

## HEALTH BENEFITS OF DAL'K (MASSAGE) IN UNANI SYSTEM OF MEDICATION AND PERCEPTION OF RURAL ELDERLY PEOPLE TOWARDS DAL'K (MASSAGE) IN KASHMIR

**SYED SABAHAT ASHRAF<sup>1</sup>, SHAYESTA RAHI<sup>2</sup>, BILAL AHMAD BHAT<sup>3</sup>, SABREENA BHAT<sup>4</sup>,  
UZMANAZIR<sup>5</sup>, MEHJABEENA AKHTER<sup>5</sup> AND INTIZAR AHMAD<sup>6</sup>**

<sup>1</sup>Government Unani Medical College, Nawab Bagh Ganderbal, Kashmir, J&K<sup>2</sup>Obstetrics and Gynaecology, Govt. Lalla-Ded Hospital, Srinagar Kashmir, J&K

<sup>3</sup>Division of Agricultural Economics and Statistics, Faculty of Agriculture, Wadura Campus, SKUAST-K, J&K

<sup>4</sup>Division of Aquaculture, Faculty of Fisheries, Rangil Ganderbal, SKUAST-K, J&K

<sup>5</sup>Division of Aquatic Environmental Management, Faculty of Fisheries, Rangil Ganderbal, SKUAST-K, J&K

<sup>6</sup>S.H.Inst. of Islamic Studies, University of Kashmir, Hazratbal Srinagar, Kashmir, J&K

Email: bhat\_bilal@rediffmail.com

### ABSTRACT

*Dal'k (Massage) since time immemorial has been used worldwide for preventive, therapeutic and rehabilitative purposes. It is one of the methods of evacuation of morbid matter from the body to maintain the equilibrium of bodily humors in the Unani medicine system. A number of studies in recent years have been conducted to establish the scientific validity of Dal'k (Massage) in Unani medicine system. Dal'k (Massage) has been indicated in different neurological, musculoskeletal and psychosomatic disorders. In current study, a well-developed validated questionnaire was used to assess the attitude of rural elders towards Dal'k (Massage). In the current study, we chose 400 rural people at random for our study on their consent. A well-developed designed validated questionnaire was used for the collection of data and data collected was analysed using appropriate statistical tools. The study revealed that majority of the respondents were having massage before sleeping to feel relaxed. The respondents under study male as well as female reported that for the promotion of general health they prefer massage and for fitness as well as in treating minor health problems they use massage.*

**KEYWORDS:** Dal'k, Massage, Unani Medicine, Therapeutic application, Kashmir, Statistics



## INTRODUCTION

Worldwide since time immemorial Dal'k (Massage) was used for preventive, therapeutic and rehabilitative purposes. In India it can be accounted for back to the time of the first Indo-Aryan settlements and it is believed that preceding era of the Indus valley culture, massage was already in use. Massage was considered an important health beneficial practice which was often linked to social, religious or ritual customs in ancient times. Massage is mentioned and recommended as an indispensable healing factor in classic Ayurveda texts and it is regularly used for the promotion of general health and fitness as well as in treating minor or serious health problems to this day. We know massage is mainly applied to the entire body or body parts with the help of sufficient amounts of warm oils or substances specific to the patient's constitution and in some ways it is similar to the western method of massage.

In the literature we found that massage is derived from the Arab word "Mass" (to touch) or from the Greek word "Massein" (to knead). It was also believed that the word massage came from Sanskrit word "Maksh" (to strike, to press) or the Hebrew word "Mashesh" (to touch, to feel, to grasp). Massage among Greeks and Romans was very popular so the Arabic and Greek origin proposed by Savery in 1785 and Piory in 1819 respectively has been considered more authentic. The father of medicine, Hippocrates (460-370 BC) who discussed the qualities and contraindications of massage was the first person who recognized massage as a therapeutic agent. It was found that Galen (129-200 AD) who wrote about 16 books related to exercise as well as massage found with own indications nine forms of massage [Sinha, 2001]. In the first volumetric treatise "Al-Qanoon Fil Tib" Ibn Sina discussed the various types of massage [Ibn Sina, 2010]. Ibn Rushd in Kitabul Kulliyat, discussed the classification and importance of massage [Ibn Rushd, 1980] and Majooosi in Kamilus Sanaa'h, have also mentioned about the preventive and curative aspect of massage [Majoosi, 1889].

