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## Effect of Unani treatment in *Sala' al-Rahim* (Leiomyomata): A case report

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### Abstract

*Sala' al-Rahim* (leiomyomata) is commonest benign gynecologic tumour affecting nearly 20-30% reproductive age women. Treatment of leiomyomata should be individualized, and symptomatology may be a decisive factor in deciding the treatment. No definite treatment is available except hysterectomy. Therefore, patients are turning towards complementary and alternative medicine.

**Case presentation:** A 40-year-old, married, parous woman who presented with complaint of severe lower abdominal pain and backache prior and during menstruation since one year came to the hospital and visited the outpatient department (OPD) of Amraze Niswan wa Qabalat (Gynecology). There was no history of abnormal uterine bleeding. Patient had taken allopathic treatment for severe dysmenorrhoea as it was incapacitating her from routine work. However, she did not have relief. Her ultrasonography of pelvis showed anterior (1.4X1.7cm) and posterior (1.5X1.9cm) intramural uterine fibroid (leiomyomata). She was treated with Unani medicine for 16 weeks. Orally, *Mundij Balgham* (concoction) was administered for 15 days followed by two *Mushil* and *Tarbid* alternately. This treatment was followed by oral, *Majoon Dabeed ul Ward*, 7 gm twice daily, *Itrifal Gudaadi* 10 gm at bed time. Locally suprapubic and per vaginal *Marham Dakhliyun* mixed with fine powder of *Anisoon*, *Aftimoon* and *Izkhar* (equal quantity) was applied for 12 weeks. Patient had complete pain relief in the second cycle. Her repeat ultrasonography after 16 weeks showed resolution of anterior fibroid.

**Conclusion:** Unani treatment is useful for resolution of uterine fibroid confirmed by ultrasonography with symptomatic relief without any adverse effect.

**Keywords:** Leiomyomata, *Sala al-Rahim*, secondary dysmenorrheal, uterine fibroid, unani treatment

### Introduction

The tumours are analogous to *sala'* in Unani system of medicine and usually belong to *Waram Balghami* (phlegmatic swelling) [1]. Unani scholars surmised that according to the symptoms, *Sala'* are either *Salima* (benign) or *Khabisa* (malignant). *Sala' Salima* is a well defined, growth is similar to the organ, localized and does infiltrates in the organ and leads to pressure symptoms and curable without reoccurrence [2]. The change in the quality and quantity of *Khilt Balgham* and its effect on the *Mizaj* of the organ or person causes disease. Accumulation of *Abnormal Balgham* (phlegm) in the *Rahim* (uterus) leads to *sala' al-Rahim*, hence it is a *Balghami* (phlegmatic/cold) benign swelling [3, 4].

Leiomyomata is commonest benign smooth muscle cell gynecologic tumor [5], affecting nearly 20-30% women of reproductive age. At any given time, nearly 15-25 million Indian women have uterine fibroid [6]. Estrogens appear to promote their growth [5]. Characteristically, leiomyomata appear as well-defined, solid masses with a whorled appearance. They are monoclonal tumors and consist of collagen, fibronectin, and proteoglycan. They are usually asymptomatic however, can cause a various symptoms such as pelvic pain, a feeling of pelvic pressure, abnormal uterine bleeding, urinary incontinence or retention. The main symptoms often reported are pelvic pain and bleeding symptoms [7]. Pelvic Ultrasonography has been shown to be an adequate, rapid, safe, and cost-effective means of evaluating the size, number, and location of fibroid [5]. The presenting symptoms play a significant role for deciding the suitable form of treatment. Further, management approach is usually individualized depending on age, the size and location of the leiomyomata/uterine fibroids, severity of the symptoms [7]. Classic treatment options for symptomatic fibroids include medical treatment, embolization of the uterine artery, hysterectomy and myomectomy [8]. Hysterectomy is the most definitive management for a leiomyomata. However, it associated with a higher risk of unwanted effects. Hence, patients are turning towards complementary and alternative treatments. Unani scholars opined that firm swelling initially needs treatment with *Mundij Balgham* (phlegm concoctive),

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followed by *Muhallil al-Waram* (resolvent/anti-inflammatory), and *Qabiz* (astringent) property Unani medicines for resolving *Sala' al-Rahim* <sup>[9, 10]</sup>. If the medical treatment fails then surgery should be done <sup>[3]</sup>.

