



## Management of Primary Hypertension by *Al-Hijamah*

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### ABSTRACT

The present day health system focuses more on diagnostics, less on treatment and least on prevention. The escalating costs of diagnostic tests and interventions have made today's health care out of reach for common man. There is a lot of loud thinking in the west and it has rightly scaled down from evidence centric approach to patient centric approach. *Al Hijamah* (Cupping Therapy) is an important tool for treatment of various diseases. Aim of this study was to evaluate the efficacy of *Al-Hijamah* on *Zaghtudam Qawi Ibtadae* (Primary Hypertension). This study was a randomized open standard controlled study done on 50 patients. Male Patients of age group 20-60 years were randomly allocated in two groups comprising 30 and 20 patients in test and control groups respectively. Patients with primary mild to moderate hypertension ranging from systolic pressure 140 to 159 mm Hg and diastolic pressure 90 to 109 mm Hg were enrolled. In test group, *Al Kahil* (the interscapular region excluding vertebral column) of the patient was selected for application of *Hijamah* and the procedure was performed on four consecutive days. In control group, one tablet of 25 mg Atenolol was given orally once daily. Subjective parameters viz. headache, dizziness, fatigue, palpitation, breathlessness and loss of libido were evaluated in each follow up. Significant improvement was observed in SBP and DBP in the test group. Inter group comparison shows  $p < 0.001$  significant w. r. t to control group. No side effect is observed in the test group.

**Keywords:** *Al-Hijamah*, Hypertension, *Zaghtuddam Qaw Ibtadae*, *Al Kahil*

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## INTRODUCTION

The present day health system focuses more on diagnostics, less on treatment and least on prevention. The escalating costs of diagnostic tests and interventions have made today's health care out of reach for common man. There is a lot of loud thinking in the west and it has rightly scaled down from evidence centric approach to patient centric approach.

Population studies suggest the blood pressure (BP) is a continuous variable, with no absolute dividing line between normal and abnormal values.<sup>1</sup> The dividing line between normal and abnormal BP is arbitrary because BP is dependent upon many factors like age, race, sex, etc.<sup>2</sup>

Greeks were all aware of *Zaghta-e-damwi*. They were regarded *Zaghta-e-Inqabazi* as Systole and *Zaghta-e-Inbesati* as Diastole. *Zaghtuddam Qawi*, the "silent killer" is considered to be a major health problem throughout the globe. *Zaghtuddam Qawi* is one of the most common diseases encountered in clinical practice. Modern Unani physicians and authors use the term *Zaghtuddam Qawi* to designate the hypertension. *Zaghtudam Qawi* in present concept cannot be traced from the classics of Unani in total. However the condition called "*Imtila*" has been widely discussed by all the Unani *Hakeems* in the history. The clinical manifestations of *Imtila* correspond with clinical features of hypertension. As a result *Imtila* corresponds with hypertension. Unani physician has given the concept of hypertension as *Imtala bi Hasbil Auiya* and said this occur due to *sue-e-mijaz damwi* and comes under the heading of *Imtila*. They also believed that hypertension is a manifestation of *yabusat-e-mizaj* (dryness) which is the main cause of atherosclerosis.<sup>3,4</sup>

High blood pressure is usually referred to as hypertension.<sup>5</sup> It is the conditioned of persistent, non physiologic elevation of systemic blood pressure.<sup>6</sup> Established hypertension is said to be present when the blood pressure readings exceeds 140/90mm of Hg.<sup>7</sup> Hypertension is an important worldwide public health challenge because of its high prevalence and the concomitant increase in risk of cardiovascular and renal diseases.<sup>8</sup> A high prevalence of hypertension in both rural and urban areas of India has been reported in recent studies.<sup>9, 10</sup> The various studies estimated a prevalence rate of hypertension among urban population ranging from 1.24% in 1949 to 36.4% in 2003 and for rural people from 1.99% in 1958 to 21.2% in 1994.<sup>11</sup> The average prevalence of hypertension in India is 25% in urban and 10% in rural inhabitants.<sup>12</sup>

Our body should always be free from *fuzulat* (waste). Dietary intake also yields some waste material in our body. *Tabiat*, through different routes, excrete some of them such as, urine, stool, sweat, saliva, menstrual blood. Because, their retention produces harmful consequences. *Is'hal*,

*Idrar, Hamam* and exercise help in removal of *fuzulat-e-badan*.<sup>13, 14</sup>*Al-Hijamah* has been considered as an important part of this treatment. *Al Hijamah* is used to produce humoral and temperamental equilibrium in human body. In this process the suction is applied which sucks up the congestion, stagnation or restoring free flow of the humours. The purpose of application of *Al Hijamah* is *imtila-e-mawad* and *tanqiya-e-mawad* (diversion and evacuation). Cupping allows efficient functioning of sebaceous glands and flushing capillary beds. Thus, it drains stagnant blood, toxins and lymph through sweat, urine and stool. It increases circulation, and thus, the body's ability to detoxify naturally. It sucks out fatty acids, debris and toxins which have harmfully settled in the tissues. It forces them back into circulation. These will eventually be expelled by the body naturally at some point.<sup>15, 16</sup>

### Objective

To evaluate the efficacy of *Al-Hijamah* on *Zaghtuddam Qawi Ibtadae*.

