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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**Available online at: <http://www.iajps.com>**Research Article****AN OBSERVATIONAL STUDY ON THE PATIENTS OF CERVICITIS
ACCORDING TO DIETARY HABITS, CONTRACEPTIVE METHODS
AND PARITY****Salma Mirza¹, S.A.Naaz², S.M.Alim³ and Azizur Rahman^{*4}**¹ Assistant Professor, JTD, Deoband, District Saharanpur² Deptt. Amraz-e-Niswan wa Atfal, AKTC, AMU, Aligarh, India³ Unani Medical Officer, Bharatpur Govt. of Rajasthan, India.⁴ PG Scholar Dept. Of Kulliyat Umooor-e-Tabiya, NIUM, Bangalore**Abstract:**

Background and Objectives: *Iltehabe Unqur Rehm (cervicitis) refers to the inflammation of the cervix which may be acute or chronic causing various complications.*

Method: *This study is an observational study. All the patients were randomly allocated to test and control group (30 patients in test group & 15 patients in control group). Prevalence of cervicitis is seen among 45 patients according to dietary habits, contraceptive methods and parity.*

Interpretation and Conclusion: *In the present study most of the patient 35(77.80 %) were observed to be vegetarian and non- vegetarian followed by 10 (22.20%) were only vegetarian. Out of 45 patients the highest prevalence of this disease, as observed in the study, was found in women who were tubectomized i.e. 23 (51.%) followed by 18 (40 %) used barrier method and 4 (9%) not using any contraceptives measures. Maximum number of patients included in the study had ≥ 3 children i.e. 18 (40%) followed by 16 (35.60%) had only 2 children, 9 (20 %) had only one child, and 2 (4.40%) were nulliparous.*

Key words: *Iltehabe Unqur Rehm; Cervicitis; Dietary habits; Contraceptive methods; Parity.*

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INTRODUCTION

Iltehabe unqur rehm (cervicitis) is one of the commonest lesions of the female genital tract. The infection may be acute or chronic. Chronic cervicitis is very common and it is seen in about 35-85% of women. The disease *Iltehabe unqur rehm* is described in the context of *warm rehm*. It is included in *amraze murakkaba* (complex or composite diseases). In classical unani literature, its causation is attributed to *sue mizaj*. When *sue mizaj* inflicts any organ, it results in certain changes in the functions of that organ and these aberrant changes leads to derangement in the normal functioning of intrinsic faculties which manifests in the emergence of diseases.[1,2,3,4,5,6]

Iltehabe unqur rehm may be *Iltehabe har* or *Iltehabe barid*. *Iltehabe har* is due to the domination of hot humours mainly *saфра* and *dam* and *Iltehabe barid* is due to the domination of *balgham*. It is also caused by trauma, after abortion, difficult labour, delivery conducted in unhygienic conditions and excessive intercourse. [7,8,9] In *Iltehabe unqur rehm* the usual manifestations which occur singly or in combination are vaginal discharge, backache, lower abdominal pain, dysuria, dyspareunia etc. On examination, cervix is congested, hypertrophied with velvety appearance. Ectropions are present which may be inflamed and bleeds on touch; nabothian follicles are present on the cervix, and tender to touch with exudation of mucopurulent, opaque or clear discharges from the cervical os. [10, 11, 12]

METHODOLOGY

The study was carried out in outpatient and inpatient department of *Ilmul Qabalat wa Amraze Niswan* of NIUM, Hospital, Bangalore.

Method of Collection of Data

- By history and subjective symptoms.
- By clinical examination (P/S and P/V)
- By laboratory investigations.

Clinical Evaluation of Disease

The clinical evaluation of disease was done as per designed case record form. Basic information like name, age, sex, address and relevant information regarding occupation, education, socio-economic status, parity and dietary habits were noted.

Criteria for selection of Cases

The patients were enrolled in the study after having fulfilled the following criteria.

Inclusion Criteria

- Patients in the age group of 18-40 years.
- Patients complaining of vaginal discharge, lower abdominal pain, low back ache, dysuria, and dyspareunia etc.

- On speculum examination any abnormalities in the cervix like hypertrophy, congestion or redness, nabothian cysts, discharge coming through the os etc.
- Patients willing to take part in study.

Exclusion Criteria

- Unmarried, pregnant and lactating women.
- Patient on OCPs or using intrauterine contraceptive devices.
- Patient with any systemic illness like hypertension, diabetes mellitus.
- Sexually transmitted diseases.
- Patient with fibroid and malignancy.

