Shaqeeqa (Migraine): Concept and management in Unani Medicine

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Abstract: Shaqeeqa (Migraine) causes severe throbbing pain or a pulsing sensation, usually on one side of the head, associated with nausea, vomiting, and extreme sensitivity to light and sound. This is also known as Sudae Nisfi, Adhasisi (Hemicrania), Sudae Ghasyani (Sick Headache). It has been estimated that the lifetime prevalence of migraine is about 20% in female and 6% in males. A classical migraine starts with prodrome of malaise, lethargy, vague yawning, giddiness followed by the aura of a focal neurological event, and then a severe throbbing unilateral headache associated with photophobia, nausea and vomiting. It may last for few hours to several days. Migraine variants are numerous in modern medicine but here in Unani, it is of two types shaqeeqa har (due to blood or bile) and shaqeeqa barid (due to phlegm or black bile) mainly. Unani physicians have described various etiologies of migraine in their manuscripts. Identification and avoidance of these causes and precipitating factors certainly cure the disease. Unani System of Medicine has broad range of treatment modalities viz. Regimental therapy, Dietotherapy, Pharmacotherapy and surgery to eliminate shaqeeqa.

Keywords: Migraine, Shaqeeqa, Akhlat-e-Arbaa, Humours, Mizaj

I. INTRODUCTION

Headache is usually a benign symptom, but occasionally it is manifestation of a serious illness such as brain tumour, subarachnoid haemorrhage, meningitis, or giant cell arteritis. Therefore it is necessary that the serious causes of headache be diagnosed rapidly and accurately.

Shaqeeqa is a well known disease in Unani System of Medicine. This is also known as Sudae Nisfi, Adhasisi (Hemicrania), Sudae Ghasyani (Sick Headache). The literary meaning of shaqeeqa is “a portion/a part”. This headache is also often confined to one part or one side of the head this is the reason called shaqeeqa or sudaenisfi (Hemicrania).1,2,3,4,14.

This is a special type of headache which occurs paroxysmally, most often it occurs right or left half part of the head longitudinally, commonly associated with nausea, vomiting, flashing lights and visual aura. Sometime it occurs in whole head, but intensity of headache remains less in one side, sometimes headache starts with sunrise and gradually increases in intensity and lasts till sunset.1,2,3,4,5,14,15.

The onset of shaqeequa may be in childhood with cyclical vomiting; typical migraine appears in adolescence and continues at intervals until the sixth decade.6 This is more common in women (20%) than men (6%).1,2,3,4,5,6,7.

On the basis of akhlat-e-arbaa (four humours), there are four varieties of shaqeeqa viz. damvi (due to blood), safravi (due to bile), balghami (due to phlegm) and saudavi (due to black bile). It is also divided into two categories shaqeeqa har (due to blood or bile) and shaqeeqa barid (due to phlegm or black bile) on the Basis of Kaifiyat (qualities)8,9.
According to Jalinos (Galen) pain of shaqeeqa feels in the weak portion of the head even it reaches to the middle of the head and when it reaches to the membrane which divides the brain into two parts gets stop and usually feels regularly and also occurs periodically and becomes habit or nature. There is less occurrence of sudae shaqeeqa ghair maddi (migraine without matter), if it occurs it gets cure very soon. Most often barid and ghaliz mawad (cold and viscous humours) are responsible for shaqeeqa and Habbe Qauqaya is its drug of choice.

According to Razi (Rhazes) and Ibn Sina (Avesena) sometimes the pain of shaqeeqa occurs in inner membrane of head, in this condition pain remains in the base of eyes, and sometimes occurs in the external membrane of skull, in this situation patient can’t tolerate hand upon head due to intense pain. This happens when inner organs of skull are strong and their mawad come out by the sutures. Sometimes such headache occurs in temporal muscles. In all these sites, sometimes morbid matters come from veins or sometimes come from arteries or both, i.e. headache, migraine also occurs due to association of stomach and other organs and it happens on that side where morbid humors are present.

II. Etiopathogenesis and Mechanism

According to Unani views prolong fasting, prolong lactation, excessive menstruation, strenuous exercise, extreme tiredness, diseases of the kidney, hysteria, dyspepsia, blood disorders, excessive coitus, poor hygiene, excessive awakening and few particular foods specially cheese, chocolates, coffee included its causes. In some one, it may be due to some strong smell, looking towards bright light, walking in sunlight and excessive eating also. Ibne Hubal says that most often barid and ghaliz mawad (cold and viscous humours) are responsible for shaqeeqa. According to Ibn zohar it occurs due to riyathe harrah (hot gases) or intila (congestion) and sometimes only vapours of stomach come towards head and cause shaqeeqa. In Haziq, Hakeem Ajmal Khan mentioned different reasons of shaqeeqa including one important cause phlegmatic and salty thin liquidof irregularly treated cold and catarrh which remains in some vessels of brain.

