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Management of Usre Tamth (Dysmenorrhea) with Hijama Therapy.... A Case Report

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ABSTRACT

Dysmennorrhea (Usre tamth) is defining as painful menstruation in women with normal pelvic anatomy. Although dysmenorrhea is not life threatening, it can be painful for many adolescents. The objective of the present study was to evaluate the efficacy and safety of Hijama bila shurt therapy (dry cupping) on the intensity of pain and other associated symptoms of dysmenorrheal (Usre tamth). The patient is suffering from dysmenorrheal from past four months. This was treated by hijama therapy, (bila shurt) dry cupping, without any medication. The cup applied on low back and bilateral calf area of leg. It was found after every month of given therapy that the intensity of pain and associated symptoms Lower abdominal pain(Intensity of pain Frequency of pain) Lumbago Leg cramp Nausea Vomiting Breast tenderness are reduced respectively as compare to baseline. The efficacy was scientifically evaluated by Visual Analog Scale. After the treatment of three months considerable improvement was observed in sign and symptoms of the disease of the patients. The Unani regime dry cupping (hijama bila shurt) was found effective and safe in the management of dysmenorrheal (usre thamth).

Keyword: dysmenorrheal, Unani drugs, Usre Tamth, Unani regimine, Hijama therapy

INTRODUCTION---

Dysmenorrhea is a very common gynecological problem in women of reproductive age worldwide. Reports of dysmennorhea are highest among females in their late teens and 20s and usually deckling with age. Although dysmenorrhea is not life threatening, it can be very painful for many adolescents .It begins with the first ovulatory cycle and occurs about two years after menarche and most of the severe episodes occurs before 24 years of age (Dawood, 1987) .Dysmenorrhea word is derived from Greek words dys meaning difficult, painful or abnormal, meno meaning month and rrhoea meaning flow that means Painful menstrual flow. (Montoya et al, 2012) The painful cramping sensation in the lower abdomen is often accompanied by some other symptoms including sweating ,lower backache ,fatigue ,diarrhea ,headache ,nausea ,vomiting , dizziness and in severe cases syncope etc (Tan et al, 1992,Sina, 2007) It is one of the leading cause of recurrent short term absenteeism of young women

in school and workplaces, affecting their performances, social and sports activities (Wilson et al, 1985) This situation has not only significant impact on personal health but also have a global economic impact. (Dawood 1984)

Dysmenorrhea is commonly divided into two types based on pathophysiology. Primary dysmenorrheal is menstrual pain without organic disease, and secondary dysmenorrheal is menstrual pain associated with an identifiable disease. For women seeking alternative therapies heat, thiamine, magnesium, and vitamin E may be effective, the cupping therapy is one of them.

Unani Scholars have also discuss the various causes and management of dysmenorrhea under the chapter of wajerahim, dard-e-rahim, Usre tamth ,Uterine pain (Sina,2007) They worked on the theory of temperament and succeeded in locating the relationship between disease , various humours and disturbance in temperament . According to Unani Scholars, it is the altered temperament (Sue mijaz) that causes obstruction in flow of menstruation fluid that results difficult menstruation. (Sina, 2010). Treatment is therefore, aimed directly at restoring balance to patient's temperament and humours.

There are different methods of treatments and regimen used to minimize the effects of dysmenorrhea including pharmacological, such as taking non steroid anti inflammatory drugs (NASAID), herbal dietary therapies, yoga meditation, and acupuncture. Even through primary dysmenorrhea is not a real threat of life but can affect the quality of female's life and in case of severity it might lead to disability and inefficiency. Moreover dysmenorrhea can cause mental problems of the female resulting in their loneliness and reduced participation in different social activities.

In adolescents, moderate to severe pain that affects life style and does not respond to pharmacological treatment requires professional attention and appropriate diagnosis of possible underlying pelvic disease. The exact prevalence of dysmenorrhea is difficult to determine because of variety of diagnosis criteria and the subjective feature of the symptoms. In many countries primary dysmenorrhea is the principal cause of recurrent short term absenteeism in young girls and women.

