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## The Concept of *nigris* (gout) and its management in unani system of medicine: A review

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### Abstract

*Nigris* (gout) is a type of Waja' al-Mafasil (arthritis) characterised by recurrent attacks of acute pain and swelling primarily affecting one joint, usually the metatarsal joint of the big toe and small joints of the hand and feet. Gout is one of the oldest known diseases and is referred to as *nigris* in the Unani system of medicine. According to Galen (Jalinoos) and Rhaze (Zakariya Rhazi, 860-923 A.D.) Arthritis (Wajaul Mafasil), Sciatica (Irq-un-Nisa), and Gout (*Nigris*) fit in the same group and their different names denote the different areas of affliction. According to Unani theory, pathological changes in the joints are caused primarily by humoral temperament derangement and the accumulation of Morbid material (Mawad-e-Fasida) in the joint spaces. According to renowned Unani Physician Ibn-Hubal, *Nigris* primarily affect those people who have an excess of Humors (Akhlat) and their bodies are unable to excrete them, causing these humours to accumulate inside the body and around the joints and other tissues. These humours cause an inflammatory response, resulting in an acute flare with pain, swelling, warmth, and redness in affected joints. The goal of this study was to determine the Unani concept described in Unani classical literatures regarding various causes, symptoms, and management of this common arthritic disorder by Renowned Unani Physicians with the goal of spreading knowledge for preventive measures, disease relief, and management of gout by Regimenal therapy and Unani compound formulations, which are not only easily available but also have no side effects on the human body.

**Keywords:** *Nigris*, gout, arthritis, regimenal therapy, unani system of medicine

### Introduction

*Nigris* is an Arabic term that is equivalent to gout. <sup>[1]</sup> It is the specific name for pain and inflammation, which usually occurs in the joints of the feet, ankles, toes and especially in the big toe joint <sup>[2, 3, 4]</sup>. The big toe joint is referred to as "Ankoros" by Ibn Hubal, <sup>[2, 5]</sup> while the pain and swelling associated with it are referred to as "*Nigris*" or Naqras and the site is called naqroos <sup>[6]</sup>.

*Nigris* is one of the oldest and most prevalent types of inflammatory arthritis. As early as 2640 BC, the Egyptians called it Podagra (foot pain), at present understood as uric acid arthropathy <sup>[7]</sup>. A scientist named Die Vielerhadouin gave it the name "gout" in the <sup>[13]</sup> th century, which is derived from the Latin word "gutta" means "fall of matter" <sup>[8, 9]</sup>.

Hippocrates (Buqrat, 460-377 B.C.), the father of medicine, referred to *nigris* as "the disease of kings" because of its association with a rich diet and wealthy men who overindulged in food and drink <sup>[7, 10]</sup>.

Avicenna (Ibn Sina, c. 980- 1037 A.D.) stated that "*Nigris* resembles with other types of arthritis (Waja-ul-Mafasil), and it sometimes originates from the toes, particularly the great toe, sometimes from the heel, sometimes from the plantar side of the foot or from the borders of the foot, and it affects the entire body so severely that viscera also get affected." <sup>[2, 5, 11]</sup>.

Razi claims that the discomfort begins in one joint and spreads to other joints, even in other feet and also to the bladder, rectum and knees <sup>[3, 4]</sup>. Information about the referral of pain to the wrist joint and fingers of the hands has been added by Azam Khan <sup>[5]</sup>. According to Jurjani, it might also refer to the lumber region <sup>[12]</sup>. According to Galenus, every joint pain is the same but calls by different names depending on which joints they affect, such as gout, rheumatoid arthritis, osteoarthritis, etc. Perhaps Hippocrates (460-370 BC) recognised the *Nigris* in the fifth century BC and described it as an un-walkable disease <sup>[8]</sup>. He proposed different names for gout depending on the location, like podagral for gout in the legs, Cheiragra for gout in the elbow, Gonagra for gout in the knee, and Omagra for gout in

