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Clinical Efficacy of *Fasd* (Venesection) in *Ḍaghṭ al Dam Qawī* (Hypertension): Case Series

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ABSTRACT

Ḍaghṭ al Dam Qawī (Hypertension), a disorder that results in persistently elevated blood pressure, is a significant risk factor for cardiovascular diseases and accounts for around 13% of global fatalities. About 1.28 billion adults between the ages of 30 and 79 are afflicted worldwide, however only 54% of adults are aware of the illness. It is more common in low- and middle-income nations; in India, 25.3% of adults are afflicted. To properly manage hypertension, lifestyle modifications like a healthier diet and more exercise, as well as routine blood pressure checks, are essential. *Fasd* (Venesection) is suggested as an alternate course of therapy and in some cases as a first line of therapy, by the Unani medical system, with the ideology of the concept of *Ḍaghṭ al Dam Qawī* (Unani Medical term for hypertension) under the broad term- *Imtila* (Plethora).

This method addresses the challenges that patients encounter while using traditional medications and provides a cost-effective substitute for treating *Ḍaghṭ al Dam Qawī*. According to the Unani System of Medicine, hypertension, or *Ḍaghṭ al Dam Qawī*, is a condition linked to an individual's humoral and temperamental imbalances. Unani medicine uses herbal medicines, dietary changes, lifestyle adjustments, and therapeutic procedures like *Fasd* (venesection) to treat *Ḍaghṭ al Dam Qawī*. In order to properly manage this condition, Unani practitioners place a strong emphasis on comprehensive therapeutic approaches that integrate physical, psychological, and spiritual well-being.

Comprehending the intricate pathophysiology of *Ḍaghṭ al Dam Qawī* is crucial for formulating all-encompassing management plans. The purpose of this case study is to evaluate the impact of traditional Unani regimen therapy, *Fasd* (Venesection), on lowering the systolic and diastolic blood pressure of three patients who were diagnosed patients of hypertension.

Introduction:

High blood pressure, or *Ḍaghṭ al Dam Qawī* (Hypertension), is a condition where blood pressure is continuously elevated.[1] It continues to be the primary risk factor for cardiovascular illnesses and accounts for over 13% of global fatalities[2]. Serious illnesses like heart and renal problems, strokes, apoplexy, etc., are brought on by this syndrome. The usual diagnosis for *Ḍaghṭ al Dam Qawī* (Hypertension)[1] is a pressure reading of 140/90 mmHg or above on two separate occasions.

According to the WHO, 1.28 billion persons worldwide between the ages of 30 and 79 suffer from *Ḍaghṭ al Dam Qawī* (hypertension)[1]. Interestingly, according to

this estimate, only 54% of adults are aware that they are the disease's carrier, while the rest of the population is constantly in danger[1]. The two-thirds of the afflicted population actually live in low- and middle-income nations, where this frequency is higher. Although Tamil Nadu is a more urbanized state, it still has a high prevalence of hypertension, which is estimated to affect 25.3% of people in India. The disease is more common in urban regions than in rural ones. [2].

Despite the fact that the condition is so prevalent and burdensome worldwide, less than half of individuals afflicted are treated. One Therefore, it demonstrates the significance of routine blood pressure checks and lifestyle changes, such as eating a better and healthier diet, reducing salt intake, exercising more, etc., in order to effectively prevent and control hypertension.

Given the lengthy history of conventional antihypertensive medical treatment, the public face a number of challenges, such as difficulty adhering to prescribed medication regimens, prolonged medication use, adverse drug reactions, etc. [3]. All of these circumstances therefore encourage people to look for a different, more effective method of curing the illness.

The Unani system of medicine, one of the most well-known ancient/traditional healthcare systems, relates the symptoms of *Ḍaghṭ al Dam Qawī* (Hypertension) to the broad terminology in Unani: *Imtila-ba-hasbul Auiya* (Quantitative Repletion of Blood Vessels) subcategory of *Imtila* (Plethora).

