STM JOURNALS

Research & Reviews: Journal of
Unani, Siddha and Homeopathy

ISSN: 2394-1960
Volume 13, Issue 1, 2026
January–April
DOI (Journal): 10.37591/RRJoUSH

https://journals.stmjournals.com/rrjoush/

Review RRJoUSH

Contribution of Dalak (Massage) in the Treatment of Waja-uz-Zohar (Back Pain): A Review

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Abstract

Classical Unani literature presents a detailed understanding of Waja-ul-Mafasil (diseases of bones and joints) among which Waja-uz-Zohar (low back pain) has received extensive attention. Distinguished Unani physicians meticulously described its etiology, clinical features, complications, and treatment modalities. According to Unani theory Waja-uz-Zohar is defined as pain originating from the muscles, ligaments, and connective tissues surrounding the lumbar and lumbosacral regions. Prominent scholars, such as Ibn Sina and Zakariya Razi, attributed its development to Kham Balgham (immature phlegm) produced due to impaired metabolism during the hepatic (Hazm-e-Kabid) and vascular (Hazm-e-Urooqi) stages of digestion. The accumulation of these morbid humors in the lower back region leads to Buroodat (coldness), rigidity and subsequent pain. Massage is one of the oldest healing practices known to humankind it has traditionally played preventive, therapeutic, and rehabilitative roles in maintaining health. In the Unani system massage is referred to as Dalak – a key component of Ilaj-bit-Tadbeer (regimental therapy) designed to harmonize the Akhlaat (humors), regulate Hararat Ghariziya (innate heat) and restore Mizaj (temperament). The beneficial effects of Dalak arise through rhythmic manipulation of soft tissues usually with the aid of medicated oils (Roghanat), which improve circulation, ease muscular tension, eliminate morbid matter, and strengthen musculoskeletal integrity. Contemporary scientific research corroborates these traditional concepts, demonstrating that massage enhances blood flow, reduces muscle tightness, and modulates pain through neurophysiological mechanisms. The Unani approach through Dalak thus provides a holistic, individualized framework for managing Waja-uz-Zohar addressing both the somatic and psychosomatic aspects of the condition. This review seeks to analyze the classical foundations, pathophysiological mechanisms and therapeutic significance of Dalak in treating Waja-uz-Zohar, emphasizing its continued relevance and integration potential within modern pain management practices.

Keywords: Dalak, low back pain, massage, Unani system of medicine, Waja-uz-Zohar

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Received Date: October 10, 2025
Accepted Date: December 01, 2025
Published Date: December 02, 2025

Citation: Shaikh Aqueel, Shaikh Ather, Mujeeb Pinjari. Contribution of Dalak (Massage) in the Treatment of Waja-uz-Zohar (Back Pain): A Review. Research & Reviews: Journal of Unani, Siddha and Homeopathy. 2026; 13(1): 1–6p.

INTRODUCTION

In the Unani medical system, *Waja-uz-Zohar* refers to localized pain in the lumbar and lumbosacral regions, without radiation to the lower limbs. The pain results from dysfunction in the muscles and ligaments due to *Fasaad-e-Mizaj* (altered temperament), especially *Sue Mizaj Barid* (cold imbalance). This imbalance may occur because of excessive *Buroodat* (coldness), accumulation of *Kham Balgham* (immature phlegm), or *Ghaleez Riyah* (viscid gases) in the lumbar area [1]. Globally, low back pain is the most common musculoskeletal disorder and one of the leading causes of disability [2]. Almost every adult experience it at least once in their lifetime [3]. It negatively impacts quality of life, reduces work

productivity, and places a heavy financial burden on healthcare systems. Conventional biomedical approaches often fail to fully address multifactorial causes, as more than 90% of cases are non-specific and lack a clear anatomical explanation. Hence, traditional and holistic approaches, such as Dalak in Unani medicine, provide valuable alternatives for symptom relief and long-term care [1].

