

**ATTEMPT TO MANAGE UTERINE FIBROID BY UNANI MEDICINE:
A CASE REPORT*****Misba Naim¹ and Wajeeha Begum²**

¹PG Scholar, Dept of Ilmul Qabalat Wa Amraze Niswan, National Institute of Unani
Medicine, Bengaluru, India.

²Reader & HOD, Dept of Ilmul Qabalat Wa Amraze Niswan, National Institute of Unani
Medicine, Bengaluru, India.

Article Received on
26 April 2016,

Revised on 17 May 2016,
Accepted on 05 June 2016

DOI: 10.20959/wjpr20167-6411

Corresponding Author*Misba Naim**

PG Scholar, Dept of Ilmul
Qabalat Wa Amraze
Niswan, National Institute
of Unani Medicine,
Bengaluru, India.

ABSTRACT

Uterine fibroids are the most common, non-cancerous tumors in women of reproductive age and the second most common reason in women of childbearing age undergo surgery. This tumor is also a significant cause of pelvic pain, menorrhagia, abnormal uterine bleeding, infertility and pregnancy complications. The current definitive treatment is hysterectomy besides myolysis, myomectomy, uterine artery embolization and thermal ablation which have their own limitations and side effects. Challenge lies in treating it by medicines without side effects. Unani system of medicine can help in this as an effective therapy. Salae-rehm is described in details along with its management in old classical texts. Sal'at, a type of warme balghami, is

of two types- sal'ate saleema and sal'ate khabeesa. Thus, the uterine fibroids (Sal'ate rehm) come under the category of sal'ate saleema means benign tumor. It has been also mentioned that viscous phlegm (balgham) is the cause behind these sal'at. The management includes avoid those foods which produces phlegm. The large fibroid should be dissolved by the medicines which have muhallile waram (resolvent), munzije balgham and qabiz (astringent) property. The present paper describes the concept of uterine fibroid and successfully managed case of uterine fibroid with Unani formulations.

KEYWORDS: Uterine fibroid, salae rehm, munzij, menorrhagia.

INTRODUCTION

Salae rehm (uterine fibroid) is the most common benign mor of the reproductive age population. It causes significant morbidity and is the single most common indication for hysterectomy, representing a major public and personal health worldwide.^[1] This tumor is also a significant cause of pelvic pain, menorrhagia, abnormal uterine bleeding, infertility and pregnancy complications.^[2] The current definitive treatment for salae rehm is hysterectomy which is not desirable in all cases of child bearing age women especially in those who want to retain their fertility. The option is myomectomy, but many women experience recurrence of myomas after myomectomy and the effect of myomectomy on future fertility is controversial. Myolysis, uterine artery embolization and thermal ablation are the other options with their own clinical limitations and are contraindicated in women planning future pregnancies.^[2] Despite the frequency with which salae reham are diagnosed and treatment option available literature does not provide high quality evidence on effectiveness.

In the Unani literature the tumours has been mentioned with the name of 'salaat' which is a type of waram balghami (phlegmatic swelling)^[3] and there are two types of 'salaat' according to symptoms 'salaate saleema' (benign tumours) and 'salaate khabeesa' (malignant tumours). In salaate saleema the growth is limited to the organ in which they develop. These are painless but sometimes pressure symptoms may be troublesome. The matter does not infiltrate the local nodes. There is no formation of pus. After complete cure they do not recur.^[4] According to classification in Unani medicine, the uterine fibroids (Salaate rehm) come under the category of salaate saleema means benign tumour. It has been also mentioned by Unani physicians that the cause behind these salaat is viscous phlegm (balgham).^[5,6] In the management of salaat avoid those foods which produces phlegm like milk and milk products, moist vegetables etc.^[7] The large fibroid should be dissolved by the medicines which have muhallile waram (resolvent), munzije balgham and qabiz (astringent) property.^[7,8,9] Soft swellings is treated directly with muhallile waram and qabiz drugs but firm swelling needs first munzije balgham drugs to make the swelling soft followed by muhallile waram and qabiz drugs.^[10] If the medical treatment fails, then surgery should be done.^[6]

CASE REPORT

A patient aged 32 years attended at gynecology OPD of NIUM, Bengaluru with the following complaints for the past two years:

- ✓ Dull aching pain and discomfort in the lower abdomen.