The recommended first line of treatment for this type of Imtila (i.e., *Imtila Ba Hasbul Auiya*) is *Fasd* (Venesection), an ancient, tried-and-true, and highly effective method of regimenal therapy. Adjuvant therapy is used for the other type of *Imtila*, *Imtila Ba Hasbul Quwa* (Qualitative Repletion of Blood Vessels). The process of *Fasd* (Venesection) entails releasing a specific amount of blood (based on the patient's vitality) from blood vessels, which lowers *Imtila-ba-hasbul Auiya* (Quantitative Repletion of Blood Vessels). It also helps patients overcome the challenges of taking conventional medications and is a successful alternative, cost-effective method of treating the terrible condition known as *Ḍaghṭ al Dam Qawī* (Hypertension).

It also opens the door for a new philosophy that would allow these patients who chose to have their blood removed, to donate blood. This would be revolutionary because it would benefit both the donor and the recipient, increasing the number of

blood donations and, ultimately, providing a new way to address the world's blood shortage.

Concept Of *Ḍaghṭ al Dam Qawī* (Hypertension) in the Unani System of Medicine

A distinctive viewpoint on *Ḍaghṭ al Dam Qawī* (Hypertension) can be found in Unani medicine, a classic medical system with origins in ancient Greek and Arabic civilizations. According to Unani terminology, hypertension, or *Ḍaghṭ al Dam Qawī*, is frequently linked to an individual's *mizaj* (Temperament) and *akhlaat* (humors) being out of balance. [4]. According to the Unani system, *Ḍaghṭ al Dam Qawī* (hypertension) falls under the group of illnesses brought on by abnormalities in the *phlegmatic humor* (balgham) and *sanguineous humor* (dam). The wide traditional Unani idea of Imtila (plethora) is comparable to the phrase *Ḍaghṭ al Dam Qawī* (hypertension). Unani physicians divided *Imtila* into two groups: *Imtila-ba-hasbul Auiya* and *Imtila-ba-hasbul Quwa*.

Imtila-ba-hasbul auyia is a condition where the quality of humors and vital forces (*Akhlat wa Arwah*) is normal, still, the quantity of humors is increased to the point where blood vessels widen and become overfull. In these circumstances, there is always a possibility that physical exertion will rupture blood vessels, releasing humors that may cause *sakta* (apoplexy), *sara* (epilepsy), or hypoxia/ischemia. The proper treatment for this type of excess is *Fasd* (Venesection). [5, 6]

Imtila-ba-hasbul quwa: Imtila-ba hasbul-quwa is another name for *Imtila-ba hasbul-kaifiat*. The issues with *Imtila-ba-hasbul Quwa* are caused by both their abnormal nature and a general overabundance of humors. Because of their morbid nature, these humors resist the third and coction phases of digestion and overwhelm the body's vitality. *Imtila-ba-hasbul quwa* makes a person more susceptible to infection. [7, 8]

Unani medicine uses dietary changes, herbal medicines, lifestyle adjustments, and therapeutic procedures like *Fasd* (venesection), which involves the controlled removal of blood to balance the humors, to treat *Ḍaghṭ al Dam Qawī* (hypertension). Because they are said to have blood pressure-lowering qualities, plants including *Hibiscus sabdariffa* (rosella), *Allium sativum* (garlic), and *Rauwolfia serpentina* (sarpagandha) are frequently used in the treatment of *Ḍaghṭ al Dam Qawī* (hypertension). In order to properly manage *Ḍaghṭ al Dam Qawī* (Hypertension), Unani practitioners place a

strong emphasis on comprehensive therapeutic approaches that integrate physical, psychological, and spiritual well-being. [9].

With a high incidence in both Indian and global contexts, *Ḍaghṭ al Dam Qawī* (hypertension) continues to be a serious public health concern. Developing thorough management strategies requires an understanding of its intricate pathophysiology and an investigation of various therapy modalities, including conventional systems like Unani medicine. Enhancing the management of *Ḍaghṭ al Dam Qawī* (hypertension) and lowering the related health risks can be achieved by enhanced public health initiatives, ongoing research, and the merging of traditional and modern medical techniques.

Objective of the study

The main objective of this case study is to assess the effect of classical Unani Regimenal Therapy, *Fasd* (Venesection), in reducing Systolic Blood Pressure (SBP) and Diastolic Blood Pressure in three clinically diagnosed Hypertensive patients, and to note any changes in subjective betterment of the patient.

