

Clinical Study of 1st & 2nd Degree Uterine Prolapse (Inzelaq-E-Rehm / Nutue-Rehm) & It's Treatment with Unani Drug's

Dr. B Tasneem Firdose¹, Dr. Shaik Rukhiya Banu², Dr. Zakera Begum³, Dr. Amreen Begum⁴

¹Associate Professor, Dept. of Amraze Niswan-wa-Qabalat, Tipu Sultan Unani Medical College & Hospital Kalaburagi, Karnataka, India.

²Associate Professor, Dept. of Amraze Atfal, Tipu Sultan Unani Medical College & Hospital Kalaburagi, Karnataka, India.

³Associate Professor, Dept. of Amraze Niswan-wa-Qabalat, Inamdar Unani Medical College & Hospital, Kalaburagi, Karnataka, India.

⁴Assistant Professor, Dept. of Amraze Niswan-wa-Qabalat, Govt. Nizamia Tibbi College & Hospital Hyderabad, Telangana, India

ABSTRACT: Uterine prolapse is a global health crisis in the aging female and is one of the commonest reproductive morbidities in developing countries with high prevalence among them. Even if mortality resulting from it is trivial, still it has a massive impact on day-to-day activities of a woman afflicted by this condition; hence declining their quality of life (including sexual, urinary and social functions). It is the third most common indication for hysterectomy. In classical Unani text, it was mentioned that, Uterine prolapse is mainly caused by weakness of ribatate rehm due to accumulation of balghame lazij. Moreover, it usually occurs in old age women having excessive rutubat in their body. It is symptomatic in 10% of women which usually require surgery; however mild stages of prolapse which are commonly asymptomatic and surgical intervention is not indicated can be managed conservatively with Unani medicine. The complications associated with Uterine prolapse are decubitus ulcer, carcinoma of cervix, urinary tract infection, renal failure, etc. This article gives a detailed description of uterine prolapse including its causes, pathogenesis, diagnosis, principle of treatment in Unani system of medicine with some Unani formulation contains Herbal drugs.

Keywords: Uterine Prolapse (Nutue-Rehm), Unani formulation

I.INTRODUCTION OF UTERINE PROLAPSE (NUTUE-REHM)

Genital prolapse in women is not a condition to modern times, modern diet, or modern living It is a distressing weakness that has probably being with us since very early times when human being first adopted the upright posture. The pelvic organ prolapse is the worldwide problem that affects the quality of life of Millions of women. It is the common condition affecting up to 50% of women over 50 years of age. The Incidence of urogenital prolapse increases with advancing age, menopause and Parity. Furthermore, it is expected that 11% of women over the age of 80 will undergo surgery for such conditions, with an additional 30 % who will require a repeat surgery. Uterine descent is often associated with coexistence anterior, posterior vaginal wall Prolapse and / or an enterocele. The commonly associated symptoms of anterior vaginal wall prolapse are urinary frequency, incontinence, intermittent flow and poor stream. Symptoms associated with posterior vaginal wall prolapse mainly include difficulty in defecation. The sensation of mass per vaginum, urinary, bowel, sexual symptoms is universally described as prolapse symptoms. A detailed description of nut-e-raham has been mentioned in most of the Unani ancient encyclopedias written by eminent physicians regarding its causes, sign and symptoms, diagnosis, prognosis and management.

In Unani system of medicine, the concept of humoral theory was first proposed by Buqrat. He states that if akhlaat arba (dam, balgham, safra and sauda) are in a state of equilibrium, both quantitatively and qualitatively health is restored. Any derangement in these akhlaat either quantitatively or qualitatively leads to disease. According to humoral concept it is balgham-e-galeez or balgham-e-lazij which are involved and dominated in nut-e-raham. Hence the abnormal accumulation of this balgham in reham causes weakness of ribatat-e-reham leading to nut-e-raham. Even in conventional medicine, the cause of uterine prolapse is weakness of supports of uterus due to pregnancy, repeated child birth, menopause, advancing age of women increased intra-abdominal pressure hence it correlates with concept of nut-e-rehem as proposed by unani physicians.

The therapeutic options in uterine prolapse in conventional medicine include pelvic floor muscle exercise, pessary insertion, hormonal replace mental therapy and surgical interventions. Looking at the side effects of conventional therapy and complications of surgical procedures, it is need of the hour to

switch to an alternative system of medicine that is safe, cost effective. Non-surgical and can easily be availed by everyone and has long lasting effects.

II. Unani concept of nutu-e-reham (uterine prolapse)

Buqraat (Hippocrates) 400 BC suggested infertility, wet feet, excessive exertion; excessive coitus could be the causative factors in uterine prolapse. As he was well aware of genital prolapse, the first method his treatment was to tie the women to a ladder which was then turned upside-down and shaken violently in the hope of reducing the prolapse. The second method of treatment was to apply cupping to both the buttocks and to the lower abdomen in the hope of sucking the prolapse back into the place. Third method of treatment was to raise the foot end of the bed and sponge the prolapse with cold wine until it was reduced, it was then supported in place by vaginal pessary impregnated with half pomegranate soaked in wine. Fourth method of treatment was mechanical blocking of vagina by vaginal pessary which was the most widely accepted treatment of genital prolapsed till 1800. Jalinoos (Galen) AD 130 believed that a genital prolapse was capable of reducing itself and he used fumigation to the vulval area to encourage this. Jalinoos (Galen) AD 130-200 also mentioned about the displacement of womb. Md Akbar Arzani AD 721 gave a detailed account of nutu-e-reham and advocated treatment for it. Razi AD 860-925 attributed the account of nutu-e-reham and described in brief about the disease. Al Majoosi AD 930-994 mentioned in his book kamil-us-sana about uterine diseases with special reference to nutu-e-reham.

III. MATERIAL AND METHODS

The study is carried out to assess the efficacy and therapeutic response of unani drugs in the management of 1st & 2nd degree uterine prolapse in the PG Dept of Qabalath-o-Amraz-e-Niswan, at Government Nizamia Tibbi College and Government Nizamia General Hospital, Charminar, Hyderabad. 60 patients are registered and 40 patients are selected for the trial. These 40 patients are divided into two groups with 20 patients in each group. Consent is taken after counseling and explanation. The consent was taken in form of unani management for uterine prolapse, a special case sheet proforma was made for this purpose

IV. Case Evaluation:

Clinical history of each patient was carefully recorded in detail. This includes: age, socio economic status and parity. Pt with history of Mass per vagina, lower abdominal pain, backache, frequency of micturition, stress incontinence of urine, bowel irregularity, white discharge, vaginal laxity, hyper mobility of the uterus. Any symptoms related with endocrinological disorders were also noted.

