

# INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558  
P-ISSN: 2616-454X  
[www.unanijournal.com](http://www.unanijournal.com)  
IJUIM 2025; 9(3): 18-20  
Impact Factor (RJIF): 6.59  
Peer Reviewed Journal  
Received: 12-07-2025  
Accepted: 15-08-2025

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## Concept of Kasrat-e-Tams (Heavy Menstrual Bleeding)

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**DOI:** <https://doi.org/10.33545/2616454X.2025.v9.i3a.375>

### Abstract

Heavy Menstrual Bleeding (HMB), also referred to as *Kasrat-e-Tams* in Unani medicine, is a common gynecological concern that significantly affects the quality of life in reproductive-age women. HMB is a clinical condition marked by excessive menstrual blood loss, either in volume or duration, that interferes with physical, social, emotional, and maternal well-being. Approximately 90% of women with an underlying bleeding disorder and 70% of those on anticoagulant therapy experience HMB. The presence of large blood clots, frequent pad or tampon changes, and night-time bleeding are key diagnostic indicators. In Unani literature, the condition is attributed to *su-e-mizaj* (abnormal temperament) of the uterus, weakness of uterine vessels, humoral imbalances (dominance of *Safra*, *Balgham*, or *Sawda*), and altered uterine functions such as impaired retentive and expulsive powers. This paper reviews the modern and traditional perspectives on HMB, outlines its aetiologies and symptoms, and proposes a hierarchical approach to management beginning with lifestyle and dietary changes, progressing through medical therapy, and concluding with surgical interventions when necessary. Unani management focuses on restoring humoral balance, detoxification, strengthening the uterus, and using astringent formulations such as *Qurs Habis* and *Safoof Habis*.

**Keywords:** Heavy Menstrual Bleeding, *Kasrat-e-Tams*, Unani Medicine, *Su-e-Mizaj*, *Qurs Habis*, *Qabiz Drugs*, *Tanqiya-e-Badan*

### Introduction

Menstruation is a natural physiological process, yet for many women, it can become a source of significant discomfort and disability. According to the World Health Organization (WHO), menstrual bleeding is considered heavy when it lasts longer than 7 days or results in excessive blood loss, such as soaking through one or more sanitary pads or tampons every hour for consecutive hours. It often includes passing clots larger than 2.5 cm (the size of a quarter), bleeding that disrupts sleep, or changing sanitary protection during the night<sup>[1, 2]</sup>.

Heavy Menstrual Bleeding, or Menorrhagia, affects up to 54% of menstruating individuals and is one of the leading causes of outpatient gynecological consultations. The condition can be isolated or associated with other systemic symptoms, such as fatigue, breathlessness, and dizziness primarily due to anemia. If left untreated, HMB can significantly impair a woman's day-to-day activities, productivity, and psychosocial health<sup>[3]</sup>.

In Unani medicine, this condition is referred to as *Kasrat-e-Tams*, defined as an increase in the amount or duration of menstrual bleeding. This abnormality is often a result of dysfunction in the *mizaj* (temperament) of the uterus, weakening of uterine vessels, and an imbalance in the humors particularly *Safra* (yellow bile), *Balgham* (phlegm), and *Sawda* (black bile). The pathological outcomes of prolonged *Kasrat-e-Tams* include iron-deficiency anemia (*Soo-ul-Qinya*), *Istisqa* (ascites), and generalized body weakness<sup>[4-7]</sup>.

### Symptoms of *kasrat-e-tams* / HMB<sup>[8-10]</sup>

Common clinical manifestations include:

- Menstrual bleeding lasting longer than 7 days
- Soaking through one or more pads or tampons every hour for several hours
- Changing pads during the night
- Passing clots larger than a quarter in size
- Blood color varying from bright red to dark brown or rust-colored
- Abdominal cramps and pelvic pain during menstruation

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- Experiencing fatigue, giddiness, or shortness of breath
- Losing more than 80 ml (approx. 5 tablespoons) of blood per cycle
- Disruption in daily activities and social participation

### Causes of heavy menstrual bleeding

#### 1. Hormonal Imbalances

Oestrogen and progesterone regulate the endometrial cycle. Any imbalance, as seen in conditions like polycystic ovarian syndrome (PCOS) or thyroid disorders, can cause anovulatory cycles and lead to HMB <sup>[11]</sup>.

