



Effect of Majoon Dabid-ul-Ward and Araq-e-Mako Murakkab in Bawasir al-Rahim (Endometrial polyp): A Case Report

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ABSTRACT:

The 32-year-old female patient's main complaints are lower abdominal discomfort and watery, white, occasionally itchy vaginal discharge that smells bad. The Niswan-Wa-Qabalat (OBGY) OPD of Ajmal Khan Tibbiya College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh, India, is where she went because she also wants to get pregnant. An endometrial polyp was identified after the patient underwent a clinical examination and a standard investigation. The patient received a three month therapy plan that included Majoon Dabid-ul-Ward and Araq-e-Mako Murakkab. A USG evaluation was performed on the patient both before and after treatment. A noticeable improvement occurred during the course of treatment. After the study was over, it was determined that Unani management is a safe, effective, and side-effect-free way to treat endometrial polyps.

Keywords: Bawasir al-Rahim, Majoon Dabid-ul-Ward, Araq-e-Mako Murakkab, Endometrial polyp, ACOG, RCOG, NFOG, SOGC

Introduction:

The Royal College of Obstetrics and Gynecology (RCOG) defines a polyp as a growth of tissue that emerges from the lining layer of an organ. There are numerous locations where polyps can develop, including the cervix, uterus, colon, nose, and skin.

The Norwegian Society of Obstetrics and Gynecology (NFOG) states that endometrial polyps are small tumors that are located inside the uterine mucosa. Sessile or pediculate endometrial polyps can range in size from a few millimeters to three to four centimeters.

In most cases, endometrial polyps are benign localized overgrowths of endometrial tissue that protrude into the uterus. Postmenopausal status, advanced age, and a history of tamoxifen usage are risk factors for endometrial polyps. An elevated risk of endometrial polyps is also linked to obesity and hypertension. Endometrial polyps' pathogenesis is not entirely known. On the other hand, inflammation and hormone abnormalities could contribute to the development. Endometrial polyps have also been linked to genetic alterations, including those in the RAS genes. Clinically, endometrial polyps frequently manifest as postmenopausal or abnormal uterine bleeding, and in rare instances, they may also be linked to infertility. Additionally, endometrial polyps may be asymptomatic and discovered by chance on imaging.

The following patients are most at risk for premalignant or malignant endometrial polyps, according to Society of Obstetricians and Gynaecologists of Canada (SOGC) 2024 guidelines:

1. Age ≥ 60 years
2. The postmenopausal condition
3. Bleeding after menopause
4. Using Tamoxifen

The following patients are at intermediate risk of developing premalignant or malignant endometrial polyps:

1. Postmenopausal without any signs
2. Abnormal uterine hemorrhage during premenopause

Be aware that there hasn't been a consistent correlation between polyp size and an elevated risk of cancer.

According to SOGC 2024, transvaginal ultrasonography is the diagnostic test used as a first assessment in patients who may have endometrial polyps.

According to American Association of Gynecologic Laparoscopists (AAGL)/ The American College of Obstetricians and Gynecologists (ACOG) 2020 guidelines, office hysteroscopy should be offered as a diagnostic technique whenever it is feasible for patients with endometrial polyps.

According to AAGL 2012 guidelines, blind biopsies should not be used to diagnose endometrial polyps.

According to SOGC 2024 standards, blind dilation and curettage should not be used to diagnose endometrial polyps.

According to SOGC 2024 guidelines, patients who are asymptomatic or have a low chance of developing cancer should be offered expectant care.

According to AAGL 2012 guidelines, patients with tiny or asymptomatic polyps may benefit from conservative therapy.

Treat endometrial polyps using hysteroscopic polypectomy, the gold standard, in accordance with AAGL 2012 guidelines.

The Unani medical system explains endometrial polyps under the Bawasir al-Rahim heading. It's a tumor that resembles piles and causes the uterine blood vessels to dilate as a result of blood buildup¹. Waram-i-Rahim (Metritis), Waram Khusiyat al-Rahim (Oophritis), and Ihtibas al-Tamth (Amenorrhea) may be the cause. It results in Vaginal discharge, which is watery, yellowish, reddish, or blackish in colour, irritation of vuvla, menstruation which is similar to menorrhagia but does not involve vulval discomfort. It may inadvertently be discovered during a vaginal exam. The removal of black bile from the body is the fundamental idea behind unani treatment for Bawasir al-Rahim².

