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A Review of Premature Menopause (Wuqoof-E-Haiz Qabl-E-Waqt): Unani Concepts, Lifestyle Modifications and Integrative Strategies

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Abstract: Premature menopause (Wuqoof-e-Haiz Qabl-e-Waqt) refers to the irreversible stoppage of menstruation before the age of 40, primarily due to early ovarian failure, and affects nearly 1% of women. It results in a range of physiological and psychological issues, including infertility, hormonal disturbances, and a heightened risk of long-term health problems. Clinically, it typically manifests as secondary amenorrhea or oligomenorrhea and can be triggered by genetic predisposition, environmental exposures, lifestyle factors, or medical interventions like chemotherapy or surgical removal of reproductive organs. Diagnosis in conventional medicine is based on high levels of FSH, low estradiol, and ruling out other potential causes. Conventional treatment includes hormone therapy; however, concerns over side effects have led to increased interest in alternative therapies. Unani medicine provides a holistic approach to the management of premature menopause through correction of altered temperament and the use of natural remedies, such as Asgandh (Withania somnifera), Ustukhuddus (Lavandula stoechas), and Majoon-e-Najah. The Unani perspective emphasizes the role of temperament (Mizaj), lifestyle (Ilaj bit-Tadbeer), diet (Ilaj bil-Ghiza), and pharmacotherapy (Ilaj bid-Dawa) in managing menopausal symptoms. Premature menopause significantly impacts fertility and quality of life. Advances in fertility preservation and psychological support are crucial for patient well-being. Greater awareness, early diagnosis, and integrative treatment strategies that incorporate both conventional and traditional systems like Unani medicine are essential for improving patient outcomes.

Keywords: *Premature Menopause, Early Menopause, Pre-mature Ovarian Insufficiency, Hormonal Replacement Therapy, Temperament (Mizaj), Lifestyle Modifications, Fertility Preservation, Non-Hormonal Medication, Ilaaj bil dawa, Ilaaj bil ghiza.*

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I. INTRODUCTION

Premature menopause, refers to the decline or complete loss of ovarian function in women under the age of 40. This condition adversely affects both physical and emotional well-being. It typically presents as secondary amenorrhea or oligomenorrhea, often beginning with difficulties in conceiving. However, diagnosis is frequently delayed. Key elements in clinical evaluation include family history, personal medical records, and menstrual patterns. Premature or early menopause is linked to a higher risk of cognitive decline, mood disturbances, sexual dysfunction, chronic health conditions, and increased overall mortality.

Approximately 1% of women under 40 experience premature menopause, while spontaneous early menopause impacts around 5% of women aged between 40 and 45. Its prevalence increases with age—from 1 in 10,000 among women aged 18–25 to 1 in 100 in those aged 35–40.[13,15,16,17]

Menopause, according to the World Health Organization (WHO), is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular function, typically confirmed after 12 consecutive months without a menstrual period. It generally occurs between the ages of 45 and 55 and marks the natural shift from a woman's reproductive years to a non-reproductive stage. This transition is characterized by a gradual decline in ovarian activity and a decrease in the production of key hormones such as estrogen and progesterone, which ultimately leads to reduced fertility. In addition to its physiological effects, menopause carries emotional and sociocultural significance in a woman's life.[23]

Early menopause, uncommon yet important contributor to infertility and sex hormone deficiency in women, is characterized by increased levels of follicle-stimulating hormone (FSH) along with irregular or absent menstrual cycles. Both POI and early menopause are associated with

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common menopausal symptoms, including hot flashes, night sweats, sleep disturbances, vaginal dryness, painful intercourse (dyspareunia), and decreased sexual desire.[19]

Due to the numerous contraindications and side effects of hormone therapy, there is growing interest in safer alternatives for managing menopausal symptoms. The use of herbal medicine is on the rise, with about one-third of adults in the UK reportedly using it, particularly women seeking relief from menopausal discomforts.[9]

In recent years, medicinal plants have gained attention as an alternative to hormone therapy due to its potential negative effects. Phytoestrogens and phytoprogest erones in these plants, as well as anti-androgen effects, may help alleviate menopausal symptoms by promoting the conversion of androgens to estrogen in peripheral tissues.[12]

II. MATERIALS AND METHODS

The concept of Premature menopause in both Modern and Unani medicine was explored by reviewing authentic unani texts as well as contemporary medical literature. Additionally, online platforms, including various websites and scholarly articles from Google scholar, were searched using keywords such as Premature menopause, Early menopause, Premature ovarian insufficiency, Hormonal replacement therapy, Temperment (Mizaj), Lifestyle modifications, Fertility preservation, Non-hormonal medication, Ilaaj bil dawa, Ilaaj bil ghiza.

