

Research Article

Prevalence of Waja'al-Mafsil (Polyarthrititis) in the Tribble Population of District Balasore, Odisha

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A B S T R A C T

Introduction: Joint pain (joint inflammation) is a malady, which is well expressed in wealth of classical Unani literature. The antiquated Unani hakims not just uncovered the sickness, they additionally expressed that this condition may handicap the influenced individual. They uncovered and talked about the root beginning and explored different avenues regarding various medications to deal with this inflammation. They portrayed practically a wide range of its types directly from rheumatoid arthritis to osteoarthritis, spondylosis, and its impact on the body.

Methodology: As the ailment is so common, it is of prime significance to gather information having segment subtleties of this illness on a more extensive scale. As per prescribed case record form (CRF), the data regarding *Waja' al-Mafāsil* (polyarthrititis) gathered from Telipal village, Pithahata village, Matiali village, Siadimal village and Bhauriabad village of District Balasore, Odisha.

Results: The data was analysed on the basis of educational, marital and addiction status of the population. The result revealed that married, addicted with alcohol and illiterate persons were more affected from *Waja' al-Mafāsil* (Polyarthrititis).

Conclusion: Information of *Waja' al-Mafāsil* (Polyarthrititis) is to put a light on the different patterns of this illness which can be treated as standard for future reference.

Keywords: Unani Medicine, *Waja' al-Mafāsil*, Polyarthrititis, Tribal Sub-Plan, Case Record Form.

Introduction

Economic development and balanced growth is the decisive endeavour of every nation and the strategic plans are designed exactly to fulfil the same purpose. After twenty-five years of sovereignty, it was realised by strategy makers that the Scheduled Tribes populations are still way behind the conventional progress. It was also realised that the wide plan schemes and curriculum designed largely for the progress of the economy hardly enhanced their socio-economic grade. Likewise, the advantage of such broad benefit schemes did not percolate down towards the progress of ST inhabitants of the realm in any momentous mode. In order to eliminate these concerns, the Tribal Sub-Plan was commenced during the Fifth Five Year Plan for socioeconomic amelioration of the tribal society that encompasses 22.13 per cent population of Odisha.. As the development index is towards the lower side, it leads to the development of various diseases in their communities. Polyarthrititis or *Waja' al-Mafāṣil* is a type of arthralgia that involves several joints of the body and is one of the most common joint problems. In this article, we have collected data of *Waja' al-Mafāṣil* from five villages of District Balasore, Odisha namely Telipal village, Pithahata village, Matiali village, Siadimal village, and Bhauriabad village to throw light on the various patterns and prevalence of this disease which can be treated as standard for future reference. Prevalence by meaning, according to the Cambridge Business English Dictionary Cambridge University Press, stands for the fact of something existing or happening often

The expression *waja-ul-mafasil* (WM) is portrayed as the entire class of joint disorders including ache, swelling, rigidity etc. It has been explained in the Unani classical text in detail as *waja-ul-mafasil-aam* (arthritis), *waja-ul zuhr* (back pain), *niqras*, and *irqunnisa* (sciatica) etc.² According

to the standard text of the Unani system of medicine, it is a condition of ache or inflammation (*waram*), which transpires in the joints of hands, feet, knee and ankle joint.^{3,4,5}

Aetiology

Waja' al-Mafāṣil (polyarthrititis) involves joint injury, chubbiness, ageing, and genetics. However, the thorough method of its commencement and succession stay poorly understood and, at present, there is no intervention offered to renovate the desecrated cartilage or slow down its progression. During its progression, the entire joint organ is distressed, together with cartilage, bone, synovial tissue, and meniscus.

Classification based on Involvement of Joint

Waja' al-Mafāṣil is a wide-ranging expression used either for painful joints or especially hands and feet but may involve hip, wrist, elbow, ankle, and knee joints. The specific names of its various types based on the involvement of joints are *Waja ur rakba* (knee joint pain), *Waja ul warik* (hip joint pain), *Irqunnasa* (sciatica), *Niqris* (gout), etc.⁶

Unani Concept of Osteoarthritis

According to classical Unani Literature, *Waja' al-Mafāṣil* is a type of arthralgia that engages multiple joints. According to the involvement of *khilt*, it is classified as *Damawi*, *Balghami*, *Ṣafrāwi*, and *Sawdāwi*.^{7,8,9,10,11} Depending on the basis of harshness of symptoms, it is classified as acute and chronic. When it is due to the involvement of two humours, it is classified as *Waja' al-Mafāṣil Murakkab*.

