

# Overview of PCOS in Unani System of Medicine

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**ABSTRACT:** Polycystic Ovarian Syndrome (PCOS) is a complex endocrine disorder characterized by chronic anovulation and androgen excess with clinical manifestation of irregular menstrual cycles, Infertility, hirsutism, acne, obesity and Insulin Resistance<sup>35, 36, 37, 38</sup>. It was first described by Stein and Leventhal in 1935<sup>38</sup>. The syndrome has a prevalence of 5 to 10 percent with variance among races and ethnicities<sup>36</sup>. Approximately, 50% of patients are hirsute and 30 to 75% are obese<sup>36</sup>. Polycystic Ovaries have been called Oyster Ovaries because they are enlarged and sclerocytic with smooth pearl white surfaces without indentation. Many small fluid filled follicle cysts lie beneath the thickened fibrous surface cortex<sup>36</sup>. According to Unani concept, PCOS have been mentioned under the heading of Amenorrhoea and it is mainly caused by alteration in the quality and quantity of phlegm due to Sue Mizaaj –e- Barid and it becomes viscid and thick which leads to cyst formation in the ovaries, Anovulation, Amenorrhoea, Infertility, Hirsutism and Obesity<sup>2, 4, 5, 11, 14, 16, 22</sup>.

**Keywords:** PCOS, Oyster Ovaries, Amenorrhoea, Hirsutism, Sue Mizaaj –E- Barid.

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## I. INTRODUCTION

According to old Unani Literature, the human body is made of four fluids, Khoon (Blood), Balgham (Phlegm), Safra (Yellow Bile) and Sauda (Black Bile). These are called as Humors (Khilt) or Humoral Theory<sup>41, 43</sup>. This was proposed by Buqraat (Hippocrates). These humors should be in equal quality and quantity. When the quality and quantity of these humors decreases or increases, this leads to a diseased condition<sup>24, 43</sup>. According to Jalinoos, all these humors are present in blood vessels<sup>41</sup>. In human body, after first humor which is blood, the second most important humor is Phlegm which is nothing but a raw form of blood<sup>40, 41, 43, 44</sup>. Whenever the body is in a condition of starvation, this raw form of Phlegm is converted into blood by utilizing Hararat – e – Gharizia<sup>39, 40, 41, 43</sup>. Where as in Sue Mizaaj – e – Barid, this Phlegm is not converted to blood and it becomes thick and viscid. This travels throughout the body and produces many pathological conditions<sup>2, 40</sup>. There is no specific term mentioned for PCOS and it is mentioned under the heading of Amenorrhoea (Ehtebaz – e- Tams) which is mainly caused by dominancy of viscid phlegm due to Sue Mizaaj –e- Barid<sup>6, 8, 10, 11, 12, 14, 18, 22</sup>.

## II. CLINICAL FEATURES

- Anovulation & Infertility: When this viscid Phlegm travels towards the Ovaries, it leads to Cyst formation and affects the normal ovarian function which is one of the major cause of Infertility<sup>4, 8, 13, 15, 23</sup>.
- Amenorrhoea/ Oligoamenorrhoea: When this viscid Phlegm reaches the uterine cavity, an obstruction is created in the uterine blood vessels which leads to Amenorrhoea<sup>1, 2, 3, 4, 5, 6, 8, 10, 11, 12, 14, 18, 20, 22</sup>.
- Insulin Resistance, Obesity and Hormonal Imbalance: According to Shaik – ur- Raees Bu Ali in his book Alakseer, a womans body detoxifies itself through menstruation every month and this is very important for a woman to maintain a healthy body. When this viscid Phlegm enters into the uterus, an obstruction is created in the uterine blood vessels. This obstruction does not allow the menstrual blood to expel out from the body and because of this, the toxins which were supposed to expel during menstruation gets mixed with viscid phlegm and are absorbed in the blood circulation. When it reaches to the Liver, this affects the normal liver function and suppresses the Hormonal Production (Estrogen & Progesterone). This leads to Insulin Resistance, Type II Diabetes, Obesity, Nausea, Indigestion & Fatty Liver. If this condition does not subside and reaches a chronic stage, it leads to dark, coarse hair growth in male-like patterns

(Hirsutism) and development of secondary male characteristics like a deeper voice, decreased breast size, and increased muscle mass. This is often linked to elevated levels of male hormones (androgens) <sup>1, 2, 3, 4, 6, 7, 9, 10, 11, 12, 13, 16, 17, 18, 19, 22, 32, 42, 45</sup>.

