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## MARZ-E-WARM-E-AANA/ WARM-E-RAHIM (PELVIC INFLAMMATORY DISEASE): A REVIEW

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### ABSTRACT

*Pelvic inflammatory disease (PID) is the commonest disease in reproductive aged, sexually active women, that leads to serious complications if left untreated. It is polymicrobial infection caused by chlamydia, trichomonas but can occur from other sources of bacteria. PID is diagnosed in more than one million women each year in United States. In classical Unani texts waram al-Rahim is described as inflammation of the muscular, serous or parietal lining of the uterus sometimes affecting the one organ or sometimes the whole pelvic organs like fallopian tubes, ovaries leading to disturbed physiological function (Af'al Tabiyya) of the uterus. Other causes like derangement in Akhlat & asbab-i-badiya o sabiqah etc causing the Rahim to easily affected & disturbed Af'al-i-Tabiyya which if it is not treated adequately, it becomes warm al rahim sulab which is difficult to treat. Various compound formulations are mentioned in Unani classical text for waram al-rahim possessing the properties of musaffi-khoon, Muhallil-i warm, Musakin-i Dard, dafia'h ta'ffun, dafia'h huma, muqawiyat-I Rahim, Muqawiyat-i Badan, Qabizat, Radi etc. This review article gives a detailed description of waram al-rahim including its causes, pathogenesis, sign and symptoms, principle of treatment in Unani system of medicine.*

**Keywords:** Waram al--Rahim, Pelvic Inflammatory Disease, Unani System, Akhlat.

### 1. INTRODUCTION

Pelvic inflammatory disease (PID) is the inflammation of the adnexa of the uterus, namely the uterus, the fallopian tubes, the ovaries, and the pelvis. It is caused by persistent pathogenic infections that permits the microorganisms to ascend from the initial infection point the vagina and the endocervix to the endometrium or beyond.<sup>[1]</sup> It presents clinical manifestations from totally asymptomatic to endometritis, parametritis, tubo-ovarian abscess, salpingitis, oophoritis, pelvic peritonitis, perihepatitis (Fitz-Hugh-Curtis syndrome) and even ovarian carcinogenesis.<sup>[2]</sup> It usually presents with symptoms of pain, abnormal or excessive vaginal discharge, lower backache(LBA) and lower abdominal pain. It may also be associated with fever, vulval itching, or burning micturition. Low backache is among one of the major global public health issues.<sup>[3]</sup> Despite its obvious importance in women's health, the prevalence of PID is unclear because it is largely underreported, either because it is asymptomatic or with mild symptoms or because of social ethical and financial constraints. Due to financial and technical difficulties, PID prevention programs based on pathogen screening are not available or reliable in many countries, thus the actual burden of PID may be even greater.<sup>[4]</sup> A crude marker of PID in resource-poor countries can be obtained from hospital admission rates, where it accounts for 17% to 40% of gynaecological admissions in sub-Saharan Africa, 15% to 37% in Southeast Asia, and 3% to 10% in India.<sup>[5]</sup> 94% of sexually transmitted diseases are a cause for PID. Therefore, it is not a condition to be taken lightly and requires urgent medical care. India has more than 1 million cases of PID annually, a common disease.<sup>[6]</sup> Pelvic inflammatory disease is more common among the 21-29 yrs. of

reproductive, sexually active, parous women. Risk factors for PID were low socioeconomic status, illiteracy, use of intrauterine devices, multiple sexual partners, and young age of marriage.<sup>[7]</sup>

**Pathophysiology:** Infection of the upper female genital tract leads to inflammatory damage, resulting in scarring, adhesions, and partial or total obstruction of the Fallopian tubes. This can result in loss of the ciliated epithelial cells along the fallopian tube lining, resulting in impaired ovum transport and increased risk for infertility and ectopic pregnancy. Additionally, adhesions can lead to chronic pelvic pain.<sup>[8]</sup>

## 2. MATERIALS & METHODS

For Unani concept of disease, all available classical texts of Unani system of medicine were searched. PubMed/Google scholar/ResearchGate was also searched using the keywords Pelvic inflammatory disease- prevalence, pathophysiology, risk factors, *Warm Al Rahim*- Unani review, management, clinical trials etc.

### Unani Review:

*Rahim* is one of the female reproductive organs. Its anatomical structure and position aids difficulty in evacuation of morbid matter like menstrual blood which causes *ufoonat* and eventually *Auraam* like in other organs. Sometimes it will affect the whole organ and sometimes only a part.<sup>[9,10,11,12,13,23]</sup> & all these occurs due to *su-i- Mizaj*. As *Rahim* is an *Asabi* organ, it feels strong aching pain.<sup>[17]</sup>

The cause for *Waram al Rahim* may be due to imbalance/derangement in one or more *Khilt* from *Akhlat Arba'a* (*Dam, Balgham, Safra & Sawda*) or *ta'fun* in muscular, serous or parietal lining of the uterus leading to disturbed physiological function (*Af'al Tabiyya*) of the uterus.<sup>[20]</sup>

### Types:

#### 1. Based on *ghalba-i- khilt*

- *Waram al- Rahim damvi*
- *Waram al- Rahim safravi*
- *Waram al-Rahim balghami (Waram Rikhw)*
- *Waram al-Rahim Sawdavi (waram sulab)*

#### 2. Based on severity/ duration

- *Waram Had (Damvi, Safrawi)*
- *Waram Muzmin (Balghami, Saudawi)*

#### 3. Based on *Kaifiyat*

- *Waram Harr (damvi, safrawi)*
- *Waram Barid (balghami,sawdawi)*<sup>[12,15,17,20]</sup>

According to Shaikh, *Rahim* is affected by *Su-i-Mizaj*, *amrze tarkib* and *amraze mushtarik*.

