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Case Report

Clinical and Ultrasonographic Improvement in an Adolescent Female with Oligomenorrhoea, Chronic Lower Abdominal Pain and Polycystic Ovarian Morphology Following Unani Intervention: A Case Report

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ABSTRACT

Background: Menstrual irregularity and polycystic ovarian morphology (PCOM) are frequently encountered during adolescence, but ultrasonographic PCOM alone does not establish polycystic ovary syndrome (PCOS) unless it is accompanied by several problems. A case study marks the start of a research journey to explore new cases and highlight findings, drawing the researcher's attention to new ideas in the field for better treatment options.
Case presentation: An 18-year-old unmarried female presented with long-standing continuous lower abdominal pain, delayed and scanty menstruation, generalized weakness, fatigue, reduced appetite and disturbed sleep. Visited the Colocation Centre of RRUM, J. J Hospital compound, Byculla, Mumbai, with reports of abdominal ultrasonography showing marked pathological findings, seeking treatment for the complex problems. Reports noted abnormal morphology of the ovaries, mild fluid collection in the pouch-of-Douglas, and slight antral wall thickening. The patient was diagnosed with *Warm-e-Rehim Muzmin* (chronic metritis) and *Su-i-Mizaj Barid/Du'f khusiyatur Rehim*. along with dysfunctional GIT upset.
Intervention and outcome: In view of the diagnosis, within the Unani clinical framework, Treatment comprised Arq Badiyan 30 mL twice daily, Habb-e-Hilteet two tablets twice daily, Jawarish-e-Pudina 5 g twice daily and Halwa-e-Gaekwar 10 g in the morning with milk. Weekly follow-up documented good compliance and progressive symptomatic improvement. Repeat ultrasonography after 7weeks showed that almost all findings were normal.
Conclusion: The case demonstrated individually significant improvement in overall complaints. The patient felt better, her faith in Unani treatment improved, and her parents were also satisfied. This treatment not only treated the physical disease but also helped heal the trauma of fear for the future, enabling the unmarried girl to live a happy life.

Keywords*: Unani medicine; oligomenorrhoea; polycystic ovarian morphology; menstrual irregularity; lower abdominal pain; adolescent; case report.*

INTRODUCTION

Menstrual irregularity is a common clinical concern during adolescence. Persistent oligomenorrhoea or markedly prolonged cycles warrant evaluation because menstrual patterns can provide useful information about reproductive and general health [1–3]. At the same time, interpreting ovarian morphology in adolescents requires caution. The 2023 International Evidence-based Guideline and subsequent adolescent-specific recommendations emphasize that PCOS in adolescents should not be diagnosed on ultrasonographic morphology alone; menstrual irregularity must be interpreted according to years' post-menarche, and evidence of clinical or biochemical hyperandrogenism is required after excluding alternative causes [1,2].

Polycystic ovarian morphology may occur in healthy adolescents and can be transient or it may be technical and observer-related factors [4,5].

Unani medicine adopts an individualized clinical approach based on the presenting symptoms, chronicity, and complexity of the condition, within the framework of traditional Unani clinical principles.

The case is presentable because the patient is young, unmarried, and had unusual lower abdominal pain, especially in the suprapubic region, which is the main issue to rule out and resolve. Another point is that low-flow menstrual bleeding and delayed cycles were bothersome signs for the parents to report.

This report follows the CARE case-report framework [6,7]. It documents the observed temporal clinical and imaging changes without equating PCOM with PCOS or claiming efficacy from a single uncontrolled observation.

CASE PRESENTATION

Patient information and presenting concerns

An 18-year-old unmarried female attended the Unani Research outpatient department at the co-location centre at J. J Hospital, Mumbai, with long-standing lower abdominal (Suprapubic) continuous pain. The available clinical history described the pain as persistent for a prolonged period. During a detailed and sensitive interview, she also reported delayed menstrual cycles with scanty flow, weakness, fatigue, marked reduction in appetite and disturbed sleep, along with mental tension as she worried about something unusual and undiagnosed.

She had previously sought medical advice and had reportedly been informed that changes in the uterine body may be evaluated with biopsy and cytological investigation after first sonography; her parents rushed to test again and consulted another expert, after which she was diagnosed with polycystic changes in the ovary. Follicular maturation and ovulatory function were suboptimal, for which hormonal treatment had been advised. Her family was concerned about the persistent suprapubic pain and menstrual symptoms, as well as marked reduction in appetite, as her diet reduced runs under the stress and weakness.

