi have properties of Tanqiya-e-mawad (Cleansing and elimination of morbid material), Taskeen-e-Alam (Pain relief) & Tahleel-e-warm (Resolution of inflammation) & Hijama bish shart (Wet cupping) along with them did wonder. The possible reason by which Wet cupping was highly effective is its foundation in the principles of evacuation (Tanqiya) and diversion (Imaala) of pathological humors. Evacuation refers to the removal and resolution of morbid humors (Akhlat-e-Fasida), thereby maintaining homeostasis in the quality and quantity of four body humors, which are responsible for the maintenance of normal health. Diversion is the movement of morbid fluids from the site of the damaged organ to a location where they can be easily evacuated from the body's tissues. The effectiveness of this therapy may also be attributed to the anti-inflammatory actions (Muhallil), analgesic (Musakkin-e-Alam), increase innate immunity, regulate hormones, increase the amount of cortisone in the blood, and protect the body against harmful substances via creating specific changes in local tissue structures, local negative pressure in the cups, which stretches the nerve and It is also hypothesized that placing cups on particular areas generates hyperemia or haemostasis, resulting in a therapeutic effect of pain relief.

Our current findings imply that this mix of treatments can offer patients long-term remission without recurrence of symptoms.

CONCLUSION

To conclude, the Unani system of medicine provides a cost-effective and simple approach to treating acute and chronic disorders. Based on the results of this study, it can be said that Safoof Majusi combined with Hijama bish shart or wet cupping, is an effective therapy for the symptomatic alleviation and impairment in Irq-un-nasa patients without any evident adverse effects. This study demonstrates the efficacy and potential of the Unani medicine. Although the study yielded positive outcomes, large-scale randomized, standard controlled clinical trials are necessary to determine whether this treatment plan is beneficial in managing Irq-un-nasa.

Author's Contribution

BH- Conceptualization, Literature survey, Manuscript writing, and Manuscript drafting
IAW- Data Collection & Interpretation of results
MN-Supervision, and Editing.
MB- Supervision, and Editing.

Declaration by Authors

Acknowledgement: I owe a debt of gratitude to each and every author for their inspiration, guidance, and assistance in making this work possible.
Source of Funding: No funding sources
Conflict of Interest: The authors have no conflicting financial interests.

REFERENCES

1. Koes BW, van Tulder MW, Peul WC. Diagnosis and treatment of sciatica. *BMJ*. 2007;334(7607):1313-1317. DOI:10.1136/bmj.39223.428495.BE
2. Davis D, Maini K, Taqi M, Vasudevan A. Sciatica. 2024 Jan 4. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan–. PMID: 29939685.
3. Ebraheim N, Andrews K, Stirling B, Tanios M. Piriformis Syndrome or true sciatica: Are they the same or different. MOJ Orthop & Rheumatol. 2017;9(3):11-2. DOI:10.15406/mojor.2017.09.00357
4. Qin Z, Liu X, Yao Q, Zhai Y, Liu Z. Acupuncture for treating sciatica: a systematic review protocol. BMJ open. 2015 Apr 1;5(4):e007498.
5. Yaqoob M, Shamsi Y, Akhtar M, Azam R, Jain A. Sciatica (Irq-un-Nasa) in modern and Unani perspective. Indian J Unani Med. 2020;13(1):1. DOI:10.53390/ijum.v13i1.1
6. Suhail S, Jamil SS, Khan S, Jilani S, Ansari S. Concept of Irq al-nasa (sciatica) and its management in Unani system of medicine. International Journal of Unani and Integrative Medicine. 2020;4(3):5-8.
7. Khan F, Nayab M, Ansari AN. Management of Irq-Un-Nasa (Sciatica) by Fasd (Venesection): A Case Report. CellMed. 2022;12(2):6-1.
8. Arzani A. Akseer-e-Azam (Al Akseer). 1st ed. New Delhi: Idara Kitabu-us-shifa; 2011.p.849
9. Razi Z. Kitabul Hawi (Urdu Translation). Vol. 11. New Delhi: Central Council for Research in Unani Medicine, Ministry of Health & Family Welfare, Govt. of India; 2004. p.75-108, 153,181-4.
10. Kabiruddin M. Al-Ikseer. New Delhi: Aijaz Publishing House; 2010. P. 849.
11. Ibn-al-Qaf. Kitab-ul-Umdah fil-Jarahat. Vol. 1. New Delhi: Central Council for Research in Unani Medicine; 1986. P. 199.
12. Fakhiruddin HM. Khulasat-Al-Tajarib. Lucknow: Matba Munshi Nawal Kishore; 1865. p. 613
13. Jurjani MI. Zakheera Khwarzam Shahi. Vol. 3. Lucknow: Matba Munshi Nawal Kishore; 1903. p. 220, 649
14. Sina I. Al Qanoon Fil Tibb. Vol. 3. Lucknow: Matba Munshi Nawal Kishore; 1906. p. 489-97. Arabic.
15. Arzani A. Ikseer-al-Quloob. Lucknow: Matba Munshi Nawal Kishore; 1872. P.712
16. Al-Baghdadi MD. Kitab Al-mukhtarat fi-Al-Tibb. Vol. 1. Hyderabad: Dairatul M'aarif Al-Usmaniya; 1943. p. 997-8. 36.
17. Baghdadi IH. Kitab al Mukhtarat fit Tib (Urdu translation). Vol. 4. New Delhi: Central Council for Research in Unani Medicine; 2007. p. 80, 92-5
18. Jurjani MI. Zakheera-Khwarzam-Shahi. Vol. 6. Lucknow: Matba Munshi Nawal Kishore; 1878. p. 442, 635-50.
19. Fairbank, Jeremy CT, and Paul B. Pynsent. "The Oswestry disability index." Spine 25.22 (2000): 2940-2953.

How to cite this article: Bushra Husain, Irshad Ahmed Wani, Mohd Nayab, Mehmooda Begum. Effectiveness of Safoof-e-Majusi with wet cupping in managing Irq-un-nisa (sciatica): a case report. *Int J Health Sci Res.* 2024; 14(12):248-254. DOI: *10.52403/ijhsr.20241231*

******