

Case Report

Effect of Herbal Formulae in the treatment of *Sal'a al-Rahim* (Uterine Fibroids)Zainab Zubair^{1*}^{1*} Consultant (Board Certified), National Ayurveda Teaching Hospital, Colombo-08, Sri Lanka.

ABSTRACT

Introduction: *Sal'a al-Rahim* (uterine fibroids) are the most prevalent benign tumor of the uterus and the most common benign solid tumor in women, with a cumulative prevalence of 70–80% during the reproductive years. They account for approximately 29% of gynecological illness hospitalizations in females aged 15 to 54. Since the only definitive treatment is hysterectomy in modern medicine, 40–60% of all hysterectomies and 18–44% of hysterectomies in young women are caused by uterine fibroids. Recurrent pregnancy loss is an important symptom of uterine fibroids.

Case Presentation: A 36-year-old married woman visited the Gynecology (Unani) Out Patient Department (OPD) complaining that she was desperate to become pregnant and carry her pregnancy to term because she had previously had two habitual abortions in the previous seven months, the most recent of which had occurred about a month ago. She was also suffering from severe dysmenorrhea for approximately a year, along with heavy menstrual bleeding with clots. Two fibroids were detected in the fundus during her transabdominal scan (TAS); the larger of the two measured 2 x 2 cm in the posterior wall and 1.6 x 1.7 cm in the anterior wall. While *Sarshapadi* oil was administered for local application on the lower abdomen, *Itrifal Ghudadi* (5 g twice daily after meals) and *Majun Dabiduard* (5 g twice daily after meals) were prescribed internally. All of her ailments improved after receiving medication for around three months, and the two fibroids totally disappeared.

Conclusion: After three months of treatment, the TAS revealed that *Sal'a al-Rahim* can be effectively treated with Unani Medicine without experiencing any negative side effects.

Keywords *Sal'a al-Rahim*; Habitual abortion; Hysterectomy; Benign tumor; Unani Medicine

INTRODUCTION

Fibroids are the most prevalent benign tumor of the uterus and the most common benign solid tumor in women,¹ with a cumulative prevalence of 70–80% during the reproductive years.² Based on histological analysis, this tumor, also known as uterine leiomyoma, myoma, or fibromyoma, is made up of smooth fibrous connective tissue.

Uterine fibroids are thought to affect at least 20% of women over 30 years of age. Fortunately, half of them (50%) continue to show no symptoms. It is more common in the age range of 35 to 45 years.

The risk factors are nulliparity or single-child infertility, obesity, increased body mass index (BMI), polycystic ovarian syndrome (PCOS), hyperoestrogenemia, black women, high-fat diets, and family history, while on the contrary, multiparity, menopause, the use of combined oral contraceptives, and smoking lower the risk.

Fibroid grows slowly, taking three to five years to enlarge to the point where it may be felt per abdomen. However,

during pregnancy, the fibroid grows rapidly.

The types are categorized based on where they occur, either in the uterine body or cervix. Uterine Body: Interstitial or Intramural (75%), Subperitoneal or Subserous (15%) (Subserous, Broad ligament/ pseudo, and Wandering/ Parasitic), and Submucous (5%) (Sessile and Pedunculated/ Polyp). Uterine Cervix: Anterior, Posterior, Central, and Lateral.

The majority (75%) are asymptomatic, while others show symptoms like menstrual abnormalities (menorrhagia, metrorrhagia, and dysmenorrhea), dyspareunia, subfertility (30%), pressure symptoms, recurrent pregnancy loss (miscarriage, preterm labor), lower abdominal or pelvic pain, abdominal enlargement, etc.¹

The most effective treatment for leiomyoma is hysterectomy. However, there is a higher probability of negative consequences.³ For women of childbearing age, particularly those who wish to preserve their fertility, this is not desirable in all circumstances. The alternative is myomectomy, which, on the other hand, is controversial in that it may affect a woman's ability to become pregnant in the future and frequently results in myoma recurrences.⁴

As a result, patients are seeking out complementary and alternative therapies.³ Uterine fibroids are responsible for around 29% of gynecological illness hospitalizations in females between the ages of 15 and 54. Furthermore, 40–60% of all hysterectomies and 18–44% of hysterectomies in young

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women are caused by uterine fibroids.⁵

The tumors are similar to *Sal'a* in the Unani system of medicine and are typically associated with *Waram al-Balghamī* (phlegmatic swelling), which is surrounded by a sac of membranous tissue.² Scholars of Unani medicine speculated that *Sal'a* are either *Salīma* (benign) or *Khabītha* (malignant) based on their symptoms.

