

# Pain alleviation in Unani medicine – A conceptual analysis

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## ABSTRACT

The objective of medical science mainly comprises of prevention and treatment of diseases in order to maintain health. Unani system of medicine also focuses on the same objectives *Hifzane Sehat* (preservation of health) and *Ilajul Amarz* (restoration of health) with glorifying history of serving humanity since Hippocratic era. Pain is a clinical feature of several diseases and commonest manifestation which tends to bring the patient to physician. Pain makes sufferer as well as doctor aware to protect the body from disease for preservation or restoration of health and maintain homeostasis which accomplishes both the goal. It has certain characteristics, location, course which provides important diagnostic hints. It is prime responsibility of the physician's to relieve pain efficiently. Influences of sustained or chronic pain have varying degrees of physical dysfunction, personality changes, depression, anxiety, social isolation, may also affect the patient's quality of life. At present therapeutic alternatives is being preferred over conventional medicine. This review article is aimed to highlight the concept of pain in Unani system of medicine, its management and correlation with modern theories. The article may also serve the objective of providing well being or to improve quality of life of the sufferer.

**Key words:** Pain, *Waja*, Unani medicine, Unani management

## INTRODUCTION

“Waja” is an Arabic word which means pain.<sup>1</sup> It is defined by Unani physicians as Perception of unease in the body caused by impaired temperament<sup>2</sup> or loss in continuity.<sup>3,4</sup> *Waja* (pain) is an abnormal perception felt by patients and denote the morbid condition of body. Under the caption of pain *Ibn sina* (980-1037 AD) described that “pleasure or joy is the *Ahsase Musbat* (Pleasant perception) and *waja* is an *Ahsase manfi* (unpleasant perception). In short pleasant sensation is known as *Lazzat* (joy) and unpleasant sensation is *Waja*’.<sup>3,4</sup> He used word “*Waja*” and “*Alam*” interchangeably for the perception of pain in his book *Al Qanoon fit Tib* with detailed description and management.<sup>4</sup>

The International Association for the Study of Pain (IASP) has defined “pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage”<sup>5,6</sup> with similar view expressed by Galen.<sup>3,4</sup> Harrison’s Internal Medicine defined “Pain is an unpleasant sensation localized to a part of the body. It is often described in terms of a penetrating or tissue-destructive process e.g., stabbing, burning, twisting, tearing, squeezing.”<sup>7</sup> which closely resembles the views of Avicenna.<sup>2</sup>

## ASBABA WAJA WA MAHIYATE MARZI (AETIO-PATHOGENESIS OF PAIN)

Avicenna postulated that any sudden changes in the temperament (*Sue Mizaj Mukhtalif*) or/and breach in continuity (*Tafarruqe Ittesal*) affects the physical condition of any organ leading to pain. Majority of ancient Unani physicians testify to his view. It is worthy to mention that the changes in steady mood (*Sue Mizaj Mastawi*) do not produce pain. As per the Galenic theory, the chief cause of pain is breach in continuity only, which interferes with the nature of organs.<sup>3,4,5,9</sup>

### ***Sue Mizaj Mukhtalif* (abrupt intemperament)**

It is an abnormal temperament occurs abruptly and is contrast to the normal temperament of organs which dominates the actual temperament results in (*Ahsase manfi*) unpleasant perception (pain). The *Sue Mizaj Mukhtalif* (abrupt in temperament) may be *sada* (simple) or *maddi* (humoral).

### 1. *Sue Mizaj Maddi* (abnormal temperament with humoural involvement)

It is an abnormal temperament which is associated with the substance or matter and it is further categorised into two types.

- *Sue Mizaj har Maddi* (abnormal hot temperament with humoural involvement )
- *Sue Mizaj barid Maddi* (abnormal cold temperament with humoural involvement)

### 2. *Sue Mizaj Ghair Maddi* (simple temperament)

It is an abnormal temperament caused due to derangement of two basic *kaifiyyaat* which may be hot or cold.

