



Efficacy of Unani Formulation in gillat-e-rahel (oligohydramnios) - A case Series Study

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ABSTRACT

Oligohydramnios is one of the complications of pregnancy and contribute significant to maternal and perinatal morbidity and mortality. Oligohydramnios defined as an extremely rare condition where the liquor amnii is deficient in amount to the extent of less than 200ml at term or AF volume less than expected Gestational age. 15-25% of cases of oligohydramnios are associated with the foetal anomalies. It is an abnormal condition occurs during pregnancy resulting from lack of amniotic fluid surrounds the body in uterus, amniotic value less than 500ml at 32-36 weeks of gestation. Amniotic fluid volume is depends on gestational age, therefore the best definition of oligohydramnios is AFI less than 5 percentile or AFI less than 5cms. It is typically diagnosed by ultra sound examination by amniotic fluid index. Sonographically, it is defined when the maximum vertical pocket of liquor is less than 2cms or when amniotic fluid index (AFI) is less than 5cms. Absence of any measurable pocket of amniotic fluid is defined as anhydramnios. AFI between 5 and 8 is termed as borderline AFI or borderline Oligohydramnios. In normal pregnancy amniotic fluid volume is usually increases to about 1 litre by 36 weeks and decreases thereafter only 100 to 200 ml or less in post term. Diminished fluid volume is termed as oligohydramnios.

OBJECTIVES

An attempt has made to study the amniotic fluid volume in pregnancy.

METHODOLOGY

Study was conducted in Department of Amraze Niswan Wa Qabalat at Govt. Nizamia Tibbi College & Hospital, Hyderabad. 10 eligible pregnant women were selected. The inclusion criteria were pregnant women aged between 18-35 years and gestational age more than 20 weeks with AFI less than 10cms, no history of any systemic diseases & willing to participate in the study. Those having any systemic diseases or metabolic disorders & pregnancy less than 20 weeks and greater than 34 weeks were excluded from the study. A herbal *Unani* formulation was made which consists of powder (*Daroonj-e-Aqrabi, zarnabad*) and some compound *unani* formulations like *Dawaul misk motadil, Sharbate saib*, which are *muhafiz e janeen* as well as helpful in increasing the amniotic fluid volume during pregnancy, were given for 8-12 weeks.

RESULTS

Primary outcome was increase in amniotic fluid volume, which was seen in 8 patients out of 10 and secondary outcome was decrease in the symptoms like tightness of abdomen, restricted growth of the baby, maternal weight gain was observed in 9 out of 10 patients.

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CONCLUSION

The study proved efficacy of *unani* formulation in oligohydramnios with good results and without any side effects and without harming the pregnancy.

INTRODUCTION

Diminished Amniotic fluid volume is termed as oligohydramnios. Oligohydramnios is one of the complications of pregnancy and contribute to significant maternal & perinatal morbidity & mortality. 15-25% of cases of oligohydramnios are associated with the foetal anomalies. Oligohydramnios defined as amniotic fluid volume less than expected gestational age. It is an abnormal condition, occurs during pregnancy, resulting from lack of amniotic fluid surrounds the foetus in uterus, amniotic fluid volume less than 500ml at 32-36weeks of gestation. It is typically diagnosed by ultrasound examination by amniotic fluid index. The manning et al defined oligohydramnios as the largest pocket on ultrasound is its broadest diameter measuring less than 1cm. In normal pregnancy amniotic fluid volume is usually increases to about 1litre by 36 weeks and decreases thereafter to only 100-200 ml or less in post term. Diminished fluid volume is termed as oligohydramnios. According to modern literature the main aetiology of oligohydramnios is due to IUGR (intra uterine growth retardation), (PROM) premature rupture of membranes, twin pregnancy, abruptio placenta, foetal anomalies, post-dated pregnancy and maternal problems.

Unani physicians described various causes & management of oligohydramnios under the heading of *Qillat e rahel*. Many ancient *unani* scholars has described different theories about oligohydramnios in their ancient *unani* literature. According to them the fluid in uterus decreases due to small uterus and they also described the uterus becomes dry due to decreased fluid. They also mentioned that, due to any infection or inflammation of uterus or if the membranes are very thin they may

leads to early rupture of membranes followed by leaking of fluid (*ruthubat*).

