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RESEARCH ARTICLE

FASD; A REGIMENAL THERAPY IN ALLEVIATING THE PAIN OF SCIATIC NEURALGIA: A CASE STUDY

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ABSTRACT

Sciaticais acondition characterized by sharp pain originating in the lumbar region and extends down the postero-lateral aspect of the leg/thigh, often radiating to the foot or ankle. It affects around 13% to 40% population. Its etiology is believed to be multifactorial, mostly resulting from lumbosacral intervertebral disc herniation. In Conventional System of Medicine, this condition is managed by analgesics, NSAIDs, Opioid, analgesics, glucocorticoid injections and sometimes by surgical intervention, such treatment options are expensive, need to be used for a prolonged time and cause various side effects. In Unani system of medicine, *Irqun-Nasa* (Sciatica) is believed to be caused by the accumulation of *mawad-e-fasida* in the vessel and is treated by number of treatment modalities. *Fasd*; a Unani regimenal therapy has been used as a treatment option for Sciatica by a number of physicians since antiquity. In our present case study, we have done two sittings of *Fasd* on Saphenous vein or its tributaries, found impressive result. VAS and Sciatica Bothersome Index (SBI) at the end of the study are significant.

INTRODUCTION

Irqunnasā (commonly known as sciatica) is an Arabic term comprised of two words “*Irq*” and “*Nasā*.” *Irq* means vessel and “*Nasā*” is the name of a vein, which traverses the lateral aspect of thigh up to ankle joint (Jurjani, 2010; Qarshi, 2011). It is characterized by pain that originates deep in the buttock and radiates towards the posterolateral thigh, may continue to the calf, medial malleolus (L4), lateral malleolus (L5) or heel (S1) (Ropper, 2014). This pain is caused by compression on L4, L5 or SI nerves and manifests as a unilateral neuropathic pain. The pain can vary widely, from a mild ache to a sharp, burning sensation or excruciating pain (Karampelas, 2004). Usually, only one side of the body is affected. Some people also have numbness, tingling or muscle weakness in the affected leg or foot and can have pain in one part of leg and numbness in another part.⁵ sciatica associated with low back pain is 5% to 10%. It is most common during 40s and 50s years of age and men are more frequently affected than women (Stafford, 2007). According to Unāni classification *Irqunnasā* comes under the broad term of *Waja’ul Mafāsīl*. Most of the Unani physicians consider that patients experience pain due to presence of morbid *Khilī* (pathogenic fluid) in the particular vein. However, *Ibn-i-Sīnā* mentioned that *Fāsīd Mādāda* (morbid material) originates from the *‘Aḍalāt* (muscles) and is drawn to the *‘Asab-i-‘Arīḍa* (sciatic nerve).

The pain becomes severe when *Mawād* come to the diseased organ from the whole body, but at times, it arises in *‘Asab-i-‘Arīḍa* (sciatic nerve) itself (Sina, 2010). Conventional therapists usually treat sciatica either pharmacologically or surgically or sometimes by both (Pinto, 2012). Pharmacological therapy carries oral or parenteral administration of NSAIDs, epidural injections of anaesthetics and corticosteroids (Koes, 2007) whereas, surgery involves anaesthesia, hemilaminectomy, micro-discectomy as a diverse modes of treatment (George, 2004; Michael, 2008). As for as pharmacological treatment is concerned, its side effects are a major issue, leave its efficacy rate at bay. The literature of Unāni system of medicine is rich in the description of *‘Irqunnasā* (sciatica) and its treatment. The altered temperament is brought back to normal by drugs and/or employing various *Tadābīr* (regimens) such as *Dalk*, *Takmīd*, *Nuṭūl*, *Hijāma Bish Sharṭ*, *Hijāma Bilā Sharṭ*, *Hijāma Nāriya*, *Irsāl-i-‘Alaq*, *Faṣd*, *Kai etc*¹. *Fasd* known by various names like Venesection, Bloodletting, Phlebotomy etc is one of the important and basic *Tadbeer* (Regimenal Therapy) used in various disorders⁶ In case of pain around the lower back which radiates to the lower limbs, Unani physicians recommend the *Fasd*/bloodletting either once or twice, from the sciatic vein (saphenous) around the ankle either inside or outside (Pearce, 2007). This practice of bloodletting as a treatment modality for *Irqun-Nasa* was recommended by most of the renowned Unani physicians including *Ibn Masawaih*, *Jalinoos* (Galen), *Ishaq Ibn Sulaiman*, *Yuhanna Ibn Sarabiyun*, *Z. Razi*, *Ibn Abass Majossi*, *Zahrawi*, *Ibn Sena*, and many more (Pearce, 2007).

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So keeping the above facts in mind, we have planned to perform two sittings of *Fasd* therapy in a patient of Sciatic neuralgia to evaluate the effect by using VAS and Sciatica Bothersome Index (SBI).

