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## An evidence-based review of Qillat-e-Haiz (hypomenorrhea) and its management in Unani system of medicine

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### Abstract

When the duration or amount of menstrual bleeding becomes shorter than normal, it is considered a menstrual disorder known as Qillat-e-Haiz (hypomenorrhea). In Unani medicine, this condition is described as a consequence of Sue-Mizaj, particularly a cold temperament (Burudat-e-Rahim or Barid Mizaj) of the uterus, hormonal dysregulation, disturbances in reproductive organs, or partial uterine obstruction. These factors collectively lead to reduced menstrual flow, which may negatively affect reproductive health and overall quality of life. Classical Unani texts state that women generally have narrower veins and less soluble secretions, causing waste materials to accumulate and hindering normal menstrual discharge. When this morbid matter does not evacuate properly, it may return to the circulation, mix with normal humors, and lead to various diseases including hypomenorrhea. To summarize the Unani theoretical concepts related to qillat-e-tams (hypomenorrhea) and correlate them with modern biomedical understanding of hypomenorrhea. Unani management emphasizes correction of uterine temperament and restoration of normal menstrual flow through Muqawwi-e-Rahim (uterine tonics), Mudir-e-Haiz (emmenagogues), hot-tempered diet, and lifestyle modifications. Evidence from modern research supports the efficacy of several Unani herbs in improving uterine function and regulating menstruation. The Unani framework offers a comprehensive and holistic approach to understanding and managing hypomenorrhea. By integrating classical principles with modern research, Unani medicine provides effective therapeutic strategies for improving uterine health and menstrual regularity.

**Keywords:** Hypomenorrhea, pathophysiology, Unani medicine, Ilaj-Bil-Tadbeer

### Introduction

In Unani Literature, Qillat-e-Haiz refers to a decrease in menstrual bleeding. It is opposite of Kasrat-e-Haiz (heavy menstrual bleeding). When a healthy woman begins to experience a duration of menstruation becomes shorter than normal, the condition is termed as hypomenorrhea <sup>[1]</sup>.

According to Unani scholars, the normal temperament (Mizaj) of the uterus is Haar-Ratab (hot and moist). When this temperament becomes altered and shifts toward Barid-Yabis (cold and dry), the menstrual blood decreases. This alteration is primarily attributed to the Ghalba (dominance) or deterioration of humors, particularly the conversion of Haar-Ratab temperament to Barid-Yabis due to the influence of Balgham (phlegm) and Sauda (black bile) <sup>[1, 11]</sup>. The accumulation or predominance of these cold and dry humors in the uterus leads to obstruction, reduced blood formation, and consequently menstrual disorders such as Qillat-e-Haiz <sup>[4]</sup>.

In Modern review, Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to shedding of the endometrium. Normally, the duration of menstruation is about 4-5 days, and the amount of blood loss is estimated to be 20-80 ml, with an average of 35 ml <sup>[8]</sup>. Any deviation from the normal menstrual pattern can result in menstrual abnormalities. Such abnormalities commonly manifest as: Irregular menstrual cycle, Delayed menstruation, Heavy menstrual bleeding, Scanty menstrual flow.

In this review, the focus is confined exclusively to hypomenorrhea. When menstrual bleeding is unduly scanty and lasts for less than 2 days, it is called hypomenorrhea <sup>[7, 8, 11, 13]</sup>. For a normal menstrual cycle, the endometrial thickness should be 10-12 mm in the secretory phase <sup>[8]</sup>. If it fails to grow up to this size, it may lead to hypomenorrhea due to poorly developed endometrium.

## Pathophysiology of Hypomenorrhea

Menstruation is a physiological process that reflects the cyclical shedding of the endometrium. It plays a vital role in maintaining hormonal balance, reproductive health, and metabolic stability.

When menstrual blood flow becomes significantly reduced (hypomenorrhea), it may indicate underlying disturbances in hormonal regulation, endometrial function, or systemic health.

