

Infertility (Uqr): Complete Modern and Unani Understanding of Causes, Diagnosis, Treatment, Lifestyle and Reproductive Health

**A Comprehensive Guide to Male and Female Infertility, Mizaj, Akhlat, Modern Fertility
Evaluation and Responsible Integrative Unani Care**

By Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care

Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi

MD, CGO

Certificate in Infertility – MGBIMS, Delhi

Certificate in Urology – London, UK

Masters in Male Infertility – MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health – ISRH, UNFPA

Introduction

In my clinical practice, one of the most emotionally difficult sentences I hear from couples is:

“Doctor, we have been trying for a long time, but pregnancy is not happening.”

Behind that one sentence there may be months or years of anxiety, repeated pregnancy tests, medicines taken without a clear diagnosis, pressure from relatives, disappointment with every menstrual period and sometimes tension between husband and wife.

The first thing I explain to such couples is that **infertility is a medical condition, not a personal failure and not automatically a problem in the woman.**

According to the World Health Organization, infertility is a disease of the male or female reproductive system defined by failure to achieve a pregnancy after **12 months or more of regular unprotected sexual intercourse**. WHO's latest fact sheet, published in November 2025, estimates that approximately **one in six people of reproductive age worldwide experience infertility at some point in their lives.**

WHO also published its **first global guideline for the prevention, diagnosis and treatment of infertility in November 2025**. It emphasizes a systematic approach that includes prevention, diagnosis of male and female factors, lifestyle measures, psychological support and gradual progression from simpler fertility care to treatments such as intrauterine insemination or IVF when clinically appropriate.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

This modern approach fits well with one of the strengths of Unani medicine: the patient should be understood as a **whole person rather than only as an abnormal laboratory report**.

In classical Unani medicine, infertility is generally discussed under the term **Uqr or 'Uqr**. Official terminology published by the Central Council for Research in Unani Medicine describes 'Uqr as inability to conceive and importantly recognizes that the cause may involve **both partners**.

The detailed material prepared for this article similarly describes fertility in Unani medicine through the broader concepts of **Tahaffuz-e-Nasal, Mizaj, Akhlat, Asbab-e-Sitta Zarooriya and reproductive faculties**, rather than considering the uterus, ovary or semen in isolation.

My approach at **Saira Health Care** is therefore to respect the holistic principles of Unani medicine while using modern reproductive science wherever objective diagnosis is required. Infertility is too important and too time-sensitive to be treated only through assumptions.

What Is Infertility?

Infertility means difficulty achieving pregnancy despite regular attempts at conception.

It may be caused by a problem involving the woman, the man, both partners, or sometimes no clear cause is found even after appropriate investigation.

WHO distinguishes **primary infertility**, in which pregnancy has never previously been achieved, from **secondary infertility**, in which a person or couple has achieved at least one pregnancy in the past but is now unable to conceive again.

This distinction is useful, but it does not tell us the cause.

A woman who conceived five years ago can subsequently develop tubal disease, endometriosis, reduced ovarian reserve or ovulatory problems. A man who previously fathered a child can later develop varicocele, hormonal disease, testicular damage, obstruction or substantially altered semen parameters.

Therefore, previous fertility does not guarantee present fertility.

Fertility Is a Couple's Condition

This is one of the most important concepts I explain at Saira Health Care.

In many communities, when pregnancy does not occur, the woman is investigated repeatedly while the male partner is not evaluated at all.

Modern medicine clearly rejects this approach.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

WHO states that infertility may arise from either the female or male reproductive system. Female causes include abnormalities affecting the ovaries, uterus, fallopian tubes and endocrine system. Male causes include problems with sperm production or quality, ejaculatory dysfunction, hormonal disorders and obstruction of the reproductive tract.

ASRM likewise recommends that **when a male partner contributes to conception, evaluation of both partners should begin at the same time**, with male reproductive history and at least one semen analysis generally included at the beginning of an infertility work-up.

This is also compatible with the formal Unani concept of *Uqr*, which does not restrict infertility to women.

So my first principle is:

Do not blame the woman. Do not blame the man. Investigate the couple.

How Pregnancy Normally Occurs

To understand infertility, it helps to understand how conception normally happens.

In a woman, follicles develop inside the ovaries. During an ovulatory cycle, a mature egg is released and enters the fallopian tube. Sperm deposited in the female reproductive tract must be present in adequate number and function well enough to travel through the cervix and uterus toward the tube.

Fertilization usually occurs within a fallopian tube.

The resulting embryo then travels toward the uterine cavity and must implant within a receptive endometrium.

This means natural conception requires several processes to work together: ovulation, sperm production, ejaculation and sperm transport, functional fallopian tubes, fertilization and successful implantation.

A problem at any point can reduce fertility.

This is why giving every couple a single “pregnancy medicine” is not rational medical practice.

When Should a Couple Seek Infertility Evaluation?

For women younger than 35 with no known fertility problem, formal infertility investigation is generally initiated after approximately **12 months** of regular unprotected intercourse without pregnancy.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

For women aged **35 years or older**, ASRM recommends evaluation after approximately **six months**. Women over 40, or women with a known condition strongly associated with infertility, may deserve more immediate assessment.

There is therefore no benefit in making a 39-year-old woman with irregular periods wait another year simply because someone has told her to “try naturally.”

Likewise, a young couple who have been trying for only one or two cycles should not automatically be labelled infertile.

Good counselling is about knowing **when to reassure and when to investigate**.

