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EFFECT OF UNANI FORMULATIONS IN MENORRHAGIA : A CASE STUDY

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Menorrhagia or *Kasrat-e-Tams* is excessive or prolonged menstrual bleeding at regular intervals. It is a symptom and not in itself a disease, which significantly impacts women's quality of life. While multiple treatments exist, some cases remain unresponsive, necessitating alternative approaches. This case study evaluates the clinical effect of specific Unani formulations in managing chronic menorrhagia unresponsive to previous treatments. A 29-year-old nulliparous woman residing in Australia had experienced heavy menstrual bleeding for five years. She underwent both Ayurveda and allopathic treatments for nine months but no relief was obtained. Upon returning to Sri Lanka, she sought care at the National Ayurveda Teaching Hospital, Borella, where she was admitted from April 6 to April 28, 2025, for Unani treatment. Clinical examination revealed pallor; ultrasonography indicated an increased endometrial thickness of 20–21 mm without other pelvic pathologies. The patient received oral Unani formulations: *Qurs-e-Kehruba* one tablet morning and evening, *Qurse kustae faulad* two tablets morning and evening, *Safoof-e-Habis-ud-Dam* 5gm morning and evening, powder of *Haleela, baleela* and *Amla* 5gm morning and evening and *Majoon-e- Dabeed-ul-Ward* 5gm morning and evening. Additionally, daily sitz baths with *Post-e-Anar, Roasted Alum* and *Mazu Sabz* decoctions and powder of *Imly* paste on lower abdomen for one month were administered. After continued one-month treatment, pallor resolved, and the patient reported normal menstrual flow. This case highlights the potential of Unani formulations in managing chronic menorrhagia resistant to other treatments. As this is a single case report, findings cannot be generalized; further controlled studies are justified.

Keywords: menorrhagia, Unani medicine, *Qurs-e-Kehruba, Safoof-e-Habis-ud-Dam, Majoon-e-Dabeed-ul-Ward*

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INTRODUCTION

In Unani medicine, Menorrhagia can be correlated with *kasrat-e-tams*, characterised as irregularly heavy or prolonged menstrual flow. When menstrual blood loss is above 80 millilitres every cycle or lasts longer than seven days, it is clinically diagnosed as menorrhagia. (Ambar Siddiqui *et al,* 2024) Infertility and iron-deficiency anaemia are two consequences of menorrhagia, a frequent gynaecological condition that can seriously lower a woman's quality of life. Globally, menorrhagia affects 10% to 30% of women in their reproductive years worldwide, with rates as high as 48.6% recorded in low- and middle-income countries. **(**WHO, 2018). According to an extensive review, around 37% of teenage females between the ages of 10 and 19 experience significant menstrual bleeding. (NICE, 2018). Menorrhagia may be caused by coagulopathies, thyroid dysfunction, endometrial hyperplasia, uterine fibroids, adenomyosis, hormonal imbalances, or iatrogenic causes such as intrauterine devices. The symptoms include heavy monthly bleeding, large clot formation, prolonged menstruation, fatigue, and, in severe cases, anaemia. Possible effects include psychological discomfort, anaemia, reproductive issues, and chronic fatigue. Conventional treatments include hormonal therapy (e.g., oral contraceptives, levonorgestrel, Intrauterine contraceptive devices (IUCDs), Nonsteroidal anti-inflammatory drugs NSAIDs, tranexamic acid, and surgical approaches such as endometrial ablation or hysterectomy. However, these therapies are often associated with side effects or long-term reproductive consequences, such as gastrointestinal distress, hormone abnormalities, or, in the case of surgery, infertility, prompting interest in alternative medicine options (Ambar Siddiqui *et al* 2024). According to the Unani medical system, menorrhagia is termed *kasrat-e-tams* or *kathrat-i-hayz*, and is attributed to derangements in uterine temperament (*sū'i-mizaj al-raḥim*), predominantly due to excess heat and moistness (*haar ratb*) or an overaccumulation of blood (*imtila-e-dam*) (Shameem *et al,* 2020). Classical Unani scholars also link the condition to weakness in the uterine retentive power (*du'f quwwat-i-māsika*) or overactivity of expulsion forces (*qawi quwwat-i-dāfi'a*) (Ambar Siddiqui *et al*, 2024). Imbalance in uterine polyps (*Bawaseer-e-rehm*), uterine ulcer (q*urooh-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. Reduced blood viscosity is rarely the reason for severe bleeding**.** (Fozia Mukhtar, 2019). Unani management focuses on correcting the causative factors (*izala-i-sabab*), detoxifying the body (*tanqiyah-i-badan*), and restoring temperament (*ta'dīl mizaj*). The use of blood-coagulant and uterine- tonic herbs (*habis*, *qabid*, and *muqawwī al-raḥim*) forms the foundation of therapy. Formulations internally, such as *qurs-e-*

