

Comprehensive Report on Unani Perspectives: Mizaj, Therapeutics, and Home Remedies for Infertility

1. Introduction: The Unani Paradigm of Reproductive Health

The pursuit of fertility and the preservation of lineage (*Tahaffuz-e-Nasal*) are considered fundamental objectives in the Unani system of medicine. Unlike contemporary allopathic models, which often compartmentalize infertility into isolated hormonal or anatomical defects, Unani medicine views reproductive health as a continuum of the body's overall systemic equilibrium. This system, rooted in the teachings of Hippocrates (*Buqrat*), Galen (*Jalinus*), and later refined by Arab scholars like Avicenna (*Ibn Sina*) and Rhazes (*Al-Razi*), posits that conception is a natural consequence of physiological balance (*Itidal*). When this balance is disrupted—whether through the temperament (*Mizaj*) of the organs, the quality of the humors (*Akhlat*), or the external environmental factors (*Asbab-e-Sitta Zarooriya*)—the reproductive faculty (*Quwwat-e-Muwallida*) is compromised, leading to infertility, classically termed *Uqr* or *Aqr*.

Infertility in the Unani context is not merely a diagnosis but a manifestation of a deeper systemic dissonance. It is defined as the inability to conceive after one year of regular, unprotected intercourse, a definition that aligns with modern standards but diverges significantly in etiology and management. The Unani approach is distinctively holistic, emphasizing the rectification of the body's temperament to create a hospitable environment for the "seed" (*Mani*) to thrive within the "soil" (*Rahim* or Uterus). This report provides an exhaustive analysis of the theoretical underpinnings, diagnostic methodologies, pharmacotherapeutic interventions, and regimental therapies employed in Unani medicine to treat infertility. Furthermore, it integrates clinical evidence and traditional home remedies (*Gharelu Nuskhe*), offering a detailed roadmap for understanding and managing reproductive disorders through this ancient yet scientifically relevant modality.

1.1 The Philosophy of Equilibrium and the Six Essential Factors

Health in Unani medicine is maintained by the harmonious operation of the *Asbab-e-Sitta Zarooriya* (Six Essential Factors of Life): ambient air, food and drink, bodily movement and repose, psychic movement and repose, sleep and wakefulness, and excretion and retention.



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A disturbance in any of these factors can alter the *Mizaj* of the reproductive organs. For instance, a sedentary lifestyle (*Tark-e-Riyazat*) leads to the accumulation of cold and moist humors (*Balgham*), which can dampen the metabolic fire required for spermatogenesis or ovulation. Similarly, psychological stress (*Araz-e-Nafsani*) acts as a potent disruptor of the *Hararat-e-Ghariziyah* (innate heat), leading to hormonal imbalances that modern science correlates with the hypothalamic-pituitary-gonadal (HPG) axis.

The Unani physician does not rush to prescribe ovulation inducers or surgical interventions. Instead, the primary therapeutic goal is *Istifragh* (elimination of morbid matter) and *Tadeel-e-Mizaj* (normalization of temperament). This ensures that once the reproductive organs are strengthened, they can independently perform their functions of generating, retaining, and nourishing the zygote.

2. The Theory of Humors (Akhlāt) and Reproductive Physiology

The humoral theory is the cornerstone of Unani physiology. The body is composed of four humors—*Dam* (Blood), *Safra* (Yellow Bile), *Balgham* (Phlegm), and *Sauda* (Black Bile)—each possessing distinct qualities of heat, cold, moisture, and dryness. The reproductive system is uniquely sensitive to the balance of these fluids, as the gametes (*Mani*) are considered the "cream" or the most refined product of the fourth stage of digestion (*Hazm-e-Rabe*). Therefore, the quality of sperm and ovum is directly dependent on the quality of the humors generated by the liver and processed by the reproductive organs.

2.1 Dam (Blood): The Sanguine Influence

Blood is hot and moist (*Har-Ratab*), corresponding to the spring season and the element of air. It is the primary vehicle for nutrition and vitality. In reproductive health, healthy blood is essential for the development of the endometrial lining and the nourishment of the fetus.