- Counseling done for significant past and family history
- A detailed general and systemic examination was done. Temperature pulse, blood pressure was noted, the CVS and RS were examined.
- Per abdomen examination was done to rule out any organomegaly
- Per speculum examination was done to visualize the vagina, cervix and to know the degree of cervical descent.
- Bi manual examination was done to note the position, size, consistency and mobility of the uterus and to rule out any adnexal mass. Per rectal examination was done wherever necessary.
- Temperamental evaluation was done.

Investigations done: There is no specific lab investigation to confirm the Diagnosis of the Uterine Prolapse. However, the clinical examination and other routine test include

a) Routine Examinations:

- CBP (complete blood picture)
- ESR (Erythrocyte sedimentation rate)
- RBS (Random blood sugar)
- CUE (Complete urine examination)

b) Special Investigations:

- Ultra sonography (USG)

Study design:

Standard control randomized single blind study. Randomization was done by number method using probability sampling method. Evaluation of result was done by,

- By relief of symptoms.
- By student's paired t' test.
- By chi-square test.
- Sample size – 40 patients of clinically diagnosed as Uterine prolapsed
- 20 patients in Group-A

- 20 patients in Group-B
- Duration of therapy - 3 cycles (3 months) – for 10 days in each cycle/as per the assessment of the patient in 3 consecutive cycles.
- Follow up – Every month during the study period.
- Informed consent – Patients fulfilling the inclusion criteria were given full information having details regarding the nature of study and those patients agreed to participate in the study were enrolled after signing the informed consent form.

V. Pharmacognosy of drugs:

Drugs which are selected for the trial were finalized on the basis of their efficacy in the management of uterine prolapse, and their pharmacological effects, easy availability with least side effects in both groups. Group-A and Group-B

Group A medicine and Group B medicine has been categorized as habit, qabiz musakin-e-dard (analgesic), muqawwi-e-reham, muhalil. Antioxidant. Along with this medicine a common Joshanda (classical munjiz-e-balgam) an oral medicine is also prepared.

Test group:

Group-A Medicines: It consists of sufoof, joshanda, humool

1) NUSQ-E-SAFOOF(ORAL):-

S. No.	Name of the drug	Dosage in grams
1.	MAJU SABJ (<i>Quercus infectoria oliv</i>)	2 grams
2.	MAYEEN KHURD (<i>Tamarix gallica linn</i>)	2 grams
3.	AQAQIYA (<i>Acacia arabica willd</i>)	1 gram
4.	GUL-E-DHAVA (<i>Anogeissus latifolia wall</i>)	3 grams
5.	MOCHARAS (<i>Malabaricum bombex willd</i>)	2 grams

Total 10 grams in two divided doses.

2) NUSQ-E-JOSHANDA: (munjiz)

S. No	Name of the drug	Dosage in grams
1.	Beeq-e-karafs (<i>Ranunculus scellaratus linn</i>)	4 grams
2.	Beeq-e-azkhar (<i>Andropogon laniger roxb</i>)	4 grams
3.	Beeq-e-kasini (<i>Cicorium intybus linn</i>)-4 gr	4 grams
4.	Post-e-anaar (<i>Punica granatum linn</i>)	3 grams
5.	Katha sufaid (<i>Acacia catechu willd</i>)	2 grams
6.	Gul-e-surkh (<i>Rosa damascena mill</i>)	3 grams

Total 20 grams in two divided doses

- **MUSHIL:** MUNZIJ+TURBUD SUFAID (*Operculina turpethum linn*)-5 grams.
- **TABREED:** LUAAB-E-ISAPGOL (*Plantago ovata forsk*), 10 grams in a glass of water

3) NUSQ-E-HUMOOL: (Local application):

S. No.	Name of the drug	Dosage in grams
1.	SAMG-E-ARABI (<i>Acacia arabica willd</i>)	3 grams
2.	LUAAB-E-GHEEGAWAR (<i>Aloe barbendensis offinalis</i>)	2 tola
3.	ROGAN-E-GUL (<i>Rosa damascena mill</i>)	2 tola

4.	MAJU SABJ (<i>Quercus infectoria</i> oliv)	2 grams
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GROUP-B MEDICINES: It consists of sufoof and douch

1) NUSQ-E-SUFOOF(Oral):

S.NO.	Name of the drug	Dosage in grams
1.	ASHOK CHAAL (<i>Saraca indica</i> linn)	3 grams
2.	BARG-E-HEENA (<i>Acacia Arabica</i> willd)	2 grams
3.	SUFOOF-E-SUPARI (<i>Areca catechu</i> linn) 5 grams	5 grams

Total 10 grams in two divided doses

2) NUSQ-E-DOUCH: (External use):

S.NO.	Name of the drug	Dosage in grams
1.	BARG-E-HINA (<i>Lawsomia alba</i> lam)	5 grams
2.	BARG-E-BAKAIN (<i>Melia azadirachta</i> linn)	5 grams
3.	POST-E-ANAAR (<i>Punica granatum</i> linn).	5 grams

VI. Methods of preparation of trial medicines:

A. Preparation and administration of decoction (joshanda) munjiz:

The Joshanda is common for both group A and group B and its method of preparation follows. All the drugs have been soaked in overnight in 400 ml of water and boil in morning after preparation of decoction of 200 ml and it should be divided into two doses one dose given in the morning and second dose given in the evening before meals, for 10 days followed by 3 alternative purgatives with 3 alternative tabreed.

Mushil: Munzij+Turbud Sufaid (*Operculina turpethum* linn)-5 grams.

All the drugs have been soaked in overnight in 200 ml of water and boil in morning after preparation of decoction of 100 ml. this 100 ml is given in early morning and nothing should be taken by mouth until 3-4 motions has to pass. After that soft and easily digestible food should be taken like moong ki daal ki khichidi etc.

Tabreed: Luaab-E-Isapgol (*Plantago ovata* forsk), 10 grams in a glass of water . Seeds are soaked in 300 ml of water overnight, stirred in morning with spoon and sieved and given 100 ml morning and 100 evening on the next day of mushil.

B. Preparation and Administration of powder(sufoof) of group-A medicine:

All drugs are taking in dry form and grinded up to fine powder and divided into two doses each dose given 5 grams BD after meals for 10 days course for 3 cycles.

