

## MANAGEMENT OF JASSAT -UL-FAQRAT (CERVICAL SPONDYLOSIS) BY HIJAMA BILA-SHART (DRY CUPPING): A REVIEW ARTICLE

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### ABSTRACT

The term cervical spondylosis denotes the degeneration of the inter-vertebral disc and osteophyte formation. The main complaints are pain in the head, neck and shoulder with corresponding tenderness, sometimes radiation and decreased cervical range of motion. Conventional treatment for cervical spondylosis includes pharmacological and non-pharmacological modalities. All these treatment modalities have a range of effects and their availability is meagre and cost over burdened. Hijamah is a Unani regimenal mode of treatment which has been proved effective in various musculoskeletal disorders. In Unani system of medicine, Wajaur Raqaba (cervical spondylosis) is treated by various regimens of Ilaj bit Tadbeer like Hijama (cupping), Fasd (venesection), Dalk (massage), etc. Among these Hijama bish Shart (wet cupping) is commonly prescribed to evacuate Mawade Fasida (morbid material).

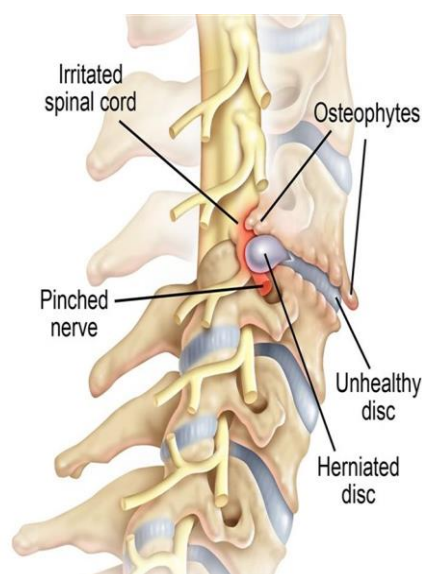
**KEYWORDS:** Wajaur Raqaba, Hijamah bish-shart, Mawad e Fasida,

### I. INTRODUCTION & BACKGROUND OF CERVICAL SPONDYLOSIS (JASSAT -UL-FAQRAT)

Cervical spondylosis is derived from words; Cervic means “neck” and Spondyl, osis means “vertebra condition”.<sup>[1]</sup> Cervical spondylosis is a chronic degenerative process of the cervical spine characterized by pain in the neck, degenerative changes in the inter vertebral disc, and osteophyte formation.<sup>[2,3]</sup> After back pain, neck pain is the most frequent musculoskeletal cause of consultation in primary care worldwide.<sup>[4]</sup> About two-thirds of the population have neck pain at some time in their lives with an incidence of 10% at age 25 and 75% by the age of 65 and prevalence is highest in middle age.<sup>[4,5]</sup> The cervical spondylosis prevalence rate is 3.3 patients per 1000 people in the general population.<sup>[3]</sup> Cervical spondylosis usually occurs in middle-aged and elderly people.<sup>[5]</sup> According to the Global Burden of Disease (GBD) 2015, more than a third of a billion people worldwide had mechanical neck pain of at least 3 months duration, underscoring the global health implications of degenerative cervical spondylosis.<sup>[6]</sup>

Waja’ur Raqaba has not been described directly in classical Unani text. Most of the eminent physicians have used a broad term waja’ul mafaasil to describe the joints

pain and named them according to the site of pain like waja’ur rukaba (knee pain), waja’ul warik (ischial pain), ‘irqun-nasa (sciatica), niqris (gout), etc.<sup>[7-9]</sup> Similarly, when pain occurs in fiqrat-i-unuq (cervical vertebrae), it is termed as waja’ur raqaba (cervical spondylosis).

