



Management of Gynaecological disorders in the Light of Unani System of Medicine: A Review

Shamma Parveen¹, Suboohi Mustafa², Birjis Fatma³

^{1,3}MS-Scholar, Department of Niswan-wa-Qabalat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh; India.

²Professor, Department of Niswan-wa-Qabalat, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh; India

ABSTRACT :

Gynecological disorders affect women's health and well-being all over the world. Unani treatment and other forms of traditional medicine are growing in popularity because of their holistic approach. This review discusses common ailments from the Unani perspective, such as dysmenorrhea (*Usr-i-Tamth*), menorrhagia (*Kathrat-i-Tamth*), and PCOD (*Marz Akyas Khusyur Rehm*). Unani medicine treats a wide range of illnesses by linking them to physiological imbalances and offering treatments such as medication, surgery, psychotherapy, nutrition therapy, and regimental therapy. The review takes into account clinical studies that back up the usage of Unani herbs such as *Punica granatum*, *Zingiber officinale*, and *Foeniculum vulgare* for menorrhagia and dysmenorrhea. Herbs including *Vitex agnus-castus*, *Trigonella foenum-graecum*, and *Cinnamomum verum* have been shown to help cure PCOS. This combination of contemporary and traditional data demonstrates Unani's potential for managing women's health.

Keyword: Gynecological disorder, Unani medicine, *Kathrat-i-Tamth*, *Usr-i-Tamth*, *Marz Akyas Khusyur Rehm*

INTRODUCTION

Gynecological disorders have a substantial impact on women's quality of life and are among the most prevalent health problems affecting them globally. Dysmenorrhea (*Usr-i-Tamth*), menorrhagia (*Kathrat-i-Tamth*) and polycystic ovarian disease (*Marz Akyas Khusyur Rehm*) are gynecological disorders that present substantial social and therapeutic challenges. The comprehensive and well-established Unani medical system provides a unique viewpoint on these illnesses by highlighting temperament (Mizaj), reproductive organ integrity, and harmony of body humors (Akhlāt). Treatment plans such as *Ilaj bil Ghiza* (diet therapy), *Ilaj bil Dawa* (pharmacological interventions), *Ilaj bil Tadbeer* (regimental therapy), *Ilaj bil Yad* (surgical intervention), and *Nafseeeyati Ilaj* (psychotherapy) emphasize a comprehensive and customized approach. Furthermore, studies with solid evidence back up the effectiveness of several herbal and Unani treatments in reducing symptoms, establishing Unani medicine as a useful adjunctive approach to the treatment of gynecological conditions. The integration of modern science and traditional knowledge offers a comprehensive framework for enhancing women's reproductive health.

Usr-i-Tamth (Dysmenorrhoea)

Usr-i-tamth, the term for dysmenorrhea, refers to a painful menstrual cycle sufficiently severe to interfere with daily activities.¹ It is also referred to as *Aujaur Rahim* or *Dard-i-rahim*.²

Causes of Dysmenorrhoea (*Usr-i-tamth*):

Unani scholars have outlined the many causes of dysmenorrhea under the headings of *usre tams*, *dard rehm*, and *waje rehm*. They argue that the menstrual flow is hampered by an imbalanced humoral system. *Ibn Sina* states that if the monthly cycle is irregular and the amount and quality of menstrual blood are out of balance, *usre tams* might occur from any restriction in the flow of menstrual fluid³. *Ghaleez khoon* is the source of *usre tams*, and during menstruation, the *rehm* contracts violently to eliminate the *ghaleez khoon*, resulting in uterine pain (Hkm. Ajmal Khan)⁴.

The other causes of *usr-e-tams*, according to classical Unani texts, include: *Muzmin amraz* (long-term, chronic illness), *Insidade fame rehm* (cervical stenosis), *Sozish-e-khasyatur rahm* (ovarian cyst), uterine displacement, rupture of the uterus, *Amraze rehm sabaqe* (previous uterine disease), *Sailan khoon* (menorrhagia), *Qillate dam* (anemia), *Qillate tams* (oligomenorrhea) and *Ehtebase tams* (amenorrhea), according to Unani classical texts. Experiencing tension and anxiety, taking a cold, humid bath, increased phlegm and black bile levels in the blood, prolonged use of moist garments, Ghaleez food intake and obesity, as well as elevated blood viscosity.^{5, 6, 7, 8, 9, 10}

Clinical features (Alamat) of Usr-i-Tamth):

Pelvic pain is frequent in all types of usre-tams. Ibn Sina asserts that the discomfort associated with menstruation starts in the suprapubic area and moves to the legs and thighs. Menstrual discomfort can be so severe that a patient may faint and lose of consciousness, according to Hazique and Mukhzanul-Ilaz, Hkm. Azmal Khan, and G. Jilani.