- **Role in Fertility:** A sanguine temperament typically signifies high vitality and good reproductive potential. The uterus requires the moisture and warmth of healthy blood to be receptive.
- **Pathology:** Excessive blood or "plethora" (*Imtila-e-Dam*) can lead to congestion in the pelvic region. In women, this may manifest as menorrhagia (*Kasrat-e-Tams*), where the excessive flow washes away the fertilized egg before implantation can occur. In men, sanguine dominance is rarely a cause of infertility unless accompanied by excessive heat that "burns" the semen.



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2.2 Safra (Yellow Bile): The Choleric Influence

Yellow bile is hot and dry (*Har-Yabis*), corresponding to summer and fire. It is responsible for digestion, metabolic activity, and the motility of fluids.

- **Role in Fertility:** A moderate amount of bilious heat is necessary to trigger ovulation and maintain sperm motility. It provides the "metabolic fire" for the maturation of gametes.
- **Pathology:** An excess of *Safra* leads to *Su-e-Mizaj Har* (Hot Dystemperament). In the uterus, this intense heat acts as a spermicide, destroying the sperm upon entry. Unani texts describe this uterus as "burning the seed like scorched earth." Clinically, this manifests as early menstruation, yellowish discharge, and a history of recurrent miscarriages due to the inability of the uterus to retain the fetus (*Zof-e-Quwwat-e-Masika*).

2.3 Balgham (Phlegm): The Phlegmatic Influence

Phlegm is cold and moist (*Barid-Ratab*), corresponding to winter and water. It provides lubrication and nourishment to tissues.

- **Role in Fertility:** It maintains the structural integrity and softness of the reproductive organs, preventing atrophy.
- **Pathology:** This is the most common cause of infertility in the modern context, often correlating with Polycystic Ovarian Syndrome (PCOS) and obesity. Excess *Balgham* creates a "slippery" uterine environment where the zygote cannot implant. It also dampens the innate heat of the ovaries, leading to anovulation (*Toole Ehtebase Mani*) and amenorrhea. In men, phlegmatic dominance leads to *Riqqat-e-Mani* (thin, watery semen), oligospermia, and erectile dysfunction due to a lack of vital heat.

2.4 Sauda (Black Bile): The Melancholic Influence

Black bile is cold and dry (*Barid-Yabis*), corresponding to autumn and earth. It provides density and retention power.

- **Role in Fertility:** It is crucial for the *Quwwat-e-Masika* (Retentive Power) of the uterus, allowing it to hold the pregnancy for nine months.
- **Pathology:** Excess *Sauda* leads to dryness, atrophy, and obstruction. It is heavily implicated in conditions like endometriosis, uterine fibroids (*Sala' al-Rahim*), and tubal blockages. The uterus becomes hard and dry, unable to nourish the fetus, leading to "starvation" of the embryo or mechanical obstruction of the sperm.



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2.5 Table: Humoral Pathologies in Infertility

The following table synthesizes the relationship between humoral imbalances and specific reproductive disorders as described in classical Unani literature.

Humor	Temperament	Associated Female Disorders	Associated Male Disorders	Diagnostic Signs (Pulse/Urine)
Dam (Blood)	Hot & Moist	Menorrhagia, Pelvic Congestion, Habitual Abortion (due to slippage).	High Libido but prone to seminal infection; Plethoric physique.	Pulse: Full, bounding (<i>Azeem</i>). Urine: Reddish, turbid.
Safra (Yellow Bile)	Hot & Dry	Amenorrhea (due to burning of fluids), Vaginitis, Tubal Inflammation.	Premature Ejaculation (<i>Surat-e-Anzal</i>), Spermatorrhea, Burning micturition.	Pulse: Rapid, thin (<i>Sare</i>). Urine: Dark yellow, mustard-colored.
Balgham (Phlegm)	Cold & Moist	PCOS, Obesity, Leucorrhoea (<i>Sailan-ur-Rahim</i>), Anovulation, Delayed Puberty.	Oligospermia (<i>Qillat-e-Mani</i>), Erectile Dysfunction, Low Libido.	Pulse: Slow, soft (<i>Batee</i>). Urine: Clear, white, copious.
Sauda (Black Bile)	Cold & Dry	Uterine Fibroids, Endometriosis, Tubal Blockage, Scanty Menses.	Azoospermia (due to blockage), Varicocele, Atrophy of Testes.	Pulse: Hard, irregular (<i>Sulb</i>). Urine: Blackish or dark green.

