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CONCEPT OF SHAQIQA (MIGRAINE) AND ITS MANAGEMENT IN UNANI (GREECO-ARABIC) SYSTEM OF MEDICINE: A REVIEW

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ABSTRACT

This paper discusses the preventive and curative aspect of *shaqiqa* in Unani system of medicine. *Shaqiqa* is a familiar disorder, it is not a modern entity, it is described since ancient time. Many eminent Unani physician like as *Jalinoos (Galen)*, *Ibn-e-Sina (Avicenna)*, *Razi*, described its etiology, prevention, and treatment. *Shaqiqa* is characterized by recurrent attacks of pulsatile headache usually unilateral widely variable in intensity, frequency and duration. Its causes involve morbid vapors and humoral imbalance. Alteration in *Asbab-e-Sittah Zurooriyah* leads to various diseases of which *Shaqiqa* is one. According to *Jalinoos* "This pain occurs in weakest part of the brain". According to *Ibn-e-Sina* "This pain occurs either in meninges of the brain or outside the brain in muscles of temporal region; in first condition pain occurs in eyes and night mare are seen; in second condition pain is intolerable. In Unani system of Medicine treatment of *shaqiqa* is done by correcting the humoral imbalance or correcting the *Asbab-e-Sittah Zarooriyah*. Some regime describes for the treatment of *Shaqiqa* are sau't (inhalation), pashoya, nutool, zimad, and compound formulation are given.

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INTRODUCTION

The Unani system of Medicine founded by *Hippocrates* in 460-377 BC, is based on the concept equilibriums and balance of Akhlat or natural body humours (blood, bile, black bile, and phlegm). The imbalance in the quality and quantity of these humours leads to disease whereas restoration of this balance lead to health. *Shaqiqa* (Migraine) is a disease caused by imbalance of Akhlat (humours) in the body. It is an ancient entity, concept of *Shaqiqa* is also present in modern medicine by the name of Migraine. Migraine can be regarded as a chronic neurological condition with episodic exacerbations (? , 2008). It is a familiar disorder characterized by recurrent attacks of pulsatile headache usually unilateral widely variable in intensity, frequency and duration. It is a disorder with numerous manifestations that can involve the brain, the eye and the autonomous nervous system. It is the most common cause of headache which is a neurovascular disease and it often associated with visual disturbances, nausea, vomiting, and hallucinations. It is a benign and recurring syndrome of headache associated with other symptoms of neurological

dysfunction in varying admixture. Migraine is highly prevalent, and associated with significant pain, disability, and diminished quality of life. *Shaqiqa* (migraine) management is an important health care issue. Different elements need to be considered in *Shaqiqa* (migraine) management. They include: avoidance of trigger factors, lifestyle modifications, non-pharmacological therapies, and medications. Pharmacological treatment is traditionally divided into acute or symptomatic treatment, and preventive treatment or prophylaxis (2).

Incidence and Prevalence

Migraine is a type of headache with a high global prevalence. About 6% to 8% of men and 12% to 14% of women meet criteria for migraine (? , 2008). About 60% of patients with headaches have tension-type headaches, 35% have migraine and 5% have cluster headaches. A family history of migraine is present in 90% of sufferers. Most studies show a decrease in prevalence in older age groups. Migraine affects boys slightly more than girls before puberty. Globally, approximately 15% of the population is affected by migraines at some point in life (2). *Shaqiqa* is type of *Suda* (headache) which comes under the categories of *Su'al Mizaj maddi* (imbalance of temperament due to change in matter). *Suda* (headache) is defined by *Allama Samar Qandi* defined as "Suda is a type of

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pain, which is produced in organs of the head. Organs of the head includes *Ghisha- e -azmi* (Skin of the head), muscles of the head, bones of the head, *Umm-i-Ghaliz* (Dura mater), *Umm-i-Raqiq* (Pia mater), *Umm-i-'Ankabut* (Arachnoids), *Dimagh* (Brain), *Shiryar* (Arteries), *Warid* (Vein) (Allama Najeeb-ud-din Samar Qandi et al., 2009; Hakim Akbar Arzani, ? and Kausar Chand Puri and Moojz-al-Qanoon, 1984). Causes of *Suda* (headache) in Unani System of Medicine, It may be caused either by *Su'al-Mizaj sazij or ghayr maddi* (simple imbalance of temperament) or *Su'al-Mizaj maddi* (imbalance of temperament due to change in matter) and *Tafarruq-i-Ittisal* (discontinuity) (Allama Najeeb-ud-din Samar Qandi et al., 2009; Hakim Akbar Arzani, ?; Kausar Chand Puri and Moojz-al-Qanoon, 1984 and Hakim Mohd et al., 2011). Other causes are ,trauma(head injury) exposure to cold or dew , hot and cold climate, excessive or continuous sleep, night arousals(insomnia), sweating, drinking of excess water and alcohol, consuming food before the digestion of previous food, Presence of worms, unaccustomed smells, fever, Anaemia, hypersensitivity (Allama Najeeb-ud-din Samar Qandi et al., 2009).

