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Unraveling Therapeutic Potential & Phenomenon Of Unani Medicine In Case Of Infertility (*Uqr*) Due To Polycystic Ovarian Disease (*Marz-E-Akyas Khusytur Rahem*)-A Clinical Study

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Abstract: Infertility (Uqr) is a major reproductive health issue affecting about 10–15% of couples, and Polycystic Ovarian Disease (PCOD) is one of its most common causes. PCOD leads to anovulation, menstrual irregularities, obesity, and hormonal imbalance, making conception difficult. In the Unani system of medicine, infertility is recognized as Uqr, and PCOD is described under Marz-e- Akyas Khusytur Rehem and Ihtibas-al-Tams (retention of menses), attributed to Sue Mizaj Barid Balghami (cold and phlegmatic temperament) that disturbs the function of the uterus and ovaries. To evaluate the therapeutic efficacy of Unani formulations in the management of infertility caused by PCOD, with emphasis on their role in inducing ovulation and restoring menstrual regularity. The study was conducted at the Department of Amraz-e-Niswan wa Qabalat (Gynecology & Obstetrics), Nizamia General Hospital, Hyderabad. A total of 30 female patients, aged 20–35 years, with infertility due to PCOD were enrolled and divided into two groups of 15 each: Group A received Ustukhuddoos (Lavandula stoechas), Gaouzaban (Borago officinalis), Gule-Tesu (Butea monosperma), Musli Safed (Chlorophytum borivilianum), and Musli Siyah (Curculigo orchioides) in decoction and powder form.Group B received Aftimoon (Cuscuta reflexa), Afsanteen (Artemisia absinthium), Sadab Khushk (Ruta chalepensis), Khulanjan (Alpinia galanga), Bozidan (Tanacetum umbelliferum), and Asgandh Nagori (Withania somnifera). Treatment was continued for three consecutive months, with follow-ups every 15 days. Clinical evaluation, hormonal assays, and follicular studies via ultrasonography (USG) were conducted to monitor ovulation and conception outcomes. The study concludes

that Unani formulations are effective in inducing ovulation and regulating menstrual cycles in women suffering from PCOD-related infertility. The combination of herbs with emmenagogue, deobstruent, aphrodisiac, anti-inflammatory, and insulin-sensitizing actions plays a vital role in correcting hormonal imbalance and improving reproductive function. These findings reaffirm the Unani concept of restoring E-Tedal-e-Mizaj (temperamental balance) and Taqwiyat-e-Rahem (uterine tonicity) as key principles in treating infertility.

Keywords: Infertility; Uqr; PCOD; Ihtibas-e-Tams; Unani medicine; Ovulation induction; Ustukhuddoos; Gaouzaban; Musli Safed; Gule Tisu, Musli Siyah, Reproductive health.

I. Introduction of Infertility (Uqr)

Children are the pleasant fruits of the tree of life. People who do not have children are considered as unlucky. If a person has all the blessings of world like health, richness, pleasure, power, etc. & does not have a child then all these things are worthless & useless for him or her. Infertility has been defined as failure to conceive after frequent unprotected sexual intercourse for one or two years in couples in the reproductive age group. Infertility can be primary, in couples who have never conceived and this group excludes women who have conceived but not carried the pregnancy full term. Secondary infertility is related to couples who have previously conceived and have difficulty in conceiving again. This group includes full term pregnancy and also miscarriages, abortions etc. However, it excludes couples who have had change of partners. Sub fertile means less fertile than a typical couple with fecundability rate of 3-5% and these are couples who have unsuccessfully tried conception for a year or more. Unexplained fertility pertains to those couples who have no physiological anomalies and are pathologically healthy yet do not conceive. Almost 26% suffer from unexplained infertility. Unani system of medicine gives elaborate description of female infertility by the name Uqr. It is mentioned as an independent disease. It disables the women to conceive due to some specific diseases of reproductive organs or due to some other complications of general diseases.

Classification: -

1. Congenital sterility: it is further classified into: -
   a. Complete or untreatable.
   b. Secondary or treatable.
2. Acquired or pathological sterility: it is further classified into: -
   a. Active.
   b. Passive.

Unani etiology of infertility: In Unani literature infertility occurs due to congenital defects of uterus & ovaries like small sized uterus, closure of external os, small ovaries, etc.

1. Metritis
2. Inversion of uterus
3. Salpingitis
4. Amenorrhea
5. Polymenorrhagia
6. Vaginal discharge
7. Anaemia
8. Syphilis
9. Gonorrhea

Sometimes due to increased phlegm in the body there is change in temperament (increase coldness) which leads to weakness of power of retention of uterus due occur to which pregnancy cannot Symptoms: Presence of any of the defects or diseases described above, sard mizaj', more phlegm- in all these conditions there is change in the temperature of female with pale or whitish complexion. There is continuous white discharge from the uterus. The patient becomes restless.

II. Islamic View of Infertility

It is human nature to want to have children. The Qur'an says that "wealth and progeny are adornments for the life of this world," which means that families seek two things: to have a secure financial future and children. Because one of the prayers of believers described in Qur'an is "O, Lord, grant us spouses and offspring who will be the comfort of our eyes," seeking a cure for infertility is, thus, appropriate.

There are a few case scenarios depicted in the Holy Qur'an which helps us to gain a proper insight into the problem of infertility. The first illustrates the story of Ibrahim (May God give him His blessing) and his wife Sara as revealed in the Qur'an (surah 51: 28–30). "And they (angels) gave him (Ibrahim) glad tidings of a son endowed with knowledge. But his wife came forward clamoring, she smote her forehead and said: A barren old woman! They said: Even so has thy Lord spoken and He is full of wisdom and knowledge." The aged Sara had willingly resigned to her destiny of being infertile but yet continued to be firm in her faith and true to her husband. She remained a complete, faithful woman in every other way. And she offered Hajar to Ibrahim in marriage, so as to enable him to have children. She was ultimately blessed with a child, Ishaq.