In Unani medicine, such as *Waja-uz-Zohar*, is among the most widespread musculoskeletal disorders, affecting people across all ages and occupations. It poses a major global health concern by impairing mobility, productivity, and overall quality of life. The etiology of this condition is multifactorial, involving mechanical, degenerative, postural, and psychosomatic components. From a modern medical perspective, back pain may result from muscular strain, ligament injury, intervertebral disc degeneration, or nerve root compression. However, Unani medicine provides a broader and more holistic explanation, attributing *Waja-uz-Zohar* to imbalances in *Mizaj* (temperament), *Sue Mizaj* (derangement of temperament), and disturbances in *Hararat Ghariziya* (innate heat), which collectively contribute to pain in the lumbar region [4].

In classical Unani texts, *Waja-uz-Zohar* is classified under *Amraz-e-Uzn* (musculoskeletal disorders) and is primarily characterized by stiffness and pain in the lower back. The term *Waja* denotes pain, whereas *Zohar* refers to the lumbar area. Prominent Unani scholars, including Hippocrates (*Buqrat*), Galen (*Jalinoos*), Rhazes (*Razi*), and Avicenna (*Ibn Sina*), have elaborated on its etiology and treatment in their works. In *Al-Qanoon fi al-Tibb*, Ibn Sina describes *Waja-uz-Zohar* as resulting from the accumulation of *Balgham* (phlegmatic humor) or *Sauda* (melancholic humor) in the lumbar muscles and joints, leading to coldness, rigidity, and pain. This stagnation of humor disrupts normal circulation and impairs tissue nourishment, thereby producing discomfort and inflammation [5]. Zakaria Razi (865–925 A.D.) described low back pain as Waja-uz-Zohar, Dard-e-Pusht with its etiology as darba (trauma), hadba (disc prolapse), and quruh nukha (spinal ulcers) [6]. Ibne Hubal Baghdadi (1163–1231 A.D.) in his book Al Mukhtarat-fit-Tibb, describes low back pain and illustrates its variety of clinical features [7]. Akbar Arzani (1721 A.D.) referred to Waja-uz-Zohar as Dard-e-Pusht and categorized it into seven types based on its causes. In Meezan-ul-Tibb, he explained that Sue Mizaj-Sada is a contributing factor, leading to a sensation of coldness and pain without a feeling of heaviness. He also noted that warmth helps in relieving the pain [8].

Among various Unani therapeutic approaches for *Waja-uz-Zohar*, *Dalak* (massage) holds special significance. *Dalak* is a manual therapy designed to restore physiological balance by stimulating blood flow, dispersing morbid matter, and revitalizing muscular and nervous tissues. The method involves systematic manipulation of soft tissues using controlled strokes and pressures, typically aided by medicated oils (*Roghanat*) such as *Roghan-e-Babuna* (chamomile oil), *Roghan-e-Zaitun* (olive oil), or *Roghan-e-Kunjud* (sesame oil). The selection of oil and massage technique depends on the patient's *Mizaj* and the nature of the ailment.

According to Unani principles, *Dalak* serves multiple therapeutic purposes – it strengthens muscles, enhances local metabolism, eliminates *fasad* (morbid matter), and regulates *Hararat Ghariziya*. The therapy promotes the flow of *Ruh* (vital spirit) and *Dam* (blood), improving tissue nourishment and facilitating waste removal. The friction and warmth produced during *Dalak* alleviate stiffness, reduce inflammation, and induce relaxation. These traditional concepts parallel modern physiological explanations of massage, which recognize its role in improving circulation, reducing muscle tension, stimulating mechanoreceptors, and modulating pain perception through the gate control mechanism.

In recent years, global interest in traditional and complementary therapies for pain relief has surged, mainly due to the adverse effects and limitations of conventional pharmacological options like NSAIDs and muscle relaxants. Unani medicine, with its holistic and individualized approach, provides a safe and effective alternative. Several experimental and clinical studies have shown that massage therapy significantly reduces pain intensity, enhances mobility, and improves mental well-being in individuals with chronic low back pain. When integrated with other Unani therapies, such as *Hammam* (steam bath)

[9], *Hijamah* (cupping) [6], *Riyazat* (exercise) [10], and *Ilaj bil Ghiza* (dietotherapy), *Dalak* demonstrates even greater therapeutic efficacy.

