IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

TRADITIONAL WISDOM ON CONTRACEPTIVE METHODS: INSIGHTS FROM UNANI MEDICAL LITERATURE

[1]Dr Hafsa, [2]Dr Mohammed Maqbool Hussain, [3]Dr Kauser Sultana, [4]Dr Asiya Fatima,

[5]Dr Femina Zainab, [6]Dr Sumaiya Tabassum, [7]Dr Syed Abdul Zahoor

[1]PG Scholar, [2]Professor and HOD of Department of Preventive and Social Medicine, [3]Assistant professor, [4]PG Scholar, [5]PG Scholar, [6]PG Scholar, [7]PG Scholar
[1]Department of Tahaffuzi wa Samaji Tibb (PSM),
[1]Government Nizamia Tibbi College and General Hospital, Hyderabad, India

Abstract: Contraception, which involves techniques to prevent pregnancy, has played an essential role in human health for hundreds of years. This research explores the proficiency of Unani physicians in prescribing fertility control treatments. By showcasing both the historical and contemporary accomplishments of Unani practitioners, the study seeks to boost confidence in their methods and encourage the revival of this specialized knowledge. The study also explores Unani physicians' views on contraception and the prevention of unintended pregnancies, emphasizing the significance of historical medical texts from ancient Unani physicians such as Ibn Sina, Ali Ibn Abbas Al Majoosi, and others. These texts shed light on various contraceptive practices, including herbal treatments, pessaries, coitus interruptus, and plant and animal-based substances. The article underscores the relevance of understanding these historical perspectives, especially considering the growing interest in herbal contraceptives due to the side effects of modern synthetic methods. A deeper exploration of these ancient methods could contribute to the development of safer, natural contraceptive alternatives. As modern society faces increasing demand for contraception, exploring ancient practices provides valuable insights into the evolution of reproductive health and the search for safer options.

Index Terms **- Unani medicine, Unani contraceptive, Anti-fertility, Herbal drugs.**

1.INTRODUCTION

Contraceptives are a method or a system that allows intercourse and yet prevents conception. They include all temporary and permanent measures to prevent pregnancy from coitus [26]

Prevention of childbirth through artificial methods is not a new thing. In bygone days, people used to try to prevent childbirth secretively through uncouth practices. The modern society has accorded respect to these means, has improved upon them, and given them a philanthropic flavor. [8] Contraception is nearly a universal healthcare need among those who can become pregnant. [27] In general, one of the basic needs of human beings has always been to have a safe and efficient marital life. Unplanned or unwanted pregnancy has always been a challenging issue from the past to date, so that, in most cases, this type of pregnancy is likely to lead to abortion, resulting in some physical or psychological disorders. [9]

Delaying pregnancies in young girls who are at increased risk of health problems from early childbearing and preventing pregnancies among older women who also face increased risks, are important health benefits of family planning.[6]

Another concern is Global population growth, with over 6.3 billion people and 26 births per second, contributing significantly to environmental degradation and human suffering. The rising need for birth control stems from higher living costs, housing scarcity, the desire for better education, and the pursuit of improved living standards. [7,10] It is estimated that much of population growth is unintended, with half of conceptions unplanned and many pregnancies undesired. Unintended pregnancies often result from either lack of contraception use or difficulties with access and method failure, particularly in poorer nations where economic and cultural barriers limit contraceptive availability. [10]

Recent studies have indicated that women, previously using modern family planning methods, are now turning to herbal contraceptives due to the side effects of the modern methods, with native plants gaining interest as safer alternatives to synthetic agents. [3,4] Synthetic hormonal contraceptives are widely used but can disrupt the endocrine system, causing serious side effects such as PCOS, endometriosis, infertility, cancers, developmental issues, and birth defects. This has led to growing global interest in natural, safer contraceptive alternatives, driving research into new methods and products for reproductive health. [5]

Ancient Unani physicians paid adequate attention and provided considerable valuable understanding of procreation, with significant insights on topics including contraception. [8]

2. MATERIALS AND METHODS

The concept of contraception in Unani medicine was explored by reviewing authentic Unani texts. Additionally, online platforms, including various websites and articles from Google Scholar, were searched using keywords such as "herbal contraception," "Unani contraceptive," "anti-fertility," "anti-implantation," "spermicidal," and "history of contraception."

