Management of Primary Dysmenorrhoea by Dry Cupping: A Review

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Abstract:

Dysmenorrhoea, (Usre Tams Tashannuji) one of the most frequently encountered gynaecologic disorders, refers to painful menstruation. Dysmenorrhoea is classified as primary or secondary dysmenorrhoea. Primary dysmenorrhoea is defined as painful menstrual cramps in the absence of any visible pelvic pathology that could account for it. Dysmenorrhoea is most common in women between the ages of 20 and 24 years, with most of the severe episodes occurring before 25 years of age. Primary dysmenorrhoea also occurs more frequently in unmarried women than in married women (61% vs. 51%), decreases with age, and does not appear to be related to the type of occupation or physical condition of the woman.

In classical Unani texts dysmenorrhoea is not defined under the same heading but it is defined under different topics like Ehtebas-e-tams and Waja-u-zahar. The menstrual bleeding in dysmenorrhoea is small in amount and comparatively thick in consistency. The pain becomes severe before or during menstruation.

The cupping method has the function of warming and promoting the flow of energy in the blood thus dispelling cold, dampness, toxins and winds. It also diminishes swellings and pains.

Key words: Primary dysmenorrhoea, Cupping.

INTRODUCTION

Dysmenorrhoea, one of the most frequently encountered gynaecologic disorders, refers to painful menstruation. Dysmenorrhoea is classified as primary or secondary dysmenorrhoea.¹, ², ³, ⁴, ⁵, ⁶ Primary dysmenorrhoea is defined as painful menstrual cramps in the absence of any visible pelvic pathology that could account for it. In secondary dysmenorrhoea, the painful menstruation is accompanied by visible pelvic pathology that accounts for the pain. Such a classification allows practical differentiation in the management approach, which is based on the causal mechanism.

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INCIDENCE

More than 50% of postpubescent menstruating women are affected by dysmenorrhoea, with 10–12% of them having severe dysmenorrhoea with incapacitation for 1–3 days each month.⁶, ⁷, ⁸ Because young women constitute a significant percentage of the adult work force in the United States, about 600 million working hours or 2 billion dollars are lost annually because of incapacitating dysmenorrhoea if adequate relief is not provided. Women who continue to work or to attend classes have been shown to have lower work output or scores during their dysmenorrhoea.⁹, ¹⁰

Dysmenorrhoea is most common in women between the ages of 20 and 24 years, with most of the severe episodes occurring before 25 years of age.¹¹ Primary dysmenorrhoea also occurs more frequently in unmarried women than in married women (61% vs. 51%), decreases with age, and does not appear to be related to the type
of occupation or physical condition of the woman. Pregnancy and vaginal delivery do not necessarily relieve primary dysmenorrhea. Exercise does not appear to have any significant effect on the incidence of dysmenorrhea. Associated factors that increase the risk duration and severity of dysmenorrhea include early menarche, long menstrual periods, overweight, and smoking.\(^\text{12}\)

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**Classification of Dysmenorrhea**

a. Spasmodic or primary dysmenorrhea (Usre Tams Tashannuji)
b. Congestive or secondary dysmenorrhea ((Usre Tams Ihtehabi)

**PRIMARY DYSMENORRHOEA (Usre Tams Tashannuji)**

Primary dysmenorrhea refers to the presence of recurrent crampy lower abdominal pain that occurs during menses in the absence of demonstrable pelvic diseases. It typically occurs in the first few years after menarche and affects 5% of post pubescent females. Menstrual disturbances occur during dysmenorrhea. Due to severity of pain, patient needs bed rest every month. After that patient feels generalized weakness. While exploring the Unani literature in depth it is observed that the condition of spasmodic dysmenorrhea is very much mimicking to balghami khilt or saudavi khilt.\(^\text{13}\)

Etiopathogenesis of spasmodic dysmenorrhea\(^\text{13}\)

- Psychological: Girls with anxiety has low pain threshold and suffers more primary dysmenorrhea.
- Muscular in coordination: Spasmodic dysmenorrhea due to in coordinate muscle action of the uterus, which is due to an imbalance in the autonomic nervous control of muscles, one in which an overactive sympathetic system leads to hypertonus of the circular fibers of the isthmus and internal os.
- Cervical obstruction: Organic stricture of the uterus can cause severe pain. The pinpoint os and narrow cervical canal commonly associated with an acutely anteverted uterus or retroverted uterus may cause delay in the passage of menstrual blood and clots.

months and at the very most within 2 years of menarche. Despite such fairly rigid criteria, a diagnosis of endometriosis can be extremely difficult to exclude because endometriosis-related dysmenorrhea has a remarkable resemblance to primary dysmenorrhea. Typically, the dysmenorrhea of endometriosis in adolescents begins at 2.9 years after menarche.\(^\text{14}\)

2. Duration of the cramps. The cramps seldom last more than 48–72 hours. Usually the pain lasts only 24 hours or less. The pain also starts a few hours before, or more frequently, only after the onset of the menstrual flow. Dysmenorrhea, which starts before the onset of menstrual flow and extends into several days throughout the flow, is less likely to be primary dysmenorrhea.

