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## CONCEPT AND MANAGEMENT OF *SHAQEEQA* (MIGRAINE) IN UNANI SYSTEM OF MEDICINE: A REVIEW

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### Abstract

Migraine is one of the oldest medical conditions afflicting mankind. It is form of primary headache derived from term “hemi-crania”. Its historical background dates back to Mesopotamian era but first written documentation was done by Buqrat, and further description about its location and cause was given by Jalinoos. Al-Razi, described its aetiopathogenesis, clinical features and management. Migraine manifests with recurrent attacks of pulsating headache, mostly associated with nausea, vomiting, photophobia and phonophobia, with or without an aura. Onset is unilateral, with varying intensity, frequency and duration. The word *Shaqeeqa* is derived from Arabic word ‘*Shiq*’ which means ‘a part’ or ‘a side’. As per classical literature it is a type of *Suda*, in which pain occurs on one side of head. The causative factor for *Shaqeeqa* are the morbid matters and *Bukharat e Radiya* (morbid vapours) arising from morbid humours which are either excessive in amount, too hot or too cold. *Tabiyat* fails to eliminate the cause and propels it to one part of the brain which is weak and tries to protect the other side. It often results due to *Sue Mizaj Maddi* (abnormal substantial temperament) giving two variants *Shaqeeqa haar* and *Shaqeeqa barid*. Since the pain occurs in a part rather than entire head giving it name *Shaqeeqa*, characterized by recurrent episodes that are moderate to severe in nature. In Unani medicine treatment of *Shaqeeqa* mainly consists of elimination of morbid matter which is accumulated in the body and strengthening the brain using *Muqawwiyat-e-Dimagh* (brain tonics).

**Key-words:** *Bukharat e Radiya*; Migraine; *Muqawwiyat-e-Dimagh*; *Shaqeeqa*; *Suda*; *Sue Mizaj Maddi*; *Tabiyat*.

## INTRODUCTION

The word *Shaqeeqa* is derived from an Arabic word '*shiq*' which means 'a part' or 'a side'. In this disease pain occurs in a part rather than entire head giving it name *shaqeeqa*.<sup>1</sup> It is triggered by noise and light, based on the brightness, intensity, wavelengths or type of light that is being emitted.<sup>2</sup>

As per classical literature it is a type of *Suda*, in which pain occurs in one side of head and characterized by recurrent episodes that are moderate to severe.<sup>3, 4,5,6,7</sup> If quantity of morbid material is less then this pain mainly occurs in that part of head which is weak, as it is unable to produce pain in entire head.<sup>1</sup> *Ibn sina* has mentioned that this pain occurs only in a part of head and termed it as *Adha sisi ka dard*. *Galen* describes that this pain is flitting in nature but actually it remains in centre of head and weaker side accepts this pain.<sup>4</sup>

*Allama Nafis Ibn Evaz bin jamaluddin* has also elaborated that *Shaqeeqa* resembles to *suda baiza khuza* as it is also a chronic and episodic pain which occurs in internal part of head, similar to *Shaqeeqa*. So *Shaqeeqa* can be differentiated as in it pain occurs in half side of head either on right or left portion whereas in *Suda Baiza Khuza* pain occurs in entire head.<sup>8</sup> Further adding to its pathophysiology due to improper nutrition of heart, morbid matter produced which travels via arteries and its effects are accepted by weaker parts of brain while quality blood reaches to other parts of brain. Thus this blood containing less amount of morbid matter is responsible for pain to weaker side. Arterioles and venules are connected with capillaries, so morbid matter will circulate via capillaries and may produce pain in entire head or in one side of head.<sup>1,9</sup>

## Description of Migraine in Modern System

The term "hemi-crania" a Greek word, with its Latin meaning "hemicranium" got translated to "mergin" in old English and then to "migraine" in French.<sup>10</sup>

It manifests with recurrent attacks of pulsating headache, mostly associated with nausea, vomiting, photophobia and phonophobia, with or without an aura. Onset is unilateral, with varying intensity, frequency and duration.<sup>11,12,13</sup>

According to International Classification Headache Society (ICHD) migraine without aura (common migraine) is recurrent attacks of headache lasting 4–72 hours; characterized by headache is unilateral location, pulsating quality, moderate or severe

intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.

