Tadabeer–IWiladatwa baadaz wiladat (Peri natal and post natal care): An approach through unani system of medicine

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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 [1]. 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 [2]. 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.[3]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 [4, 5].

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–IWiladatwa 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 [6].

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

- 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 [7, 9].
• **Tasheel-i-Wiladatwa Tadbeer-iUsr Wiladat** (To facilitate labour and regimen for dystocia)
• **Ikhraj al-Janeen** (Expulsion of foetus)
• **Ikhraj al-Masheema** (Removal of placenta)

*Ibn Sina* 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-i Qwwat-e dafia* (weakness of expulsive power,) as the main causes of dystocia [9].

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

**a) Maternal causes:** obesity, small pelvis, general weakness, young age and primigravida, close os, growth in the delivery canal.

**b) 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.

**c) Placental causes:** *Placenta previa*, thick and very thin placenta, early rupture of amniotic membrane with discharge of amniotic fluid, small umbilical cord.

**d) Asbab Badiya** (external causes): Extreme cold climate, extreme hot climate, full bladder, and focus in rectum.

With reference to *Bugrat, 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), *Daalk* (massage), *Hamam* (Turkish bath) are adopted to normalize the temperature [8].

4. **Tasheel-eWiladat 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 Ghdila** (laxative diet), Muzliq Aghdiya (Lubricant agents) like spinach, methi, chicken, oily gravy and Muskhhkin (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 (*Cynodia oblonga* Linn.) and Isapghol (*Plantago ovate* Linn.) or Tukhm Katan (*Anethum sowa* Roxb.), *roughanabuna* (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 [8].

• 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-e Wiladat**

**a) Aabzan** (sitz bath) with decoction of following drugs is advised [7, 11] *Mur* (*Commiphora myrrha*), *Baboon* (*Matricaria chamomilla* Linn), *Banaasha* (*Viola odorata* Linn.) and *Als* (*Linumus itatissimum* Linn.).

• Inhalation of aromatic fragrance is advised.

• **Dhoooni** (Fumigation) of vagina and uterus with *Mukhrij ilaneenadvia* (drugs which facilitate foetal expulsion) are recommended like *Khrubha* [15].

• Decoction of *Hulba* (*Trigonella foenum-graecum* Linn.) - 260 ml is given orally.

• Decoction of *Parsioshan* (*Adiantum capillus-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 *Mushktramishi* (*Mentha spicata* Linn.) with decoction of *Turmus* (*Lupinus albus* Linn.) and *Fodnaj* (*Mentha piperita* Linn). *Majooin* prepared with *Abhal* (*Juniperus communis* Linn.), *Zarawand* (*Aristolochia sp*), *Asarooon* (*Asarum europaeum* Linn.), *Mesha Saila* (*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 *Kharbaaq* [4]

• *Shyaf* (Pessary) of *Roughaneh bilsan*, *Indarain*, post Amalas, berg e bans and *Abhal*.

7. **For retained placenta**

• Sneezing agent like *Filfil Siyah* (*Piper nigrum* Linn.) is used to facilitate expulsion of placenta [7, 8]

• **Dhoooni** (Fumigation) is done in vagina through the fumes of burnt pills prepared with *Khrubha* (*Pinus roxburghii* Sarg), *Mur* (*Commiphora myrrha*), *Jaoosher* (*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 it from adhesions. Forceful traction should be avoided as it may cause a prolapse [6]

• Drugs useful in management of delivery are: [13]
  - *Hilteer* (*Ferula foetida* regel)
  - *Barsudabi* (*Rutagra veolens* Linn.)
  - *Hurml* (*Peganum harmala* Linn.)
  - *Behroza* (*Pinus roxburghii* Sarg.)
  - *Jaoosher* (*Ferula galbaniflua*)
  - *Roughanaran* (*Ricinus communis* Linn.)
  - *Zarawand Mudharj* (*Aristolochia rotundula*)
Karnab (Brassica oleracea Linn)
Shailam (Lolium temulentum Linn.)

Compound drug: Tiryā qArba

8. Gynecological and obstetric Instruments used

a) Labwal (Speculum) for opening of vagina and vaginal examination.
b) Midfa (Thruister) 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
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–inNīfass, women during this period called as Nifsaa and post natal care as Tadabeer–inNīfass. IbnSina has mentioned Zamana-inNīfass to the period up to 30–40 days or more following the delivery of baby. 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.

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.

10. Management of common problems during Zamana–inNīfass

- For abdominal swelling after delivery
  - Pills prepared with Saator (Satureja hortensis Linn.), Sakbeenaj (Ferula persica Willd.) and Mastagi (Pistacia lentiscus Linn.) 1 part each and honey is given orally in a dose of 4.5 gm.