Sal'a Salīma (benign tumor) is a well-defined, growth that resembles the organ, is localized, infiltrates the organ, causes pressure symptoms, is treatable without recurrence, and the matter does not spread to the local nodes or cause pus accumulation.⁶ Disease is brought on by variations in the quantity and quality of *Khilṭ Balgham* (phlegmatic humor) as well as their impact on an organ's or person's *Mizāj* (temperament). This benign swelling is so-called *Balghamī* (phlegmatic), since the accumulation of abnormal *Balgham* (phlegm) in the *Raḥim* (uterus) causes *Sal'a al-Raḥim* (uterine fibroids).^{7,8}

Razi (860-925) claimed that *Sal'a* is a putrefied phlegm-filled phlegmatic tumor. Its sizes range from Bengal gram to watermelon.⁹

Since it is a swelling packed with viscous phlegm, Ali Ibn-e-Abbas Majusi (930–994) mentioned it under the term *Waram al-Balghamī* (phlegmatic swelling) (*Balgham-i-Ghalīz*). It is classified into four categories, namely *Sal'a Shahmīyya* (similar to fat), *Sal'a Asaliyya* (similar to honey), *Sal'a Ardahāliyya* (similar to flour), and *Sal'a Shīrāziyya* (similar to milk). It is treated with a concoction in order to evacuate the aberrant phlegm (*Nudj-o-Tanqīya-e-Balgham-e-Ghayr Ṭabīṭ*) in addition to the oral and topical application of anti-inflammatory medications (*Muḥallil-i-Waram Advia*) in the form of paste and ointment, respectively. If it fails, the best line of treatment is surgical removal.

Known as *Dunbula' i-Balghamī*, it was mentioned by Ibn-e-Sina (980–1037 AD) under the heading of *Sal'a* (tumor) and is distinguished by a lump filled with aberrant phlegm (*Ghayr Ṭabīṭ Khilṭ-i-Balgham*), which can be viscous and bloody or honey-like.¹⁰

Foods like milk and milk products, moist vegetables, etc. should be avoided when managing *Sal'a* (tumor), as these foods may produce phlegm.¹¹ The medicines with the properties of astringent (*Qabīd*), phlegm concoctive (*Mundij Balgham*), and resolvent/ anti-inflammatory (*Muḥallil-i-Waram*) should be used to dissolve the big fibroid. Resolvent/anti-inflammatory (*Muḥallil-i-Waram*) and astringent (*Qabīd*) drugs are used directly to treat soft swellings, while phlegm concoctive (*Mundij i Balgham*) and purgative of phlegm (*Mushil-e-Balgham*) drugs are administered first to make firm swellings soft before administering resolvent/anti-inflammatory (*Muḥallil-i-Waram*) and astringent (*Qabīd*) drugs. Surgery should be performed if the medicinal treatment is unsuccessful.^{7,8}

MATERIALS AND METHODS

Case Profile: A 36-year-old married woman arrived at the Gynecology (Unani) Out Patient Department (OPD) complaining that she was desperate to conceive and preserve her pregnancy to term because she had previously had two habitual abortions in the previous seven months, the most

recent of which had occurred approximately a month ago. Her menstrual cycle was irregular. She was also suffering from severe dysmenorrhea for approximately a year, along with heavy menstrual bleeding with clots.

Medical History: She is free of any systemic conditions, such as diabetes mellitus, hypertension, hyperlipidemia, thyroid dysfunction, familial history of benign or malignant tumors, etc.

Menstrual History: The age of menarche was 12 years; the cycle length was 28-40 days with a duration of flow of 7-8 days; and the average number of pads used per day was 5-6 (which were completely soaked) for 4-5 days. She used to pass clots with a size of about 1-2 cm in diameter and had severe dysmenorrhea for the past year.

Obstetric History: Married for 1.5 years. She has had two miscarriages. The first abortion was a missed miscarriage during 5 weeks of gestation in February 2023, and the second abortion was an incomplete miscarriage during 16 weeks of gestation in October 2023.

Coital History: 3-4 times per week, with no history of dyspareunia or post-coital bleeding.

Past Medical History: No history of blood transfusions, any chronic illness, or drug allergies.

Past Surgical History: None

Family History: No Family History of uterine fibroids.

Personal History: Her bowel movements and urine output were regular and normal; her appetite was good, and she had sound sleep.

Investigations done:

Before Treatment: (25/10/2023) (Investigated for Incomplete miscarriage)

- Urine for hCG: +ve
- Trans Vaginal Sonography: Uterus-Anteverted; Uterine Cavity-Empty; 2 Fibroids in Fundus: anterior wall - 1.6 x 1.7 cm, and posterior wall - 2 x 2 cm; endometrium: not distorted; no adnexal mass.

