



ROLE OF DALAK IN MANAGING BACKACHE DURING PREGNANCY -A UNANI PROSPECTIVE

Misba Naim^{1†}, Wajeeda Begum²

¹PG Scholar, Dept of Ilmul Qabalat wa Amraze Niswan, National Institute of Unani Medicine, Bengaluru, 560091, India,

²Reader &HOD, Dept of Ilmul Qabalat wa Amraze Niswan, National Institute of Unani Medicine, Bengaluru, 560091, India,

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Corresponding Author:

†Misba Naim

PG Scholar, Dept of Ilmul Qabalat
wa Amraze Niswan, National
Institute of Unani Medicine,
Bengaluru, 560091, India

Email-misba.au2@gmail.com

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ABSTRACT

Pain is known to steal the joy out of anyone's life but it can be even more devastating for mothers-to-be. Pregnancy is considered a health risk because of the tremendous changes that occurs in normal physiology of body. Aches being, the commonest discomfort felt by about 80% of pregnant. The severity ranges from mild discomfort to unbearable pain. Joint laxity, weight gain, poor posture and hormonal changes have a collective effect, contributing pain. Modern therapy involves use of analgesics besides physiotherapy. Over 50% of pregnant women use these analgesics for pain. Management of pain during pregnancy is still challenging for several reasons. Most concerning are the potential effects of medications on the fetus. It's the today after hundreds of researches, modern physicians advised that physiotherapy/massage is safe for pregnant to alleviates the pain, whereas Unani physicians mentioned this under section "tadabeer-e-hawameel", thousands of years ago as evident by classical Unani literature. Unani system states pregnancy is a condition of accumulation of morbid matters which results in pain. Various therapeutic massages are indicated and mechanism of action is based on holistic approach of fundamental concept of imaale-mawad. The present appraisal is an earnest effort to highlight the description of massage/dalak for pain during pregnancy as enunciated in Unani literature.

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1. INTRODUCTION

Pregnancy is a time of tremendous musculoskeletal, physical and emotional change and yet, it is a condition of wellness [1]. Pregnancy is often the first time in a woman's life that she experiences so many different feelings, both physically and psychologically. The vast majority of primigravidae experiences 'aches and pains' during pregnancy [2]. 80% of the pregnant women complain of pain during pregnancy. The severity ranges from mild discomfort to unbearable pain. Low back pain (LBP), with or without pelvic girdle pain (PGP) (henceforth referred to as 'pregnancy-related LBP'), is very common during pregnancy. Although prevalence estimates vary between studies due to different definitions and diagnostic criteria, LBP is reported to affect between 45% and 75% of women at some stage

during their pregnancy [3]. Pregnancy related low back pain affects women's lives dramatically. It is the most common cause of sick leave after delivery [4, 5, 6, 7]. Taking under consideration, the individuality of every woman and pregnancy, early identification and treatment will lead to the best possible outcome. Modern therapy involves use of analgesics besides physiotherapy. Over 85% of women use some medication during pregnancy and analgesics are the most common preparations used, after vitamins, in all trimesters of pregnancy, with over 50% of women using analgesics during their pregnancy [8], whereas inadequately managed persistent pain can result in depression and anxiety. These may impact on a woman's physical and psychological wellbeing and can potentially have an adverse effect on her pregnancy. Use of NSAIDs after 30 weeks gestation is contraindicated [9].

Management of pain during pregnancy is still challenging for several reasons. Most concerning are the potential effects of medications on the fetus. Conservative management is the gold standard including physiotherapy, stabilization belts, nerve stimulation, pharmacological treatment, acupuncture, massage, relaxation, and yoga [4, 5, 7, 10, 11].

Massage is one of the conservative management options of pain during pregnancy. Massage therapy is used in Unani system of medicine for relieving pain and backache. So this paper is an attempt to discuss the old massage therapy for relieving pain and its implication in pregnancy.

2. PATHOPHYSIOLOGY

Joint laxity, weight gain, poor posture and hormonal changes have a collective effect, contributing pain. As the fetus grows, a woman's abdominal wall stretches to accommodate the expanding womb. Abdominal muscles are stretched to the point of their elastic limit by the end of pregnancy. The centre of gravity shift upwards & forward because of the enlargement of the uterus & breasts. This requires postural compensations for balance and stability [13].

During pregnancy, the hormone relaxin is present in ten times its normal concentration in the female body. Relaxin is good in the sense that its function – as the name itself suggests – is to relax the joints in the pelvis so the baby has room to pass through the birth canal. Unfortunately, relaxin also causes abnormal motion in many other joints of the body, causing inflammation and pain. The increased lordosis of pregnancy combined with the effects of Relaxin on the joints of the pelvis and the weight of the gravid uterus with result anterior shift in the centre of gravity all contribute to complaints of low back pain [12]. Depending on the extent of the postural change, the pain can range from being localized at the back, extend to the lateral sides of the waist or even radiate to the buttocks and lower extremities. Thus, hormonal changes, increase in weight from the expanding uterus and sleep disturbances all lead to strained and overworked muscles, causing discomfort and pain [13].

3. DALAK/MASSAGE IN UNANI MEDICINE

The word 'massage' is derived from the Arabic word- Mass (to touch), or from the Greek word- Masein (to knead). Hippocrates used the term anatripsis, meaning to rub down and this was translated into the Latin 'frictio' meaning friction or rubbing [14]. French colonies in India first used the term "massage" during 1761-1773 and included it for the first time in 1812 in French-German dictionary. According to Oxford dictionary, in 1879 this word entered in the English literature [15].

