

Minor Ailments in Pregnancy: A Comprehensive Unani Review

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Abstract

Pregnancy-related health issues are critical for both the mother's wellbeing and the developing foetus. The care should ideally start as soon as possible after conception and throughout the entire pregnancy. Being one of the world's oldest scientific medical systems, Unani medicine has made a substantial contribution to the field of human reproduction. Even after thousands of years, its tenets remain relevant and can be applied to solve the arising issues related to future generations. The monitoring and treatment of a pregnant women in the Unani System of Medicine is referred to as Tadbeer-i Hawamil/Tadabeer Haamla (antenatal care). Tadbeer-e-Hawamil's primary goal is to ensure optimal health and a normal pregnancy with delivery of a healthy baby at term, without any complications. It also includes prevention and treatment of pregnancy-related ailments. A woman need extra care at this time because pregnancy is linked to a number of problems including flatulence, excessive salivation, headaches, nausea, vomiting, da'fal ishtiha, anorexia and more. These issues arises from the body accumulating fuzlat or waste product during pregnancy. The paper was aimed to demonstrate the documented literature of Unani medicine in managing common pregnancy-related illness. In fact, the majority of mild illnesses during pregnancy are mentioned in the Tadabeer Haamla segment. The treatment of these illnesses is a major portion of antenatal care in the literature of Unani medicine. The present article covered the elaborated version of this topic.

Keywords: antenatal care, women, *Tadabeer haamla*, minor ailment, pregnancy

INTRODUCTION

The period of time wherein one or more fetus develop in a woman's womb is known as pregnancy. The pregnancy will result in a live birth or any complications, no matter how big or small. In India, 50 million women experience mild pregnancy problems. Pregnancy causes the mother to undergo several physiological, anatomical, biochemical, and immunological changes and adaptations, which might cause mild discomforts. Minor illnesses are prevalent during pregnancy as women's body undergoes many physiological and psychological changes throughout pregnancy [1, 2]. These mild illnesses have an impact on the health of expectant women [3]. According to a 2008 NICE survey, about 50–80% of pregnant women reported experiencing moderate discomforts [4]. Nausea, vomiting, increased

frequency of micturition, and fatigue are observed in the first trimester and typically go away by the second trimester. Heartburn, vaginal discharge, and constipation are more common in the second trimester. Haemorrhoids, pedal edema, leg cramps, varicosities, and heartburn are more common in the third trimester [3]. Approximately 50–70% of patients have nausea and vomiting as their most frequent symptoms during pregnancy.

Almost 40% of women experience varicosities in their legs and vulva during their pregnancies,

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primarily during the second and third trimesters [5]. In addition, constipation is a very frequent pregnancy-related illness. About 50–70% of women reported experiencing back pain at some time during pregnancy [4]. Foot edema and constipation are typical problems during pregnancy. Another common complaint among women is pregnancy-related acid reflux. Pregnancy has also been linked to reports of skin changes, pedal edema, leg cramps, and dysuria [6].

Minor illnesses may be caused by elevated progesterone and oestrogen levels that occur during pregnancy, either directly or indirectly [7, 8]. Foot edema and constipation are typical problems during pregnancy. Having constipation, progesterone's atonicity causes the uterus to become less active and put pressure on the pelvic colon, which makes it difficult to pass stool [8]. The abnormal retention of fluid in the lower extremity tissues is the cause of foot edema. The same way that women's weight increases during pregnancy, so do the strains on their ankles, knees, and feet. Pregnant women who exercise regularly will have better blood circulation and less edema throughout their pregnancy. One common technique for edema reduction is to perform foot exercises. Fruits high in fibres and vitamin C also help in the condition of edema. Overall, 8.5% of pregnant women have foot edema [9]. About five to eight in ten pregnant women experience foot edema at some point in their pregnancy; foot edema is discovered in almost 80% of pregnant women [9, 10]. In order to lower the chances of developing minor diseases, pregnant women must understand how to take care of themselves during the course of pregnancy.