keharuba, *safoof-e-habis-ud-dam*, *majoon dabeed-ul-ward*, and *qurs-e kustae folad* and externally, *post e anar, mazu sabz, and* roasted *alum have* shown hemostatic, astringent, anti- inflammatory, and tonic properties, validated in recent clinical trials (Shameem *et al,* 2020; Fozia Mukhtar *et al*, 2019; Ambar Siddiqui *et al*, 2024). The research aims to evaluate the clinical effectiveness of an Unani formulation in case of chronic menorrhagia and analyse the Unani conceptual framework for managing it. The research problems are challenges in scientifically validating its therapeutic claims and understanding its mechanisms of action.

METHODOLOGY

Case Presentation: A 29-year-old nulliparous woman, residing in Australia, presented to the Gynaecology Unit of the National Ayurveda Teaching Hospital, Borella, in April 2025, with complaints of heavy menstrual bleeding for the past 5 years. Her symptoms were associated with fatigue and mild pallor. The menstrual flow was 10-15 days in length, regular, and the duration of flow was 10–20 days with heavy bleeding and with the passage of big clots. The patient had previously undergone both Ayurvedic and allopathic treatments at private clinics in Australia over a period of nine months without relief. She reported no significant past medical or surgical history. There was no indication of uterine fibroids, adenomyosis, or other pelvic pathology during the ultrasound examination, which revealed an increase in endometrial thickness of 20–21 mm. The patient and her family had no history of cancer, coagulopathies, or endocrine diseases. There was no history of OCPs.

On physical examination, pallor was positive. On pelvic examination, there was no visible polyp or growth seen, the uterus was anteverted, mobile, firm, and the fornices were non-tender. Laboratory findings showed Hb -8g/dl, then the patient was admitted to the Inpatient Department from 6th to 28th April 2025 for additional assessment and treatment in accordance with Unani medicine standards.

Intervention: Unani formulation comprises *Qurse kehruba* one tablet morning and evening, *Qurse kustae faulad* two tablets morning and evening, *Majoone dabeedul ward* 5gm morning and evening and *Safoofe habis ud dam* 5gm morning and evening, which were prescribed for one month. And a decoction made for sitz bath in daily by *Poste anar* 100gm (*Punica granatum*)*, Mazu sabz* 100gm (*Quercus infectoria*)*,* Roasted *alum* 10gm with 500ml lukewarm water for 15-20 minutes per day. The patient was advised to maintain the bleeding chart every two hours.

Follow up and Result

The patient took Unani medicine for 23 days. After receiving Unani medicine on the third day of bleeding, her heavy menstrual bleeding started to gradually reduce, and after fifteen days of treatment, her heavy bleeding completely stopped, and she returned to Australia on 1st May 2025. Still, she is on follow-up via online and has regular periods with normal flow.

RESULTS AND DISCUSSION

Table 1: Ingredients of *Qurse kehruba* (Ambar siddiqui *et al* 2024) and (*Alqarabadeen)*

Drug	Ingredients	Botanical name	Quantity
Qurse kehruba	*Kehruba*	*Pinus succinifera*	125.68mg
	Samaghi arabi	*Acacia arabica* (gum)	125.68mg
	Nishastha	*Triticum aestivum L*	125.68mg
	kateera	*Cochlospermum religiosum*	125.68mg
	Maghz e Thukm e Khiyar	*Cucumis sativus L*. (kernel)	125.68mg
	Gulnar farsi	*Punica granatum L*	83.77mg
	Aqaqia	*Acacia nilotica* (Pods)	62.83mg

After receiving Unani treatment based on *Qurs-e-kehruba* in the current study, the patient demonstrated a notable improvement. Menstrual flow returned to normal after the treatment, and eventually, this indicated that uterine health and reproductive function had been restored. Unani theory states that heat and moisture in the uterus, or a weakness in its ability to retain, is the cause of menorrhagia (*kasrat-e-tams*). Correction of these humoral imbalances is supported by the pharmacological characteristics of the constituents in *Qurs-e-kehruba* such as *Kehruba,* and *Samaghe arabi* possess *Habis* (haemostatic) and *Qabiz* (astringent) properties, which work to constrict the blood vessels. Additionally, *Katira, Kehruba* and *Samag arabi* exhibit *Mujaffif* (desiccant), *Mubarid* (refrigerant) properties, promoting the absorption of bodily fluids and thereby reducing the blood flow. (Hakeem, 2002). These substances include anti-inflammatory and antioxidant qualities that help to lower menstrual blood flow. Additionally, the components' cooling and dryness properties (*baridat wa yabusat*) improve the uterus's retentive power (*quwat māsika)*, and the (*qabiz)* astringent property reinforces this effect by reducing uterine spasms, which aids in vasoconstriction. Therefore, the therapeutic response induced by the test substance can be responsible for the decrease in the amount and duration of flow seen in the study.

