

International Archives of

BioMedical and Clinical Research

n Official Publication of "Ibn Sina Academy of Medieval Medicine & Sciences")

WWW.IABCR.ORG

Section Unani

Original

Article

Clinical Study for the Efficacy of Unani Formulation in the Management of Vaginal Discharge Associated with Cervicitis (Iltehab-E-Unqur Rehm)

Saman Anees^{1*}, Suboohi Mustafa²

¹Assistant Professor, Deptt. of Qabalat Wa Amraz e Niswan, AUAMC, Aligarh. ²Assistant Proffesor, Dept. of Amraz e Niswan Wa Atfal, AKTC, AMU, Aligarh.

ABSTRACT

Background: Cervicitis is one of the commonest lesions of female genital tract affecting more than half of all women at some point during their adult lives and has been seen in 80% of women with any gynaecological complaint. It refers to the inflammation of the cervix which may be acute or chronic and vaginal discharge is the commonest complaint in patients of patients of cervicitis. **Objectives:** The aim of the study was to evaluate the clinical efficacy of Unani formulation in the management vaginal discharge due to cervicitis.

Methods: A randomized observational study was carried out at the Department of Amraz e Niswan wa Atfal, AKTC, AMU, Aligarh. Thirty (n=30) patients of 18-40 years of age with chronic cervicitis were selected and intervened with Unani formulations prepared from Joshanda Mazu (Quercus infectoria) administered locally in the form of intra vaginal tampon (pessary) for 7 consecutive nights after menses. Pre and post treatment analysis was done on subjective and objective parameters and were assessed by paired t-test. Result: This Unani formulation showed highly statistically significant improvement in all the subjective (p<0.001) and objective (p<0.001) parameters of chronic cervicitis after completion of treatment. Conclusion: The study results suggest that the trials formulations are quite effective and hence can be used as an alternate therapy in the management of cervicitis. No Adverse effects were noted during the complete course of the study trial.

Key Words: Iltehab e Unqur Rehm, Cervicitis, Joshanda Mazu,

DOI:10.21276/iabcr.2017.3.4.31

Article History Received: 05.10.17 Accepted: 12.11.17

*Address for Correspondence

Dr. Saman Anees, Assistant Professor, Deptt. of Qabalat Wa Amraz e Niswan, AUAMC, Aligarh

Copyright: © the author(s) and publisher. IABCR is an official publication of Ibn Sina Academy of Medieval Medicine & Sciences, registered in 2001 under Indian Trusts Act, 1882. This is an open access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Cervicitis is very common, affecting more than half of all women at some point during their reproductive life. Chronic cervicitis is variously estimated to be present in some degree in 35-85% of women and in about 50-60% of all parous women. It is defined as the inflammation of the cervix which may be acute or chronic and vaginal discharge is the commonest complaint in the patients of cervicitis. Its symptoms are Vaginal discharge, vulval itching with burning, dyspareunia, low backache, dysuria., lower

Access this article online

Website:

www.iabcr.org

DOI: 10.21276/iabcr.2017.3.4.31

abdominal pain and signs are oedematous, congested and friable cervix, velvety appearance, erosion and nabothian follicles present.^[1,2,3]

In classical Unani literature, Iltehab e unq ur rehm has been described under the disease, named Warm e rehm which commonly occurs in unq ur rehm (cervix of uterus). [4,5] It is divided into two main types, warm e har (damvi and safravi) and warm e barid (balghami and saudavi), among which

How to cite this article: Anees S, Mustafa S. Clinical Study for the Efficacy of Unani Formulation in the Management of Vaginal Discharge Associated with Cervicitis (Iltehab-E-Unqur Rehm). Int Arch BioMed Clin Res. 2017;3(4):127-129.

Source of Support: Nil, Conflict of Interest: None

warm e har is more common.[4,6]

Ibn Sina, Majoosi and Jurjani has mentioned the causes of warm e rehm har into two groups as asbab e sabiqah (internal causes) and second is asbab e badiyah/kharijah(external causes). Warm e rehm mostly occurs after abortion, delivery or due to frequent coitus. Pathophysiology of warm e unq ur rehm can be described on the basis of humoral theory and sue e mizaj. According to Buqrat, the right proportion of akhlat e arba i.e. dam, balgham, safra and sauda is responsible for health, but any disturbance in kammiyat and kaifiyat results in alteration of the temperament of the internal organs and results in development of the disease. [4,5,6,7]

Objective: The aim of the study was to evaluate the clinical efficacy of Unani formulation in the management vaginal discharge due to cervicitis.

Inclusion Criteria:

- 1. Patients in the age group of 18-40 years.
- Patients complaining of vaginal discharge, low backache, low abdominal pain, Dyspareunia. dysuria, etc.
- 3. Women with inflammatory pap's smear.
- 4. Patients willing to take part in study.

Exclusion Criteria:

- 1. Unmarried, pregnant and lactating women.
- Patient on oral contraceptives, or using intrauterine contraceptive devices.
- Patients with any systemic illness like Hypertension, Diabetes Mellitus, Sexually transmitted diseases.
- 4. Patients with extensive chronic cervicitis, fibroid and malignancy.
- 5. Patients with Bad Cervix On per speculum examination..

METHODS

A randomized observational study was carried out at the Department of Amraz e Niswan wa Atfal, AKTC, AMU, Aligarh. Thirty (n=30) patients of 18-40 years of age with chronic cervicitis were selected and intervened with Unani formulations prepared from *Joshanda Mazu (Quercus infectoria)* administered locally in the form of intra vaginal tampon (pessary) for 7 consecutive nights after menses. Preand post-treatment analysis was done on subjective and objective parameters and were assessed by paired t-test.

