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## Review Article

# CONCEPT OF UTEROVAGINAL PROLAPSE IN UNANI SYSTEM OF MEDICINE- AN UPDATED REVIEW

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### ABSTRACT

Uterovaginal prolapse (UVP) is a global health crisis in the aging female and is one of the commonest reproductive morbidity in developing countries with high prevalence among them. Even if mortality resulting from it is trivial, still it has a massive impact on day to day activities of a woman afflicted by this condition; hence declining their quality of life (including sexual, urinary and social functions). In USA, it is often treated early to avoid any significant wear and tear in patient's quality of life. But in developing nations like India, as it is not treated early may lead to increased troubles on daily lives of women. It is the third most common indication for hysterectomy. In classical unani text, it was mentioned that, Uterine prolapse is mainly caused by weakness of *ribatate rehm* due to accumulation of *balghame lazij*. Moreover, it usually occurs in old age women having excessive *rutubat* in their body. It is symptomatic in 10% of women which usually require surgery; however mild stages of prolapse which are commonly asymptomatic and surgical intervention is not indicated can be managed conservatively with Unani medicine. The complications associated with UVP are decubitus ulcer, carcinoma of cervix, urinary tract infection, renal failure, etc. This review article gives a detailed description of uterine prolapse including its causes, pathogenesis, diagnosis, principle of treatment in Unani system of medicine.

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### INTRODUCTION

Uterovaginal prolapse is defined as the descent of intrapelvic organs such as the uterus, bladder, urethra and rectum due to deficiencies in pelvic support system.<sup>1</sup> In classical Unani text, uterine prolapse is mentioned as "a condition in which the uterus descends below into the vagina or outside the introitus from its normal level".<sup>2,3</sup> It is predominantly caused by the accumulation of *balghame lazij* in *ribatate rehm* which causes its weakness leading to *inzalaqur rehm*. Moreover, it usually occurs in old age women having excessive *rutubat* in their body.<sup>2,4,5,6</sup> Other causes encompass heavy weight lifting, trauma to uterus, difficult or precipitate labour, big baby and uterine ulcers causing disruption of uterine ligaments. Clinical features comprises of mass per vaginum, backache, retention or dribbling of urine and vaginal discharge etc.<sup>2,3,5,6,7,8,9</sup> Multiple mechanisms have been hypothesized as contributors to the development of prolapse, but none fully explain the origin and natural history of this process. Epidemiologic studies indicate

that vaginal birth and aging are two major risk factors for the development of uterovaginal prolapse.<sup>1,10,11</sup> Excessive stretching and tearing of the pelvic ligaments and muscles as a result of vaginal delivery is considered as the predominant risk factor for uterovaginal prolapse.<sup>12</sup> Other factors include increased abdominal pressure, increased BMI, and connective tissue disorders.<sup>10,13,14,15</sup> UVP has significant negative impact on woman's quality of life, ranging from physical discomfort, psychological and sexual complaints to occupational and social limitations.<sup>16</sup> It also conveys a significant economic burden on individual and society.<sup>17,18</sup> Although some women are treated conservatively with medications, pessaries, physiotherapy or behavioral therapy; surgical interventions are required in advanced cases of prolapse. Moreover, 1 in 3 women who undergo operation require further surgical intervention for pelvic floor disorders. Thus, pelvic floor disorders are not only socially embarrassing and disabling, but the treatment is also costly and may place women at risk.<sup>19</sup> Hence, there is a need for alternate treatment which is to be safe, effective, easily

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available, free from side effects & non-surgical which can be benefited even by poor sections of the society. The use of plants for healing purposes predates human history and forms the origin of modern medicine. Herbal medicine is the mainstay of about 75 - 80% of the world population for primary health care, mainly in the developing countries. This is mostly because of the general belief that herbal drugs are without any side effects besides being cost effective and easily available. WHO states that the use of herbal remedies throughout the world exceeds that of the conventional drugs by two to three times.<sup>20</sup> Though in USM, there are reports of many single drugs and compound formulations for uterovaginal prolapse possessing the properties of *qabiz*, *habis*, *mujaffif* and *muqawwie rehm*.<sup>21,22</sup>

