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Review Article

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## Description of Menstruation Disorders in Unani System of Medicine- A Review

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### ABSTRACT

Adolescence is the time of life between puberty and psychophysical maturity when crucial endocrinological, metabolic, somatic and psychological changes occur in girls. During this process, sequential phases mark the maturation of the complex endocrinological system that comprises the hypothalamus, pituitary gland, and ovary, and their interactions. Healthy reproductive function is the expected endpoint of this process. The timing of this process is individual-specific, within a broad range of normality. Serious gynecological pathology is rare in this age group, but menstrual disturbances are not uncommon and may add further disruption to this difficult phase for adolescents and their families. It is likely that many adolescents with menstrual disturbances never present to their family doctor or gynecologist. The most frequent menstrual disorders are polymenorrhea, oligomenorrhea and dysmenorrhea. Menstrual abnormalities are more common among younger girls, becoming less frequent as they grow older, 3–5 years after menarche. The aim of this review paper is to highlight about menstrual disorders and their treatment in Unani system of medicine.

**Keywords:** Menstrual disorders, Unani System of medicine, Herbal drugs, Amenorrhea, Dysmenorrhea

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## 1. Introduction

Women's greatest attributes are rhythm, periodicity and pattern in her life, so are menstruation, conception and motherhood, the creative aspect of procreation. Knowledge of menstrual disorders can be traced back to Greek and Roman sources. As it is evident from mythology and the Homeric and other epics, menstrual illness was often considered directly due to involvement of gods in early Greece. [1,2] It was the Hippocrate (460-377BC) who firstly postulated the concept of disease is due to the imbalance of humors and hence emphasized on natural knowledge and hence freed Medicine from the realm of superstition and magic, and gave it the status of science. [3,4]. In healthy woman, menstruation sets in approximately between the age of 12-14 years, and persists throughout reproductive life. [5,6] During active reproductive period, menstruation occurs at the interval of 28 days and the duration most of varies from 3-5 days, but duration more than this is considered as abnormal. Total loss of blood is 50-60 ml with an average of 35 ml change in normal volume or duration of menstrual bleeding is commonest cause of deterioration of women's health.[7,8] Unani medicine, as is well known, based on the Hippocratic humoral theory. This theory supposes the presence of four humours in the body viz: blood, phlegm, yellow bile and black bile. The mizaj of individuals are expressed by word *damawi* (sanguine), *balghami* (phlegmatic), *safrawi* (choleric) and *saudawi* (melancholic). According to the dominancy of the humour every person is supposed to have a unique humoral constitution which represents his healthy state and any change in this state causes illness of the said person. The severity of the disease depends directly upon the change in equilibrium from mizaj[9].

### Unani interpretation of female genital tract

**Aristotle:** The earliest references to the ovary are in the writings of Aristotle (384-322 B.C.E.). Although, he did not recognize the existence of the ovaries [10]. **Soranus of Ephesus** (ca. 50 A.D.E.): He gave the first detailed description of the ovaries, which he referred to as didymi (paired organs). The didymi are attached to the outside of the uterus, near its isthmus, one on each side. They are of loose texture and like glands are covered by a specific membrane. Their shape is not as long as that of the testis in males; rather they are slightly flattened, rounded and little broadened at the base. The seminal duct runs from the uterus through each didymus and extends along the side of the uterus as far as the bladder and is implanted in its neck. Therefore, the female seed seems not to be drawn upon in generation since it is excreted externally. [11]

**Hakim Akbar Arzani:** He described the shape and layers of the uterus. [12]

**Ibn-e- Zuhr or Avenzoar:** He mentioned that the uterus is one of the sensitive organs because it serves as a connecting point for many nerve fibres. Therefore its developmental constitution includes a major portion of muscular fibres that

allows the uterine cavity to contract and relax extensively. [13].

