



An Overview of Qillate Haiwaine Manwiya (Oligospermia) and Its Management In Unani System of Medicine

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ABSTRACT

Qilatte Haiwane Manwiya (oligospermia) is one of the most common causes of male infertility. Despite up to date advances in the management of male infertility, the problem has not been solved satisfactorily. There are various defects in spermatozoa found on semen analysis which produce male infertility such as inadequate number of spermatozoa in semen, the failure of spermatozoa to move with adequate power and speed toward their target etc. Eminent Unani physician are treating the problem since the time immemorial not only for improving the numbers of spermatozoa but also the other defects of spermatozoa. In almost every Unani treatise, the discussion about *Qilatte Haiwane Manwiya* is found in detail including the causes, pathology, pathogenesis, clinical presentation, line of treatment and a vast range of treatment.

Keywords: *Qilatte Haiwane Manwiya*, oligospermia, infertility, spermatozoa, Unani

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INTRODUCTION

Qillate haiwane manwiya (Oligospermia) is one of the most common afflictions of male reproductive system. It is a condition in which the sperm count is decreased to less than 20 million/ml of semen.¹ The important causes include varicocoele, cryptorchidism, klinefelter's syndrome, damaged testes due to trauma or infections (tuberculosis, syphilis, mumps), neoplasm of testes, kidney and liver diseases, smoking, alcoholism, wearing tight under wear, working at high temperature places like welding, dyeing, blast furnace, cement and steel factories etc.² It is directly associated with male infertility, which is defined as the failure of a couple to achieve conception after one year of regular unprotected intercourse.³ It is a distressing problem for 10-15% of the population, with the incidence increasing over the years.⁴ However it affects both men and women, but male factor contributes to about 30-40% cases of infertility. In many couples, both male and female factor coincide. In case when single factor is involved, the fertile partner may balance for the less fertile partner.⁵

The incidence of infertility is increasing globally. A recent study has indicated that there is a decrease in sperm density over a period of past fifty years.⁶ The prevalence of infertility is highest in sub-Saharan Africa (infertility belt). Despite of remarkable advancement in pharmacotherapy, infertility continues to raise significant economic and personal burden to the society. It is a significant challenge for the physicians and the society to manage the male infertility. It may be due to poor number of spermatozoa in the semen (oligospermia), the failure of the spermatozoa to move with significant speed and power towards their goal (aesthenospermia) or that they are deficient in other respects.

In Unani system of medicine, most of Unani scholars particularly Ibn Sina (980-1037 AD), Zakaria Razi (865-925 AD), Ismail Jurjani (1110 AD) and Rabban Tabri (810-895 AD) have elaborately discussed sexual diseases in their respective treatises. They have mentioned the causes, symptoms, complications, treatment and management of various sexual diseases under the caption of *Zoafe bah*. In fact, *Zoafe bah* is a broad term which encompasses different disease entities like *Istirkhae Qazeeb* (Erectile dysfunction) *Surate Inzaal* (Premature ejaculation) and *Qillate Haiwane Manwiya* (oligospermia) etc. The concept of *Qillate Haiwane Manwiya* (*Qillat-less, Haiwane Manwiya-Sperm*) can be correlated with the concept of oligospermia (Oligo-less, spermia-spermatozoa). The important causes of *Qillate mani* are *kasrate istifragh*, excessive use of *mudirrat, sue mizaj of alaate mani*, excessive use of drugs like *afyoon* (opium) and *bhang* and excessive riding etc.^{7, 8, 9, 10}

Epidemiology

There is a geographical variation in the prevalence of male infertility with its occurrence amongst infertile couples being as high as 59% in France¹¹, 26% -32% in the UK and Kashmir Valley in India, and about 36% in South Africa, Indonesia and Finland. Other studies showed that there was also a variation according to the region in the mean sperm count in men from different areas of the USA and France.^{12,13,14} Geographic, ethnic, climatic and occupational factors are considered to be responsible for the regional differences in the sperm counts in men.^{13, 15}

The prevalence of oligozoospermia in Mumbai, Bangalore and Jalandhar were similar to those reported in most other parts of the world. However, the prevalence of oligospermia in Kurnool (38.2%) and Jodhpur (37.3%) were higher than those reported from any part of the world (Italy: 4.7%; Siberia: 8.6%; Indonesia: 12%; Ethiopia: 26%; Mexico: 19.9%; Mongolia: 20%; Nigeria: 6.4% -16%; South Africa: 9% and Zimbabwe: 24%).¹⁶

Etiology

In the ancient Unani literature following important causes of *Qillate Haiwane Manwiya* is mentioned.

- *Zoafe badan* (generalised weakness) and *Kamie ghiza* (malnutrition).^{7,8,9}
- *Sue Mizaj barid of alate Mani* (Cold deranged temperament of gonads).^{7, 8}
- *Sue Mizaj haar of alate Mani* (Hot deranged temperament of gonads).^{7, 9}
- *Sue Mizaj yabis of alate Mani* (Dry deranged temperament of gonads).^{7, 8}
- *Sue Mizaj ratab of alate Mani* (Wet deranged temperament of gonads).⁷
- *Sue Mizaj barid yabis of alate Mani* (Cold and dry deranged temperament of gonads)⁹
- Use of drugs like *Afyoon* (opium) and *Bhang* (Cannabis).^{7,8}
- *Kasrate istifragh* (Excessive evacuation).^{8,9}
- Excessive *ta'ab wa riyazat* (Fatigue and exercise)¹⁷
- Excessive use of *mudirrat* (Diuretics)¹⁰
- Excessive riding¹⁰

Diagnosis

The single most important investigation for the diagnosis of oligospermia is the semen analysis.

