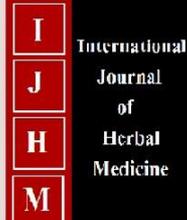




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## Contraceptives in Unani: An alternative to modern unmet

**Misba Naim, Wajeaha Begum, Abeeha Ahmad Khan**

### Abstract

Birth control or contraceptives are the methods used to prevent unwanted pregnancies. Today advancement had given hundreds of contraceptive; providing a cafeteria choice for people. The problem is its unmet, whatever be the cause, topmost being the associated side effects. Unmet reveals that none meets the people demands up to mark. So it is the need of hour to explore and discover the fertility regulating agents which will be safer, more effective, inexpensive and widely acceptable. *Unani* system of medicine can help in this as an alternative. A lot has been described in *unani* literature under the section *maan-e-hamal*. Various drugs and methods are mentioned in classical *Unani* texts, used thousands of years ago for contraception. Today many of the drugs are proven also, in the light of pharmacology and can be used for further study for contraceptives development. Moreover, laboratory and clinical trials are utmost to explore the one. This article is an approach to explore the *unani* contraceptives in hope for an ideal one.

**Keywords:** Unani, maan-e-hamal, fertility, women, contraceptives

### 1. Introduction

The population of India has been growing rapidly. World population is also a major problem with more than 6.3 billion living on this earth and 26 children born every second. Today, as ever there is a pressing need for limiting the family size at a personal level and for the control of population at a national level. The need of birth control has arisen through increased cost of living, scarcity of accommodation, a desire for better education of children in the present competitive world and overall desire for an improved standard of living<sup>[1]</sup>.

One of the reasons for growing population is limited use of contraceptives. Contraceptives by definition mean a method or a system which allows intercourse and yet prevents conception. They include all temporary and permanent measure to prevent pregnancy from coitus<sup>[1]</sup>.

### Modern contraceptives

Today hundreds of contraceptives methods are available broadly grouped as barrier methods (condoms, diaphragms, vaginal sponge), chemical methods (foams, creams, jellies, suppositories made up of spermicidal agents), intrauterine devices (lippes loop, Cu-T, Nova T, multiload, progestasert), hormonal contraceptives (oral pills, injectables, subcutaneous implants, vaginal rings) etc.<sup>[2]</sup>. Each have its own advantages and disadvantages.<sup>[4]</sup> the unmet need for contraception remains too high. Reasons for this includes-

- ✓ limited access,
- ✓ limited choice,
- ✓ fear of side-effects/complications,
- ✓ cultural or religious opposition,
- ✓ gender-based barriers etc.<sup>[4]</sup>.

Most common being the side effects/complications. The commonest with modern contraceptives in female are headache, bleeding disorders, nausea, metabolic disturbances, pain, adverse effects on liver, lactation, breast, pelvic infection, uterine perforation, pregnancy, ectopic chances, cancer, teratogenesis, cardiovascular effects etc. Men are limited to male condoms and sterilization (vasectomy). Thus unfortunately, no contraception has proved perfect and there is no single method likely to meet the social, cultural, asthetic and service needs of all individuals and communities and the search for an ideal contraceptive is still a challenge.

### Unani contraceptives: A review

Oldest references for contraception was discovered on ancient Egyptian papyrus named Kahun Papyrus (1850 BC). It describes a pessary of crocodile dung and fermented dough, also refers to vaginal plugs of honey, gum and ground acacia [5]. Hippocrates (460-377 BC) in his treatise "On the Nature of Women" described 'coitus interruptus' and 'using fingers to wipe out the vagina' for contraception. He also mentioned the use of 'Wild Carrot' as an oral contraceptive [6]. The Greek philosopher Aristotle (384-322 BC) in his book "Animalium" mentioned local use of olive oil, cedar oil and ointment of lead as spermicidal [7]. In 10<sup>th</sup> century, a variety of contraceptive recommendations were detailed, particularly in the work of Razi, Ali Ibn Abbas, Ibne Sina and Ismail Jurjani. Zakaria Razi, in his book "*Kitab Al Hawi Fit Tib* revived the writings of Buqrat, Duscarioos, Rofas, Ibn Serabuen, Ibn Masoya, Al Kandian Hunnain Bin Ishaq regarding contraception [8].

The great philosopher Ibn Sina (980-1037 AD) in his book "*Al Qanoon Fit Tib*" had extensively described certain conditions, various practices and drugs for contraception used in the form of pessaries, suppositories, liniments, ointment, pastes and orals [9]. In 12<sup>th</sup> century, Ismail Jurjani (1110 AD), author of excellent medical compendium entitled "*Zakhira Khawarzam Shahi*" had given detail description. The famous Herbalist, IbneBaitar (1197-1248 AD) had described nearly 150 drugs for contraception in his book "*Mufridatul Adviawal Aghzia*" [2]. Famous physician Mohd. Azam Khan in his books "*Akseer-e-Azam*", "*Ramoze-Azam*" and "*Muheet-e-Azam*" had given detail list of contraceptive drugs [10].

