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RESEARCH ARTICLE

CLINICAL STUDY OF USR-E-WAZIFI NAZFUR REHAM (DYSFUNCTIONAL UTERINE BLEEDING) AND MANAGEMENT WITH UNANI FORMULATION

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ABSTRACT

Background: Dysfunctional uterine bleeding (DUB) is a common debilitating problem amongst women in all age groups and accounts for 20% of gynaecology visits. The term 'dysfunctional uterine bleeding' was specifically used when menorrhagia was not associated with any genital tract abnormalities, general or endocrinological diseases. In this case, hormonal imbalance is considered the root cause of hyperplasia of the endometrium it results menorrhagia.^{1,2,3,4} **Objectives:** The aim of the study was to evaluate the efficacy of Unani formulations in the management of dysfunctional uterine bleeding. With an objective to evaluate the efficacy of unani drugs in the management of Dysfunctional Uterine Bleeding (Ustr-e-Wazifi Nazf-ur-Reham). **Methods:** Standard controlled randomized single blind study was carried out at department of Amraz-e-Niswanwa Qabalat, Karol Bagh, New Delhi by registering 80 clinically diagnosed cases of DUB were enrolled in both test group (40 patients) and control group (40 patients) after getting their consent to participate in the study. Treatment was given for every 15 days or as per assessment of the patient for 90 days and evaluation of treatment was done by the assessment of menstrual blood loss (MBL) using the Pictorial Bleeding Assessment Chart before and after the treatment, relief of the associated symptoms and regularity of menstrual cycles. Subjective and objective parameter were assessed by Z-test. **Results:** There was a significant reduction of menstrual blood loss (MBL) in both test group and control group ($P < 0.01$). The irregularity of menstrual cycles was rectified and menstrual cycles were regular with duration of 25-30 days. Of the 40 patients in the test group, 29 (72.5%) were cured, 9 (22.5%) were relieved, and 2 (5%) were partially relieved. **Conclusion:** The Unani drugs in the test group were found to be effective as they are having haemostatic, styptic, analgesic, and anti-inflammatory, anti-spasmodic, blood purifier and uterine tonic properties. The formulation is rich in oxides of iron, tannin, and phosphorus, hence found to be beneficial in replenishing the lost minerals in excessive menstrual flow.

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INTRODUCTION

The term 'dysfunctional uterine bleeding' was specifically used when menorrhagia was not associated with any genital tract abnormalities, general or endocrinological diseases. In this case, hormonal imbalance is considered the root cause of hyperplasia of the endometrium it results menorrhagia.^{1,2,3,4} It is defined as abnormal bleeding in women between menarche and menopause that can not be attributed to medications, blood dyscrasias, systemic diseases, trauma, uterine neoplasms or pregnancy, though it is commonly applied to bleeding which is excessive either in amount, duration or frequency.⁴ In Unani literature, *Ustr-e-Wazifi Nazf-ur-Reham* (Dysfunctional Uterine Bleeding) has mentioned under the heading of *Istihaza* in which bleeding is irregular, excessive in amount and for prolonged duration.^{5,6} When amount of blood loss is more than normal, blood loss continues for longer period of time and interval between 2 periods is short and its frequency increases, it is considered as menorrhagia (*kasrat-e-tams*).

The Unani Tibb is based on the concept of *akhlat* (humours) and their respective *mizaj* (temperament). Buqrat, father of humoral theory states that, "any change or alteration in humors" and their "temperament" either in quantity or quality will alter the health of a person.⁷ Any alteration in the quantity or quality of blood makes it abnormal.^{6,8,9,10,11,12,13,14,15,16} Asbab: *Imtela, Ghalba-e-dam, Riqqat-wahiddat-e-dam, Ghalba-e-balgham, Ghalba-e-safra, Ghalba-e-sauda, Zoaf-e-reham, Sue mizaj reham.*⁵ *Kasrat-e-tams* may be due to a cause which lies in the uterus which is actually due to altered body temperament. Altered hot and dry, cold and dry, and cold and moist, due to external injuries to the uterus, internally uterine debility, deviated temperament ulcers, haemorrhoids, rupture of uterine vessels etc. Moreover, dilatation of uterine vessels is caused by *Riqqat-e-Khoon due to Ghalba-e-Balgham or Hiddat-e-Khoon due to Ghalaba-e-Safra or Sauda* resulting in *Zoaf-e-Quwwat-e-Masika al-Reham* leading to increased menstrual blood loss.^{6,17} The treatment plan of *Kasrat-e-Tams* in Unani system of medicine is mainly based on concept that, treat the actual cause of heavy menstrual flow (*Izala-*

e-Sabab), *Tanqiya-e-badan* with *TadeelMizaj* and *IstefraghMadda* in *Su-e-Mizajsada* and *Maddi* respectively, use of *Habis* and *Qabizadvia* to control bleeding and finally use of *Muqauwwi-al-Rehamadvia* to strengthen the uterus.¹⁸

Objectives: The aim of the study was to evaluate the efficacy of Unani formulations in the management of dysfunctional uterine bleeding. With an objective to evaluate the efficacy of unani drugs in the management of Dysfunctional Uterine Bleeding (Usr-e-WazifiNazf-ur-Reham).

INCLUSION CRITERIA

- Women between the age of 18 to 45 years including both married and unmarried.
- Both Nulliparous and Multiparous.