**Case presentation**

A 40-year-old, married life thirteen years, parous (P<sub>2</sub>L<sub>2</sub>) tubectomized woman reported to the Dept. of Amraze Niswan (Gynecology) outpatient, National Institute of Unani medicine on 3 September, 2015 with severe lower abdominal pain and backache prior and during menstruation that incapacitate her from routine work since one year. Her lower abdominal pain was associated with radiation of pain to lower back and leg that starts one week prior the menstruation and continues for four to five days during menstruation. The patient was apparently asymptomatic one year previously. The abdominal pain was severe, spasmodic and incapacitated her from doing routine work and pain was relieved only after consuming non-steroidal anti-inflammatory drugs for one to two days during menstruation. The pain was also associated with other systemic symptoms such as fatigue, irritability, and nausea. She had no history of abnormal vaginal discharge, heavy menstrual bleeding, irregular menstrual cycles, fever and pressure symptoms with any other specific clinical features of abdominal diseases. Her menstrual cycles were regular and normal. The Visual analogue score (VAS) for pain intensity before treatment was eight.

On examination, she was average built, pallor was absent. Her vital signs were normal. On abdominal examination, abdomen was soft with no organomegaly and nothing abnormal was detected. On per speculum examination, vulva and vagina wall were healthy and cervix was healthy. On bimanual vaginal examination, the patient's uterus was anteverted, firm, bulky, nodular, mobile, and fornices were free. No mass could be appreciated separate from uterus. Her routine investigations were normal. Ultrasonography scan findings were suggestive of a bulky uterus normal in position with intramural anterior wall fibroid measuring 1.4X1.7cm, and other intramural posterior wall fibroid measuring 1.5X1.9cm (Fig 1). She was young, working as teacher in school and not interested to disturb the integrity of reproductive organs, hence request for the medical management. Patient was explained regarding the response

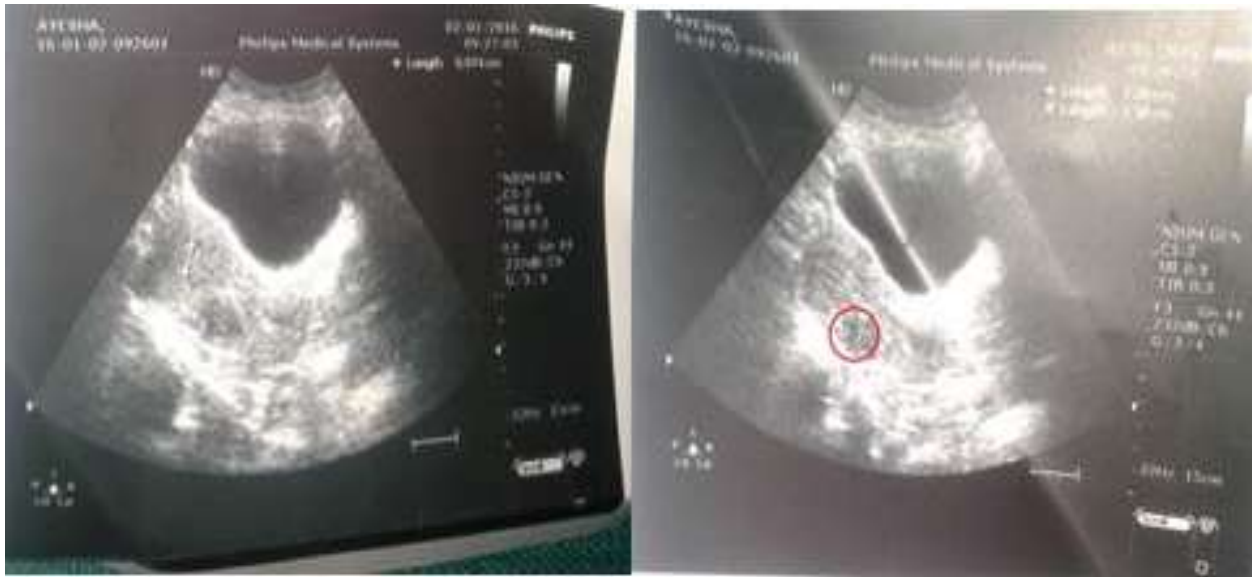
of Unani treatment in leiomyomata. Patient gave consent to start Unani treatment.