Suda Shaqiqa (Migraine)

Shaqiqa is a type of pain which is characterised by Periodic attack of pain, Usually unilateral, sometimes bilateral, Pain in the regions of temporal, ear occipital, parietal, peri orbital, Dilation and pulsation of extra cranial vessels, Application of pressure by tight bandage lowers the intensity of pain (Hakim Mohd et al., 2011). *Shaqiqa* (Migraine) is not a modern entity it's concept is present since ancient time many renowned physician have defined *shaqiqa*. According to *Jalinoos (Galen)* "This pain affects the weakest part of the head, and reaches at the midpoint of the head. The pain persists in the weakest part of the head. This pain persists all the time or sometimes it may be episodic (Allama Najeeb-ud-din Samar Qandi et al., 2009).

Razi, Ibn-e- -s-Sina (Avicenna), and Ali bin Abbas Majusi defined *Shaqiqa* as

"This pain either occur in *Aghshiya* (meninges) in this condition pain is felt deep in the eyes and night mare are seen. Sometime this pain occurs outside in the muscles of temporal region in this condition pain is intolerable. The patient feel severe pain on touching with finger" (Allama Najeeb-ud-din Samar Qandi et al., 2009 and Hakim Mohd et al., 2011).

According to *Rabban Tabri*

"This disease is known as *Shaqiqa* because it occurs in one *shaq* (part) of the head, matter which produces this pain is small in amount and unable to produces pain in entire head, these matter are small in amount because they are present in arteries" (Abu'al Hasan Ahmad bin Rabban Tabri et al., 1995).

Aetiology of Shaqiqa

There are two aim causes of *shaqiqa*

First, *Bukharat* (morbid vapours) from entire body or from any organ reaches the *shaq* (part) of the head which is weakest and

accumulate there. Second, Accumulation of *Akhlat Raddhya* (abnormal humours/morbid humours) and *Riyah* in *shaq* (affected part). These *Akhlat* may be *Har* (hot) or *Barid* (cold) in temperament (Hakim Akbar Arzani et al., ? and Hakim Mohd et al., 2011).

Other causes are

This disease is common in women in period of *Istihaza* (Prolonged menses), Due to prolonged breast feedind, *Kasrat-e- Riyazat* (Prolonged exercise), *Ta'ab wa mandgi* (Fatigues), *Baidari* (Insomnia), *Faqaqashi* (Starvation), *Ikhtinaq al-Raham* (Hysteria) *Amraz-e-kulliyah* (Renal diseases), *Su'al-Hadham* (Indigestion of food) *Anaemia*, *Kasrat-e- Hijjama* (Excessive use of cupping)

Absence of Usool-e-Hifzan-i-Sihhat

Unaccustomed smell etc (Allama Najeeb-ud-din Samar Qandi et al., 2009).

Relation with Mizaj and humoral imbalance

Su'al hadham (indigestion of food) is a major cause of *Shaqiqa*. Because as a result of *Su'al hadham Akhlat-e-Salih* (normal humours) are not produced which are important and play a major role in maintenance of *Mizaj-e-Taba'i* (normal temperament). *Su'al Hadham* produces *Akhlat-e-Raddhya* (abnormal humours) which leads to development of *Su'al Mizaj Maddi* (abnormal temperament) leading to diversion of *Mizaj-e-Taba'i* (normal temperament).

Clinical presentation of shaqiqa

The disorder is characterized by episodes of moderate to severe head pain, which is often unilateral and pulsating, and typically aggravated by routine physical activities. The duration of untreated *Shaqiqa* (migraine) attacks is rather long, from 4 hours to 3 days (median duration 18 hours). Pain is accompanied by autonomic symptoms, the most common being *Ghishyan* (nausea), *Qai* (vomiting), photophobia, and phonophobia. Other symptoms, such as osmophobia, pallor, fatigue, difficulty in concentration, blurred vision, or diarrhoea, can be present (Allama Najeeb-ud-din Samar Qandi et al., 2009 and Hakim Mohd et al., 2011).