Patients may have intense pelvic cramps or a dull, deep aching before or during the menstrual flow. Symptoms often include a heavy stomach, a scanty menstrual flow, phlegmatic swelling in the uterus, headache, backache, general achiness, pale or yellowish face, fatigue, weakness, unhappiness, elevated heartbeats, palpitations, vomiting, nausea, diarrhea, fever, and other symptoms.^{11, 12, 10, 13, 3, 14}

Classification and Diagnosis of Usr-i-Tamth: Classified into five types.^{8,9,14, 15}

1. Inflammatory (Warmi usre Tams): The reason for this is inflammation in the cervical canal or uterus, which happens after birth when the uterus does not return to its normal position. Such usre tams are experienced by the majority of obese women.

2. Spasmodic (Tashannuji Usr-e-Tams): It is brought on by acute uterine cramps that occur before to the first or second day of the onset of menstrual flow. The lower abdomen is where the spasmodic pains are most intense, although they can also spread to the back, inner thighs, suprapubic area, and umbilicus region. It typically affects teenage girls.

3. Obstructive (Suddi Usr-e-Tams): Some obstructions in the cervix opening, displacement, or the tiny size of the uterus might cause this type of usre tams.

4. Membranous (Gheshae Usr-e-Tams): It happens because of uterine weakening and cold exposure. Women who are stressed or anxious are more likely to suffer it.

5. Ovarian (Mubaizee Usr-e-Tams): It is brought on by ovarian cysts or other ovarian disorders. The left ovary is where patients most often report pain.

Usoole Ilaj and Ilaj of Usr-e-Tams (Dysmenorrhoea):

Four main approaches are used to treat *usre tams* (dysmenorrhea):

(i) Ilaj bil Ghiza (Dieto therapy)

Diet therapy aims to address the physiological imbalances caused by bad lifestyle choices. When Usre-tams patients are feeling weak, Unani doctors advise them to eat foods high in iron, like carrots and green leafy vegetables, magnesium, like fish, milk, and fish oil, bottle gourd, pulses of arhar and moong, and lots of water. They should also eat foods high in nutrients, like mutton ka shorba, lamb meats, and murgh ka shorba.^{8,10}

(ii) Nafseeiyati ilaj (Psychotherapy)

Psychological counseling is essential for the psychological care of patients since psychological depression affects most of them. Patients and their families should be reassured that dysmenorrhea is a common problem among adolescent girls and that it is curable.¹⁶

(iii) Ilaj bil Dawa (Pharmacotherapy)

- Tukhme Shibbat (2 misqal) and Qande Safed (6 misqal) should be combined for seven days in order to relieve the dard-i-rahim and waja'al-zuhr that develop before menstruation.^{17,18,19}
- *Joshanda Methi* or *ushna* or *babuna*.
- For three days before menstruation, take *joshanda* of *poste phalli amaltas* (21 g), *jawatri* (3 g), and *qande siyah* (25 g).^{17,18,19}
- Two days prior to menstruation and for three days during menstruation, take *Rewand Khatayi* powder (5 g) with sugar.^{18,20,19,21}
- Taking 500 mg of *Hilteet* and 68 g of *Qand Siyah* in the morning for 5 to 7 days during menstruation can help to relieve dysmenorrhea.²²
- *Habbe Mudir*: Take one tablet twice a day.²⁰
- 7 g of *Jawarishe qurtum* at bed time.²⁰
- *Barsha'sha* (3 g) is especially helpful when uterine pain occurs.²⁰
- If the pain is brought on by warmth, mucilaginous materials should be utilized for the enema and *mubarridat* (a drink made from extracts of *Cichorium intybus*, such as *Aab kasni*, *ma-ul-sha-eer*, and *shorba*) should be administered.
- Diuretics should be used if menstrual pain occurs. For example, 3 days before the pain episode, take 6 grams of grinded *Tukhme kharpaza* (*Cucumis melo* seed) and the same weight of sugar; administer a decoction of *Tukhm karafs* (*Apium graveolens*) and *Hulba* (*Trigonella foenum*).
- Use purgatives 2 to 4 days prior to the expected menstrual cycle if obesity and cold exposure are the main reasons of phlegmatic dominance. Sitz bath of Mustard seed (20gm) should be added to this.
- If uterine displacement occurs, determine the underlying cause. Constipation should never be tolerated.
- *Abdoos* claims that *brinjasif* decoction is a great tool for treating dysmenorrhea.
- *Jalinoos* claims that *roghen mastagi* is effective for all varieties of *wajaur Reham*.^{23, 24, 25, 26}

