
Aysha Raza*1 and Ubaid Amir2

1Associate Professor Department Amraz-e-Niswan wa Qabat (Gynecology and Obstetrics) A & U Tibbia College and Hospital.
2P.G Scholar Department Amraz-e-Niswan wa Qabat (Gynecology and Obstetrics) A & U Tibbia College and Hospital.

*Corresponding Author: Dr. Aysha Raza
Associate Professor Department Amraz-e-Niswan wa Qabat (Gynecology and Obstetrics) A & U Tibbia College and Hospital.

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. Pre-disposing 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 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), Saffra (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 Damwai 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 Waram-e-Rahem possessing the properties of Musaffi-e-Khoon (Blood Purifier), Mulhalil-e-Awaram (Anti-inflammatory), Daf-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.


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.124-6 It consists of ascending infection from the lower to upper genital tract.23 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.123,5,6 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.123,4,5,6 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-Akkbar etc. According to them disease is due to poor Qawwat-e-Ghazia (Nutritive
Faculty) of the reham.\textsuperscript{[7,8]} 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 Waram-e-Rahem Har, Warm-e-Balghami, Warm-e-Sulb, Waram-e-Balghami and Waram-e-Sudawi are considered Awaram Barid.\textsuperscript{[7,9,10]} According to Jurjani, Waram-e-Har of Rahem is caused by 5 factors such as trauma, difficulty in labour, abortion, amenorrhoea, excessive sexual intercourse.\textsuperscript{[10,11]} While Ibn Sina divides the causes of warm-e-rahem Har into 2 categories Ashab-e-Badshah (kharji), Ashab-e-Batini (Androoni). According to Ibn Hubal Warm-e-Har is either Safrawi or Damwi which produces inflammation in the body of uterus.\textsuperscript{[11]}

PATHOGENESIS

1. 

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

CLINICAL FEATURES

1- Abnormal vaginal discharge.\textsuperscript{[1,2,3]} The vaginal discharge color may be whitish, yellowish, greenish, reddish.\textsuperscript{[2,3,4,5]} 2- High grade fever with chills.\textsuperscript{[1,2,3,4]} 3- Coated tongue, Nausea, Headache.\textsuperscript{[1,2,3,4]} 4- Backache.\textsuperscript{[1,2,3,5,6]} 5- Pain in pelvic region that extends to groins, hip joints and in extreme cases to both legs.\textsuperscript{[1,2,4,6]} 6- Tachycardia and Tachypnoea.\textsuperscript{[6]} 7- Indigestion, loss of appetite and increased thirst.\textsuperscript{[1,2,4]} 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.\textsuperscript{[1,2,3,4,5,6]} Laboratory studies : CBC, ESR, CRP, PAP smear, Swab culture.\textsuperscript{[1,2,5,4,5]} Imaging studies: Transvaginal ultrasonography, CT\textsuperscript{[1,2,3,4,5]}. Procedures: Endometrial biopsy,\textsuperscript{[1,2,6]} Laparoscopy.\textsuperscript{[1,2,4,6]} DIFFERENTIAL DIAGNOSIS

Appendicitis.\textsuperscript{[1,2]} Gastroenteritis.\textsuperscript{[1,2,3]} Ectopic Pregnancy.\textsuperscript{[4,5]} Ovarian Cyst.\textsuperscript{[4,5,6]} Endometriosis.\textsuperscript{[1,2,3,5]} Ovarian Torsion.\textsuperscript{[1,2,3,4,6]}

MANAGEMENT

Principles of therapy are

1. To control the infection.\textsuperscript{[1,2,3,5]} 2. To prevent infertility.\textsuperscript{[1,2,3]} 3. To prevent reinfection.\textsuperscript{[1,2,5]} OUT PATIENT THERAPY

Patient should receive oral therapy for 7-14 days, Doxycycline 100 mg twice a day.\textsuperscript{[1,2]} Regimen A: Levofoxacin 500 mg once daily with or without metronidazole 400 mg.\textsuperscript{[1,2]} Regimen B: Ceftriaxone 250 mg IM Single dose plus Doxycycline 100 mg PO BID with or without metronidazole 500 mg.\textsuperscript{[1,2]} IN PATIENT THERAPY

