



## Review Article

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# A conceptual review of *Warme Rehm* in Unani Medicine with specific reference to pelvic inflammatory disease

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## ABSTRACT

Pelvic inflammatory disease (PID) is the most common infections of female reproductive organs, which can occur in sexually active women during the reproductive age & remains an important public health problem. PID is diagnosed in more than one million women each year in United States. It is a polymicrobial infection with the most commonly implicated pathogens being *C. trachomatis*, *N. gonorrhoea* and many other aerobic and anaerobic bacteria like *Gardenella vaginalis*, *E. coli*, *Streptococcus* species etc. PID is a clinical diagnosis implying that the patient has upper genital tract infection and inflammation which ascends from the vagina and cervix. It is associated with long-term sequelae like tubal factor infertility, ectopic pregnancy and chronic pelvic pain. In classical Unani text, *warme rehm* (PID) is further subdivided into *warme rehm har* & *warme rehm saudavi*, *warme rehm har* manifests specific as well as associated symptoms due to anatomical proximity of uterus, which aid in diagnosis and if it is not treated adequately, it becomes *warme rehm sulb* which is difficult to treat. Various compound formulations are mentioned in Unani classical text for *warme rehm* possessing the properties of *musaffi-e- khood*, *muhallil warm*, *dafia'h taffun*, *dafia'h huma* etc. This review article gives a detailed description of *warme rehm* including its causes, pathogenesis, diagnosis, principle of treatment in Unani system of medicine.

**Keywords:** *Warme Rehm*, Pelvic inflammatory disease, Herbs for PID, Unani medicine for PID.

## INTRODUCTION

Pelvic inflammatory disease (PID) is one of the major health issues adversely affecting reproductive aged women, worldwide with the annual rate of 10-20/1000 women of reproductive age [1, 2]. Centre for Diseases Control and Prevention (CDC) has estimated that more than 1 million women experience an episode of PID every year [3]. Women who acquire PID are at increased risk for late sequelae including chronic pelvic pain, tubo-ovarian abscess, pelvic adhesions, tubal factor infertility, ectopic pregnancy etc. [1, 4]. These complication are related to disease severity and time of diagnosis; thus early diagnosis and treatment is essential for diminishing the disease impact [5]. It is a polymicrobial infection with the most commonly implicated pathogens being *C. trachomatis*, *N. gonorrhoea* and many other aerobic and anaerobic bacteria like *Gardenella vaginalis*, *E. coli*, *Streptococcus* species etc. [6, 7] Hence, CDC has recommended to maintain low threshold for diagnosis of PID and recommend empiric treatment in all sexually active women experiencing pelvic or lower abdominal pain [8]. In conventional medicine, use of antibiotic regime is the definite treatment of PID, which though effective, but produces more or less adverse effects and are expensive also. Moreover, chances of antibiotic resistance and recurrence of disease after the stoppage of medicines are likely [9]. Therefore, there is a need for alternative medicine. In Unani system of medicine, many single drugs and compound formulations are available having *musaffi-e-khood*, *muhallil warm*, *dafia'h taffun*, *dafia'h huma* activities [10] which can be used in the treatment of *warme rehm*.

## HISTORICAL BACKGROUND

The ancient Egyptians were aware of genital infection [11].

Kahun Papyrus (1850 BC) mentioned about the itching of the vulva and medication for putrefaction of womb.

Hearst Papyrus (1550 BC) consisted of 204 sections which referred to genitor-urinary diseases in women.

Ebers Papyrus (1550 BC) had several sections devoted to disease of female genitalia. Remedies were prescribed for pustular eruptions of the vulva and vagina and to disperse the inflammation of these parts.

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Hippocrates (460-377 BC) described “strangury” and pointed out that it resulted from venereal pleasures [12]. He was aware of pelvic abscess and pyometra.

Soranus of Ephesus (99-138 AD) described rectal examination to discriminate between uterine and rectal inflammation and treatment for inflammation of vagina and uterine.

Galen (131-201 AD) was the first person to use the term “gonorrhoea”.

Aetius (600 AD) described the treatment of pelvic abscess.