As with the example of Ibrahim, Zakaria remained faithful and supportive of his infertile wife. In surah 21: 89–90, Allah says:

"And (remember) Zakaria, when he cried to his Lord: "O my Lord! Leave me not without offspring, though Thou are the best of inheritors." So, we listened to him and granted him Yahya (John). We cured his wife (barrenness) for him. They were ever quick in emulation in good works; they used to call on us with love and

reverence, and humble themselves before Us." Being infertile does not make one any lesser a man or woman. Like Zakaria, one should beseech Allah for the blessings of offspring.

The Prophet PBUH says: "Marry the kind and fertile women who will give birth to many children for I shall take pride in the great numbers of my ummah" (Nation). Islam gives strong and unequivocal emphasis to high fertility.

III. Infertility in Unani system of Medicine:

Reproduction is the noblest and most reverent of all human powers. God has given this precious gift to the woman. Motherhood is the cherished desire deep down in the heart of every woman. Failure to achieve conception is known as Uqr (Infertility). Even in the computer age, it is estimated that nearly 10-15% of couples are infertile in India. The ancient system of Unani medicine advocated variety of medication, which provides good results without any harmful effect. Reasons such as weight, diet, smoking, other substance abuse, environmental pollutants, infections, medical conditions, medications and family medical history could affect conception in couples. Infertility can arise from either of the partners. In men, infertility is usually because of low numbers or poor quality of sperm and occurs in a woman when she does not produce eggs regularly or because her fallopian tubes are damaged or blocked and the sperm cannot reach her eggs. ART (Assisted Reproductive Technology) has been carried out such as IVF, ICSI but common people cannot afford the cost of such procedures. There are number of herbal drugs mentioned in Unani literature which are useful in infertility. In this regard the present review is aimed to provide all the necessary information regarding the effective method for treatment of female infertility in Unani system of medicine.

IV. Concept of PCOS in Unani Medicine

PCOS is a heterogeneous endocrine condition that affects most frequent cause of anovulation-induced infertility. It was initially described in 1935 by Stein and Leventhal also termed as Stein-Leventhal syndrome. This syndrome is often linked with enlarged and malfunctioning ovaries, excess androgen levels, and insulin resistance etc. It is additionally known as syndrome "O" Involving over nourishment, overproduction of insulin, ovarian confusion and ovulatory disruption. This condition is thought to be the most prevalent endocrine disorder in women of reproductive age affecting 5-10% of reproductive women, rising to 15% in women with infertility (PCOD) and it accounts for about 75% of an ovulatory infertility. In 70% of PCOS patients, excessive hair growth is found primarily on upper lip, lower jaw, and chin, along with irregular menses, chronic anovulation, and infertility. Exact etiology is poorly understood but various etiological factors such as hypothalamic pituitary compartment abnormality, persistent excess of androgen, anovulation, obesity and insulin resistance are thought to be involved in PCOS. Additionally, it has been noted that the pesticide chemicals used in fruits and vegetables cause hormone imbalances. It is strongly associated with PCOS. Endometrial cancer, psychological conditions (such as anxiety and depression), pre-eclampsia, recurrent abortion, perinatal mortality, and possibly breast cancer are among the long-term risks associated with PCOS. Other risks include obesity, type 2 diabetes, metabolic syndrome, hypertension, fetal macrosomia or abnormalities, dyslipidemia, cardiovascular diseases, thyroid, and hyperplasia. As per the American Society for Reproduction Medicine, presence of any two of the following three

criteria oligo and/or anovulation, hyperandrogenism (clinical and/or biochemical), and polycystic ovaries is the basis for diagnosing PCOS. The following tests should be performed in PCOS: lipid profile, prolactin, blood levels of FSH, LH, and TSH, and ultrasound. The disorder known as PCOS has been mentioned in the Unani system of medicine under the term Marz Akyas Khusytur Rehem, which is actually an Arabic translation of PCOD. Unani physicians mentioned the description of PCOD under the headings of Amenorrhoea (Ihtibas al-Tams), Obesity (Siman Mufrit) and Sterility (Uqr). According to Ibn-e-Rushed, Marz Akyas Khusyatur Rehem is a disease of cold and moist nature and occurs due to a change in quantity and quality of Balgham. Most of the eminent Unani physicians included PCOS (Marz Akyas Khusytur Rehem) among the disorders that occur due to the impaired temperament in the liver and liver dysfunction, which may lead to abnormal production of Balgham (phlegm), Increase in Khilat-e-Balgham and its dominance in different parts of body may lead to formation of cysts in the ovaries.

V. Pharmacognosy of Drugs:

Ustukhuddoos Ustukhuddoos Lavandula stoechas Linn. belongs to Lamiaceae / Labiatae family	Kasir-e-Riyah, Mufatteh, Munzij, Muhallil (Resolvent), Mulattif, Muqawwi, Munaqqi, Jaroob-e-Dimagh, Daf-e-Sauda, Da-fe-Tashannuj, Mufarrah e-Qalb-Wa-Dimagh, Muqaww-i-Aasab	
B. Gule Tisu Gul-e-Tesu, is flower of Butea monosperma (Lam.)	Waram al-Masana (Cystitis), Waja al-Masana (Cystodynia), Waram al-Rahem (Metritis), Usr al-Bawl, Ihtibas al-Bool, Ihtibas e-Tams, Waram al-Khusyatayn Sozak	
C. Gauozaban Gaozaban (Borago officinalis L.) of the family Boraginaceae	antidepressant, anxiolytic, antioxidant, anti-diarrheal, antibacterial, antifungal, antiaging, anti-asthmatic, anticancer, wound healing activity and as a memory booster.	