Therapeutic Intervention:

The management strategy for a patient with *Sal'a al-Raḥim* (uterine fibroid) is contingent upon the patient's preferences, the quantity and quality of *Khilṭ Balgham* (phlegmatic humor) involved, the person's *Mizāj* (temperament), and the way in which symptoms manifest.

1. The patient was counselled about her condition, and she was willing to take treatment.
2. A proper diet was advised. She was also asked to avoid foods that produce phlegm, like milk and milk products, moist vegetables, etc.
3. *Itrifal Ghudadi*, 5 g twice daily orally, after meals.
4. *Majun Dabidulward*, 5 g twice daily orally, after meals.

5. *Sarshapadi* oil: local application on the lower abdomen daily, which was to be avoided during menstruation.

Mode of Action of drugs:

Drugs consisting of astringent, purgative of phlegm, anti-inflammatory, and anti-tumor characteristics are present in these formulations.

The details of the formulations are listed in Table 1.

- *Itrifal Ghudadi*: anti-inflammatory. anti-tumor, astringent, purgative of phlegm.
- *Majun Dabidulward*: anti-inflammatory, astringent.
- *Sarshapadi* oil: anti-inflammatory.

Investigations pre and post treatment is listed in Table 2.

RESULT

Her overall health started to progressively improve after the medication was initiated. She no longer had any minor aches, pains, or discomforts, and she felt better. Her menstrual cycle became regular with moderate bleeding, dysmenorrhea reduced, and she passed fewer clots.

She was evaluated while receiving medication for around three months because she was passing a few clots during her periods. Urine for hCG was negative. Also, a transabdominal sonography (TAS) and a transvaginal sonography (TVS) were performed with the following findings: The uterus was anteverted, with a size of 7 x 4 cm, which is normal; the endometrium was regular, with a thickness of 4 mm; there was no free fluid in the pouch of douglas; and the bilateral adnexae were normal. Both the fibroids had completely resolved.

There was no adverse effect noted in the patient.

Table 1. The details of the formulations

| Drug | Dose | Ingredients | Action | Therapeutic Uses |
|--|--|--|---|--|
| <i>Itrifal Ghudadi</i> ²⁰ | 5gm BD After meals | 1. <i>Ustukhuddus</i> 25 g 2. <i>Haleela e siyah</i> 75 g 3. <i>Aftimum</i> 50 g 4. <i>Poast baheera</i> 35 g 5. <i>Amla</i> 35g 6. <i>Turbad</i> 25 g 7. <i>Bisifaj</i> 25 g 8. <i>Gudadi gosfand</i> 20 g 9. <i>Sana</i> 15 g 10. <i>Ghariqun</i> 15 g 11. <i>Zaranbad</i> 15 g 12. <i>Chitalakri</i> 15 g 13. <i>Naushadar</i> 15 g 14. <i>Anisun</i> 10 g 15. <i>Balchar</i> 10 g 16. <i>Khurfa</i> 10 g 17. <i>Ilaichi khurd</i> 10 g 18. <i>Jaiphal</i> 10 g 19. <i>Mastagi</i> 10 g 20. <i>Roghan zard</i> 21. Sugar 1.5 kg 22. <i>Laung</i> 10 g | anti-inflammatory, anti-tumor, astringent, purgative of phlegm. | <i>Waram-i-Ghudad</i> (firm swelling), and <i>Khanāzīr</i> (lymphadenopathy) |
| <i>Majun Dabidulward</i> ²¹ | 5gm BD After meals | 1. <i>Izkhar Makki</i> 20 g. 2. <i>Agar (Ood)</i> 20 g. 3. <i>Balchhar</i> 20 g. 4. <i>Banslochan</i> 20 g. 5. <i>Tukhm Kasni</i> 20 g. 6. <i>Tukhm Kasoos</i> 20 g. 7. <i>Tukhm Karafs</i> 20 g. 8. <i>Taj Qalmi</i> 20 g. 9. <i>Darchini</i> 20 g. 10. <i>Zarawand Mudahraj</i> 20 g. 11. <i>Qust Shireen</i> 20 g. 12. <i>Gul-e-Surkh</i> 300 g. 13. <i>Gul-e-Ghafis</i> 20 g. 14. <i>Luk Maghsool</i> 20 g. 15. <i>Majeeth</i> 20 g. 16. <i>Qiwam Shakar</i> 2.4 kg 17. <i>Zafran</i> 2.9 g. 18. <i>Arq Gaozaban</i> 30 ml 19. <i>Mastagi</i> 20 g. 20. Ghee 5 g. | anti-inflammatory, astringent, and diuretic | <i>Waram al- Rahim</i> (Swelling of the Uterus), <i>Waram al-Jigar</i> (Swelling of Liver- Hepatitis), <i>waram al- Mi'da</i> (Inflammation of Gastric mucosa - Gastritis), <i>Du'f al-Jigar</i> (Weakness of the Liver), and <i>Du'f al- Mi'da</i> (Weakness of the stomach). |
| <i>Sarshapadi</i> oil ²² | For local application on lower abdomen | Ingredients: <i>Pinus longifolia</i> (Turpentine) Mustard oil <i>Cinnamomum camphor</i> | anti-inflammatory, analgesic. | |