Rhazes (852 AD), Mesue (904 AD) and the Persian Ali Abbas (980 AD) described gonorrhoea, cystitis and inflammation of the testicles.

Regnier De Graaf (1641-1673) distinguished between gonorrhoea and leucorrhoea by the presence of purulent discharge from the paraurethral ducts [11].

## MATERIAL AND METHODS

For Unani concept of PID, available authentic text of Unani Medicine was searched. Literature was also searched on PubMed, Google Scholar, Medline, Science Direct with the keywords; *Warme Rehm*, Pelvic inflammatory disease; Visual Analogue Scale; McCormack Pain Scale, Herbs for PID, Unani medicine for PID etc.

**Unani concept:** The description of PID is mentioned under the heading of *warme rehm* in classical Unani literature.

**Definition:** *Warm* is a complex disease comprised of all three types of disorders i.e.

1. Temperamental abnormality with associated humoral abnormality (*sue mizaj maddi*).
2. Structural impairment like deformity in shape, size and position of an organ (*sue tarkeeb*).
3. Loss of continuity of an organ (*tafaruqe ittesal*) because of the collection of the *mawade fuzla* (inflammatory exudate) [13, 14, 15].

*Warm* (inflammation) is the reaction of the body to morbid matter which may be external as injury, stings, bites, bacteria or internal as deranged humours [16]. It can either be *har* (inflammatory) or *gair har* (non-inflammatory). *Warme har* (inflammation) is caused by *madda* which is *har*, either by *johar* (composition) or has become so consequently because of *ufoonat* (putrefaction) [14]. *Rehm* (uterus) is usually affected by *warme har* or *warme sulab saudavi* but occasionally can also be afflicted by *warme balghami* [17, 18]. It is the disease of sexually active women [17]. This *warm* can involve *unqur rehm* (cervix) [13, 18], *androone rehm* (endometrium) [13], *anwah rehm* (adjacent structures like fallopian tubes, ovaries & pelvic peritoneum) [19].

## Etiology:

- **Asbabe badia (External causes):**
  - *Zarba wa saqta rehm* caused by *isqat*, [17, 20, 21] *viladat ki waqt bad ihtiyati*, [13, 17] *usre viladat*, [17, 20, 21] *kasrate jimah*, [12, 17, 21] *ibtada' jimah, diq wa sil* [17].
- **Asbabe sabiqqa (Internal causes):**
  - *Irteqae mani* (as in STD's) [13], *ehtebase haiz wa nafas* [13, 20, 21], *nafakhe rehm* [13], *imtela wa kasrate ratoobat* [13, 17], *imtela dam wa safra* [17], *maddae saudavi* [13, 17].

**Pathophysiology:** Irrespective of the etiology, the basic cause of *warm* is the defect in *quwate ghaziya* of an organ, as a result the metabolism of the effected organ becomes defective leading to accumulation of

humour [20] and subsequently temperamental abnormality sets in, which eventually causes *warm* in the effected organ [14].

**Warme har damvi/ warme falghamooni:** The injury to an organ due to obnoxious external stimuli (*asbabe badia*) compromises the *quwah* of the particular organ and *tabiyat* try to rectify the affliction of effected organ by increasing its blood supply. But the effected organ is neither able to utilize the nutrition nor able to disperse the blood circulating towards it, consequently leading to congestion, swelling, tension and warmth in the respective organ, which indicate acute inflammation. The internal stimulus (*asbabe sabiqqa*) of the *warme har* (acute inflammation) is the intrinsic defect in *quwate ghaziya* of an organ leading to accumulation of blood. The blood which is normal in temperament and constitution may get putrefied resulting in swelling (tumor), warm (calor), redness (rubor) and pain (dolor) in the effected organ [20] which actually is the manifestation of acute inflammation.

The prerequisites of *amle ufoonat* (putrefaction) are:

- *Maddae ratoobat*, which serves as site of infection
- Adequate *hararat* (optimum temperature)
- *Maddae fayilah* or *mufenah* (putrefying agent) [15, 22]

The putrefying agent can gain entry in the body via many routes (e.g. sexual intercourse or instrumentation in case of *warme rehm*) and will manifest under favourable conditions [22]. The signs of inflammation are more pronounced in the sensitive organs [20, 23] like uterus. Temperamental abnormality with associated humoral abnormality results in vaginal discharge [24]. Loss of continuity and temperamental abnormality leads to pain [14].

