

**Resolution of Hemorrhagic Ovarian Cyst by Unani Formulations -
A Case Report*****Fahmeeda Zeenat**

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Abstract:

Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed due to bleeding into a follicular or corpus luteum cyst. Most of the time, it disappears spontaneously with conservative treatment except in few cases surgical intervention is needed. In Tibb-e-Unani hemorrhagic ovarian cyst may be considered as a disease occurring due to *Fasade Dam* and over ascendance of *Balgham* and can be treated with Unani drugs having *Mohalill-e-Awram*, *Moaddil-e-Dam* and *Nafae Sudda-e-Har* properties. Unani medicine claims to possess a number of single and compound drugs that can be successfully used to resolve the cyst and prevent surgical intervention. In the present study an infertile, married woman of 22 years old, diagnosed to be affected with hemorrhagic ovarian cyst on clinical parameters, laboratory investigations and ultrasonography findings. She was treated with Unani formulations i.e. Majoon Dabidul Ward (6 gm), Arq Mako (60 ml) and Arq Kasni (60 ml) for a period of 3 months. After the treatment patient showed significant symptomatic improvement and hemorrhagic ovarian cyst was found to be resolved in USG findings.

Key words: Arq Kasni, Arq Mako, Hemorrhagic Ovarian Cyst, Majoon Dabidul Ward.

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Introduction:

Hemorrhagic ovarian cysts are commonly seen in clinical practice because hemorrhage into a cyst is usually painful, triggering the patient to consult her physician ^[1]. It is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst ^[2]. The classic history of hemorrhage into an ovarian cyst is the abrupt onset of pelvic or lower abdominal pain ^[3], which can wake the woman from her sleep. Most of hemorrhagic ovarian cysts are functional; few of them can be neoplastic but they are universally benign. ^[4]

In Unani system of medicine, the disease has not been defined under the term of hemorrhagic ovarian cyst, as the disease has been categorized recently. The description of the disease has been described by various Unani physicians under the headings of *Ehtebas-e-Tams* and *Uqr*. The ovarian cyst in Unani system of medicine is

called as *Kisa-e-Khusyatur Rahem* or *Daveera-e-Mubayyazor Istisqa-e-Khusyatur Rahem*. Majoon Dabidul Ward, Arq Mako and Arq Kasni manufactured as per Bayaz-e-Kabir Vol. II ^[5] and marketed by Dawakhana Tibbiya College, AMU, Aligarh were procured from local agency of Aligarh. The ingredients of Majoon Dabidul Ward are given in Table 1. Majoon Dabidul Ward possesses *Muhallil-e-Awram*, *Mudir-e-Bol* and *Muwallid-e-Dam* properties ^[6] and useful in *Warm-e-Rahem*, *Warm-e-Jigar*, *Zof-e-Jigar*, *Zofe-Meda*, *Istisqa* ^[5,7] and *Faqrud Dam* ^[6]. Arq Mako and Arq Kasni are distillates of fruits of *Solanum nigrum* (Mako) and seeds of *Cichoriumintybus* (Kasni), respectively. Arq Mako possesses *Muhallil-e-Waram* and *Muqawwi-e-Kabid* properties; useful in *Awaram-e-Ahsha* and *Zof-e-Kabid*. While Arq Kasni possesses *Muhallil-e-Awram* and *Musakkin* properties; useful in *Warm-e-Kabid* and *Yarqan*. ^[6]

Table 1: Ingredients of Majoon Dabidul Ward:

Name	Botanical Name	Parts	Weight
SumbulutTib	<i>Valeriana officinalis</i>	Whole plant	3.5 gm
Mastagi	<i>Pistacialentiscus</i>	Resin/Gum	3.5 gm
Zafran	<i>Crocus sativus</i>	Style and Stigma	3.5 gm
Tabasheer	<i>Bambusaarundinacea</i>	Exudate	3.5 gm
Darchini	<i>Cinnamomumzeylanica</i>	Bark	3.5 gm
IzkharMakki	<i>Cymbopogonjwarancusa</i>	Root	3.5 gm
Asarun	<i>Asarumeuropaeum</i>	Root	3.5 gm
Qust Sheerin	<i>Saussurealappa</i>	Root	3.5 gm
Ghafis	<i>Agrimoniaeupatoria</i>	Flower	3.5 gm
TukhmKasoos	<i>Cuscutareflexa</i>	Seed	3.5 gm
Majeth	<i>Rubiaccordifolia</i>	Root	3.5 gm
LukMaghsool	<i>Coccus lacca</i>	Resin	3.5 gm
TukhmKasni	<i>Cichoriumintybus</i>	Seed	3.5 gm
TukhmKarafs	<i>Appiumgraveolens</i>	Seed	3.5 gm
ZaravandTaveel	<i>Aristolochialonga</i>	Root	3.5 gm
Habb-e-Balsan	<i>Commiphora opobalsamum</i>	Fruit	3.5 gm