The supervision and care of a woman throughout her pregnancy is referred in the *Unani* System of Medicine as "*Tadabeer-i Hubala/Tadbeer-i Hawamil/Tadabeer Haamla*" (antenatal care). The primary goal of *Tadbeer-i Hawamil* is to ensure a healthy and uneventful pregnancy and the birth of a healthy baby at term without any complications through the treatment and prevention of illnesses associated with pregnancy.

A woman need extra care at this time because pregnancy is linked to a variety of issues, including flatulence, excessive salivation, headaches, nausea, vomiting, *Du'fal Istiha*, anorexia and more. These issues are caused by the accumulation of *Fuzlat*, or waste products in the body.

COMMON AILMENTS OF PREGNANCY

Qai wa Ghisyaan (Emesis gravidarum)

These are the most typical and initial problems that arise during pregnancy. It usually appears between weeks six and fourteen of pregnancy and disappears at the end of the first trimester [11]. The most frequent pregnancy issue is accumulation of *Madda* (potential matter) in the stomach. Therefore, vomiting should not be stopped in minor cases because it causes stomach evacuation, or *tanqiya*. But appropriate action must be taken if the condition gets worse.

- *Qurs Tabasheer*, *Qurs Ood* with *Jawarish Mastagi* or *Anooshdaru*, *Sikanjbeen Saada* or *Sikanjbeen Lemuni* with *Gulqand* are the *Unani* formulations that can be used to stop emesis. Citrus fruits are given particularly in the early morning, before getting out of bed on an empty stomach [12].
- *Zarawand* administration by oral means.
- *Amaranthus gangeticus*, or *Asi ur Rae*, is used in *Joshanda* (decoction).
- Chewing pomegranate seeds subsequent to a meal.
- It is also recommended to eat *safarjal* (*Cydonia oblonga*), mint, *nashasta* (starch), and *sharbat angoor* and sour dietary foods.
- Astringent medications such as *karnab* (*Brassica oleracea* Linn.), *Badiyan* (*Foeniculum vulgare* Mill.), *Gulnar* (*Punica granatum* Linn.), and *Karafs* (*Apium graveolens* Linn.) are utilised for local application across the abdomen.
- It is helpful to have *Sikanjbeen Lemuni*, *Murabba Lemuni*, *Sikanjbeen Sada*, and *Jawarish Anarain* [13–15]

Zoaf-e-ishteha (Loss of Appetite)

It is a very common issue that typically arises in the first trimester and is caused by the accumulation of *Madda* in *Meda*, or potential matter in the stomach, which eventually results in *Zofe Meda* or stomach weakness.

- *Muqawwiyat-e-Meda*, or stomach tonic medication helps in this condition.
- It is advisable to administer *Jawarish Ood Tursh* (9 g) and *Sikanjabeen Lemuni* (20 ml) to increase the appetite of pregnant women.
- *Mastagi*, *Kundur*, *Piyaz*, and *Khardal* are given to induce hunger.
- *Tukhm Karafs*, *Anisoon*, and *Razyana* with *Sharbat Angoor* are also beneficial [13–17].

Qabz (Constipation)

This is another common pregnancy issue that gets worse the longer the pregnancy goes on. To ease the issue, mild laxatives such as latex might be administered.

- *Sikanjbeen* and *Gulqand* together are beneficial and safe in this condition.
- Combine 3 *masha* of *Gul-e-Khatmi* with 10 grains of *Maweez Munaqqa*, bring to a boil, then stir in 5 *masha* of *Sheera Kasni* and 2 tola of *Gulqand*. Finally, sprinkle 4 *masha* of *Khaksi* on top.
- *Arq lemu-made Qurs Tabasheer* is beneficial.
- *Roghan Badam Shireen* is also helpful [13–15].

Tahabbuj (Edema)

- This condition can be treated locally with *Barg Karnab*, *Turanj*, and formulations of *Elwa*, *Sandal*, *Foful*, and *Inab-us-Salab* [12].

Khafaqan (Palpitations)

The physiological demands of the body increases during pregnancy, including the heart that needs extra support and *Quwwat* (power) to meet this demand. Ironically, although living in an era before the idea of cardiac output existed, these esteemed *Unani* scholars recognised the necessity of using *Muqawwiyat-e-Qalb* and recommended its use during pregnancy.