C. Preparation of humool:

All the drugs are mixed thoroughly and soaked in cotton ball. This cotton ball tagged with a thread and thread are kept in posterior fornix for 6-8 hours daily for 10 days course and the same procedure repeated in 3 cycles.

D. Preparation and Administration of powder (sufoof) of group-B medicine:

All the drugs took in dry form and grinded up to fine powder and divided into two doses each dose given 5 grams powder twice daily after meals for 10 days course for 3 cycles

E. Preparation of Douche:

All the drugs are soaked in 200 ml of water during night boiled in the morning to make a decoction of 100 ml. with the help of glycerin syringe of 100 ml, this medicine is inserted into posterior fornix of vagina.

Name of drugs botanical name	Chemical Constituents:	Therapeutic action
Mazu, <i>Quercus infectoria</i>	Tannic acid (gallo-tannic acid).	Astringent, hemostatic, anti-inflammatory, nasal catarrh, Gonorrhea

Mayeen, Tamarix gallica Family: tamaricaceae	Tannin, Allagic acid and gallic acid. Tamarixin, Tamarixetin, troupin, Anthocyanins, tannins, flavanones,	Tony of vagina. Chronic discharges.
Mocharas, Mocharas Family: bombacaceae	catechol, tannin, along tannic, gallic, and catechu tannic acids	menorrhagia, bleeding piles, prolapse of anus and uterus,
Gul-e-dhawa, Woodfordia fruticose Family: lythraceae	Tannin, phenols, steroids, terpenoids, carbohydrates and resins. Inorganic: Iron, calcium	Ishal,kasrate-e-tams, and bawasir-e-damaviya,sailan-ur-reham,khurooj-e-reham.
Aqaqia, acacia arabica wild Family: mimosaceae.	Tannin. It also contains calcium, potassium and magnesium.	Leucorrhea, and drives back the uterus and anus
Samg-e-arabi, Acacia arabica wild Family: mimosaceae.	Arabic acid, combined with calcium, magnesium and potassium, mallic acid	Astringent, Demulcent, Aphrodisiac, Nutritive and Expectorant, Antibiotic.
Beekh-e-azkhar andropogan schoenathus Family: poaceae	Lemon grass Oil, verbena oil, and Indian molisa oil.	Stimulant, diuretic, purgative, anti-inflammatory, anti- microbial and sedative.
Bekh-e-karafs Apium graveolens linn Family: umbelliferae	Sulphur, it also contains apoil- a Poisonous principal a lecoside apiin, a volatile essential oil, albumin, mucilage and salts	Antianxiety, antirheumatic, appetizer, carminative, Diuretic, nervine, and stimulant.
Bekh-e-kasini Cichorium intybus linn. Family: compositae.	Organic: carbohydrates, proteins, Inorganic: Iron, calcium, potassium, magnesium	Mudir-e-baul, Musaffi-e-Dam, Muhhail -e- Warm, Musaqqite-janeen, Mufattite-sudad.
Poste-anar Anaar, roomaan. Family: puniceaeae	ellagitannin, punicalagin, punicalin and ellagic acid. malvidin and pentunidin	astringent, stomachic, digestive. Used for diarrhea, dysentery, colitis, dyspepsia and uterine disorders.
Katha sufaid khair, kaat, katthaa. Family mimosaceae	tannins, catechin, phlobatannins including catechutannic acid; flavonoids including quercetin, quercitrin, fisetin; gums, resins,	astringent (in urinary and vaginal discharge), antidiarrheal, hemostatic;
Gul-e-surkh Rosa damascene mill. Family:rosaceae.	volatile essential oil,fat,resin malic,tartaric and tannic acids	astringent, aperients, carminative, refrigerant, muqawi-e-qalb-o-dimag, muqawi-e-badan,
Turbud sufaid Ipomea turpethum. Family: convolvulaceae.	resin known as turpethin yielded by the root bark which is a glucoside.	expels balgham and sauda, it purifies stomach and uterus, it is used in brain diseases.
Aspghol Plantago ovata forsk. Family: plantaginaceae.	Proteins, tannin, glycosides, fixed oils, carbohydrates, Mucilage. Inorganics: Iron, zinc. Potassium and sodium	demulcent, mildly astringent, emollient, laxative and diuretic.
Gheekwar Aloe barbadensis. Family: liliaceae.	Organic: carbohydrates, proteins and tannins, Inorganic: Iron, calcium, potassium magnesium and sodium.	carminative, tonic, digestive, anti-inflammatory
Ashok chal saraca indic Family: cesalpiniacea	contains glycoside, flavonoids, tannins, saponins, alcanes, esters, and primary alcohols	Astringent, antiseptic, antitoxic, sedative, styptic
Supaari Fufal, chhaalia, supaari Family:palmae; arecaceae.	arecaine, arecodine, arecaidine, guvacine, isoguvacine, choline	astringent, stimulant, gynecological disorders

Barge-hina, Lasonia inermis linn. Family: lythraceae.	Hanno-tannic acid, a kind of tannin, gallic acid, glucose.	Leaves are useful in menorrhagia, vaginal discharges, and leucorrhea.
Barge-bakaeen Melia azadirachta indica Family: meliaceae	Margosine	Munjiz, resolvent, blood purifier, Astringent, Emmenagogue