Musli Safed Safed musli is a rare herb from India. It is used in traditional systems of medicine Ayurveda, Unani, and homeopathy.	Cancer. conceive, Diabetes, Diarrhea. Erectile dysfunction. Gonorrhea., Increasing sexual desire	
Musli Siyah Kali or Shyah-Musali, it botanical name Curculigo orchioides and belongs to the Hypoxidaceae family.	spermatogenic, aphrodisiac actions improving sexual dysfunction. aphrodisiac help to correct male sexual problems and promote stamina	
Afsanateen Afsanteen is the name for Artemisia absinthium, commonly known as worm wood.	Gall bladder problems, and intestinal spasms. Parasitic, infections: anthelmintic, Anti-inflammatory and pain relief, anti-inflammatory properties. fever, hepatitis	
Aftimoon Vilaiti Aftimoon (Cuscuta reflexa), a member of Convolvulaceae family	antioxidant, anti-inflammatory, anticancer, hepatoprotective, and neuroprotective activities. hepatitis, palpitations, varicose veins, epilepsy and depression	
Sadab Khusk Sudab khushk is likely a reference to dried rue, with the scientific name *Ruta chalepensis* or its close relative *Ruta graveolens*,	Antimicrobial and antifungal Anti-inflammatory and pain relief to reduce arthritis, headaches, and joint pain. Digestive and antispasmodic in the gastrointestinal tract and to aid digestion	

Asgand Nagori "Asgandh Nagori" refers to Ashwagandha root, Unani medicine for its adaptogenic properties	Stress & anxiety, Energy and vitality, improve sexual function and fertility, Inflammation and pain: like arthritis.	
Khulunjan	Respiratory health, Digestive health, Pain and inflammation antimicrobial and anti-infective properties against bacteria, viruses, and fungi. Boosts immunity:	
Bozidan Bozidan scientifically identified as *Tanacetum umbelliferum*, is used as a herbal remedy	Diabetes management, Antioxidant properties nerve pain & gout. Sexual debility: spermatorrhoea, involuntary ejaculation and leucorrhea. Anthelmintic	

VI. Materials and Methods

A. Methodology: -

The study is carried out in outpatient department, post graduate department of obstetrics & gynecology, Nizamia General Hospital Charminar Hyderabad.

Selection of Patients: - This study has been conducted on 30 patients of Infertility due to PCOD in three years duration of post-graduation on the basis of complete history, general examination, hormonal & ultra sound evaluated cases of PCOD with following inclusion & exclusion criteria.

A. Inclusion criteria: -

- Females with age group between 20 to 35 years.
- Female in the reproductive age group with at least one year of normal sexual life.
- Females with duration of married life 2 years.
- Female of primary as well as secondary infertility & secondary infertility associated with first trimester abortion.
- Females with infertility dysfunctional uterine bleeding. due to PCOD with
- Females whose husbands were fertile (normal sperm count)

B. Exclusion criteria: -

Females with congenital anomalies or anatomical causes like vaginal atresia, narrow introitus elongated cervix, scarring of cervix, infantile uterus, hypoplastic etc. Females with surgical causes for infertility like PID, polyp, cervicitis, carcinoma of vagina, cervix endometrium, tubo-ovarian masses, tubal block etc. Women whose husbands were infertile & women who are not living with their husband.

Study design: It was an observational study all the patients came with

Complaint of infertility and irregular menstrual cycle in O.P.D of N>G>H were thoroughly counseled a detailed history about age, duration of infertility, duration of marriage, rhythm & pattern of menstrual cycle marital status, contraception, vaginal discharge part incidence of conception and abortion, dietary habits & drugs taken were recorded. A part from general examination a specific emphasis was given to examination of pelvis P/S & P/V examination to assess uterine size, shape, mobility to rule out surgical cause & congenital anomaly.

According to need of patients, they were investigated routine base line examination both partners were advised i.e., C.B.P, CUE, RBS, VDRL, ESR, Blood grouping & Rh typing, in addition male partner was also advised semen analysis. They were investigated to rule out systemic diseases like hypertension, diabetes mellitus, tuberculosis, anemia for both partners. Female partner was advised hormonal assay like FSH, LH. 3rd day of M.C, serum prolactin, serum insulin, serum DHEA & serum. Progesterone is advised on 21 days of menstrual cycle & USG. Endometrial biopsy is done between 23rd to 28th day of menstrual cycle. On the basis of these examination & investigation 30 patients of infertility due to PCOD were selected for clinical trial,

Selection of drugs: -

Patients divided into two groups A & B. 15 patients were administered with group 'A' medicines & other 15 patients were administered with group 'B' medicine for three months consecutively, three months follow up, the drugs having the properties of insulin sensitizers emmenagogues, deobstruent, resolvent, Hepatotoxic, aphrodisiac, exhilarant & coctives were selected.

Planned sexual intercourse was recommended around the time of ovulation (i.e., alternate day during 9th to 21st day of menstrual cycle). HSG for tubal black. All the patients were followed up every month in OPD when they were re-examined for follicular study for ovulation starting from 9th day of menstrual cycle.

A. Method of drug administration

Both groups of drugs were given according to days of menstrual cycle. Both groups contain oral medicines (powdered, decoction) form.

Group 'A' Decoction;-

- Ustukhuddoos -5g
- Gaouzaban -5g
- Gule-tisu -5g

The above drugs were taken in equal quantities & made them in decoction form.

