

ORIGINAL ARTICLE


Methods of Pregnancy Prevention and Prohibition from the Perspective of Muslim Physicians (from the 3rd to the 9th Century AH)

Abstract

During the early centuries of Islam, owing to the familiarity of Muslim scholars and practitioners with other civilizations and, in particular, their familiarity with different branches of science and medicine practiced by other nations, including Greek, Roman, Syrian, Indian and Iranian, as well as the translation of medical texts, medical science flourished among Muslims. Along with the growth of medical knowledge and its role in the development of Islamic society, Islamic physicians paid special attention to the specialization of this knowledge, including the field of obstetrics and gynecology science, leading to its significant development.

From the third through the ninth century, the time period focused on in this study, Muslim doctors devoted most parts of their medical books to the field of obstetrics and gynecology, and some wrote treatises on this field. Issues such as the cause(s) of infertility in men and women and their treatment, the reasons for prohibiting pregnancy, methods of unwanted pregnancy prevention, abortion and abortion prevention methods, pregnancy diagnosis and methods of contraception are found profusely in their books.

Hence, the present study aims to investigate the medical books written by Muslim physicians in the field of contraception and pregnancy prevention methods to find out whether physicians during the Islamic era pay attention to methods of contraception and pregnancy prevention. In addition, it is to see what encouraged them to practice this, what

Fatemeh Alian¹ 
Asghar Montazer-al-Qaem²
Zeinab Ahmadvand³
Masoud Kasiri⁴

1- Ph.D. student in history, Department of History, Literature and Human Sciences University of Isfahan, Isfahan University, Isfahan, Iran

2- Ph.D., Assistant Professor, Department of History, Isfahan School of Literature and Human Sciences, Isfahan, Iran

3- Ph.D., Assistant Professor, Department of History, Urmia School of Literature and Human Sciences, Urmia, Iran

4- Ph.D., Assistant Professor, Department of History, Isfahan School of Literature and Human Sciences, Isfahan, Iran

Correspondence:

Fatemeh Alian
Ph.D. student in history, Department of History, Literature and Human Sciences University of Isfahan, Isfahan University, Isfahan, Iran

fa.alian68@gmail.com

Citation:

Fatemeh Alian, Asghar Montazer-al-Qaem, Zeinab Ahmadvand, Masoud Kasiri. Methods of Pregnancy Prevention and Prohibition from the Perspective of Muslim Physicians (from the 3rd to the 9th Century AH). *Res Hist Med*, 2019;8(4): 213-228.



approaches they took and how successful they were. To address these issues, the researchers have focused on the following hypotheses: What methods have Muslim physicians adopted for the purpose of contraceptive methods and pregnancy prohibition: 1) preventive measures for men; 2) preventive measures for women, 3) pregnancy prohibition for both men and women.

It is hoped that findings of this research, while addressing the above hypotheses, will demonstrate some of the achievements of Muslim doctors, such as prescribing medications for permanent infertility, oral contraceptive pills, or medications affecting infertility for certain time and diets recommended before intercourse for decreasing fertility.

Having reviewed original manuscripts, including old medical textbooks, the method adopted in this research is that of descriptive-analytical based on library study.

Key words: Pregnancy, Infertility, Muslim Physicians, Medical history, Prevention, Traditional medicine

Received: 16 Aug 2019; Accepted: 9 Oct 2019; Online published: 25 Nov 2019
Research on History of Medicine/ 2019 Nov; 8(4): 213-228.

Introduction

In general, one of the basic needs of human beings has always been having a safe and efficient sexual relationship. It is inevitable that in each relationship, there are some predetermined requirements. One of the most problematic issues of sexual relationship is pregnancy --- unplanned pregnancy or unwanted pregnancy. This has always been a challenging issue in marital life 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. There has always been the need for preventing unwanted pregnancy; therefore, issuing related instructions is of necessity for all societies.