And migraine with aura (classic or neurologic migraine) is recurrent headache attacks, lasting minutes, of unilateral fully reversible, visual or sensory or other central nervous system symptoms that commonly develop gradually, lasting few minutes to hours by hemi cranial and is most of the time followed by headache and associated migraine symptoms.<sup>14,15</sup> In this type of migraine approximately 90% of auras are visual such as scintillation scotoma, fortification spectra and flashing light etc.<sup>16,17</sup>

### **Epidemiology**

Mainly a familial disorder, and it is estimated that 5% of total population suffers from migraine.<sup>11,14,18</sup> Usually attacks of migraine commence in late childhood, adolescence and early twenties, more common in females between 25 to 40 years of age. Migraine is a second most common cause of headache disorder which affects the near about 12% of general population, more prevalence in women about 15% and 6% of men.<sup>17,19,20</sup> It has high influence on our society due to its disabling nature, and it reduces quality of life and increases defection in work.<sup>21</sup> World Health Organization (WHO) listed migraine as the 19<sup>th</sup> disability cause worldwide, and it is responsible for 1.4% of life lost due to disability in all years.<sup>22</sup> According to American Headache Society Evidence in US, 1.2 million peoples visit to emergency department due to migraine.<sup>23</sup>

### **Pathophysiology**

It has not been possible to determine an unifying theory as a pathogenesis of migraine from different clinical observations and investigations, most of physicians believe that the migraine is vascular headache, despite that the original vascular hypothesis about migraine has been challenged, recent studies focused to a greater extent on alteration in brain excitability in migraine headache and debates have characterized that the migraine either a primary neural disorder or primary vascular disorder.<sup>24</sup> The angiotensin-converting enzyme is a main enzyme in rennin-angiotensin-aldosterone system. AEC is involved in modification of vascular tone and it has effect on homeostasis, neuroendocrine and autonomic system, clinical research suggested that ACE level is higher in people with migraine than healthy people who are free of headache.<sup>25</sup> Since long time our thinking about the pathogenesis of migraine is

dominated by the view of Harold Wolf and others, the headache is induced by dilatation and excessive pulsation of branches of external carotid artery.<sup>12</sup>

### **Diagnostic criteria for migraine without aura**

**Description:** Recurrent headache disorder manifesting in attacks lasting 4-72 hours. Typical characteristics of the headache are unilateral in location, pulsating in quality, moderate to severe in intensity, aggravating by routine physical activity and associated with nausea, vomiting, photophobia and phonophobia.

### **Diagnostic criteria**

**A.** At least five attacks fulfilling criteria B-D

**B.** Headache attacks lasting 4-72 hours (untreated or successfully treated)

**C.** Headache has at least two of the following four characteristics.

1. Unilateral location
2. Pulsating quality
3. Moderate or severe pain intensity

Aggravating by or causing routine physical activity (e.g. walking or climbing stairs)

**D.** During headache at least one of the following

1. Nausea and/or vomiting
2. Photophobia and phonophobia

**E.** Not better accounted for by any other ICHD-3 diagnosis.

### **Migraine with aura**

**Description:** Recurrent attacks, lasting minutes, of unilateral, fully reversible, visual or sensory or other central nervous system symptoms that usually develop gradually and are usually followed by headache and associated migraine symptoms

### **Diagnostic criteria**

**A.** At least two attacks fulfilling the criteria B and C

**B.** One or more of the following fully reversible aura symptoms.

1. Visual
2. Sensory

3. Speech and/ or language
4. Motor
5. Brainstem
6. Retinal

C. At least two of the following four characteristics

At least one aura symptom spread gradually over  $\geq 5$  minutes, and/ or two or more symptoms occur in succession

1. Each individual aura symptom lasts 5-50 minutes
2. At least one aura symptom is unilateral
3. The aura is accompanied, or followed within 60 minutes by headache

D. Not better accounted for by another ICHD-3 diagnosis, and transient ischemic attack has been excluded.<sup>15</sup>

### ***Asabab***

*Akbar Arzani* said that there are two possible causes of *Shaqeeqa*.

- First is that the *Bukharat* from the whole body or from any organ ascends to the head and accumulates into the weaker side of head and resulting in the form of headache.
- Second is that the morbid humors in arteries accumulate to one side of head and produces pain.<sup>26,27</sup>

Most of the Unani physicians have supported this theory.

According to *Ibn-e-Sina* and *Jurjani*, the cause of migraine is located inside the cranium. Sometime it is in the membrane of cranium, but often in the muscles of temporal area. The morbid matter responsible for migraine can develop locally at the site of pain or in external arteries, inside the brain or in the brain membrane.<sup>4,5,6,28</sup>

### **Clinical Features**

Classical Unani literature describes that clinical manifestations of the disease differs according to type and site of morbid matter.