#### 2. Anovulation

Absence of ovulation results in continuous endometrial proliferation without shedding, leading to heavy, irregular bleeding <sup>[12]</sup>.

#### 3. Uterine Structural Abnormalities

Conditions such as:

- Uterine ulcers (*Qarha al-Rahim*)
- Fissures (*Nawaseer*)
- Fibroids or polyps may cause excessive bleeding <sup>[13]</sup>.

#### 4. Su-e-Mizaj al-Rahim (Dys temperament of the Uterus)

Weakening of the uterine temperament due to humor imbalance leads to fragile blood vessels, causing rupture and excessive flow <sup>[14]</sup>.

#### 5. Ghalba-e-Khiltiya (Humoral Dominance)

Dominance of specific humors especially *Safra* (heat, dryness), *Balgham* (cold, wet), or *Sawda* (cold, dry) can alter the vessel tone and menstrual rhythm <sup>[15]</sup>.

#### 6. Weak Quwwat-e-Masika (Retentive Power)

Weakness in the uterus's ability to retain blood due to muscular laxity or nutritional deficiency <sup>[16]</sup>.

#### 7. Hyperactive Quwwat-e-Dafia (Expulsive Power)

Excessive expulsive force in the uterus may cause increased and sudden release of blood <sup>[17]</sup>.

### Unani management principles <sup>[18-20]</sup>

The Unani approach to *Kasrat-e-Tams* is based on treating the root cause, correcting humoral imbalance, strengthening the uterus, and stopping excessive bleeding using natural, time-tested formulations.

#### 1. Izala-e-Sabab (Removal of Cause)

Identification and elimination of the underlying cause whether humoral, structural, or systemic.

#### 2. Tanqiya-e-Badan (Detoxification)

Cleansing of the body to eliminate accumulated morbid matter (*Madda*) and restore temperament.

#### 3. Istifragh-e-Madda (Evacuation of Morbid Matter)

Promotes the elimination of harmful substances that contribute to disease progression.

#### 4. Use of Qabiz and Habis Advia (Astringent and Styptic Drugs)

Herbal and mineral compounds that help control bleeding by contracting tissues and sealing blood vessels.

### Examples

- *Qurs Habis*: A classical Unani tablet known for its

haemostatic properties.

- **Safoof Habis**: Powder formulation containing *Teen Ahmar*, *Sange Jaharat*, and *Raal Safaid*, all known for their astringent and styptic effects.

### 5. Muqawwiyat-e-Rahim (Uterine Tonics)

Drugs that strengthen uterine musculature and improve blood vessel integrity.

### Modern Medical Management <sup>[2, 3]</sup>

From a biomedical perspective, treatment may include:

- NSAIDs (e.g., Mefenamic acid) to reduce pain and bleeding
- Hormonal therapy: Oral contraceptives, progesterone-only pills, or hormonal IUDs (e.g., Levonorgestrel)
- Antifibrinolytics (e.g., Tranexamic Acid) for acute control
- Surgical Options: Dilation & Curettage (D&C), Endometrial ablation, Myomectomy, or Hysterectomy for resistant cases

### Dietary and Lifestyle Modifications

Unani medicine emphasizes *Ilaj bil Ghiza* (dietotherapy) and lifestyle regulation <sup>[21]</sup>.

### Recommended Practices (2)

- Consumption of cooling, astringent foods such as pomegranate, apple, and lentils
- Avoidance of spicy, hot, and greasy food
- Use of iron-rich foods (dates, spinach, jaggery) to combat anemia
- Ensuring adequate hydration and rest
- Gentle physical activity like walking or yoga to enhance circulation

### Conclusion

Heavy menstrual bleeding or *Kasrat-e-Tams* is a multi-etiological condition with serious implications on women's health. A multidisciplinary and holistic approach involving both Unani principles and modern therapies offers a more comprehensive and individualized management strategy. Recognizing the underlying cause whether structural, humoral, or functional is key to effective treatment. Unani medicine offers natural remedies with minimal side effects, promoting both symptom relief and long-term wellness. With proper diagnosis, early intervention, and integrated management, most cases of HMB can be effectively controlled.

### Conflict of Interest

Not available

### Financial Support

Not available

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**How to Cite This Article**

Hafeez S. Concept of Kasrat-e-Tams (Heavy Menstrual Bleeding). *International Journal of Unani and Integrative Medicine* 2025; 9(3): 18-20.

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