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Research Article

Efficacy of *Hijamah Bila Shart* (Dry Cupping) in Primary Dysmenorrhea: A Research Article

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ABSTRACT

Usr-e-Tams (Dysmenorrhea) is the most common of gynecologic complaints. It affects half of all female adolescents today and represents the leading cause of periodic college/school absenteeism among that population. Since ancient times, *Hijamah bila Shart* (Dry cupping) is a method of treatment for this disease. Therefore, objective of this preliminary study was to evaluate the efficacy of *Hijamah bila Shart* on intensity of pain in *Usr-e-Tams* by using verbal multi-dimensional scoring system. It was conducted on 40 patients. Patients suffering from primary dysmenorrhoea with regular cycles, age group 15-40years were selected. For dry cupping, two glass cup of medium size were applied below the umbilicus for 20 minutes on day 1 and/or day 2 of the menstrual phase for one cycle and pain intensity was assessed by verbal multi-dimensional scoring system for pain before and after the treatment.

Keywords: Dysmenorrhea, *Hijamah bila Shart*, Dry cupping, *Usr-e-Tams*

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BACKGROUND

Menstrual disorders are a common presentation by late adolescence, 75% of girls experience some problems associated with menstruation¹. Dysmenorrhea is a Common problem in women of reproductive age. Primary dysmenorrhea is defined as painful menses in women with normal pelvic anatomy usually begins during adolescence² and it occur about 50% of menstruating females³ It is unusual for symptoms to start within first six months after menarche. Affected women experience sharp, intermittent spasm of pain usually concentrated in the supra pubic area. Pain may radiate to the back of the legs or the lower back. Systemic symptoms of nausea, vomiting, diarrhea, fatigue, mild fever and headache or lightheadedness are

fairly common. Pain usually develops within hours of the start of the menstruation and peaks as the flow becomes heaviest during the first day or two of the cycle. It is usually possible to differentiate dysmenorrhea from premenstrual syndrome (PMS) based on patients history. The pain associated with PMS is generally related to breast tenderness and abdominal bloating rather than a lower abdominal cramping pain. PMS symptoms begin before the menstrual cycle and resolve shortly after menstrual flow begins⁴. Dysmenorrhea is the most common gynecologic disorder among female adolescents, with a prevalence of 60% to 93 %⁵⁻⁶. In the United States, dysmenorrhea is the leading cause of recurrent short-term school absenteeism⁷. Several studies have shown that

adolescents with dysmenorrhea report that, it effects their academic performance, social and sports activities⁸. The prevalence of primary dysmenorrhea decreases with increasing age: prevalence is highest in the 20- to 24-year-old age group and decreases progressively thereafter⁹. There appears to be no relationship with parity when age is factored in. Dysmenorrhea is increased with smoking¹⁰. Primary dysmenorrhea occurs only during ovulatory cycles¹¹. Limited studies have suggested a decline in dysmenorrhea with physical exercises, but critical analysis and other studies do not support any evidence-based relationship between exercise and primary dysmenorrhea¹². One reason that has been suggested as an explanation for primary dysmenorrhea is an increased production of uterine prostaglandins derived from cyclooxygenase (COX)-2 activities^{13,14}. Studies have shown that an inhibition of prostaglandin synthesis occurs through inhibition of COX-2 that could be exerted by nonspecific non-steroidal anti-inflammatory drugs (NSAIDs). These drugs have useful effects such as anti-inflammatory, antipyretic and analgesic^{15, 16}. Moreover studies have indicated that the conventional treatment for primary dysmenorrhea has a failure rate of 20% to 25%¹⁷. These procedures may be contradictory or not tolerated by some women with primary dysmenorrhea¹⁸. Given the contraindications and side effects of NSAIDs as well as their limited efficacy; an investigation of alternative treatments with low toxicity such as herbal products is warranted. The risk factors for dysmenorrhea are; age <20 years, null parity, heavy menstrual flow, smoking, high/upper socioeconomic status;

Attempts to lose weight, physical activity, disruption of social networks, depression and Anxiety.¹⁹ But several observational studies have found controversial results. Through this study we are trying to explore the problem faced by female medical students during menses (dysmenorrhea/absenteeism) and its correlation with biologic variables.

In Unani system of medicine dysmenorrhea is known as *Usr-e-Tams*. According to Hippocrate *Usr-e-Tams* occurs due to stagnation of menstrual blood secondary to cervical obstruction and causes painful menstrual period²⁰.

Zakaria Razi used the term *Aujaur Rehm* instead of *Usr-e-Tams* to describe the condition. According to them *Aujaur Rehm* occurs due to *Zofe Rehm, Sartane Rehm, Warme Rehm and Ahtebase Rehm*.²¹

According to *Shaikhur Rayees Abu Ali Husain bin Abdullaha bin Sina Usr-e-Tams* occur due to obstruction in the menstrual blood flow. He also described that if the menstrual blood is balanced in quality and quantity, the cycle is regular. If the menstruation is irregular and abnormal, it may cause many diseases like amenorrhea and oligomenorrhea. He also mention that *Wajuz Zuhar* occur due to involvement of uterus just before menstruation²².