#### *Tafarruqe Ittesal* (breach in continuity)

*Tafarruqe ittesal* is disruption or breach in continuity which produces *Waja/ ahsase manfi* (unpleasant sensation). Galen's theory of pain is purely based on *tafarruqe ittesal* (loss of continuity). He stated that any *sue mizaj* whether hot or cold causes pain by breaking continuity of a part. The breach in the continuity may be developed by some external and internal causes. The external causes are stretch, cut, burning, crushing, pricking, tearing which directly produces *tafarruqe ittesal* while the internal causes are *khilt laze* (irritant matter), *khilt akkal* (corrosive humours), *ghaleez riyah* (viscous pneuma), *ghaleez khilt* (viscous humours).

*Khilte laze* (irritant humours) causes irritation and inflammation at the site of contact or accruement. *Akkal khilt* (corrosive humours) causes ulceration of the tissues due to their strong caustic and ulcerative properties. *Rehi madda* (Gaseous substance) produces discontinuity in two ways

- Localised accruement of *Rehi madda* (Gaseous substance) which produces distension in the organ cavity such as *Nafkhatul maida* leads to discontinuity or disruption in inner surface of an organ.
- Penetration of *Rehi madda* (Gaseous substance) in the organ layers and by separating them causes pain such as *Qoolanj Rehi*

The *Ghaleez mawad* (Vitiated matters) cause discontinuity either by their excess quantity or acrid/vitiated quality. Quantitatively vitiated humours causes tension or stress while qualitatively they produce irritation or ulceration in organs and sometimes together causes pain.

As per conventional medicine, pain may occur even in the absence of injury. Similar view was also expressed by Avicenna which state that some time the cause of pain is not apparent or exist and pain may persist which is not a true pain for which physician should not endeavour to treat it.<sup>7</sup>

### CLASSIFICATION OF PAIN BASED ON SITE INVOLVED

*Suda`* (Head ache)<sup>10, 11, 14, 15</sup>

*Shaqiqa* (Migrain)<sup>10, 11, 14, 15</sup>

*Usaba* (Supra orbital pain)<sup>10, 11, 14, 15</sup>

*Suda Baiza Khuza* (Generalized head ache)<sup>10, 11, 12</sup>

*Waja` ul Asnan* (Dental pain)<sup>11, 16</sup>

*Waja` ul Halaq* (Throat pain)<sup>10</sup>

*Waja` ul uzn* (Otagia)<sup>11, 12</sup>

*Wabila* (Cervicobrachial neuralgia/ *waja ul unuq asabi*)<sup>10, 13</sup>

*Waja` us sadar* (Chest pain)<sup>10</sup>

*Waja` ul qlab* (Cardiac pain)<sup>10</sup>

*Waja` ul Maida* (Gastric pain)<sup>10, 11, 16</sup>

*Wajaut Tehal* (Splenic pain)<sup>10</sup>

*Waja ul Kabid* (Heaptic pain)<sup>10, 11, 14, 17</sup>

*Maghs* (Tenesmus)<sup>10, 11, 17,</sup>

*Qulanj* (Colic pain)<sup>10, 11, 15, 17</sup>

*Waja ul Kuliya* (Renal pain )<sup>10, 11, 17</sup>

*Waja ul Masana* (Cystodynia)<sup>10, 11, 17</sup>

*Waja ul unsain* (Testicular pain)<sup>11, 17</sup>

*Waja ur rahm* (Uterine pain)<sup>10, 17</sup>

*Irqunnasa* (Sciatic pain)<sup>10, 11, 17, 18</sup>

*Niqris* (Gouty pain)<sup>10, 11, 17, 18</sup>

*Waja` ur rakba* (Knee joint pain)<sup>10, 18</sup>

*Waja` uz zahr* (Low Back Pain)<sup>10, 11, 17, 18</sup>

*Waja` ul warik* (Hip joint Pain) <sup>10,11, 17,18</sup>

*Wala` ul khasera* (Buttock pain) <sup>11,17</sup>

*Wajs` us saqain* (Calf Pain) <sup>10</sup>

*Waja` ul aqib*( Heel pain)<sup>10,11</sup>

#### AQSAME WAJA (AETIO-PATHOLOGICAL CLASSIFICATION)

Galen, Avicenna and *Ibne Hubal Baghdadi* categorised pain in to different types. <sup>3, 4, 9,19</sup>