Methodology

In this study, the details of five participants are discussed, who were clinically diagnosed to be Hypertensive and were on their prescribed conventional Anti-Hypertensive medications. **Case 1**

A Male patient, aged 58, visited our OPD with OPD number- U-4243, with elevated SBP and DBP, complaining of increased intensity of tiredness and lethargy for a month. The participant was asymptomatic before that and found his blood pressure elevated during his visit, as well as twice before that during random checks at different clinics. It is also to be noted that the patient did not have a family history of diabetes mellitus or *Ḍaghṭ al Dam Qawī* (Hypertension).

The physical parameters and investigations were carried out, and the patient was found to have primary Hypertension, and the levels are mentioned in the baseline table.

Nabz (Pulse) of the patient was *Sulb* (Plethoric), his *Bol* (Urine) was normal, with a normal output, and *Baraz* (Feces/defecation) was normal, with one free episode per day.

Case 2

A Female patient, aged 50, visited our OPD with OPD number- U-4125, with elevated SBP and DBP, with complaints of redness of eyes, pain all over the body, heaviness of limbs, headache, all since the past 2

months. The participant had gradually developed these symptoms. She was also diagnosed to be Hypertensive before 6 months of her visit and was on her conventional anti-hypertensive medications. On regular checks, her blood pressure levels seemed to be above 145/95 with fluctuations to borderline on and off. She also had a family history of Hypertension on first line.

The physical parameters and investigations were carried out. The *Nabz* (Pulse) of the patient was *Nabd Sari wa Mumtalī* (Pulses venox and plenus), her *Bol* (Urine) was normal, with a normal output, and *Baraz* (Feces/defecation) – constipation was present with one episode in two days.

Case 3

A male patient, aged 35, visited our OPD with OPD number- U-6147, with elevated SBP and DBP, with complaints of pain in left upper limb-on and off, heaviness in chest region, lethargy and body ache for the past 2 months of duration. The participant was asymptomatic before that and found his blood pressure elevated during his visit to a GP clinic nearby his house. On opinion with cardiologist, he was then diagnosed to be hypertensive and was kept on anti-hypertensive conventional treatment. Though on regular medications , he had the only negligible difference in the abovesaid symptoms. The patient was negative for a family history of the disease.

The physical parameters and investigations were carried out, and the patient was found to have primary Hypertension, and the levels are mentioned in the baseline table.

Nabz (Pulse) of the patient was *Mumtalī* (Plenus), his *Bol* (Urine) was normal, with a normal output, and *Baraz* (Feces/defecation) was normal, with two free episode per day.

Case 4

A female patient, aged 36, visited our OPD with OPD number- U-6135, with elevated SBP and DBP, complaining of headache for 3 months and no other prominent symptoms. The participant was asymptomatic before that and found her blood pressure elevated during her visit. She was willing to be admitted and so was followed-up as IPD participant for a month. She was positive for a family history of Hypertension, first line, on both paternal and maternal sides.

The physical parameters and investigations were carried out. Unani parameters were noted and *Nabz* (Pulse) of the patient was *Sulb* (Plethoric), her *Bol*

(Urine) was abnormal, with an increased output, and *Baraz* (Feces/defecation) was normal, with one episode per day.

Case 5

A Male patient, aged 59, visited our OPD with OPD number- U-3467, with elevated SBP and borderline DBP, with complaints of occasional chest pain and heaviness of chest region for the past 3 months. The participant gradually developed these symptoms and was a known case of hypertension since 2 years. But, he found to have elevated BP the past two months and also on his visit to our OPD. He also had a family history of Hypertension in first line.

Unani parameters were assessed and his *Nabz* (Pulse) was *Sulb wa Nabd Mutawatīr* (Plethoric and frequens), his *Bol* (Urine) was normal, with a normal output, and *Baraz* (Feces/defecation) was normal, with one episode per day.

Intervention and Analysis

After the assessment of Mizaj and Unani diagnostic parameters, and on assessments of the fitness of patients for the procedure of Fasd (Venesection), they were planned to undergo the procedure, once a week for three consecutive weeks. The systolic and diastolic blood pressure was noted before and after the procedure for all sittings. The patient was also advised for a two-month follow-up post procedure to note any adverse reactions or recurrences.

Results:

The results are tabulated below and show an appreciable reduction in SBP and DBP of the study participants.