### III. COMPLICATIONS

According to Shaik Ul Raees Bu Ali Sina, these are the following complications caused by PCOS <sup>1, 2, 3, 6, 9, 12, 14, 16, 18, 23, 45</sup>:

- Iktenakhurrahem (Hysteria).
- Suda (Headache).
- Malenkhubia (Melanchulia).
- Faliij (Paralysis).
- Auram – e- Ehsa (Inflammation of Viscera).
- Suqooteisteha (Anorexia).
- White Discharge.
- Other Liver disorders.

### IV. TREATMENT

#### ➤ *Usool E Ilaaj*

- Remove the cause.
- Detoxification of body by regularizing the Menstrual Cycle.
- Correction of Hormonal Imbalance.
- Maintain healthy lifestyle by regular exercise, avoid processed foods, stress management and avoid overeating. This will help to restore a healthy hormonal balance <sup>16, 28</sup>.

In Unani system of medicine Pharmaco Therapy consists of single and compound drugs. In the Unani system of medicine, the concept of Mizaj (temperament) is foundational to both the understanding and treatment of diseases. Therapeutic interventions are designed to restore the balance of the body's temperament, which is believed to be disrupted in disease states, referred to as Sue Mizaj (abnormal temperament). This approach emphasizes selecting individual drugs based on their inherent temperament to counteract the specific derangement associated with a pathological condition. Such a method contrasts with conventional allopathic practices that primarily target specific pathogens or symptomatic expressions. Instead, Unani medicine focuses on correcting the qualitative deviations in temperament, thereby addressing the root cause of the ailment. This temperament-based selection aligns with the holistic principles of Unani medicine, reinforcing its individualized and nature-centric therapeutic philosophy.

As per the old Unani literature, the following drugs are used in treatment of PCOS <sup>16</sup>:

#### ➤ *Munziz E Balgham (Phlegm Concogitive drugs)* <sup>16</sup>

These drugs help in eliminating excessive viscid Phlegm from body by improving the metabolic function.

- Beeq-e-Kasni (Cichorium intybus) 7 Gms
- Beeq-e-Badyan (Feoniculum vulgare) 7 Gms
- Beeq –e- Athkhar (Andropogon schoenanthus) 7 Gms
- Beeq –e- Karafs (Apium graveolens L.) 7 Gms
- Persiya Vishan () 7 Gms
- Ustukhuddus (Lavandula stoecha) 7 Gms
- Asl-us-Soos Muqashar (Glycyrrhiza glabra) 5 Gms
- Maveez Munaqqa (Vitis vinifera L.) 9 pieces
- Anjeer Zard (Ficus carica L.) 5 pieces.

All the above medicines are soaked in water over night. Next day, squeeze out the juice with hands and consume the extracted juice with 50ML of Gulkhand E Asli twice a day, before food for 7 days.

#### ➤ *Mushil Balgham Drugs (Purgative of Phlegm)* <sup>16</sup>: 8<sup>th</sup> Day

These medicinal herbs promote the mobilization and clearance of excess viscid Phlegm from the body.

- Turbud Safed Majoof Qarashida (Ipomoea turpethum R. Br) 5 Gms
- Ghareeqoon Magarbal (Polyporus officinalis) 3 Gms
- Sana Makki (Cassia angustifolia) 12 Gms

On 8<sup>th</sup> day, mix these medicines with Munziz E Balgham and soak them overnight. Next day, squeeze out the juice with hands and consume the extracted juice with 50 Gms of Gulkhand E Aftabi (Rosa damascena) and 12 ML of Baed Anjeer (Castor Oil). Consume this before food from one day.