- ***Waja` Hakkak* (Pruritic pain/Itching pain):**Pain with itchy sensation due to the presence of sharp, pungent and saline humours.
- ***Waja` Khashin* (Course/ Rough pain):** Characteristically this a coarse type of pain caused by viscid humour.
- ***Waja` Zaghit* (Compression/squeezing pain):** when there is accumulation of morbid matter in surrounding space of any organ which exerts pressure or compression on organ.
- ***Waja` Nakhis* (Pricking pain):** Pain with pricking sensation caused by the presence of those humours which create distension and hardness in the organs. It usually affects the membranes e.g. pleural membrane.
- ***Waja` Tamaddudi* (Distension pain):** A pain caused by the accumulation of gaseous substance or those humours which produces distension in the organs cavity or its membranes. Pain accompanied with distension due to Gaseous substance or flatus which always associated with lightness. The pain due to accumulation of morbid humours is associated with heaviness.
- ***Waja` Mufassikh* (Incisive pain):** A type of Muscular pain caused by the accumulation of humours in the muscle fibres making them distended produces the feeling of incisive pain.
- ***Waja` Mukassir* (Fractural/Bony pain):** A type of bonny pain caused by the accumulation of flatus or humours between bone and its covering. Sometimes exposure to cold also can be a cause.
- ***Waja` Rikhu* (Dull pain):** A type of low intensity pain which occurs only in muscles.
- ***Waja` Saqib* (Perforating pain/piercing pain/ Boring pain):**It is a type of visceral/ colicky pain characteristically felt that site is being pierced by gimlet and caused by the accumulation of gaseous matter in the compartment or within the layers of an organ or colon.
- ***Waja` Misalli* (Stabbing pain):** It is a colicky nature of pain caused by the accumulation of flatus or humour in the compartment of large intestine as a result transverse stretching in its layers results in separation of continuity.
- ***Waja` Khadari* (Neuropathic pain):** A neuropathic nature of pain, Characterised by pain with paraesthesia caused by the blockage of sensory nerve endings due to extreme cold, congestion or other reason.
- ***Waja` Zarabani* (Throbbing pain):** A pulsating nature of pain caused either by acute inflammatory processor accumulation of irritating and acrid humours such as migraine.
- ***Waja` Saqeel* (Heavy pain):** A type of heavy pain pertaining to less sensitive /viscera e.g. lungs, kidneys, spleen or when the sensory loss of any sensitive part such as the cardiac end of stomach highly sensitive when carcinoma affect it produces heavy pain (*wajae saqil*).
- ***Waja` Ayaei* (Fatigue pain):** A type of pain caused by fatigue due to over work which produces perception of incongruity in the body. Excessive movement and acrid humour causes tension in muscles and nerves which leads to impaired temperament and discontinuity results in fatigue pain.
- ***Waja` Lazayei* (Irritation pain):** A type of pain caused by irritant humours (*Khilte laze*)which develops irritation and inflammation at the site of contact or accrument e.g., *Waja ul Fawad*.

Table1: Categorization of different types of pain

Types of pain	Conventional term	Affected area
<i>Waja' Hakkak</i>	Pruritic pain	Skin diseases
<i>Waja' Nakhis</i>	Pricking pain	Inflamed Membranes (pleurisy)
<i>Waja' Khadri</i>	Neuropathic pain	Compression of Nerves
<i>Waja' Misalli</i>	Stabbing pain	Diseases of Colon
<i>Waja' Saqib</i>	perforating pain	Disease of Colon
<i>Waja' Mumaddid</i>	Distension pain	Stomach flatus
<i>Waja' Zarbani</i>	Throbbing pain	Acute inflammation, Migraine
<i>Waja' Laazeh</i>	Irritant pain	Heart burn
<i>Waja' Zaghit</i>	Compression pain	Heart pain
<i>Waja' Khashin</i>	Rough/Coarse pain	Psoriasis
<i>Waja' Rakhu</i>	Dull ache	Pain soft tissue of muscle
<i>Waja' Ayayi</i>	Fatigue-pain	Body ache
<i>Waja' Shaqeel</i>	Heavy pain	Hepatic and splenic pain
<i>Waja' Mufassikh</i>	Incisive pain	Muscular pain
<i>Waja' Mukassir</i>	Bony pain	Fractural pain

The McGill Pain Questionnaire is widely used by present day physicians for evaluation of a person experiencing significant pain and used to determine the effectiveness of any intervention. It was developed at by Dr. Melzack at McGill University in Montreal Canada. There is profound resemblance of this questionnaire with the above classification propounded by Unani physicians.<sup>3, 4, 9, 19</sup>

