

Efficacy of Compound Unani Formulations in the Management of ‘*Kathrat-i-Tamth*’ (Menorrhagia): A Case Study

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ABSTRACT:

This case report evaluates the efficacy of a compound Unani formulation in managing *Kathrat-i-Tamth* (Menorrhagia) due to Endometrial hyperplasia in a 29-year-old obese, nulliparous woman. Presenting with a 5-year history of prolonged heavy bleeding (10-20 days/month), large clots, fatigue, and anaemia (Hb: 8g/dl), she had found no relief with previous Ayurvedic and allopathic treatments. Ultrasonography revealed increased endometrial thickness (20-21mm). The intervention comprised oral Unani medications; *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 and a daily *Shibb-e-Yamani*, *Poste anar*, *Mazū sabz* based sitz bath powder of *Imly* paste on lower abdomen for one month. Significant improvement was observed within 15 days, with complete cessation of heavy bleeding. Follow-up showed normalized cycle duration, absence of clots, and enhance haemoglobin levels. This case demonstrates that a tailored Unani formulation can effectively manage menorrhagia secondary to endometrial hyperplasia by leveraging the astringent, haemostatic, anti-inflammatory, and anti-proliferative properties of its ingredients, offering a viable non-surgical and non-hormonal treatment option. This case report is justified as it provides valuable clinical evidence for the application of traditional Unani medicine in treating a complex gynaecological condition (menorrhagia due to endometrial hyperplasia) that did not respond to conventional treatments. It documents a successful, non-hormonal, and non-surgical interventional strategy, highlighting the potential of integrative medicine. Reporting such cases is essential for generating hypotheses for future larger-scale clinical trials and offers an alternative treatment paradigm for patients seeking complementary therapies.

KEY WORDS: Endometrial Hyperplasia, *Kathrat i tamth*, Menorrhagia, *Shibb-e-yamani*, Unani formulation.

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INTRODUCTION:

Menorrhagia or heavy menstrual bleeding, a frequent occurring symptoms in gynaecology affecting women in reproductive age which adversely affect the quality of life in women. When menstrual blood loss above 80 millilitres every cycle or lasts longer than seven days in regular cycle, it is clinically diagnosed as menorrhagia. ^[1] Globally menorrhagia affects 10% to 30% of women in their reproductive years, even though it does not endanger life it has effect on the personal and work-related essence of life. In a 2004 systematic review, the estimated prevalence of heavy menstrual bleeding in low- middle income countries ranged between 4% and 27% and its multiple country study, WHO identified the prevalence of three-month severe bleeding as 8%-27%. ^[2] Iron deficiency anaemia, the cost of sanitary products, daily disruptions, and medical expenses lower the quality of life for 20-30% of women aged below 55. ^[3] Menorrhagia interferes with the women's physical, emotional, social and maternal quality of life, and which can occur alone or in combination with other symptoms. Excessive menstrual bleeding leads to rapid pulse, giddiness, palpitation, general weakness and body ache and if it is not treated properly it leads to complications like iron deficiency anaemia, ascites, liver dysfunction etc. The main purpose of treatment of menorrhagia is improve the quality of life by controlling the bleeding, to prevent and treat anaemia and to restore acceptable menstrual pattern. The FIGO (Federation International de Gynecologie et d'Obstetrique) classification system for Abnormal uterine bleeding (AUB), revised in 2018, provides a standardized framework for categorizing causes of AUB in reproductive-aged individuals, The PALM-COEIN system categorizes causes into

structural (PALM: Polyps, Adenomyosis, Leiomyosis or Fibroids and Malignancy) and nonstructural (COEIN: Coagulopathy (Von Willebrand disorder), Ovulatory dysfunction (PCOS, thyroid diseases) Endometrial disorders (Abnormal prostaglandin levels) , Iatrogenic (IUDs, anticoagulants) and Not yet classified). ^[4] Under endometrial disorder, endometrial hyperplasia one of the reason for AUB (Abnormal uterine bleeding). Endometrial hyperplasia, is non physiological, pre-cancerous, non invasive proliferation of the endometrium that causes changes in size and structure of the glandular tissue as well as an increase in the volume of endometrial tissue. ^[5] There are several risk factors responsible for endometrial hyperplasia, viz early menarche, PCOS, chronic anovulation and nulliparity. ^[6] Furthermore, endometrial hyperplasia is more common in obese women, due to over production of oestrogen by fat cells, which causes induces proliferation of endometrial cells but also, alter the morphometric cells in the uterus. This causes abnormal uterine bleeding. ^[5] Symptoms include bleeding >7 days, blood clots, frequent tampon changes, headache, nausea, fatigue, pallor, dizziness and etc. In conventional medicine, various treatment options are available for menorrhagia due to endometrial hyperplasia, including hormonal therapies such as oral contraceptive pills and progestin-releasing intrauterine devices (IUDs), as well as non-hormonal options like nonsteroidal anti-inflammatory drugs (NSAIDs) and tranexamic acid. Advanced interventions may involve gonadotropin-releasing hormone (GnRH) agonists or surgical procedures such as endometrial ablation, dilatation and curettage (D&C), uterine artery embolization (UAE), and hysterectomy. ^[3] However side effects often limit compliance and efficacy need for

