

Irregular Menstruation and Anovulatory Infertility: A Comprehensive Report on Pathophysiology, Humoral Mechanisms, and Therapeutic Interventions in Unani Medicine

1. Introduction

The capacity for reproduction is a fundamental biological imperative, yet it remains an elusive goal for a significant proportion of the global population. Infertility, defined as the failure to achieve a clinical pregnancy after 12 months of regular, unprotected sexual intercourse, affects approximately 15% to 17% of couples worldwide. Within this demographic, female factors account for nearly half of all cases, with ovulatory dysfunction—specifically anovulation—standing as a primary culprit. The manifestation of this dysfunction is frequently observed as irregular menstruation, a clinical sign that serves as a distress signal from the intricate endocrine orchestra governing female reproductive health.

The correlation between irregular periods and anovulation is robust and biologically grounded. The menstrual cycle is not merely a periodic shedding of the endometrial lining; it is the visible culmination of a complex hormonal feedback loop involving the hypothalamus, pituitary gland, and ovaries (the HPO axis). When this axis is disrupted, ovulation fails to occur, rendering conception impossible. While modern medicine has made significant strides in identifying the endocrine disruptors responsible for this state—ranging from Polycystic Ovary Syndrome (PCOS) to thyroid dysfunction—the therapeutic landscape is often dominated by synthetic hormonal interventions. These treatments, while effective for symptom management, often carry a burden of side effects and do not always address the systemic root causes of the disorder.

In this context, the Unani System of Medicine (Greco-Arab Medicine) emerges as a repository of profound historical wisdom and clinical efficacy. Rooted in the teachings of Hippocrates, Galen, and Avicenna (Ibn Sina), Unani medicine offers a holistic paradigm that views reproductive health through the lens of Humoral Theory (*Nazaria-e-Akhlal*) and Temperament (*Mizaj*). Unlike the reductionist approach that isolates the ovary as a malfunctioning organ, Unani philosophy posits that the reproductive system is inextricably linked to the body's overall metabolic and humoral balance. Menstrual irregularities and infertility are thus interpreted as manifestations of systemic dysregulation—an imbalance in the body's vital fluids and energies.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

This report provides an exhaustive analysis of the biological links between irregular periods, anovulation, and infertility, while rigorously exploring the diagnostic and therapeutic frameworks of Unani medicine. It synthesizes contemporary pathophysiological understanding with classical Unani concepts, offering a detailed examination of pharmacological agents (*Ilaj-bil-Dawa*), regimenal therapies (*Ilaj-bit-Tadbeer*), and dietary interventions (*Ilaj-bil-Ghiza*) designed to restore fertility. By bridging ancient wisdom with modern clinical evidence, this document aims to elucidate the mechanisms by which Unani treatments regulate the menstrual cycle, induce ovulation, and ultimately facilitate conception.

2. The Pathophysiology of the Female Reproductive Cycle

To appreciate the interventions offered by Unani medicine, one must first deconstruct the normative and pathological physiology of the female reproductive cycle as understood by modern science. The menstrual cycle is a bio-rhythm essential for the propagation of the species, requiring the synchronization of neurological, endocrine, and anatomical systems.

2.1 The Hypothalamic-Pituitary-Ovarian (HPO) Axis

The initiation of the reproductive cycle begins in the brain. The hypothalamus releases Gonadotropin-Releasing Hormone (GnRH) in a pulsatile fashion. This pulsatility is critical; continuous secretion would desensitize the pituitary gland, halting the system. The GnRH pulses stimulate the anterior pituitary to secrete two critical gonadotropins: Follicle-Stimulating Hormone (FSH) and Luteinizing Hormone (LH).