OodGharqui	<i>Aquilariaagallocha</i>	Stem	3.5 gm
Qaranfal	<i>Eugenia caryophyllata</i>	Flower bud	3.5 gm
Dana Heel Khurd	<i>Elettariacardamomum</i>	Fruit seeds	3.5 gm
Gul-e-Surkh	<i>Rosa damascena</i>	Flower petals	66.5 gm
Honey/ Sugar	--	--	400 gm

Case Report:

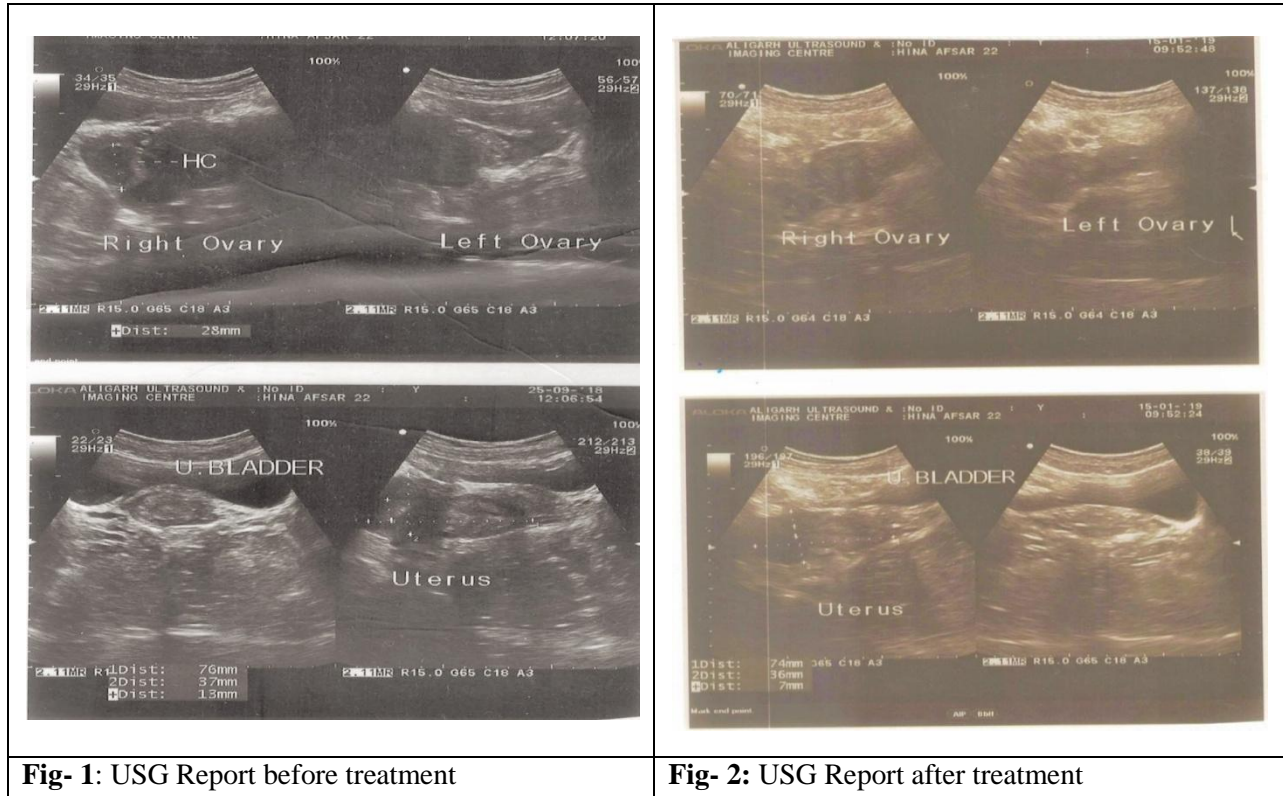
A 22years old married and primary infertile female came to Niswanwa Qabalat OPD of Ajmal Khan Tibbiya College Hospital, AMU, Aligarh with the complaints of painful scanty menses from last 2 months and dull aching pelvic pain, which was more severe in right iliac fossa. She also complained of backache, feeling of heaviness in the lower abdomen since one month. The pain was continuous, non-radiating and non-cyclical in nature. She was apparently healthy before the development of sign and symptoms as stated above. The symptoms were mild in the beginning which increased gradually. According to the patient, she felt difficulty while sitting or walking and also during sexual relationship. She was also experiencing increased frequency and burning micturition since 3-4 days. She did not have any medicine or treatment in past and relied on over the counter drugs like NSAIDS for symptomatic relief. Her menstrual cycle was regular except scanty being 23 to 25 day with minimal menstrual flow only for one day. She had no past history of any other medical as well as surgical illness; and not any history of ovarian, breast, endometrial or cervical cancer or hereditary disorders in her family. There was no history of hormone replacement therapy. In the light of physical examination, laboratory tests and ultrasonographic investigation the patient was diagnosed as a case of hemorrhagic ovarian cyst (28 mm) with mild urinary tract infection and was treated with Unani formulations including Majoon Dabidul Ward, Arq Mako and Arq Kasni.