- *Arqe Gulab* along with lukewarm water is recommended in this condition.
- Compound drugs such as *Arq-e-Gaozaban*, *Arq-e-Badranjboya*, *Muffareh Yaqooti*, *Dawaul misk*, *Sharbat Angoor*, and *Sharbat Tuffah* are prescribed in this condition.
- *Tiryaaq Farooq*, *Tiryaaq Akbar*, *Khameera Gauzaban Ambari*, and *Khameera Marwareed* are additional chemical formulations with the same objective [12, 18, 19].

Aadti Isqaat (Habitual Abortion)

Patients with tendency of habitual abortion should receive treatment prior to conception. It mostly happens as a result of uterine disease, which can be brought on by either an accumulation of *Reeh* (gases) in the uterine cavity or *Ratubat Mukhati* (mucoid fluids).

- In addition to *Iyaraj Faiqra* or *Iyaraj Jalinoos*, *Maul-Usool*, *Roghan Baid-Anjeer*, and *Roghan Badam* can be used to treat this condition.
- If *Ratubat Mukhati* and *Reeh* accumulation is the cause of this condition, *Mohallil Riyah* (carminatives) medications should be given such as *tukhme karafs*, *anisoon*, *ajwain*, *saatar*, *nagarmotha*, *podina khushk*, and *narkachoor* in equal amounts. Powder of these drugs in combination is given in dose of 5 g along with *Sharab Rehani*.
- Another effective prescription for sitz bath is *Gul-E-Surkh* (24 g), *Gulnar*, *Kazmazag* (18 g), and *Barg Moorad* (14 g).
- *Shibbe Yamani*, *post anaar*, and *Mazoo* (10.5 g) are other drugs for sitz bath.
- *Dawaul Misk*, *Sharbat Seb*, *Halwa Suparipak*, are also used for this purpose [12, 20].

Istiha (Anorexia and pica)

- *Zimad* (paste) made from astringent and aromatic drugs is applied to the epigastric region.

- *Zarawand* should be given either before or after a meal, or in combination with *Sharab-e-Ruhani*.
- It is recommended to eat *gulqand*, *paneer* (cheese), roasted grains, unripe fruits, and acidic foods.
- *Aristo lochia sp.*, *Asi-ur-Rae* (*Amaranthus gangeticus* Linn.), *Sudab* (*Ruta graveolens* Linn.), *Rayee* (*Brassica nigra* Linn.), *Mastagi* (*Pistacia lentiscus* Linn.), and *Zaranbad* (*Aristo lochia sp.*) are further beneficial medications.
- Applying *zimad* (paste) to the epigastric area after it has been made with aromatic drugs (*Khushboo dar adwiya*) and the astringent drugs (*Qabiz*) is beneficial.
- *Jawarish Mastagi*, *Qurs Tabasheer*, *Anushdaru*, *Safoof al-Hawamil*, *Jawarish Fawakeh*, *Jawarish Ood Tursh*, *Sharbat Angoor*, *Sikanjbeen Tuffahi*, *Arq keora 7 tola*, *Gulab 2 tola*, and *Sharab Rehani* are some more compounds that are helpful.
- Aromatic drugs are used to prepare *Jawarish Lulu* and *Jawarishaat* [13, 21].

Ghashi (Syncope)

General weakness, low blood pressure, and anaemia (since the foetus needs an iron supply that can only be acquired from mothers) are the causes of *Ghashi* (syncope). Haemoglobin delivers oxygen to the brain and other organs of the body. If haemoglobin is lacking in pregnant women, they feel drowsy. Hypoglycemia (low blood sugar level brought on by changes in body's metabolism) is another prevalent cause of dizziness.

