Case Report Available online www.ijsrr.org ISSN: 2279–0543

International Journal of Scientific Research and Reviews

Effect of UnaniFormulations on Ovarian Cyst (*Keesa-e-Khusyat-ur-Rehm*) – ACase Report

Mohammad Shamim Khan

Medical Officer Government Unani Dispensary, Kota, Department of Unani Medicine, Rajasthan-India Email: drshamimmd@yahoo.co.in

A statement of financial: I have no any affiliations of conflicts of interest with the company or its products. The case presented here was funded entirely by the authors

ABSTRACT

Ovarian cyst (*Keesa-e-Khusyat-ur-Rehm*) isa fluid-filled sac; develop on one of the ovaries. Many women will evolve at least one cyst during their lifetime. *Ali Ibn-e-Abbas Majusi* (930-994 AD), defined it under the topic of *Warm-e-Balghami*; as it is a swelling filled with viscoid phlegm (*Balgham-e-Ghaleez*).In modern medicine, ovarian cyst requiresremoval with operation, if it not resolved on its own over the course of days to months. Present paper deals with a case study in which a 32 years old female patient of left ovarian cyst of 4 centimeter and 8 millimeter in size was treated withunani drugs; *Majun Dabeedulward, Arq Kasni, Niswani,* as oral administration, with the aim to evaluate the efficacy of drugs and to avoid Surgery. Patient has shown excellent and admirable result in post treatment investigation and finally patient got free from cyst without operation.

KEYWORDS: Ovarian cyst, Keesa-e-Khusyat-ur-Rehm, Unani Drugs, Anti-inflammatory, Emmenogogue.

***Corresponding author**

Dr. Mohammad Shamim Khan

Government Unani Dispensary,

Masjid Gali, BheemGanjMandi,

Kota, Rajasthan-India

Email: drshamimmd@yahoo.co.in

INTRODUCTION

The ovary is one of a pair of glands and apart of reproductive system in women that are located on both sides of the uterus, in the pelvis.The ovaries produce eggs as well as the hormones estrogen and progesterone,which control the development of female body characteristics such as the breasts, body shape, body hair, and also regulate the menstrual cycle and pregnancy.

Ovarian cyst(*Keesa-e-Khusyat-ur-Rehm*) is closed, sac-like structures within the ovary that are filled with a liquid or semisolid substance.It is very common andit can vary in size - from less than the size of a pea to the size of a large melon.Many women will develop at least one cyst during their lifetime. In most cases, cysts are painless and cause no symptoms.There are various types of ovarian cysts, such as dermoid cysts, Cystadenoma cyst and endometrioma cysts. However, functional cysts are the most common type,which include follicle and corpus luteum cysts. Dermoidcyst (benign mature cystic teratomas) occurs in younger women. It develops from cells which make eggs in the ovary, and grow quite large - up to 15 cm across. It often contains odd contents such as hair, parts of teeth or bone, fatty tissue, etc. Cystadenomasdevelop from cells which cover the outer part of the ovary. It has different types like serous cyst adenomas and mucinous cystadenomas. Some grow very large. They are usually benign but some are cancerous.Endometrioma cyst (Chocolate cysts)develops one or more on ovaries of women who have endometriosis; the tissue that lines the womb (uterus)) is found outside the uterus. It isbenign.Follicular cystsform when the follicle grows larger than normal during the menstrual cycle and does not open to release the egg. It is most common type. Usually, It may contain blood (hemorrhagic cysts) from leakage of blood into the egg sac.Corpus luteum cysts form when Follicle sac doesn't dissolve after releasing an egg.Usually, this cyst is found on only one side, produces no symptoms and resolves spontaneously. Follicular & Corpus luteum cysts can grow up to about 6 cm across. Theynormallyresolve on their own over the course of days to months. Many ovarian cystsusually do not need any treatment as many go away on their own or cause no problems. Some ovarian cysts may need removal with an operation.[1]

According to Unanimedicine cyst is considered as a type of *Sul'ah*(tumor). It is viscoid inflammation, enveloped by a sac of membranous tissue.[2]

