

AN EXPLORATORY STUDY OF MENORRHAGIA (KAṬHRAT-I-TAMṬH) IN UNANI
SYSTEM OF MEDICINE –A REVIEW ARTICLEDr. Tahseena Md. Zahoor^{*1}, Dr. Malik Tauheed Ahmed², Dr. Shaikh Mudassar Shaikh Altaf Maniyar³, Sayyed
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ABSTRACT

Menorrhagia is a common gynecological complain with multiple etiology and diverse pathological origins. Approximately 30% of women suffer from Menorrhagia during their reproductive age, but only one third of these women are confined to have underlying pathology of a type widely recognized to cause Menorrhagia. In conventional medicine, the treatment for menorrhagia include both hormonal or non-hormonal (Tranexamic acid) etc. Despite a fair success rate of these medicines, each has a substantial adverse effect. Traditional system of medicine including Greeko Arabic medicine are gaining popularity due to long history of use and several other benefits. Medicinal plants are being used since long time to treat various gynaecological and emphasis is made on research to validate the efficacy and safety of these drugs in the present scenario. Several Habis (Hemostatic) and Qabid (Astringent) drugs are found effective in treating menorrhagia. Therefore, aim of this article is to review the etiopathogenesis, diagnosis, and management of Menorrhagia in Unani system of medicine and to summarize the research done on Menorrhagia using Unanimedicine.

KEYWORDS: Menorrhagia, Kaṭhrat-i-TamṬh, Unani system of medicine.**I. INTRODUCTION OF MENORRHAGIA (KAṬHRAT-I-TAMṬH)**

Menorrhagia is the most common clinical presentation, is defined as excessive menstrual blood loss which interferes with the women's physical, emotional, social and maternal quality of life, and which can occur alone or in combination with other symptoms.^[3-4] In classical Unani text, Kaṭhrat-i-TamṬh is defined as excessive MBL either the bleeding is excessive in amount or duration. It is caused by Sū'i-Mizaj al-Rahim (which causes weakness of uterine vessels leading to its rupture), Qarha al-Rahim, Kharish al-Rahim, Bawasir al-Rahim. Moreover, dilatation of uterine vessels is caused by Riqqat-i-Khūn due to Ghalaba-i-Balgham or Ḥiddat-i-Khūn due to Ghalaba-i-Ṣafra or Sawda' resulting in Duf Quwwat-i-Masika al-Rahim leading to increased MBL. Excessive MBL leads to rapid pulse, giddiness, palpitation, increased thirst, generalised weakness and body ache etc. and if it is not treated may leads to complications such as Sual-Qinya (iron deficiency anemia), Istesqa (ascites), Duf-al-Kabid (liver

dysfunction) etc.^[5-11] The main goal of treatment in Menorrhagia is to improve QOL by controlling the bleeding,^[12] to prevent and treat anemia and to restore an acceptable menstrual pattern.^[13]

In conventional medicine, various medical treatment options are available but side effects often limit compliance and efficacy. Nonhormonal options are limited to tranexamic or mefenamic acid, while hormonal options include the levonorgestrel-releasing intrauterine system, the combined oral contraceptive pill or progestogen preparations.^[14-15]



Fig. 1 Menorrhagia-A common Gynecological Problem in female.

Surgical approaches like hysterectomy is sometimes essential for Menorrhagia treatment but many women desired to preserve uterus for their potential childbearing.^[15-16] Hence, need for alternate treatment option is required to control Menorrhagia in the form of medicinal plants, which plays a vital role in health care system. In recent years, globally there has been a tendency towards using complementary and alternative medicines in the treatment of diseases due to easy availability, affordability, cost effective and fewer side effects. Herbal medicine is a component of traditional medicine, which is becoming popular today and common people generally believed on herbal remedies. A wide variety of herbs are used to treat Menorrhagia and many studies have demonstrated the beneficial effects of medicinal plants on Menorrhagia.^[17]

II. Concept of Menorrhagia

Menorrhagia is the medical term for unusually heavy or long menstrual periods. Many women and people assigned female at birth have heavy flow days, and cramps are common during their period. But about 1 in 5 women deal with menorrhagia, or very heavy menstrual bleeding or bleeding for a full 7 days. With menorrhagia, your flow may be so heavy that you'll need to change your tampon or pad every hour for at least an entire day. You also might have cramps so severe that they stop you from doing your usual activities. Menorrhagia can be caused by uterine or hormonal problems, or other conditions like bleeding disorders or cancer. If you soak through a pad or tampon every hour or so on a regular basis, talk with your doctor. They may be able to help.

III. Puberty & Menorrhagia

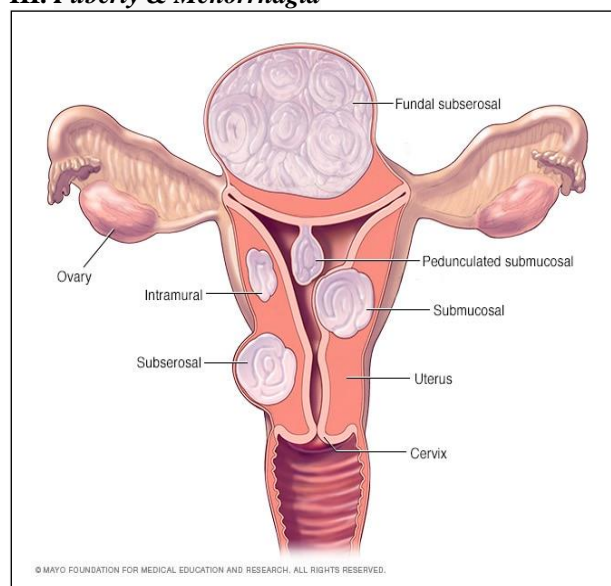


Fig. 2: Anatomy of Ovaries in female during Menorrhagia.