Table 2. Investigations pre and post treatment

| Parameters | Before Treatment | After Treatment |
|---|--|--|
| Generalized health | Aches, pains, discomfort | Feels better (symptoms disappeared) |
| Cycle length | Irregular (28-40days) | Regular |
| Amount of bleeding | Increased | Moderate |
| Dysmenorrhoea | Severe | Reduced/ Nil |
| Laboratory Investigations: TAS/ TVS: | (Investigated for incomplete miscarriage) (Urine for hCG was +ve) | (Investigated for per vaginal bleeding with few clots for 5 days) (Urine for hCG was -ve) |
| Date (Commencement of treatment: 07-12-2023) | 25-10-2023 | 16-03-2024 |
| Uterus | Anteverted, Uterine Cavity -Empty | Anteverted Size-7 x 4 cm |
| Endometrium | Not distorted | Regular Endometrial thickness – 4mm |
| Fibroid | 2 fibroids in fundus: Anterior wall 1.6 x 1.7 cm; Posterior wall: 2 x 2 cm | Nil |
| Adnexae | No adnexal mass | Bilateral adnexae -normal |
| | | No free fluid in pouch of douglas |

DISCUSSION

While both modern and Unani medicine opine surgical removal of uterine fibroids as the only effective treatment, herbal remedies with the qualities of antitumor, concoctive of phlegm, purgative of phlegm, anti-inflammatory, and astringent are used in the treatment of uterine fibroids.⁹

The drugs that comprise the formulations *Itrifal Ghudadi*, *Majun Dabidulward*, and *Sarshapadi* oil have astringent, phlegm concoctive, purgative of phlegm, antitumor, and anti-inflammatory properties. Anti-inflammatory drugs resolve the swelling; phlegm concoctive drugs enable the swelling to soften; purgative of phlegm drugs enable the expulsion of phlegm, which is the primary cause of *Sal'a* (tumor); and astringent drugs cause the swelling to diminish while also preventing an increase in size.

Majun Dabidulward is highly advised for uterine swelling and inflammation. *Gul-e-Surkh* (*Rosa damascene*), which is the major component of *Majun Dabidulward*, has analgesic and anti-inflammatory properties, while *Zafran* (*Crocus sativus*) is another important component with anti-tumor, anti-proliferative, and antioxidant properties.⁹ The rhizome extract of *Zingiber Officinale* (*Adrak*), which is another component,

contains anti-inflammatory and analgesic agents.¹²

Itrifal Ghudadi is also made up of drugs with anti-inflammatory and anti-tumor effects. *Halelah siyah* (*Terminalia chebula Retz*), which is the main component, possesses the actions of astringent, anti-inflammatory, and analgesic.^{13,14} *Aftimoon* (*Cuscuta reflexa*), which is also another important component, has purgative of phlegm and anti-inflammatory properties.¹⁵ Another important component, *Āmla* (*Emblica officinalis*), comprises the characteristics of astringent, anti-inflammatory, analgesic, anti-tumor, and purgative of phlegm.¹⁶

Sarshapadi oil, which was given for local application, is a preparation having anti-inflammatory and analgesic properties. *Kafur* (*Camphor-Cinnamomum camphora* L.), one of the main ingredients, comprises anti-inflammatory and analgesic properties^{17,18} for external application. Also, turpentine (*Pinus longifolia*) possesses the characteristics of anti-inflammatory.¹⁹

Some summarized case reports of uterine fibroids published earlier are listed in Table 3.