alternative treatment and option required to control the heavy menstrual flow. Nowadays, there is a global trend towards using complementary and alternative medicines in the treatment of menorrhagia it is easily available, cost effective, affordability and have minimal side effects, which treatment are popular today and common public trustable on herbal medicine. The Unani classical texts not mentioned any correct terminology for endometrial hyperplasia. Never the less endometrial hyperplasia, easily can correlate with *Warm-al-Rehm*. The temperament (*Mizaj*) of the uterus is *Har* (Hot) and *Ratab* (Moist). So, this *Warm-al-Rehm* may convert the uterus to *Barid* (Cold) and *Yabis* (Dry). Unani medication offers long-lasting relief. Menorrhagia, known in Unani medicine as '*Kathrat-i-Hayd*' or '*Kathrat-i-Tamth*', refers to excessive or prolonged menstrual bleeding. It is typically defined as menstrual blood loss exceeding 80 ml per cycle or bleeding that lasts more than seven days. In Unani classical texts *Kathrat-i-tamth* define as excessive menstrual bleeding in amount or/and duration. *Kathrat-i-tamth* caused by (*Sue mizaj al rehm*) temperament disturbance, (*Bavaseer al rehm*) swollen, engorged uterus and (*Kharish al rehm*) irritation of uterus further weakening of uterine retention power (*Qumwat-i-Masika*), or an increase in expulsive force (*Qumwat-i-Dafiya*).

CASE STUDY:

A 29-year-old married nulliparous, obese (BMI-29.5kg/m²) woman, residing in Australia, presented to the Gynaecology clinical National Ayurveda Teaching Hospital, Borella, Sri Lanka, on 2nd April 2025, with complaints of heavy menstrual bleeding for the past 5 years. Her symptoms were associated with fatigue, general weakness and mild pallor. The menstrual

flow was 10-15 days for every month, and the duration of flow was 10–20 days with heavy bleeding and with 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 but no any 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 oral contraceptives. 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 -8g/dl, BT/CT-1:1/5:2 minutes then patient was admitted to the daily basis treatment in the Inpatient Department from 6th - 28th April 2025 for additional assessment and treatment in accordance with Unani medicine standards.

Diagnostic Assessment: Diagnosis was made by taking the proper history, assessment of blood loss, patient went through the both general and systemic examinations.

THERAPEUTIC INTERVENTION:

After initial assessment of the patient, Unani formulation comprises, *Qurse Kebruba* 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 and powder of *Haleela* (*Terminalia chebula* Retz), *Baleela* (*Terminalia bellirica*) and *Amla* (*Phyllanthus emblica* Linn) 5gm morning and evening were prescribed

for one month. And a decoction made for sitz bath (*Abzan*) in daily basis by *Poste Anar* (*Punica granatum*) 100gm, *Mazū sabz* (*Quercus infectoria*) 100gm, *Shibbe Yamani* ($KAl(SO_4)_2 \cdot 12 H_2O$) 10gm with 500ml Luke warm water for 15-20 minutes per day and powder of *Imly* (*Tamarindus indicus*) mixed with hot water and applied daily on lower abdomen for one month. Patient was advised to maintain the bleeding chart every two hours.

Follow Up and Outcome

This compound Unani formulation was prescribed for three consecutive menstrual

cycle. Patient took the Unani medicine for 23 days. After receiving Unani medicine in third day of bleeding her heavy menstrual bleeding was started gradually reduced, and after fifteen days of treatment her heavy bleeding completely stopped and returned Australia on 1st May 2025 and still, she is on follow-up via online contact. Significant improvement was observed during follow-ups. At the end of second month reduction in amount of flow by using number of pads by the patient, complete release of blood clots was noticed by patient. A regular menstrual cycle was improved and patient's general condition was also restored normal.

