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## MENOPAUSE AND ITS MANAGEMENT IN UNANI SYSTEM OF MEDICINE- AN UPDATE

Mohd Shahid<sup>1\*</sup>, Iram Naaz<sup>2</sup>, Sabiha Fatima<sup>2</sup>, Tanzeel Ahmad<sup>3</sup>

<sup>1</sup>Research Associate, R.R.I.U.M, Chennai.

<sup>2</sup>PG scholar, Department of Moalajat, NIUM, Bengaluru.

<sup>3</sup>Reader, Department of Moalajat, NIUM, Bengaluru.

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### For Correspondence:

**Mohd Shahid**

Research Associate,  
R.R.I.U.M, Chennai.

### E-mail:

[drshahidkhan2005@gmail.com](mailto:drshahidkhan2005@gmail.com)

### ABSTRACT

Menopause is acknowledged as the permanent cessation of menses for 1 year and is physiologically correlated with the decline in oestrogen secretion resulting from the loss of follicular function. It is the transition phase of female which affects reproductive and sexual life. Most commonly females attained menopause after the age of 40 years or more, as it is due to hormonal changes occurring in the body that makes them vulnerable to deal with many consequences physiological and sometime pathological too. The age at menopause attained is crucial and keep the public health and clinical interest as it may reveal health and aging. Menopause and climacteric are peculiar to the human race, but in lower animals ovulation and fertility continues up to old age. In Unani system of medicine, there is no exact description of menopause but it can be revealed under *Ehtibase Tams* (cessation of menstruation) and can be correlated with *Sinne Yaas* (age of natural termination of menstruation). Zakariya maintains that menstruation ceases due to dominance of *Barid* (cold) and viscous *Akhlat* (humours) near the vicinity of uterus or its vessels due to obstruction or increased viscosity of blood. Ibn Sina stated it is the weakness of *Quwate Dafiya* (faculty of excretion) of the body which alter the normal cycle and ultimately stops the cycle. *Sinne Yaas* is the transition from reproductive to non reproductive state usually achieved at the age of 50 years, sometimes at the age of 40 years too. In this review paper we will try to evaluate the hidden truth about menopause stated in Unani system of medicine and possible treatment available after attaining the physiological milestone in a women's life.

## INTRODUCTION

First evidence about menopause in the history of mankind can be traced from Ebers Papyrus 1500 BC (1). Among humans, female is considered prime because of her reproductive ability which starts at the age of menarche (12-14 years) and continue up to menopause.<sup>1</sup> Menopause is defined as the cessation of ovarian functions resulting in permanent amenorrhoea for at least 12 months or more.<sup>2</sup> According to Indian menopausal society research, there are about 43 million menopausal women in India. Projected figures in 2026 has estimated that population in India will be 1.4 billion, people over 60 years of age 173 million, and menopausal population 103 million. Average age of menopause is 47.5 years in Indian women with an average life expectancy of 71 years.<sup>3</sup> A majority would spend one third of their life in the post menopausal stage.<sup>2</sup> Menopausal age is not related to menarche, race, socio-economic status, number of pregnancies and lactation or taking oral contraceptives. It is however directly associated with smoking and genetic disposition.<sup>4</sup> Hot flushes or night sweat (Vaso Motor Symptoms) are the commonest symptoms among many other such as insomnia, vaginal dryness, loss of libido etc. Presently in USA about 40 to 50 million women suffered by vaso motor symptoms. The most recent trend to treat the menopausal syndrome is symptomatic through hormone-based therapies. But these therapies has its limitations and not indicated for those patients having history of breast cancer, estrogen-sensitive malignant conditions, uncontrolled hypertension, any liver disease, untreated endometrial hyperplasia etc. The present scenario for advising hormone therapy is at minimal effective doses and for the shortest duration.<sup>5</sup> With so much contraindication and many adverse effects of hormone therapy, medical fraternity seek efficient and safe drugs for the relief of menopausal syndrome. As progressively usage of herbal medicine is constantly increasing day by day, reportedly about one-third of the adult population used herbal medicine in the United Kingdom. Particularly women commonly use conventional medicine for menopausal syndrome as they feel safe or because of so much contraindication of hormone based therapy.<sup>6</sup>

The primary objective of this review article is to find out the hidden truth about menopause stated in Unani system of medicine and possible treatment available after attaining the physiological milestone in a women's life.

