Foetal male sex determining effect of a Unani formulation – a clinical study

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Unani Medicine has given excellent explanation of sex determination; it is based on the distinguishing concept of Mizāj. It is /uni1E24ār Miz/uni0304 āj (hot temperament) of Nu/uni1E6Dfa that is responsible for male gender. The Nu/uni1E6Dfa results from fusion of male and female semen and these are produced by testes and ovary. /uni1E24ār Miz/uni0304 āj semen can be obtained from /uni1E24ār Miz/uni0304 āj gonads which can be achieved by using /uni1E24ār Miz/uni0304 āj drugs. A /uni1E24ār Miz/uni0304 āj Unani polyformulation was administered to 23 couples having only female children. Twenty two couples bore male child.

Keywords: Unani medicine, Male child, Female child, Sex determination, /uni1E24ār Miz/uni0304 āj, Nu/uni1E6Dfa

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According to Unani theory of Miżaj (Temperament) the sex of, in utero, growing foetus is determined by the temperament of the two semen, i.e., male and female that unite to form the zygote. It is the temperament of the zygote, resulting from the fusion of the two semens that determines the sex of growing child. If this resulting temperament is hot, the child grows as male otherwise as female. The ultimate temperament of zygote depends upon the temperament of male and female semen and of the uterus in which the zygote is implanted. Male semen is prepared by Quwwat Muwallida (Progeniting Faculty) in testes and the female semen is produced in the same manner in the ovaries. The testicular and ovarian temperaments are pivotal in determining the temperament of male and female semen. Thus by altering the temperament of ovary and testes to hot we can obtain hot semen, from both parents, and their resultant would be no doubt of /uni1E24ār Miz/uni0304 āj Hot Temperament and that would grow into a male foetus, provided that the foetus grows in a /uni1E24ār Miz/uni0304 āj womb 1-4.

Keeping the above theoretical considerations in mind a Unani Poly-ingredient formulation was chosen for a clinical study. This formulation is based mainly on viscerotonic drugs, digestive drugs and restorative drugs 3,5. Further, all the constituent drugs are of /uni1E24ār Miz/uni0304 āj and it is the main requirement. Since, pregnancy is an extraordinary phase of woman’s life and the foetus is vulnerable to various chemical and environmental hazards, so only the drugs having long history of usage and unambiguous safety were chosen. After making fine powder of the ingredients, a Mājūn (Paste) form was prepared for administration.

Materials and methods

The present, before and after trial was conducted on clinic. For the present trial, 23 couples having only female children, otherwise healthy, and willing of having at least one male child were selected. They were advised to start the drug one month before planning the conception/pregnancy. After successful conception male partner was advised to stop the drug but in female drug was continued till the end of first trimester. The drugs were purchased from the market. The main ingredients of drug are given in Table 1. It was grind finely and Mājūn was prepared in honey as per classical Unani method 6. Then, it was given to both partners and they were advised to take it twice a day after meal 6 gm orally with water. Since, the study was in clinical setting hence emphasis was not given on analytical grade of drugs, instead quality available in the market was tested and only purity of drugs was ensured by their physical identity. At the delivery sex of child was acknowledged from the parents. The ingredients and their proportion were

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purely empirical and were based on the method of preparation of formulation as described in Unani Text. Only well known and safe, mostly *Garam Masala* based ingredients were selected.

**Results**

In the studied 23 couples, the test drugs proved effective in its androgenic effect in 22 couples. Table 2 is illustrating the statistical chances of having female child in each pair. Since the numbers of female children were differing in studied pair, thus, their chances of having another female child were also different.

As shown in Table 2, chances of having next female child were 90%, 84%, 74% and 50% in couples that already had 5, 4, 3 and 2 female children, respectively. The distribution of male and female children is as per binomial distribution and chances of bearing either child is almost 50% and present statistical calculation is based on probability calculation which is based on binomial distribution. The formula for calculation used was:

\[
(fx = \frac{n!}{x!(n-x)!} p^x q^{n-x})
\]

Where
- \(fx\) = Probability of obtaining \(x\) value in \(n\) trial
- \(p\) = Probability of one of the two outcome in a single trial
- \(q\) = Probability of other outcome in a single trial
- \(x\) = No. of intended outcome in trial \(n\)
- \(n\) = No. of children

In calculation the existing pregnancy was also included in number of trial (\(n\)). Twenty two out of the 23 treated couples bore a male child, after taking the androgenic test drug. These results clearly show that in utero temperament determines the child sex and by having a *Hār* (hot) zygote and by maintaining *Hār Miżaj* of the zygote in utero, a male child can be conceived even in parents having more than 50% chances of bearing another female child. Thus by use of this formulation more than 50% chances of having another female child can be converted into 100% chances of having male child.

**Discussion**

From the Table 1 it is clear that test formulation has androgenic effects, both clinically and statistically. The formulation was chosen keeping in mind the philosophy of Unani system of medicine in contexts of determination of sex. It is said that *Miżaj* of zygote and growing in utero foetus determine the sex of foetus—*Hār Miżaj* of zygote, foetus and uterus is responsible for male sex and contrary qualities are responsible for female sex. In Unani system of medicine it is said an *Hār Miżaj* zygote in an
Hār uterus grows into male foetus. In this formulation almost all drugs are of Hār Miẓaj specially Asārūn (isasaron), Zanjabil [Ginger], Filfil Darāz (Filfil Siyyāh) (Filfil Siyyāh), Qaranfal (Qust Shihrān) and Dārṣhindī [Cinnamon]. All these drugs turn the Miẓaj of body to Hār when taken for months. Apart from this most drugs in formulation have digestive property, this improves the digestion of organs including uterus. As a fact improved digestion imparts heat to the organs, thus uterus is maintained hot—on regular use of the mentioned formulation secretions from the organs also acquire hot quality. Thus, when hot semen from male combines with hot semen from female, the resulting zygote acquires Hār Miẓaj and then it grows in hot uterus. In this way throughout uterine period foetus is exposed to such environment which favour androgyny.

Conclusion

From above discussion it is clear that the test formulation help in conception of male foetus both philosophically and clinically. It will prove very useful for the couples having only female children, particularly where the mother has already undergone 02 caesarean sections. The present study was conducted only in 23 couples willing of having at least one male child. Large scale study with large sample size can be conducted to validate the formulation and more formulation can be prepared on the same principle. Presently, it is premature to say anything about the effect of the test formulation on sperm motility and antenatal foetal sex hormones.

References

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