Moreover, *Dalak* addresses not only the physical but also the psychological dimensions of pain. The tactile stimulation during massage releases endorphins and serotonin, natural pain-relieving and mood-enhancing substances. From the Unani viewpoint, this harmonizes the *Akhlaat* (humors) and fosters equilibrium between the body and mind [11].

Hence, this review seeks to analyze the role of *Dalak* in managing *Waja-uz-Zohar* from both Unani and contemporary biomedical perspectives. It explores the historical background, physiological foundations, therapeutic mechanisms, and clinical evidence supporting its effectiveness. Understanding the contribution of *Dalak* in alleviating back pain reaffirms the scientific validity of Unani concepts and underscores its potential integration into modern pain management practices. Ultimately, this review highlights how traditional therapeutic wisdom can offer evidence-based solutions to present-day health challenges.

OBJECTIVES OF THE STUDY

- To review the Unani understanding of *Waja-uz-Zohar* (low back pain).
- To analyze its causes and clinical features based on classical texts.
- To examine the therapeutic role of Dalak in managing *Waja-uz-Zohar*.
- To connect traditional insights with their modern relevance in musculoskeletal care.

Etiology Asbab-e-Murakkabah

Zakariya Razi attributed *Waja-uz-Zohar* to defective digestion (*Naqs-e-Hazm*), particularly in the hepatic (*Hazm-e-Kabid*) and vascular (*Hazm-e-Urooqi*) stages, leading to the production of *Ghair Tabayi Balgham* (abnormal phlegm). This phlegm accumulates in the joints and soft tissues, causing swelling, stiffness, and pain. Ibn Sina emphasized the role of *Sue Mizaj Barid* (cold derangement) due to excess *Buroodat* and *Kham Balgham* in the lumbar musculature. *Ghaleez Riyah* (thick gases) may also play a secondary role. Other scholars, such as Jurjani and Akbar Arzani, noted additional contributing factors, including frequent sexual activity (*Kasrate Jima*), fullness of pulse (*Mumtali Nabaz*), weakness of kidneys (*Zoaf wa Laghari Gurda*), uterine disorders (*Musharikate Reham*), and excessive physical strain [12].

Pathogenesis Asbab-e-Sittah Zarooriyah [10]

Kham Balgham, being inherently cold (*Barid*), disrupts the natural cold and dry temperament (*Barid wa Yabis Mizaj*) of spinal structures. Even minor increases in *Buroodat* can trigger *Sue Mizaj Barid*, resulting in pain. Additionally, *Riyah* (gaseous matter) may cause discomfort when it penetrates muscular fibers or the periosteum. Thus, the root pathology lies in defective digestion (*Naqs-e-Hazm*), which produces abnormal humor and leads to localized accumulation. Anatomically, the pain may originate from anterior spinal elements (vertebral bodies, discs, ligaments, muscles), posterior elements (facet joints, ligaments, sacroiliac joints), or central structures (spinal cord, nerves, musculature).

Clinical Presentation Alamat-e-Marz [11]

The symptoms vary depending on temperament (*Mizaj*):

- Sue Mizaj Barid Sada – Cold sensation, pain without heaviness, relief with warmth.
- Kham Madda *(*Balgham Kham*) – Pain with heaviness, relief after exercise and* Dalak.
- Riyahi *type – Stretching pain (*Waja Mumaddida), worsened by flatulent foods.
- Azeem Nabaz – *Throbbing pain (*Waja Zarbani) synchronized with the pulse.
- Zoaf-e-Gurda wa Laghari – *Kidney weakness with symptoms like sexual debility (*Zoaf-e-Bah*), lumbar pain (*Dard-e-Qutn), and urinary complaints.

DIFFERENTIAL DIAGNOSIS TASHKHEES FARQI

- Lumbosacral strain.

