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Management of Dysmenorrhoea with Unani Treatment along with Exercise: A Case Study

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ABSTRACT:

Menstrual disorders are among the most common gynecological conditions affecting adolescent girls and young women, with significant consequences on physical health, psychological well-being, academic performance, and quality of life. This case report describes a 16-year-old female who presented with irregular menstruation for four months, characterized by scanty menstrual flow, intermittent spotting, dysmenorrhea and occasional amenorrhea. She was also having complaints of weight gain, lethargy, low backache, irritability and decrease sleep. She got her menarche at the age of 13 years, and since then she was having regular periods without any related problem. At present her routine hematological investigations and ultrasonography revealed no significant abnormalities, and the patient was diagnosed with functional menstrual disorder with related lifestyle disturbance. Despite receiving conventional treatment from multiple physicians, her symptoms persisted with minimal improvement. She subsequently underwent Unani management which comprises of *Habbe Hilteet* 2 BD, *Jawarish Zanjbeel* 1tsf BD, *Majoon Muqawwi* Rahim 1tsf BD, *Arq e Badyan* 10ml BD with dietary and lifestyle modifications, and regular therapeutic exercises for three months. Following treatment, the patient experienced restoration of regular menstrual cycles with improved menstrual flow, marked reduction in dysmenorrhea and associated symptoms, weight reduction, improved mood, better sleep quality, and enhanced overall well-being. This case suggests that Unani medicine, when combined with lifestyle modification and therapeutic exercise, may serve as an effective complementary approach for the management of functional menstrual disorders in adolescents. Further well-designed clinical studies are warranted to establish its efficacy and safety.

KEYWORDS: Amenorrhea, Dysmenorrhea, Exercise, Menstrual Disorder, Unani Medicine.

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INTRODUCTION:

The menstrual cycle involves a sequence of physiological changes that begin with the onset of menstruation and continue until the day before the next menstrual period. These changes are regulated by hormonal fluctuations, which can lead to various menstruation-related symptoms. Globally, approximately 90% of women experience menstrual symptoms, making them an important public health concern. [1]

Common menstruation-related symptoms include dysmenorrhea, headache, breast tenderness, abdominal bloating, depression, irritability, anxiety, and confusion. Among these, dysmenorrhea is one of the most frequently reported conditions. It is characterized by cramping pain in the lower abdomen and back and may be associated with nausea, diarrhea, fatigue, and headaches.

Adolescence represents a critical transition from childhood to adulthood and is often associated with menstrual disturbances such as irregular cycles, excessive bleeding, and painful menstruation. These disorders may adversely affect educational performance, social activities, psychological health, and quality of life. [2]

Complementary systems of medicine, including Unani medicine, provide holistic approaches for managing menstrual disorders through dietary regulation, lifestyle modification, and herbal formulations. Along with this, regular physical exercise is an effective non-pharmacological strategy for improving menstrual health. Butter fly Pose exercise and Legs-Up-The-Wall Pose exercise helps to regulate hormonal balance, improve blood circulation, reduce stress, and alleviate menstrual pain [3].

Concept in Unani Medicine:

Pain associated with menstruation or pain of uterine origin is known as *Usr-i-tamth* or *auja al-rahim* in Greco-Arabic (Unani) medicine [3]. Basically, dysmenorrhoea is a Greek word, which means ‘‘painful,’’ ‘‘difficult,’’ or ‘‘abnormal’’; and meno means ‘‘month’’; and rrhea is ‘‘flow,’’ meaning Painful/difficult or abnormal monthly flow. [4] It is a common gynecological condition among 50% of women, and 10% of them severely suffer to leave them debilitated for 1 to 3 days during each menstrual cycle. [5] It has a major impact on work output, health-related quality of life and health care utilization. [2]

Unani scholars theorized that in *waram al-rahim*, according to the presence of *waram* (inflammation) in different parts of the uterus, site of pain in pelvis varies. [6] Patient experiences spasmodic pain through menstruation. Pain is also associated with other systemic symptoms such as headache, fever, fatigue, anxiety, abdominal pain, and syncope.[7]

