Medical & Health Optimization Before Pregnancy

Complete Pre-Conception Counselling: Modern Medical Assessment, Chronic Disease Control, Medication Safety, Vaccination, Genetic Counselling and the Responsible Role of Unani Medicine

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Introduction

When couples come to me and say, **"Doctor, we are planning a pregnancy—what should we do before trying?"**, I consider this one of the most valuable consultations in reproductive medicine.

A healthy pregnancy does not begin with a positive pregnancy test. Ideally, preparation begins **before conception**.

The health of the woman before pregnancy can influence conception, early fetal development and the course of pregnancy. The health of the male partner also matters because sperm quality, sexual function, chronic disease, medications, tobacco exposure and certain lifestyle factors can affect reproductive health.

This is why **pre-conception counselling** should be considered much more than a discussion about when to have intercourse.

It should examine the couple's medical history, previous pregnancies, reproductive health, chronic diseases, current medicines, nutritional status, vaccination history, genetic risks, lifestyle, infections, mental health and other factors that may affect the future pregnancy.

CDC's updated July 2026 pregnancy-planning guidance similarly advises people preparing for pregnancy to discuss existing medical conditions, every medicine and supplement they use, vaccination history, and lifestyle with a healthcare professional. It also recommends **400 micrograms of folic acid every day beginning at least one month before pregnancy**.

The World Health Organization's first global infertility guideline, published in November 2025, goes further by emphasizing prevention as part of fertility medicine itself. WHO

recommends fertility education, healthy nutrition, physical activity, tobacco cessation and appropriate diagnosis of reproductive disorders for individuals and couples planning pregnancy.

My Unani training brings an additional perspective. Unani medicine has traditionally placed great emphasis on **Hifz-e-Sehat—preservation of health before disease appears**. Its concepts of *Mizaj*, *Ilaj-bil-Ghiza* and the *Asbab-e-Sitta Daruriyya* encourage us to examine nutrition, exercise, rest, psychological wellbeing, sleep, environment and normal physiological elimination.

I believe these principles can make pre-conception counselling more individualized and comprehensive.

However, they should be integrated responsibly. Unani medicine should support good health; it should not replace blood-pressure control, diabetes treatment, vaccination, genetic counselling, fertility investigations or another evidence-based intervention when these are needed.

At **Saira Health Care**, my guiding principle is therefore:

Optimize health before pregnancy, identify risks before they become complications, and use modern and Unani medicine according to the needs of the individual patient rather than according to a fixed formula.

What Is Pre-Conception Counselling?

Pre-conception counselling—also called prepregnancy care—is medical and reproductive-health care provided **before conception**.

The purpose is to identify factors that could affect the woman, future pregnancy or baby and to address as many preventable risks as reasonably possible before fertilization and early fetal development occur.

This timing is particularly important because the first weeks of pregnancy are biologically critical. Major organ development begins very early, sometimes before a woman knows she is pregnant.

ACOG describes prepregnancy care as an opportunity to review the woman's medical and family history, diet, lifestyle, previous pregnancies, current medicines, vaccination status, STI risk, chronic illnesses and other potentially modifiable risks.

For me, there is another important principle:

Pre-conception counselling is couple counselling whenever possible.

Although the woman carries the pregnancy, conception requires both partners.

Pre-Conception Counselling Is Not Only for Infertile Couples

A couple does not need to have infertility before seeking a pre-conception consultation.

In fact, the ideal time is often **before they begin trying**.

A woman with diabetes can improve glucose control.

A woman taking a medication with pregnancy concerns can discuss safer alternatives.

Someone who is not immune to rubella or varicella may be able to complete vaccination before pregnancy.

A couple with a family history of thalassaemia can consider carrier testing.

A woman can begin folic acid.

A man taking external testosterone can be warned that it may suppress sperm production.

A couple can understand their fertile window before months of mistimed intercourse create unnecessary anxiety.

That is true preventive reproductive medicine.

The Main Objectives of a Pre-Conception Check-Up

A comprehensive pre-conception consultation should be individualized, but I generally think of it in the following clinical framework:

Area	What should be reviewed before pregnancy
General medical health	Diabetes, blood pressure, thyroid disease, epilepsy, kidney/heart disease, autoimmune illness, obesity and other chronic conditions
Reproductive history	Menstrual pattern, PCOS, endometriosis, previous infertility, ectopic pregnancy, miscarriage, surgery and pelvic infection
Male reproductive health	Previous fertility, semen concerns, genital/testicular history, erectile or ejaculatory problems
Medicines	Prescription drugs, OTC products, supplements, vitamins and herbal/Unani medicines
Nutrition	Folic acid, balanced diet, deficiencies, healthy weight and metabolic health

