



To determine the efficacy and safety of herbal Tampon (*Humool-ταμπόν*) for the management of *Sala-e-raham* (Fibromyoma) at Govt. Nizamia Tibbi college and hospital Hyderabad-A Scholarly Article

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Abstract

Uterine fibroids are common reproductive-age benign tumors that contribute to severe morbidity and infertility. Cumulative incidence is 4 times higher in African-Americans compared to Caucasians and constitutes a major health disparity challenge. Fibroids are the leading indication for hysterectomy and their management averages \$21 billion annually in the US. No long term minimally invasive therapies exist. Thus, promising drug therapies, their chemistry, pharmacology, and clinical efficacy, focusing first on innovative drug delivery approaches, are reviewed. Despite the occurrence of vaginal ulcers, mucosal alterations, and toxic shock syndrome, large numbers of women continue to find vaginal tampons an acceptable and convenient method of menstrual protection. Government agencies and consumer groups are aware of the potential problems associated with tampon use and are actively concerned with surveillance and public education. Tampon manufacturers have joined in this effort and continue to seek methods of improving their product and decreasing the risks associated with the use and abuse of vaginal tampons.

Keywords: History and background of Tampon, Ancient Tampon, and Herbal drug Tampon, Efficacy of Tampon in Female, Sala-e-Raham, Tampon in management of Myoma and Fibromyoma,

I. Introduction of Tampon.

A **Tampon** is a menstrual product designed to absorb blood and vaginal secretions by insertion into the vagina during menstruation. Unlike a pad, it is placed internally, inside of the vaginal canal. Once inserted correctly, a tampon is held in place by the vagina and expands as it soaks up menstrual blood. However, in addition to menstrual blood, the tampon also absorbs the vagina's natural lubrication and bacteria, which can change the normal pH, increasing the risk of infections from the bacterium *Staphylococcus aureus*, which can lead to toxic shock syndrome (TSS). TSS is a rare but life-threatening infection that requires immediate



Fig. 1 Modern various type of Tampon -A common most device to control female Mensuration cycle Bleeding

medical attention. The majority of tampons sold are made of rayon, or a blend of rayon and cotton, along with synthetic fibers. Some tampons are made out of organic cotton. Several countries regulate tampons as medical devices. In the United States, they are considered to be a Class II medical device by the Food and Drug Administration (FDA). They are sometimes used for hemostasis in surgery.

II. History and Background of tampons in the ancient world.

There is a common misconception that tampons were used in the ancient world, particularly ancient Greece, in much the same way as today. This history of tampons is unfortunately a myth. As I previously discussed in an article on periods in ancient Greece, there just isn't sufficient evidence for this. But we do know that multiple ancient civilizations did use items similar to tampons for other purposes. In ancient Egypt, they used papyrus to make them. The Greeks borrowed the idea and used lint for their versions, while the Romans followed the trend, using wool. In what is now called Indonesia, they used vegetable fibres. And ancient African communities outside of Egypt often used rolled grass. However, these tampons were not used for absorbing menstrual blood. The Egyptians used them for treating gynecological problems, and also used pessaries of elephant or crocodile dung as a contraceptive. The Romans used them for similar purposes, though they unfortunately probably caused infections. There are even fourth century Sanskrit texts which suggest that in ancient India, they used tampons made of oil and rock salt as contraceptives, since rock salt is a spermicide. Evidently, while the item and shape itself is ancient, its modern use is relatively recent.

Women have used tampons during menstruation for thousands of years. In her book *Everything You Must Know about Tampons* (1981), Nancy Friedman writes, here is evidence of tampon use throughout history in a multitude of cultures. The oldest printed medical document, Ebers Papyrus, refers to the use of soft papyrus tampons by Egyptian women in the fifteenth century B.C. Roman women used wool tampons.

Women in ancient Japan fashioned tampons out of paper, held them in place with a bandage, and changed them 10 to 12 times a day.



Fig. 2 Tampon used in ancient Greek and Roman Physician for queen and Princess



Fig. 3 Specific female Nurses appoint to insert Tampon used queen and Princess

Traditional Hawaiian women used the furry part of a native fern called hapu'u; and grasses, mosses and other plants are still used by women in parts of Asia and Africa. R. G. Mayne defined a tampon in 1860 as: "a less inelegant term for the plug, whether made up of portions of rag, sponge, or a silk handkerchief, where plugging the vagina is had recourse to in cases of hemorrhage." Earle Haas patented the first modern tampon, Tampax, with the tube-within-a-tube applicator. Gertrude Schulte Tenderich bought the patent rights to her company trademark Tampax and started as a seller, manufacturer, and spokesperson in 1933. Tenderich hired women to manufacture the item and then hired two sales associates to market the product to drugstores in Colorado and Wyoming, and nurses to give public lectures on the benefits of the creation, and was also instrumental in inducing newspapers to run advertisements. In 1945, Tampax presented a number of studies to prove the safety of tampons. A 1965 study by the Rock Reproductive Clinic stated that the use of tampons "has no physiological or clinical undesired side effects".

III. Design and packaging



Fig. 4 Tampon –Shape size and varieties of Tampon



Fig. 5 Tampon- applicator to insert into vaginal Portion

A tampon with applicator. The elements of a tampon with applicator. Left: the bigger tube ("penetrator"). Center: cotton tampon with attached string. Right: the narrower tube. Tampon design varies between companies and across product lines in order to offer a variety of applicators, materials and absorbencies. There are two main categories of tampons based on the way of insertion - digital tampons inserted by finger, and applicator tampons. Tampon applicators may be made of plastic or cardboard, and are similar in design to a syringe. The applicator consists of two tubes, an "outer", or barrel, and "inner", or plunger. The outer tube has a smooth surface to aid insertion and sometimes comes with a rounded end that is petaled. Differences exist in the way tampons expand when in use: applicator tampons generally expand axially (increase in length), while digital tampons will expand radially (increase in diameter). Most tampons have a cord or string for removal. The majority of tampons sold are made of rayon, or a blend of rayon and cotton. Organic cotton tampons are made from only 100% cotton. Tampons may also come in scented or unscented varieties.

