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Marz akyas khusytur rahem (polycystic ovarian disease): A review

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ABSTRACT

Polycystic ovarian disease (PCOD) is a common and pervasive endocrine disorder with multiple phenotypes and varied presentations. It starts to appear at 15-25 years of age and it may take years for its clinical presentation to appear. The incidence of PCOD is 4-22%. The symptoms of PCOD include irregular periods, hirsutism, acne, obesity etc. PCOD is observed as the life style disorder associated with increased risk of reproductive problems including infertility, recurrent miscarriage, endometrial cancer, late menopause and metabolic aberrations including insulin resistance, type 2 diabetes mellitus, dyslipidemia and cardiovascular diseases. Unani concept: Unani physicians have classified this disease under the following headings: obesity, phlegmatic diseases, amenorrhea, and liver disorders. Unani concept of PCOD is primarily based on the dominance of khilte balgham (Phlegm).It has been given in unani classical books that sue mizaj barid (Abnormal cold temperament) of the liver may leads to abnormal production of balgham (phlegm). Ibne sena and majusi mentioned the causes of ehtebaas e tams are khilte balgham, and sue mizaj barid of reham and samane mufarrit (Obesity). Again, khilte balgham is one of the causes of obesity. Due to obesity narrowing of lumen of blood vessels develops and reduces blood circulation and sue mizaj barid causes increased in the viscosity of humours. Unani physicians have recommended regular induction of menstruation as one of treatment modality applied for women who has developed masculine features suggestive of PCOD. They have given a line of management based on correction of temperament, menstrual regulation by use of emmenagogue drugs and local application of herbs to reduce the severity of hair growth, acne and hyper pigmentation due to PCOD.

Keywords: *Marz akyas khusytur rahem, PCOD, Phlegmatic diseases, Unani medicine.*

1. INTRODUCTION

The most prevalent endocrine problem is polycystic ovarian disease (PCOD), which often first manifests between the ages of 15 and 25 but can take years to develop clinically. Overall incidence of PCOD is 4-22% in women and 50% of infertile women.[1]PCOD is the main cause of infertility, is characterised by anovulatory cycles[2]. PCOD is a heterogeneous disorder. Its diagnosis is based on the presence of any two of the following three criteria: oligomenorrhea, anovulation, and hyperandrogenism (clinical and/or biochemical), and polycystic ovaries on USG. It was first identified by Stein and Leventhal in 1935.[3, 4, 5] The ovary is the target of PCOD treatment in order to restore normal function. In order to control menstrual cycles and promote ovulation, medications are employed. Effective management of PCOD is difficult since different medications used to treat PCOD address distinct symptoms. The most popular PCOD treatments in traditional medicine include clomiphene citrate, metformin, tamoxifen, and troglitazone.[4, 6] All these drugs have their own side effects. The prevalence of PCOS depends on the choice of diagnostic criteria. The World Health

Organization estimates that it affects 116 million women worldwide as of 2010. One community-based prevalence study using the Rotterdam criteria found that about 18% of women had PCOD, and that 70% of them were previously undiagnosed[7]

2. UNANI CONCEPT OF PCOD

The Unani word for PCOD is Marz Akyas Khusytur Rahem. Unani physicians have classified this disease under the following headings: obesity, phlegmatic illness, amenorrhea, and liver diseases [8-10]. Unani concept of PCOD is primarily based on the dominance of khilte balgham (Phlegm). It has been mentioned in classical books that sue mizaj barid (Abnormal cold temperament) of the liver may leads to abnormal production of phlegm,[11] as liver fails to convert chyme into blood, instead it converts chyme into phlegmatic blood. Balgham mayi is one of the abnormal forms of phlegm,which is thinner in consistency and can form cysts by accumulating in sacs[12].

Phlegm production has been linked to the other main symptoms of PCOD, such as amenorrhea, oligomenorrhea, and obesity[8-19]. hence predominance of phlegm in the body leads to cyst formation in ovaries, obesity and amenorrhoea. According to the unani Physicians the early twenty years of life are the period of childhood is predominated by phlegm; the phlegmatic disorders are more likely to occur at this stage. This may help to understand how phlegm contributes to the development of this disease in people of this age range[8,10,11].