CASE REPORT

A 40 year old male, goldsmith by profession approached Hakim Rais Unani medical college hospital with chief complaints of pain at lower back and pain on left leg with difficulty on walking since February 2019. While examination, patient revealed that two years back he was doing well, when he suddenly started having pain at his lower back. For which he went to nearby hospital and got some pain killers. The pain was relieved but once he stopped the medication he again got similar kind of pain associated with occasional limping while walking. Later, he went to the another hospital, where he was examined fully and provisionally diagnosed as a case of sciatica secondary to herniated lumbo-sacral disc. He was advised to undergo some tests including MRI (Magnetic resonance imaging) which confirmed the diagnosis. There he has been given a combination of anti-inflammatory, analgesic and NSAID medications along with some muscle relaxants. But unfortunately he got similar kind of problem once he again stopped the medication. This pain has superadded some secondary symptoms to patient like mild depression, lost of interest in work/ business and some other psychological problem (Disturbed sleep). Then the patient approached to Hakim Rais Unani medical college Hospital for his treatment. The patient was thoroughly interrogated and examined.

On inspection, the patient was found in agony, had an average built with fair colour, walking slowly due to the pain, and there was no visible scar and deformity. There was no history of trauma, injury, weight loss, or any chronic disease like Diabetes, Hypertension, Tuberculosis, Ischemic Heart disease etc. The vitals were all normal and respiratory, cardiovascular and other systemic examination was normal. Musculoskeletal system examination revealed that the affected area (lower back and legs) are normal on appearance with no scar, lesion, and deformity. On palpation, there was mild tenderness around lower back and along the left leg. Movements like flexion, extension, medial and lateral rotation around the lumbosacral areas and knees were all painful. There was no crepitations. Straight-Leg-Raise-test (Lasegue’s test) is specific test for the diagnosis¹². SLR on left side was positive at about 50 degree. Cross SLR was also positive. The patient was finally advised to *Fasd* therapy with consent. Before starting treatment, the patient was advised to undergo some basic haematological tests like Haemogram, BT, CT, HBsAg, HIV I & II, and Random blood sugar (RBS). Only Haemogram repeat after therapy.

METHODOLOGY

Patient was given full details of treatment/intervention plan. He was instructed to undergo 2 sittings of *Fasd* therapy on Sciatic vein (Saphenous) or any of its tributaries around the ankle joint both medially and laterally with alternate 5th day. The patient was assessed on each sitting. The vitals were checked before and after each sitting. The patient was kept comfortable on the edge of a table with the affected leg exposed fully.

Material required include: Tourniquet, 20 number Needle, Cotton roll, Butadiene liquid, Adhesive Tape, Kidney tray, Mackintosh sheet, and Surgical gloves. The tourniquet was used around the left calf muscle and patient was asked to stand for a 2minute for engorgement of the veins of the left leg. The required vein was cleaned with a sterile spirit swab before puncturing. The blood was drained out by using 20 number yellow mark aseptic disposable needle. In the both sitting approximately 30ml of blood was drained according to IRB guidelines.^{13,14} During the *Fasd*, the patient was watched for any kind of untoward effect. The blood was collected in a sterile kidney tray kept below the foot. Initially blood used to flow with high speed and pressure, later the flow decreases. The needle was removed and some more blood was let to drain out from the punctured vein with tourniquet still on . When the bleeding stopped, the tourniquet was removed and the punctured site was washed by an antiseptic lotion and closed by an adhesive tape. The condition of the patient especially pain was assessed using VAS and Modified ODI scale.

RESULTS

All investigations (Haemogram, BT,CT, RBS) came out to be within normal limits before treatment and HBsAg is negative and ELISA for HIV I & II are non reactive. After therapy repeat only Haemogram, came out to be normal limit. The vitals were checked in pre and post sitting. Further the patient was keenly watched during whole procedure The condition of the patient was assessed by using VAS and Sciatica bothersome index (SBI) before and after treatment which showed significant improvement in symptoms. The patient underwent two sittings of *Fasd*. On the very first, the VAS score was nine(9)(very severe)And after therapy, the VAS score was three(3) (mild), indicating a significant improvement. Moreover pain alleviation has also led to improvement in the activity of daily life(ADL). The Sciatica Bothersome Index (SBI) calculation before the commencement of therapy was 15 and after second sitting of blood letting it was 6.Hence, an impressive improvement was observed. The findings are summarised in the form of table

Visual analogue scale (vas)

VISUAL ANALOGUE SCALE SCORE	
Before Therapy	After Therapy
9	3

Sciatic Bothersome Index (SBI):

Sciatica Bothersome Index Score	
Before Therapy	After Therapy
15	6

DISCUSSION

Sciatica is a radiculopathy in which pain traverses along the course of sciatic nerve^{15,16,17}. The unilateral neuropathic pain which is usually severe in nature, extends from the hip region/gluteal region down to the postero-lateral side of the thigh. Nerve impingement due to herniated disc is believed to be the most often cause of sciatica (Stafford, 2007). Till date, no permanent treatment is available for it. In conventional system of medicine, analgesics, NSAIDs, Opioids, Corticosteroid epidural injections, and surgical interventions are the common modes of treatment for sciatica (Pinto, 2012; Koes, 2007;