According to the Unani System of Medicine, common causes of menstrual irregularities include:

1. Lack of physical activity
2. Psychological stress
3. Lifestyle and dietary habits

4. Increased body weight
5. Reproductive tract infections
6. Hormonal imbalance
7. Breastfeeding
8. Miscarriage
9. Use of contraceptive pills
10. Sleep disturbances

There are some single unani drugs which are used in dysmenorrhea and have shown efficacy. Details of which have been mentioned below in table no. 1

CASE REPORT:

A female, aged 16-years came to the Pediatrics OPD of Majeedia Unani Hospital, Jamia Hamdard in March 2026. She was having chief complaints of scanty menstruation for last 4 months, spotting on and off, occasional amenorrhea, and lower abdominal pain during menstruation. In the past 4 months, she gained 4 kg body weight. She was having 72kg weight when came to OPD.

History of Present Illness

The patient reported irregular menstrual cycles for the past 4 months. Menstrual flow was scanty and lasted only two days, followed by spotting. She occasionally experienced amenorrhea. The pain was sharp and twisting in nature, mainly during the first two days of menstruation.

The symptoms affected her academic performance and daily activities, leading to frequent absenteeism from school. She also experienced persistent fatigue, mood fluctuations, and anxiety regarding her future reproductive health. The patient had consulted several physicians and received symptomatic treatment without satisfactory improvement. Her previous hematological investigations were within normal limits. There was no any significant findings in her ultrasound.

THERAPEUTIC INTERVENTION

The patient was prescribed Unani medication for three months along with specific therapeutic exercises and lifestyle modifications as shown in table no 2.

Role of Exercises in Dysmenorrhoea. [4]

1. Reduces stress levels
2. Helps maintain healthy body weight
3. Relaxes body and mind
4. Relieves menstrual pain
5. Improves abdominal organ function
6. Enhances overall physical fitness

General Instructions Given to Patient

Ghidha wa parhez (dietotherapy): The patient was advised to take light and nutritious diet. She was advised to increase proportion of whole meal foods, vegetables, salads, fruit and water, and to reduce refined carbohydrates, which have a constipating effect. Oily, spicy and fast foods also stopped. She was also advised to consume iron- and vitamin-rich foods, like fenugreek and black gram porridge with palm jaggery and papaya, Beetroot, Carrot, Raisins, Figs and pomegranate regularly.

(A good diet reduces the chance of constipation. A constipated bowel increases the symptoms of dysmenorrhoea by pressing against the uterus when it swells before menstruation.) [13]

Exercise: Patient was advised to avoid Jumping and back bending exercises; however, Butter fly Pose and Legs-Up-The-Wall Pose exercise is useful for the amelioration of pain.
[4, 30]

Hot Fomentation: Hot fomentation with warm water was also advised [15] Heat causes an increase in blood flow to an area, it is assumed that abnormal and strong uterine contractions in women with dysmenorrhoea can decrease uterine blood flow and lead to ischemia that results in pain in the uterus. [26]

Other Advices:
Patient was advised to wear comfortable, light clothing & to avoid exposure in extremely hot environments. Follow a regular sleep schedule. Manage stress through relaxation techniques. Perform regular household and physical activities. Maintain healthy body weight. To avoid smoking and alcohol. Limit caffeine intake.

RESULTS

Results were observed on the basis of improvements in symptoms. There were changes observed in menstrual cycle, menstrual flow, spotting, amenorrhoea, Dysmenorrhea, Lower abdominal pain, Low backache, Mood swings, Fatigue & Weight. Details has been shown in table no. 3

After three months of treatment, the patient reported restoration of her regular menstrual cycles with constant monthly intervals. The menstrual blood flow also improved considerably, as evidenced by an increased number of sanitary pads used during menstruation. Before treatment, she typically used only one sanitary pad per day, and at times experienced intermittent amenorrhea with no menstrual bleeding. During previous cycles, menstruation was limited to spotting on the first and second day, accompanied by severe pain. Following treatment, she experienced normal menstrual flow from the first day of her cycle, with a marked reduction in pain intensity.