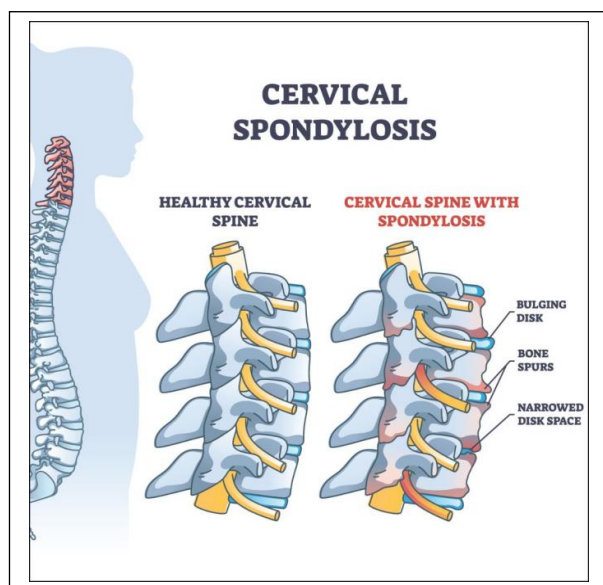


**Fig. 01: Anatomy of Cervical spondylosis.**

Cervical spondylosis can be described as the result of

degeneration of the inter-vertebral disc, formation of osteophytes, ossification of the posterior longitudinal ligament, hypertrophy of the ligamentum flavum, sometimes degeneration leads to posterior protrusion of the annulus fibres of the intervertebral disc.<sup>[1, 2, 3]</sup> The symptoms arise in case of cervical spondylosis is neck pain, stiffness, resulting in limitation of movement and numbness, weakness in arm, hand, and fingers so the patient becomes so what disable.<sup>[4, 5]</sup>

Modern treatment of cervical spondylosis includes use of NSAIDs, corticosteroids, cervical epidural steroid injection, surgery and certain physiotherapy regimens like TENS, traction and cervical collar etc.<sup>[3]</sup> Though, the use of NSAIDs and corticosteroids provide significant improvement in symptoms of cervical spondylosis on short term basis, but their prolong use may induce a number of side effects. Similarly, most of the patients avoid surgery due to complications associated with it. As far as concerned with the various regimens of physiotherapy like TENS, ultrasound, superficial thermo therapy etc., definitely they relieve the symptoms of cervical spondylosis, but not up to the mark of satisfaction. Hence, there is a dire need to develop a safe and effective mode of treatment for the management of cervical spondylosis.



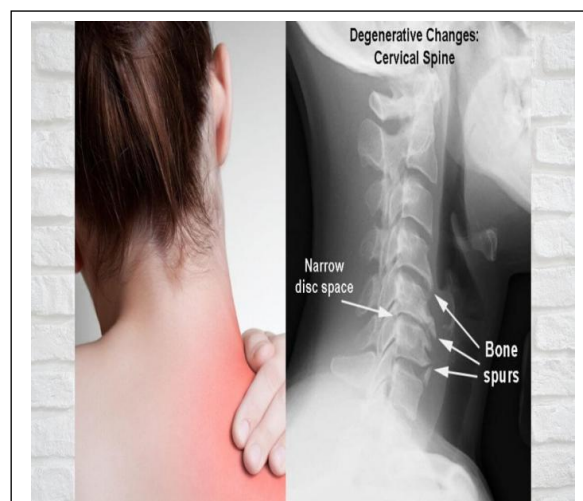
**Fig. 02: Cervical spondylosis-A common Problem in male and female.**

As far as Unani system of medicine is concerned, Jassat -ul-Faqrat (cervical spondylosis) is not mentioned at all in any classical text, but the term Wajaul Mafasil has been used frequently to represent joint pain. It comprises all variety of joint pain like Niqras (Gout), Wajaul Warik (Ischial pain), Irqunnasa (Sciatica), Wajaur Rakaba (Knee pain)<sup>[6,7]</sup> etc. Most of the Unani physicians have been clearly explained the pathogenesis of Wajaul Mafasil on the basis of quantitative and qualitative derangement of Humours. Hence, on the basis of

involvement of Mawade Fasida, Wajaul Mafasil could be divided into Sada or Maddi.<sup>[6]</sup> Wajaul Mafasil Sada is one, in which derangement of Humours is of simple type, i.e. only temperament of Humours gets disturbed causing just functional disturbance of articular surfaces, it is of short duration, while in case of Wajaul Mafasil Maddi organic disturbance and quantitative changes take place in the joint spaces. When this condition develops due to involvement of abnormal Balgham (Phlegm), it is known as Wajaul Mafasil Balghami, its clinical presentation very much resembles with the chronic osteoarthritis of modern medicine, which can affect different joints of body. When it develops in Fiqrate Unuq (Cervical vertebrae) and causes neck pain, then it is known as Wajaur Raqaba (Cervical Spondylosis).

