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Integrative Unani Management of Secondary Infertility: A Case Report of Reproductive Recovery

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ABSTRACT:

Secondary infertility (*Uqur-e-Sanwi*) is the inability to conceive after a previous pregnancy, regardless of its outcome. In Unani medicine it is discussed under the broader term *Uqur* (sterility), which classical scholars such as *Buqrat* (Hippocrates), *Ibn Sina* (Avicenna), *Jurjani*, and *Zakariya Razi* categorized into *Uqur-e-Mutlaq* (absolute sterility) and *Uqur-e-Nisbi* (relative sterility). The Unani formulations used in this report are *Habb-e-Hamal* and *Majun-e-Hamal Ambari* (*Muqawwi-e-Rahem*, uterine tonics), *Dawa-ul-Misk Motadil (Jawahar Wala)* (*Muqawwi-e-Meda and Muqawwi-e-Qalb*), and *Majun-e-Supari Paak (Qabid and Muqawwi-e-Rahem)*. In this case report, a 26-year-old woman, gravida 2, para 1, abortus 1 (G2P1A1), presented with a history of unsuccessful conception attempts for over one year following a spontaneous abortion in 2023. She had previously delivered a healthy full-term infant in 2022. Comprehensive evaluation, including hormonal profiling, pelvic ultrasonography, and her spouse's semen analysis, revealed no abnormalities, leading to a diagnosis of unexplained secondary infertility. The treatment protocol included *Habb-e-Hamal* (2 tablets [400 mg per tablet]) twice daily from day 2 to day 12 of the menstrual cycle), *Majun-e-Hamal Ambari* (5 gm twice daily for one month starting on day 2 of the cycle), and *Dawa-ul-Misk Motadil (Jawahar Wala)* (5 gm twice daily for one month starting on day 2 of the cycle). Upon ultrasonographic confirmation of dominant follicle rupture, *Majun-e-Supari Paak* (5000 mg twice daily for one month) was prescribed. Conception occurred after just one treatment cycle. The pregnancy progressed without complications, and the patient delivered a healthy baby by lower segment caesarean section in January 2026.

KEYWORDS: *Dawa-ul-Misk Motadil (Jawahar Wala), Habb-e-Hamal, Majun-e-Hamal Ambari, Majun-e-Supari Paak,* Ovulation Induction, Secondary Infertility.

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INTRODUCTION:

Secondary infertility is defined as the inability of a couple to conceive after having previously achieved a pregnancy, despite engaging in regular, unprotected intercourse for at least one year. Unlike primary infertility, which refers to couples who have never conceived, secondary infertility occurs after an earlier successful conception, regardless of the outcome (live birth, miscarriage, or stillbirth).[1,2]

This condition can affect either the male or female partner and may be influenced by various factors including ovulatory disorders, tubal damage, diminished ovarian reserve, uterine pathology, and male factor infertility such as reduced sperm quality or quantity. In many cases, psychosocial stress and advancing maternal age contribute to the problem.[3]

Globally, infertility affects approximately 10–15% of couples, with secondary infertility forming a significant proportion, particularly in developing countries where infections and postpartum complications are prevalent. The social and emotional impact can be profound, especially in communities where childbearing is closely linked to marital stability and social acceptance.[8]

Secondary infertility *(Uqur-e-Sanwi)* refers to the inability to conceive after having previously achieved pregnancy, regardless of the pregnancy outcome. In Unani medicine, this condition is discussed under the broader term *Uqur* (sterility), which classical scholars such as *Buqrat* (Hippocrates), *Ibn Sina* (Avicenna), *Jurjani*, and *Zakariya Razi* have categorized into:[14]

1. *Uqur-e-Mutlaq* (absolute sterility) – where reproductive capacity is entirely absent.[14]
2. *Uqur-e-Nisbi* (relative sterility) – where conception is possible in principle, but hindered due to factors in one or both partners.[14]

In the case of secondary infertility, Unani literature attributes the condition to a range of causes, including:[10,11,14]

