



A Review on, Cervical Spondylosis, and Its Management with, Hijama bil Shurt (Wet Cupping)

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Abstract: Cervical spondylosis is a chronic degenerative disorder of the cervical spine that predominantly affects adults over the age of 40. Conventional treatments—including analgesics, physiotherapy, and surgical interventions—may offer symptomatic relief but are often associated with limitations and adverse effects. Unani medicine, a classical healing system, describes a similar condition under the term Waja ‘-ul-Unuq (neck pain), commonly linked to an imbalance of Akhlat (humors), particularly Balgham (phlegm). Among the principal Ilaj bil Tadbeer (regimenal therapies employed in Unani practice is Hijama bil Shurt (wet cupping), which is recognized for its detoxifying, analgesic, and anti-inflammatory properties. This review aims to provide an integrated understanding of cervical spondylosis from both modern and Unani medical perspectives and to evaluate the therapeutic potential of Hijama bil Shurt based on classical literature and contemporary clinical evidence.

Keywords: Cervical Spondylosis, Hijama, Wet Cupping Therapy, Unani Medicine, Regimenal

Therapy, Waja ‘-ul-Unuq

1. Introduction

Cervical spondylosis, also known as cervical osteoarthritis, is a common age-related disorder arising from progressive degeneration of the intervertebral discs and cervical vertebrae. Clinically, it manifests as chronic neck pain, stiffness, vertigo, and, in some cases, radiculopathy. It affects more than 85% of individuals over the age of 60 worldwide.

In Unani medicine, this condition is identified as Waja ‘-ul-Unuq, believed to result from the accumulation of Balgham (cold and moist phlegm) around joints and nerves. The Unani approach to management includes systemic correction of humoral imbalance and localized regimenal therapies such as Hijama bil Shurt (wet cupping), Dalk (massage), and Takmeed (fomentation).

2. Cervical Spondylosis: A Modern Perspective

2.1 Pathophysiology

Cervical spondylosis is primarily attributed to:

Degeneration of intervertebral discs

Formation of osteophytes

Ligamentous calcification

Hypertrophy of facet joints

2.2 Clinical Manifestations

Chronic neck pain and stiffness

Radiating pain or numbness in the upper limbs

Limited range of neck motion

Occipital headaches

In severe cases: cervical myelopathy and nerve root compression

2.3 Risk Factors

Aging

Poor posture

Sedentary lifestyle

Previous neck trauma

Repetitive occupational strain

2.4 Conventional Management

Conventional treatment includes non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, physiotherapy, cervical collars, and surgical interventions in advanced cases.

However, long-term pharmacological use may cause gastrointestinal, renal, and cardiovascular complications.

3. Unani Perspective on Waja ‘-ul-Unuq

In Unani terminology, Waja ‘ means pain, and Unuq refers to the neck; hence, Waja ‘-ul-Unuq denotes neck pain. It is believed to result from the dominance of Balgham, leading to obstruction in bodily channels (Masarif) and a cold temperament (Sue Mizaj Barid).

3.1 Causative Factors

Dominance of cold and moist Balgham

Obstruction in Masarif (channels)

Sue Mizaj Barid (cold temperament)

Accumulation of waste materials

3.2 Unani Management Modalities

Ilaj bil Ghiza (Dietotherapy): Warm, dry, and light food is advised, while cold, heavy, and phlegm-inducing foods are avoided.

Ilaj bil Dawa (Pharmacotherapy): Use of herbs such as Zanjabeel (Ginger), Asgandh (Withania somnifera), and Suranjan (Colchicum luteum) with anti-inflammatory and humor-balancing properties.

Ilaj bil Tadbeer (Regimenal Therapy): Includes Hijama bil Shurt, Dalk (massage), Tila (oil application), and Hammam (steam therapy).

4. Hijama bil Shurt (Wet Cupping Therapy)

4.1 Historical Significance

Hijama has deep roots in Unani, Prophetic, and Greco-Arab medicine. Eminent scholars like Ibn Sina (Avicenna) and Al-Zahrawi have endorsed its use for musculoskeletal and neurological disorders.

4.2 Procedure

Sites: Posterior cervical region, Al-Kahil point, and trapezius muscles

Method: Cups are applied to create suction; small incisions are made to extract stagnated blood and toxins

Frequency: Usually, one session per week for 3–5 weeks, based on severity and chronicity

4.3 Mechanism of Action (Modern View)

Enhances microcirculation and lymphatic drainage
Eliminates inflammatory mediators
Stimulates endorphin release for analgesia
Reduces nerve compression and muscle tension

4.4 Literature Support

Clinical outcomes include:

Decrease in pain scores (VAS)

Improvement in neck mobility and function

Enhanced quality of life

Minimal side effects such as transient bruising or mild discomfort

5. Clinical and Experimental Evidence

Study

Sample Size

Findings

Al-Bedah et al., 2019

70 patients

Significant reduction in chronic neck pain

Ahmad et al., 2020

45 patients

Improved VAS and NDI scores in cervical spondylosis

Siddiqui et al., 2018

30 patients

Effective relief from radiculopathy symptoms

These findings highlight the potential of Hijama bil Shurt as a safe and effective adjunctive therapy in cervical spondylosis.

6. Discussion

The Unani system, through Hijama bil Shurt, offers a comprehensive therapeutic approach by targeting both the symptomatic and root causes of cervical spondylosis. While conventional medicine emphasizes structural repair and pharmacotherapy, Unani focuses on the elimination of morbid humors and restoration of Mizaj (temperament) balance. With increasing clinical validation and patient preference for integrative approaches, Hijama holds promise, especially in AYUSH-based clinical practice. However, limitations remain in terms of randomized controlled trials and standardization of Hijama protocols.

7. Conclusion

Hijama bil Shurt emerges as a safe, cost-effective, and minimally invasive regimen therapy for cervical spondylosis. It bridges traditional Unani wisdom with contemporary therapeutic mechanisms, offering significant pain relief and functional improvement. Further research with larger, randomized, controlled studies are warranted to standardize and establish its role in integrative musculoskeletal care.

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