In Unani medicine, *Dalak* is considered as the method where pressure or friction, kneading, rubbing, tapping, pounding, vibrating or stimulating against the external soft parts of the body with hands or other objects like rough cloth with or without oils, creams, lotions, ointments or other similar preparations [16]. Hippocrates (460 BC–370 BC), the father of medicine, stated that "The physician must be experienced in many

things, but assuredly also in rubbing, for things that have the same name have not always the same effects. For rubbing can bind a joint that is too loose, and loosen a joint that is too rigid, rubbing can bind and loosen". He prescribed a combination of massage, proper diet, exercise, rest, and fresh air etc. to restore the health [17]. According to Ibne Rushd, massage is a type of exercise and used for the removal of waste metabolites of digestion (*Hazme Uzwi / hazme akheer*) [18].

Number of Unani physicians advocates the use of *Dalak* for the preventive as well as the curative purpose in various diseases. They recommended several varieties of *Dalak* e.g. *Dalak e sulb* (hard massage), *Dalak e layyin* (soft massage), *Dalak kaseer* (prolonged massage), *Dalak moatadil* (moderate massage) etc. Hard friction or massage is *Mufatteh-e-Sudad* (deobstruent) and makes the body firm. Soft massage is sedative and relaxes the body while prolonged massage reduces the fat of the body; moderate massage develops the body as well as improves and maintains blood circulation of the particular organ; rough friction with a rough cloth (*Dalak khashin*) enhances vasodilatation of the particular organ etc [19].

3.1 PREGNANCY AND MASSAGE

In Unani system of medicine, pregnancy is considered as a state of imtelah (accumulation of excess humor). This excess humor is due to accumulation of menstrual blood as menstruation ceases during pregnancy. This accumulated blood is the cause of imtelah [20].

According to Unani Medicine the mechanism of action of *Dalak* (Massage) is based on holistic approach of two fundamental concepts i.e. *Tanqiyae Mawad* (Evacuation of morbid humour) and *Imalae Mawad* (Diversion of humour). *Tanqiyae Mawad* means the resolution and excretion of morbid humors and excess fluids from the body, thereby maintaining the homeostasis in the quality and quantity of four bodily humors, which is actually responsible for the maintenance of normal health. *Imalae Mawad* refers to the diversion of the morbid fluids from the site of affected organ to the site where from it is easily expelled out from the body tissues. It also induces sedation, analgesia and increases blood circulation [20].

3.1.1 DALAK LAYYAN (SMOOTH MASSAGE)

In this type, massage is done slowly and softly with hands, without exerting much pressure

According to Unani literature

- ✓ Massage should not be done immediately after taking food.
- ✓ Massage should not be done in empty stomach.
- ✓ It should be done in the morning.
- ✓ It can also be done in the evening but 3-4 hours after lunch [21].

Time of massage also differs according to changes in weather, in *Mausam e rabee* (Spring season) and *Mausam e khareef* (Autumn) massage should be done at Noon, in *Mausam e Saif* (Summer season) massage should be done in the morning, and in *Mausam e Shitaa* (Winter season) in afternoon [21].

3.1.2 IN PREGNANT WOMEN

It is strongly recommended to massage back, abdomen and pubic area, few days before the delivery with *Roghan-e-Zanbaqand*. *Roghan-e-Kheeri* as it helps in easy passage of foetus at the time of delivery [22].

3.1.3 IN THE TREATMENT OF PAIN

To relieve pains the affected part of the body should be massaged softly for a longer duration [19]. Massage with *Roghan-e-Qust* it has potential effect in the management of flaccid joints. *Roghan-e-Qust* mixed with *Roghan-e-Zaitoon* shows very good results [23]. If there is abdominal or back pain in pregnant women then massage with *roghan-e-gul* over affected part [24].

In the last two decades, pregnancy massage had become increasingly popular, incorporating Swedish massage techniques developed by Per Henrik Ling. Swedish massage is the most commonly used technique in pregnancy massage as it is able to treat muscle discomfort and improve circulation, problems commonly associated with pregnancy [25]. Just like how general massage therapy has been used over time to improve overall health, reduce stress, and relieve muscle tension, pregnancy massage can help pregnant mothers-to-be rid them of. Most of the physical discomforts experience and allow them to enjoy pregnancy a lot more.

Hormone regulation-Past studies have shown that when massage therapy was introduced to women as part of their prenatal care, there were not only significant reductions in anxiety and depression, but also improvements in the women's general mood. These positive effects were transferred to the babies, reducing post-natal complications [7]. Field T. et al. had also shown that massage reduces cortisol levels, which reduces the risk of perinatal complications [26]. Massage helps mothers to relax and ease into sleep more easily, bringing about less negative feelings. These mothers tend to have babies who cried or fussed less [27]. Massage not only helps relieve the muscle aches but also improves circulation and increases oxygenation of soft tissues and muscles, benefitting the mother-to-be [13].

4. CONCLUSION

Pain can be considered as one of the most common complication of pregnancy. Every pregnant women suffers from low backache at any time during pregnancy. Though pain is not deteriorating health, but it have a great negative impact on quality of life. This pain is neither inevitable nor untreatable. About 50% of pregnant women consult doctors for pain. So early identification and management is necessary to improve the maternal health. Modern treatment options include analgesics and physiotherapy. Most of these analgesics are contraindicated in pregnancy. Thus, Unani system can help in this as an alternative and safe effective method. Soft massages of longer indication could be done during pregnancy as preventive as well as therapeutic without any side effect. Further clinical studies are needed, in order to test prevention and treatment options in pain during pregnancy and thus, can contribute in improving women's health.

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