

## CERVICITIS (ILTEHAB UNQ-UR-REHAM) A REVIEW

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The cervicitis is the commonest lesion present in about 35-85% of women during reproductive age of life. It commonly followed genital tract trauma occurs during child birth, tissue trauma may follow instrumentation or as a sequel of sexually transmitted disease (STD) infection. Vaginal mucus discharge most commonly occurs in cervicitis. Symptoms are low backache, lower abdominal pain, deep seated dyspareunia, contact bleeding, menorrhagia, congestive dysmenorrhoea, vulval itching with burning. Sign- enlarged cervix, oedematous, congested, nabothian follicle, eversion or ectropion present. In Unani literature cervicitis is described under the diseases of warm-e-reham, which is mainly occurs in unq-ur-reham. Iltehab unq-ur-reham mainly of two types 1) Iltehab unq-ur-reham har which includes (damwi and safrawi) 2) Iltehab unq-ur-reham barid which includes (baghami and saudawi) among these Iltehab unq-ur-reham har is more common. Causes of Iltehab unq-ur-reham is mainly two types asbab sabiqah (internal causes) and asbab badiyah (external causes). It occurs mostly after abortion, trauma occurs during child birth, trauma may followed by instrumentation, vaginal pathogens, as a sequel of sexually transmitted disease (STD) infection. Iltehab unq-ur-reham har is treated with the drug action of muhallil, musakkin, mulattif, munzij and daf-e-taffun.

**Keywords :** *cervicitis, Iltehab unq-ur-reham, unani formulation*

### CERVICITIS (ILTEHAB UNQ-UR-REHAM):

The term cervicitis is defined as inflammatory lesion in the endocervix including the glands and the stroma. The cervicitis is the commonest lesion present in about 35-85% of women during reproductive age of life. It commonly followed genital tract trauma occurs during child birth, tissue trauma may follow instrumentation or as a sequel of sexually transmitted disease (STD) infection. Vaginal mucus discharge most commonly occurs in cervicitis. Symptoms are low backache, lower abdominal pain, deep seated dyspareunia, contact bleeding, menorrhagia, congestive dysmenorrhoea, vulval itching with burning, pain on defecation and bladder

irritability. Sign- enlarged cervix, oedematous, congested, nabothian follicle, eversion or ectropion present<sup>1,2,19</sup>.

**Pathology:** Organisms to be slow to act in the glands of the endocervix for many years, the condition of chronic cervicitis does not usually represent an active inflammatory state. It is the end result of injury and inflammation. The mucosa and deeper tissues are congested, fibrosed, oedematous and infiltrated with leucocytes and plasma cells. The ducts of certain glands become obstructed by plugs of epithelial cells and inspissated mucus, or by fibrosis, to cause retention cysts — Nabothian follicles. These are often visible to the naked eye and can become quite large.<sup>2</sup>

**Sign and Symptoms:** Vaginal mucus discharge, low backache, lower abdominal pain, deep seated dyspareunia, contact bleeding, menorrhagia, congestive dysmenorrhoea, vulval itching with burning, pain on defecation and bladder irritability, oedematous, congested and enlarged cervix, nabothian follicle, eversion or ectropion present.<sup>1,2,3</sup>

In Unani literature cervicitis is described under the diseases of warm-e-reham, which is mainly occurs in unq-ur-reham (cervix of uterus)<sup>8,15</sup>. Iltehab unq-ur-reham mainly of two types 1) Iltehab unq-ur-reham har which includes (damwi and safrawi) 2) Iltehab unq-ur-reham barid which includes (baghami and saudawi) among these Iltehab unq-ur-reham har is more common<sup>8,16</sup>. According to Samarqandi Iltehab unq-ur-reham has two types: warm-e-had and Warm-e-muzmin<sup>4</sup>. Causes of Iltehab unq-ur-reham is mainly two types asbab sabiqah (internal causes) and asbab badiyah (external causes)<sup>5</sup>. It occurs mostly after abortion, trauma occurs during child birth, trauma may followed by instrumentation, vaginal pathogens, as a sequel of sexually transmitted disease (STD) infection. Ibn sina described ajsam-e-khabisa (micro-organism) as one of the causes of cervicitis along with akhlat<sup>15</sup>. Razi described that causes of warm-e-unq-ur-reham and warm-e-rehamare same.<sup>8</sup> He also assumed there will be pain and fever in inflammation of the cervix, the discharge will be copious in infected cases and clear without bad smell in uninfected case.<sup>8</sup> According to Sheikh Abu Ibn Ali sina and other unani scholars warm-e-reham demonstrate on adjacent organ, if iltehab unq-ur-reham occurs then affect to stomach also and sometime complain of hiccup, indigestion, palpitation occurs.<sup>7</sup> Pathophysiology of iltehab unq-ur-reham describe on the basis of temperamental theory. According to Buqrat, a right proportion of akhlat-e-arba (Dam, balgham, Safra, Sauda) according to quality and quantity and mixing of which (homeostasis) constitutes health and inaccurate proportion of these and irregular distribution, according to their quantity and quality develop the disease<sup>8,15,16,17</sup>. Iltehab unq-ur-reham har develop not only by dam and safra but all these morbid matter which is har and infective. Iltehab unq-ur-reham har is treated with the drug action of muhallil, musakkin, mulattif, munzij and daf-e-taffun. Symptoms of iltehab unq-ur-reham har has fever, headache, intense thirst, rapid pulse, increased respiratory rate, lower abdominal pain, low backache, also pain occurs in legs, difficulty in walking. But iltehab unq-ur-reham barid has no such symptom as Iltehab unq-ur-reham har.<sup>4,7,8,14</sup> Stages of iltehab unq-ur-reham har- darja ibteda at this stage morbid matter comes at site and warm appears. In darja tazayud morbid matter comes at affected site and increase its volume, darja intiha is the steady state and reach at peak

and ends with resolution, pus formation and changes into hardness at affected site<sup>18</sup>.

