



MANAGEMENT OF UTERINE FIBROID (SAL'An AL-RAHIM) IN THE UNANI MEDICINE PERSPECTIVE - A CASE STUDY

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ABSTRACT

Uterine fibroids, historically known as "uterine stones," represent a prevalent gynaecological condition affecting a significant proportion of women globally. This paper explores the Unani perspective on uterine fibroids, termed as "Sal'at", within the context of "waram Balghamī." Drawing from classical Unani texts and contemporary case studies, it examines the etiology, classification, and treatment approaches proposed by eminent Unani scholars such as Razi, Ali Ibn-e-Abbas Majusi, and Ibn-e-Sina. Utilising herbal formulations with anti-inflammatory and astringent properties, Unani medicine aims to dissolve and expel abnormal phlegm, thereby alleviating symptoms and reducing fibroid size. A case study involving a 35-year-old woman illustrates the successful application of Unani treatment, resulting in significant symptomatic relief and fibroid resolution without surgical intervention. This research underscores the potential of Unani medicine as a holistic and effective alternative for managing uterine fibroids, advocating for its integration into modern healthcare practices.

Keywords: Uterine fibroids, Unani medicine, "Sal'at", waram Balghamī, phlegmatic swelling, herbal formulations, anti-inflammatory, astringent

INTRODUCTION

Uterine fibroid lesions were initially known as the “uterine stone.” In the second century AD, they were called sclerosis. The term *fibroid* was first introduced in the 1860s. Uterine fibroids are the most common pelvic tumours among women of reproductive age, affecting more than 70% of women worldwide, particularly women of color.^{1,2,3}

Uterine fibroids are common noncancerous growths in the uterine wall that affect many women, particularly around the age of 50. While most fibroids do not cause symptoms, they can lead to heavy menstrual bleeding, pelvic discomfort, pressure on the bladder or rectum, and abdominal pain, impacting a woman's quality of life. In some cases, they can also interfere with fertility and lead to complications in pregnancy.^{4,5}

In Unani text the tumours have been mentioned with the name of ‘salaat’ which is a type of *Waram Balghamī* (phlegmatic swelling), these swellings are produced due to the collection of Phlegmatic humour, which can be soft or hard, enveloped by a sack of membranous tissue.⁶

Razi (860-925) has advocated that *Sal'a* is a phlegmatic tumour consisting of putrefied phlegm. Its sizes vary from Bengal gram to watermelon. Ali Ibn ,Abbas Majusi (930-994 AD) mentioned it under the heading of *Warm-e--balghamī* as it is a swelling filled with viscid phlegm (Balgham-e-Ghaleez).

It is classified into 4 types.

- *Sal'a Shaḥmiyya* (lipoma fat like)
- *Sal'a 'Asaliyya* (soft tumour honey like)
- *Sal'a Arda hāliyya* (a type of benign tumour flour like)
- *Shīrāziyya* benign tumour (milk like). It is treated by adopting of concoction and expulsion of the abnormal phlegm (*Nuzj-o-Tanqiyah-e-Balgham-e-Ghair Tab'yiah*) along with anti-inflammatory drugs *Muḥallil -e-Warm Advia* orally as well as topically in the form of zimad (paste) and Marham (ointment). If it fails, then surgical removal is the treatment of choice.

Ibn Sina (980-1037AD) described it under the topic of *Sal'a* (tumour); known as *Dunbulae-Balghamī*,

characterized by a lump filled with abnormal phlegm (*GhairTab'yiKhilth-e-Balgham*), which may be bloody or honey like viscid.

According to the symptoms, sala'at' can be classified into two types:

- *Sal'a Salima* (benign tumours)
- *Sal'a Khabitha* (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 treatment 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 *Muḥallil-e-waram* (resolvant), *Mundij-i-Balgham* and *Qābiḍ* (astringent) property.^{7,8,9}

Although the definite treatment of uterine fibroid is surgical removal in both Modern and Unani medicines, but keeping in view of Unani concept regarding etiopathogenesis of *Sal'a* (tumour), Firm swelling needs first *Mundij-i-Balgham* drugs to make the swelling soft followed by *Muḥallil-e-waram* and *Qābiḍ* drugs. If the medical treatment fails, then surgery should be done.

Case Description

A 35years old married patient came to the gynaecological OPD with chief complaint of Dull lower abdomen pain for 1 month. Painful heavy menstruation for 1 month Nausea 1 month Mucoïd stool 1 month Palpitations 3 months Body ache and joints pain for 3 months

Menstrual history

Previously the cycle was regular, the duration of 4-5 days and the duration of cycle was 25-35 days normal and without pain. The present history of menstrual cycle like

Duration of flow 8-10days and duration of cycle is 20-50 days, and she used to change 7-8 pads/ days which were fully soaked. And the history of painful menstruation presents with history of passing clots.

Obstetric history

Her married life is 21 years, and she is P3, L3, A0, and D0. The last childbirth is around 12 years back and all deliveries are through LSCS.

Past history

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

Based on signs and symptoms, blood investigation:

HB%, CT, BT, thyroid profile, RBS and USG pelvis were advised.

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

USG confirmed enlarged uterus noted measuring 10352 mm with fun do anterior fibroid measuring 29x 33mm.

Bulky uterus.

Treatment

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

Majoon Dabeed-ul-ward 6gm bid daily orally.

Arq-e-mako 20 ml bid.