(iv) Ilaj bil Tadbeer (Regimental therapy)

- Abzan (Sitz Bath): Abhal, Berge suadaab, Shatur farasi, Gule Babuna, Akleelul Mulk, Podina Khusk, Tokhme sabat, Marzan josh, and Tukhme karafs (9 mg each) are among the medications, which are prepared by boiling one liter of water and then adding twenty liters of hot water.
- *Zimad* (Paste): Grind 6 g of each of the following ingredients with green *Makoh*: *Shahme hanzal*, *Qust talkh*, *Measaila*, *Tukhme karafs*, *Tukhme sabat*, *Satar farasi*, and *Murmakki*. Add 12 g of *castor oil* after that. Luke warm paste should be applied to the lower abdomen.
- *Humool* (Pressary): Before 3 days of the anticipated menstrual cycle date, *Mur*, *Soddaab*, and *Raziana* each of 6gm should be combined and ground into a fine powder that can be used as a pressary with honey.
- Hijama (Dry cupping) over the umbilicus reduces menstrual pain by removing blood and fluid from the area of inflammation.

- Heat Application: To apply heat to the abdomen or external genitalia, burn a mixture of wine, fennel (a perennial plant in the genus *Foeniculum*), and rose oil. Other methods for applying heat to the lower abdomen include the use of hot compresses, heating pads, and hot water bottles.
- *Dalak* (Massage): This technique relieves the pain associated with dysmenorrhea by massaging the lower abdomen with aromatic oil. ^{6, 9, 10, 27, 28}

Certain natural medications that work well for spasmodic dysmenorrhea:

Lehsun (*Allium sativum*), Qust (*Lappa Saussurea*), Hilteet (*Ferula asafoetida*), Izkhar (*Andropogon jawarancusa*), Saunf (*Foeniculum vulgare*), Siyah mirch (*Piper nigrum*), and Balcharea (*Nardostachys jatamansi*)

Certain natural medications that work well for congestive dysmenorrhea

Babuna (*Matricaria chamomilla*), Kasus (*Cuscuta reflexa*), Hasha (*Thymus serpyllum*), Abhal (*Communis juniperus*), Tarmas (*Lupinus albus*), Darchini (*Cinnamomum zeylanicum*), and Podina (*Mentha arvensis*)

Compound formulations for sysmenorrhea utilized in Unani medicine

1. *Safoof-e-Mudire Haiz*
2. *Habbe Mudire Haiz*
3. *Dawa Mudire Haiz*
4. *Tiryaqe Farooq*
5. *Dawae Mudir*

A Comprehensive analysis of the effects of medicinal herbs on Primary Dysmenorrhea

In a systematic evaluation of 25 randomized controlled trials, Mirabi et al.²⁹ discovered evidence supporting the use of herbal medicine as an alternative to contemporary treatment for dysmenorrhea. The evaluation includes 7 unblinded studies, 4 triple blind studies, 5 randomized single blind clinical trials and 8 randomized double blind clinical trials. *F. vulgare* was recommended as a plant that is both safe and effective. It seems that it can be used in the treatment of dysmenorrhoea. Table:1

Kathrat-i-Tamth (Menorrhagia)

Menorrhagia is characterized by cyclic bleeding that occurs at regular intervals and is either excessive in volume (>80 ml) or duration (>7 days), or both.³⁰ In classical Unani textbooks *Kathrat-i-Tamth* is described as “excessive loss of menstrual blood.”³¹ “The duration of menstrual cycle exceeds more than the normal and the colour of blood is also brighter or darker than the normal”.³²

Asbab Kathrat-i-Tamth (cause of Menorrhagia):

Unani scholars identify two principal categories of causes:

1. ***Asbab-i-Rahim***: *Du'f al-Rahim* (uterine weakening) as a result of multiparity, abortion and excessive intercourse.³¹ *Kharish-al-Rahim*, *Shiqaq al-Rahim* (uterine rupture), *Qarh al-Rahim* (uterine ulcer), *Bawasir al-rahim* (uterine polyp).³¹ Secondary to *Sū'i-Mizaj al-Rahim*, *Ḍarba wa saqta Rahim* (trauma & injury to uterus), uterine vessels may rupture or dilate.^{33, 38}

2. ***Asbab-i-Dam***: *Kathrat-i-Khūn* or *Imtela-i-Khūn* (either increased blood production or decreased blood consumption by the body), therefore *Tab'iyat* gets rid of extra blood through menstruation. Additionally, uterine vessel blood congestion increases the uterus's expulsive strength, which leads to *Kathrat-i-Tamth* and *Tanqiya Badan* (body purification). Blood quality and quantity are normal, but *Kathrat-i-Tamth* is caused by *Du'f Badan*.