Major Causes of Female Infertility

Female infertility is not one disease.

WHO identifies several major categories. These include disorders of the fallopian tubes, ovarian and follicular disorders such as PCOS, uterine abnormalities such as fibroids or congenital conditions, endometriosis and disturbances of the endocrine system.

The major clinical questions I consider are therefore whether the woman is ovulating, whether the fallopian tubes are sufficiently functional, whether the uterus can support implantation, whether age and ovarian reserve are relevant, and whether hormonal or metabolic disease is interfering with reproduction.

Ovulatory Disorders

Ovulation means release of an egg from the ovary.

ASRM estimates that ovulatory dysfunction is identified in approximately **15% of infertile couples and may account for up to 40% of female infertility**. Common causes include PCOS, major weight change, obesity, perimenopause, excessive physical exercise, thyroid dysfunction and hyperprolactinaemia.

Women with very irregular or absent menstruation often have abnormal ovulation.

However, a woman with regular cycles of roughly 21–35 days will frequently be ovulating normally, and routine repeated ovulation testing is not necessary in every such patient.

This is why menstrual history remains one of the simplest and most valuable fertility investigations.

PCOS and Infertility



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Polycystic ovary syndrome is one of the common causes of anovulatory infertility.

Women may have irregular menstruation, infrequent ovulation, clinical or biochemical androgen excess, acne, increased facial or body hair, insulin resistance or characteristic ovarian morphology.

Not every woman with PCOS is overweight, and not every woman with polycystic-appearing ovaries has PCOS.

The important fertility problem is usually **failure to ovulate regularly**, rather than the presence of dangerous ovarian “cysts.”

Lifestyle management can be important, especially where metabolic dysfunction or excess weight is present. Some women also require evidence-based ovulation-induction treatment.

The key principle is to treat **the actual reproductive problem**, not the name on an ultrasound report.

PCOS According to Unani Medicine

The source material supplied for this article interprets PCOS-like reproductive dysfunction through **Su-e-Mizaj** and disturbances of the humours, particularly excessive *Balgham* or a cold-and-moist pattern.

In classical Unani medicine, *Balgham* is understood as cold and moist. Excessive phlegmatic predominance may traditionally be associated with obesity, sluggish physiology and disturbances of menstruation and reproductive function.

This is a traditional explanatory model.

It should not be stated that *Balgham* is scientifically identical to insulin resistance, high androgen concentrations or the hormonal biology of modern PCOS.

However, the Unani tendency to evaluate diet, activity, body constitution, menstrual pattern and general metabolic wellbeing can be clinically useful when combined with modern diagnosis.

Fallopian Tube Disease

For natural conception, sperm and egg usually need a functional fallopian tube in which to meet.

Blocked or severely damaged tubes are therefore an important cause of infertility.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

WHO specifically identifies tubal disease resulting from untreated STIs, complications of unsafe abortion, postpartum infection and previous abdominal or pelvic surgery among causes of female infertility.

Chlamydia and gonorrhoea are particularly important because they can lead to pelvic inflammatory disease and subsequent scarring.

A tube can be completely obstructed or functionally damaged even when some passage remains.

How Are the Fallopian Tubes Tested?

ASRM recommends **hysterosalpingography (HSG)** or appropriate sonographic studies for evaluation of tubal patency.

HSG involves passing contrast through the uterus and observing whether it travels through the tubes.

An apparent blockage, particularly close to the uterus, can sometimes result from transient spasm or technical factors. Therefore, an abnormal report should be interpreted with the patient's history rather than treated as an unquestionable final diagnosis.

Laparoscopy is more invasive and is not required routinely in every infertility evaluation unless there is another clinical indication.

Tubal Obstruction According to Unani Concepts

The supplied Unani material describes obstruction using the term **Suddah** and explains it traditionally through abnormal or viscous humours that interfere with reproductive pathways.

Unani pharmacological terminology includes concepts such as *Mufatteh-e-Sudad*, referring traditionally to deobstruent action, and *Muhallil*, referring to resolving inflammatory swelling.

These concepts have an established place within the traditional system.

However, I make an important distinction when speaking with patients:

a traditional concept of Suddah should not automatically be equated with a mature fibrotic scar visible on modern reproductive imaging.

There is currently insufficient high-quality clinical evidence to guarantee that an oral herbal medicine or external Unani treatment can reopen a severely scarred fallopian tube.

Where structural tubal disease is severe, surgery or IVF may be more appropriate.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Uterine Causes of Infertility

The uterus must provide an appropriate environment for embryo implantation and pregnancy.

Fibroids, intrauterine adhesions, congenital uterine abnormalities, polyps and selected endometrial disorders may interfere with fertility depending on their location and severity.

Not every fibroid causes infertility.

Not every change in the endometrium requires treatment.

Modern imaging allows us to determine whether a structural abnormality is likely to matter clinically before subjecting the patient to unnecessary medicines or procedures.

This diagnosis-based approach is especially important because fertility treatment should not attempt to “strengthen the uterus” without first defining what, if anything, is structurally wrong.

Age and Ovarian Reserve

Female reproductive age is one of the strongest predictors of fertility.

The number of ovarian follicles decreases throughout life, and the proportion of chromosomally competent eggs also declines as reproductive age advances.

Tests such as **AMH** and antral follicle count can help estimate ovarian reserve and predict response to ovarian stimulation.

