

**EFFECT OF *DAWA – UL – HUSK* ON HUMAN
SEMINAL FLUID BY MEANS OF ANALYTICAL
STUDIES**



THESIS

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Chapter –No. 05 Discussion and Conclusion

Since time immemorial, medicinal plants have been used in the treatment of various diseases. This plant origin drugs are still used to cure diseases all over the world. As a result number of present day Pharmacopoeias have included large number of plant origin drugs. The Unani system of medicine also mainly uses plant origin drugs to cure diseases and plays an important role in restoration of health of the society. Therefore efforts should be made to make the people aware of this value of Unani medicine as well as the preservation of the wealth of the effective medicines. In this context, the value of '*Dawa – ul – Husk*' on *Uqr – e – Mardana* was studied for the following purposes.

1. To understand the Unani concept of Zof-e-Bah that leads to Uqr in male
2. To evaluate effectiveness of '*DAWA – UL - HUSK*' on infertile human seminal fluid.
3. To study the mode of action (*Muqawwi - e - Bah*) of *Dawa – ul - Husk* on the basis of Unani concept.

Zof – e – Bah means weakness (*Zof*) of Sex (*Bah*) in Unani system of medicine; *Zof – e – Bah* can be seminal abnormalities, loss of sexual desire, failure of erection, premature ejaculation, absence of emission or failure of orgasm. While in modern medicine sexual dysfunction and seminal fluid abnormalities are treated as two different disorders.

The treatment of *Zof-e-Bah* in modern medicine has low success rate and produce many adverse effect. Therefore reintroduction of effective Unani medicine is advisable. The research drug "*Dawa-ul-Husk*" which is claimed to be effective against *Zof-e-Bah* by Unani physicians was studied in order to scientifically confirm the effectiveness and also reintroduce the old drug.

Distribution of Uqr-e-Mardana among age groups

The *Uqr-e-Mardana* was also found to be more common in the age group of 30 to 40 years (*Sin-al-Waquf*) (Table 4.1). This may be due to the rich or low quality *Ruthubat-e-Ghariziyah*. During this period, although the quantity of the *Ruthubat-e-Ghariziyah* is sufficient enough to preserve the essential *Harart-e-Ghariziyah*, the quality of the *Ruthubat-e-Ghariziyah* is either rich or low. Hence, the imperfection in the quality of *Ruthubat-e-Ghariziyah* may affect preservation of *Harart-e-Ghariziyah* and the continuation of normal metabolism, which, in turn affect the spermatogenesis, which is one of the causes of *Uqr-e-Mardana*. Moreover, these individuals are more energetic to face challenges and become more prone to stress. This stressful life always makes minor *Mizaj* changes in the Brain and produce cerebral irritation. As a result, the Brain will be unable to generate proper nerve stimulation to the genitals glands, which causes *Uqr-e-Mardana*. It is consistent with the belief of Unani physicians, modern medical practitioners and mental health professionals that stress has extensive impact on reproductive life. This is evident from the number of studies in which correlation between stress and infertility has been established (Wischmann *et al.*, 2001)

Duration of Uqr – e – Mardana

The distribution of the duration of infertility among the patients who resort to alternative treatments is shown in Table 4.2. There is no significant correlation between the duration of infertility and the number of patients. This may be either due to the preference for the alternative treatment among the patients or access to the treatment.

Positive family history of Uqr – e – Mardana

The family history of male infertility was found in 18% of patients irrespective of the Mizaj of the patients (Table 4.3). The presence of the male infertility in the family history is very important as far as *Uqr* is concerned because the *Quwwat – Muhassilah* (Collective faculty), a kind of *Quwwat-e- Muwallidha* (Generative faculty), is responsible for the generation of the *Mani* (Semen) and incorporation of *Khawas* (characters) of an individual to the *Mani*. According to Unani system of medicine, the characters of *Mani* are collected from all over the body. Hence, any defects or weakness in the *Quwwat – Muhassilah* (Collective faculty), that is passed through generation to generation, may affect the fertility among the family members. This concept has been viewed in modern medicine as genetic involvement whereas Unani system of medicine considers this as an involvement of collective power, which has indirectly denoted the genetic involvement. Therefore, it is clear that the modern medicine and Unani medical concept has almost the same approach for the genetic involvement and presence of family history of infertility.