3. RESULTS OF LITERATURE SURVEY

After a comprehensive review of the literature, the findings can be organized and summarized under the following subheadings for better clarity and understanding:

3.1 History And Emergence Of Contraception

Ancient civilizations employed various contraceptive methods to prevent pregnancy. Egyptian papyrus namely, *The Kahun Papyrus* (1850 BC), probably the first textbook on gynaecology, and the *Ebers Papyrus* (1550 BC), possess a number of prescriptions for early contraceptive practices, such as vaginal applications of honey, acacia leaves, and lint to block sperm.
They also mention local use of paste containing crocodile dung, which due to its low pH was believed to have a spermicidal effect. people also used various plant and animal products to block the cervix and absorb semen, these included vegetable seeds, plugs of grass, crushed roots, empty halves of pomegranates, squeezed half of lemon, and rock salts [1,10]

The famous Greek philosopher *Aristotle* (384-322 B.C.) proposed the idea of family planning in his book "*Historia Animalium*" and prescribed several remedies like local application of oil of Cedar, ointment of Lead, etc. which formed a barrier or had a spermicidal effect. [31]
Hippocrates (460-377 BC) in his treatise "*Nature of Women*" described "coitus interruptus" and "using finger to wipe out vagina" for contraception. He had also mentioned the use of Wild Carrot (*Daucus carrota*) as an oral contraceptive [10]
Pliny the Elder, [23-79 A.D.], a Roman writer of Natural History, counsels his readers to refrain from sex to avoid pregnancy. He is the first known advocate of abstinence as a form of birth control. [30]
Pedanius Dioscorides in his work *De Materia Medica* (77 CE) provided detailed recipes for birth control, drawing from his direct interactions with individuals [1,29]
Soranus of Ephesus, Greek gynaecologist, obstetrician, and pediatrician of the 2nd century CE, wrote an influential text *On Midwifery and the Diseases of Women* (100 CE), which includes numerous descriptions of contraceptive measures. [1,28]

Ancient researchers recorded a variety of contraceptive techniques, which fall into the following categories:
1. Seemed reasonable, but acknowledged to be ineffective: For example, *Soranus* advocated cleansing the vagina after intercourse, a practice that is today known to be unsuccessful.
2. Seemed reasonable and potentially useful techniques: *Dioscorides* and *Soranus'* writings, as well as the *Ebers Papyrus*, discuss the use of lactic acid, pepper, honey, and alum as barriers or pessaries, which may have had some contraceptive effect.
3. Clearly unsuccessful, mystical, or irrational methods: Some suggestions included behaviors such as a woman jumping backward seven times after intercourse or holding her breath during ejaculation. Furthermore, the production of vaginal pessaries from animal waste, including crocodile waste (as mentioned in the *Petri Papyrus*), elephant dung (*Rhazes*), or mouse dung (*Pliny*)—was suggested, but these methods are now recognized as ineffective. [2]

3.2 Religious Perspectives and Medical Indications For Contraception

Religions vary widely in their views of the ethics of birth control. The Roman Catholic Church accepts only Natural Family Planning and only for serious reasons while Protestants maintain a wide range of views from allowing none to very lenient. Hindus may use both natural and artificial contraceptives. A common Buddhist view of birth control is that preventing conception is ethically acceptable, while intervening after conception has occurred or may have occurred is not. In Islam, contraceptives are allowed if they do not threaten health, although their use is discouraged by some [8]
Although the prohibition of pregnancy is not inherently valid due to the survival and viability of humans, under certain circumstances, it is permitted by Islamic clerics because, in some cases, the physician was forced to prescribe contraception for women.
Doctors often advise against pregnancy in cases of chronic or debilitating illnesses, as it can pose a fatal risk to the woman. *Ibn Jazla*, a renowned Islamic physician, not only affirmed the safety of contraception but also prohibited pregnancy in cases where a small womb could endanger the woman's life.
Furthermore, one of the reasons for contraception is to maintain the gap between two pregnancies. Ancient *Arab* physicians have traditionally recommended a minimum interval of three years between pregnancies to ensure maternal health. They observed that shorter gaps could lead to physical weakness in women, as their bodies might not have fully recovered or replenished essential nutrients lost during the previous pregnancy. This concern is particularly significant for younger mothers, for whom extending the interval beyond three years is advised. [9]
Renowned Unani physicians such as *Majusi*, *Ibn Sina*, and *Hakim Kabeeruddin* have outlined specific conditions under which contraceptives may be used [15,18,20], which will be discussed further.

