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## ***Tadabeer-iWiladatwa baadaz wiladat* (Peri natal and post natal care): An approach through unani system of medicine**

**Fouzia Bashir, Jamal Akhtar and Salma Bi**

### **Abstract**

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Ideally, the care should begin soon after conception and continue throughout pregnancy. 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 of pregnancy and childbirth. So each and every mother should have access to quality healthcare during their pregnancy and childbirth. In various Unani texts, the comprehensive explanation of Peri Natal and Post Natal Care is mentioned under the heading of "*Tadabeer-i- Wiladat*". In this paper, an attempt has been made to highlight the strength of Unani medicine in Peri natal care and post natal care.

**Keywords:** Unani medicine, tadabeer, *wiladat*, *zamana -I niffas*

### **1. Introduction**

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. Health of women is one of the 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 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 <sup>[1]</sup>. Women in the reproductive age between 15-49 years of age constitute more than 22 percent total population, together they constitute near about 63 percent of total world's population. Half of the world's 2.6 billion women are between 15-49 years of age. Women in reproductive stage and children are highly vulnerable group to health related problems and services <sup>[2]</sup>. According to WHO, approximately 810 women died in 2014 from different causes related to pregnancy and child birth. 94% of all maternal death occurs in low and lower middle-income countries.<sup>[3]</sup> Management of Pregnancy and Parturition has always been a challenge to the medical world. India is a vast country and majority of population resides in rural areas where medical facility is not easily accessible. The Unani System of Medicine which is holistic in nature, deals with maternal and child health issues in a systematic manner as evident from ancient Unani literature <sup>[4,5]</sup>.

### **2. Mother and child healthcare in Unani Medicine**

The main aim and objectives of mother and child health care in Unani medicine is to ensure good health of the women before planning the pregnancy, prevention and treatment of common ailment associated with pregnancy, avoiding obstetric complications, *tadabeer-i wiladatwa baadaz wiladat* (peri natal and post natal care), New born, Infant and Child care. Reproductive health care is discussed and is meant for prevention and treatment of diseases associated with female reproductive organs <sup>[6]</sup>.

Mother and child health care can be broadly divided into following aspects <sup>[7,8]</sup>

- *Tadabeer-iHaamla* (Ante natal care)
- *Tadabeer-iWiladat* (Peri natal Care)
- *Tadabeer-ibaadazWiladat* (Post natal care)
- Nursing and Breast feeding.

Unani physicians have mentioned various drugs and regimens useful in the management of *wiladat* (labour) under the following headings <sup>[7,9]</sup>.

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- *Tasheel-iWiladatwa Tadbeer-iUsr Wiladat* (To facilitate labour and regimen for dystocia)
- *Ikhraj al-Janeen* (Expulsion of foetus)
- *Ikhraj al-Masheema* (Removal of placenta)

*IbnSina* have mentioned that if labour pain starts and felt in the abdomen, it will lead to smooth delivery whereas backache associated with labour pain is an indication of complications during delivery [10].

### 3. Causes of *Usr-e Wiladat* (dystocia)

*Majoosi* has mentioned obesity, small uterus, *Duf-iQuwwat-e dafia* (weakness of expulsive power,) as the main causes of dystocia [9].

Causes of dystocia are divided into following categories: [8, 10]

- Maternal causes:** obesity, small pelvis, general weakness, young age and primigravida, close os, growth in the delivery canal.
- Fetal causes:** Large baby, big size of the fetal head, other fetal abnormalities like conjoined twins, dead fetus, abnormal presentations like breech, leg, compound presentation.
- Placental causes:** *Placenta previa*, thick and very thin placenta, early rupture of amniotic membrane with discharge of amniotic fluid, small umbilical cord.
- AsbabBadiya** (external causes): Extreme cold climate, extreme hot climate, full bladder, and fecus in rectum.

With reference to *Buqrat*, *Razi* quoted that delivery in extreme cold climate causes dystocia and there are increased chances of maternal death therefore female should be shifted to some other place before delivery or measures like *Aabzan* (sitz bath), *Dalk*(massage), *Hammam*(Turkish bath) are adopted to normalize the temperature [8].