#### MODERN CLASSIFICATION OF PAIN<sup>20, 21, 22</sup> AND CORRELATION WITH THE UNANI TYPES<sup>3, 4</sup>

**Acute pain:** Sudden onset, severe and of shorter duration is called acute pain.<sup>20</sup>

**Chronic Pain:** Gradual onset, less severe and long lasting pain is called chronic pain.<sup>20</sup>

As per Unani concept, predominance/ derangement of *safra* and *dam* causes *Wajae haad* (acute pain) while *sauda* and *balgham* causes *Wajae muzmin* (chronic).

**Somatic pain:** There are two types of somatic pain, one is superficial felt over skin and another is deep which arises from muscle, bone and ligament etc.

*Waja` Hakak* (pruritic pain) is an example of superficial somatic pain while *Waja` Mufassikh* (Muscular pain) and *Waja` Rakho* (dull pain) are of deep somatic pain.

**Muscle ache:** It includes the pain of Ligament, Tendon and Fascia.

**Soft tissue pain:** This comprises the pain of Bursitis, Tendinitis

In Unani literature *Waja` Mufassikh* and *Waja` Rakhu* both are related with muscular pain which are similar with above mentioned types of pain.

**Visceral pain:** It arises from viscera. In Unani, *Wajae Saqib* and *Wajae Missali* belong to this category.<sup>21</sup>

**Neuropathic pain:** This results due to disturbed pain perception system within the peripheral or central nervous system. The pain associated with paraesthesia corresponds to *Waja` Asabi* or *Khadri*.<sup>6</sup>

#### TASHKHEESE WAJA` (DIAGNOSIS OF PAIN)

Complete and careful history of pain should be elicited for appropriate diagnosis like intensity, site, character, duration, associated symptoms, aggravating and relieving factors of pain. Some time patient may have more than one type of pain.<sup>6</sup>

##### Based on *Sue Mizaj* (altered temperament):

The diagnosis can be made on the basis of *sue mizaj* which may either be *sada* or *maddi*. If onset of symptoms is gradual along with the history of exposure of cold or heat it may be considered as *sue mizaj sada*, while generalized and localised symptoms of humoral predominance may be considered as *sue mizaj maddi*. Heaviness and lightness of pain may be differentiated with pain of *sue mizaj maddi* and *Rehi* respectively.<sup>10</sup>

##### Based on *Tafarruqe Ittesal* (breach of continuity)

Diagnosis may also be made on the basis of internal and external *tafarruqe ittesal*. External *tafarruqe ittesal* may be diagnosed easily as it is evident, while in internal *tafarruqe ittesal* the cause is hidden and difficult to diagnose. Following features are also useful in the diagnosis of pain.<sup>3, 4</sup>

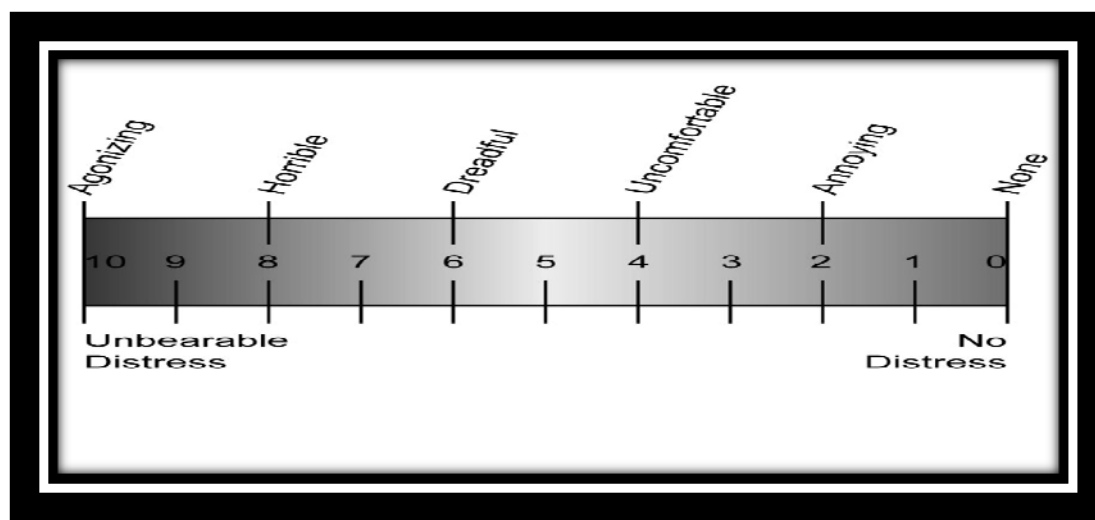
- **Site of pain:** The pain and associated symptoms indicate the disease by its site and character as felt in right hypochondrium due to hepatic or chest in pleuritic pain.<sup>3, 4</sup>
- **Onset of pain:** The onset of pain depends upon the involved humours e.g, pain due to predominance of *Safra* and *Dam*, acute in onset while *Balgham* and *Sauda*, chronic in nature.<sup>10</sup>