3.3 Contraceptive Practices According to Ancient Unani Physicians from Their Classical Books

Greek and *Muslim* physicians deeply studied vital systems, laying the foundation for genetics, embryology, obstetrics, and gynaecology. Ancient Unani physicians contributed significantly to this field, enriching knowledge on pregnancy, infertility, abortion, and contraception. [22]
The views and recommendations of these renowned ancient physicians, as documented in their classical texts, are discussed below

Al Qanoon by Ibn Sina

Ibn Sina provided specific indications for the use of contraceptives. These include cases where a young or underage girl is married, as pregnancy, even if not fatal, can cause severe complications for her. Contraceptives are also recommended for women suffering from uterine ailments, making pregnancy unsafe, or for those with a weak or dysfunctional bladder. In such cases, the weight of the foetus can lead to a bladder tear, potentially causing incurable urinary incontinence.

Among the contraceptive techniques *Avicenna* described were:

- *Coitus Interruptus*: He suggested that to prevent pregnancy, "the two emissions should not occur together, and the male should withdraw quickly." This refers to the practice of withdrawing before ejaculation to prevent sperm from entering the female reproductive tract.
- *Avicenna* advised that after intercourse, a woman should "stand upright and hop backward seven or nine times," aiming to expel the semen and reduce the likelihood of conception.
- *Qatran* **[**Pinus sylvestris] , can be used in the form of pessary by women before intercourse
- Application of *Qatran* , *roghan e balsan* and *Asfidaj* [white lead] locally on the penis prior to intercourse, acts as contraceptive
- Pessary made of *Fil Fil Siya* [black pepper] used post intercourse acts as a contraceptive.
- Use of *Shaham-al- Rumman* (Punica granatum) with *Shibb* (Aluminium hydroxide) by females in the form of pessary before or after coitus, prevents conception
- *Shaham-e- Hanzal* (Citrullus colocynthis), *Kibreet* (Sulphur) *Saqmoonia* (Convulvulus scammony), *Hazar jashan* (Bryonia alba), *Khabs-al-Hadeed* (Iron Rust) and *Tukhm Karnab* (Brassica oleracea] mixed with *Qatran* (Pinus sylvestris) can be used as suppository
- Pessary made of buds and seeds of *Karnab* [Brassica oleracea] used before or after coitus can act as a contraceptive. Addition of *Qatran* and *Fodnaj* [mint extract] to it, ensures further prevention of pregnancy.
- Use of elephant waste is also mentioned by *Ibn Sina* for preventing pregnancy
- Juice of *Badrooj* (Sweet Basil), if taken orally by woman after coitus, prevents conception. [20]

Al Kitab Al Maliki [Kamil Us Sana'at] by Ali Ibn Abbas Al Majoosi

Ibn Majoosi mentioned in *Kamil us sana* that, contraceptive or abortion medicines should not be disclosed to others as to prevent misuse by individuals of questionable character. Doctors should only prescribe or use them when they fully trust the patient or in situations where their use becomes medically necessary, such as in cases of a small uterus or when there is a risk of the patient's death during labour.

- *Milh-e-Indrani* (Rock salt) can be used as contraceptive for both men and women. In case of men, it should be applied locally on penis before intercourse while women can use it in the form of pessary.
- *Qatran* [Pinus sylvestris] , can be used in the form of pessary by women before intercourse
- Women can use pessary made of *Tukhm Karnab* (seeds of Brassica oleracea), *Shagoofa Karnab* (buds of Brassica oleracea), and extract of *Suddab* (Rue) before or after intercourse.
- Using *Warq e Gharab* (Salix babylonica) or its fruit in form of pessary ,prevents conception. [15]

Zakheera Khwarazm Shahi by Ismail Jurjani

Hakim Jorjani is known for his 750,000-word encyclopedia of medicine, the *Treasure of King Khwarazm***,** [24] [*Zakheera Khwarazm Shahi*] in which he extensively discussed contraceptive methods.

