

Management of Nutoo-E-Rahm (Uterine Prolapse) by Pelvic Floor Exercises

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ABSTRACT

Uterine Prolapse is defined as when the uterus slips down into the vagina from its normal position, and in severe cases, outside the vagina. It is one of the most distressful gynaecological problem commonly seen among the menopausal and post delivery women mainly due to the weakening of pelvic floor muscles. Pelvic floor muscles provide support or act as a “ floor” for the abdominal viscera including the rectum and constrictor or continence mechanism to the urethral, anal and vaginal orifices (in females). Weakening of these muscles not only lead to uterine prolapsed, but may also lead to the prolapse of other pelvic organs as a complications that is Cystocoele (prolapse of Bladder) and Rectocoele (prolapse of Rectum). Pelvic floor exercises also called as Kegel exercises mainly works on strengthening the muscles and the ligaments that support the female genital tract which become slack and atonic, and improves their general muscular tone. It also increases the thickness of the vaginal wall and lubrication after menopause. Here I will discuss briefly about the uterine prolapsed, and mainly the importance and process of doing pelvic floor exercises, since it has been mentioned that initial degrees of uterine descent can be managed by it. Need of this paper is to spread the awareness about the conservative treatment, rather than looking for surgery.

KEYWORDS: Uterine Prolapse, Pelvic floor, Kegel Exercises.

INTRODUCTION

In classical Unani literature uterine prolapse is termed as Nutu-e-Rahm, Khuruj-e-Rahm or Inzelaq-ur-Rahm. Literal meaning of Nutoo-e-Rahmis uterus coming out from the vaginal orifice.¹ Uterine prolapse is one of the common gynaecological disorder. mostly seen in postmenopausal and multiparous women, while only 2% found in nulliparous women.² About 200,000 women have prolapsed surgery each year in United States.³

Uterine Prolapse in Unani Medicine:

Oldest documented medical literature, the Egyptian Papyri, where it is written, “Of a women whose posterior belly and branching of her thighs are painful, say thou as to it, it is the falling of the womb.”⁴ [Kahun papyrus ca. 1835 B.C.E.] Uterine prolapse is defined as protusion of the uterus through the introitus or into the vaginal canal from its normal position. The incidence of the uterine prolapsed increases with advancing age, menopause and parity.⁵

Ismail Jurjani (12th Century) in his famous book “Zakheera Khwarzam Shahi 6th part” had mentioned that the uterine prolapsed is caused by abnormal phlegm which accumulates in the ligament of the uterus and causes weakening of ligament leading to the prolapse.⁶

Rhazes (850-923A.D) in his book Al Hawi 9th part mentioned about the symptoms, causes, prevention and treatment of Uterine Prolapse.

Akbar Arzaani (1722AD) described in details about the uterine prolapse in his book Tibb-e-Akbar.

Ibnsena (980-1037AD) in his book Al Qanoonfil Tibb describes in detail of cause, symptoms and treatment of Uterine prolapse. In treatment he describes Habis and Qabiz Advia.

Ali bin Abbas Majoosi (930-994AD) in his famous book “Kamil-us-Sana” has set forth his precious compilation about external and internal causes of uterine prolapse.

Kabir-uddin (1889AD) describes pathophysiology, causes and symptoms of the disease uterine prolapse in book Shrah Asbab (vol 3 and vol 4).

Definition:

Sliding of the uterus from its normal position through the vaginal canal. In this disease the whole uterus protrudes outside the vulva or some degree of it protrudes outside the vulva.^{7,17}

Etiology²:

1. Birth Injury.
2. Excessive stretching of pelvic floor muscles and ligaments during childbirth.
3. Atonicity and Asthenia following Menopause.
4. Peripheral nerve injury such as Pudendal nerve during child birth.
5. Delivering by Untrained midwives.
6. Resuming heavy work soon after delivery.
7. Ventouse extraction of fetus before the Cervix is fully dilated.
8. Prolonged bearing down in 2nd stage.
9. Delivery of a Big Baby.
10. Rapid succession of pregnancies.
11. Raised intra- abdominal pressure due to chronic bronchitis.
12. Large abdominal tumors.
13. Obesity tends to increase the degree of prolapse.

Uterine Decent:^{2,8}

It is the measure of degree of Uterine Prolapse. Mainly divided into 4 types:

1st Degree: Descent of the cervix into the Vagina.

2nd Degree: Descent of the cervix upto the introitus.

3rd Degree: Descent of the cervix outside the introitus.

Procidentia: All of uterus outside the introitus.

Symptoms:^{8,9}

Depends upon the degree of descent, 1st degree may be sometimes asymptomatic. While other reveals the following features:

1. Sensation of fullness, pressure or heaviness
2. Sensation of bulge/ protrusion of or something coming down
3. Spotting in case of presence of ulceration of prolapse
4. Incontinence of Urine
5. Frequency
6. Urgency
7. Feeling of incomplete bladder emptying
8. Dyspareunia
9. Vaginal flatus
10. Constipation / Straining
11. Incontinence of flatus or stool
12. Incomplete evacuation
13. Lowback pain
14. Vaginal discharge

Anatomy of Pelvic Floor^{16,10,13}

The pelvic floor or pelvic diaphragm is composed of muscle fibers of the levatorani, the coccygeus, and associated connective tissue which span the area underneath the pelvis. The pelvic diaphragm is a muscular partition formed by the levatoresani and coccygei, with which may be included the parietal pelvic fascia on their upper and lower aspects. The pelvic floor separates the pelvic cavity above from the perineal region (including perineum) below.