**Warme har safravi:** When the temperament of blood becomes too hot, due to gross abnormality in its *kayfiyat wa kamiyat* (quality & quantity), it causes *warme har safravi*.

**Warme balghami:** When the abnormality in quality & quantity of blood changes its temperament to *barid ratab* it causes *warme balghami* [23].

**Warme sulab saudavi:** It may commence either as *warm sulab* or subsequent to *warm har* [14]. Here the abnormal production & accumulation of *maddae saudavi* occurs in the uterus [20], which may cause *salae saudavi* (uterine tumor) leading to displacement of uterus. If *warm sulab saudavi* is left untreated, either it may lead to ascites (meig's syndrome), or may turn malignant [13].

**Pathology of inflammation:** *Warme har* progresses through four stages:

1. **Ibtada' (Onset):** Humour begins to infiltrate the effected organ and inflammation (*hajme warm*) starts to appear [23] but the reaction of *tabiyat* is not evident.
2. **Tazayud (Progress):** The area of inflammation (*hajme warm*) spreads (increase in permeability of vessels causing stasis and oedema). The reaction of *tabiyat* against the humour becomes evident [14] in the form of clinical features of inflammation.
3. **Inteha' (Peak):** *Warm* reaches to its peak and undergo no further progression [14, 23], *tabiyat* and humour strive against each other.
4. **Inhetat (Termination):** *Tabiyat* overwhelms the humour [14] and *warm* begins to subside, either it completely resolves or undergoes suppuration [14, 23].

Clinically, the patients of PID presents with symptoms of pain in abdomen (most common), low back ache, vaginal discharge, dysuria, nausea, vomiting and fever. *Warme rehm har* (acute PID) manifests with specific as well as associated symptoms due to anatomical proximity of uterus, which helps in diagnosis and if not treated

adequately, it becomes *warme rehm sulb* (chronic PID) which is difficult to treat and may further progress to even cancer [17, 20].

**Diagnosis:** Acute inflammation of uterus (*warme rehm har*) is diagnosed by its specific clinical features with associated symptoms [13]. The duration and severity of symptoms [23] and nature of vaginal discharge signifies the dominant humour [20, 23]. In *warme rehm har*, pain is more pronounced, fever is comparatively high and of less duration [23] and vaginal discharge is reddish or yellowish [20]. In *warme rehm barid*, pain is pricking in nature & fever is of longer duration [23]. Vaginal discharge is whitish in *warme balghami* & blackish/dirty in *warme saudavi* [20]. Inflammation of anterior part of the uterus is manifested as lower abdominal pain with associated urinary symptoms like dribbling or retention of urine and dysuria. Inflammation of posterior part of the uterus is manifested as low back ache with associated constipation, dysentery and pain in rectum [19, 20]. Inflammation of either side of the uterus (ovaries and fallopian tubes) causes pain in iliac region and thighs [19-21]. Inflammation involving the cervix uteri is more severe & hard and can be detected easily on palpation as it is pain sensitive, whereas inflammation of uterine fundus [17, 19, 20] is difficult to detect [13, 17, 19-21]. Inflammation of one side of uterus displaces it to opposite side and generalized inflammation of it is fatal [17].

#### Principle of treatment

- Use of *radae* and *qabiz* drugs in the stage of onset (*zamanae ibteda'*) to prevent further progression of *warm* and to facilitate resolution [13, 14, 23].
- Use of *muhallilat* with *qabizat* in the stage of progress (*zamanae tazayud*) and gradually tapering the dose of *qabizat* and increasing that of *muhallilat* [14, 15, 20].
- Use of *qabizat* and *muhallilat* in equal doses in the stage of peak (*zamanae inteha'*) [14, 20, 21].
- Use of *muhallilat* and *murakhiyat* in the stage of termination (*zamanae inhetat*) [13, 14, 20, 21].
- Use of *muqawwiyat* [17, 24] to combat post illness weakness and improve immunity.

