

INTEGRATIVE MEDICINE IN OBSTETRICS AND GYNECOLOGY: A CROSS-REGIONAL AND ISLAMIC PERSPECTIVE

Nina Afiani¹
Joko Mirwan Muslimin²

^{1,2} Universitas Islam Negeri Syarif Hidayatullah Jakarta
nina.afiani@staff.uinjkt.ac.id

Abstract: *Integrative medicine is increasingly applied in obstetrics and gynecology to address reproductive and uterine health through holistic and culturally responsive care. This narrative review synthesized peer-reviewed literature. World Health Organization publications, and policy documents published between 2018 and 2025, focusing on integrative medicine, complementary therapy, uterine health and Islamic perspectives. Complementary therapies are widely used alongside conventional obstetric and gynecologic care across regions. East Asian countries demonstrate structured integrative systems, whereas in Muslim majority settings, Islamic values influence health-seeking behavior related to pregnancy, childbirth, and uterine health. Integrative medicine may enhance women-centered obstetric and gynecologic care when implemented within evidence-based frameworks and culturally informed clinical practice.*

Keywords: *Integrative medicine; Obstetrics gynecology; Complementary therapy; Uterus; Islam*

Introduction

Integrative medicine has gained recognition as a vital component of modern healthcare, emphasizing comprehensive, patient-centered, and culturally attuned approaches (Ng et al., 2023). Within the fields of obstetrics and gynecology, this model holds particular relevance since reproductive health encompasses not only biological factors but also psychological, social, cultural, and spiritual dimensions (Dubestein et al., 2021). Consequently, as a result, many women incorporate complementary therapies into conventional obstetric and gynecologic care, particularly during pregnancy and in relation to uterine health (Schürger et al., 2018).

Broadly, integrative medicine is commonly defined as the coordinated use of conventional biomedical treatments and complementary therapies within an evidence-based framework (Ng et al., 2023). In obstetrics and gynecology, such integrative strategies have been implemented in prenatal care, fertility treatment, gynecologic disorders, and postpartum recovery, with a central focus on uterine function and maternal wellness (Berek, 2020; Hoffman et al., 2020). Physiologically, the uterus is fundamental to menstruation, conception, pregnancy, and childbirth, positioning uterine health as a core element of women's health across the life course (Feltner et al., 2023).

Among Muslim populations, reproductive health practices are further informed by Islamic ethical and spiritual principles. The uterus (womb, *rahim*) is understood not only as a biological organ but also as an ethical trust (*amanah*) associated with compassion, kinship, and moral accountability (Al-Bukhari, n.d.; Ahmad, 2024). These beliefs influence women's choices and acceptance of complementary therapies during pregnancy and childbirth (Haron et al., 2023). This review therefore seeks to explore regional trends in integrative obstetric and gynecologic

care and analyze how Islamic perspectives shape complementary therapy use in relation to uterine health.

Method

This study adopted a narrative review design approach. Literature published from 2018 to 2025 was identified through peer-reviewed journals, World Health Organization (WHO) publications, and relevant policy documents. The main search terms included terms included *integrative medicine, obstetrics, gynecology, complementary therapy, uterus, and Islamic perspectives on health*. Inclusion criteria focused on sources relevant to obstetric and gynecologic practice, uterine health, and sociocultural or religious contexts. Since the data consisted entirely of publicly available secondary sources, ethical approval was not required.

Result and Discussion

Complementary therapies are extensively reported in obstetrics and gynecology across different healthcare systems. In maternity care, herbal medicine, nutritional supplements, and traditional practices are commonly used during pregnancy to support maternal comfort, support uterine health, and prepare for childbirth (Rauf et al., 2025; WHO, 2025a). Studies from Indonesia, Germany, and other regions suggest that women typically integrate complementary therapies alongside rather than instead of biomedical care (Schürger et al., 2018).

In gynecologic practice, complementary modalities are applied to address menstrual irregularities, infertility, and benign uterine conditions. Ayurvedic and traditional Chinese medicine approaches have been reported in the management of uterine fibroids and menstrual disorders (Dhiman, 2014; Zhou & Qu, 2009). Dietary and herbal practices rooted in cultural and religious traditions, including those influenced by Islamic teachings, are also reported in fertility management (Sani et al., 2024).

Notable regional variations exist in the implementation of integrative medicine. East Asian countries, for instance, have formally institutionalized integrative healthcare systems in which modalities like *Kampo* and Korean traditional medicine are incorporated into routine obstetric and gynecologic services (Okamoto et al., 2021; Seo et al., 2023). Conversely, in Muslim-majority societies, the use of complementary therapies is more heavily informed by religious values and cultural norms surrounding motherhood, childbirth, and uterine well-being (Elsahra, 2024; Quzmar et al., 2021).

The integration of complementary practices within obstetric and gynecologic settings mirrors global efforts to promote holistic reproductive healthcare (Ng et al., 2023; WHO, 2025b). This widespread adoption indicates women's desire for healthcare approaches that address physical, psychological, and spiritual domains. Since uterine health underpins major reproductive functions—menstruation, conception, gestation, and birth—it remains a focal point of women's health services (Berek, 2020). When guided by scientific evidence and professional oversight, complementary therapies may enhance symptom management and patient satisfaction. However, variations in regulatory frameworks, practitioner competency, and clinical evidence underscore the necessity of cautious, well-governed integration.