1. **The Follicular Phase:** FSH travels through the bloodstream to the ovaries, where it recruits a cohort of primordial follicles. As these follicles mature, the granulosa cells within them produce estrogen (estradiol). This estrogen serves a dual purpose: it stimulates the proliferation of the uterine lining (endometrium) to prepare for a potential pregnancy, and it acts as a feedback signal to the brain.
2. **Ovulation:** As the dominant follicle matures, estrogen levels rise sharply. Once a critical threshold is reached, this triggers a massive release of LH from the pituitary—the "LH surge." This surge causes the dominant follicle to rupture, releasing the mature oocyte into the fallopian tube. This event is ovulation.
3. **The Luteal Phase:** The remnants of the ruptured follicle transform into the corpus luteum, a temporary endocrine gland that secretes progesterone. Progesterone stabilizes the endometrial lining, transforming it from a proliferative state to a secretory state, making it receptive to implantation. If fertilization does not occur, the corpus luteum degenerates, progesterone levels crash, and the endometrial lining is shed as menstruation.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

2.2 Mechanisms of Anovulation and Irregular Bleeding

Anovulation is the failure of the ovary to release an oocyte. When ovulation does not occur, the corpus luteum does not form, and progesterone is not produced. This creates a state of "unopposed estrogen." The endometrium continues to proliferate under the influence of estrogen without the stabilizing effect of progesterone. Eventually, the tissue becomes unstable and outgrows its blood supply, leading to irregular, unpredictable shedding.

This phenomenon, known as **Anovulatory Bleeding** or AUB-O (Abnormal Uterine Bleeding - Ovulatory dysfunction), is distinct from normal menstruation.

- **Normal Menstruation:** Predictable, cyclic, self-limiting (usually 28-32 days).
- **Anovulatory Bleeding:** Irregular intervals (oligomenorrhea), varying duration, and often heavy flow (menorrhagia) due to the extensive buildup of the uterine lining.

Women often mistake anovulatory bleeding for a "period," leading to delays in seeking treatment. However, the biological reality is that without the release of an egg, conception is impossible. Chronic anovulation is responsible for up to 30% of female infertility cases.

2.3 Etiological Categories of Anovulation

The causes of anovulation are varied, often categorized by the level of the defect in the HPO axis:

- **Hypothalamic/Pituitary Causes:** Stress, extreme weight loss, or tumors can disrupt GnRH or Gonadotropin secretion.
- **Ovarian Causes:**
 - **Polycystic Ovary Syndrome (PCOS):** The most common cause, characterized by hyperandrogenism (excess male hormones), insulin resistance, and arrested follicular development.
 - **Premature Ovarian Insufficiency (POI):** Early depletion of the ovarian reserve.
- **Systemic Causes:** Thyroid disorders (hypothyroidism/hyperthyroidism) and hyperprolactinemia interfere with feedback loops.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

3. The Theoretical Framework of Unani Medicine

Unani medicine, derived from the Arabic word for "Greek" (Ionian), represents a synthesis of the medical systems of the ancient Mediterranean, Persia, and India. It is a holistic system that interprets health not merely as the absence of disease but as a dynamic equilibrium of the body's internal environment.

3.1 The Doctrine of Temperament (*Mizaj*)

The cornerstone of Unani pathology is the concept of *Mizaj* (Temperament). Every individual, organ, and disease possesses a unique temperament defined by the qualities of Heat (*Hararat*), Cold (*Baroodat*), Moisture (*Ratoobat*), and Dryness (*Yaboosat*).

The female reproductive system is generally characterized by a cooler and moister temperament compared to the male system. The uterus (*Rahem*) itself is described as having a temperament that is naturally cold and dry (*Barid Yabis*) relative to the heart or liver, but functionally, it requires a specific balance of heat (for maturation of the seed) and moisture (for nutrition) to sustain a pregnancy. Deviations from this balance—*Su-e-Mizaj* (Distemperament)—are the primary causes of infertility.

3.2 The Humoral Theory (*Nazaria-e-Akhlat*)

Unani physiology posits that the body contains four humors (*Akhlat*): Blood (*Dam*), Phlegm (*Balgham*), Yellow Bile (*Safra*), and Black Bile (*Sauda*).

- **Dam (Blood):** Hot and Moist. Associated with vitality and nutrition.
- **Balgham (Phlegm):** Cold and Moist. Associated with lubrication and nourishment of nervous tissue.
- **Safra (Yellow Bile):** Hot and Dry. Associated with digestion and metabolic heat.
- **Sauda (Black Bile):** Cold and Dry. Associated with structure and retention.