## II. Concept of Cervical spondylosis in Modern Era.

Cervical spondylosis is a common term used by doctors to refer to degenerative changes (wear and tear) of the cervical spine. Wear-and-tear causes gradual narrowing of the disc space, a loss of the normal square-shaped bone, and growth of the edges of the bone (bone spurs). These spurs can increase pressure on the surrounding tissues. Some degree of wear and tear is normal with aging, although severe degenerative changes are not normal. In other words, having Cervical spondylosis as a result of degenerative changes does not mean it cannot be treated.



**Fig. 03 Servior pain during Cervical Spondylosis.**

- **Cervical discogenic pain** — Cervical discogenic pain may be one of the most common cause of Cervical spondylosis. It is caused by changes in the structure of one or more of the cervical intervertebral discs. Common symptoms of discogenic pain include pain in the neck when turning or tilting the head. Pain may be worsened when the neck is held in one position for prolonged periods, such as occurs with driving, reading, or working at a computer. Discogenic pain can also

refer pain or uncomfortable sensations into the arm or shoulder.

- **Cervical facet syndrome** — The facet joint, which is located on the left and right side of the vertebrae, is the most commonly affected area in whiplash-related Cervical spondylosis and headaches. Another potential cause of cervical facet syndrome includes a job that requires a person to repeatedly extend the neck (tilt the head backwards). Symptoms of cervical facet syndrome include pain in the middle or side of the neck; some people also notice pain in the shoulders, around the shoulder blades, at the base of the head, or in one arm.
- **Cervical stenosis** — Cervical stenosis occurs when there are degenerative changes that narrow the central (middle) spinal canal. This narrowing can injure the cervical spinal cord or cause it to function improperly. Weakness, difficulty walking or coordinating movement, inability to empty or control the bowels or bladder, and sexual dysfunction (eg, erectile dysfunction) may occur as a result of irritation or compression of the spinal cord.
- **Cervical radiculopathy** — Cervical radiculopathy occurs when a nerve root is irritated by a protruding disc, arthritis of the spine, or a mass that compresses a nerve. Signs of radiculopathy can include pain, weakness, or changes in sensation (eg, numbness, pins and needles) in the arms.

### III. Diagnosis of Cervical Spondylosis

The evaluation of Cervical spondylosis usually begins by observing the person's ability to turn the head to the left and right, forward and backward, and side to side. Your specialist doctor will observe the posture and movement of the neck and shoulders. He will feel the muscles in the neck, head, upper back, and shoulders to detect areas of pain, weakness, or tension. If weakness or sensory complaints are present, strength and sensation in the extremities will also be examined.

In some more complex cases, further testing, such as an x-ray, magnetic resonance imaging (MRI) or electrodiagnostic testing (EMG or electro-myography) will be recommended. Even though most cases of Cervical spondylosis can be treated conservatively, it is mandatory to see your specialist for anyone with a head or neck injury, inability to control the bowels or bladder, severe pain, numbness or changes in sensation in the arms or legs, or if pain does not begin to improve after one week with treatment at home.

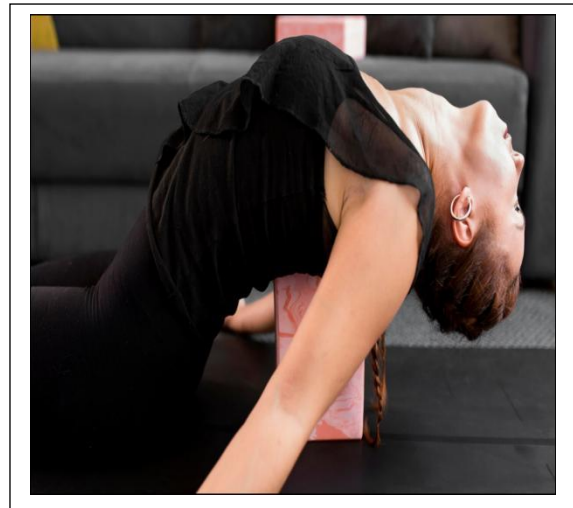


Fig. 04: Neck pain Exercise.

### IV. Prevention of Cervical Spondylosis

Cervical spondylosis refers to degenerative changes to the structures of the cervical spine that takes place over time. Proper neck posture and good ergonomics may slow down its onset but there is no real way to prevent or avoid it. However, there are some neck stretching and strengthening exercises that will benefit almost everyone.