- Sprinkle water on the face.
- Pomegranate juice (*Aab Anar*), rose distillate (*Arq Gulab*), fennel extract (*Arq Badiyan*), and *Onosma bracteatum* extract (*Arq Gauzaban*)—48 ml of each—are administered orally.
- *Jawarish Amla*, *Dawa al-Misk Motadil*, and others are also beneficial.
- Administering *Gulqand Aftabi* 24 g orally along with *Arq Gulab/Arq Badiyan* before bed.
- *Orchis officinalis* Linn., or *Ood Saleb-1* g orally.
- *Yaqooti Motadil* is taken orally along with *Arq Gulab*.
- In case of recurrence, a decoction made with *Gul Gauzaban* (*Onosma bracteatum* Linn.) and *Arq Gulab* is administered with *Sharbat Gauzaban* [13, 21, 22].

Jiryaan Mahbali (Per Vaginal Bleeding)

Women who bleed vaginally during pregnancy should be treated with sitz baths of *Qabiz wa Habis* drugs, which contain styptic and astringent medications such as *Masoor*, *Post Anar*, *Gulnar*, *Mazu*, and *Baloot*.

- The lower abdomen can also be treated locally with these medications as *Zimad* (ointment).
- It is recommended to use *Abzan* (sitz bath) with astringent agents such as *Adas* (lentil), *Qishoor Rumman* (pomegranate fruit peel), *Gulnar* (pomegranate flower), *Afis* (*Quercus infectoria* Olivier), and *Baloot* (*Aesculus hippocastanum* Linn.).
- Rub the pelvic region with a paste called *zimad*, which is made from *Qishoor Rumman* (pomegranate fruit peel), *Gulnar* (pomegranate flower), *Afis* (*Quercus infectoria* Olivier), *Teen Yabis* (dried fruit of *Ficus carica* Linn.), and *Khal* (vinegar) [17, 23].

Su' al Qinya (Pregnancy-Related Anaemia)

One of the most common issues that arises during pregnancy is anaemia, which accounts for 20% of maternal fatalities in developing nations. Pregnancy-related anaemia is primarily caused by an iron deficit brought on by increased demand and decreased intake of iron. During the second and third trimesters of pregnancy, an estimated 30 mg of iron should be consumed daily through diet. Breathlessness, palpitations, exhaustion, pedal edema, preterm labour, and foetal growth retardation are all symptoms of iron deficiency.

- Rub the pelvic region with a paste called *zimad*, which is made from *Qishoor Rumman* (pomegranate fruit peel), *Gulnar* (pomegranate flower), *Afis* (*Quercus infectoria* Olivier), *Teen*

Yabis (dried fruit of *Ficus carica* Linn.), and *Khal* (vinegar). It is preferred to correct anaemia before pregnancy itself.

- Hematinics known as *muwallid dam advia wa aghzia* are advised during pregnancy. Examples of these include cereal flour with husk, green leafy vegetables, turnips, beetroots, gooseberries, pomegranates, grapes, bananas, dates etc.
- About 20–40 ml of *Sharbat Anarain* and *Sharbat Deenar* must be given each day.
- About 30 ml of *Sharbat Faulad* given per day [13, 21].

CONCLUSION

Almost all of the pregnant women experience nausea and vomiting. Additionally, heartburn is the most prevalent condition in the first trimester. Pedal edema and constipation are more common in third trimester pregnant women. If a minor ailment is neglected or gets no attention, it can get worse and complicate pregnancy. Therefore, treating mild illnesses is another crucial but one of the neglected element of prenatal care.

Although home remedies and other non-pharmacological approaches might be the first line of treatment, some conditions may ultimately require to be managed medically. The lives of the mothers and their foetuses are impacted by these small illnesses. Productivity of pregnant women is also negatively impacted by these mild illnesses. In order to offer recommendations for *Unani* practitioners who are concerned for pregnant women, the present review presents *Unani* perspectives on the management of various pregnancy-related ailments such as flatulence, excessive salivation, *Suda* (headache), *Gathāyan* (nausea), *Qai* (vomiting), *Qabz* (constipation), *Du'fal Istiha* (anorexia), etc. The variety of medications and treatment plans available for various pregnancy-related diseases shows how the *Unani* medical system appropriately addresses these difficulties, as evidenced by ancient *Unani* literature. An effort has been made by means of the present paper, to focus and highlight the strength of *Unani* system of medicine.

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