Relationship between Mizaj of the patients and Uqr – e – Mardana

The present study shows that 41 % *Balghami (Sard and Tar)* predominant individuals are more prone to be affected with *Uqr – e – Mardana* due to *Zof – e – Bah* (Table. 4.4). According to Unani system of medicine, the power (*Quwwa*) of a man has been endowed with the most appropriate Temperament (*Mizaj*) to execute actions and reactions of the body smoothly. Similarly, every organ is endowed with the appropriate temperament Hot, Cold, Moist and Dry according to its functional requirements. Likewise, the *Mizaj* of the testicles is *Garam vo Tar* (Hot and Moist) which appropriately maintain the physiological function of the testicles. But, in *Balghami* predominant individuals the essential *Garam Aalat* (Hotness) of the testicles is subsided by the excessive *Sard* (Cold) which leads to the congestion of *Akhlat* in the testicles and arrest the blood supply of the testicles. As a result, microenvironment and normal physiological functions of the testicles are affected. Hence, it is natural that *Balghami* predominant individuals are more prone to *Uqr – e – Mardana*.

Involvement of disease conditions in Uqr – e – Mardana

In this study, number of patients had presented with the past-history of diseases, which might have caused directly or indirectly infertility in those patients (Table 4.5). According to Unani medical concept, the *Zof – e – Bah* and / or infertility occur in two ways i.e. *Zof – e – Bah – e – Asli* and *Zof – e – Bah – e – Shirki*. In *Zof – e – Bah – e – Asli*, abnormal *Khilth* mixes up with *Ruthubat – e – Ustaqussiyah* (Intra cellular fluid) in the testicles and disturbs the homeostatic state of the cells and tissues that causes *Soo – e – Mizaj* (Abnormal temperament) of the testicular cells or tissues. This is seen in conditions like Orchitis due to Mumps where the lesions occur directly in *Ruthubat*

- e - *Ustaqussiyah* (Intra cellular fluid) in testes and disturb the production of semen. In *Zof - e - Bah - e - Shirki*, alteration in the *Kammiyat* or *I* and *Kaifiyat* of *Ruthubat - e - Tajawif* (Intercellular fluid) or *Ruthubat - e - Uruq* (Vascular fluid) occurs in the entire body and disturbs homeostatic status of the internal environmental of the body that causes *Soo - e - Mizaj* of the body which disturbs semen production. This situation may occur in diseases like Hypertension, Diabetes, Bronchial Asthma, where changes occur in *Ruthubat - e - Tajawif* or *Ruthubat - e - Uruq*.

Occupation and Environment influence on Uqr - e - Mardana

It was seen that 42 cases had present history of exposure to heat directly or indirectly at their work place (Table 4.6 & 4.7). The good adaptive power (*Tabi'at*) always maintains the unique balance of the interaction between the macrocosm and microcosm and healthy homeostatic status. Hence, when a man with weak natural power (*Tabi'at*) is continuously exposed to heat (*Garam*) and dryness (*Khusk*) his *Tabi'at* is unable to maintain the homeostatic status. In these individuals, heat (*Garam*) and dryness (*Khusk*) increases in the microcosm this, in turn, produces excessive heat (*Garam Aalat*) and dryness (*Khuski Aalat*) in the reproductive organs. As a result, spermatogenesis becomes affected (Kabiruddin, 1926). This concept is consistent with the modern scientific view that increased scrotal temperature leads to reduction in the sperm quantity and quality in fertile man (Thonneau *et al*, 1998). In the same study, Thonneau also states that male infertility occurs more common in those who do sedentary work for prolonged period

Influence of Habits in Uqr – e – Mardana

It has also been found that tobacco smoking and alcohol consumption have direct association with *Zof – e – Bah* and or *Uqr – e – Mardana* as shown in Table 4.8. If this situation is looked through Unani concept, it is very clear that excessive smoking dries up the *Akhlat* in the tissues, vessels and cells. As a result, blood vessels become constricted and nerve impulses become impaired. Hence, infertility can be caused either by *Zof – e – Bah – e – Asli* or *Zof – e – Bah – e – Shirki*. There may possibility of obstruction in the nervous connection between testicle and brain, which leads to male infertility.