## MODERN CONCEPT OF MENOPAUSE

Menopause comes from the Greek word "*Menos*" meaning menstruation and "*pause*" meaning cessation of menstruation. Therefore menopause is defined as a time of stoppage of

menstruation.<sup>1</sup> The term “menopause” and “climacteric” are often used synonymously but they refer to essentially different conditions. The climacteric is the counterpart of puberty and is a transitional phase lasting from 1 year to 5 years during which the genital organs involute in response to the cessation of gonadal activity. The menopause is the counterpart of menarche and refers only to cessation of menstruation; it is merely one manifestation of the climacteric (change of life) and precedes complete cessation of ovarian function by several months or years. The interval between the two may in part be explained by the secretion of oestrogen by the adrenal cortex or by the ovarian stroma. Hyperplasia of the stroma of ovarian cortex is described as a frequent finding in women aged 40-60 years, and is a postulated source of oestrogen, even after menopause. Menstrual functions may cease suddenly without warning, but the menopause is most often heralded by a gradual decrease in the amount and frequency of blood loss during several months or years. Excessive and prolonged bleeding is never a feature of the normal climacteric or approaching menopause. The menstrual cycle ceases because the ovaries cease to react to the stimulus of the anterior pituitary gland. This is related to the disappearance of all the primary oocytes which is an ageing effect. The pituitary continues to pour out gonadotrophins and indeed, being released from an inhibitive influence produces them in very large amounts. Traditionally menopause has been diagnosed retrospectively based on the lack of menstrual periods. With the advent of modern laboratory testing, menopause may now be more precisely defined as amenorrhoea, with signs of hypoestrogenaemia, and an elevated serum follicle-stimulating hormone (FSH) level of greater than 40 IU/L.<sup>4</sup>

Physical changes seen after menopause- Although in 50% of women the effect is temporarily delayed by a trickle of oestrogen from the adrenal, the whole genital tract reacts to waning ovarian function by atrophy and inactivity.<sup>4</sup> The breasts shrivel and become flat except in obese women in whom they may remain large and pendulous. The skin wrinkles, and hair grows around the chin and lips. Hypertension, cardiac irregularities and tachycardia are at times noticed after menopause. Arthritis and osteoporosis of the vertebral bones, upper end of the hip joint and wrist are related to oestrogen deficiency after menopause.<sup>2</sup> Over time this decline may be experienced as a change in the skin elasticity, altered cognitive abilities, hot flushes, night sweats, menstrual irregularities and vaginal dryness. Other symptoms such as depression, nervousness, palpitations, headache, insomnia, lack of energy, difficulty in concentration and dizzy spells are also reported.<sup>4</sup>

Libido- sexual feeling and libido may increase in some, if they feel happy to get rid of menstruation and fear of pregnancy. Many however notice decreased libido after menopause. Urinary symptoms such as dysuria, stress incontinence and urge, recurrent infections develops a little later in life.<sup>2</sup>

Late sequelae - Menopausal women with chronic oestrogen deficiency are liable to develop the following.

- Arthritis, osteoporosis and fracture
- Cardiovascular accidents such as Ischemic heart disease, Myocardial Infarction, Atherosclerosis and Hypertension
- Stroke
- Skin changes
- Alzheimer disease
- Ano-colonic cancer
- Tooth decay
- Prolapsed genital tract, stress incontinence and faecal incontinence
- Cataract, glaucoma and macular degeneration<sup>2</sup>

### Unani concept

Unani system of medicine is enriched with the concept of *Ehtibase Haiz* (amenorrhoea) but there is no exact description of menopause, nevertheless it may revealed under *Ehtibase Tams* and can be correlated with *Sinne Yaas* (age of natural termination of menstruation). Basic fundamentals of Unani system divide human life into four stages which are as follows.

1. *Sinne Namu* (up to 30 years of age, *Har Ratab Mizaj*)
2. *Sinne Shabab* (30-40 years of age, *Har Yabis Mizaj*)
3. *Sinne Kahulat* (40-50 years of age, *Barid Yabis Mizaj*)
4. *Sinne Shaikhukhat* (above 50 years of age, *Barid Yabis Mizaj*)<sup>8</sup>

Tabai *Sinne Yaas* is attained at the age of 50 years, sometimes 60 years.<sup>8</sup> As menstruation usually stops at the age of 40-50 years, it comes under *Sinne Kahulat* which is *Barid Yabis* in *Mizaj* (temperament). As *Barid Yabis* temperament is the quality of *Khilte Sauda* (black bile), we may infer that at this stage excess of *Khilte Sauda* developed in the body, makes less production of *Ratubate-Unsurya* ultimately decreases the *Hararate-Unsurya* and finally all *Quwa* (powers) of the body decreased.<sup>9</sup>