As per Unani scholars, the treatment for *Sala' al-Rahim* (uterine fibroid) is removal of morbid matter with *Joshandae Mundij* and *Mushil Balgham*. Hence, initially patient was administered *Mundij Balgham* for 15 days followed by two *Mushil* and *Tarbid* alternately. *Joshanda Munzij* included *Baadiyan* (*Foeniculum vulgare* Mill seeds), *Bekh Badiyan* (*Foeniculum vulgare* root), *Bekh Kaasani* (*Cichorium intybus* Linn root), *Bekh Karafs* (*Apium graveolens* Linn root), *Bekh Izkhar* (*Cymbopogon jwarancusa* Linn root), *Maweez Munaqqa* (*Vitis vinifera* Linn fruit) *Gule Gaozabaan* (*Borage officinalis* Linn flower), *Asl-us-soos* (*Glycyrrhiza glabra* Linn root), and *Ustukhuddus* (*Lavandula stoechas* Linn) (each 5 g). All the drugs were soaked in 250ml of water overnight. Then in the early morning soaked medicines with water were boiled in the container for half an hour at sim, till water was reduced to half. Then water was sieved and *Joshanda* was administered orally at early morning two hours before the breakfast. The drugs of *Mushil* [*Berg Sannaa-makki* (*Cassia senna* Linn leaves), *Turbud* (*Ipomea turpethum* R. Br. root), *Gule Surkh* (*Rosa damascena* Mill flower), and *Badiyan*] were added in *Joshanda Mundij* then *Joshanda* with *Mushil* was prepared as mentioned above and administrated orally in the early morning two hours before breakfast. Further on the day of *Mushil* administration patient was advised to have light diet such as *Khichdi* (rice and moong dal). *Tabrid* with *Khameera Gaozaban Sada* (5g) was given orally twice daily on alternate days after *Mushil*. She was also advised to have light and nutritious diet and to avoid strenuous work and intercourse for one week.

This treatment was followed by oral, *Majoon Dabeed ul Ward*, 7 gm twice daily, *Itrifal Gudaadi* 10 gm at bed time. Locally suprapubic and per vaginal *Marham Dakhliyun* (Table 1) mixed with fine powder of *Anisoon* (*Pimpinella anisum* Linn seed), *Aftimoon* (*Cuscuta epithymums* Linn whole plant), and *Izkhar* (equal quantity) was applied for 12 weeks. The patient responded well to the treatment. At her first cycle itself menstrual pain was reduced only for two days and the VAS score for pain was 4. At her second cycle the VAS score for pain was zero. At 16 week, her ultrasonography of pelvis showed resolution of anterior fibroid (Fig 2).