Allama Hakeem Kabiruddin after stating various causes gives his remark that these different statements show that like other various nervous and mental diseases the real causes of shaqeeqa are in dark. Modern medicine also support this by saying that the aetiology of migraine is largely unknown.

Allama Najeebuddin Samarqandi explained that the pain of shaqeeqa occurs only in small area of head or one side of head, because pain causing morbid material (humour) is in small amount and commonly found in the arteries of head. Sometimes morbid humour is produced in the head or sometimes it reaches to the head from arteries of whole body and remains confined in the arteries of weak portion of the brain. Such type of morbid materials remains in the form of vapours or liquid either hot or cold in nature. Ibne Hubal in his treatise “Kitabul Mokhtarat-Fit-Tibb” Stated that shaqeeqa is a type of Sudae Maddi (headache due to morbid material) and Tabiyat (physic) is completely helpless to eliminate the cause of it, therefore it transfers morbid materials to one side of the head and protects the other side, either its cause is coming of morbid matter from lower part of the body to upward or sometimes its causative matter remains within vessels or external muscles or vapour comes out after dissolution of khilt (humour) present below in any part of brain and sometimes humour itself reaches to the brain.

Qarshi in his book “Jam-e-ul Hikmat” states that blood vessels of one side of head contract first then dilate, due to dilatation blood comes in huge amount and cause pressure and pain.

Modern science also supports this vision and adds more in our knowledge that familial tendency towards enhanced vascular contractility in migraine patients produces a sequence of constriction and dilatation. Stimuli which normally produce a healthy flush may produce an in co-ordinated circulatory response in migraine patients resulting in constriction of small vessels and dilatation of arteries and veins. Serotonin released from platelets produces vasoconstriction; serotonin then gets absorbed into vessel wall and in combination with locally released heparin and neurokinin produces pain. Fall of plasma serotonin results in over action of dilator substances like histamine, bradykinin and prostaglandin E. Serotonin released from palates is increased by free fatty acids and IgG aggregate.
III. Symptoms
Vague yawning, lethargy, giddiness visual aura and flashing lights are *alama temunzira* (prodromal symptoms) of this disease\(^4\). The aura typically lasts half hour and is succeeded by headache\(^6\). Headache starts as vague pain in one side of temporal region and eyebrow and soon builds upto a throbbing intensity, increases with walking and moving. Most often unilateral in onset but sometimes becomes generalised and more severe in one side. Sometimes forehead and eyebrows are tender and numb if palpated. Patient is unable to perform physical and mental work, having photophobia visual disturbance tinnitus, pallor, slow and fible pulse, anorexia, nausea, and vomiting. It may last for few hours to two three hours or more in some. After vomiting has occurred, may decrease intensity and be followed by sleep, after waking patient feels healthy. Attacks of headache recur after interval of few days or three four weeks. The pulsatile temporal artery is the main symptom of this headache\(^1,2,3,4,5,6,7,8,15\).

IV. Principles of treatment
1. Treat the root cause of disease.
2. Use *musakkinat-e-alam* (analgesics) to relieve the pain\(^3,4\).
3. Evacuate the dominant and morbid humours from body & brain\(^3,4,5,8\).
4. Perform *fasd* (venesection) of cephalic vein or sephanous vein, if *khilte dam* (blood) is dominant\(^3,4\).
5. In case of headache without matter, instead *tanqiyah* (evacuation) change the *mizaj* (temperament) moderately\(^3,11\).
6. After *tanqiyah* (evacuation) of morbid matter do *taadeel-o-taqweeyat-e-dimagh* (modulate and strengthen the brain)\(^1,2,3,4,5\).
7. Adopt preventive measures and use medicines to stop *saud-e-bukharat* (vaporisation) towards head\(^4,8\).
8. Use *lazique* advia to prevent *zarban* (pulsation) of superficial temporal artery\(^8\).
9. Shift the patient in a darkened and quiet room and do *dalk* (massage) of head with *Roghane Gul* (cool rose oil with ice) or do *nuool* by hot or cold decoction of drugs according to morbid matter\(^1,2,3,4,5,6,8\).
10. Eliminate predisposing and trigger factors\(^8\).
11. Remove constipation, if present\(^1,2,3,4,5,8\).