According to the patient, the severity of spasmodic pain decreased from 10/10 to 4–5/10 on the Visual Analogue Scale (VAS). The patient's mother also observed significant psychological improvement. Prior to treatment, the patient was frequently irritable, emotionally distressed, and depressed. After completion of therapy, she appeared calmer, happier, and more social. In addition, the patient experienced gradual weight reduction and feel more energetic and an overall improvement in physical well-being.

The combined intervention of Unani medicine with regular exercise appeared to play a significant role in restoring menstrual regularity and alleviating associated symptoms. The Unani formulations have contributed by

improving uterine function, regulating metabolic processes, and restoring systemic balance. Concurrently, regular physical exercise likely enhanced pelvic blood circulation, reduced stress, facilitated weight management, and promoted the release of endorphins, thereby reducing pain and improving psychological well-being.

The marked improvement in dysmenorrhea, low backache, mood disturbances, fatigue, and menstrual irregularity highlights the effectiveness of a holistic treatment approach. Furthermore, lifestyle modifications, including a balanced diet, adequate sleep, and consistent physical activity, likely complemented the therapeutic interventions and contributed to the favorable clinical outcome.

Table-1: ***Common single unani drugs with proven efficacy in dysmenorrhoea.***

Drug	Botanical Name	Reference
Zanjabeel	*Zingiber officinale* Roscoe	[16]
Saunf	*Foeniculum vulgare* Mill	[17]
Gul surkh	*Rosa damascena* Herrm	[18]
Zeera safaid	*Cuminum cyminum* Linn	[19]
Baboona	*Matricaria chamomilla* Linn	[19]
Satar farsi	*Thymus vulgaris* Linn	[20]
Noni	*Morinda citrifolia* Linn	[21]
Sowa	*Anethum graveolens* Linn	[22]
Hulba	*Trigonella foenum-graecum* Linn	[23]
Chaturbeeja	*(Trigonella Foenum-graceum* Linn*, Lepidium sativum, Nigella sativa* Linn*, Trachyspermum ammi)*	[24]
Hilteet	*Ferula assafoetida* Linn	[25]
Fish oil	*Fish oil*	[25]

Table -2: Unani Formulations Used in the Management of Dysmenorrhoea

Unani Formulation	Major Ingredients	References
***Habbe Hilteet* 2 BD**	Hilteet (*Ferula asafoetida*), Zanjabeel (*Zingiber officinale*), Filfil Siyah (*Piper nigrum*), Tankār Biryāṇ Borax (roasted), Namak Siyah (*Black salt*)	[26]
***Jawarish Zanjbeel* 1tsf BD**	Ginger (*Zingiber officinale*), cardamom, cinnamon, sugar/honey base	[27]

***Majoon Muqawwi Rahim* 1tsf BD**	Shatavari (*Asparagus racemosus*), saffron (*Crocus sativus*), cinnamon, cardamom, mastic,	[28]
***Arq e Badyan* 10ml BD**	*Badyan* (*Foeniculum vulgare*) 1 Part: Water 20 Part	[29]
Butterfly Pose exercise (Morning/Evening)	This exercise alleviates menstrual cramps, improves pelvic blood circulation, relieves lower back pain, reduces stress and anxiety, improves flexibility of pelvic muscles	[30]
Legs-Up-The-Wall Pose exercise (Morning/Evening)	Improves blood circulation, relieves tired legs, reduces anxiety and insomnia, provides relief from headaches and mild depression, and also helps to improve hormonal balance.	[30]

Table no: 3 Comparison of clinical parameters before and after treatment

Parameter	Before treatment	After 3 Months of treatment
Menstrual cycle	Irregular	On regular time interval
Menstrual flow	Very scanty	Increased
Spotting	Present	Reduced
Amenorrhea	Occasional	Absent
Dysmenorrhea	Severe	Mild
Lower abdominal pain	Present	Only on first day
Low backache	Present	Reduced
Mood swings	Present	Improved
Fatigue	Severe	Reduced
Weight	72 kg	70kg

DISCUSSION:

This case described a 16-year-old female who presented with irregular menstruation for four months, characterized by scanty menstrual flow, intermittent spotting, dysmenorrhea and occasional amenorrhea. She was also having complaints of weight gain, lethargy, low backache, irritability and decreased sleep. She was treated with unani drugs accompanied by some exercises to alleviate pain during menstruation.