## **Etiology**

Zakariya maintains that menstruation ceases due to dominance of *Barid* (cold) and viscous *Akhlat* (humours) near the vicinity of uterus or its vessels due to obstruction or increased viscosity of blood.<sup>7</sup> Ibn Sina stated it is the weakness of *Quwate Dafiya* (faculty of excretion) of the body which alter the normal cycle and ultimately stop.<sup>10</sup>

Other causes of *Ehtebas-e- haiz* as described by various unani scholars are liver disease and obesity as blood vessels becomes narrow reducing the blood flow.<sup>9, 10 11</sup>

## **Symptoms and Sign <sup>9</sup>**

1. Anorexia
2. Giddiness
3. Nausea and vomiting
4. Headache
5. Backache
6. Pain in neck
7. Fever
8. Blackish coloured urine
9. Constipation
10. Chest pain
11. Sweating
12. Dryness of uterus
13. Various neurological disorders like anxiety, depression, memory loss etc. Complications of menopause- according to *Zakariya Razi* in long standing cases menopausal women may develop Hysteria, *Sailanur Rehem*, *Warne Har*, and *Warne Sulb* etc.

## **Management**

The clinician should adopt a holistic approach towards management of health problems of menopausal women. The women often develops pregnancy and cancer phobia. It is the duty of the gynaecologist to convince her, after thorough examination and investigations that all is well with her. The advice on contraceptives is necessary. Until menopause is well established and amenorrhoea has lasted for 12 months, couple is advised to use barrier method. Hormonal pills may not be safe from the point of view of thromboembolism. Progesterone pills or depot injections may be the alternative, but they cause irregular bleeding and depression. For anxiety,

sleeplessness, and depression mild tranquillizers can be used.<sup>2</sup> Hot flushes, sweating, changes in mood and libido are some important outcomes affecting quality of life. In modern science one and only alternative for this health hazard is HRT (hormone replacement therapy), but it has a wider range of secondary health complications like vaginal bleeding, breast cancer, endometrial cancer gallbladder diseases etc.<sup>6, 13</sup> Keeping these disadvantages in view, there is a great demand for low cost, reliable and side effect free approach for the control of menopausal symptoms. As Unani system of medicine treat mankind since centuries comprehensively, have good capabilities to treat this ailment by controlling these symptoms and plays vital role in improving the quality of life of post menopausal women.<sup>9</sup>

As described, alteration of *Mizaj* of body is one of the fundamental factors which make body to stop physiological cyclical bleeding process accompanied with stressful symptoms.<sup>4</sup> While managing symptoms of menopause; our main motto is how to facilitate *Tabiyat* for attaining the physiological *Mizaj* of patient. Every human being has been furnished with a specific *Mizaj* through which organs and systems of an individual perform his functions properly. Internal and external factors influences the human body leading to *Su' Mizaj* (altered/pathological temperament) that ultimately inflict the whole body or a specific organ in the form of disease. The Unani principle of management of disease is to correct the altered temperament. Therefore, before commencing any treatment, *Mizaj* of a patient or organ has to be evaluated.<sup>5</sup> Menopausal symptoms can be corrected by following approach.

1. *Ilaj bid-Dawa*
2. *Ilaj bil-Ghiza*
3. *Ilaj bit-Tadbeer*

#### ***Ilaj bid Dawa* (Treatment by drugs)**

It includes correction of *Su' Mizaj* and elimination of excessive morbid *Khilt*. For the purpose of correction of *Su' Mizaj Maddi*, *Munjiz* and *Mus'hil Sauda* drugs are given to patients. *Nuzj* (decoction) is the process by which *Akhlate Raddiya* (morbid humours) is made capable of evacuation from the body. *Mus'hilat* (purgatives) are the drugs that evacuate *Akhlate Raddiya* from the body given when *Nuzj* has been apparently completed. After giving *Munjiz* and *Mus'hil* drugs *Muqawiyate Reham* (uterine tonics) drugs are given to restore the *Quwat* (power) of uterus.<sup>11</sup>

If the cause is viscosity of blood obstructing the passage of menstrual blood or *Su' Miz Barid* causing narrowing and weakness of arteries, then it is better to treat with the drugs having the properties of *Talteef* (refining/attenuation).<sup>14</sup>