V. Management:
Treatment during the attack of headache
1. Tila (liniment) - Apply qurs-e-musallas after dissolving in *Aab-e-Koknar* (juice of poppy capsule) as tila over forehead\(^3,8\).
2. Zimad (Paste) –
   a. Use *Qurs-e-Musallas* after dissolving in water as luke warm paste over forehead and temporal region\(^3,5\).
   b. Apply paste of *suddab* (*Ruta graveoleus*) and *naanaa* (*Mentha arvensis*) over affected area\(^14\).
3. *Qotoor* (Drops) –
   a. Instil opium in the nose after dissolving in breast milk\(^5\).
   b. Little amount of *furfiyoon* (euphorbium), after dissolving in olive oil to be dropped in the ear of affected side\(^16\).
   c. Instill 2 - 3 drops of *Poste Reetha* (soap nut) dissolved in water in the nose\(^3\).
   d. Pills containing opium, camphor and *Bazr-ul banj* (henbane) dissolve one pill into *Roghane Kahu* (oil of lettuce seeds) and instill 2-3 drops in the nose. This is very effective remedy for acute headache\(^3\).
4. *Tadheen* (Oiling) - Application of *Roghane-Gul* (rose oil) after cooling with ice over fontanel is very useful in *shaqueeqa har*\(^11\).
5. Takmeed (Fomentation) - Hot fomentation by salt and saboos-e-gandum (wheat husk) is also very effective in shaqeeqa barid.8
6. Saoot (Snuff) - Use shora (potassium nitrate) 2gm and dar-e-filfil (pepper longum) 1gm as saoot by nostril of that side which is not affected.8
7. Dalk (Massage) – Take equal amount of Roghan Kahu (oil of lettuce seeds) and Roghan Khash khash (oil of poppy seeds) and do the massage of head.5
8. Shamoom (Olfaction) – Inhale choona (lime) and noshadar (ammonium chloride) after dissolving into water.4
9. Make fatila (bougie) with sindoor (minum) and paper after setting fire in one end inhale the fume before sunrise.4,17
10. Following compound formulations are also very useful: Khamira Gaozabansada 10 gm with Barshasha 1 gm in the morning and evening and Itrifal Ustukhuddoos 9gm at bed time or 3 Qurs Dawaush shifa with Khamira Gouzaban Ambari Jawahar wala 5 g.
11. Munawwim (sedative) - To induce sleep do massage of head with Roghan-e-Kahu, Roghan Kadu, Roghan Banafsha or Labube saba.4,5
12. Prescribe laxative to remove constipation e.g. Itrifal Zamani 7 gm or Itrifal Mullayin 7 gm or 5 tablets of Qurs-e-Mulayyin at bed time or do the huqna (enema) of salt 5gm, soap 10 gm luke warm water 1 litre to clear stomach and gut and to prevent morbid vapour towards brain.4,5
13. Don’t give any meal during the episode of headache, If starvation or empty stomach is not the cause of disease.4,5,8

After relief of headache
1. According to Galen use of 50 to 70 ml concoction made with Sibre (Aloe) and Aab-e-Kasni (Juice of endive leaves) is very effective.8
2. According to Dawud Antaki after Tangiya use of Aab-e-Aaloo Bukhara (common plum), Aabe Tamarhindi (Tamarind) with Sharbat-e-Ward (syrup of Rose) or Majoon Banafsha, is very useful.8
3. Tiryaqe Osabawa Shaqeeqa- This is also drug of choice for migraine. Ustookhuddus (Lavandula stoechas) 6 gm, kisneez (Coriander sativum)4 gm, filfil siyah (Piper nigrum) 6 pieces grind all these drugs with the help of 90 ml water and drink before sunrise.3,18
4. To induce sleep apply Roghan Banafsha (oil of sweet violet) or Roghan Kadu (oil of pumpkin) or Roghan Kahu (oil of lettuce) on head.4
5. To remove constipation use Itrifal Zamani 7 gm or 5 tablets of Qurs-e-Mulayyin at bed time twice or thrice in a week.4,5
6. After relief of headache, to strengthen the brain suggest following compound drugs one Qurs (tablet) of Kushta Nuqa Jaded with Itrifal Kabir 7gm or Khamira Gaozaban Jawahar wala7gm with one Qurs of Kushta Marjan Jawahar wala4,5, or Khamira Gaozaban sada 10gm with Kushta marjan 64 mg in the morning and evening and Itrifal Ustukhuddoos 9gm at bed time.8
7. Avoid all flatulent, fried and heavy meal eg potato, arvi, brinjal, garlic, onion, sweets and fish etc.4,5,8
8. If the face is red and warm the sufferer should avoid meat and wine.13
9. In case of shaqeeqa barid, take easy digestible diets, baiza neem barasht (semi boiled egg) with darchini (Cinnamom) or chooza-e-murgh (chick) cooked with darchini.8

VI. Complications

Shaqeeqa most often causes nuzool-ulma (cataract) and other eye disorders, if it remains for longer duration and not treated properly.4,16
VII. Conclusion

From above information and discussion, it is evident that Unani Medicine helps in restoration of normal health through its palliative and curative ways of treatment and provides highly effective, simple and non invasive various modes of treatment to overcome this peace and life disrupting ailment.

Reference

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