Preparation :- Make the above drug into a course powder soak 15 grams in a 200 ml of water at night, next morning boiled & concentrated t 100ml & filtered. 100ml is given in two divided doses i.e. morning & evening Dosage: - Empty stomach. From 1 day of period to 10th day.

Powdered: -

- Moosli safed
- Moosli siyah

The above drugs were taken in equal quantities & make them fine. powder

Dosage; -

10 grams power is to be given in two divided doses i.e., morning & evening after meal from 5th day of periods to 12th day of periods.

Group 'B' Decoction;-

- Aftimoon
- Afsanateen
- Sadab Khusk

The above drugs were taken in equal quantity & made them in decoction form.

Preparation:- Make the above drugs in a course powder soak 15 grams in 200ml of water at night next morning boil & concentrated to 100 ml & filtered.

Dosage; 100 ml is given in two divided doses i.e. morning & evening, from 1st day of period to 5th day of period.

Sufoof or powder:-

- Khulan Jan
- Bozidan
- Asgand

Preparation: The above drugs should be taken in equal quantity & powdered finely. Then mix all the powder thoroughly. Dosage: 9 grams powder is to be given in three divided doses i.e., morning afternoon & evening from 5th day of periods to 25th day of periods.

Instructions: -

The patients were instructed to report for follow up over fortnight

Decreased consumption of carbohydrates, fats and all spicy food etc.

Exercises and increased physical activities.

Advice on discharge: -

To review on 1st day of menstruation

To consult immediately if any adverse effect occurs.

High protein and fibrous diet

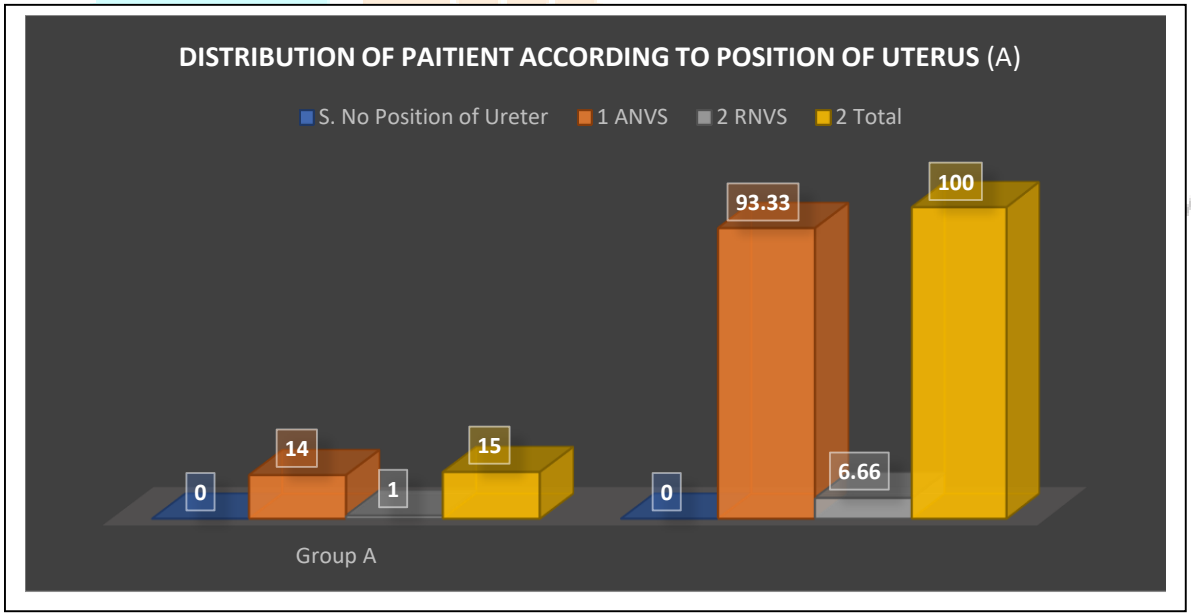
If the cycle does not occur on the expected date, silently wait for days.

VII. Observation & Results:

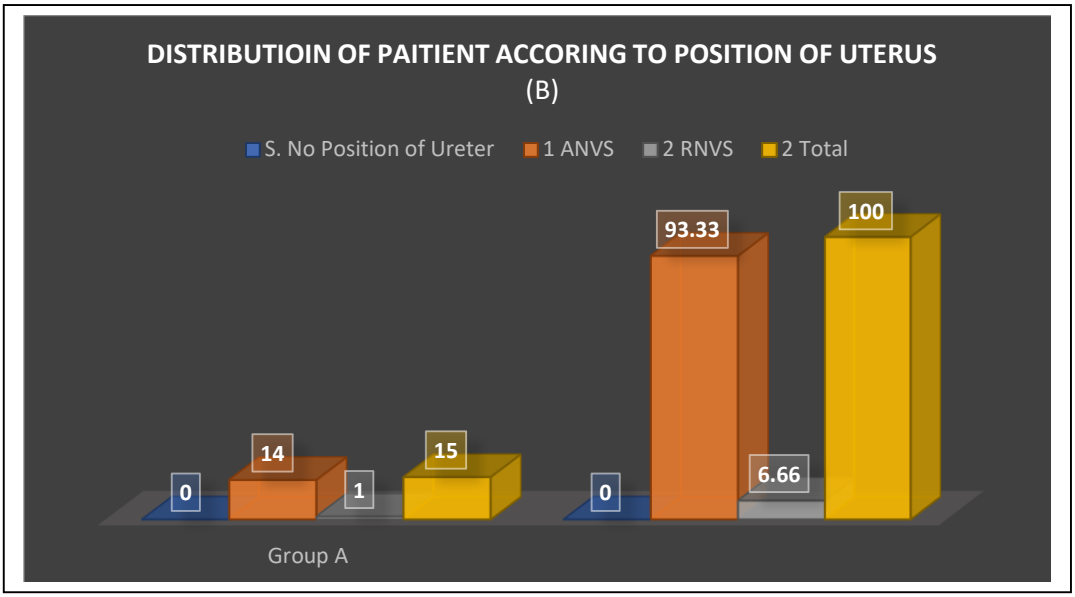
Table No. 01 Distributions of patient according to position of uterus