According to Avicenna, the bones are interrelated and interconnected. There is not much distance between any of the bones.¹² The psychic aspect imparts a major component in the occurrence of the ailment. Other indicators accountable for the malady comprise inheritance and joints flaw etc.¹³

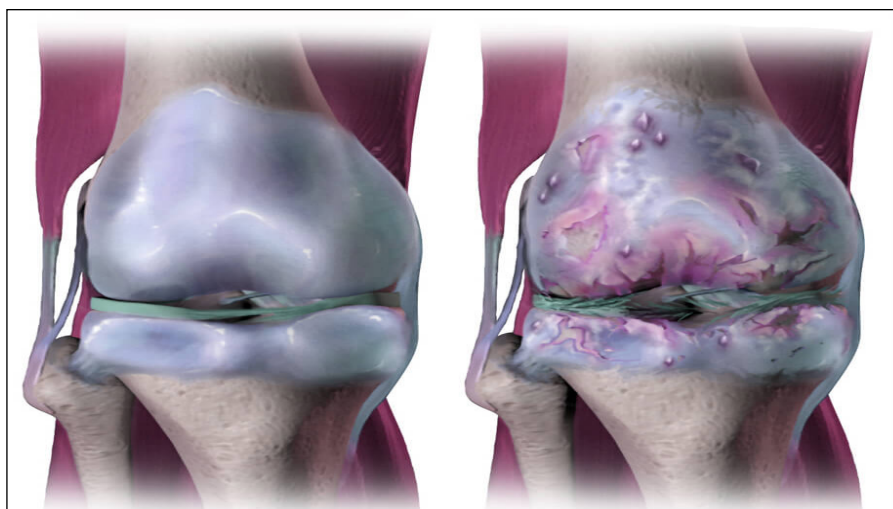


Figure 1. Comparison between (a) Normal Joint and (b) Joint affected by Polyarthrititis

As per Harrison's Principle of Internal Medicine, osteoarthritis (OA) is a disease that reveals progressive joint failure, involving all structures of the joint. It is due to hyaline cartilage loss with enlarged thickness and sclerosis of the bone plate, osteophytic growth at the joint periphery, stretching of the capsule, and weakness of the muscles bridging the joint. OA augments radically with the advancement of age. At present, OA is classified as metabolic dynamic progression representing an inequity of joint collapse in coalition with a poor repair.^{14,15}

Clinical Appearance

OA can engage almost every joint, but typically occurs in frequently used and weight-bearing joints like hip, knee, hands, and spine.

Symptoms

- Use-related ache involving one or many joints
- Rigidity following rest
- Loss of movement
- Unsteadiness

- Malformation
- Crepitation ("crackling")
- Neurologic deformity with spinal association (involving disks, joints, and ligaments)¹⁵

Method

As per prescribed case record form (CRF), designed specially for TSP programme, the data regarding *Waja' al-Mafāsil* (polyarthritis) gathered from the villages Telipal, Pithahata, Matiali, Siadimal and Bhauriabad of District Balasore, Odisha. General health check-up and treatment for all the patients conducted through the OPDs under TSP Programme (Tribal Sub-Plan Programme) between the years 2018 to 2021, and out of about 6000 patients visited OPDs, 1266 patients were analysed for *Waja' al-Mafāsil* (polyarthritis). For this article the analysis made on merital status, educational and addiction of population visited for health checkup and treatment. All type of joint pain with different aetiology with or without any chronic diseases were included for the data.