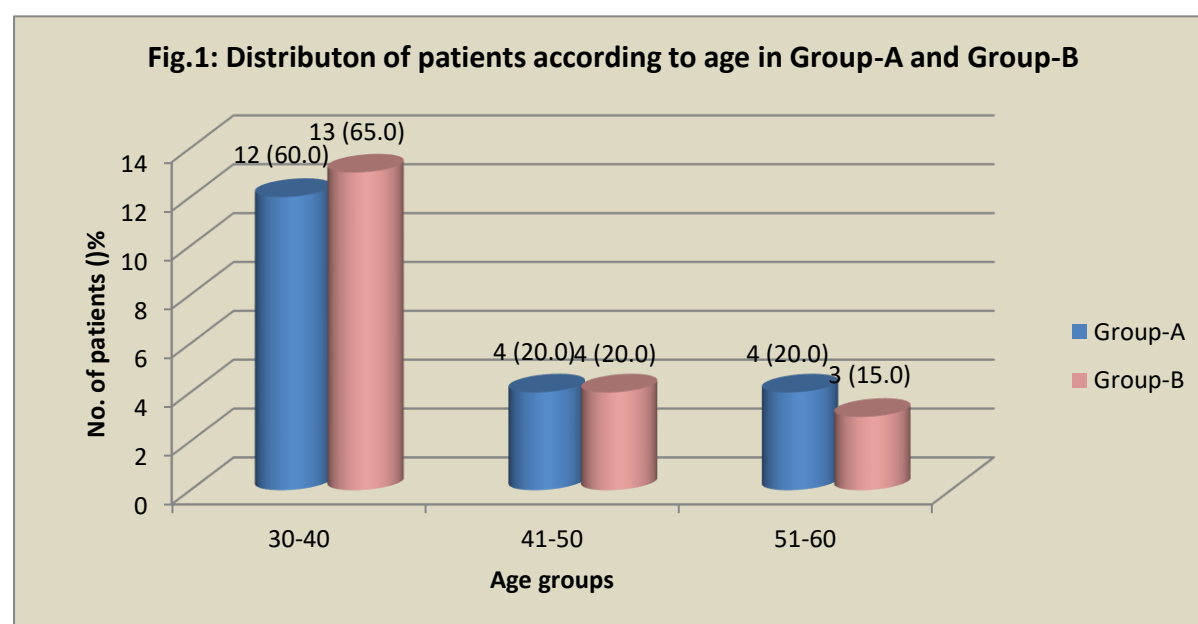
VII. OBSERVATIONS & RESULTS

The present study was carried out in department of ilmu Qabalath-o-Amraze Niswan Government Nizamia Tibbi College & General Hospital charminar, Hyderabad. during the year 2015-2017. This is a Randomized single blind trial with two groups. Patients were divided into two groups of 20 each and the results were obtained. Results were derived on the basis of changes in Clinical features, pelvic examination findings & objective parameters. Objective parameter like HB% and USG findings were done to all patients before and after treatment. After treatment the most of the clinical features are subsided. The clinical profile and response with Group A and Group B medicine has been discussed as follows with statistical tables.

- 1) Age wise distribution of menopause
- 2) Socio economic status
- 3) Temperament of patient in Group A and Group B
- 4) Distribution of patients according to parity
- 5) Distribution of patients according to degree of prolapse
- 6) According to chief complaints

Table 1: Showing distribution of patients according to age in Group A and Group B

S. No.	Age	Group-A		Group-B	
		No of Patients	Percentage	No of Patients	Percentage
1	30 - 40	12	60.0	13	65.0
2	41- 50	4	20.0	4	20.0
3	51- 60	4	20.0	3	15.0
	Total	20	100.0	20	100.0

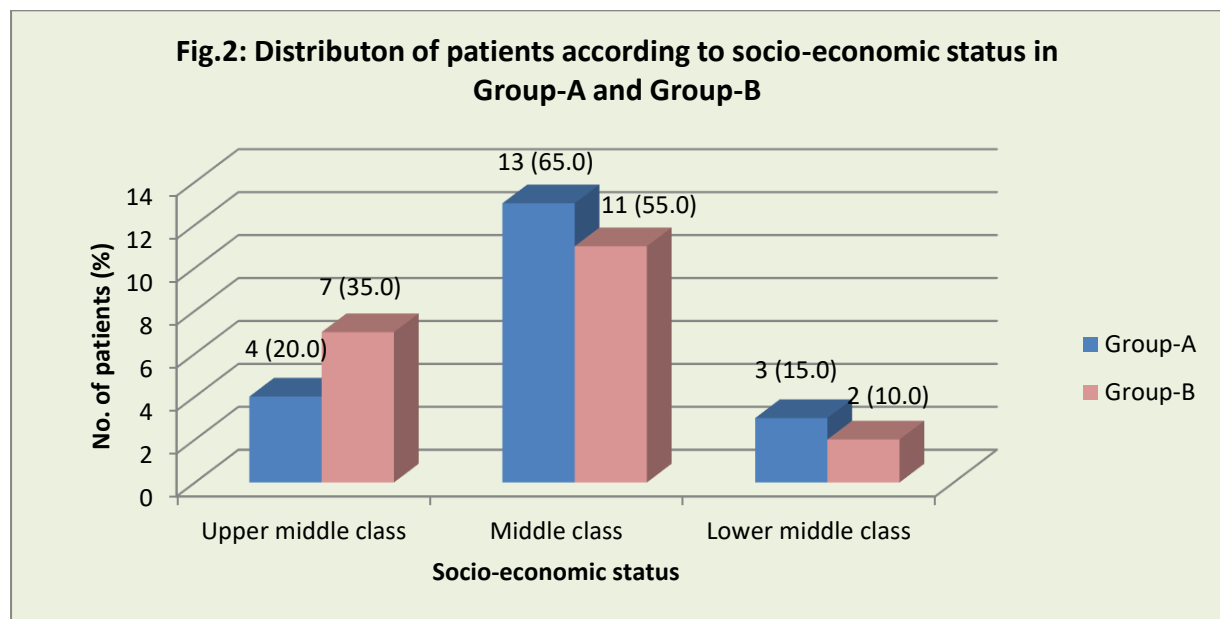


In the above observation the given data shows: In group A, 12(60%) were of 30-40 years, 4(20%) were of 41-50 years, 4(20%) were of 51-60 years. In group B, 13(65%) were of 30-40 years, 4(20%) were of 41-50 years, 3(15%) were of 51-60 years.

Result: It has been observed that the highest incidence of uterine prolapse is 13(65%) which is in 30-40 years, and the lowest incidence of uterine prolapse is 3(15%) which is in 51-60 years.

Table 2: showing distribution of patients according to socio economic status in Group A and Group B:

S. No.	Socio economic status	Group-A		Group-B	
		No of Patients	Percentage	No of Patients	Percentage
1	Upper middle class	4	20.0	7	35.0
2	Middle class	13	65.0	11	55.0
3	Lower middle class	3	15.0	2	10.0
	Total	20	100.0	20	100.0