**Ibn-e-Hubal Baghdadi:** He stated that uterus lies in between urinary bladder and rectum and differentiate them at the upper portion of urinary bladder. Size of uterus is small in some women, while in some women, it is larger in size. Although, in some cases it reaches up to epigastric region. It is smaller before pregnancy and increases in size along with pregnancy. It is held by suspensory ligaments. During contraction and relaxation processes, these ligaments remain under the control of uterus. Uterus is similar to peritoneum. It's made up of nerve fibres which have capacity of contraction and relaxation during labour. It has two layers, inner layer and outer layer. Inner layer is made up of blood vessels and has rough surface. It contains longitudinal, circular and interlacing fibres. The ovaries are oval in shape and are located on the side of uterus. It is living viscera and has close relation with intestine, bladder, kidney etc. especially in pregnancy. It is similar to vital organs.[14]

**Abu Sahl Masihi:** He described in detail the structure of uterus and ovaries. He postulated that uterus lies in between urinary bladder and rectum and differentiate them at the upper portion of urinary bladder. It is held by suspensory ligaments. Its whole body is neuronal which has a capacity to distend itself when full. When empty, it has two 'Os' whose mouth is same and has two projections known as 'Horn of uterus.' Behind these projections, two oval shaped structures are present, which are similar to testis in males, and stronger than them. Through these structures, ovum goes into the cavity of uterus [15]

### Ibn-e-Sina or Avicenna:

He stated that the uterus is located in between the urinary bladder and rectum and differentiate them at the upper portion of urinary bladder. In nulligravida women, it is small in size before puberty and is held by suspensory ligaments which are made up of nerve fibres. During labour, uterus has capacity to distend or constrict because of ligaments. Uterus has two batan (cavities) which extend upto cervix. It has two projections. These projections are known as Horn of uterus. Behind these projections, ovaries are present which are smaller than the testis in male. The ovum is realised from ovaries and goes into the uterus.[16]

### Ibn-e- Al-Quf:

He stated that uterus is a highly sensitive organ with maximum hormonal response. It has only a single covering which consists of fibres of varying variety. There are some longitudinal fibres which are few in number. However, circular fibres are extensive /abundant but oblique fibres range maximum. Uterus though shows structural similarity with the urinary bladder, however, on both the sides, near the uterus, two horns like process/outgrowths are present known as cornua. The inner aspect of uterus has got two

openings that are called Naqer, that serve as the ends of uterine artery and vein. The inner surface is firm and rough. Uterus lies in between bladder and rectum. It is 12 inches long on an average height. It lies between the bladder and rectum. Bilaterally, in between two *naqraat*, there are two small and firm structures called ovaries that are smaller than those of males. Both of them are enclosed in a membrane that provides them separate location. The *Qazif-ul-mani* (fallopian tube) is attached to the ovaries to receive the ovum.[ 17]

#### Unani Concept of Menstruation Cycle:

‘Menstrum’ was the earliest word used for menstruation, derived from the Latin word ‘menstruus’ meaning month. The cyclic occurrence of menstruation was noted from earliest time and primitive people understood that it recurred at intervals which approximated the lunar month and women were judged to be unclean during menstruation. The word ‘menstruation’ was introduced by the ancient Greek who assumed that menstruation was a cleansing and the Bible refers to the women as being unclean at that time. The menstrual cycle was studied by ancient Greek who created the awareness about the cycle length and the number of days of menstrual loss. In Unani System of Medicine, menstruation (*Tams*) is defined as the dirty blood flowing from uterus as excrements (*Fadhalat-al-badan*) of body at menarche. Menarche appears at the age of 10 years and does not exceed 14 years. According to Ali ibn-e-Abbas Majusi or Haly Abbas, menses in women starts between the age of 10-14 years & ceases at 36-60 years. The least duration of menstrual cycle is two days & maximum is 7 days & if it is more than this, it is unnatural. The women whose interval between the cycles is prolonged feel more pain [18]. Ibn-e- Hubal Baghdadi stated that menses normally starts at the age of 10-14 years. However,

- 1) Amenorrhea
- 2) Dysmenorrhea
- 3) Metorrhagia
- 4) Menorrhagia

#### 1) Amenorrhea

Amenorrhea signifies complete absence of menses. This may be accompanied with pain or not.