IV. Absorbency ratings.

The main elements of a tampon depicted, labeling the tampon, plunger, barrel, finger grip, and string. Two water drop marks mean that the absorbency is between 6 and 9 g. **In the US** Tampons are available in several absorbency ratings, which are consistent across manufacturers in the U.S. These differ in the amount of cotton in each product and are measured based on the amount of fluid they are able to absorb. The absorbency rates required by the U.S. Food and Drug Administration (FDA) for manufacturer labeling are listed below.

No. of Items.	Ranges of absorbency in grams	Corresponding term of absorbency
1	6 and under	Light absorbency
2	6 to 9	Regular absorbency
3	9 to 12	Super absorbency
4	12 to 15	Super plus absorbency
5	15 to 18	Ultra absorbency
6	Above 18	No term

V. Towards the Modern Tampon

Like the ancient civilizations, tampons in the eighteenth and nineteenth centuries were still largely used for medicinal purposes, such as applying medicines to the vaginal area. Towards the end of this period, Paul F. Munde, an American gynecologist, put forth eight uses for tampons. Medicinal purposes were considered the most important. The eighth use mentioned was the absorption of vaginal discharge, but even then, it was abnormal vaginal discharge; menstrual blood was not yet considered. Furthermore, Francis Place argued in *Illustrations and Proofs of the Principle of Population* (1822) that tampons could be used for contraception. The *Lancet*, a respected medical journal, published this treatise, telling us that this was genuine medical advice. But there was still no indication of them being used for menstruation itself at this point in the history of tampons. Menstruators tended to handle their periods at home or on the farm, so the tampon was not yet needed. It wasn't until the First World War, when people had to fill in jobs in factories, that Menstruators started using menstrual products. They were needed to provide comfort and privacy while working long hours. Then in 1931, the Colorado doctor Earle Haas invented the cardboard applicator tampon. Businesswoman Gertrude Tendrich bought the patent, produced, and distributed it, which was the beginning of the modern company Tampax. Meanwhile, the non-applicator tampon was invented by the German gynaecologist, Doctor Judith Esser-Mittag. But throughout the 1930s, there was concern about menstruators touching themselves at all in their vaginal area, especially young people. There was even fear that tampon use could cause orgasmic pleasure, leading to backlash from religious leaders. Even some gynaecologists took issue with tampons.

VI. Progress in the History of Tampons

There were major wins in the history of tampons in the later decades of the twentieth century. Their popularity continued to grow despite opposition. Notably, American sales soared after the National Association of Broadcasters decided in 1972 to remove its ban on TV adverts for tampons. But there were also pitfalls. In the 1970s and 1980s, tampon companies brought out more absorbent products, like the product Rely. This was shaped like a tea bag and could absorb all the blood in an entire cycle. However, it used synthetic fibers and faced lawsuits for several design flaws, particularly its linkage to toxic shock syndrome. In fact, in the US between 1979 and 1983, the Centre for Disease Control and Prevention documented 2,200 cases of toxic shock syndrome. These were overwhelmingly linked to the use of tampons. Tampon companies scrambled to fix their design, but a lot of damage was done to their reputation. Additionally, backlash in the 1990s saw feminists condemning the use of dioxin, a carcinogen, in tampons' production. Major tampon brands switched processes to fix this, but trace amount of dioxin remain a concern. The history of tampons has not always been wholly safe.

Fibromyoma are benign tumours that grow in the uterus. They could be multiple, of varying sizes, of different types and could be in different locations. These may also be referred to as myoma, leiomyoma, leiomyomata, and fibroids. Tampons are generally used to control Myoma, Fibromyoma since ancient Greek, Roman and unani systems of medicine.

VII. Methodology;-

The study entitled “**A Research study of Tampon in the management of *Sala-e-Raham* (Uterine Fibroid) in Govt. Nizamia General Hospital Hyderabad**” was conducted in the Dept. of Ilmu-Qabalat-wa Amraz Niswan Govt. Nizamia General Hospital Hyderabad during October 2015-June-2017.

A. Study Design'

Randomized single blind trial with pre and post Test evaluation. The patients will be selected on the basis of clinical screening and ultra sound imaging

B. Duration of Study: 18 months

C. Sample Size:

40 patients.

D. Ethical clearance:

The study protocol was approved by institutional ethical committee, GNTC HYDERABAD after which the study was started.

E. Method of Collections Of Data

- Clinical Interview
- Laboratory investigation.

F. Criteria for the Selection Of Subject:

The patients were enrolled in the study after filling the following criteria.

- Inclusion Criteria.
 - Age women of reproduction age with age group of 20 years-50 yrs.
 - Married women in non-pregnant state.
 - Infertility.
 - Symptomatic fibroids i.e., menorrhagia and pressure symptoms.
 - Asymptomatic fibroid causing pressure on the ureter i.e., Broad ligament fibroid.
 - Ultra sound reports with myoma size of > 6cm
- Exclusion criteria:
 - Myoma of < 6 cm size
 - Menopausal women and women above 50 years.
 - Myoma complicating pregnancy.
 - Malignancy of Genito urinary system.
 - Systemic disorders, cardio vascular disorders, acute renal failure.

G. Informed consent.

Patients fulfilling the inclusion criteria mentioned above were given the information sheet having details regarding the nature of study, the drug to be used and method of treatment, patients were given enough time to go through the study details mentioned in the information sheet. They were given the opportunity to ask any question and if they agree to participate in the study were asked to sign the informed consent.

H. Subject Allocation:

20 patients were randomly allocated by attending outpatient and inpatient of Govt. Nizamia General Hospital in to single group in standard control group.