Even qualitative or quantitative blood changes, such as *Latafat-i-Khūn* or *Riqqat-i-Khūn* (increased blood fluidity) brought on by *Kathrat-i-Ruḡbat Ma'ye*, weaken the uterine vessels, which results in HMB. Thin and sparse blood flow is encouraged by a narrow vessel channel, whereas thick and profuse blood flow is caused by a wider artery path.^{31,32,33,34,35,36,37,39,40}

Alamat Kathrat-i-Tamth (clinical features of Menorrhagia):

Thin and scanty blood flow happens first during menstruation, then thick and heavy blood flow; if this pattern continues for a long time, thin and scanty blood flow happens again.^{33,35, 39}

Anorexia, indigestion, increased thirst, palpitations, generalized body aches, extreme fatigue and giddiness are associated symptoms. The results of a clinical examination include pallor, a fast heartbeat, clammy, cold skin, bright urine, and widespread edema.^{33,39}

Usul-i-Ilaj of Menorrhagia:

In the Unani system of medicine, the *Kathrat-i-Tamth* treatment plan is primarily based on the idea that are:

- *Izal'i-Sabab* (Cause of HMB should be treated)
- In *Sū'i-Mizaj Sada*, *Tanqiya-i-Badan* (body detoxification) is combined with *Ta'deel Mizaj* (temperament change) and *Istifragh mada* (elimination of morbid matter) in *Sū'i-Mizaj Maddi*.
- *Muqawwi al-Rahim Advia* (uterotonics) to strengthen the uterus.
- Using *Habis* (haemostatic) and *Qabid* (astringent) drugs to manage bleeding.³³

Ilaj Kathrat-i-Tamth (treatment of menorrhagia):

According to the cause of menorrhagia:-

Du'f al-Rahim:- Use of *Mujaffif*, *Qabid advia* wa *Aghziya* are recommended.³⁵

Drugs: *Qabid Advia* like- *Mazu*, *Gil-i-Makhtum*, *Gil-i-Armani*, *Shibb-i-Yamani*, *Dam-al-Akhwain* 3½ g, *Kafur* 64mg, *Sak* 500mg, mixed in 35ml *Sharbat-i-Aas*.³⁹

Qarh al-Rahim: Use of *Qabid*, *luabi* and *Musakkin Advia*.³⁵

Drugs: Formulation of astringent, anesthetic and mucilaginous drugs. *Qurs-i-Koharba* with *aabe bartang*.

Humūl: *Qairūti* and *Roghhan-i-gul* combined with *Safaida*, *Gulnar*, and *Murdar Sang*.³⁹

Ḍarba wa Saqta Rahim: Use *Mulhim* and *Mujaffif* drugs like *Abrak*, *Habbul Aas*, *Gule Dhawa*, *Gule Molsari*, *Gile Armani*, *Geru* etc.⁴¹

Hiddat-i-khun: Use of *Mubarrid Aghziya wa Advia* are recommended.⁴¹

Drugs: Use infusion prepared from *Aslasoos*, *Banafsha*, *Niloufer*, *Behidana* each 7gm.³⁷

Apply *Mubarrid advia* paste on the back and abdomen.³⁹

Istifaragh safra with *Shahitra*, *Halela* and *douche* with *Bartang*.

Riqq al-khun: Use *Aghziya wa advia* which causes *ghilzat khun*.^{33,41}

Drugs : After *Tanqia Badan* with *Mushil Balgham* (*Habbe Ayarij*), *Mujaffif Advia* followed next.

Utilize *Gulqand Mushil* (it is very beneficial), *Samagh-i-Arabi* and *Joshanda-i-Kateera*.

Imtela' or Kathrat-i-Khūn: Bleeding should not be stopped until it causes weakness.^{35,39}

Drugs: Use *Habis-alDam Advia* after *Muqawwi al-Rahim* and *Qabiz Advia*.⁴⁰

Ilaj-bi'l tadbeer: To relieve pelvic congestion, tie both hands together and use *hijama bilashurt* (dry cupping) between the buttocks.^{35,39}

Ilaj bi'l Yad: To lower uterine blood flow, use *Istifragh Khun* by *Fasd Rage Akhal* (median vein) or *Fasd Rage Basaleeq* (basalic vein).^{33,35,40}

Kathrat-i-Ruqubat Ma'ye: Diaphoretic & Diuretic therapy.^{35,39}

Tanqiya either with *Qai* or *Mushil-i-Balgham* like *Hab-e-Ayarij* followed by use of *Mujaffif advia* and suitable *shiyaf* and *Abzan*.³³

Drugs: Oral use of *Joshanda kateera*, *Samag-i-Arabi* and *Dimad* with *Qabiz advia* and *Sirka*.^{35,39}

Du'f-i-Badan: Strong and *Qabid Aghziya* and *Sharab* in small quantity are recommended. *Qabid* (Astringent), *Habis* (Haemostatic) & *Muqawwi Rahim* (uterine tonic) *advia* (in general treatment).