**Classification:** Amenorrhea is classified into four groups:-

1. Congenital or primary amenorrhea it is present since birth due to some anomalies in uterus or ovaries. Often, complete or partial closure of external Os results in this untreatable condition.
2. Acquired or secondary amenorrhea this occurs due to localized defects in reproductive organ or general weakness. The condition is characterized by normal menstrual cycle at the time of puberty but later on ceases due to some reason.
3. Physiological amenorrhea pregnancy, lactation & menopause are common conditions in which menstrual cycle stops but this is not a pathological condition.
4. Unnatural or accidental amenorrhea environmental changes, psychological factor, long journeys & excessive intercourse results into this condition. This does not require any therapeutic intervention.[9,12,16,22,23,24]

#### Etiology [21]

- 1) Vaginal discharge.

in cold geographical areas, the onset is beyond this stage and in hot climates, there is an early beginning .Cessation of menses generally occurs from 36-60 years of age. There is a complete absence of this physiological process in hermaphrodites.

The normal duration of menstrual flow ranges from 2-7 days, increased duration is an alarming sign of certain underlying pathologies. The time period between two cycles is 23 days. Although, cases have been reported where there was prolonged duration of about 2 months in absence of any disease. When the duration between the two cycles cross the physiological range, it gives rise to amenorrhea [14]. According to Ajmal khan, menstrual blood is in fact excreta whose retention in body, like retention of other excreta (e.g. urine & stool) causes severe diseases or difficulties. In a healthy female, bleeding occurs at the age of maturity from 12-16 years. Menses occurs in some women at the gap of 22 days & generally occurs for 3, 4, 5 or 7 days and after that, it stops on its own. It ceases naturally at the age of 44-55 years. During pregnancy & after delivery, this blood is used in the growth & development of fetus. Menstruation ceases after pregnancy & it supplies nourishment to fetus in uterus up to nine months until its growth & development completes. The waste product from the fetal food is excreted during puerperium. This blood takes the form of milk in maternal breast during the period of lactation from which new born gets its nourishment. Other than these, periodic retention of this blood in the body and irregular menses are included in the context of disease & if not treated properly, may lead to several diseases.[19]

#### Menstruation Disorders Mentioned In Unani Literature

- 2) Inflammation of ovaries.
- 3) Exposure to cold during menses.
- 4) Exposure to wet in rain during menses.
- 5) Excessive intercourse.
- 6) Depression.

#### Signs & symptoms

- a. In case of congenital amenorrhea patient complaint of complete absence of menses. Patient does not possess any kind of physical pain; instead she has a few masculine features.
- b. In case of acquired amenorrhea, there is gradual diminishment in menses, accompanied with clinical features & complications. If anemia is a cause, the patient appears to be lean, thin & weak with paleness & dry skin; pulse is slow. Often, backache along with malaise & cachexia, anorexia & weird perception of taste, constipation & headache are common problems.
- c. If obstruction of external Os results into amenorrhea, then patient complaints of heaviness in head along with palpitation, dyspnoea, malaise, backache & pain in pelvis.
- d. If amenorrhea occurs due to cold exposure then there is a gradual ceasing of backache, dizziness, palpitation, and constipation.

- e. If resolution of tuberculosis causes amenorrhea, generalized weakness, malaise, fever and cough are common symptoms. [16, 22,23,24,25]

### Complications & prognosis

The pathology is of chronic type. If left untreated viscous menstrual blood accumulates into the body & results into metritis, hysteria, infertility, uteralgia. In addition; impaired digestion, nausea, polydipsia, anorexia, anemia, ascitis, palpitation, giddiness, headache, vertigo, spasm & itching are common.[23]