- **Character of pain:** The character of pain also suggest the possible disease such as heavy pain (*Waja saqeel*) indicate the pain of less sensitive organ, *wajae saqib* in abdomen indicates the intestinal colic, similarly *waja laze* (irritating pain) is the symptoms of irritant substance likewise throbbing pain in migraine, pricking pain in pleura etc.<sup>3,4,10</sup>
- **Radiating pain:** *Irqunna'sa* (sciatica) and *Waabila* (cervical pain) are types of radiating pain.<sup>10</sup>
- **Aggravating/ Relieving factor:** Pain of *Qarhe meda* (gastric ulcer) aggravated by intake of food and relieved by vomiting and pain of *Shaqeeqah* (migraine) aggravated by exposure to sun and relieved by avoidance.<sup>10</sup>

### Visual Analogue Scale (VAS)

Researchers and physicians use some arbitrary pain grading scales to rate the pain. Visual analogue scale is one of them.<sup>23,24</sup>

VAS is a 10 cm numerical Likert scale comprises 0-10 cms, where 0 represent no pain and 10 represent worst pain. As the numerical value of scale increases the magnitude of pain also increases respectively. Further this scale allows categorical consideration of pain intensity in terms of grades such as Grade 0 (None), Grade 1 (Mild 1-3), Grade 2 (Moderate 4-6), Grade 3 (Severe 7-10).



Grade 0 (None), Grade 1 (Mild 1-3), Grade 2 (Moderate 4-6), Grade 3 (Severe 7-10)

Fig-1 Visual analogue scale

### ILAJ (MANAGEMENT)

Unani physicians treated pain with diverse ways viz.,<sup>3,4,19</sup>

- *Izalaе sabab* (Removal of the cause)
- *Imalae mawad* (Diversion of morbid matters)
- *Tanqiyae mawad* (Evacuation of morbid matters)
- *Use of Musakkin* (Analgesics), *Muhallil* (Resolvents), *Mukhaddir* (Anaesthetics), *Munawwim* (Hypnotics) etc
- Adoptance of *Ilaj biz zid* (Heteropathic regimen)
- *Ilaje nafsani* (Psychotherapy) especially diversion of patient mind.

*Ibn Rushd* (1126-1198 AD) in his book "*Kitabul Kulliyat*" and *Ibn Qaf al Maseehi* (13<sup>th</sup> century AD) in "*Kitabul Umda fil Jarahat*"<sup>5,25</sup> categorized treatment of pain in to two broad types.<sup>5,25</sup>

### ILAJE ASLI (PRIMARY TREATMENT):

Actual and foremost treatment of pain is removal of cause such as application or administration of Heteropathic regimens in case of *sue mizaj sada*, diversion and evacuation of morbid matter in case of *sue mizaj maddi* and *tafarruqe ittetal*.

***Imalae Mawad* (Diversion of morbid matter):** The Diversion of morbid matter from the affected site to the other is called *Imalae Mawad*. It is done by increasing the flow of humours/circulation towards a specific site by various modes. The purpose of diversion is to reduce irritation, to reduce inflammation and ultimately to relive pain.