- ✓ Fullness, heaviness in the abdomen
- ✓ Pain during menstrual period
- ✓ Heavy flow during periods
- ✓ Weight gain

Detailed history

Patient aged 32 years, married with one child, came with complain of heavy bleeding during menses, and pain in lower abdomen since two years. She also complaint of weight gain and wants to reduce weight.

Menstrual history

Previous menstrual history was regular with bleeding for 5-6 days and cycle of 28-30 days. She used to change two pads/day. No history of dysmenorrhea was present. Since two years, present menstrual history shows bleeding for 7-8 days with heavy flow, she used to change 5-6 pads per day fully soaked for 6 days. History of passing clots was also there. History of dysmenorrhea also present. No history of any abnormal discharge or WDPV.

Obstetric history

Married life 5 years, one child, delivered by FTNVD three years back. Since two years she is also trying to conceive for second child.

No history of HTN, DM, TD, any surgery, blood transfusion, any chronic illness, drug allergy, any benign or malignant tumor in family was found.

On the basis of signs and symptoms, blood investigation- HB%, CT, BT, thyroid profile, RBS and USG pelvis was advised.

Blood investigations were normal. (CBP, RBS, CT, BT, thyroid profile, SGOT, SGPT, Alk phosphatase, B. urea, S. creatinine)

USG confirmed the presence of multiple intramural fibroid (3-4) in uterus, largest measuring 4.7*3.8 cm. (the scanned copies of ultrasound of pre and post therapy have been attached).

Treatment and probable mode of action of the drugs.^[10,11]

As mentioned in Unani literature, the following Unani formulations were advised for a period of three months,

1. Itrifal Ghududi (Hamdard pharmacy, New Delhi) 6gm bid daily orally.
2. Majoon Dabeedul Ward (Hamdard pharmacy, New Delhi) 6gm bid daily orally.

Mode of action

- Itrifal Ghududi -Muhallil-e-waram.
- Majoone Dabeedul ward -Muhallil-e-waram, mudirre baul, waram-e-jigar, waram-e-meda, waram-e-rehm, zofe jigar, zofe meda.

These formulations contain drug having muhallile warm, munzije balgham and qabiz properties.

Post treatment and follow up

Patient was called on cyclical basis:

- ✓ First cycle- symptoms were reduced,
- ✓ Second cycle - symptoms much reduced, patient felt better,
- ✓ After third cycle- patient was normal with general condition fair, no menstrual disturbance felt in third cycle, medicines were advised to stop and repeat scan was advised. Scan shows a significant reduction in size of fibroid- **two fibroids** were remaining- anterior wall measuring **1.8*1.8 cm** and posterior wall measuring **1.4*1.2 cm**.

Follow up

For two months cyclically. No new symptoms were found and no adverse effect noted.

NATIONAL INSTITUTE OF UNANI MEDICINE
Kottegepalya, Magadi Main Road, Bangalore 560091 Ph: 23584260

Patient Name: Lahoon Jyoti Age/Sex: 32/F Date: 6/10/18
CR No: 2458 IP: 2458 OP No: 2458 BILL No: 2458
Referred by Dr: Syeda Sajida USG - NO: 2458

ULTRASONOGRAPHY OF FEMALE PELVIS
CLINICAL DETAILS:

Scan Findings:
URINARY BLADDER: 2

UTERUS: Anteverted / Retroverted Bulky uterus
Length: 10.1 cms Breadth: 5.9 cms Transverse J.T: 7.1 cms
Myometrial Echotexture: Multifocal intra mural fibroid seen
Combined Endometrial thickness: 8.4 mm
Largest means 4.2 x 3.8 cm