#### ➤ *Tabreed (Cooling effect)* <sup>16</sup>

- Gulkhand E Aftabi (Rosa damascena) 25 Gms
- Arq E badiyaan (Feoniculum vulgare) 120 ML
- Tukhm E Rehaan (Ocimum Basilicum) 4 Gms

Mix Gulkhand E Aftab 25 Gms in 120 of Arq e Badiyan, Sprinkled with Tukhm e Rehaan and consume it.

#### ➤ *Tanqiya (Evacuation)* <sup>1, 10, 12</sup>:

- Tukhm e Karafs (Apium graveolens L.)
- Anisoon (Pimpinella anisum Linn)
- Pudina (Mentha Sylvestris)
- Badiyaan (Feoniculum vulgare)
- Mishk Taramashi (Amaranthus viridis).

Take the above medicines in equal quantity and grind them to make a fine powder. Now add this powder to honey and stir. This develops a paste (Majun) and consume it after food twice in a day.

## V. CONCLUSION

The Unani approach to treating Polycystic Ovary Syndrome (PCOS) utilizes both single and compound herbal formulations, which are generally more cost-effective and associated with fewer side effects compared to conventional modern medicines. While preliminary studies and case reports have indicated promising outcomes, comprehensive large-scale clinical trials are essential to conclusively establish the efficacy and safety of Unani treatment modalities for PCOS.

