TANG [HUMANITAS MEDICINE]

Original Article

Fasad (Venesection): An important regimental therapy in Unani System of Medicine

Javed ahmad Khan[1], Shagufta Nikhat[2], Naseem Ahmad[3], Sharique Zohaib[4], Shabir ahmad Parray[4,*]

[1]Dept. of Ain Uzn Halq wa Asnan, MTC, Mansoora Malegaon Nashik, M.S (423203) India; [2]Dept. of Ilm-ul- Advia, MTC, Mansoora Malegaon Nashik, M.S (423203) India; [3]Dept. of Kulliyat, MTC, Mansoora Malegaon Nashik, M.S, (423203) India; [4]Dept. of Ilm-us-Saidla, MTC, Mansoora Malegaon Nashik, M.S, (423203) India

ABSTRACT

Fasad i.e. venesection is an old classical method of treatment in the Unani system of medicine. Fasad is Arabic word which means "to open". In the process, complete evacuation which drains out blood and dominating humours mixed with blood from veins. Fasad is carried out when the kamiyat (quantity) of the blood is excess in the body and patient is either exposed to the risk of developing a disease or has actually developed one. In classical literature of Unani system of medicine, physicians wrote a lot about this procedure. The details of venesection is mentioned in the given paper on the basis of classical literature including history, indications, types, amount of blood to be venesected, time, person, procedure, complications and special focus has been made on the number of vessels to be venesected and their benefits with respected to disease and condition.

Keywords Fasad, venesection, Unani system of medicine, Kamiyat-e-Dam

INTRODUCTION

The procedure of venesection in Unani system of medicine has evolved before 1550 BC (Khan, 2011). The importance and effectiveness has been elaborated by number of Unani physicians. Infact, several important classical books were written by Unani scholars and highlighted the therapeutic value of fasad (Khan, 2011). Fasad is Arabic word which means "to open". According to Ibn-e-Hubal Baghdadi, "venesection is a process of complete evacuation which drains out blood and dominating humours mixed with blood from veins" (Ibn-e-Hubal, 2005). Qarshi also defined as a procedure in which blood is drained out of the body by giving an incision from a sharp instrument (Khan, 2011). Infact, Ibn-ul-Qaf Maseehi, has mentioned in his treatise that venesection is performed by a specific instrument intentionally used in veins (Ibn-ul-Qaf, 1986).

Venesection is a general elimination of humours. It removes excess of humours in the same proportion as is present in blood vessels. Venesection is carried out when there is excess of blood in the body and patient is either exposed to the risk of developing a disease or has actually developed one. In both cases, the idea is to remove the general excess of humours, or the abnormal humours or both.

The procedure of venesection was commonly used by Unani physicians but the number of veins to be venesected mentioned by Unani physicians varies from physician to physician. According to Ibn-ul-Qaf al Maseehi 34 (Ibn-ul-Qaf, 1986), Ibne Hubal Baghdadi 41 (Ibn-e-Hubal, 2005) and Zakaria Razi 29 veins (Razi, 2002) respectively. Zahrawi has advocated for only 32 veins for venesection. Among them 16 (sixteen) are of head and ten (10) in each hand while 06 (Six) in both legs (Zahrawi, 1908; Majoosi, 1889). According to Ali Geelani total number is 36 (Thirty six) including veins and arteries (Khan, 2011) while as, other Unani physicians has advocated for 66 (Sixty six) veins for venesection. (Kabiruddin, Year Not mentioned)

SUITABLE PERSONS FOR VENESECTION

Unani physician described there are two types of person who are more suitable for venesection.