In this study, examining the history of Islamic medicine and the works of Muslim physicians from the third through the ninth century, the researchers found some instructions given for preventing pregnancy. The pregnancy prohibition that Muslim physicians and scholars recommended included methods for pregnancy prevention through emergency (immediate) contraception measures and dietary ones by observing the appropriate time for eating or refraining from eating certain foods; prescribing medications; permanent sterilization or temporary infertility through consuming certain foods, herbals, and the like. Furthermore, their life style in terms of their marital relation, such as their method of intercourse, their physical and psychological status during intercourse as



well as dietary prescriptions before and after sex acts with the purpose of decreasing fertility, was taken into account. Having scrutinizing the texts, the researchers understood that the Islamic physicians used to offer guidelines using various methods to prevent pregnancy and most methods suggested were inexpensive and easily applicable. The interesting point is that despite the fact that at that time families enjoyed having lots of children, there was still a relatively large amount of effort to prevent or retard pregnancy. Moreover, Islamic medical texts contained a large number of chapters devoting to issues such as pregnancy prevention or female sterilization, implying their concern over barring unplanned pregnancy.

The findings of this study tend to demonstrate the efficiency of Islamic Physicians in prescribing medications for permanent or temporary sterilization, contraceptive diets, or foods taken before sexual relationship with the purpose of reducing fertility. As such, through introducing the significant achievements of Islamic Physicians or by demonstrating the history of this knowledge among the Muslims, the study hopes to help them restore their scientific confidence by reviving this knowledge.

This study seeks to explain and analyze the views of Muslim physicians over contraceptive methods and prohibition of unwanted pregnancy. As such, the followings have been taken into consideration:

- surveying some cases of contraception from Islamic physicians' viewpoint
- analyzing the attitude of the Muslim physicians towards contraceptive methods
- demonstrating contraceptive methods

To the best of our knowledge, no study, so far, has been specifically performed to investigate contraceptive methods and pregnancy prohibition from Islamic physician viewpoints. However, one valuable piece of research was conducted by Maryam Nekoolaltak, et al (2016), entitled "Comparison between Contraceptive Methods in Persian Traditional Medicine and Modern Medicine.

Some Cases of pregnancy prohibition from Islamic viewpoint

Although the prohibition of pregnancy is not inherently valid due to the survival and viability of the human race, under certain circumstances, it is permitted by Islamic clerics



because, in some cases, the physician was forced to prescribe contraception for women. For instance, when an under-aged girl is married, pregnancy, if not lethal, can cause serious problems for her. Also, for a woman suffering from uterus malignancy and hence is not permitted to become pregnant or for a woman whose bladder is impotent or dysfunctioning, when the fetus becomes heavy, this can provoke urinary incontinence which may remain incurable forever.¹ Doctors usually prohibit pregnancy for these or other chronic or debilitating illnesses as pregnancy can be fatal to the woman.²

Ibn Jazla, the great Islamic Physician, in addition to affirming the safety of contraception, prohibited pregnancy in case the womb was small, putting the woman's life in danger.³ Furthermore, one of the reasons for contraception commonly recommended by Islamic Physicians was the gap between two pregnancies. They stated that when the gap between the two pregnancies was less than three years, the woman, not yet recovered from her preceding pregnancy and not yet restored the nutrients and minerals she lost, would become physically weak, and hence could not meet the needs of the following fetus.⁴ Then, especially when the mother was under-age, it was recommended that the interval between two pregnancies be longer than three years.

Methods of contraception

Nowadays, physicians prescribe both natural and medical ways to prevent unwanted pregnancies. The former includes abortion and sexual abstinence around ovulation and lactation. And the latter includes estrogenic and progesterone-containing compounds, including tablets, contraceptive patch, contraceptive implant, vaginal ring as well as progesterone-only medications, including tablets, intramuscular contraceptives, and subcutaneous implants, and hormonal intrauterine device (IUD) and copper iodine and other chemical and barrier techniques, such as male and female condoms such as diaphragm, cervical cap, sponges as well as surgical and permanent sterilization such as vasectomy and Tubal ligation and emergency contraceptives, such as intrauterine devices, mifepristone and pills.⁵ Overall, the overwhelming majority of today's prevention methods are assigned for women, and almost all of these procedures require them to use medications or devices that have shown to have deficiencies and disadvantages after some times. This makes women reconsider their implementation. For example, today's birth

