

# An Aetiological and Preventive Review on *Isqate Janeen* or *Isqate Hamal* (Abortion)

\*Tabassum Kotagasti

Dept. of Amraze Niswan-wa-Qabalat,  
National Institute of Unani Medicine,  
Kottigepalya, Magadi Main Road,  
Bangalore-560091

## Abstract

Abortion is the ending of pregnancy by expulsion of the fetus or embryo from the womb before reaching the viability to survive. It is a sensitive and very distressing, sad situation for the expecting mother and is also contentious issue with religious, moral, cultural and political dimensions. In Unani System of Medicine it is known as "*Isqate Hamal* or *Isqate Janeen*". It is the commonest problem in obstetrics, which is studied from the early era of medicine till now. Almost every Unani physician has described about the causes and preventive measures of abortion. They were mainly focused on prevention of abortion by various non-pharmacological and pharmacological methods. Non-pharmacological methods like bed rest, avoidance of jerky movements etc; whereas pharmacological methods include systemic use of astringent drugs both single and compound formulations as well as local applications, which are very effective in the management of abortion are recommended. The literature of Unani medicine has wealth of treasure on abortion, but the issue is not in a systemic way. Hence, in this review scattered knowledge and description about the abortion and its consequences has been systematized in an easy way. An attempt has been made to systematically review the literature on abortion and to make the reader familiar with the contributions of Unani physicians.

**Keywords:** *Isqate Hamal*, *Isqate Janeen*, Aetio-pathogenesis, Prevention, Unani medicine.

## Introduction

Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions. It is also a public health concern in many parts of the world. The World Health Organization (WHO) estimates that worldwide 210 million women become pregnant each year and that about two-thirds of them or approximately 130 million deliver live infants, the remaining one third of pregnancies end in miscarriage, stillbirth or in induced abortion (World Health Organization, 2011; Katz, 2012; Simpson and Jauniaux, 2010)

Abortion is the ending of pregnancy by the removal of a fetus or embryo before it is able to survive from the womb. (Susan Storck, 2011) An abortion can occur spontaneously, in which case it is often called a miscarriage. It can also be purposely caused in which case it is known as an induced abortion. Miscarriage is the natural death of an embryo or fetus in the womb. It takes place in the early stages of development of the fetal viability. Miscarriage may occur for many reasons, all of which cannot be identified. (National Coordinating Centre for

\*Author for correspondence

Women's and Children's Health, UK (2013). Some of these causes include genetic, maternal, fetal, uterine, cervical, placental, hormonal and environmental etc. (Tabor and Alfirevic, 2010; Agarwal, 2012).

According to unani system of medicine abortion is a process in which the fetus is expelled out from the uterus before viability. The duration of pregnancy is usually 9 months and 12 days, but sometimes few days before or after delivery may occur, if deliver before 7 months the fetus does not survive or rarely may survive. Delivery in 6 months or in 8 months is harmful to the fetus. During abortion the women experience same events as at the time of delivery (Hakeem Ajmal Khan, Ibn Sina, Al Qanoon fil Tib, ynm).

Controversy: According to one group of physicians abortion usually occurs in early weeks because *Nutfa* (zygote) is formed from abnormal semen. Sometimes abortion occurs after 3 months of conception, but another group of physicians say that abortion usually occurs after 6 months only. It is due to diseases related to the mother or fetus. Cessation of sweating during pregnancy indicates the chances of abortion, especially when the fetus is developed.

