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## Concept of *Keesa-e-Khusyat-ur-Rahem* (Ovarian Cyst) in Unani medicine: A review

**Aysha Raza and Ubaid Amir**

### Abstract

The ovaries are pelvic organ found in the female reproductive system situated at either side of the uterus that produces an ovum and the hormones. Hormones which are released by ovaries are estrogen and progesterone. These hormones responsible for growth of the female genital organs like breast, body shape, body hair, menstrual and pregnancy. There are so many diseases occur in the ovaries like Endometriosis, Ovarian cyst, Cancer, Ovarian, Ovarian Low Malignant Potential Tumor. In Unani system of the medicine the terminology for *Keesa-e-Khusyat-ur-Rahem* (Ovarian cyst). Disease not have been defined under the heading of Ovarain cyst as disease has been categorized recently just a century before. The description of the disease has been described by various Unani physicians under the heading of *Ehtabas-Tams* (Amenorrhoea). Uterine disorders mainly occur due to *Su-e-Mizaj-e-Rahem* (Abnormal temperament of the uterus) which is also responsible for formation of *Su-e-Mizaj-e-Khusyat-ur-Reham* (Abnormal temperament of the ovaries). According to the theory of the four *Akhlat* (Humours). Main *Khilt* for the development of the *Ehtabas-Tams* (Amenorrhoea) is phlegm and black bile. Phlegm is responsible for the development of the *Kees* formation in the *Khusyat-ur-Rahem*.

**Keywords:** Ovarian cyst, *Keesa-e-Khusyat-ur-Rahem*, *Ehtabas-Tams*

### Introduction

The ovaries are pelvic organ found in the female reproductive system situated at either side of the uterus that produces an ovum and the hormones. Hormones which are released by ovaries are estrogen and progesterone [1, 3]. These hormones responsible for growth of the female genital organs like breast, body shape, body hair, menstrual and pregnancy [5]. There are so many diseases occur in the ovaries like endometriosis, ovarian cyst, cancer, ovarian, ovarian Low malignant potential tumor. An ovarian cyst is a sac filled with liquid or semi liquid material that arises in an ovary [1, 2]. The number of diagnoses of ovarian cysts has improved with the widespread carrying out of regular physical examinations and ultrasonographic technology. There are various types of ovarian cysts, such as dermoid cysts, cyst adenoma cyst and endometrioma cysts [1, 2, 5]. However, functional cysts are the most common type, which include follicle and corpus luteum cysts [5]. Dermoid cysts are malignant cyst that developed in a woman during her reproductive years. They can cause torsion, infection, rupture, and cancer [1, 2, 5]. Cyst adenoma is a type of benign tumor that develops from ovarian tissue. They may be filled with a mucous-type fluid material. Sometimes it can become very large and may measure 12 inches or more in diameter. Endometrioma is a type of cyst formed when endometrial tissue (the mucous membrane that makes up the inner layer of the uterine wall) grows in the ovaries. It can be found in up to 17-44% of women with endometriosis. It affects women during the reproductive years and may cause chronic pelvic pain associated with menstruation. Functional ovarian cyst is a sac that occurs on the surface of the ovary during or after ovulation. It covers maturing egg. It is most common type of the ovarian cyst. Usually the sac disappears after the egg is released. If an egg is not released or if the sac closes up after the egg is released, the sac can swell up with fluid [2].

### Unani Concept

The Unani Physicians consider that the early twenty years of life are the period of childhood which is predominated by phlegm; hence the phlegmatic disorders are more likely to occur at this stage. This probably may explain the role of phlegm as a contributing factor for the onset of the disease during this age group as liver is unable to convert chyme into blood, instead it converts it into phlegmatic blood or tenacious phlegm. One of the abnormal forms of phlegm is baltham mayi, which is thinner in consistency and can accumulate in sacs to form cysts.

In Unani system of the medicine the terminology for ovarian cyst (*Keesa-e-Khusyat-ur-Rehm*)<sup>[10]</sup>. Ibn sina mentioned in his book Al-Qanoon that cyst (*Keesa*) occurs due abnormal phlegm which may be bloody and honey like viscid.<sup>12</sup> In Unani disease have not been defined under the heading of Ovarian cyst as disease has been categorized recently just a century before. The description of the disease has been described by various Unani physicians under the heading of *Ehtabas-e-Tams* (Amenorrhoea)<sup>[12, 13]</sup>. It mainly occurs due to uterine disorders and some-time occurs due systemic disorder in the body<sup>[11, 14]</sup>. Uterine disorders mainly occur due to *Su-e-Mizaj-e-Rahem* (Abnormal temperament of the uterus) which is also responsible for formation of *su-e-Mizaj-e-Khusyat-ur-Rahem*<sup>[14, 15]</sup>. According to the theory of the four *Akhlat*. Main *khilt* for the development of the *Ehtabas-Tams* (Amenorrhoea) are *Balgham* (phlegm) and *Sauda* (black bile).

