

Management of Cervical Erosion by Unani Medicines- A Clinical Study

Irfat Ara, M. Yousuf, M. Iqbal and Y. Iftikhar

Regional Research Institute of Unani Medicine, (CCRUM)

The University of Kashmir, Srinagar- 190006, Jammu and Kashmir, India.

INTRODUCTION

Cervical erosion is the commonest cause of chronic ill health in the gynaecological disorders. It is suggested that 85% of adult women whether single or married have some degree of erosion at cervix (John- Hawkins- 1976). Erosion derived from the word erode means to eat away or wear. The condition was defined as loss of squamous epithelium with the replacement of columnar epithelium, which is continuous with lining of the endocervix.

According to unani physicians cervical erosion is produced by the dominance and the impairments of hot humours (Nafeesi 1210-80AD) and that the impaired material produces irritation and eruption which is responsible for the production of raw surface on smooth cervix. This can be at times associated with infection (Avecina 810 AD). Cervical erosion is the commonest lesion in the genital tract (Donal Jan-1955).

The clinical picture described by Unani physicians is more or less identical to that mentioned in the present day literature. It can be either congenital or acquired (Lengran-1961).

A large number of women are suffering from this disease all over the world. As the present day medicine has not yet succeeded to have its complete cure. The present study was undertaken to ascertain the action of kit medicines Sf. Sailan-ur-Rahem, Cap. Siras in such cases.

MATERIAL AND METHODS

The study was conducted in the General Out Patient Department of Regional Research Institute of Unani Medicine, Srinagar. 30 cases formed the subject of the study and were selected at random. The drugs were given in the form of powder and capsules which were provided by CCRUM. Investigation were conducted which include routine urine examination, stool examination and haemogram (by Sahlis method). The vaginal smears were also looked in for any bacterial infection by Grams Staining Method.

The drugs and their dose was as follows:

- | | |
|-----------------------------|---------------------|
| 1. Safoof-e-Sailan-u-Rehan. | 1 tsf. Thrice daily |
| 2. Cap. Siras(500mg) | 1 cap. Thrice daily |

RESULTS AND DISCUSSION

All the patients were in the childbearing age groups with their age ranging from 25 to 45 years with mean age of 34 years. All the patients were married. The patients were from different socio-economic status with maximum i.e. 53.3% cases from low-income group. The duration of illness ranged from 1 year to 9 years. Various etiological factors were observed during study which include Urinary Tract Infection in 36.6% cases, Menstrual disorder in 33.3% cases and Infection during labour and Puerperium in 16.6% cases. The symptoms observed are summed up in table-1.

During the clinical examination at first visit the P.V examination revealed the condition of cervix and uterus as follows:

Table 1. Presenting complaints in 30 patients

S.No	Presenting	No. of patients
1	White discharge	30
2	Back-ache	29
3	Menstrual disorder	18
4	Urinary tract infection	12
5	Malaise	22
6	Pruritus vulva	16
7	Psychological upset	14
8	Dysperunia	11
9	Pain in lower abdomen	21
10	Vaginitis	15

Table 2. Condition of cervix and uterus in 30 patients

S.No	Condition of Cervix & Uterus	Before treatment No. of patients
1	Congestion	30
2	Hyperplasia & Hypertrophy	30
3	Inflammation	15
4	patchy raw surface of cervix	06
5	Granular cervix	14
6	Retroverted uterus	14
7	Antiverted uterus	16

The swabs of the discharge presented different organisms in the laboratory, Streptococci was found in 1 patient, Staphylococci in 4 patients, Monolial in 1 patient while as in majority of the cases [24(80.0%)] the swab was sterile. It was observed that 93% cases used one or the other form of contraceptives

The effect of the treatment was estimated by the clinical picture of the patients and certain laboratory investigations were also conducted. After completion of the treatment the patients were followed up at weekly intervals and the treatment was given for a period of 10 weeks. At the end of the therapy it was found that vaginal discharge was present only in 20% cases, slight degree of granules in cervix were present in 13.3% cases, backache in 6.6% cases and Vaginitis in 10% cases. The degree of cervical erosion was reduced 0-10% in 21 cases and 25-50% in 7 cases, where as the degree of erosion before treatment was above 50% in all the cases. According to C.S.Down (1976) the erosion is found in the reproductive age and 75% of the adult women suffering from this disease. The laceration of the cervix during childbirth is the commonest cause of cervicitis, which gives rise to cervical erosion (Mudliar-1976), which is also evident from the present study as 56% cases had the aided delivery which can be the cause of the disease. The symptomatic relief and condition of the cervix are summed up in the Tables 3 and 4.

CONCLUSIONS

Modern medicine has yet to achieve success in the treatment of cervical erosion. Cauterisation and diathermy cautery is done to treat this condition. Taking into consideration the results of the trial it can be concluded that Sf. Sailanur-reham with Cap. Siras can effectively avert the multifunctional aetiology of cervical erosion without producing any undesirable side effect.

Table 3. Symptomatic relief after the therapy

S.No	Presenting complaints	No. of patients after treatment
1	White discharge	06
2	Back-ache	02
3	Menstrual disorder	03
4	Urinary tract infection	04
5	Malaise	Nil
6	Pruritus vulva	03
7	Psychological upset	09
8	Dysperunia	07
9	Pain in lower abdomen	06
10	Vaginitis	03

Table 4. Condition of cervix and uterus after treatment

S.No	Condition of Cervix & Uterus	After treatment No. of patients
1	Congestion	24
2	Hyperplasia & Hypertrophy	30
3	Inflammation	07
4	patchy raw surface of cervix	02
5	Granular cervix	08
6	Retroverted uterus	14
7	Antiverted uterus	01

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