Menstrual disorders are fundamentally viewed as disturbances in the quantity or quality of these humors. For instance, amenorrhea (*Ihtibas-e-Tams*) is often linked to an excess of thick, viscous phlegm or black bile that obstructs the uterine vessels, preventing the flow of blood. Conversely, menorrhagia (*Kasrat-e-Tams*) may be caused by an excess of thin, hot blood (bilious dominance) that flows uncontrollably.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

3.3 The Concept of *Haiz* (Menstruation) as Purification

In Unani philosophy, menstruation (*Haiz*) is an essential excretory process (*Istifragh*). Because the female temperament is cooler, women are believed to be less efficient at "burning off" excess metabolic wastes through skin pores or strenuous activity compared to men. Therefore, nature provided the menstrual cycle as a monthly purification mechanism to expel excess humors.

- **Regular *Haiz*:** Indicates a healthy metabolic rate and clear channels (*Majra*).
- **Suppressed *Haiz* (*Ihtibas*):** Leads to the retention of toxins (*Fasid Mawad*) within the body. These toxins can recirculate to vital organs like the heart and brain, causing systemic disease (e.g., hysteria, palpitations).

3.4 *Mani-e-Niswan* (The Female Seed) and Conception

A remarkable convergence between Unani thought and modern biology is the recognition of the "female seed" (*Mani-e-Niswan*). Ancient physicians like Galen argued against the Aristotelian view that women were merely "vessels" for the male seed. Instead, Unani texts explicitly state that the "female testicles" (ovaries) produce a seed that contributes the "formative faculty" to the fetus. Conception (*Inaquad-e-Hamal*) occurs only when the male seed meets the female seed in the uterus. Therefore, infertility (*Uqr*) is frequently attributed to the failure of the woman to produce or release this seed—a concept strictly analogous to anovulation.

4. Etiology of Infertility and Menstrual Irregularity in Unani Medicine

Unani medicine classifies the causes of infertility into systemic humoral imbalances, structural defects, and specific uterine pathologies.

4.1 *Su-e-Mizaj* of the Uterus

The most common etiology for anovulation and infertility is the derangement of the uterine temperament.

1. **Su-e-Mizaj Barid (Cold Intemperament):**
 - **Pathology:** Excessive coldness extinguishes the "innate heat" (*Hararat-e-Ghariziya*) required for the maturation of the follicle (seed). The metabolic processes of the ovaries slow down.
 - **Symptoms:** Delayed cycles, pale and scanty menstrual blood, decreased libido, and clear urine. The patient may feel generally cold and lethargic.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- *Correlation:* This is strongly correlated with Hypothyroidism and certain phenotypes of PCOS where metabolism is sluggish
- 2. **Su-e-Mizaj Ratab (Wet Intemperament):**
 - *Pathology:* Excessive moisture leads to laxity (*Istirkha*) of the uterine tissues. The uterus becomes "slippery," unable to retain the seed (*Quwwat-e-Masika* is compromised).
 - *Symptoms:* Heavy vaginal discharge (Leucorrhea), obesity, and soft, flabby body constitution. The menstrual blood may be watery.
 - *Correlation:* Closely linked to obesity-related infertility and the metabolic syndrome aspect of PCOS.
- 3. **Su-e-Mizaj Yabis (Dry Intemperament):**
 - *Pathology:* Excessive dryness causes atrophy. The uterine lining becomes thin and desiccated, unable to nourish a seed.
 - *Symptoms:* Scanty menses (Hypomenorrhea), amenorrhea, and a lean, dry body habitus.
 - *Correlation:* Functional Hypothalamic Amenorrhea (FHA) or Premature Ovarian Insufficiency.
- 4. **Su-e-Mizaj Har (Hot Intemperament):**
 - *Pathology:* Excessive heat "burns" the seed, making it non-viable. The environment is too toxic for sperm survival.
 - *Symptoms:* Profuse, dark, hot menstrual blood; burning sensation during menses; rapid pulse.