**Fig 1:** Ultrasonography of pelvis showing anterior and posterior intramural leiomyomata



**Fig 2:** Ultrasonography of pelvis showing resolution of anterior intramural leiomyomata

### Discussion

Management approach toward a patient with leiomyomata depends on the presentation of symptoms and patient desire. Symptomatic leiomyomata with small size are treated conservatively. Unani scholar opined that *Ghair Tabayi Khilt Balgham* (abnormal phlegm) is cause of *Sala' al-Rahim* hence, in *Mundij Balgham* and *Mushil* was used to eliminate it. Medicine such as *Bekh Kaasani*, *Bekh Badiyaan*, *Bekh Karafs*, *Bekh Izkhar*, *Badiyaan* and *Aslussoos*, have *Mundij* (concoctive), *Muhallil al-Waram*, *Musakkin Alam* (analgesic), *Mulattif* (demulcent), and *Muqawwie Aam* (general tonic) properties [11, 12, 13]. *Muhallil* drugs acts on a *Ghaleez Khilt* (viscid humor) to make it dissoluble and detachable from its site of attachment by altering humors and moderating the viscosity of humors. Once the *Madda* (morbid matter) is dissolved, detached and disintegrated by the action of *Mundij* (concoctive) drugs and it is purgated out by *Mushil* (Purgative) drugs. *Mushil* drugs have property to expel the *Akhlat Raddiya* (morbid humors) from the vessels, neighboring 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 *Khaleez* (viscid) constituents of *Akhlat* [1]. *Joshanda Mushil* includes *Berg Sanna*, *Turbud*, *Gule Surkh* and *Badiyan* as these herbs have *Mushil Balgham* property. *Majoon Dabeed ul Ward* and *Marham Dakhliyun* were selected from National formulary of Unani Medicine (NFUM) and they have *Muhallil al-Waram* (Anti-inflammatory/resolvent) property [14]. *Itrifal Gudadi* is specifically used for resolution of firm swellings (Hamdard Pharmacopeia). Pharmacologically, the methanolic extract of seed showed of *Foeniculum vulgare* showed antispasmodic activity, while aqueous extract accelerated the spontaneous movement of rabbit stomach. Further, it is proven for anticarcinogenic, antioxidant, immuno-

modulatory. Hence patient had relief in secondary dysmenorrhoea. The study showed that the sedative effect of chicory is attributed to lactucopicrin. Celery is antispasmodic, and anti-inflammatory. Celery has anti-inflammatory property hence used in rheumatic disorders, inflammation of the urinary tract. It also has diuretic, carminative, nervine, sedative, antiemetic, antispasmodic, antiseptic and emmenagogue property. Essential oil of celery seed showed tranquilizer, anticonvulsant, and antifungal activities. Celery yields an essential oil and "the major constituent being *d*-limonene and phthalides and beta-selinene; coumarins, furanocoumarins (bergapten); flavonoids (apiin and apigenin). Alkaloid fraction of seeds showed tranquilizing activity in animals. The fruit of *Vitis* contains tartaric and malic acids, sugars, pectin, tannin, flavone glycosides, vitamins A, B, C and minerals; anthocyanins in red leaves and red grapes. Anthocyanins reduce capillary permeability. An infusion is useful in heavy menstrual bleeding and uterine haemorrhage. Boorage leaves and flowers have diuretic, febrifuge, emollient and promote the activity of kidneys. Borage seed oil is used for atopic eczema, infantile seborrhoeic dermatitis, rheumatoid arthritis, neurodermatitis. It is also useful in premenstrual syndrome and for preventing heart disease and stroke. Aniseed has carminative, diuretic, anticholinergic, and antispasmodic activity. Lavandula flowers have antidepressive, sedative, antispasmodic, antibacterial, and antiseptic properties. Therefore it is used in depression, nervous headache, sluggish circulation, physical and mental exhaustion, insomnia, neuralgia and rheumatic affections. *Asl-us-soos* has anti-inflammatory, spasmolytic, mild laxative, antiulcer, liver protective, antistress, antidepressive, estrogenic, emmenagogue, and antidiabetic properties [13]. Hence, the patient had responded to the treatment.