It is pretty common to have irregular menstrual cycles during puberty where your period is light one month and heavier the next. But adolescents don't usually have periods that are heavy enough to be considered menorrhagia. If you do, you should talk to your doctor to find out what could be causing such heavy periods. Your doctor will usually talk with you about your medical history, menstrual cycle, medications you take, sexual history, and if you've had any pregnancies. Your doctor may also have you track your periods including how

often you have them and the number of days you have heavy bleeding.

You'll have a physical examination and a pelvic exam (where the doctor examines your internal reproductive organs) if the doctor thinks one is necessary. Your doctor may also order blood tests and an ultrasound, a test that uses sound waves to make images of internal organs. For most adolescents, surgery isn't required to treat heavy period bleeding. Your doctor will usually prescribe a non-steroidal anti-inflammatory drug (NSAID), like ibuprofen, to help with pain and reduce bleeding. They may also prescribe contraceptives, hormones, or tranexamic acid, which reduces blood loss during your period.

IV. Symptoms of Menorrhagia (Alamate Kaṭhrat-i-Tamṭh)

You may have had heavy periods from your first menstrual flow, or you may just be getting heavy menstrual bleeding after decades of typical periods. It's always a good idea to talk with your doctor about your heavy periods, especially if the problem is new for you. It could lead to anemia (low levels of red blood cells), which can make you feel weak, tired, or out of breath. If you have menorrhagia, you may have to:

- Change pads or tampons at least once an hour for a day or more
- Change pads in the middle of the night
- Wear two pads at a time to manage heavy flow
- Skip things you like doing because of painful cramps
- Pass blood clots that are the size of quarters
- Have periods that last longer than 7 days
- Feel tired or short of breath
- Bleed between periods
- Bleed after menopause

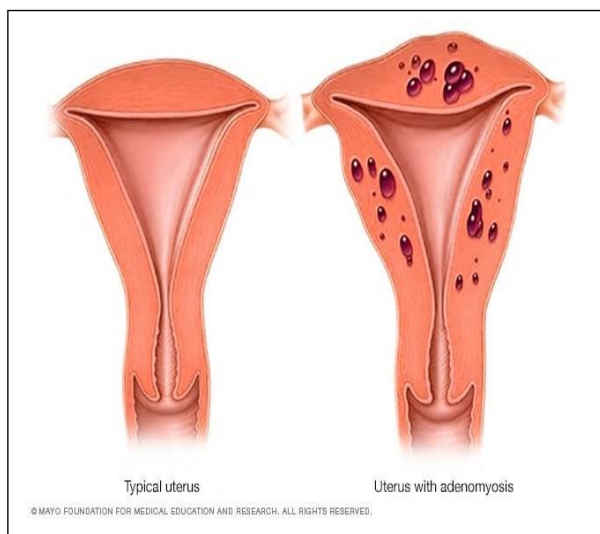


Fig. 3: Excessive Bleeding in during Menorrhagia.

V. Causes of Menorrhagia (Asbabe Kaṭhrat-i-Tamṭh)

Common causes of heavy periods include:

- **Growths in the uterus.** Polyps are growths within the lining of your uterus. Fibroids are benign (noncancerous) tumors that grow within your uterus during childbearing years. Both can make your periods much heavier or last longer than they should.
- **Certain intrauterine devices.** Many women use a small intrauterine device for birth control. If your IUD doesn't have hormones, it may make your periods heavier.
- **Bleeding disorders.** They're not common, but bleeding disorders like Willebrand's disease which run in families make it hard for someone to stop bleeding when they've been cut. They can also make your period heavier and last longer.
- **Adenomyosis.** This happens when the glands in the uterus lining grow into the uterus wall, causing painful periods and heavy bleeding.
- **Certain medications.** Blood thinners like Apixaban and warfarin; drugs that fight inflammation like NSAIDs; and some hormonal medications, like birth control pills, can cause heavy periods.

➤ Other health problems including

- ❖ Endometriosis
- ❖ Thyroid problems
- ❖ Pelvic inflammatory disease
- ❖ Kidney disease
- ❖ Liver disease
- ❖ Polycystic ovary syndrome
- ❖ Obesity
- ❖ Insulin resistance

➤ Hormone imbalances

The hormones that your body produces, like estrogen and progesterone, help regulate your menstrual cycle, including how heavy your periods are. Having a condition that causes your hormones to become imbalanced can lead to heavy period bleeding. Causes include:

- ❖ Anovulation.
- ❖ Thyroid disease.
- ❖ Polycystic ovary syndrome

Weighing more than your ideal body weight can interfere with your body's hormone production and lead to heavy menstrual bleeding, too.

➤ Non-cancerous growths in your uterus

Benign growths in your uterus and conditions that cause cells in your uterus to grow improperly can cause heavy menstrual bleeding, too. Causes include:

- ❖ Polyps.
- ❖ Fibroids.
- ❖ Adenomyosis.

➤ Cancerous growths in your uterus

Conditions that increase your risk of getting cancer, including endometrial hyperplasia, as well as cancers that affect your reproductive system, can cause heavy menstrual bleeding. These include:

- ❖ Uterine cancer.
- ❖ Cervical cancer.

➤ Infection

Infections, including sexually transmitted infections can cause heavy bleeding. These include:

- ❖ Trichomoniasis.
- ❖ Gonorrhea.
- ❖ Chlamydia.
- ❖ Chronic endometritis.

