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An integrative approach to female urinary incontinence: Efficacy of pelvic floor training and Unani pharmacologic interventions

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Abstract
Urinary incontinence is any involuntary leakage of urine. It may occur in patients with a normal urinary tract, as the result of dementia or poor mobility, or transiently during an acute illness or hospitalization, especially in older people. Higher incidence is found in females of advancing age. The reported incidence in the Western countries is as high as 40 percent in association with prolapse. In about 5 percent, the symptoms may be annoying. position or during sleep, Patients are fully aware of it, the amount of loss is small. The only symptom is escape of urine with coughing, sneezing or laughing. The loss of urine has got the following features: Brief and coincides precisely to the period of raised intra-abdominal pressure, Un associated with a desire to pass urine, Rarely, occurs in supine. According to Unani standpoint, it is associated with the derangement of the Quwat Masika (retentive faculty) and an imbalance in the mizaj (temperament), particularly involving cold and moist humors (balgham). Unani physicians have historically classified this condition under Salasul baul, and treatments have emphasized holistic and individualized care. Management includes strengthening the pelvic floor muscles through specific exercise regimens, correction of dietary habits to balance the humors, and the use of herbal formulations known for their muqawwī-i-masāna (bladder tonic) properties. Lifestyle modifications and psychological support are also crucial elements. This traditional approach not only aims at symptom relief but also works on restoring humoral balance, making it a safe and effective alternative to modern pharmacological interventions for selected patients.

Keywords: Urinary incontinence, pelvic floor muscle training, Salasul baul, bladder tonic (Muqawwī-i-Masāna), alternative medicine, Quwat Masika

Introduction
Urinary incontinence is any involuntary leakage of urine. In addition to the urethra, urine may also leak from extra urethral sources, such as fistulas or congenital malformations of the lower urinary tract [2]. Older menopausal women with loss of pelvic muscle tone are liable to develop (estrogen deficiency) [7]. A broad peak is noted at middle age and then steadily increases after age 65 [2]. The only symptom is escape of urine with coughing, sneezing or laughing according to conventional standpoint, urinary incontinence is managed based on the type and severity of the condition. Treatment strategies range from behavioral therapy and pelvic floor muscle training to pharmacologic agents and surgical interventions. Classical treatment option for urinary incontinence include Conservative/Nonsurgical (Pelvic Floor Strengthening Exercises, Electrical Stimulation, Scheduled Voiding, Estrogen Replacement, Pessary and Urethral inserts) Surgical Treatment (Retropubic Urethropexy, Pubovaginal Slings) is the most definitive management of urinary incontinence [2]. However, these approaches often come with limitations such as side effects, high recurrence rates, and psychological distress. This has led to an increased interest in traditional systems of medicine like Unani, which adopts a holistic approach focusing on the root cause rather than just the symptoms. Unani regimens include tailored exercise routines and emphasis on Tadbeer (regimental therapy), including riyazat (physical exercise) to enhance muscular strength and reduce urinary leakage.

Risk factor according to conventional medicine [2, 9]
- Age
- Pregnancy and puerperium

- Childbirth trauma (Damage to the pelvic floor muscles, levator ani muscle, pub-vesical muscles, pub-cervical facia)
- Menopause
- Obesity (BMI > 30)
- Cognitive impairment
- Chronically increased abdominal pressure
- Chronic cough
- Constipation
- Occupational risk
- Smoking
- Hereditary-loss of collagen tissue

Classification according to conventional medicine [1, 3]

- Stress Urinary Incontinence (SUI)
- Urge urinary or "urge" incontinence
- mixed urinary incontinence
- Functional incontinence
- Overflow incontinence
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Concept of Salasul baul (Urinary incontinence) in unani system of medicine [3, 16]

Definition

In the unani system of medicine, urinary incontinence is known as Salasul baul. According to Ahmad bin Ali bin Hubl Baghdadi, Salasul baul is a condition when patient passes urine unknowingly.

Asbab (Etiology)

Unani scholar mentioned about the etiology of urinary incontinence.

1. **Ali bin Abbas Majusi (949-982 AD) in his treasured compilation 'Kamil us Sanna' mentioned that [4]**

- Laxity of the muscular layer of the urinary bladder causes unintentional loss of urine.
- Morbid matter in the bladder leads to zoafe quwat-e-Maska (weak power of retention)
- UI often occur in children
- Additional causes include:
- Vertebrae dislocation
- Loosing of bladder ligament

2. **Ali ibn Suhl Rabban Al Tabari (838-870) has deliberated in his treatise 'Firdous ul Hikmat' that dribbling of urine occur due to the laxity of the musculature because of [5]**

- Zoafe masana (weakness in the bladder)
- Hiddate masana (excessive warmth of the bladder)

3. **Ismail jorjani mentions five main causes of Salasaul baul in his compilation 'Zakheera Khwarzam shahi' they are as follow [3]**

- Sue mizaj barid (Atypical cold temperament)
- Zoafe azlate masana (Bladder muscle weakness)
- Too much fluid intake, including alcohol and diuretics
- Injury to bladder musculature, or vertebrae dislocation
- Uterine inflammation or omphalitis or constipation, and pregnancy or any other disease of the surrounding structure.
- According to Ibn Sina, causes of Zoaf-e-masana are sue mizaj barid and weakness of bladder, because of which the patient cannot withhold urine, and passes it frequently [11].
- According to Ahmad bin Ali bin causes of *Salasul baul* as when the muscles of bladder get affected by extreme cold or spinal injury resulting in bladder atony [17].
- According to Abu Marwan Abdul Malik Ibn Zuhr, sue mizaj barid masana can be caused by various factors such as wearing a damp under wears especially in old age, sitting on a cold stone and excessive use of cold temperament drug [18].
- Rhazes has indicated that in patient with involuntary loss of urine masikul bawl advia are effective. These drugs do not increase thirst or cause weight loss.
- Ibn sina, believe that regular exercise can save a person from temperamental and humoral disturbances.