Case report:

A 32-year-old female arrived at the Niswan-Wa-Qabalat (OBGY) OPD of Ajmal Khan Tibbiya College & Hospital, Aligarh Muslim University, with the main complaints of lower abdominal pain and a white, watery, occasionally itchy vaginal discharge that has been present for one to two months, along with an unpleasant odor. She also hopes to become pregnant. To yet, she has not received any treatment for the same condition.

A complete abdomino-pelvis ultrasound with adnexa was requested for the patient. The ultrasound results indicate a 13×7 mm endometrial polyp along with enlarged follicle of 10×10 mm in right ovary.

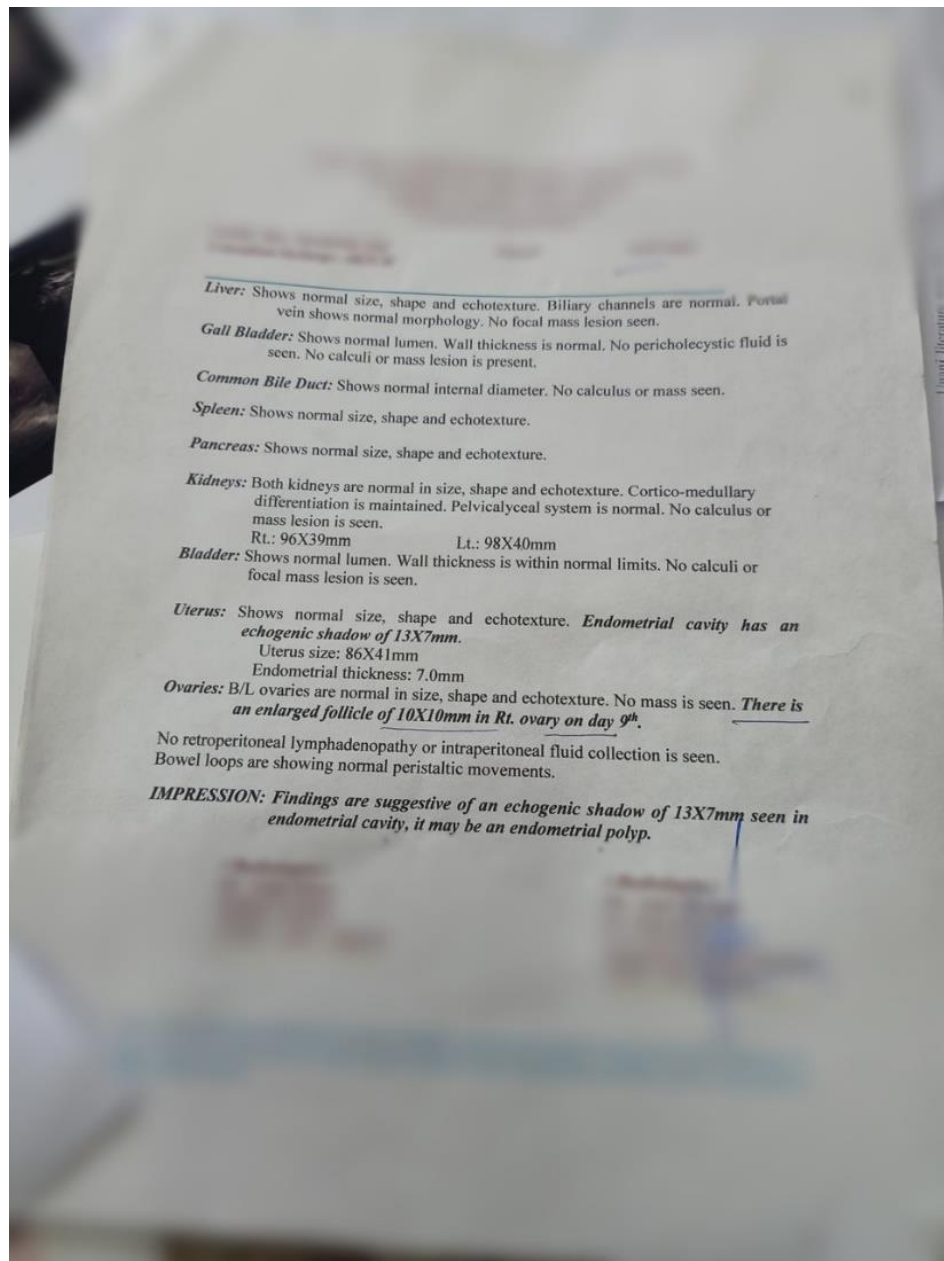


Fig. 1: USG before treatment

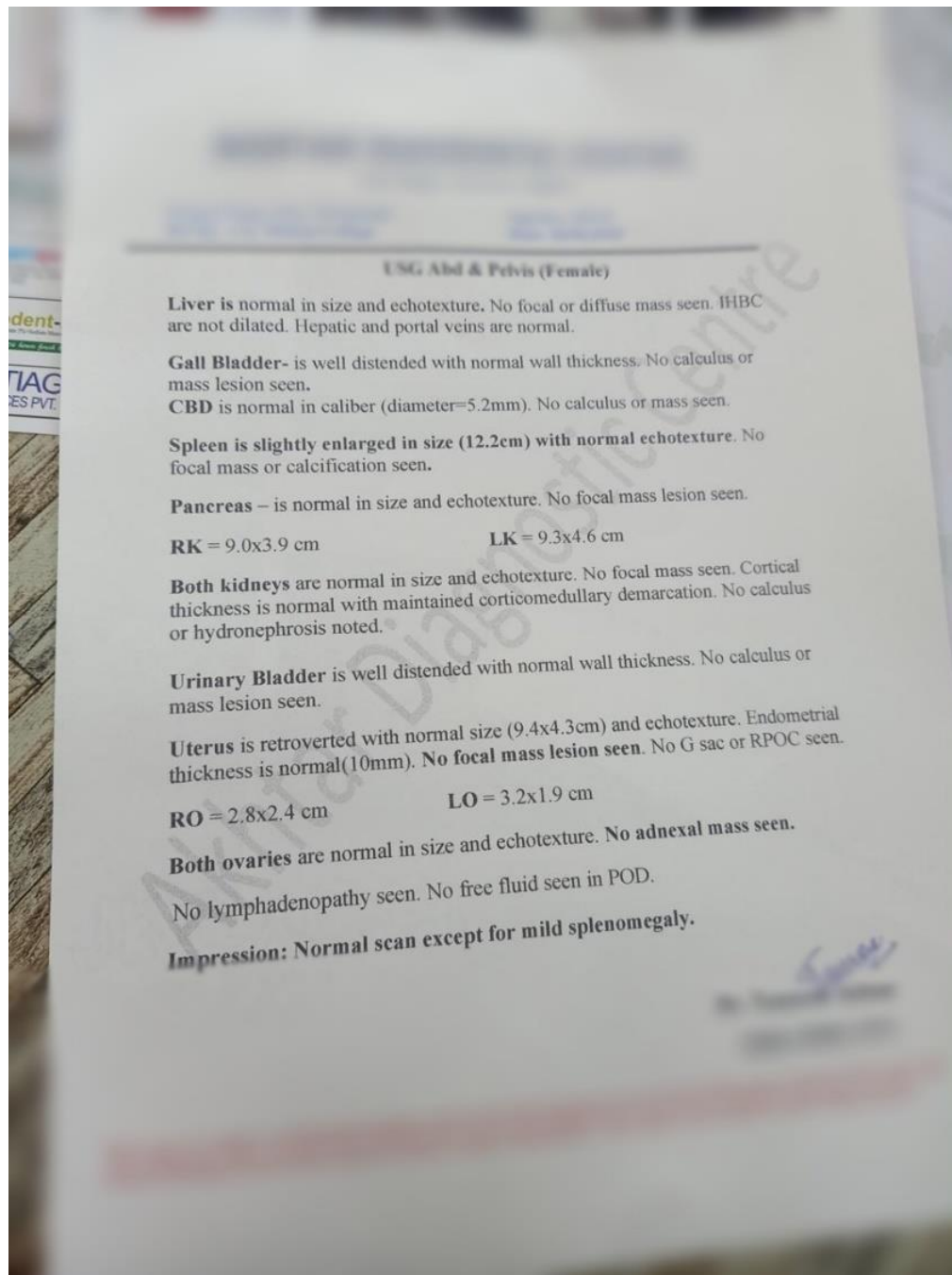


Fig. 2: USG after treatment

Therapeutic intervention:

The patient was prescribed Araq-e-Mako Murakkab 5 toulas twice daily in addition to Majoon dabit-ul-ward 6 masha. Three months of treatment are provided. The patient's identity was kept secret, and a USG report was obtained both before and after the procedure. For three months, assessments were conducted at the end of each month.