Aetio-pathogenesis: The uterus performs its function with the capacities inherent in it. These capacities are varied and are specific. Apart from its nutritive capacity uterus is provided with certain distinct capacities that work for the development of fetus. Interference with fetal development, retention and expulsion related capacities results in defective development, defective retention or expulsion. The most important thing in this context is the temperamental balance between fetus and uterus temperament. Uterus retains only the fetus of its own favorable temperament. Any deviation from species temperament leads to activation of *Quwate Dafia* (Expulsive faculty) and causes abortion. Abnormal function of *Quwate Mussawira* (Morphogenetic faculty) is responsible for defective development and congenital abnormalities. Over activity of expulsive capacity and hypoactivity of retentive power can also lead to expulsion of the fetus. The different causes that are described in classical unani text are related to these capacities and they interfere with one or more capacities and hence lead to defective functions. The ultimate goal is proper development and delivery of the baby. In later months fetal capacities can also play role in retention and expulsion of fetus from uterus. (Al Razi, 2011; Tabri, 2010; Abbas, 2005; Khan, 2011).

For successful conception normalcy of seminal fluids of both male and female is required. The male semen should be normal in its temperament and consistency. Any change in consistency or in temperament of semen interferes with conception and in formation of *nutfa* (zygote).

External pressure on uterus as seen in obesity or nutritional deprivation of fetus as occurs in lean and thin patients and after *istefragh* (Evacuation) may result

in abortion. Excessive cold and uterine fluidity interfere with fetal retention. Similarly hardness and irregularity of uterine surface may provoke expulsive power. Blood that nourishes the fetus may divert towards ruptured membranes and thus deprived the fetus of food. Fullness or congestion of utero-placental vessel with phlegm or flatus, fluid or blood may lead to vascular rupture and abortion. This phenomenon may cause easy placental detachment by increasing the weight of placenta. Similarly any obstruction in placental vessels deprives the fetal nutrition which results in abortion. On the basis of above pathological mechanism etiology can be described under following headings.

## **Etiology**

### **Semen related**

*Raqiq or ghaleez mani* (Fluidity or viscosity of semen)

*Sue mizaj mani* (Abnormal temperament)

(Ibn Sina, Al Qanoon fil Tibb, Akbar Arzani, 2002, Majoosi, 2010)

### **Temperamental**

*Sue Mizaj Haar* (Ill hot temperament of uterus)

*Burudat Rehm* (Coldness of uterus)

(Ibn Sina, Al Qanoon fil Tibb, Ajmalul Hasan Jurjani, 2010)

### **External or Psychological**

Fear

Anxiety

Stress

Tension

Extreme happiness

Sudden mental trauma

(Abbas Mansurul Hasanul Qamri, 2005)

### **Environmental**

Extreme cold and hot

(Akbar Arzani, 2002)

### **(A) Maternal causes**

Elder or young age; Thin or morbid obese; General weakness; Malnutrition; Anemia; Indigestion; Addiction of alcohol; Acute diseases; Fever with chills; Worm infestation; Cholera; Severe diarrhea; Dysentery; Hysteria; Draining per vagina;

Hemorrhage; Sexually transmitted diseases like Syphilis and Gonorrhoea; Trauma on abdomen or chest; Any painful conditions; Use of drugs in early pregnancy Like *Garam* (Hot), *Mazluq*, *Mushil* (Purgatives), *Mudir* (Diuretics), *Muqqai* (Emetic), *Mautis* (Sneezing produce), *Mmuqrijaneen* (Abortifacient), *Munavim* (Narcotics) etc.; Excess movements like jumping; Weight lifting; Strenuous exercise; Excess cough; Procedures like *Fasd* (Blood letting), *Istifragh* (Excessive elimination of blood), Especially yearly and late pregnancy; Any condition that produces *Laaza* (Irritation) of the uterus Like hot bathing, bathing for long time, prolong stay in bathroom and excessive intercourse (Hakeem Ajmal Khan, Haziq; Abbas Mansurul Hasanul Qamri, 2005; Al Razi, 2011).

#### B. Fetal causes : Fetal and Fetal Membranes

Intra uterine death; Intra uterine growth retardation; Multiple pregnancy; Big baby; Abnormal baby; Congenital anomalies of the fetus; Polyhydramnios; Weak placental attachment; Placental insufficiency; Rupture of membranes; Amino chorionic diseases; Defect in the membranes like lax or filled with fluid or tense membranes (Al Razi, 2011; Tabri, 2010; Abbas Mansurul Hasanul Qamri, 2005).

