Unani modalities in the management of uterine fibroid: A case report

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Abstract

Uterine fibroids (leiomyomas or myomas) are the most common form of benign uterine tumors. They are monoclonal tumors of uterine smooth muscle, thus originating from myometrium. The prevalence is 70% to 80% in women who have reached the age of 50. In many women, myomas may be asymptomatic and are diagnosed incidentally on clinical examination or imaging. Clinical presentation includes abdominal bleeding, pelvic masses, pelvic pain, infertility, bulk symptoms and obstetric complication. Risk factor for uterine fibroids are race, age, parity, early menarche, genetic factors, caffeine and alcohol. Management include medical and surgical opinion. In the unani literature the tumors have been mentioned with the name of salaat which is a type of warm e balgham (phlegmatic swelling). In the management of uterine fibroids, drug can be used which possess mohallile warm (resolvent), munzij e balgham and qabiz (astringent) properties. This article presents a successful managed case of uterine fibroid in the form of case report by herbal formulations of unani system of medicine.

Keywords: Fibroid, salaat, unani medicine

Introduction

Uterine fibroids (also known as leiomyomas or myomas) are the most common form of benign uterine tumors. Clinical presentations include abnormal bleeding, pelvic masses, pelvic pain, infertility, bulk symptoms and obstetric complications. Uterine fibroids are monoclonal tumors that arise from the uterine smooth muscle tissue (i.e. the myometrium). They are benign neoplasms composed of disordered “myofibroblasts” buried in abundant quantities of extracellular matrix that accounts for a substantial portion of tumour volume. The cells proliferate at a modest rate and their growth is dependent on the ovarian steroids estrogen and progesterone and therefore most fibroids shrink after menopause. Risk factor for uterine fibroids are race, age, parity, early menarche, genetic factors, caffeine and alcohol. Sign and symptoms, in many women, myomas may be asymptomatic and are diagnosed incidentally on clinical examination or imaging. However, myomas can cause significant morbidity including menstrual abnormalities (e.g. heavy, irregular, and prolonged uterine bleeding), iron deficiency anemia, bulk symptoms (e.g. pelvic pressure/pain, obstructive symptoms), and fertility issues. Prevalence is 70% to 80% in women who have reached the age of 50. The prevalence increases with age, peaking in women in their 40s. Management Includes medical and surgical options. Classic treatment options for symptomatic fibroids include hysterectomy and myomectomy. Embolization of the uterine artery is a possible alternative to hysterectomy. According to the unani system of medicine, these swellings are produced due to the collection of phlegmatic humour, which can be soft or hard. In Unani text the tumors have been mentioned with the name of ‘salaat’ which is a type of warum balghami (phlegmatic swelling) these swellings are produced due to the collection of phlegmatic humour, which can be soft or hard. According to the symptoms, ‘salaat’ can be classified into two types ‘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 swellings but sometimes pressure symptoms will cause some sort of discomfort. There is no formation of pus. After complete cure they do not recur. the cause of these salaat is viscous phlegm (balgham). Large and soft fibroid should be dissolved by the medicines which have mohallile waram (resolvent), munzije balgham and qabiz (astringent) property, but firm swelling needs first munzije balgham drugs to make the swelling soft followed by mohallile waram and qabiz drugs. If the medical treatment fails, then surgery should be done.
Case Description
A 40 years old married patient came to the gynecological OPD with chief complaint of
- Heavy menstrual bleeding since 4-5 months
- Dull ache in the lower abdomen since 4-5 months.
- Painful menstruation since 4-5 months

Menstrual history
Previously the cycle was regular, duration of flow 3-4 days and duration of cycle was 28-38 days amount of normal. The present history of menstrual cycle like duration of flow 5-6 days and duration of cycle is 28-30 days and she used to change 5-6 pads/ days which is fully soaked. And history of dysmenorrhea present with history of passing clots.

Obstetric history
Her married life is 21 years and she is P3, L3, A0, D0. Last child birth around 12 years back and all deliveries are through LSCS.

Past history
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 intramural fibroid noted measuring 2.5x1.7cm.
Nabothian cyst seen in cervix.
Bulky uterus.

Treatment
As mentioned in Unani literature, the following Unani formulations were advised for a period of three months,
- Itrifal Ghududi 6gm bid daily orally.
- Majoon Dabeedul Ward 6gm bid daily orally.
- Arq mako 20 ml bid.
- Arq kasni 20 ml bid.

Mode of action of drugs
- Itrifal Ghududi- Muallil-e-waram [8, 9],
- Majoono Dabeedul ward- Muallil-e-waram, mudirre baual, waram-e-jigar, waram-emeda, waram-e-rehm, zofe jigar, zofe meda [8,9],
- Arq mako- amraz-e-jigar, musakkin hararat [10],
- Arq kasni- warm jigar, mussakin atish [10].

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- USG findings are no significant sonological abnormality.

A single Nabothian cyst is noted in the posterior lip of cervix

Follow up for two months cyclically
- No new symptoms were found and no adverse effect noted.

Conclusion
During three-month period of treatment, there is significant reduction in the symptoms of patient and USG report showing that the size of fibroid reduced even is completely resolved. As these medicine having anti-inflammatory and astringent properties. It concludes that unani system of medicine helps in gynecological problem. In the modern system of medicine treatment is surgery with its side effects and hormone therapy, so that by using these medicine we can prevents side effects as well as cure the disease.
Acknowledgement
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References