Therapeutic action of drugs:

According to current pharmacology and Unani, each of Dabit-ul-ward's unique herbs has anti-inflammatory or resolvent (Muhallil), emmenagogue (Mudirr-i-Hayd), antispasmodic (Dafi'-i-Tashannuj), astringent (Qabid), antiseptic (Dafi'-i-Ta'affun), anti-microbial, and antioxidant qualities. The effectiveness of these specific medication effects in treating gynaecological conditions is well documented. Similarly, the compound formulation "Majoon Dabit-ul-ward" has been prescribed in well-known Unani pharmacopoeias like Biyaz-e-Kabir³, Kitab-ul-Murakabat⁴, and NFUM⁵.

Ingredients of Majoon Dabid-ul-ward:

S. NO.	Name	Botanical Name
1.	Sumbul-ut-Teeb	Nardostachys
2.	Mastagi	Pistacia lentiscus
3.	Zafran	Crocus sativus
4.	Tabasheer	Bambusa bambos
5.	Darchini	Cinnamomum zeylanicum
6.	Izkhar	Cymbopogon jwarancusa
7.	Asaroon	Asarum europaeum
8.	Qust Shireen	Saussurea hypoleuca
9.	Gul-e-Ghafis	Gentiana olivieri
10.	Tukm-e-kasoos	Cuscuta reflexa
11.	Majeeth	Rubia cordifolia
12.	Luk Maghsool	Coccus lacca
13.	Tukm-e-Kasni	Cichorium intybus
14.	Tukm-e-Karafs	Apium graveolens
15.	Zarawan Taweel	Aristolochia donga
16.	Habb-e-Balsan	Commiphora opobalsamum
17.	Ood-e-Hindi	Aquilaria agalocha
18.	Qaranful	Syzygium aromaticum
19.	Heel Khurd	Elettaria cardamomum
20.	Waraq-e-Gul-e-Surkh	Rosa damascene
21.	Qand Safed (granular sugar)	

Ingredients of Araq-e-Makoh murakkab:

S. NO.	Name	Botanical Name
1.	Kasni	Cichorium intybus Linn.
2.	Mako Khushk	Solanum Nigrum Linn.
3.	Badiyan	Foeniculum vulgare Mill
4.	Brinjasif	Leonurus cardiaca Linn.
5.	Baad-e-Awar	Leontopodium nivale (Ten.)

Outcome:

There was no discomfort in the abdomen during the course of the treatment. During the whole length of treatment, no side effects were seen. After therapy ended, USG recommended a routine examination and there was no ultrasonographic evidence of an endometrial polyp.

Discussion:

Endometrial polyps are small, localized tumors that develop in the uterine mucosa. Sessile or pediculate endometrial polyps can range in size from a few millimeters to three to four centimeters. Endometrial polyps can sometimes be linked to infertility, and they frequently manifest clinically as abnormal uterine or postmenopausal bleeding. Moreover, endometrial polyps may be asymptomatic and unintentionally discovered. Unani (Greek) medical personnel handle these patients well. The success of the Unani formulation in treating endometrial polyps was confirmed and documented by taking pictures of ultrasonography of the patient at the beginning and conclusion of treatment. The test formulation's ingredients' diverse pharmacological activities could be the reason for the enhancement in the endometrial polyp clearing procedure.

Conclusion:

This case study makes clear how effective Unani medicine is at treating endometrial polyps. Alternative therapies, especially Unani treatment for endometrial polyps, may be clarified by this example. Furthermore, larger sample size randomised clinical trials will be carried out to verify the effectiveness of Unani formulations in treating endometrial polyps.

Consent of patient: The patient gave their approval for the full study to be carried out.

Limitation of Study:

- The results of this particular case study might not be the same as those of other studies if the setting changed.
- Individuals with different temperaments might experience different outcomes.

- This study is replicable, but because it is a single case study, its conclusions might not apply to the broader community.

Conflict of Interest: Not available.

Financial Support: Not available.

REFERENCES:

1. Central Council for Research in Unani Medicine Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) Ministry of Health & Family Welfare, Government of India; Standard Unani Medical Terminology; April 2012; pg. no. 278.
2. Allama Najeebuddin Samarqandi, Moalejat Sharah Asbab Hissa Awwal, pg no. 130-131.
3. Hakeem. Kabir uddin, Biyaz e Kabir-vol.2, pg-132.
4. Hakeem.Zil-ur-Rahman, Kitab-ul-Murakabat.publication division AMU Edition 1991, pg162-163.
5. Anonymous, NFUM, part 1, CCRUM, Dept. Of AYUSH 2006, pg 124.