Table-1: Ingredients of *Qurse Kehrubā* ^[3]

Unani Tibbi Name	Botanical name	Quantity
<i>Kehrubā</i>	<i>Pinus succinifera</i>	125.68mg
<i>Samaghi Arabi</i>	<i>Acacia arabica</i> (gum)	125.68mg
<i>Nishastha</i>	<i>Triticum aestivum</i> L	125.68mg
<i>Kateera</i>	<i>Cochlospermum religiosum</i>	125.68mg
<i>Maghṣ e Thukm e Khiyar</i>	<i>Cucumis sativus</i> L. (kernel)	125.68mg
<i>Gulnar Farsi</i>	<i>Punica granatum</i> L	83.77mg
<i>Aqaqia</i>	<i>Acacia nilotica</i> (Pods)	62.83mg

Table-2: Ingredients of *Qurse Kustae Faulad* ^[13,31]

Unani Tibbi Name	Botanical name	Quantity
Iron calx (<i>Kusta Faulad</i>)	Iron oxide	30 mg
Starch (Ararot)	(<i>Maranta arundinaces</i> L)	q.s

Table-3: Ingredients of *Safoof e Habis ud Dam* ^[32]

Unani Tibbi Name	Botanical name	Quantity
<i>Sang Jarāhat</i>	Magnesium silicate	20g
<i>Ṣamagh-i-Palās</i>	<i>Butea monosperma</i> Kuntz(gum)	30g
<i>Dammul Akhwain</i>	<i>Dracaena cinnabari</i> (resin)	10g
<i>Maeen Kalan</i>	<i>Tamarix dioica</i> Roxb. (Galls)	10g
<i>Sadaf Sadiq</i>	<i>Pearl shells</i> (shell)	10g
<i>Gil e Armani</i>	<i>Armenian Bole</i> (clay)	10g
<i>Qand Sufaid</i>	Sugar	90g

Table 4: Ingredients of *Majoon e Dabeedul Ward*^[31]

Unani Tibbi Name	Botanical name	Quantity
<i>Izkehbar Makki</i>	<i>Cymbopogon jwarancusa</i>	33.24mg
<i>Gule Surkh</i> (Rose)	<i>Rosa damascena</i> Mill	498.6mg
<i>Darchini</i>	<i>Cinnamomum zeylanicum</i>	33.24mg
<i>Gul Ghafis</i>	<i>Gentiana daburica</i>	33.24mg
<i>Lac Maghsool</i>	<i>Lacifer lacca</i> (purified)	33.24mg
<i>Mastagi</i>	<i>Pistacia lentiscus</i> (resin)	33.24mg
<i>Ood Gharqi/ Agar Hindi</i>	<i>Aquilaria agallocha</i> Roxb(gum)	33.24mg
<i>Majieeth</i>	<i>Rubia cordifolia</i> Linn	33.24mg
<i>Qust Sheereen</i>	<i>Saussuria hypoleuca</i> Sprang	33.24mg
<i>Sumbul-ut-Teeb/ Balchhar</i>	<i>Nardostachys jatamansi</i>	33.24mg
<i>Tabasbeer/ Banslochan</i>	<i>Bambusa arundinacea</i>	33.24mg
<i>Tukhme Karafs</i>	<i>Apium graveolens</i> Linn	33.24mg
<i>Tukhme Kasni</i>	<i>Cichorium intybus</i> Linn	33.24mg
<i>Tukhme Kasoos</i>	<i>Cuscuta reflexa</i> Roxb.	33.24mg
<i>Zafran</i>	<i>Crocus sativus</i>	4.82mg
<i>Zaravand madharaj</i>	<i>Aristolochia rotunda</i>	33.24mg
<i>Taj Qalmi</i>	<i>Cinnamomum cassia</i>	33.24mg
<i>Arq Ganjaban</i>	<i>Borago officinalis</i>	0.05ml
<i>Qiwam shaker</i>	<i>Succcharum officinarum</i>	3.989g
Ghee	Clarified butter	8.31mg

Table 5: Ingredients of *Abzan* (sitz bath)^[23-30,33]