- *Sue Mizaj* (temperamental imbalance) of the uterus *(Rahim)* or ovaries.
- Weakness *(Zu'f)* of the *Quwat-e-Masika* (retentive faculty) of the uterus, leading to failure in sustaining the embryo.
- Obstruction (*Insidad*) of the *Majari-e-Mani* (genital tract) due to inflammatory adhesions or abnormal secretions.
- *Ikhtilal-e-Tarkeeb* (altered composition) of *Nutfa* (ovum) or *Mani* (semen).
- Systemic factors such as chronic illnesses, malnutrition, psychological stress, and post-partum complications.

Ibn Sina, in Al-Qanoon fi al-Tibb , emphasizes that in many cases of secondary infertility, the root cause lies in postpartum infections, uterine inflammation, or residual derangement of humors *(Akhlat-e-Fasida)* following previous pregnancies.[15]

Similarly, *Jurjani in Zakhira Khwarzam Shahi* notes that retention of corrupted humors in the uterus after childbirth can lead to both *Zu'f* (weakness) and *Sue Mizaj*, impairing fertility. The Unani

approach to managing secondary infertility is holistic, aiming to: [16]

1. *Tanqiyae-e-Badan* (purification of the body) – elimination of morbid humors through *Ilaj Bil-Tadbeer* (regimental therapy).
2. *Islah-e-Mizaj* (correction of temperament) of the reproductive organs.
3. *Taqwiyat-e-Quwa* (strengthening of vital faculties), particularly the uterine retentive power.
4. Regulation of diet *(Ilaj bil-Ghiza)* to restore optimal *Akhlat*.
5. Use of *Muqawwi Rahim* (uterine tonics), *Muqawwi Badan* (general tonics), and *Mufatteh Sudad* (deobstruent drugs).

In the present case, a regimen was formulated according to these principles, employing classical *Muqawwi and Mufatteh* Unani formulations. The intervention successfully restored the patient's reproductive capacity, leading to conception after a period of infertility following her previous pregnancy. This highlights the relevance of Unani therapeutics in addressing secondary infertility within a personalized, constitution-based framework.

CASE REPORT:

A 26-year-old woman (G3P1A1L1) from Hyderabad presented to the Gynaecology OPD, Department of Ilmul Qabalat wa Amraz-e-Niswan, Government Nizamia Tibbi College, on 22 April 2025, with a complaint of infertility. She had been married for four years in a non-consanguineous marriage. Obstetric history included a full-term lower segment caesarean section (LSCS) of a live child in 2022, followed by a spontaneous abortion in 2023.

Menstrual history revealed regular cycles of 28–30 days with 7–8 days of moderate flow. There was no history of dysmenorrhea, dyspareunia, post-coital bleeding, or sexually transmitted diseases. Past medical and surgical histories were unremarkable. She was normotensive, euthyroid, non-diabetic, and had never undergone infertility treatment previously. She was a housewife belonging to a moderate socio-economic class.

Her husband, aged 28 years and working as an accountant, was in good health with no sexual dysfunction, addictions, or relevant past medical history.

Examination: The patient was alert, well-oriented, with a height of 160 cm, weight of 40 kg, and BMI of 15.62 kg/m^2. Vitals were stable (BP – 100/70 mmHg, pulse – 80 bpm, temperature – 98.2°F, respiratory rate – 20/min). Cardiovascular and respiratory systems were normal. Abdomen was soft and non-tender. Breast and external genital examinations were normal.

Per speculum examination revealed a healthy cervix and vagina with mild watery discharge. On bimanual examination, uterus was retroverted, normal-sized, soft, mobile, and non-tender, with no adnexal mass or fornicial tenderness (Figure-1).