III. REVIEW OF LITERATURE

Menopause occurring before the age of 45 is termed "early menopause," while menopause before 40 is referred to as "premature menopause." It is estimated that around 1% of women experience menopause before 40, and approximately 0.1% do so before 30. The transition from ovarian insufficiency to complete menopause can span several months or even years.[11,15] Both premature & early menopause share similar causative factors- the distinction lies primarily in the age of onset.[4]

A. Causes of Early or Premature Menopause:

Several factors may contribute to the onset of early or premature menopause:

➢ *Genetic predisposition:*

A family history of early or premature menopause significantly increases the likelihood of experiencing it.

➢ *Smoking:*

Tobacco use is strongly associated with an earlier onset of menopause, sometimes up to two years earlier than in non-smokers. Smokers may also experience more intense menopausal symptoms. Studies suggest that smokers with early or premature menopause may face a higher risk of early mortality compared to non-smokers.

➢ *Cancer treatments:*

Chemotherapy and pelvic radiation can impair ovarian function, leading to temporary or permanent cessation of menstruation and reduced fertility. However, not all women undergoing these treatments experience menopause. The risk is lower in younger women at the time of treatment.

➢ *Surgical interventions:*

- *Ovarian removal* (*bilateral oophorectomy*) leads to an immediate onset of menopause, with abrupt hormonal changes and intense symptoms such as hot flashes and decreased libido.
- *Uterine removal* (*hysterectomy*) does not always result in menopause if the ovaries are preserved. Although menstruation stops and pregnancy is no longer possible, ovarian hormone production continues temporarily, potentially leading to natural menopause earlier than expected.

➢ *Certain health conditions:*

Medical conditions that can contribute to early or premature menopause include autoimmune disorders, poorly controlled HIV/AIDS, chromosomal abnormalities like Turner syndrome, and chronic fatigue syndrome -associated with a higher risk of early menopause.[4,11,23]

B. Key Factors Associated with Premature and Early Menopause

➢ *Socioeconomic and Educational Factors:*

- Women from poor, rural households with limited or no education are more prone to premature or early menopause.
- Possible explanations include poor nutrition, low health awareness, and limited access to healthcare services.

➢ *Lifestyle Factors:*

- Tobacco use, alcohol consumption, junk food, and physical inactivity are significant contributors.
- Smoking reduces estrogen levels, leading to hormonal imbalance and early menopause.

➢ *Nutritional Status and BMI:*

- Low BMI or malnourishment increases risk due to low fat-based estrogen reserves.
- Overweight women also showed higher rates of premature menopause in some studies.

➢ *Reproductive History:*

- Early menarche (before age 13) doubles the risk of premature menopause.
- Early childbirth (before age 18) is also linked with higher risk.
- Contrary to some studies, nulliparity was not significantly associated in recent findings.

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➢ *Hormonal Contraceptives and Abortion History:*

- Use of injectables, pills, and emergency contraceptives shows association with early menopause.
- History of abortion may contribute via ovarian dysfunction or uterine damage.

➢ *Diabetes and Metabolic Health:*

- Women with early-onset type 1 or 2 diabetes are more likely to experience early menopause.
- Suggested mechanisms include impact on ovarian aging and reproductive hormone regulation.[23]

C. Infertility & pre-Mature Menopause:

Reproduction is a special and valuable ability given to women by God, and becoming a mother is a deep desire for most women. Infertility is a serious issue faced by people around the world and is often seen as a major life crisis. Women who are unable to conceive may go through emotional stress, leading to problems like anxiety, depression, low self-esteem, and other mental health issues. Women diagnosed with early menopause or POI often describe feeling "devastated," "shocked," and "confused," with infertility being the most distressing aspect. [8,14,19]