Area	What should be reviewed before pregnancy
Vaccination	Immunization history, particularly vaccines best completed before pregnancy
Infections	STI risk, HIV and other clinically appropriate screening
Genetics	Family history, carrier screening, haemoglobinopathies and genetic counselling when indicated
Lifestyle	Tobacco, alcohol, recreational drugs, physical activity, sleep and occupational/environmental exposures
Mental health	Depression, anxiety, eating disorders, relationship stress and psychosocial wellbeing
Unani assessment	Mizaj, diet, daily routine, sleep, movement/rest and individualized supportive care
Fertility timing	Whether natural attempts are appropriate or infertility evaluation should already begin

The aim is not to perform every medical test available.

The right investigation is more valuable than many unnecessary investigations.

Why Chronic Medical Conditions Should Be Controlled Before Pregnancy

One of the most important functions of pre-conception counselling is to identify chronic medical conditions and optimize them before pregnancy.

ACOG specifically highlights illnesses such as **diabetes, hypertension, seizure disorders and depression** because pregnancy may change their behaviour and the condition itself or its treatment may influence maternal or fetal health.

Having a chronic disease does **not** mean a woman cannot have a healthy pregnancy.

It means that planning may be particularly valuable.

Diabetes Before Pregnancy

Diabetes is an excellent example of why pre-conception care matters.

High blood glucose during early pregnancy can increase the risk of complications, and important fetal development occurs during the first weeks—often before pregnancy has been recognized.

ACOG therefore recommends achieving good glucose control before conception where possible and reviewing the woman's medicines, diet, exercise and any diabetes-related complications as part of prepregnancy care.

I explain to patients:

The time to optimize diabetes is before the positive pregnancy test—not several weeks afterward.

A woman with diabetes may also need assessment of blood pressure, kidneys, eyes and other associated medical conditions depending on her history.

The exact glucose or HbA1c target should be individualized by her treating medical team rather than copied from an internet fertility protocol.

High Blood Pressure

Chronic hypertension should also be identified and controlled.

A woman planning pregnancy should have her blood pressure measured and her medication list reviewed because some blood-pressure medicines are preferred during pregnancy while others require reconsideration.

She should **not stop her treatment independently**.

Poorly controlled hypertension can itself be dangerous, and abruptly stopping medication may create more risk than continuing treatment until a physician arranges an appropriate plan.

Pre-conception counselling allows this decision to be made before pregnancy rather than during an emergency.

Thyroid Disease

Thyroid function influences general health, menstruation and pregnancy.

Known hypothyroidism or hyperthyroidism should be appropriately managed before conception.

However, I caution patients against another common fertility misconception:

there is no single "perfect fertility TSH" that should be imposed on every woman regardless of her history.

Testing should be interpreted in the clinical context, particularly when thyroid disease, menstrual abnormalities or suggestive symptoms are present.

Pre-conception medicine should correct genuine disease rather than create disease from every borderline laboratory number.

Epilepsy and Seizure Disorders

Women with epilepsy deserve careful pre-conception planning.

Both uncontrolled seizures and some anti-seizure medicines may have important implications for pregnancy.

The solution is **not to suddenly stop medication** when pregnancy is planned.

Abrupt withdrawal can produce serious seizures.

Instead, the woman should discuss pregnancy plans with the clinician managing her epilepsy so that seizure control, medication choice, dose and supplementation can be reviewed before conception.

This is exactly why medication review belongs in pre-conception counselling.

Mental Health Conditions

Depression, anxiety, bipolar disorder and other mental-health conditions also deserve attention before pregnancy.

ACOG recommends screening for depression and anxiety during prepregnancy as well as prenatal and postpartum care, with systems available for assessment and treatment when a problem is identified.

A woman taking psychiatric medication should not assume that pregnancy requires stopping treatment.

Untreated severe mental illness can itself endanger the woman and pregnancy.

The benefit-risk balance should be discussed with the treating clinician.

Mental-health treatment is part of reproductive healthcare.

Obesity, Underweight and Metabolic Health

Body weight can influence fertility as well as pregnancy health.

Obesity can be associated with insulin resistance, PCOS, hypertension, gestational diabetes and other complications.

On the other hand, very low body weight, inadequate calorie intake or excessive exercise can suppress ovulation in some women.

ACOG recommends working toward a healthier weight before pregnancy where appropriate, while the decision to postpone conception for weight reduction should be balanced against **female reproductive age and declining fecundity with time**.

The aim should be metabolic health—not appearance.

I do not believe fertility counselling should shame women about their bodies.

Heart, Kidney and Autoimmune Disease

Women with significant heart disease, chronic kidney disease or autoimmune disorders may require consultation with the relevant specialist before conception.

