RESOLUTION OF UTERINE FIBROID BY UNANI HERBAL FORMULATIONS-A CASE REPORT

Mariyam Roqaiya*, Wajeeha Begum, Abiha Ahmad Khan

Dept. of Ilmul Qabalat wa Amraze Niswan, National Institute of Unani Medicine, Kottigepalya, Bengaluru-91, Karnataka, India.

ABSTRACT

Fibroids (leiomyomas) are the commonest tumours of the uterus of reproductive life, usually in the fourth to fifth decade, and they tend to shrink or fibrose after the menopause. These tumours may be asymptomatic. Symptomatic fibroids require treatment. Management includes medical and surgical options. Management of fibroid through surgery is available to meet the urgent medical need, but challenges remain to treat by medicine without side effects. This article presents a successful managed case of uterine fibroid in the form of a case report by herbal formulations of Unani system of medicine.

KEYWORDS: Fibroids (leiomyomas), Symptomatic fibroids.

INTRODUCTION

Uterine fibroids, or leiomyomas, are benign uterine neoplasms that arise from the smooth-muscle tissue.[1] Alternative names are uterine leiomyomata, fibromyoma, myoma, or fibroids.[2] These tumours have prevalence ranging from 20 to 50% of women depending on the age, ethnicity, parity, and methods use to assess their presence.[3] Fibroids are the leading benign indication for hysterectomy in USA.[4,5] Despite the fact that their cause is still unknown, yet there is considerable evidence that estrogens and progestogens proliferate tumor growth as the fibroids rarely appear before menarche and regress after menopause.[5] Fibroids become clinically relevant in about 25% to 30% of all women aged between 30 and 50 years.[6]

In the Unani literature the tumours has been mentioned with the name of ‘salaat’ which is a type of waram balghami (phlegmatic swelling)[7] and there are two types of ‘salaat’...
according to symptoms ‘salaate saleema’ (benign tumours) and ‘salaate khabeesa’ (malignant tumours). In salaate saleema the growth is similar to the organ in which they develop. These are not associated with pain but there may be chances of pressure symptoms. The matter does not infiltrate the local nodes. There is no formation of pus. After complete cure they do not recur.\cite{8} According to classification in Unani medicine, the uterine fibroids (Salaate rehm) come under the category of salaate saleema means benign tumour. It has been also mentioned by renowned Unani physicians that viscous phlegm (balgham) is the cause behind these salaat.\cite{9,10} In the management of salaat avoid those food which produces phlegm like milk and milk products, moist vegetables etc.\cite{11} The large fibroid should be dissolved by the medicines which have muhallile waram (resolvent), munzije balgham and qabiz (astringent) property.\cite{10,11,12,13} Soft swellings is treated directly with muhallile waram and qabiz drugs but firm swelling needs first munzije balgham drugs to make the swelling soft followed by muhallile waram and qabiz drugs.\cite{12} If the medical treatment fails then surgery should be done.\cite{10}

CASE DESCRIPTION

A married patient aged 46 years with two living children, tubectomised, belonged to upper class attended female OPD of NIUM Hospital, Bangalore with chief complaints of pain during menses since 7 months which started 1 day before the expected date of period and persisted for 2 to 3 days during periods and heavy flow during menses since 3 months. Her menstrual period was of 4-5 days and she was changing 1 pad per day on 1\textsuperscript{st} day followed by 4 to 5 pads per day fully soaked from 2\textsuperscript{nd} to 4\textsuperscript{th} day and there was history of passing clots also. Her past menstrual period was of same duration but she was changing 2 pads per day and there was no history of passing clots and dysmenorrhoea. There was no history of perimenopausal symptoms like hot flushes, sleeplessness, anger, anxiety, etc. There was no past history of any surgical (other than tubectomy) or medical illness. There was no history of any benign or malignant tumour in her family. There was no history of hormonal therapy. On physical examination, there was no signs of anaemia, malnutrition, and other systemic disease noted. On pelvic examination, there was no visible polyp or growth seen, uterus was anteverted, bulky, mobile, firm and fornices were non tender. Laboratory findings showed complete blood picture, bleeding time, clotting time, thyroid profile within normal range. Transabdominal scan of pelvis showed bulky uterus with posterior intramural fibroid measuring 4.0×3.9 cm pushing endometrium anteriorly.
**Intervention given**

As per the references available in the classical Unani literature, the following classical Unani formulations were prescribed for a period of 3 months and there after another USG was advised to see the result of the treatment.