Influence of Obesity in Uqr – e – Mardana

Obesity is known to be one of the important and independent *Asbab* (etiological factors) for the development of *Zof – e – Bah* and/or *Uqr – e – Mardana* in Unani system of medicine. The present study also reveals that around 45 % of the patients fall within the obese category as shown in Table 4.9. As per Unani concept, most of the obese people are *Balghami* predominant and usually less active. Hence, obese people with *Balghami* prominence may be affected with *Uqr – e – Mardana* as discussed above. Moreover, when the microcosm environment becomes more *Sardi* it affects the proper fourth stage of *Hazim* for which appropriate *Garam* is essential (Ali Ibn Sina, 1993- English translation). There is a hypothesis that *Garami Mizaj Ghiza* (Hot temperamental foods) may reduce *Zof – e – Bah* and/or *Uqr – e – Mardana* by neutralizing the excessive *Sard* and preserving the essential *Garam* (Hot) of the microcosm environment. Therefore, obese people who have more fat in the body, which is *Sard* vo *Tar Mizaj*, may become infertile due to excessive *Sard*. Although

there is a parallel view with regard to obesity, that it affects fertility in modern medical science. Its Pathophysiology explains that excessive body weight reduces the testicular volume with resultant relative testicular deficiency (Basu.2005).

Mood enhancer property of Dawa – ul - Husk

The two primal and basic instincts of any living creature are eating and mating; the first one is for its survival and second is for its continuance of progeny. Echoing the same “Sir William Osler”, a famous physician, once said that human beings have two basic desires, to get and to beget. When the universal dream of having one’s own family is threatened or extinguished, it will inevitably cause painful and difficult emotions. Infertile man shows various emotional reactions such as sadness, depression, anger, confusion and the infertile man often has varied and different sources of stress (Valentine, 1999). Most of the investigations in modern medical science that were performed during the last two decades have shown that in the majority of cases stress is the result and not the cause of infertility (Schenker. *et al.*1992). A recent study shows that mental stress can cause abnormality in sperm production (Sevgi Eskiocak, Ali Serdar gozan, 2005). However, Ali Ibn Sina has mentioned nearly thousand years ago that mental stress is one of the causative factors for male infertility. In Unani classics it has also been mentioned that frequent feeling of stress, excessive strain on *Asbab- e - Nafsani* (Psychological factors) especially due to altered *Sawda* contribute to *Zof- e -Bah* and / or *Uqr - e -Mardanan*. As continuous stress leads to depression many patients who had infertility were found to be depressed (table 4.11). This observation supports the Unani concept that defines the relationship between mental status and the *Zof- e - Bah*.

Improvement of sexual function

The sexual dysfunction is the result of biological interaction between hormones at the brain level, especially on the hypothalamus and pituitary. The stress and male reproductive hormones also play roles in sexual dysfunction. In this study, it has been found that the distress level of patients has improved to a significant level after the treatment (Table 4.12 & 4.23). This is mainly due to the multi task actions of the *Dawa – ul – Husk*. As *Khar Khusk*, the main ingredient of the *Dawa – ul – Husk*, has the properties of *Quwwat-e-Muharrika* and *Quwwat-e-Mudrikah* it stimulates motor power as well as increases the sensation power and produce a sense of wellbeing. In addition to these, it enhances the mood of the patients, which will removes the unnecessary anxiety and nervousness. The *Aaqarharha*, the other ingredient of *Dawa – ul – Husk*, clears Brain of abnormal humours (*Munaqi -e- Fuzul – e - Dimagh*) and result in a feeling of relaxation. There are number of experimental studies to support the actions of the drugs *Khar Khusk* and *Aaqarharha*. It has been found that *Khar Khask* increases the sexual reflexes and libido (Tomova *et al.*1981). *Khar Khask* also improves the erection and post coital satisfaction (Sankaran.1984). The result of this study and the clinical evidences to support the actions proves that the Unani compound of *Dawa – ul – Husk* ensures not only the normal sexual function but also satisfactory sexual relationship. Hence, this drug is capable of improving the distress condition of male with *Zof – e - Bah*.