Procedure

The patient fulfilling the inclusion criteria were included in the study. Once accepted into the study, complete history was taken including physical and pelvic examination. Relevant investigations were carried out to exclude the patients who were included in exclusion criteria. Written consent was taken from each patient after explaining about the study in detail. History of the disease, clinical symptoms and investigations were recorded on the case record form designed for the study under the supervision of guide and co-guide.

Informed Consent

Patient fulfilling the inclusion criteria mentioned above will be given information sheet having details regarding, the nature of study and the drugs to be used. Patient will be given enough time to go through the study details mentioned in the information sheet. They will be given the opportunity to clear their doubts. If they agree to participate in the study, they will be asked to sign the informed consent form.

Allocation of Subjects

45 patients were randomly allocated into 2 groups comprising 30 patients in test (group A) and 15 patients in control (group B).

Specific Investigations:

- **USG-Pelvic:** To exclude the pelvic pathology.
- **Pap Smear**

It is a medical procedure in which a sample of tissue from cervix is collected and spread on a slide. The cells are

examined under a microscope for pathologic changes.

➤ Cervical Swab Culture

The ectocervix wiped clean with a large swab and samples of endocervical secretions obtained using the microloop technique than smeared directly onto slides for screening of infectious organism. It is repeated after treatment in those patients who have positive before.

➤ Diseases such as VDRL, HIV I & II etc was excluded by using specific tests on the patients.

➤ Routine Investigations

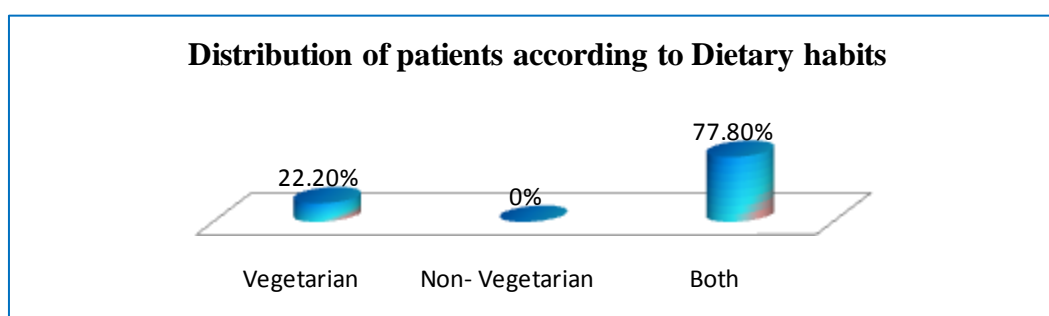
Hb%, TLC, DLC, ESR, RBS and CUE were done once at baseline and repeated after completion of trial.

RESULTS

Table 1: Distribution of Patients According to Dietary Habits

Dietary Habits	No. of patients		Total (%)
	Test Group	Control Group	
Vegetarian	7	3	10 (22.20)
Non- Vegetarian	0	0	0 (0)
Both	23	12	35 (77.80)
Total	30	15	45 (100)

Table -1 show that out of 45 cases registered for the study; maximum 35 (77.80 %) cases take both veg and non-veg type of diet followed by 10 (22.20%) only vegetarian.



Graph 1

Table 2: Distribution of Patients According to Contraceptive Methods

Contraceptive Methods	No. of Patients		Total (%)
	Test Group	Control Group	
Nil	3	1	4 (9)
Barrier	10	8	18 (40)
Tubectomized	17	6	23 (51)
Total	30	15	45 (100)

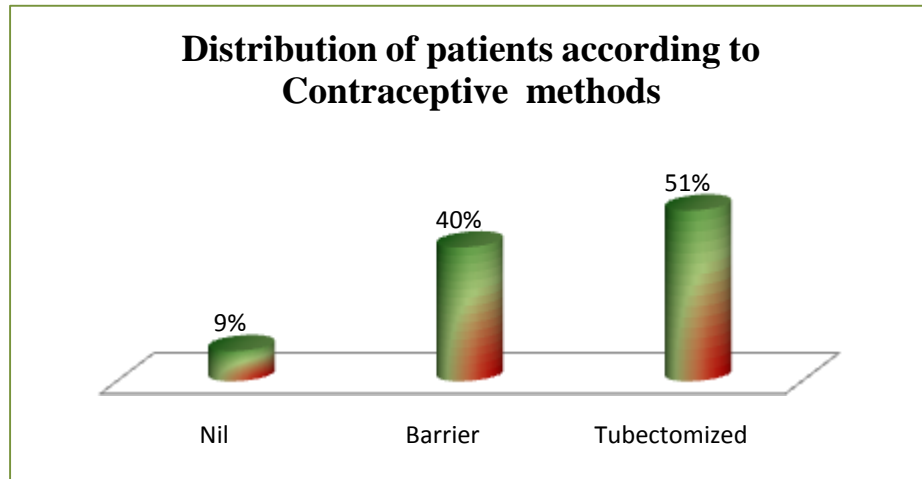
**Graph2**

Table-2 shows that out of 45 cases registered for the study; maximum 23 (51%) were tubectomized followed by 18 (40 %) were used barrier method and 4 (9%) were not used any method of contraception.