➤ Pregnancy complications

Heavy bleeding can be a warning sign of pregnancy complications, such as:

- ❖ Miscarriage.
- ❖ Ectopic pregnancy.

C-Section niche. High numbers of cesarean sections can lead to a scar that creates a pocket in your uterus. That pocket can collect blood, which you can later bleed.

➤ Other medical conditions

Heavy menstrual bleeding is a symptom associated with various conditions, including bleeding disorders and non-bleeding disorders. Some common medical conditions that can lead to heavy bleeding are:



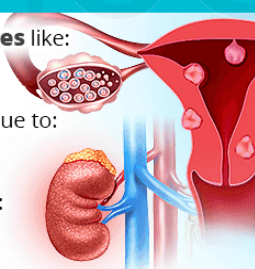

- ❖ Von Willebrand disease.
- ❖ Liver disease.
- ❖ Kidney disease.
- ❖ Pelvic inflammatory disease
- ❖ Leukemia or platelet disorders.

❖ Etiology of Menorrhagia in Unani.

Kaṭhrat-i-Tamṭh occur mainly due to weakness of retentive power (Quwwat-i-Masika) of uterus secondary to altered temperament of uterus (Su'i-Mizaj al-Rahim) or strong expulsive power (Quwwat-i-Dafya) of uterus secondary to Khilt-i-Laḍha' or Kaṭhrat-i-Khun or both.^[5,6,8,9,17-19] Its causes are classified into two categories.

Menorrhagia: Heavy Periods

Because menorrhagia can significantly affect a woman's **physical, emotional, and social well-being**, it needs adequate treatment for optimal reproductive health.

ABOUT	SYMPTOMS
<p>Medical term for heavy periods</p> <p>Also known as abnormal uterine bleeding</p> <p>Defined as a blood loss of more than 80 mL per cycle</p> 	 <ul style="list-style-type: none"> ● Soaking through one or more pads or tampons per hour for several hours in a row ● Using two or more pads at a time ● Changing pads or tampons at night ● Having periods for longer than a week ● Having large blood clots
<div style="background-color: #00bcd4; color: white; padding: 5px; text-align: center;">CAUSES</div> <p>Structural abnormalities like:</p> <ul style="list-style-type: none"> ● Uterine fibroids ● Polyps <p>Hormonal imbalance due to:</p> <ul style="list-style-type: none"> ● PCOS ● Thyroid disorders <p>Medical conditions like:</p> <ul style="list-style-type: none"> ● Liver or kidney disease ● Blood clotting disorders 	<div style="background-color: #8bc34a; color: white; padding: 5px; text-align: center;">TREATMENT</div>  <p>Depends on the cause and a woman's reproductive plans:</p> <ul style="list-style-type: none"> ● Iron-rich diet & hydration ● Iron supplements ● Hormone-balancing supplements ● Medications ● Surgery

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Fig. 4: Symptoms causes and Treatment of Menorrhagia.

➤ **Causes pertaining to uterus:** Duf al-Rahim (uterine weakness) as in multiparity, abortion, and excessive intercourse,^[5,6,8-10,17,18] Qarh al-Rahim (uterine ulcer), Bawasir al-Rahim (uterine polyp), Kharish-al-Rahim, Shiqaq al-Rahim (uterine rupture),^[5,19] Rupture or dilatation of uterine vessels secondary to Su-i-Mizaj al-Rahim,^[5,6,19] Darba wa saqta Rahim (trauma & injury to uterus) resulting in rupture of uterine vessels.^[6,20]

➤ **Causes pertaining to blood:** Imtela-i-Khun or

Kaṭhrat-i-Khun^[5,6-10,17] (either increased production of blood or decreased consumption of blood by the body), thus Tabiyat eliminates excess amount of blood in the form of menstruation. Moreover, congestion of blood in uterine vessels stimulates the expulsive power of uterus which in turn causes Kaṭhrat-i-Tamṭh, resulting in Tanqiya Badan (detoxification of body).^[9,17] Blood is normal in quality or quantity but Duf Badan causes Kaṭhrat-i-

Tamth.^[6] Even qualitative or quantitative changes in blood like Riqqat-i-Khun (increased fluidity of blood) due to Kaṭhrat-i-Ruṭubāt Ma'ye or Latafat-i-Khun^[7] causes weakness of uterine vessels leading to Menorrhagia.^[5,6-9,17,19] Narrow path of vessels causes flow of thin and scanty blood and wider path of vessels causes flow of thick and profuse blood.^[6]

VI. Clinical presentation

During menstruation, initially thin & scanty blood flow occur followed by thick & heavy blood flow, if this continues for longer duration again thin and scanty blood flow occur.^[6,17] Associated symptoms are anorexia,^[6,8,17] indigestion, increased thirst, palpitation, generalized body ache, excessive tiredness, giddiness etc. clinical examination findings are pallor, rapid pulse, cold and clammy skin, high coloured urine, generalized edema.^[6,8]

VII. Diagnosis of Menorrhagia

Menorrhagia can be diagnosed with history and clinical examination.^[5,6]

- **Qarḥ al-Raḥim:** Thick and heavy bleeding during menstruation mixed with pus and associated with pain.^[17]
- **Bawasir al-Raḥim:** Scanty and dark coloured bleeding during menstruation or inter menstrual bleeding with pain and heaviness in head, pain in hypochondriac region.^[6]
- **Ḍu'f al-Raḥim:** Fresh and painless bleeding associated with headache, nausea, increased thirst, pallor and rapid pulse.^[6,7,10,17]
- **Imtela or Kaṭhrat-i-Khun:** Evident by signs of congestion like flushing of face, heaviness in the body, painful & continuous bleeding; women feel relief & energetic following the menstruation.^[5-7,10]
- **Ḥiddat-i-Khun (Ḡhalba-i-Ṣafra):** Manifested in

the form of burning sensation in the body, fever, weakness, excessive thirst, bitter taste in mouth, pallor, yellowish red and thin menstrual blood which flows frequently.^[5-7]

- **Riqqat-i-Khun (Ḡhalba-i-Balgham):** Exhibited as thin and pale menstrual blood associated with generalized weakness, palpitation, decreased thirst, increased salivation, puffiness of face, pallor and severe pain.^[5,7,10]
- **Ḍu'f-i-Badan:** Manifested by malaise or fatigue, excessive tiredness and anaemia.