1. Those who are prone to develop diseases due to excess of blood. e.g.—
   - Women in whom menstrual blood has been suppressed.
   - The person who are disposed to sanguineous sciatica, gout and arthritis.
   - Cessation of bleeding from haemorrhoids.
   - Those who are suffer from haemoptysis due to break down of lung veins.
   - Those who suffer from Sara (Epilepsy), Sakta (Coma), Malencholea, Khunaq (Diphtheria), inflammation of internal organs and conjunctivitis due to excess blood.
2. Those who are sick due to Amraz-e-damvia (dominance of khilt-e-dam) (Ibn-e-Sina, 1930; Jurjani, 1903; Majoosi, 1889).

Types of venesection

a. Essential or desperate time: is that time for venesection in which no more delay is desirable.

*Correspondence: Shabir Ahmad Parray
E-mail: saparray@yahoo.co.in
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b. Optional or voluntary: mid of lunar month, at noon, when the diet will be completely digested. In the Amraze-e-damvia venesection is most suitable in spring season (Jurjani, 1903; Khan, 2011).

THE AMOUNT OF BLOOD TO BE REMOVED

The proper time between the stoppage of blood and bandaging the wound varies from case to case. Some people can stand blood loss of even more than five or six rattal (2000/2400 ml), even though they might be suffering from fever; other seemingly fit and healthy are unable to bear even a fraction of this loss.

Three things should be noted during draining of blood—

- Flow of blood
- Colour of blood
- Condition of pulse

Bloodletting should be stopped when speed of bloodletting becomes slow or when colour of blood changes from blackish to bright red or pulse becomes shorter and particularly when pulse becomes weaker (Ibn-e-Sina, 1930; Majoosi, 1889; Ibn-e-Hubal, 2005; Kabiruddin, Year Not mentioned; Zahrawi, 1908; Kabiruudin, Year Not mentioned; Khan, 2011).

EQUIPMENT FOR VENESECTION

The equipment for venesection consist of—

Scalpel, gloves, cotton, bandage, antiseptic lotion, anaesthetic agent, and haemostatic/astringent (Habissudam/Qabiz) drug like Sange Jarahat (Soap stone/Hydarated Magnesium Silicate), Dammul Akhwain, (Dracaena ambet / cinnabari) etc. and emergency kit. Besides these, following things should be kept in mind before going for venesection:

1. Sterilization of instruments of venesection like scalpel, blade, cotton etc.
2. Ask the patient to lie down, but the position can be changed according to the vessels to be incised.
3. Identify the vessel which is to be venesected.
4. Veins are to be made prominent with a tourniquet at a distance of 4 cm proximal to the site of incision.
5. Cleansing of the site of Fasad by antiseptic solution.
6. Apply anaesthetic agent at site of incision.
7. Give incision according to disease and condition of patient.
8. Monitor the condition of patient during the procedure. If any complication arises during bloodletting like syncope, vomiting, spasm etc. then stop the bleeding and treat the condition accordingly. While in absence of complications, Fasad should be stopped when speed of bloodletting becomes slow or when colour of blood changes from blackish to bright red or consistency of blood becomes thin.
9. Finally, the whole area is then dressed and bandaged.
10. After venesection, patient is advised to take bed rest for 6-8 hours.
11. Patients are advised to avoid haar foods and drugs, exercise and hammam.
12. They are also advised to take light and easily digestible foods (Javed A Khan et al. 2014; Ibn-e-Sina, 1930; Ibn-e-Hubal, 2005; Kabiruddin, Year Not mentioned; Zahrawi, 1908; Ibn-ul-Qaf, 1986; Majoosi, 1889).