Diagnosis

- **Local examination:** Pelvic examination should be done with the bladder full. Some degree of pelvic relaxation with cystocele or cystourethrocele is usually evident.
- **Stress test:** When the patient is asked to cough, a few drops of urine are seen escaping from the external urethral meatus. If the escape is not detected in supine position, the examination is to be conducted in standing position.
- **Q-tip test:** The Q-tip test has been tried to predict SUI. A sterile (lubricated with 2% xylocaine jelly) cotton tipped swab is introduced to the level of bladder neck through the urethra. Then the patient is asked to sit and cough (Valsalva). If there is marked upward elevation (>30°) of the cotton tipped swab, urethra is considered hypermobile. Unfortunately, the test is imprecise to the diagnosis of SUI and currently not used.

Grade of GSI (Clinical)

- **Grade I:** Incontinence on cough or sneeze
- **Grade II:** With mild exercise
- **Grade III:** Even with change of posture.

Special investigation

- Cystoscopy and urethroscopy
- Uroflowmetry
- Cytometry (Filling and voiding cytometry)
- Video cystourethrography
- Intravenous Urography (IVU) and computed tomography urogram
- Transvaginal endosonographic

Management

- **Principal of management (Usool-e-Ilaj) of salasaul baul are [3, 9]**
- Eliminating the cause viz. the temperamental correction through diet and herbs, and
- Removal of morbid humors is required in case of dominance of humors.

Riyazat [12]

Riyazat is a voluntary movement that is performed for Tanqiyae Mawad (evacuation of waste material) from the body. Riyazat help in maintaining good health, disease prevention and curing certain ailments. Riyazat help in giving strength to the certain organs or to a specific set of muscles. exercise also improve mood and decreases feeling of worry and stress.

Two basic types of riyazat are

- Riyazat-e-Haqeeqi/kulli/complete exercise, such as cycling, horse riding, jumping, running

- Riyazat-e-Juziya/partial exercise performed to strength any organ, a group of muscles or any specific part of the body also doing exercise is shown to be effective in curing urinary incontinence.
- Kegel exercises are simple clench-and-release exercises that strengthen pelvic floor muscles, which support bladder, uterus, and bowel. They're especially effective for urinary incontinence and pelvic floor weakness.

Steps for Kegel exercises

Contract the pelvic floor muscles

- Tighten these muscles and hold the contraction for 3 to 5 seconds.
- Focus only on the pelvic muscles don't tighten your abdomen, thighs, or buttocks.

Relax the muscles

- Release the contraction and rest for 3 to 5 seconds.

Repeat

- Do 10 to 15 repetitions per session.
- Aim for 3 sessions per day.

Drug therapy (Ilaj-bil-dawa) [8, 14, 15, 16]

The management strategy for a patient with salasaul baul is contingent upon the patients preferences and the way in which symptoms manifest use of those drugs which possess property of astringent and muqqavi. In the classical literature of unani system of medicine compound formulation has been mentioned by unani physician which are effective in this disorder and clinically their efficacy also has been proven for some among of them.

List of compound drugs which are commonly used in unani system of medicine:

Majoon-e-kundur, Jawarish zarooni, Arq badyan, Majoon-e-qust, Safoof-e-Maskul Baul has been mentioned by unani physician which are effective in this disorder.

Conclusion

Salasul Baul (urinary incontinence) is a chronic, distressing condition that can significantly impact the hygiene, mental well-being, and quality of life of affected individuals, particularly females. It is often underreported despite its public health importance. The incidence increases with age and is prevalent across all age groups globally.

Unani medicine offers a time-tested, effective, and holistic approach to the management of this condition. The Unani system emphasizes eliminating the root cause primarily the correction of temperament and removal of morbid humors rather than providing only symptomatic relief. The use of herbal drugs with astringent and muqawwī (tonic) properties, such as Majoon-e-Kundur, Jawarish Zarooni, Arq Badyan, and Safoof-e-Maskul Baul, have shown promising results in toning the bladder and reducing involuntary leakage.

Lifestyle modifications including dietary regulation, herbal therapy, and physical exercises (riyazat) form an integral part of Unani management. Riyazat not only aids in strengthening the pelvic floor and specific organs, but also plays a role in enhancing general health, improving mood, and reducing stress key contributors to better urinary control.

This article underlines the efficacy of Unani principles in addressing urinary incontinence comprehensively. Based on classical Unani texts and physician experience, these strategies provide a safe, personalized, and holistic alternative to modern pharmacological treatments. Thus, integrating Unani medicine into broader health strategies may offer valuable outcomes for patients suffering from this debilitating disorder.

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