Case1 ***Table -1***

	SBP (in mmHg)		DBP (in mmHg)	
	BEFORE	AFTER	BEFORE	AFTER
1st Sitting / Baseline	**152**	**130**	**90**	**78**
2nd Sitting	**130**	**126**	**80**	**71**
3rd Sitting	**130**	**120**	**80**	**70**
After 1 month	**125**		**85**	
After 2 Months	**120**		**85**	

Case 2 ***Table -2***

	SBP(in mmHg)		DBP (in mmHg)	
	BEFORE	AFTER	BEFORE	AFTER
1st Sitting / Baseline	**145**	**135**	**95**	**90**
2nd Sitting	**135**	**126**	**89**	**86**
3rd Sitting	**130**	**112**	**86**	**84**
After 1 month	**125**		**85**	
After 2 Months	**125**		**80**	

Case 3 ***Table -3***

	SBP (in mmHg)		DBP (in mmHg)	
	BEFORE	AFTER	BEFORE	AFTER
1st Sitting / Baseline	**166**	**126**	**98**	**85**
2nd Sitting	**137**	**130**	**92**	**87**
3rd Sitting	**130**	**125**	**90**	**84**
After 1 month	**122**		**88**	
After 2 Months	**125**		**85**	

Case 4 ***Table-4***

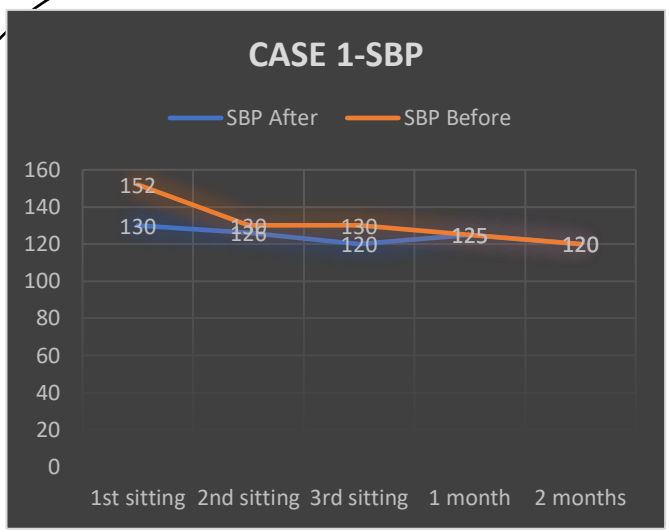
	SBP (in mmHg)		DBP (in mmHg)	
	BEFORE	AFTER	BEFORE	AFTER
1st Sitting / Baseline	**174**	**163**	**91**	**89**
2nd Sitting	**155**	**104**	**94**	**81**
3rd Sitting	**155**	**134**	**94**	**89**
After 1 month	**130**		**88**	
After 2 Months	**130**		**90**	

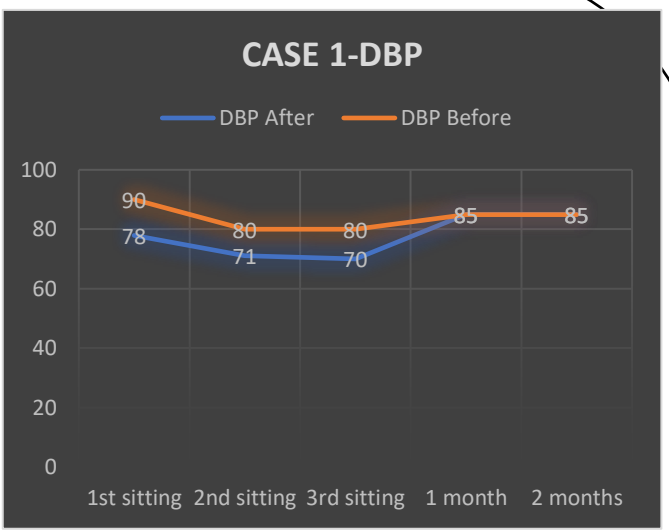
Case 5 ***Table-5***

	SBP(in mmHg)		DBP (in mmHg)	
	BEFORE	AFTER	BEFORE	AFTER
1st Sitting / Baseline	**148**	**120**	**89**	**82**
2nd Sitting	**151**	**125**	**90**	**83**
3rd Sitting	**130**	**125**	**83**	**77**
After 1 month	**125**		**87**	
After 2 Months	**128**		**85**	

