



**EFFICACY OF UNANI DRUGS IN THE MANAGEMENT OF PID (MARZ-E-ILTIHAB-E-HAUZ-ANA): A REVIEW**

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**ABSTRACT**

Pelvic inflammatory disease (*Marz-e-Iltihab-e-Hauz-e-Ana*) is an infection of the female upper genital tract that involves uterus, endometrium, ovaries, fallopian tubes, pelvic peritoneum and adjacent tissues. It consists of ascending infection from the lower to upper genital tract. Most cases of PID can be categorized as sexually transmitted or endogenous and are associated with more than one organism or condition including *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Trichomonas vaginalis*, *Mycoplasma hominis*, *Bacterial vaginosis*. Predisposing factors of PID are sexual contact, history of STI's, procedures involving the upper female genital tract including dilatation & curettage (D&C) history of recent intrauterine device (IUCD) insertion and therapeutic abortion. Actual incidence of disease is unknown yet, due to lack of reliable diagnostic techniques as well as asymptomatic nature of disease. Approximately more than 1000 women become infertile each year as a result of PID and large proportion of ectopic pregnancy occurring each year are due the consequence of PID. According to Unani system of medicine every person in her state of health has a specific humoral (*Akhlat*) and temperament (*Mizaj*). Humors are four in number. *Dam* (blood), *Balgham* (phlegm), *Safra* (yellow bile), *Sauda* (black bile). Any qualitative or quantitative variation in *Akhlat* leads to disease. In classical Unani literature (PID) can be correlates with *Waram-e-Rahem*. It is divided into two types *Waram-e-Rahem Har* and *Waram-e-Rahem Barid*. *Waram-e-Rahem* further classified according to *khilt* as *Waram-e-Rahem Har Damwi* and *Waram-e-Rahem Har Safrawi* and *Waram-e-Rahem Barid Balghami* and *Waram-e-Rahem Barid Sudawi*. In modern treatment PID is treated by antibiotic therapy but these drugs produce various side effects. Unani treatment is one of the most effective treatment with no side effects. Various single and compound drugs mentioned in Unani literature for the treatment of the *Waram-e-Rahem* possessing the properties of *Musaffi-e-Khoon* (Blood Purifier), *Muhallil-e-Awaram* (Anti-inflammatory), *Dafeh-e-Taffun* (Anti septic), *Daf-e-Humma* (Antipyretic). Since last two decades, I have gone through various aspect and dimension of PID in many patients. Various fascinating and successful stories of PID are encountered during my 20 years clinical Practice. In this paper, few of them will be presented in details.

**KEYWORDS:** *Marz-e-Iltihab-e-Hauz-e-Ana*, *Waram-e-Rahem*, Humour (*Akhlat*), *Muhallil-e-Awaram*.

**INTRODUCTION**

Pelvic inflammatory disease (PID) is an infection of the female upper genital tract that involves the uterus, endometrium, ovaries, fallopian tubes, pelvic peritoneum and adjacent tissues.<sup>[1,2,4,6]</sup> It consists of ascending infection from the lower to upper genital tract.<sup>[2,3]</sup> Most cases of PID can be categorized as sexually transmitted or endogenous and are associated with more than one organism or condition including, *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Trichomonas vaginalis*, *Mycoplasma hominis*, *Bacterial vaginosis*.<sup>[1,2,3,5,6]</sup> Predisposing Factors of PID are sexual contact, history of STIs, procedures involving the upper female genital

tract including dilatation & curettage (D&C), history of recent intrauterine device (IUCD) insertion, therapeutic abortion. Typical findings are history of sexual contact, recent IUD insertion and procedure involving the upper genital tract. Clinical features are bilateral lower abdominal pain, White discharge, Backache, Bimanual pelvic examination that includes one or a combination of the following findings adnexal tenderness, Fundal tenderness.<sup>[1,2,3,4,5,6]</sup> The Unani scholars have described *sailan-ur-Reham* & its treatment in various Unani Classical literature like *Kamil-us-Sana*, *Al Hawi*, *Firdaus ul Hikmat* & *Tibb-e-Akbar* etc. According to them disease is due to poor *Quwwat-e-Ghazia* (Nutritive

