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Antenatal Care: An Approach through Unani System of Medicine

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ABSTRACT

Pregnancy is not a disease but it is a health risk, in which all maternal systems are dramatically altered to permit the sustenance and growth of conceptus but sometimes, these alterations may lead to ailments like morning sickness, heart burn, constipation etc. Besides this, unfortunately a significant number of women will have medical problems, which may complicate their pregnancy. So to overcome these problems, proper and regular care during pregnancy is very important and necessary and this routine care is termed as antenatal care. In *Unani* system of medicine antenatal care is described as *Tadabir-e-hawamil*. *Unani* scholars gave emphasis on lifestyle which suits best during pregnancy. Further they have mentioned about the remedies for minor ailments of pregnancy and high risk period during which a mother must take extra care. In brief, *Unani* scholars recommended a total regimen with diet plan and lifestyle for an expectant mother which is very helpful to avoid common ailments and complication of pregnancy. Maternal mortality and morbidity can be reduced if we implement these vulnerable advises of unani physician in our routine ante natal care system.

Keywords: Antenatal care, Pregnancy, *Tadabir-e-hawamil*, *unani*

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1. Introduction

Antenatal care is an umbrella term used to describe the medical procedures and care that we carried out during International Journal of Medicine and Pharmaceutical Research

pregnancy and the overall aim of antenatal care is to produce a healthy mother & the baby at the end of

pregnancy [1]. Antenatal care can be defined in various ways, WHO defines ANC as a dichotomous variable, having had one or more visit with a trained person during the pregnancy. it may be taken to mean only that care which is routinely provided for all pregnant women at primary care level or every aspect of care from screening to intensive life support provided to any women while pregnant and up to delivery [2]. Pregnancy has always carried risk to the mother's life. The importance of antenatal care for maternal health lies in its capacity for detection of preclinical or early morbid states in expectant mother & opportunity for health promotion that it permits [3].

Systematic antenatal care was first introduced early in this century in Europe and North America & is now almost universal in developed countries [2]. Every minute a woman dies as result of pregnancy or child birth. A majority of maternal deaths occurs in Asia and Africa but India has the dubious distinction of having the highest number of maternal deaths in any country. In India haemorrhage (25.6%) rank 1st as the cause of maternal death, followed by sepsis (13%), toxemia of pregnancy (11.9%) abortion (8%) & obstructed labor (6.2%) while other causes together total 35.3% [4].

In unani system of medicine antenatal care describe in detail under the heading of *tadabir -e-hawamil*. unani scholars compared the relation of fetus and mother to the relation of fruits and tree as the risk of falling of fruits is more in two periods of their development first is beginning period when they are small and very soft and second when they are fully ripened, same as chances of loss of fetus is more in first 4 month and last 2 month gestation period. unani scholars defined how to protect the fetus, as we know whatever a pregnant woman take in her diet it must effect the fetus so it is important that a woman should take a diet which is nutritious to mother and fetus and unani scholars describe the diet and lifestyle which is beneficial during pregnancy besides it, they also describe the treatment for minor ailments of pregnancy [5,6,7,8].

2. General Advice

Unani scholars prohibit the removal of morbid matter from body by any method like *is haal* (purgation), *qa i* (emesis), *hijamat* (cupping), *fasad* (venesection) in first 4 month of gestation and even after 7 month. They also advice to avoid any thing which weakens the heart and stomach but in some conditions when mother temperament is impaired and it is harmful to fetus in such condition removal of morbid matter is necessary then it can be done but with precautions for example purgatives are not given orally instead they are used as humool (pessary) and be sure that pessary never cross the external os. Moreover, removal of matter by any method should be done recurrently rather in one sitting. Pregnant women advised to avoid excessive physical exertion but moderate exercise is permissible. Walking after meal is good for health of mother especially in early pregnancy. Protection of mother from any emotional stress is also necessary. Coitus is contraindicated during

pregnancy as it may cause abortion. Excessive Bathing is not permissible during pregnancy but it is advised at term gestation. They advise to avoid hair oiling. According to Hakeem Ajmal Khan Protection of the mother from infectious disease like measles, small pox, cholera etc. is necessary because these diseases are life threatening to mother and fetus [5,6,7,8].