Arq-e-kasni 20 ml bid.

Majoon Suparipak 6gm bid daily orally

Majoon Ushba 6gm bid daily orally

Habbe Ayarij 3 HS OD

Zimad Jalinoos. L/A

These formulations contain drug having *Muḥallil-e-warm*, *Mundij-i-Balgham* and *Qābiḍ* properties.

Post-treatment and follow-up

The patient was called on a cyclical basis:

First cycle- symptoms were reduced.

Symptoms were much reduced in the second cycle, and the patient felt better.

After the third cycle- USG findings are not significant

Sinological abnormality

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

Follow up for two months cyclically.

No new symptoms were found, and no adverse effect was noted.

DISCUSSION

Symptomatic leiomyomata with small size are treated conservatively. Unani scholars opined that *Ghair Tabayi Khilt Balgham* (abnormal phlegm) is the cause of *Sal'a al-Rahim*; hence, *Mundij-i-Balgham* and *Mushil* were used to eliminate it. Medicine such as *Bekh-i-Kaasani*, *Bekh-i-Badiyaan*, *Bekh-i-Karafs*, *Bekh-i-Izkhar*, *Bādiyān* and *Aslussoos*, have *Mundij* (concoctive), *Muḥallil -i- Waram*, *Musakkin-i-Alam* (analgesic), *Mulattif* (demulcent), and *Muqawwi-e-Aam* (general tonic) properties [11, 12, 13]. *Muḥallil* drugs act on a *Ghaleez Khilt* (viscid humour) to make it dissoluble and detachable from its site of attachment by altering humor and moderating the viscosity of humor. Once the *Madda* (morbid matter) is dissolved, detached and disintegrated by the action of *Mundij* (concoctive) drugs it is purgated out by *Mushil* (Purgative) drugs. *Mushil* drugs have property to expel the *Akhlāt Raddiya* (morbid humors) from the vessels, neighbouring structures and from whole body through intestine. Majority of the Unani physicians opined about the action of *Mushil* drugs that they expel both *raqeeq* (thin) and *ghaleez* (viscid) constituents of *akhlāt*.

Habb-e-Ayarij is Unani medicine useful in diseases of the brain such as chronic headaches, epilepsy, etc. It helps to get rid of toxic substances from the brain. The chief ingredient of this medicine is Ayārij Feqra (Aloe). The actions of aloe are *Mushil* (Purgative), *Mudirr-i-Hayḍ* (Emmenagogue), *Muḥallil -i- Waram* (Anti-inflammatory), *Muḥarrik-i-kabid* (Hepato stimulant), *Munaqqi-e-Qurooh*, *Mufattiḥ-i-Sudad Saudawi*, *Muqawwi-i-Mi'da* (Stomachic- tonic), *Qātil-i-Dīdān* (Anthelmintic), *Mujaffif* (Desiccant), *Qābiḍ* (Astringent), *Munawwim* (Hypnotic), *Mushil-i-Sauda* (Purgative of melancholic humour), *Musqit-e-Janeen* (Abortifacient). Hence, the patient had responded to the treatment.^{10,11,12,13,14,15}

Ma'jūn-i-Supari Pak comprises of Gokhru, Jaiphal, Laung Gokhru has diuretics (agents increases urination) action due to which it is helpful for the treatment of urinary tract infections such as dysuria (painful urination), leucorrhoea, and used as uterine tonic.^{16,17,18,19,20,21}

Ma'jūn-i-Ushba is a polyherbal preparation in a semi-solid dosage form used orally for skin disorders (Table 1.) MU comprises natural medicinal plants, including *Phyllanthus emblica* Linn, *Cuscuta reflexa* Roxb, *Smilax aristolochiifolia* Mill. *Ipomoea turpethum* (L.)R. Br. *Polypodium vulgare* L., *Terminalia bellirica* (Gaertn.) Roxb, *Cassia angustifolia* Vahl, *Fumaria officinalis* L. The biomedical in vitro and in vivo studies of the herbal ingredients revealed useful bioactivities like antioxidant, antimicrobial, antifungal, anti-inflammatory, and wound healing activities.²²

Ma'jūn-i-Dabīdul Ward is recommended in inflammation and the swelling of uterus.[7, 10]

Khan studied a case of left ovarian cyst of 4 centimetre and 8 millimetres in size was treated with *Ma'jūn-i-Dabīdul Ward*, *Arq-e-Kaāsni*, and *Niswāni*, as oral administration. Study showed excellent results in post treatment USG scan finding were evocative of cyst was dissolved without operation.²³

*Arq-e-mako- amraz-e-jigar, musakkin-i-hararat*²⁴
Arq-e-kaāsni- warm jigar, mussakin –i-atfash .²⁴

CONCLUSION

Over the course of the treatment regimen, remarkable improvements were observed in the patient's symptoms, coupled with a notable reduction in the fibroid size as evidenced by the ultrasound report, indicating either a significant reduction or complete resolution. This positive outcome can be attributed to medication administration within the Unani system of medicine, renowned for its anti-inflammatory and astringent properties. Unlike conventional approaches, which often necessitate surgical intervention with its attendant risks and hormone therapy, Unani medicine offers a holistic alternative that not only effectively addresses the ailment but also mitigates the likelihood of adverse side effects. Thus, the successful treatment of gynaecological issues through Unani medicine underscores its efficacy and merits consideration as a viable therapeutic option in the modern healthcare paradigm.

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