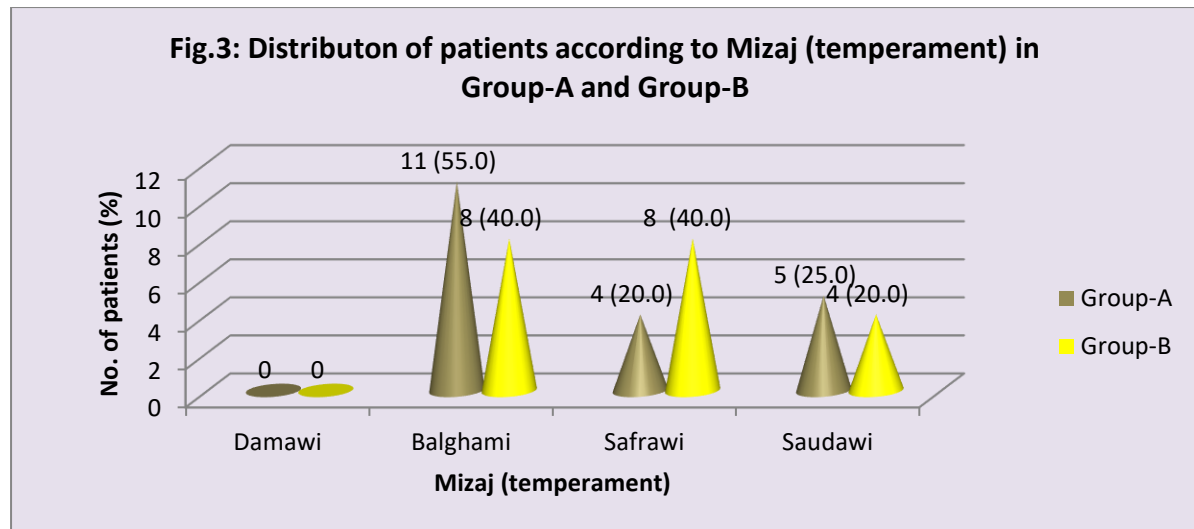
In the above observation the given data shows:

In group A, 4(20%) were of upper middle class, 13 (65%) were of middle class, 3(15%) were of lower middle class. In group B, 7(35%) were of upper middle class, 11(55%) were of middle class, 2(10%) were of lower middle class.

Result: It has been observed that the highest incidence of uterine prolapse is 13(65%) which is in middle class people, and the lowest incidence of uterine prolapse is 2(10%) which is in lower middle-class people

Table 3: Showing distribution of patients according to temperament (mizaj) in Group A and Group B.

S. No.	Temperament (Mizaj)	Group-A		Group-B	
		No of Patients	Percentage	No of Patients	Percentage
1	Damawi	0	0.0	0	0.0
2	Balghami	11	55.0	8	40.0
3	Safrawi	4	20.0	8	40.0
4	Saudawi	5	25.0	4	20.0
	Total	20	100.0	20	100.0



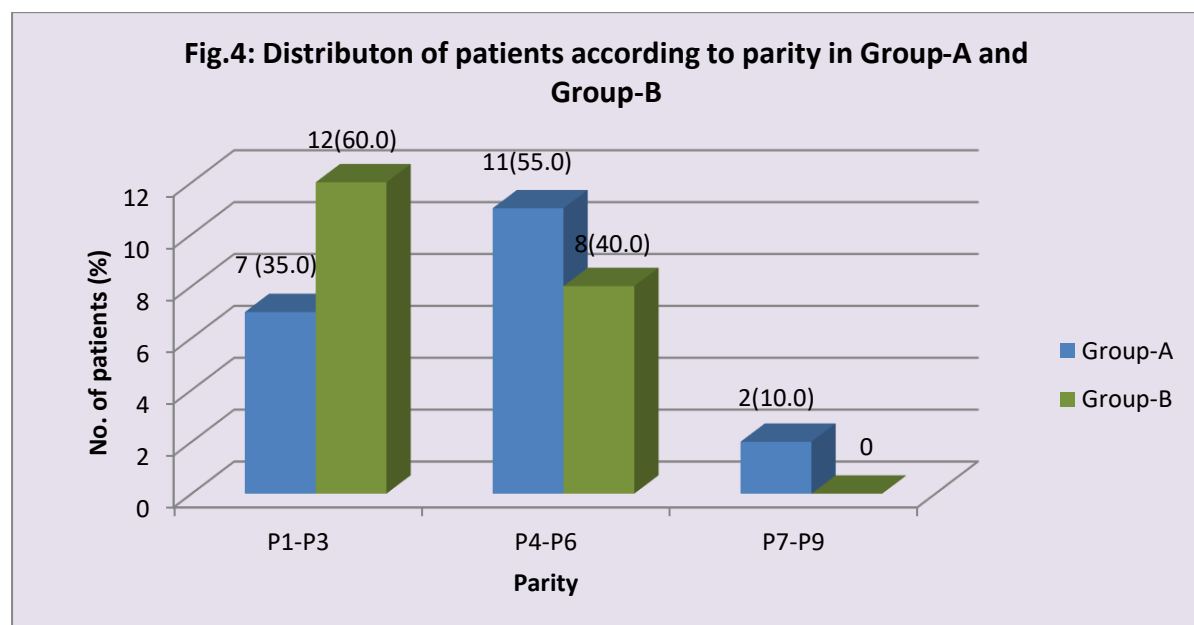
In the above observation the given data shows:

In group A, 4(20%) were of safrawi mizaj, 11(55%) were of balghami mizaj, 5(25%) were of saudawi mizaj. In group B, 8(40%) were of safrawi mizaj, 8(40%) were of balghami mizaj, 4(20%) were of saudawi mizaj.

Result: It has been observed that the highest incidence of uterine prolapse is 11(55%) which is in balghami mizaj people, and the lowest incidence of uterine prolapse is 4(20%) which is in both safrawi and saudawi people.

Table 4: Showing distribution of patients according to parity in Group A and Group B

S. No.	Parity	Group-A		Group-B	
		No of Patients	Percentage	No Patients	Percentage
1	P1-P3	7	35.0	12	60.0
2	P4-P6	11	55.0	8	40.0
3	P7-P9	2	10.0	0	0.0
	Total	20	100.0	20	100.0

