



ORIGINAL RESEARCH PAPER

Unani Medicine

INTEGRATIVE APPROACHES TO MANAGING DYSMENORRHEA: A COMPREHENSIVE REVIEW OF UNANI MEDICINE

KEY WORDS: Dysmenorrhea; Unani Systems of Medicine; Usre Tams; Herbal Drugs

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ABSTRACT Dysmenorrhea, characterized by painful menstruation, is a prevalent gynecologic disorder among female adolescents. It impacts their daily lives significantly, leading to absenteeism from schools and workplaces. Traditional medicinal systems like Unani medicine offer alternative approaches to manage dysmenorrhea effectively, with minimal adverse effects. This paper delves into the Unani perspective on dysmenorrhea, exploring its diagnosis, causes, and management strategies outlined in classical texts. Additionally, it examines herbal remedies and Unani compound formulations commonly used to alleviate dysmenorrhea symptoms.

INTRODUCTION:

Dysmenorrhea stands as a prevalent gynecological issue, particularly affecting women of reproductive age. Originating from the Greek words 'dys' (difficult/painful), 'meno' (month), and 'rrhoea' (flow), dysmenorrhea manifests as painful menstrual flow. It not only causes physical discomfort but also impacts various aspects of a woman's life, including academic and professional endeavors. While conventional medications like NSAIDs and oral contraceptives are commonly prescribed, they often entail adverse effects. Hence, exploring alternative treatments rooted in traditional systems like Unani medicine becomes crucial. Unani physicians have elucidated dysmenorrhea's causes, diagnostic methods, and management strategies, emphasizing the restoration of humoral balance and temperament equilibrium. This paper aims to provide an in-depth understanding of dysmenorrhea within the Unani system, shedding light on herbal remedies and compound formulations utilized in its management [1].

Historical Background:

The term "dysmenorrhea" finds its roots in ancient medical practices, with early references appearing in Egyptian and Greek texts. Hippocrates and Aristotle contributed to early understandings of menstrual disorders, attributing dysmenorrhea to factors like cervical obstruction and uterine disorders. Unani luminaries such as Ibne Sina and Zakarya Razi further elucidated dysmenorrhea's etiology and proposed therapeutic interventions, including herbal remedies and regimens like cupping and massage. Their contributions laid the foundation for the Unani approach to managing dysmenorrhea, emphasizing the restoration of humoral balance and the alleviation of obstructive factors [2-3].

Classification of Usre Tams Dysmenorrhea:

In Unani medicine, dysmenorrhea, termed Usre Tams, is classified into five types based on etiological factors and clinical presentations. These include inflammatory, spasmodic, obstructive, membranous, and ovarian dysmenorrhea. Each subtype entails distinct pathophysiological mechanisms and clinical features, guiding the selection of appropriate treatment modalities. Understanding the classification of dysmenorrhea according to Unani principles is essential for accurate diagnosis and tailored management approaches.

Clinical Features of Usre Tam:

Usre Tam encompasses a spectrum of symptoms, including pelvic pain, backache, gastrointestinal disturbances, and systemic manifestations like fatigue and dizziness. Unani scholars have described these clinical features in detail,

emphasizing their significance in differential diagnosis and treatment planning. By elucidating the clinical presentation of dysmenorrhea, Unani medicine enables clinicians to adopt a holistic approach towards patient care, addressing both physical and psychological aspects of the condition [4, -5].

Diagnosing Usre Tams:

Diagnostic criteria for Usre Tams in Unani medicine involve a comprehensive assessment of symptoms, medical history, and physical examination findings. Unani physicians employ various diagnostic modalities, including pulse examination (Nadi Pariksha), urine analysis (Baraz), and examination of vaginal discharge (Izalat-e-Bawaseer).

Additionally, constitutional assessment based on the patient's temperament (Mizaj) aids in identifying underlying imbalances contributing to dysmenorrhea. Integrating these diagnostic approaches facilitates accurate diagnosis and personalized treatment planning, aligning with the holistic principles of Unani medicine.

Etiology:

Usre Tams is attributed to multifactorial etiologies in Unani medicine, encompassing humoral imbalances, uterine disorders, and lifestyle factors. According to Unani scholars, dysmenorrhea arises from disturbances in temperament (Mizaj), leading to obstruction in menstrual flow. Contributing factors include inflammation, weakness of the uterus, cervical stenosis, and psychological stress. By elucidating the etiological factors underlying dysmenorrhea, Unani medicine offers insights into its pathogenesis and informs therapeutic interventions aimed at restoring humoral equilibrium and rectifying underlying imbalances [6].

Preventive Measures:

Unani medicine advocates preventive measures to mitigate the risk of dysmenorrhea and promote overall well-being. Lifestyle modifications such as regular physical exercise, avoidance of smoking and alcohol consumption, and dietary interventions play a pivotal role in preventing menstrual disorders. By addressing modifiable risk factors, Unani medicine empowers individuals to adopt proactive strategies for menstrual health maintenance, emphasizing the importance of holistic self-care practices.