On physical examination, her health status was found to be fine, thin built, with a body weight of 47 kg. There was no sign of anaemia, jaundice, malnutrition and other systemic disease. On abdominal examination, abdomen was flat, no scar, no organomegaly was present except mild tenderness in right iliac fossa. Bowel sounds were normal. On per speculum examination, there was no visible mass, polyp or discharge seen; cervix was anterior with pin pointed os. On bimanual examination, cervix was firm, mobile and non tender; uterus was anteverted, normal in size and non tender, fornices were felt free and non tender.

The laboratory investigation revealed haemoglobin level of 10.5 gm%, TLC 5,500 cells/cmm, with 65% polymorphonucleated cells, 31% lymphocytes, 04% eosinophils and ESR of 28 mm/hr. Blood sugar(random) 80 mg%, and TSH was within normal limit. Urine microscopic examination revealed 2-3 pus cells, RBCs – nil, epithelial cells; 3-4/hpf only. The ultrasonographical scan(TAS) revealed a hemorrhagic ovarian cyst of 28mm seen in right ovary with small amount of collection seen in POD (pouch of douglas) (Fig 1).

The patient was treated only with a combination of Unani drugs i.e. Majoon Dabidul Ward (6 gm), along with Arq Mako and Arq Kasni (60 ml each) twice a day by oral route, for 3 months and USG was advised before and after the due course of therapy. The patient was advised for fortnightly follow up and no concomitant therapy was allowed during the period of treatment.

USG Report:



Results and Discussion:

The result of the study revealed that Majoon Dabidul Ward, Arq Mako and Arq Kasni are effective in relieving most of the clinical features of hemorrhagic ovarian cyst, which is evidenced by decrease in pain of right iliac fossa and improvement in menstrual problems and all clinical features and resolution of cyst in USG report (Fig 2). The effect of Majoon Dabidul Ward may be attributed to its anti-inflammatory, emmenagogue, antispasmodic, astringent, antiseptic, anti-microbial as well as anti-oxidant properties of all ingredients which are well documented in pharmacological and classical Unani literature. Similarly it has been prescribed for relieving visceral inflammations [8]. The

effect of Arq Mako and Arq Kasni may be attributed to their anti-inflammatory and sedative properties. [6]

Conclusion:

Single case study concluded that Majoon Dabidul Ward, Arq Mako and Arq Kasni are effective and safe in resolution of hemorrhagic ovarian cyst. Further, the detailed clinical studies are recommended on large sample size for longer duration to prove the efficacy and safety of Unani drugs in the management of ovarian cyst.

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