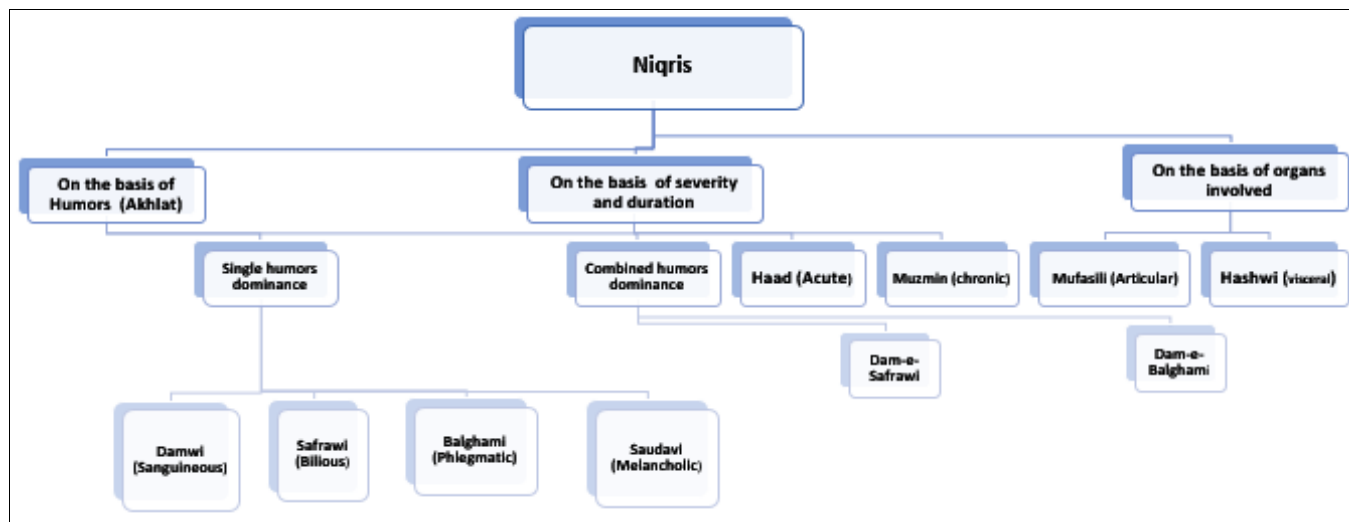
the shoulder. The first person to mention it under inherited disorders was Hippocrates<sup>[13]</sup>.

According to Hakeem Kabeeruddin, gout (the toxic substance that causes gout/maddah-e-niqras) is basically a by-product of liver metabolism, much like urinary calculi. *Niqr* is one of the diseases associated with liver and tissue

metabolism (hazm-e-kabidi or hazm-e-chaharum)<sup>[14, 15]</sup>.

### Classification of *Niqr*

Keeping in view the descriptions given by Unani Scholars, *Niqr* can be classified as follows: [5, 6, 14, 16].



**Etiology:** The majority of Unani scholars attribute the basic cause of *Niqr* to the following factors:

- Sual' mizaj sazi (Simple imbalance of temperament)<sup>[6, 16, 17]</sup>,
- Sual'mizaj Maddi (Temperament imbalance caused by a change in matter): It is the most important etiological factor. It is a temperament disorder in which the body's homeostasis is disturbed due to a change in the specific ratio of Kmmiyat and Kayfiyat (quantitative and qualitative changes) of akhlāt (maddah) locally or generally<sup>[6, 16, 18]</sup>.
- Weakness of joints, which results in the accumulation of causative matter (maddah-e-Niqr) in the joint and thus leads to the development of Niqr<sup>[6, 18, 19]</sup>,
- Excessive eating, excessive drinking, excessive intercourse, especially just after meals, sedentary lifestyle, heredity, luxurious living, and lack of exercise are the major risk factors for the development of Niqr<sup>[3, 6, 16, 18]</sup>,
- Some physicians have attributed the Reeh (flatulent matter) and lead poisoning as causative factors of *Niqr*<sup>[6, 16, 17]</sup>,

### Etiopathogenesis

According to Hippocrates, *Niqr* is an ailment of joints caused due to excess of one of the four humours which, under certain conditions, flows or accumulates in joints and causes pain and inflammation<sup>[20]</sup>. According to Qamri, the disease occurs due to dissemination of morbid matters (mawad fasida), which is expelled by A'za-i-raisa (vital organs) and accumulates in the peripheries due to the weakness of a particular part. Because of disturbed Quwwat-e-Hazimah (Digestive Power) and liver dysfunction, the madda is formed<sup>[19]</sup>. According to Baghdadi, the humour that causes this disease can be hot or cold, but it is usually caused by murakab madda (two or more matters along with). The accumulation of matter in the joints is caused by humour imbalances such as sanguine, phlegm, bile or black bile<sup>[5]</sup>. The painful condition and