#### **According to type**

- If cause is *Bukharat*, it will produce - lightheadness, increased local temperature, *Nabz-e-Saree*, pulsation at the site of pain, relief of pain by using cold items.
- If cause is *riyah*, it will produce – lightheadness, feels cool on touch, tinnitus along with tension.
- If cause is *Hararat*, it will produce – vertigo, feels hot on touch, *Nabz Saree*, severe pain, pulsation at the site of pain, relief of pain by using cold items.
- If cause is *Baroodat*, it will produce – heaviness of head, coldness at the site of pain, relief of pain by using hot items, cold and catarrh in cold seasons.<sup>4,28</sup>

#### According to site

- If morbid matter is present outside the cranium (*kahaf*), then pain will be very severe/intolerable, patient feels severe pain even on touching with fingers.<sup>4,7</sup>
- If morbid matter is present in cranium (*kahaf*), then pain is felt deep in eyes and nightmare are seen.<sup>28,29</sup>

Rest of the features are same as headache, the only difference is that headache occurs in entire head while as *Shaqeeqa* occurs in one half of head.<sup>30</sup>

Main clinical features of *Shaqeeqa* is that it occurs in one side of head and pulsation present at the site of pain, so by applying firm pressure on pulsating artery, patient may feel relief.<sup>26</sup>

#### Types of *Shaqeeqa*

On the basis of etiology, Unani physicians have classified migraine into two types- *Shaqeeqa Haar* and *Shaqeeqa Barid*

- *Shaqeeqa Haar*- if migraine occurs due to *Safra* or *dam*, then it is known as *Shaqeeqa Haar*
- *Shaqeeqa Barid*- if it occurs due to *Balgham* or *Sauda*, then it is known as *Shaqeeqa barid*.<sup>3,28</sup>

#### Management

##### *Usool-e-Ilaj*

- ✓ Determine the cause and type of migraine and treat accordingly.
- ✓ If cause is *Riyah* or *Bukharat*, then follow the line of treatment of *Suda Bukhari* or *Suda Rihi*.

- ✓ If *Shaqeeqa* is due to morbid matters, then treat them according to presence of morbid matter.<sup>28</sup>
- ✓ Treatment of *Shaqeeqa Haar* should be started with *Istifragh*, if body's physique permits.<sup>1</sup>
- ✓ If migraine is due to morbid matters, then it should be treated with venesection or purgation and if pain is severe, then venesection of same side of cephalic vein should be done.<sup>4,31,32</sup>
- ✓ Massage should be done on temporal area with analgesic medicines and *nutool* is also advised for *Shaqeeqa*.<sup>3,9</sup>
- ✓ First see whether there is a need of purgation or venesection, if it is purgation, then determines which *khilt* should be purgated. *Tanqiyah* of whole body is also recommended. After *Tanqiyah*, rub the affected part until it become warm or reddish.
- ✓ If there is excessive pulsation in the vessels, then it should be tourniquated.<sup>29</sup>
- ✓ Adopt bloodletting procedures and use of *Barid Yabis* edibles in *Shaqeeqa Damvi*, and purgation and use of *Barid Ratab* edibles in *Shaqeeqa Safravi*.<sup>5,31</sup>
- ✓ Keep the patient in dark and quiet room.<sup>33,34</sup>
- ✓ In case of chronic disease, strong enema should be given.<sup>3</sup>
- ✓ If migraine is episodic, then *Tanqiyah* should be done before the episode.<sup>3</sup>

## ***Ilaj***

Migraine is treated according to its *Jauhar*.

- If *Jauhar* is *Barid*, means waste which have come to arteries are *Barid*, *Ratab* and *Khaam* and it is difficult to dissolve them.
- If *Jauhar* is *Haar*, means waste is *Haar* and *Lateef*.
- ✓ Treatment of *Haar* type is started with *Istifragh* if body's faculty permits for it. For this purpose, decoction of *Halaila zard* and *Tamarhindi* is given for 10 days and then *Habb-e-jalinoos* which is also known as *Habb-e-Qooqaya* is given. Patient is strictly advised to take decoction (*mazoorat*) of *khas*, *kakdi*, *kasni*, *mash*, *baqla* and *lablab*.<sup>1</sup>
- ✓ Infusion (*khaisanda*) of *Gule Banafsha*, *Unnab*, *Sapistan*, *Gule khatmi*, *Shahtara*, *Aloo Bukhara*, *Behidana* is also beneficial in *Shaqeeqa Haar*.<sup>28</sup> Similarly infusion of *Sibr*, *kasni* is also used for *Shaqeeqa Haar*.<sup>4,5</sup>