Drugs having *Mudirr-i-hayd* (emmenagogue) properties are generally used for *Usr-i-tamth*. According to Unani scholars, *Usr-i-tamth* is usually related to the viscous scanty menstrual flow.[8] They suggested that *sudda* (obstruction) in uterine blood vessels causes a decrease in blood flow to the uterus and leads to *qillat-i-tamth* and *usr-i-tamth*. Hence, Unani herbs with *musakkin* (analgesic), *dafi'-i-tashannuj* (antispasmodic), *mudirr-I hayd wa mudirr-i-bawl* (emmenagogue and diuretic) properties are useful for pain relief and to increase the menstrual flow. *Mudirr-i-hayd* drugs are usually *haar, mulattif,* and *mufatteh* in nature, and induce smooth blood flow by liquifying blood, [8] dilates the uterine blood vessel, and enhance blood circulation in uterine vessels, fixes the functional defect of the uterus, [9] and subsequently makes the blood flow easily through vessels and tempts to increase menstrual flow and relieves the pain.

As mentioned above in table no. 2 these drugs were prescribed to the patient.

1. *Habbe Hilteet: Main active ingredient of habbe hilteet is ferula asafetida.* It is scientifically and pharmacologically proven for its, anti-inflammatory, analgesic, antinociceptive, and antispasmodic activity in animal models and are therefore helpful in reduction of menstrual pain.[10]
2. *Jawarish Zanjbeel:* contains rhizome of *Zingiber officinale*, this is a traditional medicine with anti-inflammatory and anticarcinogenic properties.[11] It has been shown that ginger acts as an inhibitor on cyclooxygenase and lipooxygenase, resulting in an inhibition of prostaglandin synthesis, as it contains several constituents such as gingerol, gingerdiol, and gingerdione, beta-carotene, capsaicin, caffeic acid and curcumin.[12] Therefore, ginger has been used as an anti-inflammatory acting by inhibition of prostaglandin synthesis.
3. *Arq Badiyan:* Its main ingredient is *Foeniculum vulgare.* It possesses antispasmodic activity and can relieve menstruation pain. [13] Moslemi *et. al*. also found that fennel was useful in dysmenorrhoea.[14] *Foeniculum vulgare* contains an antispasmodic and anethole agents. Fennel seeds are one of the acceptable herbal drugs of primary dysmenorrhoea in Iran.

CONCLUSION:

This case study demonstrates that Unani treatment combined with regular exercise and lifestyle modification can be effective in managing menstrual disorders such as irregular menstruation, scanty flow, dysmenorrhea, and amenorrhea. Significant improvement was observed in menstrual regularity, pain intensity, mood and overall quality of life after three months of treatment. Body weight also decreased gradually. The findings

suggest that early implementation of holistic measures, including Unani medicine, exercise, balanced nutrition, stress management, and healthy sleep habits, may contribute to better menstrual and reproductive health among young girls. Further clinical studies with larger sample sizes are recommended to validate these observations.

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Declaration of Patient consent:
The informed written consent has been taken from patient verbally, for publication of data without disclosing the identity of patient.

Limitation of study:
This case study describes the clinical outcome in a single patient; therefore, the findings cannot be generalized to the broader population. In addition, the follow-up period was relatively short, making it difficult to evaluate the long-term efficacy and recurrence of the condition. Further studies involving larger sample sizes and well-designed clinical trials are necessary to validate these findings.

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