swelling are caused by the accumulation of Kaymus (chime) in the weak joints which causes stretching of the nerves and ligaments<sup>[2, 3, 4, 18]</sup>. Galen (Jalinus) has specified that the Rawasib Ramliya (tophi) fill the foot joint first. Baghdadi and Qamri believe that the joint turns red, accompanied by intense pain and inflammation. Sheikh has classified it into two types: Sada (simple) and Maddi (due to matters). Simple is unusual, and the patient feels slight heaviness, fatigue, and no change in the colour of the joint while in Maddi type the symptoms vary with the type of Madda (matter) that accumulates in the joints<sup>[3, 4, 12]</sup>. When it caused by Damwi Madda (blood), the joint will be hot, red with stiffening of joint. When the Madda is Safrawi (yellow bile), the affected area will be very hot and red, with intense pain and pricking sensation, but swelling will be minimal. This type is extremely hazardous<sup>[5]</sup>. Due to the excess accumulation of phlegm on the joint, the colour of the joint would be similar to skin, with less pain and no pricking sensation. When Madda is Saudawi, it is black or green in colour, with minimal inflammation and mild pain. According to Azam Khan, if the Madda is thick, pain will occur along with inflammation, and its duration will be longer. Sometimes the episodes of pain subside on their own without treatment, in this case, this Madda can divert to internal organs, leading to serious complications like asthma, paralysis and even death. Some Unani scholars have stated in their classical works that orchitis can occur in gout patients<sup>[12]</sup>. It is more common in men, but it can also occur in women after menopause. Females who are menstruating are not much affected by this disease<sup>[3, 4, 12]</sup>. According to Hippocrates, women are not involved until menopause, and men until puberty. Young and elderly people, as well as males who have had their testicles removed, are also prevented from the disease<sup>[3, 4, 5, 21]</sup>. It is especially severe in people with a family history of the disease<sup>[2, 3, 4, 5, 12]</sup>. According to temperament cold tempered persons are most prone to this disease<sup>[3, 4]</sup>. It usually happens during the Rabi and Kharif seasons<sup>[3, 4, 12, 18]</sup>. It worsens during the Kharif season, especially among those who consume an excessive

amount of fruits. Trauma, horseback riding, excessive coitus, overeating, changes in dietary habits, sedentary lifestyle, less physical activity, alcohol, stress, chronic dyspepsia, liver disease, and cessation of excessive purgation are all included as predisposing risk factors of the disease [3, 4, 5, 12, 18, 21]. That is why it is also known as Da al-Maluk (rich person's disease), as it primarily affects the wealthy person.

### Prognosis

According to Razi, when *Niqris* is occur due to viscid Madda (matter) has a poor prognosis; if it persists for a long duration, it may lead to tahajjur of joints. In contrast, a thin Madda (matter) has a better prognosis. When both types of thick and thin matter are involved, it takes longer to cure, but not more than [40] days. Galen says that if the humours are raw and the urine is thick, the prognosis will be better. When it is hereditary, appears at an early age, is associated with kidney disease, and has frequent occurrences, it is said to have a poor prognosis [2]. Gout is uncommon in the elderly, but if it does occur, the prognosis is poor. If it occurs on the right side, the prognosis will be worse than on the left side [19].

### General principles of treatment (Usool-e-Ilaj)

Most Unani scholars describe the general line of treatment (Usool-e-Ilaj) for gout as follows:

1. Modification of So'e Mizaj (unbalanced temperament) through appropriate measures and drug use with caution [11, 18].
2. The noxious matter and causative humours should be expelled from the body using diaphoretics (Moarriqat), purgatives (Mushilaat), and emetics (Muqiyat). Purgation (Ishal) is valuable in safravi madda, emesis (Qay) is valuable in balghami madda, and venesection (fasd) is beneficial in damvi madda [2, 3, 5, 11, 16, 17, 18, 19].
3. Some of the Unani scholars suggest the use of Diuretics (Mudirat) in treatment of *Niqris* [16].
4. Use of anti-inflammatory (Mohallil-e-auram) drugs both in systemic and local forms [3, 7, 18].
5. Munzij Mushil therapy according to the humour involved [19].