RESULTS

This Unani formulation showed highly statistically significant improvement in all the subjective (p<0.001) and objective (p<0.001) parameters of chronic cervicitis after completion of treatment.

Pre-and Post-analysis of both subjective and objective parameters are done by applying Paired t test.

The results were found to be highly significant with the p value < 0.001.

DISCUSSION

Among 30(100%) patients who were complaining of vaginal discharge, 26 (86.6%) patients got relieved. It is contributed to the fact that the trial drug has astringent^[8,9] activity which dries the discharge and also has anti-inflammatory^[10] activity which helps in improving the condition.

30(100%) patient's complaint of low back pain and 20(66.7%) got relieved which is in accordance to the *musakkin* and *muhallil*^[11] effect of the drug.

25(83.3%) patients complaining of suprapubic pain, and 21(84.0%) got relieved attributed to the *musakkin* and *muhallil*^[11] property of the drug.

24(80.0%) patients complaining of Pruritus vulvae and 19(79.0%) patients got relieved due to the *musaffi* and *jail*^[12,13] properties of the trial drug.

21(70.0%) patients complaint of dysuria and 16~(76.0%) patients got relieved attributed to the *muhallil*^[11] property of the trial drug.

In 30(100%) patients, congestion is present before treatment and 16 (53.3%) patients got relieved after treatment due to the *munzij*, *mushil*, *munnaqqi* properties of the trial drug.

In 11 (36.6%) patients, nabothian follicles were present, and after trial 07 (63.6%) showed improvement due to *mufatatteh-e- sudad*^[14] action of the drug.

Out of 30 patients 7(23.3%) showed velvety appearance of cervix and after treatment 6 (85.7%) patients got relieved due to *munzij*, *mushil and munnaqqi*^[14] properties of the trial drug.

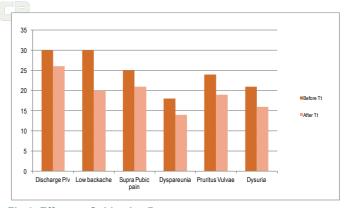


Fig 1: Effect on Subjective Parameters

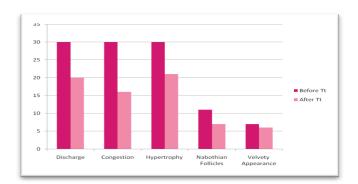


Fig 2: Effect on Objective Parameters

CONCLUSION

On the basis of above observation, it can be concluded that *Joshanda Mazu* is effective in relieving and curing the symptoms and signs of cervicitis. The trial drug is cheaper, easily available and well tolerated by the patients. Trial drug does not show any side effects. *It is suggested to do further trial on large no. of patients*.

REFERENCES

- Datta SD, et al. 2007. Gonorrhoea and Chlamydia in the United States among person 14 to 39 years of age, 1999 to 2000. Am Intern. Med. 147: p. 89-96.
- 2. Weinstock H, Berman S, Cates W Jr. Sexually Transmitted Diseases among American Youth: Incidence and prevalence estimates, 2000. Perspect Sex Reprod Health. 2004 Jan-Feb; 36(1):6-10.
- Kumar P, Malhotra N. Jeffcoate's Principles of Gynaecology. 7th ed. New Delhi. Jaypee Brother Medical Publishers(P) Ltd. 2008: 30-34, 54-55, 347-349.
- 4. Razi ABZ, Kitabul Hawi.Vol IX. New Delhi. CCRUM.2001: 9,10,12,13,14,15,33,37.
- Ibn Sina.Al-Qanoon Fit-Tib.(Urdu Trans. By Kantoori Gh) Vol.III; Part II. New Delhi. Idarae Kitab us Shifa. 2007: 1101-1103.

- Majoosi ABA. Kamil us Sana .Idarae Kitab us Shifa, New Delhi. 2010: 534-538.
- Jurjani AH. Zakaria Kharizam Shahi. Idarae Kitab us Shifa, New Delhi. 2010: 625-627.
- Anonymous. The Unani pharmacopoeia of India. Vol. 3. Part
 New Delhi: G.O.I., Ministry of Health and Family welfare, Dept. of AYUSH; 2007.
- Najmul Ghani. Khazain-ul-Advia. New Delhi: Idara Kitabul Shifa; YNM.
- Kaur, G., Hamid, H., Ali, A., Alam, M.S. & Athar, M.,(2004):Anti-inflammatory evalution of alcoholic extract of galls of *Quercus infectoria*. J. Ethanopharm., Vol. 90, pp. 285-292.
- Hkm Abdul Hakeem. Bustanul- mufradat. New Delhi: Idara Kitabul shifa; 2002.
- Ibn Baitar. (1999) "Al-Jame al-Mufrada al-Advia Wa al-Aghzia" (Urdu Translation). CCRUM, New Delhi; Vol.III: 231-233(s,r), 88-91(n,j), 108-109(f,o), 180-183(z,m), 304-308(s,n), 326-327(a,e).
- Hkm Kabeeruddin M.Ilmul Advia Nafisi. New Delhi: Ejaz pub. House; 2007.
- 14. Ghani, N. (2010) "Khazainul Advia" CCRUM. Ministry of Health and Family Welfare, Dept of Ayush, Govt of India, New Delhi, Vol II, pp 134(a.a), 290(n.j), 312 (c.a), 350(a.m), 346 Vol III pp 346 (s.c),162(c.r) Vol IV pp 160(b.f),241(r.e) Vol V pp 5(f.o), 87(z.m),121(s.r), 151(a.e), 233(c.i), 348(c.o), 475(c.m) Vol VI pp 44(r.d), 304(s.n), 399(o.l), 471(n.a).