Improvement of premature ejaculation

Among the 14 infertile patients who were also suffering from premature ejaculation nearly 86 % of them were completely relieved from premature ejaculation as shown in Table 4.13. This may be due to the action of *Dawa – ul – Husk* on Brain where it removes the accumulated abnormal humours (*Munaqi – e – Fuzul - e - Dimagh*). As a result, *Dawa – ul – Husk* produces mental relaxation, which in turn may delay premature ejaculation. Meanwhile the coordination between the Brain and testicles is regularized. As a result, the abnormal ejaculation process becomes normal.

Effect on Azoospermia

It is widely considered that Azoospermia is caused by the defect in *Imshaj – e – Badan* (Body component that produce spermatogenesis). The actions *Quwwat-e-Muharrika*, *Quwwat-e-Mudrikah* and *Munaqi -e- Fuzul – e - Dimagh* of *Dawa – ul – Husk* do not have any role in the restoration of the defect body component. Hence, no improvement was found in Azoospermia patients as observed in this study.

Effect of Dawa – ul – Husk on Abnormalities of Mani

It is evident from the result of the present study that *Dawa – ul – Husk* produces marked improvement in seminal parameters. It was found that 81 % of Oligozoospermic patients had remarkable improvement with the three months treatment of *Dawa – ul – Husk*. Meanwhile the spermatozoa motility has been improved to fertile level of WHO criteria in 74 % of Asthenozoospermic patients. The morphological defect corrected as per WHO criteria in 66 % of Teratozoospermic patients. However, these improvements widely vary according to the Mizaj of the

patients. According to Unani concept drugs act through their *Kaifiath* (Temperament), *Mada* (Matter) and *Jawhar* (Active principles). Moreover, the actions of drugs depend on the affinity of drugs towards the site of action (organ / humours) and *Mizaj* of the patient. Hence, the effect of drug was found to be varying according to the *Mizaj* of patients as the site of action is the same in all patients in this study.

Oligozoospermia

There is significant improvement in the total sperm count in *Balghami*, *Sawdavi* and *Damavi* patients (Table 4.16 & 4.17). The impressive findings well reflect that the composition of *Dawa – ul – Husk* is extremely effective in stimulating spermatogenesis. The *Khar Khusk* is alone capable to induce regeneration of the sertoli cells and hence increases motile spermatogenesis (Dicova, Oganyanova, 1986). In another study, *Khar Khusk* has been identified as the power of spermatogenesis in Oligozoospermic conditions (Solepure *et al.* 1979 and Madaan, 1985). Moreover, the actions of *Dawa –ul – Husk* are *Muqawwi-e-Bah*, *Muharrik – e- Aasab* and *Muqawwi e Jiggar* and *Munaqi – e – Fuzul – e – Dimagh* and improves the potency of spermatogenesis via hypothalamic mediated action on sex hormone secretion. The steroidal Saponin present in *Khar Khusk* has close structural relationship with sex hormone (Trease, 1987). As a result, the aqueous extract of *Tribulus terrestris* (*Khar Khusk*) has found to be useful safe non hormonal treatment for hormonal insufficiency in men (Brown *et al.*, 2001). The *Khar Khusk* may stimulate the sex hormone in many stages of the spermatogenesis. (Fig. No. 5.2). In addition, the *Aaqarharha* also helps in spermatogenesis (Gopabandu, Jagmohan. 1992).