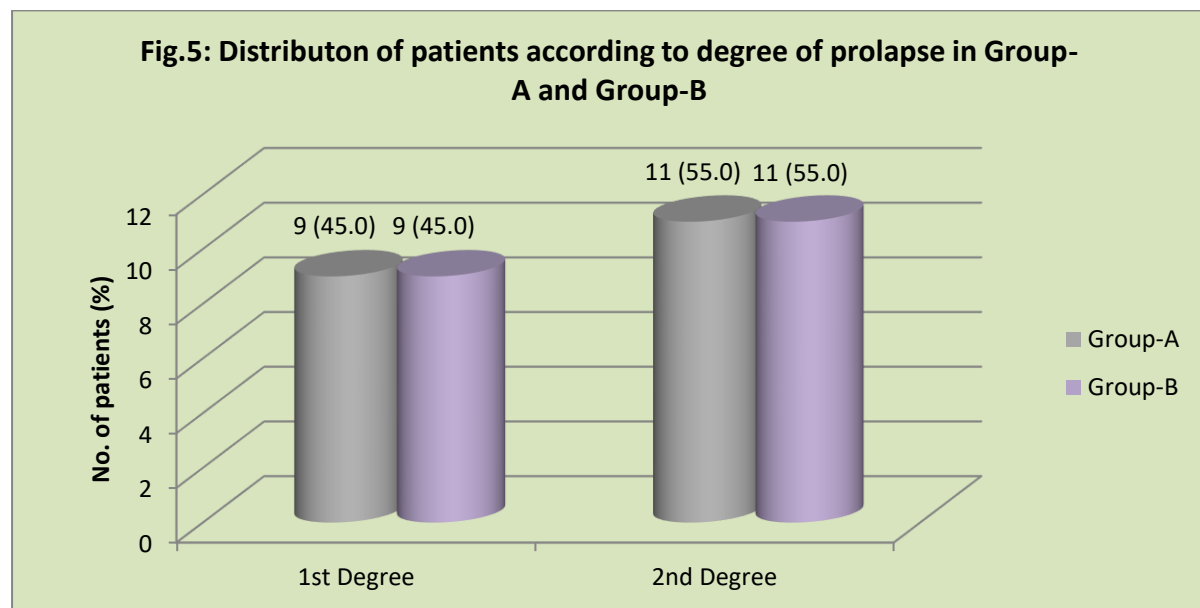


In the above observation the given data shows:

In group A, 7(35%) patients were found with parity between 1-3, 11(55%) patients were found with parity between 4-6, 2(10%) patients were found with parity between 7-9. In group B, 12(60%) patients were found with parity between 1-3, 8(40%) patients were found with parity between 4-6, 0(0%) patients were found with parity between 7-9. Result: It has been observed that the highest incidence of uterine prolapse is 11(55%) occurs in patients found with parity between P4-P6.

Table 5: Showing distribution of patients according to degree of prolapse in Group A and Group B

S. No.	Degree of prolapse	Group-A		Group-B	
		No of Patients	Percentage	No Patients of	Percentage
1	1 st Degree	9	45.0	9	60.0
2	2 nd Degree	11	55.0	11	40.0
	Total	20	100.0	20	100.0



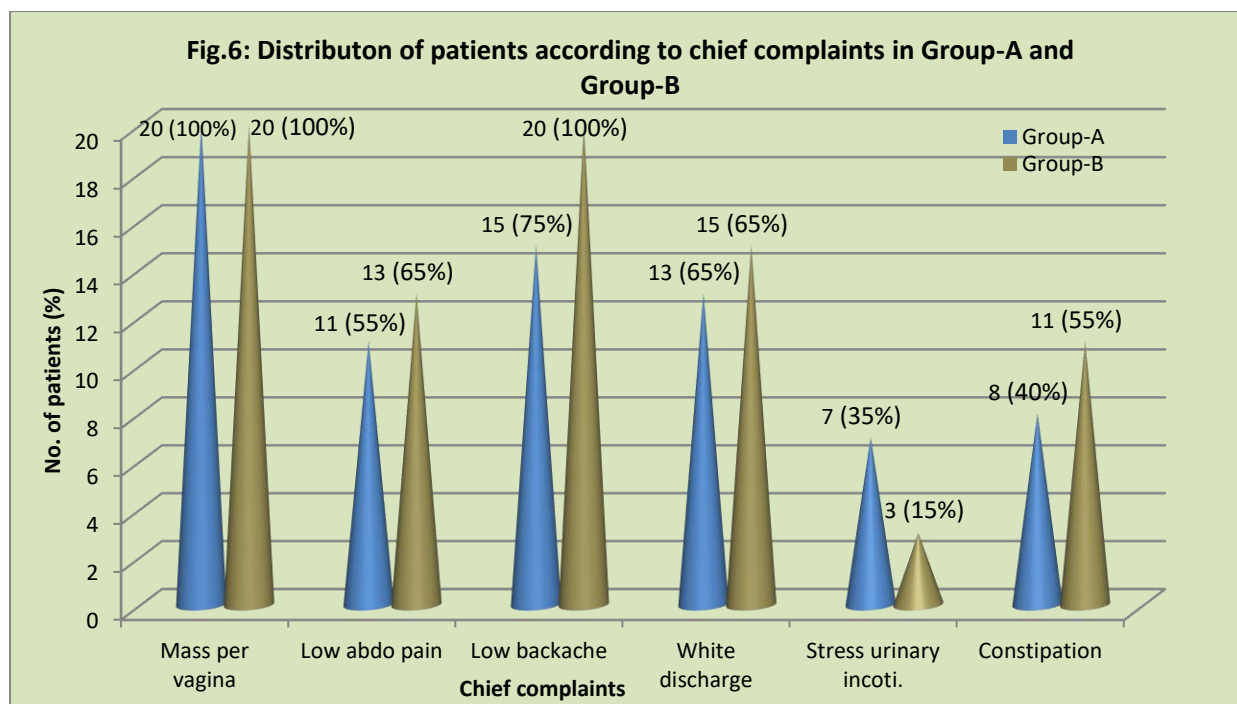
In the above observation the given data shows:

In group A, 9(45%) patients were found 1st degree uterine prolapsed, 11(55%) patients were found with 2nd degree uterine prolapse. In group B, 9(45%) patients were found 1st degree uterine prolapsed, 11(55%) patients were found with 2nd degree uterine prolapse.

Result: The highest incidence of second degree uterine prolapse observed in both Group A & B i.e. 11(55%).

Table 6: Showing distribution of patients according to chief complaints in Group A and Group B

S. No.	Symptoms	Group-A		Group-B	
		No of Patients	Percentage	No Patients of	Percentage
1	Mass per vagina	20	100.0	20	100.0
2	Low abdominal pain	11	55.0	13	65.0
3	Low back ache	15	75.0	20	100.0
4	White discharge	13	65.0	15	75.0
5	Stress urinary incontinence	7	35.0	3	15.0
6	Constipation	8	40.0	11	55.0



In the above observation the given data shows, the distribution of patients in group A and group B according to chief complaints.

Result: It has been observed 20 (100%) patients out of 20 registered complained of mass per vagina, and 15(75%) patients complained of low back ache. In the present study these two are the common complaints in uterine prolapse.