VIII. Differential diagnosis

Menorrhagia is differentiated from Istehāḍa (DUB) in which bleeding is irregular, excessive in amount and for prolonged duration.

A member of your health care team will likely ask about your medical history and menstrual cycles. You may be asked to keep a diary to track days with and without bleeding. Record information such as how heavy your flow was and how many sanitary pads or tampons you needed to control it. After doing a physical exam, your doctor or other member of your care team may recommend certain tests or procedures. They may include:

- **Blood tests.** A sample of your blood may be tested for iron deficiency anemia. The sample also may be tested for other conditions, such as thyroid disorders or blood-clotting problems.
- **Pap test.** In this test, cells from your cervix are collected. They are tested for inflammation or changes that may be precancerous, which means they could lead to cancer. Cells also are tested for human papilloma virus in women ages 25 to 30 and older.

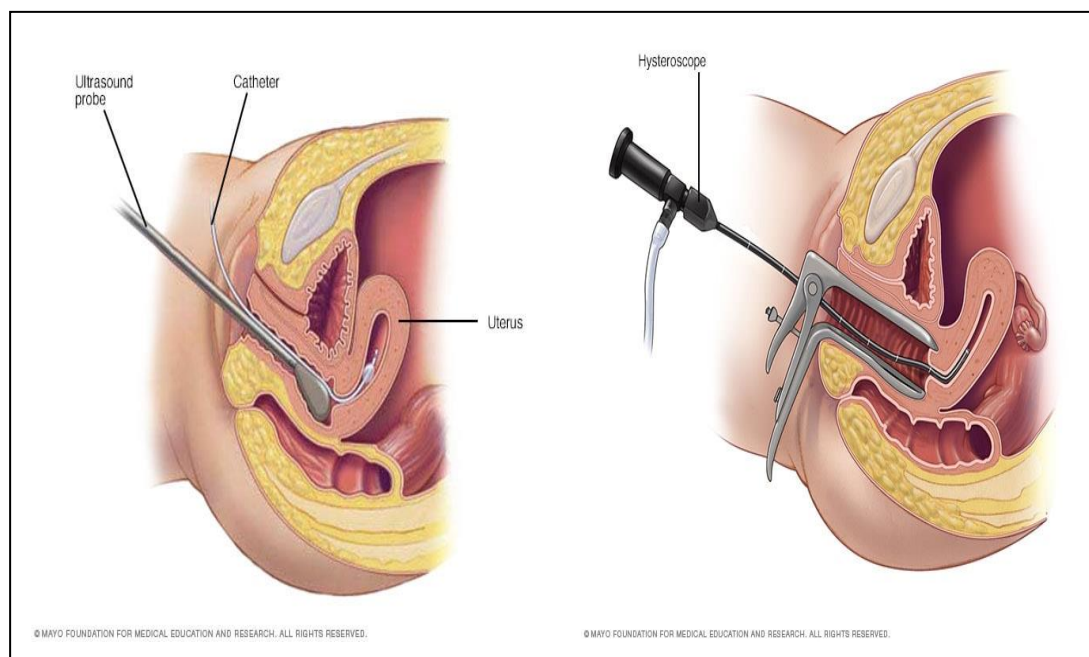


Fig. 5: Differential diagnosis of Menorrhagia.

- **Endometrial biopsy.** Your doctor may take a tissue sample from the inside of your uterus. A pathologist will look for signs of cancer or pre-cancer of the uterus.
- **Ultrasound.** This imaging method uses sound waves to create pictures of your uterus, ovaries and pelvis.

Results of these initial tests may lead to more testing, including

- **Sonohysterography.** During this test, a fluid is injected through a tube into your uterus by way of your vagina and cervix. Your doctor then uses ultrasound to look for problems in the lining of your uterus.
- **Hysteroscopy.** A thin, lighted instrument is inserted through your vagina and cervix into your uterus. This allows your doctor to see the inside of your uterus.

Your doctor can make a diagnosis of heavy menstrual bleeding or abnormal uterine bleeding only after it's known that something else isn't causing your condition. These causes may include menstrual disorders, medical conditions or medicines.