- Excessive lochial discharge:
  - Upper extremities and lower extremities are tied then cloth soaked in vinegar is applied over the abdomen. Diet: Qabiz (astringent) and Mqawwi (nutritive) diet is recommended like half boiled egg yolk, Milk, sumaquia, dates, meat gravy, etc. Following formulations are also useful:
    - Shivaf (vaginal pessary) prepared with Gulnara (Panicastratumum Linn.), Kehruba (Pinussuccinifera), Kundur (Boswellia serrata Roxb.), GulSurkhi(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 lochial discharge:
  - Mudrarit-tams Advia (Emenagogues), Dhooni (Fumigation) and Atoos (induced sneezing) and a component of regimen liberal therapy i.e. Fasd (Venesection) is recommended. Mufatteh Suddawghaleez Agzhia (Obstructed and less digestive diet) should be avoided.
  - Oral administration of decoction of Ajmod (Apiumraveolens Linn.), Hansraj (Adiantum incisum Forsk.), Mushkhtaramushi (Menta spicata Linn.) with sugar crystals.
  - Mudrarit-tams Advia (ememagogues) like Abhal (Juniperus communis Linn.), Asaroon (Asarameuproupaceum Linn.), Zarawandmudharji (Aristolochiartotundus Linn.), Majeeth (Rubia cordifolia, Linn.), Afsanteen (Artemisia absinthium, Linn.), Turmus (Lupinus albus Linn.), karafs (Apiumrava veolens Linn.), Anisoon (Pimpinella anisum Linn.) are useful for uterine cleansing.
  - Dhooni (Fumigation) with single drugs like Harmal (Peganum harmala Linn.), Khardal (Brassica nigrare (Linn.)) and Muqil (Commiphoramakuk Hook.), Ilak al-catam (Pistacia lentiscus Linn) are useful. Fasdi-Safpan (Venesection of saphenous vein) is also beneficial in case of reduced puerperial discharge and endometritis.

- For uterine pain and endometritis
  - Oral administration of Maa al-Shaeeer (Barley water and Maa al-Assool for few days.
  - Oral administration of decoction of Satar (Saturejahortensis Linn.) or Izkhar or Decoction of salikha (Cinnamomum zeilanicum Blume)
  - Aabzan (Sitz bath) with lukewarm water is advised.
  - Lukewarm Roughan Banafsha is rubbed on the abdomen.
  - Huqna-e-Mahbili (Enema per vaginum) is done with decoction of Katan (Linumus itatissimum Linn.) or Salikha (Cinnamomum zeilanicum Blume).

- Mastitis and cracked nipple
  - These are common problems of puerperal and lactating period. Mastitis occur due to collection of excessive milk in breast, injury while feeding or sue-i-Mizzaj 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 foenun Linn.), Khatmi (Althaea officinalis Linn.), Katam (Linumus itatissimum Linn.), Mur (Commiphoramaryhtha), Arad Jau (barley flour), Maweez (Vitisvinifera Linn.), BagSarw (Cypres assemperivens Linn) etc and Roughan kunjud (sesame oil) or Roughan Zaitoon (olive oil) or egg yolk are applied on the breast.
  - Hot fomentation is done with vinegar or decoction of Hulba (Trigonella foenun Linn.), Katam (Linumus itatissimum, Linn.), and Khatmi (Althaea officinalis, Linn.)
• Local application of Zimad (paste) prepared with Khajur (dates), roti (chappati), water and vinegar \([1,12]\).

• 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[6]

• Paste prepared with leaves and seed of Sudab (Rutagraweolens Linn.), Badrooj and BeekhKarnab (Brassica oleracea Linn.) [6]

Qillat-i Laban (Lack of Breast milk) \([11]\)

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-imizaj-ipistan (ill temperament of Breast). For this following management should be practiced.

• Islah-iGhidha (proper diet) is recommended in terms of quality and quantity [15].

• Jayyed al-Kammoos (good breeding) diet) haarratabAghdhiya (hot and moist temperament diet) and Muwailid-i Sheer Aghdiya (Lactogenic diet) is given to mother like milk, rice, chicken, kid's meat, egg, gram, starch, carrot, turpin etc.Halwa and hareerajat (sweet preparations) prepared with dry fruits, sugar and milk \([11,12]\).

• Galactogogue drugs as mentioned earlier are used. Some remedies are:

  * Oral administration of TudriSurkh (Lepidiumiperis Linn.)–4gm in form of powder with cow milk -250ml [6].
  * Oral administration of powder of Shoneez (Nigella sativa)–2gm is given with Maa al-Asl.
  * Oral administration of Safooof (powder) prepared with Satavar (Asparagusracemosus Willd.), Zeerasafed (Cumin cuminum Linn.) andBadiyan (Foeniculumvulgare Mill.) each 1 part is given in a dose of 7gm with milk and sugar [6].
  * Correction of Su-imizaj-ipistan (ill temperament of the breast) is done through Hijama (Cupping) below breast region and Natool (pouring) of lukewarm water over the breast [6].

Compounds Drugs \([13]\)

- HalwaBaizaMurgh 6-12 gms twice daily.
- HalwaNakhud QS
- Halwa-iSalab 12-24gm with milk in the morning \([12]\)

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 postnatal 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.

12. References