Non-Medicinal Treatments:

In addition to pharmacotherapy, Unani medicine emphasizes non-medicinal interventions for managing dysmenorrhea. These include heat therapy (Dalk), massage (Malish), and dietary modifications (Ilaaj Bil Ghiza). Heat therapy, in the form of hot water fomentation or application of heated poultices, alleviates pelvic congestion and relieves

Non-Medicinal Treatments

Massage techniques, such as abdominal massage and aromatherapy, promote relaxation and improve blood circulation, thereby reducing pain intensity. Dietary modifications focus on incorporating foods rich in anti-inflammatory and analgesic properties, such as ginger, turmeric, and omega-3 fatty acids. By integrating these non-medicinal treatments into the management plan, Unani medicine offers holistic approaches to alleviate dysmenorrhea symptoms and enhance overall well-being.

Pharmacological Interventions:

Unani pharmacotherapy for dysmenorrhea encompasses a wide array of herbal remedies and compound formulations. Herbal drugs like Qurs Tabasheer, Jawarish Jalinus, and Majun Mughalliz are commonly prescribed to alleviate pelvic pain and regulate menstrual flow. These formulations exert analgesic, anti-inflammatory, and spasmolytic effects, targeting the underlying mechanisms of dysmenorrhea. Moreover, Unani physicians often combine multiple herbs to enhance therapeutic efficacy and minimize adverse effects. By harnessing the therapeutic potential of herbal medicines, Unani pharmacology provides safe and effective alternatives for managing dysmenorrhea, catering to individual patient needs and preferences.

Herbal Remedies:

Herbal remedies play a central role in Unani management of dysmenorrhea, offering natural alternatives to conventional medications. Herbs like Zingiber officinale (Ginger), Curcuma longa (Turmeric), and Vitex agnus-castus (Chaste tree) exhibit potent anti-inflammatory and analgesic properties, alleviating pelvic pain and discomfort. Furthermore, herbal formulations like Majun Sangdan-e-Mushil, Safoof Muhazzil, and Itrifal Ustukhuddus address underlying imbalances in humoral temperament, promoting menstrual regularity and pain relief. Unani herbal preparations are often administered orally or topically, tailored to individual patient needs based on symptom severity and underlying etiology. By harnessing the therapeutic potential of medicinal plants, Unani medicine offers personalized and holistic approaches to managing dysmenorrhea, with minimal adverse effects.

Compound Formulations:

Unani compound formulations, known as Majun, Jawarish, and Sharbat, constitute an integral part of pharmacotherapy for dysmenorrhea. These formulations combine multiple herbal ingredients synergistically, enhancing therapeutic efficacy and addressing multifactorial etiologies underlying dysmenorrhea. Examples include Majun Mughalliz, a compound formulation containing aphrodisiac and uterine tonic herbs like Withania somnifera and Asparagus racemosus, which alleviate pelvic congestion and strengthen uterine musculature. Similarly, Jawarish Jalinus, composed of carminative and digestive herbs, regulates gastrointestinal function and mitigates dysmenorrhea-related symptoms like nausea and bloating. By formulating compounds with diverse pharmacological actions, Unani medicine offers comprehensive treatment modalities for dysmenorrhea, targeting both symptomatic relief and underlying pathophysiological mechanisms.

Clinical Studies and Evidence:

Although limited, clinical studies have explored the efficacy of Unani interventions in managing dysmenorrhea. Research investigating herbal remedies like Zingiber officinale and Curcuma longa has demonstrated promising results in reducing menstrual pain and improving quality of life. Furthermore, clinical trials evaluating Unani compound formulations have reported significant reductions in dysmenorrhea severity and frequency, with minimal adverse effects. While further research is warranted to validate these findings and elucidate underlying mechanisms of action,

existing evidence supports the therapeutic potential of Unani medicine in managing dysmenorrhea effectively [7-9].

Safety and Adverse Effects:

Unani herbal remedies and compound formulations are generally considered safe when administered under the guidance of qualified practitioners. However, like any medicinal intervention, they may entail adverse effects, particularly in cases of inappropriate dosage or individual sensitivity. Common adverse effects associated with Unani medications include gastrointestinal disturbances, allergic reactions, and hormonal imbalances. To mitigate these risks, Unani physicians emphasize personalized treatment plans tailored to individual patient needs and monitor treatment response closely. Additionally, quality control measures ensure the purity and potency of herbal products, minimizing the risk of contamination and adulteration. By prioritizing patient safety and adverse event monitoring, Unani medicine strives to uphold standards of practice and ensure optimal therapeutic outcomes for patients with dysmenorrhea.

Integration with Conventional Medicine:

In recent years, there has been growing interest in integrating Unani medicine with conventional approaches to managing dysmenorrhea [10]. Integrative medicine models recognize the complementary nature of different healing systems and aim to harness synergies for enhanced patient care. By combining Unani interventions with conventional treatments like nonsteroidal anti-inflammatory drugs (NSAIDs) and hormonal therapies, healthcare providers can offer comprehensive management strategies that address both symptomatic relief and underlying pathophysiology. Moreover, integrative approaches leverage the strengths of each system while minimizing potential risks and adverse effects, thereby optimizing therapeutic outcomes and patient satisfaction.