Table 2: Ingredients of *Qurse kustae faulad* (NFUM Part V)

Drug	Ingredients	Botanical name	Quantity
Qurse kustae faulad	Iron calx (*kusta faulad*)	Iron oxide Fe_{2O3} or Fe_{2O4}	30 mg
	Starch (ararot)	*Maranta arundinacea l. (arrowroot)*	q. s

By enhancing haemoglobin production and iron storage, *Qurse kusta faulad* helps combat the weakness and exhaustion brought on by menorrhagia. Menstrual control

depends on overall systemic health, which is supported by its tonic influence on the liver and blood production organs.
By encouraging blood coagulation and uterine strengthening, the formulation's hemostatic and astringent qualities, common in Unani medications used to treat menorrhagia, help lessen excessive bleeding. (Zubair, 2020)

Table 3: Ingredients of *Safoof e habis ud dam* (Unani Pharmacopoeia Part – II, Vol-II and NFUM Part I

Drug	Ingredients	Botanical name	Quantity
Safoof e habis ud dam	*Sang Jarāḥat*	Soap stone	20g
	Ṣamagh-i-Palās	*Butea monosperma* Kuntz(gum)	30g
	Dammul Akhwain	*Dracaena cinnabari*(resin)	10g
	Maeen kalan	*Tamarix dioica* Roxb.(Galls)	10g
	Sadaf sadiq	*Pearl shells*(shell)	10g
	Gil e armani	*Armenian Bole*(clay)	10g
	Qand sufaid	Sugar	90g

The components' tannins and other phytochemicals decrease blood flow and encourage clotting.
By contracting uterine blood vessels and lowering capillary permeability, the formulation's strong astringent and styptic components help control bleeding. By decreasing blood loss and enhancing general uterine health, it also aids in the improvement of anaemia**.** (Sultana, A., *et a*l 2019).

Table 4: Ingredients of *Majoone dabeedul ward* (Unani Pharmacopoeia Part – I, Vol-I and NFUM Part I and V

Drug	Ingredients	Botanical name	Quantity
Majoone dabeedul ward	*Izkhar makki*	*Cymbopogon jwarancusa*	33.24mg
	Gul Surkh (Rose)	*Rosa damascena* Mill	498.6mg
	Darchini	*Cinnamomum zeylanicum*	33.24mg
	Gul Ghafis	*Gentiana dahurica*	33.24mg
	Lac Maghsool	*Lacifer lacca* (purified)	33.24mg
	Mastagi	*Pistacia lentiscus* (resin)	33.24mg
	Ood Gharqi/Agar Hindi	*Aquilaria agallocha* Roxb(gum)	33.24mg
	Majieeth	*Rubia cordifolia Linn*	33.24mg
	Qust Sheereen	*Saussuria hypoleuca Sprang*	33.24mg
	Sumbul-ut-teeb/ Balchhar	*Nardostachys jatamansi*	33.24mg

	Tabasheer/ Banslochan	*Bambusa arundinacea*	33.24mg
	Tukhme Karafs	*Apium graveolens Linn*	33.24mg
	Tukhme Kasni	*Cichorium intybus Linn*	33.24mg
	Tukhme Kasoos	*Cuscuta reflexa Roxb.*	33.24mg
	Zafran	*Crocus sativus*	4.82mg
	Zaravand madharaj	*Aristolochia rotunda*	33.24mg
	Taj Qalmi	*Cinnamomum cassia*	33.24mg
	Arq Gawzaban	*Borago officinalis*	0.05ml
	Qiwam shakar	*Succcharum officinarum*	3.989g
	Ghee	Clarified butter	8.31mg

Tonic and Astringent Effects by *Gul ghafis* and *Gule surkh* are two ingredients that have astringent qualities that help lessen excessive uterine bleeding. Hepatoprotective and Digestive assist: The hepatoprotective properties of substances like *Qust Sheereen* and *Sumbuluttib* assist systemic equilibrium because liver disease can lead to irregular menstruation. Anti-inflammatory and antioxidant: Several ingredients have anti-inflammatory and antioxidant properties. This formula improves general health and vitality. (Arvind Kumar Shakya 1, 2022)

Table 5: Ingredients of Decoction for *Abzan* (sitz bath) externally (Khan, 2011)

Ingredients	Botanical name	Quantity
Poste anar	*Punica granatum linn.)*	100g
Mazu sabz	*Quercus infectoria olivier*	100g
Roasted *alum*	Potassium Aluminum Sulfate, $KAl(SO_4)_2 \cdot 12H_2O$.	10g
Warm water	H_2O	500ml