However, ASRM emphasizes that ovarian-reserve tests are **poor standalone predictors of natural fertility** and should not be used as general screening tests for women who do not otherwise meet criteria for infertility.

A low AMH value does not mean that natural pregnancy is impossible.

A high AMH value does not guarantee pregnancy.

I therefore avoid giving patients a fertility “verdict” based on one number.

Hormonal Causes of Female Infertility

The reproductive system depends on coordinated communication among the hypothalamus, pituitary gland and ovaries.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Thyroid disorders, hyperprolactinaemia, hypothalamic dysfunction and ovarian insufficiency can disturb this system.

If a woman has infrequent or absent periods, modern investigation should seek the underlying cause.

ASRM recommends targeted endocrine assessment rather than indiscriminately ordering every available hormone test in every patient. Thyroid-stimulating hormone is useful when clinically relevant, while prolactin is particularly indicated in settings such as galactorrhoea, oligomenorrhoea or amenorrhoea.

Good fertility medicine is therefore not about doing the maximum number of tests. It is about doing the **right tests for the right patient**.

Major Causes of Male Infertility

Male fertility deserves equal attention.

WHO identifies several important categories: obstruction of the reproductive tract, disturbances of reproductive hormones, failure of the testes to produce adequate sperm, and abnormalities of sperm concentration, morphology or motility.

Varicocele, genital-tract infection, previous testicular injury, certain medications, chemotherapy, anabolic steroid use, endocrine disease and genetic abnormalities may all contribute in selected men.

Some men also have sexual problems that make natural conception difficult despite reasonable sperm production, such as erectile dysfunction or significant ejaculatory dysfunction.

Because my clinical practice combines **sexual disorders and infertility**, I consider this overlap especially important.

Semen Analysis: The Basic Male Fertility Test

Semen analysis is one of the first investigations in male infertility.

It evaluates semen volume and several characteristics of sperm, including concentration, total number, motility and morphology.

An abnormal result does not automatically mean complete infertility.

Semen parameters vary, and repeat assessment may sometimes be necessary before important decisions are made.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Similarly, a semen report should never be interpreted without considering the female partner's reproductive status.

Infertility is ultimately a couple-level outcome.

Qillat-e-Mani and the Unani Understanding of Low Semen Quantity

The source material describes **Qillat-e-Mani** as a traditional Unani concept associated with reduced semen or reproductive generative capacity and relates it to weakness of *Quwwat-e-Muwallida* and altered constitutional conditions.

Modern oligospermia, however, is specifically defined using measurable sperm concentration.

The two terms should therefore not automatically be treated as exact equivalents.

A man's semen can appear thick and still contain very few sperm.

Another man's semen can look relatively thin while having adequate sperm concentration.

Only laboratory semen analysis can answer these questions accurately.

Riqqat-e-Mani and the Misconception of “Thin Semen”

Traditional Unani literature uses **Riqqat-e-Mani** for a thin or watery semen pattern. The supplied material discusses it within the traditional humoral model.

Patients often tell me:

“My semen is thin, so my sperm must be weak.”

That conclusion is unreliable.

Semen consistency and sperm concentration are different characteristics.

The correct way to assess male reproductive potential is through an appropriately performed semen analysis—not by visual appearance alone.

This is an excellent example of how modern diagnostics can make traditional symptom-based assessment more precise.

Varicocele and Male Fertility

A varicocele is enlargement of veins within the scrotum around the testicle.

It is common and does not cause infertility in every man.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

However, in selected patients it can be associated with impaired testicular function and abnormal semen parameters.

Treatment depends on examination findings, fertility status, semen results and the reproductive status of the couple.

Simply finding a small varicocele on ultrasound does not automatically mean that surgery or prolonged fertility medication is necessary.

Sexual Disorders Can Also Prevent Pregnancy

A couple may have apparently normal reproductive organs and still experience difficulty conceiving because intercourse itself is not occurring effectively.

Important problems include erectile dysfunction, severe premature ejaculation with difficulty achieving intravaginal ejaculation, vaginismus, painful intercourse, reduced desire and inability to consummate marriage.

ASRM specifically includes sexual dysfunction—such as erectile dysfunction, ejaculatory dysfunction, dyspareunia and vaginismus—within the infertility history assessment.

This is one reason the fields of **sexual medicine and infertility cannot always be separated**.

At Saira Health Care, I consider these issues confidentially and without judgment.

Infertility According to Classical Unani Medicine

Classical Unani medicine approaches infertility through a completely different historical physiological framework.

The supplied source describes reproductive health in terms of **Tahaffuz-e-Nasal**, *Quwwat-e-Muwallida*, the quality of *Mani*, the health of *Rahim*, *Mizaj*, *Akhlat* and regulation of the *Asbab-e-Sitta Zarooriya*.

The four principal humours are traditionally described as **Dam, Balgham, Safra and Sauda**.

In this framework, health results from appropriate equilibrium or *Itidal*, whereas disease can arise from **Su-e-Mizaj**, a disturbance of temperament.

This philosophy encourages the physician to ask not only “Which organ is abnormal?” but also “What is the overall constitutional condition of this patient?”

That broader perspective can be valuable.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

However, the traditional humours are not equivalent to modern hormones, insulin, inflammatory markers or laboratory measurements. They belong to a different explanatory medical model.

Mizaj and Reproductive Health

Mizaj, or temperament, is central to Unani medicine.

Different individuals are considered to have different constitutional tendencies involving qualities such as heat, coldness, moisture and dryness.

