

Unani Perspective on Polymenorrhea (*Kathrat-i-Hayd*): Understanding Etiology and Pathogenesis

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Abstract

Menstrual disorders have long been a subject of significant concern for gynaecologists and physicians, both in ancient and modern times, due to their profound impact on women's health. Among these, Polymenorrhea represents one of the most prevalent complaints among menstruating women, affecting approximately 5–15% of the adult female population. It adversely influences physical, emotional, and social well-being, thereby diminishing the overall quality of life. Polymenorrhea refers to abnormally frequent or shortened menstrual cycles, which may occur as a physiological variation or as a manifestation of underlying pathological conditions. Under normal circumstances, menstruation follows a cyclical pattern lasting up to seven days; however, deviations in frequency or duration may indicate menstrual dysfunction. In the Unani system of medicine, this condition is referred to as *Kathrat-i-Hayd*, denoting excessive menstrual bleeding. When the bleeding persists beyond the normal menstrual period or occurs irregularly on non-menstrual days, it is termed *Istihaza*. The Unani scholars have elaborated extensively on its causes, underlying mechanisms, and management strategies. This paper aims to elucidate the etiological factors and pathogenesis of *Kathrat-i-Hayd* as described in classical Unani literature, thereby contributing to a deeper understanding of its conceptual and clinical significance.

Keywords: Polymenorrhea, *Kathrat-i-Hayd*, Unani medicine

INTRODUCTION

Menstrual irregularities are among the most common gynaecological complaints affecting women of reproductive age. Polymenorrhea is defined as frequent menstrual cycles occurring at intervals of less than 21 days^{1,2}. In contrast to the average menstrual cycle length of 28 ± 7 days, Polymenorrhea may lead to more than one menstrual episode in a calendar month. Though often benign and transient, recurrent Polymenorrhea can indicate underlying pathology and may lead to complications such as anaemia and infertility³. It may be caused by hormonal, structural, or systemic factors. Hormonal causes include luteal phase defect (insufficient progesterone), anovulation during menarche or perimenopause, thyroid dysfunction (both hypo and hyperthyroidism), and hyperprolactinemia, which affects ovulatory cycles. Structural causes include uterine fibroids, endometrial polyps, and Adenomyosis. Systemic and iatrogenic factors such as bleeding disorders (e.g., von Willebrand disease), hormonal contraceptive use, chronic illnesses, and stress also contribute to frequent menstruation^{3,4}.

Polymenorrhea affects around 5–15% of women of reproductive age and is more common during

adolescence and perimenopause due to hormonal fluctuations³. A study in rural India reported that about 9% of women experienced menstrual cycles shorter than 21 days, often associated with stress, malnutrition, or thyroid issues⁵. Despite its prevalence, it is frequently underreported due to social stigma and limited healthcare access.

In the Unani system of medicine, this condition is referred to as *Kathrat-i-Hayd*, where *hayd* (menstruation) is a natural process for *tanqiya-i-madda* (evacuation of morbid matter), from the body, particularly from the uterus^{6,7}.

Classical Unani scholars, including Ibn Sīnā, Rāzī, and Jurjānī, have described *Kathrat-i-Hayd* in terms of imbalance of the humors (*Akhlat*), temperament (*Mizāj*), and faculties (*Quwa*) of the uterus. The excessive and frequent flow of menstrual blood is generally due to *Sū-i-Mizāj Hārr Ratb Māddī* (Morbid hot temperament with substance) and *Sū-i-Mizāj Bārid Sāda*, (Morbid cold temperament), *ghalba-i-dam* (dominance of blood), or *ghalba-i-harārat* (excessive heat) in the uterus, both of which accelerate the excretion of blood^[8,9]. In addition, impairment in the *Quwwat Dāfi'a* (expulsive power) and

Quwwat Māsika (retentive power) may alter the natural rhythm of menstrual discharge^{10,11,12}.