An Evidence based Unani Medicines for Menorrhagia (*Kathrat-i-Tamth*)

Shameem I. et.al.⁴² observed evidence supporting the use of herbal medicine to treat menorrhagia after conducting a thorough review. Several clinical studies have reported efficacy of herbs like *Zingiber officinale* (ginger), *Punica granatum* (pomegranate flower), and *Matricaria chamomilla* (chamomile) in managing heavy menstrual bleeding. These support the continued relevance of traditional remedies in modern therapeutic contexts.

Marz Akyas Khusyur Rehm (Polycystic Ovarian Disease/ PCOD):

Polycystic ovarian disease, also known as polycystic ovarian syndrome, is a multisystem endocrinopathy that is primarily found in women who are of reproductive age. In 1935, Stein and Leventhal provided the first description of it.⁴³ A set of symptoms that includes bilateral polycystic ovaries, infertility, hirsutism, acne, and amenorrhea. PCOS is an appropriate term when oligomenorrhea and hyperandrogenism symptoms are linked to polycystic ovaries.⁴⁴ According to the American Society for Reproduction Medicine, Diagnosis of PCOS is based on the presence of any two of the following three criteria: polycystic ovaries, hyperandrogenism (clinical and/or biochemical), and oligo and/or anovulation.

Unani concept for PCOD

Marz Akyas Khusyur Rehm is the Unani name for PCOD; it is actually an Arabic translation of the term. Unani physicians have classified this illness under the areas of liver diseases, phlegmatic sickness, obesity, and amenorrhea.⁴⁵⁻⁴⁷

The fundamental basis of the Unani concept for PCOD is the dominance of *khilte balgham*, or *phlegm*. Classical literature has stated that improper cold temperament, or *sue mizaj barid*, of the liver can result in abnormal *phlegm* production.⁴⁸ This is because *chyme* cannot be converted into blood by the liver; instead, it becomes *phlegmatic blood* or *tenacious phlegm*.

One type of *phlegm* that is aberrant is *balgham mayi*, which has a thinner consistency and can accumulate in sacs to develop cysts.⁴⁹ Furthermore, oligomenorrhea, amenorrhea, and obesity—the other primary symptoms of PCOD—have been connected to the rise in *phlegm*.⁴⁵⁻⁴⁷ Thus, it is claimed that PCOD is caused by the body producing more *phlegm* than it needs, which leads to the development of ovarian cysts, obesity, and amenorrhea.

Diagnosis by clinical features:

The first person to observe that women who suffered from infertility, obesity and prolonged amenorrhea also had hirsutism—an excess of body and facial hair—was Hippocrates (460–370 BC).⁴⁵ Galen (c. 130–200 AD) also recorded comparable findings.

According to Ibn Sina, Ismail Jurjani, and Al Razi, women who are fatty and have large blood vessels and muscular bodies are more inclined to show masculine characteristics since their temperaments are extremely similar to those of men.⁴⁵⁻⁴⁷

Usoole Ilaj and Ilaj of PCOD:

Treatment in the Unani medical system is divided into four groups:-

1. *Ilaj bil Tadbeer* (Regimenal therapy):^{48,49}

- Healthy food, adequate sleep, regular exercise, and brisk walking are examples of lifestyle modifications.
- It is recommended that obese patients lose weight, which can be accomplished with *dalak* (massage) and *hammame yabis* (steam bath).
- To induce menstruation, *Hijama* or wet cupping, is applied to the calf muscles of both lower limbs to redirect blood flow to the uterus.

2. *Ilaj bil Ghiza* (Dietotherapy):^{45,46,49,50}

- A healthy, light, and readily digestible diet is ideal.
- Use of foods high in fiber, such as fresh fruits and green leafy vegetables.
- Stay away from heavy, hot, and late-digestible foods as well as cold and dry foods.
- Consume a lot of liquids.

3. *Ilaj bid dawa* (Pharmacotherapy):^{45-47,50}

According to Rhazes, regularly inducing menstruation is one form of treatment for women who have developed male characteristics suggestive of PCOD. He has offered a management strategy focused on addressing temperament and irregular menstruation by reducing the severity of hair growth, acne, and hyperpigmentation with the use of *emmenagogue* drugs (single or combination) and local herb application.