I. Procedure of the Study:

Patient fulfilling inclusion criteria were enrolled in the study after obtaining Informed consent in each patient a detailed history was evaluated with basic information duration of pain, pressure of menorrhagia and the other associated symptoms are enquired, menstrual characterize regarding length or cycle, days of bleeding, amount of bleeding was calculated participant underwent a complete physical examination, including height, weight, BMI, And measurement of vitals. A pelvic examination was done as patient were sexually active. All the information was recorded in the case record from designed for the study were advised for necessary investigations.

J. Investigation:-

Routine, investigation: CBP (complete blood picture), blood sugar, CUE (Complete urine examination), LFT (Liver Function Test), HIV, Hbs Ag. USG ultra sono-graphy a myoma show specific features of a well define rounded tumor, hypoechoic lesion.

K. Duration of treatment: 3-6 cycles.

The primary outcome were decreased in the size of fibroid measured with well validated ultra sono-graphy and safety of test drugs evaluated by clinical examination and laboratory investigations. The secondary outcome variable was associated symptoms (menorrhagia, amenorrhea, white discharge paint the lower abdomen), subject assessment were done before the trail and after the trail on the basis of pain in lower abdomen), subjective assessment were done before and after the trail on the basis ultra sonography report.

L. Assessment and Follow Up During Study Period

The efficacy of munzij mushily therapy were passed by observing in the rating score of subjective and objective parameters. At every visit after menstruation for their consecutive months of treatment and one month of follow up the objects were asked about the improvement or worsening in their symptoms which were recorded in the case record form. After completion of the trial, the pre and post treatment values were statistically analyzed and compared to evaluate the efficacy and safety of the treatment.

VIII. TAMPOON:

A. Ingredients of Tampon

Roghan-e- zaitoon	(Olive oil)	-10ml
Marham-e- Daqilon		-10 gm

B. Preparation of Marham-e-Daqilon:-

1. Roghan-e-Zaitoon	(Olive oil)	60 gms
2. Murdar Sang	(Red oxide)	20 gms
3. Tukum-e-khatmi	(Althaea officinalis)	20 gms
4. Tukum-e- katan	(Linum usitatissimum)	20 gms
5. Tukum-e-mako	(Ocimum basilicum)	20 gms
6. Tukum-e-hulba	(Fenugreek greens)	20 gms
7. Isapghol	(Plantago ovate)	20 gms
8. Mom-e-zard	(Apis Malifera)	20 gms

C. Procedure:-

1. Heat the oil.
2. Add Tukhme khatmi, Tukhme katan, Tukhme mako, Tukhme hulba, Isapghol.
3. Add murdar sang and stir it vigorously.
4. Add mom-e-zard to make it a paste.
5. Heat it till it becomes semi solid paste.
6. Store it cool and dark place.

D. Usage and timings: -

Form D5 -to- D15 of menstrual cycle. Duration of Administration. Irrespective of group the trial drugs are given for three consecutive menstrual cycle. The clinical review and biochemical test like CBP. CUE and ESR RBS are done. The radiography imaging is done at the end of three cycles. The details of which are mentioned in special case records.

IX. Herbal drugs Ingredients Description.

A. Murdar Sing Herb (Red Oxide)

Murdar Singh or Murdar Seng (scientific name: Triplumbic Tetroxide) is herb used for skin health and beauty purposes. It comes in solid rock form usually but also available in powder form. It is used in face masks and beauty formulas for achieving glowing and beautiful skin. It is easily available at any hakeem or pansar shop. Murdar Sing Herb known in Pakistan and India as Murdaar sang. Murdar Sing Herb Meanings in Urdu is known as "مردار سنگ". Murdaar sang in English is "Murdar Sing Herb". The price of Murdar Sing Herb may vary depending on the brand and quantity. Murdar Sing Herb should be stored in an airtight container in a cool, dry place. This helps maintain their freshness and prevents them from becoming stale.



Fig. 6 Murdar sang- used in Tampon to control Bleeding

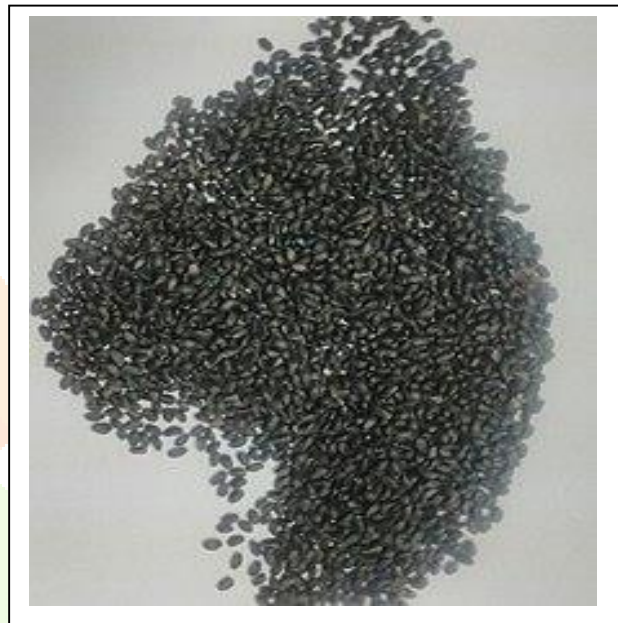


Fig. 7 Tukhme konch or maker seed used in Tampon to control Bleeding

B. Basil seed (Tukhme konch or maker)

Basil seed (*Ocimum basilicum*) is the general term used to refer to the seeds of a few species of herb plants (basil). Generally, these seeds are small, black with a mild, nutty flavor and gel-like texture when soaked in water for 15 minutes. These seeds are commonly used in freshly prepared fruit drinks, sharbats, smoothies, salads, soups, desserts, and baked goods. The term "basil seed" can be confusing because it can refer to the seeds of two different plants: sweet basil and holy basil. Sweet basil is the most common type of basil, and its seeds are often used in cooking. They are small and black in appearance. They have a mild, nutty flavor and are often used in Indian cuisine. They can also be soaked in water and added to smoothies (like faloodas) or yogurt. Holy basil seeds are often used in tea or supplements. The seeds are slightly larger than sweet basil seeds and have a slightly bitter flavor.