### Management [16,22, 24,]

- a. Identify & eliminate the real cause.
- b. In case of congenital amenorrhea, except closure of external Os, all the conditions are treatable. The former condition requires surgical treatment.
- c. If phlegmatic dominance; obesity, cold exposure are the main causes, then use purgatives 2-4 days prior to expected date of menses. This should be accompanied with sitz bath of mustard seeds (20gm).
- d. In case of intense pain, boil *Post-e-khashkhash* (12gm) in two liters of water of water.
- e. Leeching in inner aspect of thigh & venesection of great sephanous vein is very beneficial.
- f. For internal use boil *Hab-ul-qurtum*, *gao zuban*(5gm) each & *Post-e-kharpaza* & *Badyan*(7gm) each in 750ml water, when 1/3 is left mix it with *Sharbat-e-bazoori* (50ml) & use it. Very often, *Parsia-o-shan* & *Mushk taramshee*(6gm) each can be added in the above mentioned preparation.
- g. In case of congestive & inflammatory amenorrhea, after venesection advice the patient to drink extract of *Bahi dana* (3gm), *Unnab*(5gm) (prepared in *Arq gao zubn* -150ml) & mix with *Sharbat-e-nilofar* (50ml). In case of bilious amenorrhea soak *Tukhm kasni*, *Tukhm khayarein*, *Parsia-o-shan*, *Asl-ulsuos Mukashar*, *Gao zuban* 5gm each & unnab (5 piece) in hot water. Decant in the morning & this should be used after mixing with *khameera banafsha* (50gm). In case of gaseous amenorrhoea; safoof made of *Badyan*, *Aneesoon*, *Nankhuan*, *Karwai*, *Saatar farsi*, *Filfil siyah*, *Zeera safed*. *Namak ta-am* (6gm) each. This should be used with hot water in 3gm quantity.
- h. If amenorrhea or generalized weakness is the common causes then general tonic such as compounds of iron should be used.

## 2. Dysmenorrhea

Dysmenorrhea is characterized by occurrence of menses which is scanty, viscous & accompanied with intense pain & difficulty. [22]

### Classification

Dysmenorrhea is classified into five categories on the basis of etiology:

1. Nazlawi or warmi dysmenorrhea that occurs due to phlegmatic swelling in uterus or cervix or due to pooling of blood.

- i. In case of uterine displacement eliminate the actual cause. Constipation should be avoided at every cost.
- j. After recovery, for uterine strengthening; *Kushta marwareed* (20mg) & *Supari pak* (12gm) or *Majoon hamal ambary alvikhani* (5gm) should be used.

### Dastoor-e-ilaj [24,29]

- a. In case of anaemia & generalized weakness advice the patient to consume *Kushta faulad* (20mg), *Dawa-ul-misk mohtadil jawahar wali* or *Khameera abresham hakeem arshad wala* (5gm) in morning.
- b. *Sharbat-e-faulad* should be used after every meal.
- c. In evening make the patient to drink *Mah-ul-leham sadah* or *Ambari* (60ml) along with *Sharbat anar sheeree* (25ml). use of *Mah-u-zahab*(5drops) & *Mah-ul-leham* (60gm) is also indicated.
- d. If pathology is due to endometritis then:-
- e. Boil *Charaita*, *Beekh-e-badyan*, and *Beekh-e-pamba* 7 gm each in water. Decant & use it with *Sharbat-e-bazoori* (50ml) in morning.
- f. *Hab-e-tinkaar* (3) should be used with semi-hot water before sleep.
- g. Boil *Gul-e-baboona*, *Unab-u-salab khushk*, *Marzanjosh*, *Qaisoum* 12gm each in water when ¼ is left, decant & should be used.
- h. Boil *Gul-e-baboona*, *Unab-u-salab khushk* & *Namak ta-am* (60gm) in ten liters of water.
- i. This should be used in sitz bath for 15-20 minutes.
- j. In case of obesity advice the usage of *Dawa-ul-malik sagheer* (3gm). Then boil *Tukhm karafs*, *Aneesoon*, *Tukhm-e-kasni*, *Ajwain*, *Tukhm-e-methi* & *Asaroon*(3gm) each in water. Decant & mix *Gul kand* (50gm) in it & use it after decaning again.
- k. Make two bags of *Sumbul-teeb*, *Daar cheeni*, *Aude-balsan*, *Hab-e-balsan*, *Qust-talq*, *dana ilaichi Khurd*, *Jaifal* (6gm) each. Heat them & use at pubic symphysis.
- l. In case of cold exposure, boil *Abhal*, *parsiya-o-shan*, *Mushk taramshi* (7gm) each, *Tarmas podhina khushk* (5gm) & sugar (40gm)-decant it. This should be used when hot. Suppository made up of *saffron*, *Mushk*, *Ambergiris*, *Aue-e-shereen*, *Nagarmutha*, *Laung* along with rose.