Delaying childbirth is a major contributor to infertility, mainly due to a decline in ovarian reserve with age. Women over 40 face reduced quantity and quality of eggs, making conception more difficult. While FSH and age are known fertility predictors, the accuracy of AMH and AFC as indicators remains debated. Research shows that AMH and AFC decline, and FSH rises with age, with AMH considered a more reliable marker. Despite these changes, around 5% of women with POI may conceive naturally, though most require donor eggs or embryos. Fertility preservation is advised for those at risk of POI, and more research is needed to understand how age impacts ovarian response during IVF.[16,18]

D. Unani literature:

According to the Unani System of Medicine, menopause results from a combined weakening of *Tabiyat* (natural vitality) and the *Quwat-e-Dafai* (expulsive power) of the uterus. As a woman ages, the general decline in bodily powers, including the uterus's ability to expel waste, leads to the accumulation of waste materials in the body. Normally, the uterus eliminates these wastes monthly through menstruation. However, due to the cold and moist temperament (*Barid Ratab Mizaj*) of women, they tend to generate more waste. When the expulsive power weakens, these wastes accumulate in the uterus. These substances may be thick (*Ghaleez*) or thin (*Raqeeq*) and may have irritating properties. Over time, they mix with the blood and collect in bodily cavities, disrupting the natural temperament (*Mizaj*) of the blood and, subsequently, other organs. As a result, the blood mixed with waste becomes less effective for nourishing the body.[1]

According to Sabit bin Qurrah, normal menstruation in both amount and quality is a key indicator of a woman's overall health. A healthy menstrual period typically lasts between 2 to 7 days; durations shorter or longer are considered abnormal. Majoosi noted that menstrual cycles generally occur every 20 days to two months, with longer intervals potentially indicating an underlying health issue. Baghdadi stated that while a 23-day cycle is common, some healthy women may experience menstruation only once every two months. .[4,5]

➢ *The basic principles of the Unani system of Medicine Divide Human life into four Distinct stages:*

- **Sinn-i-Numu (Growth Age):** The body grows continuously with excess innate moisture supporting development.
- **Sinn-i-Shabab (Adulthood, 30–40 years):** Full maturity with stable health and a balanced hot-dry temperament.
- **Sinn-i-Kuhulat (Midlife, 40–60 years):** Gradual decline in vitality and body heat; temperament shifts to cold and dry.
- **Sinn-i-Shaykhukhat (Elderly Age)**: After 60 years, a severe reduction in body heat and vitality occurs, with an abundance of abnormal moisture. This stage is marked by significant deterioration in bodily functions, with a cold and dry body temperament.[22]

Menstruation typically ends during *Sinn-i-Kahulat* (middle age), which has a *Barid Yabis* (cold and dry) temperament linked to *Khilte Sauda* (black bile). At this stage, an excess of black bile reduces the body's elemental moisture and heat, leading to a decline in overall bodily functions and strength.[3]

- Ibn Sina noted that *Inqiṭa' al-Tamth* (cessation of menstruation) can occur early, sometimes around age 35 or typically between 40 and 50. He also observed that after menstruation stops, women may begin to exhibit characteristics similar to men, and sometimes milk may be discharged from the breasts, signaling the beginning of *Sinn-i-Inḥiṭaṭ* (the age of decline). He attributed this cessation to a weakening of the body's *Quwat-e-Dafiya* (expulsive power), which disrupts the regular menstrual cycle and eventually halts it.
- Unani scholars have noted that *Inqiṭa' al-Tamth* generally occurs between the ages of 35 and 60.
- Razi mentioned that menstruation usually ends between the ages of 40 and 60.
- Zakariya explained that this cessation results from the predominance of *Barid* (cold) and thick humours (*Akhlat*) around the uterus or its vessels, caused by blood stagnation or increased viscosity.[1,6,7]

E. Diagnosis

Commonly, secondary amenorrhea is caused by pregnancy, hypogonadotropic hypogonadism, polycystic ovary syndrome, hyperprolactinemia, and thyroid problems. Diagnosing premature ovarian insufficiency (POI) relies on elevated FSH levels (>25 IU/L) after 4-6 months of irregular or absent periods, along with low estradiol levels.