C. Fenugreek greens (Tukhme hulba)

Fenugreek (*Trigonella foenum*) is an annual plant in the family Fabaceae, with leaves consisting of three small obovate to oblong leaflets. It is cultivated worldwide as a semiarid crop. Its seeds and leaves are common ingredients in dishes from the Indian subcontinent, and have been used as a culinary ingredient since ancient times. Its use as a food ingredient in small quantities is safe. Although sold as a dietary supplement, there is no clinical evidence that fenugreek has therapeutic properties. Commonly used in traditional medicine, fenugreek can increase the risk of serious adverse effects, including allergic reactions.



Fig. 8 Fenugreek seeds- used in Tampon to control Bleeding



Fig. 9 Thukhte Khatmi - used in Tampon to control Bleeding

D. Thukhte Khatmi (*Althaea officinalis*)

Althaea officinalis, the **marshmallow**, is a species of flowering plant indigenous to Europe, Western Asia and North Africa, which is used in herbalism and as an ornamental plant. A confection made from the root since ancient Egyptian times evolved into today's marshmallow treat, but most modern marshmallow treats no longer contain any marsh-mallow root.

E. Bees wax(Mom Zard)

Beeswax (also known as **cera alba**) is a natural wax produced by honey bees of the genus *Apis*. Bees wax are prepared by Honey comb naturally. In India 37 tones Honey are prepared by Honey forming. Naturally Honey are prepared in the Forest. Honey are available in verities on which plant its prepared.

The wax is formed into scales by eight wax-producing glands in the abdominal segments of worker bees, which discard it in or at the hive. The hive workers collect and use it to form cells for honey storage and larval and pupal protection within the beehive. Chemically, beeswax consists mainly of esters of fatty acids and various long-chain alcohols. Beeswax has been used since prehistory as the first plastic, as a lubricant and

waterproofing agent, in lost wax casting of metals and glass, as a polish for wood and leather, for making candles, as an ingredient in cosmetics and as an artistic medium in encaustic painting.

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Beeswax is edible, having similarly negligible toxicity to plant waxes, and is approved for food use in most countries and in the European Union under the E number E901. However, due to its inability to be broken down by the human digestive system, it has insignificant nutritional value.



Fig. 10 Mom zard (Bees was) used in Tampon to control Bleeding



Fig. 11 Isapgoal used in Tampon to control Bleeding

F. Isapgol.

Plantago afra, a member of the plant family from which psyllium can be derived **Psyllium**, or **ispaghula** is the common name used for several members of the plant genus *Plantago* whose seeds are used commercially for the production of mucilage. Psyllium is mainly used as a dietary fiber to relieve symptoms of both constipation and mild diarrhea, and occasionally as a food thickener. Allergy to psyllium is common in workers frequently exposed to the substance. Use of psyllium in the diet for three weeks or longer may lower blood cholesterol levels in people with elevated cholesterol,[†] and may lower blood glucose levels in people with type 2 diabetes. Use of psyllium for a month or longer may produce a small reduction in systolic blood pressure. The plants from which the seeds are extracted tolerate dry and cool climates, and are mainly cultivated in northern India.

X. Results and Tables

No.	Age in Year	No of Patient	Percentage
1	21-30 Year	12	30 %
2	31-40 Year	23	57.5 %
3	41-50 Year	5	12.5 %
	Total	40	100 %

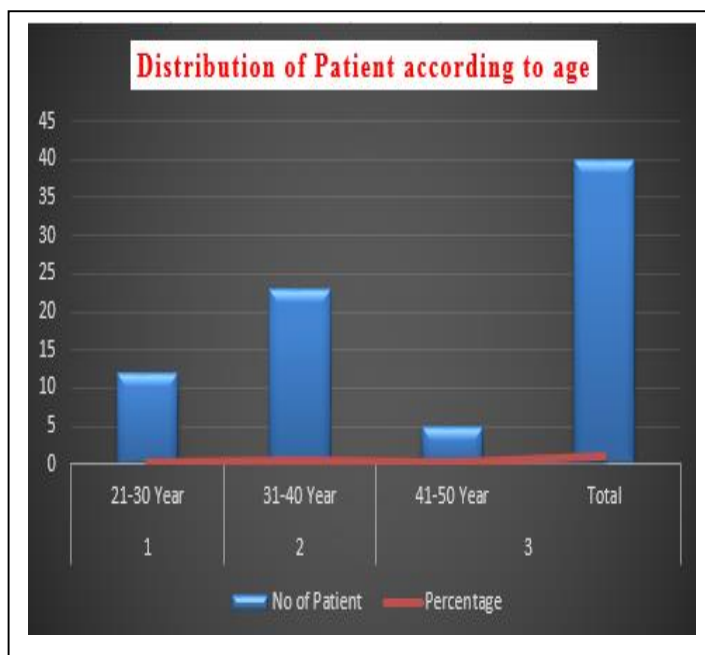


Table No. 1. Showing the distribution of Patient according to age

Graph No. 1 Showing the distribution of Patient according to age

No.	Socio Economic Status	No of Patient	Percentage
1	Class I	1	4 %
2	Class II	19	46 %
3	Class III	20	50 %
	Total	40	100 %