- 1- Avicenna, 1988: 335-336.
- 2- Boyu, 2010: 141-146.
- 3- Ibn Jazla Baghdad, 2003: 86.
- 4- Isfahani, 2009: 455.
- 5- Khalilipour, 2012: 651-684.



control pills have many disadvantages and can be harmful.

According to ancient medical texts and Islamic treatises, there were various contraceptives, as well as numerous ways to prevent unwanted pregnancies, some of which being remarkably effective. These methods, which could be used by men, women, or both, were shown to have insignificant side effects because the medications used were more topical and if oral, they were mostly natural, i.e. non-chemical. Thus, in contrast to contraceptive pills used today, they were less harmful.

In those days, prohibition methods comprised either permanent methods that would lead to infertility until the end of one's life or temporary methods that could work for a certain assigned period of time. Prohibition could also be imposed by short-term contraception prior to sexual intercourse preventing seminal coagulation. This was accomplished by consuming certain spices before the sexual relationship, barring pregnancy for a specified period of time. Of course, men and women would use these temporary contraceptives differently. This would prevent the semen entering the uterus, or after semen entered the uterus, no seminal coagulation would occur. And as its name implied, this infertility was reversible.

Among the Muslim scholars, one who extensively talked about gynecology, and more specifically about methods of contraception, was Ali bin Abbas Majusi Ahwazi. This famous Iranian physician, who lived in the second half of the fourth century, wrote the book *al-Maliki*. While acknowledging the need for pregnancy prevention and the importance of doing so when necessary, he cited various ways implementing this, and even devoted one chapter of his book to the use of contraceptive suppository and attempted to add some spermicides to suppository compounds.⁶

Mohammed bin Zakaria Razi, another great physician and scientist of the third and fourth centuries AH, was very diligent in finding contraceptive methods, one of which comprised preventing semen entering the uterus was of utmost importance in pregnancy prevention. Another physician was Akhawyni, who, in his book, *Hidayat al-Muta'allemin Fi al-Tibb* (A Guide to Medical Learners), mentioned how to use preventive measures, naming this "the trick of women not to conceive."

Also fifty years after Ali ibn Abbas Majusi Ahwazi, Aviceina in the Book, *The Canon of Medicine*, described the methods of preventing unwanted pregnancies and considered this is-

6- Magnus Ahvazi, 2008: 507.



sue very important and necessary for the medical profession. Owing to the importance of this issue, he proposed twenty ways of contraception, which were accounted as the best in his era and in many many years later. A lot of researchers and scientists subsequently proposed contraceptive methods, which Islamic physicians considered as the reasons and ways of contraception.⁷

In addition, the use of Sefidab (literary whitewater or whitewash, traditionally made of a species of flower and animal spinal cord) prior to intercourse, applied topically, was believed to prevent pregnancy.⁸ In general, all the contraceptives used at that time were ordinary and familiar herbs, such as Plains coreopsis, Irises, Cyclamen, Dutchman's pipe, Saffron, and many other species that were commonly and topically used by both men and women.⁹ There were also dietary recommendations, such as: drinking cold water, eating pickles, watermelon, and consuming astringent foods for both men and women, prior to intercourse, in order to reduce the chances of getting pregnant.¹⁰ In addition, drinking sesame-infused water is beneficial for couples in this regards.¹¹

Other common chemical and barrier methods, such as the use of wood tar (obtained from spruce trees such as pine and cedar) and Sefidab,¹² were suggested for neutralizing semen and preventing pregnancy. Of course, for optimal result, one was advised to combine several contraception methods.

Contrary to today's contraceptive guidelines, in addition to the physical aspects, the psychological and the way of sexual acts were also taken into account, including that couples should not have in mind a child's image¹³ or child-bearing intentions.