3. DIAGNOSIS BY CLINICAL PRESENTATION

Rhazes noted a combination of symptoms that are suggestive of polycystic ovarian disease and hyperandrogenism, including hirsutism, obesity, acne, hoarseness of voice, and infertility, together with monthly irregularities (oligomenorrhoea, amenorrhoea, and DUB)[9]. Hippocrates (460–370 BC) was the first to note the connection between excessive face and body hair (hirsutism) in females and long-term amenorrhea, obesity, and infertility; Galen (130–200 AD) made a similar finding. In traditional Unani literature, hirsutism is described as a side effect of protracted amenorrhea along with other masculine characteristics like hoarseness of voice, a masculine body shape, acne, etc. [8, 10] Ibn Sina and Ismail Jurjani provided an explanation of the pathophysiology of hirsutism. The main thesis regarding hirsutism was that it altered women's typical temperaments. It was claimed that long-term amenorrhea alters the internal environment of women's bodies and disturbs their state of equilibrium, causing the development of some unwanted material that is excreted through skin pores in the form of busoore labnia (acne) and also contributes to the growth of thick hair all over the body. [8,10,11]The typical temperament of women is cool and wet, and with extended amenorrhea, it changes to a hot and dry temperament similar to that of men. This is primarily due to the ehteraq (detonation) of black bile to normal phlegm, which is hot and dry.[10]This souda (black bile) affects the skin in a way that causes hirsutism and hyperpigmentation (acanthosis nigricans).Ibn Sina, Ismail Jurjani, and Al Razi noted that fat women with a muscular body and visible blood vessels are more likely to have masculine features than other women because these women have a temperament that is practically identical to that of men.[8-10] Infertility, insulin resistance, metabolic syndrome, and other issues may result from additional PCOD complications[13]. Menstrual issues: PCOD mainly causes oligomenorrhea (lower than nine menstrual periods in one year) or even amenorrhea (no menstrual periods for 3 or more successive months). However other kinds of menstrual problems can also occur. Infertility: This usually results directly from persistent anovulation.

Metabolic disorder: This shows up like a propensity towards fundamental weight problems along with other indicators connected with insulin resistance. Asians influenced by PCOD are not as likely to cultivate hirsutism as the ones from some other ethnic backgrounds. Ladies with PCOS are inclined to have fundamental weight problems, yet scientific studies are contradictory with regards to whether visceral as well as subcutaneous stomach fat is augmented[3,4].

4. MANAGEMENT AND TREATMENT: [4]

Currently, women with PCOD are treated based on their presenting symptoms, such as irregular periods, infertility, and hirsutism.

- Weight loss in menstrual disturbance and anovulatory infertility helps in improvement of metabolic perturbances and reduces the risk of coronary heart disease.
- Oral contraceptives in menstrual disturbance.
- Insulin sensitizing agents (such as metformin) in obesity, androgen excess, menstrual disturbance, anovulatory infertility and metabolic perturbances
- Cyproterone acetate, ethinylestradiol and spironolactone in hirsutism and acne.
- Clomiphene citrate, ovarian drilling/ laser treatment and assisted reproductive techniques in anovulatory infertility.

5. UNANI TREATMENT IS BASED ON FOUR CATEGORIES

1. **Ilaj bil Ghiza (Dietotherapy): [,8,9 12, 14]**

- Drink more fluids
- Use Diet light, nutritious and easily digestible.
- Do not eat cold and dry food, late digestible food, heavy and spicy food.
- Use of fibrous food including green leafy vegetables and fresh fruits.

2. Ilaj bid dawa (Pharmacotherapy): [8-10,14]

Rhazes suggested monthly menstrual induction as a therapy option for female patients who have PCOD-suggestive masculine traits. He has suggested a course of treatment focused on the correction of monthly irregularities and temperamental issues using emmenagogue medications (single or compound), as well as local herb applications to lessen the severity of hair growth, acne, and hyperpigmentation.

3.Ilaj bil Tadbeer (Regimenal therapy): [11,12]

- Standards of Lifestyle including regular exercise, diet control and Good sleep,brisk walk.

• If the patient is obese, weight reduction is advised; this can be facilitated by steam bath(hammame yabis) and Massage (dalak).
•Wet cupping(hijama) over the calf muscles of both lower limbs to divert the blood flow towards the uterus.

4. Ilaj bil Yad (Surgical Treatment) [8, 10]

Venesection (fasad) of saphenous vein (Rage Safin) to divert the blood flow towards the uterus to induce menstruation.

6. USOOLE ILAJ (PRINCIPLES OF TREATMENT) [9-11, 14]

- reduction in weight
- mizaj tadeel with use of munzij wa mushil balgham drugs
- Use of Specific drugs
- Idrar haiz with mudire haiz drugs.

a) Single Drugs: Neem, Zanjabeel, Daarchini, kalongi Abhal, Badiyan, Post Amaltas,, Persiawa Shan, Asgand, Aspand, Habbe Balsan, Habbe Qillt, Habbe Qurtum, Rewand Chini, Tukhme Kasoos, Khashkhash, Gule Teesu, Karafs, Elwa, Heeng, Jausheeer, Asaroon, Turmus, Tukhme Gazar,Satavar,Aslussus,Pudina,Alsi. [9,10,14,16-22].

b) Compound formulations: Habbe mudir, Joshanda mudir haiz, Sharbat buzoori, Murakkabate foulad etc. These emmenagogue drugs are used with uterine tonics like majoon muqawwi rehm which consists of asgand only as it contains phytohormones which induces the menstruation by maintaining hormonal balance. [9,10,14]

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