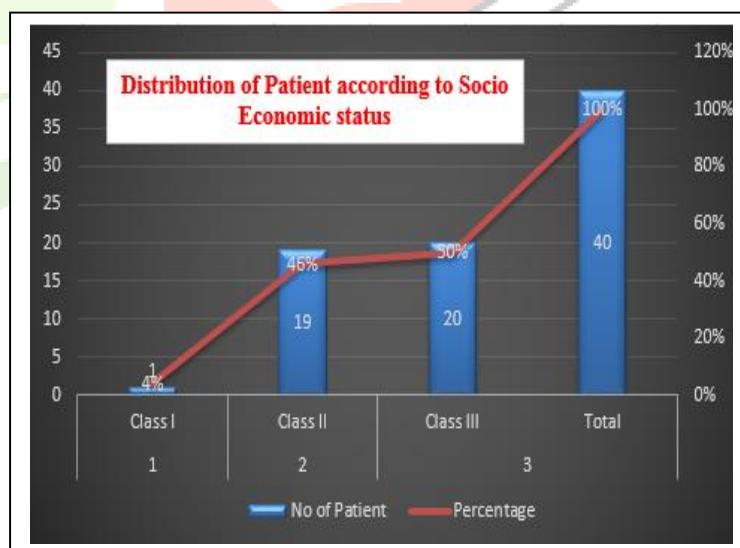


Table No. 2 Table showing the distribution of Patient according to

Graph No. 2 Showing the distribution of Patient according to Socio Economic status

No.	Occupation	Number of Patient	Percentage
1	House Wife	36	90 %
2	Labor	04	10 %
	Total	40	100 %

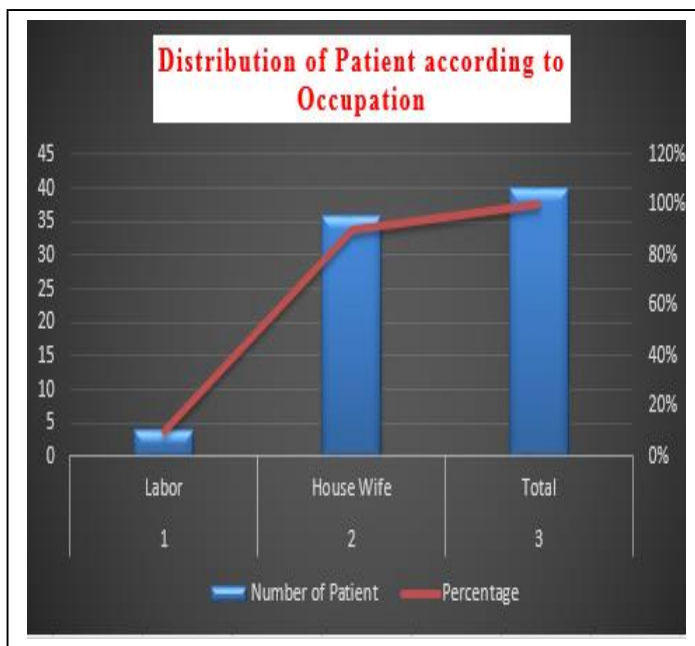


Table No. 3 Table showing the distribution of Patient according to Occupation

Graph No. 3 Showing the distribution of Patient according to Occupation

No	BMI	No. of Patient	%	Mean + - SD
1	>18.5 (Under Weight)	01	2.5 %	18.0 + - 0
2	18.5 to 24.9 (Normal weight)	15	37.5 %	22.7 + -1.7
3	25.0 to 29.9 (Overweight)	14	35.0 %	27.0 + - 1.4
4	>29.9 (Obese)	10	25.0 %	38.9 + - 4.2
	Total	40	100	27.4 + - 5.9

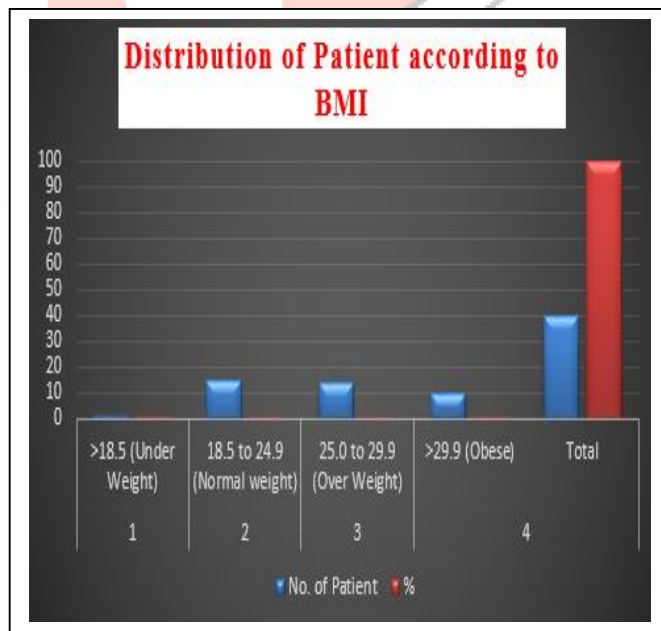


Table No. 4 Table showing the distribution of Patient according to BMI

Graph No. 4 Showing the distribution of Patient according to BMI

No.	Nutritional status	Number of Patient	Percentage
1	Well Nourished	12	30 %
2	Average Nourished	27	67.5 %
3	Mal Nourished	01	2.5 %
	Total	40	100

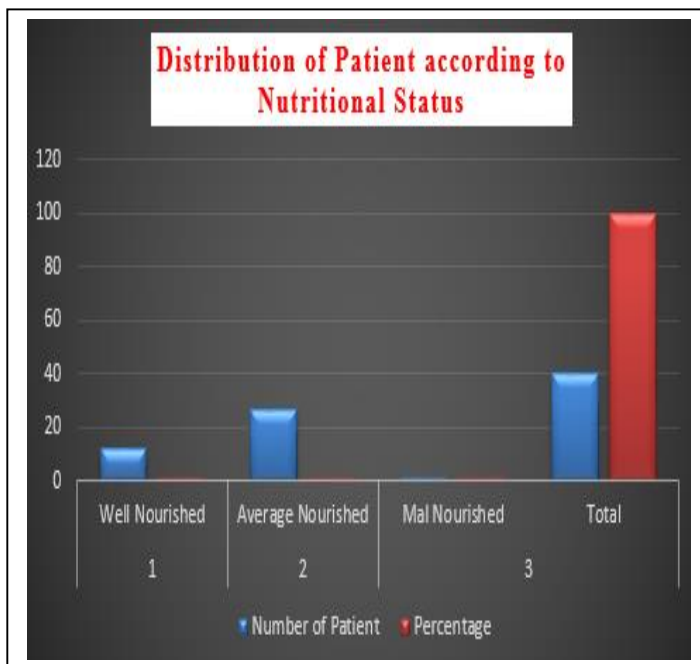


Table No. 5 Table showing the distribution of Patient according to Nutritional Status

