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MENSTRUAL BLEEDING THROUGH THE AGES: FROM MEDIEVAL TEXTS TO CONTEMPORARY PERSPECTIVES

*Rushda Khatoon¹, Dr. Azizur Rahman², Sidra Shaheen¹, Dr. Shaikh Umair Abusaad¹

¹ PG Scholar

²Assistant Professor

*Corresponding Author: Rushda Khatoon

Email: rushda108ansari@gmail.com

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Abstract

During the medieval period, in Greco-Arabic medicine, menstrual blood was conceptualised as a physiological evacuative discharge through which the body maintains internal balance; Contemporary medicine explains menstruation primarily as the cyclical shedding of the functional endometrial layer following hormonal withdrawal.

Greco-Arabic medicine conceptualises *Khūn-i-Ḥayḍ* (menstrual blood) as *Faḍlah al-Dam* (waste products of the blood) eliminated through *Istifrāgh* (evacuation) under the action of *Ṭabīʿat* (medicatrix naturae) to maintain humoral equilibrium. However, comprehensive comparisons of these perspectives remain limited.

This narrative review examines the classical Greco-Arabic concept of *Khūn-i-Ḥayḍ* and explores its understanding across different eras and in relation to contemporary understanding of menstrual physiology and disorders. Relevant information was gathered from authoritative sources, including the works of *Rabban al-Ṭabarī*, *Al-Rāzī*, *Al-Majūsī*, *Ibn Sīnā*, and *Jurjānī*, as well as recent scientific literature on the physiology of menstrual bleeding.

The review highlights that Greco-Arabic scholars described menstrual blood as a physiological discharge with important reproductive and diagnostic significance, rather than as elimination of impure blood. Classical descriptions address its formation, regulation and physiological role through the concepts of *Ṭabīʿat*, *Akhlāṭ*, and *Mizāj*, as well as disorders such as *Iḥtibās al-Ḥayḍ*

(menstrual retention), *Kasrat al-Ḥayḍ* (excessive menstrual bleeding), and *Istihādah* (abnormal uterine bleeding). Contemporary medicine similarly recognises menstrual patterns as clinically informative, although their mechanisms are explained through hormonal, structural, inflammatory and haemostatic processes.

Integrating classical Greco-Arabic concepts with contemporary reproductive science may provide a useful framework for a better understanding of menstrual bleeding and encourage further interdisciplinary research in the women's healthcare system.

Keywords: *Istifrāgh*, *Khūn-i-Ḥayḍ*, Medieval period, Menstrual blood, Unani Medicine

1. Introduction-

Menstruation is a fundamental physiological process and an important indicator of a woman's reproductive and overall health. Alterations in the pattern, quantity, or characteristics of menstrual blood may reflect underlying endocrine, metabolic, inflammatory, or reproductive disorders. In contemporary medicine, menstruation is defined as the cyclic shedding of the functional endometrium in response to hormonal changes, in the absence of pregnancy. In the medieval era, *Ḥayḍ* (menstruation) was a natural process of *Istifrāgh* (evacuation) through which *Ṭabīʿat* periodically eliminates *Fuḍla al-Dam* (waste products of the blood) to maintain humoral equilibrium.^{1,2}

In Unani philosophy, *Istifrāgh* refers to the natural physiological process by which the body eliminates *Fuḍlāt* (waste and superfluous substances). In contrast, *Iḥtibās* denotes the retention of materials necessary for nourishment, growth, and maintenance of the body.³ The waste products, including urine, faeces, sweat, menstrual blood, saliva, semen, and other bodily secretions, are excreted through *Istifrāgh*. Their characteristics, including quantity, consistency, colour, and overall quality, may vary according to the physiological state of the individual and are considered important indicators of health in Unani medicine.⁴

This review examines the concept, physiological significance, and pathological alterations of *Khūn-i-Ḥayḍ* in classical Unani literature while correlating these concepts with current scientific evidence to provide a comprehensive understanding of its role in women's reproductive health.

2. Methodology

This review was conducted to explore the classical Greco-Arab concept of *Khūn-i-Ḥayḍ* and compare it with the contemporary understanding of menstrual physiology and disorders. Relevant information was collected from authoritative Unani texts, including the works of *Rabban al-Ṭabarī*, *Al-Rāzī*, *Al-Majūsī*, *Ibn Sīnā*, and *Jurjānī*, along with peer-reviewed articles and

standard textbooks retrieved from PubMed, Scopus, Google Scholar, ScienceDirect, and SpringerLink. The collected literature was critically reviewed and synthesised to provide an integrated overview of the physiological and pathological significance of menstrual blood in both the medieval period and modern medicine.