Unani Tibbi Name	Botanical name	Quantity
<i>Poste Anar</i>	<i>Punica granatum</i> linn.)	100g
<i>Mazu Sabz</i>	<i>Quercus infectoria</i> Olivier	100g
<i>Shibbe Yamani</i>	Potassium Aluminum Sulfate	10g
Warm water	H ₂ O	500ml

RESULT AND DISCUSSION:

Menorrhagia due to endometrial hyperplasia is one of the persistent symptoms in gynaecology; which mainly effect the women's quality of life, its leads considerable burden on the health sector. Further heavy menstrual bleeding significantly causes serious impact on women's iron metabolism leads to Iron deficiency Anaemia. Further if not treat on time, indigestion, weakness, implantation defect and intra uterine growth retardation like consequences further develop. In this

case, patient is obese, nulliparity and patient's endometrial thickness was increased by 20-21mm, it is a non-physiological, pre-concealed, non- invasive, proliferation of the endometrium which cases changes in the size and structure of the glandular tissue cause increase in the volume of endometrial tissue, which causes heavy menstrual flow. The Unani classical books not given a specific name for increased endometrial hyperplasia. However, those who have endometrial hyperplasia, which ultimately causes menorrhagia. The

Unani formula used in '*Kathrat-i-Tamth*' which could have *Habis ud Dam* (haemostatic), *Qabis* (astringent), *Muqawwi e Rehm* (uterine tonic), *Mubarrid* (refrigerant) and *Muballil* (anti-inflammatory), *Mussakin* (sedative) and etc properties. These pharmacological properties help to reduce the heavy blood flow from uterus. After receiving Unani treatment based on Unani formula in the current study, the patient had a notable improvement. Menstrual flow returned to normal after the treatment, and eventually, indicating that uterine health and reproductive function had been restored.

The medicinal used for this patient was mentioned in Tables 1, 2, 3, 4 and 5. Most of the above-mentioned medicine have *Barid na Yabis* (Cold and Dry) *Mizaj* (temperament), mainly which helps to stop the menorrhagia. Further the drugs tone up the *Quwat e Masika*, finally rectify the abnormality of *Quwat e Masika* and *Quwat e Dafiya*. Further the aforementioned medicines are pharmacologically proven for anti-inflammatory, anti-estrogenic, anti-proliferative, styptic which have the action tannin, flavonoids, saponins and alkaloids.^[7,8]

Kebruba (*Pinus succinifera*) (Cold and Dry) (Table 1) a study revealed in a lab at Beijing University of Chinese Medicine, researchers set out to test amber powder's (*Pinus succinifera*) potential endometriosis. Result of their test under the electron microscope, rats who received no treatment had endometrial cells in disorder, with enlarged mitochondria, warped nuclei, and widespread inflammation. Rats treated with *Kebruba*, hard tissue became weaker. The cells had symptoms of apoptosis, vacuole degeneration, and reduced nuclei nature's method of clearing the mess. Scientifically proved that, ERK1/2 activity dropped, Inflammation pathway (NF-kB) suppressed,

C-SRC/EFr proteins retreated; so that *Kebruba* can effective in menorrhagia due to increased endometrial thickness.^[3,9]

Aqaqia (*Acacia nilotica*) (pods), *Samaghi arabi* (*Acacia arabica*) (gum)) (Cold and Dry) (Table 1), According to Kalaivani T. *et al.*, the ethanol leaf extract of *Acacia nilotica* is rich in phenolics, strong anti-oxidant and non-haemolytic activity against rats or humans.^[10]

Rasha Jame concluded in his study, that leaves and bark of *Acacia nilotica* used as astringent douche in gonorrhoea, cystitis, vaginitis, leucorrhoea, piles and haemorrhagic ulcers.^[11] According to Farzana *et al*, due to high tannin content in bark, leaves and pods have astringent property which helps in vasoconstriction and reducing capillary permeability, thus limiting uterine bleeding. Phenolic and flavonoids may regulate oestrogen-progesterone imbalance, a common cause of thickened endometrium. Ethanol and methanol extracts show high DPPH (2,2-diphenyl-1-picrylhydrazyl assay) and beta-carotene bleaching effects leads to reduce oxidative stress induced endometrial damage, may regulate hormonal balance.^[12]