He quoted that when a woman is too young or her bladder is weak or some calamity is apprehended on her if she becomes pregnant, then contraceptive methods are advisable. [22]

- He recommended various contraceptive techniques, including the application of sesame oil (*Roghan Kunjad*) to the glans penis before intercourse to prevent conception. In this way, semen is not retained in the uterus.
- Additionally, *Jurjani* suggested that women use pessaries containing black pepper (*Filfil Siyah*) and peppermint (*Na'na*) after coitus as a contraceptive measure.
- Notably, he also described a method resembling the modern condom, advising men to wrap the penis with a fine, thin piece of cloth before intercourse to prevent pregnancy. [11,21]

Tib E Akbar by Hakim Akbar Arzani

- He suggested that to prevent pregnancy, the two emissions should not occur together, and the male should withdraw quickly i.e. practice *coitus interrupt* at the time of ejaculation.
- Applying sesame oil (*Roghan Kunjad*) to the glans penis before intercourse is believed to prevent conception by helping sperm slide out and reducing the likelihood of it staying in the uterus.
- A suppository made by mixing the yellow scales of pomegranate (*Anar*) with alum (*Phitakri*) and using it before and after intercourse is believed to prevent conception.
- He also suggested that men cover the penis with a fine, thin cloth before intercourse as it would act as a physical barrier to avoid pregnancy. [16]

Kitab Al Hawi by Zakariya Razi

- Combine equal amounts of *Saqmoonia* (Convulvulus scammony) *Shaham-e-Hanzal* (Citrullus colocynthis), *Hazarjashan* (Bryonia alba), *Khabs-al-Hadeed* (Iron Rust), and *Tukhm Karnab* (Brassica oleracea). Grind them into a fine powder and mix with *Qatran* (Pinus sylvestris). This preparation should be used as a pessary post-menstruation**.**
- Pessary made of 14 gm of leaves and fruit of *Garab* (Salix babylonica), can be used post menstruation.
- Make a powder of 3.5 gm of *Tukhm E Karnab* [Brassica oleracea] and *Hurf* [Peganum harmala] and mix with *Qatran* [(Pinus sylvestris). Soak this in *Pudina Nehri* and use it as a pessary post menstruation.
- Pessary made of *Mirch e siya* [black pepper], used post intercourse, prevents conception.
- *Razi* quoted that according to *Dioscorides*, among all the contraceptives mentioned, *Qatran*(Pinus sylvestris) is regarded as the most effective and possesses properties that can impair the sperm. When applied locally over the glans penis, it prevents conception.
- Applying *Onion* extract [Allium cepa] locally over the glans penis before intercourse acts as a contraceptive.
- Juice made of leaves of *Garrab* (Salix babylonica), acts as a contraceptive.
- Powder of *Tukhm e qaami* [seeds found in fields of wheat] mixed with honey used in the form of pessary, prevents conception.
- *Ibn Maswiya* quoted that *Tukhm Karnab* (Brassica oleracea) is believed to make the sperm *faasid* [impure], and also prevents implantation. it can be used as pessary post intercourse.
- Drinking *Paneer Mai'ya* [Rennet], prevents conception.
- Leaves of *Akhrot* [Juglans regia] mixed with vinegar can be used post menstruation**,** in the form of pessary, as contraceptive.
- Consumption of *Zanjar hadeed* [iron rust], prevents conception.
- *Zaharat al milha* [salt gathered from the bank of river Nile] can be used post intercourse in form for the pessary to avoid pregnancy.
- *Galen* recommends that Extract of *Pudina* (pepper-mint) can be used as pessary for contraception.
- Razi quoted galen's words, that Suddab (Ruta graveolans) is effective in impairing sperm function, hence preventing conception.
- Placing *Soya* [Anethum graveolens/sowa] in the cervix before or during intercourse, serves as contraceptive
- A pessary made from the buds and seeds of *Karnab* (Brassica oleracea), when used after menstruation, can serve as a contraceptive. [17]

Kitab Al Mansoori By Zakariya Razi

- *Qatran* **[**Pinus sylvestris], can be used in the form of pessary by women after intercourse, and application of it locally on the penis by men prior to intercourse, acts as contraceptive.
- Using pessary made of *Fil Fil* [black pepper] and extract of *Suddab* (Ruta graveolens), post intercourse, prevents conception. *[19]*