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Other causes of amenorrhea must be ruled out before confirming POI or premature menopause. Although menstrual cycles may be delayed after stopping the combined oral contraceptive pill, fertility usually returns within a year. If amenorrhea continues beyond four months, underlying conditions like POI should be investigated instead of attributing it solely to post-pill effects.[16]

F. Management:

➢ *Psychological help & possibilities:*

Women who experience early menopause often face greater psychological difficulties than those who undergo menopause at the typical age. They may find it challenging to cope with changes in self-image, sexual health issues, and the loss of fertility caused by decreased estrogen levels. Women with premature ovarian insufficiency (POI), early menopause, or menopause induced by medical treatment need ongoing support to address their evolving physical and emotional needs. Support from national and international groups can offer important psychological help.[15,17]

➢ *Unani Management:*

The Unani approach to disease management focuses on restoring the imbalanced temperament. Hence, it is essential to assess the Mizaj of the patient or affected organ before starting any treatment. Menopausal symptoms can be managed using the following methods.

- Ilaj bid-Dawa
- Ilaj bil-Ghiza
- Ilaj bit-Tadbeer [3]

G. Ilaaj Bil Dawa [Pharmacotherapy]:

According to Unani texts, the primary approach to managing Alamat Sinn al-Yas is to address the underlying causes, which may include abnormal temperament, uterine diseases, menstrual irregularities, as well as psychological and environmental factors. Unani herbs such as Asgandh, Aslusus, Khar-e-khasak, Tagar, Shuneez, Ustukhuddus, Zafran, and majoon-e-Najah have been scientifically proven to be effective in managing Alamat Sinn al-Yas. These herbs possess various properties such as emmenagogue, anti-inflammatory, analgesic, cardioprotective, and neuroprotective, which contribute to their beneficial effects in relieving the symptoms associated with Sinn al-yas.[9]

Table1 Unani drugs

Name / Purpose	Ingredients	Preparation	Benefits
1. Hormonal Balance powder [sufoof]	- Asgandh (*Withania somnifera*) – 5g - Shatavari (*Asparagus racemosus*) – 5g - Gul-e-sad-barg (*Rosa damascena*) – 5g - Barg-e-Tukhme Kasni (*Cichorium intybus*) – 5g	Grind all the ingredients separately and mix them evenly. Use 5gms twice a day. For one month.	Balances hormones, reduces internal heat, supports ovarian function
2. Uterine Tonic Decoction [Joshanda]	- Majoon Supari Pak – 5g with - Tukhme Shatawara – 5g - Tukhme Balango (*Lallemantia royleana*) – 3g - Ustukhuddus (*Lavandula stoechas*) – 2g	Boil in 200 ml water until reduced to 100 ml. Strain and take once or twice daily. For one month.	Uterine tonic, improves menstrual regularity, enhances reproductive health

H. (Unani powder & Decoctions [joshanda] for Premature Menopause: [25,26])

Fortunately for the management of menopausal sign and symptoms, Unani physicians have mentioned several drugs helps in strengthening and rejuvenation the female reproductive organs, which regulate hormones and calm emotions. They also contain Antioxidants and Phyto-oestrogens, which are helpful in maintaining the hormonal balance without any side effects and are helpful in the management of geriatric problems.

Unani formulations such as Majoon-e-Najah, Majoon-e-Suparipak, Habb-e-Mudir, Habb-e-Hamal, Majoon-e-Falafasa, and Khameer-e-Marwarid are effective in treating phlegmatic (Balghami) and melancholic (Saudavi) conditions, as well as nervous disorders. They work by facilitating the elimination of bodily wastes and restoring normal physiological function[2]

I. Ilaaj Bil Ghiza [Dietotherapy]:

➢ *Dietary Inclusions:*

- **Balancing Foods:** Warm, well-cooked meals with spices like fennel, cumin, and coriander; fruits such as banana, papaya, figs, avocado; soaked green grams; almonds and walnuts.
- **Calcium & Vitamin D:** Opt for yogurt, milk, eggs, sardines, and cheese to support bone strength—and mood regulation, since vitamin D can help alleviate anxiety and low mood common in menopause.
- **Leafy Greens:** Rich in prebiotics and micronutrients—great for gut and overall health.
- **Fruits:** Fibre-rich and low-calorie; amla (Indian gooseberry) offers powerful antioxidants.
- **Phytoestrogens:** Include flaxseed, sesame seeds, linseed, and soy products to help balance hormones; these plant estrogens are a popular natural alternative to HRT.

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- **Proteins:** Legumes, nuts, and dairy—check for allergies before including.[2,24]

➢ *What to Avoid:*

- **Trigger Foods:** Limit caffeine, alcohol, added sugars, and processed foods—they can worsen menopausal symptoms.
- **Skipping Meals:** Avoid missing meals; maintain a balanced diet rich in vitamins, minerals, protein, prebiotics, and probiotics.
- **Dehydration:** Drink up to 12 glasses of water daily to prevent bloating, weight gain, and excess calorie consumption.