Also, the quality of sexual relation would also affect fertility. For instance, a man was advised not to keep the woman too tight in his arms and not to lift her thighs. Another issue that Muslim physicians recommended for the couple was that the couple's sexual climax not to be in synchronization since this would increase the possibility of pregnancy. Then, they were advised trying to reach orgasm at different time (Table 1).¹⁴

Contraceptive Measures for Men

Domestic contraceptive measures recommended by Muslim physicians for men were gold and poultice. This was advised to be used during intercourse before ejaculation or during ejaculation, which is, of course, recommended for men

7- Avicenna, 1988: 335-336.

8- Ibid.

9- Montasab Majabi, 2006: 112.

10- Nekoool Tak, 2011: 66-68.

11- Harry, 1927: 201.

12- Ibid.

13- Avicenna, 1988: 335-336.

14- Boyu, 2010: 141-146.



to apply topically to the penis. Oral methods were not recommended by physicians.

15- Akhawayni, 1992: 541-547.

16- Harry, 1927: 201.

17- Avicenna, 1988: 335-336.

Table 1: Methods of Contraception for Men and Women in Modern Medicine and Traditional Medicine

Modern Method	Traditional Method
-	Not having in mind a child's image or child-bearing intentions during intercourse
-	Reaching orgasm at different time
-	Topical methods, such as Plains coreopsis, Irises, Cyclamen, Dutchman's pipe, Saffron
-	Oral method, such as eating with camphor and cedar Drinking cold water Consuming pickles, cold foods (relating to the nature of the body), watermelon Consuming astringent foods before intercourse

One of the topical methods for men was to poison the tip of the penis with a kind of venom¹⁵ or pour wood tar extract onto the penis before intercourse.¹⁶ This would grease the tip of the penis with sesame oil before intercourse.¹⁷ Using these oils and minerals during intercourse could prevent the semen from coagulation and thus sperm fertilization would not happen (Table 2).

Table 2: Male Contraceptive methods in Modern and Traditional Medicine

Modern Method	Traditional Method
Condom	Wrapping the penis with a thin cloth or with a bovine gallbladder or sheep gut
Spermicides (usually used with condom)	To rob certain substances on the penis topically (with equal amounts of venum, extract of leaf leave, radish leaves, and natron, sesame oil, wood tar and Ruta graveolens oil, sefidab, robbing a mixture of grounded natron and sesame oil on the penis head before intercourse
Vasectomy (the surgical cutting and sealing of part of each vas for male)	Oral: eating camphor or ladybird dried powders or consuming the extract of the conium maculatum Surgical procedure for male permanent sterilization is not mentioned
Natural prevention	Aborting sexual intercourse



Hakim Esmail Jorjani instructed men to grease their penis head with commiphora oil or Sefidab during intercourse to avoid conception.¹⁸ These oils would cause the sperm to slide and not to enter the uterus cavity. Other recommendations included rubbing the penis with a mixture of squeezed natron and sesame oil before sexual relation. It was also advised to rob the penis with equal amounts of leaf leave, radish leaves natron¹⁹.

Traditional medicine also recommended male condom to be used, in a sort of primitive way, of course. For example: wrapping the penis with a thin cloth or with a bovine gall-bladder or sheep gut²⁰.

Another method of prevention for men was that in case the man did not want to take contraceptives, he could naturally withdraw early before ejaculation.²¹ This procedure, aborting sexual intercourse, was one of the oldest and most common methods of contraception and was performed through intercourse but not letting sperm cells in the semen reaching the uterus and thus avoiding conception.²² In this way, the man withdrew at the very moment of ejaculation, and this was common in the past. Although this simple and inexpensive method seemed practical and easy, it was risky. Psychologically speaking, it was not always successful as fifty percent of men were unable to withdraw early before ejaculation due to their inability to control their ejaculation. In addition, men would experience anger, restlessness, apprehension, weakness and fatigue, headaches, premature ejaculation, cold sexual behavior and women would suffer congestion, vaginal discharge, low back pain and vaginal dryness.