Pregnancy places additional demand on the cardiovascular and renal systems.

Some autoimmune diseases behave differently during pregnancy, and some treatments used to control them require pre-conception planning.

For these patients, multidisciplinary care may involve an obstetrician, maternal-fetal medicine specialist and the physician treating the underlying disease.

A planned pregnancy is often safer than allowing medication changes and specialist discussions to begin only after conception.

Medication Safety Before Pregnancy

One of my most important questions in a pre-conception consultation is:

“Please tell me everything you take—not only the medicines you consider important.”

This includes prescription medicines, painkillers, acne treatments, hormonal medicines, sleeping medicines, psychiatric treatments, anti-seizure medicines, diabetes and blood-pressure medicines, gym or bodybuilding supplements, vitamins, herbal remedies and Unani formulations.

CDC's 2026 pregnancy-planning guidance specifically recommends discussing **all medicines, including prescription drugs, over-the-counter medicines, supplements and vitamins**, before conception.

ACOG gives the same advice and importantly warns women **not to stop a prescription medicine without speaking to the clinician responsible for their care**.

That principle is essential.

Why "Stop Every Medicine When Trying for Pregnancy" Is Dangerous Advice

Patients often believe that a completely medicine-free pregnancy must be safest.

That is not always true.

Leaving epilepsy uncontrolled may be dangerous.

Leaving hypertension uncontrolled may be dangerous.

Stopping necessary psychiatric therapy may cause relapse.

Uncontrolled diabetes can create significant pregnancy risks.

The correct question is therefore not:

"Can I avoid every medicine?"

It is:

"Which treatments remain necessary, which are safest in pregnancy, and which should be changed before conception?"

This requires individualized medical judgement.

Herbal and Unani Medicines Also Need Pregnancy-Safety Review

A very important misconception is that herbal medicines require no safety assessment because they are natural.

This is incorrect.

Herbs contain biologically active compounds.

Some can influence blood glucose, blood pressure, liver enzymes, bleeding, hormones, uterine activity or the metabolism of other medicines.

Safety data during early pregnancy may be limited for many traditional products.

Therefore, a woman attempting conception should tell her obstetrician and Unani physician about **every herbal or compound formulation she is using**.

Once pregnancy occurs, the treatment plan should be reviewed again.

A medicine that was appropriate before ovulation may not necessarily be appropriate during implantation or pregnancy.

Quality of Unani Medicines Matters

Responsible traditional medicine also requires pharmaceutical quality.

CCRUM's drug-standardization programme develops pharmacopoeial standards for Unani medicines and includes evaluation of factors such as **heavy metals, microbial contamination, aflatoxins and pesticide residues**.

This is particularly important before and during pregnancy.

I advise patients to avoid unidentified powders, secret formulations and products with unclear composition.

If we do not know what a medicine contains, we cannot properly assess its reproductive safety.

Folic Acid: A Basic but Extremely Important Precaution

One of the strongest evidence-based pre-conception recommendations is **folic acid**.

WHO recommends that women take **400 micrograms of folic acid daily from the time they begin trying to conceive until 12 weeks of pregnancy**.

CDC likewise recommends 400 micrograms every day beginning at least one month before conception.

Folic acid helps reduce the risk of serious neural-tube defects involving the developing brain and spinal cord.

It is important to clarify that folic acid is **not an ovulation medicine**.

It does not guarantee pregnancy.

Its purpose is to protect early fetal development if conception occurs.

Certain high-risk situations may require a different prescribed dose, which should be determined by the treating clinician.

MTHFR: Do Not Stop Folic Acid Because of an Internet Genetic Report

This deserves special clarification because misinformation is common.

CDC's July 2026 guidance states that people with common **MTHFR variants can process folic acid**, and 400 micrograms daily can increase folate levels regardless of MTHFR genotype.

CDC also emphasizes that folic acid remains the form of folate proven to prevent neural-tube defects.

Therefore, a common MTHFR variant is **not a reason to avoid folic acid** or automatically replace it with an expensive alternative.

Vaccination Before Pregnancy

Vaccination history should be reviewed before conception because some infections during pregnancy can be serious for the mother or baby, while some vaccines are ideally given **before** pregnancy.

CDC recommends reviewing vaccination status during pregnancy planning, and ACOG similarly describes immunization review as part of routine prepregnancy care.

The specific schedule should follow current national guidance, medical history, previous vaccine records and individual risk.

Rubella and the MMR Vaccine

Rubella infection during pregnancy can cause **congenital rubella syndrome**, which may result in serious fetal abnormalities.

The MMR vaccine is a live attenuated vaccine and should not be given during pregnancy.