Graph No. 5 Showing the distribution of Patient according to Nutritional Status

No.	Mizaj or Temperament	Number of Patient	Percentage
1	Damavi	0	0 %
2	Balghami	38	95 %
3	Sufravi	0	0 %
4	Saudavi	02	5 %
	Total	40	100

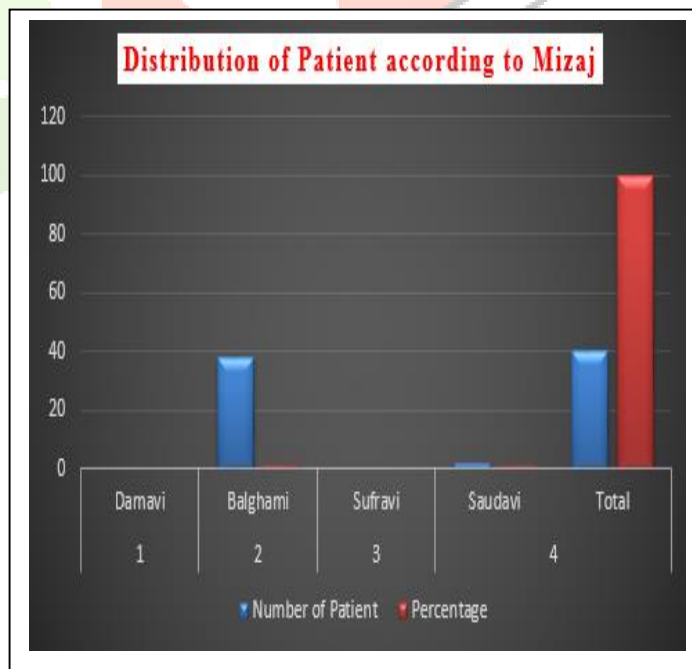


Table No. 6 Table showing the distribution of Patient according to Mizaj

Graph No. 6 Showing the distribution of Patient according to Mizaj (Temperament)

No.	Parity	Number of Patient	Percentage
1	Nallipara	9	22.5 %
2	P1-P3	21	52.5 %
3	P4-P6	8	20 %
4	P7-P9	2	5 %
	Total	40	100

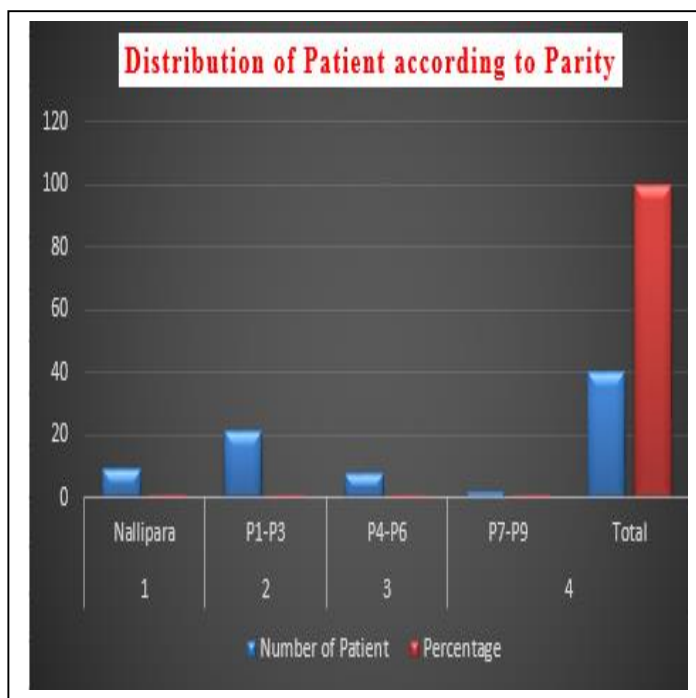
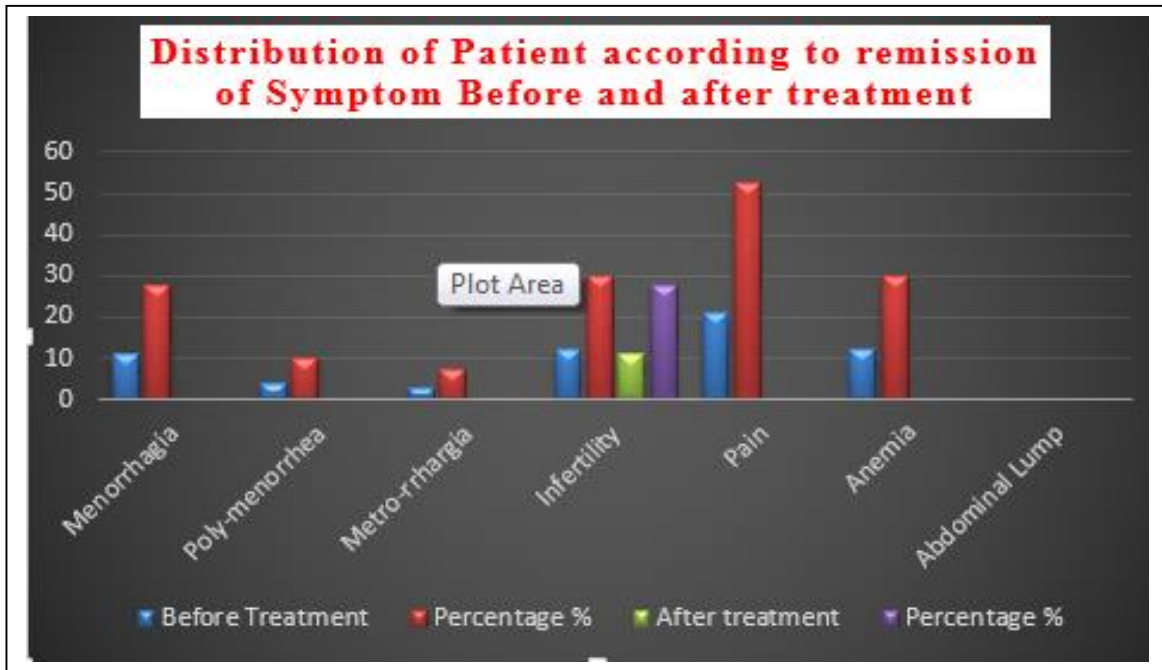