METHOD OF VENESECTION

First veins are to be made prominent with a tourniquet so as to prevent them from slipping under the knife. When a tourniquet fails to bring up the vein, it should be removed and reapplied, if necessary, several times again. The site is briskly massaged up and down with fingers. In order to let the vessel fill up properly it should be compressed with one finger and massaged with the other. The tip of lancet should be pushed to the requisite distance but not so deeply as to cause damage to nerves and arteries. The lancet is held between the thumb and the middle finger; the index is left for exploration. The lancet should be held at the middle to obtain a firm grip. If the vein tends to slip, it should be kept in to position with pressure from the opposite side and a longitudinal incision should made. The pressure from tourniquet should be regulated according to the thickness and firmness of the skin. The tourniquet should be applied close to the site of puncture. The place where the vein tends to slip should be noted and care should be taken that in tightening up the tourniquet vein does not get displaced from its original position. The lancet should be used in a guided manner so as not to injure the neighbouring structures. If the vein fails to become prominent, skin should be incised and the vessel picked up with a pair of Sinara (forceps). Sometimes a bandage to tourniquet applied for venesection interferes with the proper filling of vessels. Finally the part is washed but stretching the skin across the wound water is prevented from getting into it. The whole areas are then dressed and bandage (Shah, Year Not mentioned).

TERMS AND CONDITION FOR VENESECTION

When the blood is scattered in all vessels and consistency is liquefied then without Nuzj venesection should be done. If blood is restricted in a particular organ like in cases of arthritis and gout or blood is thick, viscous and mired with humour then venesection should never be performed before Nuzj.

RULES OF VENESECTION

- Before performing venesection arteries around the vein should be marked.
- Veins to be venesected should be located properly.
- Bloodletting should be stopped when blood colour becomes reddish and consistency becomes moderate.
- In case by mistake incision is given to another vessel then same day venesection for that particular vein should be avoided (Ibne Rushd, 1987; Chandpuri, Year Not mentioned; Qarshi, Year Not mentioned; Ibn-e-Sina, 1930; Arzani, 2002; Razi, 2002; Qamri, Year Not mentioned; Kabiruddin, Year Not mentioned; Tabri, 1981; Qarshi, Year Not mentioned; Kabiruddin, Year Not mentioned).

CONTRAINDICATION

- Should not be given in case of fever
- Excessively cold temperament
- Extremely cold climate
- Severe pain
- During pregnancy

- Feeble and anaemic patients
- Just after meal and sexual intercourse
- On the day of Bohran
- Colicky pains except in colitis
- Obese and fatty persons
- In case of full stomach
- Diarrhoea, Zarb wa Khalfa, weakness of stomach and liver
- Except emergency venesection is strictly prohibited in person below 14 years of age and above 60 years. (Ibne Rushd, Chandpuri, Qarshi, Ibn-e-Sina, Arzani, Razi, , Qamri, Year Not mentioned; Kabeeruddin, Tabri, Qarshi)

COMPLICATION

- Produces weakness
- Unconsciousness
- Polydipsia (Khan, 2011)

A detailed description of different diseases with respect to veins to be venesection on the basis of classical literature of Unani system of Medicine is summarised (Khan, 2011; Chandpuri, Year Not mentioned; Tabri, 1981; Arzani, 2002; Qamri, Year Not mentioned; Ibn-e-Hubal, 2005; Razi, 1986).