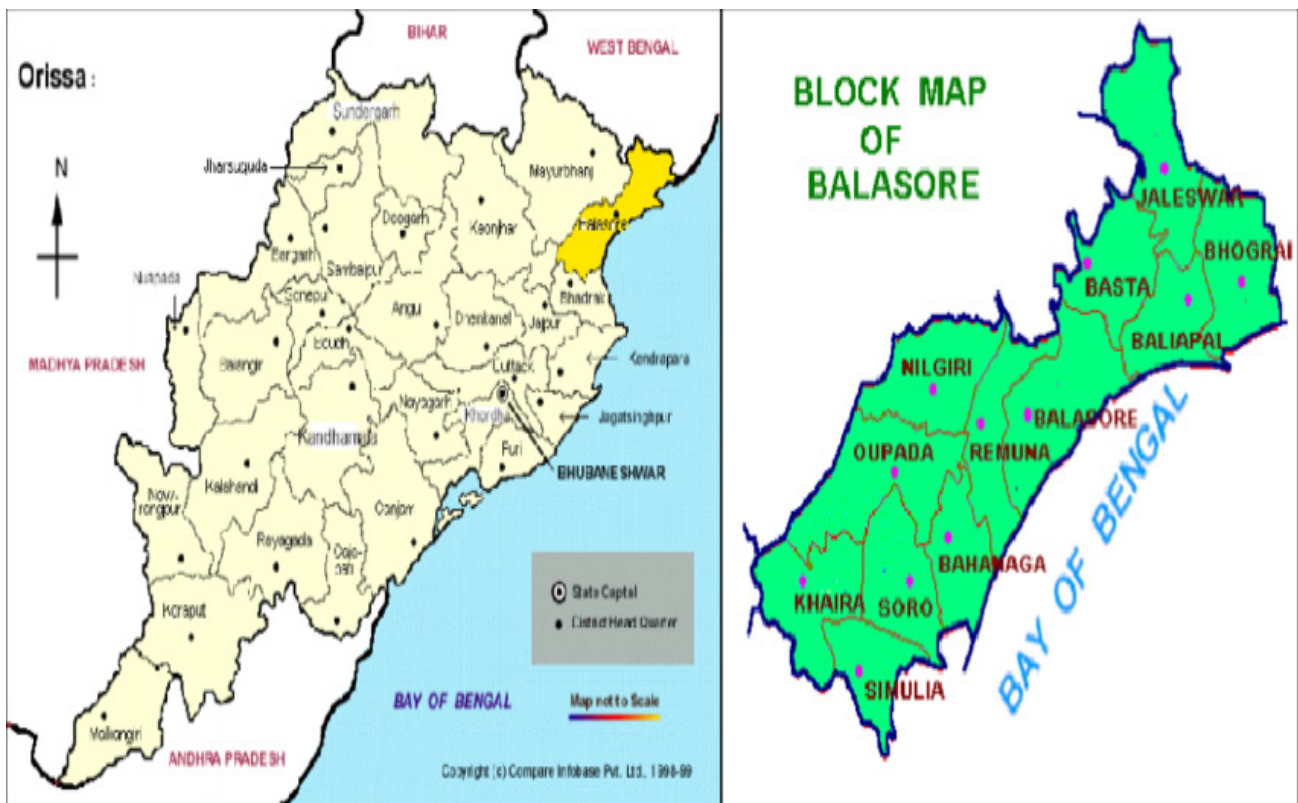


Figure 2. Map of District Balasore, Odisha

Result

The patients visiting the undertaken villages affected by polyarthritis show that majority of patients i.e. 1266 belong to non-vegetarian origin. Similarly, all the patients belonged to the Hindu community and ST population group. These findings are purely statistical because Hindus and ST populations are in a vast majority in these villages. Thus it is natural that Hindu patients and the ST population overshadow their other brothers in these undertaken villages.

Table 1. Marital Status of Patients of OA in Undertaken Villages

S. No.	Marital Status	No. of Patients
1.	Unmarried	81
2.	Married	1099
3.	Divorced	18
4.	Widow/ Widower	68
5.	Total	1266

As shown in Table 1, among the participants, married people dominated unmarried, divorcees, and widow(er)s, but it is clear from the above-collected data that the disease can be found in any status group.

Table 2. Educational Status of Patients of OA in Undertaken Villages

S. No.	Educational Status	No. of Patients
1.	Illiterate	976
2.	Semi-literate	254
3.	Primary	9
4.	High School	27
5.	Intermediate	0
5.	Total	1266

Table 2 shows that most of the patients having the disease were illiterate (976) followed by semi-literate (254). The data reveal that majority of patients had not crossed the basic level of education. This indicates the poor condition of the tribal population from the education point of view. This also demonstrates the importance of education on the commencement of this disease.

Table 3. Addiction Status of Patients of OA in Undertaken Villages

S. No.	Addiction Status	No. of Patients
1.	None	42
2.	Tobacco	159
3.	Snuff	0
4.	Smoking	89

5.	Bhang	173
6.	Alcohol	212
7.	Others	591
	Total	1266

As per the data presented in Table 3, it was seen that the vast majority of patients were addicted to one or more types of addictions or substance abuse. Only 42 patients were addiction-free out of 1266 which raises a serious question on the health of these people. This brings to light the wretched situation of the tribal population regarding substance abuse and raises concern with respect to the efforts being made to rectify this.

