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Infertility (Uqr) in Unani Medicine: A Comprehensive Review

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Abstract

Infertility (Uqr) is a complex and multifactorial condition, influenced by a combination of hormonal disturbances, lifestyle choices, nutritional factors, and environmental conditions. While modern biomedicine primarily addresses infertility through physiological and endocrinological assessments, Unani medicine an ancient system of healing rooted in Greco–Arabic philosophy approaches the condition from a holistic perspective. It emphasizes the balance of the four humors (Akhlat) and the individual's temperament (Mizaj), advocating for the use of natural remedies and lifestyle modifications to restore reproductive health. This review provides an analysis of the causes, diagnostic frameworks, and treatment modalities associated with infertility and sexual dysfunction in Unani medicine. Special emphasis is placed on the role of Unani dietary interventions and herbal formulations, examining their therapeutic mechanisms, clinical relevance, and potential for integration with contemporary medical practices. By bridging traditional knowledge with modern evidence-based medicine, this review highlights the value of a multidisciplinary and integrative approach in the management of infertility. The review discusses emerging scientific evidence supporting the pharmacological activities of key Unani herbs traditionally prescribed for infertility, including their antioxidant, anti-inflammatory, adaptogenic, and hormone-modulating properties. It also identifies current research gaps and emphasizes the need for well-designed clinical trials to validate the efficacy and safety of these traditional interventions. Such efforts may facilitate the development of standardized, evidence-based integrative therapeutic strategies for improving reproductive health and fertility outcomes.

Keywords: Infertility *(Uqr)*, *Mizaj, Akhlat, female mani (ovum), Istirkha-e-Uzoo, Tashreehi Naqs*

INTRODUCTION

Infertility is medically defined as the inability of a couple to achieve pregnancy after one year of regular, unprotected sexual intercourse [1]. Conception depends on the fertility potential of both the male and female partners [2]. Infertility affects approximately 1 in 6 couples during their lifetime [3]. The World Health Organization (WHO) expands the concept of reproductive health beyond just the physical ability to conceive, emphasizing a state of complete physical, emotional, and social well-being in matters related to the reproductive system [4].

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Globally, around 80% of healthy couples can conceive within the first year of trying. However, despite this, millions of individuals and couples continue to struggle with fertility issues [4].

Statistical data shows that infertility can be attributed to various sources: female-related causes account for approximately 40–55% of cases, male-related factors for 30–40%, and about 10% of cases are due to combined or unexplained reasons [5].

In classical Unani literature, infertility referred to as "*uqr*" is described as the failure to conceive or

experiencing difficulty in achieving conception, which may result from a defect in either the male, e.g., due to defect in male mani(sperm)/male reproductive organ or female, e.g., defect in female mani (ovum)/female reproductive organs [6].

Infertility is categorized into two main types:

- *Primary Infertility*, where a person or couple has never achieved a pregnancy.
- *Secondary Infertility,* where difficulty conceiving occurs after one or more previous pregnancies, regardless of the outcome [7].

HISTORICAL BACKGROUND

Historically, infertility has been viewed through a lens heavily influenced by cultural, religious, and gendered beliefs.

In ancient civilizations, such as Egypt, Mesopotamia, and Greece, infertility was predominantly considered a female issue, with limited understanding of male reproductive health. Women were often blamed for childlessness, and treatments ranged from herbal remedies to religious rituals.

In biblical traditions and throughout the Middle Ages, infertility was frequently interpreted as divine punishment or a test of faith, reinforcing moral judgments particularly against women. During the Renaissance and Enlightenment, emerging medical knowledge began to explore physiological causes, yet societal stigma persisted, and male infertility remained largely ignored.

The 19th and early 20th centuries saw the growth of gynaecology and the slow recognition of male factors, although cultural pressures still emphasized motherhood as central to a woman's identity. The development of assisted reproductive technologies in the late 20th century such as in vitro fertilization, revolutionized treatment, and understanding of infertility.

Today, while infertility is recognized as a medical condition affecting both sexes, historical stigmas and inequalities in access to care continue to influence how it is perceived and treated around the world [8, 9].