### 4. Formulations/Drugs mentioned in Unani literature

- ✓ *Shaham-e-Hanzal* (*Citrullus colocynthis*), Kibreet (Sulphur) *Saqmoonia* (*Convolvulus scammonia*), *Khabsal-hadeed* (Iron rust) and *Tukhm Karnab* (*Brassica*

*oleracea*) in equal quantity should be powdered, mixed with *Qatran* (*Pinus sylvestris*) and be used as pessary after menstruation [9, 11, 12].

- ✓ *Shokran* (*Conium maculatum*) locally on glans penis [9].
- ✓ *Aqarqarha* (*Anacyclus pyrethrum*) +honey orally [13]
- ✓ Use of darfilfil, badanj, kabuli, tikaar (borax) with milk after menstruation [13].
- ✓ Use of salt mixed with oil on glans penis before coitus [14].
- ✓ Use of powder of buds of karela (bitter gourd) and harmful (*Peganum harmala*) 6gm-7 days after menses.
- ✓ Single dose of abhal (*Juniperus communis*), heeng (*Ferula foetida*), ushq (*Dorema ammoniacum*) each 2 g in form of tablet [15].
- ✓ Anisoon (*Pimpinella anisum*), tukhm karafs (*Aium graveolens*), Pudina dashti, Mushkatramashi (menthe pulegium) 1 part each and sumbulutteeb (*Nardostachys jatamansi*), darchini (*Cinamomum zylanicum*), saleekha, hab balsam (*Commiphora opobalsamum*), ood balsam, abhal (*Juniperus communis*) and Qust (*Saussurea lappa*) ½ part, grind them and make tablets-female should take before coitus [15].
- ✓ Kaaalizeri (*Centratherum antihelminthicum*), tukhmhaleelakabuli (*Terminalia chebula*), nagkesar, narkachoor (*Zingiber zerumbet*), and kaifal (*Myricanagi*), 5 gm each make powder and prepare 7 tablets-1 tablet daily during menses [13].
- ✓ Local application of sesame oil mixed with onion extracts on glans penis [13].

In Unani literature single drugs are also used for contraception. Today experiments are done to prove their pharmacological action which proved that these drugs exhibit contraceptive action through different effects as anti-implantation, anti-ovulatory, emmenagogue etc.

**Table 1:** Unani drugs mentioned in classical text as contraceptives

S.no.	Drug (scientific name)	Route of administration	Time of administration	Pharmacologically proven activities
1.	Anar ( <i>Punica granatum</i> ) [16]	Vaginal pessary	Before and after coitus	Anti-implantation [17]
2.	Karnab ( <i>brassica oleracea</i> ) [18]	Vaginal pessaries	Before coitus	
3.	Qaranfal ( <i>Syzygium aromaticum</i> ) [17]	Oral	After menstruation	
4.	Balsam ( <i>Commiphora opobalsamum</i> ) [17]	Oral/local	Before coitus	
5.	Baidanjeer ( <i>Ricinus communis</i> ) [17]	Oral	After menstruation	
6.	Badrooj ( <i>Ocimum basilicum</i> ) [9]	Oral	After menstruation	Antiovolatory activity
7.	Filfilsiyah ( <i>piper nigrum</i> ) [9]	Vaginal pessary	After coitus	Contraception activity [19]
8.	Luk ( <i>laccifer lacca</i> ) [17]	Oral	After menstruation	
9.	Baqla ( <i>vicia faba</i> ) [9]	Oral	76 days	
10.	As'l (honey) [17]	Local	Before coitus	
11.	Basl ( <i>Allium cepa</i> ) [17]	On glans penis	Before coitus	Anti-implantation [19]
12.	Qatran ( <i>pinus sylvestris</i> ) [9]	Vaginal pessary/locally on penis	Before coitus	
13.	Asfidaj (White Lead) [17]	Vaginal pessaries	Before coitus	
14.	Ward ( <i>Rosa Damascus</i> ) [17]	Vaginal pessaries	After menstruation	
15.	Naushadar ( <i>Ammonium chloride</i> ) [14]	Vaginal	After menstruation	
16.	Gharab ( <i>Salix babylonica</i> ) [12]	Oral/pessary	After menstruation	
17.	Milh-e-indrani (rock salt) [18]	Vaginal pessary/locally on penis	Before coitus	
18.	Na'na ( <i>Mentha arvensis</i> ) [13]	Vaginal pessaries	Before coitus	Contraception activity [21]
19.	Haldi ( <i>Curcuma longa</i> ) [14]	Oral/ vaginal pessary	After menstruation	Anti-estrogenic [20,22]
20.	Gajar ( <i>daucus carota</i> )	Oral		Anti-implantation and abortifacient [22]
21.	Neem ( <i>Azadiracta indica</i> ) [16]	Oral	After menstruation	Anti-implantation, anti-androgenic [17, 19, 20, 22]
22.	Baidanjeer ( <i>Ricinus communis</i> ) [16]	Oral	After menstruation	Spermatogenesis [21]
23.	Suddab ( <i>Ruta Graveolans</i> ) [18]	Vaginal pessary	After menstruation	Antiovolatory activity [23, 24]
24.	Shibbat ( <i>Anithum sowa</i> ) [16]	Oral/vaginal pessaries	Before coitus	Emmenagogue, contraceptive
25.	Kafoor ( <i>Cinnamom camphora</i> ) [16]	Oral	Before coitus	Contraceptive
26.	Shokran ( <i>Conium maculatum</i> ) [9]	Locally on glans	Before coitus	

