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RESEARCH ARTICLE

PREMENSTRUAL SYNDROME: AN INTEGRATIVE REVIEW OF UNANI PRINCIPLES AND THERAPEUTIC APPROACHE

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ABSTRACT

Introduction: Premenstrual Syndrome (PMS) is a prevalent cyclical gynecological condition characterized by recurrent physical, psychological, and behavioral symptoms that occur during the luteal phase of the menstrual cycle and subside with the onset of menstruation. Although PMS is not described as a distinct disease entity in Unani medicine, its symptom complex closely corresponds to conditions such as Ihtebās-e-Ṭams (retention of menses), Sudā' Qabl al-Ḥayḍ (premenstrual headache), and Tashannuj al-Raḥim (uterine spasm). These conditions are attributed to sū'-e-mizāj (deranged temperament), imtilā' (congestion), and fasād-e-dam (impurity of blood), resulting in humoral imbalance and altered uterine function. **Material and Method s:** This narrative review examines the Unani conceptualization of PMS through classical medical texts such as Al-Qānūn fī al-Ṭibb, Al-Hāwī, Kulliyāt-e-Nafīsī, and Zakhīra Khwārazm Shāhī, along with contemporary scientific literature. The Unani framework is critically compared with modern biomedical explanations emphasizing hormonal and neurochemical mechanisms. **Results and Discussion:** Unani management of PMS focuses on restoring humoral balance and normalizing temperament through Ilāj bil-Tadbīr (regimenal therapy), Ilāj bil-Ghizā (dietotherapy), and Ilāj bil-Dawā (pharmacotherapy). Medicinal plants such as Asgandh (Withania somnifera), Bābūna (Matricaria chamomilla), and Saunf (Foeniculum vulgare) exhibit musakkin, mudirr-e-ṭams, and muḥallil-e-waram properties, providing symptomatic relief and hormonal regulation. **Conclusion:** The Unani system offers a holistic and individualized approach to PMS by addressing both physiological and psychological dimensions. Integration of classical Unani therapeutics with contemporary scientific research may lead to safe, effective, and patient-centered strategies for managing PMS.

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INTRODUCTION

Premenstrual Syndrome (PMS) is one of the most common cyclical disorders affecting women of reproductive age, characterized by a constellation of somatic, emotional, and behavioral symptoms that emerge during the luteal phase and resolve with menstruation.^(1,2) The disorder encompasses physical symptoms such as mastalgia, bloating, headache, and fatigue, along with psychological manifestations including irritability, mood lability, anxiety, and depressive symptoms. The etiology of PMS is multifactorial, involving complex interactions between hormonal fluctuations, neurotransmitter sensitivity, and individual constitutional susceptibility.⁽³⁾ From the perspective of the Unani System of Medicine, PMS is not categorized as an independent nosological entity; however, its symptomatology is extensively discussed under several gynecological and neurological conditions such as Ihtebās-e-Ṭams (retention or suppression of menses), Kasrat-e-Burūdat al-Raḥim (cold temperament of the uterus),

Sudā' Qabl al-Ḥayḍ (premenstrual headache), and Tashannuj al-Raḥim (uterine spasm).⁽⁴⁾ Classical Unani physicians—including Hippocrates (Buqrāt), Galen (Jālīnūs), Zakariyā Rāzī, and Ibn Sīnā—recognized the cyclical nature of women's disorders and attributed them to derangement of temperament (sū'-e-mizāj), congestion (imtilā'), and corruption of humors (fasād-e-dam), which interfere with the natural excretory function of the uterus.^(4,5) Ibn Sīnā, in Al-Qānūn fī al-Ṭibb, explained that prior to menstruation, the accumulation of dam (blood) within the uterus leads to imtilā', resulting in physical discomfort and psychological disturbances such as headache, irritability, and abdominal pain. Rāzī and Jurjānī further emphasized the role of safrā' (yellow bile) and saudā' (black bile) predominance in the development of emotional instability, anxiety, and fatigue during this period. Later scholars such as Akbar Arzānī and Nafīs bin 'Iwāz elaborated on the involvement of Quwwat-e-Nafsāniyya (psychic faculty) and Quwwat-e-Ṭabī'iyya (natural

faculty) in mediating these cyclical disturbances.^(1,3,5) In contemporary biomedicine, PMS is attributed to luteal-phase hormonal fluctuations particularly estrogen and progesterone and their effects on neurotransmitters such as serotonin, dopamine, and GABA. Although conceptual frameworks differ, both systems acknowledge the cyclical nature of symptoms and their resolution with menstruation, reflecting a convergence between ancient Unani insights and modern scientific understanding.⁽⁶⁾