Mudire Haiz (Emmenagogue) Drugs:⁴⁸

a) Single drugs: *Habbe Qurtum*, *Tukhme Kasoos*, *Khashkhash*, *Gule Teesu*, *Karafs*, *Elwa*, *Heeng*, *Jausheer*, *Asaroon*, *Turmus*, *Persiawa Shan*, *Asgand*, *Aspand*, *Habbe Balsan*, *Habbe Qillt*, *Rewand Chini*, & *Badiyan & Post Amaltas*.

b) Compound formulations: *Joshanda mudir haiz*, *Habbe mudir*, *Sharbat buzoori* and *Murakkabate foulad*.^{46,47,59} The uterine tonics like *Majoon Muqawwi Rehm*, which only contains *asgand* because it contains phytohormones that preserve hormonal balance and induce menstruation, are taken in conjunction with these emmenagogue drugs.

Tadeel Mizaj (Correction of temperament).^{55-57,50}

a) Munzij: Anjeer Zard, Persia wa Shan, Aslusooos, Badiyan, and Mavez Munaqqa

b) Mushil: Arqe Badiyan, Habun Neel, Turbud, and Ayarij Faiqrah.

c) Tabreed: Warqe Nuqra wrapped around Khameera Gauzaban Sada

Drugs for Weight Reduction.^{46,47}

a) *Arqe Badiyan* and *Dawae Luk Sagheer* together

b) *Safoofe Muhazzil* and *Arqe Zeera*.

c) *Itrefil Sagheer* at bed time.

Specific Drugs:

a) Use of insulin sensitizers like *Darchini*, *Zafran*, *Asgand*, *Abhal*, *Rewand*, *Mushktramashi* etc. ^{51,52}

b) Drugs for hirsutism like *Amba Haldi*, *Methi*, *Nagarmotha*, *Pudina*, *Kalonji*, *Neem* etc. ^{50,53}

4. *Ilaj bil Yad* (Surgical Treatment): *Fasd* (venesection) of the saphenous vein (*Rage Safin*) to reroute blood flow to the uterus to trigger menstruation.⁴⁵⁻⁴⁷

A comprehensive review of clinical studies with herbal medicine on polycystic ovarian syndrome (PCOS)

Jazani AM. et al.⁵⁴ observed evidence supporting the use of herbal medicine to treat PCOS after conducting a thorough review of 42 trials. Various herbs can be used to treat various aspects of PCOS, according to numerous studies. Herbs such as *Vitex agnus-castus*, *Trigonella foenum-graecum L.*, and *Cinnamomum verum* can influence lipid metabolism, insulin resistance, obesity, menstrual and ovulatory problems, and disorders associated with excess androgen.

Discussion:

The holistic treatment of gynecological problems has a bright future thanks to the fusion of classical Unani principles with contemporary clinical viewpoints. The Unani approach emphasizes on reestablishing systemic equilibrium, especially by correcting humoral imbalances, in addition to treating the symptoms. Since the metabolic, hormonal, and psychological aspects of complicated illnesses like dysmenorrhea, menorrhagia, and PCOD sometimes overlap, this multifaceted approach is extremely pertinent to their management.

According to the review, Nafseeyati Ilaj (psychotherapy), Ilaj bil Ghiza (diet therapy), Ilaj bil Dawa (medical therapy), Ilaj bil Tadbeer (regimental therapy), and Ilaj bil Yad (surgery procedures) are all used in the individualized management of each ailment. This kind of categorization makes it possible to provide patients with complete care that takes into consideration both their physical and mental health.

The review emphasizes a number of Unani botanicals that have been verified through contemporary clinical research, which is noteworthy. Herbs like *Vitex agnus-castus* and *Trigonella foenum-graecum* for PCOD, *Punica granatum* and *Zingiber officinale* for menorrhagia, and *Foeniculum vulgare* for dysmenorrhea show great therapeutic promise. Particularly for patients looking for natural or holistic solutions, these findings encourage the use of evidence-based traditional medicine as a viable complement or alternative to mainstream treatments.

Furthermore, Unani medicine's emphasis on preventative measures, particularly dietary and lifestyle changes, aligns well with contemporary women's health paradigms that prioritize long-term management and early intervention over symptomatic alleviation alone.

Conclusion:

A thorough and all-encompassing method of treating gynecological diseases is provided by unani medicine. It effectively supports disorders including dysmenorrhea, menorrhagia, and PCOD by combining dietary advice, regimented routines, herbal medicines, and surgical methods. Unani treatments are becoming more and more validated by science, making them a promising adjunct to modern gynecological care.