In many patients the headache phase is preceded by *Alamat-e-Munzirah* (premonitory) symptoms (or prodromes) which can last from a few hours to 24 hours, and are characterized by fatigue, yawning, fluid retention, mood changes, sensory hypersensitivity, food cravings, or increased thirst. Similar psychological, general and autonomic symptoms may also characterize the resolution phase of an attack (postdrome). For up to 25% of *Shaqiqa* patients, the headache phase can be preceded by transient focal neurological symptoms, generally lasting from 4 minutes to 1 hour, defined as migraine aura. The most common aura symptoms are visual disturbances (scintillating scotomata, hemianopia, blind spots), sensory disturbances (unilateral paresthesias affecting the face and limbs, numbness), or speech/language disturbances (dysarthria, aphasia). Uncommon aura phenomena include weakness, ataxia, vertigo, or loss of consciousness. The

median Shaqiqa (migraine) attack frequency is one per month, although about 30% of sufferers in the general population report three or more attacks per month.

Preventing measures of Shaqiqa (Migraine)

There are a number of way which can reduce chances of experiencing Shaqiqa (migraines)

One of the best ways of preventing *Shaqiqa* (migraines) is recognising the things that trigger an attack and trying to avoid them.

Shaqiqa triggers

Many possible *Shaqiqa* (migraine) triggers have been suggested, including hormonal, emotional, physical, dietary, environmental and medicinal factors.

Hormonal changes

Some women experience migraines around the time of their period, possibly because of changes in the levels of hormones such as oestrogen around this time. These are known as menstrual-related migraines and they usually occur between two days before the start of period to three days after. Some women only experience migraines around this time, but most experience them at other times too. Many women find their migraines improve after the menopause, although the menopause can trigger migraines or make them worse in some women.

Emotional triggers

- stress
- *Istairab-e-nafsaniya* (anxiety)
- tension
- *Sadma* (shock)
- *Ham* (depression)
- excitement

Physical triggers

- tiredness
- poor quality sleep
- shift work
- *poor posture*
- neck or shoulder tension
- low blood sugar (hypoglycaemia)
- strenuous exercise, if you are not used to it

Dietary triggers

- missed, delayed or irregular meals
- dehydration
- alcohol
- caffeine products, such as tea and coffee
- specific foods such as chocolate, citrus fruit and cheese

Environmental triggers

- bright lights

- flickering screens, such as a television or computer screen
- smoking (or smoky rooms)
- loud noises
- changes in climate, such as changes in humidity or very cold temperatures
- strong smells
- a stuffy atmosphere

Medication

- some types of sleeping tablets
- the combined contraceptive pill
- hormone replacement therapy (HRT), which is sometimes used to relieve symptoms associated with the menopause.

Ilaj bi'l Ghiza (Dietotherapy)

Shaqiqa can be treated with proper diet management, patient suffering from *Shaqiqa* should be given *Ghidha Latif* (easily digestible food) and nutritive foods like, milk, *Ash-e-jou* (Barley water), *Ma-al-Lahm* (meat soup), (Allama Najeeb-ud-din Samar Qandi *et al.*, 2009 and Hakim Mohd *et al.*, 2011). *Muzawwirat* (soup without meat), *ziar- bajat* (soup of spices), simple soup (Abu'al Hasan Ahmad bin Rabban Tabri, 1995). *Niffakh wa saqeel ghidha* (food which produces flatulence and delayed digestible food) like potatoes, brinjal, cauliflower, black gram, onion, meat, should be avoided. After taking food at least one hour rest should be advised (Allama Najeeb-ud-din Samar Qandi *et al.*, 2009). Excessive consumption of food should be avoided. Fresh and juicy fruits which have cold temperament should be use (Abu'al Hasan Ahmad bin Rabban Tabri, 1995).