Ibn Sina and Majooosi reported that Dal'k is of four types i.e. Sulb, Layyin, Kaseer and Moatadil. The description of these is briefly given as under:

- Dal'k Sulb:** In this type of massage firm pressure is applied while stroking with hands. This makes the body firm and strong by the virtue of eliminating those rutoobat, which is responsible for the flaccidity of the muscles.
- Dal'k Layyin:** This type of massage is done with soft hands, slowly without exerting much pressure with the purpose of getting the muscles relaxed.
- Dal'k Kaseer:** This type of massage is done for longer duration to reduce the body fat and making the body lean and thin. Being longer in duration, this type of massage eliminates rutoobat from the body in excess amounts leading to weight loss.
- Dal'k Moatadil:** This type of massage is moderate in duration and in force applied while doing it. By inducing better perfusion of muscles, this type of massage causes a moderate rise in muscle mass.

Ibn Rushd classified Dal'k into six basic types. His classification is based on Kaifiyat and Kammiyat. On the basis of Kaifiyat; he classified massage into Dal'k Sulb, Dal'k Layyin and Dal'k Moatadil. On the basis of Kammiyat, he classified massage into Dal'k Kaseer, Dal'k Qaleel and Dal'k Moatadil.

The various combinations of these varieties provide nine types of massage named as,

Dal'k Sulb Kaseer, Dal'k Layyin Kaseer, Dal'k Moatadil Kaseer, Dal'k Sulb Qaleel, Dal'k Layyin Qaleel, Dal'k Moatadil Qaleel, Dal'k Sulb Moatadil, Dal'k Layyin Moatadil and Dal'k Moatadil Moatadil. Further, in the literature we come across some other types of massage [e.g., Ibn Sina, 2010; Kabeeruddin, 1935; Ibn Rushd, 1889].

**Dal'k Khashin:** This massage is done with a rough piece of cloth which draws the blood rapidly to the surface. It should not be done for longer duration otherwise leads to excessive elimination of rutoobat from the body and results in dehydration.

**Dal'k Amlas:** It is carried out with soft piece of cloth which increased blood flow in the treated area. The objective of this type of massage is always to make the body firm and soft, if it is loose or flabby and hard respectively.







**Dal'k Istedad:** This special type of massage is done before exercise in order to prepare the body for undergoing different movements during exercise. It is done greatly in beginning and then vigorously towards the end, so as to make waste products easily expellable while during exercise.








**Dal'k Isterdad:** This type of massage is done towards the end of exercise and is also known as Dal'k Musakkin. Its purpose is to liquefy and eliminate the waste products, which if retained after exercise in the tissues produce fatigue. This type of massage should be carried out gently and in moderation, preferably with oil. It should never be vigorous, rough or hard at the end as it would then harden the body. When massage is over, treated part should be kept in a tense and taut condition so as to help the elimination of waste products. At this time the masseur should keep rubbing the body with a towel, while the subject should hold his breath as long as possible, during this procedure, the abdominal muscles should be kept relaxed, while those of the chest stretched. Towards the end of procedure, abdominal muscles are tightened to stimulate the viscera.

We found that in 16th century Fabricus-Ab-Aquapendente, tutor of William Harvey, wrote a book on massage in which he warmly recommended the use of massage as a rational therapy for joint affection. It was he who used the term "Kneading" for the first time in world. One of the founders of royal society Francis Glisson (1597-1677AD) mentioned the use of massages and exercises in the treatment of rickets. The French colonists in India first used the term massage during 1761-1763 and included it for the first time in 1812 in a French-German dictionary. In the English literature the word massage according to Oxford dictionary entered in literature in 1879. Per Henrik Ling (1776- 1839AD) in the 19th century contributed a lot in this field and classified the techniques of conventional massage and incorporated the French words such as percussion, tapotement, effleurage etc. in his Swedish system of massage. Further, Rosenthal gave scientific ground to massage and manipulation and is accredited for reintroduction of massage into mainline medical practice. [Sinha, 2001] In the literature [e.g., Kabeeruddin, 1935; Majoosi, 1889; Anonymous, 1993], we come across also modern classification of massage given as under:






**Table 1: Modern Classification of Dalk (Massage)**

<b>A. On the Basis of Character of Technique</b>		
<b>Types</b>	<b>SubTypes</b>	<b>Images</b>
<b>STROKING MANIPULATION</b> (Linear movement of relaxed hand)	<b>Superficial stroking</b> (without any pressure)	
	<b>Deep stroking</b> (with moderate pressure)	
<b>PRESSURE MANIPULATION</b> (the hand of the therapist and skin of the patient moves together as one and fairly deep localised pressure is applied to the body)	<b>Kneading</b> (palmar kneading, Digital kneading, Ironing)	
	<b>Petrissage</b> (Picking up, Wringing & skin rolling)	
	<b>Friction</b> (Circular & Transverse friction)	