If a woman is not immune and MMR vaccination is indicated, vaccination is best completed before conception.

CDC advises avoiding pregnancy for **28 days—approximately one month—after MMR vaccination**.

This is a perfect example of something that is much easier to address before pregnancy than afterward.

Varicella or Chickenpox Vaccination

Varicella vaccine is also a live vaccine and is contraindicated during pregnancy.

For a nonpregnant woman who needs varicella vaccination, CDC recommends avoiding conception for **one month after each injection**.

Again, vaccination history should be checked early rather than waiting until pregnancy is already established.

Other Vaccines

Other vaccines may be recommended according to age, health conditions, travel, occupation and national immunization guidance.

Certain vaccines are routinely used **during pregnancy** rather than necessarily before it. International schedules include influenza and pertussis-containing vaccination in pregnancy, while recommendations concerning COVID-19, RSV and other vaccines continue to evolve according to country and season.

Because recommendations may change, couples should rely on the **current vaccination schedule applicable where they live**, rather than an old internet chart.

Infection and STI Review Before Pregnancy

Pre-conception care should include sexual and infection history.

Untreated sexually transmitted infections may affect fertility, pregnancy or both.

WHO's latest infertility guideline specifically emphasizes prevention and treatment of STIs as an important part of reducing preventable infertility.

Screening should be based on individual risk and applicable national recommendations.

ACOG also recommends assessing STI risk during prepregnancy counselling and treating infection appropriately before pregnancy when possible.

This should be handled confidentially and without stigma.

Genetic Counselling: What Does It Mean?

Genetic counselling does **not** mean that something is wrong with the future baby.

It means assessing whether a couple has an increased chance of passing on an inherited disorder and explaining the available choices in an understandable and non-directive way.

A proper genetic history may include disorders in either family, congenital abnormalities, intellectual disability, known chromosomal or genetic conditions, recurrent unexplained infant deaths, carrier status and other relevant family patterns.

ACOG recommends obtaining family and genetic history from both partners during prepregnancy counselling and recommends genetic counselling when carrier status or a significant genetic condition is identified.

What Is Carrier Screening?

A carrier is usually a healthy person who carries one altered copy of a gene associated with a recessive genetic disorder.

A carrier may have no symptoms and may never know that they carry the variant unless testing is performed.

When **both partners carry variants causing the same autosomal recessive disorder**, each pregnancy generally has a 25% chance of resulting in an affected child, a 50% chance of producing a carrier child, and a 25% chance of a child inheriting neither disease-causing variant.

Carrier screening is particularly useful **before pregnancy** because couples then have more time to understand their results and consider reproductive options.

It is voluntary.

Genetic counselling should provide information—not pressure couples toward a particular decision.

Why Genetic Screening Before Pregnancy Can Be Better Than Waiting

ACOG notes that carrier screening and counselling ideally occur before pregnancy because couples then have the greatest range of reproductive choices and more time to understand them.

If one partner is identified as a carrier of an important recessive disorder, the other partner may be offered testing.

If both partners carry the same condition, genetic counselling can discuss options such as natural conception with prenatal diagnostic testing, IVF with appropriate preimplantation genetic testing in selected circumstances, use of donor gametes or other reproductive choices.

The counsellor's role is to provide accurate information and respect the couple's values.

Thalassaemia and Haemoglobinopathy Screening: Particularly Relevant in India

For patients in India, haemoglobinopathies deserve particular attention.

India's National Health Mission guidelines recognize **preconception screening as an effective stage for identifying carriers of thalassaemia and sickle-cell disorders**, particularly in populations where these conditions are prevalent. When both partners are carriers, genetic counselling and appropriate prenatal diagnostic options can be discussed.

The Government of India's National Sickle Cell programme similarly states that genetic counselling should be available **before pregnancy or as early in pregnancy as possible** for people with a known trait or disease.

India continues active haemoglobinopathy screening programmes; a March 2025 Ministry of Health update reported more than 1.58 million people screened for thalassaemia under supported programmes, with more than 50,000 carriers identified.

For appropriate couples, identifying carrier status **before conception** is therefore considerably more useful than discovering it late in pregnancy.

Other Situations Where Genetic Counselling May Be Particularly Useful

Genetic consultation should be considered more strongly when there is a known inherited disorder in either family, a previous child affected by a genetic disease or congenital abnormality, one partner already known to be a carrier, recurrent findings suggestive of a chromosomal problem, or another family-history concern.

Consanguinity—when partners are biologically related—can also increase the probability that both carry the same rare recessive condition and may justify more detailed counselling.

The goal should always be informed decision-making, not stigma.