Figure No. 5.2 Steps of Spermatogenesis

Spermatogenesis

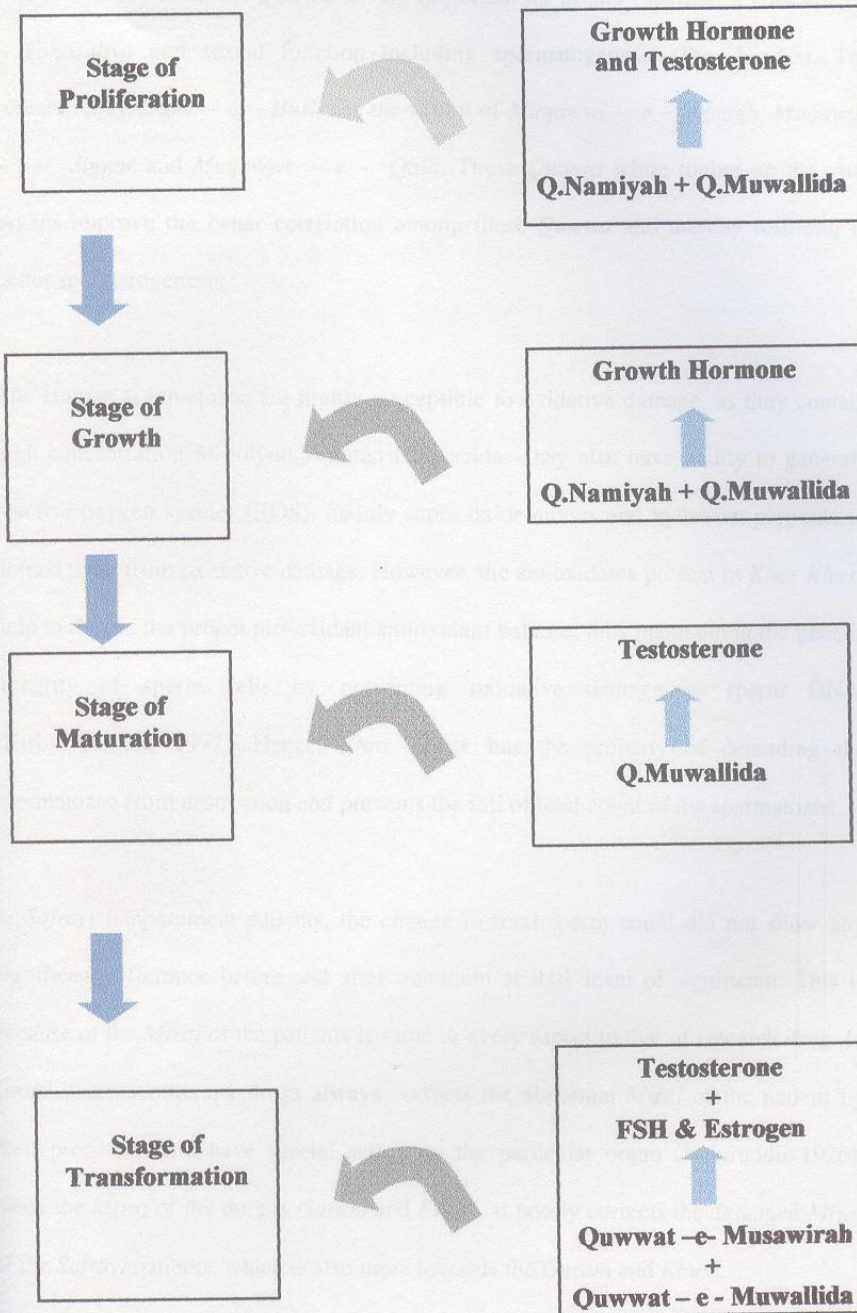


Figure No. 5.2 Steps of Spermatogenesis

The correlation of all the *Quwwa* is very important for proper function of *Quwwat - e - Tanasuliya* and sexual function including spermatogenesis (Fig. No.2.3). The research drug *Dawa - ul - Husk* has the action of *Muqawwi - e - Dimagh*, *Muqawwi - e - Jiggar* and *Muqawwi - e - Qalb*. These *Quwwa* while toning up the vital organs improve the better correlation among these *Quwwa* and thereby resulting in better spermatogenesis.

The Human spermatozoa are highly susceptible to oxidative damage, as they contain high concentration of polyunsaturated fatty acids. They also have ability to generate reactive oxygen species (ROS), mainly super oxide anions and hydrogen peroxide to defend them from oxidative damage. However, the antioxidants present in *Khar Khusk* help to restore the proper pro-oxidant antioxidant balance, thus maintaining the genetic integrity of sperm cells by preventing oxidative damage to sperm DNA. (Kirby, Schmidt, 1997). Hence, *Khar Khusk* has the property of defending the spermatozoa from destruction and prevents the fall of total count of the spermatozoa.