Another method was to take certain medications, such as camphor. But the problem was that, men after taking medications, such as eating too much camphor or ladybird dried powders or putting the extract of the conium maculatum on the testes, might become permanently sterilized. They also noted that eating camphor, in low dosage, disrupted the practice of gestation but, in high dosage, that would disrupt sexual function, especially in males²³.

Contraceptive Measures for Women

Contraceptive measures for women also included the use of a kind of suppository, inhalation, hamulat (using certain medication on a piece of paper and placing it inside the uterine or rectum), among other methods. These measures could be implemented before or after the semen entered the uterus.

18- Jorjani, 2006: 771.

19- Javanollahi, 1992: 7.

20- Ibid.

21- Jorjani, 2006: 771.

22- Ehsanpoor, 2011: 139.

23- Khosravi, 2002: 164.



Among the practical measures that some Islamic physicians prescribed for women as contraception were as follows: they were advised to get up immediately after the sexual relationship and urinate²⁴, or jump backward several times or step up and down the stairs.²⁵ In addition, they were advised to sneeze after the intercourse, pouring out the semen to prevent the sperm from reaching the egg²⁶.

Although Islamic physicians recommended practical methods, such as sneezing and getting up the bed, for destroying the sperm after intercourse, there was no recommendation in their books for vaginal washing after intercourse. In modern medicine, however, vaginal washing after intercourse was recommended using cleansing gels or diluted disinfectants, such as vinegar and acidic substances²⁷.

In addition, pieces of advice were given to women before intercourse, resembling today's IUD, as it has the longest history of intrauterine use in the Islamic era. In Saudi Arabia, e.g., the camels, having difficulty traveling long distances in the desert, the camel carrier would put pebbles inside their womb so that they would not become pregnant during the journey. Razi also recommended making paper pipes and after binding them with cotton threads placing them inside the womb. In this way, she could prevent pregnancy for a couple of months.²⁸

The other method recommended for women, now considered to be the ancestor of IUD, was that, after menstruation, they should wrap the leaves of the cottonwood tree in a wool, and put them inside the genitals, in this way preventing pregnancy. It would be more effective if the woman topically used pomegranate and alum crystals²⁹ or wood tar and *Ruta graveolens* mixed with water.³⁰ She could also prevent pregnancy if she, prior to intercourse, bar the cervix with a large button bound to a string and then pull out the button with the same string³¹.

The other way suggested was that the woman should place the crystalline salt into her genital³², which acted exactly like modern IUD. Hence, by placing them in the cervix, the woman could prevent pregnancy by barring the uterine or removing semen.

Another method was the woman's use of salt suppository inside her genital to destroy semen.³³ Placing pepper inside the cervix could also have the same effect. Of course, if the cabbage blossom and the cabbage seeds, used as suppository, inside the vagina, would prevent pregnancy.³⁴ Inserting the

24- Ibn Jazla Baghdad, 2003: 86.

25- Baghdadi, 1943: 60-61.

26- Jorjani, 2006: 771.

27- Gharekhani, 2011: 135-136.

28- Razi, 1960: 86.

29- Avicenna, 1988: 335-336.

30- Akhawayni, 1992: 541-547.

31- Ibid.

32- Baghdadi, 1943: 60-61.

33- Avicenna, 1988: 335-336.

34- Ibid.



cabbage blossom and seeds in the wood tar or spearmint extract, and used as suppositories could be very effective in pregnancy prohibition. Generally speaking, each of these methods mentioned could contribute to the removal of semen or inhibition of sperm and egg fertilization process.

