

CLASSICAL LITERATURE OF LOW BACKACHE (*WAJA'AL-ZAHR*): A REVIEW¹Zulnoon Khairoowala, ²F. S. Sherani, ³Asia Sultana, *⁴Tooba Hayat¹Assistant Professor, Department of Kuliyat, School of Unani Medical Education and Research, Jamia Hamdard, New Delhi.²Professor, Department of Kuliyat, Ajmal Khan Tibbiya College, AMU.³Professor, Department of Ilaj Bit Tadbeer, Ajmal Khan Tibbiya College, AMU.⁴PG Scholar, Department of Moalejat, Ajmal Khan Tibbiya College, AMU.

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ABSTRACT

Waja'al-zahr, or low back pain, is extensively documented in classical Unani literature. This review examines its historical background, causes, pathogenesis, classification, symptoms, and treatment approaches as renowned Unani scholars describe. The origins of *Waja'al-zahr* can be traced to early Greek medicine and ancient texts like the Edwin Smith Papyrus (1500 BC), with notable contributions from Unani physicians such as *Buqrat* (Hippocrates), *Zakaria Razi*, *Ibn Sina*, *Ismail Jurjani*, and *Akbar Arzani*. According to Unani medicine, the primary cause of *Waja'al-zahr* is an imbalance in bodily humors, particularly an excess of cold temperament (*Burudat*) and abnormal phlegm (*Kham Balgham*) accumulating in the lumbosacral region. Other contributing factors include trauma, disc prolapse, excessive sexual activity, kidney weakness, uterine disorders, and vascular congestion. The condition is classified based on its underlying causes, each presenting distinct symptoms. The Unani approach to treatment is holistic, combining medicinal, dietary, and regimenal therapies. Pharmacological interventions involve *Munzij* (concoctive), *Mushil* (purgative), and *Musakkin* (analgesic) drugs to expel morbid humors and relieve pain. Dietary recommendations favor warm-natured foods, while regimenal therapies such as *Dalk* (massage), *Fasd* (venesection), *Hijamah* (cupping), and *Hammam* (therapeutic baths) help restore balance. This review highlights the significance of Unani principles in managing low back pain and suggests that integrating these traditional insights with modern medicine could enhance treatment strategies for this widespread musculoskeletal condition.

KEYWORDS: *Waja'al-zahr*, Low Backache, Unani literature, LBA.

INTRODUCTION

Pain (*Waja*) is generally described as the perception of an abnormal or unnatural condition within the body. It arises as a sensation triggered by something that disrupts the natural state, and this sensation occurs due to one of two specific circumstances.

- A very sudden change of temperament; or the bad effect of contrary temperament (*sue Mizaj Mukhtalif*).
- Loss of continuity (*Tafarruq-e-Ittesal*).

Waja'al-zahr (Low Back Pain) is described as a disease in which pain remains in the lumbar and lumbosacral region and does not radiate downwards.^[1,2,4,5,7,9,11,12]

Historical background

The ancient Greeks identified the symptoms of back pain as a distinct medical condition. The Edwin Smith papyrus, which is the oldest known surgical document from around 1500 BC, includes a detailed case study of back strain.^[13]

In the Unani System of Medicine, *Buqrat* (460 BC) was the first to mention that if an individual experiences numbness and coldness in their back and calf muscles, along with a *Balghami Mizaj* (phlegmatic temperament), it signifies a chronic disease condition.^[7]

Zakaria Razi (865- 925 A.D) described low back pain as *Waja'al-zahr*, *Dard-e-Pusht* with its etiology as *darba* (trauma), *hadba* (disc prolapse), and *qurūḥ nukha* (spinal ulcers).^[6]

Ibne Sina (980–1037 A.D) described low back pain as *Dard-e-Pusht*, which can affect the muscles and ligaments of the back either internally or externally. He noted that this condition can be distinguished by examining the external surface of the back; the presence of tenderness upon palpation suggests an external cause.^[2,8]

Ismail Jurjani (d. 1140 A.D.) referred to low back pain

as *Dard-e-Pusht*, detailing its causes and clinical presentation. Additionally, he categorized the condition based on its underlying factors.^[3]