He mention in *Hajamah bila Shurt* chapter that *Hijamah bila Shart* (Dry cupping) over the umbilicus relieves the dragging and colic pain of gaseous distension and

relieves the menstrual pain²³.

According to *Ismaeel Jurjani* Back ache is also present in *Usr-e-Tams*.²⁴

According to *Maseehul Mulk Hafiz Hakeem Ajmal khan* in *Usr-e-Tams* menstruation blood flow is always scanty with severe pain and blood is viscid. Due to *Usr-e-Tams* patient experience restlessness, pain in thighs, backache, heaviness in supra pubic region. He also mentioned various preventive measures for *Usr-e-Tams* and its treatment²⁵.

Ghulam Imam has described that backache occur due to *Usr-e-Tams* and has also mentioned its management²⁶.

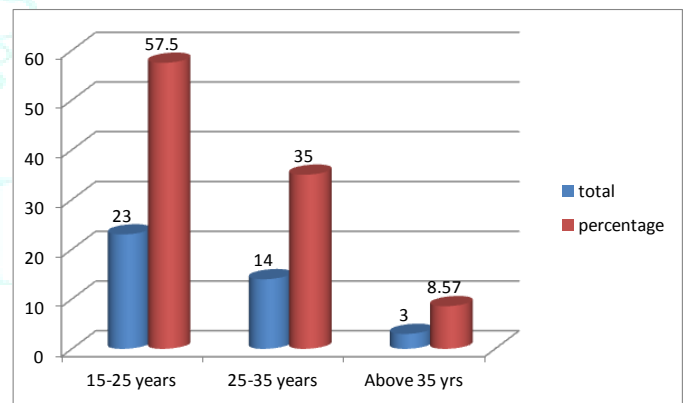
According to *Akber Arzani* backache occurs before and during the menstruation in *Usr-e-Tams*²⁷.

Age wise Distribution of Participants

Age Group	Total	Percentage
15-25 Years	23	57.5
25-35 Years	14	35
Above 35 Years	3	8.75

The highest incidence of primary dysmenorrhea (57.5%) was observed in the group of 15-25years and less (8.57%) in the age group of above 35 years.

Age Wise Distribution of Participants

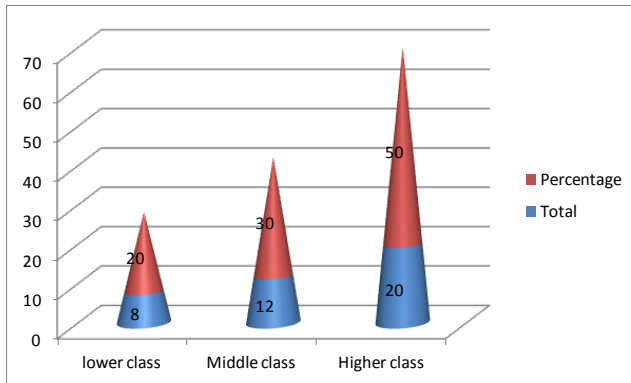


Socioeconomic Status Wise Distribution of Participants and its Association with Dysmenorrhea

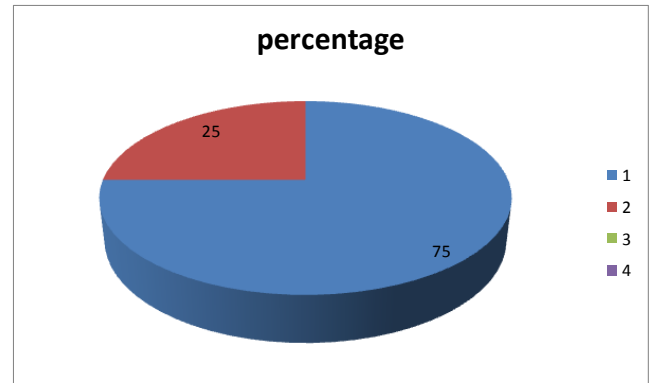
SES	Total	Percentage
Lower Class	10	25%
Middle Class	22	55%
Higher Class	8	20%
Total	40	100%

The highest incidence of dysmenorrhea (55%) was seen among middle classes while lowest incidence (02%) among lower classes.