<p><b>PERCUSSION</b> (treated parts struck of blows with the hand)</p>	<p><b>Clapping</b> (Administered with cupped palm)</p>	
	<p><b>Hacking</b> (Administered with the Ulnar Border of the 5<sup>th</sup> 4<sup>th</sup> and 3<sup>rd</sup> digits in manner of straight or curved)</p>	
	<p><b>Tapping</b> (Administered with the pulp of the fingers)</p>	
	<p><b>Beating</b> (Administered with the anterior aspect of the clinched fists)</p>	
	<p><b>Pounding</b> (Administered with the medial aspect of the clinched fists)</p>	
<p><b>Vibratory Manipulation</b></p>	<p><b>Vibration</b> (Small range oscillatory movement of hand in upward and downward direction with constant touch)</p>	
	<p><b>Shaking</b> (Small range oscillatory movement of hand in sideways direction with constant touch)</p>	



	<p>Breast massage is performed by placing four fingers of one hand on the top of the breast and four fingers of the other hand on the bottom. In circular pattern breast massage is performed and it may feel best if hands are warm. Massage is also performed to the sides of breasts in a circular pattern. Breast massage could have several health benefits, such as stimulating blood flow and helping with breastfeeding.</p>	
<p><b>B. On the Basis of Depth of Tissue Approached</b></p>		
<p><b>Light Massage</b> (Forces are very light) e.g., Stroking, Tapping</p>		
<p><b>Deep Massage</b> (Forces are moderate to deep) e.g., Friction, Kneading</p>		
<p><b>C. On the Basis of Region Massaged</b></p>		
<p><b>General Massage:</b> Massage over entire body or over a large body segment (Back, lower limb). Usually done in debilitated person (Athlete)</p>		
<p><b>Local Massage:</b> Massage in a particular area of the body segment (e.g. Tenosynovitis, sprain)</p>		
<p><b>D. On the Basis of Administration of Technique</b></p>		



<p><b>Manual Massage:</b> Performed with the help of the therapist's body part/hand. For example, classical massage, trigger point massage and acupressure massage etc.</p>	
<p><b>Mechanical Massage:</b> performed with the help of mechanical devices. e.g., vibrator, compression devices, pneumatic massage etc.<sup>7</sup></p>	

## GENERAL GUIDELINES FOR MASSAGE THERAPY

**Setting:** For massage therapy select a comfortable place with enough light and ventilation in view of season. The temperature of the room kept for massage purpose should be comfortable to the naked body and if possible, sunlight should seep into the room sometimes for patients it is advisable to sunbathe.

**Massage table:** Generally woodentable with appropriated dimensions such as 6-7x2 feet is preferably used supporting the whole body of the patient/client. Further, a thick rubber sheet should be changed for every patient to prevent the infection.

**Timing:** The timing of massage has been mentioned by Ibne Rushdin Kitabul Kulliyat which is same as timing for exercise. According to Ibne Rushd, the timing will be in Mausame Rabe'e (spring season): noon, in Mausame Saif (summer season): morning, in Mausame Khareef (autumn season): noon and in Mausame Shita (winter season): after noon. Infact, most suitable time for massage is early in the morning between 5 and 9 a.m. and in the evening between 4:30 and 6 p.m. as per experts.

**Direction:** The patient/client must lie down on the massage table in a supine position and massage should start from the soles of the feet and move toward the heart.

This position enables the veins of the patient to function better, while massage of the head, neck and face is performed in a sitting position. Further, massage the legs, arms, chest, abdomen, back and hips in that order.

**Duration:** Infact, duration of massage is not exactly mentioned in any Unani classical writings in terms of minute or hours. However, it can be said on the basis of experience that the duration of massage will vary with the treatment and in general it lasts for 30-45 minutes. The duration of massage is linked with age of patient/client such as newborn babies should be massaged for 15 minutes daily; Children upto the age of 4 years should be massaged for 20 minutes. Massage in youth and adults should be done

for 30 minutes and in old people massage should be done for 40 minutes.

In general oil is used in Unani system of medicine for massage as it offers many benefits. It prevents dryness, increase suppleness and durability of the skin. The main purpose of this study was to understand the concept as well as role of Dalk therapy and their importance in 'Ilaj-bit-tadbir'. Hence, this survey was conducted in Kashmir to explore the mechanism, effects and perception of rural people towards massage.

## METHODOLOGY

A cross-sectional survey was carried out among elderly people aged above 60 years, residing in rural areas of Kashmir valley during 2023. A total of 400 participants selected at random from rural areas of Kashmir valley on their consent were involved in the present survey. A well developed validated questionnaire was used for the collection of data. The sample size for present study was computed using (Cochran, 1977)



$$n = \frac{Z_{\alpha}^2 P(1-P)}{d^2}$$

Here, we chose  $p=0.5$ ,  $Z_{\alpha}=1.96$  and  $d=0.05$ . That gives the approximate sample size  $n \sim 384$  and we decided to take  $n = 400$ . The data collected from our survey was tabulated, analyzed and interpreted statistically using appropriate statistical tools like descriptive statistics as well as inferential statistics. The statistical software SPSS (version 20) was used for analysis of data.

