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Efficacy of Unani Medicine in the Management of Female Infertility- a case study

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ABSTRACT

INTRODUCTION: Uqr (infertility) is defined as a failure to conceive within one or more years of regular unprotected coitus. It is estimated that nearly 10-15% of couples are infertile in India. Among them, the male is directly responsible in about 30-40%, the female in about 40-55% and both are responsible in about 10% cases. The remaining 10% is unexplained. Some of the lifestyle factors leading to infertility are increasing marital age, rising alcohol and tobacco consumption and obesity, smoking, and some clinical factors like ovarian and tubal dysfunction, vaginal and cervical factors, biochemical changes in cervical secretions, and the presence of anti-sperm antibody which leads to cervical hostility may be implicated as an immunological factor of infertility. In classical text books of unani, infertility is defined as Uqr (banjhpan), and it occurs due to congenital defect of the uterus & ovaries, furbahi (obesity), su'i mizaj-e-Rahem, su'l mizaj-e-madde manwia, fasad e mani, which leads to faulty production of ovum as well as difficulty in conception. According to Unani physicians, the basic principle of Unani treatment is the correction of abnormal temperament, use of mukhawwi e rahem advia. Some effective unani drugs help induce ovulation such as; asgard, tukhm e shivlingi, tukhm e shambhalu, inderjushireen, Zafran, burada e dandaane feel, resha e bargad, joz bua etc. Phittakri biriyon, roghan e chambeli and poste anaar are also helpful as local applicants. Some compound unani formulations are habbe hamal, majune moine hamal ambari, dawa-ul-misk motadil, majune suparipak, etc. are also help in conception. This case study intends to give knowledge of the efficacy of Unani formulation in the management of female infertility & embracing parenthood naturally & safely without any complication & side effects. **OBJECTIVES:** The aim of the study was to evaluate the efficacy of Unani medicine in the management of female infertility.

METHODOLOGY: A single clinical case study of infertility was conducted in the Department of Amraz e Niswan wa Qabalat Govt Nizamia Tibbi College and Hospital, Hyderabad. An infertile couple was selected, Age of the patient was 26 years old and anxious to conceive, and willing to participate in the study. Treatment was planned to give Oral unani compound medicine like Habbe Hamal, Majoone Moine Hamal, and Dawaul Misk Motadil. Which are Muqavvi Rahem and muallid e mani as well as help in conception and some unani formulation was made which consists of Roghan e chambeli, zafran, Sufoof e inderjau Shireen which are used as a humool for 5 days.

RESULT: the patient has shown a good response with unani medicine and conceived within 2 months of treatment without any side effects.

CONCLUSION: The study proved the efficacy of unani medicine in managing female infertility without any side effects.

INTRODUCTION

Infertility is defined as the failure of a couple of reproductive age to conceive after at least one 1 year of regular coitus without contraception (Hurt et al., 2012). Conception depends on the fertility potential of both the male and female partners. Infertility affects approximately 1 in 6 couples during their lifetime (Tanvir 2004). The incidence of this is 10-15%². The male is directly responsible in about 30-40%, the female is approximately 40-55%, and both are responsible in about 10% cases & the remaining 10% is unexplained (Dutta 2016). The causes of female infertility are ovulatory dysfunction, tubal disease, uterine factors, cervical factors, pelvic endometriosis (Tanvir 2004, Dutta 2016). In couples in the reproductive age group,

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Medicine	Dose	Time	Duration
Oral Medicine			
1.Habbe Hamal	1 tab	Twice a Day	12 days
2.Majoone Moine Hamal	5gm	Twice a Day	12 days
3.Dawaul Misk Motadil With milk	5gm	Twice a Day	For 1 month

infertility can be primary, and secondary infertility is related to couples who have previously conceived and have difficulty in conceiving again (Slutsky et al., 1999). In unani system of medicine, female infertility is defined as uqr. In unani literature they mentioned that women disable to conceive due to some specific diseases of reproductive organs or some other complications of general diseases (Shabir et al., 2001). In modern medicine, ART (Assisted Reproductive Technology) has been carried out such as IVF, ICSI, IUI, ZIFT, but ordinary people cannot afford such procedures. But in Unani literature, there are number of herbal drugs which are helpful in infertility. In this regard, this case study intends to explain the efficacy of unani medicine in the management of female infertility.

CLASSIFICATION OF INFERTILITY

Infertility is divided into primary & secondary. Definitions of primary infertility vary between studies, but the operational definition put forth by WHO defines primary infertility as the inability to conceive within two years of exposure to pregnancy (i.e., sexually active, non-contraception & non-lactating) among women 15-49 years old (WHO-2001). Secondary infertility refers to the inability to conceive following a previous pregnancy. Globally, most infertile couples suffer from primary infertility (Inhorn 2003).