IX. Principles of treatment of Menorrhagia (Usool-e-Ilaj)

The treatment plan of Kaṭhrat-i-Tamṭh, in Unani system of medicine is mainly based on concept that, treat the actual cause of Menorrhagia (Izal'i-Sabab), Tanqiya-i-Badan (detoxification of body) with T'deel Mizaj (change of temperament) in Su'i-Mizaj Sada and Istifragh mada (elimination of morbid matter) in Su'i-Mizaj Maddi, use of Ḥabis (haemostatic) and Qabiḍ (astringent) drugs to control bleeding and finally use of Muqauwwi al-Raḥim Advia (uterotonics) to strengthen the uterus.^[6]

Ilaj bil Dawa

A- Single drugs for oral use

- Gulnar is used by all Unani scholars to arrest Menorrhagia (Jalinoos).
- Matbūkh Faranj-Mushk or Arq Faranj-Mushk.
- Use fine powder of Gandhak Aamlasaar 4 g in empty stomach for 1 week.
- Safūf Pakhan Baid is used to arrest bleeding.^[6]
- Post Naariyal 3.5g is grinded and finely powdered, mixed with Sirka 3.5g and used for 3 days.^[20]
- Aab-i- Barge Bansa.^[7,17]
- Mazu 7 g with curd
- Decoction of Dana Anar (Dioscorides).
- Decoction prepared from Usara Bekh and Chaal Mastagi.
- Tukhm Bartang prevent MBL if used either orally or locally in huqna form (Dioscorides).^[8]

B. Compound formulations for oral use

- **Qurs koharba:** It is very beneficial to arrest excessive MBL (Nuskha: Kishneez Khusk Biryān,

Tukhm Khashkash Siyah, wa Safaid each 60g, Koharba, Busd, Marwareed, Tukhm Khurfa Muqashshar each 50g, Shakh-i-Gozan Sokhta, Post Baid-i-Murgh Sokhta, Kateera, Samagh-i- Arabi each 30g, Banj Bazrul Safaid 20g and make Qurs in Lu'ab Isapgol.^[21,22]

- **Safūf Ḥabis-al-Dam:** Dam-al-Akhwain, Samagh-i-Arabi, Gul-i-Surkh, Sang-i-Jarahat, Sadaf all in equal quantity; finely powdered and used in a dose of 3g twice daily to prevent menstrual bleeding.^[21]
- **Sharbat-i-Anjbar:** Post Beekh-i-Anjbar 35g, Kharnub Shami 25g, Burada Sandal Safaid wa Surkh each 10g, Ḥabbul Aas 10g, Aab Aahan Tab, Qand Safaid 500g and use 25-50 ml to prevent menstrual bleeding.^[22,23]
- **Majun busud:** (Nuskha: Busd, Koharba, Shabb-i-Yamani, Shadanj Maghsul, Dam-al-Akhwain, Gil-i-Armani, Gil-i-Makhtum, Gulnar Farsi all in equal quantity and prepare majun and used 7- 17.5g with Aab Simaaq or Bartang or Khurfa).^[7]
- **Decoction:** Juft Baloot and Tukhm Munaqqa with Sharab Qabiḍ or Kundur or Aaqia with Sirka.^[20]
- **Powder**
 - ✓ Gil-i-Makhtūm, Gil-i-Armani, Shabb-i-Yamani, Dam-al-Akhwain, Kafur, each 7g and used with Sharbat-i-Morid.^[7]
 - ✓ Sang-i-Jarahat, Mazu Sabz, Kath Safaid, Maeen.
 - ✓ Khar Mohra Sokhta, Shakh Gozan Sokhta, Khabsul Ḥadeed each 18g, Gulnar 36g, Kishneez, Zeera each 10.5g, Gile Qabrasi 14 g, Juft Balut, Simaaq, Zarishk, Tukhm Khurfa each 7g finely powdered and used in a dose of 4 ½g with Aab Aahan tab.^[6]
 - ✓ Khabsul Ḥadeed and Fishar-i-Kundur, finely powdered and soak in Sharab Khalis for 3 days and used before and after meals.^[24]
 - ✓ BazrulBanj1-2g with sugar daily for 3 days.
 - ✓ Aaqia, Gulnar, Mazu, Simaaq, Kundur and used in a dose of 1¾g.^[6]
 - ✓ Afyūn, Chhal Kundur, Gil-i-Armani, Koharba, Aaqia and use with Aab Angūr Kham.^[7]
- **Infusion:** Use lu'ab of Gond Babūl, Dhaniya Khushk and Tukhm Alsi after soaking in hot water.^[7]
- **Water:** Aab Berg Khurfa or Aab Bartang with Gulnar and Gil-i-Armani.^[7]



Fig. 6: Preventions of Menorrhagia.

Treatment for heavy menstrual bleeding is based on a number of factors. These include:

- Your overall health and medical history.
- The cause of the condition and how serious it is.
- How well you tolerate certain medicines or procedures.
- The chance that your periods will soon become less heavy.
- Your plans to have children.
- How the condition affects your lifestyle.
- Your opinion or personal choices.

Medicines for heavy menstrual bleeding may include:

- **Nonsteroidal anti-inflammatory drugs, also called NSAIDs.** NSAIDs, such as ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve), help reduce menstrual blood loss. NSAIDs may also make menstrual cramps less painful.
- **Tranexamic acid.** Tranexamic acid helps reduce menstrual blood loss. This medicine only needs to be taken at the time of bleeding.
- **Oral contraceptives.** Aside from birth control, oral contraceptives can help regulate menstrual cycles and ease menstrual bleeding that is heavy or lasts a long time.
- **Oral progesterone.** The natural hormone progesterone can help fix hormone imbalance and reduce heavy menstrual bleeding. The synthetic form of progesterone is called progestin.
- **Hormonal IUD (Mirena, Liletta, others).** This intrauterine device releases a type of progestin called levonorgestrel. It makes the uterine lining thin and reduces menstrual blood flow and cramping.
- **Other medicines.** Gonadotropin releasing hormone agonists and antagonists are also called GnRH medicines. They help control heavy uterine bleeding. Relugolix combined with an estrogen and progestin (Myfembree) may help control bleeding caused by fibroids. Elagolix with an estrogen and progestin is used to treat fibroid related bleeding.

