

Unexplained Infertility: Pathophysiology, Diagnosis, and Therapeutic Interventions in Unani Medicine

1. Introduction: The Clinical Paradox of Idiopathic Infertility

The diagnosis of "unexplained infertility" represents one of the most perplexing clinical paradoxes in modern reproductive medicine. Defined as the inability of a couple to conceive after at least 12 months of regular, unprotected sexual intercourse despite a comprehensive evaluation yielding normal results for tubal patency, ovulation, and semen parameters, this condition affects approximately 15% to 30% of infertile couples globally. For these couples, the medical verdict that "everything looks normal" stands in stark contradiction to their biological reality—the persistent failure to procreate.

This report provides an exhaustive analysis of this phenomenon through the theoretical and practical lens of Unani Tibb (Greco-Arabic Medicine). Unlike the structuralist approach of conventional medicine, which seeks anatomical defects or quantitative hormonal deficiencies, Unani medicine views infertility (*Uqr*) as a functional disorder rooted in the qualitative disturbance of the body's humors (*Akhlat*) and temperament (*Mizaj*). It postulates that a reproductive system may be anatomically perfect yet functionally incompetent due to subtle distempers—such as *Sue Mizaj Barid* (Cold Dystemperament) or *Sue Mizaj Ratab* (Wet Dystemperament)—that render the biological environment hostile to conception.

Furthermore, this report critically evaluates the therapeutic utility of the "Herbal Pregnancy Kit" formulated by Saira Health Care. By dissecting the pharmacognosy of its constituents—including *Withania somnifera* (Asgand), *Mucuna pruriens* (Kaunch), and the complex polyherbal formulations *Habbe Hamal* and *Majun Moin Hamal*—we elucidate the mechanisms by which Unani pharmacology attempts to restore the "retentive power" (*Quwwat-e-Masika*) of the uterus and the "vitality" (*Quwwat-e-Tanasuliya*) of the reproductive system.



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2. The Epidemiology and Burden of the "Unknown"

2.1 Prevalence and Prognostic Decline

Infertility is a pervasive global health challenge, impacting approximately 10-15% of couples of reproductive age. Within this demographic, the subset of "unexplained" cases is significant. Studies indicate that among couples presenting for fertility treatment, nearly 26% to 30% are categorized as having unexplained infertility after standard diagnostic protocols—semen analysis, ovulation assessment, and hysterosalpingography (HSG)—fail to identify a tangible cause.

The prognosis for untreated unexplained infertility follows a diminishing trajectory. Research suggests that for every additional month of infertility beyond the average, the likelihood of spontaneous pregnancy decreases by approximately 2%, or roughly 25% per year. This statistical reality creates a compounding psychological burden. The lack of a specific diagnosis prevents targeted intervention in the allopathic model, often leading clinicians to recommend empiric ovarian stimulation or invasive Assisted Reproductive Technologies (ART) like Intrauterine Insemination (IUI) or In Vitro Fertilization (IVF). While effective for many, these interventions are financially prohibitive for a large segment of the global population and do not address the underlying functional deficits.

2.2 The Diagnostic Gap: Structural vs. Functional

The core disconnect in managing unexplained infertility lies in the definition of pathology. Modern diagnostics are primarily structural and quantitative. If the fallopian tubes are patent (open), the uterus is morphologically normal on ultrasound, and sperm concentration meets World Health Organization (WHO) reference values, the system is deemed "functional."

However, Unani medicine argues that function is dependent on the *qualitative environment*—the temperature, viscosity, pH, and bio-energetic flow (Pneuma/Arwah)—of the reproductive organs. An anatomically normal uterus may suffer from *Sue Mizaj Barid* (excessive coldness), which acts as a vasoconstrictor, reducing nutrient supply to the endometrium and preventing implantation. Similarly, a male may have a normal sperm count, but the semen may suffer from *Riqqat-e-Mani* (wateriness), lacking the viscosity and "innate heat" required to protect the sperm during its transit through the vaginal tract. These functional deficits, invisible to standard imaging and biochemical assays, form the basis of the Unani diagnosis of *Uqr*.