Ibne Hubal Baghdadi (1163-1231 A.D.) in his book *Al-Mukhtarat-fit-Tibb*, describes low back pain and illustrates its variety of clinical features.^[4]

Najeebuddin Samarqandi (13th century A.D.) stated that if *Waja'al-zahr* results from *Sue-Mizaj-Sada* and *Kham Balgham*, it develops gradually and becomes chronic. He also mentioned that walking and exercise can help alleviate the pain.^[14]

Akbar Arzani (1721 A.D.) referred to *Waja'al-zahr* as *Dard-e-Pusht* and categorized it into seven types based on its causes. In *Meezan-ul-Tibb*, he explained that *Sue-Mijaz-Sada* is a contributing factor, leading to a sensation of coldness and pain without a feeling of heaviness. He also noted that warmth helps in relieving the pain.^[15]

Hakim Ghulam Jeelani (20th century) identified various causes of *Waja'al-zahr*, including *Takan*, *Laghri*, and excessive labor. He emphasized that the primary reason for both *Waja'al-zahr* and *Waja-ul-Mafasil* is the accumulation of *Kham Madda* in the joint spaces.^[16]

Aetiology (*Asba'ab*)

Many renowned Unani physicians have discussed the causes of *Waja'al-zahr*, categorizing it under the broader term *Waja'al-mafasil* (joint pain). *Abu Bakr Muhammad bin Zakariya Razi*, a distinguished Unani scholar, explored this condition in the 11th volume of *Al Hawi Fit Tib*. Though the details are scattered throughout his work, he provides a comprehensive explanation of the underlying causes.

According to *Razi*, *Waja'al-mafasil* originates from an imbalance in *Rufubat-i-mukhātia* (chyme) due to a deficiency in *haḍm kabiḍi wa haḍm'urūqī* (hepato-vascular metabolism). This disruption leads to the production of abnormal humours, particularly *ghayr ṭab'ī balgham* (aberrant phlegm), which accumulates in the joints, causing pain, swelling, and tenderness. Specifically, the root cause of *Waja'al-zahr* is the deficiency in hepato-vascular metabolism, leading to the deposition of *ghayr ṭab'ī balgham* in the lumbosacral joints. *Razi* also notes that congenital joint weakness or excessive joint development either present at birth or resulting from another disease can further contribute to the accumulation of vitiated phlegm, exacerbating the condition.^[17]

Ibn Sina describes *Waja'al-zahr* as originating from the muscles and ligaments surrounding the lumbar and lumbosacral region due to a *sū'i-mizāj*. This imbalance in temperament, marked by excessive *burūdat* (cold) and the accumulation of *balgham khām* (raw phlegm), is considered the primary cause. He also mentions that pain

can result from the buildup of *ghalīz riyāh* (viscid flatus) in these areas.^[2]

In addition to the above-mentioned causes, *Jurjani* in *Zakheera Khawarzaam Shahi* and *Akbar Arzani* in *Tibbe Akbar* have described low back pain as *Darde pusht* with different causes as.

1. *Kasrate jima* (Excessive coitus)
2. *Mumtali rag* (Vascular engorgement)
3. *Zoof wa laghari gurma* (Infirmary of kidneys)
4. *Musharikate reham* (Uterine involvement)
5. *Kasrate Riyazate jismani* (Excessive physical work)^[3]

Pathogenesis (*Mahiyat-ul-Marz*)

According to renowned Unani scholars, *Waja'al-zahr* is classified as a *Balghami Marz*, a condition primarily influenced by several key factors. These include a cold temperament (*Sue Mizaj barid*), the buildup of thick phlegm (*Kham Balgham*), and the intrusion of wind (*Riyah*) into the joints. The affected joints typically exhibit a cold-dry temperament (*Barid-Yabis*), while the *Balghami Mizaj* is also cold in nature. As a result, the accumulation of *Kham Balgham* within these joint structures triggers changes, altering the temperament of the local joint tissues in the lumbar area. This deviation from the normal state leads to pain, known as *Burudat Waja*, due to the abrupt and irregular shift in temperament. Additionally, the infiltration of *Riyah* between muscle fibers and beneath membranes, such as the periosteum, disrupts the continuity of sensitive tissues, further contributing to pain. Thus, the root cause of *Waja'al-zahr* lies in the production of abnormal humor, particularly *Kham Balgham*, stemming from an underlying dysfunction in *haḍm kabiḍi wa haḍm'urūqī*, which fosters this humoral imbalance.