Ilaj bi'l tadbeer (regimental therapy)

- First to know the humoral imbalance, then *Fasad* (venesection), *Is'hal* (purgation) to remove the morbid matter from the body.
- If there is dominance of akhlaat-e-harrah (hot humour) then use of *Natul* (irrigation), of boiled water is prescribed which contains *advia-e-baaridah* like, *Neelofer* (*Nymphaea nucifera*), *Banafsha* (*Viola odorata*), *Barg-e-khatmi* (*Althea officinalis*), *Barg-e-kahu* (*Lactuca sativa*), *Gul-e-surkh* (*Rosa Damascus*). In case of dominance of akhlat-e-baaridah (cold humour), *advia-e-harrah* like, *Babuna* (*Marticara chamomilla*), *satar* (*Zataria multiflora*), *Shibbat* or *soya* (*Anethum sowa*) are used on the affected side of head.
- *Tila* (liniment) are use. In dominance of hot humour *Ajwain khurasani* (*Hyoscyamus niger*), *Tukhm-e-kahu* (*Lactuca sativa*), *opium* (*Papaver somniferum*) and in cold humour dominance hot temperament like *manhdi* with water are applied on the affected side.
- *Murukhiyat* (an oil or oily drug for application on external organ) are used (Allama Najeeb-ud-din Samar Qandi *et al.*, 2009 and Hakim Mohd *et al.*, 2011).

Ilaj bi'l Dawa

Treatment of *Shaqiqa* is divided into two parts during episodes and during interval.

During episode of *shaqiqa*

- Keep the patient in a dark and silent room.
- Let down the patient on the bed in a comfortable position.
- All the activities should be shut down.
- Create pleasant environment for the patient.
- Food should be stopped.
- If constipation is present treats it with mulayyināt (laxative) like Itrifal-e-Zamani (1 teaspoon) at the time of sleep, if constipation persist *Huqna* (enema) can be given.
- For prevention of vomiting give ice cubes to sip.
- Tight bandage applied on head which help to reduces pain.
- Tikaur with warm cloth can relief the pain.
- Analgesic should be given like Qurse musallus
- If acidity is present, jawarish p'odina Namk-e-sulimani can be given.
- Roghan-e-kaddu, Roghan-e-kahu should be massage on head for sedation.

Fatila' (Bougie)

It is used in episodes or during sever pain. Sindur is paste on the white paper and burn it give Dhuni (fumigate) to the patient before sunrise. After that Dhimad (paste) of Qurs-e-musallas can be used.

Tila

To reduce the pain, fine powder of Samagh-e-Arbi (*Accasia arabica*), Opium (*Papaver sominefera*), Zafran (*Crocus sativus*) mixed with white portion of egg or Arq-e-Gulab after pasted on the paper should be applied on both side of temporal region.

During interval

Diagnose the real cause of the disease and try to remove them. If real cause can't be found out then following rules should be follow;

- Strictly fellow the rule of *Hifzan-e-sihat*
- Avoid alcohol, tea, sweet because all thing trigger the pain.
- Avoid constipation for this purpose *Itrifal-e-Zamani* use at night or dissolve Maghaz-i-Falus (*Cassia fistula*) in water mixed with Roghan-e-Bedanger can be used.
- After Talyin-wa-Tanqiya-i-Ama following drugs like, Gul-e-banafshan (*Violoodorata*), Unnab (*Zizyphusvulgaris*), Sapistan (*Cordialatifolia*) Tukhm-e-Khatmi (*Althea officinalis*), Tukhm-e-Khubbazi (*Malva sylusestris*), Gauzaba (*Borage officinalis*), Shahtra (*Fumeria officinalis*) all soaked in Luke warm water in night, Khisanda of these drugs with Khamira-e-Banafshan are given in morning. *Itrifal-e-Khishnizi* with luke warm water is given in night.

After eight days of above treatment *Muqawwi-i-Dimagh* are given to the patient:

Maghz-e-Badam (*Prunus amygdalus*), Tukhm-e-Kaddu sheerin, Maghz-e-Tarbooz (*Citrullus valgaris*), Tukhm-i-kahu (*Lactua sativus*), Tukhm-i-khaskhas (*Papaver somniferus*), all grinds in water add misri give in the morning. In evening Kushta-e-Marjan Plus Jawarish-e-Jalinoos with water is prescribe. At night Itrifal Ustekhudduse with luke warm water is prescribe (Allama Najeeb-ud-din Samar Qandi *et al.*, 2009 and Abu al-Hasan Ali bin Abbas Majusi, ?).

Conclusion

From the above discussion it can be concluded that *Shaqiqa* (Migraine) is a chronic disease which is a major cause of morbidity and affect life, if it is not treated properly. In unani system of medicine it can be treated according to their cause and can be prevented by avoiding the trigger factors.

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