

Stress Urinary Incontinence (*Salasulul-Baul*): A Review of the Unani Concept

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Abstract

Greco-Arabic medicine, a rich repository of knowledge on various bodily ailments, offers significant insights into managing and treating numerous health conditions. Among these, urinary incontinence (UI) stands out as a frequently overlooked, underreported, and untreated medical issue that profoundly affects the quality of life for women across all age groups. Salasul baul, a term used in Greco-Arabic medicine, describes this distressing condition characterized by an inability to control urine, significantly impairing the daily life and well-being of those affected. Understanding the risk factors associated with urinary incontinence is crucial for effective prevention. Patient education and strict adherence to a personalized exercise regimen are vital in managing and preventing UI. Greco-Arabic literature documents a variety of causes for urinary incontinence, including abnormalities in bodily or bladder temperament, vertebral dislocation, pregnancy, use of diuretics, laxity of bladder musculature, associated conditions, such as uterine inflammation, omphalitis, and constipation. The primary treatment approaches in Greco-Arabic medicine focus on addressing these underlying causes. This includes correcting bodily temperament through dietary changes and herbal remedies in cases of abnormal temperament and eliminating morbid humors when they are dominant. Key remedial measures emphasized in this traditional wisdom include dietary adjustments to balance bodily humor, Herbal formulations tailored to specific conditions, and Riyazat (exercise) to strengthen bladder control. Moreover, preserving this traditional knowledge holds potential for future pharmaceutical and drug discovery research, offering valuable insights for developing new treatments based on age-old remedies.

Keywords: SUI, greco-arabic, Salasul baul, herbal medicine, quality of life

INTRODUCTION

Unani scholars have extensively documented urinary incontinence, known as *Salasulul Baul* in Unani

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medicine, providing a detailed understanding of this condition. *Salasulul Baul* refers to the involuntary leakage of urine, which can range from a slight dribble to the complete loss of bladder control. This condition causes physical discomfort and poses psychological and social challenges, significantly diminishing an individual's quality of life. In Unani medicine, urinary incontinence is considered a multifaceted health issue requiring a holistic approach for effective management, encompassing lifestyle modifications and natural treatments tailored to the individual's specific constitution and underlying causes. The Unani perspective emphasizes the importance of balancing the body's humor and strengthening the urinary organs to restore control and improve the patient's overall well-being [1, 2].

ASBAB (ETIOLOGY)

Majoosi has mentioned in *Kamilussana* that involuntary loss of urine occurs due to weakening of the bladder musculature. He further wrote that accumulation of the morbid matter within the bladder leads to weakness of *quwate masika* (retentive power of the bladder) and is ultimately responsible for incontinence [3].

Several causes of urinary incontinence have been mentioned by Akbar Arzani in his renowned book *Tibb Akbar* including dominance of hot and wet temperament over the bladder, bladder injury, destruction of the ligaments supporting the urinary bladder, tension over the ligaments supporting the bladder, abnormal hot temperament of the bladder, inflammatory conditions in the uterus and other pelvic organs causing increase in pressure on bladder which causes incontinence, prolapse of the bladder (cystocele), and excessive use of diuretics [4].

According to Ibn Sina, *Salisululbol* is a condition in which the passage of urine is involuntary and usually, this disease is caused by excessive cold temperament, or laxity of the bladder due to excessive use of *mudirat* like alcohol. Other causes are injury or trauma to the spinal cord, abnormal temperament, and weakness of nerves and muscles, physiologically it is seen in pregnant women [4].

Hakeem Azam Khan has described in *Akseer Azam* that involuntary leakage of urine occurs as a result of the excess cold temperament of the bladder, laxity of the bladder musculature as a result of *kasrat rutubat*, excessive use of diuretics and diluted alcohol, rarely it occurs due to excess heat in the bladder [2].

Ibn Zohr has written about various urinary problems including involuntary loss of urine in his famous book *Ktabul Taiseer*. He has described that the weakness of retentive power of the bladder due to the abnormal cold temperament of the bladder is the most common cause behind urinary incontinence. Also sitting on cold stone, especially in old age, and wearing wet undergarments are the external factors leading to cold temperament. He has also stated iatrogenic cause of incontinence is due to the prescription of medicines having excessive cold temperament [5].

ALAMAAT (SYMPTOMS)

Symptoms vary according to the underlying cause.

In the Unani system of medicine, the condition of urinary incontinence, or *Salasulul Baul*, is closely associated with the temperamental imbalances of the bladder, which are believed to significantly influence the nature and severity of symptoms. Unani scholars have provided detailed descriptions of how different temperaments of the bladder can manifest in varying forms of urinary incontinence.