UNANI CONCEPT

The disease disables the women from conceiving due to some specific conditions of reproductive organs or due to some other complications of general diseases (Shabir et al., 2001, Kabeer Uddin). But according to unani literature, infertility (Uqr) occurs due to congenital disabilities of rahim & ovaries, like small size uterus, closure of external os, small ovaries, etc. 1. Metritis, 2. Inversion of uterus, 3. Salpingitis, 4. Amenorrhoea, 5. Polymenorrhoea, 6. Vaginal discharge, 7. Anemia, 8. Syphilis, 9. Gonorrhoea, sometimes due to increased phlegm in the body. Changes in temperament (increase coldness) which leads to decrease the (quwa) of retention of rahim due to which pregnancy cannot occur (Shabir et al., 2001, Ibn-e-Hubal Baghdadi 2007). In Unani system of medicine there are various formulations mentioned for the treatment of female infertility, which has the properties like muqavvi rahim (uterine tonic), muallid e mani (Ovulation inducing) & should be used from the 5th day of the menstrual cycle (Slutsky et al., 1999, Majoosi 2010).

A CASE STUDY

A 26 years old patient with primary infertility reported in the OPD of Government Nizamia General Hospital and married life are about three years. The patient had regular menstrual cycles with an interval of 30-35 days with 4-5 days the average volume of bleeding with mild lower abdominal pain during menses. She had never taken any treatment before; they have been trying to conceive since 3 years and reported stress about the lack of succeeds in conception. There was a history of consanguineous marriage; no abnormality was found in the coital history.

On examination, the patient's vitals were stable. s1 s2 were audible with no murmur & per abdomen soft, per vaginal examination, revealed anteverted, normal-sized, mobile and firm uterus, no fornical tenderness & per speculum examination revealed healthy cervix without any abnormal discharge. All the hematological, biochemical reports and semen analysis were found to be expected.

INTERVENTION

Treatment was planned to give the oral medicine and local medicine. Oral medicines Habbe Hamal, Majoone Moine Hamal started from the 5th day of the menstrual cycle for 12 days, Dawaul Misk Motadil for 1 month and local medicine begun from the 7th day of the menstrual cycle for 5 days.

LOCAL MEDICINE

Roghan e chambeli 10gms mixed with 0.2 gms of zafran and 3gms of Sufoof e inderjau Shireen as a humool kept in posterior fornix of the vagina for 5 days.

The patient was given Medicine for 2 cycles as per the above administration. In the first cycle patient started medicine from the 5th day of menstrual cycle, next month, she had her periods; after that, again same medicine repeated in the next month even after 2 weeks, she didn't get her period. Then she is advised for urine test for pregnancy, and the test was found positive.

DISCUSSION

Infertility is a big reproductive health problem, and it has some level of psychological effect on infertile couples. Here, In this case, the couple is suffering from psychosocial issues like low self-esteem, Frustration due to infertility. Because of these negative consequences, there is a need to find cost effective and successful treatment for infertility. In modern medical treatment for infertility includes hormonal stimulation, surgical correction of anatomical defects, or artificial insemination and artificial Reproductive Techniques (ART) like IVF, ICSI, GIFT, ZIFT. All these techniques can be successful but they are costly. In this case, there is no pathology detected and this case clearly considered as unexplained infertility & she fails to conceive after 3 years of unprotected intercourse. Treatment was planned to give oral medicine in the form of compound medicines like Majoone Moine hamal, Habbe hamal and Dawaul misk mothadil. These medicines having properties like Muqawwi e rahim, Muallid e mani (Ovulation Inducing) by improving blood circulation and giving strength to vital organs (Aaza-e-Rayeasa).

CONCLUSION

Efficacy of unani medicine in the management of female infertility was conducted in Govt Nizamia general Hospital. In this case study patient conceive within two months of treatment. This case study concluded that unani medicines are effective in management of infertility without any side effect.

REFERENCES

- Hurt, K. J., Guile, M. W., Bienstock, J. L., Fox, H. E., & Wallach, E. E. (2012). The Johns Hopkins manual of gynecology and obstetrics. Lippincott Williams & Wilkins.
- Tanvir J. Tubal factor in infertility. J Postgrad Med institution, 2004; 18:225-260
- Dc. Dutta Text book of Gynaecology.7th Ed. New Delhi: Jaypee the health sciences publishers, 2016; 17:186,188.
- Slutsky, M., Levin, J. L., & Levy, B. S. (1999). Azoospermia and oligospermia among a large cohort of DBCP applicators in 12 countries. International journal of occupational and environmental health, 5(2), 116-122.
- Shabir Ahmed et al. Women's infertility-A unani prospective. World Journal of pharmaceutical sciences, 2001.1-7.
- World Health organization .reproductive health indicators for global monitoring: Report of second interagency meeting, 2001.Geneva:2001.23.
- Inhorn, M. C. (2003). Global infertility and the globalization of new reproductive technologies: illustrations from Egypt. Social science & medicine, 56(9), 1837-1851.
- Kabeer Uddin M. Ifadah-e-kabeer. New Delhi: CCRUM; Vol II: 50-51.
- Ibn-e-Hubal Baghdadi. KitabulMukhtarat fil tibb, vol I and II New Delhi : CCRUM; 2007;50-51
- Majoosi ABA, Kamilussana (urdu translation by Kantoorivol I and vol II, New Delhi: Idarekitabul Shifa; 2010:538-540.
- Ibn sina .Alqanoon fil tib (Urdu translation by kantoori GH) vol VI and VIII. New Delhi: Idarekitabul shifa; 2010 ;27-28,606-09.