S. No	Position of Ureter	Group A		Group B		Total No. of cases	Total %
		No. cases	%	No. of cases	%		
1	ANVS	14	93.33	14	93.33	28	93.33
2	RNVS	1	6.66	1	6.66	2	6.66
	Total	15	100	15	100	30	100

In the above table observed that almost all 28 cases (93.33) are antiverted Uterus was found and 2 cases (6.66) are retroverted in both group A



Graph No. 01 Distribution of patient according to position of uterus (A)

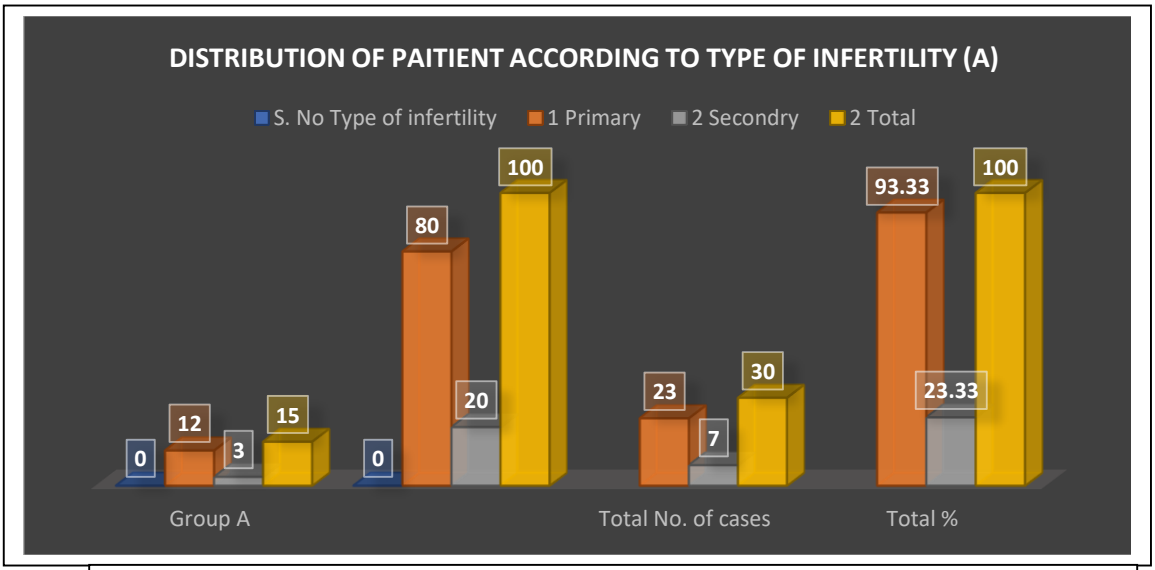


Graph No. 02 Distribution of patient according to position of uterus (B)

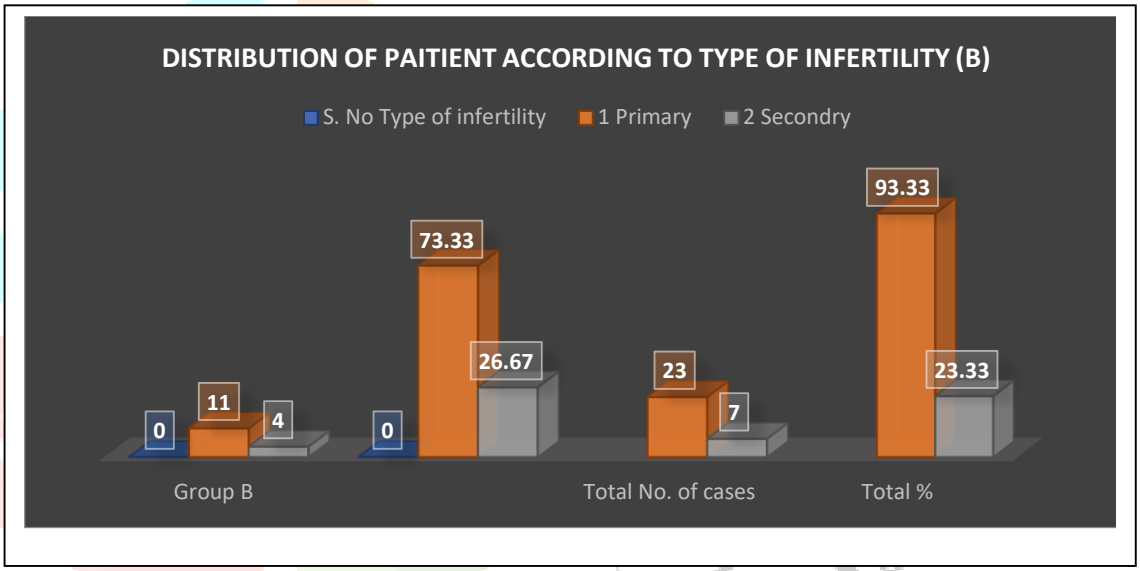
Table No. 02 Distribution of Patient according to Type of infertility

S. No	Type of infertility	Group A		Group B		Total No. of cases	Total %
		No. cases	Percentage %	No. of cases	Percentage %		
1	Primary	12	80	11	73.33	23	93.33
2	Secondary	3	20	4	26.67	7	23.33
	Total	15	100	15	100	30	100

In the above table it was observed that PCOD was found to be highest in 23 cases (76.67%) in Primary infertility and 7 cases (23.33%) in secondary infertility respectively.