#### Treatment:

##### 1. *Ilaj bil Dawa* (Pharmacotherapy)

##### *Ibteda'* (Onset):

###### ➤ Orally:

- *Sharbat neelofar* 24ml added to *luab behdana* 3gm, *sheerae tukhme kahu*, *sheerae magz tukhme tarbooz* each 7gm prepared in *arqeeyat*.
- *Sharbat banafsha* 24ml added to *luab gule khatmi* 3 gm, *sheerae unnab* 4 gm, *sheerae magz tarbooz* 6gm and sprinkled *khaksi* 4 gm over it [17].

###### ➤ Locally:

- **Abzan (Sitz bath):** *Usara bartang* [21], *Aab shireen* and *roghane gul*.
- **Humool (Pessary):**
  - ✓ *Ard jou*, *enabus salab*, *gile armani*, *rasuat*, *sandalain*, *jadwar* prepared in *aabe enab salab sabz* and *aabe kishneez sabz*.
  - ✓ Decoction of *khatmi*, *tukhme katan*, *gokhru*, *harmal*, *bartang* and *khurfa* [17].

- **Zimad (Paste):**

- ✓ Decoction of *khaskhash* with *roghane gul* [17, 21].
- ✓ *Arde jau*, *arde baqla*, *khatmi* and *banafsha* each 7 gm, *kafoor* 1.125 gm prepared in *aabe kasni* and *aabe kishneez* and applied over the lower abdomen and umbilicus [20, 25].
- ✓ *Isapghol* with *roghane gul* [24].

- **Nutool (Irrigation):** Luke warm water with *roghane gul* [17, 19], or *Aabe gule surkh*.

- **Farzaja (Suppository):** *Luabiyat*, *roghaniyat* & cold *usara* [17].

#### Tazayud (Progress):

##### ➤ Locally:

- **Zimad:**

- ✓ *Baboona*, *nakhuna*, *alsi*, *baiza murg*, *zafran*; prepare the paste and applied over the pelvis [24].
- ✓ *Akleelul mulk*, *baiza murg*, *zafran* and *roghane nardain*.

- **Humool:**

- ✓ Decoction of *khatmi*, *tukhme alsi*, *kashkush jou*, *tukhme hazar asfand*, *usarae bartang* [21].

#### Inteha' (Peak):

##### ➤ Orally:

- ✓ Decoction of *enabus salab*, *gule khatmi*, *banafsha* each 12 ml and add *roghane gul*, *moom safaid* each 24 ml to it.

##### ➤ Locally:

- **Humool:**

- ✓ *Khatmi*, *tukhme katan*, *kharkusk*, *hurmul* added to the decoction of *bartang* & *kurfa*.
- ✓ *Akleelul mulk*, *zardie baize murg* with *roghane zafran* & *roghane nardeen*.

- **Zimad:** *Zoofa*, *cherbi*, *roghane zard*, *magze saqe gauzan* [17].

- **Zimad /Nutool:** *Baboona*, *akleelul mulk* and *khatmi* [17, 26].

- **Nutool:** *Sharab* with *roghane gul*.

#### Inhetat (Termination):

- **Orally:** *Roghane gul* and *moom safaid* each 24 ml added to decoction of *anabus salab*, *gule khatmi*, *banafsha*, *tukhme katan*, *hulba*, *chuqandar*, *tukhme shibt* each 12 ml.

##### ➤ Locally:

- **Nutool/Zimad:** *Baboona*, *khatmi*, *akleelul mulk*

- **Humool:**

- ✓ *Gule khatmi*, *ard jou*, *baboona*, *gule surkh*, *tukhme katan*, *asapghol* or *tukhme rehan*, *poste* and *tukhme khaskhash*, *hulba*, *enabus salab*, *akleelul mulk*, *gule armani*, each 4 mg, *zafran* 2 mg, *roghan gul* 24 ml,

*safaidi baiza murg* 2 number prepared in *bat ki charbi* 12 ml [17].