Socioeconomic Status Wise Distribution of Participants and its Association with Dysmenorrhea



Distribution of Patients according to their Family History



Distribution of Patients according to their Education Status

Education status	Total	Percentage
Illiterate	3	7.5%
Primary	8	20%
10th Class	11	27.5%
12th Class	12	30%
Graduation	4	10%
Post-Graduation	2	5%
Total	40	100%

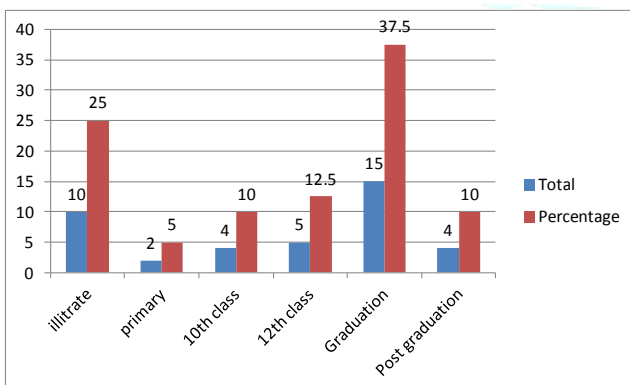
Distribution of Patients according to their Symptoms

Symptoms	Total	Percentage
Pain In Hypogastric	40	100%
Pain In Thigh	25	62.5%
LBA	10	25%
Headache	3	7.5%
Vomiting	2	5%

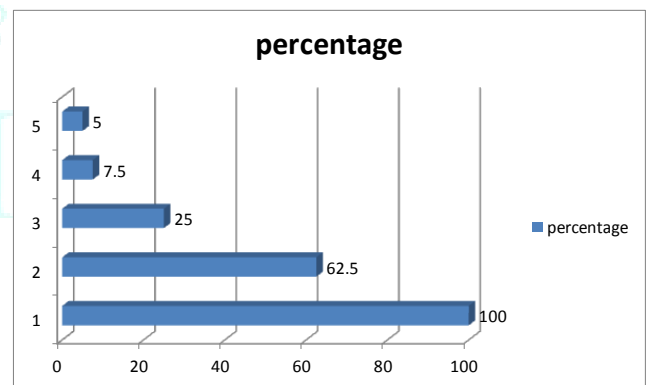
The highest incidence of dysmenorrhea (27.5%) was observed in 10th class students while lowest incidence (5%) was observed in post-graduation students.

100% patients complaint pain in hypo gastric region, 62.5% patients complaint pain in thigh and 25% patients complaint LBA. patient presenting headache and vomiting are least

Distribution of Patients according to their Education Status



Distribution of Patients according to their Symptoms



Distribution of Patients according to their Family History

Family History	Total	Percentage
Positive	30	75%
Negative	10	25%
Total	40	100%

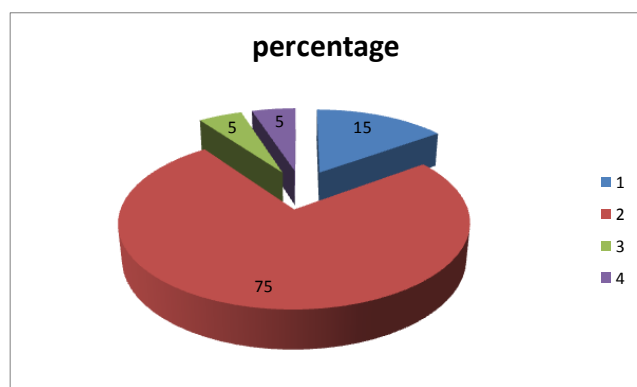
Distribution of Patients According to their Mizaj

Mizaj	Total	Percentage
Damavi	6	15%
Balghami	30	75%
Safravi	2	5%
Saudavi	2	5%

This table shows that positive family history of primary dysmenorrhea was found in 30 patients (75%).

This table shows the *mizaj* of the patients maximum no.(75%) are *Balghami* while least are others.

Distribution of Patients according to their Mizaj



DISCUSSION

As Uterus is an organ, which consist a preponderance of nerves and other fibers.⁽²²⁾ Uterus has been grouped among the *Aza-e-Ratbah*, which contains more fluid in comparison to other organs and *Aza-e-Harrah*, in which the rate of metabolic activity is very high.²³ Uterus has also been endowed with *Quwate Ghazia* (nutritive faculty) and remarkably the *Quwate Tanasuliya* (reproductive faculty)¹⁷ With the help of these powers,

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uterus serves two functions i.e. elimination of waste products in the form of menstrual blood and development, protection and delivery of fetus.²⁴ When *Sue Mizaj* afflicts the uterus to throw the *Quwate Ghazia* (nutritive faculty) of the uterus out of the *aitdal*. *Quwate Masika* (retentive faculty) becomes strong which leads to retention of nutrients for more than sufficient time. This accumulated uterine waste turn into infected material (*Mawaad*). This infected material may be deviated from normality in terms of colour, consistency and odour. The resultant toxic material is irritative and produces spasmodic pain when eliminated in the form of menstrual blood.²²⁻²⁴ As dry cupping (*Hijamah bila Shart*) is the process of using a vacuum on different areas of the body in order to gather the blood in that area without incisions (*Imala-e-mawaad*).²² Relief in pain is due to *Imala-e-Mawaad* from uterus.

CONCLUSION

It has been concluded that cupping is very effective for relief of pain in *Usr-e-Tams Tashannuji*. Besides relief of pain cupping is also very effective in relieving the associated symptoms related to spasmodic dysmenorrhoea. Great thing about cupping is that it is cheaper and well tolerated by the patients without having any side effects.

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