Table No. 7 Table showing the distribution of Patient according to Parity

Graph No. 7 Showing the distribution of Patient according to Parity

No.	Symptoms	Number of Patient				
		Before Treatment	After Treatment	Remission (%)	χ^2 Test	P-Value
1	Menorrhagia	11	0	11(100.0)	18.182	0.00002
2	Poly-menorrhea	4	0	4(100.0)	4.50	0.0339
3	Metro-rrhargia	3	0	3(100.0)	2.667	0.1024
4	Infertility	12	11	1(100.0)	0.0	1.0000
5	Pain	21	0	21(100.0)	38.095	<0.00001
6	Anemia	12	0	12(100.0)	20.167	<0.00001
7	Abdominal Lump	0	0	0(100.0)	-	-

Table No. 8 Table showing the distribution of Patient according to remission of Symptom Before and after treatment



Graph No. 8 Showing the distribution of Patient according to remission of Symptom before & after treatment

No.	Response	Number of Patient	Percentage
1	Cured	14	35.00
2	Not Cured	26	65.00
3	Relived	0	0.00
	Total	40	100

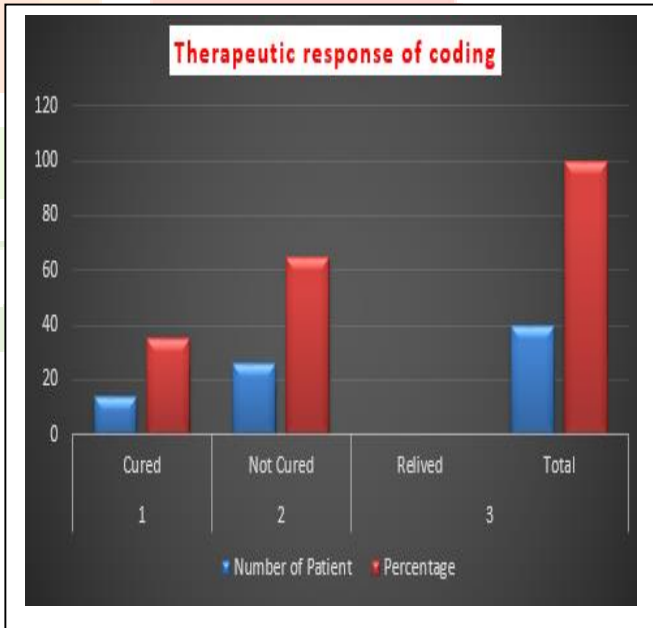


Table No. 9 Table showing the Therapeutic response of coding

Graph No. 9 Showing the Therapeutic response of coding

Discussion

A. Pressure symptoms:

The following urinary symptoms may be present;

- I. Frequency may result from extrinsic pressure on bladder.
- II. Partial urethral obstruction may be caused by pressure from large tumors at the pelvic brim. Reports suggest some degree of urethral obstruction in 30%- 70% of tumors above the pelvic brim. Ureteral compression is three to four the pelvic brim. Reports suggest some degree of urethral obstruction in 30%-70% of tumors above the pelvic brim. Ureteral compression is three to four times more common on the right, because the left ureter is protected by sigmoid colon.
- III. Rarely, complete urethral obstruction results from elevation of the base of the bladder by the cervical canal or lower uterine fibroid with impingement on the region of the internal sphincter.
- IV. Blood vessels: pressure in the iliac veins may cause edema or varicosity in the lower extremity, or venous thrombosis due to stasis in the external iliac vein or the femoral vein and its tributaries.
- V. Nerves: nerves are not often compressed. Sciatica is uncommon in association with fibroid.
- VI. Intestines: intestinal obstruction is rare, it may occur if the rectum or pelvic codon is compressed by a hard and immobile fibroid, especially by a calcified fibroid.

B. Leucorrhea:

It is very rare and is of little diagnostic value. It occur as a result of endometrial hyperplasia. It is usually profuse, thin, watery, and sometimes blood stained. Occasionally found foul smelling when there is ulceration or gangrene of the tumor.

C. Post-menopausal:

In women who have been receiving regular gynecological care, the discovery of a new pelvic mass after menopause is vary, some because the likely hood of malignant neoplasm is high if it is an ovarian Tumor. Many postmenopausal women have not had regular gynecological care, however, so the discovery of a mass may reflect the persistence of uterine fibroid that have not previously been discovered. Thus, a review of medical records may be helpful in determining the pre-existence of a benign pelvic mass. Uterine fibroids are hormonally responsive and typically of a benign pelvic mass. Uterine fibroids are hormonally responsive and typically decrease in size or resolves after menopause. An increased risk of fibroid has been demonstrated with the menopausal use of hormone therapy, and fibroid may be less likely to decrease in size or even to increase in size with hormone therapy¹: 26 other benign masses can occur in this age group, including paraovarian cyst and unusual tumor, such as benign retroperitoneal cyst of mullerian type³. The risk of uterine fibroid increase with age, and benign fibroid may coexist with fibroid.

