



Role of Unani composition in “Menorrhagia affects the quality of life” – A Case Report

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ABSTRACT :

Background: During their reproductive years, 10–15% of women will encounter periods of abnormal uterine bleeding (AUB). A range of clinical scenarios, such as menorrhagia, metrorrhagia, polymenorrhea, and dysfunctional uterine bleeding, are associated with disorders of aberrant uterine bleeding. **Case presentation:** An unmarried female of 25 years of age presented to Gynae & Obs. OPD of A & U Tibbia college & hospital, with chief complaint of heavy and prolonged menstrual cycle since 4 years. She got treatment in Lok Nayak hospital for 4 months and had no result. She came to A & U Tibbia college & hospital. At that time research study on menorrhagia was held in the department. She was treated with a polyherbal formulation for 15 days. Then her cycle became regular in one month.

Discussion: The purpose of the case study was to determine the benefits of Unani drugs which treat the target disease as well as their ailments unlike allopathic drugs, it is evidenced by this report. Unani medicines can play a key role in improving the overall health of the patient and day to day activities which are interrupted due to heavy bleeding. Further, research is needed in this field.

Key words: Menorrhagia, Kasrat-e-tams, Unani composition

Introduction:

In the Unani system of medicine, the term kasrat-e-tams is used for excessive bleeding. In *Unani* literature it is also termed as *Kasrat-e-tams*, *Haiz ki kasrat*. It is due to the weakness of quwwat-e-masika of the uterus as a result of which there is excessive bleeding from the uterus.^{1,2,3,4} *Kasrat-e-tams* mainly due to altered body temperament which results in uterine affections. Hakeem Hafiz Ajmal Khan quoted in *Bayaz-e-Ajmal* “In this disease, regular menstruation occurs along with the excessive amount of blood loss.”⁵ In *Haziq* “Excessive and regular loss of blood during menstruation”.⁶ Hakeem Akbar Arzani -in his text book *Tibb-e-Akbar* he defined menorrhagia as “Excessive loss of menstrual blood.”⁷ The aetiology of kasrat-e-tams is Riqqat wa hiddat-e-dam, Ghalba-e-balgham, Ghalba-e-safra, Ghalba-e-sauda, Zoaf-e-reham, imtela (plethora), sue-mizaj-e-reham (change in temperament of uterus).^{3,4,8,9,10,11} Kasrat-e-tams is treated with Habis (to stop) and Qabiz (to constrict) advia.^{5,7}

A normal menstrual blood loss is 50 to 80 mL, and does not exceed 100 mL. In menorrhagia, the menstrual cycle is unaltered, but the duration and quantity of the menstrual loss are increased.^{12,13,14,15} Menorrhagia is derived from Greek word, “men” means menses and “-rrhagia” means burst forth.^{16,17} Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration.¹⁷ It is generally caused by conditions affecting the uterus or its vascularity, rather than any disturbance of function of Hypothalamic – Pituitary – Ovarian axis.¹⁷ Most common menstrual irregularities during reproductive age.¹⁸ Its prevalence in women aged between 30-55 years.^{19,20} It is reported that women's blood loss is severe enough to cause responsible for iron deficiency anaemia.^{18,21,22,23} It is no life-threatening, as well as effects on personal, social, family, and work-life of women, and thereby their quality of life.^{24,25,26}

Case study:

Patient information:

A unmarried female of 25 years of age presented to Gynae & Obs. OPD of A & U Tibbia college & hospital, with chief complaint of heavy and prolonged menstrual cycle, since 4 years. She got treatment in Lok Nayak hospital for 4 months and had no result. She had undergone CXR – B/L field clear, B/L CP angle clear, cardiac size is within normal limits, S.TSH-3 µIU/ML, montoux -6 mm. She had on treatment T. Tranexamic acid 500mg TDS for 3 days during menses for 3 months and T. Mefenamic acid 500 mg TDS for 3 days during menses for 3 months and had no result. After that she came to A & U Tibbia college & hospital. She complained of heavy menstrual bleeding since 3 months associated with backache, pain abdomen, vertigo, fatigue and generalized weakness. Her menstrual cycle was regular, cycle length was 25-26 days with duration of 10-12 days that was heavy flow and there was a history of passing blood clots. There was no past history of hypothyroidism, endometrial, ovarian cancer in her family. No history of surgical or medical intervention.

Diagnostic assessment:

On examination patient vitals was stable She was examined systemically, and no abdominal and pelvic mass or tenderness was found on local examination. She had Hb-10.8gm/dl ,C.T-5:28 min,B.T-2:50min,TSH-2 µIU/ML,T3-121.54 ng/dl,T4-8.96 µg/dl ,LH-6.36 mIU/ml, FSH-8.01 mIU/ml, RBS-75 mg/dl with normal scan. The bleeding was assessed by PBAC score.

Intervention:

Unani composition was given for 3 consecutive cycles in a dose of 500mg TDS on 3rd day of cycle for 15 days. Unani composition consist of Anjabar, Kishniz khusk, Lodh pathani, Gul-e-dhawa in equal quantity.

Follow up and Result:

Patient had regular menstrual cycle with normal bleeding for 6-7 days after one month of treatment. But advised to continue the course of treatment for 3 months and observed in OPD at regular interval of 15 days. Assessed for PBAC scoring which is reduced from 272 to 64, improvement in quality of life. There was no adverse effect noted in the patient.

Observation:

Observations	Before treatment	After treatment
Duration of flow	8-12 days	6 -8 days
No. of pads used /day	6	2
Hb%	10.8 gm/dl	11.9 gm/dl
PBAC score	272	64

Discussion :

The study shows significant reduction in menstrual blood loss, Restoration of menstrual cycle and other ailments also.

Conclusion:

Unani system of medicine can be recommended as an alternative therapy in menorrhagia. It has also useful to subside the other ailments associated to the disease as compared to allopathic system of medicine. In Unani system there are number of single and compound formulations used to manage bleeding disorders. The composition used for the study comprises of hemostatic, astringent, anti -inflammatory properties. The composition is useful in restoration of menstruation, reduced amount of flow of bleeding and subsides associated symptoms.

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