In Unani classical literature there is mention that hijama therapy is effective and safe in the treatment of Usre Tamth (Razi 2001). Hijama is an Arabic word which means application of cups whiles the literal meaning of Hijama is sucking. It is an ancient traditional Unani therapeutic technique carried out by application of cup shaped glass vessels (2.54 to 7.26 cm in diameter) on the body surface, creating vacuum by heat or by special suction apparatus, in order to evaluate the morbid material bils shurt from the diseased part and to encourage the blood flow to the affected site (Dar et al 2015)

Various single as well compound drugs are in use since long time and are found effective in the of Usre Thamth. In various classical Unani literatures it is mentioned that hijama bil shurt and bila shurt are effective in the treatment of Usre Thamth, but the need of time to validate the scientific parameters in order to generate data for their safety and efficacy.

MATERIAL AND METHOD

An open label clinical single case report has been conducted at Central Research Institute of Unani Medicine, Lucknow Uttar Pradesh.

STUDY OBJECTIVES

- To evaluate the safety of Hijama therapy.
- To evaluate the efficacy of Hijama therapy in the cases of Usre Tamth

SELECTION CRITERIA

The patient presented signs and symptoms of Usre Tamth (Dysmenorrhea) i-e. Lumbago, lower abdominal pain, leg cramps, nausea, vomiting, breast tenderness and diarrhea were subjected to inclusion and exclusion criteria before to their selection for study.

CASE DETAILS AND BRIEF HISTORY

An 18 year old girl.

Registration Date 6/1/2020

Registration Number 24384

Occupation – Student of 12th class, Diet-Veg and Non Veg (both)

Chief complaints with duration were pain in lower abdomen medium intensity and frequency is two or three times a day. Lumbago, leg cramp nausea, vomiting

Breast tenderness and also diarrhea. The patient was suffering from Usre Tamth (Dysmenorrhea) since last one and half years. She has to be taken modern medicine every month. But despite of her treatment for such a long period, her daily routine was severely restricted and she could not go to her school because of severity of pain. She was facing to many difficulties in walking, intake of foods and daily house hold work.

- The patient has been found Safravi temperament as per classical temperament assessment chart

Chief complaints with duration was noted .i-e pain and cramp in lower abdomen, Lumbago Leg cramp Nausea Vomiting Breast tenderness

DURATION OF THERAPY

The total duration of therapy or treatment will be 12 weeks, three consecutive cycles the hijama therapy will be given before 7 days of the expected date of the menstrual cycle at the schedule of alternate days 3 times in each consecutive cycle. The schedules are as following:

- 1. Dry cupping 2cups over the umbilicus, alternative day 3 times start before 7 days of the expected date of the menstrual cycle. (Razi 2001)
- 2. Dry cupping 4 cups on the bilateral calf muscles (2 cups each calf), start before 7 days of the expected date of menstrual cycle.

STUDY SITE

Central Research Institute of Unani Medicine, Lucknow No medication has been given to the patient during the course of study.

FOLLOW-UP EVALUATION

The patient has been assessed clinically after menstrual cycle every month for three consecutive cycles.

LABORATORY INVESTIGATION

No any abnormalities have been found in pathological, biochemical investigation and pelvic scan at base line.

CLINICAL FEATURES FOR ASSESSEMENT OF RESULT:

The assessment of efficacy will be done on following clinical features; the following features were assessed on each follow-up according to Visual Analog Scale from 0 to 10.

