EXTENDED ABSTRACT

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Quercus infectoria Oliv. Galls in the Management of Uterovaginal Prolapse: A Randomized Trial

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Uterovaginal prolapse is a major health concern affecting millions of women worldwide. It is a distressing condition affecting women both in the child bearing age and post menopausal period. According to statistics, about half of the women will develop utero-vaginal prolapse during their lifetime. It has been estimated that about 11% of women undergo surgery for uterovaginal prolapse. The complications include decubitus ulcer, urinary tract infection, renal failure and even carcinoma of cervix. The aim of the study was to evaluate the efficacy of Mazu (Quercus infectoria) in first and second degree uterovaginal prolapse and to assess the improvement in the quality of life of women with uterovaginal prolapse. Methodology: A randomized clinical trial was carried out at the National Institute of Unani Medicine Hospital, Bengaluru. Patients (n=60) with 1st & 2nd degree uterovaginal prolapse in the age group of 30-60 years were randomly allocated in two groups, i.e. test and control. In test group, abzan (sitz bath) of mazu and in control group, abzan of common salt (placebo) once daily was given for 8 weeks. Kegel's exercise was advised in both the groups. In each patient, mass per vaginum, urinary incontinence, low backache, lower abdominal discomfort, Pelvic Floor Distress Inventory Questionnaire and Pelvic Floor Impact Questionnaire were assessed. Findings: Mass per vaginum was significantly reduced in the test group. The difference was statistically significant in both the group whereas clinically more significant in test group.

Conclusion & Significance:

Test drug mazu is effective in improving the uterovaginal prolapse as well as quality of life assessed by PFDIQ and PFIQ. It can serve as alternative treatment in the management of uterovaginal prolapse. Recommendations are further research should be certified on large sample size with prolonged duration of intervention.

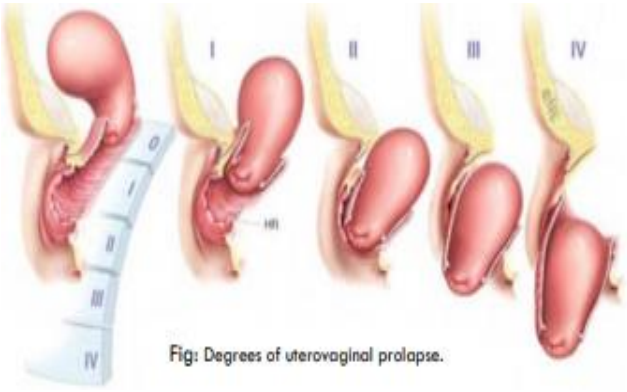

Fig: Degrees of uterovaginal prolapse.

Recent Publications

1. Giarenis I and Robinson D. Prevention and management of pelvic organ prolapse. F1000Prime Reports 2014 (doi: 10.12703/p6-77).

2. Mansoor M, Uterovaginal Prolapse; use of autologous rectus sheath to repair –Professional Med J 2014:21(5):1059-1062.

3. Detollenaere RJ, Boon JD, Stekelenburg J, Inthout J, Vierhout ME, Kluviers KB et al. Sarcospinoushysteropexy versus hysterectomy with suspension of the uterosacral ligaments in women with uterine prolapse stage 2 or higher: multicentre randomized noninferiority trial. BMJ 2015:351:h3717 (doi:10.1136/bmj.h3137).

4. Sujindra E, Himabindu N, Sabita P, Bupathy A. Determinants and treatment modalities of uterovaginal prolapse: A retrospective study. Indian J health sci. 2015; 8(1):36-40.

5. Glazener C, Elders A, MacArthur C, Lancashire R, Herbison P, Hagen S, Dean N, Bain C, Toozs-Hobson P, Richardson K, McDonald A, McPherson G, Wilson D. Childbirth and prolapse: long-term associations with the symptoms and objective measurement of pelvic organ prolapse. BJOG 2013; 120:161–168.