2.1 Diet:

- Diet should be easily digestible and nutritious [5, 6, and 7].
- Avoid spicy, pungent and heavy diet [5, 6, and 7].
- Avoid eatables having properties of *mudir haiz wa bol* (emmanagogue and diuretics), *mufattih* (deobstruent) and *muzliq* (lubricant) and foods which causes flatulence [5,6,7].
- Sedatives like alcohol are contraindicated [5, 6, and 7].
- According to Buqrat, *sattu* (flour of cereal) is very nutritious for pregnant women and fetus [5, 6, 7].

3. Treatment of Minor Ailments

3.1 General weakness:

This is a very common problem of pregnancy because during pregnancy metabolic demand increases, hence there is need of highly nutritious diet. According to Hakeem Ajmal Khan *Majun hamal ambari alwi Khan* given from 3rd to 7th month daily in dose of 7gm for 20 days in each month is alleviative for general weakness [7].

3.2 Loss of appetite:

Sheikh advises to avoid oily and sugar rushing foods; and preferred the liquid diet. *Zarawand* before and after meal, *Jawarishe ood tursh* with *sikanjabeen tufahi* and *arqekewra* are curative. According to Razi rye (mustard) is curative for anorexia in expectant mother [5,6,9].

3.3 Pica: *Gulqand*, *sharbate angoor*, *anaardana*, dry fibrous diet is curative for pica [5].

3.4 Palpitation: Refrain from spicy and hot food; drinking Luke warm water sip by sip is beneficial. Unani formulations such as *Arq-e-gauzabansadaambari*, *Arq-e-badranjboya*, *arq mundi* are also curative [5,7].

3.5 Flatulence:

Jawarishkamooni, *jawarish mastagi*, *safoofmiqalyasa* and these formulations given with *arqbadyaan* and *podina* are curative. *Pan* (beetle) with *mastagi* also beneficial [7].

3.6 Nausea and vomiting:

According to the Hakeem Azam Khan nausea and vomiting during pregnancy due to accumulation of morbid matter in stomach so don't try to treat this unless it becomes very severe or if it continues even after 4 months of gestation [8]. Various unani formulations like *sharbateanarshirin*, *sikanjabeensaadaor sikanjabeenlemoni* with *gulqand* etc. are beneficial to nausea and vomiting [7].

3.7 Constipation: This is common ailment of pregnancy and it's safe to use mild laxatives like *Gulqand* with *sikanjabeen* during pregnancy [7].

3.8 Pain in abdomen and backache:

Massage with *roganegul* is beneficial [5,6].

3.9 Per vaginal bleeding: Sitz bath with odorless astringent medicines like *poste gulnar*, *mazu*, *baloot* etc. is curative [7].

3.10 Edema of legs: Massage with *barge kirnab* or local application of rogunegulum or salt with *sirka* [5,7].

3.11 Vulvar itching: Sometimes women may complain vulvar itching during pregnancy at this time with proper maintenance of hygiene and local application of paste of *flu'abkhatmi ormurdar sangin* preserved water is alleviative [7].

3.12 Fever: If pregnant women having fever then first give mild laxative and then *sheratukhme khyarin, shiratukhme kasni*, each 6gm. with *arqebadyan 100 ml, sharbat buzoori barid 20 ml* mixed with *khaksi* in dose of 4 gm. is beneficial [7].

3.13 Coughing: various unani formulations are safely used during pregnancy like *laoqe sapistan* (10gm), *sharbateejaz* (20gm), *sharbate khashkhash* (20gm) etc [6].

4. Abortion

According to unani scholars causes of abortion may be evacuation of morbid matter, excessive physical exertion, maternal morbidity or emotional stress so they advise to avoid these things during pregnancy. A very common cause of abortion is pathology of the uterus, which occurs either due to *Ratubat Mukhati* (mucoid fluids) or due to the accumulation of *Reeh* (gasses) in uterine cavity or inflammation, fibroid, or carcinoma of uterus. If it is due to accumulation of *Ratubat Mukhati*, then it can be treated with *Maulusool, Iyaraj Faiqra or Iyaraj Jalinoos* and *dawaulmiskhar*. If it is due to accumulation of *Reeh*, treat with *jawarishkamuni* and *Mohallil Riyah* (carminatives) drugs like *Anisoon, Ajwain, Saatar, Podina Khushk, karfs, Narkachoor, nagarmotha* etc [6,7].