### 4. *Tasheel-iWiladat o Tadbeer-iUsr-eWiladat* (To facilitate labour and regimen for dystocia)

Following measures and drugs are used in the last trimester (particularly in the ninth month) to facilitate smooth labour [7]

- *Mullayin Ghidha* (laxative diet), *Muzliq Aghdhiya* (Lubricant agents) like spinach, methi, chicken, oily gravy and *Muskhkhin* (heat producing) drinks like gram and soya (*Anethum sowa* Roxb.) water and tasty foodstuffs are advised whereas constipation producing and astringent dietary items should be avoided in diet [11].
- Daily bathing with lukewarm water is advised in the last trimester.
- Physical work and exercises are advised.
- In case of dryness in the body- *Luaab* (mucilage) of *Behidana* (*Cydonia oblonga* Linn.) and *Isapghol* (*Plantago ovate* Forsk.) or *Tukhm Katan* (*Linum itatissimum* Linn.) are given orally before breakfast in the morning for 1 month [6].
- *Aab-i-hulba*-Decoction of *hulba* (*Trigonella foenum-graecum* Linn.) is given orally. *Tamreekh* (application of oil) of *roughanshibt* (oil of *Anethum sowa* Roxb.), *roughanbabuna* (oil of *Matricaria chamomilla* Linn.) or *roughankhairi* on lower abdomen and back during labour pain and *Humool* (suppository) prepared with aromatic drugs is kept in the vagina [6].
- If the woman strains her abdomen and the pang come easily to deliver the child indicate that the labour will follow a natural course [12].
- Lithotomy position is recommended for delivery. She should be kept in a well-ventilated room with moderate temperature [6].
- If membranes are found intact and causing difficulty then

fomenting the womb with decoction of *methi* (fenugreek) and bland oils ease the process of delivery. After that artificial rupture of membrane (ARM) is done with small scalpel to allow the amniotic fluid to flow out and abdominal pressure is given until the foetus comes out [6].

- During labour pain, catheterization is done to empty the bladder and enema is given to clear the intestines.
- Sneezing also facilitates smooth delivery and expulsion of placenta [9].

### 5. Management of *Usr-eWiladat*

- *Aabzan* (sitz bath) with decoction of following drugs is advised [7, 11] *Mur* (*Commiphora myrrha*), *Baboona* (*Matricaria hamomilla* Linn), *Banafsha* (*Viola odorata* Linn.) and *Alsi* (*Linum itatissimum* Linn.).
- Inhalation of aromatic fragrance is advised.
- *Dhooni* (Fumigation) of vagina and uterus with *Mukhrij-iJaneenadvia* (drugs which facilitate foetal expulsion) are recommended like *Kehruba* [13].
- Decoction of *Hulba* (*Trigonella foenum-graecum* Linn.) - 260 ml is given orally.
- Decoction of *Parsioshan* (*Adiantum capillaris-veneris* Linn) with honey is given orally.
- *Shehm Hanzal* (colocynth pulp) in a dose of 18gm is given orally.
- Expulsion of foetus through instrument (forceps delivery) [7, 9]

### 6. For expulsion of fetus and placenta

- Oral administration of *Abhal* (*Juniperus communis* Linn.) and *Mushktaramishi* (*Mentha spicata* Linn.) with decoction of *Turmus* (*Lupinus albus* Linn.) and *Fodnaj* (*Mentha piperita* Linn). *Majoon* prepared with *Abhal* (*Juniperus communis* Linn.), *Zarawand* (*Aristolochia* sp), *Asaroon* (*Asarum europaeum* Linn.), *Meah Sailsa* (*Altingia excelsa*) 1gm each and honey is given in a dose of 7gm with hot water [7,8]
- *Humool*(Suppository) prepared with *Qirdmana* (*Carum carvi* Linn.) is kept in vagina.
- *Aabzan* (Sitzbath) with decoction of *Kharbaq*[4]
- *Shiyaf* (Pessary) of *Roughane bilsan*, *Indarain*, post *Amaltas*, *berg e bans* and *Abhal*.