THERAPEUTIC INTERVENTION:

The patient was advised to report on the 2nd day of her menstrual cycle. Treatment was initiated as follows:[18]

- *Habb-e-Hamal* – 2 tablets [400mg for each tablet] twice daily from day 2 to day 12 of the cycle.
- *Majun-e-Hamal Ambari Alvi Khan* – 5 g twice daily from day 2 of the cycle for one month.
- *Dawa-ul-Misk Mautadil Jawahar Wala* – 5 g twice daily from day 2 of the cycle for one month.

A follicular study on the 11th day of the cycle revealed adequate follicular growth. The patient was counselled to maintain regular coitus from the 11th day onwards, particularly during the peri-ovulatory period, and to remain in a supine position for 15–20 minutes after intercourse to facilitate sperm transport.

A repeat follicular study on the 13th day confirmed follicular rupture, after which she was prescribed:

- *Majun Supari Paak* – 5 g twice daily for one month.[19]

Follow-up and Outcome Measures:

The patient returned to the OPD on 31-05-2025 with a complaint of amenorrhea. A urine pregnancy test was advised and yielded a positive result. She was subsequently advised to undergo an Antenatal care (ANC) profile and early pregnancy ultrasound scan, which confirmed an early viable intrauterine pregnancy. She was continued on tablet folic acid 5 mg once daily for antenatal care.

Methodology:

This is a single case report describing the successful management of secondary infertility with Unani pharmacological intervention.

Information was collected through direct patient interviews, review of medical records, and physical examination findings.

Patient Selection and Consent

The patient, a 26-year-old woman presenting with secondary infertility, was evaluated at the Gynaecology Outpatient Department, Department of *Ilmul Qabalat wa Amraz-e-Niswan*, Government Nizamia Tibbi College, Hyderabad, on 22 April 2025.

Results:

Follicular monitoring on day 11 revealed optimal follicular growth, prompting timed coitus from day 11 onwards, with post-coital supine rest for 15–20 minutes. By day 13, ultrasonography confirmed follicular rupture, validating ovulation. *Majun Supari Paak* was initiated post-ovulation to support the luteal phase, enhance uterine receptivity, and facilitate implantation. The patient conceived within the same cycle, confirmed by a positive urine pregnancy test on 31st may 2025. Early ultrasonography demonstrated a viable intrauterine pregnancy, which is ongoing without complications. The patient subsequently delivered a healthy baby via Lower segment caesarean section (LSCS) in January 2026.

Table-1: Unani formulations used in the present case

Drug name	Dose	Duration	Indications	Action
Habb e hamal	400mg for each tablet (2 tablets)	Day 2 to 12 Day of menstrual cycle	Uqr, Zo'f-e-Rahem	Muqawwi-e-Rahem
Majun-e-Hamal Ambari Alvi Khan	5 gm	One month from 2nd day of menstrual cycle	*Zof-e-Rahem, Adat-e-Isqat*	Muqawwi-e-Rahem
Dawa-ul-Misk Motadil (Jawahar Wala)	5 gm	One month from 2nd day of menstrual cycle	*Khafqan, Zof-e-Qabid*	Muqawwi-e-Meda, Muqawwi-e-Qalb
Majun-e-Supari Paak	5 gm	One month, started after ultrasonographic confirmation of follicular rupture	*Uqr ,*	*Qabid wa Muqawwi rahim*