Carrier Screening Is Different From Fetal Chromosome Screening

Patients often confuse these two.

Carrier screening tests the parents for inherited genetic variants and can be performed before pregnancy.

Prenatal screening, such as cell-free DNA testing, evaluates the probability of certain fetal chromosome abnormalities after pregnancy has begun.

Current ACOG guidance updated in January 2026 recommends making cell-free DNA screening for common trisomies 21, 18 and 13 available to all obstetric patients after appropriate counselling.

That is an antenatal decision.

Pre-conception counselling prepares couples to understand these choices before pregnancy rather than encountering them for the first time under emotional pressure.

Nutrition and General Health Optimization

There is no single “pregnancy-making diet.”

The purpose of pre-conception nutrition is to ensure the body is adequately nourished and to correct important metabolic or nutritional problems.

A practical healthy pattern usually includes vegetables, fruits, whole grains, pulses, adequate protein, healthy fats and appropriate sources of essential vitamins and minerals.

Women with specific deficiencies, restrictive diets, gastrointestinal disease or other conditions may require individualized supplementation.

Extreme detox diets, prolonged fasting and unnecessary food elimination can create deficiencies at exactly the time the body should be nutritionally prepared for pregnancy.

Physical Activity Before Pregnancy

WHO's 2025 infertility guideline recommends healthy physical activity as part of fertility promotion for people planning or attempting pregnancy.

Physical activity supports cardiovascular, metabolic and psychological health.

For women with obesity, PCOS or insulin resistance, appropriate exercise can be particularly useful.

However, extreme exercise combined with inadequate energy intake can disrupt reproductive function in some women.

The principle is therefore **balanced physical activity**, not inactivity and not exhaustion.

This has a close parallel with the Unani concept of **Harakat-o-Sukoon Badani—appropriate balance between bodily movement and rest**.

Tobacco: One of the Most Important Risks to Address

Tobacco cessation deserves high priority during pre-conception care.

WHO recognizes tobacco as an important preventable contributor to infertility and specifically includes tobacco cessation among its 2025 fertility recommendations.

This applies to both partners.

Smoking can affect female reproductive health and is associated with abnormalities in male semen and sexual function.

The correct strategy is cessation support—not attempting to neutralize smoking with antioxidants, vitamins or Unani tonics.

Alcohol and Recreational Drugs

CDC's 2026 planning guidance recommends stopping alcohol, smoking and certain drugs when preparing for pregnancy because exposure may affect pregnancy and fetal health.

A woman may conceive before realizing she is pregnant, which makes the pre-conception period an important time to address these exposures.

Men should also discuss heavy alcohol use and recreational substances because they can influence general and reproductive health.

Counselling should be supportive rather than moralistic.

Environmental and Occupational Health

CDC's pregnancy-planning guidance also recommends reducing exposure to harmful substances and environmental contaminants, including some chemicals, metals and pesticides.

This does not mean couples need to live in fear of every household product.

Instead, pre-conception care should identify **meaningful exposures**.

Someone working with pesticides, solvents, radiation or heavy metals may need occupational advice.

Tobacco smoke should be avoided.

Appropriate protective equipment should be used at work.

Possible significant exposure should be evaluated medically rather than treated with a commercial “detox.”

Mental and Emotional Preparation

Preparing for pregnancy also includes mental health.

A couple may already have anxiety about previous infertility, miscarriage or pregnancy complications.

Another may be facing family pressure.

A woman may have an existing depressive or anxiety disorder.

ACOG recommends screening for depression and anxiety in prepregnancy care rather than waiting until symptoms become severe during pregnancy.

The purpose is not to suggest that positive thinking creates pregnancy.

Emotional support improves wellbeing because the patient deserves good mental health in its own right.

Pre-Conception Care According to the Unani System of Medicine

One of the strongest aspects of Unani medicine is its preventive philosophy.

Hifz-e-Sehat focuses on protecting health before disease develops.

The system traditionally regards health as dependent on the interaction between individual **Mizaj**, environment, food, activity, mental state, sleep and other physiological functions.

For pre-conception counselling, I find this concept particularly valuable because reproductive preparation is fundamentally preventive medicine.

Asbab-e-Sitta Daruriyya: Six Essential Factors for Health

CCRUM's current **Principles of Healthy Living** describes six essential health factors in Unani medicine: environmental air, food and drink, bodily movement and repose, psychic movement and repose, sleep and wakefulness, and evacuation and retention.

These principles can be translated very naturally into modern pre-conception care.