### Historical background

Uterine prolapse was first described by ancient Egyptians.<sup>23</sup> *Kahun Papyrus* (1850 BC) is perhaps the first textbook on gynaecology in medical history. It described the management of uterine prolapse which was treated with a concoction containing grain, fruit and cow's milk, cooked together and then taken as gruel.<sup>23,24</sup> *Ebers Papyrus* (1550 BC) which is apparently a copy of an older papyrus mentioned the treatment of uterine prolapse as use of various lotions, honey, petroleum, fumes of wax and hot charcoal which help a prolapse to revert back.<sup>23,25</sup>

Hippocrates (460-377 BC) thought uterine prolapse as a cause of infertility and he described its treatment as tying the women to a ladder which was then turned upside down and shaken violently to reduce prolapse.<sup>24,25</sup> Another method used by him was to apply cupping to both buttocks and lower abdomen in the hope of sucking the prolapse back into place. A third method of treatment was to raise the foot end of the bed and sponge the prolapse with cold wine until it was reduced. It was then supported in place by half pomegranate soaked in wine which was introduced into the vagina.<sup>26</sup>

*Polybius* (203-35 BC) in his book described its treatment by obliterating vaginal canal with astringent lotion, vaginal pack with sponge or half pomegranate.<sup>24</sup> *Aurelius Cornelius Celsus* (27BC- AD50) treated uterine prolapse by astringent washes, replacement of the uterus and application of medicated pessaries to prevent further prolapse.<sup>23</sup> *Soranus of Ephesus* (98-136 AD) accurately described the female genital organs. He also treated uterine prolapse by amputation.<sup>23,24,27</sup> *Claudius Galen* (129-200 AD) believed that genital prolapse was capable of reducing itself and used fumigations to the vulval area to encourage this.<sup>23,26</sup>

*Arateus* (Greek physician) in 2<sup>nd</sup> century AD described the uterus as resembling an animal which wandered throughout the body cavity and was subjected to prolapse.<sup>23</sup> *Rabban Tabri* (839-923 AD) mentioned a brief description of management of uterine prolapse in his book *firdousul hikmat*.<sup>28</sup>

## MATERIAL & METHODS

For Unani concept of uterine prolapse available authentic text of Unani Medicine was searched. Literature was also searched on PubMed, Google Scholar, Medline, Science Direct with the keywords; Uterovaginal prolapse, *inzalaqur rehm*, Unani medicine for uterovaginal prolapse etc.

### Unani concept

**Synonyms:** *Khurooje rehm*,<sup>3,10</sup> *Nutue rehm*,<sup>3,5,12</sup> *Burooze rehm*,<sup>3,10</sup> *Zalaqe rehm*,<sup>3</sup> *Qaran*,<sup>7</sup> *Isterkhae rehm*,<sup>8</sup> *Aqal*,<sup>7</sup> *Rehm ka nikal aana*.<sup>30</sup>

**Definition:** "Inzalaqur Rehm is a condition in which the uterus descends below into the vagina or outside the introitus from its normal level."<sup>3,4,5</sup>

### Causes

#### External causes

- Fall from height.<sup>3,5, 6,7,10,11</sup>
- Heavy weight lifting.<sup>3,5,7,8</sup>
- Trauma to uterus.<sup>3,7,10</sup>
- Forceful shouting or sneezing.<sup>3,7,10,11</sup>
- Jumping.<sup>5,8,10,12,31</sup>
- Exposure to shock or fear causes weakness of ligaments and *isterkhae aaza* leading to uterine descent.<sup>6,7</sup>

