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Treatment of menorrhagia with Unani formulation *Qurs-e-Habis*: A case report

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Abstract

Menorrhagia is an excessive or prolonged bleeding at regular intervals during menstruation. It is essentially a symptoms and not in itself a disease. It affects 20-30% of women at some time or other with the significant adverse effects on the quality of life in terms of anaemia, costly sanitary pads and interference with day-to-day activities. In this report we have discussed a case of idiopathic menorrhagia (no organic pathology) which was treated by *Qurs-e-Habis* for a period of 3 consecutive cycles (during period). The patient had a follow up 1 month for recurrence of symptoms. Her pallor was positive and USG findings were normal, and there was noticeable improvement in her condition. *Qurs-e-Habis* may have a role in curing menorrhagia. Further case series is recommended.

Keywords: Idiopathic, menorrhagia, *Kasrat-e-Tams*, Unani

Introduction

Menorrhagia is derived from Greek word, “men” means menses and “-rrhagia” means burst forth [2, 3]. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration [3]. It is generally caused by conditions affecting the uterus or its vascularity, rather than any disturbance of function of Hypothalamic – Pituitary – Ovarian axis [3]. It affect 20-30% of reproductive age group women and upto 50% of perimenopausal women [1]. In *Unani* literature it is also termed as *Kasrat-e-tams*, *Haiz ki kasrat* [16].

Various *Unani* scholars also described Menorrhagia in their literature

Hakeem Hafiz Ajmal Khan

- *Bayaz-e-Ajmal* “In this disease, regular menstruation occurs along with the excessive amount of blood loss [10].
- *Haziq* “Excessive and regular loss of blood during menstruation” [11].

Hakeem Akbar Arzani -in his text book *Tibb-e-Akbar* he defined menorrhagia as “Excessive loss of menstrual blood [13].”

Hakeem Hadi Hasan Khan: *Zakheera-e-khwarzam-Shahi* “The duration of menstrual cycle exceeds more than the normal, and the color of blood is also brighter or darker than the normal [12].”

According to the classical *Unani* literature Heavy menstrual bleeding occurs due to Dystemperament (*Sui Mizaj Rehm Sada*, Or *Maddi*), weakness in *Quwwat-e-masika* or increase in *Quwwat-e-dafia*, Imbalance in *Akhlat-e-salasa*, uterine polyps (*Bawaseer-e-rehm*), uterine ulcer (*qurooh-e-rehm*), fissure (*Nawaseer*) and carcinoma of cervix and uterus (*Sartan-e-unq-ur-rehm wa rehm*), etc. which leads to weakening of uterine vessels and causes vasodilation. Seldom the cause of excessive bleeding is the decreased viscosity of blood [10-13]. The excessive blood loss can cause anaemia, tiredness, indigestion, decreased appetite, edema and pica. *Qurs-e-Habis* is a Polyherbal *Unani* formulation for the patients of Menorrhagia, Metrorrhagia, Epistaxis, Dysentary and Bleeding piles [4, 5]. *Habis* is an Arabic word which means “to stop”. Hence the name *habis's* is used due to its action or properties [16].

Mechanism of action

- Close the vessels or capillaries by its astringent property.
- Because of its mucilaginous properties it forms a coating over the mouth of capillaries and

vessels, hence prevent bleeding.

- Because of its cold temperament it exerts vasoconstrictive effects, and also alters the viscosity of blood. Hence, prevents the blood loss.
- Some drugs due to their narcotic property slow the flow of blood and stop the blood loss [14].
- Some drugs divert the blood flow in the blood vessels [14].

Case Report

A married patient aged 32 years came to gynaecology O.P.D of AKTCH, AMU Aligarh On 3/01/2018. She complained of heavy menstrual bleeding since 3 months associated with fatigue, vertigo and generalized weakness. Her menstrual cycle was regular, cycle length was 28-30 days with a duration of flow 10-12 days that was heavy flow and there was a history of passing blood clots. The bleeding was assessed by PBAC Score. Obstetrical history was 3 parity and Abortion 0 and 3 live birth. There was no past history of medical or surgical illness. There was no history of ovarian, endometrial or breast cancer in her family. The history of OCPs and

copper T was negative. On physical examination, pallor was positive. On pelvic examination, there was no visible polyp or growth seen, uterus was anteverted, mobile, firm and fornices were non tender. Laboratory findings showed Hb% – 8%, Blood sugar fasting 90mg% and PP 120 mg%, and trans abdominal Scan was normal (uterus size – 77X48mm, endometrial thickness 7.0mm and B/L ovaries are normal in size, shape and echotexture. No mass is seen). In order to exclude the Hypo and hyperthyroidism, an advised to the patient to look for the presence and absence of disease. Since the patient was from a very humble background she urged on the therapy and didn't comply with the investigations any further. Hence, the patient was subjected to *Qurs-e-Habis*.