Ilajul Ghurba by Hakim Ghulam Imam

- Combine *Naushadar* (Ammonium chloride) and *Phitakri* (Aluminium hydroxide) using water and use it in the form of pessary post-menstruation, to prevent conception.
- Consuming *Aspand* after burning it, post menstruation.
- Application of *Salt* mixed with oil, locally on glans penis before coitus act as spermicidal.
- Combining *Babchi* (Psoralea corylifolia) with sweet oil and using it in the form of *shiyaf* [suppository] post-menstruation, prevents conception.
- Consuming *Haldi* (Curcuma longa) powder during menstruation and three days post menstruation prevents conception.
- Consuming decoction made by boiling bark of tamarix tree[*Farash Ki Chhal*] with *jaggery* [gud, saccharum officinarum] , prevents conception.
- Using a pessary made of *Mirch E Siya* [Piper nigrum] , post intercourse, prevents conception.
- Combine 5 grams each of *Kali Zeeri* (Centratherum anthelminticum), *Tukhm Haleela Kabuli* (Terminalia chebula), *Nagkesar* (Mesua ferrea), *Narkachoor* (Curcuma zedoaria), *Kalonji* [Nigella sativa] and *Kaifal* (Myrica sapida). Grind the ingredients into a fine powder and form tablets. Consuming one tablet daily for 7 days during menstruation prevents conception. [23]

Al Akseer By Hakim Kabeeruddin

Hakim Kabeer Uddin advised contraceptives for women who are young, physically weak, at risk of fatal complications during pregnancy or those with congenital or acquired diseases of the uterus or bladder.

He also mentioned that contraceptive practices are classified into two types: temporary and permanent.

He recommended various contraceptive techniques, including coitus interrupts, and advised women to sneeze post-intercourse.

Pessary –

- Pessary made from *Suddab* (Ruta graveolens) and *Pudina* [na'na] can be used before intercourse.
- Using powdered *Maazu* [quercus infectoria / gallstones] in the form of suppository,placed in cervix, acts as contraceptive
- Pessary made from *Namak E Taam* [salt] or *Haleela*, can be used before intercourse.
- Women can use pessary made of *Tukhm Karnab* (seeds of Brassica oleracea), *Shagoofa Karnab* (buds of Brassica oleracea] post menstruation or before intercourse. To increase its effectiveness *Qatran* **[**Pinus sylvestris] can be added.

Oral –

- Combine equal parts of *Anisoon* (Pimpinella anisum), *Tukhm Karafs* (Apium graveolens), *Badyan* [Illicium verum], *Pudina Dashti*, and *Mushkatramashi* (Mentha pulegium), along with half parts of *Sumbul-e-Tib* (Nardostachys jatamansi), *Darchini* (Cinnamomum zeylanicum), *Saleekha*, *Hab Balsam* (Commiphora opobalsamum), *Ood Balsam*, *Abhal* (Juniperus communis), and *Qust* (Saussurea lappa). Grind the ingredients and form them into tablets, which are to be used by women before intercourse.
- 4.5 grams of powdered *Luk* (Laccifer lacca], added to food,acts as an oral contraceptive for women.
- It is said that if a woman consumes seeds of *Bed Anjeer* (Ricinus communis), she will remain infertile for as many years as the number of seeds consumed, also, consumption of *Ghungchi* [Abrus precatorius], post menstruation, gives the same effect
- Juice of *Badrooj* (Sweet Basil), if taken orally prevents conception

Local application-

- Local application of *Suhaga* (borax), *Aab-e-Sudda* (Ruta graveolens extract), and *Roghan-e-Kunjad* (sesame oil), over the glans penis, is said to prevent conception.
- *Saqmoonia* (Convulvulus scammony) mixed with honey or vinegar, serves as a contraceptive when applied locally over the glans penis. [18]

Table 3.3 Summary of single drugs commonly referenced in Unani literature for contraceptive uses