Differences in integrative care models across regions reflect the diversity of healthcare structures and sociocultural conditions. East Asian nations demonstrate institutional support for integrative care, while Muslim-majority regions often rely on culturally mediated, patient-driven practices. Within Islamic ethics, the uterus (*rahim*) is conceived as an *amanah*—an entrusted responsibility associated with kinship and moral duty (Al-Bukhari, n.d.; Ahmad, 2024). This perspective aligns with the principles of *maqāsid al-sharī'ah*, particularly the protection of life

(*hifz al-nafs*) and progeny (*hifz al-nasl*), supporting culturally responsive and women-centered maternity care (Haron et al., 2023).

Conclusion

Integrative medicine within obstetrics and gynecology provides a comprehensive approach to reproductive and uterine health by merging biomedical and complementary care. Evidence from various regions demonstrates the prevalent use of complementary therapies alongside conventional medical treatments. In Muslim-majority contexts, Islamic ethical and cultural values play a significant role in shaping women's healthcare choices during pregnancy and childbirth. This underscores the importance of culturally responsive yet evidence-based care. Further research is needed to strengthen the evidence base and inform context-sensitive integrative guidelines.

References

- Ahmad, A. (2024). Ilm al-janin (embryology): Insights from the glorious Quran. *Journal of Islamic Medicine*, 9(2), 168–176.
- Al-Bukhari, M. I. (n.d.). *Sahih al-Bukhari* (Kitab al-Adab, Hadith No. 5988). Retrieved from <https://sunnah.com/bukhari:5988>
- Ben-Arye, E., et al. (2025). Integrative obstetrics in Israel. *BMJ Supportive & Palliative Care*, 15, 215–222.
- Berek, J. S. (2020). *Berek & Novak's gynecology* (16th ed.). Philadelphia, PA: Wolters Kluwer.
- Dhiman, K. (2014). Ayurvedic intervention in uterine fibroids. *AYU*, 35(3), 303–308.
- Duberstein, Z. T., et al. (2021). The biopsychosocial model and perinatal health care. *Frontiers in Psychiatry*, 12, 746803. doi:10.3389/fpsy.2021.746803
- Elsahra, N. A. (2024). Integrating Islamic values and modern medical practices to enhance public health in Muslim communities. *Averroes Journal of Science and Religion Studies*, 1(2), 123–134. doi:10.62446/averroes.010205
- Feltner, C., et al. (2023). Physiology, uterus. In *StatPearls*. Treasure Island, FL: StatPearls Publishing.
- Haron, S. N. F., et al. (2023). Integration of Islamic values in daily clinical practice. *IJUM Medical Journal Malaysia*, 22(3). doi:10.31436/imjm.v22i3.2273
- Hoffman, B. L., et al. (2020). *Williams gynecology* (4th ed., pp. 312–315). New York, NY: McGraw-Hill Education.
- Johnson, K., et al. (2016). Complementary and alternative medicine use among women of reproductive age in the United States. *Women's Health Issues*, 26(1), 40–47. doi:10.1016/j.whi.2015.08.009
- Louwagie, E. M., et al. (2024). The biomechanical evolution of the uterus and cervix. *npj Women's Health*, 2(1), 33. doi:10.1038/s44294-024-00038-8
- Mochtar, F., Muhdi, S., et al. (2024). Efektivitas Curcuma longa sebagai herbal preventif. *Jurnal Riset Ilmu Kesehatan Umum Farmasi*, 2(2), 167–174.
- Ng, J. Y., Dhawan, T., Fajardo, R. G., Masood, H. A., Sunderji, S., Wieland, L. S., et al. (2023). The brief history of complementary, alternative, and integrative medicine terminology and the development of an operational definition. *Integrative Medicine Research*, 12(4), 100978. doi:10.1016/j.imr.2023.100978
- Okamoto, Y., et al. (2021). Commonly used Kampo medicines for women's health. *Frontiers in Nutrition*, 8, 753946. doi:10.3389/fnut.2021.753946

- Quzmar, D., et al. (2021). Use of complementary and alternative medicine in pregnant Palestinian women. *BMC Complementary Medicine and Therapies*, 21, 237. doi:10.1186/s12906-021-03420-1
- Rauf, M., et al. (2025). Exploring the use of complementary and alternative medicine during pregnancy: A cross-sectional study from Indonesia. *European Journal of Integrative Medicine*, 78, 102507. doi:10.1016/j.eujim.2024.102507
- Ridzuan, A., et al. (2021). Use of complementary and alternative medicine among Malaysian women during postpartum. *Cureus*, 13(1), e12962. doi:10.7759/cureus.12962
- Sani, N. A. D., et al. (2024). Sunnah foods for infertility in PCOS. *Malaysian Journal of Medicine and Health Sciences*, 20(2), 83–90.
- Schürger, C., et al. (2018). Use of complementary and alternative medicine by pregnant women. *BMC Pregnancy and Childbirth*, 18, 284. doi:10.1186/s12884-018-1908-6
- Seo, M. J., et al. (2023). Korean medicine-based postnatal healthcare program. *Integrative Medicine Research*, 12(3), 100989. doi:10.1016/j.imr.2023.100989
- Suryani, I. W. R., et al. (2023). Sharia model childbirth. *Journal of Family and Community Medicine*, 30(3), 147–154. doi:10.4103/jfcm.jfcm_140_22
- World Health Organization. (2025a). *Traditional, complementary and integrative medicine*. Geneva, Switzerland: Author. Retrieved from <https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine>
- World Health Organization. (2025b). *Global traditional medicine strategy 2025–2034*. Geneva, Switzerland: Author. Retrieved from <https://www.who.int/publications/i/item/9789240113176>
- Zhou, J., & Qu, F. (2009). Treating gynaecological disorders with traditional Chinese medicine. *African Journal of Traditional, Complementary and Alternative Medicines*, 6(4), 494–517. doi:10.4314/ajtcam.v6i4.57181