### 7. For retained placenta

- Sneezing agent like *FilfilSiyah*(*Piper nigrum* Linn.) is used to facilitate expulsion of placenta [7, 8]
- *Dhooni* (Fumigation) is done in vagina through the fumes of burnt pills prepared with *Kehruba* (*Pinus roxburghii* Sarg), *Mur* (*Commiphora myrrha*), *Jaosheer* (*Ferula galbaniflua*) and *Kibreet* (Sulphur) [11, 12]
- Midwife is advised to dip hand in sesame oil or mucilage of marshmallow and introduce it into vagina, locate the placenta and gently draw it out. But if it is found adherent to the depth of uterus, she should move her hand side to side left to right, and gently increase the traction to free from it adhesions. Forceful traction should be avoided as it may cause a prolapse [6]
- Drugs useful in management of delivery are: [13]
  - *Hilteet* (*Ferula foetida* regel)
  - *Bargsudab*(*Rutagra veolens* Linn.)
  - *Hurmud* (*Peganum harmala* Linn.)
  - *Behroza* (*Pinus roxburghii* Sarg.)
  - *Jaosheer* (*Ferula galbaniflua*)
  - *RoughanArand* (*Ricinus communis* Linn.)
  - *ZarawandMudharij* (*Aristolochia rotunda*)

- Karnab (*Brassica oleracea* Linn)
- Shailam (*Lolium temulentum* Linn.)

**Compound drug:** *Tiryā qArba* <sup>[14]</sup>

## 8. Gynecological and obstetric Instruments used <sup>[7, 9]</sup>

- a) **Lawlab (Speculum)** for opening of vagina and vaginal examination.
- b) **Midfa (Thruster)** designed to get a grip on the foetal neck and thus to push out the rest of the body.
- c) **Kalalib (forceps)**
- d) **Mibda (scalpel) or perforator**
- e) **Miqass (scissor)**
- f) **Sinnara (midwifery hook or crotchet)** used to fasten in various part of dead fetus in order to draw it out.
- g) **Al-Qam (Funnel)** used to irrigate the uterus.
- h) **Mishdakh (Cephalotribe)** for crushing the foetal head.

## 9. Tadabeer-ibaadaz Wiladat (Post natal care)

*Tadabeer-ibaadaz Wiladat* (Post natal care) refers to the period up to first 6-8 weeks following birth of the baby. In this period, the changes that occur during pregnancy revert back near about or to non-pregnant state. The cardiovascular system reverts to normal during the first 2 weeks. The vaginal wall is initially swollen, bluish and pouting but rapidly regains its tone. Just after the expulsion of placenta, the uterus is at the size of 20-week pregnancy then reduces in size on abdominal examination by 1 finger-breadth each day, such that on the 12th day it cannot be palpated. By end of puerperium, it is only slightly larger than pre-pregnancy. In Unani medicine, puerperium has been described under the heading of *Zamana-iNiffas*, women during this period called as *Nifsa* and post natal care as *Tadabeer-iNiffas* <sup>[7]</sup>. *IbnSina* has mentioned *zamana-iniffas* to the period up to 30-40 days or more following the delivery of baby <sup>[14]</sup>. *Jurjani* mentioned the puerperal period upto 25-30 days following the delivery of male baby and 30-35 days in case of delivery of female child <sup>[8]</sup>.

During this period, women need special health care as there may occur some problems which may lead to major remote complications. Common puerperal problems are excessive lochial discharge, scanty lochial discharge, septicemia, fever, mastitis and constipation etc <sup>[7, 9, 10]</sup>.

