



ISSN : 2350-0743



RESEARCH ARTICLE

HAML (PREGNANCY) AND TADĀBĪR-E-ḤAML (ANTENATAL CARE) IN UNANI MEDICINE: INSIGHTS FROM CLASSICAL UNANI TEXTS

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ARTICLE INFO

Article History:

Received 15th January, 2026

Received in revised form

20th February, 2026

Accepted 15th March, 2026

Published online 30th April, 2026

Keywords:

Antenatal Care; Haml; Tadābīr-e-Ḥaml; Unani Medicine; Maternal Health.

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ABSTRACT

The World Health Organization defines antenatal care as the care provided by skilled healthcare professionals to pregnant women and adolescent girls to ensure optimal health outcomes for both the mother and the developing fetus throughout pregnancy. Appropriate antenatal care plays a crucial role in safeguarding maternal health and promoting normal fetal growth and development, thereby influencing the health of future generations. Classical Unani literature contains detailed descriptions of the care of pregnant women, reflecting the comprehensive understanding of Unani physicians regarding the significance of maternal health during pregnancy. Unani scholars have elaborated on various aspects of antenatal care, including dietary recommendations, the importance of adequate rest and sleep, avoidance of excessive or strenuous physical activity, and maintenance of mental and emotional well-being during pregnancy. Furthermore, common pregnancy-related ailments such as constipation, backache, nausea, vomiting, and anaemia have been documented along with appropriate therapeutic measures for their management. Classical texts also describe certain drugs that are contraindicated during pregnancy. The present paper aims to highlight the classical Unani perspective on antenatal care and to explore the methods described in Unani literature, which may contribute to the development of standardized Unani antenatal care protocols and the formulation of Unani drugs and regimens for the effective care of pregnant women.

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Citation: Nawazisha, Maniram Singh and Mariyam Roqaiya. 2026. "Ḥaml (Pregnancy) and Tadābīr-e-Ḥaml (Antenatal Care) in Unani Medicine: Insights from Classical Unani Texts", *International Journal of Recent Advances in Multidisciplinary Research*, 13,(05), 12358-12361.

INTRODUCTION

According to the World Health Organization (WHO), pregnancy is the period from conception to birth during which a fetus develops in the womb. In Unani medicine, pregnancy is termed *Hamal*, and antenatal care is known as *Tadbeer-e-Hamal*, which includes regimens to maintain the health of both mother and fetus.^{1,2,3,4,5,6,7,8}

Classification of Pregnancy in Unani Literature

Unani scholars classify pregnancy as:

- *Hamal Baseet* – single fetus.⁶
- *Hamal-e-Tiwam* – twin pregnancy.⁶
- *Hamal-e-Murakkab* – multiple fetuses.⁶
- *Hamal-e-Kazib (Rija)* – false pregnancy (pseudocyesis).⁶

Buqrat (Hippocrates), as quoted in *Makhzan-ul-Hikmat*, compared the fetus to a fruit on a tree—tender in the beginning, gradually maturing, and finally detaching when fully ripe.

Likewise, the fetus develops and matures throughout pregnancy. He highlighted that the first four months and the last trimester (from the seventh month to delivery) are the most sensitive and critical periods of gestation.^{5,7} Unani physicians consider the fertile age in women to be between 15 and 40 years.⁵ Pregnancy is traditionally described as lasting 278 days, equal to nine calendar months and seven days or nine lunar months and twelve days. However, this duration may vary among individuals.⁶