In this case series, an effort has been made to focus on the various causes, diagnosis & management of oligohydramnios by *unani* system of medicine. In the management some single herbal drugs as well as compound *unani* formulations have used, which are not harmful during pregnancy (*muhafiz e Janeen advia*)

HISTORICAL BACKGROUND

The ancient *unani* physicians *Shaik ur Rayees Ibne Sina* in his authentic book "*Al Qanoon Fit Tibb*" has given the concept of oligohydramnios, as the difficulty in labour is due to small uterus or decrease capacity of uterus or increase dryness of uterus also leads to difficulty in expulsion of foetus. According to *Maseehul Mulk Hakeem Ajmal Khan* in his book "*Al-Haziq*", the foetus is covered with 2 layers of membranes that contain fluid, which are expelled during labour. In this fluid the foetus is floating & it protects the foetus from external injuries. In "*Al Haavi*" *Zakriya Raazi* described, if the fluid in uterus is inadequate or increase dryness of uterus occurs due to early rupture of membranes. In "*Zakheera e Qhwarzam Shaahi*" *Hakeem Hussain Jurjaani* described that fluid decreases due to small uterus & he also mentioned the uterus becomes dry due to decrease fluid. Ancient Physician *Hakeem Ajmal Khan* in his book "*Taalimul Qabila*" advised for foetal care & wellbeing by nutritive *unani* medicine & safety measures. In "*Tibb e Akbar*" *Hakeem Akbar Arzaani* mentioned some cardio tonic medicines for protection of foetus, to prevent abortion such as, *darunj e akhrabi*, *zaranbaad*, *dawaul misk motadil*. He also used goat milk, *behi*, *seb* (apple), *amrood* (guava), *anaar* (pomegranate), *moiz munakha* etc. In "*Makhzan e Hikmat*" *Hakeem Gulam Jeelani Khan* mentioned some foeto-protective medicine such as *majoon e darunj*, *darunj e aqhrabi*, *zaranbaad*, *majoon e hafize Janeen*, *dawae hafizul hamal* etc.

CLASSIFICATION OF OLIGOHYDRAMNIOS

Phelan and co-worker (1985) divided oligohydramnios into 3 groups based upon AFV (Amniotic Fluid Volume).

Mild Oligohydramnios: Amniotic fluid (AF) throughout the cavity with the largest pocket greater than 1cm in its vertical diameter but less than 2cm.

Moderate Oligohydramnios: A vertical AF pocket greater than 1cm but with the "overall impression of the sonographer that fluid is decreased".

Severe Oligohydramnios: Absence of amniotic fluid (AF) throughout the cavity and a single pocket equal to or less than 1cm.

CLINICAL FEATURES

Low amniotic fluid on an ultrasound, leaking of the amniotic fluid, uterus is lesser than the age of gestation, low maternal weight gain, PROM (premature rupture of membranes), abdominal discomfort, sudden drop in foetal heart rate, tightness of abdomen, decreased foetal movements, abnormal findings on a foetal monitor including foetal distress.

DIAGNOSIS OF OLIGOHYDRAMNIOS

Several methods have been proposed for sonographic assessment of AFV (amniotic fluid volume). These include subjective assessment, measurement of single deepest pocket AFI, planimetric measurement of total intra uterine volume & a variety of mathematical formulae.

CASE SERIES STUDY

An open observational study was conducted on 10 eligible pregnant women, to know the efficacy of *unani* formulation in oligohydramnios. The inclusion criteria were pregnant women aged between 18-35yrs & gestational age more than 20 weeks with AFI less than 10cms, no history of any systemic diseases & willing to participate in the study. Those having any systemic diseases or metabolic disorders & pregnancy less than 20 weeks and greater than 34 weeks were excluded from the study. Patients presented to the Antenatal OPD in Govt. Nizamia General Hospital, Charminar, Hyderabad, with the complaints of tightness of abdomen, decreased foetal movements, with sonographic AFI less than 10cms etc. After taking informed consent of the patient, the complete history & examination of the patient was taken. All the patients were treated with powder of *Darunje aqhrabi* + *zaranbaad* & some compound *unani* formulations like *Dawaul misk motadil* & *Sharbat e seib*. Dosage schedule of drugs were, powder of *darunje aqhrabi*, *zaranbaad* of 6grams in two divided doses orally, *dawaul misk motadil* 5gms twice a day & *Sharbat e seib* 100ml twice a day, for a period of 8weeks. The clinical efficacy was evaluated by ultra-

sonographic examination. All patients were followed up to evaluate response to drugs. Baseline investigations included complete haemogram, LFT, RFT and RBS.

