

**NUTUE REHM (UTEROVAGINAL PROLAPSE): A UNANI REVIEW****Misba Naim\*<sup>1</sup>, Wajeeha Begum<sup>2</sup>, Aalia Parween<sup>3</sup>**

<sup>1,3</sup>PG Scholar, Dept of Ilmul Qabalat Wa Amraze Niswan, National Institute of Unani  
Medicine, Bengaluru, India.

<sup>2</sup>Professor and HOD, Dept of Ilmul Qabalat Wa Amraze Niswan, National Institute of Unani  
Medicine, Bengaluru, India.

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**\*Corresponding Author****Misba Naim**

PG Scholar, Dept of Ilmul  
Qabalat Wa Amraze  
Niswan, National Institute  
of Unani Medicine,  
Bengaluru, India.

**ABSTRACT**

The uterovaginal prolapse is one of the most common cause of gynecological morbidity in India and constitutes a major public health problem which is responsible for around 20% of women on waiting lists for major gynecological surgery. A detailed description of uterovaginal prolapse is mentioned in ancient unani classical literature regarding its causes, signs, symptoms, diagnosis and management under the heading *inzalaqur rehm* or *khurooje rehm*. The present review is an attempt to just highlight the unani aspect of uterovaginal prolapse.

**KEYWORDS:** Uterovaginal, prolapse, Unani, women, *inzalaqur**rehm*.**Synonyms***Inqalabe rehm*<sup>[1-6]</sup>*Khurooje rehm*<sup>[1,4,5,7]</sup>*Barooze rehm*<sup>[1,4]</sup>*Zalaqe rehm*<sup>[1,5]</sup>*Istarqae rehm*<sup>[8,9]</sup>*Afil*<sup>[3]</sup>

**Definition:** In this disease, uterus descends beyond its normal position in the vagina or outside the introitus.<sup>[1,6,10,11]</sup>

**Risk factor:** It occurs in old age women or in woman with excessive *rutubat* (fluid) in body.<sup>[1,11,12]</sup>

### External causes

- Falling from height.<sup>[1,2,10,12,13]</sup>
- Jumping.<sup>[14,5,12,13]</sup>
- Lifting heavy weight.<sup>[1,2,8,10,11]</sup>
- Trauma to the uterus/lower abdomen.<sup>[1,2,4,10,13,15]</sup>
- Shouting/sneezing.<sup>[1,2,10,13]</sup>
- Excessive fear.<sup>[1,2,4,10,13]</sup>
- Tremors.<sup>[2]</sup>
- Tumors of uterus.<sup>[5]</sup>

### Obstetric causes

- Difficult labor.<sup>[1,2,4,10,12,13]</sup>
- Forceful pulling of placenta/ dead fetus.<sup>[1,2,4,11,12,13]</sup>
- Precipitate labor.<sup>[2,12,13]</sup>
- Big baby.<sup>[1,10,13]</sup>
- Abortion<sup>[6]</sup>
- Early work in puerperal period.<sup>[5]</sup>

All these external and obstetrics factors causes loosening, stretching and tear of the ligaments, which in turns weakens the supports of the uterus and the uterus descends below its normal position.<sup>[1,2,13]</sup>

### Internal causes

These causes weakness of uterus and thus its descent.<sup>[2,14,4]</sup>

- Accumulation of abnormal or excess *balgham* in uterine ligaments
- General weakness.<sup>[6]</sup>
- Excessive coitus.<sup>[5]</sup>
- Diseases of uterus.<sup>[10]</sup>
- Ulcer causes disruption of uterine ligaments.<sup>[1]</sup>

## Pathophysiology

Ibn Rushd states that anatomical disorders can occur in uterus which causes disturbances in its function, as a result uterus become loose and displaced from its place.<sup>[14]</sup>

## Symptoms

- Severe pain in back, pelvis and anus.<sup>[1,2,4,5,6,10,11,12,13,15]</sup>
- Something falling down in vagina/feeling of soft mass in vagina.<sup>[1,2,4,11,12,13,15]</sup>
- Heaviness in pelvis.<sup>[10]</sup>
- Obstruction in micturition/defecation.<sup>[1,2,4,6,13]</sup>
- Retention of urine and feces.<sup>[2,10,12,13]</sup>
- Tetanus<sup>[1,2,4,10,13,15]</sup>
- Tremors<sup>[1,2,4,10,11,12,13,15]</sup>
- Fever<sup>[1,2,12,13]</sup>
- Fear<sup>[1,2,11,13]</sup>
- Dyspareunia
- Menorrhagia<sup>[5]</sup>
- Leucorrhea/ *sailanur rehm*- in case, if cause is excessive *rutubat*.<sup>[2,5,11]</sup>
- Decubitus ulcer.<sup>[5]</sup>