3. Character of the pain. This is described as cramping or labor-like pain.

4. Pelvic examination. No abnormal findings that could account for the primary dysmenorrhea should be found during the examination (including rectovaginal).
Uterine hypoplasia: The uterus is cochleate or has a long cervix. In this type of uterus myometrium contains an excessive amount of fibrous tissue, which disturbs the normal contraction pattern or uterus becomes triangular in shape, i.e. body of uterus becomes short having long cervix, causes difficulty in menstrual flow hence patient feels severe pain.

Hormonal imbalance: Spasmodic dysmenorrhoea is invariably associated with ovulatory cycles. Progesterone stimulates myometrial contraction of the smooth muscles of the cervix and causes narrowing of the cervical canal.

Excess prostaglandin (PGF2 alpha and PGE2): Excess prostaglandins are released from secretory endometrium to cause spasm of uterine muscles during menses. It is confirmed by the fact that, Prostaglandin triggers the contraction of muscles of uterus therefore narrowing of diameter of small blood vessels of uterus so temporary shutdown of blood supply to uterus leads to depriving muscles of oxygen resulting menstrual cramp.

Excessive humor: Sometimes on eating of ghaleez diet, the excess of phlegm (balgham) and black bile (sauda) occurs due to which the consistency of blood also becomes thick. Therefore the perfusion of blood became difficult into small veinules, resulting dysmenorrhoea.

Cupping: Cupping is a method of treatment in which a jar is attached to the skin surface to cause local congestion through the negative pressure created. An incision lightly made to allow the congested blood to ooze out. This type of treatment has been practised by the chinese and the Arabs for thousand of years.Cupping is a therapeutic process of removing this unclean blood from the body. It is a form of medical treatment which has been recommended by Shari’ah.In Malay this practice is known as ‘BEKAM’ and in Arabic it is called ‘AL-HIJAMAH’ while in China ‘gua-sha’. In Arabic this method of therapy was popularised by our Prophet Muhammad(sallallahu alaiyhi wasallam) as stated in many Hadith.\[15\]

Indication and Diseases that respond to Cupping:
The cupping method has the function of warming and promoting the flow of energy in the blood thus dispelling cold, dampness, toxins and winds. It also diminishes swellings and pains.

The following problems respond very well to Cupping:-
Disease caused by dampness, such as low back pain, lumbago, sciatica, pain in the arms and shoulders, pain in the legs and muscular parts of the body, stomachache, vomiting, headache, migraine, sprains, insomnia, etc.\[15\]

Cupping (hijama) is of three types:

- **Dry cupping (hijama)**
  - This is the process of using a vacuum on different areas of the body in order to gather the blood in that area without incisions (small, light scratches using a razor).

- **Dry massage cupping (hijama)**
  - This is similar to dry cupping (hijama) but olive oil is applied to the skin (before applying the cups) in order to allow easy movement of the cups.

- **Wet cupping (hijama)**
  - This is the process of using a vacuum at different points on the body but with incisions in order to remove 'harmful' blood which lies just beneath the surface of the skin. (It is recommended that wet cupping (hijama) is only administered by a cupping therapist).\[16\]
Antiquity

It has been documented that on all five continents methods of cupping were found to be in use for healing. In the East Chinese have been practicing the art of cupping for at least three thousand years. In the West cupping therapy has its birth in Egypt. The Ebers Papyrus written around 1550 BC states that bleeding by wet cupping removed foreign matter from the body.

Egyptian and Greeks have been practicing the art of cupping since ancient times. Both Hippocrates and Galen were staunch advocates and user of this therapy. Prophet Mohammad (PBUH) sanctioned the use of cupping.

DISCUSSION:

As Uterus is an organ, which consist a preponderance of nerves and other fibers. Uterus has been grouped among the azae ratbah, which contains more fluid in comparison to other organs and azae harrah, in which the rate of metabolic activity is very high. Uterus has also been endowed with quwate ghazia (nutritive faculty) and remarkably the quwate tanasuliya (reproductive faculty) With the help of these powers, uterus serves two functions i.e. elimination of waste products in the form of menstrual blood and development, protection and delivery of fetus.

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 nutriments 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.

As dry cupping (hijama) - 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). 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 Usre Tams Tashannuji. Besides relief of pain cupping is also very effective in relieving the associated symptoms related to spasmodic dysmenorrhea. Great thing about cupping is that it is cheaper and well tolerated by the patients without having any side effects.

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