



ISSN (E): 2277- 7695

ISSN (P): 2349-8242

NAAS Rating: 5.03

TPI 2020; 9(7): 207-209

© 2020 TPI

www.thepharmajournal.com

Received: 01-05-2020

Accepted: 03-06-2020

Dr. Hina Mukhtar

Assistant Prof in Department of
OBG in Sanskriti University
Chatta Mathura, Uttar Pradesh,
India

Dr. Fozia Mukhtar

Assistant Prof in Department of
OBG in Glocal University
Saharanpur, Uttar Pradesh,
India

Prof. Wajeaha Begum

Prof/HOD Department of OBG,
National Institute of Unani
Medicine Bengaluru, Karnataka

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

Dr. Hina Mukhtar, Dr. Fozia Mukhtar and Prof. Wajeaha Begum

Abstract

Uterine fibroids (leiomyomas) 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 balghami* (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 complications¹. 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 menopause². Risk factor for uterine fibroids are race, age, parity, early menarche, genetic factors, caffeine and alcohol¹. Sign and symptoms, in many women, myomas may be asymptomatic and are diagnosed incidentally on clinical examination or imaging². 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 issues¹.

Prevalence is 70% to 80% in women who have reached the age of 50. The prevalence increases with age, peaking in women in their 40s². 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 hysterectomy⁷.

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 *waram 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 *muhallile waram* (resolvent), *munzije balgham* and *qabiz* (astringent) property^[4-7]. but firm swelling needs first *munzije balgham* drugs to make the swelling soft followed by *muhallile waram* and *qabiz* drugs. If the medical treatment fails, then surgery should be done.

Corresponding Author:

Hina Mukhtar

Assistant Prof in Department of
OBG in Sanskriti University
Chatta Mathura, Uttar Pradesh,
India

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- Muhallil-e-waram [8,9].
- Majoone Dabeedul ward- Muhallil-e-waram, mudirre baul, waram-e-jigar, waram-emed, 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:

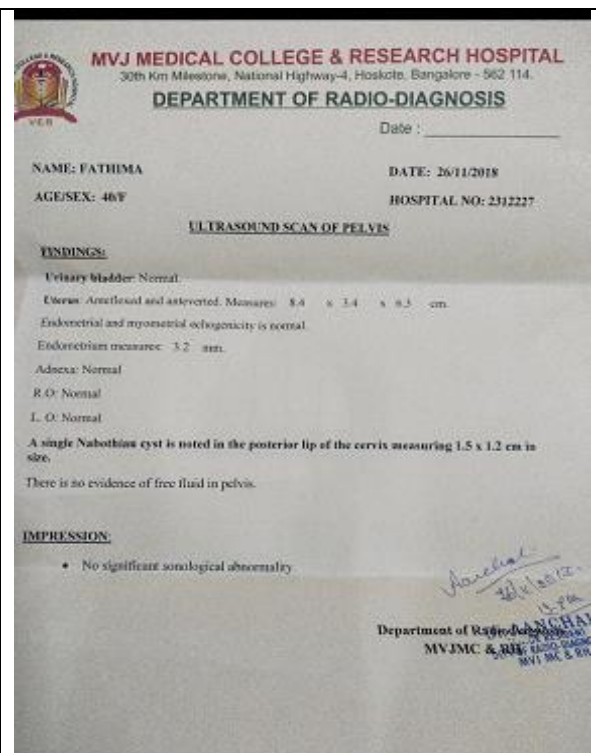
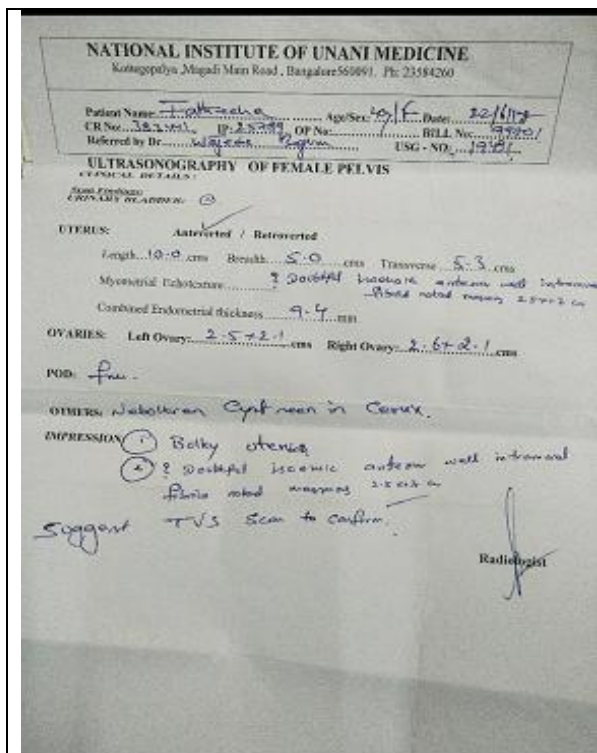
- First cycle- symptoms were reduced,
- Second cycle - symptoms much reduced, patient felt better,
- After third cycle- USG findings are no significant sonological abnormality.
- A single Nabothian cyst is noted in the posterior lip of cervix

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

Thankful to patient who cooperated well in the entire period.

References

1. Donnez J, Dolmans MM. Uterine fibroid management : from the present to the future. Human Reproduction Update. 2016; 22(6):665-686,
2. George A, Allaire C, Yves P, Leyland N. The Management of Uterine Leiomyomas. J Obstet Gynaecol Can. 2015; 37(2):157-178.
3. Hamdani HSKH. Usoole Tib. 3rd ed. New Dehli: Qaumi Council Baraye Farogh Urdu Zaban, 2006, 140.
4. Maseehi AAA. Kitab al Umdah Fil Jarahat, Vol II. New Delhi: CCRUM, 2000, 42.
5. Bughdadi IH. Kitab al Mukhtarat Fil Tib. Part I. New Delhi: CCRUM, 2005, 294.
6. Ibn Sina, Al Qanoon Fil Tib. Book I (English). New Delhi: Dept. of Islamic Studies, Jamia Hamdard, 1998, 371.
7. Majoosi AAA. Kamil us sana. (Urdu translation by kantoori GH). New delhi: Idara kitabu shifa
8. Naim M, Begum W. Attempt to Manage Uterine Fibroid by Unani Medicine: A Case Report. World Journal of Pharmaceutical Research. 2016, 5(7),
9. Anonymous. National Formulary of Unani Medicine, Part I. CCRUM; 2006, 93.
10. Anonymous. National Formulary of Unani Medicine, Part V. CCRUM; 2006: 90:116.
11. Hakeem SR. kitabul murakkabat. Ibn sina academy dothpur Aligarh. 1980; 127:130.