RESULT AND DISCUSSION

Treatment was planned to give Oral medicine in the form of powder, *halwa*, *sharbat*. During baseline follow up, USG examination showed reduced AFI less than 10 cms, after 8weeks of treatment it was increased upto 10-12cms, which indicate the powder of *darunje aqhrabi*, *zaranbaad* and *dawaul misk motadil*, *sharbat e seib* have significant result. It is due to the drugs having foeto-protective, amniotic fluid related & cardio tonic properties described in *unani* literature. The patients have shown good response with *unani* medicine. There were no side effects observed during the treatment. Before and after treatment reports of the USG have shown satisfactory results and there is significant increase in the AFV (Amniotic Fluid Volume).

CONCLUSION

Efficacy of poly herbal *unani* formulation with *unani* medicine in *Qillat e Rahel* (Oligohydramnios) was conducted in Govt. Nizamia General Hospital. Oligohydramnios is one of the complications of pregnancy & contribute to significant maternal & perinatal morbidity and mortality. This case study intervention is effective in the improvement of amniotic fluid volume, thus reducing the perinatal morbidity and mortality.

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REFERENCES

- Ibn Sina, *Al Qanoon Fit tibb*, (Urdu translation by Kantoori GH) Vol-II, New Delhi; Idara Kitabus Shifa: 2010; 315.
- Khan A; *Taalimul Qabila*, Vol -IV. New Delhi; Dilli Printing Press; 1912; 217.
- Zakriya Raazi, *Al Haavi fit tibb* (Urdu translation). 9th vol, New Delhi; CCRUM;2000; 112-116
- Khan A Hakeem. *Haziq*. New Delhi. Ruby printing press-1985; 489.
- Khan A Hakeem. *Al Akseer*. (Ed Kabeeruddin M) Vol.II; Delhi, Aijaz Publishing House; 2003; 1382, 1385.
- Al Jurjani AH. *Zaqheera e Khwarzam Shaahi* (Urdu translation by Khan HH) Vol-IX. New Delhi: Idara Kitabus shifa; 2010; 625.
- Qhamri Abul Mansoor H. *Gina mina*, (Tarjuma Musami ba minhaajul Ilaaj); 1st Edition, New Delhi; CCRUM Vizaarat e Sahet; 2008: 332 .
- Haree Chand Multani H. *Taajul Hikmat*, Lahore; Maalik Book Depot; 351;353.
- Jeelani Ghulam H. *Makhzan-e-Hikmat*. Vol-II; New Delhi: Aijaz Publishing House; 875.
- Hiralal Konar, D.C.Dutta's Text book of Obstetrics, 9th Edition, New Delhi, Jaypee Brothers Medical Publishers (P) Ltd, 2016; 34, 203;204.
- Gopala n S & Jain V, *Mudaliar & Menon's Clinical Obstetrics*, 9th Edition, Universities press (india) Pvt.Ltd 2018; 26;204.
- Cunningham Gary.F et al, *Williams Obstetrics*, 22nd Edition, Mc Graw Hill Professional Publishers, 2005; 529;530.
- Misra R, *Ian Donald's Practical Obstetrics Problems*, 5th Edition, Wolters Kluwers Publishers pvt Ltd; 338.
- Prof C.S.Dawn, *Text book of Obstetrics & Neonatology*, 16th Edition; Dawn Publishers, Kolkata, 2004; 212.
- Nadkarni KM. *Indian Materia Medica – Vol-I,II*. 3rd Edition: Mumbai; Popular Prakasham Press Pvt Ltd; 1982.
- Najmul Ghani Md. *Khazanatul Advia*; Volume II,III; 178.
- Central Council for Research in *Unani Medicine*, Standardization of single drugs of *Unani Medicine* , CCRUM Publishers, Ministry of Health & Family Welfare, Government of India, 2006; 289.
- Aazam Khan Mohd H. *Akseer e Aazam*, Vol-II; 271.
- Akbar Arzani H. *Tibbe Akbar*, 584;585.