

Iltehab-E-Unq-Ur-Rehm (Cervicitis) and Its Unani Aspect: A Review

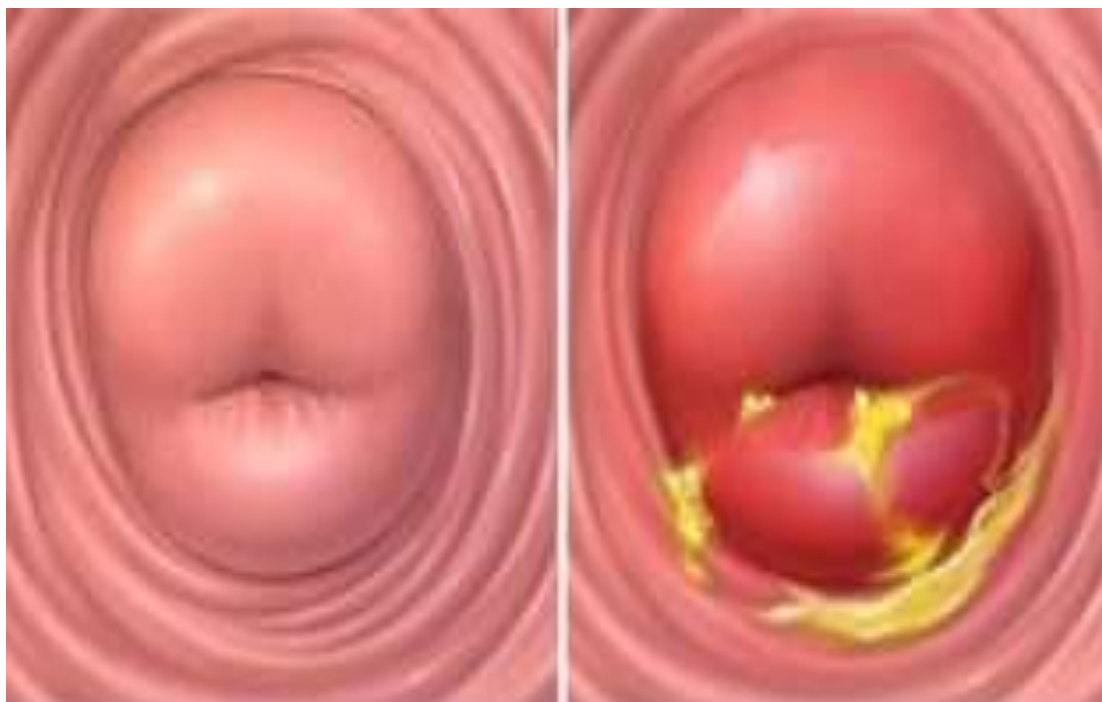
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ILTEHAB-E-UNQ-UR-REHM (CERVICITIS):

It is an Arabic term which means the inflammation of Unq-ur-rehm (cervix) and multiple factors are responsible for the symptoms. Sailan-ur-rehm (white discharge) is symptom seen in the patients of Iltehab-e- unq-ur-rehm due to cervicitis.

Every disease results from imbalance of humours and cervicitis also has the same cause. Iltehab-e- unq-ur-rehm has been described by other names like warm-e-rehm, Batn-e-rehm, Iltehab-e-rehm, Warm-e-batn-e-rehm, and Warm e-ghisha-e-mukhati-e-rehm.

According to Abul Hasan Bin Zakariya Razi in his book “Al Hawi Fit Tib” “Cervicitis is characterised by discomfort in the lower abdomen, pelvic pain which radiates to anus and difficulty in defecation with associated symptoms of headache, nausea and vomiting”.

According to Abul Hasan Majoosi in his book “Kamil-Us-Sana” “Cervicitis is characterised by pain in the lower genitalia which is felt upon the anus and cervix is firm in consistency”. Ismail Jurjani in his book “Zakheera khawarizm Shahi” has attributed the “lower abdominal pain in cervicitis to its rich blood supply”.

Classification of Warm-e-unq-ur-rehm:

A - According to the predominance of Humour. Warm-e-rehm Damvi (cause is ghalba-e-dam), Warm-e-rehm Safravi (cause is ghalba-e-Safra), Warm-e-rehm Balghami (cause is ghalba-e-balgham), Warm-e-rehm Saudavi (cause is ghalba-e-sauda)

B - According to the sites of rehm involved, various parts are lower, superior, posterior, lateral part.
ASBAB (CAUSES):

According to Ibn Sina in his book “Al Qanoon FitTib” “Accumulation of excessive fuzulat (waste product) in rehm which becomes infected and leads to weakness of digestive faculty and result in Sailan-ur- rehm. , Predominance of humour”

According to Ali Ibn Abbas Majoosi in his book “Kamil-Us-Sana” “Accumulation of excessive waste product in the body, Predominance of humour” According to Zakariya Razi in his book “Al- Hawi” “Foul smelling vaginal discharge occurrence due to difficult labour, Due to purulent abscess or impure blood”

Other causes which have been described in classical literature are:-Infections like Gonorrhoea, Syphilis, and Pruritus vulvae, Infective vaginitis, cold and use of infected water. Other causes include abortion, frequent coitus, difficult labour, laceration of the genital tract, abnormal growth of the cervix, amenorrhoea, douching with irritants, solution of the vagina, collection of puerperal blood etc.