Mazu Sabz is used to stop excessive bleeding by contracting the uterine muscles and capillaries. Its high tannin content helps in blood coagulation and reduces menstrual blood loss. Roasted alum is applied or administered internally in controlled doses to reduce uterine bleeding by causing contraction of blood vessels and promoting clotting. (Lalkot, 2025). *Post-anar* has a strong astringent action that helps contract blood vessels and minimise blood loss. It has long been utilized in Unani medicine to

treat excessive uterine bleeding. It also has a tonic impact on the uterus and lowers bleeding, which helps to enhance haemoglobin levels**.**

CONCLUSIONS

An alternate treatment for menorrhagia is the Unani medical system. Compared to the allopathic medical system, it has also been helpful in reducing the various symptoms related to the illness. To treat bleeding diseases, the Unani method uses a variety of single and compound formulations. The study's composition is helpful for menstruation, less bleeding flow, and a decrease in related symptoms. While this case demonstrates encouraging results, it represents an individual experience and should not be considered generalizable. Additional clinical trials and observational studies are required to establish the efficacy and safety of Unani formulations in managing menorrhagia.

REFERENCES

Ahmed, S. S., & Zubair, K. N. (2020). To evaluate the efficacy of *Qurs Kushta Faulad* and *Sharbat-e-Anar Shirin* in the management of iron deficiency anemia (*Soo-ul-Qiniya*). *International Journal of Unani and Integrative Medicine, 4*(2), 15–19.

Central Council for Research in Unani Medicine (CCRUM). (2013). *Hippocratic Journal of Unani Medicine, 8*(3), 1–200. Ministry of Health & Family Welfare, Department of AYUSH, Government of India.

Fathima, H., Irshad, S., Ayub, S., & Khan, A. A. (2024). *Menorrhagia: An Unani prospective.* [Manuscript in preparation or unpublished paper if applicable—please specify].

Fatima, A., & Sultana, A. (2012). Clinical efficacy of *Safoof Habis* in menorrhagia: A randomized control trial. *European Journal of Integrative Medicine, 4*, 315–322.

Hakim, M. A. (2002). *Bustanul Mufredat* (pp. 251–252). New Delhi: Idara Kitabus Shifa.

Imdad, S., Fatima, K., & Begum, W. (2017). Effect of *Qurse Gulnar* in heavy menstrual bleeding – A randomized single-blind standard control study. *IOSR Journal of Dental and Medical Sciences, 16*(8), 25–31.

(Note: "International Journal of Applied Research" reference seems misplaced; please clarify if it's part of another paper.)

Kabeeruddin, M. (n.d.). *Maghzinul Murakkabat* (pp. 47–48). New Delhi: Ejaz Publishing House.

Khan, A. (2011). *Al Akseer* (Kabeeruddin, Trans.; 1st ed., pp. 801–805). New Delhi: Idarae Kitabul Shifa.

Mukhtar, F., Mukhtar, H., Naaz, S. A., & Mustafa, S. (2019). Treatment of menorrhagia with Unani formulation *Qurs-E-Habis*: A case report. *The Pharma Innovation Journal, 8*(3), 19–21.

Naaz, V., Ayub, S., & Irshad, S. (2024). Role of Unani composition in "Menorrhagia affects the quality of life" – A case report. *International Journal of Research Publication and Reviews, 5*(6), 5961–5963.

National Institute for Health and Care Excellence (NICE). (2018). *[Title of guideline or publication, if available]*. https://www.nice.org.uk/

Nazamuddin, A., Jahan, N., Alam, T. M., Iqbal, N. M., & Khan, A. M. (2013). *Gulnar* (Flower of *Punica granatum* Linn): Precious medicinal herb of Unani medicine—An overview. *International Journal of Current Research and Review, 5*(20), 21–25.

Shakya, A. K., Sharma, N., Bhadauria, M., Nirala, S. K., Shrivastava, S., & Shukla, S. (2022). Ameliorative impact of herbal formulation *Majoon-Dabeed-ul-Ward* and *Sharbat-e-Deenar* against CCl_4-induced liver toxicity via regulation of antioxidant enzymes and oxidative stress. *Toxicology Research, 11*(5), 819–830.

Siddiqui, A. T. K., Sultana, A., Begum, A., & Shariq, M. (2024). Efficacy of *Qurṣ Kahruba* in *Kathrat-i-Ḥayḍ* (heavy menstrual bleeding): A single-arm self-control study. *CELLMED, 14*(6), 1–5.

Zeba, L. (2025). Impact of defective nutrition on menstrual health: Focus on menorrhagia – A holistic approach. *International Journal of Unani and Integrative Medicine, 9*(1), 113–117