#### Obstetric causes<sup>3</sup>

- Childbirth.<sup>31</sup>
- Difficult labour.<sup>3,10,11</sup>
- Precipitate labour.<sup>3,11,12</sup>
- Big baby.<sup>3,11</sup>
- Forceful pulling of placenta or dead fetus.<sup>3,5,6,7,10,11</sup>
- Sudden expulsion of fetus.<sup>3</sup>

#### Internal causes

- Abnormal accumulation of *balghame ghaleez* or *balghame lazij* in uterine ligaments causes its weakness which leads to uterine prolapse. It usually occurs in old age women with excessive *rutubat* in their body.<sup>3,6,7,10,11</sup>
- Uterine ulcer causes disruption of uterine ligaments.<sup>3</sup>
- *Isterkhae badan*.<sup>12</sup>

### Symptoms

- Severe pain in back, pelvis and anus.<sup>3,5,7,11,12,30</sup>
- Retention of urine and faeces.<sup>3,7,11</sup>
- Dribbling of urine.<sup>10</sup>
- Fever.<sup>3,7,11,12</sup>
- Generalized body ache.
- Fear.<sup>5,10</sup>
- Tetany.
- Tremors.<sup>5,30</sup>

### Signs

- Mass per vaginum.<sup>3,5,7,11,12,30</sup>
- Feeling of soft mass in vagina.<sup>3,5,10,30</sup>
- Vaginal discharge.<sup>3,5</sup>

**Diagnosis:** On P/V examination if a soft mass is felt in vagina, it confirms the diagnosis of *inzalaqur rehm*.<sup>7</sup>

### Degrees

There are 3 degrees of *inzalaqur rehm*

1. Descent of uterus in the vagina.
2. Descent of uterus outside the vaginal introitus.
3. Complete descent of uterus along with bladder and rectum.<sup>9</sup>

### Differential diagnosis

On P/V examination external os of cervix is not felt in *inqalabur rehm*, while it is felt in *inzalaqur rehm*.<sup>3,5</sup>

### General advices<sup>4</sup>

- Rest & reassurance.<sup>3,4</sup>
- Recommend the patient to inhale pleasant smells and avoid unpleasant smells which may provoke coughing and sneezing.<sup>7,10</sup>
- Avoid intercourse for at least two months.<sup>3</sup>
- Avoid strenuous physical activities and shouting.<sup>7,10</sup>
- Avoid home deliveries by untrained midwives and encourage for hospital deliveries.
- Avoid immediate resume to work and heavy weight lifting following delivery.<sup>4</sup>

### Treatment

#### Usoole ilaj

- Use *mus'hile balgham advia* for *tanqiae badan*.<sup>6</sup>
- Use *mulayyan huqne* for *tanqiae amaa*.<sup>3,5,7,30</sup>
- Use *mudirre boul advia* for *tanqiae masana*.<sup>3,5,7,30</sup>
- Following *tanqiae masana wa amaa*, replace the uterus in its original position.<sup>3</sup>
- Use of *qabiz & muqawwie rehm* drugs to strengthen the uterus. *Muqawwie rehm* drugs act on uterus by providing strength to it or maintaining its normal temperament, whereas *qabiz* drugs constrict the uterine ligaments and helps the prolapse to regress.<sup>3,5,8,9,10</sup>

### Ilaj

#### Ilaj bil Ghiza

- Food is usually avoided during the course of treatment.
- Light, nutritious & easily digestible diet is recommended such as *zardie baizae murgh neem brasht*, *ma' ul lahem*, *ma' us shaeer*, *moong ki dal ka pani*, *ma' ul fawakeh* and *sagudana*.<sup>3,5,7</sup>
- Avoid spicy and salty food.<sup>3,11</sup>

#### Ilaj bil Tadbeer

##### Dalak

- Massage the uterus with *roghane gul* mixed with *roghane khalooq* and *ghaliya*.<sup>5,12</sup>
- Massage with *roghane chameli* mixed with *zafran* or *ghaliya*.<sup>33</sup>