***Tanqiya Mawad* (Evacuation of morbid matter):** Elimination of morbid matter is called as *Tanqiya Mawad* by which the causative or acrid humour are removed. The various methods of *tanqiya mawad* are:

**Regimens used for diversion and evacuation of morbid matters:**

*Ishal* (purgation), *Qai* (Emesis), *Huqna* (Enema) *Fasd* (venesection), *Hijamat bil shart* (Wet cupping), *Hijamat bila shart* (dry cupping), *Hijamat bin nar* (fire cupping), *Irsale Alaq* (leech therapy), *Amal Kai* (cuaterization), *Dalk* (Massage) *Takmeed* (fomentation), *Natool* (irrigation), *Hamam* (Medicated bath) *Tareeq* (Diaphoresis) *Aabzan* (sitz bath), *Pashoya* (footbath) and *Idrara baul* (Diuresis) etc.<sup>10, 26,27 28,29,30,31,32,33,34,35</sup>

**Regimens used for evacuation of morbid matters to alleviate pain with indications:**

- *Qai* (emesis) - *Waja ul Meda imtelayee* (gastralgia)
- *Huqna layyina* (laxative enema) - *Sarsam* (Meningitis),
- *Fasd* (venesection)- *Suda`* (head ache), *Wajaul mafasil* (arthritis)
- *Hijamat bil shart* (wet cupping)- *Irqunnasa* (sciatica), *waja uz zuhr* (low back pain) *waja ur rakba* (knee pain)
- *Irsale alaq* (hirudu therapy) - *Waja ul mafasil* (arthralgia)

**Regimens used for diversion of morbid matters with indications:**

- *Laze advia* (irritant) (sat kafoor, sat podina)-*Suda`* (head ache)
- *Qairooti* (poultice) – *Waja us sadar* (chest pain)
- *Moattisat* (sneezer)- *Suda`e Rehi* (pneumatic head ache)
- *Hijamat bila shart* (dry cupping)- *Waja ul unuq* (cervical pain), *waja uz zahr* (back pain), *waja ur rakba* (knee pain ), *irqunnasa* (sciatica)
- *Hijamat bin naar* (fire cupping)- *Waja ul mafasil*, *irqunnasa*
- *Takmeed haar yabis* (hot mist fomentation)-*Waja ul mafasil*
- *Takmeed har ratab* (hot dry fomentation)-*Wajae Aahsha* (visceral pain) and *wajae rehi* (flatulent pain)
- *Natool* (douching) - Arthritis
- *Aabzan* (sitz bath) - Lower abdominal pain, uterine pain.
- *Dalk* (massage) – *Waja ul unuq* (cervical pain), *waja uz zahr* (low back pain),
- *Hammam* (medicated bath)-*Wajay Aayaei* (fatigue pain)

**ILAJE SAANAWI (SECONDARY TREATMENT):**

When the pain is intolerable, use of *Qawi musakkinat* (potent analgesics) and *Muklhadderat* (anaesthetics) are recommended.

**Musakkin alam wa Mukhadderat (Analgesics and anaesthetic):**<sup>2, 19</sup>

Use of *mukhadderat* were widely used since time immemorial. Al-Razi (Rhazes 835-925 A.D) used *afiyun* (*Papaver somniferum*) as a *mukhaddir* (anaesthetic) in surgical procedures, Avicenna too used some opium formulations as analgesic and anaesthetics prior to surgery. He mentioned the analgesic, anaesthetic and hypnotic action of some herbs including *Afiyun* (*Papaver somniferum*) *Bizrul Banj* (*Hyocymus albus*), *shokran* (*Conium maculatum*) *mandragora* or *nightshade* (*Mandragora officinarum*) and also advocated the use of ice as *Mukhaddir* (anaesthetic)<sup>36</sup>. He was well aware of the potency and toxicity of some of these formulations and differentiated between sleep inducing drugs and those that impair the sensation.<sup>37</sup> Furthermore he also stated that one of the impediment of pain management depends upon the mode of action of drug. If the drug is slow acting, patient may not tolerate the pain for prolonged period and if fast acting such as *advia mukhaddir*, it produces adverse effects. Therefore the treatment entirely depends on the intelligence of physician.<sup>3,4,9</sup>

The management of pain in Unani system is based on the concept of *Ilaj bil zid* with administration of drugs of contrast property of the disease. The analgesics used are either *Moaddelat* (moderators) or *Mohallilat* (resolvants) or *Mukhadderat* (anaesthetics). The *moaddelat* and *mohalillat* relieve the pain by normalizing the cause of *sue mizaj* and *tafarruqe ittesal*, while anaesthetics relieve pain by desensitizing the nerve endings<sup>3,4,9</sup>.