VIII. DISCUSSION

The pelvic organ prolapse is the worldwide problem that affects the quality of life of Millions of women. Genital prolapse in women is not a condition to modern times, modern diet, or modern living It is a distressing weakness that has probably being with us since very early times when human being first adopted the upright posture. Uterine prolapse is a structural deformity due to weakness of muscle and tendon. Vaginal prolapse can occur without uterine prolapse but the uterus cannot descent without carrying the upper vagina with it. It can be defined as falling or downward displacement of uterus from normal position along with vaginal walls. Further uterine prolapse is always associated with anterior vaginal wall prolapsed (cystocele and urethrocele). Sometimes posterior vaginal wall prolapsed (rectocele and /or enterocele).

It is the common condition affecting up to 50% of women over 50 years of age. The Incidence of uro genital prolapse increases with advancing age, menopause and Parity. Furthermore, it is expected that 11% of women over the age of 80 will undergo surgery for such conditions, with an additional 30 % who will require a repeat surgery.

Degrees of uterine prolapse:

- First degree: The uterus descends down from its normal anatomical position (external os at the level of ischial spines) but the external os still remains inside the vagina
- Second degree: The external os protrudes outside the vaginal introitus but the uterine body still remains inside the vagina.
- Third degree: It is also called procidentia or complete prolapse. In this degree the uterine body descends to lie outside the introitus.

Clinical examination: The goals of the pelvic examination are to objectively defined the degree of prolapse and to determine integrity of the connective tissue and muscular support of the pelvic organs The investigation of uterine prolapse there is no specific laboratory investigation to confirm the diagnosis of uterine prolapse. However, the clinical examination and other routine tests include HB estimation Urine examination. Blood urea Blood sugar. High vaginal swab in case of vaginitis. Pap smear to exclude malignancy X-ray and all investigations mandatory prior to major gynecological surgery.

The study is carried out to assess the efficacy and therapeutic response of unani drugs in the management of uterine prolapse in the PG Dept. of Qabalath-o-Amraz-e-Niswan, at Government Nizamia Tibbi College

and Government Nizamia General Hospital, Charminar, Hyderabad. Out of 60 registered patients, 40 patients were selected for clinical trial on the basis of selection criteria in the study and divided into two groups, Group A and Group B. 20 Patients were selected in each group based on inclusion and exclusion criteria.

After careful study of parameters of the uterine prolapse and keeping in view of sign and symptoms of prolapse and pathophysiology of prolapse, research medicine was selected, formulated and divide into two groups. Group A and Group B. Treatment were given as outpatient and inpatient basis. In each group special coded medicine has been formulated, prepared and given to the patients for 10 days course in each cycle and has been repeated for next 3 consecutive cycles.

After 3 cycles of treatment with pre and post evaluation results were analyzed statistically for significant improvement of subjective and objective parameters. The result was analyzed by T test, chi square test, standard deviation and tabulated in the form of tables and figures which are as follows.

Table 1: Age: In group A, 12(60%) were of 30-40 years, 4(20%) were of 41-50 years, 4(20%) were of 51-60 years. In group B, 13(65%) were of 30-40 years, 4(20%) were of 41-50 years, 3(15%) were of 51-60 years. It has been observed that the highest incidence of uterine prolapse is 13(65%) which is in 30-40 years, and the lowest incidence of uterine prolapse is 3(15%) which is in 51-60 years. The study conducted by swift at all reported that the mean age was 42 plus or minus 13. It was contradictory to the present study. The reason for this could be in India early marriages and early child births are common which leads to prolapse at an early age.

Table 2: Socio economic status: In group A, 4(20%) were of upper middle class, 13 (65%) were of middle class, 3(15%) were of lower middle class. In group B, 7(35%) were of upper middle class, 11(55%) were of middle class, 2(10%) was of lower middle class. It has been observed that the highest incidence of uterine prolapse is 13(65%) which is in middle class people, and the lowest incidence of uterine prolapse is 2(10%) which is in lower middle-class people.

Table 3: Temperament: In group A, 4(20%) were of safrawi mizaj, 11(55%) were of balghami mizaj, 5(25%) were of saudawi mizaj. In group B, 8(40%) were of safrawi mizaj, 8(40%) were of balghami mizaj, 4(20%) were of saudawi mizaj. It has been observed that the highest incidence of uterine prolapse is 11(55%) which is in balghami mizaj people, and the lowest incidence of uterine prolapse is 4(20%) which is in both safrawi and saudawi people. This observation correlates according to humoral theory proposed by Hippocrates. Other physicians like Ibn sina, al Razi, al majoosi, Ismail Jurjani states that nut-e-reham is common in patients with Balghami mizaj. Excess accumulation of balgham-e- galiz / lazij in reham causes weakness of ribatat-e-reham leading nut-e-reham.

Table 4: Parity: In group A, 7(35%) patients were found with parity between 1-3, 11(55%) patients were found with parity between 4-6, 2(10%) patients were found with parity between 7-9. In group B, 12(60%) patients were found with parity between 1-3, 8(40%) patients were found with parity between 4-6, 0(0%) patients were found with parity between 7-9. It has been observed that the highest incidence of uterine prolapse is 11(55%) occurs in patients found with parity between P4-P6. This observation was similar to the study states that POP was consistently related to parity.

Table 5: Degree of prolapse: In group A, 9(45%) patients were found 1st degree uterine prolapsed, 11(55%) patients were found with 2nd degree uterine prolapse. In group B, 9(45%) patients were found 1st degree uterine prolapsed, 11(55%) patients were found with 2nd degree uterine prolapse. The highest incidence of second degree uterine prolapse observed in both Group A & B i.e. 11(55%).

Table:6: chief complaints: In group A 20 patients were suffered from mass per vagina, 11 patients were suffered from lower abdominal pain, 15 patients were suffered from low back ache, 13 patients were suffered from white discharge, 7 patients suffered from stress urinary incontinence and 8 patients suffered from constipation. In group B 20 patients were suffered from mass per vagina, 13 patients were suffered from lower abdominal pain, 20 patients were suffered from low back ache, 15 patients were suffered from white discharge, 3 patients suffered from stress urinary incontinence and 11 patients suffered from constipation. . It has been observed 20 (100%) patients out of 20 registered complained of mass per vagina and 15(75%) patients complained of low back ache. In the present study these two are the common complaints in uterine prolapse.