- ✓ *Soya, methi, akleelul mulk, tukhme alsi, baboona, roghane shibt, roghane baboona, roghane khari, ushq, ganda behroza, murmaki, magz saqe gauzan, roghane soosan, roghane sudab* etc are also helpful in this stage [21].

#### Treatment of associated symptoms:

- **Fever:** Orally decoction prepared from *aloo bukhara* 7 number, *gule surkh, gule nilofar, badiyan* each 4mg in *arqe shahetra* with *gulqand* 24 ml.
- **Burning Micturation:** Orally decoction prepared from *gule nilofar, gule khatmi, gule surkh* each 4 gm in *arqe kasni, arqe mako* each 60 ml; add *sheerae magz tukhme tarbooz* 6mg, *sharbate banafsha* 24ml and sprinkled *khaksi* 4mg over it [17].
- **Pain:** *Humool* prepared from decoction of *tukhme khashkhash* in *usarae angoor* with *murg ki charbi* and add *afyoon, murmaki* and *loban* each 3 mg to it [27].

#### Muqawwiyat (Tonic):

- *Khurfa* with *shikanjabeen*.
- Decoction prepared from *banafsha, barge neelofar, khashkhash* in barley water with *roghane badam* [24].

#### Other recommended drugs for PID:

##### ➤ Orally:

- Use of *mudir haiz* drugs in *zamanai inhetat* [17].
- Decoction of *amaltas*.
- *Qurs qakinaj* [27]
- *Turanjabeen khurasani, amaltas, roghane badam* added to decoction of *banafsha, sapistan* and *unnab vilati* [21].

##### ➤ Locally:

- **Humool:**
  - ✓ *Marham dakhilyoon* with *roghane sosan* [27].
  - ✓ *Marham dakhilyoon* melted in *roghane gul* and *usara bartang* or *usara enabus salab* added to it.
  - ✓ Luke warm *roghane badam* is beneficial in *warme rehm baad nafas*.
  - ✓ Decoction of *tukhme khash khash safaid* prepared in *usarae angoor* and adds *charbi murg* or *bat* to it.
  - ✓ *Isapghol, tukhme katan* admixed with *shehad* [17].
  - ✓ Decoction of *methi* mixed with *charbie murg & roghane gul* [19].

- **Zimad:** Decoction of *poste khash khash, gule surkh, isapghol* with *roghane gul & sirka* [17].
- **Abzan:** Decoction of *methi, tukhme katan, tukhme khatmi, brinjasif* [19].

#### 2. Ilaj bil Ghiza (Dieto therapy):

- Amount of food intake to be increased gradually [19] in early as well as in convalescence period of the disease to strengthen the body for imminent crisis and for repair of wear and tear [14].
- *Taqleel ghiza* [13, 17, 28] during the stage of progression and peak to facilitate the body to deal efficiently with morbid matter [14].
- Reduced water intake especially on 1st day, if *fasd* was performed.
- *Lateef ghiza* (easily digestible food) should be advised [13, 17], e.g. *baize neem brisht* [20], *ashe jou* [29] & *goshte chooz* prepared as *asfedbaaj* or with *batwa* and *chuqander* or *khobazi* [20].

#### 3. Ilaj bil Tadbeer (Regimenal therapy):

- Emesis (*qai*) is beneficial [13, 24].
- Purgation (*ishal*) [13] to facilitate *ikhraje madda*.

#### 4. Ilaj bil Yad (Surgical treatment):

Venesection of *rage basaleeq* (basalic vein) [13, 17, 20, 25, 28] to prevent *insebab madda* (progression of inflammation) followed by that of *rage safan* (saphaneous vein) to resolve the existing inflammation [13, 17, 25, 28]. This procedure is performed with women lying on bed with foot end elevated [13, 17]. Patient is advised not to sleep, as it is harmful following venesection [17].

**General advice:** Avoid consumption of alcohol, Turkish bath, physical exertion and mental stress [14]. Keep the patient in pleasant & aromatic atmosphere [19].

**Experimental studies:** Clinical studies conducted on women suffering from PID demonstrated that Unani drug (*Arq Brinjasif*) was effective in ameliorating the symptoms of *warme rehm* [30], thus can be safely used in its management.