2. Spasmodic dysmenorrhea that occurs due to uterine spasm. It is often called as neurological dysmenorrhea.
3. Obstructive dysmenorrhea that occurs due to obstruction in uterine vessels.
4. Ovarian dysmenorrhea that occurs due to ovarian failure.[24,28]

### Etiology

- a. Congenital defects of internal reproductive organs & its incomplete development of internal reproductive organs.
- b. Hardening & complete closure of hymen.
- c. Complete closure of external Os.
- d. Surgical operations of internal reproductive organs.
- e. Muscular diseases of uterus such as uterine atrophy.
- f. Accumulation of fat in uterus.
- g. Metritis.
- h. Displacement of uterus.
- i. Orchitis.
- j. Uterovesicular fistula.
- k. Excessive use of cold products.
- l. Exposure to cold.
- m. Cold bath.
- n. Wearing wet clothes for long time.
- o. Depression at the time of menses.
- p. Tuberculosis.
- q. Chronic malaria.
- r. Anaemia.
- s. Increased viscosity of blood.
- t. Severe haemorrhage.
- u. Obesity.
- v. Certain neurological diseases such as red fever, burning fever. [26,28,30,31]

#### Signs & symptoms

Dysmenorrhea is characterized by difficulty & pain at the time of menstruation which is often exaggerated. Patient is left uneasy. Sometimes initially pain is at the peak & reduces with the passage of days on the contrary, sometimes pain is minute in the beginning, but gets intensified as the days progresses. [16,23]

**Note:** commonly prior to bleeding, pain starts 2-3 days & vanishes after complete menses. This may be accompanied with nausea & vomiting.

#### Diagnosis

It is not difficult; there is a clear cut difference between amenorrhoea & dysmenorrhoea. Diagnosis is made on the basis of clinical features.

- a. Inflammatory dysmenorrhea shows continuous & pin pricking pain which is directed towards umbilicus, spinal cord & upto calf muscles. This initiates 2-3 days prior to bleeding & persists till last. It is very intense & patient complains of heaviness in pelvis, headache, nausea, mild fever & hypersensitivity.
- b. **Obstructive dysmenorrhea**  
In case of Obstructive dysmenorrhea, pain is intermittent & spasmodic but it is too severe that patient is left unconscious along with this vertigo, nausea, vomiting, and delirium along with nasal, oral, anal & vesicular bleedings are common.
- c. **Neurological dysmenorrhea**  
In this case, the pain is neurogenic & intense. It starts from first day of menses & radiates to umbilicus abdomen, back, buttocks & thighs; often it is accompanied with headache.
- d. **Membranous dysmenorrhea**

In this case, pain starts just after the bleeding initiates. It is very severe. There is excretion of membranes (with difficulty which is misunderstood with abortion). [25,26,27,31]

#### Complications & prognosis

The pathology is of chronic type. If left untreated viscous menstrual blood accumulates into the body & results into metritis, hysteria, infertility, uteralgia. In addition; impaired digestion, nausea, polydipsia, anorexia, anaemia, ascitis, palpitation, giddiness, headache, vertigo, spasm & itching are common. [23,24,25]

#### Management

Identify & eliminate the real cause.

1. If metritis results into dysmenorrhea & amenorrhea, treat accordingly.
2. If phlegmatic dominance; obesity, cold exposure are the main causes, then use purgatives 2-4 days prior to expected date of menses. This should be accompanied with sitz bath of mustard seeds (20gm).
3. Leeching in inner aspect of thigh & venesection of great saphenous vein is very beneficial.
4. For internal use boil *hab-ul-qurtum*, *gao zuban* 5gm each & *post-e-kharpaza* & *badyan* 7gm each in 750ml water, when 1/3 is left mix it with *sharbat-e-bazoori* (50ml) & use it. Very often, *parsia-o-shan* & *mushk taramshee* 6gm each can be added in the above mentioned preparation.
5. In case of uterine displacement eliminate the actual cause. Constipation should be avoided at every cost.
6. After recovery, for uterine strengthening; *kushta marwareed* (20mg) & *supari pak* (12gm) or *majoon hamal ambary alvikhan* (5gm) should be used. [22,23,25]