### Clinical features

Mostly the ovarian cysts are asymptomatic, with the cysts being discovered incidentally during ultrasonography or routine pelvic examination<sup>[2, 5]</sup>. Some cysts, however may be associated with a range of symptoms, sometimes severe while malignant ovarian cysts frequently do not cause symptoms until they reach an advanced stage.<sup>5</sup> Pain is the very constant symptoms of ovarian cyst often to severe form in case of rupture and the increased the size of the cyst<sup>[2, 3, 4, 5]</sup> there are so many associated symptoms with ovarian cyst are painful intercourse, tenesmus, abdominal fullness and bloating, frequent micturation, Irregular menses etc.<sup>[2]</sup>

### Investigations

- USG (Whole abdomen/TVS).
- CT Scan.
- MRI
- Laparoscopy
- Serum FSH
- Serum LH
- CA 125

### Management: Current and Potential Treatments

Short-term treatment with OCPs is accordingly used for initial management of ovarian cysts. Many patients with simple ovarian cysts based on ultrasonographic findings do not require treatment. In a postmenopausal patient a persistent simple cyst smaller than 10 cm in dimension in the presence of a normal CA125 value may be monitored with serial ultrasonographic examinations<sup>[1, 2, 3, 5, 7]</sup>. Premenopausal women with asymptomatic simple cysts smaller than 8 cm on sonograms in whom the CA125 value was within the reference range can be monitored, with a repeat ultrasonographic examination in 8-12 weeks. Hormone treatment, comprising, as stated above, the use of the OCPs, is not helpful in resolving the cyst. Bilateral oophorectomy and frequently, hysterectomy are implemented in many postmenopausal women with ovarian cysts due to the increased occurrence of neoplasms in this population<sup>[5, 8]</sup>.

**Unani Management:** According to the Unani literature various drugs are mentioned for the treatment of the *Ehtabas-Tams*.

### Usool- e-Ilaj (Principles of Treatment)

- Correction of Mizaj (temperament)<sup>[12, 15]</sup>

- Decrease the morbid matter responsible for cyst<sup>[12, 15]</sup>
- Measure the modify the consistency of morbid matter<sup>[11, 12]</sup>
- *Izale-e-Sabab* (Elimination of the cause)<sup>[12, 15]</sup>
- Use of Munzij and mushil (Gair tabbye khilt)<sup>[11, 12, 15]</sup>
- Use of Muqwai raham advia<sup>[11, 12, 15]</sup>
- Use of Mullaiyan advia to relief constipation<sup>[11, 12, 15]</sup>

### Ilaj bil Ghiza (Dietotherapy)

1. High-fiber foods: Including broccoli, greens, almonds, berries, etc.<sup>[12]</sup>
2. Lean proteins: Including fish, tofu, and chicken<sup>[12, 15]</sup>
3. Low Glycemic Index Diet: Total Calories 1800-2000 kcal per day<sup>[12, 15]</sup>

### Ilaj bil Dawa (Drug Therapy)

1. *Munzij-e-Mushil Balgham* (Concoctive of phlegm): Gawzaban (*Borago Officinalis*), Badiyan (*Foeniculum vulgare*), Asal-us-Saus (*Glycyrrhiza glabra*), Ustokhudoos (*Lavandula stoechas*), Izkhar (*Cymbopogon jwarancusa*), Persiaushan (*Adiantum capillus*), Zeera siyah (*Cuminum cyminum*)<sup>[14, 15, 17]</sup>
2. *Mushil-e-Balgham* (Purgative of phlegm): Turbud (*Operculina turpethum*), Shaham-e-Hanzal (*Colocynthis Citrullus*), Bisfaj (*Polypodium vulgare*), Sana makki (*Cassia angustifolia*), Amaltas (*Cassia fistula*)<sup>[14, 15, 17]</sup>
3. Muqawwi-e-Reham: Satawar (*Asparagus racemosus*), Supari (*Araca catechu*), Mochras (*Bombax ceiba*)<sup>[14, 17]</sup>
4. Other drugs: Amla (*emblica officinalis*), Haldi (*Curcuma Longa*), kachnar (*Bauhinia variegata*), Mastagi (*Pistacia lentiscus*)<sup>[14, 17]</sup>