- Herniated or prolapsed disc.
- Spinal osteoarthritis.
- Spinal stenosis.
- Ankylosing spondylitis.

PRINCIPLES OF MANAGEMENT (USOOL-E-ILAJ) [13]

Management focuses on Tanqiya-e-Mawad (elimination of morbid substances) and Tadeel-e-Mizaj (restoration of balance). In *Sue Mizaj Maddi*, treatment aims at *Nuzj wa Istifragh* (ripening and expulsion) through *Munzij* (maturation therapy), *Mushil* (purgatives), and *Qai* (emesis). In *Sue Mizaj Sada* or after elimination, supportive therapies (*Tadabeer*) are employed: *Zimad* (liniments), *Natool* (irrigation), *Takmeed* (fomentation), *Fasd* (venesection), *Hammam* (bathing), *Riyazat* (exercise), and Dalak (massage).

DALAK (MASSAGE): CONCEPT AND SIGNIFICANCE

Dalak, considered a form of *Riyazat* (exercise), is known for both preventive and therapeutic benefits. It involves manual techniques performed with the palms and fingers by a skilled practitioner to dissolve morbid matter, strengthen the body's faculties (*Quwa*), and maintain overall health. As part of *Ilaj-bit-Tadbeer*, it aids the removal of by-products from the final stage of digestion (*Hazm-e-Uzwi*) [14].

Types of Dalak

Baseet (Simple)

- Dalak Sulb (firm).
- Dalak Layyin (gentle).
- Dalak Motadil (moderate).
- Dalak Kaseer (prolonged).
- Dalak Qaleel (short).

Murakkab (Compound)

- Dalak Sulb Kaseer (firm and prolonged).
- Dalak Layyin Motadil (gentle and moderate).

Special

- Dalak Khashin (rough).
- Dalak Amlas (oily and smooth).
- Dalak Istedad (preparatory).
- Dalak Isterdad (relaxing).

Time and Duration

Time

Best timing: Morning on an empty stomach or evening 3–4 hours after a meal. Seasonal timing: Spring (*Rabee*) – noon; Summer (*Saif*) – morning; Autumn (*Khareef*) – noon; Winter (*Shitta*) – afternoon.

Duration

- *Healthy Individuals:* 30–40 minutes.
- *Pain Cases:* longer sessions.
- *Weak Patients:* 15–20 minutes initially.
- *Regular Use:* 25–30 minutes daily.
- *Elderly:* Up to 1 hour.

Therapeutic Indications of Dalak

Dalak is prescribed for:

- Waja-ul-Mafasil (arthritis, gout, spondylosis).
- Muscular disorders.
- Neurological conditions (sciatica, paralysis, facial palsy).

For Waja-uz-Zohar, Effective Combinations Include

- Dalak Khashin *followed by* Dalak Sulb Kaseer.
- *Oils:* Roghan-e-Narjeel Kohna, Roghan-e-Sosan, Roghan-e-Tukhme Anjeer, Roghan-e-Qurtum, Roghan-e-Farfiyun, Roghan-e-Suddab, Roghan-e-Kunjud.
- Recommended session: ~20 minutes [14].

DISCUSSION

Dalak is consistent with Unani principles of humoral balance, it promotes circulation, resolves *Kham Balgham* and corrects *Sue Mizaj Barid*. Mechanically it enhances muscle tone, joint flexibility and lymphatic drainage. The use of warm-tempered (*Haar Mizaj*) oils helps disperse cold matter (*Barid Madda*), easing stiffness and reducing pain. When combined with modern rehabilitation methods Dalak may improve outcomes for chronic low back pain [15].

CONCLUSION

Waja-uz-Zohar is a multifactorial condition extensively documented in Unani sources. Dalak, as a regimental therapy (*Ilaj-bit-Tadbeer*), plays a central role in eliminating harmful substances, restoring balance (*Mizaj*), and aiding recovery. Structured application including the right oils, methods, and timing enhances both its therapeutic and preventive benefits.

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