REFERENCES:

1. Dutta DC. Textbook of Gynecology. 6th ed, Jaypee brothers medical publishers(p) Ltd, New Delhi, India, 2004: 178,185,227,459.
2. Iqbal A, Jan A, Sheeraz M, Qureshi H, A Shah A, Huma A, Raheem efficacy of hijama bila shurt in primary dysmenorrhea, Journal of drug delivery and therapeutic 2018,8(5)365-368.
3. Ibn Sina. 2010: Al Qanoon Fil Tib (Urdu trans. by Kantoori G.H.). New Delhi: Ejaz Publication House. 447-448, 1096, 1118.
4. Khan Ajmal, 1995: Bayaze Ajmal, New Delhi: Ejaz Publication House. 137-138.
5. Ibn Sina, 2007: Al Qanoon Fil Tib (Urdu trans. by Kantoori G.H.). Vol II, Idarae Kitabul Shifa, New Delhi. 340-341.
6. Razi ABZ, 2001: Al Hawi Fil Tib. Vol. IX, CCRUM, New Delhi. 20, 151-168.
7. Ismael Jurjani S.S., 1903: Zakheera Khawarazam Shahi (Urdu translation by Khan HH) Vol. II. Lucknow Matba, Naval Kishore. NYM. 634-635.
8. Azami, K.A.S., 1978: Amrazun Nisa. Tarakki Urdu Board, Govt. of India, New Delhi. 485-487, 505-513.
9. Jilani, G., 1996: Makzane Hikmat, ed. 1. Vol. II. New Delhi: Ejaz Publishing House. 788-793.
10. Ajmal Khan, 2002: Haziqee. Idara KITAB-UL-SHIFA, Darya Ganj, New Delhi. 467-476.