Symptoms of Pregnancy in Unani Medicine: Amenorrhea is considered the earliest and most prominent sign of pregnancy.^{3,4,5} However, Unani scholars state that amenorrhea may also be pathological and not always due to pregnancy.^{6,7} In some women, cyclical bleeding may continue for up to three months after conception.⁶ According to *Al-Hawi*, pain in the knees and lower back after conception is a sign of pregnancy. Quickening (perception of fetal movements) is also regarded as evidence, and by the fourth month, fetal movements and detection of fetal heartbeat confirm

pregnancy.⁶ The fetal heart rate is reported to be about 120–140 beats per minute.⁶ Other signs include weakness after intercourse, mild pain below the umbilicus and vaginal region, closure of the cervix after cessation of menstruation, difficulty in micturition, pain during intercourse, and nausea.² Pregnant women may also experience lethargy, irritability, indigestion, imbalance of temperament, shivering, headache, vertigo, blurred vision, and palpitations.⁵ In the first or second month, craving for non-nutritive substances (pica) may occur. The eyes may appear sunken, and the sclera may become whitish, yellowish, or greenish.²

General appearance of Pregnant Women in Unani Medicine: Unani physicians describe characteristic physical and facial changes in pregnancy.^{2,3,4,5,6,7,9}

Facial features and eyes: Pregnant women may develop facial freckles, pale complexion, sunken eyes, and periorbital oedema.⁵ The eyes appear dull with a pale or bluish hue, eyelids become loose, and normal complexion fades. Chloasma (“mask of pregnancy”) is also described, believed to be more marked in pregnancies with a female fetus.^{2,3,4,9}

Breast changes: After about two months, breasts become engorged and tender.^{3,4,5,6} Areolae appear congested and bluish.⁹ Initially, serous discharge may occur, which becomes milky by the third month. These changes are more prominent in primigravida than multigravida.⁶

Gastrointestinal changes: Common symptoms include nausea, vomiting, excessive salivation, anorexia, and morning sickness.^{3,9} Excessive salivation is frequent in early pregnancy.⁵ Unani texts advise moderate exercise, avoiding hot-temperament foods, and using Sharbat-e-Rihani Asfar.⁴ Nausea and vomiting usually last up to four months but may persist throughout pregnancy.^{5,6} Craving for non-nutritive substances (pica) is also noted.^{3,4,5,9}

Diagnosis of Pregnancy in Unani Medicine

Traditional methods: Buqrat states that if a woman drinks honey mixed with water after dinner and develops spasmodic abdominal pain, pregnancy is indicated, provided she has not taken any spasm-inducing food or drug.^{3,4,5,7,9,10} Another method involves placing a clove of garlic in the vagina at night; perception of its odour through the nose in the morning suggests pregnancy.⁹ Drinking 130 ml rainwater with 65 g honey is also advised—relief of constipation indicates pregnancy, while no relief suggests absence of pregnancy.⁵

Urine examination: After the second month, urine of a pregnant woman is described as containing albumin and casein.⁶ It is initially clear but later develops surface cloudiness with orange or bluish colour.² A precipitate may settle at the bottom.⁹ In late pregnancy, urine becomes reddish and cloudiness disappears.^{2,9}

Manual examination: The uterus increases from about 2.5 inches and 1 ounce before conception to nearly 12 inches and about ½ pound at term.⁶ Fundal height is used to estimate gestation: below pubic symphysis up to 3 months; above symphysis at 4 months; at umbilicus at 5–6 months; ~2 inches above at 7 months; ~5 inches above at 8 months; and at xiphisternum (*Mehraab-e-Shikam*) at 9 months.⁶

By the sixth month, the abdomen becomes tense and distended, with appearance of linea nigra; by the seventh month, striae gravidarum appear.⁶

Cervical findings: *Jalinoos* (Galen) described complete closure of the cervical Os during pregnancy as a reliable sign.¹⁰ *Al-Hawi* and other classical texts state that the cervix becomes so tightly closed that even a pipette cannot be introduced; this examination was traditionally done by a Dai (midwife).^{3,4,9}

Care during pregnancy: *Unani* medicine emphasizes holistic care through regulation of diet, air and water, clothing, exercise, sleep, bathing (*Hammam*), and appropriate medications to maintain maternal health and fetal development.