Another method was related to the diet. Proper food, prior to intercourse, could help reduce fertility. The woman, for instance, could accomplish this by eating the fruit and leaves of the alder tree, or the blossom and seeds of cabbage. Or she was advised to eat wood tar extract, obtained from the burnt branches of spruce trees and cedar, before intercourse. In addition to this, eating *Ruta graveolens* extract, pepper or rabbit abomasum after intercourse would prevent pregnancy.³⁵

The medication that Baghdadi believed to be definitely effective was as follows: mix 50 dirhams (each dirham equals 2419.2 miligram) of *Ruta graveolens* leaves, with 10 dirhams of dried pennyroyal as well as *Oregano*, *Rubia tinctorum* (madder), and *Lagoecia cuminoides*, each 5 dirhams and put into fig juice. They were said to mix them well and make an egg-like mixture, eating one in the morning and one at night. Other herbal medications comprised one unit of Egyptian broad beans, *Rubia tinctorum* (madder), *Oregano*, cabbage blossom, Alvandi peas and two units of extract of *Levisticum officinale*, *Opopanax chironium*, *Ferula assa-foetida*, *Arteinhaia absinthium* and Cinnamon immersed into *Ruta graveolens* arrack (distillate) and honey. The amount of syrup equaled 2-3 dirhams obtained from boiled *Adiantum capillus-veneris* and Pennyroyal sweetened by dates. This was believed to be good for pregnancy prohibition.³⁶

Eating violets and *Malva* (consuming laxatives and ingredients, such as black pepper, ammonium chloride, sugar candy, Tabar zad salt, oregano, lime salt, sesame oil, wood tar oil) were also recommended³⁷.

In addition to the above mentioned methods and substances, there were some laxative medications. They were made of substances that would slide the surface and make the vagina slippery and lubricant, so that the sperm would either leaks out of the vagina sooner than usual or would make the endometrial wall slippery. This would interfere with fetal implantation and prevent pregnancy.³⁸

The other method that would prevent pregnancy was the use of inhalers, such as inhaling smoked substances. To do this, they would place dry materials or gums into a container, such as a small barbecue. And after burning them, they lead

35- Avicenna, 1988: 335-336.

36- Baghdadi, 1943: 60-61.

37- Nekoool Tak, 2011: 66-68.

38- Akhawayni, 1992: 541-547.



the smoke to the female reproductive system. Materials used for inhalation included elephant dung, and mule nails after the sexual intercourse.³⁹

Also, some inhaling substances such as myrrh and certain smelly substances, like garlic, were also used in this regard.⁴⁰ In traditional medicine, it was believed that there was a relationship between good and bad odors and uterus, as the substances with smelly odors would enhance uterine repulsive forces, expelling sperm inside. On the other hand, good odors were beneficial for the uterus, as the smell of fragrant substances was believed to facilitate labor progress. For this reason, in this contraceptive method, inhaling smelly substances would let sperm out of uterine. They appeared to believe that the energy of the material in the vapor state was greater than that in the liquid and solid states.

Suppositories was also suggested by Hakim Misri, the Muslim physician to cure a woman not wishing to become pregnant. Such suppositories included substances like *Ruta graveolens* and *Colocynth fat*⁴¹. It was noticed that suppositories placed inside the genitals or on the penis were more beneficial than the oral medicines prescribed by medical scholars and medical treatises because they often acted as a physical barrier to the sperm reaching the uterine. However, the problem was that medications taken orally would lead to sterility after a certain amount of time, and at times might lead to permanent sterility.

In addition to these methods, breastfeeding was one of the contraceptives methods, and although for centuries it was found that breastfeeding would prevent pregnancy to some extent, one should take into account that just appropriate and consistent breastfeeding would affect its safety and effectiveness.⁴² The reason for this was that baby's sucking milk would increase prolactin levels, decreasing gonadotropin-releasing hormone from the hypothalamus. This would suppress ovulation⁴³.

Medications were also taken during menstruation, such as *Peganum harmala* and grounded sulfur⁴⁴, recommended during or after menstruation to prevent ovulation in that cycle. It was believed that methods used around the time of intercourse would have spermicide effects or prevent the sperm from reaching the egg.