Elagolix alone (Orilissa) may help control bleeding caused by endometriosis.

If you have heavy menstrual bleeding from taking hormone medicine, you may need to stop or change your medicine. If you have anemia due to heavy menstrual bleeding, you may need to take iron supplements. If your iron levels are low but you're not yet anemic, you may be started on iron supplements instead of waiting until you become anemic.

Ilaj bil Tadbeer (Regimenal Therapy)

- Patient is instructed to sleep in supine position with foot end elevation to prevent blood flow towards the uterus and cold fomentation with ice or alum mixed in cold water is recommended over the suprapubic region.^[22]
- If medical treatment fails to control the Menorrhagia, then application of tight bandage below the breast for Imal-i-Madda (diversion of humours) and to prevent blood flow towards the uterus.^[7]
- Apply tight bandage to both hands & legs to prevent the menstrual blood loss, if it fails to control then apply hijama (cupping) to the breast.
- Application of hijamat bila shrut (dry cupping) below the breast to arrest menstrual blood loss; too large size cups are applied on inferior surface of breast as veins from uterus to breast reaches at this level. Moreover, large cups forcefully draw the blood away from the uterus.^[6,8,17]
- Excessive exercise,^[9] application of tight bandage on both the hands as well as on both the breast and dry cupping in between the buttocks to reduce pelvic congestion are recommended if Menorrhagia is due to Imtela-i-Khun.^[6,8,9,17,20]

Ilaj bil yad (Surgical Treatment)

- Venesection of Rag-i-Basaleeq (basilic vein) to divert the menstrual blood flow upwards and to prevent the menstrual bleeding,
- Venesection of Rag-i-Qeefaal (cephalic vein).^[7,11]
- Venesection of Rag-i-Basaleeq (basilic vein) or Rag-i-Akhal (median vein) to reduce pelvic congestion is recommended if Menorrhagia is due to Imtela-i-Khun.^[7,10,11,20]

X. Home Remedies for Menorrhagia

1. Flaxseeds

They have the ability to regulate the menstrual cycle.^[3] You can add grounded flaxseeds to porridge, oats, muesli, cooked vegetables or curd and consume.

2. Soya Protein

It has the ability to regulate the menstrual cycle.^[3] Consume tofu, soya milk, soy nuts, tempeh and sprouts to get soya protein in your diet.

3. Iron

Chronic iron deficiency may lead to prolonged periods. Including foods rich in iron in the daily diet may regulate the menstrual flow, especially in cases where there is heavy blood loss on a monthly basis. Apricot, raisins, eggs, beans, cooked spinach, ground beef and chicken are rich sources of iron. Brewer's yeast and wheat germ are also excellent sources of iron.^[3]

4. Vitamin A

Vitamin A blood level is found to be low in women having prolonged periods as compared to healthy women.³ Consume cheese, eggs, oily fish, milk, yoghurt, fortified low-fat spreads, liver and liver products as these are rich sources of Vitamin A.^[4]

5. Vitamin B Complex

In some cases of prolonged periods, there is an excessive estrogen effect on the endometrium (lining of the uterus). This can be normalised by eating Vitamin B rich foods as Vitamin B helps in estrogen metabolism, which is one of the reasons for prolonged periods.^[3] Include eggs, liver, kidney, meat (such as chicken and red meat), fish (such as tuna, mackerel, and salmon), shellfish (such as oysters and clams), vegetables (such as beets, avocados and potatoes), whole grains and cereals, dark green vegetables (such as spinach and kale), beans (such as kidney beans, black beans and chickpeas), nuts and seeds, fruits (such as citrus, banana, and watermelon) in your diet.

6. Vitamin C and Bioflavonoids

Vitamin C and bioflavonoids help in making the blood capillaries strong and prevent them from becoming fragile. They also help in the absorption of iron in the body, thereby managing anaemia caused by prolonged periods.^[3] Add citrus fruits (such as orange), peppers, strawberries, blackcurrants, broccoli, brussels sprouts and potatoes to your diet as these are the rich sources of vitamin C.^[5]

7. Ginger

Ginger inhibits substances like prostaglandin and leukotriene, which are responsible for causing inflammation, thereby acting as an anti-inflammatory agent. Anti-inflammatory agents are found to be effective in reducing prolonged menstrual flow.^[3]

To prepare ginger tea, boil grated ginger in water for 10 minutes. Now strain it with the help of a mesh strainer and drink. You can consume up to three cups of ginger tea in a day.

8. Asoka

The bark of Asoka is used as an astringent that helps in stopping excessive uterine bleeding during prolonged periods.^[3,7] Boil Asoka bark in water till it is reduced to one-fourth. Now filter it and add a little bit of honey to it. Consume it daily before meals to manage prolonged periods.

XI. Top 10 Yoga Asanas to Manage Menorrhagia

If your period seems to be lasting longer than seven days, you pass large clots, or you routinely start soaking through a maxi pad or a super tampon in an hour, you have menorrhagia, the medical term for heavy menstrual bleeding.

Menorrhagia can develop in any woman of childbearing age. Young adolescent or pre-menopausal women tend to be affected more by menorrhagia. Other factors that may place you at risk of developing menorrhagia includes being overweight, using certain medications such as blood thinners and having a hereditary bleeding disorder. If the degree of bleeding is mild, all that may be sought by the woman is the reassurance that there is no sinister underlying cause. If anemia occurs then iron tablets may be used to help restore normal haemoglobin levels. Treatment may be given for a fixed period of time to replenish the body stores. Alternatively therapy may be continued long-term, in the form of yoga practices, herbal supplement, acupuncture etc.