Table 3. Some summarized case reports of uterine fibroids published earlier.

| Age and symptoms | Ultrasonography findings (USG) | Intervention | Post treatment findings |
|---|---|--|---|
| 40 years old, married, severe dysmenorrhea. | Anterior (1.4X1.7cm) and posterior (1.5X1.9cm) intramural uterine fibroids (leiomyomata) | Oral: 1. <i>Mundij Balgham</i> , <i>Mushil</i> and <i>Tarbid</i> for 15 days. 2. <i>Majoon Dabeed ul Ward</i> , 7 g twice daily, 3. <i>Itrifal Gudaadi</i> 10 g at bed time. Local application: (suprapubic and per vaginal) <i>Marham Dakhliyun</i> mixed with fine powder of <i>Anisoon</i> , <i>Aftimoon</i> and <i>Izkhar</i> (equal quantity) - applied for 12 weeks. | <ul style="list-style-type: none"> Dysmenorrhoea- Nil. USG – (after 16 weeks) resolution of anterior fibroid.³ |
| 32 years old, married, menorrhagia, dysmenorrhea. | Multiple intramural fibroids (3-4) in the uterus, largest measuring 4.7 x 3.8 cm. | Oral: 1. <i>Itrifal Ghudadi</i> 6 g twice daily, and 2. <i>Majoon Dabeedul Ward</i> 6 g twice daily for 3 cycles. | <ul style="list-style-type: none"> General condition improved; No menstrual disturbance. USG - Significant reduction in the size of fibroids-only two fibroids (anterior wall - 1.8 x 1.8 cm, posterior wall - 1.4 x 1.2 cm).⁴ |
| 30 years old, married, severe pain and heaviness in lower abdomen, menorrhagia, low back pain, incontinence and increased frequency of urine. | Right lateral wall (2.6 cm x 3.1 cm), and posterior wall – (2.6 cm x 3.4 cm) uterine fibroids | Oral: 1. <i>Majun Dabeedul Ward</i> 5 g twice daily, 2. <i>Kanchanar Guggul</i> 2 tablets twice daily, and 3. <i>Niswani</i> 10 ml twice daily for 8 consecutive weeks. | <ul style="list-style-type: none"> Lower abdominal pain, menorrhagia, low back pain, incontinence and increased frequency of urine disappeared. |

| | | | |
|---|---|---|---|
| | | | <ul style="list-style-type: none"> • USG- Uterine fibroids completely resolved.⁹ |
| 40 years old, married, menorrhagia, dull ache in the lower abdomen, dysmenorrhoea | Intramural fibroid (2.5×1.7cm). | Oral: 1. <i>Itrifal Ghududi</i> 6 g twice daily, 2. <i>Majoon Dabidul Ward</i> 6 g twice daily, 3. <i>Arq mako</i> 20 ml twice daily, and 4. <i>Arq Kasni</i> 20 ml twice daily for 3 months. | <ul style="list-style-type: none"> • USG - No significant abnormality.²³ |
| 46 years old, married, dysmenorrhoea, menorrhagia, clots+ | Bulky uterus with posterior intramural fibroid (4.0×3.9 cm) pushing endometrium anteriorly. | Oral: 1. <i>Itrifal Ghududi</i> 6 g twice daily, 2. <i>Majoon Dabeedul Ward</i> 6 g twice daily, and 3. <i>Marhame Dakhiliyun</i> 6 g per vaginally with sterile tampons daily at bed time (except during menstrual period) for 3months. | <ul style="list-style-type: none"> • Symptoms disappeared. • USG - No fibroid.²⁴ |
| 30 years old, lower abdominal pain, irregular menstrual cycle, clots+ | Two solid masses in endometrium (approximately 3cm in size). | Oral: 1. <i>Majoon dabeedul ward</i> 2.5 g twice daily, 2. <i>Majoon zanjabeel</i> 2.5 g twice daily, 3. <i>Arq e mako</i> 60 ml twice daily, 4. <i>Arq e Kasni</i> 60 ml twice daily, and 5. <i>Niswani</i> 20 ml twice daily for 3 months | <ul style="list-style-type: none"> • USG - No focal or diffuse mass lesion seen in endometrium.¹² |

CONCLUSION

According to this case report, the patient was relieved by all her symptoms, and both the uterine fibroids had completely resolved after almost 3 months of treatment. The treatment of uterine fibroids can thus be effectively achieved with the herbal compositions *Itrifal Ghudadi*, *Majun Dabidulward*, and *Sarshapadi* oil. Therefore, by avoiding the negative effects of hormone treatment as well as the surgical problems of the current medical system, it can be stated that the Unani system of medicine is beneficial in managing uterine fibroids. However, additional assessment is necessary regarding her repeated miscarriages.

LIMITATION OF THE STUDY

Clinical trials with a larger sample size are required to demonstrate the effectiveness of this result.

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CONFLICT OF INTEREST

The author declares no conflicting financial interests.

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