Faculty) of the reham.<sup>[7,8]</sup> Classification and etiology: - Different Unani scholar classified *Waram-e-Rahem* differently. *Ibn-e-Zohar* classified it into four types *Damwi*, *Safrawi*, *Saudawi* and *Balghami* (according to the humors). Most of the Unani scholars such as *Razi*, *Ibn Sina*, *Ibn Nafees*, *Jurjani*, *Majoosi* have broadly classified *Waram-e-Rahem* into 3 categories *Warm-e-Rahem Har*, *Warm-e-Balgami*, *Warm-e-Sulb*, *Waram-e-Balghami* and *Waram-e-Sudawi* are considered *Awaram Barid*.<sup>[7,8,9,10]</sup> According to *Jurjani*, *Waram-e-Har* of *Rahem* is caused by 5 factors such as trauma, difficulty in labour, abortion, amenorrhoea, excessive sexual intercourse.<sup>[10,11]</sup> While *Ibn Sina* divides the causes of *warm-e-rahem Har* into 2 categories *Asbab-e-Badia* (kharji), *Asbab-e-Batini* (Androoni). According to *Ibn Hubal* *Warm-e-Har* is either *Safravi* or *Damvi* which produces inflammation in the body of uterus.<sup>[11]</sup>

### PATHOGENESIS

1. *Ibteda* (onset): Humour to infiltrate the effected organ and inflammation (*Hajm-e-Warm*), starts to appears but reaction of *tabiyat* is not evident.<sup>[8,9,10]</sup>
2. *Tazayud* (progress): Area of inflammation spreads the reaction of *Tabiyat* against the humour becomes evident in the form of clinical feature of inflammation.<sup>[9,10]</sup>
3. *Inteha* (Peak): Warm reaches to its peak and undergoes no further progression, *tabiyat* and humour strive against each other.<sup>[8,9,10]</sup>
4. *Inhetat* (Termination): *Tabiyat* overwhelms the humour and *warm* becomes to subsides, either it completely resolves undergoes suppuration.<sup>[10,11]</sup>

### CLINICAL FEATURES

- 1- Abnormal vaginal discharge.<sup>[1,2,3]</sup> The vaginal discharge color may be whitish, yellowish, greenish, Reddish.<sup>[2,3,4,5]</sup>
- 2- High grade fever with chills.<sup>[1,2,3,4]</sup>
- 3- Coated tongue, Nausea, Headache.<sup>[1,2,3,4]</sup>
- 4- Backache.<sup>[1,2,3,5,6]</sup>
- 5-Pain in pelvic region that extends to groins, hip joints and in extreme cases to both legs.<sup>[1,2,4,6]</sup>
- 6- Tachycardia and Tachypnoea.<sup>[5,6]</sup>
- 7- Indigestion, loss of appetite and increased thirst.<sup>[1,2,4]</sup>

### DIAGNOSTIC CRITERIA

PID can be diagnosed according to sign & symptoms that are vaginal discharge, color of the discharge may be whitish, yellowish, greenish, reddish, the it may be accompanied with foul smelling and itchy sensation or pain at the infected area. Lower abdominal tenderness, adnexal tenderness, backache.<sup>[1,2,3,4,5,6]</sup>

**Laboratory studies** : CBC,ESR,CRP,PAP smear, Swab culture.<sup>[1,2,3,4,5]</sup>

Imaging studies: Transvaginal ultrasonography, CT.<sup>[1,2,3,4]</sup>

Procedures: Endometrial biopsy,<sup>[1,2,6]</sup> Laparoscopy.<sup>[1,2,4,6]</sup>

### DIFFERENTIAL DIGANOSIS

- Appendicitis.<sup>[1,2]</sup>  
Gastroenteritis.<sup>[1,2,3]</sup>

- Ectopic Pregnancy.<sup>[4,5]</sup>  
Ovarian Cyst.<sup>[4,5,6]</sup>  
Endometriosis.<sup>[1,2,3,5]</sup>  
Ovarian Torsion.<sup>[1,2,3,4,6]</sup>

### MANAGEMENT

#### Principles of therapy are

1. To control the infection.<sup>[1,2,5]</sup>
2. To prevent infertility.<sup>[1,2,3]</sup>
3. To prevent reinfection.<sup>[1,2,5]</sup>

### OUT PATIENT THERAPY

Patient should receive oral therapy for 7-14 days, Doxycycline 100 mg twice a day.<sup>[1,2]</sup>

Regimen A: Levofloxacin 500 mg once daily with or without metronidazole 400 mg.<sup>[1,2]</sup>

Regimen B: ceftriaxone 250 mg IM Single dose plus Doxycycline 100 mg PO BID with or without metronidazole 500 mg.<sup>[1,2]</sup>

### IN PATIENT THERAPY

1-Cefoxitin 2gm IV every 6 hourly for 2-4 days Plus

2- Doxycycline 100 mg PO for 14 days.<sup>[2,3,4]</sup>

Regimen B: Clindamycin 900 mg IV every 8 hourly plus gentamicin 2mg /kg body weight.<sup>[1,2,3]</sup>