**Therapeutic use of Musakkine alam advia (analgesics drugs):**

Based on etiology of pain, Avicenna advocated the mode of action of pain relievers. They exert their action as either *Moaddelat* (temperament modulator), *Mohalillat* (Matter Resolvant drugs) or *Mukhadderat* (anaesthetics). First two types of analgesics are beneficial for *sue mizaj* and *tafarruqe ittesal* while *mukhadderat* are beneficial for desensitizing the local nerve which carry impulse of pain.<sup>3,4,9</sup>

**Moaddelat (Modulator or Moderate Analgesics):**

These analgesics act due to their contrary property. Therefore the relief of pain may depend upon altering the temperament of painful area. In *Sue mizaj sada* alter the temperamental condition of an organ from hot to cold or vice versa by using *shibt* (*Antheum graveolance*), *katan* (*Linum usitatissimum*), made into a poultice and applied over the painful area.

### **Muhallilat (Resolvent):**

These analgesics act by dispersing the matter which produces pain, therefore in the treatment of Sue Mizaj maddi or *tafarruqe ittesal*, resolvent analgesics are recommended, Further he stated that *mohalillat* (Matter dissolving drugs) act as relaxants or softeners, eg: *Baboona* (*Anthimtis nobilis*), dill (*Anethum graveolens*), linseed (*Linum usitatissimum*), melilot (*Melilotus sp.*), celery seed (*Apium graveolens*), bitter almond (*Prunus amygdalus*) Nakhoona (*Trigonella uncata*)<sup>3,4,9,17</sup>

### **Mukhadderat (Anaesthetics):**

They act by diminishing sensation in the concerned part. In fact *mukhadderat* (anaesthetics) are beneficial for desensitizing the local nerve which carry impulse of pain<sup>3,4,9</sup>. As per Unani Concept “His” (sensation) is mainly composed of *hararat* and *rutubat* (hot and moist) which perceive pain and unpleasant feeling in pathological condition. Hence, *mukhadderat* which are *barid wa yabis* (cold and dry) in temperament, hampers the transmission of *roohe nafsani* or feeling of pain at particular organ due to their contrast property. Further due to barid temperament of *mukhadderat*, nerve fibre density decreases which may lead to greater reduction in conduction velocity of *roohe nafsani* (neurotransmission for pain).<sup>25</sup>

### **IMPORTANT PRINCIPLES FOR USAGE OF ANALGESICS<sup>3,4</sup>**

- Avicenna suggested that a physician should always first search for aetiology of pain by proper diagnosis and then treat accordingly.
- Mild analgesics should be preferred in the treatment of painful condition such as *Tukhme kahu* (*Lactuca sativa*), *Tukhme kaddu* (*Cucurbita maxima*), (*Seeds of Papaver somniferum*)
- To avoid use of *Qawi musakkinat* and *Mukhadderat* (potant analgesics / anaesthetic) unless it is mandatory .The common mukhaddir drugs are Opium (*Papaver somniferum*), *Ajwain Khurasani* (*Hyocymus albus* ), etc
- The pure anaesthetics are not believed to be good, so addition of *tiryaqi advia* (antidote medicine) which protect the temperament of organ and potentiates the *rooh* is beneficial.
- Vital organ should be protected by the side effects of anaesthetics by addition of *Musleh* (correctives) because it depresses the vital functions e.g, along with opium (*Papaver somniferum*), saffron (*Crocus sativus*) may be administered.
- When the cause of pain is not apparent or exist, physician should not endeavour to treat it.

### **CONCLUSION**

The literary analysis carried out in the light of classical Unani text has highlighted various aspects of pain as to its concept, types, aetio-pathogenesis, diagnosis and effective management. Despite the constraints faced during ancient period, the Unani physicians particularly Avicenna has not only enunciated the concept of pain but also managed effectively with least side effects. Though pain management can be dealt effectively by conventional medicine, it has certain limitations in terms of safety, cost effectiveness with potential adverse effects. Thus it can be concluded that Unani drugs and regimens may play a vital role to mitigate pain due to its safety, efficacy and easy availability.

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**SOURCE OF SUPPORT:** Nil

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