3. Concept of *Khūn-i-Ḥayḍ* in Medieval period

3.1. *Khūn-i-Ḥayḍ* as *Fuḍlah al-Dam*

According to Unani medicine, *Khūn-i-Ḥayḍ* is regarded as a surplus portion of blood that exceeds the body's nutritional requirements.

According to *Raban al-Ṭabarī* (780–850AD), *Ṭabīʿat* naturally protects the *Aʿḍāʾ Raʿīsa* (vital organs) by directing unwanted products of nutrition away from the principal organs and facilitating their elimination from the body.⁵

According to *Al-Rāzī* (850–923AD), menstrual blood is characterised by its periodic flow in successive episodes, occurring regularly and being discharged continuously and without significant pain.⁶

Al-Majūsī (930-994AD) explained menstrual blood as *Faḍlah al-Dam* (physiological surplus blood). However, he also recognised its physiological significance, suggesting that it is retained during pregnancy and contributes to the nourishment of the developing foetus.^{3,7}

Ibn Sīnā (980–1037 AD) and *Jurjānī* (1042–1137AD) described menstrual blood as a natural surplus that is periodically eliminated through the action of *Ṭabīʿat*. This physiological evacuation was considered important for maintaining humoral balance and preventing the accumulation of unnecessary materials.^{1,8}

Unani physicians explained that suppression of menstruation process may lead to conditions such as headache, congestion, and enlargement of the *Jigar* (liver) or *Ṭihāl* (spleen). *Al-Majūsī* also noted that the cessation of menstruation allows pregnancy to occur. Thus, in Unani medicine, *Ḥayḍ* is considered not only a reproductive function but also an important natural mechanism for cleansing the body and preserving women's health through the elimination of excess humoral substances.^{1,3,6,9}

Unani physicians attributed the occurrence of menstruation, in part, to the comparatively lower levels of physical activity and exertion in women than in men. They believed that women possess relatively narrower vessels and experience less *Tahlīl* (dissolution) of humours and bodily materials. As a result, surplus and *Fuḍlāt* (waste substances) tend to accumulate within the body, and their periodic elimination gives rise to menstruation.⁹

4. Mechanism of Menstrual Blood Formation

According to *Rabban al-Ṭabarī*, menstruation occurs in women because their bodies are predominantly *Barid wa Martūb* (cold and moist) in temperament, leading to the accumulation of a relatively more amount of *Ruṭūbat* (moisture). This excess moisture gradually descends towards the lower parts of the body and is subsequently expelled. He compared this process to the exudation of excess moisture from a tree in the form of gum. In women, this surplus material is eliminated through the genital tract in the form of menstrual blood.⁵

5. Significance of *Khūn-i-Ḥayḍ*

Menstrual blood is regarded as beneficial and desirable, provided it is not excessively abundant. It contributes to a woman's health by purifying the body from harmful and troublesome substances.^{1,10}

Unani physicians considered menstrual blood to be the primary source of foetal nourishment.³ According to Unani philosophy, when blood reaches the uterus, *Ṭabīʿat* (the body's innate governing power) selectively utilises its various constituents for the formation and nourishment of different tissues. The subtle and delicate *Ruṭūbāt* (moist components) are absorbed to develop soft organs. In contrast, the warmer constituents of the blood contribute to the formation of organs with a naturally hot temperament. Similarly, the colder constituents are utilised in the development of *Aʿdāʾ Bāridah* organs (having cold temperament). Thus, Unani scholars considered menstrual blood to contain diverse humoral components that *Ṭabīʿat* differentially employs according to the specific temperamental and structural requirements of individual organs.³

6. Pathophysiology of *Khūn-i-Ḥayḍ*

Some bodily waste products are beneficial in physiological amounts but can become harmful when they accumulate beyond normal levels. Menstrual blood is considered one such example in women. According to Unani principles, the failure to eliminate these excess materials disrupts the body's natural equilibrium and may contribute to a range of pathological conditions.^{3,4}

6.1. *Iḥtibās al-Ḥayḍ* (Menstrual Retention)