Another method advised by physicians today for prevention is periodic abstinence to refrain from intercourse. This was not mentioned in Islamic medical textbooks. In this method,

39- Ibid.

40- Nekoool Tak, 2011: 66-68.

41- Mysari, 1987: 153.

42- Gheshlaghi, 2005: 58.

43- Ehsanpoor, 2011: 139-145.

44- Nekoool Tak, 2011: 66-68.



around the time when ovulation might be expected to occur, intercourse was avoided. In order to find the approximate time of ovulation, they used calendar, body temperature, and cervical secretion assessment.⁴⁵

Despite these measures and her ejaculation, if the woman realized that fertilization occurred, she had to wrap some pieces of paper tightly, like a rod, and tie them to a string firmly. After that, she sprinkled some ginger powder on the paper and waited for it to dry a little and sent the semi-dry paper into the vagina and left it there until the blood discharged from the uterus.⁴⁶ This did not believe to hurt the woman, and if the paper moved a little higher, she did not have to worry, since it soon got softened and expelled out of the body on its own⁴⁷. This appeared to be very effective (Table 3).

45- Gharekhani, 2011: 135-136.

46- Boyu, 2010: 141-146.

47- Ibid.

Table 3: Female Contraceptive methods in Modern and Traditional Medicine

Modern Method	Traditional Method
Oral contraception pills: -Estrogen and progesterone compounds: (LD tablet or two HD tablets or four white triphasic tablets at twelve hours' interval) -Progesterone-containing compounds: (Levonorgestrel tablets 1.5 mg at a time) - Anti-progesterone compounds: (Mifepristone 20 mg tablets at a time)	Oral medications: -Eating the fruit and leaves of the alder tree, or the blossom and seeds of cabbage, eating wood tar extract, obtained from the burnt branches of spruce trees and cedar, before intercourse. In addition to this, eating <i>Ruta graveolens</i> extract, pepper or rabbit abomasum, storax, sea kale, <i>Ocimum basilicum</i> , dried leaves of cucumber, cider vinegar tablet, broad beans, garlic, alkekengy
-Contraceptive patch (functioning like the tablet but sticking to the skin and releasing hormones)	-Applying henna on hands along with powdered Gentiana
Vaginal ring (like cervical cap)	-Vaginal medication: Vaginal use of leaves of <i>hedera sp</i> , elephant dung along with cabbage seeds, blossom and nectar, Red Orpiment grounded in water
Ampoule	- -Using paper pipes and after binding them with cotton threads put them inside the womb



Modern Method	Traditional Method
-Intrauterine device (IUD)	-After menstruation, wrapping the leaves of the Cottonwood tree in a wool, and putting them inside the Genitals, suppository fat and extract of pomegranate and alum crystals -wood tar oil and Ruta graveolens mixed with water -Inserting crystal salt into the vagina -Vaginal suppository of Grounded fresh mint or achillea millefolium
-Tubectomy (Tubal ligation); blocking a woman's Fallopian tubes	-No surgical sterilization
-The diaphragm	-Bar the cervix with a large button bound or oak gullnut
-	-Inhalation medication as contraception: inhalation of elephant dung, and mule nails, myrrh and Sagapenum
-Breastfeeding	-Breastfeeding (Of course, not definitive and for the first six months)
-	-Sexual abstinence around ovulation (calendar method), of course for women who have regular menstrual cycles
-	-Certain measures, such as semen removal from the vagina, jumping and jumping back and sneezing

Conclusion

There have been varieties of contraception methods, especially for women. There have been differences between traditional and modern medicine in this regard. It is noticed that in the former, in addition to the physical aspects of sexual relation, psychological aspects, the sexual posture and some dietary regimens for decreasing fertility were taken into account. But in the latter, no special dietary recommendations or taking particular sexual posture was suggested for pregnancy prevention.

