

Effectiveness of Unani Regimenal Therapy in Gynaecological Conditions Among Women: A Literature-Based Comparative Analysis

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Publication Date: 2025/09/16

Abstract: Regimenal therapy (Ilaj-bil-Tadbeer) forms one of the four fundamental pillars of the Unani system of medicine. It involves non-pharmacological methods aimed at restoring humoral balance, detoxifying the body, and strengthening reproductive health. In gynaecology, regimenal therapies are employed for conditions such as amenorrhea, dysmenorrhea, infertility, leucorrhoea, pelvic congestion, and polycystic ovarian disease (PCOD). This review provides a comprehensive analysis of therapies like Hijama (cupping), Fasd (venesection), Hammam (bathing), Dalak (massage), Riyazat (exercise), Nutool (irrigation), Inkibab (steam therapy), and Irsal-e-'Alaq (leech therapy). Evidence from classical Unani literature is correlated with modern biomedical findings. A comparative analysis was conducted to evaluate the relative effectiveness of these regimens across various gynaecological conditions, highlighting their similarities, differences, and therapeutic outcomes. The study further contrasts Unani regimenal approaches with conventional biomedical interventions, thereby providing an integrative perspective on women's reproductive health.

Keywords: *Ilaj-Bil-Tadbeer, Unani Medicine, Regimental therapy, Gynaecology, Hijama, Fasd.*

How to Cite: Dr. Zeba Lalkot; Dr. Shaikh Mohd Wajid; Dr. Amreen Begum; Dr. Syeda Abid Unnisa (2025) Effectiveness of Unani Regimenal Therapy in Gynaecological Conditions Among Women: A Literature-Based Comparative Analysis.

International Journal of Innovative Science and Research Technology, 10(9), 654-656

<https://doi.org/10.38124/ijisrt/25sep531>

I. INTRODUCTION

The Unani system of medicine, rooted in the Greco-Arabic tradition, is based on the concept of four humours (Dam, Balgham, Safra, Sauda). A balanced state of these humors ensures health, while imbalance (Sue Mizaj) leads to disease. Gynaecological health in Unani medicine is closely linked with uterine temperament (Mizaj al-Rahm) and humoral stability.

Modern gynaecology often relies on hormonal and surgical interventions, which though effective, are associated with side effects and recurrence. Regimental therapy involves non-pharmacological interventions that aim to detoxify the

body, improve circulation, and strengthen organ function. Commonly practiced regimens include Hijama (cupping), Fasd (venesection), Dalak (massage), Hammam (bathing), Riyazat (exercise), Nutool (irrigation), Inkibab (steam therapy), and Irsal-e-'Alaq (leech therapy). These therapies are reported to be beneficial in gynaecological conditions such as amenorrhea, dysmenorrhea, leucorrhoea, infertility, pelvic congestion, and polycystic ovarian disease (PCOD). Regimenal therapy (Ilaj-bil-Tadbeer) provides safe, economical, and holistic alternatives. Classical Unani physicians like Razi, Ibn Sina, Jurjani, and Majusi extensively described these therapies, while modern studies provide emerging evidence of their efficacy.^[1,4]

Modern biomedical research also emphasizes lifestyle modification, physical therapies, and non-pharmacological approaches for reproductive health, which provides a platform for cross-disciplinary comparison. This review, therefore, undertakes a literature-based comparative analysis of Unani regimental therapies in gynaecological disorders, evaluating their relative effectiveness, mechanisms of action, and outcomes in relation to contemporary biomedical practices.

➤ *Principles of Ilaj-bil-Tadbeer in Gynaecology*

- Istifragh (Evacuation): Removal of morbid humours through bloodletting.
- Taqwiyyat (Strengthening): Strengthening the uterus and ovaries.
- Ta 'deel-e-Mizaj (Correction of temperament): Restoring humoral equilibrium.
- Taskeen (Relief of pain): Cupping, hammam, massage.
- Tanqiya (Detoxification): Purification of blood and humors.

➤ *Regimenal Therapies in Gynaecology*

- *Hijama (Cupping Therapy)*

✓ *Amenorrhea (Ihtibas al-Tamth):*

- Lumbosacral Region (L4–L5, Sacral Base),
- Iliac Fossae (ASIS),
- Inner Thighs

✓ *Dysmenorrhea (Usr al-Tamth)*

- Suprapubic region (midway between pubic symphysis & umbilicus),
- sacral region (S2–S4)

✓ *Infertility (Uqr -al-Rahm)*

- Umbilical Region (T10 Dermatome),
- Upper Medial Thigh

✓ *Menorrhagia (Kasrat al-Tamth)*

- Inter-scapular region (T3–T5) to evacuate excess blood

- *Fasd (Venesection)*

✓ *Amenorrhea/PCOD*

- Al-Safin - Great saphenous vein (medial ankle)