Classification of *Waja'al-zahr* based on causative factors

Akbar Arzani in *Tibb-e-Akbar* has described seven types of *Waja'al-zahr*, which are.

1. *Waja'al-zahr* due to *Sue Mizaj Barid Sada*: It is characterized by gradual onset; pain without heaviness or tension, the feeling of coldness, and lasts for a long time.
2. *Waja'al-zahr* due to *Kham Balgham*: It is characterized by pain with heaviness, which increases day by day.
3. *Waja'al-zahr* due to *Riyah*: It is characterized by a fleeting type of pain with tension.
4. *Waja'al-zahr* due to *Imtela-e-Rag*: In this type, throbbing pain is felt vertically, from the first cervical vertebrae up to the last lumbar vertebrae, and gets aggravated with movements.
5. *Waja'al-zahr* due to *Zoaf-e-Gurda*: It is associated with kidney affliction and pain is felt diagonally.
6. *Waja'al-zahr* due to *Kasrat-e-Jima*: In this type, a history of excessive involvement in sexual activities is found.
7. *Waja'al-zahr* due to *Awarizat-e-Reham*: This type of *Waja'al-zahr* occurs in females during Pre-

menstrual period.^[10,15,18]

Alama'at (Clinical features)

In Unani medicine, clinical features of *Waja'al-zahr* are explained based on causative factors such as.

In the case of *Sū'-i-mizāj bārid sāda* (impaired cold temperament), the clinical features of *Waja'al-zahr* are

- *Burūdat* (sensation of coldness).
- *Waram* (plain swelling).
- Pain without heaviness.
- *Imtilā* (reflexive congestion).
- *Sakhti* (rigidity).
- *Kharish* (Itching).
- Pain relieved by movement, massage, and hot diet.

In the case of *Ghalba-e-dam* (predominance of blood)

- *Haraṛat* (temperature)
- *Waja'ḍarbānī* (pulsating pain)
- Pain is stern
- Pain relieved with cold and rest

In the case of *Zoafe gurda wa Laghari* (weakness of kidney)

- *Zoafe bah* (impotence).
- *Darde Qutn* (lumbar pain).
- *Masana ke 'Alāmāt* (urinary bladder symptoms).

In the case of *Ghalbae Balgham Khām* (predominance of raw phlegm)

- *Waja'ḍarbānī* (pulsating pain).
- *Takan* (fatigue).
- Pain relieved by exercise and massage.

In the case of *Mumtalī rag* (vascular congestion)

- Abrupt onset
- Hypotension
- *Nafth al-Dam* (hemoptysis)
- *Su'āl* (cough)
- *Buḥḥa al-Ṣawt* (hoarseness)
- *Haraṛat*
- Dard ki *shiddat harkat ke waqt* (aggravation of pain on movement)

In the case of *Riyah* (flatus)

- *Waja'mumaddida* (tension pain), and pain worsens by taking those foods which produce flatulence.^[3-4,10,15]

Usool-e-ilaj wa ilaj (Principle of treatment)

The core principle of managing the condition involves addressing the *māddī asbāb* (causative factors) and correcting the *sū'-i-mizāj* (impaired temperament), which

typically presents in two forms: *sū'-i-mizāj māddī* (abnormal substantial temperament) and *sū'-i-mizāj adā* (abnormal non-substantial temperament). This can be achieved through *tanqīya māwad* (elimination of morbid matter) and *Ta'dīl* (restoration of balance).

Pain (*Waja*) can be reduced by addressing its underlying cause or by using substances that induce coldness and analgesia, as seen with narcotics. However, the most effective approach is to target the root cause of the pain.

Since the primary cause of *Waja'al-zahr* is *naqse hazam* (impaired digestion), leading to the formation of *ghair tabyee balgham* (abnormal phlegm, or *kham balgham*) in the lumbosacral region, the treatment should focus on appropriate modifications (*tasaruf*) in the *asbab-e-sitta zarooriya* (six essential factors of health). This approach aims to restore balance and address the underlying humoral imbalance viz.