S.No	Drug name	Route of Administration	Time of administration	Reference
1	Aspand/harmal (Peganum harmala)	Oral	After menstruation	17,23
2	Baqla (Vicia faba)	Oral		5
3	Badrooj (Ocimum basilicum)	Oral	After coitus	18, 20
4	Bed Anjeer (Ricinus communis)	Oral	After menstruation	18
5	Farash ki chhal (tamarix)	Oral		23
6	Ghungchi (Abrus precatorius)	Oral	After menstruation	18
7	Haldi (Curcuma longa)	Oral	After menstruation	23
8	Long (Syzgium aromaticum)	Oral	After menstruation	31,25
9	Luk (laccifer lacca)	Oral	After menstruation	18,31
10	Paneer Mai'ya (Rennet)	Oral	After menstruation	17, 31,25
11	Zanjar Hadeed/khabsul hadeed (Iron rust)	Oral		17
12	Akhrot Leaves (Juglans regia)	Pessary	After menstruation	17
13	Alum (Aluminium hydroxide)	Pessary	After menstruation	16, 20, 23
14	Anar (Punica granatum)	Pessary	Before and after coitus	16, 20
15	Babchi (Psoralea corylifolia)	Pessary	After menstruation	23
16	Fil Fil Siya (Piper nigrum)	Pessary	After coitus	17, 19, 20, 23, 25
17	Garb (Salix babylonica)	Pessary	After menstruation	15, 17
18	Haleela	Pessary	Before coitus	18
19	Zaharat Al Milha	Pessary	After coitus	17
20	Karnab (Brassica olerecea)	Pessary	Before or after coitus/ menstruation	15, 17, 18, 20
21	Maazu (Quercus infectoria)	Pessary		18
22	Naushadar (ammonium chloride)	Pessary	After menstruation	23
23	Pudina (Mentha arvensis)	Pessary	Before and after coitus	17, 18, 21
24	Soya (Anethum graveolens)	Pessary/Oral	Before coitus	17
25	Roghan-e-Kunjad (Sesamum indicum)	Locally On Glans Penis	Before coitus	16, 18, 21
26	Asfidaj (White Lead)	Locally On Glans Penis	Before coitus	20
27	Balsam (Commiphora opabalsamum)	Locally On Glans Penis	Before coitus	20
28	Piyaz (Onion, Allium cepa)	Locally On Glans Penis	Before coitus	17
29	Suddab (Ruta graveolans)	Pessary/ Locally on Glans Penis	Before and after coitus	15, 18, 19
30	Saqmoonia (Convulvus scammony)	Locally On Glans Penis	Before coitus	18,31
31	Suhaga (borax)	Pessary/ Locally on Glans Penis		18
32	Milh Indrani (Rock salt)	Pessary/ Locally on Glans Penis	Before coitus	15
33	Qatran (Pinus sylvestris)	Pessary/ Locally on Glans Penis	Before or after coitus/ menstruation	15, 17, 19, 20
34	Namak (salt, sodium chloride)	Pessary/ Locally on Glans Penis	Before coitus	18, 23

3.4. PLANTS RECOGNIZED SCIENTIFICALLY FOR THEIR ANTIFERTILITY POTENTIAL.

Even though many indigenous plants have been shown to possess contraceptive properties, only a few plants have so far been investigated for antifertility activity The World Health Organization (WHO) has set up a Task Force on Plant Research for fertility regulation with an objective to find new orally active non-steroidal contraceptive compound. Various medicinal plant extracts have been tested for their antifertility activity [14]

Table 3.4 Summary of plants that have been researched and show evidence of possessing antifertility potential.