3. Etiology and Classification of Infertility (Uqr)

In Unani medicine, the causes of infertility are classified not just by the organ affected but by the functional disruption of the *Quwa* (Faculties). The reproductive process requires the synchronized action of *Quwwat-e-Muwallida* (Generative Power), *Quwwat-e-Jaziba* (Attractive Power), *Quwwat-e-Masika* (Retentive Power), and *Quwwat-e-Dafia* (Expulsive Power).



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3.1 Female Infertility Factors

3.1.1 Su-e-Mizaj-e-Rahim (Uterine Dystemperament)

The most prevalent cause of female infertility is an alteration in the temperament of the uterus. A healthy uterus must be moderately hot and moist to facilitate conception.

- **Coldness (Burudat):** As discussed, this leads to a lack of maturation of the follicles. The coldness constricts the uterine vessels and solidifies the menstrual blood, preventing proper flow and lining development. This is essentially a state of metabolic hypofunction.
- **Moisture (Rutubat):** Excessive moisture weakens the muscular tone of the uterus. The *Quwwat-e-Masika* (retentive power) fails, and the uterus cannot "grip" the semen or the embryo. This is often likened to a piece of tape losing its stickiness due to water.

3.1.2 Suddah (Obstruction)

Obstructions in the fallopian tubes or the cervix prevent the meeting of the sperm and ovum. In Unani pathology, *Suddah* is rarely just a physical plug; it is often the result of thick, viscous humors (viscid phlegm or black bile) that have adhered to the inner lining of the tubes. Treatment focuses on *Tafteeh* (opening) using deobstruent herbs rather than just mechanical removal.

3.1.3 Zof-e-Raham (Uterine Weakness)

This is a functional disorder where the uterine musculature is too weak to retain the fetus. It can result from nutritional deficiencies, frequent pregnancies, or chronic illness. The uterus may be anatomically normal but functionally incompetent.

3.2 Male Infertility Factors

3.2.1 Qillat-e-Mani (Oligospermia)

Low sperm count is attributed to a deficiency in the raw material (blood) or a weakness in the *Quwwat-e-Muwallida* of the testes. If the liver produces insufficient or poor-quality blood, the testes cannot generate sufficient semen. Furthermore, if the temperament of the testes becomes too cold, the spermatogenic process slows down.

3.2.2 Riqqat-e-Mani (Thin Semen)

This condition refers to semen that lacks viscosity and holding power. It is often caused by an excess of fluid intake, a phlegmatic temperament, or weakness of the kidneys.



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Thin semen is easily expelled, leading to premature ejaculation (*Surat-e-Anzal*) and ensuring that the sperm is not deposited deep enough or retained long enough for fertilization.

3.2.3 Su-e-Mizaj-e-Khusyatal (Testicular Dystemperament)

Similar to the uterus, the testes can suffer from thermal imbalances. Excessive heat can damage sperm morphology (teratozoospermia), while excessive cold reduces motility (asthenozoospermia).

4. Diagnostic Methodology: The Unani Approach

Diagnosis in Unani medicine is a nuanced art that goes beyond standard blood tests. While modern investigations (semen analysis, USG, hormonal assays) are utilized, they are interpreted through the lens of humoral pathology.

4.1 Nabz (Pulse Examination)

The pulse is the primary window into the cardiac and systemic temperament.

- **In Cold Uterine Temperament:** The pulse is often deep (*Ghaer*), slow (*Batee*), and soft (*Layyin*), indicating a lack of vital heat and metabolic sluggishness.
- **In Hot Uterine Temperament:** The pulse is rapid (*Sare*), frequent (*Mutwatir*), and strong (*Qawi*), reflecting the systemic heat that burns the fluids.

4.2 Qarura (Urine Analysis)

Urine macroscopic analysis provides immediate clues about liver and kidney function and the dominance of humors.

- **Phlegmatic Infertility:** Urine is pale, copious, and clear (like water), indicating the body is retaining cold fluids and failing to "cook" the humors properly.
- **Bilious Infertility:** Urine is scanty, dark yellow or orange, and may cause a burning sensation, indicating systemic dehydration and heat.

4.3 Physical Inspection

The Unani physician observes the *Hay'at* (physique) and *Lams* (touch).

