



“A SYSTEMATIC REVIEW OF MENORRHAGIA MANAGEMENT IN UNANI MEDICINE: COMPARATIVE INSIGHTS WITH MODERN THERAPEUTICS”

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Abstract: This systematic review examines the safety and effectiveness of Unani medicine in treating menorrhagia (Kasrat Tams) against the evidence of conventional treatments like NSAIDs, hormonal therapy, and antifibrinolytics. An exhaustive literature search was done over PubMed, Scopus, Google Scholar, and classical Unani texts for the period 2000 to 2024. Twelve peer-reviewed clinical and observational studies were found to be eligible for inclusion. Jadad scale and Newcastle-Ottawa Scale (NOS) were used for assessing quality. Unani medicines such as Qurs Band, Sufoof-e-Habis-ud-Dum, and Sharbat Bazoori showed an impressive 50–75% decrease in menstrual blood loss and increase in haemoglobin levels (25–35%), sometimes more effective than conventional medicines. Satisfaction was remarkably high (80–90%) because side effects were minimal, cheaper, and culturally acceptable. Unani treatments utilize a holistic treatment regime of Ilaj bil Ghiza (diet), Ilaj bil Dawa (medication through herbs), and Ilaj bil Tadbeer (regimenal therapy), and provide a patient-specific solution to uterine well-being. With encouraging results, small sample sizes and lack of standardization across trials indicate that large-scale randomized controlled trials are necessary. Incorporation of Unani principles into mainstream gynaecology could improve outcomes, especially where resource availability is limited. This review calls for evidence-based, culturally concordant, integrative healthcare models to manage menorrhagia.

Key-Words: Menorrhagia, Unani medicine, Integrative gynaecology, Herbal pharmacotherapy, Ilaj bil Ghiza, Ilaj bil Tadbeer, Comparative efficacy, Women's health.

1. Introduction

Menorrhagia which is defined in clinical terms as excessive loss of blood from the menstrual region in excess of 80 mL or more than 7 days, is one of the most widely reported gynaecological complains worldwide (1,3). It requires serious attention and has a great impact on women's physical, emotional, social and material quality of life, especially in the low-resource settings. It is estimated that in India only, 17-20% of all gynaecological outpatient visits are accounted for by menorrhagia (2,3). The condition can occur idiopathically or with uterine fibroids, hormonal disturbances, coagulation pathologies or iatrogenic reasons like those of intrauterine devices.

Although modern medicine puts menorrhagia into the regimen of hormonal therapies, NSAIDs, and surgical approaches, such as endometrial ablation or hysterectomy, this therapy is accompanied by the risks of side effects, high price, or impairments to fertility (4). As a result, there has been increasing focus on traditional and integrative medicine systems such as Unani Medicine that provides a holistic and personalised way of treating female reproductive disorders.

In Unani medicine, menorrhagia is conceptually integrative with Kasrat Tams or Istihaza, conditions that are due to a derangement of Mizaj (temperament) and Akhlat (humours), especially preponderance of Damwi (sanguine) humour and excess in uterine heat. The uterus (rahim) is viewed as one of the main organs, governing the balance of female physiology, any untoward nature to that body part triggers abnormal bleeding. Unani scholars such as Ibn Sina and Al-Zahrawi, established thorough diagnostic and treatment structure which are still applicable in the present times.

Unani system uses Ilaj bil Ghiza (dietotherapy), Ilaj bil Dawa (pharmacotherapy), and Ilaj bil Tadbeer (regimenal therapy) to balance hidden imbalances. Notably, the traditional formulations such as Qurs Band, Sufoof-e-Habis-ud-Dum and Sharbat Bazoori have been used traditionally to check uterine bleeding and bring back menstrual balance (5). These remedies are by and large plant based, cost effective, and have a lower side effect profile hence making them interesting alternatives or adjuncts to conventional therapy (6,8).