### USOOL-E-ILAJ (PRINCIPLES OF TREATMENT)

1. To remove the cause.<sup>[7,8,9]</sup>
2. To maintain hygienic condition.<sup>[8,9]</sup>
3. Use of *Munzij wa Mushil-e-Balgham* (Concoctive and purgatives of phlegm).<sup>[7,8,9]</sup>
4. Use of *Munzij wa Mushil-e-Sauda* (Concoctive and purgatives of black bile).<sup>[7,8,9]</sup>
5. *Muhallilat wa Dafa-e-Tafun* (Anti-inflammatory and Antiseptic drugs).<sup>[7,8,9]</sup>
6. *Mudir-e-Tams wa Mudir-e-Haiz* (Emmenagogue and diuretic drugs).<sup>[8,9]</sup>
7. *Ilaj bil Tadabeer* (Regimenal therapies).<sup>[7,8,9]</sup>
8. For local application use of *Abzan* (Sitz bath), *Humool* (Pessary), *Zimad* (Paste) etc.<sup>[8,9]</sup>
9. *Musakkin-e-Alam wa Daf-e-Tashannuj* (Analgesic and antispasmodic drugs).<sup>[7,8,9]</sup>
10. If the cause is leucorrhoea, then use of *Mujazzifat* (Dessicative drugs) in addition to other drugs.<sup>[7,8]</sup>
11. Correction of generalized weakness of body.<sup>[8,9,10]</sup>

***Munzij wa Mushil-e-Balgham* (Concoctive and purgatives of phlegm):** Khatmi (*Althaea officinalis*), Arusa (*Adhatoda vesica*), Sapistaan (*Cordia latifolia*), Injeer (*Ficus carica*), Aslussoos (*Glycyrrhiza glabra*), Gauzaban (*Borago officinalis*), Maghz-e Amaltas (*Cassia fistula*).<sup>[14,15, 16]</sup>

***Munzij wa Mushil-e-Sauda* (Concoctive and purgatives of black bile):** Aftimoon Wilayti (*Cuscuta epithimum*), Gauzaban (*Borago officinalis*), Unnab (*Zizyphus sativa*), Shahtra (*Fumaria indica*), Sapistan (*Cordia latifolia*), Ustukhuddus (*Lavendula stoechas*), Badiyan (*Foeniculum vulgare*), Shahm-e-Hanzal (*Citrullus colocynthis*), Halela Siyah (*Terminalia*

*chebula*), Turbud (*Ipomea turpethum*), Ghariqoon maghrbal (*Agaricus alba*).<sup>[14,15,16]</sup>

**Muhallilat wa Dafa-e-Taffun (Anti-inflammatory and Antiseptic drugs):** Barge Kasni (*Cichorium intybus*), Baboona (*Matricaria chamomilla*), Barg-e-mako (*Solanum nigrum*), Izkhar (*Andropogon jawarancusa*), Hasha (*Thymus vulgaris*), Hilteet (*Ferula foetida*), Darchini (*Cinnamomum zeylanicum*), kafoor (*Cinnamomum camphora*).<sup>[14,15,16,17]</sup>

**Mudir-e-Tams wa Mudir-e-Haiz (Emmenagogue and diuretic):** Tukhm-e-Gandana (*Allium ascalonicum*), Tukhm-e-Shalgham (*Brassica rapa*), Darchini (*Cinnamomum zeylanicum*), Sazaj Hindi (*Cinnamomum, tamala*), Tarmas (*Lupinus albus*).<sup>[14,15,16,17]</sup>

**Musakkin-e-Alam wa Daf-e-Tashannuj (Analgesic and antispasmodic):** Aftimun Hindi (*Cuscuta reflexa*), Asrol (*Rauwolfia serpentina*), Abhal (*Juniperus communis*), Lehsun (*Allium sativum*).<sup>[15,16]</sup>

**Ilaj-bil-Tadabeer (Regimental therapies):** Cupping of lower limb near ankle is mentioned in unani literature.<sup>[10,11]</sup>

**Fasad (Venesection):** In lower limb venesection is advised in case of *Waram-e-Rahem Har*. Specially the *Rag-e-Safin* (Saphenous Vein).<sup>[11,12]</sup>

**Abzan (Sitz bath):** With decoction of several anti-inflammatory drugs like Babuna (*Matricaria chamomilla*), Marzanjosh (*Origanum vulgare*), Podina (*Mentha arvensis*), Izkhar (*Andropogon jwarancusa*), Qust Sheeri (*Saussurea lappa*), Akleelul Mulk (*Trigonella uncata*), Mur makki (*Commiphora myrrh*).<sup>[14,15,16]</sup>