Unani principle	Practical pre-conception application
Hawa – Air/environment	Avoid tobacco smoke and significant occupational/environmental hazards
Makool-o-Mashroob – Food & drink	Balanced nutrition, folic acid, adequate macro- and micronutrients
Harakat-o-Sukoon Badani – Movement & rest	Regular physical activity with adequate recovery
Harakat-o-Sukoon Nafsani – Mental activity & repose	Emotional wellbeing, stress management and relationship support

Unani principle	Practical pre-conception application
Naum-o-Yaqzah – Sleep & wakefulness	Sufficient, regular restorative sleep
Istifragh-o-Ihtibas – Evacuation & retention	Maintaining normal physiological elimination rather than extreme “detox” practices

CCRUM itself advises sufficient macro- and micronutrients and individualized diet according to age, sex, constitution and lifestyle within this framework.

This is an excellent example of where a traditional preventive model can complement modern healthcare.

Mizaj and Individualized Pre-Conception Care

Mizaj, or temperament, is another fundamental Unani concept.

CCRUM continues to conduct research examining physiological, biochemical and genetic correlates of traditional temperament classifications. Importantly, CCRUM describes this work as an effort to **scientifically study and interpret traditional concepts**, rather than presenting all classical theories as already proven modern mechanisms.

I consider this distinction important.

A Mizaj assessment may help individualize diet, sleep, activity and traditional treatment.

But it cannot replace a glucose test in diabetes.

It cannot replace blood-pressure measurement.

It cannot determine rubella immunity.

It cannot detect thalassaemia carrier status.

It cannot determine whether the fallopian tubes are blocked.

Traditional individualization and modern diagnosis should work together.

Ilaj-bil-Ghiza: Dietotherapy

CCRUM formally recognizes **Ilaj-bil-Ghiza**, or dietotherapy, as one of the principal modes of Unani treatment.

This is particularly appropriate in the pre-conception period.

The diet can be adapted to the patient's nutritional state, metabolic health, digestion, body weight, lifestyle and traditional Mizaj assessment.

But Unani dietotherapy should remain nutritionally sound.

I do not advise a woman to eliminate nutritious foods merely because they are categorised as “cold” unless there is a genuine individual reason.

And I do not promise that one Unani food or formulation can guarantee conception.

Ilaj-bil-Dawa: Pharmacotherapy Before Pregnancy

Unani pharmacotherapy may be useful in selected patients when there is a clear indication and the formulation is appropriately chosen.

However, pre-conception prescribing requires extra caution because the woman may become pregnant before she recognizes it.

Therefore, before beginning or continuing any Unani medicine, I consider three questions:

Why is this medicine being prescribed?

Is there reasonable evidence or traditional rationale for this individual patient's problem?

What is known about its safety if conception occurs during treatment?

If the answer to the third question is uncertain, unnecessary treatment should be reconsidered.

Ilaj-bil-Tadbir and Pre-Conception Care

CCRUM also recognizes **Ilaj-bil-Tadbir**, or regimenal therapy, among the main Unani treatment modalities.

Regimenal therapy historically includes exercise, massage, Hammam, Hijama and several methods of evacuation or diversion.

Some of these approaches may contribute to relaxation or general wellbeing in appropriately selected individuals.

But I do not consider Hijama, strong purgation or other cleansing procedures a compulsory requirement before conception.

There is insufficient high-quality evidence that such procedures increase pregnancy or live-birth rates.

They also should never be claimed to reopen severely scarred fallopian tubes, reverse ovarian ageing or correct severe male infertility.

A Special Precaution Regarding "Detoxification"

The words **Tanqiya** and **Istifragh** have genuine meanings in classical Unani medicine.

They should not be confused with modern commercial detox marketing.

A patient does not routinely need repeated purgation to "remove fertility toxins."

Strong purgatives may cause dehydration, gastrointestinal symptoms or electrolyte abnormalities.

And because conception can occur unexpectedly, an aggressively purgative regimen may be particularly inappropriate around the fertile period or possible early pregnancy.

Therefore, when traditional cleansing therapy is considered, it should be prescribed only for a suitable Unani indication and under professional supervision.

Special Pre-Conception Approach of Dr. Nizamuddin Qasmi

As **Founder & Chief Physician of Saira Health Care**, with a focused practice in sexual disorders and infertility, I consider pre-conception counselling the point where prevention, fertility medicine and Unani health principles can work particularly well together.

My approach is not to provide every couple with one fixed "pregnancy package."

I first want to understand the couple.

Is the woman medically healthy?

Are her menstrual cycles regular?

Does she have PCOS, diabetes, thyroid disease or another chronic condition?

Has she experienced miscarriage, ectopic pregnancy or reproductive surgery?

Which medicines and supplements is she taking?

Has vaccination status been reviewed?

Is there a genetic or haemoglobinopathy concern?