ETIOLOGY OF KATHRAT-I-HAYD

In Unani medicine, the causes of *Kathrat-i-Hayd* (Polymenorrhea) are broadly categorised into two main types: one is related to the uterus and the other is related to the blood^{13, 14}. Uterine causes are numerous and include morbid uterine temperament, either hot and dry or cold and dry, which alters the function of the uterus¹⁴. Weakness of uterine blood vessels^{14, 15}, the presence of ulcers or wounds in the uterine lining^{7,11,13,16} and the opening or rupture of uterine vessels due to strong humors^{12,13} are all considered contributing factors. Other uterine causes include uterine trauma, irritation, prolapse or displacement, and conditions such as pruritus uterii or haemorrhoids^{7,17,18}. The weakness of *Quwwat Māsika* (retentive power of the uterus) is also an essential factor in the pathogenesis, making the uterus unable to hold blood properly^{10,11,12}.

From a humoral perspective, excess moistness and wet temperament can also stimulate frequent bleeding^{7,9,16}. The stretching or contraction of uterine vessels can lead to bleeding^[12]. Furthermore, although the blood is normal in quality and quantity due to weakness, the body is unable to hold it.¹⁴ Thin, or light blood or *Hiddat khoon*, increases fluidity and movement, causing excessive bleeding^{11,15}. In some instances, *Imtilā'-i-Damawī* in the uterus, leading to frequent menstruation^{12,17,18}.

In addition to these, several other systemic or external factors contribute to *Kathrat-i-Hayd*. Weakness of the body's defence mechanism (*tabi'at*), difficulty during labour, excessive sexual intercourse during menstruation, and injuries caused by physical activities such as jumping or climbing stairs are also causes of excessive bleeding^{13,14,18}. The consumption of hot and strong substances, liver or kidney atrophy, tuberculosis,

and miscarriage further aggravate the condition^{12,17,19}. According to Buqrat, Excessive or insufficient menstrual bleeding is harmful. Excessive bleeding can make the liver's temperament cold, while insufficient bleeding can lead to various diseases^{11,16}.

Polymenorrhea (*Kathrat-i-Hayd*) is a menstrual disorder marked by frequent bleeding at intervals shorter than 21 days, with significant effects on women's physical and reproductive health. In Unani medicine, it is caused by morbid temperament of the uterus, excess *dam* (blood), and weakness of *Quwwat Māsika* (retentive power) and strong *Quwwat Dāfi'a* of the uterus^{10,14}. The condition may lead to anaemia, fatigue, and infertility, along with emotional distress and reduced quality of life²⁰. While modern medicine relies on hormonal therapies with potential side effects, Unani treatment focuses on lifestyle (*Tadābīr*), diet (*Ghidhā*), and natural remedies like *qabiz* and *musakkin* drugs^{21,22}. This review of literature is essential to understand the underlying causes and pathogenesis of Polymenorrhea, which is essential to formulating an effective and appropriate treatment approach.

MATERIAL AND METHOD

A systematic review was conducted using both offline and online sources. Offline sources included Maulana Azad Library (MAL) and Ajmal Khan Tibbiya College Library (AKTC) at AMU, Aligarh, along with the Regional Research Institute of Unani Medicine (RRIUM) and various seminar libraries. Online sources comprised databases like Cochrane Library, PubMed, Scopus, AYUSH Portal, Internet Archive, Google Scholar, Research Gate, and Rekhta Books. Primary sources consisted of original works by renowned Unani scholars, such as *Al-Qānūn fi'l Tibb*, *Kāmil al-Šanā'a al-Tibbiyya*, and *Kitāb al-Kulliyāt*. Secondary sources included translated classical texts and books like *Kulliyāt-Qānūn* and *Jame ul Hikmat*. Tertiary sources involved journal articles, dissertations, and other relevant publications.