In present study which was done on 40 patients of uterine fibroid shows no reoccurrence. Some Indications for the use of GnRH agonist in women with fibroid are as follows.

- I. Preservation of fertility in women with large fibroid before attempting conception or pre-operative treatment before myomectomy
- II. Treatment of anemia to allow recovery of normal hemoglobin levels before surgical management, minimizing the need for transfusion or allowing Auto logous blood donation.
- III. Treatment of women approaching menopause in an effort to avoid surgery.
- IV. Pre-operative treatment of large uterine fibroid to make vaginal hysterectomy, hysteroscopic resection or ablation or, laproscopic dissection more feasible.
- V. Treatment of women with medical contra indications to surgery.
- VI. Treatment of women with personal or medical indications for delay in surgery. Munzij wa Mushil therapy is indicated for all the above situations in addition to the above situations, it is better to use this therapy in comparison with GnRH agonist, thus reduces the other side effects caused by GnRH therapy.

Therapies combining GnRH agonist with oestrogen add-back therapy (estrogen- progestin, progestin alone and recently Tibolone) have shown promise in reducing in side effects of agonist therapy alone, although this therapy is a costly alternatively (238,239). Tibolone, a synthetic steroid with pro gestational, and androgenic activity, has been widely used outside the United states for treatment of menopausal symptoms: it is due with GnRH agonist as add-back therapy holds promise for long time therapy (240, 243) Selective estrogen or progesterone receptor modulator, Gn RH antagonist, anti-progestins such as Mefiprestones, and other non-hormonal medications hold for further therapy are under investigations. As the rule of growth factor in fibroid associated bleeding elucidated treatment targeted at the growth factor or if receptor may prove useful. In addition, as molecular biology and genetics of fibroid are better understood, newer non-surgical therapy may be developed. In Modern GnRH in combination with other drugs are given now a days, but Ancient Unani Hakeems has given many combination formulations, mentioned in literature for treating fibroid are Munzij- Mushil + Humool + Zimaad, Zimaad has to be applied on the supra pubic region.

Munzij drugs include Munzij-e-balgham

Advia. wa Munzij-e-Sauda Aftemoon, Wilayati. Gule banafsha, Gauzaban, Gul e surkh, Tuqm e kazoos, Tuqm e kharbaza, Badiyan, Mundi, Shahitra, Parsioshan.

RU-486 (Mifepristone) 50 mg daily for three months causes amenorrhoea and shrinkage of the tumor by 50 %. Mifepristone is a 19-nor steroid derivative of synthetic progesterone, nor-ethindrone. The drug binds to receptor on the cell nucleus and block progesterone action at the target organ. 85 % of the drug is absorbed after oral therapy, peak level is reached in 1-2 hours. The half-life is 24 hours and the drug is excreted in bile and feces. Administration during the first three days of follicular phase has no effect on the menstrual cycle. Given in the late follicular phase, LH secretion is suppressed and ovulation does not occur.

In the present study it was observed that shrinkage of the uterine fibroid occurs without causing menstrual abnormality like amenorrhea which is caused with the use of mifepristone, thus it is safe to use Unani drugs for the treatment of Uterine fibroid.

Danazol 400-800 mg daily for 3-6 months reduces the size of the tumor. However development of hirsutism and other side effects, as well as the cost preclude its routine use.

The present study was also carried out for the duration of 3-6 months, because according to Atibba, it is a Warm Sulb caused due to Balgham-e-Ghaleez and Raddi maddi, hence it requires long term treatment, but in this study the side effects which are caused due to the use of Danazol like Hirsutism.

Summary

Sala'e-raham is a common and underappreciated problem. Although it is life threatening. It can be debilitating, affecting the quality of life in 60-90% of females and psychologically taxing for many women. Thus, fibroid is not a trial complaints as a result of its high prevalence and adverse impact, this complain should be considered an important target for reproduction health program. In spite of several effective therapies such as analgesic and oral contraceptives, the consequences of fibroid remain or challenge to public health worldwide. Therefore, it needs treatment. Munzij mushil therapy it in use since antiquity for uterine fibroid but validation and documentations was sparse. Thus, the present single randomized blind study was conducted to assess the efficiency and safety of munzij mushil therapy in the management of uterine fibroid.

A total of 40 diagnosed subjects were randomly assigned to the admission. In a trial group munzij were administered twice daily from D5-D25 of menstrual cycle, zimad on abdomen every alternately, tampon from D7 -D17 of menstrual cycle, these intervention were given for three consecutive cycles. The effect of treatment was observed by assuring the primary and secondary outcomes for three to six months. The bio chemical and safety parameters were done pre and post treatment in trial group to assess safety. Clinical and laboratories findings were analyzed statistically are significant.

Baseline parameters, demographic data and effect of treatment on primary and secondary out comes before and after trial are summarized.

- Base line parameters: The group were homogeneous in terms of age, age of monarch, duration of cycle, duration of pain, menorrhagia, Anemia and abdominal lump and biochemical para meters before intervention.
- Age:-78.33% subjects were between 31 - 40 years.
- Mizaj; 70 % subjects had balghami mizaj.
- Socio economics status: 78.33% subjects were from the upper middle class.
- Marital status: all subjects were married.
- Effect on primary outcome: The trial group comparison of score for menorrhagia. follow up from the base line was statistically strongly significant ($P > 0.002$) showing that study group was effective in reducing menstrual disturbance The trial group was statistically significant showing more effectiveness of munzij in reducing menstrual disturbance.
- The percentage of pain reduction was 66.89% and correction of menstrual disturbance 72.86% respectively at the end of 3 months of treatment.

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