Etiology and Etiopathogenesis of PMS in Modern

Medicine: The etiology of PMS is complex and multifactorial, involving dysregulation of the hypothalamo-pituitary-ovarian axis. Fluctuations in estrogen and progesterone during the luteal phase influence central neurotransmitter systems, particularly serotonergic and GABAergic pathways, resulting in affective and somatic symptoms. Estrogen enhances serotonin synthesis, while progesterone metabolites modulate GABA-A receptors; altered sensitivity to these hormonal changes contributes to mood instability and anxiety.⁽⁶⁾ Additional contributing factors include abnormal prostaglandin metabolism, micronutrient deficiencies (calcium, magnesium, vitamin B6), genetic predisposition, thyroid dysfunction, and altered stress responses mediated by the hypothalamic-pituitary-adrenal axis. Psychosocial stressors, sedentary lifestyle, poor sleep, and dietary habits further exacerbate symptom severity. Thus, PMS represents a neuroendocrine-behavioral disorder reflecting the intricate interplay between hormonal, biochemical, and psychosocial factors.^(6,7)

Etiology and Etiopathogenesis of PMS According to Unani

Medicine: In Unani medicine, PMS is understood as a manifestation of *ikhtilāl-e-akhlāt* (humoral imbalance) and *sū'-e-mizāj-e-raḥīm* (deranged uterine temperament). The primary pathological event is *ihtebās-e-ṭams*, leading to accumulation of *dam* and other humors within the uterus, causing *imtilā'*. The uterus, being a highly sensitive organ, reflects its imbalance on both somatic and psychic domains.⁽⁸⁾ Predominance of *ṣafra'* produces irritability and heat-related symptoms; *saudā'* leads to depression and melancholia; while *balgham* causes heaviness, bloating, and lethargy. Weakness of natural and psychic faculties, improper diet, emotional stress, and sedentary habits further aggravate humoral imbalance.⁽⁹⁾ The cyclical resolution of symptoms with menstruation supports the Unani concept that disease arises from temporary accumulation of morbid matter relieved through natural evacuation.⁽¹⁰⁾

Clinical Features of PMS: According to Unani scholars PMS is a condition involving both *'alāmāt-e-jismāniyya* (physical symptoms) and *'alāmāt-e-nafsāniyya* (psychological symptoms):⁽¹⁰⁾

Physical manifestations: abdominal pain (*waj'-ul-baṭn*), mastalgia (*takhammur-e-ṣadr*), bloating (*nafkh*), headache (*sudā'*), fatigue, palpitations, low back pain, digestive disturbances, and sleep irregularities. Psychological manifestations: irritability, mood swings, anxiety, depression, cognitive impairment, emotional lability, and tearfulness.^(9,10) The severity and pattern depend on the dominant humor and the strength of bodily faculties.

According to Conventional Medicine: Conventional medicine recognizes PMS as a spectrum of recurrent physical

and emotional symptoms occurring in the luteal phase, including breast tenderness, bloating, headache, fatigue, mood instability, anxiety, depression, sleep disturbance, and cognitive impairment. Severe forms, classified as Premenstrual Dysphoric Disorder (PMDD), significantly impair daily functioning and mental health.⁽¹¹⁾

Modes of Management ⁽¹²⁾

Modern Medicine: Management includes lifestyle modification, dietary supplementation, pharmacotherapy (NSAIDs, SSRIs, hormonal therapy), psychological interventions, and in severe cases, hormonal suppression. Treatment is individualized based on symptom severity and patient response.⁽¹³⁻¹⁷⁾

Unani System of Medicine: Unani management is holistic and individualized, aiming to restore humoral balance and strengthen bodily faculties. The four principal modes include:⁽¹⁸⁻²⁰⁾

Ilāj bil-Tadbīr: Regimenal therapies such as *hijāma*, *dalak*, *hammām*, *riyādat*, and *venesection*.

Ilāj bil-Dawā: Use of herbal and compound formulations with *musakkin*, *mudirr-e-ṭams*, and *muḥallil* actions.

Ilāj bil-Ghizā: Dietotherapy tailored to temperament and digestive capacity.