### RESEARCH HYPOTHESIS

Hypothesis 1: There is no significant difference in the opinion of male and female respondents towards the opinion that massage is linked with social bond.

In order to test these research hypothesis, we use Chi-square test (with usual notations) given as

$$X^2 = \sum_{i=1}^k \frac{(o_i - e_i)^2}{e_i}$$

where  $X^2 \sim \chi^2_{k-1}$ ,  $o_i$  and  $e_i$  are observed and expected frequencies. We reject  $H_0$  if  $p$ -value is less than specified level of significance.

### RESULTS AND DISCUSSION

The data presented in Table 2, revealed that majority of the respondents (78.50 %) were in the age group upto 65 years, having life partner alive (86.75 %), illiterate (54.25 %) and male (58.75 %).

**Table 2: Sociodemographic details of the respondents under study**

Variable	Category	Frequency	Percentage (%)
Age in years	Upto 65	314	78.50
	66-70	67	16.75
	>70	19	4.75
Life partner alive/living together	Yes	347	86.75
	No	53	13.25
Educational Status	Illiterate	217	54.25
	Literate	183	45.75
Gender	Male	235	58.75
	Female	165	41.25

The data presented in Table 3, revealed that in response to statement 1, i.e., Massage increase relaxation, majority of respondents (88.25%) agree. In response to statement 2, i.e., Massage helps to relieve stress by lowering the heart rate, majority of respondents (84.50%) agree.

In response to statement 3, i.e., Massage reduces anxiety and depression, majority of respondents (89.50%) agree. In response to statement 4, i.e., Massage Strengthen the Body's Immune System, majority of respondents (72.0%) agree. In response to statement 5, i.e., Massage improves sleep, majority of respondents (90.75%) agree. In



response to statement 6, i.e., Receiving a massage is beneficial to increasing the feeling of content and well-being, majority of respondents (85.0%) agree.

**Table 3: Perception of rural people of Kashmir towards massage therapy**

S, No	Statement	Agree (%)	Disagree (%)	Not Sure (%)
1.	Massage increases relaxation	353 (88.25)	19 (4.75)	28 (7.0)
2.	Massage helps to relieve stress by lowering the heart rate	338 (84.5)	23 (5.75)	39 (9.75)
3.	Massage reduces anxiety and depression	358 (89.5)	17 (4.25)	25 (6.25)
4.	Massage strengthens the body's immune system	288 (72.0)	34 (8.5)	78 (19.5)
5.	Massage improves sleep	363 (90.75)	14 (3.5)	23 (5.75)
6.	Receiving a massage is beneficial to increasing the feeling of content and well-being.	340 (85.0)	29 (7.25)	31 (7.75)

The results shown in Table 4, revealed that there was a significant association in the opinion of male and female respondents related to statement Massage is linked with social bond (Chi square = 14.463, P < 0.01). It is a general observation that new generation lack this quality as they focus more on self.

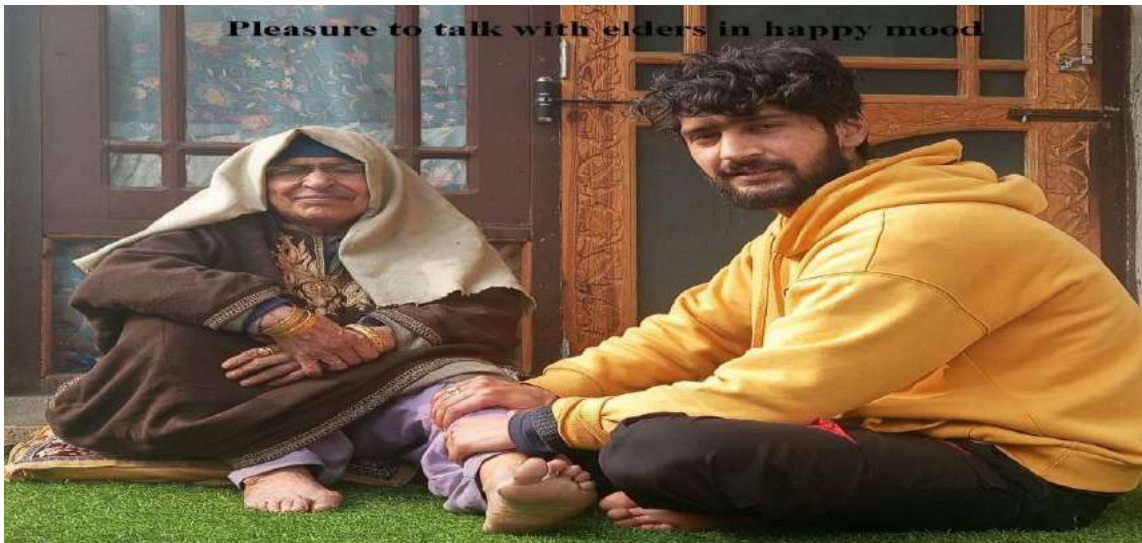
**Table 4: Social aspects related with massage therapy**

