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SHAQIQA (MIGRAINE) : A HISTORIC PERSPECTIVE IN UNANI SYSTEM OF MEDICINE

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ABSTRACT

Unani system of medicine or *Greeko-Arab* Medicine, founded by *Hippocrates* is based on the concept of balance and equilibrium of natural body humors (blood, bile, black bile, phlegm). Any imbalance in quality and quantity of these humors leads to diseases where as restoration of this balance maintains health. In present scenario man is subjected to various challenging and stressful situations every day as a result of which pain in the head or headache occurs. Among various types of headache, *Shaqiqa* (Migraine) is the most important one. Many eminent *Unani* physicians like *Jalinoos (Galen)*, *Ibn-e-Sina (Avicenna)*, and *Razi*, have described its etiology, prevention, and treatment. It has been described by The *Ebers papyrus*, dated around 1500 BC described it as “sickness of the half of the head” and includes a passage concerning the treatment of it. In *Unani* literature, *Shaqiqa* (Migraine) is a disease caused by imbalance of *Akhlat* (humors) and is characterized by recurrent attacks of pulsatile headache usually unilateral and widely variable in intensity, frequency and duration. The basic principle of treatment is done by correcting the humoral imbalance, *Ilaj bil zid* i.e treatment in contrast to nature and *Mizaj* (temperament) of the disease and by alteration in the *Asbab-e-Sittah Zarooriyah*. The fundamental and basic concepts proposed by eminent scholars about *Shaqiqa* (Migraine) in the classical *Unani* text are almost identical to the current texts and even reliable in modern era. The review aims at putting forth the concepts of renowned *Unani* scholars about *Shaqiqa* (Migraine).

INTRODUCTION :^{1, 2, 3, 4, 5, 6, 7}

Headache is the most common, frequent and one of the most difficult clinical problems in medicine. *Shaqiqa* (Migraine) is considered as a type of headache and is regarded as a chronic neurological condition with episodic exacerbations. It is the second most prevalent brain disorder after anxiety, affecting nearly 41million adult Europeans¹. It is characterized by recurrent attacks of pulsatile headache usually unilateral widely variable in intensity, frequency and duration.^{2, 3} *Shaqiqa* (Migraine) being a neurovascular disorder has numerous manifestations that can involve the brain, the eye and the autonomous nervous system and is often associated with visual disturbances, nausea, vomiting and hallucinations.² In Unani literature *Shaqeeqa* (migraine) has been described in almost all the classical books as a disease entity including its definition, aetiopathology, clinical features and treatment. The term migraine is derived from the Greek word “hemi-crania” meaning headache in half of the skull and was introduced by *Galen* in approximately 200 AD^{3, 4, 5}. *Hippocrates* (460-375 BC) was the first to describe a collection of symptoms that included aura, pain and vomiting as part of a singular disorder^{1, 2, 3, 4}. He believed that headache could be triggered by exercise or intercourse, and vomiting could partially relieve the pain of headache. The *Ebers papyrus*, an Egyptian medical treatise dated around 1500 BC describes headache as “sickness of the half of the head” and describes the treatment of migraine. There is also the description of Neuralgia migraine and shooting head.^{1, 3, 4, 5, 6} *Hakeem Mohd Azam Khan* in his book “*Al Akseer*” described an elaborate explanation of *Shaqiqa*. He described the aetiology, clinical features, diagnosis, line of treatment, treatment and its complications. He stated that if it is not treated properly it may lead to Cataract and defect in vision^{6, 7, 8} *Shaqiqa* (Migraine) is a disease caused by imbalance of *Akhlat* (humors) in the body.

Epidemology;^{9, 10, 11} *Shaqiqa* or Migraine is a type of headache with a high global prevalence and is associated with significant pain, disability, and diminished quality of life. In terms of actual number of attacks, the combined figures from prevalence and incidence studies suggest that 3000 migraine attacks occur every day for each million of the general population.⁹ About 60% of patients with headaches have tension-type headaches, 35% have migraine and 5% have cluster headaches. A family history of migraine is present in 90% of sufferers. The incidence of migraine increases from infancy, peaks during the third decade of life then declines. Migraine affects boys slightly more than girls before puberty. Globally, approximately 15% of the population is affected by migraines at some point in life^{10, 11}.