Study of Zubair *et al* resulted as, *Kustae Faulad* (Table 2) and *Sharbat e Anar Shirin* increased haemoglobin from 7.08 ± 1.01 to 8.73 ± 0.99 gm% ($p < 0.001$), Red blood cells count from 3.17 to 3.64 million/ μ L and serum iron increased from 65.48 to 70.78 μ g/dL. That's why, we prescribed *Qurse Kustae Faulad* as haemoglobin synthesis. *Sharbat e Anar Shirin* was made from pomegranate juice, it contains vitamin C, helps to enhanced the iron absorption.^[13] *Sang Jarabat* (Magnesium silicate) and *Gil e Armani* (Aluminum silicate) (Cold & Dry) (Table 3), are mineral based drugs with astringent, vasoconstrictive and coagulant properties. A study validates that, both interact with endothelial cells to enhance

vasoconstriction and reduce prostaglandin synthesis mediated bleeding, Especially Aluminum ions initiating the intrinsic coagulation pathway and efficacy is validated by the case report PBAC score (Pictorial blood loss Assessment Chart) reduce from 160 to 80, Hb is increased in 8gm% to 9gm%.^[14]

Dammul akhwain (Dracaena cinnabari) (Cold & Dry) (Table 3) contains several phytochemicals such as red resin, benzoic acid, cinnamic acid, flavonoids and triterpenoids which act as anti-inflammatory, analgesic, haemostasis, wound healing and anti-oxidant. Study of Yahya S *et al* explores, that many authors have evaluated *Dracaena* species resin's pharmacological effects, for example a study by Alwashli *et al.* (2012) that examined the analgesic and anti-inflammatory properties of the ethanol extract of the resinous plant *Dracaena cinnabari*. The extract was given orally to animal models in this experimental investigation at doses of 50 mg/kg and 150 mg/kg. Strong anti-inflammatory effect was indicated by the results, which showed a considerable reduction in carrageenan-induced paw oedema. Furthermore, the acetic acid-induced writhing test demonstrated the extract's significant analgesic effects, as treated rats writhed less frequently than the control group. These results corroborate *Dracaena cinnabari*'s traditional use in pain and inflammation management by indicating that its ethanol extract has both peripheral analgesic and anti-inflammatory qualities.^[15]

Zafran (Crocus sativus) (Hot and Dry)) (Table 4) one of the study explores anti-inflammatory, anti-oxidant and antinociceptive effects of *Zafran*, significantly safranal and crocins reduce serum TNF- α (a pro-inflammatory cytokine) in rats exposed to diazinon via this

pharmacology *Zafran* suppress the endometrial inflammation, elevate catalase and glutathione by reducing lipid peroxidation leads to protect the tissues from oxidative damage and safranal modulates the opioids receptors and it helps to alleviate the pain due to menorrhagia.^[16]

Darchini (Cinnamomum zeylanicum) (Hot and Dry) (Table 4), pharmacological effects on uterine smooth muscle contractility, *Cinnamomum* species in particular, *Cinnamomum cassia* and *C. verum* have shown great promise in the treatment of primary dysmenorrhea. In animal models, experimental research has demonstrated that their extracts decrease uterine contractions both spontaneously and in response to oxytocin in a dose-dependent manner. This impact is mediated via downregulating prostaglandin F₂ α (PGF₂ α)-dependent pathways, suppressing intracellular calcium (Ca²⁺) influx, and inhibiting cyclooxygenase-2 (COX-2) activity. *Cinnamomum*'s polyphenolic components are a viable natural alternative for the treatment of dysmenorrhea since they selectively inhibit L-type Ca²⁺ channels and change arachidonic acid pathways without causing systemic toxicity.^[17]

According to study of Seyedeh Atefeh Koohpayeh *et al*, *Gule surkh (Rosa damascene)* (Cold and Moist) (Table 4) is effective for relieving common associated symptoms of menstrual disorders like headache, fatigue and bloating and believed to have anti-spasmodic properties. It may work by reducing inflammation and inhibiting prostaglandins which are key drivers of menstrual cramps due to menorrhagia. The presence of tannins (e.g., ellagitannins) astringent; these compounds promote haemostasis by precipitating proteins, which constricts blood vessels and forms a protective layer, thereby reducing

blood flow. The flavonoids (quercetin, kaempferol) and phenolic acids contribute to anti-inflammatory and analgesic effects by potentially inhibiting inflammatory pathways and prostaglandin synthesis. The volatile compounds (citronellol, linalool, geraniol) inhaled during aromatherapy are believed to exert anxiolytic and sedative effects via the limbic system which can modulate emotional response and perception of pain and stress.^[18]