## 5. Conclusion

Numerous drugs have been used historically to reduce fertility, and modern scientific research has confirmed anti-fertility effects in at least some of these tested. Though Unani contraception may never reach the level of contraceptive protection as the modern ones, but it offers an alternative for women who have difficulty with modern contraceptive options or who just want to try a different way. So it is the need to test the remaining Unani drugs as well as to do further clinical trials and make these drugs as patent contraceptives. This might provide a step to find the one ideal contraceptive in the upcoming future.

## References

1. Padubiri VG, Daftary SN. Shaw's Textbook of Gynaecology. 16<sup>th</sup> ed. Reed Elsevier India Private Limited. 2015, 263-283.
2. Alwi AB. Unani Adviaaur Zabtaetauleed. Jehan e Tib, PMCid: PMC3438002. 2000.
3. Park K. Textbook of preventive and social medicine. 19<sup>th</sup> ed. Jabalpur: Banarsidas Bhanot publishers. 2007, 389-413.
4. <http://www.who.int/reproductivehealth/contraception/14.07>
5. Evolution and Revolution. The past Present and Future of Contraception Report. 2000; 10(6):12. (<http://www.Contraceptiononline.org>.)
6. Hopkins K. Contraception in the Roman Empire. Comparative Studies in Society and History. 1965; 13:124. <http://dx.doi.org/10.1017/S0010417500003935>.)
7. Chaudhuri SK. Practice of Fertility Control. Edn7th. New Delhi: Reed Elsevier India Private Limited
8. Razzaek MA, Fazal U. The concept of Birth Control in Unani Medicines. Delhi: CCRUM. 1993.
9. Razi Z. Kitab Al Hawi (Urdu translation by CCRUM). Delhi: Ministry of Health and Family Welfare. 1999, 9.
10. Khan MA. Ramooz-e-Azam. Vol.2, Delhi Printing Press; 1313 Hijri.
11. Jurjani. Tarjuma Zakheerae KhawarzaamShahi. Part 6 (Urdu Trans. By Khan AH.), Lucknow: Matba Munshi Nawal Kishore. 1903, 2.
12. Sina I. Al Qanoon Fit Tib (Urdu Translation by Kanturi GH). Delhi: Idara Kitabul Shifa. 2010, 3.
13. Khan Azam. Qarabaadeen E Azam (Urdu Translation). New Delhi: Ejaz Publishing House. 1996.
14. Ghulam I. Ilajul Ghurba (Urdu Translation). New Delhi: Idara Kitab us Shifa. 2001.
15. Khan M Shareef. Bayaz E Khas (Urdu Translation). New Delhi: Ejaz Publishing House. 2006.
16. Ghani A.H Nazmul, Khazainul Advia, New Delhi: Idara Kitabus Shifa. 2007.
17. Shah GM, Khan MA, Ahmad M, Zafar M, Khan AA; bservations on antifertility and abortifacient herbal drugs, AJB. 2009; 8(9):59-64.
18. Majusi AA. Kamil us Sanaa (Urdu Translation by Kanturi GH). Vol.2, Lucknow: MatbaMunshi Naval Kishore. 1889.
19. Pathak AK, Mallurwar VR, Kondalkar AK, Soni S. A review of plants with anti-fertility activity. Nig. J. Nat Prod Med 2005; 9(1):4-10.
20. Pokharkar RD, Saraswat RK, Kotkar S; Survey of plants having antifertility activity from western ghat area of Maharashtra state; Jour Herb Med Toxicol. 2010; 4(2):71-75.
21. Ahmad S, Jamal Y, Mannan A. Review of some

22. medicinal plants with anti-fertility activities. Unani Res. 2011; 1(2):24-28.
22. Shrivastava S, Dwivedi S, Dubey D, Kapoor S. Status and conservation strategies of herbal oral contraceptives. IJGP 2007; 1(1):18-22.
23. Khouri NA, Akawi ZE. Antiandrogenic activity of Rutagraveolens L in male albino rats with emphasis on sexual and aggressive behavior. Neuroendocrinology Letters 2005; 26(6):823-829.
24. Priya G, Saravanan K, Renuka C. Medicinal plants with potential antifertility activity- A review of sixteen years of herbal medicine research (1994-2010) IJPSR 2012; 4(1):148-155.