The supplied document applies these concepts to reproductive disease, associating different humoral patterns with particular fertility complaints.

Such associations should be understood as **classical Unani theory rather than modern biomedical facts**.

For example, it would not be scientifically correct to say that PCOS is literally caused by phlegm or that endometriosis is caused by black bile.

What I find useful clinically is the **individualizing principle**: two patients with infertility may have very different nutritional, metabolic, hormonal and constitutional profiles and should not automatically receive identical treatment.

Quwwat-e-Muwallida and Reproductive Function

Unani medicine describes a generative faculty known as **Quwwat-e-Muwallida**, traditionally associated with reproductive capacity.

Other faculties described in the supplied material include *Quwwat-e-Jaziba*, *Quwwat-e-Masika* and *Quwwat-e-Dafia*, relating broadly within classical physiology to attraction, retention and expulsion.

These concepts show how detailed classical physicians' attempts were to understand conception and pregnancy before hormonal physiology, ultrasound and microscopy were available.

Today, they should be integrated with objective reproductive knowledge rather than used to replace it.

The Six Essential Factors: Asbab-e-Sitta Zarooriya

One of the most clinically useful areas of Unani medicine is its strong emphasis on everyday lifestyle.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

CCRUM emphasizes the **Six Essential Factors** as part of maintaining health and preventing disease. These traditionally concern environmental air, food and drink, physical movement and rest, psychological activity and rest, sleep and wakefulness, and retention and elimination.

The supplied infertility material also uses these factors as part of its reproductive-health framework.

This provides a very useful basis for contemporary fertility counselling because diet, physical activity, sleep, psychological wellbeing, tobacco exposure and general health genuinely matter.

However, good lifestyle cannot replace treatment for severe structural infertility.

Ilaj-bil-Ghiza: Dietotherapy in Infertility

CCRUM formally recognizes **Ilaj-bil-Ghiza**, or dietotherapy, as one of the therapeutic approaches within Unani medicine, alongside regimenal therapy, pharmacotherapy and surgery.

I consider diet particularly important in women with PCOS, obesity, insulin resistance, nutritional deficiency or metabolic disease, and in men with poor general metabolic health.

However, there is no scientifically established single “fertility diet” capable of treating all infertility.

Balanced nutrition should support reproductive health—not create another source of anxiety.

The source material presents traditional diet patterns according to hot, cold, moist and dry temperaments. These may be used within traditional individualized counselling, but blanket restrictions such as universally avoiding yoghurt, citrus fruit, rice, lentils or particular vegetables are not supported as general evidence-based infertility treatment.

A modern integrative diet should first be nutritionally adequate.

Food-Based Home Support: What Is Reasonable?

The supplied material describes traditional household remedies involving foods such as dates, milk, cinnamon, honey, figs and olive oil.

These foods can certainly form part of a balanced diet when medically suitable.

Dates provide energy and several micronutrients. Figs provide fibre. Olive oil provides unsaturated fat. Cinnamon can be used as a culinary spice.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

But these should be presented as **foods, not guaranteed fertility medicines.**

Dates and milk do not reopen blocked fallopian tubes.

Cinnamon and honey do not cure PCOS.

Figs and olive oil do not treat azoospermia.

I would therefore avoid fixed “fertility remedy” doses for the general public and instead include these foods sensibly within an individualized diet.

A Particular Caution About Herbal Home Remedies

The supplied document also discusses medicinal use of **Kalonji, banyan root and concentrated herbal preparations.**

These should not be automatically promoted as harmless household remedies.

A medicinal plant is still biologically active.

Women actively trying to conceive may become pregnant before realizing it. Therefore, any concentrated herbal medicine with uncertain reproductive or pregnancy safety deserves caution.

I advise patients to tell their physician about all herbal preparations they are taking.

Ilaj-bil-Dawa: Unani Pharmacotherapy

Ilaj-bil-Dawa, or pharmacotherapy, is another formally recognized Unani treatment mode.

Traditional Unani materia medica contains many single drugs and compound formulations used historically for reproductive complaints.

The supplied source discusses medicines such as **Asgandh, Satavar and Kalonji**, as well as compound formulations including **Laboob-e-Kabir, Majun Mocharas, Majun Supari Pak and Jawarish Jalinus.**

Their traditional descriptions are important for understanding Unani therapeutics.

However, claims such as “increases sperm count,” “strengthens implantation,” “cures recurrent miscarriage” or “balances hormones” should not be generalized without high-quality controlled clinical evidence.

Traditional indication and modern proof are not the same thing.

Asgandh and Reproductive Health



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Withania somnifera, commonly called Asgandh or Ashwagandha, has been studied for stress, metabolic and reproductive effects.

The supplied material describes it traditionally as *Muqawwi-e-Bah*, *Muwallid-e-Mani* and *Muhallil*.

Some studies in men suggest possible effects on selected semen or hormonal outcomes, but evidence varies substantially by population, product and study quality.

For this reason, I would not describe Asgandh as a universally proven treatment for male or female infertility.

If used, it should be part of a diagnosis-based plan rather than an automatic fertility supplement.

Kalonji and Infertility

Nigella sativa, or Kalonji, contains the bioactive compound thymoquinone and has attracted significant research interest.

The supplied source attributes several reproductive effects to it.

Laboratory or small clinical studies can be scientifically interesting, but they are not sufficient to conclude that Kalonji “breaks ovarian cysts,” reliably induces ovulation or treats infertility generally.