When the bladder's temperament is excessively cold and wet (*Barid wa Ratab*), the patient may experience a unique set of symptoms. The urine in such cases is typically pale or white, a reflection of the lack of heat and excess moisture in the bladder. Unlike in other forms of urinary issues, there is usually an absence of burning sensation or pain during urination (dysuria). This form of incontinence tends to be more passive, with the bladder unable to retain urine due to its weakened and excessively moist state, leading to an involuntary and uncontrollable leakage [6].

Conversely, when the bladder's temperament is excessively hot (*Har*), the symptoms and the nature of the urine change significantly. Patients with a hot temperament often exhibit signs consistent with an overheated bodily state, such as a warm sensation, restlessness, and a general feeling of heat within the body. The urine in such cases is typically dark-colored, indicating the presence of excess heat and dryness. The condition is often aggravated by the consumption of hot and spicy foods or other items that further increase the body's heat. The increased heat irritates the bladder, leading to a more active and sometimes painful form of incontinence, where the urge to urinate may be frequent and difficult to control [7].

Understanding these temperamental imbalances is crucial for tailoring the treatment in Unani medicine, as it involves balancing the humor to restore the bladder's natural function and alleviate the symptoms of urinary incontinence.

ILAJ (TREATMENT)

Treatment of the Cause

- Abnormal cold temperament of the bladder should be treated with hot drugs with astringent property like *saad*, *kundur*, *khulanjan*, etc. Massage over the bladder should be done with oils containing hot temperament.
- Cold vegetables are crushed and kept on the lower back of the patient. *Zimad* of cold vegetables is done on the urethra and bladder. The patient is asked to avoid hot food and alcohol [8].
- Excessive hot temperament of the bladder should be treated with plenty of fluids and the drugs having cold temperament like *gulnar*, *tabasheer*, *gile armani*, *khurfa*, *tukhm kahu* [9].
- Broken ligaments cannot be restored.
- Displacement of the bladder should be treated with cupping or ointments made up of *zaft* applied to replace the bladder in its normal position.
- If the involuntary loss of urine is due to inflammation of the pelvic organs, the primary focus should be on treating this underlying inflammation before addressing the symptoms of incontinence.
- Excessive use of diuretics should be avoided.
- If leakage of urine is not associated with a burning sensation, increased thirst, and generalized weakness of the body, then it should be treated with *masikul baul* drugs.

COMPOUND FORMULATIONS RECOMMENDED BY THE UNANI PHYSICIANS TO TREAT SALASULUL BAUL

Safuf

- *Bisbasa*, *saad kofi*, *kundur* each 1 tola, *bazrul banj* 3 masha are mixed and grinded to form a tablet and 1 tablet BD is given to treat *salasululbaul*.
- *Gulnar*, *kazmazij* each 9 masha, *kishniz khushk biriyan* 1 tola, *samagharabi* 1 tola, *gule armani* 1 tola, *kundur* 3 tola, *jafat baloot* 3 tola, are powdered and given 5–7 times daily with water.
- *Kunjad siyah*, *nankhwah*, *qand safed*, each in equal quantity are taken and powdered. 7 masha powder is given daily in the morning with fresh water or 12 tola *badiyan*.
- *Khulanjan*, *bahman safed*, *mastagi romi*, each 1 tola are powdered and 3 tola powder is given BD with 3 tola *arq badiyan*.
- *Mastagi roomi*, *jaft baloot*, *halela siyah*, *saad kofi* each 1 tola are powdered and 5 masha TID is given. In children, the dose should be adjusted according to age.
- *Tabasheer* 35 gram, *bazraulhas*, *tukhme kharfa*, each 56½ gram, *khishniz khushk*, *gule surkh* each 17½ gram, *gile armani* 17½ gram, *kafoor* 2-gram powdered capsules are made and given with *Abe Anar Tursh*.
- *Gulnar*, *kazmazij* each 5 masha; *samgh arbi*, *kishniz khushk*, *gile armani* each 10 masha; *kundur* 2 tola; *baloot* 4 tola; all drugs are powdered and 6 masha of powder is given TID with water in adults while in children dose should be adjusted according to age 33.
- *Baloot* 175 gram, *kundur* 1.5 gram, *khishniz khushk*, *gile armani*, *samagh arbi* each 35 grams are powdered and 1.5 gram powder BD is given 6.
- *Mur*, *kundur*, *baloot*, *saad kofi* in equal quantity is taken and powdered; 5–7 gm powder is given daily 7.
- *Baloot* 17.5 masha, *kundur* 7 masha, *habe muhalib* 10.5 masha are powdered and 7 masha of powder is given with *sharbate behi*.