RESULTS

Table 1: Causes of *Kathrat-i-Hayd*

<i>Kathrat-i-Hayd</i>		
<i>Sū'-i-Mizāj</i>	TYPE OF ASBĀB	SABAB
<i>Sū'-i-Mizāj HārrRatb Māddī</i>	<i>Asbāb Wāṣila</i>	<p>Morbid uterine temperament</p> <p>Morbid, hot, and dry temperament of the body</p> <p>Morbid wet temperament</p> <p>Excess of moistness and wetness</p> <p>Weakness of retentive power</p> <p>The excessive function of the expulsive power is due to the irritant humor or an excess of blood</p> <p>Excessive blood in the body</p> <p><i>Imtilā'Damawī</i></p> <p>Heat causes blood to expel</p>

	Asbāb Bādiya	Consumption of hot or strong substances
	Asbāb Musakhkhina,	Morbid, hot and dry temperament of the body Heat causes blood to expel Consumption of hot or strong substances
	Asbāb Muraṭṭiba	Morbid wet temperament Excess of moistness and wetness in the body Excessive blood in the body <i>Imtilā'Damawī</i>
Sū'-i-Mizāj Bārid Sāda	Asbāb Wāṣila	Morbid cold and dry temperament of the body Weakness of retentive power
	Asbāb Mubarrida	Morbid cold and dry temperament of the body

DISCUSSION

Through a thorough literature review, the general causes of *Kathrat-i-Hayd* were classified into *Asbāb-i-Maraḍ* and *Asbāb Sū'-i-Mizāj*, as illustrated in Table 1. Such as *Asbāb Sābiqa* (Remote Causes), *Asbāb Wāṣila* (Immediate Causes), *Asbāb Bādiya* (external causes). Among the hot causes (*Asbāb Musakhkhina*) are hot and dry temperament, heated melancholic humors, and consumption of hot substances^{9,13,14}. Cold and dry temperament (*Asbāb Mubarrida*), excess moisture (*Asbāb Muraṭṭiba*), or dryness (*Asbāb Mujaffifa*) are also able to alter the balance of the uterine temperament, which leads to menstrual irregularities^{7,15,16}.

The pathogenesis of *Kathrat-i-Hayd* (Polymenorrhea) in Unani medicine is associated with an imbalance in the *Mizāj* (temperament) and derangements in the *Quwa* of the uterine system. This is shown in Figures 1 and 2. The findings of this study are consistent with classical Unani literature, which states that *Kathrat-i-Hayd* can be caused by *Sū'-i-Mizāj Hārr Raṭb Māddī*, wherein *Asbāb Wāṣila*, *Asbāb Bādiya*, *Asbāb Musakhkhina*, and *Asbāb Muraṭṭiba* contribute to its development. The condition is characterised by an excess of moistness and wetness^{7,9,13,14,15,16} and an increased quantity of blood within the body^{11,12,13,15,16}, leading to *Imtilā'Damawī* in the uterus^{12,15,17,18}. Due to the excess of heat, the blood becomes thinner in consistency^[7,9,11,12,13,15,16]. Since the blood is both excessive in quantity and thin in nature^{7,9,11,12,13,15,16}, the *Quwwat Māsika* (retentive power) of the uterus becomes overburdened and

weakened due to excess of action to retain it^{10,11,12}. Moreover, as the humour involved is irritant in nature and the blood is present in excess, the *Quwwat Dāfī'a* (expulsive power) of the uterus becomes hyperactive^[10], resulting in the frequent expulsion of blood and ultimately leading to *Kathrat-i-Hayd*.

Similarly, *Kathrat-i-Hayd* may also be caused by *Sū'-i-Mizāj Bārid Sāda*, wherein *Asbāb Wāṣila* and *Asbāb Mubarrida* play a key role. This condition is associated with a morbid, cold, and dry temperament of the body^{7,14}, which leads to weakness of the uterine powers. (as *Sū'-i-Mizāj Bārid* causes weakness of organs). It causes Weakness in the *Quwwat Māsika* (retentive power) of the uterus^{10,11,12}. So, due to the weakness of retentive power, blood cannot be retained in the body; it is expelled and leads to *Kathrat-i-Hayd*.