Women who may already be pregnant should be particularly cautious about concentrated herbal products.

Traditional Compound Medicines and Evidence

The supplied material includes several Unani compound formulations and describes historical reproductive indications.

Such formulations deserve scientific study, but a case report in which a patient conceived after treatment cannot by itself establish that the medicine caused the pregnancy.

Human fertility fluctuates naturally. Some couples with unexplained infertility conceive spontaneously.

Therefore, meaningful proof requires controlled clinical research, standardized formulations, defined diagnostic criteria and clinically important outcomes such as ongoing pregnancy or live birth.

This distinction protects both patients and the scientific reputation of Unani medicine.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Medicine Quality Is Essential

Traditional medicine should also meet quality standards.

The Pharmacopoeia Commission for Indian Medicine & Homoeopathy explains that the **Unani Pharmacopoeia of India and National Formulary of Unani Medicine are official standards**, and that modern quality requirements include limits for heavy or toxic metals, pesticide residues, aflatoxins and microbial contamination.

This is particularly important in fertility and pregnancy-related care.

Patients should avoid unidentified powders, secret mixtures or medicines without clear composition and reliable manufacturing standards.

“Natural” does not automatically mean “safe.”

Ilaj-bil-Tadbir: Regimenal Therapy

CCRUM formally recognizes **Ilaj-bil-Tadbir**, or regimenal therapy, as a mode of Unani treatment.

The supplied source discusses approaches such as **Hijama, Abzan and Dalk** in relation to reproductive complaints.

These practices have historical importance.

But it is essential not to exaggerate what they can achieve.

There is insufficient high-quality evidence that cupping can increase pregnancy rates, that massage can restore sperm production or that an herbal sitz bath can physically reopen a fibrotic fallopian tube.

Such procedures should therefore be viewed, where clinically appropriate, as **supportive or traditional regimenal care rather than replacements for fertility treatment**.

Hijama and Fertility

The source supplied for this article describes particular Hijama sites and proposed fertility mechanisms.

Current evidence is insufficient to establish a standardized “fertility point” protocol that reliably improves pregnancy or live-birth rates.

Wet cupping also breaks the skin and therefore requires appropriate infection-control standards.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

I would not recommend using Hijama as a substitute for evaluation of PCOS, blocked tubes, diminished ovarian reserve, varicocele, azoospermia or other established causes of infertility.

Abzan or Sitz Bath

Abzan, or sitz bath, is used within traditional Unani regimnal practice.

Warm bathing may provide symptomatic comfort for selected pelvic or perineal complaints.

However, the claim that external herbal water can penetrate sufficiently to **soften internal fallopian-tube adhesions or restore tubal patency** is not established by current clinical evidence.

A woman with documented tubal obstruction should undergo appropriate fertility evaluation rather than relying on prolonged external treatment alone.

Dalk or Massage

Massage may help relaxation, musculoskeletal comfort and general wellbeing.

But there is no good evidence that abdominal massage can dissolve ovarian cysts, reverse endometriosis or open scarred tubes.

Similarly, genital or groin massage should not be promoted as a treatment for severe male-factor infertility.

Dalk can remain a supportive traditional therapy within proper boundaries.

Tanqiya and Istifragh

Classical Unani medicine sometimes uses **Tanqiya** and **Istifragh** to describe elimination of abnormal humoral material.

These are authentic traditional concepts.

But it would be scientifically inaccurate to state that such procedures “remove infertility toxins,” “clear reactive oxygen species from the ovaries” or “detoxify sperm DNA.”

The biological equivalence between humoral evacuation and modern molecular mechanisms has not been established.

In my practice, I prefer to preserve Unani concepts honestly rather than translating them into exaggerated scientific terminology.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Munzij-Mushil Therapy

Munzij-Mushil therapy is another traditional Unani approach in which abnormal humours are classically prepared for elimination and then evacuated.

It may have a place within qualified traditional practice for suitable indications.

However, strong purgation can cause diarrhoea, dehydration, electrolyte disturbances and interactions with other treatments.

For fertility patients, particularly women who may conceive unexpectedly, indiscriminate purgation is not appropriate.

There is also no high-quality evidence that repeated purgation can reopen scarred fallopian tubes or reverse biological ovarian ageing.

Modern Treatment of Female Infertility

Modern treatment depends entirely on the cause.

A woman with anovulatory PCOS may require lifestyle management and, where indicated, pharmacological ovulation induction.

A woman with significant thyroid disease requires treatment of the thyroid disorder.

A woman with a uterine polyp or clinically relevant cavity lesion may require appropriate procedural treatment.

A woman with severe bilateral tubal disease may require IVF.

The WHO's 2025 infertility guideline specifically provides separate treatment frameworks for **ovulatory dysfunction, tubal disease, uterine cavity disorders, male infertility and unexplained infertility**.

That is why modern fertility care cannot be reduced to one universal treatment.

Modern Treatment of Male Infertility

Male treatment similarly depends on the diagnosis.

Hormonal infertility caused by specific endocrine disorders may be treated medically.

Some obstructive conditions may be surgically correctable.

Selected clinical varicoceles may warrant intervention.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Severe sperm abnormalities may require assisted reproductive techniques.

When sperm are absent from the ejaculate because of obstruction but production remains possible within the testis, sperm retrieval combined with techniques such as ICSI may sometimes provide a pathway to parenthood.