If the cause of *Ehtebas Tams* is *Buroodate Khoon* (excess of coldness in blood) or obesity then it is better to treat with *Maul Usool* (honey water) and Mudir drugs of *Haar* temperament like *Post Khyarshambar*, *Mashkatramshi*, *Parsiyaushan* etc.<sup>12</sup>

#### List of Munzij Sauda drugs<sup>11, 12, 14, 15</sup>

Unani name of the drug	Botanical name
Aftimoon	<i>Cuscuta reflexa</i>
Bisfaij	<i>Polypodium vulgare</i>
Halila syah	<i>Terminalia chebula</i>
Post halila kabuli	<i>Terminalia chebula</i>
Ustukhudoos	<i>Levendula steochas</i>
Turbud safaid	<i>Ipomoea turpetham</i>
Gaozaban	<i>Borage officinalis</i>
Unnab	<i>Zizyphus sativa</i>
Shahitra	<i>Fumeria officinallis</i>
Badranjboya	<i>Mellisa officinalis</i>
Badiyan	<i>Foeniculum vulgare</i>
Sapistan	<i>Cordia latifolia</i>
Aslusoos	<i>Glycyrrhiza glabra</i>

#### List of Mus'hile Sauda drugs<sup>11, 12, 14, 15</sup>

Unani name of the drug	Botanical name
Shahm hanzal	<i>Citrullus colocynthis</i>
Aftemoon vilayati	<i>Cuscuta epithymum</i>
Khurbuq syah	<i>Hellebores niger</i>
Ghariqoon	<i>Agaricus albus</i>
Maghz-e-jamal ghoti	<i>Coroton tigilium</i>
Panwar	<i>Cassia tora</i>
Haleela syah	<i>Terminalia chebula</i>
Turbud	<i>Ipomea turpethum</i>

#### List of compound drugs used in the management of menopausal symptoms<sup>16</sup>

1. Majoon Najah	2. Majoon Lana
3. Itrifal Zamani	4. Dawaul Misk
5. Khamera Marvareed	6. Joshanda Aftimoon
7. Mufarreh Barid	8. Khamera Abreesham
9. Majoon Dabeedul ward	10. Motadil Sharbat Ahmad Shahi

***Ilaj Bil-Ghiza (Treatment by Diet)***

According to the temperament, diet can be divided into *Garm khushk*, *Sard khushk*, *Garm tar* and *Sard tar*. Every food to be used has its temperamental effects on the body and according to this, temperament of body changes like *Garm*, *Sard*, *Khushk* or *Tar*. Likewise there is a large group of diseases related to changes in *Garmi*, *Sardi*, *Khushki* and *Tari* of individual temperament. This is called *Su' Mizaj*. The treatment of *Su' Mizaj* includes the use of food items having the temperament exactly opposite to the temperament of disease. This is called *Ilaj- bil-zid*. As the *mizaj* of menopausal women is *Barid yabis* so food items having *Har ratab mizaj* will be helpful. For this purpose dry fruits like *badam*(*prunus amygdalus*), *nariyal*(*coco snucifera*), *kaju* (*anacardium occidentale*), *pista*(*pistachio vera*), *kishmish* (*vitis vinifera*), *munaqa* (*vitis vinifera*) are used. *Khajoor*, *injeer*, *gazar*, *milk*, *butter*, *half boiled egg*, and *jiggery* should also be used.<sup>17</sup>

Frequent meal but small in quantity is recommended by Unani physicians. They believe that different types of food should be given to aged/older people, but the quantity and quality of diet should be according to their digestive capacity. The digestive faculty of menopausal women is weak and physical work is also minimal, so they should take less amount of food. *Ghaleez* and *sakeel* diet which are poor to digest like *Hareesa*, *khushk ghosht*, *tanoori roti*, *masoor ki dal* etc are better to be avoided. The food items which produce flatulence should be avoided. For example cauliflower, brinjal, kathal, arvi etc. These all are called as *Badi ghizayen*.<sup>9</sup>

Secretion from stomach and intestine must be excreted out by using mild laxatives. Beet root and spinach are specially advised in meals as these are good laxatives. Green vegetables like *Kasni*, *Kahu*, *Khabbazi*, *Chukandar*, *Zanjabeel* may be advised. Regarding non vegetarian diet, chicken or goat meat is recommended. Salty and spicy foods should be avoided as these produce dryness in the body.<sup>10</sup> *jayadul qaimoos ghizaen* like half boiled egg, *shorba ghosht murgh farba*, milk and sweets are advised.<sup>12</sup>