Graph. 03 Distribution of Patient according to Type of infertility (A)

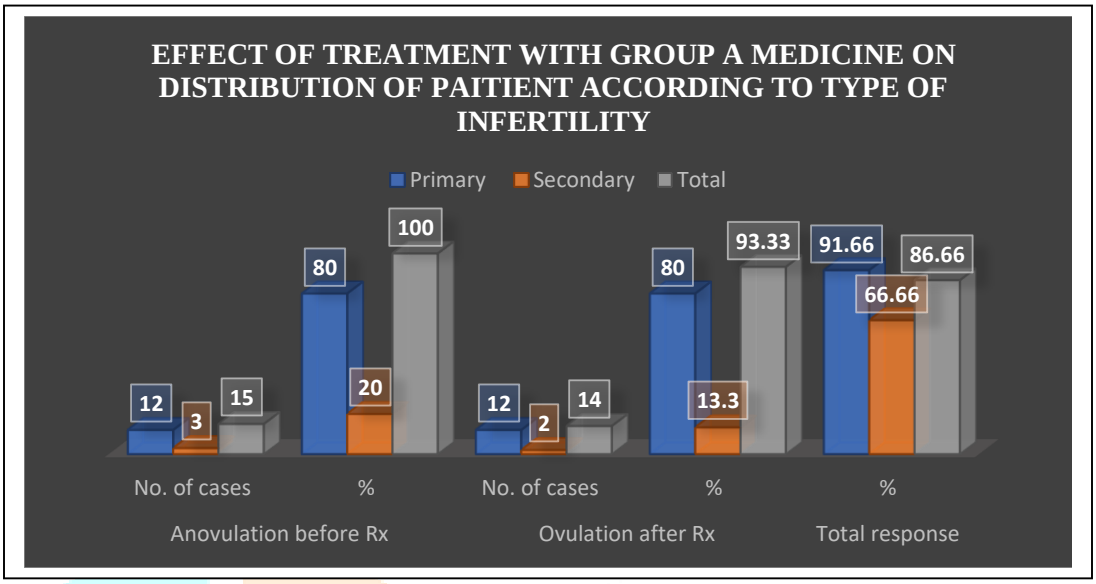


Graph No. 04 Distribution of Patient according to Type of infertility (B)

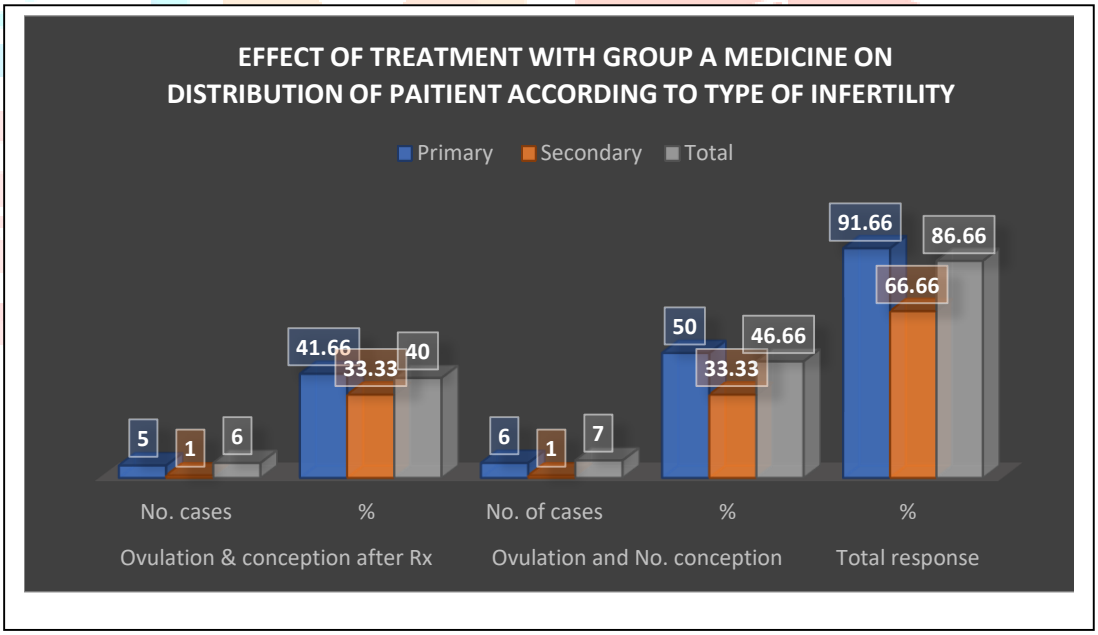
Table No. 03 Effect of Treatment with group A Medicine on distribution of patient according to type of infertility

Type of infertility	Anovulation before Rx		Ovulation after Rx		Ovulation & conception after Rx		Ovulation and No. conception		Total response
	No. of cases	%	No. of cases	%	No. cases	%	No. of cases	%	%
Primary	12	80	12	80	5	41.66	6	50	91.66
Secondary	3	20	2	13.3	1	33.33	1	33.33	66.66
Total	15	100	14	93.33	6	40	7	46.66	86.66

In the above table observed that after treatment conception was seen in six cases. i.e. (40%) five cases in primary infertility and one case in secondary infertility. The total average mean % is 93.33 ± 6.17



Graph No. 6 Effect of Treatment with group A Medicine on distribution of patient according to type of infertility