Uttanasana

- Stand in Tadasana. Separate your legs to a distance of 30cm (1ft). Keep your feet parallel to each other, with the toes pointing forward. Pull up your kneecaps.
- Inhale and raise your arms toward the ceiling, your palms facing forward. Push your spine up.
- Bend from the waist toward the floor. To increase the stretch of your spine, vital for correct practice, press your heels down on the floor.
- Rest the crown of your head on the blocks in front of you, and place your palms on the blocks beside your feet. Pull in your kneecaps. Extend your hamstrings and pull your inner legs upward. Feel one single stretch from the crown of your head to your heels. Hold the pose for 1 minute.

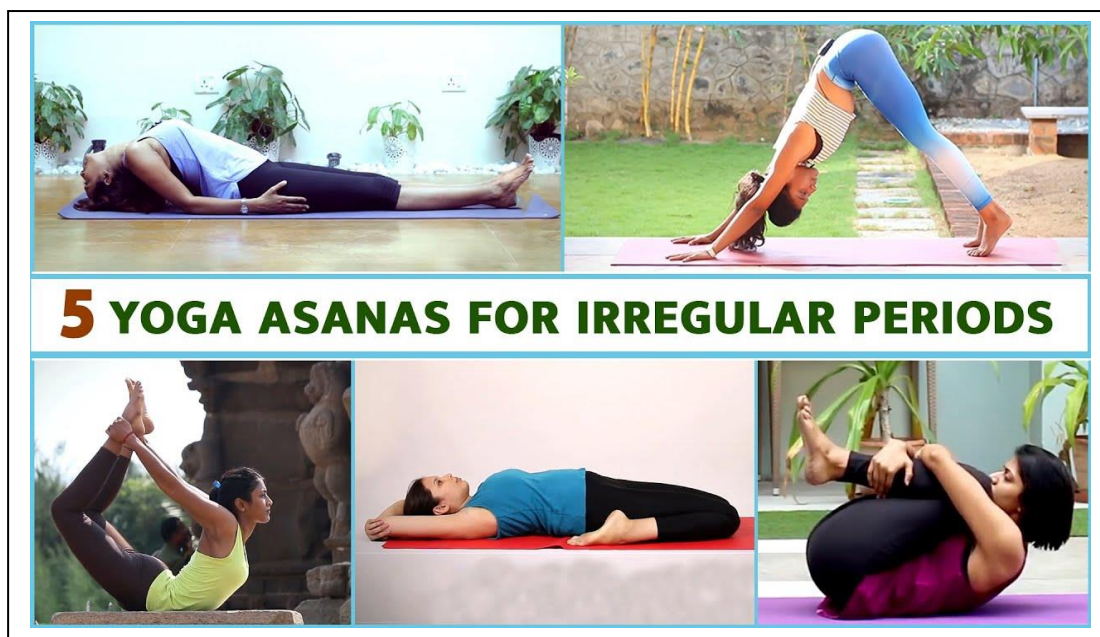


Fig. 7: Exercise for Preventions of Menorrhagia.

Ardha Chandrasana

- Stand in Tadasana. Place a block on its short side against the wall. Inhale, spread your feet 1m (3.5 ft) apart. Raise your arms to shoulder-level.
- Turn your right foot out to the right, parallel to the wall, and turn your left foot in, slightly to the right. Bend your right knee, and place the right palm on the block. Raise your left arm. Straighten your right leg. Raise your left leg, until it is parallel to the floor. Keep your left arm stretched up, in line with the right arm. The back of your left hand should touch the wall. Look up at your left thumb. Keep your weight on the right foot, thigh, and hip, not on your right palm. Hold the pose for 20 seconds. Repeat the pose on the other side.

Adhomukha Svanasana



- Stand in Tadasana facing a wall, about 1m (3.5 ft) away from it. Place 2 of the blocks on their broad sides, shoulder-width apart, against the wall. Place

the third block on its long side, 45cm (18in) away from the wall. Separate your feet to a distance of 45cm(18in). Kneel, and place your palms on the two blocks against the wall.

- Press your palms down on the blocks and walk your feet back, until they are 1.2m (4ft) away from your hands. Make sure that your feet are in line with your hands and the same distance apart. Raise both heels, stretch your legs, then lower your heels to the floor. Stretch your arms fully.
- Consciously stretch each leg from heel to buttock, and from the front of the ankle to the top of the thigh. Raise your buttocks, stretch your chest, and push your sternum toward your hands. Exhale, then rest your head on the third block. Press your hands down on the blocks, extending your arms fully. Stretch your spine and expand your chest. Keep your throat soft and elongated. Relax your eyes and keep your brain passive.

Sirsasana (Headstand)

- Interlace fingers to form a cup with palms. Place forearms and wrists on a folded blanket.
- Place crown of head on floor with slight emphasis of weight towards forehead.
- Walk feet towards head and lift knees gently upward. Straight legs extended.
- Lengthen both sides of ribcage. Navel-point in.
- Tailbone extends towards heels.
- Shoulder blades wide and floating towards kidneys to decompress neck.
- Follow with Shoulder-stand or Child's pose. Always maintain a calm and even breath.

Sarvangasana

- Lie down flat on the floor, on your back, palms by your side facing down.

- Exhale and lift your legs up 30, then 60, then 90 and then around 130 degrees so they are extended behind your head.
- Stay in this position, breathing normally, for a few seconds.
- Now, gradually, exhale again, and straighten your legs up to 90 degrees, lifting your buttocks as well. Support the back of your trunk with your palms, keeping elbows on the floor. Gradually, walk your hands towards your shoulder blades, as you lift your body higher.