Iḥtibās al-Ḥayḍ refers to the absence of menstruation or the failure of menstrual blood to be expelled normally from the uterus. Unani scholars observed that this condition occurs more frequently in women with a *Balghamī* (phlegmatic temperament), where the predominance of *Burūdat* (coldness) predisposes to impaired menstrual flow.⁶

Unani literature describes *Ihtibās al-Ḥayḍ* in three forms: (1) failure of menstruation to commence despite reaching the expected age of menarche, (2) formation of menstrual blood with its retention within the uterus due to obstruction of the genital passage, and (3) menstruation that begins but ceases prematurely before complete evacuation.¹¹

Several pathological conditions have been implicated in the development of *Ihtibās al-Ḥayḍ*. These include *Waram al-Raḥim* (uterine inflammation), *Inzilāq al-Raḥim* (uterine prolapse), particularly following childbirth, and excessive *Ḥarārat* (heat) or *Yubūsat* (dryness) in the body, all of which may interfere with the normal expulsion of menstrual blood.⁶ Classical physicians also attributed menstrual retention to the presence of *Ghalīz al-Dam* (thick) or *Luzūjat al-Dam* (viscid) menstrual blood, which was believed to obstruct the uterine vessels and impede normal menstrual flow. Such changes were considered manifestations of humoral imbalance, especially the predominance of cold, viscous humours, and could be inferred from alterations in the colour and consistency of menstrual blood.^{6,9}

Unani scholars further recognised that physiological cessation of menstruation occurs at menopause, generally around the age of 50 years, although individual variation exists. They also observed that obesity may be associated with reduced menstrual flow, reflecting the influence of constitutional and systemic factors on menstrual function.^{6,9}

6.1.1. Pathological Consequences of *Ihtibās al-Ḥayḍ* (Menstrual Suppression)

Classical Unani physicians regarded prolonged *Ihtibās al-Ḥayḍ* (suppression or retention of menstrual blood) as a significant pathological condition capable of disturbing the equilibrium of the body. They believed that menstrual blood serves as a physiological route for the elimination of waste humours; therefore, its retention leads to *Imtilā'* (congestion), *Fasād al-Dam* (corruption of blood), and *Sū'-i-Mizāj* (derangement of temperament). In the early stages, retained menstrual blood was thought to predispose women to *Amrāḍ Ḥādda* (acute diseases), while prolonged suppression was believed to weaken *Ḥarārat Gharīziyya* (innate heat), which promotes a cold temperament, and increase susceptibility to chronic disorders such as *Istisqā'* (dropsy) and other humoral diseases.^{3,12}

6.1.2. Local Effects and Systemic Effects of *Ihtibās al-Ḥayḍ* (Menstrual Suppression)

In the medieval period, retention of menstrual blood was believed to produce heaviness in the pelvic region, uterine fullness, and pain in the lower abdomen, back, and neck. Classical scholars also described *Waram al-Raḥim* (uterine inflammation), swelling, abscess formation, and difficulty in conception due to interference with *Istiqrār-i-Ḥaml* (implantation). Long-standing menstrual suppression was further considered a predisposing factor for chronic uterine

diseases, including acute inflammation, *Saqīrus* (scirrhus changes), and *Saraṭān al-Raḥim* (uterine cancer).^{6,12,13}

According to Unani scholars, retained menstrual blood may affect multiple organs through the accumulation of abnormal humours and vapours. Women commonly experience generalised heaviness, facial flushing, fatigue, diminished appetite, nausea, vomiting, headache, ocular discomfort, constipation, painful or difficult urination, fever, and dark, turbid urine. Persistent retention was also believed to weaken the *Mi'da* (stomach) and *Ḍu'f al-Kabid* (liver), impairing normal digestive and metabolic functions. In severe cases, *Fasād al-Dam* was thought to contribute to disorders such as *Su'āl* (cough), *Ṣar'* (epilepsy), *Falij* (paralysis), *Amrād Sawdāwīyyah* (melancholic disorders), and *Istisqā'* (ascites).^{3,6}

