



Prevention of Dystocia in Traditional Persian Medicine

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Dear Editor,

Recently, Akbari et al. have published a clinical trial to identify the dill effects on induction of labor in comparison with oxytocin in term pregnancy (1). Dill (*Anethum graveolens* L.) oil has been introduced in traditional Persian medicine (TPM) for prevention of labor dystocia. TPM is an ancient medical ideology that offers preventive instructions to improve the health of the mother and child during pregnancy and labor. Early Persian physicians believed that these instructions made labor easier, safer, and less painful (2).

TPM instructions for prevention of labor dystocia are generally divided into 2 categories: (1) prelabor and (2) during labor (3).

Prelabor instructions (last few weeks of pregnancy) include avoidance of constipation-induced foods, consumption of quick-energy and stool-softening foods, frequent bathing, sitting in sitz baths, and application of oils and relaxant mucilage. Also, moderate physical activity is recommended (3, 4).

Recommended prelabor pharmacological products are as follow:

- Consuming quince (*Cydonia oblonga* L.) seed and linseed (*Linum usitatissimum* L.) mucilage (2, 3, 5)
- Consuming sweet almond (*Amygdalus communis* L.) oil in cases of constipation (6)
- Consuming fenugreek (*Trigonella foenum-graecum* L.) (3)
- Using decoction of Kohlrabi (*Brassica oleracea* L.), fenugreek, dill seed and linseed inside sitz baths (6)
- Applying dill oil, chamomile (*Matricaria chamomilla* L.) oil, Matthiola (*Matthiola incana* L.) oil, violet (*Viola odorata* L.) oil, sweet almond oil, and sesame (*Sesamum indicum* L.) oil to the lumbar, sacral, pubic, and abdominal area (2, 5-8)

- Applying quince seed and linseed mucilage, duck oil, chicken oil, and sesame oil to the perineum, especially in cases of vaginal dryness (2, 3)

- Vaginal fumigation (Bakhoor) of fragrant herbs (such as Musk) (2, 3, 9)

- Vaginal use of fragrant herbs and dill oil, chamomile oil, Matthiola oil, violet oil, sweet almond oil, and sesame oil (3)

Consumption of Quick-energy foods during labor and having special physical activity, oil massage, and immersion baths after the onset of labor pain are highly recommended. Emotional health has also been mentioned as an important parameter to improve the procedure (3, 4).

In addition to these general items, TPM has advised Valsalva maneuver and deep breaths after the onset of cervical dilatation. When cervix is dilated, semi-sitting position in healthy women and knee-chest position in obese ones are ideal. Application of relaxant mucilage to the perineum and manual maneuvers are also useful for labor augmentation (3). Artificial rupture of membranes is recommended in cases of intact membranes with cervical dilatation and fetal descent (3).

Recommended pharmacological products during labor are as follow:

- Using decoction of Kohlrabi, Fenugreek, Linseed and Hollyhock (*Alcea* L.) inside sitz baths (2, 5)
- Applying chamomile oil, Matthiola oil, dill oil, iris oil, rose (*Rosa* L.) oil, or sesame oil to the lumbar, pubic, and sacral area (2, 5, 6, 8)
- Vaginal use of plantain (*Plantago major* L.) or linseed mucilage and duck oil, chicken oil, chamomile oil, or sweet almond oil (2, 3, 8)

The world health organization (WHO) has released a practical guideline for care in vaginal birth. Many of the recommendations for diet, bathing, physical and emo-

tional health, defecation, massage, and maneuvers are similar to TPM instructions (10).

Modern medicine, after many years of research with advanced equipment, has reached to outcomes, which have been described simply and precisely in traditional medical references centuries ago. Thus, referring to these valuable scientific references is recommended to find useful guidelines for birth centers. However, the efficacy and safety of these instructions should be confirmed by well-designed clinical trials.

Footnotes

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