#### C. Uterine causes

Cervical incompetence; Syringing of *Mazluq* drugs in the uterus; *Sue Mizaj Rehm* (Ill temperament of uterus); *Riyah Rehm*, *Rutubat Rehm* (Excess of air or fluid in the uterus); *Warm Rehm* either soft or hard; *Sartan Rehm* (Carcinoma of uterus); *Qarahe Rehm* (Uterine ulcers); *Salabat Rehm* (Hardness of uterus); Hardness or irregular surface of the uterus; Defect in the uterus as small uterus; Congestion of the uterus; *Suddain* the utero-placental vessels; *Rutubat mukhat* (Mucoid) *Balgham* (Phlegm) or *Riya* (Flatus) in the placental vessels; Ovarian tumors (Khan, 2011; Arzani, 2002; Majoosi, 2010).

### Sign and Symptoms

General: Flushing of face, fever with chills, heaviness in the head and body, pain in eyes, abdominal pain, low backache, mild or heavy bleeding per vagina, loss of fetal movements and absence of fetal heart sounds.

Temperamental: In *Sue Mizaj Haar* the tense body, red and painful eyes, headache and burning sensation in the body.

Uterine: Irregular movements, burning and pain and irritation.

Breast related causes: Breast health depends upon fetal wellbeing and nutritional status of the body, milk secretion during pregnancy indicates weakness of the fetus.

Maternal: Bleeding per vagina, puffiness of face, excess of saliva, general weakness is indication of dominance of *Ratubat*.

Fetal: Irregular movements indicate fetal intra uterine growth retardation; loss of fetal movements indicates fetal death. Sometimes there is no cause of abortion except weakness and then symptoms of weakness are present (Hakeem Ajmal Khan, Haziq, Akbar Arzani, 2002, Majoosi, 2010, Akbar Arzani, Tibb Akbar).

## Treatment

### Principles of treatment

Bed rest is advised in left lateral position; avoidance of jerky movements and vaginal as well as oral i.e. systemic use of astringent drugs are recommended. *Muqawi ghiza* (Nutritious diet) should be given. In case of flatulence use of *Mukhrij Balgham* (Phlegm elimination) and anti-flatulent drugs are advocated (Hakeem Ajmal Khan, Haziq Ibn Sina, Al Qanoon fil Tibb Azam Khan, 2011, Akbar Arzani, Tibb Akbar).

### In case of recurrent abortion

Before conception: Avoid external and psychological causes like fear, anxiety, worries etc. In case of internal causes induction of vomiting and use of *Munziji wa Mushil Balgham* Advia (drugs) for evacuation of excess body fluids have been in the practice. *Istafraqh wa tahleel*- elimination of *rutubat* and dissolution of fluids should be done. *Muqawi badan wa rehm* measures should be adopted. Procedures like vomiting, purgatives are advised before conception only. So that the conception can occur easily and the fetus can retain properly (Hakeem Ajmal Khan, Haziq, Ibn Sina, Al Qanoon fil Tibb).

After conception: Fetal preservative measures are adopted such as avoidance of any external abortion inducing factor like extreme cold, heat, fear, stress, trauma etc. Relaxing measures should also be taken. After conception, use of *Hafiz Janeen* drug like *Majoon Hafiz Janeen* to prevent abortion, if abortion has already occurred then use of strong abortifacients, emmenagogues and diuretics to expel the wastes from the uterus are advocated.

### Inevitable abortion and after abortion

Advice abortifacient and emmenagogue drugs like *Abhal* (*Juniperus communis* Linn), *Sudab* (*Ruta graveolens* Linn.), *Halteet* (*Ferula asafetida* Linn.) etc. *Muqawi rehm advia* should also be given after the elimination of wastes is complete.