UNANI PERSPECTIVE ON *UQR* (INFERTILITY)

In Unani medicine, infertility is understood because of imbalances in bodily temperaments and dysfunction in vital reproductive organs such as the uterus or testicles. Contributing factors include excessive sexual activity, poor nutrition, alcohol use, aging or premature development, physical or humoral imbalances, obesity, and weakness of the reproductive system [10, 11]. Sometimes due to increased phlegm in the body, changes in temperament (increase coldness) which leads to decrease power (*quwa)* of retention of *rahem* due to which pregnancy cannot occur [12].

The condition of low libido and erectile dysfunction, referred to as *Istirkha-e-Uzoo*, is attributed to various causes including chronic illnesses, like anemia and diabetes, cold or moist bodily temperaments that reduce semen quality, psychological barriers, such as anxiety or aversion, as well as neurological, cardiac, hepatic, renal, or gastrointestinal disorders, along with substance abuse [13].

In the translation of *Sharah asbab*, "*Hakeem Kabeeruddin*" classified sexual dysfunction into two types: Primary Sexual Weakness (*Asli*), which results from inherent defects in the sexual organs, and Secondary Sexual Weakness (*Shirki)*, which is caused by disorders in other organs, like the heart, kidneys, or brain, that impact sexual function [14].

ASBAB

Ikhtilal-e-Akhlat (Imbalance of Humors)

Dominance of *Balgham* (phlegm): Particularly in women, leads to menstrual obstruction *(ihtibas-e-tams*)- thickened menstrual blood and *sudda* (blockage)-hindering ovulation and conception. Other

humoral imbalances (*safra* or *sawda* excess): result in extreme heat or dryness, affecting organ function and reproductive fluids.

Ikhtilal-e-Mizaj (Temperament Disturbances)

Organs – such as testicles or uterus – need a warm and moist temperament for optimal function. Cold temperament (*barid-ratab*) or dry temperament (*yabis*) can impair semen or ovum quality, cause poor endometrial receptivity, and hinder conception.

Simān Mufrit (Obesity)

Excessive body fat, categorized as a *balghami marz* in Unani tradition, leads to jarring of liver temperament and uterine dysfunction. This causes chronic anovulation, follicle arrest, and impaired conception. Obesity also correlates with PCOS, amenorrhea, and hypofunction of ovarian cycles a key cause of infertility in Unani medicine.

Tashreehi Naqs (Anatomical Defects)

Women's Reproductive Organ Abnormalities: Unani texts describe formations of abnormal membranes on ovaries (khussiyat-ul-reham par ghair-tabīʿī jhillī) that align with modern descriptions of ovarian cysts or PCOD

Men's Genital Tract Blockages: Including varicocele, obstruction of vas deferens, or epididymal damage that aligns with humoral disruption and structural causes.

Zoaf e Mazi Wa Zoaf Baiza Rehem (Seminal & Ovum Weakness)

Female ovum (*Baiza e rahem*) may be underdeveloped, or the uterine lining fails to support implantation all attributed to poor humoral quality and weak mizāj.

Male semen (manī) may be weak, scanty, cold, or viscous – leading to oligospermia or azoospermia.

Ahwal-e Nafsaniya and Asbab-e-Sitta Zaruriyya (Psychological and Lifetyle Factors)

Stress, grief, anxiety disrupt humoral equilibrium and reproductive functions, reducing libido and altering secretion quality. Unbalanced lifestyle habits: Poor diet, excess cold or dry temperament-inducing foods, sedentary life, substance use, lack of sleep – all disturb *mizāj* and contribute to infertility in both sexes.

Mauroosi wa Nizami Amraz (Systemic Illness & Genetic/Hereditary Factors)

Chronic disease, malnutrition or hormonal imbalance weaken reproductive organ. Hereditary or congenital anomalies, like chromosomal disorders (e.g., Klinefelter's), congenital absence of vas deferens (often linked with cystic fibrosis) [15].