- 1. Lower abdominal pain
 - Intensity of pain
 - Frequency of pain II.
- 2. Lumbago
- 3. Leg cramp
- 4. Nausea
- 5. Vomiting
- 6. Breast Tenderness

Risk factors of Dysmennorhea

- a. Age < 20 years
- b. Nulliparity
- c. Heavy menstrual flow
- d. High socioeconomic status,
- e. attempt to lose weight
- f. Physical activity
- g. Disruption of social network
- h. Depression and anxiety

SAFETY ASSESSMENT

The safety has been assessed by monitoring adverse events volunteered by the patients and observes during the course of the study. No any adverse events (AE) have been noted by the patients, she has been advised to bring it to the notice of the investigator immediately. No any adverse events (AE) noted by the investigator. The signs and symptoms, of the disease and related to hijama, which has been developing new or worsening as compared to baseline, will be considered as ADRs.

CASE RECORD FORM (CRF)

After obtaining the inform consent, a complete history, demographic data, life style dietary habits, education level socio-economic status, systemic physical examination have been recorded for the study. Laboratory finding also will be recorded in CRF specially designed for the clinical study of Usre Tamth. The case has diagnosed on the basis of her clinical sign and symptoms, she took modern medicine when she required, and could not bear the intensity severity and frequency of lower abdominal pain along with other clinical symptoms. The patient has middle socioeconomic background. Patient was aware about complication and severity of the disease, well known about Unani system of medicine, because Lucknow is well known and medival place of Unani system of medicine.

The result was assess on the ground of improvement in the clinical sign and symptoms which were measures by visual analog scale, 0 to 10 point scale



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	l	I	l	I		l	l	l	l	l	
Λ	1	2	2	4	5	6	7	8	9	10	

0 No pain, 1-3 mild, 4-5 Moderate, 6 Severe, 7-9 Very severe, 9-10 Worse pain.

MANAGEMENT OF DISEASE:

At the beginning of menstrual cycle, patient has advised to limit her activities during the menstrual cycle to avoid troublesome situation. She was advised to take light, easily digestible (lateef) and muqawwi diets. Food is medicine and deeply linked to our physical and mental wellbeing without any medication. In order to provide energy and strength to patient, some dry dry fruits (fig) (Amanak, 2020) were advised. Bananas, Oranges, Dark chocolate that can be helpful in reducing these symptoms. (Anonymous, 2022) Menstruation is physiological and importantmilestone for young women. In general young women were using medication to control their dysmenorrheal pain and associated symptoms they did not know about the adverse effect of the drugs.

RESULT AND DISCUSSION

As the symptoms of the disease were gradually reduced therefore patient came with a cheerful salute in General O.P.D of Central Research Institute of Unani Medicine, Lucknow. Her physical appearance and looks were showing significant improvements. Her quality of life improved and she was now able to do her daily activities during the menstrual cycle. The case was considerably improved after the treatment with Hijama Therapy. (bila —shurt) dry cupping. In the process of dry cupping (Hijama-bila-shurt) cups are placed without making incision or pricks on the skin of the affected area. Vacuum can be created either by suction or by using fire. Hijama bila-shurt works on the principle of imala-emavaad that is diversion of the morbid humours from one site to another site. (IbnSina, 1995; Baghdadi, 2005;Kabiruddin,1954)

S No	Sign and Symptoms	Before Treatment	After Treatment
1.	Lower abdominal pain		
	(a)Intensity	6	3
	(b)frequency	6	3
2.	Lumbago	5	2
3	Leg cramp	5	2
4.	Nausea	4	0
_		_	
5.	Vomiting	4	0
<u></u>	Dunget Tondonness		1
6.	Breast Tenderness	5	1

The perseverance of treatment is that the regime gave without any medication. Most of the young women have dodge to avoid taking medicine. At the end of the study remarkable change was observed in all sign and

symptoms which are above mentioned in the table. The response of the Unani Therapy Hijama bila-shurt was found effective and safe for the treatment of Usre-Tamth (Dysmenorrhea).

CONCLUSION

The present study exihibts that Unani Therapy Hijama bila-shurt was found very effective to reduced the symptoms of Usre Tamth (Dysmenorrhea) without administration of any medication, this is the benefits of Hijama Therapy that it has complete package of effectiveness alone. However, large controlled studies are requied to evaluate the efficacy and safety of the therapy.

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