**Table 1:** Ingredients of Unani formulation

<p><b>Marham Dakhliyun (NFUM)</b></p> <ol style="list-style-type: none"> <li>1. Aspaghol Musallam 50 g.</li> <li>2. Alsi 50 g.</li> <li>3. Tukhm Khatmi 50 g.</li> <li>4. Tukhm Kanocha 50 g.</li> <li>5. Tukhm Methi 50 g.</li> <li>6. Murdar Sang 24 g.</li> <li>7. Roghan Arandi 1 lit.</li> <li>8. Roghan Kunjad 1 lit.</li> <li>9. Mom (wax) 800 g.</li> </ol> <p><b>Action:</b> <i>Muhallil waram</i>  <b>Therapeutic Use:</b> In <i>Zofe rahim, Waram rahim</i> and <i>imetala rahim</i>.  <b>Dose:</b> Cream 5 g. as vaginal suppository.</p>	<p><b>Itrifal gudadi</b></p> <ol style="list-style-type: none"> <li>1. Ustukhuddus 25 g</li> <li>2. Haleela e siyah 75g</li> <li>3. Aftimum 50g</li> <li>4. Poast bahera 35 g</li> <li>5. Amla 35g</li> <li>6. Turbad 25 g</li> <li>7. Bisifaij 25 g</li> <li>8. Gudadi gosfand -20g</li> <li>9. Sana 15g</li> <li>10. Ghariqun 15g</li> <li>11. Zaranbad 15g</li> <li>12. Chitalakri 15g</li> <li>13. Naushadar 15g</li> <li>14. Anisun 10g</li> <li>15. Balchar 10g</li> <li>16. Khurfa 10g</li> <li>17. Ilaichi khurd 10g</li> <li>18. Jaiphal 10g</li> <li>19. Mastagi 10g</li> <li>20. Roghan zard</li> <li>21. Sugar 1.5kg</li> <li>22. Laung 10g</li> </ol> <p><b>Action:</b> <i>Muhallil waram</i>  <b>Therapeutic Use:</b> Specially effective against scrofula (<i>kantimala, khanazir</i>) or firm swelling  <b>Dose:</b> 10 g with 60 ml of water at bed time</p>
<p><b>Majoon Dabeed ul ward (NFUM)</b></p> <ol style="list-style-type: none"> <li>1. Izkhar Makki 20 g.</li> <li>2. Agar (Ood) 20 g.</li> <li>3. Balchhar 20 g.</li> <li>4. Banslochan 20 g.</li> <li>5. Tukhm Kaasani 20 g.</li> <li>6. Tukhm Kasoos 20 g.</li> <li>7. Tukhm Karafs 20 g.</li> <li>8. Taj Qalmi 20 g.</li> <li>9. Darchini 20 g.</li> <li>10. Zarawand Mudahraj 20 g.</li> <li>11. Qust Shireen 20 g.</li> <li>12. Gul-e-Surkh 300 g.</li> <li>13. Gul-e-Ghafis 20 g.</li> <li>14. Luk Maghsool 20 g.</li> <li>15. Majeeth 20 g.</li> <li>16. Qiwan Shakar 2.4 kg</li> <li>17. Zafran 2.9 g.</li> <li>18. Arq Gaozaban 30 ml</li> <li>19. Mastagi 20 g.</li> <li>20. Ghee 5 g.</li> </ol> <p><b>Action</b>  <i>Mudirre bawl</i> and <i>Muhallil waram</i>  <b>Therapeutic Use</b>  In <i>Waram jigar, waram meda, waram rahim, zofe jigar</i> and <i>Zofe meda</i>.</p>	

**Conclusion**

Unani medicines were useful for relieving symptoms related to leiomyomata and also helped to resolved uterine fibroid without any adverse effect. Further, randomized controlled trials with large sample size are recommended to assess the usefulness of above mentioned regimen in leiomyomata.

**Acknowledgement**

We are thankful to the patient for cooperation and permitting us to publish her details.

**Conflict of Interest:** Nil

**Ethical Statement:** Written consent was obtained from the patient before initiating the treatment.

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