THERAPEUTIC PRINCIPLES

Ilaj Bil Ghiza (Dietotherapy)

To address humoral imbalances, a nutritionally balanced diet is essential. Nutrient-rich foods – such as milk-based puddings, egg yolks, light meat broths, and organ meats – are commonly recommended. Individuals with colder temperaments may benefit from warm aphrodisiacs, while those with heat-dominant constitutions are advised to consume cooling remedies, such as milk, infused with purslane seeds. Dietary practices also highlight the importance of animal-based proteins – like young lamb, brain, pigeon meat, duck eggs, and the use of black spices – to boost vitality.

For improving fertility in both men and women, foods – like walnuts, leafy greens, salmon, oysters, berries (raspberries, blueberries), eggs, whole grain bread, and flax seeds – are considered beneficial. Specifically for men, fertility-supporting foods include citrus fruits, garlic, pumpkin seeds, tomatoes, carrots, berries, and red peppers. For women, key fertility-enhancing foods include eggs, milk, yams, nuts, lean meats, and poultry.

Ilaj bil Dawa (Herbal Medicines)

In the Unani system of medicine, specific formulations are designed to support fertility and conception by possessing properties such as *mudir-e-haiz* (emmenagogue), *mu'awwin-e-hamal* (uterine tonic), *mu'allid-e-mani* (sperm or ovulation stimulant), and *muqawwi rahem* (strengthening the uterus). These remedies are typically administered starting from the fifth day of the menstrual cycle. For individuals with low libido, the treatment approach emphasizes adequate rest, a nutrient-dense diet, a peaceful environment, and the use of herbal tonics, like *Majoon Muqavvi-e-Bah*, a traditional preparation made from nuts, spices, and honey. During the initial phase of treatment, sexual abstinence is recommended to restore vitality.

In cases of low semen volume or poor sperm motility, formulations based on *Turunjabeen* (a compound often boiled in milk) are utilized.

Commonly used herbs in Unani fertility treatments include *Withania somnifera* (Ashwagandha), *Nigella sativa* (black seed), *Sida cordifolia*, *Asparagus adscendens*, and *Tribulus terrestris*, all known for their reproductive health benefits [16].

Ilaj bil Tadbeer (Regimental Therapies)

Detoxification and lifestyle modifications play a crucial role in restoring balance and enhancing fertility in both men and women. The presence of excess toxins in the body can significantly disrupt reproductive health. In Unani medicine, *Ilaj bil Tadbeer* a method of detoxification helps cleanse the body of these harmful substances. Techniques – such as cupping (*Hijama*), bloodletting (*Fasd*), massage, and traditional steam baths (*Hammam*) – are commonly employed to eliminate toxins and rejuvenate the system [17]. Alongside these therapies, incorporating moderate physical activity, regular exercise, proper sleep, and stress management are essential for maintaining hormonal equilibrium. External treatments, such as oil massages using *Roghan Sosan* or *Roghan Hubb al-Farwah*, warm genital baths, and the application of enemas or suppositories are also utilized to correct imbalances in bodily moisture and address issues like semen stagnation. These combined approaches aim to support overall reproductive wellness and improve fertility outcomes.

Historical Unani texts also describe anecdotal cases where fertility improved following febrile illnesses, changes in diet, or exposure to aromatic therapies, like blue lotus, highlighting the system's holistic approach that integrates environmental, emotional, and nutritional aspects of reproductive health [18, 19].

CONCLUSION

Infertility and sexual dysfunction are multifactorial conditions recognized by both biomedical and Unani systems of medicine. The biomedical model primarily attributes these disorders to anatomical, physiological, and hormonal abnormalities, utilizing diagnostic tools, such as hormonal profiling, imaging techniques, and laboratory investigations, to identify underlying causes. Treatment is typically centered on pharmacological interventions, assisted reproductive technologies, or surgical correction.

Unani medicine approaches these conditions from the perspective of traditional humoral theory and the concept of individual temperament *(mizaj)*. It emphasizes the influence of diet, lifestyle, environmental conditions, and emotional health on reproductive well-being. Treatment in Unani practice typically involves the use of natural remedies, dietary modifications, physical therapies, and specific regimental practices tailored to restore balance and promote overall health.

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