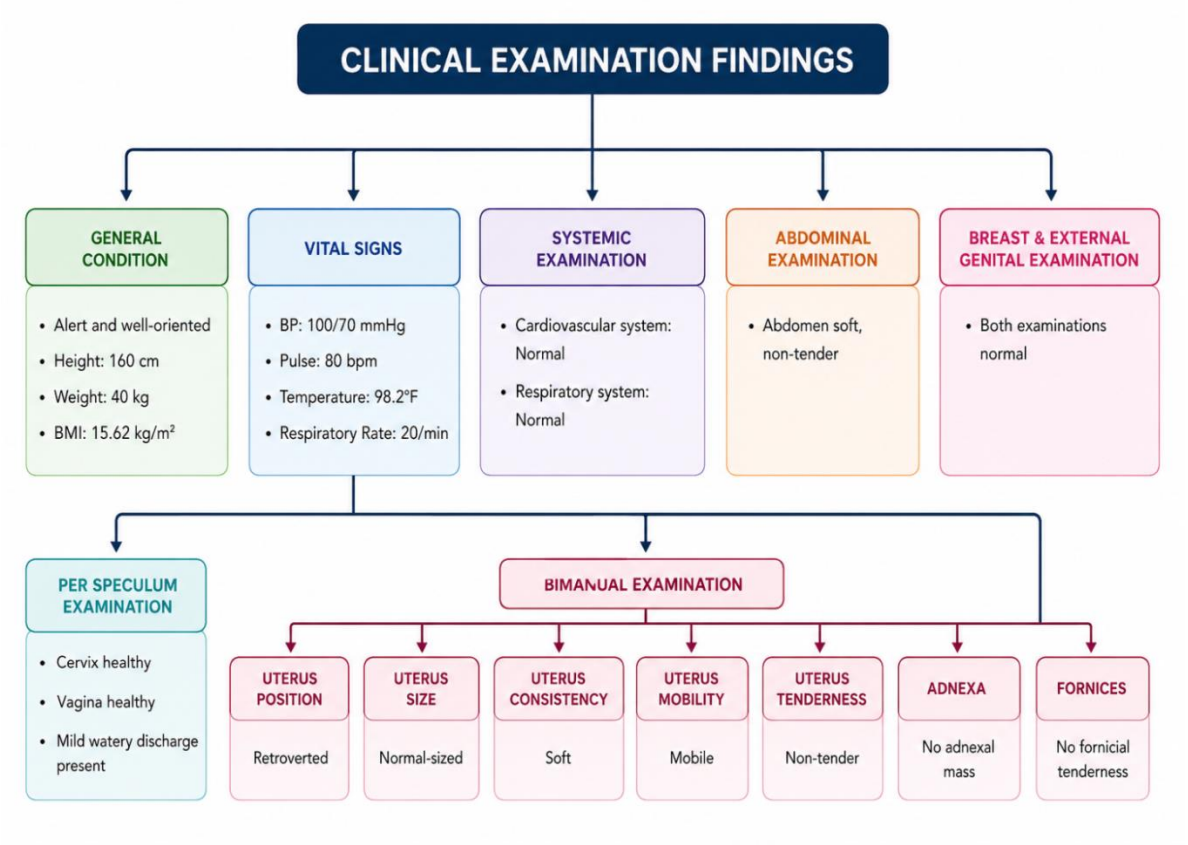


Figure-1: Flow chart of clinical examinations



elbit

UHID : TD0004245
Registered : 30-Apr-2025
Reg. Location : Charminar
Reported : 30-Apr-2025

Ref By : GOVT NIZAMIA HOSPITAL
VID : 10240982663

DEPARTMENT OF RADIOLOGY

FOLLICULAR STUDY

UTERUS: 8.4 x 3.4 x 3.7 cm, Retroverted Normal in size, myometrial echotexture is normal. No Focal lesions / Cyst noted.

ENDOMETRIUM: 10 mm, echoes are smooth and regular.

Both Ovaries are normal in size, shape and echotexture. No evidence of focal lesion /cyst noted.
Right Ovary measures: 3.9 x 1.8 x 2.5 cm (Vol: 9.3 cc).
Left Ovary measures: 4.0 x 2.3 x 2.0 cm (Vol: 10 cc).

LMP Date: 20/04/2025.