4.2 *Marz Akyas Khusyatur Reham* (Polycystic Ovarian Disease)

Unani physicians describe conditions that mirror PCOS under the umbrella of Phlegmatic diseases (*Amraz-e-Balghami*). The formation of cysts (*Akyas*) is attributed to the accumulation of *Balgham-e-Mayi* (Watery Phlegm) or *Balgham-e-Ghaleez* (Thick Phlegm) in the ovaries.

- **Mechanism:** A *Su-e-Mizaj Barid* (Cold Temperament) of the liver and ovaries causes the blood to become viscous. This coldness causes the fluids in the ovaries to congeal, forming cysts rather than maturing into healthy follicles. The obstruction (*Sudad*) of the ovarian pores prevents the release of the egg.
- **Key Symptom Triad in Unani:** *Siman-e-Mufrit* (Obesity), *Ihtibas-e-Tams* (Amenorrhea), and *Uqr* (Infertility).

4.3 Structural and Obstructive Causes

- **Sudad (Obstructions):** Blockages in the fallopian tubes or uterine vessels prevent the meeting of sperm and egg. These are caused by the accumulation of viscous humors or inflammatory adhesions.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- **Waram-e-Reham (Uterine Inflammation):** Chronic inflammation (Endometritis or PID) alters the structure of the uterus, causing pain (*Ushr-e-Tams*) and preventing implantation.
- **Gheshae Ushr-e-Tams (Membranous Dysmenorrhea):** The expulsion of a membrane-like tissue, indicating weak endometrial integrity and poor uterine tone.

5. Diagnostic Methodology in Unani Medicine

The diagnosis of anovulatory infertility in Unani medicine is a multi-step process that goes beyond ultrasound to assess the patient's entire constitution.

5.1 Assessment of Systemic Temperament

The *Hakim* (physician) evaluates the *Asbab-e-Sitta Zarooriyah* (Six Essential Factors) and physical signs to determine the dominant humor.

- **Pulse (*Nabz*):**
 - In *Cold/Phlegmatic* disorders (PCOS): The pulse is typically *Batee* (Slow), *Areez* (Broad), and *Layyin* (Soft).
 - In *Hot/Bilious* disorders: The pulse is *Saree* (Rapid) and *Qawi* (Strong).
- **Urine (*Baul*):**
 - *Qaroora* (Urinalysis) is critical. Pale, white, or copious urine indicates a Cold/Wet temperament (dominance of Phlegm).
 - Dark yellow or red urine indicates Heat/Bile.
 - Turbid urine may indicate the presence of waste matter being excreted.
- **Stool (*Baraz*):** Constipation often accompanies Dry or blocked temperaments, indicating a failure of the body's expulsive power.

5.2 Examination of Menstrual Characteristics

The nature of the menstrual blood is a direct window into uterine health.

- **Black/Dark Blood:** Indicates *Sauda* (Black Bile) or extreme stagnation.
- **Watery/Pale Blood:** Indicates *Balgham* (Phlegm) and anemia (*Su-ul-Qunya*).
- **Clotted Blood:** Suggests *Baroodat* (Coldness) causing coagulation within the uterus before expulsion.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

6. Therapeutic Principles (*Usool-e-Ilaj*)

The treatment strategy in Unani medicine is highly structured, following the principle of *Ilaj-bil-Zid* (Treatment by the Opposite). If the disease is Cold, the treatment must be Hot.

6.1 The Protocol of *Istifragh* (Evacuation)

Before giving tonics to stimulate ovulation, the body must be cleansed of the morbid humors causing the blockage or imbalance. This is the concept of *Tanqiya* (Purification). The standard protocol involves:

1. **Munzij (Concoction) Therapy:**

- *Goal:* To "ripen" or cook the morbid humor (*Madda*) so it separates from the healthy tissues and becomes fluid enough to be expelled.
- *Duration:* Typically 9 to 15 days, depending on the humor (Phlegm takes longer to ripen than Bile).
- *Agents:* For Phlegmatic PCOS, drugs like *Badiyan* (Fennel) and *Aslusooos* (Licorice) are used to add heat to the cold phlegm.

