



Unani Perspective Of Hyperemesis Gravidarum (*Qay'al Haml*): A Literary Review

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ABSTRACT :

Hyperemesis gravidarum (*Qai al Haml*) is a severe type of vomiting of pregnancy which has got deleterious effect on health of the mother and /or in capacities her in day to day activities. Nausea and vomiting were first described as symptoms of early pregnancy. There are numerous theories regarding to etiology of hyperemesis gravidarum but none of these conclusive it is most likely not due to one factor hence treatment of this condition should be ranging from dietary and lifestyle changes to medical therapy and counselling. We performed a Unani literature review, focusing on articles, researches, literature review published over the last 10 years, to examine current perspectives and recent developments in qai al hamal .

Keywords: hyperemesis gravidarum, Qai al Haml, vomiting in pregnancy, Unani literature

Introduction:

Hyperemesis gravidarum (*Qai al Haml*) is a severe type of vomiting of pregnancy which has got deleterious effect on health of the mother and /or in capacities her in day to day activities.^{1,2}

Incidence:

Up to 80% of all pregnant women experience some form of nausea and vomiting during their pregnancy.^{2,3,4,5} In hospital less than 1 in 1000 pregnancies.¹

Etiology :

The etiology is obscure but the following are the known facts:

Limited to the first trimester, common in first pregnancy ,family history ,prevalent in hydatidform mole and multiple pregnancy, more common in unplanned pregnancies.^{1,2,3}

Clinical features:

Early : vomiting occur through out the day ,but there is no sign of dehydration and starvation.

Late: evidence of dehydration and starvation present.^{1,2,3}

Frequency of vomiting is raised ,urine output become diminished upto the stage of oliguria, epigastric pain ,constipation may occur.^{1,2,3}

Signs :

Features of dehydration and ketoacidosis, electrolyte imbalance, weight loss may occur.^{1,2,3}

Unani

Qai al haml is most common symptom in the first trimester of pregnancy last upto 4th month ,second trimester of pregnancy. It became more severe in some cases that there is no residue remain in stomache.⁶

Asbab:

Unani scholars states the cause of is morbid material which accumulates in the cavity of the stomach.^{7,8} This can be due to khilt e safra , khilt e balgham (*balgham-i- milh*),khilt sauda.^{7,9} most probably qai ul hamal occurs due to excessive in khilt e safra which causes infuriation of gastric wall of stomach.¹⁰

Differential diagnosis :⁸

Gastric ulcers , food poisoning , appendicitis, infective hepatitis ,intestinal worms, brain tumour, uraemia ,hiatus hernia, acidity, diabetes mellitus ,nervous engorgement, hormonal changes.⁶

Su'-i-mizaj : Su'-i-mizaj sa'da, Su'-i-mizaj madd,Su'-i-mizaj safravi ,Su'-i-mizaj saudawi ,Su'-i-mizaj balghami. ⁸

Usool e ilaj: (Unani principles of treatment) may be divided into following :¹¹

1. *Ilaj bi'l ghidha* (Dieto-therapy)^{7,12}
2. *Ilaj bi'l tadbeer* (Regimental therapy)^{12,13}
3. *Ilaj bi'l Dawaa* (Pharmacotherapy)^{10,11,12}

Single drugs:

Rewand chini ,oode kham , mastagi ,sandal safaid,,kishneez khushk , anar,leemo ,pudina,¹⁴ ilaichi khurd ,beehi , quste sheerin, jooz, sak, mastagi, agar, kababa

Compound drugs:

Gulqand, sikanjabeen sada ,sikanjabeen lemooni ,murabba leemu kaghzi.,sharab rehani asfar, sharbate turanj, sharbate leemu, sharbate ghura, qurs-qaranphal. sharbat-i-leemu , sharbat-i-anar , sharbate anar ,sharbat-i-ghaura ,sharbat-i-zanjabeel , murraba-i-amlam.^{8,13}

POTENTIAL RESEARCH TOPICS AND INTERVENTIONS:

1.An open observational study was carried out in the Dept. of *Ilmul Qabalat wa Amraze Niswan*, National Institute of Unani Medicine Hospital, Bengaluru. Pregnant women 18-35 years of age, having singleton pregnancy in 6-12 weeks of gestational age with NVP ($n=30$) were included based on mild to moderate Pregnancy Unique Quantification of Emesis (PUQE-24) score and patients with severe NVP, systemic diseases, multiple gestation, ectopic and molar pregnancy were excluded. *Sharbat-i-Anar Sheerin* (20 ml) twice daily was administered orally on empty stomach for four weeks. The main outcome measure was a reduction in PUQE score.

96.7% of pregnant women achieved a reduction in PUQE score and only 3.3% had no reduction. This trial provides evidence of improved effectiveness and safety of *Sharbat-i-Anar Sheerin* in women with NVP. Moreover, no adverse effect of the research drug was noted during the trial.¹⁵

2.Three of every 10 pregnant women have nausea that is bad enough to interfere with their daily lives. *Sikanjabeen lemooni* is a poly herbal Unani formulation used in Unani system of medicine since the time Arab physicians. It possessing properties viz antiemetic, antianemic, appetizer, digestive, exhilarant, ant oxidant property. Long term follow- up of the patients u-ntil delivery showed no adverse effect on the newborns.¹⁶

3.An observational study on Various Unani drugs for the treatment of *qay'al-haml* including *gulqand*, *sikanjabeen sada*, *sharbat anar sheerin*, *sikanjabeen lemooni*, *jawarish anarain*, *mastagi*, *ilaichi* etc. In this literary research, an effort had been made to focus on the various causes, diagnosis and management of nausea and vomiting in pregnancy by Unani system of medicine. Some herbs and Unani compound formulations used in the treatment of *qay'al-haml* have also been highlighted.¹⁷

4.Nausea and vomiting in pregnancy¹⁸

Zanjabeel is very often used to overcome the symptoms of nausea and vomiting in pregnancy.In a recent double-blind, randomized controlled trial, the effect of *Zanjabeel* on nausea and vomiting caused by pregnancy was assessed and was compared with metoclopramide drug. Though, *Zanjabeel* was found to be less effective than metoclopramide, but it significantly reduced the episodes of nausea and vomiting and could be a safe and effective alternative.¹⁹

In a double-blind, randomized clinical trial, 120 women were selected and the effect of *Zanjabeel* in pregnancy-induced nausea and vomiting was compared with vitamin B6 and placebo. The results showed significant difference between groups in severity of nausea and frequency of vomiting.^{20,21}

In another double-blind, randomized, placebo-controlled trial, 125 mg *Zanjabeel* extract was given four times a day for 4 days and its effectiveness was investigated on the symptoms of morning sickness. The results showed a significant decrease in nausea as well as in retching, concluding that *Zanjabeel* can be considered as a useful treatment option for morning sickness.²²

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