Semen analysis

Semen analysis is an important test in evaluation of male fertility status. For this test, the male is asked to abstain from ejaculation for 2 to 3 days, and a specimen is collected by masturbation

into a sterile cup. If masturbation is not an option, then a couple can use specially designed Silastic condoms without lubricants. It is critical that the sample arrives in the laboratory within an hour of ejaculation to allow for optimal analysis. The sample undergoes liquefaction or thinning of the seminal fluid, due to enzymatic action from the liquid contribution of the prostate gland. This process takes 5 to 20 minutes and allows more accurate evaluation of the sperm contained in the seminal fluid. Ideally, two semen samples separated by at least a month should be analyzed. The basic parameters for semen analysis are semen volume, sperm concentration, sperm motility and sperm morphology.^{2, 18}

Management According To Unani Medicine

Usoole Ilaj (Line of treatment)

Azalaе sabab (treat the cause)⁸

Muwallide Mani wa Mughallize Mani advia should be given.⁸

Ilaj (Treatment)

The treatment of *Qillate Mani* will be as per the cause.

Zoafe badan and kamie ghiza

Latif kasiruttaghazyа ghiza should be given like *farbah gosht*, oily diet, *baize nim barisht* (half boiled eggs), dry fruits, *shakar maa narjil* (coconut with sugar), *Halwae nishasta* etc.⁸

Abstinence from *Jema* (coitus).⁸

Keep the patient busy in *Aish wa ishrat* (luxuries) and *lah'wa laib* (entertainments).⁸

Excessive sleep will be advised.⁸

Luboobe kabir is thought to be better in this condition.⁸

Sue Mizaj barid of alate Mani

Haar wa muqawwie bah drugs will be given e.g. *Luboobe kabir*, *Muraabae Zanjaibil*, *Majoone Hilteet* etc.⁸

In diet *aabe nakhud* (gram water), *kunjashk* (flesh of sparrow), *kabitar bachcha* (flesh of dove), *murg* (chicken) will be given. Add *Darchini*, *kabab* and *khulanjan* in the diet.⁸

Sue Mizaj haar of alate Mani

Treat with *mubarredat wa Musakkine hararat advia* e.g. *Dawae hasak*, *Sheera tukhme khurfa*, milk and curd.⁸

Avoid *haar aghziya wa advia*.⁸

Apply *Roghane banafsha* over scrotum.⁸

Vegetable diet will be advised.⁸

Sue Mizaj yabis of alate Mani

Treat with *murattebat* e.g. *Harerajat*, *muraghan shorba* and milk etc.⁸

Dawae Turanjabeen will be given.⁸

Sue Mizaj rataab of alate Mani

Mujaffif wa Muskhkhin tadabir should be adopted.⁸

Zeera, *Darchini*, *Itrifal Sagheer*, *Majoone Buzur* will be given.⁸

Add *mujaffifat* in the diet e.g. spices.⁸

Sue Mizaj barid yabis of alate Mani

Haar rataab tadabir will be adopted.⁹

Hmmame moatadil will be advised.⁹

Darchini, *Nukhud* will be added in the diet.⁹

Keep the patient busy in *Farhat wa suroor* (happiness and entertainments).⁹

Kasrate istifragh

Those *tadabir* should be adopted that will help to replenish the lost *akhlat wa rutubat*.⁹ Perform *aabzan* in luke warm *joshanda* of *banafsha*, *baboon*, *nakhuna* and *nilofar*.⁹

Others

Avoid excessive *riyazat*, *mudirrat* and riding.

COMMONLY USED UNANI DRUGS**Single drugs**

Tukhme gazar (*Daucus carota*), Tukhme Konch (*Mucuna pruriens*), Narjil taza (*Cocos nucifera*), Nakhud siyah (*Cicer arietinum*), Baqla, Funduq (*Corulus avellana*), Maghze chilghuza, Pyaz kham (*Allium cepa*), Bahman safed (*Centaurea behen*), Fajal /tukhme muli (*Raphanus sativus*), Bahman surkh (*Salvia haematodes*), Buzaidan (*Pyrethrum indicum*), Musli safaid (*Chlorophytum arundinaceum*), todari zarad (*Cheiranthus cheiri*), Todri surkh (*Mathiola incana*), Salab misri (*Orchis latifolia*), Khurma (*Phoenix dactylifera*), Sighara (*Trapa bispinosa*), Talmakhana (*Asteracantha longifolia*), Turanjabeen, Tukhme shaljam (*Brassica rapa*), Musli siyah (*Curculigo orchioides*), Kharkahsak (*Tribulus terrestris*), Saqanqor, Murgh (chicken), Teetar bachcha, Kabutar bachcha (Dove) etc.^{8,9,10}

Compound drugs

Majoone Arad Khurma, Majoone Mughalliz Jawahar Wali, Halwae Salab, Halwae Nakhud alvi khan, Dawae Turanjabeen, Majoone Salab, Johare khusiya Sufoofe Makhana, Habbe Shaqaqul, Majoone kishmish, Majoone Saqanqor and Dawae todriyaeen etc.^{8,19}

CONCLUSION:

It may be concluded that *Qilatte Haiwane Manwiya* (oligospermia) is a multifactorial condition which leads to male infertility causing social and economical burdens. Unani physician claimed the treatment of *Qilatte Haiwane Manwiya* successfully in their treatise without unwanted effects. There are large numbers of studies trying different modalities and dose regimens for *Qilatte Haiwane Manwiya*. The efficacy and safety of Unani drugs have not been proven by clinical trials; however, we still believe that we should not be deprived of the opportunity to prove that these drugs can be effective.

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