Does the man have previous fertility, testicular disease, semen abnormalities or sexual dysfunction?

Is either partner smoking?

Are there nutritional, weight, sleep or psychological issues that can reasonably be improved?

Only after answering these questions do I decide what supportive Unani care may be suitable.

What "Special Treatment" Means at Saira Health Care

When I use the term individualized or specialized care, I mean **cause-based care**.

A woman with poorly controlled diabetes needs metabolic optimization.

A couple at risk of thalassaemia needs genetic and carrier counselling.

A woman without rubella immunity may require vaccination before trying.

A patient taking a medicine with pregnancy concerns needs medication planning.

A woman with PCOS and persistent anovulation requires appropriate fertility treatment.

A man using testosterone who wants a child needs male-fertility assessment.

A couple with normal health but incorrect fertile-window timing may simply require counselling rather than medication.

And a couple who already meet criteria for infertility should not spend another year only "optimizing lifestyle" while a treatable reproductive problem remains undiagnosed.

That is what personalized treatment should mean.

Contribution of Saira Health Care in Sexual Disorders and Infertility

At **Saira Health Care**, our clinical work in sexual disorders and infertility naturally extends into pre-conception health.

A couple may be medically ready for pregnancy but unable to have effective intercourse because of erectile dysfunction, severe premature ejaculation, vaginismus, painful intercourse or another sexual-health concern.

Another couple may have years of infertility but no proper evaluation of the male partner.

Another may be taking numerous supplements while an untreated chronic disease remains present.

Our contribution is therefore broader than prescribing fertility medicine.

We aim to provide **pre-conception education, reproductive-risk assessment, sexual-health counselling, interpretation of fertility investigations, lifestyle optimization and individualized responsible integration of Unani supportive care**.

Where modern obstetric, genetic, endocrine, urological, surgical or assisted-reproductive expertise is required, timely collaboration or referral is part of good care.

The patient should never be kept within one system of medicine simply for the sake of that system.

When Pre-Conception Optimization Should Not Delay Fertility Investigation

Lifestyle improvement is valuable.

But reproductive time matters.

WHO and ASRM-based fertility practice does not recommend indefinite attempts without evaluation.

Women younger than 35 are generally evaluated after approximately 12 months of unsuccessful regular unprotected intercourse, while women aged 35 or older warrant earlier assessment—commonly after about six months—and women over 40 or those with known risk factors may warrant even earlier evaluation.

Known severe menstrual irregularity, tubal disease, endometriosis, significant male-factor concern or sexual dysfunction may also justify earlier assessment.

A three-month wellness programme should not cost a woman valuable reproductive time when investigation is already indicated.

Common Pre-Conception Myths

“I am healthy, so I do not need a pre-conception check-up.”
Even healthy people may benefit from folic acid counselling, medication review, vaccination review and family/genetic history assessment.

“Natural medicine is automatically pregnancy-safe.”
No. Herbal medicines contain active compounds and require safety review.

“I should stop all prescription medicines before pregnancy.”
No. Some medications are medically essential. Changes should be planned with the treating clinician.

“Everyone needs genetic testing before pregnancy.”
Genetic testing should be offered according to appropriate screening strategies, family history, population risks and patient preferences. It is voluntary.

“If genetic screening is negative, my baby cannot have a genetic disorder.”
No screening test detects every genetic condition. Residual risk remains even after a negative carrier screen.

“A Unani detox should be the first step for every couple.”
No. The first step is understanding the couple's medical and reproductive health.

“A healthy lifestyle can fix all infertility.”
No. Lifestyle supports fertility but cannot reliably reverse every structural, genetic or age-related condition.

Frequently Asked Questions

When should I have a pre-conception check-up?

Ideally before you begin trying for pregnancy, particularly if you have a chronic condition, take regular medicines, have a history of pregnancy complications or infertility, or want to review vaccination and genetic risks.

Should my husband also attend?

Whenever possible, yes. Conception is a couple-based process, and male medical, reproductive and sexual health may influence pregnancy chances.

What should I bring to the appointment?

Bring information about previous pregnancies and reproductive treatment, current medical conditions, vaccination records where available, important family history, and the names or packaging of prescription medicines, supplements and herbal/Unani products.

How much folic acid should most women take?

WHO and CDC recommend **400 micrograms daily**, beginning before conception and continuing through early pregnancy.

Should I stop my regular medicine before trying?

Do not stop an important prescription medicine without consulting the clinician managing your condition. The treatment may need to be continued, changed or adjusted according to its individual risks and benefits.

Should vaccines be reviewed before pregnancy?

Yes. Some infections are particularly concerning in pregnancy, while some live vaccines such as MMR and varicella should be given before rather than during pregnancy when indicated.