#### Dastoor-e-ilaj

1. In case of anaemia & generalized weakness advice the patient to consume *Kushta faulad* (20mg), *Dawa-ul-misk mohtadil jawahar wali* or *Khameera abresham hakeem arshad wala* (5gm) in morning.
2. *Sharbat-e-faulad* should be used after every meal.
3. In evening make the patient to drink *Mah-ul-leham sadah* or *Ambary* (60ml) along with *Sharbat anar sheeree* (925ml). use of *Mah-u-zahab* (5drops) & *Mah-ul-leham* (60gm) is also indicated.
4. If pathology is due to endometritis then:-
  - a. Boil *Charaita*, *Beekh-e-badyan*, and *Beekh-e-pamba* 7 gm each in water. Decant & use it with *Sharbat-e-bazoori* (50ml) in morning.
  - b. *Hab-e-tinkaar* (3) should be used with semi-hot water before sleep.
  - c. Boil *Gul-e-baboona*, *Unab-u-salab*, *Khushk*, *Marzanjosh*, *Qaisoum* 12gm each in water when ¼ is left, decant & should be used as a hamool.
  - d. Boil *Gul-e-baboona*, *Unab-u-salab* *Khushk* & *Namak ta-am* (60gm) in ten liters of water.
  - e. This should be used in sitz bath for 15-20 minutes. [27-30]

### 3. Metrorrhagia

In this excessive bleeding occurs with irregularity. It is of two types:

1. In a fixed period excessive bleeding occurs. If the fixed period is of 5 days then in excessive condition the duration increases from 7-10 days.
2. In second type inter-menstrual bleeding occur other than fixed period. Physicians call it as 'Metrorrhagia'.

Both the conditions are harmful for women. [16,30,31]

#### Causes

From the use of hot & pungent things bile secretions increases which dilute the blood & dryness occurs in the vessels due to which vessels cannot protect it completely. Sometimes it occurs due to jumping, running, doing up & down again & again on stairs or due to increased blood in the body or sometimes also due to intercourse during menstrual period. [22-24]

#### Symptoms

Body becomes weak, pulse is rapid, thirst increases, and face becomes pale. Burning sensation & inflammation occurs due to bleeding. Urine becomes reddish orange. Vital organs (heart, brain, liver) become weak. [24,31]

#### Treatment

In this condition following medicines are used:

*Luab-e-bahidana* (3 grams), *Sheera unnab* (5 in number), *Sheera tukhm-e-kahu mukashir* (3 grams), *Sheera magz tarbooz*, *Sheera beekh anjabar*, *Sheera tukhm khurfa*(3grams) each. Dip all these medicines in *Arq-e-neelofar* (12 tola) & put it out. In this mix *Sharbt-e-unnab* (4 tola) or *Sharbat-e-neelofar* (4 tola) & sprinkle *Tukhm-e-bartang* over it & give it to drink in the morning. *Urs keherba* (4 grams) is given in the in the evening. After this *Sheera unnab*( 5 in number), *Sheera tukhm-e-kahu mukashir* (3grams) in *Arq-e-neelofar* (12 tola) & put it out & add *Sharbat anaar tursh* (2 tola) or *Sharbat falsa* (2 tola) & give it to drink.

*Kazmazaj*, *Mazu sabz*, *Gulnaar*, *Aqaqiya* (6grams) each.

### 4. Menorrhagia

The disease is characterized by excessive vaginal bleeding during menses due to uterine pathology or hyperemia. This may be painful or not. [22]

#### Etiology

1. Congestion of blood that is increased haemopoiesis that causes vascular bursting.
2. Uterine itching.
3. Inversion of uterus.
4. Uterine rupture.
5. Coitus at the time of menstrual cycle.
6. Tuberculosis.
7. Excessive use of hot products
8. Dilation of blood. [28,29]

**Note:** if vaginal bleeding is increased during menses, it is called menorrhagia but if the bleeding occurs in days other than menses it is called metorrhagia.