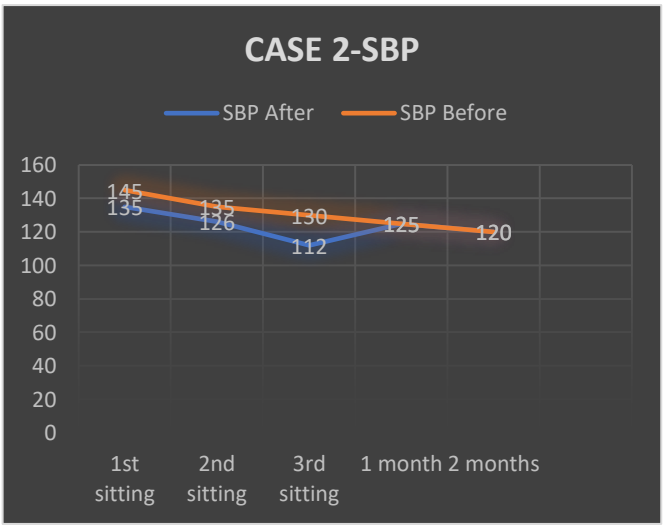
Case 1

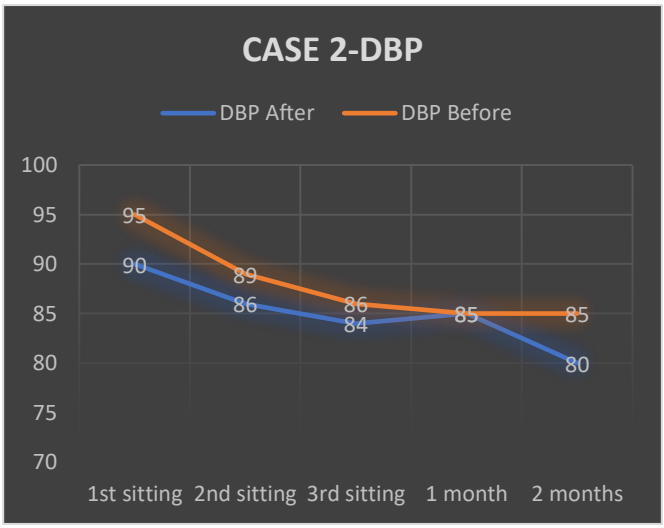
CASE -1


CASE 1-SBP
SBP After
SBP Before
160
140
120
100
80
60
40
20
0
152
130
130
120
130
120
125
120
1st sitting
2nd sitting
3rd sitting
1 month
2 months

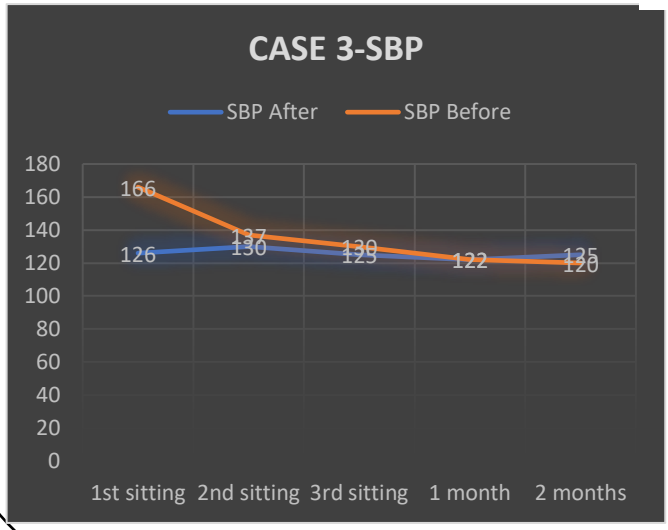

CASE 1-DBP
DBP After
DBP Before
100
80
60
40
20
0
90
80
80
85
85
78
71
70
1st sitting
2nd sitting
3rd sitting
1 month
2 months