#### COMPOUND FORMULATIONS

- 1- *Majoon Dabidul Ward* 5-7 mg BID.
- 2- *Majoon Suparipak* 5-7 mg
- 3- *Majoon Mocharas* 5-7 mg BID.
- 4- *Marham Dakhiloon* use as *Hamool* with *Roghan gul*.
- 5- *Dawa-e-Mudir* 2-2 BID.<sup>[16,17]</sup>

#### DIET

1. Eat calcium rich food—Beans, Almond, spinach.<sup>[7,8]</sup>
2. Eat antioxidant rich food—blue Berries, cherries, Tomatoes.<sup>[1,4,6]</sup>
3. Oils—olive oil, coconut oil.<sup>[8,9]</sup>
4. Drink—6-8 glass of filter water daily.<sup>[8,9]</sup>
5. No red meat and more lean meat, fish, tofu or bean are to be taken.<sup>[8,9]</sup>
6. Multi vitamins supplements can be helpful.<sup>[8,9]</sup>
7. Grapes seed.<sup>[8,9]</sup>

#### CONCLUSION

PID is an infection of the female upper genital tract that involves uterus, endometrium, ovaries, fallopian tubes, pelvic peritoneum and adjacent tissues. Most cases of

PID can be categorized as sexually transmitted or endogenous and are associated with more than one organism or condition including *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Trichomonas vaginalis*, *Mycoplasma hominis*, *Bacterial vaginosis*. Unani medicine is one of the great hopes in the treatment of the PID. 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 PID.

#### REFERENCES

1. Williams S.N., Bulsterode K.J.C., Connell P.R., Bailey & Love Short Practice of Surgery 26 edition CRC press: P, 1397-98.
2. Hemell D.L., Ledger W.J., Martens M., Morif G.R.G., Osborne N.G., Thomson J.L., concern regarding the centres for disease controls published guidelines for pelvic inflammatory disease. Clinical infectious disease, 2001; P 32; 103-07.
3. Kumar P., Malhotra N. Jeffcoate's Principal of Gynecology 7<sup>th</sup> edition New Delhi Jaypee Brothers Publishers (P) Ltd, 2008; 347: 348.
4. Rock A., Jhon. W., Jones T. E., Lindes Operative Gynecology 9<sup>th</sup> edition, 2008; 675-677.
5. Stephen J., Phee M.C., Papadakis A. Maxine. Current Medical Diagnosis and Treatment 47<sup>th</sup> edition, 2008: 647 648.
6. Management of acute pelvic inflammatory disease. Green top guidelines no 32, Royal college of obstetrics & gynecology, 2008.
7. Majoosi ABA. kamil us sana (urdu translation by kantoori.GH) vol 1,2. (Idara kitab us Shifa). New Delhi, 2010; 42,46,422,435,536,492.
8. Arzani H. A. Tibb-e-Akbar, faisal publication Deoband YNM, 2008; P 525: 526.
9. Ibn Sina. AL Qanoon Fil Tibb vol-3 (Urdu translation by G. H. Kantoori) idara kitab us shifa: New Delhi, 2007; 268-69,353-54,1101-03.
10. Mazhar HSTP. The Canon of Medicine of Avicena (Idara kitab us Shifa) New Delhi, 2007; P 141,153,252,253,411,412.
11. Ibn Hubal Baghdadi Kitabul Mukhtarat Fil Tibb (urdu translation vol 4<sup>th</sup>) CCRUM New Delhi, 2007; P 42 -44.
12. Hakeem Safiuddin Ali Unani Advia Mufradat 10th edition 2004. Qauhmi konsil bare faroogh urdu zaban P 35,36,46,172,173,195,196,262,265.
13. Hakeem Mohammad Abdul Hakeem Bustanul Mufradat Idara kitabus shifa P 98, 293,330,371,554,561.
14. Hakeem Muzzafar Hussain Awan, Kitabul Mufradat Khawasul Advia Bander Road Karachi, 1960; P 83,84,94,95,261,283,110,212,328,473.
15. Khan N. Khazinul Advia, (Idara kitab us shifa) New Delhi YNM, 2010; P 732,788,894,1138,1254,1268.
16. Indian council of medicinal research, Medicinal Plants of India vol 2<sup>th</sup> New Delhi. Cambridge printing works, 1987; P-129,130,539,544,598.

17. Unani Pharmacopeia of India Govt. of India, Ministry of Health and Family Welfare Deptt. of AYUSH, 2010.