**A. Stretching exercises** — Apart from maintaining flexibility, stretching exercises can also help to decrease pain from muscle injury. Exercises can be performed in the morning to relieve stiffness and again at night before going to bed. Sharp or electric like pain in the shoulder or arm is not normal and should be reported to your specialist doctor. The most useful stretching exercises for the neck include the following.

- **Neck bending** — Tilt the head forward and try to touch your chin to your neck. Hold for a few seconds, breathe in gradually, and exhale slowly with each exercise. Exhaling with the movement helps relax the muscles. Repeat 10 to 15 times. Relax the neck and back muscles with each neck bend.
- **Shoulder rolls** — In the sitting or standing position, hold the arms at the side with the elbows bent. Try to pinch the shoulder blades together. Roll the shoulders backwards 10 to 15 times, moving in a rhythmic, rowing motion. Rest. Roll the shoulders forwards 10 to 15 times.
- **Neck rotation** — Slowly look to the right. Hold for a few seconds. Look to the center. Rest for a few seconds between movements. Repeat 10 to 15 times. Perform on the left side.
- **Neck tilting** — Look straight forward, then tilt the top of the head to the right, trying to touch your right ear to the right shoulder (without moving the shoulder). Hold in place for a few seconds. Return the head to the center. Repeat 10 to 15 times. Repeat on the left side.

**B. Vertical shoulder stretches** — In the sitting or standing position, use the right hand to hold the left wrist and pull the arm (and shoulder) up and over the head, towards the right. Hold for five seconds. Keep the left shoulder and back muscles relaxed. Rest and repeat 10 to 15 times. Repeat using left hand to hold right wrist.

**C. Upper back stretches** — In the standing position, lean forward from the hips and rest both hands on a low counter with the elbows straight. Exhale, relax the neck and shoulders, and allow the head to fall forward as you round the upper back. This requires the shoulder blades to spread apart and mimics the motion of a cat stretching its back. Exhaling with the motion helps to relax the muscles. Return to the standing position with hands on a counter. Repeat slowly 10 times.

**D. Basic neck strengthening** — In the same forward positioning as the upper back stretches, after allowing the head to fall forward, raise the head by looking forwards keeping the neck in a straight line as the upper back and hold for 10 seconds. This trains the neck muscles that keep the neck upright. Repeat slowly 10 to 15 times.

**E. Prevention and Posture** — Activities and body positions that prevent or reduce Cervical spondylosis include those that emphasize a neutral neck position and minimize tension across the supporting muscles and ligaments of the neck.

Extremes of range of motion, activities, and body positions that cause constant tension should be minimized or avoided.

- Avoid sitting in the same position for prolonged periods of time. Take periodic five minute breaks from the desk, work station, etc. Avoid looking up or down at a computer monitor; adjust it to eye level.
- Avoid placing pressure over the upper back with backpacks, over-the-shoulder purses, or children riding on your shoulders.
- Do not perform overhead work for prolonged periods at a time.
- Maintain good posture by holding your head up and keeping your shoulders back and down.
- Use the car or chair arm rests to keep the arms supported.
- Sleep with your neck in a neutral position by sleeping with enough pillows to keep your neck straight in line with your body. Avoid sleeping on the stomach with the head turned.
- Carry heavy objects close to your body rather than with outstretched arms.

## V. Treatment of Cervical Spondylosis

**A. Ice** — For some people, ice can reduce the severity of Cervical spondylosis. It can be applied directly to the sore area of the neck. Ice can be frozen in a paper cup, and then the upper edge of the cup can be torn away. The ice should be moved continuously in strokes on the neck muscles for five to seven minutes. To control sudden onset muscle tightness, place a bag of ice, bag of frozen peas, or a frozen towel wrapped in a dry towel, on the

painful area. The ice should be left in place for 15 to 20 minutes to deeply penetrate the tissues; this can be repeated every two to four hours until symptoms improve.

**B. Heat** — Heat can help to reduce pain in the neck muscles. Moist heat can be applied for 10 to 15 minutes in a shower, hot bath, or with a moist towel warmed in a microwave. However, acute injuries should utilize ice as the initial treatment. Heat may be used initially for patients who have cold intolerance to ice.