Unani Concept of Shaqiqa or Migraine;^{8, 12, 13}

Shaqiqa has been derived from an Arabic word ‘*Shaq*’ which means a part or a side, hence it has been named as *Shaqiqa*.⁸ The English counterpart of *Shaqiqa* is migraine.¹² *Shaqiqa* comes under the categories of Su’al Mizaj maddi (imbalance of temperament due to change in matter) *Shaqiqa* (Migraine) is an episodic type of headache which involves one half of head whether it is right or left, and is accompanied with nausea and vomiting. Pain is felt in the temporal, ear occipital, parietal, periorbital regions. Dilation and pulsation of extra cranial vessels is also present. Intensity of pain is lowered by the application of pressure using a tight bandage.¹³ The concept of *Shaqiqa* (Migraine) has been present since ancient time it finds its mention in almost all ancient *Unani* books. Some renowned scholars have described it as:

Buqrat: (Hippocrates) (460-375 BC) was the first to describe a singular disorder associated collection of symptoms that included aura, pain and vomiting. He believed that physical exercise or intercourse can trigger the headache while as vomiting could partially relieve the pain of headache.¹⁴ He was the first to state that headaches were true disorders and not a curse from the Gods. He also was the first person to distinguish between different types of headaches.^{15, 16.}

Celsus: (215–300 AD) According to *Celsus*, heat of fire or sun, cold and drinking wine could set off migraine.³ Aretaeus of Cappodocia (2Century AD) was credited with discovering migraine owing to of his conventional description. He divided headaches into three types: cephalgia, cephalea and heterocrania.¹⁷

Jalinoos: (*Galen*) (131-201 AD) proposed the name “hemi crania”, meaning ‘half of the head’ to describe headaches. Hemi crania translate from Greek to Latin became “hemi cranium” and was transformed to “megrim” in old English and “migraine” in French.¹⁸ According to *Jalinoos* (*Galen*) “This pain affects the weakest part of the head, and examines its weakness, then reaches at the centre of the head. The pain persists in the weakest part of the head. This pain can be present at all the time or sometimes it may be episodic.^{19.}

***Abul Hasan Ahmad bin Mohammad Tabri* (780-850 AD):** According to *Rabban Tabri* “This disease is known as *Shaqiqa* because of its occurrence in one *shaq* (part) of the head. The matter which produces this pain is present in arteries and is small in amount, hence unable to produces pain in entire head.^{20.} He mentioned two types of *Shaqiqa* in his book *Moalajat Buqratiya* namely *Shaqiqa Haar* (Hot Migraine) and *Shaqiqa Barid* (Cold Migraine). He also quoted the statement of *Ibn Sayyar* that “migraine may affect whole of the head”.^{21, 22.}

Zakariya Razi (Rhazes: 850-923 AD): In his book *Kitab-al-Hawi*, Razi mentioned its pathogenesis aetiology, symptoms and treatment. According to him, the main causes can be *buroodat* (coldness), *akhlat ghaleeza* (viscous humours) or *istefragh* (evacuation) either in form of polymenorrhoea or excessive puerperal discharge. He also stated that sometimes headache causes short term facial palsy²³.

Ali Ibn Abbas Majoosi (930-994 AD): Majoosi has described the symptom and etiology of *shaqiqa* in his book, “*Kamilus sana*” in detail. According to him accumulation of morbid matter, *ratoobat ghaleeza* (thick fluid), *bukharat* (vapors) from stomach *bukharat hadda*, high grade fever like *humma muharriqa* and *humma ghib* are some of its causes²⁴.