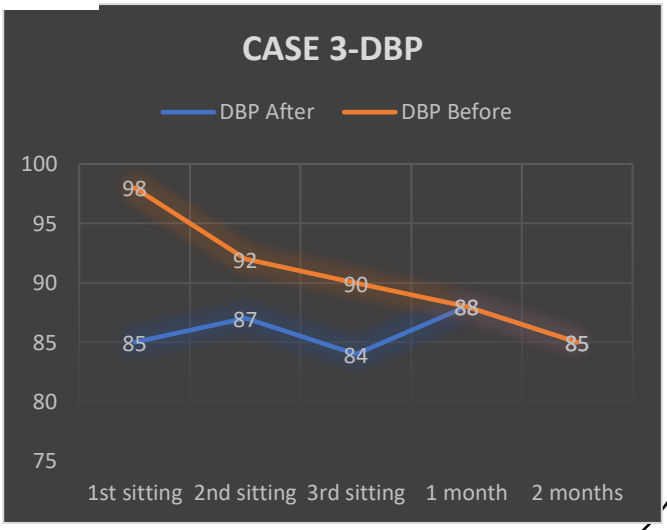
CASE-2


CASE 2-SBP
SBP After
SBP Before
160
140
120
100
80
60
40
20
0
145
135
135
126
130
112
125
120
1st sitting
2nd sitting
3rd sitting
1 month
2 months

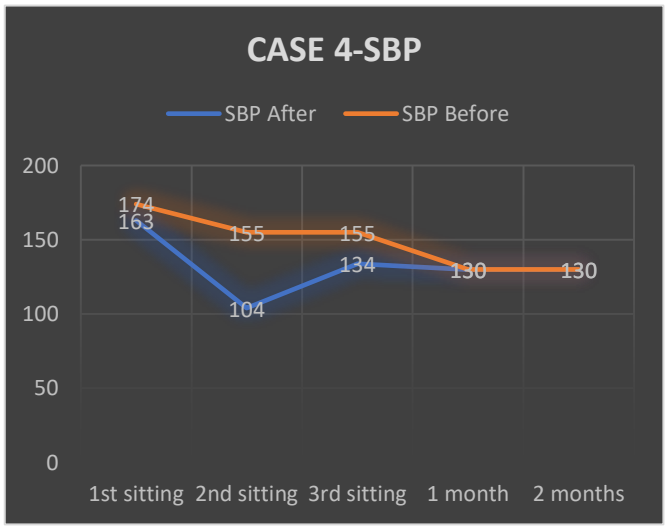

CASE 2-DBP
DBP After
DBP Before
100
95
90
85
80
75
70
95
90
89
86
86
84
85
85
80
1st sitting
2nd sitting
3rd sitting
1 month
2 months

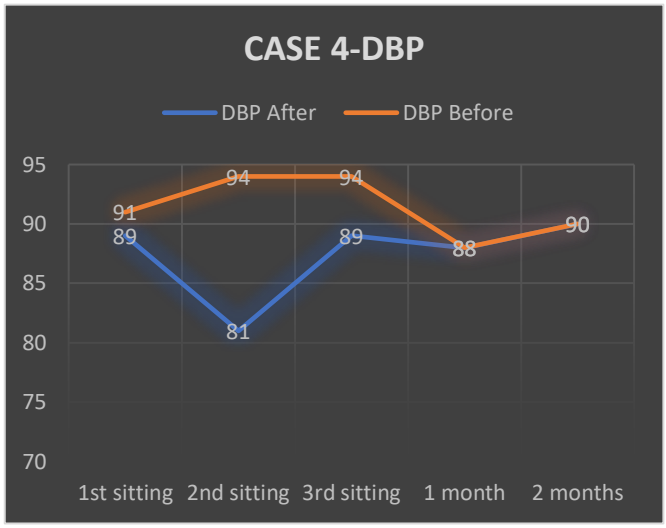
CASE -3


CASE 3-SBP
SBP After
SBP Before
180
160
140
120
100
80
60
40
20
0
166
126
130
130
125
122
125
120
1st sitting
2nd sitting
3rd sitting
1 month
2 months