2. **Mushil (Purgation) Therapy:**

- *Goal:* Once the signs of *Nuzj* (ripening) appear in the urine (e.g., changes in turbidity/sediment), a strong purgative is administered.
- *Duration:* Usually 3 days, often on alternate days.
- *Mechanism:* It forcibly expels the ripened humor through the intestines. This systemic cleaning reduces the "load" on the ovaries and liver.

3. **Tabrid (Cooling/Normalization):**

- After strong purgation, the body may be left with residual heat or dryness. Mild cooling agents are given to restore equilibrium.

6.2 *Tadeel-e-Mizaj* (Correction of Temperament)

Once the toxins are removed, the physician prescribes drugs to permanently alter the temperament of the uterus. For anovulation caused by coldness, "Hot and Dry" drugs are prescribed for a prolonged period to reactivate the metabolic fire of the ovaries.

6.3 *Taqwiyat-e-Reham* (Uterine Strengthening)

The final phase involves strengthening the uterus (*Quwwat-e-Masika*) to ensure it can hold a pregnancy. Drugs like *Majun Moine Hamal* are used in this phase.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

7. Pharmacotherapy (*Ilaj-bil-Dawa*): Agents of Fertility

The Unani pharmacopoeia is vast, utilizing herbs that have now been shown to contain phytoestrogens, insulin-sensitizing agents, and dopaminergic compounds. The selection of drugs focuses on their properties as *Mudir-e-Haiz* (Emmenagogue) and *Muwallid-e-Mani* (Ovulation Inducer).

7.1 Key Single Drugs (*Mufrad*)

The following table summarizes the most effective Unani herbs for irregular periods and anovulation, detailing their temperament and mechanism of action.

Unani Name	Scientific Name	Temperament	Unani Action	Modern Mechanism & Constituents
Badiyan	<i>Foeniculum vulgare</i> (Fennel)	Hot & Dry	<i>Mudir-e-Haiz</i> (Emmenagogue), <i>Munzij</i> (Concoctive)	Contains anethole (phytoestrogen). Mimics estrogen to regulate the cycle. Reduces dysmenorrhea.
Hulba	<i>Trigonella foenum-graecum</i> (Fenugreek)	Hot & Dry	<i>Mufattih Sudad</i> (Deobstruent), <i>Muhallil</i> (Resolvent)	Improves insulin sensitivity (crucial for PCOS). Diosgenin serves as a precursor for steroid hormones.
Karafs	<i>Apium graveolens</i> (Celery Seed)	Hot & Dry	<i>Mudir-e-Haiz</i> , <i>Mufattih</i> (Opener of blockages)	Rich in Apigenin. Promotes menstruation and clears uterine obstructions. Significant weight loss effects in PCOS.
Asgand	<i>Withania somnifera</i> (Ashwagandha)	Hot & Dry	<i>Muqawwi-e-Reham</i> (Uterine Tonic), Adaptogen	Reduces cortisol (stress hormone), which suppresses GnRH. Enhances ovarian resilience and follicular health.
Kalonji	<i>Nigella sativa</i> (Black Seed)	Hot & Dry	<i>Jali</i> (Detergent), <i>Mudir-e-Haiz</i>	Thymoquinone content offers anti-inflammatory and antioxidant protection to ovarian tissue. Regulates glucose metabolism.

Unani Name	Scientific Name	Temperament	Unani Action	Modern Mechanism & Constituents
Shambhalu	<i>Vitex agnus-castus</i> (Chasteberry)	Hot & Dry	<i>Muwallid-e-Mani</i> (Ovulation Inducer)	Dopaminergic activity suppresses Prolactin (which inhibits ovulation). Increases LH production to trigger ovulation.
Anisoon	<i>Pimpinella anisum</i> (Anise)	Hot & Dry	<i>Mudir-e-Haiz</i>	Phytoestrogenic. Induces menstruation and relieves spasmodic pain in dysmenorrhea.
Satawar	<i>Asparagus racemosus</i>	Cold & Moist	<i>Muqawwi-e-Reham</i> , <i>Mughalliz-e-Mani</i> (Semen thickener)	Contains steroidal saponins. Promotes folliculogenesis and ovulation. Acts as a nutritive tonic for the female seed.

