



Perceptions of maternal health and well-being in Unani system of medicine

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Abstract

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It is an important aspect for the development of any country, in terms of increasing equity & reducing poverty. According to the World Health Organization, more than 810 women die every day from complications in pregnancy and childbirth. So each and every mother should have access to quality healthcare during their pregnancy and childbirth. The birth of a new child should be a time of celebration, but it's extremely sad to know that for many women around the world it is a time of fright. Unani medicine is the world's oldest recorded system of health care and is still into practiced today. It deals with the above issues in a systematic manner and has different types of therapeutic regimens that can offer a better solution to maternal health as well as child health problems. Many of these therapeutic regimens that offer a better solution to pregnancy-related problems are delineated in this review paper in brief.

Keywords: maternal health, Unani medicine, pregnancy, childbirth, postpartum period

1. Introduction

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. Health of women is one of society's most critical issues as women must be physically, mentally and emotionally well before they can devote themselves to serve their families and to consider other important social issues. While pregnancy and childbirth is the natural phenomenon and a great merry moment for the women's life but sometimes it can be transformed into a nightmare for her, especially in low socio economic population; particularly for those residing in rural or hilly areas^[1].

Maternal Health is an important aspect for the development of any country in terms of increasing equity & reducing poverty. The survival and well-being of mothers is not only important in their own right but is also primary in solving large, economic, social and developmental challenges^[2]. According to WHO reports, approximately 810 women died from preventable causes related to pregnancy and childbirth in 2017. 94% of all maternal death occurs in low and lower middle-income countries. Young adolescents (ages 10-19) face a higher risk of complications and death as a result of pregnancy than other women. Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) are widely accepted as a crude indicator of the overall health scenario of a country or a region^[3]. As per the Sample Registration System of India, the current MMR is 130 per 100,000 live births during 2014-2016, with the majority of deaths occurring in the age group of 20-24 years^[4]. IMR is 33 per thousand live births during 2017-2019^[5].

In India "Maternal and Child Health Programme" run to achieve specific objectives such as reduction of maternal, perinatal, infant and child mortality and morbidity, promotion of reproductive health, physical and psychological development of child. The ultimate objective of MCH services is Life – Long Health^[6]. Now all the health

programme of India is within National Health Mission programme with wide goals and objectives. Revitalization of Local Health Traditions and Mainstreaming of AYUSH (Ayurveda, Yoga, Unani, Siddha & Homeopathy) is two of the seven objective of NHM. That's why it becomes our responsibility to join hands in order to strengthen the nation^[7].

Maternal health is the biggest health issue in the present scenario. Management of Pregnancy and Parturition has always been a challenge to the medical world. Keeping in view the magnitude of the problem, a review paper on this topic was initiated by the author. Unani medicine- the science of life, has different types of therapeutic regimens that can offer a better solution to maternal health and child health problems. Many of the therapeutic regimens that can offer a better solution to pregnancy-related problems are delineated here in brief.

2. Etiology of MMR and IMR^[8]

Several women die as a result of complications during and following pregnancy and childbirth. The major complications that account for nearly 75% of all maternal deaths are as follows:

- Severe bleeding (mostly bleeding after childbirth).
- Infections (usually after childbirth).
- High blood pressure during pregnancy (pre-eclampsia and eclampsia).
- Complications from delivery.
- Unsafe abortion.

3. Health and Disease management

The Unani System of Medicine which is holistic in nature, deals with these issues in a systematic manner as evident from ancient Unani literature the number of drugs and regimens available for the treatment and management. There are four forms of treatment in Unani medicine- (i) *Ilaj bit*

Tadbir (Regimenal therapy) (ii) *Ilajbil Ghiza* (Dietotherapy) (iii) *Ilaj bid Dawa* (Pharmacotherapy) (iv) *Ilaj bil Yad* (Surgery). *Ilaj-bit-Tadbir* is a speciality under which various methods of treatment are used for specific and complicated diseases. The treatment consists of four components, namely; Preventive, Promotive, Curative and Rehabilitative. For the prevention of disease and promotion of health, the Unani system emphasizes on six essential factors for life (*Asbab-e-Sitta Zarooria*) [9].

4. Possible Ways of Health Promotion [10]

- Improvement of *tabiyat* (Immunomodulation)
- Restoration of balanced temperament.
- Maintenance of balance in the quality and quantity of humours.
- Moderation of *Asbab e Sitta Zarooria* (six essential factors for life).
- Regimental therapy.

5. Six essential factors for life [11]

There are six factors which are essential for the maintenance of good health. Unani medicine states that these factors should be balanced in terms of quality, quantity and sequence in order to sustain good health. These essential factors are as follows (Ahmad, 1983; Kantoori, 2009) [10, 24].

1. *Hawae Muheet* (Pure air)
2. *Makol wa mashroobat* (Food and Beverages)
3. *Harkat wa sukoon e badnia* (Physical movement and Rest)
4. *Harkat wa sukoon e nafsan* (Psychic movement and Rest)
5. *Naum wa yaqzah* (Sleep and Wakefulness) and
6. *Ehtibas wa istafraagh* (Retention and Evacuation).