11. Tan, K. and Wan, L. A Prevalence Study of Dysmenorrhea in Female Residents Age 15-54 Y Clement. *Ann Acad Med.* 1992. 21; 323-327.
12. Gelani, G., 2007: *Maghzanul Ilaj*. Vol II. Idarae Kitabul Shifa, New Delhi. 645-646.
13. Anonymous, 2004: *A Hand Book of Common Remedies in Unani System of Medicine*, 3rd Ed. CCRUM, New Delhi. 115.
14. Jurzani, I. *Zakheerae Khawarzaam Shahi*. Matba Nami Munshi Nawal Kishore, Lucknow. 1878. 129; 1393-1394, 1402-1407.
15. Akbar Arzani, 1903: *Tibbe Akbar*. Deoband Faisal Publication. 590-591.
16. Khodakarami N, Moatar F, Ghahiri A and Shahdan S. The effect of an Iranian herbal drug on primary dysmenorrhea: a clinical trial. *J. Midwifery Women's Health* 2009;54: 401-404.
17. Razi AB. *Kitab al-Hawi fi'l Tib*. Vol IX. New Delhi, India: Central Council of Research in Unani Medicine; 2001.
18. A'zam MK. *Rumuz-i-A'zam*. Vol II. Delhi, India: Delhi Printing; 2001.
19. A'zam MK. *Iksir-i-A'zam*. New Delhi, India: Aijaz Publishing House; 2006.
20. Ahmad J. *Tazkarae Jaleel*. New Delhi, India: Central Council for Research in Unani Medicine; 2008.
21. Arzani A. *Qarabaden Qadri*. New Delhi, India: Aijaz Publishing House; 1998.
22. Anonymous. *Kitabul Moalija Amraze Umoomidar Tibbe Unani*. New Delhi, India: Central Council for Research in Unani Medicine; 2004.
23. Nafees Ibn-e-Awvaz bin Jamaluddin.(1906) *Moalijat-e-Nafeesi*. (trans by Lucknowi S A, Husain) Munshi Nawal Kishore , Lucknow:505-506.
24. Abdul Hameed. (YNM) *Marjul Bahreen*. Publisher Ateequr Rehman and centre Tajran Bhopal: 142-143.
25. Ghulam Jilani Amratseri. (YNM) *Kaleed-eHikmat*. Publisher Kutub Ghazni State Urdu Bazar Lahore: 219 -221.
26. Firozuddin Mohd.(YNM) *Misbahul Hikmat Darul Kutub Rafiqul Atibba Lahore*: 305-306.
27. Smith, R. and Jeffrey, ELLIS. NSAIDS, is Newer Better for Dysmenorrhoea? *The Journal of Family Practice*. 2002. 4 (7) 4.
28. Copeland, L.J., Jarrell, J.F. and McGregor, J.A., 1993: *Textbook of Gynaecology*. Philadelphia: WB Saunders Company. 398-403.
29. Mirabi P, Alamolhoda SH, Esmaeilzadeh S, Mojab F. Effect of medicinal herbs on primary dysmenorrhoea—a systematic review. *Iran J Pharm Res*. 2014;13: 757-767.
30. Dutta D.C. *Textbook of gynaecology*. 7th ed. New central book agency private limited Kolkata, 2016, p. 152, 1-4, 67.
31. Arzani A. *Tibbe Akbar* (Trans. By H. Mohd Hussain). Deoband: Faisal publications; YMN: 594-97.
32. Jurjani AH. *Zakheera Khawarzaam Shahi* (Urdu trans. by Khan HH). Vol VI: New Dehli: Idarae Kitabul Shifa; 2010: 590-98.
33. Khan A. *Al Akseer* (Urdu trans. by Kabeeruddin). 1sted. New Delhi: Idarae Kitabul Shifa; 2011:801-05.
34. Tabri AR. *Firdausul Hikmat* (Urdu trans. by Shah MA). New Dehli: Idarae Kitabul Shifa; 2010: 254-57.
35. Ibn Sina. *Al Qanoon Fil Tib*. Vol.III. (Urdu trans. by Kantoori GH). New Delhi: Idarae Kitabul Shifa; 2007: 331- 37,1089-91.
36. Ibn Rushd. *Kitabul Kulliyat*. 2nd ed. New Delhi: CCRUM; 1987: 90-94, 116, 158.
37. Ibn Zuhar. *Kitabul Taiseer Fil Mudawat wa Tadbeer*. 1st ed. New Delhi: CCRUM; 1986: 184-85.
38. Qamri MH. *Ghana Mana*. 1st ed. New Delhi: CCRUM; 2008: 410-13.
39. Razi ABZ. *Al Hawi Fil Tib*. Vol IX. New Delhi: CCRUM; 2001: 8-11, 14,20,28-30,45-46.
40. Baghdadi IH. *Kitabul Mukhtarat Fil Tibb*. Vol I. New Delhi: CCRUM; 2007: 272-76.
41. Razi ABZ. *Kitabul Mansoori*. 1st ed. New Delhi: CCRUM; 1991: 386-87.
42. Shameem I, Shahmeer KSK. "A comprehensive review of Heavy Menstrual Bleeding (Kathrat-i-Tamth) in Unani Medicine – An evidence based approach." *Journal of Emerging Technologies and Innovative Research* 2021 JETIR July 2021, Volume 8, Issue 7.
43. Padubidri VG, Daftary SN (2011) *Shaw's Textbook of Gynaecology*. In: (15th Edn), Reed Elsevier India Private Limited, India, pp. 369.
44. Arulkumaran A, Sivanesaratnam V, Chatterjee A, Kumar P (2005) *Essentials of Gynecology*. Jaypee Brothers Medical Publishers (P) Ltd, India, pp. 205.
45. Ibn Sina. 2010. *Al Qanoon Fil Tib* (Urdu trans. by Kantoori GH). Idarae Kitabul Shifa. New Delhi. 1065-70, 1445-47.
46. Razi ABZ. 2001. *Al Hawi Fil Tib*. Vol IX. CCRUM. New Delhi. 77-86, 90-91, 99-100, 102-03, 106-08, 110- 11, 115-16.
47. Jurjani AH. January. *Zakheerae Khawarzaam Shahi* (Urdu trans. by Khan AH). Vol VI & VIII. Idarae Kitabul Shifa. New Delhi. 2010; 27-28, 606-09.
48. Hamdani KH, *Usoole Tibb*. New Delhi: Khoumi Council Baraye Farogh Urdu Zaban: 398.
49. Kermani BDNI. *Kulliyate Nafisi* (Urdu translation by Kabeeruddin) Vol I & II. New Delhi: Idarae Kitabus Shifa; 269-70.
50. Khan A. *Al Akseer* (Urdu translation by Kabeeruddin). New Delhi: Idarae Kitabus Shifa; January: 2011; 797- 801.
51. Wallace AM, Sattar. *The Changing Role of the Clinical Laboratory in the Investigation of Polycystic Ovarian Syndrome*. *Journal of ClinBiochem Rev* August 2007; 28:79-92.
52. Firdose KF, Begum W, Shameem I. Clinical Evalution of Qillat Tams and its Management with Unani Formulation. *International Research Journal of Medical Sciences*. 2013; 1(11):1-8.
53. Farzana A, Umraz Mubeen, Humyra Tabasum, Hina Rehman. Physiological perspective of Hirsutism in Unani Medicine: An Overview and Update. *International Journal of Herbal Medicine*. 2013; 1(3):79-85.
54. Jazani AM, Azgomi HND, Azgomi AND, Azgomi RND, A comprehensive review of clinical studies with herbal medicine on polycystic ovarian syndrome (PCOS). *DARU Journal of Pharmaceutical Sciences* (2019) 27: 863-877.