Date	Day of M.C.	Dominant Follicles in Right Ovary	Dominant Follicles in Left Ovary	Endometrial Thickness	POD	Signature
30/04/2025	11th day	No D/F	Df1: 17.5 x 16.4 mm Df2: 17.3 x 14 mm	10 mm	Clear	
02/05/25	13th Day	NDOF	Both Dominant Follicles are ruptured Corpus luteum	10 8	free Fluid	

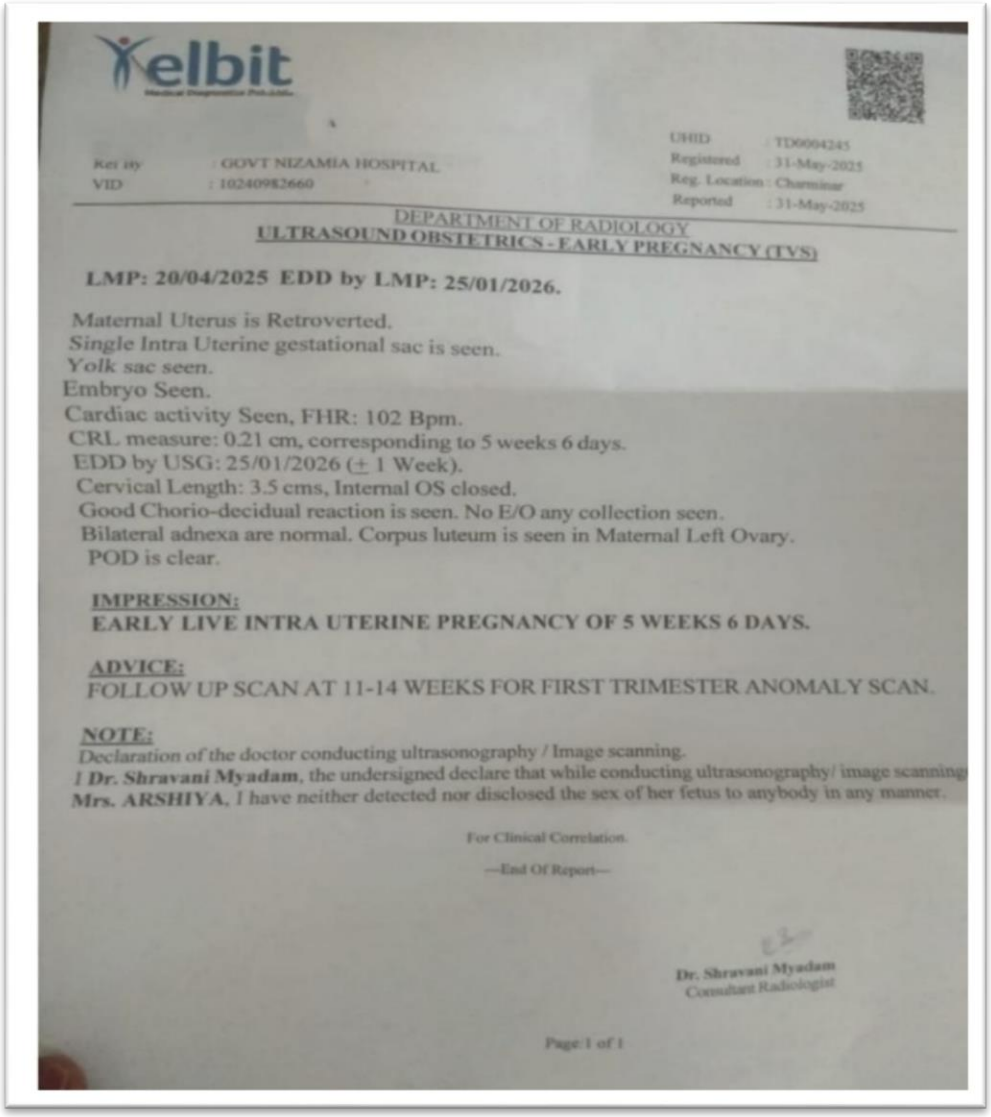
For Clinical Correlation.

---End Of Report---

Dr. Shravani Myadam
Consultant Radiologist

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Figure 2: Follicular Study



elbit

Ref by : GOVT NIZAMIA HOSPITAL
VID : 10240982660

UHID : TD0004245
Registered : 31-May-2025
Reg. Location : Charminar
Reported : 31-May-2025

DEPARTMENT OF RADIOLOGY
ULTRASOUND OBSTETRICS - EARLY PREGNANCY (TVS)

LMP: 20/04/2025 EDD by LMP: 25/01/2026.

