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EFFECT OF QURS KAFOOR IN THE MANAGEMENT OF USRE TAMS IBTEDAYI (PRIMARY DYSMENORRHOEA) - A CLINICAL OBSERVATION

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ABSTRACT

Introduction: Dysmenorrhoea is defined as a severe, painful cramping sensation in the lower abdomen occurring just before or during menstruation. The term primary dysmenorrhoea refers to the pain with no obvious pelvic pathology. It is a common condition, which occurs in 52%, 72% or even 90% of women. It is responsible for the highest degree of absenteeism resulting in loss of work hours and economic loss. The aim of the study is to observe the efficacy of Qurs Kafoor, a compound unani formulation in alleviating Usre Tams ibtedayi (primary dysmenorrhoea)

Methodology: Ten patients with regular and painful cycles were observed. USG – pelvis was done to exclude pelvic pathology. Menstrual cramps were rated on a four point scale of dysmenorrhoea, from 0 to 3 depending on the severity. Treatment was given a day prior to the expected date of period until pain persists for 2 consecutive cycles. Reduction in four point scale score is the main outcome measure. Results were considered significant with $p < 0.05$.

Results: Qurs Kafoor showed a significant reduction in four point scale score. In 6 (60%) out of 10 patients four point scale score was reduced to 0, in remaining 4(40%) the four point scale score was reduced to 1. The results were statistically significant.

Conclusion: Qurs Kafoor has shown to be effective in the management of primary dysmenorrhoea as assessed by four points scale.

Key words: Primary dysmenorrhoea, Qurs Kafoor, Four point scale score.

INTRODUCTION

Dysmenorrhea is defined as difficult menstrual flow or painful menstruation. The term dysmenorrhea is derived from the Greek words dys, meaning difficult / painful / abnormal, meno, meaning month, and rrhea, meaning flow.¹ Primary dysmenorrhea begins at or shortly after menarche and is usually not accompanied by pelvic pathologic conditions.² It manifests as midline, crampy lower abdominal pain, which begins with the onset of menstruation. The pain can be quite severe and also involve the low back

and thighs. The pain gradually resolves over 12 to 72 hours. Pain does not occur at times other than menses. The diagnosis is made largely by the history and physical exam.³ Women with primary dysmenorrhea had a normal pelvic exam. Painful menstruation with a cramping sensation in the lower abdomen often accompanied by other symptoms such as sweating, tachycardia, headaches, nausea, vomiting, diarrhea, and tremulousness.^{4,5} These all occur just before or during the menses. It not only disturbs the routine but also causes humiliating suffering. This

condition is commonly observed between the ages of 15 and 25 years.

Dysmenorrhoea, especially when it is severe, is associated with a restriction of activity and absence from school or work. Yet despite this substantial effect on their quality of life and general wellbeing, few women with dysmenorrhoea seek treatment as they believe it would not help.⁶

The prevalence of dysmenorrhoea (painful menstrual cramps of uterine origin) is difficult to determine because of different definitions of the condition. It occurs in 52%, 72% or even 90% of women.⁷ However; dysmenorrhoea seems to be the most common gynecological condition in women regardless of age and nationality. Absenteeism from work and school as a result of dysmenorrhoea is common (13% to 51% women have been absent at least once and 5% to 14% are often absent owing to the severity of symptoms).⁶ In all, 10-20% of women with primary dysmenorrhoea do not respond to treatment with NSAIDs or oral contraceptives. In addition, some women have contraindications to these treatments. Consequently, researchers have investigated many alternatives to drug treatments.⁸ Treatment for dysmenorrhoea aims to relieve pain or symptoms either by affecting the physiological mechanisms behind menstrual pain (such as prostaglandin production) or by relieving symptoms.⁷

In Unani system of medicine, dysmenorrhoea is known as Usre Tams. The causes attributed by the Unani physicians are many. The important one cause is ascribed as to dominance of Bhalgham or Sauda in the blood.^{9, 10} It usually occurs in unmarried, oversensitive girls and those who live

lavish life style. Sometimes, chronic diseases, general weakness and stress may be the cause of painful menses. The drugs in the formulation are helpful not only in pain relief, but are also beneficial in relieving the associated symptoms like, nausea, vomiting, diarrhea, tremulousness etc.^{11,12}

The aim of the study is to observe the efficacy of *Qurs Kafoor*, a compound unani formulation in alleviating Usre Tams Ibtedayi (primary dysmenorrhoea) and associated symptoms.

METHODOLOGY

Ten patients with regular and painful cycles between the ages of menarche and 25 years were observed for a period of two months. After thorough evaluation of the history and clinical examination, baseline investigations like Complete Blood Picture, Complete Urine Examination, RBS, and Serum Calcium were advised; following this USG – pelvis was done to exclude pelvic pathology.

Patients with normal laboratory reports together with normal USG were the selected candidates to be included in this observation. Menstrual cramps were rated on a four point scale of dysmenorrhoea, scoring from 0 to 3 depending on the severity.

Four point scale for dysmenorrhoea rating:

Severity	Score
No pain	0
Minimal*	1
Moderate**	2
Severe***	3

* Can work, somewhat uncomfortable.

** Can work, but quite uncomfortable.

*** Miss work, have to be in bed.

Treatment was given a day prior to the expected date of period until pain persists at a dose of two tablets BD for 2 consecutive cycles.

Test formulation: Qurs Kafoor¹³

Unani Name	Botanical Name	Dosage
Kafoor	Cinnamomum camphora	1.75gm
Tukhme Kahu	Lactuca sativa	100gm
Tukhme Khurfa	Portutaca oleracea	750gm
Tabasheer	Bambusa Arundinaceae	10gm
Rub us soos	Extract of Glycyrrhiza glabra	10gm
All these are finely grinded and mixed with Arq Gulab (Rose Water) to mould it in tablet form		

Dosage: 2 tablet (500gm each) twice daily.

Reduction in four point scale score is the main outcome measure. Results were considered significant with $p < 0.05$. Statistical analysis was carried out using Chi-Squared test.

RESULTS

In 6 (60%) out of 10 patients four point scale score was reduced to 0, in remaining 4(40%) the four point scale score was reduced to 1. The results were significant at $p < 0.001$.

Qurs Kafoor showed a significant reduction in four point scale score.

DISCUSSION

The present study observed the efficacy of *Qurs Kafoor* in alleviating primary dysmenorrhoea. The drugs in the formulation are helpful not only in pain relief, but are also beneficial in relieving the associated symptoms like, nausea, vomiting, diarrhea, tremulousness etc. It effectively reduced the severity of the primary dysmenorrhoea as assessed by the four point score scale. No studies have been conducted to evaluate the efficacy of *Qurs Kafoor* in the management of primary dysmenorrhoea. The present study is first of its kind in evaluating the effect of *Qurs Kafoor* in primary dysmenorrhoea.

CONCLUSION

Qurs Kafoor has shown to be effective in the management of primary dysmenorrhoea as assessed by four points score scale. Further trials with larger sample size are required to confirm the efficacy and to elucidate the mode of action.

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Table 01: Percentage distribution of frequency of Absenteeism related to severity of dysmenorrhoea

Absence from work or school because of dysmenorrhoea	No. of Patients	%
Every Menstruation	8	80
Alternate Menstruation	2	20

Table 02: Pain severity before and After Treatment

Dysmenorrhoea Severity	No. of patients	
	Before treatment	After Treatment
No Pain	0	6*
Minimal	0	4*
Moderate	3	0
Severe	7	0

*P<0.001 considered extremely significant.