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3. Unani Pathophysiology: Theoretical Foundations of Fertility

To understand how Unani medicine treats "unexplained" infertility, one must first understand the physiological framework that governs human reproduction in this system. The body is not merely a collection of organs but a dynamic interplay of seven natural factors (*Umur-e-Tabiya*).

3.1 The Doctrine of Mizaj (Temperament)

The foundation of Unani pathology is *Mizaj*, the equilibrium of four qualities: Heat (*Hararat*), Cold (*Burudat*), Moisture (*Rutubat*), and Dryness (*Yubusat*). Health is the maintenance of a specific temperament unique to each individual (*Mizaj-e-Shakhsia*) and each organ.

- **The Uterine Temperament:** The uterus (*Raham*) requires a balanced temperament that is slightly warm and moist to facilitate the reception, retention, and nutrition of the zygote.
- **The Seminal Temperament:** Semen (*Mani*) requires a specific balance of heat (for motility) and moisture (for volume), but crucial viscosity (*Ghilzat*) to protect the life-force within it.

3.2 The Four Humors (Akhlat) and Fertility

The temperament is maintained by the four humors. Imbalances in these humors are often the culprits in idiopathic infertility.

- **Dam (Blood):** The most vital humor for fertility. It nourishes the endometrium. Anemia or "corruption" of blood (*Fasad-e-Dam*) leads to a weak uterine bed.
- **Balgham (Phlegm):** A cold and moist humor. Its dominance in the reproductive system causes lethargy, delayed ovulation, and the accumulation of fluids (cysts). Unani scholars correlate Polycystic Ovarian Disease (PCOD) with *Sue Mizaj Barid Balghami* (Cold-Phlegmatic Dystemperament).
- **Safra (Yellow Bile):** Hot and dry. Its excess can "burn" the sperm or ovum, leading to early miscarriage or failure of fertilization due to excessive heat (*Sue Mizaj Har*).
- **Sauda (Black Bile):** Cold and dry. Its excess causes atrophy, dryness of the cervix, and hormonal suppression.



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3.3 The Concept of Faculties (Quwwat)

Unani physiology posits the existence of specific powers (*Quwwat*) that govern organ function. Infertility is often a failure of these powers rather than the organ structure.

- **Quwwat-e-Namia (Generative/Vegetative Power):** Responsible for the growth and nutrition of the reproductive tissues.
- **Quwwat-e-Tanasuliya (Reproductive Power):** The specific faculty governing generation. It has two sub-faculties:
 - *Quwwat-e-Muwallidah:* Generates the sperm and ovum.
 - *Quwwat-e-Musawirah:* The formative faculty that shapes the fetus.
- **Quwwat-e-Masika (Retentive Power):** This is critical in unexplained infertility. It is the power of the uterus to "hold" the sperm and the zygote. If this power is weak (*Zoa'f-e-Masika*), the uterus cannot retain the seed long enough for implantation, leading to "chemical pregnancies" or unrecognized early miscarriages.
- **Quwwat-e-Dafia (Expulsive Power):** The power to expel the menstrual blood or the fetus at birth. If this is hyperactive, it expels the zygote prematurely.

3.4 Sue Mizaj: The Qualitative Pathology

When the balance of faculties and humors is disturbed, *Sue Mizaj* (Dystemperament) occurs.

- **Sue Mizaj Barid Raham (Cold Uterus):** This is the most common Unani explanation for "unexplained" infertility. Coldness reduces metabolic activity and blood flow. It "solidifies" the fluids and constricts the vessels, preventing the sperm from reaching the ovum or the embryo from implanting. It is often caused by the dominance of Phlegm.
- **Sue Mizaj Ratab (Excessive Moisture):** Excessive moisture makes the uterine lining "slippery." The uterus loses its grip (*Quwwat-e-Masika*), and the seed slips out. This is often seen in women with leucorrhea (*Selan-ur-Raham*) or those who consume excessive cold/moist foods.

4. Male Factor: Beyond the Sperm Count

While the user query focuses heavily on the "Herbal Pregnancy Kit," which includes treatments for both partners, it is vital to address the Unani perspective on male infertility. In many cases of "unexplained" infertility, the male partner has a sperm count that falls within the lower limits of "normal" (e.g., 15-20 million/ml), but functional competency is compromised.