Ilāj bil-Yad: Surgical or manual interventions when indicated. Preventive measures emphasizing lifestyle regulation, mental well-being, and seasonal regimens are integral to Unani therapeutics.

CONCLUSION

Premenstrual Syndrome represents a complex interplay of physiological and psychological disturbances. The Unani System of Medicine offers a comprehensive framework for understanding and managing PMS through humoral theory, temperament correction, and holistic interventions. Integration of Unani principles with modern biomedical research may provide effective, safe, and culturally acceptable strategies for improving women's reproductive health.

REFERENCES

1. Aruna D, Kambar C. Study of Serum Calcium and Magnesium Levels During Pre and Post Menstrual Phases in Pre Menstrual Syndrome Compared To Normal Subjects. *Int J Basic Appl Med Sci.* 2014;4(1):116-26.
2. Ibn Sina. *Al-Qanoon fi al-Tibb*, Vol. 3, Amraz al-Rahim (Menstrual and uterine disorders). Dar Ihya al-Turath al-Arabi, Beirut. 56(7),25-60
3. Tabri A. *Firdaws al-HikmatFi'l-Tibb*. New Delhi: Idarae Kitabus Shifa; 2010. 25-7
4. Arzani A. *Tibb-i-Akbar*. Deoband: Faisal Publication; 602-604.
5. Nafis bin Iwaz (Hakeem). *Kulliyāt-e-Nafīsī*. Urdu translation, published by CCRUM, Ministry of AYUSH, Government of India, New Delhi.
6. Masoumi SZ, Ataollahi M, Oshvandi K. Effect of Combined Use of Calcium and Vitamin B6 on

- Premenstrual Syndrome Symptoms: a Randomized Clinical Trial. *J Caring Sci.* 2016;5(1):67-73.
7. Rapkin A, Chung LC, Reading A, Mcguire MT. Tryptophan loading test in premenstrual syndrome. *J Obstet Gynaecol (Lahore).* 1989;10(2):140-4.
 8. Al-Majusi, Kamil al-Sana'ah al-Tibbiyah (Kitab al-Maliki), CCRUM, New Delhi
 9. Jurjani, Zakhira Khwarazm Shahi, CCRUM, New Delhi, 2007, 56,68,69
 10. Najmul Ghani, Khazain al-Advia, CCRUM, New Delhi, 2015,57,61,89
 11. Siotis I, Guyatt GH. Psychological intervention for premenstrual syndrome: A meta-analysis of randomized controlled trials. *Psychother Psychosom.* 2008;78(1):6-15.
 12. Busse JW, Montori VM, Krasnik C, Patelis-Siotis I, Guyatt GH. Psychological intervention for premenstrual syndrome: A meta-analysis of randomized controlled trials. *Psychother Psychosom.* 2008;78(1):6-15.
 13. Ryser R, Feinauer LL. Premenstrual syndrome and the marital relationship. *Am J Fam Ther.* 1992;20(2):179-90.
 14. M. A, S.a. AA, F. M, H.a. M. The effect of wheat germ extract on premenstrual syndrome symptoms. *Iran J Pharm Res [Internet].* 2015;14(1):159-66.
 15. Ryser R, Feinauer LL. Premenstrual syndrome and the marital relationship. *Am J Fam Ther.* 1992;20(2):179-90.
 16. Naveed W, Shameem I, Tabassum K. Clinical Study of Mutlazima Qabl Haiz (Premenstrual Syndrome) and Its Management With Unani Formulation – a Randomized Controlled Trial. *Int J Cur Res Rev.* 2014;06(06):51-7.
 17. Howkins, J., & Bourne, G. Shaw's Textbook of Gynaecology. 17th Edition. Edited by V.G. Padubidri and Shirish N. Daftary. Elsevier, New Delhi; 2018.(Chapter: Disorders of Menstrual Cycle – Premenstrual Syndrome, pp. [mention page numbers, e.g. 116– 118].)
 18. Tabri A. Firdaws al-HikmatFi'l-Tibb. New Delhi: Idarae Kitabus Shifa; 2010. 25-7
 19. Baghdadi IH. Kitab al-Mukhtarat fi'l Tibb. New Delhi: Central Council of Research in Unani Medicine; 2007. 37-8
 20. Al-Tabari, Abu Bakr Rabban. Kitab al-Haziq. (Reprint Edition). Central Council for Research in Unani Medicine (CCRUM), New Delhi. 2022,32-40