OVARIES: Left Ovary: 5.2 x 3.2 cms Right Ovary: 4.2 x 3.2 cms

POD: fa

Other Findings: nd

IMPRESSION: 1 Bulky uterus with multiple intra mural

Radiologist

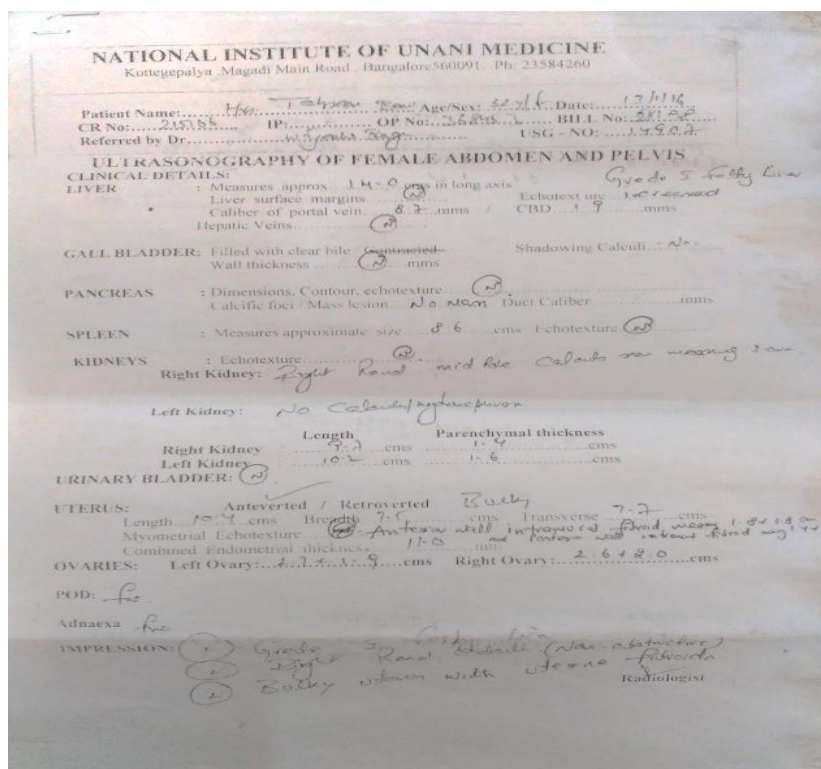


Fig 1: Scanned copies of ultrasound of Pre and post therapy.

CONCLUSION

As per the case report, the symptoms of uterine fibroid were fully relieved and the size of fibroids have been significantly reduced so as to cause no symptoms in routine life. Thus, Unani system can help in managing gynecological cases of uterine fibroid. Surgery with its complication and adverse effects of modern hormonal therapy can be avoided in choosing this for the same.

FURTHER RECOMMENDATIONS

Case series and clinical trials should be done and documented. Duration of therapy may be increased as per the size of fibroid.

ACKNOWLEDGEMENT

Thankful to patient who cooperated well in the entire period.

REFERENCES

1. Vollenhoven B.J., Lawrence AS, Healy DL. Uterine fibroids: a clinical review. Br J Obstet Gynaecol, 1990; 97: 285-98.

2. Hendy, lee, Wang, Copland; Gene therapy of uterine leiomyomas: adenovirus mediated expression of dominant negative estrogen receptor inhibits tumor growth in nude mice. *Am J Obstet gynecol*, 2004; 191: 1621-31.
3. Hamdani HSKH. *Usoole Tib*. 3rd ed. New Dehli: Qaumi Council Baraye Farogh Urdu Zaban, 2006; 140.
4. Kabiruddin. *Shirah Asbab*. Vol III, 9th ed. Gujrat: Shankar Book Depot, 180-184
5. Ibne Zohr. *Kitab al Taiseer*. New Delhi: CCRUM, 1986; 202-203.
6. Tabri R. *Firdos al Hikmat*. Deoband: Faisal Publications, 2002; 299.
7. Maseehi AAA. *Kitab al Umdah Fil Jarahat*, Vol II. New Delhi: CCRUM, 2000; 42.
8. Bughdadi IH. *Kitab al Mukhtarat Fil Tib*. Part I. New Delhi: CCRUM, 2005; 294.
9. IbnSina. *Al Qanoon Fil Tib*. Book I (English). New Delhi: Dept. of Islamic Studies, Jamia Hamdard, 1998; 371.
10. Anonymous. *National Formulary of Unani Medicine*, Part I. CCRUM, 2006; 93.
11. Anonymous. *National Formulary of Unani Medicine*, Part V. CCRUM, 2006; 90: 116.