##### Hijama

- *Muhajama nari* (fire cupping) over the back.<sup>3,6,11</sup>
- *Hijamat bila shurt* (dry cupping) below the breast<sup>5,7</sup> and umbilicus<sup>5,7,11,12,30</sup> for longer duration to regress the prolapse uterus.<sup>12</sup>

### Procedure of uterine replacement

Patient is made to lie in dorsal lithotomy position and sterile soft wool is kept on the uterus; tampon soaked in *usarae aqaqiya* or *qabiz sharab* is placed over it. Following this, the vulva is covered with a pad soaked in vinegar and bandage is applied over it. Patient is instructed to remain on bed for two days, only liquid diet is allowed and cupping is applied over the back. On third day, tampons are removed and fresh tampon soaked in *joshanda* of *qabiz* drugs is inserted followed by

*nutool* with same drugs. Later, *abzan* with *izkhar*, *moorad* and *gule surkh* is given. Vaginal packing is recommended on every alternate day to prevent further descent of uterus and advised to avoid ambulation for one week.<sup>3,5,7,11,12</sup>

### Ilaj bil Dawaa

#### Orally: Tanqiae balgham

- *Ayaraje turbudi* and *ayaraje kibar*.<sup>3</sup>
- *Turbud*.
- *Shahame hanzal*.
- *Habb ul neel*.<sup>6</sup>
- *Habbe ayaraj*.<sup>6,10</sup>

#### Taqwiyate rehm

- *Dawa ul misk*.<sup>34</sup>
- *Habbe astamkhiqoon*.<sup>6,10</sup>
- *Qurse amber*.<sup>34</sup>
- *Sharbate ward shakari* with water.<sup>8</sup>
- *Sharbate gaozaban*.<sup>34</sup>
- *Jawahar mohra* 20mg or *habbe jawahar* 1 piece with *khameera gaozaban ambary* / *dawa ul misk* / *majoone hamal ambari alwi khani* 5gm.
- *Majoone mocharas*.<sup>4</sup>

### Locally

#### Huqna

- *Roghane zabaq jayyad* mixed with small amount of *khalooq* and *ghaliya*.<sup>5,6</sup>
- Prepare decoction of *shagufae anar*, *shagufae mazu*, *kharnoob kham*, *asalus soos* each 1 part, fruit of *saru* ½ part, *ustukhudus*, *shagufae baboona* each ¼ part. Add 204ml *roghane aas*, and ¼ part *roghane zaitoon* in 204ml of decoction.<sup>8</sup>
- *Roghane chameli safaid* with little quantity of *ghaliya*.<sup>10</sup>

#### Nutool

- Mix small amount of *roghane zafran* in *roghane zabaq* or *roghane gul* and pour few drops of it within the uterus.<sup>3,12,30</sup>

#### Takmeed

- *Roghane gul*.
- *Aqaqiya* with water.
- *Usarae lahiyatuttees* mixed with *sharabe qabiz aswad*.<sup>12</sup>

#### Farzaja

- *Aqaqiya*, *sak* and *ramak* dissolved in *qabiz sharab* and *matbookhe babool*, *tarasees*, *ambar sabz* and *kharnoob khardar*.<sup>6,7,10,30</sup>
- *Usarae qarz*, *tarasees* and *sharabe afis*.<sup>12</sup>
- *Joshandae aas* or *shagufae anar*.<sup>8</sup>
- *Gond babool*, *tabasheer*, *mazu*, *kharnoob*, *aqaqiya*, *musk* and *zarmak* grounded with *sharab*.<sup>33</sup>
- *Berge moorad*, *gule surkh*, *aqaqiya* and *poste anar*.<sup>3,7,11</sup>
- *Aqaqiya*, *mur makki*, *kundur*, *ladan*, *gulnar*, *berge aas*, *gule surkh*, *adas muqashshar*, *mazu sabz*, are finely powdered; *farzaja* is prepared with *sharabe afis* and soaked in *roghane moorad* or *roghane gul*.<sup>3,34</sup>