Note regarding Temperaments: Notice that the majority of drugs used for induction of ovulation (excluding Satawar) are **Hot and Dry**. This confirms the Unani theory that anovulation is fundamentally a condition of coldness and dampness (stagnation) that requires heat and drying agents to stimulate activity.

7.2 Compound Formulations (*Murakkab*)

Complex diseases require complex formulations. Unani pharmacotherapy utilizes "Polypharmacy" to target multiple pathways simultaneously—clearing blockages, balancing hormones, and strengthening the organ.

1. Majun Moine Hamal

- **Indication:** specifically for women who are unable to conceive due to *Su-e-Mizaj Barid* (Cold temperament) or uterine weakness.
- **Key Ingredients:** *Salab Misri* (Orchis latifolia), *Tudri* (Cheiranthus cheiri), *Satawar*, *Mulethi* (Liquorice), *Zafran* (Saffron), and *Amber*.
- **Mechanism:** Saffron and Amber are potent cardiac and uterine tonics that improve blood flow to the reproductive organs. *Salab* and *Tudri* are aphrodisiacs that improve the quality of the "seed".



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

2. Habbe Hamal

- **Form:** Pills.
- **Administration:** Typically given for 3 days after the cessation of menstruation, followed by intercourse on the 4th day.
- **Purpose:** To prepare the endometrial bed for implantation immediately prior to the fertile window. It corrects internal disorders of the uterus.

3. The "PCOS Decoction" (Clinical Trial Formula)

A specific formula cited in clinical research for PCOS and weight loss consists of five seeds mixed in equal quantities:

- *Tukhme Karafs* (Celery seeds)
- *Tukhme Anisoon* (Anise seeds)
- *Tukhme Ajwain Desi* (Ajwain)
- *Tukhme Hulba* (Fenugreek)
- *Asaroon* (Valerian root) **Dosage:** 12.5g of the mix boiled in 300ml water until reduced to 100ml. Taken twice daily for 2 months. **Clinical Outcome:** This specific *Joshanda* (decoction) was found to induce menstruation in 66.7% of amenorrheic women and significantly reduce BMI and insulin resistance.

4. Majun Supari Pak

- **Indication:** Leucorrhea and uterine laxity.
- **Mechanism:** It contains Areca nut (*Supari*) which is an astringent. It tones the uterine muscles, preventing the "slippage" of the seed due to excess moisture (*Ratoobat*).

8. Regimenal Therapy (*Ilaj-bit-Tadbeer*): Physical Interventions

Regimenal therapy includes physical procedures that modify the body's state of health. These are often considered "surgical" or "manipulative" interventions in Unani medicine and are crucial for removing deep-seated blockages that oral medicines cannot reach.

8.1 Hijama (Cupping Therapy)

Hijama is perhaps the most famous Unani regimen. It involves the application of suction cups to skin points, either dry or with small incisions (wet cupping).



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

- **Hijama-bil-Shurt (Wet Cupping):**

- *Theory:* It extracts *Fasid Khoon* (morbid blood) and *Mawad-e-Fasida* (toxic matter) from the subcutaneous tissue.
- *Application for Infertility:* Cups are applied to the sacral area (lower back) and the lower abdomen (over the ovaries/uterus).
- *Mechanism:* The suction induces localized inflammation, increasing blood flow and oxygenation to the ovaries. It is believed to clear the "congestion" associated with PCOS.
- *Evidence:* A pilot study demonstrated a 20.3% pregnancy rate in previously infertile women after *Hijama* therapy. Significant improvements were noted in FSH, LH, and Prolactin levels. It was most effective in cases of secondary infertility and those without dysmenorrhea.

- **Hijama-bila-Shurt (Dry Cupping):**

- *Theory of Imala (Diversion):* If a woman has amenorrhea, dry cups are applied to the inner thighs. This pulls blood downwards from the upper body towards the uterus, mechanically encouraging menstrual flow.