## Signs

- Mass per vaginum.<sup>[2,4,5,10]</sup>

**Differential diagnosis:** On P/V examination, external os of cervix is not felt in *inqalabur rehm* (inversion of uterus), while it is felt in *khurooje rehm* (uterine prolapse).<sup>[1]</sup>

## Precautions

Avoid

- Home deliveries by untrained midwives and encourage for hospital deliveries.
- Immediate resume to work and heavy weight lifting following delivery.
- Martoob ashya* (liquid diets).<sup>[5]</sup>
- Intercourse for two months.
- Strenuous exercise and shouting.<sup>[2,5]</sup>
- Spicy food.<sup>[1,5,13]</sup>
- Sneezing, coughing etc.<sup>[2,4,11,13]</sup>

-Bad smell/ odor.<sup>[1,2,16,11,13]</sup>

-*Hammam* (hot bath)<sup>[12]</sup>

-*Balghami* food<sup>[6]</sup>

### Management

- Bed rest- advice the patient to lie on the bed; do not let her stand or walk. Identify the exact cause and eliminate it.<sup>[5]</sup>
- Best possible methods should be taken to bring the uterus back to its normal position.<sup>[5,10]</sup>
- If due to excessive accumulation of humor, then *tanqia* (purgation) of the accumulated humor should be done followed by *qabiz* (astringent) and *muqawwi* drugs (general tonics).<sup>[5]</sup>
- Sitz bath with *joshanda* of *qabiz* (astringent) drugs.<sup>[4]</sup>
- Douching with mild *qabizat*.<sup>[10]</sup>

**Food:** Light, nutritious, easily digestible food should be taken like half-boiled egg yolk.<sup>1,2,4]</sup>

### Treatment

#### Oral

- *Jawahar mohra* 20 mg/ *habbe jawahar* 1 tab/ *khamira gawzaban ambary* 5 gm/ *dawaul misk* 5 gm/ *majoon hamal ambary* 5 gm- given for strengthening the uterus.
- *Safoof maghz khasta amba* and *majoon mocharas*.<sup>[5]</sup>
- *Dawaul misk moatdil jawahar vali* with *arq ambar* 7 tola.<sup>[5,10]</sup>
- *Sharbate ward shakri* with water.
- *Jundbaedastar* for general weakness.<sup>[6]</sup>

#### Suppository (per vaginum)

- *Aqaqia*, *murmaki*, *lazan*, *gulnar*, *barge-aas*, *gule surkh*, *adas muqasshar*, *mazu sabz*, *maei* - powder of all these drugs and mix with *sharab ifaz*.<sup>[1,6]</sup>
- *Barge moorad*, *gule surkh*, *aqaqia* and *post anar*.
- *Quz*, *tarasees*, *mazu*, *kharnoob* each in equal quantity, powder all the drugs and boil in *sharab*.<sup>[2]</sup>
- *Gonde babool*, *tabasheer*, *mazu*, *kharnub*, *aqaqia*, *misk*, *zarmak* with *sharab*.
- *Aqaqia*, *sak*, *ramak* dissolved in *qabiz sharab* and *matbookhe babool*, *tarasees*, *ambar sabz* and *kharnoob*.<sup>[2,16,4]</sup>

- *Habbul aas khusk, gule surkh khusk, barge osaj, sumaq* each in equal quantity and use it per vaginally.<sup>[9]</sup>

- *Baqur maryam*.<sup>[12]</sup>

### Sitz Bath

- *Joshanda mazu*.

- *Mastagi* leaves, root and bark- boil in water till consistency of honey is reached and use it in form of *abzan*.<sup>[3]</sup>

- *Izkhar, moorad* and *gule surkh*.

- *Joz-as-saru, gulnar, juft baloot, qashur, roman, gule surkh* with pedicle.

- *Joshanda aas*.<sup>[12]</sup>

### External wash

- Make *joshanda* of *baloot, aqaqia, gulnar, mazu, post anar tursh* each 6 *masha*.<sup>[7]</sup>

### Ointment

- *Babool, tarasees, mazu, gulnar, aqaqia, usarae lahiyatuttees* doughed in *aabe aas, aabe bartang sabz* and apply over suprapubic and vulval region.<sup>[16]</sup>

- *Bahroza*

- *Roghane bedanjeer*.

- *Barge anjara* over protruded part and pack it inside.<sup>[3]</sup>

- *Post anar*, barley flour, vinegar and water. Apply over vulval part.