Majun

- *Kundur*, *qust*, *baloot shireen*, *saad kofi* each 5 masha; *zanjabeel* 3 masha; *filfile siyah* 2 masha; are powdered and *majoon* is made by mixing in *asl khalis*. 6 masha to 1 tola of *majun* is given.

- *Khabsul hadeed mudabbar 4 masha; jaft baloot 10 masha; gulnar 10 masha; tukhme bhang, zeera siya, nankhao, tabasheer, karoya, post halela zard, post halela, amla khushk, halela siya* each 3 *masha*; are powdered and mixed with *asl khalis* to make *majoon* and 7 *masha* to 1 *tola majoon* is given with water or *arq badiyan* [10].

Qurs

- *Tabasheer, gile armani, tukhme kahu, gulnar, khurfa*; all in equal quantity is taken and *qurs* are made which is given to treat *salasululbaul* [1].

DIETARY ADVICE

Food that has cold and wet temperament should be avoided if the cause of the incontinence is abnormal cold temperament. Soup of goat meat and green gram with bread is advised as a diet. Meat with coriander leaf is useful in cold temperament [9].

CONCLUSIONS

Stress urinary incontinence (SUI) is a physically and mentally distressing condition, that predominantly affects women. Obstetrician-gynecologists are crucial in the diagnosis and treatment of SUI. The American Urogynecologic Society recommends a comprehensive evaluation for patients with symptoms of uncomplicated SUI, which includes history taking, urine examination, physical assessment, cough stress test, urethral mobility evaluation, and post-void residual (PVR) urine volume measurement. For women with complicated SUI, additional diagnostic evaluation using multichannel urodynamic testing before considering surgical treatment is beneficial. The healthcare provider's clinical judgment is essential in deciding whether to refer the patient to a specialist trained in female pelvic medicine and reconstructive surgery or to perform preoperative multichannel urodynamic testing themselves. There is a significant need for further research in the Unani treatment of Stress Urinary Incontinence (SUI). Unani medicine, which is a traditional system of healing and health maintenance observed in South Asia, offers a variety of natural remedies and lifestyle modifications that could potentially benefit patients with SUI.

REFERENCES

1. Nygaard IE, Heit M. Stress urinary incontinence. *Obstet Gynecol.* 2004 Sep 1;104(3):607–20.
2. Al Qanun fit Tib. Kantoori GH, translator. New Delhi: Idara Kitabus Shifa; 2010. p. 1069.
3. Majoosi AB. Kamilus Sana. Kantoori GH, translator. Vol II. New Delhi: Idarae Kitab-us-Shifa; 2010. p. 464–74..
4. Sina I. Al Qanoon fit Tibb. Kantoori GH, translator. New Delhi: Idarae Kitabus Shifa; 2010. p. 1030–31.
5. Amaye-Obu FA, Drutz HP. Surgical management of recurrent stress urinary incontinence: a 12-year experience. *Am J Obstet Gynecol.* 1999 Dec;181(6):1296–309.
6. DeLancey JO, Trowbridge ER, Miller JM, Morgan DM, Guire K, Fenner DE, Weadock WJ, Ashton-Miller JA. Stress urinary incontinence: relative importance of urethral support and urethral closure pressure. *J Urol.* 2008 Jun;179(6):2286–90.
7. Sultana A, Rahman K, Padmaja AR. Urinary incontinence (*Salasal bawl*) in Greco-Arabic medicine: a review. *Acta Med Hist Adriat: AMHA.* 2015;13:57–76.
8. Sultana A, Najeeya AG, Rahman K, Saeedi R, Khanam M. Mixed urinary incontinence (MUI) in women: from evidence to clinical practice. *J Health Sci Res.* 2020 Oct 29;5(2):39–50.
9. Khadija Zahid Ali, Azhar Hasan, Shabir Ahmad Parray, Wasim Ahmad. Sailanur-Rahem (abnormal vaginal discharge) in Greco-Arabic medicine: a review. *Res Rev: J Unani Siddha Homeopathy.* 2017; 4(2):1–6.
10. Hussain IM, Ahmed G, Jahan N, Adiba M. Pathophysiology and treatment of urolithiasis in Unani medicine. *Indian J Hist Sci.* 2016;51(1):217–26.