8.2 Abzan (Sitz Bath)

Abzan involves the patient sitting in a tub of warm water medicated with decoctions of specific herbs. This allows for trans-dermal and trans-mucosal absorption of medicinal properties directly into the pelvic organs.

- **Indications:** Pelvic Inflammatory Disease (PID), blocked tubes, painful menstruation (*Usr-e-Tams*).
- **Ingredients:** *Babuna* (Chamomile), *Ikleel-ul-Mulk* (Melilotus), *Nakhuna*, and *Barg-e-Mako* (Black Nightshade).
- **Mechanism:** The heat and herbal properties act as *Muhallil-e-Auram* (Anti-inflammatory). They soften the uterine cervix and resolve adhesions in the fallopian tubes.

8.3 Humool (Pessaries/Vaginal Tampons)

Humool are medicated wicks or tampons inserted into the vagina.

- **Usage:** Specifically used for *Sudad* (Blockages) of the fallopian tubes and Cervical factor infertility.
- **Recipe for Conception:** A paste made of *Roghan-e-Chambeli* (Jasmine Oil), *Zafran* (Saffron), and *Sufoof-e-Inderjau* is applied as a pessary for 5 days following menstruation.
- **Case Evidence:** In clinical case studies, this specific protocol has led to conception within 2 months by clearing cervical hostility and improving sperm survival.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

8.4 Fasd (Venesection)

Though less common today, classical texts recommend *Fasd* of the Saphenous vein (*Rag-e-Safin*) near the ankle. This is a powerful method of *Imala* (Diversion) to draw blood downwards and induce menstruation in stubborn cases of amenorrhea.

9. Dietotherapy (*Ilaj-bil-Ghiza*): The Unani Fertility Diet

Diet in Unani medicine is not just about calories; it is about the *Mizaj* (Temperament) of the food. Diet is the primary tool for maintaining the effects of treatment.

9.1 The "Hot and Dry" Strategy

Since the vast majority of anovulatory disorders (like PCOS and Hypothyroidism) are classified as *Cold and Wet* (Phlegmatic), the diet must be strictly *Hot and Dry* to counteract the imbalance.

Foods to Increase (Hot/Dry):

- **Meats:** Lean red meat, specifically Mutton (Goat) and organic Chicken. *Buzgala* (young goat meat) is highly recommended.
- **Eggs:** Specifically the yolk (*Zardi*), half-boiled. This is considered *Jayyad-ul-Qaimus* (producer of high-quality blood).
- **Spices:** The kitchen pharmacy is vital. Ginger (*Zanjabeel*), Black Pepper (*Filfil Siyah*), Cinnamon (*Dalchini*), and Fenugreek seeds must be included in daily cooking to stimulate metabolic heat.
- **Nuts & Seeds:** Walnuts (*Akhrot*), Almonds (soaked), and Flaxseeds (*Alsi*). Flaxseeds are particularly noted for providing "good fat" that supports hormone synthesis while being drying in nature.
- **Pulses:** Chickpeas (*Nakhud*). Avicenna famously described chickpeas as a stimulant for reproductive vigor in both sexes.

Foods to Avoid (Cold/Wet - The "PCOS" Triggers):

- **Dairy:** Excess milk, yogurt, and fresh cheese increase *Balgham* (Phlegm) and dampness, leading to cysts and weight gain.
- **Refined Carbs:** White flour (*Maida*) and sugar. These produce *Balgham-e-Ghaleez* (Thick Phlegm) which blocks the ovarian channels.
- **Cold Vegetables:** Cucumber, Lettuce, and Squashes should be avoided or cooked with hot spices.
- **Citrus:** Sour and cold fruits can suppress menstruation in susceptible temperaments.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

9.2 The Importance of Digestion

Unani medicine places immense emphasis on the liver and stomach. If digestion is weak, "bad chyme" is produced, leading to bad humors. Patients are advised to eat only when hungry (*Bhooc*) and avoid water immediately after meals to preserve the "gastric fire".

