



Short Communication

Effect of *Dalk Layyain* (Soft Massage) with *Roughan Zaitun* (Olive Oil) in Low Back Pain

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Abstract

Waja uz zahr (Low back pain) manifests as most expensive disease in the productive years. Any part of the back may ache; but the commonest site is the lower back that is, lumbar and lumbosacral region. The present preliminary study was an observational, self-comparison study carried out at the department of Moalajat (medicine) in National Institute of Unani Medicine (NIUM), Bangalore. A total of 25 patients of both sex, above the 18 years and below 70 years of age, giving the history of low back pain were selected for the trial. A total of 8 sittings of *Dalk* were scheduled over three weeks. For the first week, sitting schedule was on alternate day and twice a week for subsequent two weeks. Approximately 20 ml of *Raughan* (Oil) was used, and duration was kept 15-20 minutes for each sitting. The assessment of outcome was carried out by Clinical assessments based on an arbitrary grading system and VAS. In this trial, *Dalk layyain* with *roughan zaitun* was found effective in relieving symptoms of *waja uz zahr*. So it can be concluded that *Dalk Layyain* with *Raughan Zaitun* may be an effective regime in the management of *Waja uz Zahr*.

Keywords: *Dalk layyain*, *waja uz zahr*, low back pain, *roughan zaitun*, soft Massage, Unani medicine.

Introduction

Low back pain is described as a disease in which pain arises from internal and external muscles, ligaments surrounding the lumbar and lumbosacral region due to surplus *buroodat* (excessive cold) and accumulation of raw *phlegm* (*kham balgham*). Most of the renowned Unani physicians described the causes of *waja uz zahr* under the broad heading of *wajaul mafasil* with its etiology as *rutubat e mukhatia* (abnormal chyme), *Zarba* (trauma), *Hadba* (disc prolapse) and *Quruh-e-Nukha* (spinal abscess), *Kasrate jima* (excessive coitus), *Mumtali rag*, *Zoaf wa laghari gorda*, *Musharikate reham*, Excessive physical work¹. It is the most prevalent musculoskeletal condition and the most common cause of disability in developed nations. Almost everyone has at least one episode of low back pain during their lives. It has been reported that lifetime prevalence of LBP in developed countries is up to 85%, which makes this complaint second only to the common cold^{2,3}. To combat the low back pain, we are following many principles of treatment like physiotherapy, exercise regimen, costly analgesics, corsets etc; but all are unsatisfactory. So it is the need of time to look forward for better, safe and low cost alternative management. Unani system of medicine possesses possible better and safe treatment for *waja uz zahr*. Almost all ancient Unani physicians have advocated massage in slowing the progress and relieving pain in *waja uz zahr*. Particularly, with (*Har Mizaji*) hot temperamental medicinal oils. It is high time that safety and efficacy of these drugs should be validated scientifically on modern parameters. Hence, a clinical trial is

contemplated with the objective of providing safe, effective and economical therapy in patients of *waja uz zahr*^{4,5}.

Material and Methods

The present study was an observational study, conducted on 25 patients of *waja uz zahr* (LBP) selected from National Institute of Unani Medicine (NIUM) Hospital, Bangalore, during Dec. 2012 to March 2013. Patients were selected on the basis of clinical diagnosis. A total of 25 patients of either sex, above the 18 years and below 70 years of age, giving the history of low back pain were selected from OPD/IPD and evaluated for the consideration as a research subjects. Each subject was fully informed of the experimental procedures and had signed an informed consent statement before taking part in the experiment. Certain investigations were carried out with an aim to exclude the patients with pathological conditions mentioned under exclusion criteria like: Patients with gout and RA, Patients having malignancy, Traumatic (fracture or severe dislocation at lumbar region) patients or patients with severe Systemic illness. Massage sittings were kept on alternate days in first week and twice a week in rest of the 2 weeks. Massage was done for 15-20 minutes in every sitting; approximately 20 ml of oil was consumed per sitting. The treatment period was scheduled as 3 weeks (8 sittings). The assessment of efficacy of treatment in relieving low back pain, relief in tenderness and difficulty in walking were carried out on basis of a reliable and valid scale i.e. VAS, and arbitrary scale for tenderness and difficulty in walking (both graded from 0-3) respectively. The