- *Itrifal Ghududi* (Hamdard pharmacy New Delhi) 6gm bid daily orally
- *Majoone Dabeedul Ward* (pharmacy of NIUM, Bangalore) 6gm bid daily orally
- *Marhame Dakhiliyun* (pharmacy of NIUM, Bangalore) 6 gm per vaginally with sterile tampons provided by the hospital daily at bed time (except during menstrual period).

All these three compound formulations have indication to use in uterine fibroid (table 1). Treatment was given on weekly basis and patient was assessed for symptoms on cyclical basis.

**Probable mode of action**

These formulations are formed by those medicines which have *muhallile waram, munzije balgham* and *qabiz* property. *Munzije balgham* drugs cause softening of the swellings by making *balgham* able to be expel which is the main cause of *salaat*, *Muhallile waram* drugs resolve the swelling and the *qabiz* drugs cause shrinkage of swelling and also prevent increase in size.

**Table 1. Unani formulations with actions and therapeutic indications**\(^{[14,15]}\)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Compound drug</th>
<th>Actions</th>
<th>Therapeutic Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Itrifal ghududi</td>
<td>Muhallil-e-waram</td>
<td>Khanazeer, Waram-e-gudad</td>
</tr>
<tr>
<td>2</td>
<td>Majoone Dabeedul ward</td>
<td>Muhallil-e-waram, mudirre baul</td>
<td>Waram-e-jigar, waram-e-meda, waram-e-rehm, zofe jigar, zofe meda</td>
</tr>
<tr>
<td>3</td>
<td>Marhame Dakhiliyun</td>
<td>Muhallil-e-waram</td>
<td>Zofe rehm, waram-e-rehm, imtela-e-rehm</td>
</tr>
</tbody>
</table>

**RESULTS OF THE INTERVENTION**

During 3 months of the treatment, patient was assessed cyclically for reduction in the symptoms. Second cycle during the treatment, patient experienced much reduction in the symptoms. On 3\(^{rd}\) cycle, symptoms were completely absent. Repeat scan was done to see the reduction in the size of fibroid, but scan showed no fibroid. It was completely resolved. Patient was kept in follow up for two cycles after treatment for recurrence of symptoms. There was no adverse effect noted in the patient.
DISCUSSION AND CONCLUSION

Uterine fibroids are present in approximately 70% and 80% of 50-year-old white and black women, respectively. Common symptoms include heavy menstrual bleeding and subsequent anemia, pelvic pain, dysmenorrhea, decreased quality of life, and reproductive dysfunction.\(^1\) Management of a patient with uterine fibroids is highly dependent on the presentation and patient wishes. Women with small fibroids who are asymptomatic are best left untreated. Women with symptoms who have small fibroids but are close to the menopause or who are trying to conceive should be treated conservatively with analgesics and hematins.\(^3\) Classic treatment options for symptomatic fibroids include hysterectomy and myomectomy.\(^4\) Embolization of the uterine artery is a possible alternative to hysterectomy. This technique is associated with a higher risk of unwanted effects and a higher reintervention rate (7% to 34.6%). Specific risks include complete amenorrhea in 3.9% of cases.

Two drug classes are basically available to treat uterine fibroids: GnRH analogs and selective progesterone receptor modulators (SPRMs). The main disadvantage of treatment with GnRH analogs is the suppression of ovarian steroid hormone production, and the strong vasomotor symptoms triggered as a consequence and also with prolonged hypoestrogenemia, the associated loss of bone density. The direct action of SPRM ulipristal acetate on the endometrium leads to reversible benign histological changes (progesterone receptor modulator–associated endometrial changes).\(^6\)

This case study proves the importance of Unani herbal medicines in gynaecological conditions especially in resolution of uterine fibroids confirmed by USG pelvis without any adverse effect. Further studies required with large sample size to draw the final conclusion.

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REFERENCES