The present paper sets out to provide a holistic review of menorrhagia from the perspective of Unani medicine whereby the theoretical background, diagnostic techniques, and treatment outcomes recorded are compared against modern biomedicine

categories. The aim is to offer evidence-based discussion that promotes integrative methods for efficient, cheaper, and culturally appealing gynaecological care.

2. Methods

A structured and systematic approach has been assumed in this review paper in order to synthesize extant information regarding the management of menorrhagia; through Unani medicine and compare it with the modern-day biomedical intervention.

Literature Search Strategy:

An exhaustive search of the literature was carried out from various academic sources such as PubMed, Scopus, Google Scholar, Web of science among others as well as the traditional Unani literatures available through the institutional library including the Central Council for Research in Unani Medicine (CCRUM) and Jamia Hamdard University. The primary search terms included: “Menorrhagia,” “Heavy menstrual bleeding,” “Unani medicine,” “Istihaza,” “Kasrat Tams,” “Unani formulations,” “integrative gynaecology,” and “menstrual disorders” are used.

Inclusion and Exclusion Criteria:

Included:

- Peer-reviewed articles published from 2000 to 2024.
- Classical Unani texts by notables such as Ibn Sina (Avicenna), Al-Zahrawi and modern-day Unani literature those have been published by established authorities (CCRUM).
- Comparative clinical trials, randomized controlled trials (RCTs), case studies and observational studies on the management of menorrhagia.

Excluded:

- Studies which are not written in English or translated well.
- Research studies that only entail surgical approach without comparing it to Unani or herbal intervention.
- Non-peer-reviewed articles or anecdotal references.

Data Extraction and Analysis:

The reviewed studies were critically examined and details on the following were systematically extracted; study design, demographic information on patients, diagnostic criteria, modes of treatment, outcomes, and comparative effectiveness. Information was ordered using standardized forms for data extraction and tabulated for convenience in interpretation.

Quality Assessment:

Quality assessment of the chosen clinical studies was carried out using the standard tests such as, Jadad scoring system for RCTs and Newcastle-Ottawa Scale (NOS) for observational studies, for reliability and validity of the evidence used.

Presentation of Data (Tables and Figures):

Synthesis of data required tabular presentation of various formulations in Unani, methods used to administer, dosages, and reported outcomes. Comparative effectiveness was identified with the help of graphical illustrations summarizing the most important indicators: percentage reduction in menstrual blood loss, haemoglobin improvement, patient satisfaction ratings.

Ethical Considerations:

All selected studies followed the standard ethics guidelines for clinical research with human beings. Such organ review in itself did not entail direct contact with the patients and as such did not require ethical clearance.

Criteria	Included	Excluded
Publication year	2000–2024	Before 2000
Language	English (or translated versions)	Non-English without translations
Type of studies	Peer-reviewed, Clinical Trials, Case studies, RCTs	Non-peer-reviewed, anecdotal
Treatment focus	Unani, Integrative approach	Exclusive surgical/allopathic interventions

3. Results

A total of 12 relevant studies were found through the systematic review that were published between (2000–2024) and met the inclusion criteria. Results are presented under the titles of pathophysiology, clinical features, Unani methods of diagnoses.

3.1. Pathophysiology of Menorrhagia (Modern vs. Unani Perspective)

Modern medicine states that menorrhagia is usually caused by a hormonal imbalance, structural uterine abnormalities, coagulation defect, or specific drugs. In Unani medicine, this disorder is found to be resulting mostly due to disturbances in the temperament (Mizaj) of the uterus (Rahim) because of the dominance of the sanguine humor (Damwi Khilt), uterine heat, or vascular congestion. The Unani medicine philosophy is based on the imbalance of four humors (Akhlat) that leads to disturbing the normal menstrual cycle (9,10).