Conversely, giving repeated “semen tonics” without determining whether sperm are actually being produced or transported can waste valuable time.

IVF Is Not the Enemy of Unani Medicine

Patients sometimes come to me after being told that choosing IVF means they have abandoned natural or traditional treatment.

I do not agree.

IVF is simply a reproductive technique.

When the fallopian tubes are severely damaged, IVF allows sperm and egg to meet outside those tubes.

When other treatments have failed or reproductive age makes further delay unwise, IVF may be the most realistic option.

A responsible Unani physician should recognize when traditional supportive treatment has reached its limits.

Integration means knowing **when to support natural physiology and when to refer for technology that can bypass an irreversible barrier.**

Infertility, Tobacco and the Latest 2026 Evidence

One of the most important modifiable reproductive risks is tobacco exposure.

On **8 September 2026**, WHO published a new knowledge summary on tobacco and infertility. It concluded that smoking is associated with infertility in women, adverse effects on sperm and male sexual function, and potentially poorer outcomes from some fertility treatments. WHO reports that women currently smoking tobacco had approximately a **40% higher risk of infertility than nonsmokers** in the systematic review summarized in the report.

Second-hand smoke may also affect fertility.

Therefore, smoking cessation is not simply general health advice. It is a meaningful part of reproductive counselling for **both partners**.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

No herbal antioxidant should be used as an excuse to continue smoking.

Alcohol, Obesity and Environmental Exposures

WHO recognizes smoking, excessive alcohol intake and obesity among lifestyle factors associated with infertility and also notes that some environmental pollutants and toxins can adversely affect eggs and sperm.

This does not mean that every infertile patient has caused their own problem.

Many causes—genetic disease, endometriosis, tubal scarring, age-related decline or unexplained infertility—cannot simply be corrected through lifestyle.

Lifestyle should therefore be optimized without creating blame.

Psychological Impact of Infertility

Infertility is not just a reproductive diagnosis.

WHO highlights emotional stress, depression, anxiety, low self-esteem, social stigma and relationship consequences associated with infertility, particularly in settings where women are unfairly blamed.

WHO's 2025 global guideline specifically recommends **ongoing psychosocial support** for people affected by infertility.

This is an area I consider extremely important.

A woman should not feel that her value is determined by whether she becomes pregnant.

A man should not equate low sperm count with masculinity.

And a couple should not allow infertility treatment to transform their relationship into a permanent cycle of accusation and scheduled intercourse.

Stress Should Not Be Blamed for Every Infertility Problem

Patients are often told:

“Just stop thinking about pregnancy and it will happen.”

That statement can be deeply frustrating.

Stress can affect sleep, sexual function, quality of life and sometimes reproductive hormonal regulation in severe circumstances.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

But relaxation cannot open a completely blocked fallopian tube.

Counselling cannot correct azoospermia caused by severe testicular failure.

A patient should receive emotional support **alongside appropriate diagnosis**, not instead of it.

Prevention of Infertility

Some infertility is preventable.

WHO's 2025 guideline identifies untreated sexually transmitted infections and tobacco use among important modifiable risk factors and recommends healthy diet, physical activity and tobacco cessation for people planning or attempting pregnancy.

Early diagnosis and treatment of chlamydia and gonorrhoea can reduce the risk of pelvic inflammatory disease.

Avoiding anabolic steroids can protect sperm production.

Good control of chronic metabolic disease can support reproductive health.

Prevention is one area where modern public-health principles and Unani **Hifz-e-Sehat** fit together particularly well.

How Unani and Modern Fertility Care Can Work Together

The most sensible integrative model is not to mix several medicines unnecessarily.

Modern medicine is particularly strong in objective diagnosis: semen analysis, hormonal testing, ultrasound, tubal imaging, genetic testing, reproductive surgery and assisted reproduction.

Unani medicine is particularly strong as a traditional whole-person framework emphasizing **Mizaj, dietotherapy, lifestyle, sleep, digestion, emotional wellbeing and individualized treatment**.

CCRUM formally recognizes four principal therapeutic approaches within Unani medicine: **Ilaj-bil-Tadbir, Ilaj-bil-Ghiza, Ilaj-bil-Dawa and Ilaj-bil-Yad**.

The goal should be to use these concepts responsibly while acknowledging where modern evidence is necessary.

A Comparative View of Modern and Unani Infertility Care



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Area	Modern reproductive medicine	Responsible Unani contribution
Diagnosis	Semen analysis, ultrasound, hormones, HSG/SHG, selected genetic and endocrine tests	Mizaj, history, constitution, diet and lifestyle assessment
Ovulatory disorders	Diagnosis of PCOS/endocrine causes; ovulation induction when indicated	Diet, metabolic-health support, individualized lifestyle and selected supportive medicines
Tubal disease	HSG/SHG, surgery or IVF depending on anatomy	Supportive care for general health; no guaranteed reopening of scarred tubes
Male infertility	Semen analysis, examination, endocrine/genetic work-up, surgery or ART where needed	Individualized diet, lifestyle and selected supportive reproductive formulations
Lifestyle	Tobacco cessation, healthy diet, exercise, weight and disease management	Hifz-e-Sehat, Asbab-e-Sitta Zarooriya, Ilaj-bil-Ghiza
Emotional health	Counselling and psychosocial care	Holistic doctor-patient relationship and attention to Araz-e-Nafsani
Severe structural disease	Surgery, IVF/ICSI or specialist intervention	Complementary support; not a substitute
Medicines	Diagnosis-specific pharmacotherapy	Ilaj-bil-Dawa under qualified supervision and quality standards

Dr. Nizamuddin Qasmi's Specialized Approach to Infertility

As a physician with a **focused practice in sexual disorders and infertility**, I believe treatment should begin with the question:

“Why is pregnancy not occurring in this particular couple?”