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4.1 Riqqat-e-Mani (Watery Semen)

Dr. Nizamuddin Qasmi and Unani literature identify *Riqqat-e-Mani* (thinness of semen) as a critical pathology. Healthy semen must be viscous (*Mughalliz*) to retain the "innate heat" required for fertilization and to buffer the sperm against the acidic vaginal environment.

- **Pathology:** Thin, watery semen fails to form the coagulum immediately after ejaculation, leading to rapid backflow and loss of sperm from the vaginal vault.
- **Cause:** Often attributed to *Sue Mizaj Barid* (Coldness) or metabolic weakness where the body fails to "ripen" the semen sufficiently.

4.2 Zoa'f-e-Bah (Sexual Debility) and Asthenospermia

Unani medicine views sperm motility (*Asthenospermia*) and count (*Oligospermia*) as markers of systemic vitality.

- **The Kidney-Liver Axis:** Unani spermatogenesis is linked to the heat of the kidneys and the transformative power of the liver. Weakness in these organs leads to *Qillat-e-Mani* (*Oligospermia*).
- **Treatment Strategy:** The goal is not just to stimulate production but to thicken the semen (*Mughalliz*) and tonify the nerves (*Muqawwi-e-Asab*) to prevent premature ejaculation, ensuring optimal deposition of sperm.

5. Comprehensive Analysis of the Herbal Pregnancy Kit

The "Herbal Pregnancy Kit" offered by Saira Health Care is a quintessential Unani pharmacotherapeutic regimen. It is not a single "magic pill" but a multi-phasic protocol designed to treat the couple as a biological unit.

5.1 Architecture of the Regimen

The kit is structured to address the specific *Mizaj* requirements of both sexes and the cyclic nature of female fertility.



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Component	Target User	Formulation Type	Primary Unani Action	Administration Window
Spermogenic Powder	Male	<i>Sufoof</i> (Powder)	<i>Muwallid-e-Mani</i> (Spermatogenic), <i>Mughalliz</i> (Viscosity Enhancer)	Daily
Prohamal	Male & Female	<i>Majoon</i> (Electuary)	<i>Muqawwi-e-Aam</i> (General Tonic), <i>Musaffi</i> (Detoxifier)	Daily
Habbe Hamal	Female	<i>Habb</i> (Pill)	<i>Muqawwi-e-Raham</i> (Uterine Tonic), <i>Mumsik</i> (Retentive)	Post-Menstrual (Days 5-9)
Majun Moin Hamal	Female	<i>Majoon</i> (Electuary)	<i>Muqawwi-e-Raham</i> (Uterine Tonic), Prevention of <i>Isqat</i> (Miscarriage)	Post-Menstrual (Fertile Window)

5.2 Ingredient Pharmacology and Mechanisms

5.2.1 Spermogenic Powder: Enhancing Male Potential

This formulation targets *Riqqat-e-Mani* and *Zoa'f-e-Bah*.

- **Asgand Nagori (*Withania somnifera* / *Ashwagandha*):**
 - *Unani Action:* *Muqawwi-e-Bah* (Aphrodisiac) and *Mufarreh* (Exhilarant). It corrects *Sue Mizaj* by combating dryness and coldness caused by stress.
 - *Scientific Mechanism:* A potent adaptogen. Clinical trials confirm it reduces cortisol (stress hormone), elevates testosterone, and improves sperm count and motility by reducing oxidative stress in seminal plasma.
- **Kaunch Beech (*Mucuna pruriens*):**
 - *Unani Action:* *Muqawwi-e-Bah*.
 - *Scientific Mechanism:* Contains L-Dopa, a precursor to dopamine. Dopamine stimulates the hypothalamus-pituitary-gonadal axis, enhancing testosterone synthesis and spermatogenesis.