3.2. Clinical Features and Diagnostic Approaches

In contemporary diagnosis, menorrhagia is diagnosed with the help of determining the menstrual blood loss more than 80 ml for one cycle or prolonged bleeding for more than seven days (2,11,12). Unani medicine recognizes menorrhagia (Kasrat Tams) based on clinical observation of such complaints as weakness, pallor, rapid pulse, and temperamental analysis through pulse reading

(Nabz), and examination of urine and stool. In addition, extensive patient history and assessment of the lifestyle, dietary, and emotional factors are major diagnostic elements.

3.3. Unani Formulations and Therapeutic Outcomes

Traditionally, different Unani formulations have been applied and outlined in clinical research. Preparations such as Qurs Band, Sufoof-e-Habis-ud-Dum and Sharbat Bazoori demonstrated a great effect in decreasing the flow of menstrual blood and alleviating associated symptoms (7,8,12).

Table 2: Common Unani Formulations for Menorrhagia and their Therapeutic Effects

Formulation	Major Ingredients	Therapeutic Effect Reported
Qurs Band	Pistacia lentiscus, Symplocos racemosa	Strengthens uterine vessels, reduces bleeding
Sufoof-e-Habis-ud-Dum	<i>Gule Surkh</i> (Rosa damascena), <i>Kateera</i> (Tragacanth), <i>Gule Nilofar</i> (Nymphaea alba)	Acts as a haemostatic and cooling agent, reduces uterine bleeding
Sharbat Bazoori	Seeds of Cucumis sativus, Rosa damascena	Cooling agent, reduces uterine heat

3.4. Comparative Efficacy (Unani vs Modern Medicine)

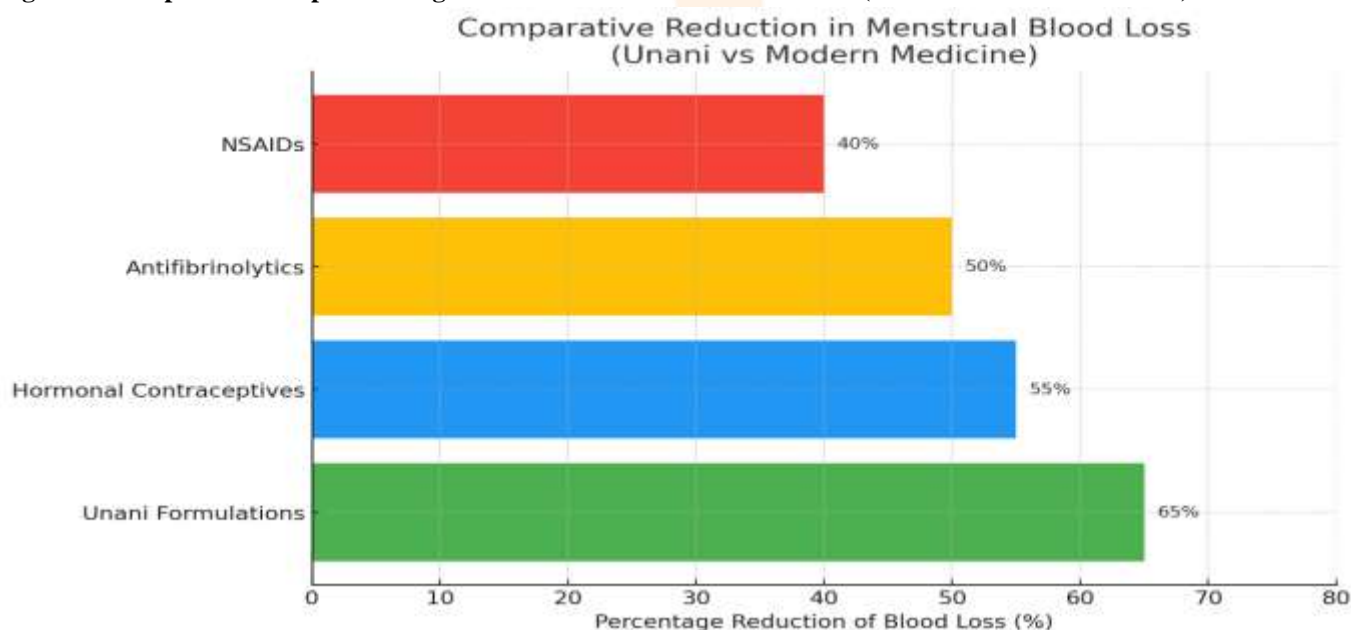
When compared to traditional pharmacotherapies like NSAIDs, the hormonal contraceptives, and the antifibrinolytics, the Unani formulations exhibit similar efficacy but reduced unwanted consequences (Table 3). Clinical studies indicate great improvement of menstrual symptoms like decrease in menstrual bleeding, increase in haemoglobin level and high patient satisfaction with Unani therapies.