***Ilaj bit-Tadbeer (Regimental therapy)***

- Patient should take complete rest.
- In this age a vast variety of free radicals are present in the body which are harmful for the human life. To overcome this situation *Motadil Riyazat*(moderate exercise) is advised regularly for elderly people. *Motadil Riyazat* has the capability to produce *musakkhin* effect in the body and it also expels out harmful substances from the body, enhances the immunity and prevent various diseases like hypertension, diabetes mellitus, osteoarthritis etc.<sup>9</sup>

- Dalak – *Motadil Dalak* is advised by unani physicians. *Dalak* should be done with or without oil according to the condition of the body. Weak parts of the body should be avoided during *dalak*. *Har oils* should be used as they produce *Taskheen* in the body like, *roghane zaitoon*, *roghane badam* etc.<sup>9</sup>
- *Nutool* and *Hammam* are also recommended.<sup>9</sup>
- *Fasd of Rag-e- Safin* is indicated .<sup>9</sup>
- *Hijamah* is also indicated in *Alqanoon* and it is beneficial too especially in obese women.<sup>11</sup>

## CONCLUSION

Presently more than 10 percent women experience menopausal syndrome and distress them. The most famous treatment available is hormone replacement therapy but with so many side effects and many women are unable to cope up with it. Although Unani system is unable to define clearly the titled syndrome, but as modern system treat the syndrome symptomatically we can also manage it with suitable results without any side effect. Unani system have so many single and compound drugs combination for the treatment of menopausal symptoms, but evidence based study need to be done in future for confirming the claims.

## REFERENCES

1. Magner LNA History of Medicine New York; Marcel Dekker; 33-34.
2. K. Monika, Meena K. L, V Prabhaker. Review of menopausal syndrome and scope of Rasayan Therapy in its management Punarna V. An International Peer Reviewed Ayurvedic Journal, 2014, 1-15.
3. Howkins and Bourne Shaw's Textbook of gynaecology 15th edition, 60-67.
4. Unni J. Third consensus meeting of Indian Menopause Society 2008; a summary. J Midlife Health. 2010 Jan-Jun; 1(1): 43-47.
5. Sussman M et al. Prevalence of menopausal symptoms among mid-life women: findings from electronic medical records. BMC Women's Health (2015) 15:58.
6. Currie H, Cochrane R. The menopause: risks and benefits of available treatments. Prescriber January 2013, Drug review The menopause. Available at [www.prescriber.co.uk](http://www.prescriber.co.uk). (15/04/16).
7. Malhotra N, Kumar P. Jeffcoate's Principles of Gynaecology. jaypee brother's medical publishers, New Delhi. 2014, 82-88.
8. Ahmad HSI, Al-Umoor Al - Tbiyah (Principles of human physiology in tibb) 1<sup>st</sup> ed. CCRUM 2009; 44, 129.
9. Bhat S.A et al. Understanding Basics of Menopause in Greco-Arab Medicine; A Review Public Health and Preventive Medicine vol 1; 2015; 58-61.
10. Zakariya Al- Razi Kutab Al –Hawi vol. 9; CCRUM 2001; 153-154.
11. Sina I. Alqanoon vol 1; Idara kitab-us-shifa (translated by GH Kantoori ). 1095-1097
12. Khan MA. Al Akseer vol 2; New Delhi: Idara Kitabush Shifa; 2003. 1356-1358.
13. Dutta DC. Textbook of Gynecology 6<sup>th</sup> edition, 2013; 60-63.
14. Jurjani I (1896). Zakheera Khwarzam Shahi. (Urdu translation by Hadi Hasan Khan ) vol 2. Part 6<sup>th</sup>. Lucknow: Matba Munshi Nawal Kishore; 22-40.
15. Majoosi ABA. Kamil-us- Sana. Idara Kitab us-Shifa, New Delhi, 2010; 486.
16. Hamdani SKH Usool-e-Tibb 1<sup>st</sup> edition, New Delhi, Qaumi Council Braye Farogh Urdu Zaban 2011; 46, 56.
17. Qureshi HEH, Ilaj Bazariye Ghiza New Delhi, Qaumi Council Baraye Farogh Urdu Zuban 1999; 27, 45.