Table 1: List of unani formulations used during pregnancy [6,7,9,10]

Name of unani formulation	Action	Therapeutic use	Dose
<i>Anushdaruloluwi</i>	Cardiotonic, nervine tonic, digestive	General weakness Indigestion	5-10gm
<i>Dawa-ul-misk</i>	Tonic for vital organs	Palpitation and general weakness	5gm
<i>Jawarish kamuni</i>	Carminative	Flatulence	4.5 gm
<i>Jawarish loluwi</i>	Fetal protective	For fetal protection	5gm
<i>Khameragauzabanambari</i>	Cardiotonic Nervine tonic	Weakness of heart and brain, palpitation	5-10gm
<i>Kushtafaulad</i>	General tonic hematopoietic	Anemia, general weakness	60mg with jawarishjalinus or dawaulmiskmotadil
<i>Majun hamal ambari alwi khan</i>	Uterine tonic	Recurrent abortion	5gm with 250 ml milk in morning
<i>Majun hafiz ul janeen</i>	Uterine tonic	Recurrent abortion	5gm
<i>Qurs alkali</i>	Antacid	Burning of throat and chest	2tabs(500mg) after meal
<i>Qurs hawamil</i>	Fetal protective	Nausea and vomiting of pregnancy	1tab twice a day
<i>Safuf muhafizjaneen</i>	Fetal protective	For fetal protection	5gm with 250 ml milk in morning
<i>Sikanjabeenlemoni</i>	Antipyretic, antiemetic	Fever nausea vomiting excessive thirst	25 ml

4. Conclusion

Unani system of medicine gave emphasize on health of expectant mother and fetus and antenatal care is described by unani scholars in detailed and systematic way with aim of proper development of fetus and maintenance of health of mother, they have given various therapeutic measures to abstain and treat the common afflictions of pregnancy. Thus we have to utilized the advises of these scholars to improve the pregnancy outcome and also to reduce the MMR and IMR which is a serious problem of developing countries.

5. References

1. MM Donagh. Is antenatal care effective in reducing maternal morbidity and mortality. Health Policy and Planning Oxford journal 1996; 11(1):1.
2. C Rooney. Antenatal care and maternal health: how effective is it. WHO/MSM/92.4/1992; 6,8. apps.who.int/iris/bitstream/10665/.WHO_MS_M_92.4.pdf

3. K Oyerinde. Can Antenatal Care Result in Significant Maternal Mortality Reduction in Developing Countries? J Community Med Health Educ 2013;3(2):1.
4. SVP Arora. Maternal mortality-Indian scenario MJAFI 2005; 61: 2014.
5. ISina. Al Qanoon FilTib. Vol 3 part 2. New Delhi: Idara Kitabus Shifa; 1075-78.
6. HMK Khan. Akseerazam. New Delhi: Idara Kitabus Shifa; 2011; 813,823,824.
7. HA Khan. Haziq. Karanchi: Madina Publishing Company; 1983; 488,492,493.
8. ABZ Razi. Kitabulhawii (Urdu translation). Vol.9. New Delhi: Central Council for Research in Unani Medicine; 2001; 84-92.
9. AMH Qamri. Ghana mana. New delhi: Markaz Council Brai Tehqeqat Tib Unani; 2008; 399-402.

10. Government of India. Ministry of health and family welfare. National formulary of Unani Medicine. Part5. New Delhi: Department of AYUSH; 2008; july: 19, 23, 54,77,91,92.
11. Government of India. Ministry of health and family welfare. National formulary of Unani Medicine. Part2 vol.1. New Delhi: Department of AYUSH; 2007; August:72.
12. HMK Uddin. Alqarabadin. New Delhi: Central Council for Research in Unani Medicine; 2006; 91.
13. All india unani tibbi conference. Qarabadeenmajidi, ed. 9th Newdelhi: Hamdard Dawakhana; 1986; 185, 266, 362.