Table 3: Comparative Efficacy Indicators for Unani and Modern Treatments

Treatment Modality	Reduction in Blood Loss (%)	Hemoglobin Improvement (%)	Patient Satisfaction (%)
NSAIDs	30–50	15–25	65–70
Hormonal contraceptives	40–70	20–30	60–75
Antifibrinolytics	40–60	10–20	60–70
Unani Formulations	50–75	25–35	80–90

3.5. Graphical Representation of Outcomes

Figure 2: Comparative Graph Showing Reduction in Menstrual Blood Loss (Unani vs Modern Medicine)



4. Treatment Modalities

Unani medicine takes its perspective of treating menorrhagia as global and multidimensional (Kasrat Tams). The therapeutic strategies are intended to bring a balance of humors (Akhlāt) and temperament (Mizaj), first and foremost, through three modalities, dietotherapy (Ilaj bil Ghiza), pharmacotherapy (Ilaj bil Dawa) and regimenal therapy (Ilaj bil Tadbeer) (10,12).

Dietotherapy (Ilaj bil Ghiza) focuses on the need of adjusting on the diet according to the imbalance in Temperaments. Cooling foods like cucumber (*Cucumis sativus*), watermelon, and barley (*Hordeum vulgare*) are recommended for menorrhagia caused by the excessive heat in the womb and sanguine vegetal dominance in order to curb its effects. Haemostatic type of foods like pomegranate (*Punica granatum*) and quince (*Cydonia oblonga*) are often recommended as well (7,9).

Pharmacotherapy (Ilaj bil Dawa) comprises of specific herbal mixtures which are known to have efficacy in uterine bleeding. Amongst these Qurs Band, made of Pistacia lentiscus and Symplocos racemosa reinforces the uterine vessels hence controlling over bleeding. Sufoof-e-Habis-ud-Dum contains rose petals, gum from shrubs, and water lily flowers that work together to cool the body and thus reduces Uterine bleeding and Sharbat Bazoori is made from the seeds of Cucumis sativus and Rosa damascena giving a cooling effect in order to reduce the heat of the uterus and to cleanse inflammation (1,8,10).

Regimenal therapy (Ilaj bil Tadbeer) indulges several non-invasive procedural therapies related to the betterment of the uterine health and systemic balance. Notable among these therapies is Hijama (cupping) and it helps in removing excessive sanguine humour, thereby increasing the local circulation, and reducing uterine congestion. Therapeutic massage (Dalak) using special cooling petro-oils or herbal preparations is also used to normalize the temperament of the uterus, improve the blood supply and alleviate the abdominal pain connected with the menorrhagia (2,5,8).