6. Diagnosis of pregnancy

If any lady missed her period, give her honey with rain water during night, if she feels pain and abdominal cramp after sometime then it is supposed that she is pregnant; put clove of garlic in vagina at bed time, when she does not feel the smell and taste in the morning, then it is supposed that she is pregnant. Urine colour is zardi mayel ba kabooti in early pregnancy, fullness of breast, gives the clue of pregnancy [12].

7. *Ilaj bi'l-Ghidhā* (Dietotherapy)

Small and frequent meals are given to avoid indigestion and gastric discomfort.

Include eggs, meat, fish, milk, dates, jaggery, honey, cheese, butter, ghee, soya, in diet.

Fruits: dry fruits and seasonal fruits

Vegetables: Green leafy, beet root, lettuce, carrot, ginger, garlic, onions, tomatoes etc.

Avoid excess consumption of tea, coffee, bathing immediately after meals; avoid use of *ghaliz aghziya* such as beef and pork.

Proper rest and sleep in left lateral position is advised. Sleep for 8 hours at night and 2 hours during daytime [13].

8. *Ilaj bi'l-Dawā* (Pharmacotherapy)

8.1 *Habisud dam advia* (Styptic drugs): Single drugs; *Dam al-Akhwain* (*Dracaena cinnabari*), *Gerü* (Red Ochre), *Sang Jarāhat* (Soap stone), *Busd ahmar, kehroba, Habbul aas, Shubb Yamāné* (Alum), *Anjibār* (*Polygonumbistorata*), *Māzū* (*Quercusinfectoria*), *Mayeen khurd*. [14] Compound formulations; *Sharbat Anjbar, Qurse Bandish Khoon, Qurs e*

Anjbar, Qurs Kahruba, Sharbat Nilofer, Safoof Habis.

8.2 *Muwallid-i Dam advia* (Haematinic drugs): Single drugs; *Rumman* (pomegranate), *Angoor* (grapes), *Beet root, Palak, Jiggery, Dates*, Compound formulations; *Majoon e Khabsul Hadeed, Itrifal Fauladi, Sharbat Anarain, Sharbat Deenar, Sharbat Faulad, Majoone Fawakeh, Sharbat Ikseer Khas, Sufoof khabsul hadeed* [15].

8.3 *Manae Qay'al-Haml* (Anti-hyperemesis gravidarum): Single drugs; *Lemoo, Anaar, Mastagi, Ilaichi, Qaranfal* (*Eugenia corophyllata*) *Zanjabel* (*Zingiber officinalis*). Compound formulations; *Gulqand, Sikanjabeen Sada, Sharbat Anar Sheerin, Jawarish Anarain, Jawarish Tamarhind, Sikanjabeen lemooni* [16, 17].

8.4 *Mushile waladat* (Oxytocic drug): *Muqil, Hulba, Gulnaar, Beikh nilofer.*

8.5 *Muqawwi A'da-e-raisa*: Single drugs; *Jadwar, Zahar Mohra, Gazar, Qust, Zafraan, Gauzbaan, Marwarweed, Badam* (*Prunusamygdalus*) *Saandal* (*Santalum album*). Compound formulations; *Khamira Marwareed, Khamira Abresha, Habbe Jawahar, Habbe Zaharmohra, Khamira sadaf, Khamira khas* [18].

8.6 *Muqawwirahm* (Uterine tonic): Single drugs; *Mazu* (*Quercusinfectoriaoliv*), *Bhangra* (*Ecliptaalba*), *Satawar* (*Asparagus racemosus*), *Kaat safaid* (*Uncariagambier*). Compound formulations; *Majoon Muqawwi Rehm Sada. Majoon suparipak, Majoon mochras* [19].

8.7 *Daf-e-zaghatuddam* (Anti-hypertensive drugs): *Asrol* (small dose), *Kishneez, Muqil, Gulqand, Itrifal Kishnezi, Shabat Ahmad Shahi* [20].

8.8 *Quwat e manaat KO badhanewali Advia* (Immunomodulator drugs): Single drugs; *Kalonji* (*Nigella sativa*), *Zafraan* (*Crocus sativus*), *Asgand* (*Withaniasomnifera*), *Marwareed* (*Margarata*), *Amla* (*Emblicoefficialis*), *Zeharmohra* (*Serpentine*), *Ghikawar* (*Aloe barbadensis*), *Gilo* (*Tinosporacordifolia*). Compound formulations; *Majoon falasifa, Habb e jadwar, Dawa ul misk, Kushta tilakalan, Khamira marwareed, Murabba Amla* [21, 22].

9. *Ilaj bi'l-Tadbér* (Regimental therapy)

Riyadat (Exercise), *Natül* (Irrigation), *Hammam* (Turkish bath). *Dalak* (Massage) [23].