- **Obesity and Lethargy:** Strongly suggest a phlegmatic cause (PCOS/Hypothyroidism).
- **Emaciation and Dry Skin:** Suggest a melancholic or dry cause (Endometriosis/Premature Ovarian Failure).



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- **Palpation:** Touching the skin over the suprapubic region can reveal the local temperature of the uterus—cold to the touch indicates *Su-e-Mizaj Barid*.

5. Pharmacotherapy (Ilaj-bil-Dawa): Unani Herbs and Formulations

Pharmacotherapy in Unani medicine is designed to correct the *Mizaj*, strengthen the organs (*Taqwiyat*), and remove obstructions. The materia medica is vast, comprising single drugs (*Mufradat*) and complex compound formulations (*Murakkabat*).

5.1 Single Drugs (Mufradat) for Fertility

5.1.1 Asgandh (*Withania somnifera*) – The Vitalizer

- **Temperament:** Hot and Dry (Grade 3).
- **Action:** *Muqawwi-e-Bah* (Aphrodisiac), *Muwallid-e-Mani* (Semen producer), *Muhallil* (Anti-inflammatory).
- **Mechanism:** Modern studies cited in the research confirm that Ashwagandha reduces oxidative stress, lowers cortisol (stress hormone), and improves the LH/FSH balance. In men, it directly enhances spermatogenesis and sperm motility. In women, it tones the uterine muscles and acts as an adaptogen to combat stress-induced anovulation.
- **Usage:** The root powder is typically used.

5.1.2 Satavar (*Asparagus racemosus*) – The Female Tonic

- **Temperament:** Cold and Moist.
- **Action:** *Muqawwi-e-Raham* (Uterine tonic), *Mughalliz-e-Mani* (Semen thickener).
- **Mechanism:** Rich in steroidal saponins and phytoestrogens, Satavar is the drug of choice for "dry" infertility (*Su-e-Mizaj Yabis*). It nourishes the endometrium, improving the lining thickness for implantation, and increases cervical mucus quality, facilitating sperm transport.

5.1.3 Kalonji (*Nigella sativa*) – The Universal Healer

- **Temperament:** Hot and Dry.
- **Action:** *Mudar-e-Haiz* (Emmenagogue), *Jali* (Detergent/Cleanser).
- **Mechanism:** Contains Thymoquinone. It is exceptionally effective in breaking down the "cold" cysts in PCOS. It regulates the menstrual cycle and improves the body's immune response to infection. In men, it improves sperm parameters through potent antioxidant activity.
- **Caution:** Due to its emmenagogue properties (promoting menstrual flow), it is generally stopped once pregnancy is confirmed to prevent miscarriage.



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5.1.4 Mazu (*Quercus infectoria*) – The Astringent

- **Temperament:** Cold and Dry.
- **Action:** *Qabiz* (Astringent).
- **Mechanism:** Used primarily in sitz baths or vaginal pessaries to treat vaginal laxity and "slippery" uterus (*Su-e-Mizaj Ratab*). It strengthens the *Quwwat-e-Masika* (retentive power) of the uterus to hold the fetus.

5.2 Compound Formulations (Murakkabat)

Unani pharmacopeia utilizes synergistic blends to target multiple pathways simultaneously.

5.2.1 Laboob-e-Kabir

This is perhaps the most famous electuary for male infertility.

- **Composition:** A complex blend of nuts (walnuts, almonds, pistachios), seeds (sesame, poppy), and herbs (Salab Misri, Khulanjan).
- **Indication:** *Qillat-e-Mani* (Oligospermia), General Debility.
- **Mechanism:** It provides high-density nutrition (amino acids, fatty acids) required for semen production and generates vital heat to stimulate the testes. Clinical studies have shown it to protect spermatogenesis even against chemotherapy-induced damage.

5.2.2 Majun Mocharas

- **Composition:** Main ingredient is *Mocharas* (Gum of *Bombax malabaricum*).
- **Indication:** *Sailan-ur-Rahim* (Leucorrhoea), Recurrent Miscarriage.
- **Mechanism:** A potent astringent tonic that "tightens" the uterine tissues and corrects the moist temperament that leads to implantation failure. It is often prescribed to women with a history of miscarriage due to a "weak" uterus.