assessment of parameters was done before starting the treatment and on 21th day. Once the patients relieved of the pain completely; he/she was asked for follow up fortnightly for 1 month. Same pain assessment technique i.e. VAS was used to assess the pain. Statistical analysis was restricted to those patients who completed the full duration of protocol of the study. Wilcoxon signed rank test was used to analyze the efficacy of the procedure. The confidence level was set to be at $p < 0.05$ for significant results of treatment.

Results and Discussion

Twenty five subjects (male: $n = 26$, female: $n = 4$) entered this study. Their mean age was 33.3 (SD ± 10.32), shown in Table No.1. The Mean \pm SD score of pain, tenderness and difficulty in walking before starting the treatment, at 7th day, 14th day and at the end of treatment are summarized in table no. 2. When the mean \pm SD scores of Low back pain, Tenderness and Difficulty in Walking were compared from baseline statistically using wilcoxon signed rank test for intragroup comparison. It was found that the difference between the mean scores at 7th, 14th and 21th day with respect to baseline were highly significant ($p < 0.0001$). Except difference between 7th day with respect to baseline in case of tenderness which was found very significant ($p = 0.62$).

Table-1
Baseline demographic profile of subjects

Age in years	Number of patients	%
20-25	10	40
26-35	8	32
36-45	4	16
46-55	3	12
Total	25	100.0
Gender	Number of patients	%
Male	21	84
Female	4	16
Total	25	100.0

It is evident from the above results that *dalk layyain* with *raughan zaitun* have a good efficacy in relieving the pain, tenderness and difficulty in walking in *waja uz zahr*. Almost all ancient Unani physicians have advocated massage in slowing

the progress and relieving pain in *waja uz zahr*. Particularly, with (*Har Mizaji*) hot temperamental medicinal oils. The pain and tenderness arises from internal and external muscles, ligaments surrounding the lumbar and lumbosacral region due to surplus *buroodat* (excessive cold) and accumulation of raw *phlegm* (*kham balgham*). Difficulty in movement (walking) may be directly related to pain and stiffness in the lower back. *Dalk* has a unique property to expel highly viscid and sticky matter (*ghaleez aur lasdar madah*), remove excessive cold (*buroodat munjamidah*). *Raughan zaitun* possess *Musakkin Alam* (analgesic) and *Mohallil Auram* (ant inflammatory) properties. Also *Advia musakhinah* (temperamentally hot drugs), counter the cold directly^{1,5}.

Conclusion

On the basis of results it can be provisionally concluded that *dalk layyain* with *raughan zaitun* is safe and effective in the management of *waja uz zahr*, however, larger and randomized standard controlled studies are required to reach at final conclusion.

References

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Table-2
Evaluation of subjective parameters in subjects studied

Variables		BT	7 th day	14 th day	21 th day
Low Back Pain	Mean \pm SD	6.89 \pm 1.70	5.28 \pm 1.69	3.56 \pm 1.73	1.68 \pm 2.11
	Difference from BT		1.61	3.33	5.21
	P value from BT		<0.0001***	<0.0001***	<0.0001***
Tenderness	Mean \pm SD	1.72 \pm 0.73	1.4 \pm 0.76	0.6 \pm 0.64	0.32 \pm 0.55
	Difference from BT		0.32	1.12	1.40
	P value from BT		0.62*	<0.0001***	<0.0001***
Difficulty in Walking	Mean \pm SD	1.6 \pm 0.70	1.2 \pm 0.64	0.56 \pm 0.65	0.16 \pm 0.37
	Difference from BT		0.4	1.04	1.44
	P value from BT		0.0039**	<0.0001***	<0.0001***