J. Ilaaj bil tadbeer: Exercises:

Regular exercise like yoga or Pilates boosts metabolism, strengthens joints and muscles, reduces stress, supports heart health, and improves sleep.[24]

➢ *Lifestyle changes:*

Rising cases of early menopause, linked to health issues like osteoporosis, are concerning—especially among underprivileged women who lack access to proper nutrition and healthcare. Health programs must go beyond reproductive age and include support for those affected by early menopause. Public awareness, targeted interventions, expanded services, and increased healthcare funding are vital, as socioeconomic and lifestyle data underscore the urgency.[23]

A healthy lifestyle—maintaining a healthy weight, exercising, avoiding smoking, limiting alcohol, and ensuring adequate calcium and vitamin D—can help manage early menopause (EM) symptoms.For those unable or unwilling to use hormone replacement therapy (HRT), non-hormonal options such as clonidine, certain antidepressants, gabapentin, and pregabalin may relieve hot flushes and night sweats. Clonidine is TGA-approved; others are used off-label. Vaginal estrogen may be an option in select cases of hormone-sensitive cancer.[20,21]

Maintain overall health by eating nutritious foods, staying well-hydrated, exercising regularly, keeping a healthy weight, improving sleep quality, and reducing or eliminating unhealthy habits like alcohol and tobacco use.[10]

K. Future Directions in Menopause Research:

Introducing education and awareness programs can help clear up confusion around early menopause and make the experience easier to understand. These programs are designed not only for women going through menopause but also for their families and friends, helping to create a more supportive and understanding environment. Education is key to managing menopause effectively, as it empowers women with knowledge about their condition and treatment options. Future efforts are likely to focus on improving how information is shared, making it easier for women to access and understand. At the same time, developing strategies to delay or reduce menopause symptoms will remain an important goal.[5]

IV. CONCLUSION

Premature menopause deeply affects a woman's physical, emotional, and reproductive health, making early recognition and comprehensive care essential. It is more than just an early loss of fertility—it changes many aspects of a woman's life. While conventional medicine provides effective treatments, combining it with traditional approaches like Unani medicine offers a more holistic and safer path to healing. A multidisciplinary approach—including medical care, lifestyle changes, and psychological support—is key to improving outcomes and quality of life for these women. Raising awareness, ensuring timely diagnosis, and providing personalized care are vital to address the complex challenges of premature menopause. Moving forward, continued research and education will empower women to face this early transition with confidence and lead healthier, more fulfilling lives. Developing preventive strategies to delay or reduce menopause symptoms is a key priority.

REFERENCES

[1]. Jurjani AH. *Tarjuma-e-Zakheerah Khwarazm Shahi*. Khan HH, translator. New Delhi: Idara Kitab-ul-Shifa; 2010. P. 599–600.
[2]. Tabassum K, et al. Impact of herbal medicine on restoration of post-menopausal women's health. *Acta Sci Womens Health*. 2020;2(8):44–50. Https://actascientific.com/ASWH/pdf/ASWH-02-0157.pdf
[3]. Shahid M. Menopause and its management in Unani system of medicine—An update. *Int J Inst Pharm Life Sci*. 2016;6(August):1–9. Https://www.researchgate.net/publication/315383259
[4]. National Health Service (NHS). Early or premature menopause. 2025 Mar 11 [cited 2025 May 20]. Https://www.nhs.uk/conditions/early-or-premature-menopause/
[5]. My Menopause Centre. Exploring early menopause: Latest research findings on menopause. [cited 2025 May 20]. Https://www.mymenopausecentre.com/earlymenopause/early-menopause-research/exploring-early-menopause-latest-research-findings-on-menopause/
[6]. Ibn Sina. *Al-Qanun fi al-Tibb*. Kantoori GH, translator. Vol. 1. New Delhi: Idara Kitab-us-Shifa; [n.d.]. P. 1095–1097.
[7]. Al-Razi Z. *Kitab al-Hawi*. Vol. 9. New Delhi: Central Council for Research in Unani Medicine (CCRUM); 2001. P. 153–154.
[8]. Sharma A, Shrivastava D. Psychological problems related to infertility. *Cureus*. 2022;14(10):e30320. Https://doi.org/10.7759/cureus.30320
[9]. Sultana A, Kousar F, Sultana S, Banu T, Begum A. Traditional Unani plant-based therapies for menopausal symptoms in women. *Cellmed*. 2023;13:4.1–4.23. Https://doi.org/10.5667/cellmed.2023.017
[10]. Better Health Channel. Menopause. State Government of Victoria: Department of Health; [cited 2025 May 20]. Https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/menopause