PLANTS WITH ANTIOVULATORY PROPERTIES	Reference
Polygonum hydropiper (*Fil fil aabi , water pepper*)	12
Citrus medica (*Turanj*)	13
Curcuma longa (Zard Chob)	13
Areca catechu (*Fufal, supari*)	13
Plumbago zeylanica (*Sheetraj Hindi*)	13
Hibiscus rosasinensis (*Gule Gurhal*)	13
Achyranthes aspera (*Chirchita*)	13
Lepidium sativum (*Tukhm-e-Taratezak*)	13
Calotropis procera (*Madar*)	13
Ruta graveolans (*Suddab*)	7
Ocimum basilicum (*Badrooj*)	7
PLANTS WITH ANTI-IMPLANTATION PROPERTIES	
Calotropis gigantea (*Aak*)	12
Crotalaria juncea (*Sunn,hemp flex*)	12
Hibiscus rosa-sinensis (*Gule gurhal*)	12,13
Butea monosperma (*Palas*)	12
Ocimum sanctum (*Tulsi*)	12
Striga orobanchioides (*Witchweed*)	12
Ricinus communis (*Arand*)	12
Punica granatum (*Anar*)	12,7
Calotropis procera (*Madar*)	12
Polygonum hydropiper (*Fil fil aabi , water pepper*)	12
Mentha arvensis (*Wild Mint ,Pudina*)	12
Lawsonia inermis (*Henna ,Mehndi*)	12
Juniperus communis (*Abhal*)	12
Hagenia abyssinica (*African redwood*)	12
Cicer arietinum (*Chana,chickpea*)	12
Citrus limonum (*lemon*)	12
Achyranthes aspera (*Chirchita*)	12,13
Cassia fistula (*Amaltaas*)	13
Citrus medica (*Turanj*)	13
Azadirachta indica (*Neem*)	7,13
Allium cepa (*Piyaz*)	7,13
Daucascarota (*Gajar*)	7
PLANTS WITH ANTI-SPERMATOGENIC/SPERMICIDAL PROPERTIES	
Plumbago zeylanica (*chitrak*)	12
Piper nigrum (*Fil Fil Siya*)	12
Azadirachta indica (*Neem*)	12,13
Striga lutea (*Yellow Witchweed*)	12
Barleria prionitis (*Piya Bansa*)	12
Tinospora cordifolia (*Gilo*)	12,13
Achyranthes aspera (*Chirchita)*	13
Carica papaya (*Papita*)	13
Withania somnifera (*Asgandh*)	13

4. CONCLUSION

The historical insights and practices regarding contraception, especially those documented by ancient Unani physicians, provide a crucial foundation for understanding the evolution of reproductive health.

These physicians tackled both the psychological and physiological factors related to contraception while highlighting the significance of individual health factors, including age, physical state, and any existing health conditions. Their perspectives offer a holistic approach to contraception, with methods that vary from herbal treatments to behavioural strategies, many of which align with modern trends for safer and more natural options.

As synthetic contraceptive methods face increasing criticism for their side effects, exploring the wisdom of ancient Unani texts may contribute significantly to the future of family planning. Although, some plants and herbs have shown promising contraceptive properties in preliminary studies, highlighting their potential to offer safer and more accessible alternatives, further studies are essential to assess their safety and effectiveness thoroughly. With continued investigation into the natural contraceptives mentioned

in historical texts, we might be able to create safer, more sustainable methods for family planning. The knowledge and practices of these physicians remind us that the quest toward safer and more effective contraception is rooted in a long history of medical advancement, which can still inform and enhance our approaches to reproductive health in the modern world.