- ✓ *Ayarij fiqra* is beneficial for all types of headache.<sup>5</sup>
- ✓ In case of *Shaqeeqa Barid*, *Sikanjabeen Buzoori*, *Sikanjabeen Unsuli* or decoction of *Mastagi*, *Anisoon*, *Badiyan* and *Maweez Munaqqa* should be used for concoction (*nuzj*) followed by elimination (*tanqiyah*) with *Habbe Ayarij*.<sup>28</sup>
- ✓ Use of *Sharab khalis* after meal is beneficial in *Shaqeeqa Barid* but harmful if taken before meal because its vapours will increase the intensity of pain.<sup>27</sup>
- ✓ Compound of *Sibr*, *Farfiyoon*, *Hanzal*, *Saqmooniya*, *Natroon*, *Muqil*, *Post kharbak Siyah* is also beneficial for *Shaqeeqa Barid*.<sup>29</sup>
- ✓ Use of tablets which are made by *Rai*, *Aqarqarha*, *Anardana*, leaves of *Marzanjosh*, *Podina*, *Aelva* and vinegar is also beneficial for *Shaqeeqa Barid*.<sup>7</sup>

### **Tadabeer**

- ✓ *Tila* should be applied on forehead which is prepared from *Anzaroot*, *Sandal Sufaid*, *Afyoon* and *Usara-e- khas*. *Tila* which is prepared from *Farfiyoon*, *Hing*, *Safisa* and *Murmakki* is also beneficial for *Shaqeeqa*.<sup>27</sup> Similarly *Tila* of *Zafran* and *Mazoo* is also beneficial.
- ✓ Use of *Qurs-e-Musallas* in *Aab-e- kasni* as *tila* is proved to be beneficial for *Shaqeeqa*.<sup>28,29</sup>
- ✓ Use of *Qatoor*, which is prepared from *Farfiyoon* and olive oil, in ear ipsilateral to pain, is also beneficial.<sup>27,30</sup>
- ✓ *Ziamd* of *Suddab* and *Nana* is also very useful. In *Shaqeeqa Haar*, *Zimad* of *farfiyoon*, *Post bekh-e- lufah*, *shibbat* and *kafoor* should be used on temporal region.<sup>4</sup> In *Shaqeeqa Barid*, use of *Tila* of *Filfil*, *Khardal*, *Afyoon* and old *Nabeez* is also beneficial.<sup>32</sup>
- ✓ *Bekh-e-karaila*, *Afsanteen* in equal quantity, mix with any oil and use it as *zimad*.<sup>30</sup>
- ✓ Mix *Usara-e- Nilofer* with water and put some drops in nostrils as *Saoot*.<sup>29</sup> Use of *Roghan-e-Baafsha*, *Roghan-e-kadu Shirin*, *Roghan-e- Nilofer* and *Roghan-e-Bed Sada* as *Saoot* is also beneficial.
- ✓ For chronic migraine, use of *Aab Marzanjosh* and *Rohkan Badam Talkh* as *Saoot* is also beneficial.<sup>35</sup> Use of *Saoot* of *Roghan-e- Fustaq* after *Hammam* is also very effective.<sup>29</sup>



- ✓ Use of aromatic substance like *kafoor*, *Arq-e-Gulab*, *Banafsha*, *Bed Sada* etc is also effective.<sup>32</sup>
- ✓ According to ibn sina, boil *Qasaulhamar* and *Afsanteen* in *Aab-e -khalis* and *Roghan-e- Zaitoon* then *Nutool* with this at that side in which pain occurs and use *Sufl* as *zimad*.<sup>4</sup>

### Recommended diet

- ✓ Light and easily digestible food like half boiled egg, *khichdi*, *Shorba*, *Yakhni*, *Chapatti*, *Moong ki Daal*, *Parinde ka gosht* etc.
- ✓ Use of zinger and coconut is also beneficial.<sup>7,28</sup>

### Restricted diet

- ✓ Avoid heavy and flatulent diet like fish, oily and fried items, all types of *Sharab* etc.<sup>7</sup>

### CONCLUSION

As per classical literature it is a type of *Suda*, in which pain occurs in one side of head. It is characterized by recurrent episodes that are moderate to severe. If quantity of morbid material is less then pain mainly occurs in that part of head which is weak, as it is unable to produce pain in entire head. *Usool-e-Ilaj* of *Shaqeeqa* is elimination of morbid matter and strengthening the brain using *Muqawwiyat-e-Dimagh* (brain tonics).

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