### 1. Impaired Endometrial Shedding <sup>[8]</sup>

Reduced menstrual flow often suggests:

- Inadequate proliferation of the endometrial lining
- Incomplete or insufficient shedding of endometrial tissue

These changes result in a thin, poorly developed endometrium that produces minimal bleeding during menstruation.

### 2. Hormonal Imbalance <sup>[8, 14]</sup>

Scanty menstruation is frequently associated with disruptions in hormonal regulation, such as:

Hypoeestrogenism

Luteal phase defects

Anovulatory cycles

Dysregulation of the Hypothalamic-Pituitary-Ovarian (HPO) axis

These hormonal disturbances impair normal endometrial growth and maturation, resulting in reduced menstrual blood loss.

### Modern Causes: <sup>[2, 3, 4, 7, 8, 12, 13]</sup>

- Uterine Inflammation
- Asherman's Syndrome
- Pelvic Inflammatory Disease (PID)
- Hypoplastic Uterus
- Genital Tuberculosis
- Prolonged use of OCPs
- Fibroids & Anaemia (secondary effects)
- Chronic hormonal dysregulation

## Etiopathophysiology

### Disturbance of Temperament (Su-e-Mizaj) of the Uterus <sup>[4, 11]</sup>

The most fundamental Unani cause of hypomenorrhea is cold temperament (Burudat-e- Mizaj) of the uterus. This altered temperament leads to:

- Poor blood formation and reduced circulation towards the uterus
- Insufficient quantity of menstrual blood
- Weak uterine contractions and expulsion

### Humoral Imbalance in Hypomenorrhea (Ikhtilal-e-Akhlāt) <sup>[4, 11]</sup>

According to Unani medicine, the quality and quantity of menstrual blood depend on the proper balance of the four humors (Akhlāt Arba'a): Dam (Blood), Balgham (Phlegm), Safra (Yellow bile), Sauda (Black bile). Any disturbance in the composition (Kaifiyat) or proportion (Kammiyat) of these humors leads to impaired blood formation (Su-e-Tarkib-e-Dam) and ultimately results in scanty menstruation (Qillat-e-Haiz).

- Dominance of Cold and Moist Humor (Ghalba-e-Balgham)
- Balghami dominance is the most frequent humoral cause of hypomenorrhea.

**Mechanism:** Cold temperament slows metabolic processes and weakens hepatic blood formation. Blood becomes thin, watery, and nutritionally poor (Raqeeq-ud-Dam). Such blood is insufficient for complete endometrial nourishment or Underdeveloped endometrium leads to scanty and short-lasting menstrual flow.

### 2. Dominance of Cold and Dry Humor (Ghalba-e-Sauda) <sup>[1, 2, 3, 11]</sup>

Excess Sauda leads to thick, viscous blood and impaired circulation.

**Mechanism:** Thick, viscid blood is difficult to mobilise towards the uterus. Poor perfusion results in incomplete endometrial preparation. Menstrual blood becomes scanty because the uterus receives insufficient nutritive supply.

### Deficiency of Khilt-e-Dam (Su-e-Tarkib-e-Dam) <sup>[2, 3, 11, 12]</sup>

Dam (سودا) blood is the primary humor responsible for menstruation.

**Mechanisms:** Poor nutritional intake, chronic illness, or hepatic weakness leads to low production of Dam. Reduced quantity of wholesome blood results in inadequate formation of menstrual blood. Menstruation becomes scanty due to lack of adequate raw material for endometrial growth.

### 4. Abnormal Quality of Blood (Fasad-e-Dam / Su-e-Kaifiyat-e-Dam) <sup>[1, 2, 4]</sup>

Even if the quantity of blood is adequate, deficiency in quality can cause hypomenorrhea.

**Mechanisms:** Presence of cold, thick or impure blood fails to nourish the uterine tissue. Impure blood produces weak endometrial tissue with insufficient buildup. Poor-quality blood results in weak expulsive power (Quwwat-e-Dafi'a) and scant flow.