## Zimad

- Once the prolapse is reduced, apply zimad over the pelvis with qabiz drugs such as post anar, kazmazaj, gulnar and post mugheelan. Even nutool with matbookh of these drugs is also beneficial.<sup>3</sup>
- Babool, tarasees, gulnar, mazu, aqaqiya and usarae lahiyatuttees doughed in aabe aas and aabe bartang sabz and apply over the pelvis.<sup>6</sup>
- Post anar, jau ka aata, sirka with water & apply over the lower abdomen.<sup>12</sup>
- Babool ki phalli, tarsoos, nagarmotha, habbulaas, aqaqiya and gulnar doughed in sharab and aabe habbulaas.<sup>10</sup>
- Bahroza.<sup>9</sup>

## Abzan

- Izkhar, moorad and gule surkh.<sup>3,5,7,11,12</sup>
- Izkhar, gulab, mazu and jawarish al saru.
- Aas, izkhar and poste anar boiled in sharabe siyah afis or aabe qum qum.
- Joshandae aas.
- Joshandae mastagi.
- Joshandae qum qum.<sup>12</sup>
- Joshandae mazu.<sup>9</sup>

## Humool

- Usarae bukhoore mariyam.<sup>12</sup>
- Habbulaas khushk.
- Gule surkh khushk.
- Berge ausaj.
- Samaq.<sup>28</sup>
- Mastagi.<sup>9</sup>
- Roghane gul with roghane sosan for decubitus ulcer on prolapsed part.<sup>8</sup>

## Zaroor

Aqaqiya, mazu and gulnar is beneficial in ulceration on prolapsed part.

## Dhooni

- Cow dung.
- Bukhoore mariyam and sirka.<sup>12</sup>

## Lasooqat

- Aarde jau and tahlab.
- Masoor with other qabiz drugs.<sup>11</sup>

## Ghaliya

- Mushk.
- Amber.

**Ilaj bil Yad:** If uterine prolapse fails to replace to its normal position or gets ulcerated, hysterectomy is recommended.<sup>10</sup>

## Prognosis

- If the entire uterus comes out of vagina and the treatment is unsuccessful, the woman may die.<sup>6</sup>
- The disease can be treated easily, if is in acute stage and occurs in young women;<sup>7,8,10,11,12</sup> once it becomes chronic, it is difficult to treat.<sup>7,10</sup>

## Complications

Prolapse part may get ulcerated.<sup>8,12</sup>

## Proved unani medicine for uterine prolapsed

**Aqaqiya (Acacia arabica):** Clinical study conducted to improve the quality of life of women having uterine prolapse with use of aqaqiya both orally & locally for 8 weeks demonstrated that it was effective due to its qabiz, habis, mujaffif, muhallil & muqawwi rehm properties.<sup>35</sup>

**Mocharas (Bombax malabaricum) and Habbulaas (Myrtus communis)** was effective in improving quality of life of women suffering from uterine prolapse as they possess mujaffif, qabiz and muqawwi properties due to the presence of chemical constituents such as tannin, catechin and flavonoids which absorb the excessive fluid, constrict the ligaments and provide strength to pelvic floor muscles.<sup>36</sup>

## CONCLUSION

Uterovaginal prolapse is a common health problem affecting up to 40% of parous women over 50 years old, with significant negative influence on quality of life. It is one of the three most common reasons for hysterectomy in USA, accounting for 15-18% of procedures in all age groups, and is the leading indication for hysterectomy in postmenopausal women. Treatment modalities for UVP include both surgical and nonsurgical, however, these modalities are associated with many complications and drawbacks. In Unani system of medicine, effective treatment is available 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 Uterovaginal prolapse.

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