Statement	Gender	Response			Chi square	P-value
		Yes (%)	No Idea (%)	No Idea (%)		
Massage is linked with social bond	Male	194 (48.5)	174 (43.5)	32 (8.0)	14.678	<0.01
	Female	212 (53.0)	130 (32.5)	58 (14.5)		

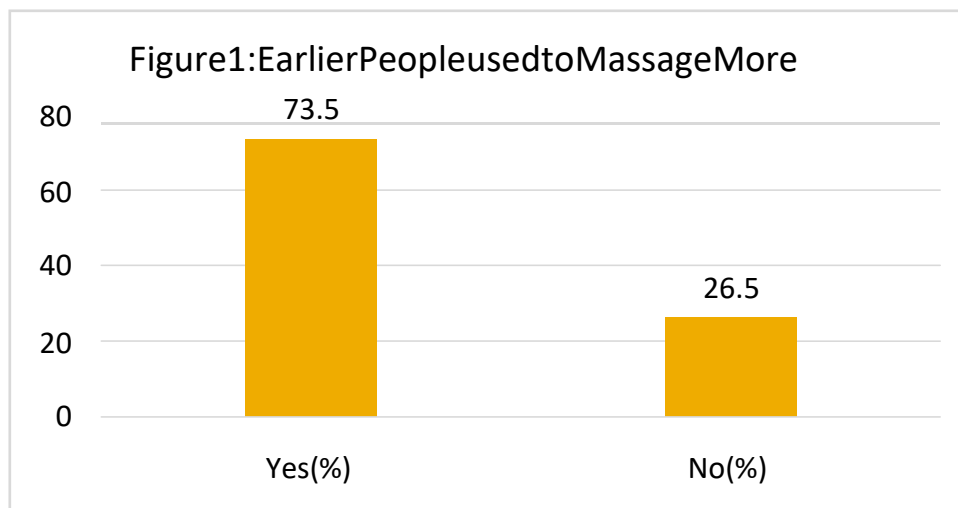
During massage we generally talk on topics like the weather, sports, or hobbies. A lot of knowledge and experience is transferred from one generation to other. It is suggested one should avoid talking sensitive as well as personal matters that disturb an elder.





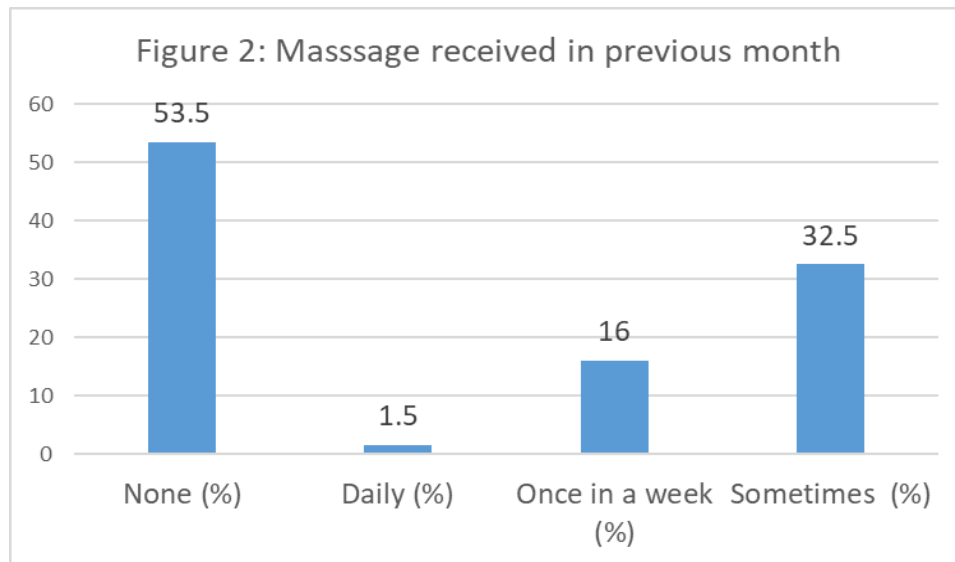


The data shown in Figure 1, revealed that majority (73.5%) of the respondents were of the opinion that earlier people used to massage more as compared to present. The main reason researchers believe was the non availability of professional doctors and non availability of modern day technology. The population of the study area is increasing every year, unfortunately there is a lack of attention given to elders which resulted in decrease of massage therapy. We have now old home system so in future further decrease in massage therapy is expected.