IX. CONCLUSION

Pelvic organ prolapse is a common health problem affecting women of all age group worldwide. It affects women's quality of life causing physical, social, psychological, occupational, domestic and sexual limitations. The common cause of uterine prolapsed is difficult labor or mishandling during second stage

of labor. This disease is described in all the ancient Unani literature. In Unani concept the main cause is domination of balgham-e-gair tabbayyi. It is the balgham-e-ghaleez and balgham-e-lazij which are involved and gets dominated, therefore the abnormal accumulation of this balgham causes weakness of ribatat-e-reham leading to nutu-e-reham. The present study was aimed to improve the prolapse quality of life of women and to minimize the surgical intervention, to treat the prolapse with unani medicine. A randomized single blind parallel study was carried out to prove the efficacy of Unani drugs in the management of nutu-e-reham. These drugs were found to be effective in reducing the prolapse, and improving the quality of life of women.

This study validated the claims of the Unani physicians. The results were drawn statistically prove the efficacy of Unani medicine. After detailed study of uterine prolapsed it can be concluded that

- 1) The maximum incidence found in the age group 30-40 years.
- 2) The syndrome is more common in multiparous women.
- 3) Maximum number of patients of this syndrome belongs to middle income group.
- 4) It has been observed that the disease is more common in patients of balghami mizaj.
- 5) The highest incidence of second degree uterine prolapse was observed.
- 6) Detailed history through gynecological examination of patient is required. Especially the bi manual examination to visualize the size, position of uterus and cervix and to rule any lesions in the cervix.
- 7) The drugs used for trial in this study have the properties of munjiz, habis, qabiz, muhalil, mujaffif, and muqavvi. All the drugs contain tannins, which have astringent property that helps in coagulation of proteins, Maju has strong astringent effect which contain large amount of tannic acid which may constrict the ligaments, tone of the muscles and helps the uterus to revert back to its normal position.
- 8) From the present study there was an overall improvement in the remission of symptoms after 3 cycles of treatment.

In this present study in group A out of 20 patients 17(85%) has been cured, and remaining 3 (15 %) of patients were get relieved by their symptoms but prolapse was not totally cured. In group B out of 20 patients 16 (80%) has been cured, 2 (10%) of patients were get relieved by their symptoms, and 2 (10%) were partially relieved by their symptoms but prolapse was not totally cured. After careful monitoring of patients towards special coded medicines and its Side effects, response of medicine is observed, documented, and analyzed statistically to prove the better efficacy of the group A and group B. After analysis with T test, Chi square test, and standard deviation the results achieved.

In group A the Mean $\pm$ SD value is 91.4 ± 12.7 , and in group B Mean $\pm$ SD value is 88.1 ± 14.8 . T test is applied for the response. The p value is < 0.05 . response of both Group A & B were observed to be almost equal but in comparison, the response of Group A is slightly better than group B.

X. SUMMARY

The pelvic organ prolapse is the worldwide problem that affects the quality of life of Millions of women. Genital prolapse in women is not a condition to modern times, modern diet, or modern living It is a distressing weakness that has probably being with us since very early times when human being first adopted the upright posture. It can be defined as falling or downward displacement of uterus from normal position along with vaginal walls. Further uterine prolapse is always associated with anterior vaginal wall prolapsed (cystocele and urethrocele). Sometimes posterior vaginal wall prolapsed (rectocele and /or enterocele). The present study was aimed to improve the prolapse quality of life of women and to minimize the surgical intervention, to treat the prolapse with Unani medicine. After the careful study of parameters of the uterine prolapse and keeping in view of complaints and complications, research medicines were selected, formulated and divided into two groups. Group A and Group B. Treatment was given as OP/IP basis in each group. special coded medicine has been formulated, prepared and given to the patients for 10 days course in each cycle, and has been repeated for next 3 cycles. All selected drugs are safe, easily available, with little side effects.

The drug's efficacy is better and patient tolerated well to the route of administration without overwhelming side effects. The response of drugs was monitored after administration of drugs for 10 days course of treatment. Subjective parameters show almost 100% remission after treatment, and there was improvement in objective parameters. After 3 cycles of treatment with pretest and posttest evaluation results were analyzed statistically for significant improvement of subjective and objective parameters. The results were analyzed by T test, Chi square test, and standard deviation test and tabulated.

In this present study in group A out of 20 patients 17(85%) has been cured, and remaining 3(15%) of patients were get relieved by their symptoms but prolapse was not totally cured. In group B out of 20

patients 16(80%) has been cured, 2(10%) of patients were get relieved by their symptoms, and 2 (10%) were partially relieved by their symptoms but prolapse was not totally cure.

REFERENCES

1. Abul Hassan Ali Ibnae Abbas majusi, Kamil-us-sana, Pg.No. 538, S.H. Offset pulishers, New Delhi-2010
2. Ajmal Khan Moalijat-e-Amraz-Niswan
3. Alama Kabeer Uddin, Moalijat -e- Sharahe Asbbab, Pg no 137, vol-3
4. Ahmedul hasan al jarjani, Zakheer -e- Qurzam Shahi, pg no 632,599-600, S.H Offset press, New Delhi-2010
5. Hakeem Mohammed Abdul Razzack, Talimul Qabila, pg no 173
6. Hakeem kabeerudin, Makhzanul mufaradat, SH Offset publishers-2010
7. AK. Nadkarni, Indian Materia Medica, vol-1, Taj publishers-2005
8. Abul Hasan Ali Bin Rabban Tabri, Firdous-ul-Hikmath.
9. Hakeem Najm-ul-Ghani, Khaizainul Advia, 1912, Volume I.
10. Mohd Abdul Hakeem, Bustan- ul - Mufaradat , 2002, Volume I, New Delhi
11. Sheikh-ur-Rayees-Ibn sina, Al- Qanoon-Fit-tibb, 1912, volume I, pg no 348-349, volume 2 ,2007 Delhi.
12. Hakeem khursheed ahmed, Amraz-e-unnisia.
13. Ishtiyak ahmed, Kulliyat - e -asri, pg no 63, new public & ala publishers, New Delhi.
14. Hakeem ishtiyak ahmed , Al-ummor-al tabiyah.
15. Akbar arzani, Tibb-e-akbar, faisal publication,1890,605-607
16. Zikriya Razi, Kitabul haavi volume no 9, new delhi, CRUM,2001, 23,170-174
17. B.D.Chaurasia , Human anatomy, pg.no 311-324, volume 2
18. C.C. Chattergy, Human physiology, vol-2, pg.no 246,258
19. CCIUM, Text book of medical physiology
20. CCIUM, Supplementary to glossary of Indian medicinal plants
21. DC Dutta. A Text Book of Gynecology