### Rhazi stated that management of gout can be achieved if these ten procedures are followed: [8, 22].

1. Abstinence from a restricted diet.
2. Compliance with fluid and dietary regimens regarding the emphasis on certain food types and drinks.
3. Administration of laxatives.
4. Stimulation of emesis
5. Bloodletting.
6. Application of water to the feet.
7. Treatment with salves and poultices.
8. Steam baths.
9. Taking preventive measures to avoid recurrence of gouty attacks.
10. Prompt management of incipient gout using counter-acting drugs and analgesics

### Preventive measures

Avicenna (Ibn Sina, 980-1037) wrote in his famous book "Canon of Medicine" that gouty patients should avoid eating meat. Rhazes (Al-Rhazi, 860-923), also suggests "avoiding

excessive consumption of alcohol, sweetened foods, and meat, and using diuretics continuously to suspend the development of gout [6, 16, 19]. The main risk factors associated with an increased risk of developing gout are:

Risk factors [6, 16, 19].

- Excessive eating (ghaleez ghiza) e.g. meat
- Drinking alcohol
- Lack of exercise
- Passing a high profile-life
- Aaraz-e-nafsani e.g. anxiety, tension
- Low physical activity
- Indigestion,
- Sleeping on empty stomach
- Excessive sexual intercourse, especially on a full stomach
- Excessive sugar intake

### Mode of Treatment

In their classical literature, Unani scholars have given certain principles for the treatment of *Niqris* (gout). The treatment is determined by whether the humour is acute or chronic.

### Regimenal therapy

Before initiating therapy, we should inquire about things like lack of exercise, an empty stomach, Hammam, age, habit, and temperament of the patient [2, 19]. Venesection is to be done on Warid Basaliq (basilic vein) of the same side. [2, 3, 4, 5, 18]. Ibn Zohr suggested venesection on the Warid Qaifal (cephalic vein) of opposite side. If the gout is acute, a cold sponge is useful; if it is chronic, the feet should be kept in hot and then cold water. [5, 12, 19]. Dry baths and hot waterfall water both are beneficial [3, 4].

### Pharmacotherapy

First, determine the underlying cause, and then expel the morbid matter from the body using various methods such as purgatives, diuretics, diaphoretics etc [2]. In excess of Safrā, physicians should not rush into treatment because the matter can spread to vital organs and cause death [5]. In this condition, emetics should be given first. Sikanjabin, Ab jao (barley water), Ab Muli (raphanus juice) are used for this purpose [12]. Mundij-i-Safra is used first, then after nuzj purgation should be done by Zulal Alubukhara, Zulal Tamarhindi, Sibr, Saqmonia etc. Habb-i-Suranjan should be given [2, 5]. According to Ibn Sina, purgation of phlegm should be given along with black bile, because if it is given alone, then it will give temporary relief and will take Madda back to the organs and pain will recur. Unani scholars have avoided purgation without Nuzj as it may be harmful. Ghaliz Madda may accumulate in joints and the duration of the disease will increase [12].

Anti-inflammatory drugs like Bura Armani along with mako is applied locally. Sirka (vinegar) has been advised locally by many Unani scholars along with Kafoor (camphor) and isabgol (Isabgula mucilage) [3, 5, 12, 21]. Cold and astringent medicines should be avoided because they cause Madda to solidify and accumulate in the joint, which increases the severity of the pain [3, 4]. Mubarid (cold) and mulattif (demulcent) pastes, such as Barg-i-Karnab (Lactuca sativa) with egg yolk and vinegar or rose oil, should be used locally [5]. According to Razi Maal-Asal (honey water) with Tukhm Karafs (Apium graveolens) is the best treatment for gout [21].

## Unani pharmacopoeial formulation used in management of *Niqris*(Gout) [16, 19, 23, 24, 25].

1. Majoon-e-surjan
2. Habb-e-surjan
3. Safoof-e-surjan
4. Habb-e-surjan kabeer Habb
5. Habb-e-*Niqris*
6. Habb-e-sibr
7. Majoon-e-choob chini
8. Roghan-e-kalkalanj
9. Roghan-e-badam shereen
10. Roghan-e-waja-ul-mafasil
11. Roghan-e-afyoon

## Conclusion

According to most Unani scholars, the body fluid associated with *Niqris* is primarily mucus (balgam) and may be either raw mucus (balgham kham) or mixed with serous fluid (mirrah). Other body fluids are less likely to cause the disease. Therefore, when the body's propulsive power (Quwwat-e-Dafiyah) attempts to expel this substance, some of it remains in the body, accumulating in various anatomical sites (joints, kidneys, etc.) and presenting with various clinical characteristics. At the same time, the blood and urine level of this substance are also raised.

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