### Affecting Uterine Faculties (Quwa e-Rahim) <sup>[11, 12]</sup>

Menstruation is governed by three main physiological faculties:

Quwwat-e-Jaziba (Absorptive faculty)

Quwwat-e-Masika (Retentive faculty)

Quwwat-e-Dafiya (Expulsive faculty)

Disturbances in these faculties contribute to the development of hypomenorrhea:

- a) Impairment of Quwwat-e-Jaziba-** Leads to inadequate absorption and supply of blood to the uterus.
- b) Weakening of Quwwat-e-Masika-** Defective retention and maturation of menstrual material, Menstrual blood remains scanty due to poor nutritive processing.
- c) Quwwat-e-Dafiya-** Causes weak expulsion of menstrual material.

**Symptoms:** Neurological and Psychological symptoms- Head ache, Dizziness, Sleepiness or Droziness, Emotional instability, Feeling of fear, Anxiety <sup>[2, 3]</sup>.

Chronic hormonal and metabolic dysregulation effects the

Central Nervous System-Melancholic or Depressive tendencies, Psychomotor weakness (Dragging gate, Reduced energy) [12].

**Cardiovascular And Autonomic symptoms** -Palpitation, Anxiety, Restlessness, Generalised Fatigue [2, 3].

**Gastrointestinal symptoms:** Constipation, Indigestion,

Nausea, Loss of Appetite, Reduced Peristaltic activity [1, 2, 4, 12].

#### Combined (integrated) investigation: [8]

There is no specific diagnostic test then equifocally identifies hypomenorrhea. But can be based on Detailed Menstrual History, Scoring System, and Assessment of Menstrual Volume Patterns.

	Domain	Investigation	Purpose
1.	Hormonal	TSH, PROLACTIN, FSH, LH, ESTRADIOL	Detect Endocrine causes
	Uterine Structure	USG	Detect synechiae Hypoplastic uterus
	Unani Mizaj	Mizaj Assessment Evaluation of Humor	
	General	CBC, RBS	Systemic disorder

**Assesment of scales:** [15, 16, 17]

#### PBAC scoring system

The Pictorial Blood Assessment Chart (PBAC) is a semi-quantitative, validated tool used to assess menstrual blood loss by scoring the degree of staining on sanitary pads or tampons and the presence of clots or flooding. Each item is assigned a numerical score, and the total PBAC score

provides an estimate of menstrual blood loss.

**Table 1: Pads/ Tampons/ Soiling**

Item	Light stain	Moderate stain	Heavy stain
Pad	1 points	5 points	20 points
Tampon	1 points	5 points	10 points

**Table 2: Clots size /Flooding /Accidental Soiling**

Small clots	Size of pea	1point
Large clots	>= 1 inch / 2.5cm	5points
Flooding / Accidental Soiling	Clothing soiling / Bedsheet soiling	5points

**Menstrual chart and scoring system**

Date of start:  day  month  year      Score:

Towel	1	2	3	4	5	6	7	8
Clots/flooding Clots: size								

  

Tampon	1	2	3	4	5	6	7	8
Clots/flooding Clots: size								

**Scoring system**

**Towels**  
 1 point for each lightly stained towel  
 5 points for each moderately soiled towel  
 20 points if the towel is completely saturated with blood

**Tampons**  
 1 point for each lightly stained tampon  
 5 points for each moderately soiled tampon  
 10 points if the tampon is completely saturated with blood

**Clots**  
 1 point for small clots  
 5 points for large clots

Source: U.K. Haemophilia Society, A Guide for Women Living with von Willebrand's

#### Total PBAC Score

PBAC Total = Day-1 + Day-2 + Day-3 + Day-4 + ... (until end of cycle) = result

#### Interpretation-----PBAC Scoring

1. Severe hypomenorrhea 0-20 ML (very scanty flow)
2. Moderate hypomenorrhea 21-40ML
3. Mild hypomenorrhea 41-80ML
4. Normal to Heavy >80ML

#### Principles of treatment- USOOL-E-ILAJ

The Unani treatment is known as **Ilaj bil Zid** meaning the medicine which has the opposite Mizaj (Temperament), Ghair tabayee mada (abnormal humor) such as Ghair Tabayee Balgham vo Sauda [6, 11].