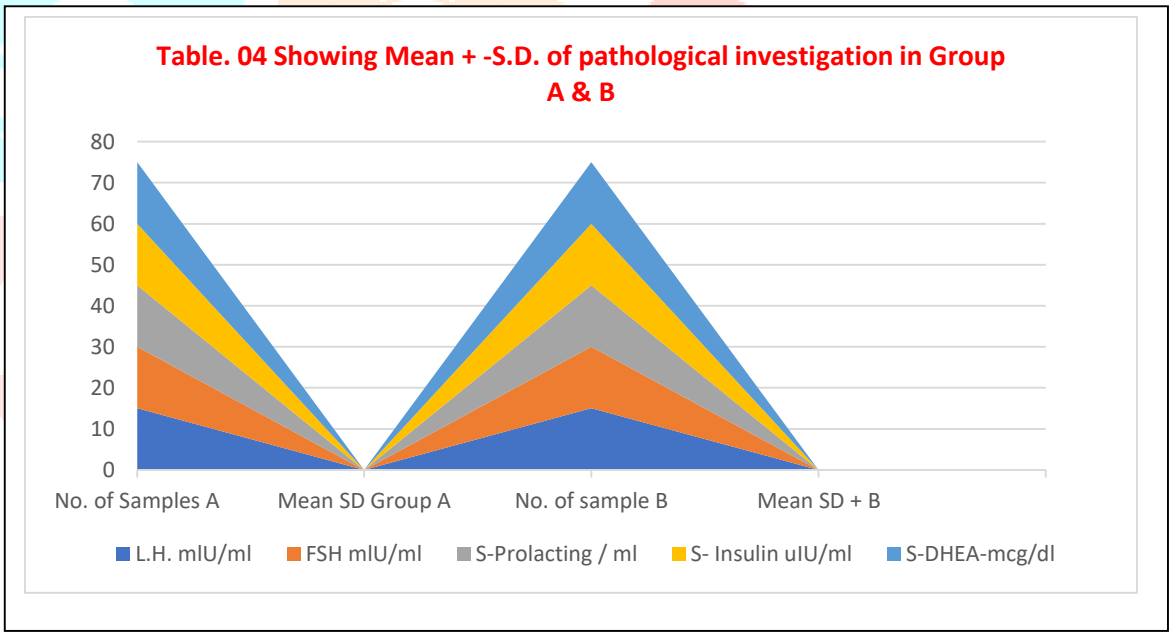


Graph No. 7 Effect of Treatment with group A Medicine on distribution of patient according to type of infertility

Table. 04 Mean % of Response in Group A & B

Treatment in Group	% of response (n=30)						
	conception	Cured	Relived	Poor response	No response	Total	Mean ± SD %
	100%	90%	80%	70%	0%		
Group A	6	8	1	0	0	15	93.33 ± 6.17
Group B	4	6	5	0	0	15	89.33 ± 7.98

In the above table out of the 30 cases 6 cases mean % percentage is (93.33%) are conceived in Group "A" & 4 cases in Group "B" mean % percentage is (89.33%). 14 cases were cured PCO's in Group "A" & 10 cases in Group "B". In both the group's total 6 cases were relieved of symptoms with only remaining features are persistent anovulation & still showed PCO's on USG



Graph No. 08 Showing Mean + -S.D. of pathological investigation in Group A & B

VIII. Discussion:

The present clinical study was conducted to evaluate the therapeutic efficacy of Unani formulations in the management of infertility (Uqr) due to Polycystic Ovarian Disease (PCOD), one of the most prevalent causes of anovulatory infertility in women of reproductive age. PCOD is a multifactorial disorder characterized by hormonal imbalance, anovulation, menstrual irregularities, obesity, and insulin resistance, leading to difficulty in conception. In the Unani system of medicine, this condition is described under Ihtibas-al-Tams (suppression of menses) and Marz Akyas Khusytur Rehm (ovarian disorders), which are attributed to Sue Mizaj Barid Balghami—a cold and phlegmatic temperament that disrupts uterine and ovarian functions. In the study, 30 women aged 20–35 years

diagnosed with infertility due to PCOD were enrolled and divided into two equal groups. Group A was treated with Ustukhuddoos (Lavandula stoechas), Gaouzaban (Borago officinalis), Gule-Tesu (Butea monosperma), Musli Safed (Chlorophytum borivilianum), and Musli Siyah (Curculigo orchioides); whereas Group B received Aftimoon (Cuscuta reflexa), Afsanteen (Artemisia absinthium), Sadab Khushk (Ruta chalepensis), Khulanjan (Alpinia galanga), Bozidan (Tanacetum umbelliferum), and Asgandh Nagori (Withania somnifera). The drugs were selected based on their emmenagogue (Mudirr-e-Haid), deobstruent (Mufatteh-e-Sudad), aphrodisiac (Muwallid-e-Mani), anti-inflammatory (Muhallil-e-Waram), uterine tonic (Muqawwi-e-Rahem), and hormonal modulating properties as described in Unani classical texts. The demographic profile revealed that most participants belonged to the 21–30-year age group (73.33%) and were of Balghami temperament, which supports the Unani notion that cold and moist temperament leads to sluggish uterine function, obstruction of menstrual flow, and impaired ovulation. The majority of patients also belonged to middle and lower socioeconomic classes, where lifestyle factors such as poor diet, obesity, and sedentary habits may further exacerbate PCOD symptoms. The results demonstrated that Group A showed better therapeutic outcomes than Group B. Group A achieved 93.33% overall improvement, with 86.66% ovulatory response and 40% conception rate, whereas Group B showed 89.33% improvement and a moderate ovulatory response. The significant improvement observed in Group A can be attributed to the synergistic action of its ingredients, which directly stimulate ovarian function, regulate menstrual cycles, and enhance reproductive health. Ustukhuddoos acts as a nervine tonic and endocrine regulator; Gaouzaban and Gule-Tisu are known for their emmenagogue and blood-purifying effects; while Musli Safed and Musli Siyah are potent aphrodisiac and uterine tonics that strengthen the reproductive system and promote ovulation. The formulation used in Group B also produced noticeable improvement in menstrual regularity and hormonal balance, mainly due to the hepatic, metabolic, and insulin-sensitizing properties of Aftimoon, Afsanteen, and Asgandh Nagori, which are crucial in managing insulin resistance associated with PCOD. However, the slower ovulatory response compared to Group A suggests that direct uterine tonics and follicle stimulants are more effective in achieving ovulation within a shorter treatment duration.