Ali Ibn-e-AbbasMajusi(930-994 AD), illustrated it under the heading of *Warm-e-Balghami;* as it is a swelling filled with viscoid phlegm (*Balgham-e-Ghaleez*). It is classified into 4 types; *Shahmiyah, Asliyah, Ard'haliyah, Sheeraziyah.*It is treated by adopting of concoction and expulsion of the abnormal phlegm (*Nuzj-o-Tanqiyah-e-Balgham-e-GhairTab'yiah)*along withanti-inflammatory drugs (*Muhallil-e-Warm Advia*) orally as well as topically in the form of *zamad* (paste) and *Marham* (ointment).[3]

Ibn-e-Sina(980-1037 AD) described it under the topic of *Sul'ah* (tumor); knownas *Dunbula-e-Balghami*, characterized by a lump filled with abnormal phlegm (*GhairTab'yiKhilth-e-Balgham*), which may be bloody or honey like viscoid.[4]

CASE PRESENTATION

A married female patient aged32 years old having two kids, suffering fromovarian cyst, visited to Govt. Unani Dispensary, BheemganjMandi, Kota, Department of Unani Medicine, Rajasthan, India, for treatment. Shecomplained about pain and fullness in lower abdomenassociated with per vaginalpainful unusual bleeding, low back pain,and urinary urgency since 2.5 years.The diagnosis was confirmed by Ultrasonography (USG) of abdomen and pelvis. Findings showed as a cyst of 4 centimeter and 8 millimeter size in left ovary.

The patient has been prescribed to take 5 gram of MajunDabeedulward,and50 ml of ArqKasniwith plain water on empty stomach at morning & evening, and 10 ml of Niswani syrup aftermeal twice a day orally. MajunDabeedulwardand ArqKasniare pharmacopeal, marketed from GMP certified company Hamdard and prepared according to Bayaz-e-Kabeer Volume-2, while Niswanisyrup; a patent Unani drug marketed from DawakhanaTibbiya College, Aligarh.[5,6]

The ingredients of MajunDabeedulwardare (Each 5g contains) IzkharMakki (Cymbopogonjwarancusa), 33.24mg, Agar Hindi (Aquliariaagallccha), 33.24mg, Balchhar, (Nardosachysjatamansi), 33.24mg, Banslochan, (Bambusaarundinacea Retz.), 33.24mg, TukhmKansi (Cichoriumintybus), 33.24mg, TukhmKassos (Cuscutareflexa), 33.24mg, Tukhmkarafs (Apiumgraveolens), 33.24mg, TajQalmi (Cinnamomum cassia), 33.24mg, Darchini (Cinnamomumzeylanicum), 33.24mg, ZarawandMadharaj (Aristolochina rotunda), 33.24mg, Qustshirin (Saussureahypoleuca), 33.24mg, GuleSurkh (Rosa damascene), 498.6mg, GuleGhafis (Gentianadahurice), 33.24mg, LukMaghsool, 33.24mg, Majeeth (RubiaCordifolia), 33.24mg, QiwamShakar (Saccharumofficinarum), 3.989g, Zafran (Crocus sativus), 4.82mg, Gawzaban (Boragooffiinalis), 0.05ml, Mastagi (Pistacialentiscus), 33.24mg, Ghee, 8.31mg, Preservative: Sodium benzoate.[7,8]

The constituent of ArqKasni is (Each 125 ml contains) aqueous distillate from *TukhmeKasni* (Cichoriumintybus) (Sd.) (Dst.) 15.60 gm.[7,8]

The ingredients of NiswaniSyp are (Each 10 ml contains); Vitisvinifera (MunaqqaSiyah) 400 mg, Curcuma longa (HaldiZard) 128 mg., Post-e-Amaltaas (Cassia fistula) 76 mg., Berg-e-Suddaab (Rutagraveolens) 38 mg., Mushk Tara Mashie (Menthapulegium) 38 mg., RevandChini (Rheum emodi) 38mg., Ab'hal (Juniperuscommunis) 38mg., Tukhm-e-Gazar (Daucuscarota) 38mg., Tukhm-e-Shibt (Anethumsowa) 38mg., Tukhm-e-Turab (Rhaphanussativus) 38mg., Tukhm-e-Hulba