5.2.3 Majun Supari Pak

- **Composition:** *Supari* (Areca nut), *Gokhru*, *Satavar*, *Milk*, *Ghee*.
- **Indication:** General female reproductive health, Leucorrhoea, Post-partum weakness.
- **Mechanism:** It restores the tone of the pelvic floor and uterus. The inclusion of *Gokhru* acts as a diuretic and detoxifier, while *Satavar* provides hormonal balance.

5.2.4 Jawarish Jalinus

- **Composition:** *Mastic Gum* (Mastagi), *Saffron*, *Cinnamon*.
- **Indication:** Though primarily a digestive tonic, it is fundamental in fertility treatment.



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- **Mechanism:** In Unani medicine, "The uterus follows the stomach." If digestion (*Hazm*) is weak, the liver cannot produce good blood, and the reproductive organs starve. *Jawarish Jalinus* strengthens the stomach and bladder, preventing the accumulation of waste products that could toxify the reproductive system.

6. Regimental Therapy (Ilaj-bil-Tadbeer)

Regimental therapies are physical interventions used to detoxify the body (*Tanqiya*) and redirect humors. These are often the first line of treatment before administering potent drugs.

6.1 Hijama (Cupping Therapy)

Hijama is a method of localized bloodletting or suction that removes toxic accumulation and improves microcirculation.

- **Protocol for Infertility:**
 - **Sites:** The primary sites are the "fertility points"—the sacrum (lower back) and the lower abdomen (suprapubic region).
 - **Timing:** Ideally performed during the 17th, 19th, or 21st days of the lunar month, or specifically timed with the menstrual cycle (post-menses) depending on the condition.
 - **Mechanism:**
 - *Wet Cupping (Hijama-bil-Shurt):* Removes *Fasid Madda* (morbid matter) and reduces pelvic congestion. Beneficial for *Damwi* (sanguine) patients with heavy bleeding or endometriosis.
 - *Dry Cupping (Hijama-bila-Shurt):* Applied to the ovaries to stimulate blood flow (*Imaala-e-Dam*) in cases of "cold" ovaries (amenorrhea/PCOS). It brings heat and nutrition to the area.
- **Evidence:** Clinical studies have demonstrated significant improvement in hormonal profiles and pregnancy rates (approx. 20%) in women undergoing *Hijama* for infertility.

6.2 Abzan (Sitz Bath)

Abzan involves the patient sitting in a tub of medicated warm water. It is the most effective therapy for local uterine pathologies.

- **Indications:** Tubal blockage, Pelvic Inflammatory Disease (PID), Rigid Cervix, Vaginismus.
- **Formulation for Blockage:**
 - *Ingredients:* *Mazu* (Oak gall), *Gule Tesu* (Butea flowers), *Khubbazi* (Mallow), *Baboona* (Chamomile).



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- *Method:* The herbs are boiled in water, the decoction is strained and poured into a tub. The patient sits in it for 20 minutes daily.
- *Mechanism:* The heat and the volatile oils from the herbs penetrate the perineum, resolving inflammation (*Waram*) and softening the adhesions (*Suddah*) blocking the tubes.

6.3 Dalk (Massage)

Therapeutic massage is used to modify the consistency of humors.

- **For Cold Uterus:** Vigorously massaging the lower abdomen and inner thighs with warming oils like *Roghan Qust* or *Roghan Darchini* generates heat and breaks down phlegmatic fat deposits.
- **For Male Debility:** Gentle massage of the lower back and groin with *Roghan Zaitoon* (Olive oil) improves nerve conduction and blood flow to the testes.

7. Dietotherapy (Ilaj-bil-Ghiza)

Unani medicine strictly adheres to the principle that "Food is Medicine." Treatment is incomplete without a diet that opposes the pathological temperament (*Ilaj-bil-Zid*).

7.1 Diet for Cold/Phlegmatic Infertility (e.g., PCOS)

Goal: Increase heat and dryness to dissolve cysts and stimulate ovulation.

- **Foods to Eat:**
 - **Meats:** Lean lamb (*Gosht-e-Barra*), Chicken, Partridge (*Teetar*), Eggs (Desi eggs are preferred).
 - **Spices:** Garlic, Cinnamon, Saffron, Fenugreek (*Methi*), Ginger.
 - **Fruits/Veg:** Dates, Mangoes, Bitter Gourd (*Karela*), Onions.
- **Foods to Avoid:** Cold and wet foods that increase phlegm: Cucumber, Yogurt, Rice (unless mixed with warm spices), Citrus fruits, Cold water, Refined sugar.