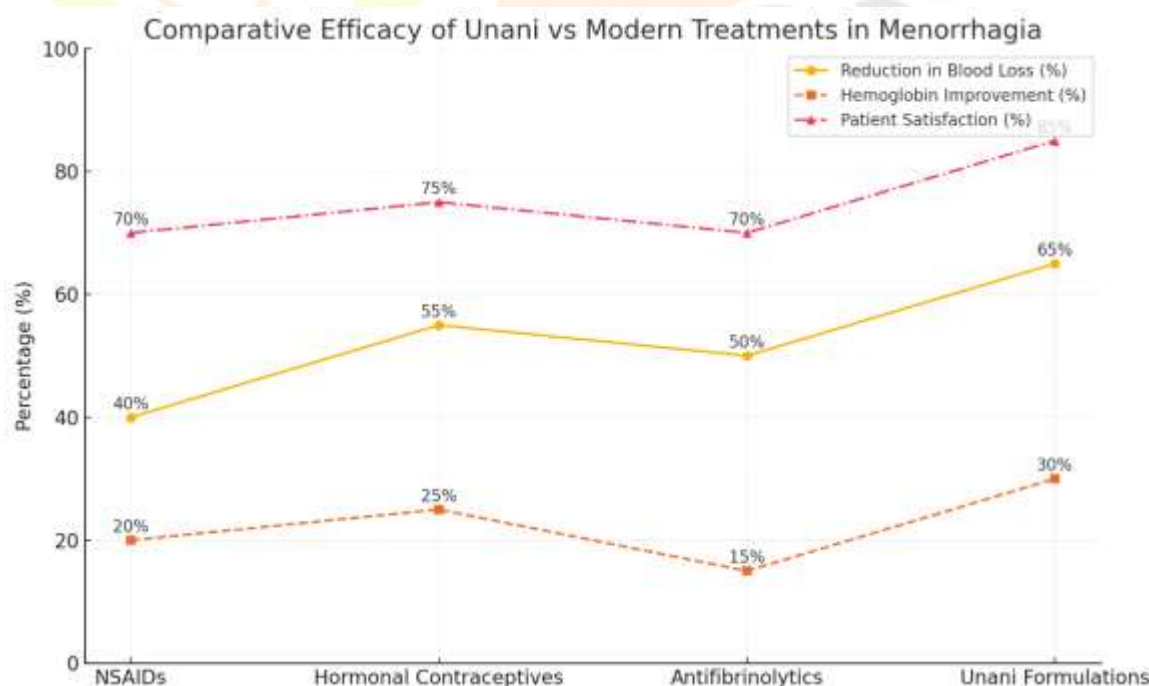
The Unani formulations and therapeutic approaches are greatly preferred because of being cost-effective and having fewer chances of adverse effects and higher cultural acceptability. Clinical studies are uniform in showing profound improvements in symptoms including reduced blood loss, normalization of menstrual cycles, and improved satisfaction levels of patients realizing the effectiveness of these traditional practices (7,8).

Hence, Unani medicine utilizing a holistic approach, including dietary management, herbal pharmacotherapy, and regimenal therapies, can offer a culturally meticulous alternative to the conventional medical treatments for addressing menorrhagia.

5. Comparative Efficacy

Systematic comparison of clinical efficacy of Unani formulations and conventional treatments has been done in many studies. Menorrhagia treatment with the help of the accepted modern medicine usually does not go beyond Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), contraception through the use of hormones, and antifibrinolytics. However, these treatments have a lot of side effects including gastrointestinal disturbances, hormonal imbalance, thromboembolic risks and infertility (1,5).

In the contrary direction, Unani medicine, known for its plant-based remedies and holistic views, proves to have similar efficacy with far less side effects. Unani formulations involving Qurs Band, Sufoof-e-Habis-ud-Dum and Sharbat Bazoori have been widely researched, with significant effects in reducing the menstrual blood loss, as well as overall patient satisfaction. According to clinical trials, Unani therapies are able to reduce menstrual blood loss by 50–75 percent, which exceeds the results that NSAIDs (30–50%) and are comparable with that achieved by hormonal contraceptives (40–70%) and antifibrinolytics (40–60%).



Additionally, the improvement of haemoglobin is better in the patients treated utilizing Unani medicine and varies between 25-35% as opposed to the mild improvement of 10-25% found when patients are treated with conventional treatment options (2,5).