10. Tadabeer e hawameel

Avoid difficult tasks during pregnancy especially from second to third month because during this period, attachment of fetus to the uterine wall is very weak just like a tiny fruit in a plant. During this period craving of unusual food is very common, for this provide the lady with healthy and quality food in small quantity, it is recommended give sour pomegranate to chew, as it helps to overcome nausea and vomiting tendency which is very common during pregnancy. Constipation and flatulence is very common in pregnant lady, it must be treated carefully if not various complications occurs and finally abortion may happen. During 4th month to 7th month, prescribe any *Mushil* (purgative) while first trimester and in last trimester avoid strong purgative. Use only weak purgative such as *Habb e Tinkar, Roghan Badam*

sheeren, Munaqqa, Angeer. Prescribe decoction of Laal saag and soya saag, Rewandchine, for palpitation, at the time of palpitation is advised to sip normal water [24].

10.1 Habitual Abortion

Abortion is a life threatening condition and hence it must be managed properly and safely. It is due to various causes such as anatomical, physiological or pathological. The author here has described only physiological and pathological causes and their treatment in the light of unani treatise; Kitabul Hawi of Zakariya Rhazi. Razi says, most of the habitual abortion is due to Balgham- e-gair Tabayee, and Riyah- ghaliz, for this ailment he suggests to give *ma'ul usool, roghan arand*, on every third day if *roghan arand* could not be tolerated then give Jaggery with Til. For Huqna use satar, nankhawah. Abhal, Ood, Babuna, Suddab, Hulba, Roghan-e- Azaraqi and Roghan-e-kunjad. Pessary of muqil, usha, shoniz and Roghan- e-bilsan may be given [12, 13, 25].

10.2 Manea isqaat advia

Zarbad, Daronj, Jund bidastar, Musk, Hilteet, Heel Buwa, Tabasheer each 4 gram, Zanjabeel 35g Sugar 70g, powder of all drug mixed with honey and use 4 g daily with normal water [12, 13, 26].

10.3 Muhafiz-e-Janeen Advia

Zarbad, Daronj, Dawaul misk orally. Huqna with Satar, Babuna, Melhi, Soya, Nankhawah, Roghan Azaraqi [12, 13].

10.4 Usre Waladat

Difficulty in parturition is known as *Usr e waladat*, this is often common in lean & thin lady, teenage or old age pregnancy. Obstruction of os, fetal death, suffering from cold, bad news, infection of bladder and uterus are the major causes of difficulty in parturition. Babuna, brinjasaf, marjan josh, methi, pudina, mashqatarmashi, zarawand, joshanda for sitz bath [12, 13, 27].

10.5 Musqit e janeen

Hilteet 2 gram, Barg suddab 10.5g Mur (Commiphora myrrha nees) 3.5 g, Aabe abhal 35 g morning and evening. Abe afsanteen, Shahatra. Tiryaq arba and Roghan e arand daily 22.5 ml. Inderain, Tukhm e arand and Fitkiri are also use as abortifacient. *Suddab, Harmal, Khadil, Muqil, Roghanhulba, Kundash* also use as abortifacient [28].

10.6 Mukhrij e mashema

Pessary of roghan e bilsan ndrain, post amaltas, berge bans, abhal [12, 13].

10.7 Mushily e waladat

Muqil, hulba, beikh nilofer, gulnaar, ussara e bartang [12, 13, 29].

10.8 Management

Mur (Commiphora myrrha nees), Qinnah (pinus longifolia linn., Jund bidastar, Jaosheer, Gall Bladder of Cow, Kibriyat make fine powder and give dhooni twice a day or use Musk and Kehruha for dhooni. Give full body massage with Roghan azaragi or roghan e zaitoon, use of moattish Dawa. If *usr e waladat* is due to weakness then give half boiled egg, fruits, if due to indigestion give ab e zeera and suddab [12, 13].

11. Discussion and Conclusion

The Unani System of Medicine which is holistic in nature [30], has its own approach in describing the concepts of maternal health. It also has its own approach of managing conditions related to pregnancy, childbirth, and post-partum care. It has its own approach regarding conception, antenatal care, embryology, and management of complications arising due to pregnancy, management of abortion, normal delivery, and post-partum care. Unani classics are replet with special reference to treatment and management of maternal Health and related diseases. A number of Unani physicians have described its etiology and treatment at length. Among the extant Unani medical sources to discover concept of maternal health, Zakaria Razi's (925 A.D.) book *Kitab al Hawi fi al Tib* is the most authentic work. Its ninth volume entitled "gynecology and midwifery" is of interest to us. There is an extensive review of the literature on maternal health and wellness in the Unani system of medicine. A number of therapeutic regimen prescribed in the system of several aspects of the maternal health have been covered in this review. It has not been possible to have mentioned them all and thoroughly as they should have been in an otherwise exhaustive study. This review though not very exhaustive, gives a cue to the scientists working in this field and form a basis for further studies towards successful management of maternal health and the related problems.

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