#### CONSUMPTION OF UNANI JOSHANDA (DECOTION)

#### If Barid Mizaj---Munziji Wa Mushil-e-Balgham [2, 3]

One week prior to the onset of menstruation (Ayam-e-Haiz): Tukhme Kadh, Tukhme Qarpaza, Badiyan, Parsiyosha, take

4grms of each ingredient and Sharbat-e-Bazoori - 4 Tola, grind all ingredients into a fine semi-solid paste, boil the paste in 375 ml of water until the volume reduces by half and add Sharbat-e-Bazoori to the decoction and mix thoroughly.

#### **If Yabis Mizaj---- Munzij-e- Sawda <sup>[2, 3]</sup>**

Gul-e-Banafsha, Gul-e-Surkh, Maveez, Munaqqa, Unnab, Shahitra, Ustukhuddus, Badranjboya, Parsiyoshan, Tukhm-e-Khatmi and Gauzaban, take all in equal quantity boil in 200 mL of water. When the decoction is ready, add 35 g of Khameera-e-Banafsha to the decoction and mix thoroughly.

#### **Mudir-e-haiz--- Emmenagogue <sup>[12]</sup>**

Buqrat (Hippocrates) states that when the color of menstrual blood becomes altered or darkened and menstruation fails to occur at the expected time or inadequate quantity, In such cases, giving Khameera Banafsha (*Viola odorata*) is beneficial for restoring and normalizing the menstrual flow <sup>[5]</sup>.

**Sāhib-e-Kāmil (Ali Ibn al-Abbās al-Majūsī):** Kamil-us-Sana'ah, describes a vaginal pessary formulation that effectively induces menstruation and prevents its recurrence. The pessary is prepared using Mazriyūn (1 dirham) and Post-e-Jao (3 dirham), moulded into 2 daniq. One pessary is wrapped in sterile cotton and inserted intravaginally so that it reaches near the cervix (Fām-e-Raḥim). A mild temporary fever may occur on the same day and menstruation usually begins the following day <sup>[5]</sup>.

- **Muqawwi-e-Jiagr:** Majun-e-dabeedul ward
- **Muqawwi-e-Azae Rayeesa:** Majun-e-Muqawwi-e-Rahim
- **Mudir-e-Haiz-Sharbat-e-Afsanteen**

#### **Ilaj-bil-Tadbeer (Regimenal Therapy)**

Life style modification, if the patient is obese, weight reduction is advice <sup>[1, 9, 12, 10]</sup>.

Hammam-e-yabis-steam bath <sup>[5, 9]</sup>.

Wareed-e-safin- 2-3 days prior to the expected menstrual cycle <sup>12</sup>

Hijama-on the lower limb and below the breast <sup>[5, 11]</sup>

Takmeed - Hot formentation (apply hot formentation on the umbilicus region for 10mnts, 2 to 3times per day) <sup>[10]</sup>

Baqoor <sup>[12]</sup>

#### **Ilaj-bil-Ghiza-Dieto Therapy**

Faqr-ud-dam (anemia) or Zoaf-e-Jismani (General physical weakness)- kusht-e-Faulad, Sharbat-e-Anaar, Jawarish-e-Jalinoos, kushta Khabsul Hadeed.

Easily digestable Nutrious food (Zood-Hazam Ghiza)-Milk, Ghee <sup>[2, 9, 10]</sup>

#### **Discussion**

Hypomenorrhea, or Qillat-e-Haiz, represents a multifactorial menstrual disorder described extensively in both Unani and modern medical literature. The present review highlights the convergence of classical humoral concepts with contemporary pathophysiological understanding, demonstrating that decreased menstrual blood flow often results from disturbances affecting the endometrium, hormonal balance, and systemic health.