## 10. Management of common problems during *Zamana-iNiffas*

### ➤ For abdominal swelling after delivery

- Pills prepared with *Saatar* (*Satureja hortensis* Linn.), *Sakbeenaj* (*Ferula persica* Willd.) and *Mastagi* (*Pistacia lentiscus* Linn.) 1 part each and honey is given orally in a dose of 4.5gm <sup>[6]</sup>.

### ➤ Excessive lochia discharge:

- Upper extremities and lower extremities are tied then cloth soaked in vinegar is applied over the abdomen.

Diet: *Qabiz* (astringent) and *Muqawwi* (nutritive) diet is recommended like half boiled egg yolk, Milk, sumaqia, dates, meat gravy, etc.

Following formulations are also useful: <sup>[11, 12]</sup>

- *Shiyaf* (vaginal pessary) prepared with *Gulnar* (*Punicagranatum* Linn.), *Kehruba* (*Pinussuccinifera*), *Kundur* (*Boswellia serrate* Roxb.), *GulSurkh* (*Rosa damascena* Mill.) and *Sharab* (wine).
- *Huqna* (enema) of *AabBartang* (*Plantago major* Linn.) is very beneficial.

- *Dry Hijama* (dry cupping) is done below the breast.

### ➤ Scanty lochia discharge: <sup>[6, 11, 12, 13]</sup>

- *Mudirrat-i tams Advia* (*Emenagogues*), *Dhooni* (*Fumigation*) and *Atoos* (induced sneezing) and a component of regimenal therapy i.e. *Fasd* (Venesection) is recommended. *Mufatteh Sudadwaghaleez Aghzia* (Obstruent and less digestive diet) should be avoided.
- Oral administration of decoction of *Ajmod* (*Apiumgraveolens* Linn.), *Hansraj* (*Adiantum incisum* Forsk.), *Mushktaramushi* (*Mentha spicata* Linn.) with sugar crystals.
- *Mudirrat-i tams Advia* (emenagogues) like *Abhal* (*Juniperus communis* Linn.), *Asaroon* (*Asarum europaeum* Linn.), *Zarawandmudharij* (*Aristolochiarotundus* Linn.), *Majeeth* (*Rubia cordifolia*, Linn.), *Afsanteen* (*Artemisia absinthium*, Linn.), *Turmus* (*Lupinus albus* Linn.), *karafs* (*Apiumgra veolens* Linn.), *Anisoon* (*Pimpinella anisum* Linn.) are useful for uterine cleansing. <sup>[8]</sup>
- *Dhooni* (Fumigation) with single drugs like *Harmal* (*Peganum harmala* Linn.), *Khardal* (*Brassica nigra* (Linn.)) and *Muqil* (*Commiphoramukul* Hook.), *Ilak al-batam* (*Pistacia lentiscus* Linn) are useful. <sup>[8]</sup>
- *Fasd-iSaphan* (Venesection of saphenous vein) is also beneficial in case of reduced puerperal discharge and endometritis.

### ➤ For uterine pain and endometritis <sup>[4, 5]</sup>

- Oral administration of *Maa al-Shaeer* (Barley water and *Maa al-Asool* for few days.
- Oral administration of decoction of *Satar* (*Saturejahortensis* Linn.) or *Izkhar* or Decoction of *salikha* (*Cinnamomum zeylanicum* Blume)
- *Aabzan* (Sitz bath) with lukewarm water is advised <sup>[8]</sup>
- Lukewarm *Roughan Banafsha* is rubbed on the abdomen <sup>[10]</sup>
- *Huqna-e- Mahbili* (Enemata per vaginum) is done with decoction of *Katan* (*Linum usitatissimum* Linn.) or *Salikha* (*Cinnamomum zeylanicum* Blume).

### ➤ Mastitis and cracked nipple <sup>[6]</sup>

These are common problems of puerperal and lactating period. Mastitis occur due to collection of excessive milk in breast, injury while feeding or *sue-iMizaj* of breast (Ill temperament).