Heavy menstrual bleeding associated with an imbalance in prostaglandins (high levels of PGF2 α and PGE2) which cause intense uterine contractions and inflammatory processes. The review highlights *Tabasheer* (*Bambusa arundinacea*) (Cold and Dry) (Table 4) potent anti-inflammatory activity via inhibition of the NF- κ B and AP-1 pathways and reduction of IL-6. By modulating this inflammatory response, bamboo extracts could potentially normalize uterine contractions and reduce excessive bleeding. Although *Bambusa arundinacea* shoot extract has antifertility effects, reducing sperm motility and count in male rats. Phytosterols of *Tabasheer* has strong anti-proliferative or hormonal-modulating effect. If this action translates to female reproductive tissue, it could potentially inhibit the oestrogen-driven proliferation of the endometrium, preventing excessive endometrial thickening. Powerful antioxidant capacity of bamboo compounds (scavenging DPPH, superoxide, and hydroxyl radicals) could help protect endometrial cells from oxidative damage, promoting a healthier uterine environment and potentially leading to more regular shedding.^[19]

Tukhm e Karafs (*Apium graveolens* Linn) (Hot and Dry) (Table 4) has Apigenin (flavonoid), content modulatory effects on estrogen receptors. It can act as a weak

phytoestrogen, potentially competing with stronger endogenous estrogen and mitigating its proliferative effects on the endometrium. This potential anti-proliferative effect could help prevent the over-thickening of the uterine lining, which is the direct cause of both endometrial hyperplasia and the heavy bleeding associated with it. Hot and Dry temperament and traditional use for resolving conditions (*Muhallil*) suggest a tightening, toning effect on endometrial tissues. Flavonoids (Apigenin, Luteolin), Phenolic acids; reducing systemic inflammation and oxidative stress, *Tukhm-e-Karafs* could create a healthier uterine environment, support normal endometrial function and reduce abnormal bleeding.^[20]

Tukhme Kasni (*Cichorium intybus* Linn) (Cold and Dry) (Table 4) seeds contain caffeic acid derivatives, flavonoids, and sesquiterpene lactones. These compounds are potent anti-inflammatory agents which can inhibit the production of pro-inflammatory enzymes (i.e cyclooxygenase-2 and cytokines). By reducing inflammation in the endometrium, they could help regulate menstrual flow and reduce associated pain. Tannins are well-known astringents, which precipitate proteins, leading to the contraction and strengthening of blood vessels and tissues, potentially helping to reduce capillary bleeding in the endometrium. Traditional actions described in the article, such as benefits for *Waram al Rehm* (uterine inflammation) and as a *Musakkin* (calmative), suggest a soothing effect on the uterus. By supporting optimal liver function (*Muqawwi Kabid*), *Tukhm e Kasni* may assist in the efficient breakdown and elimination of excess oestrogen. This helps create a better oestrogen-progesterone balance, which is fundamental to treating

and preventing endometrial hyperplasia and managing heavy bleeding.^[21]

Cymbopogon species are rich in essential oils containing citral, geraniol, myrcene, and citronellal. These compounds are well-documented for their potent anti-inflammatory properties. *Izkehbar Makki* (*Cymbopogon jwarancusa*) (Hot and Dry) (Table 4) could help normalize prostaglandin levels, potentially lessen the inflammatory stimulus for abnormal endometrial growth. Tannins are natural astringents. They can cause bio-molecules to precipitate, leading to the tightening and constriction of tissues and blood vessels. This action could help strengthen endometrial capillaries, making them less prone to breakage, reduce the volume of menstrual flow and promote haemostasis.^[22]

The drug *Maznu* (*Quercus infectoria olivier*) (Cold and Dry) (Table 5), has *Qabiz* (Astringent) action presently it helps to control heavy bleeding and the drug which has astringent property it made a coating on the endometrial tissue surface.^[23] In modern concept of the increase endometrial thickness is due to oestrogen level.^[24] The drug Mazu has tannic acid, gallic acid, beta-sitosterol and amenoflavone these are pharmacologically has been proven as astringent, haemostatic, anti-inflammatory, anti-oxidant and modulate the hormones. Study revealed that, Traditional Iranian medicine '*Nafoukb*' (nasal powder) of *Maznu* (high tannin content) with adding any liquid controls nasal bleeding and its decoction has been used for diarrhoea, haemorrhage, vaginitis and hypermenorrhoea via constrict tissues and blood vessels, creating a protecting layer and reducing permeability, by its astringent property.^[25] In several *in vivo* studies, *Quercus infectoria* galls showed strong anti-inflammatory properties. By blocking important mediators such as nitric