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25may1667

[11]. Better Health Channel. Premature and early menopause. Department of Health, State Government of Victoria; [cited 2025 May 20]. https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/premature-and-early-menopause
[12]. Anwar R, Anwar I, Irshad S. Navigating menopause with Unani medicine: Effective strategies for women's health. Int J Res Publ Rev.2024;5:2597–600. https://doi.org/xxxxx
[13]. Soni N, Yadav M, Mangal G. Ayurvedic intervention in the management of premature menopause. AYUHOM. 2023;10(2):164–8. https://doi.org/10.4103/AYUHOM.AYUHOM_53_22
[14]. Bhat SA, Raza A, Wani P, Shahabuddin M. Women's infertility: A Unani prospective. World J Pharm Sci. 2015;3(2). http://www.wjpsonline.org/
[15]. Hamoda H, Sharma A. Premature ovarian insufficiency, early menopause, and induced menopause. *Best Pract Res Clin Endocrinol Metab*. 2024;38(1):101823. Https://doi.org/10.1016/j.beem.2023.101823
[16]. Fernando WD, Vincent A, Magraith K. Premature ovarian insufficiency and infertility. *Aust J Gen Pract*.2023;52(1–2):32–38. Https://doi.org/10.31128/AJGP-08-22-6531
[17]. Faubion SS, Kuhle CL, Shuster LT, Rocca WA. Long-term health consequences of premature or early menopause and considerations for management. *Climacteric*. 2015;18(4):483–491. Https://doi.org/10.3109/13697137.2015.1020484
[18]. Tehraninezhad ES, Mehrabi F, Taati R, Kalantar V, Aziminekoo E, Tarafdari A. Analysis of ovarian reserve markers (AMH, FSH, AFC) in different age strata in IVF/ICSI patients. *Int J Reprod Biomed*. 2016;14(8):501–506. Https://doi.org/10.29252/ijrm.14.8.501
[19]. Sullivan SD, Sarrel PM, Nelson LM. Hormone replacement therapy in young women with primary ovarian insufficiency and early menopause. *Fertil Steril*. 2016;106(7):1588–1599. Https://doi.org/10.1016/j.fertnstert.2016.09.046
[20]. Healthtalk Australia. Lifestyle changes to help manage early menopause. [cited 2025 May 20]. Https://www.healthtalkaustralia.org/early-menopause-experiences-and-perspectives-of-women-and-health-professionals/overview-womens-experiences/lifestyle-changes-to-help-manage-early-menopause/
[21]. Healthtalk Australia. Non-hormone based medications for early menopause: Women's knowledge and experiences. [cited 2025 May 20]. Https://www.healthtalkaustralia.org/early-menopause-experiences-and-perspectives-of-women-and-health-professionals/overview-womens-experiences/non-hormone-based-medications-for-early-menopause-womens-knowledge-and-experiences/
[22]. Ahmad N. *Kulliyat Umoor Tabi'yah*. New Delhi: Idara Kitab-us-Shifa; [n.d.]. P. 22–24
[23]. Kundu S, Acharya S. Exploring the triggers of premature and early menopause in India: A comprehensive analysis based on National Family Health Survey, 2019–2021. *Sci Rep*. 2024;14. Https://doi.org/10.1038/s41598-024-53536-9
[24]. Nirva Health. How to deal with premature and early menopause?. 2024 Dec 18 [cited 2025 May20]. Https://www.nirvahealth.com/blog/premature-and-early-menopause
[25]. Raipuri HN. *Khazain al-Advia*. Vols. 1–4. New Delhi: Idara Kitab al-Shifa; [n.d.]. P. 226, 230, 588, 788, 1019.
[26]. Government of India. *National Formulary of Unani Medicine*. Part V. New Delhi: Ministry of Health & Family Welfare, Department of AYUSH; [n.d.]. P. 69.