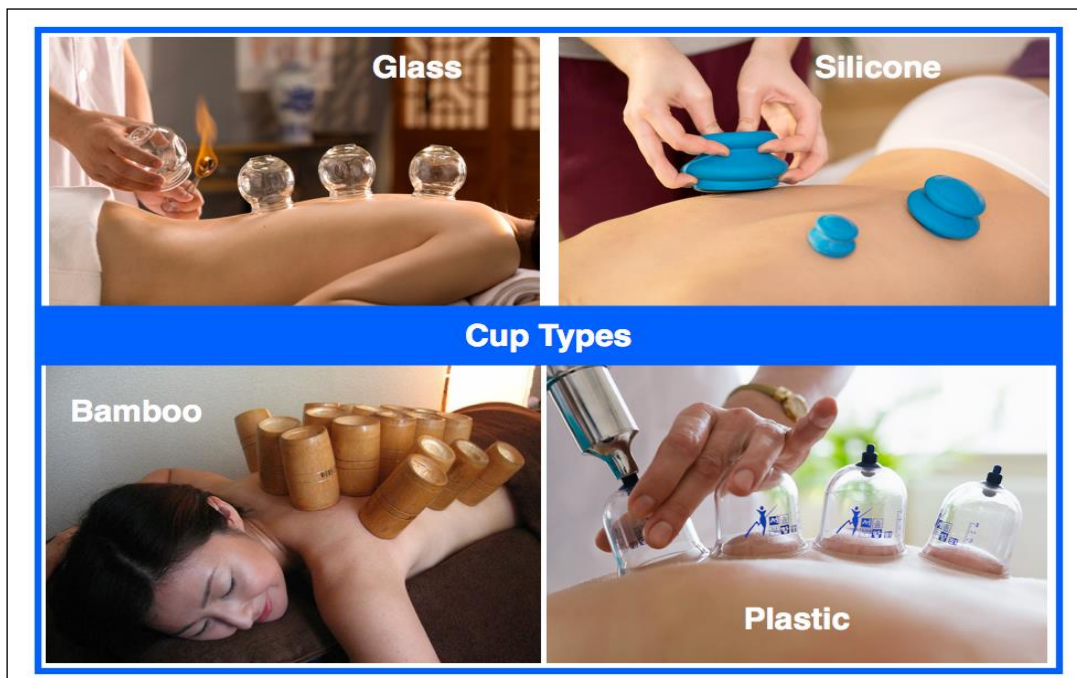
**C. Massage** — Massage can be helpful for relieving muscle spasm and can be performed after heating or icing the neck. Massage can be done with the hands by applying pressure to both sides of the neck and the upper back muscles, or with an electric hand-held vibrator. The neck muscles should be relaxed during massage by supporting the head or lying down.

Many patients may have also attempted acupuncture, biofeedback, cervical collars, cervical traction and other forms of physical therapy. In particular, some studies have found that treatments that include quick “thrusting” of the neck are associated with serious injury. Aggressive manipulation or adjustments to the cervical spine should be discouraged in elderly patients and those with cervical stenosis. Cervical traction involves the use of weights to realign or pull the spinal column into alignment. Clinical studies have shown that there is no benefit of traction in the treatment of Cervical spondylosis.

## VI. Treatment of of Cervical Spondylosis Ilaj-bil-tadbeer (Regimenal therapy) Hijamah (cupping)

It is a Unani mode of treatment which is carried out by the application of cup shaped vessels by creating vacuum. It has physiological effect on the body. Cupping influences haematological, circulatory, immunological and neurological systems. Hijamah bila shart (cupping without scarifications) diverts the morbid material, improves blood circulation and lymphatic drainage. However, Hijamah bil shart (cupping with scarification) relieves congestion, removes toxins and evacuates the morbid humour. Both the types of hijamah are indicated for different types of wajaul mafasil.<sup>[15, 19, 26]</sup>

The effect of Hijamah in the management of different types of arthritis has been proved through various clinical studies Low back pain, arthritis, sciatica. Ghufuran et al. and shazia et al. carried out clinical studies on significant efficacy of Hijamah bila shurt in cervical spondylosis. The sites for Hijamah has been mentioned in classical Unani literature and recommended by eminent Unani scholars as Nuqra and akhdain<sup>[28]</sup> and akhdain has also been recommended by Jurjani<sup>[26]</sup> and Kabiruddin. Baghdadi and Hamdani has mentioned Nuqra as a sight for hijamah in cervical spondylosis. Nuqra is a point located at the back of the neck at 7th cervical veretebra and Akhdain is the point at the back of neck bilaterally 3-4 cm lateral to the lower border of C 7.