In *Safravi* temperament patients, the change in total sperm count did not show any significant difference before and after treatment at 0.01 level of significant. This is because of the *Mizaj* of the patients is same in every aspect to that of research drug. In Unani pharmacotherapy drugs always corrects the abnormal *Mizaj* of the patient by their properties and have special action on the particular organ (Kabiruddin.1926). Since the *Mizaj* of the drug is *Garam* and *Khusk*, it poorly corrects the deranged *Mizaj* of the *Safravi* patients, which is also more towards the *Garam* and *Khusk*.

Effect on Sperm motility

Garam (Hotness) *Kaifiyat* is very essential for all kind of movements in the body. Therefore, *Garam* is also needed for the smooth function and motility of the sperm. Hence, it is considered that the *Mizaj* of the both ingredients (*Garm vo Khusk*) of *Dawa – ul - Husk* (*Khar Khusk* and *Aaqarqarha*) may provide the essential *Garam* to Spermatozoa and activate their intra cellular function. In addition to the above actions, the drugs possess special power of stimulation (*Muharrika*) which may help sperm motility too. As a result, in this study, the effect of the research drug has been reflected by a remarkable increase in the sperm motility significantly in *Balghami Mizaj* patients (Table 4.18 & 4.19). A recent study has also found that *Khar Khusk* increases the sperm motility (Dicova, Oganyanova, 1986). This study too supports the effect of *Dawa – ul – Husk* on sperm motility.

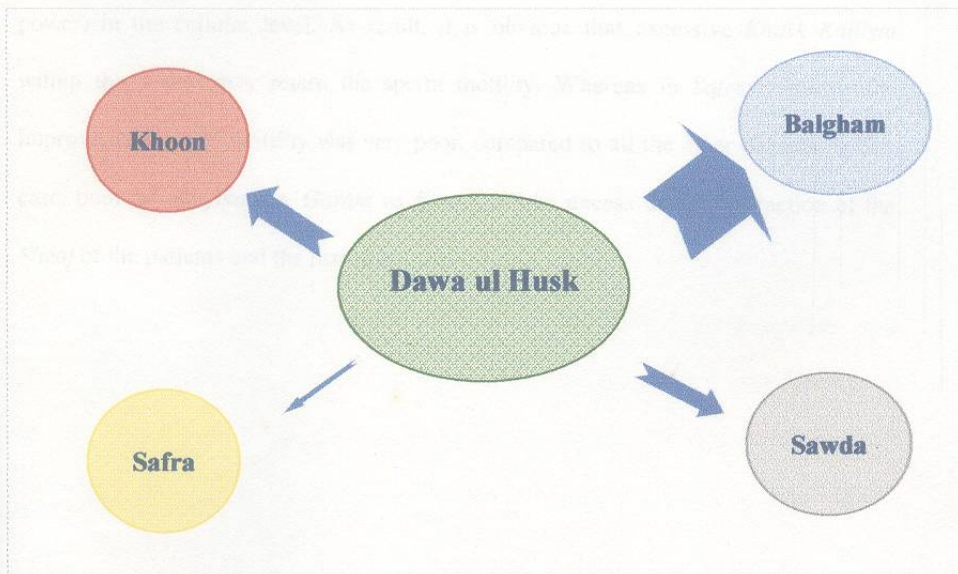


Figure No. 5.3 Effect of *Dawa – ul – Husk* on sperm motility

As illustrated in the Figure No.5.3, the study proved significant improvement of sperm motility in *Balghami* patient as the *Mizaj* of the *Balghami* patient is *Sard vo Tar*. This shows that *Garam Kaifiyat* of *Dawa - ul - Husk* along with *Mada* and *Jawhar* of *Dawa - ul - Husk* activate proper intracellular activities (Microenvironment) and stimulate the sperm motility. However, in case of *Damawi* patients (*Mizaj* is *Garam vo Tar*) the improvement of sperm motility is noticeable but not so significant as that in the *Balghami* patients. This is mainly due to the *Garam Kaifiyat* of the patient associated with *Garam Kaifiyat* of *Dawa - ul - Husk*, produces surplus of *Garam* in the patient which disturbs the unique balance of essential *Garam* needed for sperm motility and may obstruct the sperm motility to a certain extent. In this study, *Sawdawi* patients had very slight improvement in the sperm motility compared to that of *Balghami* and *Damawi* patients. This is due to the accumulation of excessive *Khusk Kaifiyat* in *Sawdawi* patients because of the association of *Khusk Kaifiyat* of the patient and the research drug. The *Khusk Kaifiyat* always supports *Quwwat - e - Maseka* (Binding power) in the cellular level. As result, it is obvious that excessive *Khusk Kaifiyat* within the sperm may retard the sperm motility. Whereas in *Safravi* patients the improvement sperm motility was very poor, compared to all the other patients. In this case, both the *Kaifiyat* i.e. *Garam vo Khusk* will be excess due to interaction of the *Mizaj* of the patients and the research drug.