1-Cefoxitin 2gm IV every 6 hourly for 2-4 days Plus 2- Doxycycline 100 mg PO for 14 days.\textsuperscript{[1,2,3,4]} Regimen B: Clindamycin 900 mg IV every 8 hourly plus gentamicin 2mg /kg body weight.\textsuperscript{[1,2,3]} USOOL-E-ILAJ (PRINCIPLES OF TREATMENT)

1. To remove the cause.\textsuperscript{[7,8,9]} 2. To maintain hygienic condition.\textsuperscript{[8,9]} 3. Use of Munzij wa Mushil-e-Balgham (Concoctive and purgatives of phegm).\textsuperscript{[7,8,9]} 4. Use of Munzij wa Mushil-e-Sauda (Concoctive and purgatives of black bile).\textsuperscript{[7,8,9]} 5. Muhallilat wa Dafa-e-Tufan (Anti-inflammatory and Antiseptic drugs).\textsuperscript{[7,8,9]} 6. Mudir-e-Tams wa Mudir-e-Haiz (Emmenagogue and diuretic drugs).\textsuperscript{[8,9]} 7. Ilaj bil Tadabber (Regimenal therapies).\textsuperscript{[7,8,9]} 8. For local application use of Abzan (Sitz bath), Humool (Pessary), Zimad (Paste) etc.\textsuperscript{[8,9]} 9. Musakkin-e-Altam wa Daf-e-Tashhunuj (Analgesic and antisapmodnic drugs).\textsuperscript{[8,9]} 10. If the cause is leucorrhoea, then use of Mujazzifat (Disscative drugs) in addition to other drugs.\textsuperscript{[7,8]} 11. Correction of generalized weakness of body.\textsuperscript{[8,9,10]}

Munzij wa Mushil-e-Balgham (Concoctive and purgatives of phegm): Katmai (Althaea officinalis), Arusa (Adhatoda vesica), Sapistaan (Cordia latifolia), Injeer (Ficus carica), Aslussoos (Glycyrrhiza glabra), Gauzaban (Borago officinalis), Magh-z Amalatas (Cassia fistula).\textsuperscript{[10,15, 16]}

Munzij wa Mushil-e-Sauda (Concoctive and purgatives of black bile): Aftinnen Wilayti (Cascuta epithymum), Gauzaban (Borago officinalis), Unnab (Zizyphus sativa), Shahtra (Fumaria indica), Sapistan (Cordia latifolia), Ustukhuddus (Lavendula stoechas), Badiyan (Foeniculum vulgare), Shahm-e-Hanzal (Citrrulus colocythis), Halela Siyah (Terminalia
chebula), Turbud (Ipomea turpethum), Ghariqoon maghrbal (Agaricus alba).\[14,15,16\]

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

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

**Musakkin-e-Alam wa Daf-e-Tashannuj (Analgesic and antispasmodic):** Aftimun Hindi (Cascusa reflexa), Astrol (Rauwolfia serpentina), Abhal (Juniperus communis), Lehsun (Allium sativum).\[15,16\]

**Ilaj-bil-Tadabee (Regimental therapies):** Cushing of lower limb near ankle is mentioned in unani literature.\[10,11\]

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

**Abjan (Sitz bath):** With decoction of several anti-inflammatory drugs like Babuna (Matricaria chamomilla), Marzanjosh (Origanum vulgare), Podina (Menitha arvensis), Ikzhar (Andropogon jawarancusa), Qust Sheeri (Saussurea lappa), Akleelul Mulik (Trigonella uncata), Mur makkhi (Commiphora myrrha).\[14,15,16\]

**COMPOUND FORMULATIONS**

1. Majoona Darbait 5-7 mg BID.
2. Majoona Suparipak 5-7 mg
3. Majoona Mocharas 5-7 mg BID.
4. Marham Dakhiloon use as Hamool with Roghan gul.
5. Dawa-e-Mudir 2-2 BID.\[16,17\]

**DIET**

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

**CONCLUSION**

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.

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