### MATERIALS AND METHOD

This study had been carrying out jointly in Department of Kulliyat and Department of Moalejat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh. This study was conducted between 2010 to 2012. The aim of this study was to assess the efficacy, safety and tolerability of *Al Hijamah* in adults of *Zaghtuddam Qawi Ibtadae*. This study was a randomized open standard controlled study done on 50 patients allocated in two groups comprising 30 and 20 patients in test (Group A) and control (Group B ) groups respectively. Subjects were selected from OPD of Ajmal Khan Tibbiya College and Hospital, after clinical examination with detail history of the disease and necessary hematological investigations. Clinical symptoms, history and investigations were recorded on the prescribed Case Report Form (CRF) designed for the study with specific inclusion criterion. At the initial evaluation (visit 1), each and every patient was given a detailed explanation of the objectives and procedures of the study. They were informed about the duration of study. All the cases were informed about the expected pros and cons of the procedure to be used and consent was obtained. No concomitant treatment was allowed. In test group, *Al Kahil* (the interscapular region excluding vertebral column) of the patient was selected for application of *Hijamah*. Massage with Olive oil applied over the interscapular region before application of cups. After the vacuum created, the cups were rolled over the kahil region for 10-15minutes and the procedure was performed on four consecutive days. In control group, one tablet of 25 mg Atenolol was given orally once daily. Blood Pressure was measured weekly up to one month.

**Criteria for Selection of Cases**

The patients selected randomly, were enrolled in the study after having fulfilled the following criteria.

**Inclusion Criteria:**

- Patients with primary mild to moderate hypertension ranging systolic pressure 140 to 159mmHg and diastolic pressure 90 to 109 mmHg.
- Age group: > 20 to 60 years.
- Males only.

**Exclusion criteria:**

- Patients below the age of 20 years and above the age of 60 years.
- Sever Hypertension.
- Secondary Hypertension.
- Diabetes Mellitus.
- History of bleeding disorders.
- Anemia.
- Bleeding piles.
- Chronic renal failure and liver failure.
- H/o MI, IHD, Bronchial Asthma and COPD.

**Subjective Parameters:**

- Headache
- Dizziness
- Palpitation
- Breathlessness
- Insomnia
- Weakness
- Fatigue
- Loss of libido

**Objective Parameters:**

Measurement of blood pressure – systolic and diastolic.

**RESULTS AND OBSERVATION**

**Table: Effect on Systolic Blood pressure (Median rating with Range in brackets)**

Groups	Assessment days				
	Before treatment	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit
Test Group	144 (124,158)	138 <sup>a</sup> (120,150)	140 <sup>a</sup> (116,156)	138 <sup>a</sup> (120,152)	138 <sup>a</sup> (118,156)
Control Group	146 (118,158)	137 <sup>b</sup> (114,152)	136 <sup>b</sup> (110,150)	135 <sup>b</sup> (118,154)	135 <sup>b</sup> (116,158)

n= 30 in Test group, n= 20 in Control group

Statistical test used: Repeated measures ANOVA with Posttest for intra group with Dunn's multiple comparison test and Kruskal-Wallis test for intergroup with Dunn's multiple comparison test. a-  $p < 0.001$  significant w. r. t 0 day of test group, b –  $p < 0.01$  is significant w. r. t. 0 day of control group. Inter group comparison shows  $p < 0.001$  significant w. r. t to control group as depicted in Table No. 5.

**Table No. 6: Effect on Diastolic Blood pressure (Median rating with Range in brackets)**

Groups	Assessment days				
	Before treatment	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit
Test Group	94 (88,98)	86 <sup>a</sup> (80,98)	85 <sup>a</sup> (80,96)	86 <sup>a</sup> (78,96)	86 <sup>a</sup> (78,98)
Control Group	94 (78,98)	86 <sup>b</sup> (72,98)	86 <sup>b</sup> (72,96)	83 <sup>b</sup> (76,98)	85 <sup>b</sup> (72,96)

n= 30 in Test group, n= 20 in Control group

Statistical test used: Repeated measures ANOVA with Post test for intra group with Dunn's multiple comparison test and Kruskal-Wallis test for intergroup with Dunn's multiple comparison test. a-  $p < 0.001$  significant w. r. t 0 day of test group, b –  $p < 0.05$  is significant w. r. t. 0 day of control group. Inter group comparison shows  $p < 0.001$  significant w. r. t to control group as depicted in Table No. 6.

## CONCLUSION

The overall effect of the Application of *Al-Hijamah* was found quite significant in the treatment of *Zaghtuddam Qawi Ibtadae*. Significant improvement was observed in SBP and DBP in the test group. In general, Role of *Al-Hijamah* had a significant effect on the subjective parameters; headache, dizziness, palpitation, fatigue, breathlessness and weakness. These results conclude that the test procedure is safe and effective in the treatment of *Zaghtuddam Qawi Ibtadae* as *Al-Hijamah* is a better option as the therapeutic effect is without any interference in the metabolic activities of the body and no adverse effects.

As no single system has been able to provide lasting solution to every health problem, Indian Population throughout its length and breadths seeks relief through drugs of all these system. In spite of this, scope for other means of treatment and approaches to health care continue to be wide open as large chunks of population is fed up with conventional methods of treatment through drugs and invasive techniques. Now in this modern era the people are fed up of the drugs which burden on their pockets and give them disease in return in the form of side effects. People are returning towards such therapies which is believes in natural healing. *Al Hijamah* is one of the time tested and scientific method of regimental therapy used since very ancient days of medical history.

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