Maternal Uterus is Retroverted.
Single Intra Uterine gestational sac is seen.
Yolk sac seen.
Embryo Seen.
Cardiac activity Seen, FHR: 102 Bpm.
CRL measure: 0.21 cm, corresponding to 5 weeks 6 days.
EDD by USG: 25/01/2026 (± 1 Week).
Cervical Length: 3.5 cms, Internal OS closed.
Good Chorio-decidual reaction is seen. No E/O any collection seen.
Bilateral adnexa are normal. Corpus luteum is seen in Maternal Left Ovary.
POD is clear.

IMPRESSION:
EARLY LIVE INTRA UTERINE PREGNANCY OF 5 WEEKS 6 DAYS.

ADVICE:
FOLLOW UP SCAN AT 11-14 WEEKS FOR FIRST TRIMESTER ANOMALY SCAN.

NOTE:
Declaration of the doctor conducting ultrasonography / Image scanning.
I ***Dr. Shravani Myadam****, the undersigned declare that while conducting ultrasonography/ image scanning*
Mrs. ARSHIYA*, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.*

For Clinical Correlation.

—End Of Report—

Dr. Shravani Myadam
Consultant Radiologist

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Figure- 3: Early pregnancy scans

DISCUSSION:

This case illustrates the effective integration of Unani therapeutics with modern reproductive monitoring in managing secondary infertility following a spontaneous abortion. Despite the absence of structural or systemic pathology, subtle ovulatory irregularities and possible post-abortal reproductive milieu imbalance were suspected.

- *Habb-e-Hamal* (day 2–12): uterine tonic with *mufarreh* (revitalizing) and *muqawwi-e-raham* (uterine strengthening) effects.
- *Majun-e-Hamal Ambari Alvi Khan*: supports vitality, menstrual regulation, and *quwwat-e-qabool* (uterine receptivity) via neuroendocrine modulation.
- *Majun Supari Paak* (post-ovulation): promotes luteal phase support and implantation readiness

The combination of traditional formulations and precise follicular

surveillance synchronized ovulation with coital timing, addressing the underlying functional disturbances. Conception in the first cycle underscores both the therapeutic potential of classical Unani formulations and their continued relevance when applied judiciously in the context of modern diagnostic tools.

CONCLUSION:

This case demonstrates the potential effectiveness of Unani pharmacotherapy in the management of unexplained secondary infertility. The patient conceived promptly after a single treatment cycle, with the pregnancy progressing healthily, highlighting the therapeutic benefits of classical Unani formulations such as *Habb-e-Hamal*, *Majun-e-Hamal Ambari*, *Dawe-ul-Misk Motadil (Jawahar Wala)*, and *Majun-e-Supari Paak*.

These outcomes emphasize the significance of traditional Unani interventions as viable complementary approaches, especially in cases where conventional investigations fail to identify a definitive cause.

Key Takeaways:

Prompt Conception: Achieved within a single cycle of Unani treatment.

Healthy Pregnancy Progression: Suggests safety and efficacy of prescribed formulations.

Therapeutic Value: Classical Unani medicines showed potential in enhancing fertility.

Complementary Role: Unani therapies may offer solutions when conventional medicine is inconclusive.

Holistic Approach: Addresses reproductive health by improving uterine function, menstrual regularity, and overall well-being.

Acknowledgement:

I am thankful to the patient for her trust, cooperation, and consent in sharing her clinical details for academic and research purposes. I also acknowledge the support of the hospital staff in facilitating the management & follow-up.

Limitation of study:

This is a single case report without a control, so the outcome cannot be generalized. Several measures (the formulations, follicular monitoring, timed coitus, and post-coital rest) were applied together, so the contribution of any single component cannot be separated.

Patient's consent:

Written informed consent was obtained from the patient for both treatment and publication of anonymized clinical details.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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