(TrigonellaFoenum-graecum) 38mg., Shoneez (Nigella sativa) 38mg., Majeeth (Rubiacordifolia) 38mg., KunjadSiyah (Sesamumindicum) 38mg.,Baobarang (Embeliaribes) 38mg., InderjauShirin (Wrightiatinctoria) 38mg.,Sheetraj Hindi (Plumbagozeylanica) 38mg., Luk-e-Maghsool (Coccuslacca) 38mg.,Zanjabeel (Zingiberofficinalis) 38mg.,UoodKhaam (Aquilariaagallocha) 38mg., Saleekha (Cinnamomum cassia) 38mg., Khulanjan (Alpiniagalanga) 38mg., Heel-e-Kalan (Amomumsubulatum) 38mg., Tukhm-e-Qurtum (Carthamustinctorius) 38mg., Beikh-e-Izkhar (Cymbopogonjwarancusa) 38mg., FilfilSiyah (Piper nigrum) 38mg., Pakhan Bed (Berginiaugulata) 38mg., AsgandNagori (Withaniasomnifera) 38mg., Sumbul-ut-Teeb (Nardostachysjatamansi) 38mg., Asrol (Raulfiaserpentina) 38mg., Sibr-e-Zard (Aloe barbadensis) 19 g., KhurmaKhushk (Phoenix dactylifera) 200 mg., Post-e-Arjun (Terminaliaarjuna) 200 mg., Post-e-Ashoka (Saracaindica) 104 mg., Heera Kasees (Ferrous sulphate) 23mg.,JawaKhaar(Potassium carbonate) 6 mg., Sugar q. s.[6]

RESULTS AND DISCUSSION

The clinical improved response was excellent and cyst of left ovary completely dissolved after 9 weeks of Unani treatment. The follow-up observation was made on 3rd weeks of treatment.During treatment, the patient did not develop any other complaint. She reported that after treatment, all complaints likelower abdominal pain, per vagina bleeding, low back pain, and urinary urgency are disappeared and got relieved significantly.Ultrasonography is the only diagnostic tool which is beingused for the confirmation of diagnosis of ovarian cyst and to assess the results of management.So it was performed after 9 weeks of treatment, findings suggested as normal left ovary. All prescribed Unanimedicines were found to be safe, effective. The beneficial actions of these Unanimedicines can be attributed to the presence of complex spectrum of actions including, *Munzij-e-Balgham* (concoctive of phlegm), *Mus'hil-e-Balgham* (purgative of phlegm), *Muhallil-e-warm*(anti-inflammatory), emmenogogue (Mudir-e-haiz),activities in their ingredients.

Majun Dabeedulward is recommended in ascites, hepatitis, gastritis, and the swelling of uterus.[7,8]ArqKasniis indicated in swelling of liver and other visceral organ of the body.[7,8]Niswaniis highly efficacious in the irregularities of menstrual cycle, leucorrhoea, ovulatory disorder and other disorders of uterus. It tones up the nerve and regulates menstrual functions. It removes pelvic inflammatory disorder.[6]Pharmacologically, mostly ingredients in these medicines, having *Muhallil-e-warm*(anti-inflammatory), and *Mudirr-e-haiz*(emmenogogue), *Munzij-e-Balgham* (concoctive of phlegm), and *Mus'hil-e-Balgham* (purgative of phlegm) properteis.

Munaqqa(Vitisvinifera),IzkharMakki (Cymbopogonjwarancusa), Agar Hindi (Aquliariaagallccha), Darchini (Cinnamomumzeylanicum), Qustshirin (Saussureahypoleuca), Khulanjan (Alpiniagalanga) and FilfilSiyah(Piper nigrum) referred as *Munzij-e-Balgham* (concoctive

of phlegm) drugs, as these cause softening of the swelling which contains viscoid or abnormalphlegm, by making it able to expel out from the body.[9,10]

Sibr-e-Zard (Aloe barbadensis), HaldiZard (Curcuma longa), RevandChini(Rheum emodi)act as*Mus'hil-e-Balgham* (purgative of phlegm) drugs; cleanse or evacuate of the body fromviscoid or abnormal phlegm which is the main cause of cyst as per description of *Ali Ibn-e-AbbasMajusi*.[3,9,10] GuleSurkh (Rosa damascene), Zafran (Crocus sativus),IzkharMakki (Cymbopogonjwarancusa),GuleGhafis (Gentianadahurice),HaldiZard(Curcuma longa) and Shoneez(Nigella sativa) obtained as *Muhallil-e-waram*(anti-inflammatory) drugs;resolve the swelling by reducing inflammation.[9,10]