1. Atmospheric air.
2. Food and drink.
3. Rest and physical activity.
4. Psychological activity.
5. Sleep and wakefulness.
6. Evacuation and retention.

In the case of *sue mizaj maddi*, the first line of treatment, to remove the morbid matter from the body is *nuzij wa istifraghe akhlat-e-ghair tabayiah* (concoction and expulsion of abnormal humour) specially *balgham* (phlegm) with:

1. *Munzij*: This procedure matures the *kham balgham* from the structures of the lumbar region; so that they can be easily expelled out.
2. *Mus'hil*: This expels the matured matter via the intestines.
3. *Qai* (emesis).

The principles of treatment (*Usool-e-Ilaj*) are primarily centered on addressing the causative factors that lead to the disease and the resulting pathological changes in the affected organ. In the context of *Waja-uz-Zahr*, Unani physicians have outlined *Usool-e-Ilaj* by focusing on the specific factors that contribute to pain in the lumbar region, aligning the treatment approach with these underlying causes.

Renowned physicians like *Razi*, *Ibn Sina*, *Akbar Arzani*, *Ismail Jurjani*, *Azam Khan*, and many other renowned physicians have depicted the basic principles of treatment for *Waja'al-zahr* under the following headings.

- 1) *Izala-e-Sabab* (removal of cause)
- 2) *Tadeel Mizaj* (correction in temperament)
- 3) *Aaram* (Rest)
- 4) *Mussakin alam* (analgesic) drugs and local *Zimaad* etc
- 5) *Murrakhiyat* use of anti-spasm *Roghans* for a reduction in local muscular spasm
- 6) *Ghiza* (Diet) hot temperamental diet
- 7) *Taqleel Ghiza* prevents of diet that produces

flatulence and abnormal Humour

- 8) *Munzijat* for *Tahleel Madda*
 - 9) *Mulliyinat* and *Mushilat* for evacuation of morbid matter
 - 10) *Mudir-e-baul* and *Mudir-e-Haiz* drugs
 - 11) *Ma-ul-usool* for *Nuzj* of *Kham Humour*
 - 12) Use of *Tiryaqiyat*
 - 13) *Ilaj-bit-Tadbeer*
- *Dalk* □ *Fasd* □ *Hijamah* □ *Hammam* □ *Qai* □ *Ishaal* □ *Zimad* □ *Nutool* □ *Takmeed*

Ilaj (Treatment)

Unani physicians stated that the treatment of *Waja-al-Zahr* is very similar to the *Hudba*, *Waja-ul Mafasil*, *Waja-ul-Warq*, and *Riyah-ul-Farsa*.

Ilaj is mainly based on pharmacological treatment, non-pharmacological, and *Ilaj-bit- Tadbeer*.

Pharmacological treatment (*Ilaj bil dawa*)

Ma-ul-Usool: *Beikh-e-Badiyan*, *Beikh-e-Karafs*, *Beikh-e-Azkhar*, *Anisoon*, *Tukhm-e- Suddab*, *Nankhwan* with *Raughan baid-anjeer*.

Joshanda Munjiz-e-Balgham: *Post beikh-e-kasni*, *Post beikh-e-badiyan*, *Suranjan*, *Mako*, *Badranjboya*, *Bisfaij*, *Izkhar*, *Anjeer*, *Maweez munaqqa* with *Gulqand*.

Mushilat

Mufrad: *Halaila*, *Balaila*, *Aamla*, *Suranjan*, *Bozidan*.

Murakkab: *Habb-e-Ayarij*, *Habb-e-Suranjan*, *Habb-e-Mantin*, *Habb-e-Sakbinaj*.

Compound use for Tadeel-e-Mizaj: *Sanjarniya*, *Tiryaq arbaa*, *Tiryaq kabeer*, *Masroodetoos*, *Majoon chobchini*, *Arq chochini*, *Majoon falasfa*, *Majoon masihi*, *Habb-e-azraqi*.

Joshanda Mudir Haiz: *Tukhm Karafs*, *Tukhm Methi*, *Tukhm Khyarain*, *Badiyaan*, *Anisoon*, *Tukhm Shibt*.