Effect on Sperm Morphology

The research drug has restored the defect in the sperm morphology to a significant level (Table 4.20 & 4.21). The drug *Dawa – ul - Husk* stimulates *Quwwat – e – Tanasuliya* (Reproductive power) which in turn strengthens its sub-ordinate *Quwwat – e – Musawwira* (Formative power) that is responsible for the formation and maintenance of the shape of the *Jawhar – e – Mani* (Sperm). Moreover, *Balgham* itself provides a good medium for any formation of matter in the body because of its *Mada* and *Kaifiyat*. Hence, morphological defect of sperm has improved mainly in *Balghami* patients.

Effect on Erectile Dysfunction

The erectile dysfunction is the repeated inability to get or keep an erection firm enough to have sexual intercourse for some period. This is either psychogenic or organic in origin. An organic erectile dysfunction has been classified on the basis of the penile components that involved in the erection function (Neurogenic, Arteriogenic, Endocrinologic and Cavernosal). In infertile man, mainly the stress related anger and depression often leads to erectile dysfunction and decreased libido. This has even been described in “Qanoon fil Tibb” as *Zof – e – Bah* a complex condition that depends on the healthy status of all the vital organs associated with sexual function. Among these vital organs, the Brain has direct link with sexual functions through a special commanding power, which controls sexual activity (Desire and Potency). Therefore, any *Asbab – e - Nafsani* (Psychological factors) leads to reduced libido and potency.

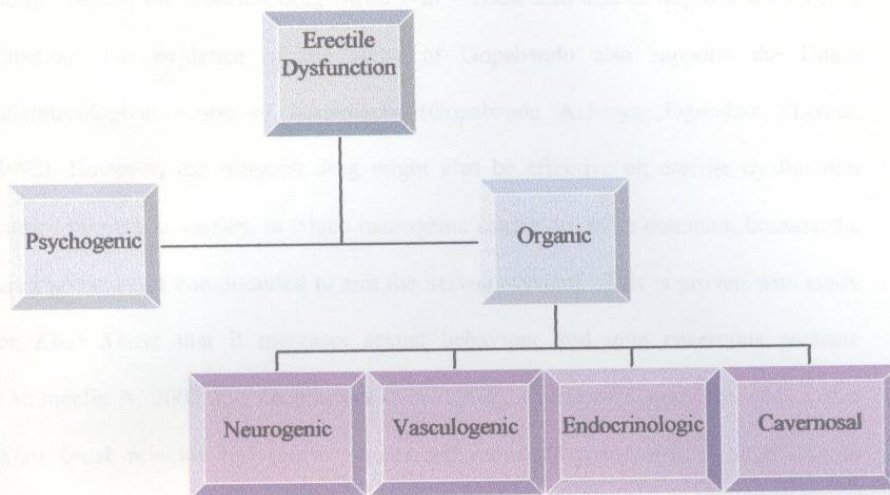


Figure No. 5.1 Types of Erectile dysfunction

This study shows the research drug produce a remarkable augmentation of the general sexual desire including the frequency of sexual act as well as the augmentation of the potency of sexuality in the male infertility (Table 4.22).