10. Clinical Evidence, Safety, and Contraindications

While Unani medicine is "natural," it acts on potent physiological pathways. Understanding the safety profile is critical.

10.1 Review of Clinical Efficacy

Recent systematic reviews and clinical trials have begun to validate traditional claims:

- **PCOS Management:** The decoction of *Karafs*, *Anisoon*, and *Hulba* significantly reduced ovarian volume and restored menstrual regularity in 66.7% of subjects in a controlled trial. Weight loss was a significant secondary outcome, directly addressing the metabolic root of anovulation.
- **Infertility Case Reports:** Documented cases show success in treating primary infertility using *Asgand* (Ashwagandha) and *Gule Dhawa*, with conception occurring within two cycles. This highlights the potential of Unani adaptogens to restore HPO axis function.
- **Hijama Efficacy:** The 20% pregnancy rate observed in Hijama studies compares favorably with some conventional interventions for unexplained infertility, offering a low-cost, low-risk alternative.

10.2 Toxicity and Pregnancy Contraindications

A critical warning for all patients and practitioners is the abortifacient nature of many fertility herbs. The very property that makes them effective for inducing periods (*Mudir-e-Haiz*) makes them dangerous during pregnancy.

- **Strictly Contraindicated in Pregnancy:**
 - *Afsanteen* (Wormwood/Artemisia): Can cause seizures and abortion.
 - *Hulba* (Fenugreek): Stimulates oxytocin and uterine contractions.
 - *Satawar* (Asparagus): Though a tonic, it can disturb hormonal balance in pregnancy if used incorrectly.
 - *Mainphal* (Randia dumetorum) and *Kalonji* in high doses.
- **Mechanism:** These drugs often increase pelvic blood flow and stimulate myometrial contractions. Once conception is suspected, or a period is missed while trying to conceive, all "heating" and "emmenagogue" herbs must be stopped immediately.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com

11. Conclusion and Future Directions

The journey through infertility is often marked by frustration and a sense of loss. However, the perspective offered by Unani medicine transforms this narrative from one of "broken parts" to one of "systemic restoration." Irregular periods and anovulation are not isolated events but signals of a body out of humoral balance—typically weighed down by the coolness and stagnation of Phlegm (*Balgham*).

This report has detailed how Unani medicine addresses this via a logical, multi-tiered approach:

1. **Diagnosis** through Pulse and Temperament to identify the root imbalance.
2. **Detoxification** (*Istifragh*) using *Munzij* and *Mushil* to clear the metabolic waste causing ovarian cysts and blockages.
3. **Restoration** using Pharmacotherapy (*Ilaj-bil-Dawa*) with herbs like *Karafs* and *Asgand* to stimulate ovulation and strengthen the uterus.
4. **Physical Manipulation** (*Ilaj-bit-Tadbeer*) like *Hijama* and *Abzan* to physically remove stagnation and improve blood flow.
5. **Maintenance** through a strictly regulated "Hot and Dry" diet.

For the modern patient, the integration of these ancient modalities offers a promising avenue, particularly for conditions like PCOS where conventional medicine struggles with long-term management. However, the power of these interventions requires respect; treatment should always be conducted under the supervision of a qualified Unani physician (*Hakim*), especially given the potent effects of these herbs on the uterus.

As research continues to bridge the gap between molecular biology and humoral theory, the relevance of Unani medicine in the treatment of anovulatory infertility stands not only as a historical artifact but as a vital, living science of healing.

12. Key Takeaways for the Patient

- **Monitor Your Cycle:** Differentiate between true menstruation (ovulatory) and irregular bleeding.
- **Respect the "Cold":** If you have PCOS or irregular periods, avoid cold foods, dairy, and sedentary behavior.
- **Seek Detoxification:** Consider a supervised course of *Munzij-Mushil* therapy before trying fertility tonics.
- **Safety First:** Stop all herbal medications immediately upon a positive pregnancy test.
- **Holistic Health:** Your reproductive fertility is a reflection of your digestive and metabolic health; treat the whole body, not just the ovaries.



+91-9452580944



+91-5248-359480



www.sairahealthcare.com