The data shown in Figure 2, revealed that majority (53.5%) of the respondents reported that during last month they never received any massage, 32.5% reported that they received sometimes massage, 16% respondents reported that they received massage once in a week and 1.5% respondents reported that they receive massage daily. The group discussion with elders revealed that their parents and grand parents were fond of massage. They preferred massage to cure minor physical problems.





**BENEFITS OF DALK THERAPY:**

Dalk therapy as reported in literature [Ibn Sina, 2010; Jurjani, 2010; Khan, 2013] has few unique properties which distinguish it from other regimen modalities like; (a) Dalk therapy has capability to expel extremely viscous and sticky matter (Ghaliz & Laisdar Maddah) from a particular organ; which cannot be expelled by usual Harkator Riyadat.

(b) Dalk therapy is very helpful to remove excessive Burudat (Burudat Munjamida) and Riyadat from the organs.

(c) Dalk therapy can be especially utilized to dislodge morbid matter (Imala-i-Mawad) from one organ to another. (d) It can enhance the size of a malnourished organ; because of its ability to stimulate and extend Hararat (physiological temperature) and dilate the organ vasculature; which are two main means for proper nutrition of an organ.

Sometimes we use some lubrication for performing massage. The purpose of using the lubricating contact medium during massage is mainly to, make skin soft and smooth & reduce friction between the therapist's hand and patient's skin. We can use oil (which produces Rutubat in the body cream and powders (French chalk and talc powder) as lubricants.

**PRACTICAL APPLICATIONS OF DALK IN UNANI MEDICINE:**

On the basis of literature available [Ibn Sina, 2010; Khan, 2011; Amanullah, 2011; Baghdadi, 2007; Majusi, 2010; Samarqandi, 2010; Razi, 1991 & 2004] and discussion with experts, we present here in Table 5 some practical applications of Dalkas

**Table 5: Different diseases and their therapeutic agent**

DISEASES	ROGHANIYAT (THERAPEUTIC OILS)
Waja 'uz Zahr (Backache)	Roghan-i-Qust, Roghan-i-Sudab, Roghan-i-Farfiyun, Roghan-i-Sosan, Roghan-i-Balsan, Roghan-i-Babuna, Roghan-i-Shibit, Roghan-i-Narjil Kuhna, Roghan-i-Joz Kuhna, Roghan-i-Qurtum, Roghan-i-Arand, Roghan-i-Habbul Gar



<i>Waja 'ul-MafaSil Barid</i> (ChronicArthritisduetoc oldtemperament)	<i>Roghan-i-Sosan,Roghan-i-Qust,Roghan-i-Nardin,Roghan-i-Narjil,Roghan-i-Nargis,Roghan-i-ChameliSafed,Roghan-i-Arand,Roghan-i-Sumbul,Roghan-i-Hanzal,Roghan-i-Jundbedastar,Roghan-i-Khardal,Roghan-i-JozRumi</i>
<i>Waja 'ul-MafaSilYabis</i> (Arthritis duetodrytemperament)	<i>Roghan-i-Badam,Roghan-i-Kadu,Roghan-i-Gul,Roghan-e-Aakh</i>
<i>Waja 'ul-MafaSilBalghami</i> (ChronicArthritisduetophlegm)	<i>Roghan-i-Dhatura,Roghan-i-Hina,Roghan-i-Auraq(Roghan-i-HaftBarg),Roghan-i-BedAnjir,Roghan-i-Nardin,Roghan-i-Qust,Roghan-i-BadamTalkh,Roghan-i-Hurmatal,Roghan-i-Naranj,Roghan-i-Babuna,Roghan-i-Shibit,Roghan-i-Sumbul</i>
<i>Waja 'ul-MafaSilSaudawi</i> (ChronicArthritisduetoblackbile)	<i>Roghan-i-Sosan,Roghan-i-Qust,Roghan-i-BedAnjir,Roghan-i-Qurtum,Roghan-i-Babuna</i>
<i>Waja 'ul-MafaSilReehi</i> (Arthritis DuetoaccumulationofRiyah)	<i>Roghan-i-Biskhapra,Roghan-i-Gul,Roghan-i-Kunjad,Roghan-i-Babuna,Roghan-i-Zanjabil,Roghan-i-Shibit,Roghan-e-Bayed-Anjeer</i>
<i>Tahajjurul-Mafasil</i> (Ankylosingarthritis)	<i>Roghan-i-Biskhapra, Roghan-i-Babuna, Roghan-i-Chobchini,Roghan-i-Sosan</i>
<i>Waja 'ul-WarikBaridwaMurak kabCoccydia)</i>	<i>Roghan-i-Shibit,Roghan-i-Farfiyun,Roghan-i-Handaquqi, Roghan-i-Arand,Roghan-i-Qust,Roghan-i-Aaqarqarha,Roghan-i-Hina,Roghan-i-Jundbedastar</i>
<i>'Irqunna</i> (sciatica)	<i>Roghan-i-Qust,Roghan-i-Farfiyun,Roghan-i-Aaqarqarha, Roghan-i-Hina, Roghan-i-Jundbedastar, Roghan-i-Kalonji, Roghan-i-Khardal,Roghan-i-Sosan,Roghan-i-Shibit,Roghan-i-Gul,Roghan-i-Kunjad,Roghan-i-Sumbul,Roghan-i-Chameli,Roghan-i-RaiBel,Roghan-i-Zaitun,Roghan-i-Nardin,Roghan-i-Narjil,Roghan-i-Hanzal</i>
<i>NiqrisBarid</i> (ChronicGoutduetoc oldtemperament)	<i>Roghan-i-Sosan,Roghan-i-Sumbul,Roghan-i-Ghar,RoghanSudab,Roghan-i-Hanzal</i>
<i>Istirkhawafalij</i> (Hemiplegia)	<i>Roghan-i-Dacrhini,Roghan-i-Hina</i>
<i>Tashannuj</i> (Convulsion)	<i>Roghan-i-Hina,Roghan-i-Zuft</i>
<i>Kuzzaz</i> (Tetanus)	<i>Roghan-i-Banafsha,Roghan-i-Tukhm-i-kadu</i>
<i>Laqwa</i> (Facialparalysis)	<i>Roghan-i-Farfiyun,Roghan-i-Rahat,Roghan-i-Joz,Roghan-i-Balsan</i>