#### Management [22-26]

1. Identify & eliminate the exact cause.
2. If the pathology is in uterus treat accordingly.

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Boil the above medicine & do aabdast.

*Geru* (1grams), *Sang-e-jarahat*(1 masha).

Make their fine powder & in this add *Aml murabba* (one in number) or *Khameera gozuban* (1 tola) or *Khameera khashkhash* (7 grams) & give it to eat & after this give the following prescription: *Sheera hab-ul-aas* (3 grams), *Sheera beekh anjabar*(3 grams), *Sheera tukhm khurfa* (3 grams), *Arq-e-gozuban* (9 tola), *Arq-e-bed mushk* (3 tola). Grind all these medicines in *sheera* form & add *Sharbat-e-anjabar* & give it to drink.

*Dawa-e-khaas* (3 grams) can also be used with water & its powder ia also beneficial.

*Sang-e-jarhat* (2 tola), *Maeen khurd* (1 tola), *Lodh pathani* (6 grams), *Chiny gondh* (6 grams), sugar (2 tola).

Make fine powder of above medicines & give it with water (by a day).

*Dam-ul-akhwain*, *tabsheer*. *Keherbae-shammi*, *Gil-e-armani*, *Gulnar farsi*, *Nishasta*, *Samag-e-arbi*, *Kateera*, *Shakh-e-gizan Sokhta*, *Shaznaj magsool* one tola each. Make fine powder & give it to two times a day (6-6 masha) & after this give *Sharbat-e-anjabar* (2 tola) with *Arq-e-gozuban* (12 tola) to drink.

Other methods that are beneficial in metorrhagia:-

*Mazu sabz*, *Kundur*, *Surma*, *Isfahani*, *Aqaqiya*, *Shib-e-yamani* 6 masha each.

Make their powder & add *Aab-e-bartang* & make it *shiyaf* & use it.

*Resh bargad* (3 tola), *Post anaar* (2 tola), *Mazu sabz* (2 tola), *Post babool*(2 tola).

Soak the above medicines in water & do aabdast.

After rest, *Mufarraah barid* (5 grams) or *khameera abresham*, *Sheera unnab wala* (5 grams) or *Khameera abresham hakeem arshad wala* (5 grams) for energy is given for few days.

Avoid hot things, example meat, red chilies, spices, etc. Other than this more work living in sun & intercourse etc. should also be avoided. Tea & hot milk is also harmful in this condition. [20-26, 31]

3. If there is bilious dominance use *ratab* drugs such as *Bahi dana*, *Gul-e-nilofar*, *Tukhm-e-khurfa*, etc.
4. If the situation demands immediate stoppage of hemorrhage. One should used *Haabi saat* & *Qaabi saat* such as *Dam-ul-akhwain*, *Gil-e-armani* & *Sang-e-jarahat*.
5. If weakness is felt then one should give *mukawwiyaat* such as *Tabasheer*, *Dana elaiichi*, *Zeher mohra*, *Yashab*, *Seb murabba bahi*, etc.

#### Dastoor-e-ilaj

1. Grind *Sang-e-jarahat* & *Gairu* one gram each. Use it orally & prepare the extract of *Bahi dana*, *Tukhm-e-khurfa*, *Hab-ul-aas*, *Beekh anjbaaar* (3gm) each in *Arq gao zuban* (100ml) & *arq baid mushk* (50ml), this should be used with *sharbat anaar shereen* (25ml).
2. If menorrhagia results into giddiness, one should used *Hab-e-marwareed* (2), *Khameera marwareed* (5gm) along with *Arq-e-ambar* (100ml).

3. If uterine weakness is the cause then mix *Kushta khabsul hadeed & kushta marjaan* (20mg) each in

*Majoon mochras* (7gm).[20-24]

## 5. Conclusion

For centuries herbal medicine are used for menstrual disorders. There is vast literature available in in Unani system of medicine, need to modernize this literature, and

the womens suffering from menstrual problem get benefit from Unani system.

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