How long should I wait after MMR vaccination before conceiving?

CDC advises avoiding pregnancy for **28 days**, approximately one month, after MMR vaccination.

What about the chickenpox vaccine?

Varicella vaccine is not given during pregnancy. CDC recommends avoiding pregnancy for one month after each dose in nonpregnant women who require vaccination.

What is genetic carrier screening?

It identifies whether a healthy person carries a genetic variant associated with certain inherited disorders. Screening before pregnancy gives couples more time to understand their reproductive risk and choices.

Is thalassaemia screening important in India?

Yes, haemoglobinopathies represent an important genetic-health concern in India. National guidance supports carrier-screening strategies and genetic counselling for couples at risk, including during the pre-conception period.

If both husband and wife are thalassaemia carriers, does every baby have the disease?

For an autosomal recessive condition when both parents are carriers, each pregnancy typically has a **25% chance of an affected child, 50% chance of a carrier child and 25% chance of a child inheriting neither disease-causing variant**. Genetic counselling should explain the available options.

Can Unani medicine be useful before conception?

Yes. Its strongest role is in **preventive and individualized health support** involving nutrition, physical activity, sleep, psychological wellbeing, daily routine, traditional Mizaj assessment and carefully selected physician-supervised treatment.

Does Unani treatment replace chronic-disease management?

No. Diabetes, hypertension, thyroid disease, epilepsy and other significant illnesses should be managed according to appropriate medical standards.

Is Hijama necessary before pregnancy?

No. It is not a mandatory pre-conception treatment and has not been proven to increase pregnancy or live-birth rates.

Are Unani medicines safe during pregnancy?

Safety varies by formulation. Medicines suitable before conception should be reviewed again when pregnancy occurs because pregnancy changes the benefit-risk balance.

My Final Message to Couples Preparing for Pregnancy

When I counsel a couple before pregnancy, my objective is not simply to tell them:

"Start trying."

I want them to start trying **wisely**.

Know your general health.

Control chronic medical conditions.

Review your medicines before changing them.

Take appropriate folic acid.

Check vaccination history.

Discuss genetic and family history.

Address thalassaemia or other carrier risks when relevant.

Stop tobacco.

Improve nutrition and physical activity.

Protect sleep and emotional wellbeing.

Discuss sexual difficulties rather than hiding them.

And if infertility evaluation is already due, do not allow another year to pass while relying only on supplements or general wellness treatment.

My training in Unani medicine teaches me to value **Hifz-e-Sehat, Mizaj, Makool-o-Mashroob, Harakat-o-Sukoon Badani, Harakat-o-Sukoon Nafsani and Naum-o-Yaqzah**.

These concepts remind us that reproductive health exists within the health of the whole person.

Modern medicine gives us something equally important: the ability to measure blood pressure, control diabetes, evaluate medicines, establish immunity, identify genetic carrier states and diagnose reproductive disorders accurately.

I believe these approaches are most valuable when they are used **together with clear boundaries**.

At **Saira Health Care**, our aim is therefore not to create the longest pre-conception prescription.

Our aim is to help each couple enter pregnancy with **the best achievable medical health, reproductive understanding and realistic preparation**.

A successful pre-conception consultation may sometimes lead to treatment.

Sometimes it leads to vaccination.

Sometimes genetic counselling.

Sometimes modification of a medicine.

Sometimes treatment of a sexual disorder.

Sometimes infertility investigation.

And sometimes the best result of the consultation is simply reassurance that the couple is healthy, prepared and ready to begin trying naturally.

That is the true purpose of **medical and health optimization before conception**.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi
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Integrated Sexual and Reproductive Health – ISRH, UNFPA

Dr. Nizamuddin Qasmi's clinical work at **Saira Health Care** has a specialized focus on sexual disorders and infertility, including pre-conception counselling, male and female reproductive-health assessment, sexual-function concerns and individualized integration of Unani supportive care with appropriate modern medical investigation.

Website: www.sairahealthcare.com

Medical Disclaimer

This article is intended for **general education and public awareness** and does not replace individualized medical, obstetric, genetic or fertility advice.

Pre-conception needs vary substantially according to age, sex, medical history, medicines, vaccination status, previous pregnancy history, family history and reproductive diagnosis. Prescription medicines should not be stopped or changed without medical advice.

Herbal and Unani medicines, supplements and regimenal therapies should also be reviewed before conception and again after pregnancy is confirmed. Couples with known genetic conditions, significant chronic disease, recurrent pregnancy loss, severe menstrual irregularity, prolonged infertility, azoospermia, markedly abnormal semen parameters or other significant reproductive problems should receive individualized professional assessment.