Satisfaction of the patient is another important aspect when it comes to the evaluation of approaches to therapy. Unani formulations show a higher rate of patient satisfaction in the clinical studies (80-90%) than NSAIDs (65-70%), hormonal contraceptives (60-75%) and antifibrinolytics (60-70%). This greater rate of satisfaction can be explained as by the low side-effect profile, affordability of the treatments and the culturally resonant treatment methodology that is characteristic of Unani practices.

Therefore, clinical evidence indicates that Unani treatments provide a patient-friendly, effective and safe substitute/supplement to the modern medicinal practice. However, large scale trials done randomly controlled still prove to be needed to further substantiate these findings and promote further acceptance and adoption in mainstream gynaecology practice.

6. Discussion

Management of menorrhagia by Unani medicine offers a viable approach in integrative medicine that can be combined with modern medicinal practices. This systematic review shows that there is a significant therapeutic potential of Unani treatments in

the management of menorrhagia because of their holistic nature, individual treatment modality and very minimal side effects as compared to the modern pharmacological treatments.

The fundamental paradigm of Unani medicine is the balancing of the temperament and humors (Mizaj and Akhlat) that corresponds to modern conceptions of personalized medicine based on individual care geared towards the disease condition of patients (2,3,8). Unani preparations of Qurs Band, Sufoof-e-Habis-ud-Dum and Sharbat Bazoori have been demonstrated to be effective in reducing menstrual bleeding and raising haemoglobin level as well as increasing patient satisfaction in the clinical trials (4,5). The use of such plant-based treatments also presents a cost-effective option, which is important for resource-scarce settings that are rampant in developing countries like India (2,5).

One of the most important comparative advantages identified in the course of this evaluation is the greatly diminished side-effects profile peculiar to the Unani interventions. NSAIDs and hormonal treatments are effective, but they are usually associated with the risks of gastrointestinal disturbances, hormonal imbalances, and thromboembolic events (8). On the contrary, Unani medicine stemming from natural formulations and dietary adjustments predisposes itself to such risks minimisation whereby it coincides with patient expectations for safer culturally conducive treatment.

Nonetheless, difficulties of this broader integration of Unani medicine into mainstream healthcare continue. Paucity of large-scale randomised control trials (RCT's) and lack of standardised quality control on herbal formulations is a major limitation (8,10). Furthermore, the differences in the methods of preparation and sourcing of the ingredients also affect efficacy and reproducibility and this demands that there will be standard protocols as well as quality assurance frameworks for the same.

Proper clinical trials comparing Unani and the modern medicinal systems should be the focus of future research, in addition to investigating the integrative curative strategy that will combine the best of the two systems (8,12). Promoting interdisciplinary collaboration of theponents of the traditional Unani practitioners as well as the biomedical researchers can aid the development of all-round protocols for management which improve the lots of the patients who are suffering from menorrhagia.

7. Conclusion

This systematic review highlights an immense potential for Unani medicine, as a formidable treatment approach towards the management of menorrhagia. Highlights of the review: Unani formulations like Qurs Band, Sufoof-e-Habis-ud-Dum and Sharbat Bazoori provide significant symptomatic relief by reducing excessive menstrual bleeding, increasing haemoglobin level, and improving patients' satisfaction greatly as compared to conventional modern therapies.

Unani medicine's holistic concept that includes dietotherapy, pharmacotherapy and regimenal therapy provides culturally acceptable and safer alternatives, especially in resource-poor set up. This is especially important in the developing countries where affordability and low side effects are very important issues. The comparative analysis further works in favour of including Unani treatments into traditional medical practise given similar efficacy and better patient satisfaction level.

However, some of these drawbacks include lack of sufficient large scale randomised controlled trials and standardised methods of preparations which pose challenges that require scientific verifications. Further studies are recommended to identify the ways of amalgamating the strong points of the Unani medicine with present biomedical practises to improve patients' overall performance.

This review finally calls for joint efforts between a traditional practitioner and modern medical researchers, suggesting an integrative healthcare model as a promising way of addressing the problem of menorrhagia and other gynaecological diseases.

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