Classical Greco- Arab physicians further proposed that retained menstrual blood generates abnormal vapours which may ascend to the heart and brain. These vapours were believed to produce *Khafaqān* (palpitations), syncope, *Ṣudā'* (headache), and *Shaqīqah* (migraine). Psychological manifestations, including anxiety, *Wahshat* (apprehension), lethargy, progressive weakness, and reduced physical activity, were also described. In women with prolonged menstrual suppression following repeated pregnancies and childbirth, excessive body hair growth, deepening of the voice, and other constitutional changes were considered evidence of altered temperament.⁹

6.1.3. Modern Clinical Correlation

From a contemporary perspective, menstrual retention most commonly results from obstruction of the genital outflow tract, such as an imperforate hymen, transverse vaginal septum, or cervical stenosis.¹⁴

Continued obstruction may lead to hematometra (accumulation of blood within the uterus), hematosalpinx (blood within the fallopian tubes), or hematocolpos (blood within the vagina). If secondary infection develops, pyometra may occur. Large collections of retained blood can compress adjacent pelvic organs, resulting in urinary retention, constipation, chronic pelvic or back pain, infertility, and pelvic infection. These modern complications provide a pathological explanation for several clinical manifestations described by classical Unani physicians.^{15,16}

6.2. *Kasrat al-Ḥayḍ* (Excessive Menstrual Bleeding)

Kasrat al-Ḥayḍ refers to an increase in menstrual blood loss either in amount or duration, known as *Kaṭhrat-i-Tamṭh*.^{8,17}

Unani scholars attributed *Kaṭhrat-i-Tamṭh* to various uterine disorders, including *Ḍuʿf al-Raḥim* (uterine weakness) associated with multiparity, repeated abortions, or excessive sexual activity.

1,5,6,17–19

Other contributing conditions include *Qarḥ al-Raḥim* (uterine ulcer), *Bawāsīr al-Raḥim* (uterine polyp), *Kharish al-Raḥim*, *Shiqāq al-Raḥim* (uterine fissure or rupture), *Ḍarb wa Saqṭah al-Raḥim* (trauma to the uterus), and rupture or dilatation of uterine vessels resulting from *Sūʿ-i-Mizāj al-Raḥim*.

1,5,6,13,17,18,20

They also explained that *Kaṭhrat-i-Tamṭh* (excessive menstrual bleeding) may arise from the action of *Ṭabīʿat*, disorders of the *Raḥim* (uterus), or abnormalities of the *Dam*.³

It may occur as a result of *Imtilāʾ-i-Khūn* or *Kaṭhrat-i-Khūn*, caused by excessive blood formation or reduced utilisation by the body.

1,6,8,13,17,18

In such circumstances, *Ṭabīʿat* facilitates the elimination of surplus blood through menstruation to restore humoral balance.

1,5

Classical Unani physicians also discussed that excessive menstrual bleeding leads to congestion of the uterine vessels, *Ḍuʿf-i-Badan* (generalised weakness), and qualitative changes in blood, such as *Riqqat-i-Khūn*, which weaken the uterine vessels and increase menstrual flow more.

1,5,6,8,17–19

They further described that wider uterine vessels permit a more profuse menstrual discharge than narrower vessels.

18

Unani scholars explain that *Kaṭhrat-i-Ḥayḍ* develops when the uterus is unable to retain menstrual blood because of weakness of the *Quwwat-i-Māsikah* (retentive power) resulting from an *Sūʿ-i-Mizāj al-Raḥim* (altered uterine temperament). Alternatively, it may result from excessive action of the *Quwwat-i-Dāfiʿah* (expulsive faculty), particularly in the presence of *Khilṭ-i-Ladhāʿ* (irritant humours), and *Kaṭhrat-i-Khūn* (excess of blood), or both.

1,5,6,17–20

Clinically, *Kasrat al-Ḥayḍ* encompasses heavy menstrual bleeding, prolonged menstrual flow, and *Istiḥāḍah* (abnormal uterine bleeding) occurring between menstrual cycles.

18

Classical Unani physicians attributed pathological excessive bleeding to conditions such as *Ḍuʿf al-Raḥim* (weakness of the uterus), *Waram al-Raḥim* (uterine inflammation), *Fasād al-Dam* (corruption of blood), uterine trauma, and various forms of *Sūʿ-i-Mizāj* (impaired temperament) affecting the uterus. Weakness of *Quwwat Māsikah* (retentive faculty), increased fluidity of blood, rupture or congestion of uterine blood vessels, and humoral imbalance were also considered important pathogenic mechanisms.

