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TREATMENT OF SIMPLE HEMORRHAGIC CYST WITH ARQE MAKO AND ARQE KASNI: A CASE REPORT

Dr. Suboohi Mustafa[1] and Dr. Abiha Ahmad Khan*[2]

[1]Senior Lecturer, Dept. of Amraze Niswan Wa Atfal, Faculty of Unani Medicine, AKTCH, Amu Aligarh.

[2]Assistant Professor Dept. of Amraze Niswan Wa Atfal, Faculty of Unani Medicine, AKTCH, Amu Aligarh.

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***Corresponding Author**
Dr. Abiha Ahmad Khan
Assistant Professor Dept. of Amraze Niswan Wa Atfal, Faculty of Unani Medicine, AKTCH, Amu Aligarh.

ABSTRACT

Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst. These are essentially "nonsurgical" lesions, and in most cases with correct sonographic diagnosis, conservative treatment with clinical and sonographic follow-up to resolution is indicated. In this report we have discussed a case of simple hemorrhagic ovarian cyst which resolved by giving Arqe Mako and Arqe Kasni for a period of 3 months. The patient had a post treatment follow up of 1 month for recurrence of symptoms. Her Ultrasonography findings were normal post medication and there was noticeable improvement in her condition. Arqe Mako and Arqe Kasni may have a role in curing hemorrhagic ovarian cysts. Further study is recommended.

KEYWORDS: Ovarian cyst, Reproduction, Unani, Oral contraceptive Pills.

INTRODUCTION

Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst.[1] They can present with variable symptoms and signs ranging from being asymptomatic to acute abdomen. Hemorrhagic cyst are commonly encountered in clinical practice as they are usually symptomatic triggering the patient to consult her physician. The classic history of hemorrhage into an ovarian cyst is the abrupt onset of pelvic or lower abdominal pain.[2] Majority of the hemorrhagic cysts diagnosed are functional, few of them can be neoplastic but they are universally benign.

Hemorrhagic ovarian cysts occur almost exclusively in premenopausal women and in postmenopausal women receiving hormonal treatment. These cysts tend to evolve slowly into various stages of acute hemorrhage, clot formation, and clot retraction, thus giving rise to changing sonographic appearances until they completely resolve. Bearing this pathophysiologic process in mind and having familiarity with the sonographic appearances can enable definitive diagnosis of a hemorrhagic cyst. The last menstrual period should be noted in premenopausal women, because if the patient is in the luteal phase and a cyst is seen in the adnexa with the sonographic appearance of an HOC, the diagnosis can be made more reliably. Hemorrhagic ovarian cysts are essentially "nonsurgical" lesions, and in most cases with correct sonographic diagnosis, conservative treatment with clinical and sonographic follow-up to resolution is indicated.[3] The typical sonographic appearance is the average diameter of the cyst which is 3.0 to 3.5 cm (range, 2.5-8.5cm). The cyst wall is thin, well defined and regular. The internal echo pattern or architecture of the cyst is best visualized with transvaginal sonography. There is no malignant potential in these functional cysts despite the occurrence of the hemorrhage. The management of HOCs depends on clinical symptoms, lesion size and ultrasound appearance.

CASE REPORT

A married patient aged 36 years came to gynaecology O.P.D of AKTCH, AMU Aligarh on 23/12/2017. She complained about dull aching pain and discomfort in the lower abdomen from past 3-4 months. The pain was non-radiating and noncyclical in nature. She did not have any treatment in the past, and relied on over the counter drugs for symptomatic relief. Her menstrual cycle was regular being 30 days with menstrual flow of 5-6 days. There was no past history of any surgical or medical illness. There was no history of ovarian, breast, endometrial or colon cancer in her family. There was no history of hormonal therapy. On physical examination, there were no signs of anaemia, malnutrition, and other systemic disease noted. On pelvic examination, there was no visible polyp or growth seen, uterus was anteverted, mobile, firm and fornices were non tender. Laboratory findings showed hemogram, random blood sugar and thyroid profile within normal range. Transabdominal scan revealed a left ovarian hemorrhagic cyst measuring 4.5cms. The size of the ovaries was otherwise normal measuring; Rt 10.6X 4.0cm and Lt ovary measuring 10.3X4.1cm.