Ibn-e Sina (Avicenna: 980-1037AD): I26: According to Avicenna; “It is a type of pain which involves half of the skull.” This pain either occur inside the skull in *Aghshiya* (meninges) or outside in the muscles of temporal region. The pain in first condition is felt deep in the eyes and in the second condition pain is intolerable even to touch.²⁵ The causative agents are predominantly *Akhlat-e-harra* (hot humors), *akhlat-e-barida* (cold humors), *riyah* (flatus) and *bukharat* (vapors). He mentioned about *Fas’d* (venesection) of *Arq Jabeeha* and *Huqna* (enema) as its treatment .²⁶

Ibn-e Zohar (1092-1162 AD): According to Ibn-e Zohar, *Riyah haar* (hot flatus), congestion or *bukharat* (vapors) from morbid matters of stomach can cause *Shaqiqa* (migraine)²⁷.

Sharfuddin Ismail Jurjani (1041-1136 AD): In *Zakheera Khawarzaam Shahi*, Jurjani has briefly written about *shaqiqa* and described its treatment according to the matter involved²⁸.

Hubal Baghdadi (1121-1213 AD): Baghdadi stated that *Shaqiqa* is a type of *Suda-e maddi*. He mentioned about its treatment and prescribed *habbe Qoqaya* for it in his book *Al-Mukhtarat fil Tib*²⁹.

Samarqandi (1232 AD): stated that *Shaqiqa* (migraine) is a type of headache which occurs due to very small amount of morbid matter, in one part of the head and not in the whole head. Being in the arteries of the skull, the weaker part of head accepts it.³⁰

Hakeem Azam Khan (1813-1902 AD): In his book *Al-Akseer*, Khan stated that the accumulation of *bukharat* (vapors), morbid humors and *Riayah* (flatus) to one side of head causes migraine and if not treated properly it may lead to cataract and defect in vision.⁸ He has explained clinical features, diagnosis, management, treatment and complications of it elaborately.

Hakim Ajmal khan (1927 AD): According to Ajmal khan, initially the pain of migraine is mild in nature and after sometimes the pain becomes severe. In his book *Haziq*, he also stated that the

patients of migraine prefers darkness to light and like to be in dark and hate light. He also stated that migraine is associated with nausea and pulsating pain³¹.

Till the end of 17th century, concept of migraine presented by *Hippocrat* and *Galen* was accepted. In 1664 *Thomas Willis* published his hypothesis that “megrim” was due to dilatation of blood vessels within the head. He stated that the basis of migraine attacks include change of seasons, atmospheric states, diet and heredity. Thus for many years the intensity of migraine was decreased by the compression of the superficial temporal artery. However in the 19th century migraine was supposed to be neurological dysfunction thus conflicting its vascular origin theory. But towards the end of the 19th century, attempts were made to bring together both the theories.⁹ *Harold Wolffe*(1930) was the first person neurologist who studied and performed many experiments in his laboratory about the headache, which supported the vascular theory of headache. In 1960 a research regarding migraine and other types of headaches started at *The Prince Henry and Prince of Wales Hospitals*, Sydney. These research studies helped to explain pathology of vascular dilatation and its relation with throbbing in migraine³². So far no solid evidence categorically exclude the vascular or the neurogenic theories of migraine. Because mostly all the acute antimigraine drugs invariably produce both cranial (carotid) vasoconstriction (shown in animals and humans) and inhibition of the trigemino-vascular system (centrally and/or peripherally; shown only in rats and guinea-pigs)^{33, 34, 35}.

Conclusion: From the above discussion it can be concluded that *Shaqiqa* (Migraine) is the centuries old disorder known to mankind. It has been fully described and explained by almost all ancient scholars of *Unani* medicine. Their theories and writings show the depth and vastness of their knowledge and understanding about this subject. Because of their profound and amazingly precise observations, *Shaqiqa* (migraine) has evolved from being a disease of mystic or supernatural origin to a molecular disorder.

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Authors' Statements

Competing Interests

The authors declare no conflict of interest.

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