*Ra'sha*(Tremors)*Roghan-i-Darchini, Roghan-i-Qust*

## CONCLUSION

On the basis of our study, a good number of rural people prefer massage for the promotion of general health. In the opinion of male and female respondents, massage therapy is linked with social bond ( $P < 0.01$ ). For fitness and treating minor health problems, massage therapy was used but due to an increase in population, unfortunately there is a lack of attention given to elders which resulted in a decrease of massage therapy. We have now an old home system in many parts of the world so in future further decrease in massage therapy is expected. The social aspect is one of the main benefits of massage. Massage for elders reduces pain and swelling, lower blood pressure as well as decreases anxiety. The personal touch can create a positive impact on both mental and physical health of elders. We know global population aged 60 years old or above is growing at a rate of about 3% per year, which is faster than all younger age groups. In Europe, 25% of the population is already aged above 60 years old, and in Latin America they account for 12% of the population. The world's demographic shift has led to a need for action across multiple sectors to enable older people to age well and remain a resource to their families, communities, and economies. Generally, muscle mass and strength increase steadily from birth and reach their peak at around 30 to 35 years of age. The muscle power and performance after that decline slowly and linearly at first, and then decline faster after age 65 for women and 70 years for men. We must take care of our elders as they support and elders and elders must keep in mind that some physical activity is better than none at all. It may be concluded that massage, as indicated by Unani physicians, can be used for prophylactic, therapeutic and restorative purposes. In recent years, various studies have also claimed the efficacy of massage in various disorders. But, most of the research studies are of small scale in nature. So, more and better trial data are needed to define the clinical effectiveness of this popular ancient therapy more precisely.

## LIMITATIONS

In the present study the sample size was 400 so researchers suggest that by increasing sample size in future study, we can get more valid information.

## Acknowledgment

The authors are thankful to the respondent's assistance for taking part in our study.

## REFERENCES

- [1]. Anonymous. National Formulary of Unani Medicine. Vol. 1. New Delhi: CCRUM; 1993:283.
- [2]. Amanullah, Anwar M, Nasir AA, Sofi G, Shah AH. Efficacy of massage with Roghanseerin motor recovery in hemiplegia secondary to ischaemic stroke. IJTK 2011; 10(4):731-5.
- [3]. Arzani A. Tibb-i-Akbar. (Urdu translation by Kabir-al-Din M). New Delhi: Idara Kitabushshifa; YNM: p222-223, 615-617.
- [4]. Baghdadi IH. Kitabu Mukhtarat Fit Tib, Vol-4. New Delhi: Central Council for Research in Unani Medicine; 2007.
- [5]. Cochran W. Sampling techniques. (3rd edn.), Wiley, New York. 1977.
- [6]. Ehsanullah M. Ilaj Bit Tadbeer. New Delhi: Rabbani Printers; 2006:84-100, 187-198.
- [7]. Ibn Sina. Alqanoon Fit Tib (Urdu translation by Kanturi GH). Vol. 1. New Delhi: Idara Kitabushshifa; 2010:90-96, 120-6, 177-178.
- [8]. Ibne Rushd. Kitabu Kulliyat. New Delhi: CCRUM; 1980:346.
- [9]. Johari H. Ancient Indian Massage. New Delhi: Munshiram Manoharlal Publishers; 2000.
- [10]. Jamal MA, Khan MA. Kitabu Tadbeer. Indore: AFUMC; 2013:33-39, 145-157.