George, 2004; Michael, 2008). But the long term use of these treatment modalities give rise to several untoward side effects like gastritis, PUD, toxicities, constipation etc (Kasper, 2012; Colledge, 2014). So there is a dire need to explore new treatment options for sciatica which can provide long term relief without any major side effect. In USM, Sciatica is described under the heading of *Irqunnasa*, believed to be caused due to accumulation of morbid matter in and around the sciatic nerve and there are various treatment modes for this ailment in USM.⁶ *Fasd* is one the regimenal therapy evacuating the pathological morbid matter. In the present case study, we performed two sittings of *Fasd* therapy along the course of sciatica vein (Saphenous) and observed an impressive result as SBI score at the end of therapy reduced from 15 to 6 and VAS score reduced from 9 to 3 with improvement of quality of life. Since long term therapy for sciatica treatment carries substantial risk for serious adverse effect, new therapeutic approach should be considered. *Fasd* therapy, although extensively being used for treating pain in Unāni system of medicine, has never been evaluated in *Irqunnasā* on scientific parameters in accordance with GCP. Now this study will serve as basis for further studies with large sample size and long duration, till then the trial regimen may serve as a treatment of choice for sciatica patients.

CONCLUSION

Ilaj Bit Tadbeer is the basic treatment modality in USM in which maintenance of health and treatment of various disorders is done by performing various regimens via certain procedures, tools and equipments. *Fasd* is one of the important regimen used to produce humoral and temperament equilibrium in human body. It is very useful, safe and can be easily applied and incorporated in family health practices. It is useful to eliminate the morbid matter/material by *Tanqiya-e-Mawad*, there by relieving number of diseases. Present case study gives us an idea that the *Fasd* therapy which has been used for various neurological and musculoskeletal disorders since antiquity still proves one of the good therapies for Sciatica in alleviating pain and improving physical activity. It gives an idea for formulation of protocol for large sample sizes.

REFERENCES

Jurjani I. 2010. Zakheerah Khwarizm Shahi (Urdu Translation by Khan AH). New Delhi: Idara Kitabush Shifa.

- Qarshi MAH. 2011. Jami-ul-Hikmat. New Delhi: IdaraKitabush Shifa
- Ropper AH, Samuels MA, Klein J. 2014. Adams and Victor's Principles of Neurology. 10th ed. New York: McGraw Hill Education.
- Karampelas I, Boev AN, Fountas KN, Robinson JS. 2004. Sciatica: A Historical Perspective on Early Views of a Distinct Medical Syndrome. *Neurosurgeon Focus* Jan; 16(1): p. 1-4
- Stafford MA, Peng P, Hill DA. 2007. Sciatica: A review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management. *British Journal of Anesthesia*. 99 (4): p. 461-73.
- Sina I. 2010. Al Qanoon Fit-Tib (Urdu Translation by Kantoori GH). New Delhi: IdaraKitabush Shifa.
- Pinto RZ, Maher CG, Ferreira PH, Hancock M, Oliveira VC et al. 2012. Drugs for relief for pain in patients with sciatica. *BMJ*
- KoesBW, Tulder M W, Peul W C. Diagnosis and treatment of sciatica, *BMJ*; 2007, Vol 334, pp.1313-17.
- George K Mathew *Medicine*. 2nd ed. New Delhi: Elsevier India Private Limited; 2004: 330.
- Michael S. Wildstein, Eugene J. Carrogee. *Kelley's textbook of Rheumatology*, 8th ed. Saunders company; 2008:PNM
- JMS Pearce. A Brief History of Sciatica. *Journal of International Spinal Cord Society*. 2007: 592-596
- Koes, B W M W van Tulder, and W C Peul. Diagnosis and treatment of Sciatica. *British Journal of Medicine*. 2007: Vol 334; 1313-17.
- CMRC IRB Maximum allowable total blood draw volume (2014). [http://192.206.213.50/docs/max Allowable blood draw.doc](http://192.206.213.50/docs/max%20Allowable%20blood%20draw.doc) accessed on 10-04-2017.
- [www.endmemo.com/medical/blood volume.php](http://www.endmemo.com/medical/blood%20volume.php) accessed on 12-03-2019.
- Chappell, A S M J Osanna, H L Seifert & et al. 2009. *Journal of International Association for the Study of Pain*. Published by Elsevier. 146 (2009): 253-60.
- Kasper DL, Longo DL, Jameson JL, Fauci AS, Hauser SL, Loscalzo J. 2012. *Harrison's principals of internal medicine*. 19th Ed. New York: McGaw-Hill Companies. Page 120, 2222, 2692.
- Colledge NR, Walker BR, Ralston SH, Penman ID. 2014. *Davidson's principles and practice of medicine*. 22nd Ed. Edinburgh: Churchill Livingstone. Page 1219-20.