Musakkin-e-Alam and Muqawwi Asab (Nervine tonic): *Dar-e-filfil*, *Anisoon*, *Jadwaar*, *Fawa*, *Habbul-gar*, *Fawania*, *Hilteet*, *Jaowsheer*, *Zafran*, *Zarawand*, *Hulba*, *Tukm-e-karafs*, *Habb-ul-rshad*, *Ajwain*, *Darchini*, *Zanjbeel*, *Ushq*, *Sakbeenaj*, *Anzroot*, *Hilliyoon*, *Suranjan*, *Sibr*.^[2-3,17,19]

Non-pharmacological treatment

Ilaj-bil-Ghiza (Dieto-therapy)

1. *Ibne Sina* advised to take an easily digestible diet (*Ghiza-e-Jaiyyad*) in *Waja-uz- Zahr*. According to him, *Hilyoon* is the best diet in *Waja-uz-Zahr*.
2. *Narjeel* and *Methi* ka Saag (fenugreek leaves).
3. According to *Razi*, the use of *Pudina* is useful in *Waja-uz-Zahr* which is caused due to *Galeez Riyah*.
4. In *Tibb-e-Akbar*, *Arzani* quoted *Parindo ka Ghosht* and *Garm Masaleh* as should be used in the case of *Sue Mijaz Barid Sada*. He further advised that *Taqleel-e- Ghiza* is the best in cases of *Waja-uz-*

Zahr due to *Kham Balgham* in *Imtela-e-Rag*, *Aab-e-anar tursh-wa-Shereen*, *Sharbat lemon*, *Sheera tukhm khayaren* and *Khurfa* with *Sikanjabeen* to be given.

5. *Jurjani* stated that *Aab-e-Nakhud* (black gram) is the best with *Waj* and *Shahed*, 2-3, 17-18

Ilaj-bit-Tadbeer (Regimenal therapies)

- 1) **Dalk:** *Ibne Sina* and *Jurjani* advised, that before the application of *Roghaniyat*, the back should be rubbed with rough clothes.

Useful Raughans: **Raughan-e-Surkh**, *Raughan-e-Habb-ul-Ghaar*, *Raughan-e- Suddab*, *Raughan-e-Raindi*, *Raughan-e-Farbiyon*, *Raughan-e-Qust*, *Raughan-e-Sosan*, *Raughan-e-Shibbit*, *Raughan-e-Baboona*, *Raughan-e-Farfiyoon*, *Raughan- e-Narjeel*, *Raughan-e-Khuru*, *Raughan-e-Utraj*, *Raughan-e-Anjeer*, *Raughan-e- Qurtum*. 2-3,17

- 2) **Fasd:** In the condition of *Imtela-e-Rag*, for acute relief in pain *Fasd* of *Basaleeq*, *Mabiz*, and *Safin* veins should be done.
- 3) **Nutool (irrigation):** *Nutool* should be done with *Joshanda Munjiz Balgham*.
- 4) **Hammam:** for *Tahleel Madda*, *Hammam* should be done.
- 5) **Zimad (liniment):** *Muqil*, *Ushq*, *Hulba*, *Baboona*, *Habb-ul-Ghaar*, *Tukhm Alsi* with *Raughan-e-baid-injeer*, *Gogul*, *Ushq*, *Jao-Sheer*, *Sakbeenaj*, *Jund-baid- astar*, with *Farfiyoon*
- 6) **Hijamat:** *Razi* indicates *Hijamat-e-Nariya* and *Hijamat-bila-Shart* should be very effective in *Waja-uz-Zahr*. *Ibne Sina* advises *Hijamat-bish-Shart* as well as *Hijamat-e-Nariya* in LBP.^[10,17]

CONCLUSION

Waja'al-zahr (low back pain) has been extensively documented in Unani medicine, with its etiology attributed to humor imbalances, particularly cold temperament, and abnormal phlegm accumulation. Classical Unani scholars provided a comprehensive understanding of its pathogenesis, classification, and treatment approaches, integrating pharmacological interventions, dietary modifications, and regimenal therapies such as massage, cupping, and venesection. The holistic Unani perspective aligns with modern integrative medicine, offering potential complementary strategies for managing musculoskeletal disorders. By bridging classical Unani insights with contemporary scientific advancements, a more effective and personalized approach to treating low back pain can be developed, enhancing patient outcomes and broadening therapeutic possibilities.

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