- Temperamental abnormality with associated humoral abnormality (*su-i-Mizaj maddi*).
- Structural impairment like deformity in shape, size and position of an organ (*su-i- tarkeeb*).
- Loss of continuity of an organ (*tafarruqe Ittisal*) because of the collection of the *mawade fuzla* (inflammatory exudate).<sup>[12]</sup>

*Rahim* is usually affected by *Warami harr* or *Warami sulab sawdavi* but occasionally can also be afflicted by *Warami balghami*. It is caused by either *asbabe badia* or *sabiqa* which compromise *Quwa* of an organ resulting in accumulation of blood and eventually leading to swelling, warmth, redness, and pain in the effected organ. It has been observed that the disease is mostly found in patients having *balghami temperament*. The drugs used have the properties of anti-inflammatory, analgesic, astringents, demulcent, healing, and soothing properties.<sup>[11,12,23,24]</sup>

### Causes:

As *Rahim* is weak organ, any injury or derangement causes the *Rahim* to be affected, as a result *Tabi'at* drives *Khoon & Ruh* to the *Rahim* causing *imtila*, further leading to *waram al- Rahim*.<sup>[24]</sup>

It may be *Badiya* (external) or *Sabiqa* (internal) <sup>[14,18]</sup>

- Dysmenorrhea/amenorrhea
- Excess coitus
- STDs like Gonorrhoea
- external injuries
- abortions
- unhygienic conditions
- bacterial infections
- prolonged & unassisted labor (mishandling)
- Predominance to any of the four *humours* (mainly *Dam*)
- *Insibab* (Infiltration) of *Damvi/ safrawi madda* on *Rahim*.<sup>[12,13,14,19]</sup>

### Signs & Symptoms:

- *Waram Har*: Burning Sensation, Headache, Low backache, shooting pain in & tenderness in pubic region, fever, increased thirst, nausea, indigestion, joint pain, general weakness, excessive sweating. *Nabd: Sari o Mutawttir*.
- *Waram Balghami*: Heaviness in pubic region, pain, tiredness, oedema over face hands & feet, pale look
- *Waram Saudavi*: Oligomenorrhea or amenorrhea, foul smelling discharge, dysuria & painful defecation, lethargy

- Waram Sulab: odema over hands and feet, abdomen size as in ascites. [18,22]

**Usool Ilaj:**

- Istifragh Akhlat Ghaleeza by giving *Mushilat*
- *Tadil-i Mizaj*
- *Taskin-i Dard*
- *Taqlil-i Ghiza*
- *Tahlil-i waram* [13]
- *Lateef o Murattib Ghizaen* [13]
- *Tanqiya-i Mawad*
- *Muqawwi Rahim wa badan advia* [13]
- Local application of drugs in form of *Hamul, Safuf, Huqna, Abzan, Zimad, Roghaniyat, Qaeroti shiyaf, Natul, Takmid* etc.

**Ilaj:**

**Warm Har**

- Isolate the patient in aromatic place
- *Taghziya badan* for 3days
- Advice for less sleep and *Taqlil-I Ghiza* [12]
- Motadil sharbat/ Tabreed for 3days
- *Fasd* (Venesection) of *Rage Basaleeq/ Rage Safin* [12-23]
- *Tadabeer Tahleel warm*

**Warm Balghami**

- *Mushil Balgham* advia are used
- Local application of *Zimadat, Roghaniyat, Abzan, Huqna, Hamul*, [12,14,15,19]

**Warm Sulab**

- *Istifragh Akhlat ghaleeza*
- Local application of *Zimadat, Qerooti, Roghnaiyat* [12,15,18,20,22]

**Single drugs:**

*Abzan* with *usara bartang*

*Zimad* with *Khashkhash* in roghane gul

*Safoof, Joshanda* of *Soya, methi, ikleelul mulk, tukhm als, babona, tukhm katan* [10,11,12,17]

### 3. COMPOUND FORMULATIONS

Arq mako 60ml and Sharbat kasni 10ml orally twice daily for 21days: Its ingredients possess anti-microbial, anti-inflammatory, anti-oxidant, analgesic, and hepatoprotective activities, relieving symptoms and signs of stage 1 pelvic inflammatory disease. [21]

Arq brinjasaif 60ml orally twice for 15days: its ingredients possess anti-microbial, anti-inflammatory, anti-oxidant, analgesic and hepatoprotective activities helping in relieving symptoms of mild PID. [22]

Local application of following paste over pelvic region or local use of pessaries like shiyaf abyaz mixed with Afium.

Marham Dakhilun [10,12,13,18]

Marham Basliqoon [14,16,18]

Marham mamol

Zimad Muhail [20]

Zimad sheermesh [2]

Roghane gul and roghan Baeza [11]

Roghane hina.

Roghan Khashkhash [10,20]

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