Balchhar (Nardosachysjatamansi), ZarawandMadharaj (Aristolochina rotunda), GuleGhafis (Gentianadahurice), Foh (RubiaCordifolia), Post-e-Amaltaas (Cassia fistula), Mushk Tara Mashie (Menthapulegium), Abhal (Juniperuscommunis), Tukhm-e-Gazar (Daucuscarota), Tukhm-e-Shibt (Anethumsowa),Tukhm-e-Turab (Rhaphanussativus), Tukhm-e-Hulba (TrigonellaFoenum-graecum), Shoneez (Nigella sativa) andJawaKhaar (Potassium carbonate) act as emmenogogue(*Mudir-e-haiz*) drugs; hastens menstrual flow by regulating estrogen and progesteronehormones.[9,10]

Gul-e-Surkh(Rosa damascene)is the major constituent of MajunDabeedulward, which possess anti-inflammatory activity. It was evaluated that carrageenan induced rat paw odema, was significantly reduced,which acted by inhibiting the mediatorsof acute inflammation,including histamine, serotonin, bradykinin and prostaglandins.[11] It also possessesanalgesic and antioxidant activities.[12]Ithas been reported that antioxidants reduce pain.[13]It has been screened out that Petals of R. damascena contain several flavonoids;three flavonol glycosides including quercetin-3-O-glucoside,kaempferol-3-O-rhamnoside and kaempferol- 3-Oarabinosidehave antioxidant activity.[12,14]Other chief constituent is Zafran(Crocus sativus) showsantioxidant activitywhich was mainly attributed to carotenoid and flavonoid compounds, notably glycosides of crocin and kaempferol. Crocin and kaempferol in dried petals were 0.6% and 12.6 (w/w).[15]

The major components of NiswaniareMunaqqa (Vitisvinifera), Haldi (Curcuma longa), Post-e-Amaltas (Cassia fistula), Khurma (Phoenix dactylifera), Post-e-Arjun (Terminaliaarjuna), Post-e-Ashoka (Saracaindica).Haldi (Curcuma longa) has strong anti-inflammatory action.[9] It is reported that it contain Curcumin95 %, which modulates the inflammatory response by down-regulating theactivity of cyclooxygenase-2 (COX-2), lipoxygenase,and inducible nitric oxide synthase (iNOS) enzymes;inhibits the production of the inflammatory cytokinestumor necrosis factor-alpha (TNF-a), interleukin(IL) -1, -2, -6, -8, and -12, monocyte chemoattractantprotein (MCP), and migration inhibitoryprotein; and down-regulates mitogen-activated andJanus kinases.[16,17]Post-e-Amaltas(Cassia fistula bark)possessanti-inflammatory andantioxidant activities. It is reported that theaqueous

(CFA)and methanolic extracts (CFM)of the Cassia fistula bark extracts showed significant radical scavenging byinhibiting lipid peroxidation; may be due to presence ofpolyphenolic content.[18]Post-e-Arjun (Terminaliaarjuna bark) also possess antioxidant, anti-inflammatory and immunomodulatoryactivities. It is studied that aqueous extracts of T. arjuna showedsignificant inhibition activity of CYP3A4, CYP2D6 andCYP2C9 enzyme.[19]Ashoka(Saracaindica) dried bark is used as a tonic or stimulant to theendometrium and ovarian tissue.[20]Khurma (Phoenix dactylifera) also has anti-inflammatory and anti-oxidants activities. It is demonstrated thatOral administration of the methanolic and aqueousextracts of edible portion of Phoenix dactylifera fruitssuppressed the swelling in the foot significantly by 67.8and 61.3% respectively, while the methanolic extracts ofdate seeds showed significant reduction by 35.5% inadjuvant arthritis in rats by mechanistically reducing ESRand plasma fibrinogen and normalizing the plasma levelof antioxidants.[21]

CONCLUSION

It is concluded thatUnani compound drugs; MajunDabeedul ward, ArqKasni and Niswani are safe and effective in the treatment of ovarian cyst (*Keesa-e-Khusyat-ur-Rehm*), as theseresolve the ovarian cyst with significant improvement in symptoms associated with ovarian cyst, and induce menstruation regularly. Hence Unanidrugscould be useful in ovarian cyst (*Keesa-e-Khusyat-ur-Rehm*) as alternative therapy to avoid surgery. Further clinical study is needed to evaluate the efficacy of the drugs at large sample sizes.