### ➤ For breast congestion and swelling

- Hot fomentation is done with a sponge soaked in lukewarm water.
- *Zimad* (paste) prepared with *Roughan Gul*, *roti* (chappati) and egg yolk is applied on the breast.
- Paste prepared with anti-inflammatory drugs like *Hulba* (*Trigonella foenum* Linn.), *Khatmi* (*Althaea officinalis* Linn.), *Katan* (*Linum usitatissimum* Linn.), *Mur* (*Commiphoramyrtha*). *Arad Jau* (barley flour), *Maweez* (*Vitisvinifera* Linn.), *BargSarw* (*Cypress ussempervirens* Linn) etc and *Roughan kunjud* (sesame oil) or *Roughan Zaitoon* (olive oil) or egg yolk <sup>[11, 12]</sup>
- Hot fomentation is done with vinegar or decoction of *Hulba* (*Trigonella foenum* Linn.), *Katan* (*Linum usitatissimum*, Linn.), and *Khatmi* (*Althaea officinalis*, Linn.) <sup>[8]</sup>

- Local application of *Zimad* (paste) prepared with Khajur (dates), roti (chappati), water and vinegar <sup>[11, 12]</sup>
- Breast feeding should be avoided during mastitis. If lactating mother develops mastitis due to retention of milk, it may be associated with fever. For this oral administration of decoction of Tukhm Kahu (*Lactuca sativa* Linn), Adas (lentil) and vinegar are beneficial<sup>[6]</sup>
- Paste prepared with leaves and seed of Sudab (*Rutagra veolens* Linn.), Badrooj and BeekhKarnab (*Brassica oleracea* Linn.)<sup>[6]</sup>

#### ➤ ***Qillat-i Laban (Lack of Breast milk)*** <sup>[11]</sup>

In this condition, less milk is produced in the breast during lactation period. Main causes of reduced breast milk are malnutrition, lack of blood, mental stress, carelessness towards baby and *Su-i Mizaj-i Pistan* (ill temperament of Breast). For this following management should be practiced.

- *Islah-i Ghidha* (proper diet) is recommended in terms of quality and quantity <sup>[15]</sup>.
- *Jayyed al-Kaimoos* (good blood producing diet), *haarratab Aghdhiya* (hot and moist temperament diet) and *Muwallid-i Sheer Aghdhiya* (Lactogenic diet) is given to mother like milk, rice, chicken, kid's meat, egg, gram, starch, carrot, turnip etc. *Halwa* and *hareerajat* (sweet preparations) prepared with dry fruits, sugar and milk <sup>[11, 12]</sup>.
- *Galactagogue* drugs as mentioned earlier are used. Some remedies are:
- Oral administration of TudriSurkh (*Lepidium iperis* Linn.)-4gm in form of powder with cow milk -250ml <sup>[6]</sup>.
- Oral administration of powder of Shoneez (*Nigella sativa*)-2gm is given with *Maa al-Asl*.
- Oral administration of *Safoof* (powder) prepared with Satavar (*Asparagus racemosus* Willd.), Zeerasafed (*Cumin cuminum* Linn.) and Badiyan (*Foeniculum vulgare* Mill.) each 1 part is given in a dose of 7gm with milk and sugar <sup>[6]</sup>.
- Correction of *Su-imizaj-i Pistan* (ill temperament of the breast) is done through *Hijama* (Cupping) below breast region and *Natool* (pouring) of lukewarm water over the breast <sup>[6]</sup>

#### ➤ **Compound Drugs** <sup>[13]</sup>

- *Halwa Baiza Murgh* 6-12 gms twice daily.
- *Halwa Nakhud* QS
- *Halwa-i Salab* 12-24gm with milk in the morning <sup>[12]</sup>

### 11. Conclusion

During pregnancy, patient needs proper care and support to deal with the difficulties of whole journey and to achieve a healthy mother and healthy baby at the end of pregnancy. Through this paper, an effort has been made to focus and highlight the strength of Unani medicine in perinatal and post natal care. There is an extensive literature available on maternal health and wellness in the Unani system of medicine, only the need is to properly incorporate the regimens in clinical practice and form a basis for further studies towards successful management of maternal health.

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