Table 3: Distribution of Patients According to Parity

Parity	No. of patients		Total (%)
	Test group	Control group	
Nulliparous	0	2	2 (4.40)
1	7	2	9 (20)
2	11	5	16 (35.60)
≥3	12	6	18 (40)
Total	30	15	45 (100)

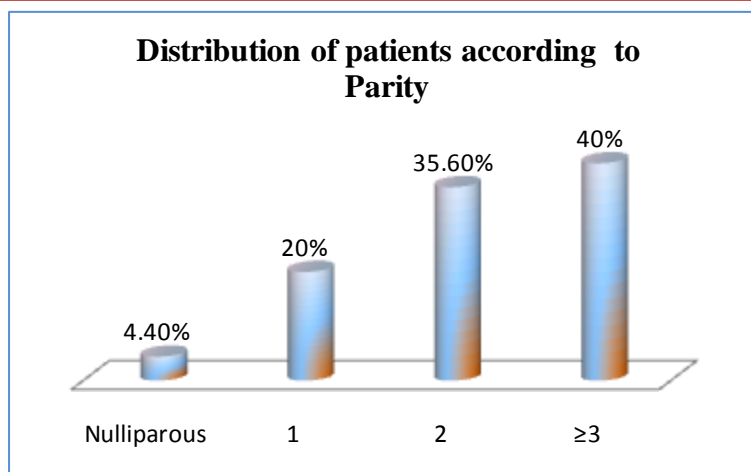
**Graph 3**

Table-3 shows the distribution of patients according to parity. Maximum number of patients have ≥3 children i.e. 18 (40%) followed by 16 (35.60%) have only 2 children, 9 (20%) have only one child and 2 (4.40%) were nulliparous.

DISCUSSION

Out of 45 patients 35(77.80 %) were observed to be vegetarian and non- vegetarian followed by 10 (22.20%) were only vegetarian. Khan Ajmal [13] has quoted in his book “Haziq” that *baadi* and *saqeel* food should be avoided, as this type of diet is usually not easily digestible, affect the digestion and may act as an aggravating factor. It was also a common complaint from the patients that after eating hot and *saqeel* (heavy) foods like meat, fish, vegetables like cauliflower, potatoes, brinjals etc the disease is aggravated. So the patients were advised to take *ghizae lateef* (light and easily digestible foods. [2, 3, 13, 14, 15] (Table & Graph No. 1)

Highest prevalence of this disease, as observed in the study, was found in women who were tubectomized i.e. 23 (51%) followed by 18 (40 %) used barrier method and 4 (9%) not using any contraceptives measures. Most of the patients were tubectomized as a family planning measure. It has been given in the unani literature that *kasrate jimah* (excessive coitus) is one of the factor responsible for *Ittehab-e unqur rehm*. [7, 8,9] This may be because of increased sexual activity in these cases as there was no fear of getting pregnant. (Table & Graph No. 2)

Maximum number of patients included in the study had ≥ 3 children i.e. 18 (40%) followed by 16 (35.60%) had only 2 children, 9 (20 %) had only one child, and 2 (4.40%) were nulliparous. According to Unani literature *ibtedae jimah* (early age of coitus) is included in the aetiology of *Ittehab-e unqur rehm* and it is also associated with multiparty. This finding is in accordance with Christine Navarro, Anne Jolly et al [16] that nulliparity was protective against infection and early age of sexual debut is also one of the risk factor. (Table & Graph No.3)

CONCLUSION

It has been concluded that *baadi* and *saqeel* food is usually not easily digestible. It was also a common complaint from the patients that after eating hot and *saqeel* (heavy) foods like meat, fish, vegetables like cauliflower, potatoes, brinjals etc the disease is aggravated therefore maximum number of patients were observed to be vegetarian and non-

vegetarian. As most of the patients were tubectomized in the study therefore increased sexual activity in these cases as there was no fear of getting pregnant. Maximum number of patients included in the study had ≥ 3 children as nulliparity is protective against infection and early age of sexual debut is also one of the risk factor.

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Conflicts of Interest

There are no conflicts of interest

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