9,18,21

6.2.1. Effects of *Kasrat al-Hayḍ*

According to classical scholars, prolonged or excessive menstrual bleeding may result in generalised weakness, fatigue, loss of appetite, impaired digestion, pallor, oedema, and increased susceptibility to disease. Excessive blood loss was also believed to weaken the liver and spleen, predisposing women to *Istisqā'* (ascites) and inflammatory disorders of the *Waram al-Aḥshā'* (internal organs). In cases where *Ṣafrā'* predominates, fever accompanied by chills may also occur.^{9,13,22}

From a contemporary perspective, chronic heavy menstrual bleeding is a major cause of iron deficiency anaemia, characterised by fatigue, dizziness, pallor, headache, exertional dyspnoea, palpitations, and reduced physical performance.²³ Women with excessive menstrual bleeding may also experience severe dysmenorrhoea, chronic pelvic pain, anxiety, depression, and diminished quality of life.²⁴

Although uncommon, untreated severe haemorrhage may progress to acute hypovolaemia, hypotension, or haemorrhagic shock, requiring urgent medical intervention.¹⁵

7. Discussion

In Greco-Arab medicine, menstruation is regarded as a physiological process of *Istifrāgh*, through which *Ṭabī'at* eliminates the *Faḍlah al-Dam* (the surplus portion of blood) to preserve humoral equilibrium.^{1,3} Whereas modern medicine explains menstruation as the cyclical shedding of the functional endometrium following the withdrawal of progesterone and estrogen in the absence of fertilisation.²⁵

Menstrual physiology is regulated by the hypothalamic–pituitary–ovarian axis through coordinated endocrine interactions that control endometrial growth, differentiation, and shedding.^{25,26}

Despite their different explanatory frameworks, both Unani and modern medicine recognise menstruation as a normal physiological process closely linked to reproductive function and acknowledge that pregnancy interrupts the menstrual cycle. Classical Unani physicians attributed the retention of menstrual blood during pregnancy to its role in foetal nourishment.³ In contemporary medicine, the cessation of menstruation during pregnancy is attributed to sustained progesterone secretion, initially maintained by the corpus luteum under the influence of human chorionic gonadotropin (hCG) and subsequently by the placenta. This continuous progesterone production preserves the decidualized endometrium, prevents menstrual shedding, and supports placental development throughout pregnancy.^{27,28}

Modern medicine further recognises abnormalities in menstrual bleeding as important clinical indicators of endocrine, ovulatory, structural, inflammatory, or coagulation disorders, making menstrual assessment an essential component of women's reproductive healthcare.^{29,30}

Istihādah (abnormal uterine bleeding occurring outside the normal menstrual cycle) was described by Unani physicians as resulting from weakness of *Quwwat Māsikah*, excessive thinness of blood, rupture or congestion of uterine vessels, or humoral imbalance. Classical texts indicate that its systemic consequences are comparable to those observed in *Kasrat al-Ḥayḍ*.^{9,18}

Future interdisciplinary studies integrating historical scholarship with molecular biology, reproductive physiology, and clinical research are needed to evaluate the biological relevance of selected Unani concepts. Such investigations may strengthen the evidence base of Unani medicine while promoting meaningful dialogue between traditional medical knowledge and contemporary biomedical science.

8. Conclusion

Khūn-i-Ḥayḍ occupies a central place in Greeco-Arab medicine as a physiological manifestation of *Istifrāgh Ṭabīʿī* and an important determinant of women's reproductive health. Unani scholars described its formation, physiological functions, and pathological alterations within the framework of *Ṭabīʿat*, *Akhlāṭ*, and *Mizāj*. Despite differences in their explanatory models, both Unani and modern medicine recognise menstruation as an important indicator of reproductive and overall health. A better understanding of these classical concepts, together with contemporary scientific evidence, may contribute to a more comprehensive and integrative approach to women's health.

This review is primarily based on classical Unani literature and available contemporary evidence; therefore, some concepts should be interpreted within their historical and philosophical context rather than as direct equivalents of modern biomedical science. The limited availability of well-designed clinical and experimental studies on *Khūn-i-Ḥayḍ* also restricts the scientific validation of several traditional concepts. Future research should focus on critically evaluating these concepts through interdisciplinary studies, integrating classical Unani knowledge with contemporary reproductive science to strengthen the evidence base and explore their potential role in integrative women's healthcare.

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