REFERENCES

1. Stöppler MC.Ovarian Cysts: Causes, Signs, Symptoms, Types, and Treatment. (https://www.medicinenet.com/ovarian_cysts/article.htm)
2. Kabeeruddin H. MoalijatSharahAsbaab (Tarjama-e-Kabeer). 3rd Vol. Ejaz Publishing House: New Delhi; 1999.
3. Majoosi AIA. Kamil-us-Sana‟ah. Urdu Translation by Ghulam Husain Kantoori. 2ndVol. MatbaMunshi Naval Kishor:Lucknow; 1294 H
4. Ibn-e-Sina AAIAH. Alqanoon Fit Tib. Urdu Translation by Syed Ghulam Husain Kantoori.3rd Vol. IdarahKitab-us-Shifa:New Delhi; 2010.
5. Anonymous. Disease & Treatment. Hamdard (waqf) Laboratories (India): New Delhi;2009.
6. Anonymous: Therapeutic Index: DawakhanaTibbiya College Aligarh. Muslim. EducationalPress: Aligarh; 2002.
7. Kabeeruddin HM. Beyaz-e-Kabeer. 2nd vol. Hikmat Book Depo: Haiderabad Deccan; 2004.
8. Zill-ur-Rahman HS. Kitab-ul-Murakkabat. Lithocolour Printers: Aligarh; 1980.

9. Ali HSS. UnaniAdvia-e-Mufradah. 8thEd.Qaumi Council BaraiFaroghZaban-e-Urdu: New Delhi; 1999.
10. Hamdani SKDH. Usool-e-Tib. Litho Color Printer: Aligarh;1980.
11. Hajhashemia V,Ghannadib A,Hajilooa M. Analgesic and Anti-inflammatory Effects of Rosa damascenaHydroalcoholic Extract and its Essential Oil in Animal Models. Ira. J. Phar. Res. 2010; 9 (2): 163-68.
12. Boskabady MH, Shafei MN, Saberi Z et al. Pharmacological Effects of Rosa Damascena. Ira. J. Bas. Med. Sci. 2011; 14 (4): 295-307.
13. Hacimuftuoglu A, Handy CR, Goettl VM et al. Antioxidants attenuate multiple phases of formalin-induced nociceptive response in mice. Behav. Brain Res. 2006; 173: 211-6.
14. Yassa N, Masoomi F, RohaniRankouhi SE et al. Chemical composition and antioxidant activity of the extract andessential oil of Rosa damascena from Iran, population of Guilan.DARU J.Pha. Sci. 2009;17(3):175-180.
15. Ali Esmail Al-Snafi AE. The pharmacology of Crocus sativus- A review. IOSR J.Pha. 2016; 6(6): 08-38.
16. Julie S. Jurenka JS. Anti-inflammatory Properties ofCurcumin, a Major Constituentof Curcuma longa: A Review ofPreclinical and Clinical Research. Alt. Med. Rev. 2009; 14(2): 141-53.
17. Abe Y, Hashimoto S, Horie T. Curcumininhibition of inflammatory cytokine production byhuman peripheral blood monocytes and alveolarmacrophages. Pharmacol. Res. 1999;39:41-47.
18. Ajay Kumar K,Satish S,Sayeed I et al. Therapeutic Uses of Cassia Fistula: Review.Int. J.Pha. Chem. Res. 2017; 3(1): 38-43
19. Amalraj A, Gopi S. Medicinal properties of Terminaliaarjuna (Roxb.) Wight &Arn.:A review. J.Trad.Complem. Med. 2017;7:65-78
20. Mishra A, Kumar A,Rajbhar N et al. Phytochemical and Pharmacological Importance ofSaracaindica.Int.J.Pharmac.Chem.Sci. 2013; 2 (2): 1009-13.
21. Ateeq A,SoniSD, Singh VK et al. Phoenix dactyliferaLinn. (PindKharjura): AReview. Int. J. Res. Ayur. Pharm. 2013; 4(3): 447-51.