Management through *Ilaj-bit-Tadbeer* in Pregnancy

Ilāj bil-Tadbīr (Regimenal Therapy) in Pregnancy - Unani Perspective: In *Unani* medicine, *Ilāj bil-Tadbīr* during *Ḥaml*(pregnancy) focuses on maintaining equilibrium of *Mizāj*, safeguarding maternal health, and ensuring proper growth and development of the *Janīn* (fetus). Regimenal measures are individualized, gentle, and preventive in nature.

Tadbīr-e-Ghizā (Dietary Regulation)^{1,6}

- Easily digestible (*Lateef wa Sahal-ul-Hazm*) and nutritive foods
- Adequate intake of milk, fruits, vegetables, whole grains
- Avoidance of excessively hot, cold, spicy, fried, or heavy foods
- Small and frequent meals to prevent nausea and dyspepsia

Tadbīr-e-Rāḥatwa Naum (Rest and Sleep)^{5,6}

- Adequate daily rest and sound sleep
- Avoidance of excessive fatigue and prolonged standing
- Daytime rest recommended, especially in later months

Tadbīr-e-ḤarkatwaSukūn (Physical Activity and Rest)^{5,6}

- Mild physical activity such as slow walking
- Avoidance of strenuous exercise, heavy lifting, jumping, or sudden movements
- Balance between activity and rest to maintain normal circulation

Tadbīr-e-Nafsiyāt (Mental and Emotional Care)⁶

- Maintenance of psychological well-being
- Avoidance of stress, anxiety, fear, and anger
- Encouragement of pleasant surroundings, positive emotions, and social support

Tadbīr-e-Istifrāgh (Evacuation and Retention)⁶

- Prevention of constipation through diet and mild laxatives if needed
- Avoidance of strong purgatives, emmenagogues, or abortifacient measures
- Proper regulation of bladder and bowel habits

Tadbīr-e-Hifz-e-Şihhat (Preventive Care)⁶

- Protection from extreme heat, cold, infections, and trauma
- Maintenance of personal hygiene
- Avoidance of drugs known to be harmful in pregnancy

AvoidRegimenal Measures

1. *Hijāmah* (cupping)
 2. *Fasd* (venesection)
 3. *Qay* (emesis)
 4. Strong massage over abdomen or lumbar region
- These procedures are generally contraindicated unless strongly indicated and under expert supervision.

Common ailments and it's management

Constipation: Mild laxatives; *Gulkand*, *Sikanjabeen*, *Sharbat-e-Khisht*.^{1,2} Moderate exercise advised.¹

Pica and Nausea: Rest, moderate diet, gentle *hammam*; sour pomegranate seeds for pica. Lukewarm cow's milk and *Sharbat-e-Murr* for nausea.⁵

Recommended formulation: *Dawa-ul-Misk*, *Mufarrah Yaqooti*, *KhameeraGawzaban Ambari*, *KhameeraMarwareed*, *Noshadri-wa-Lului*, *Tiryaq-e-Farooqi*; *Gulkand* with *Sikanjabeento* prevent constipation.²

Oedema: Poultice of cabbage leaves; *Nabeez* with vinegar; boiled citron; alum with vinegar.¹

Vomiting: *Sikanjabeen*, *Gulkand*, *Sikanjabeen-e-Lemooni*, *Murabba-e-Lemooni*.²

Palpitations: Rose water, *Arq-e-Gul*, *Arq-e-Gaozaban*, *Arq-e-Badranjboya*, *Majoon-e-Hafiz-ul-Janan*.^{1,2,5}

Back and Abdominal Pain: Massage with *Roghan-e-Gul*.²

Pruritusvulvae: *Luab-e-Khatmi* with water and *Murdar Sang*.²

Dizziness: Sweet pomegranate juice, rose water and *Arq-e-Gaozaban*.²

Fever: Light purgative, then *Sharbat-e-Khiyarain*, *Sheera Tukhm-e-Kasni*, *Arq-e-Badiyan*, *Sharbat-e-Bazoori Barid*.²