I do not start by assuming that infertility is due to weakness, “thin semen,” PCOS, a cold uterus or psychological stress.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

I first review the duration of infertility, ages of both partners, previous pregnancies, menstrual regularity, sexual frequency, evidence of ovulation, previous reproductive infections, surgeries, sexual difficulties and existing investigations.

In the male partner, semen analysis and clinical history are important.

In the female partner, I consider ovulation, ovarian factors, uterus, fallopian tubes and relevant endocrine conditions.

Only after understanding the likely cause do I decide where an individualized **Unani treatment approach** may reasonably contribute.

That may include *Ilaj-bil-Ghiza*, appropriate lifestyle correction, management of sleep and digestive health, improvement of general metabolic wellbeing and carefully selected Unani pharmacotherapy where appropriate.

Where modern treatment is clearly necessary, I believe the patient should be advised accordingly rather than losing years with repeated empirical medicines.

This cause-based approach is particularly important because reproductive time is valuable.

What I Mean by “Special Treatment” at Saira Health Care

When I describe individualized treatment at **Saira Health Care**, I do not mean that every patient receives a secret or guaranteed fertility medicine.

I mean that each couple's treatment is **personalized to the actual reproductive problem**.

A young woman with irregular ovulation may need a very different plan from a woman approaching 40 with diminished ovarian reserve.

A woman with patent tubes and PCOS requires different management from a woman with bilateral hydrosalpinx.

A man with varicocele and abnormal semen requires different assessment from a man with obstructive azoospermia.

And a couple whose main difficulty is vaginismus or erectile dysfunction requires sexual-health management as well as fertility counselling.

That is the reason my work in **sexual disorders and infertility** is closely connected.

Contribution of Saira Health Care in Sexual Disorders and Infertility

At **Saira Health Care**, an important part of our work is patient education.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Infertility is an area where couples are particularly vulnerable to exaggerated claims such as “100% pregnancy,” “permanent cure,” “all tubes opened naturally,” or “guaranteed sperm increase.”

Such claims can consume valuable time and money.

Our aim is to help patients understand their reports, identify likely causes, know when further evaluation is necessary and recognize where Unani treatment may offer supportive benefit.

We also address associated sexual problems because successful conception may depend on comfortable and effective sexual intercourse.

Confidentiality is extremely important. Men and women should be able to discuss reproductive and sexual concerns without embarrassment.

When necessary, we believe in appropriate collaboration or referral for imaging, hormonal treatment, urological or gynaecological procedures and assisted reproductive technology.

Why Individualized Treatment Is Better Than a Universal Fertility Package

Infertility may result from dozens of different biological pathways.

Therefore, a single package cannot logically be ideal for everyone.

If the fallopian tubes are blocked, increasing sperm count does not solve the female problem.

If the male partner has azoospermia, repeatedly regulating the woman's periods does not solve the couple's problem.

If a woman is already ovulating normally, repeatedly giving ovulation medicines may add risk without benefit.

If infertility is unexplained, unnecessary treatment may create expense without improving outcome.

WHO's new guideline specifically emphasizes progressing through fertility care according to **clinical findings and patient preferences**, beginning with simpler approaches and escalating when appropriate.

This is the model I find most responsible.

Can Unani Medicine Cure Infertility?

The correct answer is:



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Unani medicine may be helpful in selected causes and as individualized supportive care, but infertility is not one disease and no system can guarantee cure in every patient.

A woman with lifestyle-related ovulatory dysfunction may benefit substantially from individualized metabolic, dietary and reproductive treatment.

A man with modifiable lifestyle factors and selected functional abnormalities may improve with appropriate management.

But established bilateral tubal fibrosis, severe genetic testicular failure or advanced age-related loss of reproductive potential cannot responsibly be promised a cure through traditional medicines alone.

The strength of Unani medicine should be presented where it truly exists—not exaggerated beyond the evidence.

Do Traditional Case Reports Prove Effectiveness?

The supplied material includes examples of patients who reportedly conceived or experienced improved semen parameters after particular Unani therapies.

Such reports can be useful for generating research questions.

However, they do not prove that the medicine caused the outcome.

Infertility studies require adequate comparison groups, clear diagnosis, standardized formulations and meaningful outcomes such as clinical pregnancy and live birth.

Unexplained infertility has a spontaneous conception rate, so pregnancy occurring after treatment cannot automatically establish cause and effect.

This is an important scientific principle for any system of medicine.

Common Infertility Myths

One of the most persistent myths is that infertility is always the woman's fault. It is not; both partners can contribute.

Another is that thick semen means high fertility and thin semen means infertility. Only semen analysis can evaluate sperm adequately.

A third is that all PCOS patients require the same medicine. They do not.

A fourth is that low AMH means pregnancy is impossible. It does not.

A fifth is that any blocked tube can be opened with medicine. Severe structural fibrosis may require surgery or IVF.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

A sixth is that “natural” medicine has no side effects. Herbs and traditional formulations can produce pharmacological effects and must be prescribed responsibly.

Finally, patients often assume that IVF represents failure. In reality, IVF is simply one scientifically established way of overcoming particular reproductive barriers.