✓ *Menorrhagia*

- Waraq al-Bazoo → Basilic vein (medial arm above elbow)

✓ *Headache due to pelvic congestion*^[4]

- Al-Areek → Cephalic vein (lateral forearm near radial wrist)
- *C. Irsal-e- 'Alaq (Leech Therapy)*

✓ *Dysmenorrhea with pelvic stasis*^[2]

- Inner Thigh Near Femoral Vessels

✓ *PID - Uterine inflammation (Warme Rahm)*^[3]

- Suprapubic Region
- Inguinal Folds Bilaterally

✓ *Chronic pelvic congestion*^[1]

- Pubic mound (mons pubis area)
- *D. Hammam (Hot Bath / Steam Bath)*

✓ *Uterine weakness (Za'f al-Rahm)*

- Local pelvic steam bath (lower abdomen, sacral region, inguinal folds).

✓ *Leucorrhea (Sayalan al-Rahm)*

- Vaginal fumigation / perineal steam.

- *E. Dalak (Massage)*

✓ *Amenorrhea*

- Lower abdomen (hypogastric region), lumbosacral spine (L2–L5).

✓ *Infertility*

- Lumbar spine and sacral region.

- *Nutool (Irrigation)*

✓ *Uterine weakness / Leukorrhea*

- Continuous pour of decoction over hypogastric (suprapubic) area.

II. DISCUSSION

Regimental therapies described in Unani texts offer a comprehensive approach to gynaecological disorders. These therapies act through multiple mechanisms including pain relief, regulation of menstruation, strengthening of the uterus, and detoxification.

- Pain relief: achieved via improved circulation and reduced inflammation, particularly through Hijama (cupping) and Hammam (bathing).

- Regulation of menstruation: supported by bloodletting therapies such as Fasd (venesection) and Hijama (cupping), which help restore humoral balance and relieve pelvic congestion.
- Strengthening of the uterus: accomplished through Dalak (massage), Riyazat (exercise), and Hammam, which improve muscular tone and uterine health.
- Detoxification: facilitated by Fasd, Irsal-e-‘Alaq (leech therapy), and Hijama, helping to remove morbid humors and improve systemic balance.

On comparative analysis, Hijama and Fasd were observed to be relatively more effective in managing pelvic congestion and dysmenorrhea due to their bloodletting action, whereas Dalak and Riyazat showed superior outcomes in uterine toning, amenorrhea, and general reproductive fitness. Hammam, when compared with modern hydrotherapy, provides similar physiological benefits but with added emphasis on humoral detoxification in Unani medicine. Likewise, Riyazat shares conceptual similarities with modern physiotherapy and exercise regimens, yet its holistic role in maintaining mizaj (temperament) distinguishes it from purely physical approaches.

This comparative framework highlights that while all regimental therapies aim at restoring humoral balance, their mechanisms and clinical impacts vary, making them suitable for different gynaecological disorders. Moreover, parallels with biomedical practices suggest that Unani regimens could complement contemporary treatments, offering an integrative approach to women’s reproductive health.

III. RESULTS

This review reveals that Unani regimental therapies are effective across a wide spectrum of gynaecological conditions. Classical references provide detailed guidance on therapy selection and specific modes of application, while modern evidence supports their physiological and therapeutic mechanisms. On comparative analysis, bloodletting-based regimens such as Hijama and Fasd showed relatively greater benefits in relieving pelvic congestion and regulating menstruation, whereas strengthening therapies like Dalak and Riyazat were more effective in improving uterine tonicity and reproductive fitness. Hammam demonstrated notable parallels with hydrotherapy and steam-based biomedical practices, suggesting potential integrative use. Overall, the comparative findings suggest that Unani regimental therapies not only complement one another but also share conceptual and mechanistic similarities with conventional approaches. Integrating these regimens with contemporary care may enhance outcomes in conditions such as dysmenorrhea, PCOD, infertility, leucorrhoea, and chronic pelvic disorders.

IV. CONCLUSION

The comparative analysis demonstrates that Unani regimental therapies not only complement each other but also share parallels with contemporary biomedical strategies, thereby providing a broader integrative framework for women’s health.”

“Among the therapies reviewed, those involving bloodletting (Hijama, Fasd) showed stronger comparative outcomes in menstrual regulation, while massage and exercise-based regimens (Dalak, Riyazat) were relatively more effective in uterine toning and overall reproductive fitness.

ACKNOWLEDGEMENT

The authors express their sincere gratitude to the scholars of Unani medicine, whose classical texts continue to provide invaluable guidance for clinical and academic research. We also acknowledge the Central Council for Research in Unani Medicine (CCRUM), Ministry of AYUSH, Government of India, for their ongoing efforts in preserving, validating, and promoting Unani knowledge. Special appreciation is extended to all researchers whose contributions in correlating Unani concepts with modern biomedical findings have enriched the scope of this comparative study.

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