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- **Salab Misri (*Orchis latifolia*) & Salab Panja (*Orchis habenariooides*):**
 - *Unani Action:* *Mughalliz-e-Mani* (Semen Thickener).
 - *Relevance:* These orchid tubers are rich in glucomannans and mucilages. They increase the viscosity of seminal fluid, treating *Riqqat* and enhancing the "retentive" quality of the semen.
- **Safed Musli (*Chlorophytum borivilianum*):**
 - *Action:* Immunomodulator and vitalizer. Improves penile hemodynamics and stamina.

5.2.2 Prohamal: The Systemic Equalizer

This electuary acts as a foundational tonic for both partners.

- **Satavar (*Asparagus racemosus*):**
 - *Unani Action:* *Muqawwi-e-Raham* (Uterine Tonic) for women; *Muwallid-e-Mani* for men.
 - *Scientific Mechanism:* Rich in steroid saponins (shatavarins). It is phytoestrogenic, supporting folliculogenesis in women and spermatogenesis in men. It also acts as an immunomodulator, potentially reducing autoimmune rejection of sperm.
- **Banslochan (*Bambusa arundinacea*):**
 - *Action:* *Mubarrid* (Cooling).
 - *Relevance:* It balances the heat of other aphrodisiacs, preventing *Sue Mizaj Har* (excess heat) which could damage gametes. It is also rich in silica, strengthening connective tissues.
- **Ajwain Khurasani (*Hyoscyamus niger*):**
 - *Action:* *Musakkin* (Sedative/Calming).
 - *Relevance:* Reduces nervous tension and spasms, promoting a relaxed state conducive to conception.

5.2.3 Habbe Hamal: The Critical Female Intervention

Habbe Hamal is a classical Unani pharmacopoeial drug (NFUM) specifically indicated for female infertility and *Uterine Atony*. Its composition is potent and controversial, requiring careful analysis.

- **Key Ingredients:**
 - **Afyun (*Papaver somniferum* / Opium):** Contains alkaloids like morphine/codeine.
 - **Bhang (*Cannabis sativa*):** Contains cannabinoids.
 - **Jaiphal (*Myristica fragrans* / Nutmeg):**
 - **Zafran (*Crocus sativus* / Saffron):**



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- **Therapeutic Rationale: Why Narcotics?**
 - **Sedation of the "Irritable" Uterus:** Unani physicians posit that a hyper-excitable or "spastic" uterus cannot retain the seed (*Zoa'f-e-Masika*). Just as a shaking hand cannot hold water, a spasmodic uterus expels the sperm or zygote. *Afyun* and *Bhang*, in minute, detoxified doses, act as smooth muscle relaxants. They reduce uterine peristalsis, enhancing *Quwwat-e-Masika* (Retentive Power) to allow implantation.
 - **Counter-Balancing with Stimulants:** To prevent total stasis, *Jaiphal* and *Zafran* are added. These are *Haar* (Hot) stimulants. They ensure that while the muscle is relaxed, the blood supply (hemodynamics) is vigorous.
 - **Warming the Cold Uterus:** Saffron and Nutmeg counteract *Sue Mizaj Barid* (Cold Uterus), bringing "innate heat" to the endometrium, which is crucial for cellular division and implantation.
- **Dosage Protocol:** It is strictly prescribed for a short window (typically 3-5 days) following the end of menstruation (Post-menstrual phase). This timing targets the proliferative phase of the endometrium, preparing the bed before ovulation.

5.2.4 Majun Moin Hamal: Sustaining the Pregnancy

- **Composition:** Contains *Mochras* (*Bombax ceiba* gum), *Mazu* (Oak galls), *Supari* (Areca nut), and *Nishasta* (Starch).
- **Mechanism:**
 - **Astringency (Qabiz):** *Mochras* and *Mazu* are potent astringents. They "tighten" the uterine tissues and cervix. This is essential for women with a history of miscarriage due to cervical incompetence or *Sue Mizaj Ratab* (Excess Moisture/Slippery Uterus). They dry up excess fluids that might wash away the sperm.
 - **Tonicity:** *Supari* (processed) is a renowned uterine tonic (*Muqawwi-e-Raham*), improving the tone of the myometrium.

6. Diagnostic Protocols in Unani Infertility

The success of the "Herbal Pregnancy Kit" relies on accurate diagnosis. Unani physicians do not rely solely on lab reports but investigate the *Mizaj*.