### Advice and dietary recommendation

If the body constitution of the mother is weak then light and nutritious diets like half boiled egg and meat soups are recommended. They cause weight gain; in case of obesity for weight reduction less nutritious bulky diet is recommended.

After abortion the women should be more conscious because in comparison to normal delivery abortion is more painful condition and it may lead to many complications like heavy bleeding per vagina, fever, infection, uterine disease and even death. These maternal morbidities and mortalities can be prevented by appropriate treatment at appropriate time (Hakeem Ajmal Khan, Akbar Arzani, Tibb Akbar).

### Conclusion

The literature of Unani medicine has wealth of treasure on abortion. Almost every author has described the abortion along with its necessary details. The description is so complete regarding etiology and principles of treatment that nothing could be added over last decades. From the writings of Unani physicians it is very much clear how much concern they were about mother and child health. Apart from this, they paid attention towards the well being of fetus in uterus. They believed that post delivery health of baby was some how linked with health and development in uterus. Hence detailed description regarding the measures for proper development and health of developing fetus is given. So many drugs are mentioned that preserve the fetus and protect it from various hazards. Knowledge about the susceptibility of fetus to various exogenous and endogenous hazards is well incorporated. Saying every drug should be avoided during first trimester. In this review scattered knowledge and description about the abortion and its consequences have been systematized in an easy form to comprehend organized way. The presentation is only in systematic way not explanatory. Only the classical books authored by well-known physicians were consulted leaving the commentaries and text book of later period.

### References

- Abbas Mansurul Hasanul, Qamri, 2005. Ghana Mana. CCRUM Publications, pp. 399, 403,405
- Agarwal, K., 2012. Pregnancy loss after chorionic villus sampling and genetic amniocentesis in twin pregnancies: a systematic review. *Ultrasound in Obstetrics and Gynecology* 40 (2): 128-34.
- Ajmalul Hasan Jurjani, 2010. Zakheera Khwarzamshahi. Idarae Kitabushifa, p.622

- Akbar Arzani, 2002. Meezan Tibb, Idarae Kitabushifa, pp. 210-211.
- Akbar Arzani, Tibb Akbar, Faisal publications, p. 586
- Al Razi, 2011. Al Hawi. CCRUM publication. pp.72, 74: 494-497
- Azam Khan, 2011. Akseer Azam. Idarae Kitabushifa, p. 811
- Hakeem Ajmal Khan, YNM. Haziq. Madina Publication, pp. 494-497
- Ibn Sina, Al Qanoon fil Tibb. Idarae Kitabushifa, pp. 1076-1077, 3149
- Katz, V.L., 2012. Spontaneous and recurrent abortion: etiology, diagnosis, treatment. *Comprehensive Gynecology*. Philadelphia, PA: Elsevier Mosby (6), p.16.
- Majoosi, 2010. Kamilussana. Idarae Kitbushifa, p. 565
- National Coordinating Centre for Women's and Children's Health, UK. 2012 . Ectopic Pregnancy and Miscarriage: Diagnosis and Initial Management in Early Pregnancy. NICE Clinical Guidelines. Royal College of Obstetricians and Gynecology, No. 154, p.342.
- Rabban Tabri, 2010. Firdousul Hikmat, Idarae Kitabushifa, p. 49
- Simpson, J.L., Jauniaux, E.R.M., 2010. Pregnancy loss in *normal and problem pregnancies in obstetrics*. *Journal of clinical epidemiology*, (6) : 26.
- Susan Storck, A.D.A.M., 2011. Miscarriage. American Accreditation Health Care Commission, p. 122
- Tabor, A., Alfirevic, Z., 2010. Update on procedure-related risks for prenatal diagnosis techniques: fetal diagnosis and therapy 27 (1): 1-7.
- World Health Organization, 2011. Unsafe Abortion: Global and Regional Estimates of the Incidence of Abortion and Associated Mortality in 2003, p.5.