In Unani medicine, the condition is primarily attributed to an alteration in the uterine temperament-from its normal

Haar-Ratab (hot and moist) <sup>[1]</sup> state to a Barid-Yabis (cold and dry) state. This shift is largely influenced by the predominance of Balgham and Sauda, which impairs the quality and quantity of blood reaching the uterus. Classical scholars such as Ibn Sina, Jurjani, and Majusi emphasized that disturbances in Akhlat Arba'a (four humors) and the functional faculties of the uterus (Quwa-e-Jaziba, Masika, and Dafiya) significantly compromise the process of menstruation. These humoral and functional imbalances provide a holistic rationale for the reduced endometrial development observed in hypomenorrhea.

Modern medicine provides a parallel explanation through the lens of endocrinology and reproductive physiology. The condition is closely associated with inadequate endometrial proliferation, HPO-axis dysfunction, hypoestrogenism, anovulation, chronic inflammatory conditions, and uterine structural abnormalities. Modern imaging and hormonal assessments corroborate the mechanisms of reduced endometrial thickness and impaired shedding, which align with the Unani description of poor nutritive supply due to defective humor formation (Su-e-Tarkib-e-Dam) or impaired circulatory support to the uterus.

A notable point of convergence between both systems is the recognition of systemic contributors such as nutritional deficiencies, metabolic weakness, psychological stress, and chronic illness. Classical Unani texts mention Zo'af-e-Jismani, Fasad-e-Dam, and hepatic weakness as contributing factors-comparable to anemia, chronic disease states, and metabolic dysfunction outlined in modern literature.

The diagnostic perspectives also complement one another. While modern methods rely on hormonal assays, ultrasonography, and structured scoring tools like the PBAC, Unani assessment focuses on temperament analysis, humor evaluation, and symptom-based interpretation.

Management strategies in both systems emphasize addressing underlying causes rather than solely relieving symptoms. Unani treatment incorporates Ilaj-bil-Zid (therapy based on opposite temperament), use of Munzij-o-Mushil regimens, Mudir-e-Haiz drugs, vaginal pessaries, regimental therapies like Hammam, Hijama, Takmeed, Baqoor, and dietary modifications. These interventions aim to correct temperament, improve humor quality, and enhance the functional capacity of the uterus. Modern management, meanwhile, targets hormonal regulation, treatment of infection, correction of anemia, and restoration of endometrial thickness.

The integration of Unani and modern principles offers potential advantages. While modern medicine provides precise diagnostic and pharmacological tools, Unani adds a holistic layer focusing on temperament correction, systemic strengthening, and long-term balance.

Overall, hypomenorrhea appears to be a condition with both local and systemic origins, and an integrated therapeutic model may yield improved reproductive, endocrine, and psychological outcomes. Further research exploring combined diagnostic criteria, individualized temperament-based treatment protocols, and long-term follow-up results will strengthen evidence-based practice in managing Qillat-e-Haiz.

#### **Conclusion**

In both system of medicine, Hypomenorrhea represent a common menstrual disorder with significant implication for



reproductive, metabolic and psychological health, the condition arises from diverse etiological factors, including mizaj (temperament) imbalance, disturbances in the six essential principles (Asbab-e-Sitta-e-Zarooriya), humoral imbalance (ikhtilal-e-Akhlat), HPO dysfunction, thyroid imbalance and life style-related factors.

Appropriate management should not only focus on relieving symptoms, but also correcting the underlying cause and restoring systemic balance. Holistic management incorporating temperament correction, humoral regulation and modification of life style factors yields the best clinical outcomes.

Further research can establish standardised diagnostic criteria, assess the long term efficacy of individualized therapeutic strategies, overall management can significantly enhance reproductive health outcomes in woman with hypomenorrhea.

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