- Dough one part *shagufte ustquddus* mixed with two part water and vinegar. Apply over uterus.<sup>[8]</sup>

### Cupping

- Dry cupping over back and abdomen.<sup>[12]</sup>

- *Muhajjama naari* (fire cupping) over back.<sup>[16,4]</sup>

### Regimes for prolapse of uterus

❖ First relieve constipation and do *tanqiae am'aa-* use *mulayyan huqna*.<sup>4,11</sup> Use *mudirrat* to empty bladder.<sup>[1,2,4,10,15]</sup> If there is excessive secretion then evacuation is done by *mushile balgham advia* like *turbud, shahem hanzal, habbul neel, habbe ayarij, habbe astamkhiqoon*.<sup>[16,4,11,12]</sup>

❖ Ibne Zuhr mentioned that in the initial stage of the disease, the physician must try to make all those measures that would prove to be corrective. This includes a bimanual attempt should be made to return the uterus back to its normal position or lie the patient dorsally hold her chest tightly. Then the physician should try to revert back the uterus that has escaped out to the exterior abnormally. Once, the error has been corrected, ensure that the patient should have taken her meal in lying position and she should sleep with her back on bed.

❖ Following *tanqia*, ask patient to lie in dorsal lithotomy position revert the uterus back in its original position manually with pad placed over vulva slowly pressing inside.<sup>[2,10,12]</sup>

❖ After *tanqia*, make the patient lie down with both legs apart, then place the woolen cloth dipped in astringent alcohol along with musk, acacia etc. deep inside the uterus. Then try to move the uterus bimanually and place the suppository made up of *babool* (Acacia) and alcohol.<sup>[4,12,15]</sup>

❖ Following *tanqiae*, *roghan zambaq*, *roghan gul*, *roghan zafran*. Mix and pour drop by drop on lower abdomen.<sup>[1,6,11,15]</sup> Patient is made to lie in dorsal lithotomy position and soft wool is kept per vaginum. Tampon soaked in *usarae aqaqia* and *qabiz sharab* is placed over it and press it slowly inside. Following this, the vulva is covered with a pad soaked in vinegar and bandage is applied over it. She is advised to rest on bed and cupping is applied over the back. On third day, tampon is changed and fresh tampon is soaked in decoction of *qabiz* drugs like *barge moorad*, *gule surkh*, *aqaqia*, *post anar* etc. is inserted, followed by *nutool* with same drugs. Finally *aabzan* with *izkhar*, *moorad* and *gule surkh* is given. Patient is then advised to take rest.<sup>[1,2,16,6,10,13]</sup>

❖ Prepare decoction of *shagufe anar*, *shagufe mazu*, *kharnoob kham*, *asalus sus* each 1 part, fruit of *saru* half part, *ustuquddus*, *shagoofe baboon* each half part. Add 204 ml *roghane aas* and one fourth *roghane zaitoon* in the above decoction. Do *huqna* with this. Followed by *farzaja* of tampon soaked in *joshande aas* or *shagufe anar* and bandage the vulval part. Ask patient to lie in same position and change tampon daily.<sup>[8]</sup>

❖ After *tanqia*, make woman lie in lithotomy position, push uterus inside manually by applying pad soaked in *farzaja*. *Farzaja* is made by taking *qart*, *tarasees*, *mazu*, *kharnoob* each in equal quantity, mix in *sharab* and make *joshanda*. Now add powdered *aqaqia*, *sak*, *ramak* each taken equally. Tampon soaked in above *farzaja* is placed over it and press uterus

slowly inside. Following this, the vulva is covered with a pad soaked in vinegar and bandage is applied over it. *Zimad* of same drugs is applied over the vulval part. She is advised to rest on bed and cupping is applied over the back. On third day, tampon is changed and fresh tampon is soaked in decoction of same drugs is inserted, followed by *nutool* with same drugs. She is made to lie in same position. Finally *aabzan* with *izkhar*, *moorad* and *gule surkh* is given. Patient is then advised to take rest for a week.<sup>[11,15]</sup>

Above regimes are followed by dry cupping below the breast and umbilicus.<sup>[2,13]</sup>

**Prognosis:** If the prolapse is in acute stage and occurs in young women- it can be easily treated and once it become chronic, it is difficult to treat.<sup>[1,2,4,8,13]</sup>

If the whole uterus protrudes out and the treatment is unsuccessful, the woman may die.<sup>[16]</sup>

### COMPLICATION

Not severe but feels difficulty in routine life.<sup>[5]</sup>

For decubitus ulcer- apply *roghane gul* mixed with *roghane sosan* on the ulcerated part.<sup>[8]</sup>

### CONFLICT OF INTEREST

Nil.

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