These theoretical insights align with the Unani perspective on temperament imbalance and its contribution to menstrual irregularities. They highlight the significance of assessing both qualitative and quantitative disturbances in blood and temperament when evaluating patients with Polymenorrhea (*Kathrat-i-Hayd*). This understanding emphasises the necessity of a comprehensive diagnostic approach that integrates *Mizāj* based assessment with modern evaluations of hormonal and structural factors. Effective management involves strengthening the uterine musculature through *Muqawwī raḥīm* (uterine tonics), regulating the humor, and promoting overall balance through *Tadābīr* (Regimenal therapy).

PATHOGENESIS OF KATHRAT-I-HAYD

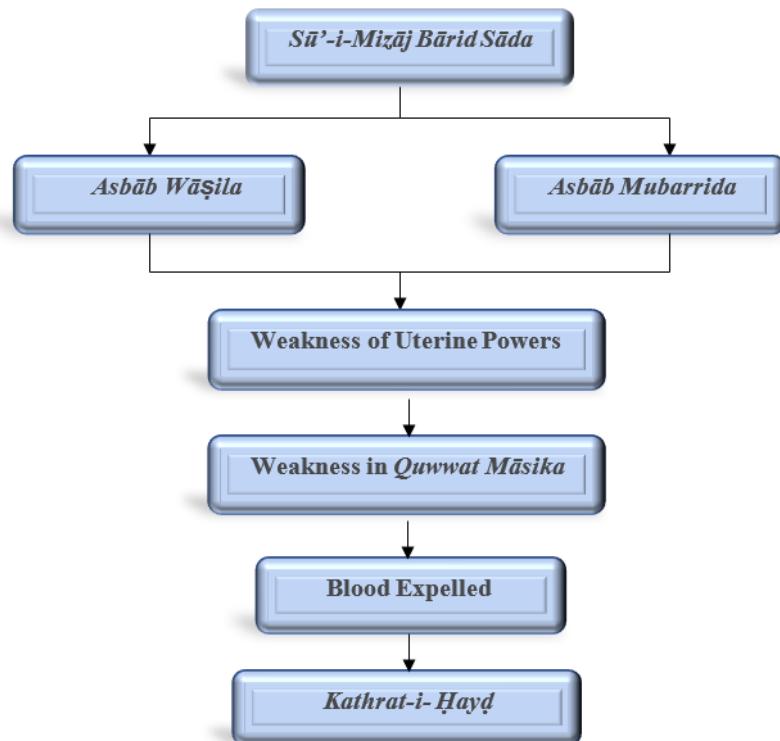


FIGURE: 1

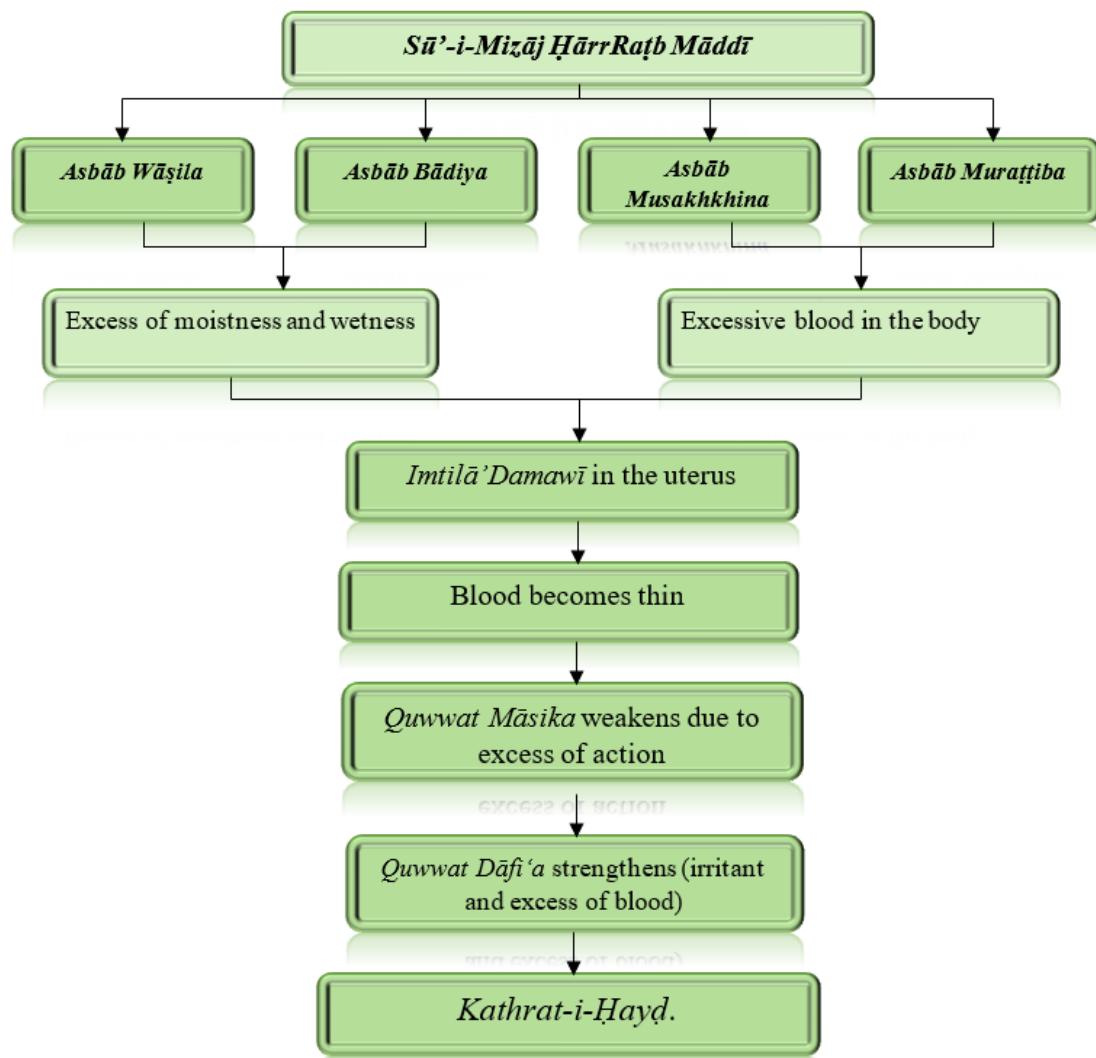


FIGURE: 2

CONCLUSION

Kathrat-i-Hayd is becoming more common today due to lifestyle changes, stress, and poor nutrition. It can lead to problems such as infertility, weak bones, delayed physical and emotional growth, and poor overall health. Understanding its causes and mechanisms through the Unani system helps in achieving better diagnosis and treatment.

Unani scholars have explained the causes of Polymenorrhea in great detail. They describe it as resulting from changes in temperament (*Sū'-i-Mizāj*), imbalance in body humors (*Akhlāt*), weakness in the uterine faculty (*Quwa*). By identifying the exact cause, treatment can be planned according to Unani principles, which focus on restoring balance in the body naturally.

In modern medicine, many gynaecological problems, such as PCOD, AUB, and premature ovarian failure, still lack clear causes and complete cures. Most treatments rely on hormones, which may have side effects. Unani medicine, with its holistic and temperament-based approach, offers a broader and more natural understanding of the disease process. Therefore, studying the Unani concept of etiopathogenesis can help improve the management of Polymenorrhea and related disorders even in the modern era.

Conflict of Interest: No conflict of interest.

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