Main Therapy

As per references available in the classical *Unani* literature, *Qurs-e-Habis* was prescribed for a period of 3 consecutive cycles in a dose of 250mg (2 qurs) twice a day for 7 days during periods. Thereafter, another Hb% and PBAC Scoring was advised to see the result of the treatment.

Table 1: Composition of *Qurs-e-Habis*

S. No	Name	Scientific Name	Family	Dose
1.	Samagh-e-arvi	<i>Acacia arabica</i>	Mimosaceae	5 masha
2.	Geru	<i>Oxide of iron</i>	-	5-7 masha
3.	Sang-e-Jarahat	<i>Silicate of magnesia</i>	-	3 masha
4.	Gil-e-armani	<i>Silicate of alumina</i>	-	5-7 masha
5.	Shibb-e-yamani	<i>Sulphate of alumina</i>	-	5-10 ratti
6.	Kawalgatta	<i>Nelumbo nucifera</i>	Nymphaeaceae	6gram
7.	Tabasheer	<i>Bambusa arundinace</i>	Graminae	3-7 masha
8.	Bartang	<i>Plantago major</i>	Plantaginaceae	10 masha
9.	Tukhm-e-khurfa	<i>Portulaca oleracea</i>	Portulacaceae	5-7 masha

Preparation of the drug

All ingredients (samagh-e-arvi, geru, sang-e-jarahat, gil-e-armani, shibb-e-yamani, kawalgatta, tabasheer, bartang and tukhm-e-khurfa) were grinded and sieved through 80 sized mesh. Mucilage of *Acacia arabica* is gradually added in the Safoof to form a dough. Finally the *Qurs* was prepared by the machine (250 mg each qurse), which was finally dried and stored in a dry sterile plastic bottle [5].

Dose and Administration

2 qurs, twice a day orally for 7 days during menses for 3 consecutive cycles [5].

Probable Mode of Action of the drug

The temperament of *Qurs-e-Habis* as calculated is Cold 2nd degree and Dry 2nd degree. Hence, the clinical dose is preferred as 500mg in humans (adult). The probable mode of action of *qurs-e-habis* is hemostatic, anti-inflammatory and anti-septic. *Unani* medicines which possess such properties tend to act as anti-fibrinolytics.

Result of the Intervention

During 2 months of the treatment, patient was assessed for reduction in PBAC Scoring, and constant or improvement in Hb %. A repeat Hb% was done to see the effect of blood loss. The patient was kept on follow up for 2 months after the treatment for recurrence of symptoms. There was no adverse effect noted in the patient.

Table 2: Observation

Observation	Before treatment	After treatment
Cycle	28-30 days	30days
Duration of flow	10-12days	6-7days
Flow of menses	heavy	Moderate
No. of pads per day	8 pads/day	3-4 pads/day
PBAC Score	160	80
Hb%	8gm%	9gm%

Discussion

A study carried out by Arshia sultana *et al.* on *safoof-e-habis* in menorrhagia show significant reduction in menstrual blood loss and p value was reported as <0.001^[7]. Another study by Tabassum Kotagati. The astringent and potent styptic activity of single *Unani* drug *Geru* in controlling heavy menstrual blood flow and also in reducing its duration. It may be prescribed as first line therapy for this purpose and patient can be saved from unnecessary exposure to conventional hormonal therapy [15].

Conclusion

Menorrhagia is a common complaint present in the women world-wide. As we see, Patient with heavy uterine bleeding along with complications which should be managed instantly to stop the further complication. *Unani* System of medicine has number of single as well as compound formulation, useful to manage this bleeding disorder, in this study *Qurs-e-Habis* was selected to treat the menorrhagia because of its

hemostatic, anti-inflammatory and anti-septic properties due to presence of ingredient which have astringent and haemostyptic and possess dry and cold temperament. Unani medicines which possess such properties tends to act as antifibrinolytics and stop the bleeding.

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