The psychogenic erectile failure may be due to the direct inhibition of the spinal erection centre by the brain. The ingredients of the research drug, *Dawa – ul - Husk* have the action of *Muharrrik – e – Aasab* (Nerve stimulant), *Munaqi-e- Fuzul - e - Dimagh* (Remove the abnormal humours from the brain) and mood enhancer. It is to note that all these actions act on the brain and maintain the appropriate microcosm of the brain for healthy functions. The normal physiological and psychological functions of the brain improve the smooth transmission of nerve impulses and sexual desire. Hence, the research drug *Dawa – ul – Husk* also act to improve the erectile function.

desire. Hence, the research drug *Dawa – ul – Husk* also acts to improve the erectile function. The evidence of the study of *Gopabandu* also supports the Unani pharmacological action of *Aaqarharha* (*Gopabandu Acharya, Jagmohan Sharma, 1992*). However, the research drug might also be effective on erectile dysfunction caused by organic causes, in which neurogenic causes are more common, because the drug seems to be compounded to aim the nervous system. This is proven with study on *Khar Khusk* that it increases sexual behaviour and intra cavernous pressure (*Adimoelja A, 2000 and Gauthaman et al, 2002*). A scientific study has shown that *Khar khusk* releases NO (Nitric oxide) and reduces hypertension through smooth muscle relaxation (*Oludotun. 2005*). A study at John Hopkins University, USA, has found that the release of NO plays an important part in maintenance and hardening of the erection by stimulating blood flow and swelling of the tissues. Hence, there is a possibility that *Khar Khusk* may also act in the same way to improve the erection through the release of NO.

Effect on the Leucocytes present in Semen

The study reveals that *Dawa – ul – Husk* reduces the presence of Leukocytes in the semen to significant level in *Balghami* and *Sawdavi* patients (Table 4.10 & 4.24). This result was attributed to the action of *Garami* type of *Mudir – e – Boal* of *Khar Khusk* that produces good effect in *Balghami* and *Sawdavi* predominant patients where *Sard Kaifiyat* associated with the presence of leukocyte. The diuretic action has been proven by the study of *Sing* (*Sing et al.1991*). In the same way the *Dawa – ul – Husk* also act as urinary anti septic.

Effect on Hb percentage in the blood

The Hemoglobin concentration has been significantly increased to an appropriate level in all patients treated with *Dawa – ul – Husk*. Here, *Khar khusk* acts as *Muqawwi - e - Jiggar* that in turn promotes *Hazim – e - Jiggar*. As a result proper *Hazim* produces perfect primary *Akhlat* including *Damavi Khilth* where all the component is in perfect.

Conclusion

From the literary review, it is clear that *Jawhar – e – Mani* means Sperm, which has been misinterpreted as *Mani* but the real meaning of the *Mani* is Seminal fluid.

The term *Qillath- e- Mani* was always considered as Oligospermia in the past but through review of classical Unani texts, it is revealed that it is a broad term used for seminal defect that includes Oligospermia, Teratospermia and Asthenospermia.

The term *Muqawwi – e – Bah* is usually considered as the power that improves the erection but, in fact, it is a stimulant that improves the synthesis of Seminal fluid, and functions of sexual desire, proper erection and ejaculation.

The views of Unani physicians on the Pathophysiology of male infertility tally with the views of the modern medicine.

As the functions of *A'za - e - Ra'eeza* is important to understand the complexity of *Zof - e - Bah* more emphasis should be given to strengthen the *A'za – e - Ra'eeza* during the management of *Zof – e - Bah* .

Five gram of daily oral dose of *Dawa – ul – Husk* for 90 days will increase the quality and quantity of the sperm in a male infertile present with Oligozoospermia, Teratozoospermia, Asthenozoospermia.

Dawa – ul – Husk also restores over all the sexual dysfunction that includes loss of libido, erection failure and premature ejaculation.

Dawa – ul – Husk improves the *Hazim - e - Jigger* and promotes synthesis of perfect primary *Akhlat*.

Dawa – ul – Husk acts through its *Kaifiyat, Mada* and *Jawhar* with more affinity towards the constitutions of the patients who possess opposite *Mizaj* to that of *Dawa – ul – Husk*.

The drug *Dawa – ul – Husk* is more effective in *Balghami* predominant patients.

Hence, the drugs should be prepared according to the need of individual constitution by incorporating ingredients with multi target actions to counteract the *Uqr- e – Mardana*.