Patient with extended duration of flow to their previous duration of 5-6 days or bleeding for not more than 18 days.

- Infrequent cycles followed by heavy prolonged bleeding, or scanty bleeding.
- Frequent duration of cycle is less than 21 days.
- History of one or more above complaints at least for 2-3 cycles.

EXCLUSION CRITERIA:

- Patients with organic lesions in the pelvis viz adenomyosis, endometrial polyp, carcinoma in situ of endometrium.
- Metropathiahaemorrhagica will be excluded.
- Severe systemic diseases – DM, IHD, HTN, TB.
- Individuals who use medications including Oral Contraceptives.
- Individual having on Alcohol and other substance abuse.
- Individuals having the history of any kind of malignancy.
- Patients with active pelvic inflammatory disease.
- Chronic anemia patients will be excluded.

METHODS

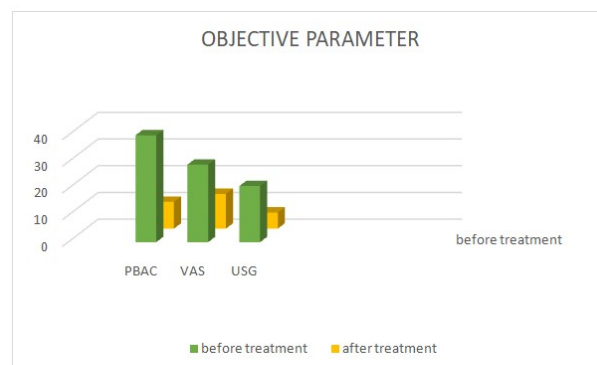
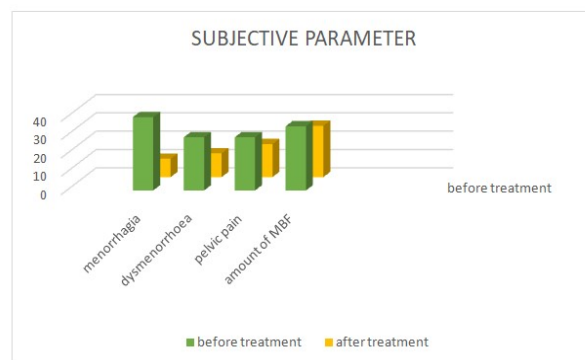
Standard controlled randomized single blind study was carried out at department of Amraz-e-Niswanwaqabalat, Karol Bagh, New Delhi by registering 80 clinically diagnosed cases of DUB were enrolled in both test group (40 patients) and control group (40 patients) after getting their consent to participate in the study. The age of 18-45 years with Dysfunctional Uterine Bleeding treated with the Unani formulation comprising of *Gulnar (Punicagranatum)*^{7,8,18,20,21} *Gil-esurkh (Red chalk)*, *Sang-e-jarahat (Hydrated magnesium silicate)*^{17,18,20,22}

Kath safed (Acacia catechu) *Mazu Sabz*^{7,8,18,20,21} (*Quercusinfectoria*), *Maeenkhurd (Tamarixgallica)*, as extract in the form of capsule with *badraqaarq-e-biranjasi* (*Artemisia vulgaris*). Dose given to test group 2 capsule each weight 625 mg with 60 ml arq-e-biranjasi and to control group 2 capsule (roasted wheat flour) each weight 625 mg with 60 ml water BID. Treatment was given for every 15 days or as per assessment of the patient for 90 days and evaluation of treatment was done by the assessment of menstrual blood loss (MBL) using the Pictorial Bleeding Assessment Chart before and after the treatment, relief of the associated symptoms and regularity of menstrual cycles.

RESULTS

This Unani formulation showed highly statistically significant improvement in all the subjective and objective parameters after completion of treatment. There was a significant reduction of MBL in both test group and control group ($P < 0.01$). The irregularity of menstrual cycles was rectified and menstrual cycles were regular with duration of 25-30 days. The results were found to be highly significant with the p value < 0.01 .

DISCUSSION



The commonest pattern of menstrual cycle in DUB are Polymenorrhoea and Menorrhagia followed by infrequent cycle, The effect of Trial drug on Menorrhagia: Percentage change after treatment in test group +57.5%, P value is < 0.01 , considered as strongly significant. The effect of Trial drug on MBL: In test group, before treatment Mean was 506.63; SD 170.84; after treatment the values observed are: Mean 147; SD 51.351 P Value is < 0.01 , considered extremely significant. In control group, before treatment values are; Mean 553; SD 231.097, and after treatment Mean 239.25; SD 163.415; P Value is < 0.01 , considered as extremely significant. The effect of Trial drug on USG $p < 0.05$ considered as moderately significant. In the present study, in Test Group, 29 cases (72.5%) got cured, 9 cases (22.5%) got relieved, and 2 cases (5%) were partially relieved. In Control Group, 1 case (2.5%) got cured, 1 case (2.5%) got relieved, and 2 cases (5%) were partially relieved and 36 cases (90%) got no response to treatment.

CONCLUSION

There was a significant reduction in menstrual blood loss by assessment of Pictorial Blood Chart with P value < 0.01 and restoration of menstrual cycles to normal. The unanidrugs included in test group were found to be cheaper, easily available, effective and well tolerated by the patients without side effects. No adverse effect was observed in either group as safety parameters were within normal Limits during the study and overall compliance to the treatment was good.

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