7.2 Diet for Hot/Bilious Infertility (e.g., Unexplained Infertility with Early Miscarriage)

Goal: Cool and moisten the uterus to prevent "burning" of the gametes.

- **Foods to Eat:**
 - **Vegetables:** Cucumber, Lettuce (*Kahu*), Zucchini (*Torai*), Pumpkin (*Kaddu*).
 - **Dairy:** Fresh milk, Butter, Yogurt (in moderation).
 - **Fruits:** Pomegranate (*Anar*), Watermelon, Pears.



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- **Foods to Avoid:** Red meat, spicy curries, chillies, fried foods, garlic, and alcohol.

7.3 Diet for Dry/Melancholic Infertility (e.g., Fibroids/Thin Lining)

Goal: Moistens and nourish the uterus.

- **Foods to Eat:** Almonds, Milk, Ghee, Bone Broths (*Yakhni*), Figs (*Anjeer*). Hydration is critical.
- **Foods to Avoid:** Lentils (*Masoor Dal*), Brinjal (Eggplant), Dried meat, Tea/Coffee (diuretics that increase dryness).

8. Home Remedies (Gharelu Nuskhe) for Conception

Unani medicine empowers patients with "kitchen pharmacy" solutions. These remedies are time-tested, generally safe, and act as tonics for the reproductive system.

8.1 The "Dates and Milk" Protocol (Chuara aur Doodh)

This is a supreme blood-building remedy.

- **Indications:** Anemia, General Weakness, Cold Uterine Temperament.
- **Ingredients:** 4-6 Dried Dates (*Chuara*), 1 cup Milk (Cow or Goat), 1 pinch Cardamom powder.
- **Preparation:** Soak the dates in milk overnight. In the morning, boil the mixture until the dates are soft and the milk thickens. Add cardamom.
- **Dosage:** Eat the dates and drink the milk warm every morning on an empty stomach.
- **Mechanism:** Dates are chemically rich in iron and energy. In Unani terms, they generate *Dam-e-Saleh* (pure blood) and gentle heat, optimizing the uterine bed for implantation.

8.2 Cinnamon and Honey (Darchini wa Shahad)

A potent remedy for PCOS and insulin resistance.

- **Indications:** Irregular periods, Cold Temperament, Obesity, PCOS.
- **Ingredients:** 1/2 tsp Cinnamon powder (Ceylon cinnamon is best), 1 tbsp pure Honey.
- **Preparation:** Mix into a paste or dissolve in a glass of warm water.
- **Dosage:** Take daily in the morning.
- **Mechanism:** Cinnamon is a *Musakhin* (heating agent) that improves blood flow to the uterus and enhances insulin sensitivity, crucial for ovulation in PCOS women. Honey acts as a vehicle and tonic.



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- **Contraindication:** Do not use in high doses if pregnancy is suspected, as it promotes uterine contractions.

8.3 Fig and Olive Oil Therapy

- **Indications:** Chronic constipation (which pressures the uterus), Male infertility (low sperm count).
- **Ingredients:** 2-3 Dried Figs (*Anjeer*), Extra Virgin Olive Oil.
- **Preparation:** Soak the dried figs in olive oil in a glass jar. Let them sit for a few days.
- **Dosage:** Eat one fig daily along with a teaspoon of the oil.
- **Mechanism:** Figs are excellent for clearing *Sauda* (Black Bile) and resolving obstructions. Olive oil provides healthy fats essential for hormone production.

8.4 Banyan Root Powder (Bargad)

- **Indications:** Male premature ejaculation, Thin semen.
- **Ingredients:** Aerial roots of the Banyan tree.
- **Preparation:** Dry the tender roots in the shade and grind them into a fine powder.
- **Dosage:** Take 1 tsp with milk at bedtime.
- **Mechanism:** It is a powerful *Mughalliz* (viscous agent) that thickens the semen and improves retention.