Clinical Assessment

At presentation, the clinically relevant documented features were chronic lower abdominal pain with tenderness, oligomenorrhoea with scanty flow, generalized weakness, fatigue, poor appetite and sleep disturbance. The records provided for this report did not include quantitative pain scores, body mass index, acne or hirsutism grading, blood pressure, or a detailed pubertal/menarche chronology.

Diagnostic assessment and serial ultrasonography

The available imaging records included three abdominal and pelvic ultrasonography reports:

The patient first underwent ultrasonography on 22 May 2026; the findings were mild uterine mucosal thickening with fluid in the pouch of Douglas. Because the diagnosis was uncertain, a second sonography was taken on 3 July, which indicated ovarian changes towards polycystic. After reviewing the clinical features, both sonography reports were considered for a final diagnosis. The patient started treatment on 10 July of 2026, after taking her father's concern and informing him that at least 2-3 months of treatment is required. She asked to follow up every week. A follow-up whole-abdomen sonography was performed on 28 August 2026.

Table 1. Chronological clinical course and serial ultrasonographic findings before and after Unani intervention

Date/Period	Clinical / Investigational Event	Ovarian Findings	Other Relevant Findings / Interpretation
22 May 2026	Earliest ultrasonographic examination	Both ovaries reported normal in size and shape	Mild fluid in the pouch of Douglas and slight thickening of the stomach wall in the body and antral regions.
3 July 2026	Pre-intervention ultrasonographic examination; considered the imaging baseline	Right ovary approximately 3.6 × 2.3 × 3.1 cm, volume approximately 13 cc; described as bulky with multiple small peripherally arranged follicles. Left ovary approximately 2.6 × 1.8 × 2.4 cm, volume approximately 6 cc and reported normal in size	No free fluid in the abdomen or pelvis. Gaseous distension of bowel loops noted. Radiological opinion recorded polycystic ovarian morphology (PCOM) of the right ovary.
28 August 2026	Follow-up whole-abdomen ultrasonography	Right ovary approximately 31 × 21 mm; left ovary approximately 27 × 14 mm. It appears almost normal.	No free fluid. Gaseous distension of bowel loops was noted.

The provided records did not include a hormonal profile (including LH, FSH, testosterone, prolactin, or TSH), metabolic evaluation, or serial follicular monitoring. Therefore, the case is described as oligomenorrhoea with ultrasonographically reported PCOM rather than as confirmed PCOS.

Interpretation and diagnosis integrated with Unani description

Following clinical evaluation and examination, the diagnosis was made as *Warm-e-Rehim Muzmin* (chronic metritis) and *Su-i-Mizaj Barid/Du'f khusiyatur Rehim*.

Therapeutic intervention

In view of the findings and diagnosis, the patient was assigned a line of treatment to reduce the inflammatory condition in the uterus, improve menstrual flow, subside the continuous lower abdominal pain, and improve normal uterine and ovarian cyclic function by strengthening them. To improve blood circulation in the genital organ system, the following medicine kit has been dispensed from the colocation centre of RRIUM. All were IMPLC-prepared and supplied through the Government of India.

Table 2. Unani therapeutic regimen

Formulation	Dose	Frequency	Route/instructions
Arq Badiyan	30 mL	Twice daily	Oral
Habb-e-Hilteet	2 tablets	Twice daily	Oral
Jawarish-e-Pudina	5 g	Twice daily	Oral
Halwa-e-Gheekwar	10 g	Once daily in the morning	Oral, with milk

Table 3. Clinical outcomes

Outcome domain	Before treatment	At follow-up
Menstrual pattern	Delayed cycles with scanty flow	Reportedly regular cycles
Lower abdominal pain	Chronic and persistent	Markedly reduced/substantially subsided
Weakness/fatigue	Present	Improved
Appetite and sleep	Reduced appetite and disturbed sleep	Improved
Right ovarian morphology	Bulky right ovary (~13 cc) with peripheral small follicles; PCOM reported	Right ovary ~31 × 21 mm; PCOM not described
Pouch-of-Douglas/free fluid	Mild POD fluid on 22 May; already absent on 3 July baseline	No free fluid on 28 August
Gastric wall finding	Slight gastric wall thickening reported on 22 May	Not specifically visualised on the 28 August report
Adver se events	Not applicable	None reported

The kit medicines are General OPD-trended Unani formulary medicines, and recent support was obtained from published clinical literature from PubMed, Google Scholar and ResearchGate. [8,9]

The available outpatient record documents initiation of treatment on 10th July 2026 and serial weekly clinical review and assessment. Treatment compliance was reported as good.