Patient Education and Empowerment:

Central to Unani management of dysmenorrhea is patient education and empowerment, enabling individuals to actively participate in their healthcare journey. Unani physicians educate patients about the etiology and pathophysiology of dysmenorrhea, empowering them to make informed decisions regarding treatment options and lifestyle modifications. Moreover, patient-centered approaches emphasize the importance of self-care practices, such as dietary modifications, stress management techniques, and physical activity, in alleviating dysmenorrhea symptoms and enhancing overall well-being. By fostering a collaborative relationship between healthcare providers and patients, Unani medicine promotes holistic care that addresses the physical, emotional, and psychosocial aspects of dysmenorrhea.

Future Directions and Research:

As interest in traditional and integrative approaches to healthcare continues to grow, there is a need for further research to elucidate the efficacy, safety, and mechanisms of action of Unani interventions for dysmenorrhea. Future clinical studies should employ rigorous methodologies, including randomized controlled trials and systematic reviews, to evaluate the therapeutic potential of Unani herbal remedies and compound formulations systematically. Additionally, translational research investigating the pharmacological properties of Unani herbs and formulations may uncover novel targets for drug development and pave the way for evidence-based practice. Furthermore, comparative effectiveness research comparing Unani interventions with conventional treatments will inform clinical decision-making and guide healthcare policy development. By advancing scientific knowledge and integrating traditional wisdom with modern evidence, Unani medicine can contribute to comprehensive and personalized care for individuals with dysmenorrhea worldwide.

CONCLUSION:

Dysmenorrhea is a common gynecological condition that affects millions of women worldwide, impairing quality of life and productivity. While conventional treatments like NSAIDs and hormonal therapies offer symptomatic relief, they may entail adverse effects and limitations in long-term management. Unani medicine, rooted in holistic principles and humoral theory, provides alternative approaches to managing dysmenorrhea effectively. Through a combination of lifestyle modifications, non-medicinal treatments, herbal remedies, and compound formulations, Unani physicians address underlying imbalances in humoral temperament and promote menstrual regularity and pain relief. Moreover, patient education and empowerment foster a collaborative relationship between healthcare providers and patients, enhancing treatment adherence and self-care practices. As interest in traditional and integrative approaches to healthcare grows, there is a need for further research to elucidate the efficacy, safety, and mechanisms of action of Unani interventions for dysmenorrhea. By advancing scientific knowledge and integrating traditional wisdom with modern evidence, Unani medicine can contribute to comprehensive and personalized care for individuals with dysmenorrhea worldwide.

REFERENCES:

1. Mahbubul H, Masum A, Ahmed M, Sarker M. A Review on Dysmenorrhea. *J Drug Deliv Ther.* 2019;9(3-s):755-759. doi:10.22270/jddt.v9i3-s.3209
2. Proctor ML, Smith CA, Farquhar CM, Stones RW. Transcutaneous electrical nerve stimulation and acupuncture for primary dysmenorrhoea. *Cochrane Database Syst Rev.* 2002;(1):CD002123. doi:10.1002/14651858.CD002123
3. Jenabi E. The effect of calcium supplementation on premenstrual syndrome: A systematic review and meta-analysis. *Obstet Gynecol Sci.* 2019;62(2):73-86. doi:10.5468/ogs.2019.62.2.73
4. Armour M, Smith CA, Steel KA, Macmillan F. The effectiveness of self-care and lifestyle interventions in primary dysmenorrhea: a systematic review and meta-analysis. *BMC Complement Altern Med.* 2019;19(1):22. doi:10.1186/s12906-018-2418-3
5. Burnett MA, Antao V, Black A, et al. Prevalence of primary dysmenorrhea in Canada. *J Obstet Gynaecol Can.* 2005;27(8):765-770. doi:10.1016/s1701-2163(16)30359-2
6. Proctor ML, Farquhar CM, Stones RW. Transcutaneous electrical nerve stimulation for primary dysmenorrhoea. *Cochrane Database Syst Rev.* 2002;(1):CD002123. doi:10.1002/14651858.CD002123
7. Helms JM. Acupuncture for the management of primary dysmenorrhea. *Obstet Gynecol.* 1987;69(1):51-56. PMID:3792419.
8. Arentz S, Smith CA, Abbott J, Fahey P, Cheema BS, Bensoussan A. Combined lifestyle and herbal medicine in overweight women with polycystic ovary syndrome (PCOS): a randomized controlled trial. *Phytother Res.* 2017;31(9):1330-1340. doi:10.1002/ptr.5878
9. Mirabi P, Dolatian M, Mojab F, et al. Effects of valerian on the severity and systemic manifestations of dysmenorrhea. *Int J Gynaecol Obstet.* 2011;115(3):285-288. doi:10.1016/j.ijgo.2011.08.013
10. Zarei S, Bigdeli S, Asadi-Samani M. An evidence-based review of medicinal herbs for the treatment of primary dysmenorrhea. *Clin Exp Reprod Med.* 2020;47(1):1-9. doi:10.5653/cepm.2019.03258