**Arq Brinjasif** [31]: It is a hydro distillate of six single drugs such as *Brinjasif (Achillea millefolium* Linn) [32], *Badiyan (Foeniculum vulgare* Mill) [32], *Mako (Solanum nigrum* Linn) [32], *Tukhme kasni (Cichorium intybus* Linn) [32], *Jhau (Tamarix gallica*) [32]; each 150g and *Afsanteen (Artemisia absinthium* Linn) [32] 75g.

**Table 1:** Brief description of *Arq Brinjasif*.

Ingredient name	Part used	Mizaj	Main actions	Common actions
<i>Brinjasif</i>	Flowering tops [31]	Hot1°, Dry2° [10, 33] Cold1°, Moist1° [13]	<i>Muhallil warm</i> [35]	○ <i>Radae</i> [10, 33] ○ <i>Qabiz</i> [10]
<i>Badiyan</i>	Fruit [31]	Hot 2°, Dry 2° [10, 24] Hot 2°, Dry1° [34]	<i>Muqawwi meda wa basr</i> [35]	○ <i>Mulattif</i> [10] ○ <i>Muhallil</i> [10, 33]
<i>Mako</i>	Fruit [31]	Cold 2°, Dry 2° [10, 24, 34]	<i>Muhallil warm, Mulattif</i> [35, 36]	○ <i>Musaffi khoon</i> [10] ○ <i>Mufatteh</i> [10, 35]
<i>Tukhme kasni</i>	Seed [31]	Cold 2°, Dry 2° [10]	<i>Musakin darde sar wa khafkan</i> [36]	○ <i>Dafae humma</i> [10, 33, 35] ○ <i>Musakkin dard</i> [10, 35]
<i>Jhau</i>	Leaf [31]	Cold 1° Dry 1° [10]	<i>Muhallil warme tehal</i> [35]	○ <i>Mudir boul wa haiz</i> [10, 35]
<i>Afsanteen</i>	Stem [31]	Hot1°, Dry3° [10, 24]	<i>Hummiyat</i> [35]	

*Arq* is thought to be the invention of Arabs [37]. Evaporation, the first step of distillation was well known to the ancient Greeks. Ibn Sina mentioned in his *Meteorologica* that pure water may be obtained from sea water through evaporation. However, he didn't describe any practical method to condense the vapours [38]. Condensation, the second step of distillation was introduced around 8th century A.D. by the Arab alchemist Jabir Ibn Hayyan [38, 39], who added to the boiler (main vessel) an *alembic* (secondary vessel) connected by a side tube; the effect was to trickling down the purified liquid in *alembic* [38]. The word '*alembic*' is derived from the metaphoric meaning of "that which refines; which transmutes", through distillation [39].

**Advantages of Arq:** The *arq* is *lateef*, easily metabolised and hence may act fast [37]. Its shelf life is more [40], taste and smell is comparatively less unpleasant. In addition, the polyherbal formulations have synergistic, potentiative, antagonistic or agonistic pharmacological agents within itself, that work together in a dynamic way to produce therapeutic efficacy with minimum side-effects [10].

## CONCLUSION

Pelvic inflammatory disease is one the most common infection of reproductive age women. It is attributed to the ascending spread of microorganisms from the lower genital tract to the endometrium, fallopian tubes and/or contiguous structures. About 10-20 per 1000 fertile women suffers from PID. It is associated with major long term sequelae, including tubal factor infertility, ectopic pregnancy and chronic pelvic pain. In conventional medicine, antibiotics are available for its treatment but chances for adverse effects and antibiotic resistance with increase recurrence rate limits their use. In classical Unani literature, combination of herbal drugs is the recommended treatment for PID which is probably the most ancient "multi-drug therapy" regimen, where one compound either potentiates the effect of other, or increases the bioavailability, or reduces the toxicity. In USM effective treatment is available with fewer side effects and recurrence rate; but experimental studies were conducted on few Unani medicines, that too on small number of patients with variations in dosage & duration of treatment. Hence, future trials are recommended on large sample size for longer duration to prove the efficacy and safety of Unani drugs in the management of *warme rehm*.

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