Pathophysiology of Warm-e-Unq-ur-rehm:-It is based on two important aspects of Unani

I. Humoral theory:- Buqrat (Hippocrate) in 460 BC “The father of Medicine” describe in his book “Tabiyat-ul-Insaan” about humours. He said there are four humours in the body. Dam (Har Ratab),Safr (Har Yabis), Balgham (Barid Ratab),Sauda (Barid Yabis). And the cause of the disease is alteration in the Kamiyat (Quantity) of these akhlal. Imbalance between these humours is responsible for the infectious and metabolic diseases. Warm-e- Unq-ur- rehm occurs due to Khilt-e- haar (Dam and Safr) and Khilt-e- Barid (Balgham and sauda) stated by humoral theory.

II. Sue Mizaj:- Normal mizaj of rehm is “Haar Ratab” Haar because of high metabolic activity and Ratab mizaj is because it contains more fluid in comparison to other organs. When Sue mizaj afflicts the Uterus, the normal functioning of the intrinsic faculties of the uterus becomes deranged and leads to emergence of diseases because Sue mizaj disturbs the equilibrium of Quwat-e- Ghaziya (Nutritive faculty) of the uterus. Quwat-e- masika (Retention faculty) which remains at the receiving end becomes unable to hold back the nutrients in the uterus for the efficient time till the Quwat-e- Hazma (Digestive faculty) act upon these nutrients to convert them into a matter suitable for assimilation and incorporation. This half blocked material subjugates Hararat-e- Gharizia. In relative deficiency of Hararat-e- Gharizia, Hararat-e- Gharibia over powers the uterus and changes, accumulated uterine waste into infected material which may be deviated from normal either in colour, consistency or odour. The changed form is irritative in nature and should be eliminated by the excretory power. When it flows out of genitals it causes burning, irritation and if accumulated causes ulceration in the cervix of uterus.

ALAMAT (CLINICAL FEATURES):- Gynaecological Symptoms: - Vaginal Discharge, Vulval Itching, Pain and heaviness in suprapubic region, Dysmenorrhoea, Scanty Menses, Infertility (Uqr)
Gynaecological Signs: - Cervix looks congested & swollen, Discharge from Cervical os, Size of the uterus increased, flabby end tender.

Aam Alamat (General Symptoms):- According to Ibn Sina, Majoosi and other Unani Physicians inflammation of the uterus is always associated with symptoms in other systems. So with the uterine inflammation, other symptoms will also be present as follows Painful Defecation, Gastritis, Loss of appetite, Irritative Diarrhoea, Nausea, Indigestion, Urethritis, Backache, Knee joint pain, Difficult movements, Fever, Palpitation, Excessive thirst, Headache, Pain and heaviness in eyes, Ophthalmic problems , Neck pain, Nabz will be Tawatur jayyadan, Bol will be Ahmarnass , Buqraat (460 BC) in his book “Kitab-Ul-Fasool” has mentioned that if the inflammation is present in the uterus or rectum then it leads to the incontinence of urine.

TASHKHEES (DIAGNOSIS):- Diagnosis is made by Swab method, the principle is that whichever humour is dominant is indicated in the swab. A sterile swab is kept overnight in the vagina of the patient, next morning it is dried in the shade. If the swab is dry and reddish in colour, these points towards the dominance of Dam, if the discharge on the swab is whitish in colour and the patient has symptoms of Ghalba-e-balgham, then it is presumed that khilt-e-Balgham is dominating. Similarly if swab turns yellowish in colour and there is foul smell in the discharge and patient also complains of excessive thirst this proves the dominance of khilt-e-safr. Where as if the vaginal discharge is of blackish in colour, turbid in consistency and the patient has complaints of lethargy and is also dehydrated it proves that khilt-e-sauda is dominating.

Tashkhees-e-Fariqa (Differential Diagnosis):-Sailan-e-Mani, Hikkatul-e-Rehm, Sartan-e-Rehm, Bawaseer-e-Rehm, Qurooh-e-Rehm.

Awarizaat (Complications):-General weakness, Ascites, Cancer of uterus, Anaemia, Infertility, Amenorrhoea, If warm-e-Har is not treated properly then it will change into warm-e Saudavi.

Usool-e-Ilaj of Iltehab-unq-ur-rehm (Principle of Treatment):-Remove the cause, Leeching on inner side of thigh, Venesection of basilic vein, Tanqiya rehm and the uterine tonic, Munzijwa Mushilaat according to the dominant khilt, Muhallilat wa Mushakkinaat

Ilaj (Treatment)

a) Ilaj-Bil-Tadbeer (Physiotherapy):- Keep the patient in well ventilated room, Bed rest, Venesection of Basilic vein, leeching.

b) Ilaj-Bil-Ghiza (Dietotherapy):- Ghiza should be lateef, saree-ul-hazm (Light and easily digestible) and should be advised like Moong ki dal, Arhar ki dal, Soup of goat's meat, green vegetables, and fruits like pomegranates, apples, grapes etc.

Parhez (Precautions):-Baadi and saqeel food, Hot, spicy and bitter food, Excess food and water, Intercourse

c) Ilaj-Bil-Dawa (Medical Treatment):-

In initial stage use zimaad of Aarid-e-Jo, Tukhm-e- Khatmi, Rasoot Sandal Surkh, Maghaz-e- Faloos, Khyaar Shambar and grind them in Aab-e-Makoh, Sabz and Aab-e- Kasni and use as zimmaad or it may also use as farjaza.

When the warm gets resolved make use of mullayan and muhallil-e-advia like Ushaq, bhang, added with fat and bone marrow and make a zimaad and apply on the rehm.

When the pus starts, to drain towards bladder then make use of milk, Isapghol, Tukhm-e- Kharpaza, Kateera, Nishashta and sugar.

If the pus drains towards the vulva then use Marham-e-Basaliqoon

When the warm is completely resolved then for tanqiya use Nuskha-e-Jhad. After tanqiya-e-rehm use uterine tonics like Majoon muqawwi-e-rehm, Nuskha-e-samait, etc along with other genital tonics

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