The absence of adverse effects in both groups highlights the safety and tolerability of Unani formulations, offering a clear advantage over conventional hormonal therapies such as clomiphene citrate or gonadotropins, which may cause side effects including ovarian hyperstimulation, multiple pregnancies, or metabolic disturbances. The findings are consistent with Unani principles, which emphasize restoring E'tidal-e-Mizaj (temperamental balance), strengthening the uterus (Taqwiyat-e-Rahem), and removing obstructions (Tafteeh-e-Sudad) in the reproductive system. The holistic approach of Unani medicine not only targets symptomatic relief but also aims to normalize systemic and humoral balance, which ultimately facilitates natural conception.

Overall, the results of this study validate the classical Unani approach for the treatment of infertility due to PCOD. The formulations effectively improved menstrual regularity, induced ovulation, and enhanced conception rates without adverse effects. In conclusion, the study demonstrates that Unani formulations, particularly those used in Group A, provide a safe, natural, and cost-effective alternative to conventional hormonal treatments for infertility associated with PCOD. Further randomized controlled trials with larger sample sizes, hormonal

profiling, and long-term follow-ups are recommended to confirm these findings and establish standardized Unani treatment protocols for reproductive health management.

IX. Conclusion:

The present clinical study concludes that Unani formulations are effective, safe, and well-tolerated in the management of infertility (Uqr) caused by Polycystic Ovarian Disease (PCOD). The treatment successfully restored menstrual regularity, induced ovulation, and improved conception rates, validating the therapeutic potential of Unani medicine in addressing one of the most common causes of anovulatory infertility. Among the two study groups, Group A, which received Ustukhuddoos (Lavandula stoechas), Gaouzaban (Borago officinalis), Gule-Tesu (Butea monosperma), Musli Safed (Chlorophytum borivilianum), and Musli Siyah (Curculigo orchioides), showed superior therapeutic results, with a 93.33% overall improvement, 86.66% ovulatory response, and 40% conception rate. This remarkable efficacy can be attributed to the emmenagogue, aphrodisiac, uterine tonic, hormonal modulating, and anti-inflammatory actions of the herbal constituents, which work synergistically to normalize ovarian function and promote fertility. The results reaffirm the Unani concept of Sue Mizaj Barid Balghami (cold and phlegmatic temperament) as a root cause of Ihtibas-e-Tams (suppression of menses) and infertility, and demonstrate that restoring E'Tedal-e-Mizaj (temperamental balance) and strengthening the uterus (Taqwiyat-e-Rahem) can effectively re-establish reproductive health. No adverse effects were observed during the study, confirming the safety and tolerability of these Unani formulations when compared to conventional hormonal therapies, which often carry risks such as metabolic disturbances or ovarian hyperstimulation. Therefore, this study establishes that Unani medicine offers a natural, holistic, and cost-effective approach for treating infertility due to PCOD. The findings support its integration into modern reproductive healthcare, and further large-scale, randomized clinical trials are recommended to substantiate these results, optimize dosage, and standardize Unani treatment protocols for wider clinical application.

X. References:

1. Dawn C.S, Text book of gynecology.
2. Abid Hussain, Moalijaat-e-Sedidi.
3. dams, J. Multi follicular Ovaries.
4. Ali Bin. Rabbon Tabri, Firdous-ul-Hikmat
5. Avicenna, Cannon of Medicine
6. Azme MD Khan, Akseer-e-Azam.
7. Goldmann, Bennett, Text book of Medicine.
8. Chopra, Indigenous Plants of India.
9. Baker T. G., Reproduction in Mammals.
10. Dhar et al, Indian journal experimental biology.
11. Ali Bin Abbas Majoosi, Tarjuma-e-kamilus sana.
12. Harsh Mohan, Text Book of Pathology.
13. Henderson Simon, Recent advances in gynecology & obstetrics.

14. Ismial Bin Hasan Jurjani, Zakheera-e-khawazim Shahi.
15. Kabeeruddin, Makhzanul advia Khawasul Ad Advia.
16. Kabeeruddin, Biyaz-e-kabeer
17. Khursheed Ahmed Shafaqat Azeemi, Amraz-ul-Nisa.
18. Kirtikar & Basu, Indian medicinal plant.
19. Samson Wright, Applied physiology.
20. Zakaria Razi, Kitabul Havi Fit-e-Tib.
21. Syed Mohd Abbas Razvi, Nisaiyath.
22. HK. S.M. Abdul Razzack, Talimul Qabila.
23. HK. Vaseem Ahmed Azmi, Amraz-e-Niswan.
24. www.unani.com
25. www.botonical.com
26. www.tabeebhakeem.com
27. www.pcosupport.org
28. www.womenshealthpc.com
29. www.google.com
30. www.plantslist.htm
31. www.mamma.com
32. www.fertilityfoundation.org.com
33. www.unaniherbalism.com
34. www.sffertility.com
35. www.ferti-net.com
36. www.e-gynecologic.com