In order to exclude the complex hemorrhagic cysts from simple, an MRI was advised to the patient to look for presence and absence of septations. Since the patient was from a very

humble background she urged on the therapy and didn't comply with the investigations any further. Hence, the patient was subjected to *Arq e Mako* and *Arq e Kasni*.

Main Therapy

As per the references available in the classical unani literature, *Arqe mako* and *Arqe kasni* were prescribed for a period of 3 months in a dose of 20 ml each twice a day. Thereafter, another USG was advised to see the result of the treatment.

Preparation of the drug

Arq are distillate obtained from one or more medicinal ingredients with or without previous dilution with water: an aqua however implies the condensed vapor. *Arqe Mako* is a liquid preparation obtained by steam distillation of the fruits of *mako*. Its *mizaj* is *barid* 1˚ *yabis* 2˚. The dried fruits of *Solanum nigrum*(*mako*) is stirred a little and tied in a loose bag, after which it is soaked overnight in 6 litres of water.[4] 4 litres of the aqua distillate are obtained in the morning through distillation and stocked in bottles. *Arqe Kasni* is prepared in the same way. The seeds of *Cichorium intybus* are stirred well and soaked in 5 litres of water for 24 hours following which, 2 litres of the aqua distillate is obtained through distillation and stored for medicinal use.[5] The temperament (mizaj) of Cichorium seeds is *barid* (cold) and *yabis* 2˚ (dry).[6,7]

Probable Mode of Action of the drug

The distillates *arqe mako and Arqe kasni* act as demulcent, refrigerant and anti-inflammatory. Additionally, *Arqe mako* possesses deobstruent and diuretic properties.[8] On the basis of above activities *arqe mako* and *arqe kasni* are commonly indicated in the treatment of *Amraz-e-Jigar*.[9] The probable mechanism of action of both the drugs is their antiphlogistic activity (*Muhallil e awram*) over the hemorrhagic cyst.

Results of the intervention

During the 3 months of therapy, patient was assessed for reduction in the symptoms. The patient was called at the end of every month for follow up. During the 2nd month of the treatment, patient experienced improvement in the pain. In the 3rd month, the pain was completely absent. A repeat transabdominal scan was done to see the reduction of hemorrhagic cyst, but scan showed no cyst in the left ovary. It was completely resolved. The patient was kept on follow up for one month after treatment for recurrence of symptoms. There was no adverse effect noted in the patient.

DISCUSSION AND CONCLUSION

Ovarian masses often pose diagnostic and management dilemmas. Hemorrhagic cysts though benign can be complex with an internal reticular pattern due to organizing clot and fibrin strands. A “ring of fire” vascular pattern is often seen around the cyst bed. Reassurance can be offered to women with simple hemorrhagic cysts. Interval follow-up with ultrasonography is appropriate for such cases.[10] The incidence of ovarian cysts in the general population is difficult to estimate. Data is available only from surgical series or pathology reports. Certain cysts are functional and generally not operated, except in case of complications. Others are organic cysts which are usually, but not always operated. An analysis of the literature shows that for operated cysts, approximately 75% are organic, 25% are functional and 1 to 4% of the supposed benign cysts are found to be malignant.[11] Use of birth control pills (OCPs) has proved helpful in preventing the recurrence of the benign ovarian masses but cannot be continued for long due to their own side effects. Further, according to a 2011 Cochrane review oral contraceptives do not hasten the resolution of ovarian cysts.[12] Surgery is indicated only when the features are seen that indicate malignancy such as thick septations, solid areas with blood flow, ascites or other pelvic masses. However, it should be noted that even in the face of worrisome features on ultrasonography, many masses turn out to be benign.[13] Hence for symptomatic patients with benign cysts; a treatment approach which is comparatively safe and free from any surgical interventions is to be proposed.

Certain herbal formulations have proved their benefit in the management of such benign neoplasm but due to lack of evidence the results cannot be generalised. This case study proves the importance of Unani herbal medicines in gynecological conditions especially in resolution of benign ovarian neoplasms such as hemorrhagic cysts without any adverse effects. Further studies are required with large sample size to draw the final conclusion.

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