### Compound drugs

1. *Majoon Muqqwa-e-Reham* 5 gram BID<sup>[9]</sup>
2. *Majoon Dabidul ward* 5 gram BID<sup>[9]</sup>
3. *Arq-e-Biranjafif* 50 ml BID<sup>[9, 12]</sup>
4. *Arq-e-Mako* 50 ml BID<sup>[12]</sup>
5. *Arq-e-kasni* 50 ml BID<sup>[12]</sup>

### Conclusion

Ovarian cyst is the most common endocrinopathy which disturb the sexual and reproductive life of the women. Although, a concordance exists between these clinical or biochemical parameters and ultrasound appearance, ovarian cyst remains clinically heterogeneous and indistinguishable from other endocrinopathies. It develops the various kind of the complication in the entire reproductive organs. Unani medicine is one of the great hopes in the treatment of the ovarian cyst. There are so many medicines has been mentioned in classical literature to treat so a proper clinical trial is needed for establishing the efficacy of Unani treatment of it.

### References

1. Bailey CL, Ueland FR, Land GL *et al.* The malignant potential of small cystic ovarian tumors *Gynecol Oncol* 1998;69(1):3-7.
2. Roman LD. Small cystic pelvic masses in older women: is surgical removal necessary? *Gynecol Oncol*. 1998;69(1):2-233.
3. Barbara HL. Benign general gynaecology. Pelvic mass. 23rd ed., Sect. 1, Ch. 9. Williams Gynaecology. Mc Graw Hills Publications 2007, 413-417.

4. Velebil P, Wingo PA, Xia Z *et al.* Rate of hospitalization for gynaecologic disorders among reproductive age women in the United States. *Obstet Gynaecology* 86 edition 1995, 764.
5. Malhotra N. *Jeffcoate principles of gynecology* 9<sup>th</sup> edition 2018, 517-528.
6. Hoffman, Schrage, Bradshah, Halvorson, corton Williams *Gynecology* Mc Graw hill Publication 3<sup>rd</sup> edition 2016, 417-420.
7. MARC A, Speroff L. *clinical Gynecologic Endocrinology and Infertility* Lippin cott Williams Wilkins, 3<sup>rd</sup> edition 2011, 339-378.
8. Dutta DC. *Textbook of gynecology* Jaypee brother's medical publishers (P) LTD 6<sup>th</sup> edition 2013, 289-292.
9. Kabeeruddin HM. *Beyaz-e-Kabeer*. 2nd vol. Hikmat Book Depo: Hyderabad Deccan; 2004,123,167,221,229
10. CCIM Syllabus Kamilo Tibbo Jarahat (BUMS) 2016.
11. Majoosi AIA. *Kamil-us-Sana'ah*. Urdu Translation by Ghulam Husain Kantoori. 2<sup>nd</sup>.
12. Matba Munshi Naval Kishor: Lucknow 2001, 1294.
13. Ibn Sina AAI AH. *Alqanoon Fit Tib*. Urdu Translation by Syed Ghulam Husain Kantoori. 3<sup>rd</sup> Vol. Idarah Kitab-us-Shifa: New Delhi; 2010, 1055-1065.
14. Azmi WA *Amraz-e-Niswan* Ejaz publication House New Delhi 1996, 770-772.
15. Ali Hakeem Syed Saifuddin, *Unani advia mufrada* National Council for promotion of urdu language 2003, 87, 221, 117.
16. Ibn-e Hubal Baghdadi. *Kitab-ul- Mukhtarat –fil tib:* New Delhi CCRUM 2007;2(4):50-51, 57-58, 74-75, 77-78, 100-101, 112-113, 213-215, 31-35.
17. Akbar Arzani. *Tib-e-Akbar* Munshi Naval Kishore Lukhnow; YNM P 544,567-569.
18. Hkm Abdul Hakeem. *Bustanul- mufradat*. New Delhi: Idara Kitabul shifa 2002, 123, 115, 118, 179, 201, 222.
19. Razi ABZ, *Kitabul Hawi*. New Delhi. CCRUM 2001;IX:9, 10, 12, 13, 14, 15, 33, 37.