Precautions in Pregnancy: Drug therapy is safest between 4th–7th months.² Emmenagogues, purgatives, bloodletting (*Fasad*), emesis, cupping and venesection are contraindicated, especially before 4th and after 7th month.^{1,2,3,5,6} Avoid spicy, flatulent, bitter and strong foods and drugs.^{1,2} Protect from physical shocks, heavy work, coughing, sneezing and strong emotions.^{1,2,5,6} Pregnant women should be protected from infections to prevent miscarriage or fetal harm.⁶

Signs of weak fetus: Frequent maternal illness and reduced or irregular fetal movements.² In excess body fluid, avoid fruits and chicken soup; sweating therapy (*Ta'reeq*) is advised.²

Differential diagnosis: Pregnancy refers to conditions that can mimic pregnancy symptoms (amenorrhea, nausea, breast

changes, abdominal enlargement, fetal movements) but are not true pregnancy.

Gynecological conditions

Pseudocyesis (False pregnancy): Psychological condition with signs and symptoms of pregnancy but no fetus

Uterine fibroid (Leiomyoma): Abdominal enlargement, amenorrhea, pressure symptoms

Ovarian cyst / Ovarian tumor: Abdominal distension, pelvic mass

Hydatidiform mole (Molar pregnancy): Amenorrhea, excessive vomiting, enlarged uterus, high β -hCG

Hematometra / Pyometra: Amenorrhea with pelvic mass, Endometrialhyperplasia

Endocrine & Hormonal Disorders

Polycystic Ovary Syndrome (PCOS): Amenorrhea, weight gain, breast tenderness. Hyperprolactinemia, Amenorrhea, breast changes, Hypothyroidism, Weight gain, lethargy, menstrual irregularities.

Gastrointestinal Conditions Ascites: Abdominal distension, Abdominal tumors (ovarian, intestinal), Constipation / Fecal loading.

Urinary Tract Conditions: Distended urinary bladder, Pelvic kidney.

Breast Conditions: Fibrocystic breast disease, Drug-induced breast tenderness.

Psychological conditions: Pseudopregnancy (Delusion of pregnancy), Firm belief of pregnancy without physical signs.

Other conditions: Obesity, Gas distension, Abdominal wall tumors.

Key Investigations to Differentiate

- Urine pregnancy test
- Serum β -hCG
- Ultrasonography (USG pelvis)
- Hormonal profile (TSH, Prolactin, LH/FSH)

Conflict of Interest: None.

CONCLUSION

In classical Unani literature, antenatal care (*Tadbīr-e-Hāml*) is described as a comprehensive, preventive approach aimed at preserving maternal health and ensuring the normal growth and development of the fetus. This approach emphasizes safety, individualized care, and the maintenance of humoral balance (*I'tidāl-e-Mizāj*), particularly during critical stages of gestation. Unani scholars advocate careful regulation of diet, adequate rest and sleep, appropriate physical activity, and the promotion of mental well-being, along with strict avoidance of harmful drugs and unnecessary regimental procedures during

pregnancy. Further scientific validation and standardization of these classical guidelines may contribute to the development of structured and evidence-based Unani antenatal care protocols.

Acknowledgement

The Authors sincerely extend their deepest gratitude to the esteemed and inspiring Dr. K. Tabbasum for her invaluable guidance and unwavering support throughout this work. Heartfelt thanks are also due to our respected principal, Professor Abdul Qavi, for his constant encouragement and support. The author is profoundly thankful to her colleagues Dr. Rushda Fatma, Dr. Sumbul Alam, Dr. Ghazala Hashmi, Dr. Aaiysha Khatoon, Mr. Syed Mohd Shozab and Dr. Farheen Fathima for their valuable cooperation. Lastly, the author expresses sincere appreciation to the employee of the library Mr. Faraz Akhtar and Mr. Mohd. Yaseen, for their unconditional assistance and commendable cooperation.

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