Halasana

- Lie down with your back on a Mat.
- Your shoulders should lie on the edge and your head rests on the mat. Your legs are drawn in and still stand on the mat.
- Lift your hips off the floor and bring your legs up, over and beyond your head.
- At this point, lift your back and move your legs further beyond your head.
- Straighten your spine and keep your back straight. Move your hands toward your back.
- Place your arms against your upper back and try to place your hands as near as possible to the shoulder blades. Try to place your elbows at shoulder-width. If you cannot do this, put them at a somewhat wider distance from each other.



Virasana

- Place 2 bolsters parallel to each other on the floor. Kneel on the bolsters, keeping your knees together. Place the rolled blanket on your shins, and the folded blanket under your buttocks. Sit with your back upright.
- Keep your chest stretched out. Imagine you are squeezing your kidneys and drawing them into the

body. Place your palms on your knees. Look straight ahead. Stay in the pose for 30 – 60 seconds.

Baddhakonasana

- Sit on a bolster placed at right angles to your body. Place a side of your hips. Sit in Dandasana. Bend your knees and join both soles together. Pull your heels closer to the bolster. Beginners may find it easier to use a bolster positioned parallel to the hips.
- Push your knees away from each other and lower them gradually onto the blocks. Open out your chest and draw in the abdomen. Initially, hold the pose for 1 minute. Gradually increase the duration of the asana to 5 minutes.

Savasana (Corpse pose)

- Spread the mat on the floor. Place a bolster on the mat, with its long sides parallel to the long sides of the mat. Sit in Dandasana (Staff pose) with the short end of the bolster against your buttocks, and place the folded blanket on the far end. If you have osteoarthritis of the knees or if your legs are feeling tired, place a bolster under your knees.
- Wrap the bandage around your forehead, following the instructions for Ujjayi Pranayama. Now place your elbows and forearms on the mat. Lower your back, vertebra by vertebra, onto the bolster until your head rests comfortably on the folded blanket. Position your buttocks evenly on the centre of the mat. Spread out your arms to the sides, palms facing up, and rest them on the floor.
- Straighten your legs and stretch them evenly away from each other, without disturbing the extension of your waist. Exhale, focusing on your breathing, then lift and stretch your diaphragm, keeping it free of tension. Keep your arms at a comfortable distance from your body. If they are placed too near or too far away, your shoulders will lift off the bolster.
- Stretch your shoulders away from your neck. The centre of your back should be on the centre of the bolster, keep your abdomen soft and relaxed. Expand your chest and relax your throat. Until you feel a soothing sensation in the neck. Ensure that your head does not tilt back. Relax your facial muscles and your jaw. Do not clench your teeth.
- Keep your breathing smooth and free of tension, but do not breathe deeply. Let your eyeballs relax into their sockets, and allow external surroundings to recede. Feel the energy flow from your brain to your body body as the physical, physiological, mental, intellectual, and spiritual lanes come together. Stay in the pose for 5 – 10 minutes.



Ujjayi Pranayam

- Sit comfortably so that your spine is raised along with the chest, floating ribs and navel. The most appropriate postures are Padmasana or Siddhasana. Keeping the spine erect, lower the head to the trunk. Rest the chin in the notch between the collarbones just above the breastbone. This is called Jalandhara Bandha. Stretch the arms out straight and rest the back of the wrists on the knees. Join the tips of the index fingers to the tips of the thumbs, keeping the other fingers extended. (The index finger symbolizes the individual soul and the thumb is the universal soul. The union of the two symbolizes knowledge.) Extend the upper eyelids towards the lower eyelids to close the eyes and look within. Exhale completely.
- Take a slow, deep steady breath through both the nostrils. The passage of the incoming air is felt on the roof of the palate. Fill the lungs up to the brim. Care must be taken to see that the abdomen does not bloat in the process of inhalation. This filling up of the lungs is called puraka. The entire abdominal area from the pubis up to the breastbone should be pulled back towards the spine.
- Hold the breath for a second or two. Exhale slowly until the lungs are completely empty. As you begin to exhale, keep a grip on the abdomen. After two or three seconds of exhalation, relax the diaphragm gradually and slowly. While exhaling the passage of the outgoing air should be felt on the roof of the palate. This exhalation is called rechaka. Wait for a second before drawing a fresh breath. This waiting period is called bahya kumbhaka. The process described above completes one cycle of Ujjayi Pranayama.
- Repeat the cycles for five to 10 minutes keeping the eyes closed. Lie on the floor for Savasana.

DISCUSSION

Menorrhagia is one of the most frequently encountered symptoms in gynecology, which leads to a significant

interference with women's physical, emotional, social and material quality of life, and a considerable economic burden on the healthcare system. Excessive regular blood loss of this magnitude leads to significant adverse impact on woman's iron metabolism causing iron deficiency anaemia. Most of the medicinal herbs contains tannins and are effective to control the bleeding. Tannins have an astringent action and can contract capillary endothelium, thus results in decreased exudation and menstrual blood loss. Several medicinal plants mentioned under the management of Menorrhagia in Unani are rich in tannins, for example, Quince, Acacia, Coriander, Jasmine, Cypress, Dracaena, Millet, Sandal Wood, Rose, Lentil, Cedar, Myrtle, Sumac etc. Hence, these Unani drugs can be used in day to day clinical practice due to their beneficial effects since ancient times as mentioned in the literature. Further, randomized controlled trials on large sample size are recommended to proof the efficacy and safety of these Unani drugs in the management of Menorrhagia.

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