## REFERENCES

- [1]. Talim Ul Qabila – Prt 4 , Amraaz E Niswaan, Hakeem Waseem Ahmed Azmi, Pg – 193 – 196
- [2]. Misbah Ul Hikmat (Dastoor Ul Ilaaj), pg NNo: 281, 283, 284, 285, Hakeem Ghulam Mohiuddin Sahab.
- [3]. Kitab Ul Maqtarat Filtib, part 4, CCRUM, Pg: 31,32,33, Mohziuddin Abu Al Hassan Ali Bin Ahmed Bin Ali Bin Husbul Baqdadi.
- [4]. Jami Ul Hikmat, part 2, Hakeem Mohammed Hassan Qarshi (Shifa Ul Mulk), Pg: 1071 – 1076.
- [5]. KamiL Us Sana, Part 2, Pg no: 225, 226, 227, CCRUM, Ali Bin Abbas Majoosi, Tarjuma – Hakeem Ghulam Hasnain Kantoori.
- [6]. Delhi Ka Sahi Matab, Hakeem Khwaja Rizwan Ahmed, Pg: 253, 254, 255.
- [7]. Maqzan Ul Hikmat, Part 2, Khan Sahab Doctor wa Hakeem Ghulam jeelani, Pg no: 1062, 1063.
- [8]. Meezan Ul Tibb, Hakeem Mohammed Akbar, Pg: 222, 223.
- [9]. Shifa Ul Amraaz (Moalijat E Sariri), Pg No: 283, Shams Ul Afaaq Siddiqui.
- [10]. Tibb E Akbar, By Hakeem Mohammed Akbar Arzani, Pg: 602, 603, 604
- [11]. Tarjuma E Kabeer (Sharaeh Asbaab ka Tarjuma), Hakeem Mohammed Kabeeruddin, part 4, Pg: 356, 357.
- [12]. Al Akseer, Part 2, janab Allama Hakeem Mohammed Kabeeruddin Sahab, Pg: 1356, 1357, 1358.
- [13]. Bayaz E Ajmal, Hakeem Hafiz Mohammed Ajmal Khan (Masi Ul Mulk), Pg: 137, 138.
- [14]. Haziq, Hakeem Ajmal Khan Sahab, Masi Ul Mulk, Pg: 467, 468, 469.
- [15]. Moalijat E Niswaan, Hakeem Syed Mohammed Shuja Uddin Hussain Hamdani, Pg: 251, 252.
- [16]. Amraaz E Niswaan, Hakeem Waseem Ahmed Azmi, Pg: 289-292.
- [17]. Amraaz Ul Nisa, Hakeem Khursheed Ahmed Shafaqat Azmi, Pg: 467 – 470.
- [18]. Firdous Ul Hikmat, Abu Al Hassan, Ali Bin Sahal Rabban Tabri, pg: 254, 255, 257.
- [19]. Bayaaz E Kabeer, Part 1, Hakeem Mohammed Kabeeruddin, pg: 188, 189, 190.
- [20]. Jami Ul Shifa Ifadaat Kemrina, Hakeem Sayyad Afzal Ali Khan Bahadur, pg: 383, 384.
- [21]. Urdu Tarjuma, Zaad Ghareeb Farsi, Hakeem Mohammed Hadmi Hussain Khan Sahab. Pg: 174, 175, 176
- [22]. Nusqa E Sahih Tibb E Akbar, Pg no: 458, 459, Hakeem Mohammed Akbar Arzani
- [23]. Magzan E Hikmat, Part 2, Dr, wa Hakeem Ghulam Jeelani. Pg: 1567, 1568.
- [24]. Usool E Tibb, Dr. Wa Hakeem Syed Mohammed Kamal Uddin Hussain Hamdani, pg. 183, 184, 185, 186.
- [25]. Kulliyat E Nafeesi, Alama Mohammed Kabeeruddin, pg. 62, 63, 64, 65. 66.67
- [26]. Hawkins & Bourne, Shaws Textbook Of Gynecology, 13<sup>th</sup> Edition, Pg. 107.
- [27]. Gershenson, Lentz, Valea, Lobo, Comprehensive Gyneacology, 8<sup>th</sup> Edition, pg. 832-835.
- [28]. Unani Literary review on PCOD and its Management, Jr. no: ISSN: 2455 – 7404, International Journal of Medicine Research.
- [29]. Ahsan, M. W., Alam, M. T., Akhtar, J., & Rahman, A. (2024). Mizaj (Temperament) In Unani Medicine: Perspective On Theory, Diagnosis, And Clinical Applications. International Journal of Creative Research Thoughts, 12(8), 2320-2882.
- [30]. Miraj, S., & Alesaeidi, S. (2017). A systematic review of the relationship between dystemperament (sue Mizaj) and treatments and management of diseases (Ilaj and Eslah-e-Mizaj). Electronic Physician, 9(1), 3681–3686
- [31]. Ghana Muna, Musannifa Fazil Ajal Hakeem Bebadal Abu Al Mansoor Al Hassan Qamri.
- [32]. Kifaya Mansoori by Hakeem Mansoor Bin Mohammed Ahmed Bin Yousuf Bin Ilyas, Pg No. 178.
- [33]. Jeffcoate's Principles of Gyneacology, International 6th Edition, by Neerja Bhatla, Pg. No. 546 to 553.
- [34]. Gyneacology Illustrated, 4<sup>th</sup> Edition, Govan/ Hart/ Callender. Pg no. 109 to 112.
- [35]. Textbook of Gyneacology by Sudha Salhan, Pg. No. 72 to 75.
- [36]. Current Diagnosis and Treatment, Obstetrics and Gyneacology, 10<sup>th</sup> Edition by Alan H. Decherney, Lauren Nathan, T. Murphy Goodwin, Neri Laufer. Pg. No. 655 to 656.
- [37]. D.C Dutta's Textbook of Gyneacology by Heeralal Konar. Pg. No. 459 to 462.
- [38]. Obstetrics and Gyneacology 1981, Series editor: Ralph M. Wynn. Pg No. 328 to 331.
- [39]. Ifada Kabeer Majmal by Allama Allauddin Qureshi Mutarjim Allama Kabeeruddin, Pg No. 24 to 26.
- [40]. Kulliyat Umoor E Tabaiyah by Hakeem Tasqeer Ahmed, CCIM, Pg No. 46 to 51.
- [41]. Umoor E Tabaiyah by Hakeem Dr. Zubair Ahmed Ansari, Pg. No. 58 to 60.
- [42]. Maojaz Al Khanon by Kausar Chandpuri, Pg No. 390, 391.
- [43]. Kitaab UL kulliyat by Abu Al Waleed Mohammed Ibn E Rashid, CCRUM, Pg. No 48, 49.
- [44]. Umoor E Tabaiyah by Hakeem Khalid Zama, Pg. 66.
- [45]. Rehnuma E Amraaz E Niswaan O Atfaal by Dr. Abdul Jabbar, Pg. 20, 21.