6.1 Pulse Diagnosis (Nabz)

The pulse is the window to the heart and temperament.

- **In Cold Infertility (*Sue Mizaj Barid*):** The pulse is often *Batee* (Slow), *Layyin* (Soft), and *Sagheer* (Small). This indicates a lack of vital heat and metabolic drive.
- **In Phlegmatic Obstruction:** The pulse may be *Mutafavit* (Irregular) or show signs of moisture (*Ratab*), indicating the need for drying agents.



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6.2 Urinalysis (Qarorra)

Unani physicians examine the urine's color, consistency, and sediment (*Rusub*).

- **White/Pale Urine:** Indicates dominance of Phlegm (*Balgham*) and Coldness.
- **Red/Yellow Urine:** Indicates dominance of Bile (*Safra*) and Heat.
- **Turbidity:** May indicate the presence of morbid matter (*Madda*) being excreted or retained.

6.3 Physical Examination (Alamat)

- **Cold Uterus Signs:** Cold hands and feet, pale complexion, lethargy, oligomenorrhea (scanty periods), and pain relief with heat application.
- **Moist Uterus Signs:** Profuse vaginal discharge (Leucorrhea), heavy lethargy, obesity (*Saman-e-Mufrit*). Unani links obesity directly to *Barid* (Cold) temperament, as fat is considered a cold tissue.

7. Holistic Management: Ilaj bil Tadbeer & Asbab-e-Sitta

Pharmacotherapy is only one pillar of Unani treatment. The "Herbal Pregnancy Kit" must be supported by *Ilaj bil Tadbeer* (Regimental Therapy) focusing on the six essential factors (*Asbab-e-Sitta Zarooriya*).

7.1 Dietary Therapy (Ilaj bil Ghiza)

Diet is critical to correcting *Mizaj*.

- **For Sue Mizaj Barid (Cold Uterus):**
 - *Avoid:* "Cold" potency foods such as citrus fruits, watermelon, cucumber, yogurt, buttermilk, and ice water. These increase *Burudat* and solidify the humors.
 - *Recommended:* "Hot" potency foods to generate heat. Lamb meat, eggs, desi ghee, nuts (almonds, walnuts), dates, honey, and spices like ginger, cinnamon, and saffron. These foods act as fuel for *Hararat-e-Ghariziyah*.
- **For Phlegmatic Patients (PCOS/Obesity):**
 - *Avoid:* Dairy, refined sugars, and glutinous grains that produce phlegm.
 - *Recommended:* Bitter and pungent foods (fenugreek, celery) to dissolve phlegm (*Mufatteh*).



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7.2 Detoxification (Istifragh)

If the infertility is caused by *Sue Mizaj Maddi* (Material Dystemperament, e.g., blocked tubes or PCOS), tonics alone will fail. The system must be cleansed first.

- **Munzij (Concoptive):** Herbs are given to "ripen" the morbid humor (e.g., thick phlegm).
- **Mushil (Purgative):** Once ripened, the humor is expelled via purgation.
- *Relevance:* The Saira kit seems to combine these steps, with *Prohamal* acting as a mild detoxifier and digestive aid while the specific pills provide the tonic effect.

7.3 Psychological Health (Araz-e-Nafsani)

Stress (*Gham/Fikr*) causes *Yubusat* (Dryness) and consumes vital heat. Unani recognizes "Psychogenic Infertility."

- **Management:** The inclusion of *Asgand* (Adaptogen) and *Bhang* (in micro-doses) in the regimen addresses the neuro-endocrine axis. By lowering cortisol and inducing relaxation (*Farhat*), these herbs allow the reproductive system to function without the inhibitory signal of stress.

8. Clinical Evidence and Prognosis

8.1 Case Reports and Efficacy

While large-scale RCTs are scarce, clinical case reports provide evidence of efficacy for the components used in the kit.