Frequently Asked Questions

Is infertility common?

Yes. WHO estimates that approximately **one in six people of reproductive age experience infertility during their lifetime.**

After how long should infertility be investigated?

Generally after 12 months in women under 35 and after around six months in women aged 35 or older. Earlier assessment is appropriate when a significant fertility problem is already known.

Is infertility mainly a female problem?

No. Male factors, female factors, combined factors and unexplained infertility all occur. WHO recognizes important causes in both reproductive systems.

What does Uqr mean in Unani medicine?

CCRUM's official terminology describes ‘**Uqr**’ as inability of women to conceive while recognizing that causation may involve both partners.

What are the important Unani principles used in infertility?

Traditional assessment may consider *Mizaj*, *Akhlat*, *Su-e-Mizaj*, *Quwwat-e-Muwallida* and the *Asbab-e-Sitta Zarooriya*. Treatment modes can include *Ilaj-bil-Ghiza*, *Ilaj-bil-Dawa* and *Ilaj-bil-Tadbir*.

Can Unani medicine help with PCOS?

It may have a useful supportive role through individualized diet, metabolic-health management, physical activity, lifestyle and selected physician-supervised pharmacotherapy. However, patients with persistent anovulation may also require evidence-based ovulation treatment.

Can Unani medicine reopen blocked tubes?

There is insufficient high-quality evidence to guarantee reversal of severe fibrotic fallopian-tube obstruction with Unani oral or regimenal therapy. Tubal anatomy should be appropriately investigated.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Can “thin semen” diagnose male infertility?

No. Semen appearance is unreliable. Proper semen analysis is required.

Can home remedies increase sperm count?

Nutritious foods can support general health, but no household food remedy should be guaranteed to normalize severe oligospermia or azoospermia.

Is Hijama proven to treat infertility?

Current evidence is insufficient to establish Hijama as a treatment that reliably improves pregnancy or live-birth rates. It should not replace established fertility investigation.

Is smoking important?

Yes. WHO's September 2026 evidence summary reports increased infertility risk among women who smoke and adverse effects on sperm and male sexual function.

Can stress cause infertility?

Severe physiological or psychological stress may influence reproductive function in some circumstances, but infertility should not automatically be blamed on stress. Structural, hormonal and male factors still require investigation.

Can infertility be treated successfully?

Many causes can be treated or overcome. The appropriate approach may range from counselling, lifestyle change and medicines to surgery, IUI, IVF or ICSI depending on the diagnosis.

My Final Message to Couples Struggling With Infertility

Whenever a couple comes to me after months or years of unsuccessful attempts, I first want them to understand that **there is usually more value in finding the cause than in simply adding another medicine.**

Do not assume the woman is responsible.

Do not assume the man is healthy simply because sexual performance is good.

Do not decide that sperm are normal by looking at semen.

Do not conclude that PCOS is the whole problem because an ultrasound mentions polycystic ovaries.

Do not allow one AMH number to destroy your hope.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

And do not spend valuable reproductive years relying on claims that every blocked tube or severe male-factor problem can be corrected naturally.

My Unani training teaches me to consider the patient as a whole: **Mizaj, Akhlat, diet, lifestyle, digestion, physical activity, sleep, emotional health and reproductive strength.**

The traditional literature supplied for this article reflects this comprehensive view of infertility and the importance it places on systemic balance and preservation of reproductive health.

Modern reproductive medicine gives us equally important tools: semen analysis, hormonal assessment, ultrasound, tubal imaging, genetic investigation, surgery and assisted reproductive technology.

I believe these approaches should complement one another where appropriate.

At **Saira Health Care**, my objective is therefore not merely to prescribe medicine for infertility. It is to help the couple understand **why pregnancy is not occurring**, address reversible problems, improve modifiable health factors, use individualized Unani supportive treatment responsibly, and recommend appropriate modern reproductive intervention when it offers the more realistic pathway.

Infertility requires science, patience and compassion.

It also requires honesty.

No ethical physician should promise a **100% pregnancy rate or guaranteed permanent cure.**

What we can offer is something more meaningful: a careful diagnosis, an individualized plan, realistic counselling and a medically responsible effort to give every couple the best possible opportunity for conception.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care

Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi

MD

CGO

Certificate in Infertility – MGBIMS, Delhi

Certificate in Urology – London, UK

Masters in Male Infertility – MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health – ISRH, UNFPA



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

Dr. Nizamuddin Qasmi's clinical work at **Saira Health Care** is focused on sexual disorders and infertility, including male and female reproductive problems, sexual-function concerns, fertility counselling, appropriate interpretation of investigations and individualized integrative management.

Website: www.sairahealthcare.com

Medical Disclaimer

This article is intended for **general medical education and public awareness**. It is not a personal diagnosis, prescription or guarantee of conception.

Infertility has many possible causes and should be evaluated in both partners where applicable. Unani medicine, nutritional measures, household foods and regimenal therapies may provide supportive care in appropriately selected patients but should not delay necessary investigations or established fertility treatment.

Herbal medicines, strong purgatives, Hijama, venesection and other traditional procedures should not be self-administered for infertility. Women who may already be pregnant require particular caution because medicines or procedures appropriate before conception may not be safe during pregnancy.

Severe tubal obstruction, azoospermia, diminished ovarian reserve, major endocrine abnormalities, recurrent pregnancy loss and other significant reproductive disorders require individualized professional assessment.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com