REFERENCES

1. Potts, M. (n.d.). *Birth control: Description, history, types, & effectiveness*. *Encyclopedia Britannica*. Retrieved January 3, 2025, from https://www.britannica.com/science/birth-control
2. Potts, M., & Campbell, M. (2009). History of contraception. *The Global Library of Women's Medicine, 6*. https://doi.org/10.3843/glowm.10376
3. Quijano, N. V. (1986). Herbal contraceptives: Exploring indigenous methods of family planning. *Initiatives in Population, 8*(2), 22, 31–35.
4. Ibrahim, M. (2024). The role of medicinal plants in Nigerian family planning. *Science for Africa Foundation*. https://scienceforafrica.foundation/media-center/role-medicinal-plants-nigerian-family-planning
5. Bhatt, N., & Deshpande, M. (2021). A critical review and scientific prospective on contraceptive therapeutics from Ayurveda and allied ancient knowledge. *Frontiers in Pharmacology, 12*. https://doi.org/10.3389/fphar.2021.629591
6. World Health Organization. (2022). *Contraception*. World Health Organization. https://www.who.int/health-topics/contraception#tab=tab_1
7. Naim, M., Begum, W., & Khan, A. A. (2016). Contraceptives in Unani: An alternative to modern unmet. *International Journal of Herbal Medicine, 4*(3), 37–39.
8. Hasan, I., Chishti, D. K., & Ali, M. (2012). Concept of contraception in Unani medicine: A view. *International Research Journal of Pharmacy, 3*(1), 93–95.
9. Alian, F., Montazerolghaem, A., Ahmadvand, Z., & Kasiri, M. (2019). Methods of pregnancy prevention and prohibition from the perspective of Muslim physicians (from the 3rd to the 9th century AH). *Journal of Research on History of Medicine, 8*(4), 213–228.
10. Pathan, A. Q. K. A. H. K., Nasreen, S. J. K. P., Shaikh, H. V., Shaikh, F. S. A., & Pathan, I. K. G. K. (2020). Concept of male contraception and herbal drugs used for contraception in Unani system of medicine. *JETIR, 7*(10), 2745–2758.
11. Perveen, A., Jahan, N., Ansari, A., Alam, M. T., & Perveen, S. (2013). Use of contraceptive methods down through the history: An overview. *American Journal of PharmTech Research, 1*(7), 21–30.
12. Daniyal, M., & Akram, M. (2015). Antifertility activity of medicinal plants. *Journal of the Chinese Medical Association, 78*(7), 382–388. https://doi.org/10.1016/j.jcma.2015.01.014
13. Khan, S. M. A., & Shameem, I. (2016). Evidence-based approach to Unani contraceptives: A review. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 5*(2), 268–275. https://doi.org/10.18203/2320-1770.ijrcog20160384
14. Joshi, S. C., Sharma, A., & Chaturvedi, M. (2011). Antifertility potential of some medicinal plants in males: An overview. *International Journal of Pharmacy and Pharmaceutical Sciences, 3*(3), 204–217.
15. Majoosi, A. I. A. (2010). *Kaamil us Sana* (Hakim Ghulam Hussain Kantori, Trans.; Vol. 2, p. 289). CCRUM.
16. Arzani, H. *Tib e Akbar* (Vol. 1 & 2, p. 451-452)
17. Razi, Z. (2001). *Kitab Al Hawi* (Urdu translation by CCRUM, Vol. 9, pp. 120–150). Ministry of Health and Family Welfare.
18. Kabeeruddin, H. M. (2003). *Al Akseer* (Urdu translation, Vol. 2, pp. 1401–1403). Ejaz Publishing House.
19. Razi, Z. (1991). *Kitab al Mansoori* (Urdu translation by CCRUM, p. 230). Ministry of Health and Family Welfare.
20. Ibn Sina. *Al-Qanoon fi Tib* (Vol. 3, Part 2, Trans. Ghulam Kantori, pp. 323–324)
21. Jurjani, I. (1903). *Zakheera Khawarzam Shahi* (Urdu translation by Khan H. H., Vol. 2, Part 6, pp. 623–624). Matba Munshi Navi Kishore
22. Razzack, M. A., & Fazal, U. (1993). *The concept of birth control in Unani medicine*. CCRUM.
23. Imam, H. G. (1941). *Ilaj ul Gurba* (pp. 152-153). Munshi Nawal Kishore.
24. Fatima, A. (2025). A comparative study on neonatal care, breastfeeding, and maternal health between WHO organization and Ismail Jurjani prospective. *IJNRD - International Journal of Novel Research and Development, 10*(1), a356–a362. https://ijnrd.org/papers/IJNRD2501040.pdf
25. Ibne Baytar. (1985). *Al Jamili Mufradat Al Advia wal Aghziya* (Vol. 1, 3, & 4, pp. 27–30, 34, 155–156, 377–380). CCRUM.
26. Padubidri, V. G., & Daftary, S. N. (Eds.). (2014). *Shaw's textbook of gynecology* (14th ed., p. 200). Elsevier India.
27. Gershenson, D. M., Lentz, G. M., Lobo, R. A., & Valea, F. A. (Eds.). (2021). *Comprehensive gynecology* (8th ed., p. 238). Elsevier Health Sciences.
28. Britannica, T. Editors of Encyclopaedia (2012, September 5). Soranus Of Ephesus. Encyclopedia Britannica. https://www.britannica.com/biography/Soranus-of-Ephesus
29. Raymond, M. (2006). In retrospect: The birth of contraception. *Nature, 444*, 685. https://doi.org/10.1038/444685a
30. PBS. (2023). A timeline of contraception | American Experience | PBS. *PBS*. Retrieved from https://www.pbs.org/wgbh/americanexperience/features/pill-timeline/
31. Malik, I., Jamal, M. A., Zarnigar, & Siddiqui, M. A. (2013). A review of contraceptive drugs described in Unani literature. *Journal of Biological and Scientific Opinion, 1*(3), 278–281.