- **Case Study 1 (Tubal Blockage):** A 25-year-old woman with unilateral tubal blockage and resistance to Clomiphene Citrate conceived after 2 months of treatment with *Habbe Hamal* and *Majun Moin Hamal*. The study attributed success to the deobstruent and uterine tonic properties of the formulation.
- **Case Study 2 (Unexplained Infertility):** A couple with 3 years of idiopathic infertility conceived after 2 cycles of Unani treatment. The protocol included *Muin-i-Haml* (similar to *Majun Moin Hamal*) and ovulation-inducing agents. The treatment effectively induced ovulation and corrected the uterine environment.
- **PCOS Management:** Studies on Unani formulations for PCOS (a major cause of "hidden" infertility) show significant reduction in ovarian volume and restoration of regular cycles, often outperforming Metformin in regulating the LH/FSH ratio.



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8.2 Timeline for Results

Unani therapy is not a "quick fix." It works by restoring systemic balance.

- **Initial Phase (Weeks 1-4):** Detoxification and correction of digestion.
- **Therapeutic Phase (Weeks 5-12):** Strengthening of the uterus and improvement of gamete quality.
- **Prognosis:** Conception is frequently reported within **2 to 4 months** of consistent therapy. Patients are advised to continue the regimen for at least 3 cycles.

9. Safety, Toxicology, and Contraindications

The presence of potent ingredients like *Afyun* (Opium) and *Bhang* (Cannabis) in *Habbe Hamal* necessitates a rigorous safety discussion.

9.1 The Science of Mudabbar (Detoxification)

In Unani pharmacy, toxic drugs (*Advia Sammiya*) are never used raw. They undergo *Tadbir* (Detoxification).

- **Process:** *Afyun* and *Bhang* are often processed with milk, ghee, or specific herbal decoctions to reduce their narcotic effects and enhance their medicinal properties.
- **Dosage:** The quantities used are sub-psychotropic. They are therapeutic milligram doses designed to act on peripheral receptors (smooth muscles) rather than the central nervous system.
- **Safety Profile:** Clinical studies on *Habbe Hamal* report "no known side effects" when used strictly for the short duration (3-5 days) prescribed.

9.2 Contraindications

- **Pregnancy:** These medicines are strictly **Conceptive**. Once pregnancy is suspected or confirmed, they must be discontinued immediately. Ingredients like *Saffron* (in high doses) and *Nutmeg* can be abortifacient if used improperly during pregnancy.
- **Medical Conditions:** Men with severe cardiac disorders or women with hormone-sensitive cancers should consult a physician before using formulations containing strong stimulants or phytoestrogens.



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10. Conclusion

Unexplained infertility, when viewed through the prism of Unani Tibb, shifts from a diagnosis of exclusion to a diagnosis of qualitative dysfunction. The paradox of "everything looking normal" is resolved by understanding that anatomical normalcy does not equate to physiological competence. A uterus may be morphologically perfect but "cold" and non-receptive; semen may be abundant in count but "watery" and weak in vitality.

The **Herbal Pregnancy Kit** from Saira Health Care represents a structured, pharmacological application of these ancient principles. By combining:

1. **Male Tonics (*Spermogenic Powder*)** to enhance the viscosity (*Ghilzat*) and vitality of the sperm,
2. **Uterine Modulators (*Habbe Hamal*)** to sedate the irritable uterus and warm the cold endometrium,
3. **Systemic Adaptogens (*Prohamal*)** to balance the neuro-endocrine axis,

...the regimen targets the subtle, functional deficits that evade modern diagnostics. Supported by lifestyle modifications (*Asbab-e-Sitta*) and dietary correction, this approach offers a viable, holistic pathway for couples facing the despair of idiopathic infertility. It treats the soil (uterus) and the seed (sperm) concurrently, trusting in the body's innate wisdom (*Tabiyat*) to restore the miracle of life.

11. Recommendations for the User

- **Seek Professional Guidance:** While the kit is available, the inclusion of *Habbe Hamal* requires adherence to dosage. Consulting a Unani physician (like Dr. Nizamuddin Qasmi) is highly recommended to tailor the diet and confirm the *Mizaj*.
- **Adhere to the Regimen:** Success in Unani depends on consistency. The diet (*Perhez*) is as important as the medicine.
- **Patience:** Allow the body 3-4 months (cycles) to correct the deep-seated temperamental imbalances.



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