**Diagnosis:** on examination- a) the cervix may be tender to touch or on movement or pierced with a volsellum. b) Speculum examination reveals-mucoid or mucopurulent discharge escaping out through the cervical os. There may be enlargement, congestion or ectropion of the cervix, associated ectopy may be present. It can be difficult to distinguish chronic cervicitis from carcinoma, it is possible with help of biopsy. Take swab from cervix to out the causative organism. Vaginal cytology and colposcopy aid the diagnosis of malignancy is especially important before using ablative methods of therapy<sup>1,2</sup>.

Conventional medicine includes therapeutic modalities such as antibiotics, antiseptics, electrodiathermy, cryotherapy and other surgical intervention<sup>2</sup>. These drugs has side effects and complications. Therefore patients are turning towards alternative system of medicine that is no any side effects, easily available, cost effective, safe and non-surgical.

**Modern treatment:** Asymptomatic cervicitis do not require treatment. The antimicrobial therapy used only in gonococcal or proved cases of chlamydial infection or bacterial vaginosis. Diathermy cauterization gives satisfactory results. The tissues of the cervix are coagulated; the columnar epithelium is destroyed. The raw area on the vaginal portion of the cervix gets subsequently covered by squamous epithelium. Cryosurgery is now being used in place of cauterization in many centres. The refrigerants used in cryosurgery are carbon dioxide (278°C), Freon (281°C), nitrous oxide (288°C) and nitrogen (2186°C). All are equally effective. Laser therapy has replaced cautery and cryosurgery in the management of cervicitis. Conisation operation- under general anaesthesia, using cold knife, diathermy or laser and a cone-shaped piece of cervical tissue removed. Policresulen- It coagulates necrotic, pathologically altered tissue without destroying the healthy tissue.<sup>1,2,3</sup>

Unani treatment: Iltehab unq-ur-reham har treated with adviyat like muhallil (Anti-inflammatory) which resolve the warm with heat and quwwat-e-tahleel which result akhlat-e-ghalizah (morbid matter) resolve and ends the inflammatory condition. For example aklilul malik (Trigonella uncata), mako (Solanum

nigrum), kasni (*Cichorium intybus*), asaroon (*Asarum europaeum*), rasot (*Berberis aristata*), als, anba haldi, revand chini (*Rheum emodi*)<sup>20,22</sup> etc. Asgandh (*Withania somnifera*)<sup>22</sup> is a uterine and nerve tonic, heals ulcers. It has anti-inflammatory anti-tumour activity, infuses fresh energy which is worn out due to any chronic disease and prevents general debility<sup>10</sup>. Local treatment humool (tampon) consists of Anzaroot (*Astragalus sarcocolla*), Safada-e-Kashghari (*Plumbo carbonas*), Murdar Sang (*Plumbi oxidum*), Roghan-e-Gul (Rose oil) and Moom-e-Zard (*Cera-flava*). These drugs were used to reduce the inflammatory condition and swelling of the cervix, due to their anti-inflammatory, antiseptic healing, analgesic, resolvent, emollient effect<sup>9,11,12,13</sup>. Mulattif (Demulcent) drugs which divided the morbid matter into pieces with own heat and liquefy the ghaliz khilt eg. Biranjasif (*Achillea millefolium*), abresham (*Bombyx mori*), gul-e-ghafis (*Agrimonia eupatoria*), kasoos (*Cuscuta reflexa*), bikh-e-kasni (*Cichorium intybus*), mako (*Solanum nigrum*), zoofa (*Hyssopus officinalis*)<sup>20,21,22</sup> etc. Daf-e-taffun (Antiseptic) which drugs reduce the possibility of infection eg. Barg-e-neem (*Azadirachta indica*), afsanteen (*Artemisia absinthium*), shahad-e-khalis, kabab chini (*Piper cubeba*), kafoor, sandal (*Santalum album*)<sup>22</sup> etc. Mujaffif (Desiccators) drugs which produces dryness and dry the discharge at affected site, eg. Sadaf sokhta (*Ostrea edulis*), sang-e-jarahat (Hydrated magnesium silicate), shibb-e-ymani (Sulphate of Alumina & potash), shangaraf (Red sulphide of mercury) etc<sup>6,22</sup>. In iltehab unq-ur-reham use method of tabreed. Luab bahi-dana (*Cydonia vulgaris*), shirah tukhm kahu (*Lactuca sativa*), maghaz tukhm tarbuz prepare in arqiyat and used with 2 tola sharbat-e-nilofer.<sup>7</sup>

Khaisanda: gul-e-bnafsha (*Viola odorata*) 7 gm, mawez munaqqa 9 dana, bikh kasni 7 gm, badiyan (*Foeniculum vulgare*) 7 gm, gau zaban (*Borago officinalis*) 5 gm, mako khushk (*Solanum nigrum*), 7 gm, persiyaoshan (*Adiantum capillus*) 5 gm, tukhm khayarain (*Cucumis sativus*) 5 gm, tukhm kharpaza (*Cucumis melo*) 5 gm all drugs keep in luke water for whole night and next day used with sharbat-e-bazuri motadil 4 tola.<sup>4,22</sup>

Farzaja: Marzanjosh (*Origanum vulgare*), javetri (*Myristica fragrans*), satar farsi (*Zataria multiflora*), zar-e-varid (*Rosa damascana* Mill), post bikhe kibr, azkhar (*Andropogon schoenanthus*), arad kundur

(*Boswellia serrata*) each take 3 gm and grind them and mix with roghan nardeen then used as farzaja.<sup>4,20</sup>

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