No treatment-related adverse event was reported in the available follow-up information. Repeat ultrasonography dated 28 August 2026 showed smaller ovarian dimensions and did not describe the previously reported PCOM. No free fluid was detected.

DISCUSSION

This case demonstrated the value of a combined approach, using clinical features with ultrasonographic changes, in a young female with oligomenorrhoea, persistent lower abdominal pain, and radiologically documented uterine changes considered a causative factor for cystic formation in the right ovary. The main issue was the continued pain and an undiagnosed, ill-defined situation. After interrogating the patient and correlating the findings with clinical features, a diagnosis was made according to the Unani medical philosophy as *Warm-e-Rehim Muzmin* (chronic metritis) with *Su-i-Mizaj Barid/Du'f khusiyatur Rehim.* Unani literature describes this condition as an intent to change the Quwwat Mughayyirah (Power of transformation) [11], which is closely linked to PCOS-like conditions. [14]. As Ibn Hubal Baghdadi notes, ovarian health

depends on uterine health; this case shows several reasons for the change. [11,12] A combined treatment plan was designed to address all possible aspects and achieve a cure. [13] Arq Badiyan itself is a thinner for thickened matter, improving blood supply and removing morbid matter from the stomach, liver, and genitourinary system. Jawarish Pudina not only improves digestion but also resolves peritoneal infection and gastrointestinal dysregulation. Pudina (*Mentha spicata*) also enhances blood supply and relieves gastric problems. [13,14] Habbe Hilteet is a commonly practised medicine for antispasmodic pain and strengthening the genital organs, as its main ingredient is Hilteet (Ferula foetida Regel.)[15]

To improve the patient's poor uterine and ovarian health, Halwa-e-Gheekwar was advised, a large-ingredient nutritional supplement especially for the genital organs, as the Shqaqul Misri(Pastinaca secacul Linn.), Gheekwar (Aloe barbadensis Linn), Tal-makhana(Euryale ferox Salisb), Malkangni (Celastrus paniculatus Willd), Satawar (Asparagus racemosus Willd), Sualab misri (Orchis latifolia Linn) and khulanjan(Alpinia galangal Linn), all of these support gonadal health in both genders. This medicine may improve the uterus and ovaries and resolve it quickly. Monitored patient compliance and conducted clinical assessments regularly; the patient's verbal reports indicated regularised periods and reduced abdominal pain, along with improved fatigue, appetite, and sleep. After 7 weeks, abdominal ultrasonography no longer showed the previous PCOM features or other signs of uterine inflammation. These observations are clinically noteworthy because both subjective symptoms and an objective imaging report changed during follow-up.

The importance of the case was that, after consulting the expert, changes in the uterine body mucosal lining thickening suggested several further investigations to rule out the type of pathology, through cytology and biopsy. Parents were not willing to undergo such investigations in a young girl for future perspective. Their approach towards Unani medicine was to make a diagnosis and treatment without doing such an invasive investigation, which is a tough task for the parent to accept. This combined treatment subsided all features, and reports also showed no further changes compared with earlier.

However, a single case without a comparator cannot establish certainty. Nevertheless, careful reporting of temporally associated findings can help generate hypotheses and design prospective studies [6,7]. Future investigations should prospectively record age at menarche and gynaecological age, cycle length and flow, body mass index, clinical hyperandrogenism, thyroid and prolactin status, serum androgens, metabolic parameters where indicated, and objective measures of ovulation. Standardised pelvic ultrasonography should ideally follow the same protocol, preferably performed by the same experienced operator and at comparable cycle phases [1,2,5]. Validated pain and quality-of-life instruments, treatment adherence records, adverse-event surveillance, and longer follow-up would improve interpretability. To formally evaluate the same Unani combination, a protocolized prospective study or controlled trial would be necessary to assess safety and efficacy.

CONCLUSION

The case study concluded that integrating Unani philosophy with modern techniques to establish a diagnosis and frame diagnostic ideas is useful for developing a specialized treatment plan according to the diseased condition. The resolved case restored the future of a female patient, increased confidence to live happily, and created trust in Unani medicine for a complex disease, without invasive pathological testing and with a cost-effective treatment. Thus, Unani medicine can address complex problems simply and without harm.

Patient Perspective

The provided records did not include a formal patient-perspective statement. If the patient is willing, a brief first-person statement about symptom burden, treatment acceptability and perceived change may be added in accordance with the target journal's policy.

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