oxide (NO), prostaglandin E_2 (PGE₂), reactive oxygen species (O₂ •-), and immune cell enzymes, the alcoholic extract decreased inflammation. By focusing on histamine, serotonin, PGE₂, and NO, the extract successfully decreased swelling in the carrageenan-induced paw oedema model, indicating reduction of both early and late inflammatory stages. Its promise as a topical anti-inflammatory medication was further confirmed by the extract's considerable reduction of PMA-induced ear oedema upon topical application, most likely due to COX-2 inhibition and prostaglandin reduction.^[26]

Anar (*Punica granatum*) (Cold and Dry) (Table 1 and 5), It contains Tannins (Punicalagins, ellagitannins), flavonoids, phenolic acids (Gallic acid, caffeic acid) which show astringent, anti-fibrinolytic activity, prostaglandin modulation and reactive oxygen species (ROS) scavenging and increase haemoglobin levels. The study of Ashteeny *et al*, shows that *Gulnar*, a polyherbal medicine made from pomegranate flower and myrtle, is just as effective as tranexamic acid (TA) at lowering the volume of menstrual bleeding and enhancing the quality of life for women with abnormal uterine bleeding (AUB). Interestingly, in contrast to TA, *Gulnar* also markedly raised haemoglobin levels via such tranexamic acid, pomegranate flower extract reduces clotting time and inhibits the creation of PGE₂ and IL-6, which lessens bleeding caused by inflammation. Polyphenols, such as punicalagin, also counteract oxidative stress and shield endometrial tissue. Ashteeny *et al*, and another study exposed, pomegranate peel extract contains ellagic acid and vitamin C, which enhance iron absorption, supporting erythropoiesis. Throughout the above actions *Punica granatum* helps to reduce the

menorrhagia due the endometrial hyperplasia. ^[27,28] Even though *Gulnar Farsi* possesses strong anti-estrogenic property and anti-inflammatory activities. According to Kim *et al*, study, it was concluded that aqueous pericarps of pomegranate juice reduce the breast cancer cells lines due to anti-estrogenic property. ^[29]

The drug *Shibb-e-Yamani* (Cold and Dry) (Table 5) works by narrowing blood arteries and encouraging the production of clots at bleeding sites. It is well-known in Unani medicine for its *Qabiḡ* (astringent) and *Habis-i-dam* (hemostyptic) qualities. *Shibb-e-Yamani's* anti-haemorrhagic properties are highlighted in the study, with clinical data demonstrating its effectiveness in treating haemorrhagic disorders such bladder bleeding and post-tonsillectomy haemorrhage by minimizing blood loss and hastening haemostasis. Its astringent, antibacterial, and anti-inflammatory (*Muhallil-e-Waram*) properties also aid in restoring uterine vascular tone and reducing local inflammation, which helps control excessive bleeding. Despite focusing on Candida vaginitis, the study by Zaki et al. offers evidence-based confirmation of *Shibb-e-Yamani's* primary pharmacological activities that are directly related to menorrhagia management. *Shibb-e-Yamani's* ability to tighten mucosal membranes and lessen local exudation is demonstrated by the study's significant decrease in abnormal vaginal discharge. The study emphasizes *Shibb-e-Yamani's* antifungal, antibacterial, and anti-inflammatory properties. By avoiding secondary infections and lowering inflammation that could worsen bleeding, these measures promote the health of the uterus and vagina. ^[30,33]

CONCLUSION:

Menorrhagia due to endometrial hyperplasia, is a common complaint in the women globally. In this case study, in the treatment of abnormal uterine bleeding due to increased endometrial thickness, which regularized abnormal uterine bleeding and reverted to normal endometrial thickness by its astringent, styptic, anti-inflammatory and anti-proliferative properties. Therefore, it is recommended that further evaluation be conducted to reach definitive scientific conclusions. Well- designed studies with standardized protocols and an adjuvant therapy in the management of menorrhagia associated with endometrial hyperplasia.

Patient Declaration/ Consent if patient:

Authors we certify that we have obtained all appropriate patient consent. Patient has given her consent for clinical information to be reported in the journal.

Limitation of Study:

This study not focussed on multiple samples in same condition.

Recommendation:

This study could be applicable for randomized control trial in large sample size.

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