A brief description of the above literature clearly shows that ancient Unani literature is rich, complete and covers almost all aspects of pain in joints and fully matches with the description of the disease in modern medicine. Its management is still efficient, harmless, and better than conventional medicine. In the Unani system of medicine, arthritis can be cured with regimental therapy (*Ilaj Bil Tadbeer*). Cupping therapy (*hijamah*) has demonstrated positive results in many musculoskeletal disorders. Similarly, fomentation (*takmeed*) has also been claimed to reduce ache and muscle spasm and provide some degree of immediate pain relief.¹⁶ Incorporation of *hijamah*, *takmeed* and other therapies into treatment of such patients may give more satisfactory results as these therapies are time tested and give better results in a brief span of time.

Further, it is advisable that fibre rich food should be included in the diet e.g okra, drumstick, and drumstick leaves. The data obtained also show the importance of the Tribal Sub Plan Programme as the people living in tribal areas have no access to conventional health facilities. The data obtained from this study may be taken as a standard for future studies.

The result of the study has been thought thought-provoking and will provide necessary ideas for those involved with creating policies and plans as well as academicians, research scholars and general readers.

Conclusion

It can be concluded that the majority of population in ST areas are un educated and the life style is different and majority involved different kind of addictions. In this article the result of the study has been thought-provoking and will provide necessary ideas for those involved with making policies, plans for development as well as academicians, research scholars and general readers

Conflict of Interest: None

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References

1. Cambridge Dictionary [Internet]. Prevalence. Available from: <https://dictionary.cambridge.org/dictionary/english/prevalence> <https://dictionary.cambridge.org/dictionary/english/prevalence> (Date: 19.02.2024)
2. Younis M, Rafique H, Ahmad Z, Pandit RA, Rasool S. Concept of Arthritis in Unani System of Medicine. *Int J Adv Res AYUSH*. 2013;2(1):132-6.
3. Ali M. Moalijat-e-Mazhari (Ilajul Masakeen). Delhi: Matba Iftekhar; 1896. p. 176-8.
4. Jurjani AH. Zakheerah Khwarism Shahi. Vol. 6 [Urdu translation by Hadi Hussain Khan]. Lucknow: Munshi Naval Kishore Press; 1903. p. 637-48.
5. Majoosi A. Kamilussana. Vol. 2 [Translated by Ghulam Hussain Kantoori]. Lucknow: Munshi Naval Kishore Press; 1903. p. 637-4.
6. Khan A. Haziq. New Delhi: Beeswi Sadi Book Depot; 1987. p. 532-8.
7. CCRUM, WHO Country Office for India. Standard Unani Medical Terminology. New Delhi: CCRUM; 2012. p. 290.
8. National Unani Morbidity Codes; (NUMC-V.1.0) 2018. Available from: <https://ccrum.res.in/ViewData/MultipleArchive?mid=1608>.
9. <http://namstp.ayush.gov.in>
10. Ahmad KR. Tarjuma Shara Asbab, Jild som. New Delhi: CCRUM; 2010. p. 397-407.
11. Kabeeruddin. Sharah-e-Asbab, Tarjuma Kabeer. New Delhi: Aijaz Publishing House; 2007. p. 164-70.
12. Hakim Ibn-Sina. Canon of Medicine, Book I [English Translation]. New Delhi: Jamia Hamdard; 1993. p. 39.
13. Mohammad SH, Fasihuzzaman, Zabeen A, Siddiqui MA. Management of Waja ul Mafasil (arthritis) in Unani system of medicine: a review. *Int J Res Ayur Pharm*. 2014 Feb;5(1):60-4. [Google Scholar]
14. Adebajo A. ABC of Rheumatology, 4th ed. Yorkshire, UK: Wiley Blackwell Publishing House; 2009. p. 51-70.
15. Fauci A, Braunwald E, Kasper D, Hauser S, Longo D, Jameson JL. Harrison's principle of internal medicine. 17th ed. New York: Mc Graw Hill; 2008. p. 901-2.
16. Raheem A, Nazli T, Saeed A, Alvi R, Kalaivani M. Effectiveness of fire cupping (Hijamah Nariya) versus dry warm fomentation (Takmeed Yabis) in chronic neck pain - a randomized control trial. *J Integ Comm Health*. 2019;8(1):21-32. [Google Scholar]