Structure:

The right and left levatorani lie almost horizontally in the floor of the pelvis, separated by a narrow gap that transmits the urethra, vagina, and anal canal. The levatorani is usually considered in three parts: pubococcygeus, puborectalis, and iliococcygeus. The pubococcygeus, the main part of the levator, runs backward from the body of the pubis toward the coccyx and may be damaged during parturition. The right and left puborectalis unite behind the anorectal junction to form a muscular sling forming the sphincter ani externus. The iliococcygeus, the most posterior part of the levatorani, is often poorly developed.

The coccygeus, situated behind the levatorani and frequently tendinous as much as muscular, extends from the ischial spine to the lateral margin of the sacrum and coccyx. The pelvic cavity of the true pelvis has the pelvic floor as its inferior border (and the pelvic brim as its superior border). The perineum has the pelvic floor as its superior border. Posteriorly, the pelvic floor extends into the anal triangle. The pelvic floor has two hiatuses (gaps): Anteriorly urogenital hiatus through which urethra and vagina pass through and posteriorly rectal hiatus through which anal canal passes.

Pelvic Floor Exercises / Kegel Exercises^{2,3,16,17}

Exercising the pelvic floor muscles, soon after the childbirth or in menopausal age when these pelvic floor muscles and the ligaments that support the female genital tract become slack and atonic, improves their general muscular tone and can control the prolapse². Even a major degree of prolapse can be considerably reduced by pelvic floor exercises which is helpful in regaining the muscle tone².

Dr. Arnold Kegel, agynaecologist, in 1948, invented the exercises as non-surgical treatment for genital relaxation gave the idea of performing the pelvic floor exercises against resistance, and hence these exercise named as Kegel exercises. These exercises are designed to strength the pelvic floor muscles and ligaments, not only to treat mild uterine prolapse, but may also help to prevent it in the first place. These exercises are recommended for women of all age groups, should be done two to three times daily, with 10 to 15 times squeezing per session. Tightening the pevic muscles as one is trying to hold ask urine for 10 seconds initially, upto 3 seconds.

Benefits of Pelvic Floor Exercises^{2, 10, 15}

- Strengthen Pubococcygeus muscles (PC muscles).
- Prevention and Treatment of Urinary stress incontinence.
- Restoration of vaginal muscles and improves vaginal health.
- Increase blood flow and nerve supply to pelvic region.
- Improves sexual response and function.
- Recover from physical stress of childbirth.

Preparing to Do Kegel Exercises:

1. **Find your pelvic muscles by stopping the flow of your urine mid-stream.** Before you do your Kegel exercises, it's important to find your pelvic muscles. These are the muscles that form the floor of your pelvic floor. The most common way to find them is to try to stop the flow of your urine mid-stream. This tightening is the basic move of a Kegel.
2. **Make sure you have an empty bladder before you begin your exercises:** Do not kegels with full or partially full bladder, or if you experience pain or some leakage. Before starting the exercise do a bladder check, so that exercise can be performed as efficiently as possible.
3. **Concentrate on only tightening the pelvic floor muscles:** Kegel exercises should focus on these muscles only, and avoid flexing other muscles such as your buttocks, thighs, or abdominal muscles, for best results. One way to keep the muscles relaxed is to place one hand on the belly to make sure that your belly is relaxed.

If your back or belly ache a bit after you complete a set of kegel exercises, then it's an indication that you are not doing them correctly.

4. **Get into a comfortable position:** You can do these exercises either sitting in a chair or lying on the floor. Make sure your buttock and tummy muscles are relaxed. If you are lying down, then you should be flat on your back with your arms at your sides and your knees up and together. Keep your head down, too to avoid straining your neck.

Doing kegel Exercises:

1. **Squeeze your pelvic floor muscles for 5 seconds:** You don't want to strain those muscles too much by squeezing them for too long. If 5 secs is even too long for you, you can begin by squeezing those muscles for just 2-3 secs.
2. **Release your muscles for 10 seconds:** Ideally, you should always give those pelvic floor muscles a 10 secs break before you repeat the exercise. This gives them enough time to relax and to avoid strain. Count to 10 before you begin the next repetition.
3. **Repeat the exercise 10 times:** Squeeze the muscles for 5 secs, then relax them for 10 secs and repeat this exercise 10 times. This should be enough kegels for one time and do the same set not more than 3-4 times a day.
4. **Do pull – in kegels:** Another variation on the kegels is to perform a pull-in kegel. Think of your pelvic floor muscles as a vacuum, tense your buttocks and pull your legs up and in, hold this position for 5 secs and then release it. Do this 10 times in a row, it should take about 50 secs to complete.

Getting Results:

1. **Perform your kegel exercises at least 3-4 times a day:** Make them a part of your daily routine, 3-4 times a day. Aim to do them in the morning, afternoon and evening. Do them like clockwork, instead of worrying about scheduling a time to do your kegels.
2. **Fit kegels into your busy routine:** You can make a habit of doing them in a routine activity, for better results. But if you overdo it, you may suffer from straining, while urination or evacuation.
3. Stick with it long enough to feel the changes in your body. According to the **National Institutes of Health (NIH)**, "you may be able to feel results as early as after 4-6 weeks."

CONCLUSION

Although the major degree of uterine descent ultimately needs the surgical treatment, but the best option to prevent the prolapse at first is to perform pelvic floor exercises daily, which strengthen the muscles of pelvic floor. 1^o and 2^o uterine prolapse are particularly, be managed by pelvic floor muscle exercises. Kegel exercises are most effective when done regularly. To keep the muscles strong and to keep away the incontinence, these exercises must be done continuously.

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