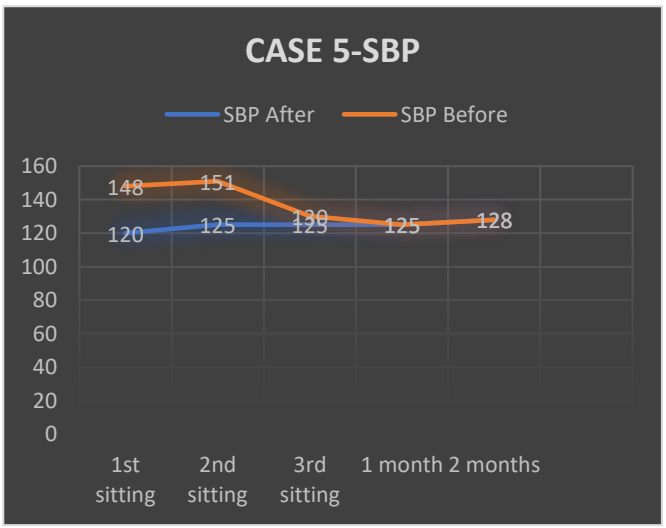

CASE 3-DBP
DBP After
DBP Before
100
95
90
85
80
75
98
92
90
88
85
85
87
84
1st sitting
2nd sitting
3rd sitting
1 month
2 months

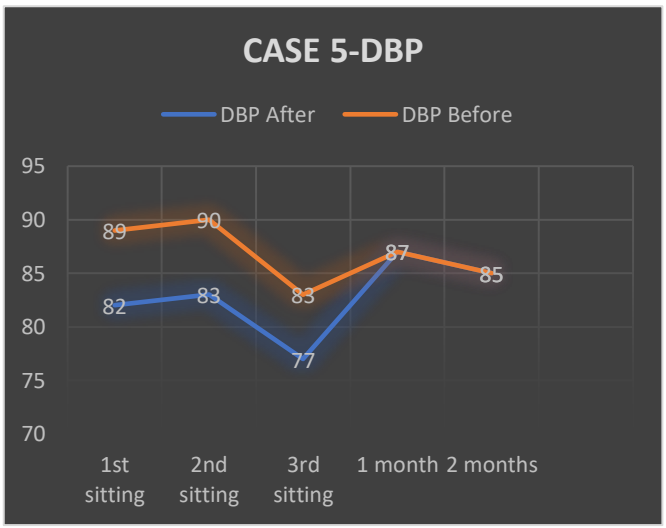
CASE-4





CASE-5





Combined Chart 1

Combined Chart 1 *shows the schematic representation of the decrease and maintenance of systolic and diastolic blood pressure in the participants of the study.*

Discussion

This Study highlights the effect of *Fasd* (Venesection) in reducing the SBP & DBP of Primary Hypertensive patients. This Validates the concepts Unani Physicians have postulated, i.e., *Ḍaghṭ al Dam Qawī* (Hypertension) is a form of *Imtila* (Plethora) and the procedure of *Fasd* (Venesection) can be prescribed as a first-line of treatment, to bring improvement in the raised pressure of blood vessels and mainly to prevent the patients from serious ailments and sudden death, due to Hypertension. Previous studies clearly explain the effectiveness of bloodletting in the betterment of blood pressure regulation, as well as in cardiac markers. A Study Conducted by BMC explains that only Two Sittings of bloodletting improve the condition of Cardiac markers[10]. This creates the path for innovation in the treatment of *Ḍaghṭ al Dam Qawī* (Hypertension), making it a successful alternative method. Also, an advanced or better study is required to prove its proper efficacy against this global disease.

It is very important in the present era to bring an alternative solution for the betterment of mankind against these deadly diseases. As many people find it difficult to adhere to the present, long-term use of conventional medicine, and are aware of the side effects of the same, this becomes a better option. It is also important to note that this procedure, prescribed by the Wise physicians of Unani Medicine as a method of treatment in *Ḍaghṭ al Dam Qawī* (Hypertension), is similar to Blood Donation, the present study would be a great innovation that would pave the way for more blood donations, through which, the Donor and the recipient will be benefitted, which in turn paves the way to reduce global blood scarcity, by increasing blood donations.

Conclusion and recommendation

The present study enlightens the Effectiveness of this time-tested, Unani Regimen Procedure, *Fasd* (Venesection) in the reduction of Systolic and Diastolic Blood Pressure of Primary Hypertensive patients. Therefore, these kinds of hidden gems of the Ayush System must be validated through proper Clinical Trials, to exercise their complete benefits. All these efforts must be taken to build a healthier world, to reduce the Global Burden of these Dreadful Diseases, and to benefit the healthy living of Mankind.

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