**Fig. 05 Various Types of cupping method used for Cervical spondylosis.**

There is some evidence to suggest that cupping therapy may be good for certain health conditions. However, more studies are necessary to understand how cupping therapy works, if it works, and situations where it may help. Cupping therapy is a traditional Chinese and Middle Eastern practice used to treat a variety of conditions. It involves placing cups at certain points on a person's skin. A practitioner creates suction in the cups, which pulls against the skin. Cupping can either be dry or wet. Wet cupping involves puncturing the skin before starting the suction, which removes some of the person's blood during the procedure. This type of cupping is less common in the United States, where practitioners must be licensed medical professionals. Cupping typically leaves round bruises on a person's skin, where blood vessels burst after exposure to the procedure's suction effects.

A 2018 review offered a summary of the uses of cupping. The review was limited to uses documented in research studies. According to this paper, the different types of stimulation cupping can provide may be why it helps a wide range of conditions. However, the review also notes there is not enough strong evidence to back up this effectiveness.

Benefits of cupping that the review authors cite may include.

- Pain Reduction
- Muscle Relaxation
- Improved Blood Circulation
- Activation of The Immune System
- Release of Toxins
- Removal of Wastes And Heavy Metals

Scientists have linked cupping therapy with various health benefits. According to a 2017 analysis, the suction involved in cupping stimulates local blood flow. This action also stimulates the body's heme oxygenase-1 (HO-1) system, which has antioxidant, anti-inflammatory, and neurotransmitter regulation effects. Cupping also has links to acupuncture points on a person's body, which are central to the practice of acupuncture. Many doctors consider cupping therapy a complementary therapy, which means that many do not recognize it as part of Western medicine. However, this does not mean it is not effective. Therapists sometimes use complementary treatments with supporting research in addition to Western medicine. However, as the National Center for Complementary and Integrative Health (NCCIH) also notes, there is not yet enough high-quality research to prove cupping's effectiveness. Scientists have to do more research to determine whether it works as a treatment. According to the 2018 review, therapists may use cupping for the following conditions.

- Shingles Pain
- Spinal Disk Wear & Tear (CERVICAL SPONDYLOSIS)
- Musculoskeletal Pain
- Lower Back Pain
- Neck pain

To achieve the benefits of cupping, practitioners apply the cups to different parts of the body. This may or may not be at the site of pain. The research notes that the most common application sites are the back, chest, abdomen, buttocks, and areas of the body with significant muscle.

People frequently cite cupping therapy as a method of pain relief. However, while there is some evidence for its effectiveness, scientists need to conduct more high-quality studies to demonstrate this fully. A meta-analysis that appears in a 2018 review claims there may be evidence for cupping being effective in treating back pain. However, again, the researchers note that most studies were of low quality and that there is a need for more standardization in future studies. One 2018 study came to a similar conclusion for the effectiveness of cupping for neck pain. The researchers note that there is a need for better quality studies to determine whether cupping therapy is effective.

## CONCLUSION

Present study that applying wet cupping is quite effective in the management of cervical spondylosis. Hence it is recommended that further randomized clinical trials should be done to validate their efficacy in the management of cervical spondylosis. In the view of Unani perspective, it can be concluded that Regimenal therapy is an effective method of treatment for the management of waja'ur raqaba (cervical spondylosis). Regimenal therapy is one of the important modes of Unani treatment which plays a pivotal role in the health care system. Several regimens such as Dalk (massage), Hijama (cupping), Faşd (venesection), leech therapy, Takmid (fomentation), Hammam (Turkish bath), Dimad / Tila (Ointment / Liniment) and Riyadat (exercise), etc. have been recommended by Unani physicians for the treatment of waja'ur raqaba. Some Regimenal modalities are richly evidenced for their effectiveness against various musculoskeletal conditions. But others need to be evaluated scientifically for their efficacy in cervical spondylosis and other joint disorders. Detailed studies regarding the mechanism of action and well-designed standard operating procedures of Regimenal procedures, supported by scientific studies to open new therapeutic avenues, and worldwide acceptance would help in the safe and efficient application of these regimens.

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