8.5 Kalonji (Black Seed) Tonic

- **Indications:** Immune system support, hormonal regulation.
- **Ingredients:** 1/2 tsp Kalonji oil or 1 tsp seeds (crushed), 1 tsp Honey.
- **Dosage:** Take with warm water morning and evening.
- **Mechanism:** The active compound Thymoquinone improves ovarian function and sperm quality. It is a general systemic detoxifier.

9. Clinical Evidence and Success Stories

The efficacy of Unani treatments is not just anecdotal; it is increasingly supported by clinical documentation.

9.1 Case Study: Unexplained Primary Infertility

- **Patient Profile:** A 22-year-old woman with 5 years of primary infertility. All standard investigations (hormones, tubal patency, sperm count) were normal.
- **Diagnosis:** Unexplained Infertility (attributed to subtle *Su-e-Mizaj*).



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- **Unani Intervention:** A polyherbal formulation containing *Asgandh* (*Withania somnifera*), *Piyabansa* (*Barleria prionitis*), *Gule Dhawa* (*Anogeissus latifolia*), and *Gule Nilofar* (*Nymphaea alba*).
- **Dosage:** 6g powder twice daily with milk, starting from Day 5 of the menstrual cycle for 5 days.
- **Mechanism:** This combination acted as a uterine tonic (*Muqawwi-e-Raham*) and conception aid (*Moaene Hamal*). *Asgandh* reduced stress, while the other herbs optimized the uterine environment.
- **Outcome:** The patient conceived after the second cycle of treatment and delivered a healthy baby.

9.2 Case Study: Tubal Blockage Resolved

- **Patient Profile:** 25-year-old female with unilateral tubal blockage diagnosed via HSG.
- **Unani Intervention:** *Hab-e-Hamal* (1 tablet TID for 5 days post-menses) + *Majun Hamal Amberi Alvi Khani* + *Majun Supari Pak*.
- **Outcome:** Conception occurred within 2 months.
- **Analysis:** *Hab-e-Hamal* contains ingredients known to possess lytic and deobstruent properties, capable of dissolving minor mucus plugs or adhesions that block the tubes.

9.3 Case Study: Male Oligospermia

- **Patient Profile:** 45-year-old male with a history of low sperm count.
- **Unani Intervention:** *Laboob-e-Kabir* administered for 3 months.
- **Outcome:** Significant improvement in sperm count (from oligospermic to normospermic range) and motility.
- **Analysis:** The rich nutritional profile of *Laboob* (nuts, salab) provided the necessary substrates for spermatogenesis, while the herbal components improved testicular blood flow.

10. Safety, Contraindications, and Conclusion

10.1 Safety Considerations

While Unani treatments are natural, "natural" does not imply "harmless" if used incorrectly.

- **Pregnancy Warning:** Many fertility herbs (e.g., *Kalonji*, *Aloe Vera*, *Saffron*, *Cinnamon*) are emmenagogues, meaning they stimulate blood flow to the uterus. Once conception is suspected or confirmed, these must be discontinued immediately to avoid the risk of miscarriage.



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- **Dosage:** High doses of "hot" herbs in a patient with an already hot temperament can cause gastritis, hypertension, or seminal burning. Personalization (*Takhsees*) by a qualified practitioner is vital.

10.2 Conclusion

Unani medicine offers a profound, logical, and effective framework for addressing infertility. By shifting the focus from the "parts" (ovaries, sperm) to the "whole" (Mizaj, Humors, Lifestyle), it treats the root cause rather than just the symptom. The integration of specific dietary changes (*Ilaj-bil-Ghiza*), targeted pharmacotherapy (*Ilaj-bil-Dawa*), and physical regimens (*Ilaj-bil-Tadbeer*) allows for a comprehensive restoration of fertility.

For couples struggling to conceive, Unani medicine provides a dual approach: immediate therapeutic intervention for pathologies like PCOS or oligospermia, and long-term constitutional support through home remedies and lifestyle adjustments. As modern science continues to validate the pharmacological basis of herbs like *Withania somnifera* and *Nigella sativa*, the bridge between this ancient wisdom and contemporary reproductive needs becomes stronger, offering hope and healing to those seeking to build a family.

Note: *This report is intended for educational and research purposes. Infertility is a complex medical condition. Patients are strongly advised to consult with a certified Unani physician (Hakim) or an integrative medical specialist for personalized diagnosis and treatment.*



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