- [11].JurjaniI.ZakheeraKhwarzmShahi(UrduTranslationbyKhanHH).Vol.3.NewDelhiIdaraKitabusShifa;2010:114-125.
- [12].Kabeeruddin M. Kulliyat-e-Nafeesi. New Delhi: Idara Kitabus Shifa; YNM: 161-184, 424-427,473-484.[13].KabeeruddinM. Bayaz-e-Kabeer.Vol.2. NewDelhi:IdaraKitabusShifa; 2010:88-96
- [14].KhanAA,AshrafSMS,ZulkifleM.ChronologyofDalak(Massage)andRiyazat(Exercise).ISHIM2013-14;12-13(23-24-25-26):80-82.
- [15].Khan JA. Ilaj Bit Tadbeer. Deoband: Hira Computers; 2011:27-34.[16]. KhanMA.Aksire‘Azam.NewDelhi:IdaraKitab-us-Shifa;2011.
- [17].Majoosi AA. Kamilus Sanaa'h (Urdu Translation by Kantoori GH). Vol.1. Lucknow: MunshiNaval Kishore;1889:232.
- [18].Majusi ABA.KamilusSana'ah,Vol-2Part-2.NewDelhi:CentralCouncilforResearchinUnaniMedicine;2010.
- [19].SamarqandiN.TarjamaSharahAsbab,Vol-3.NewDelhi:CentralCouncilforResearchinUnaniMedicine;2010.
- [20].RaziABMZakariya.KitabulMansoori.NewDelhi:CCRUM;1991:126-127.
- [21].Sinha AG. Principles and practices of therapeutic massage.1st ed. New Delhi: JaypeeBrothers; 2001:1-7.[22].RaziABMBZ. KitabulHawi,Vol-11.NewDelhi:CentralCouncilforResearchinUnaniMedicine;2004.

#### ABOUT AUTHOR(S)



*Dr. Syed Sabahat Ashraf* presently working as Assistant Professor has published a number of research papers in various national/international journals of repute. Dr. Syed Sabahat Ashraf has participated and presented a number of research papers in national/international conferences.

*Dr Shayesta Rahi* presently working as Assistant Professor, Lal Ded Hospital, Srinagar, Kashmir J&K has published a number of research papers in various national/international journals of repute. Dr. Shayesta Rahi has participated and presented a number of research papers in national/international conferences.



*Dr. Bilal Ahmad Bhat*, presently working as Professor (Statistics) and Head, Division of Statistics, Faculty of Agriculture, Wadura, SKUAST-Kashmir, J&K was earlier working in Mathematics & Statistics Dept University of Kashmir and in SKUAST-Jammu as Assistant Professor (Statistics) before joining SKUAST-Kashmir. Dr. Bilal has published two books, more than 290 research papers in various National/International Journals of repute, published a number of book chapters, organized number of national/international conferences and has published more than 400 popular articles. He has delivered a number of invited lectures, guided a number of research scholars for their Masters/PhD programme and has good knowledge of statistical softwares like SPSS, MINITAB, SAS, R. Dr. Bilal Ahmad is a member of advisory board



*insomewellknownNationalandInternationaljournalsofreputeandhisfieldofresearchisprobabilitytheory,informationtheoryand appliedstatistics.*



***Ms Sabreena Bhat**, is a PG scholar, Division of Aquaculture, Faculty of Fisheries, SKUAST-Kashmir, J&K. She has participated in a number of national/international conferences, published a number research papers, book chapters and popular articles.*



***Ms Uzma Nazir**, is a PG scholar, Division of Aquatic Environmental Management, Faculty of Fisheries, SKUAST-Kashmir, J&K. She has participated in a number of national/international conferences, published a number research papers, book chapters and popular articles.*



***Ms Mehjabeena Akhter**, is a PG scholar, Division of Aquatic Environmental Management, Faculty of Fisheries, SKUAST-Kashmir, J&K. She has participated in a number of national/international conferences, published a number research papers, book chapters and popular articles.*



***Mr. Intizar Ahmad**, Masters in Islamic Studies from S.H. Inst. of Islamic Studies, University of Kashmir, Hazratbal Sringar, Kashmir, J&K has participated in a number of national/international conferences, published a number research papers, book chapters and popular articles.*