S. No.	Diseases	Veins	S. No.	Diseases	Veins
1.	Coma	Cephalic & Jugular vein	23.	Dilatation of pupil	Cephalic vein
2.	Headache	Temporal	24.	Gingivitis	Cephalic vein
3.	Encephalitis	Ethmoidal vein	25.	Oesophagitis	-
4.	Qutrub	Temporal	26.	Tonsillitis	Cephalic vein
5.	Kaboos	Cephalic vein	27.	Stomatitis	Cephalic vein
6.	Sidr	Cubital & Post. Auricular vein	28.	Zifda	Cephalic vein
7.	Vertigo	Cubital & Post. Auricular vein	29.	Glossitis	-
8.	Melancholic	Cubital & Great saphenous vein	30.	Palpitation	Basilic vein
9.	Catalepsy	Cephalic vein	31.	Surfa (Dry Cough)	Cephalic vein
10.	Diaphragmatis	Temporal	32.	Pneumonia	Cephalic & basilic vein
11.	Vascular keratitis	Temporal & Cephalic Vein	33.	Phthisis	Basilic vein
12.	Tetanus	Cubital vein	34.	Pleurisy	Basilic vein
13.	Hemiplegia	Hafta Andam	35.	Shosa	Basilic vein
14.	Acute Meningitis	Temporal Vein	36.	Conjunctivitis	Cephalic vein
15.	Migraine	Temporal vein	37.	Haemoptysis	Cephalic & Basilic vein
16.	Night blindness	Maqain	38.	Vomiting	Basilic vein
17.	Diphtheria	Cephalic vein	39.	Dysentery	Basilic vein
18.	Ulcer of eye	Cephalic vein	40.	Acute Gastritis	Right Basilic vein
19.	Toothache	Sararo	41.	Hepatitis	Basilic vein
20.	Epistaxis	Cephalic vein	42.	Mesenteric obstruction	Basilic vein
21.	Asthma	Basilic vein	43.	Cirrhosis of liver	Basilic vein
22.	Obstruction of liver	Basilic vein	44.	Low vision	Maqain
45.	Elephantiasis	Basilic vein	74.	Diarrhoea	Basilic vein
46.	Malaria	Basilic vein	75.	Jaundice	Basilic vein
47.	Colitis	Basilic vein	76.	Zibha	Cephalic vein
48.	Qazfe qalb	Basilic vein	77.	Hararte qalb	Cubital vein
49.	Zosantaria kabdi	Basilic vein	78.	Hiccup	Basilic vein
50.	Prolapse of uterus	Great saphenous vein	79.	Sue mizaj kabid	Basilic vein
51.	Pruritus vulva	Cubital & Great saphenous vein	80.	Sue mizaj tihal	Basilic vein
52.	Vulvitis	Basilic & Great saphenous vein	81.	Splenitis	Basilic vein
53.	Ulcer of uterus	Basilic vein	82.	Waje tihal	Basilic vein
54.	Ulcer of penis	Basilic &	83.	Vaginal cancer	Basilic vein

		Great saphenous vein			
55.	Hysteria	Great saphenous vein	84.	Varicose vein	Basilic vein
56.	Warme qazeeb	Basilic vein	85.	Gout	Basilic vein
57.	Hikkae qazeeb	Basilic vein	86.	Amenorrhea	Great saphenous vein
58.	Orchitis	Basilic vein	87.	Menorrhagia	Cubital vein
59.	Testicular Pain	Basilic & Great saphenous vein	88.	Pruritus	Cubital vein
60.	Ulcer of testis	Basilic & Great saphenous vein	89.	Sonokhus	Basilic vein
61.	Retention of urine	Basilic vein	90.	Cholasma	Cephalic vein
62.	Jarbe gurda	Basilic vein	91.	Nephritis	Basilic & Great saphenous vein
63.	Alopecia	Cephalic vein	92.	Cystitis	Basilic & Great saphenous vein
64.	Dysuria	Basilic vein	93.	Renal colic	Basilic vein
65.	Batam	Basilic vein	94.	Namsh	Cephalic vein
66.	Fissure-in-ano	Basilic, Popliteal, Great Saphenous vein	95.	Ulcer of kidney	Basilic vein
67.	Leprosy	Post. Auricular vein	96.	Kyphosis	Basilic vein
68.	Piles	Basilic, Popliteal, Great Saphenous vein	97.	Arthritis	Basilic & Cubital vein
69.	Pruritus ani	Basilic vein	98.	Cardilagia	Basilic vein
70.	Per rectal bleeding	Cephalic vein	99.	Sciatica	Basilic vein
71.	Haematuria	Besalic vein	100.	LBA	Basilic & Popliteal vein
72.	Aaqoona	Besalic vein	101.	Epilepsy	Cephalic vein
73.	Hepatic abscess	Basilic vein			

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CONFLICT OF INTEREST

The authors have no conflicting financial interests.

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