Basically, in traditional medicine, medications recommended for prevention could be found in nature and were easily accessible. In modern medicine, however, almost all medications were synthetic. In the former, there were wide varieties of contraceptives recommended. There were also medications to be taken before and during menstruation, before and during sexual acts, oral medications, medications placed inside vagina, herbal remedies applied to the sexual organs, and hand-washing medications such as henna and a



variety of inhalation medication. In modern medicine, nevertheless, this is not used today, and there are no oral remedies recommended for permanent sterility while the Islamic physicians enumerated oral medications with sterility effects.

Contraceptives recommended in modern medicine have some side effects, such as spotting, weight gain, freckles on the face, changes in lipid metabolism, changes in the coagulation system, the risk of cancer in case of taking compounded medication, amenorrhea and delayed fertility on using progesterone injection as well as increased bleeding and menstrual pain because of IUD and tubectomy and vasectomy complications. Hence, because of this and the general popularity trend towards traditional medications, reproducing herbal contraceptives may lead to more popularity of traditional contraceptive methods. Moreover, since some traditional contraceptives are very simple and accessible, it is suggested to conduct some research on this and if proved to be efficient, the authorities can make the findings public so that people use a natural and inexpensive contraceptive. And it is also recommended to synthesize these medications, contraceptives, or low-cost ingredients of medications. Or it can be effective to advise couples who have infertility problems to be aware of the foods or herbal remedies that traditional medicine used to recommend for pregnancy prevention and consume them less frequently.

In the past, physicians, such as Aviceana, Zakaria Razi, Ali ibn Majusi Ahwazi, Ahmad Baladi, Hakim Misri, Sabet bin Ghareh Harani, Akhvini, Ibn-Nafis Damashghi, Abolghasem Zahravi, Ismail Jarjani, Ali ibn Ahmad Baghdadi, Ibn Abdi Mansour Shirazi, made great efforts and accomplished a lot in the field of obstetrics and gynecology, and proposed various methods of contraception. Having surveyed the findings of Islamic physicians in the field of contraceptive methods, it is hoped that the findings of this study may be updated with the contribution of the modern medicine. and methods proved effective can be introduced to the public. In this way, obstetricians and gynecologists can get acquainted with the views of Islamic doctors on contraception, which is a constant need of the society.

References

Akhawayni. [*Hedayat al-Motaallem in fi Teb*]. Matini J, editor. Mashhad: Mashhad University Press, 1992. [in Persian]

Avicenna. [*Al-Qanoun fi Teb*]. Book III. Translated by Sharafkandi A.



- Tehran: Soroush Publishing, 1988. [in Persian]
- Baghdadi Ali ibn Ahmad. [*Al-Mukhtarat Phi Tha' b*]. Vol. 4. Hyderabad: Daerat en Encyclopedia of Islam, 1943. [in Persian]
- Boyu S. Infertility and Prohibition of Fertility in Iranian Medicine. Qom: Ismaili Institution. 2010. [in Persian]
- Ehsanpoor S et al. Health and Family Planning. Isfahan: Konkash Publications, 2011. [in Persian]
- Gharekhani P, Sadatyan A. Women's Diseases. Tehran: Future Developers and City Waters, 2011. [in Persian]
- Gheshlaghi F. History of Forensic Medicine and printing. Isfahan: Isfahan University of Medical Sciences and Health Services, Publication of Fine Arts, 2005. [in Persian]
- Harry S. [*Al-Zakhireh Fi Elm al-teb*]. Corrected by Farid Mazidi A. Beirut: Dar al-Kotob, 1927. [in Persian]
- Ibn-e Jazla Baghdad. [*Taghvim al-Bodan Phi Tadbir al-Ansan*]. Translated by Hakim Mohammad Ashraf ibn Shamsuddin Mohammad Tabib. Tehran: Institute of Medical History, Islamic Medicine and Supplement of Iran University of Medical Sciences, 2003. [in Persian]
- Isfahani M. *Health Rites*. Tehran: Tandis Publishing, 2009. [in Persian]
- Javanollahi M, Azarmahr G. *Traditional Medicine Report of Isfahan: Archives of the Institute of Anthropology, Cultural Heritage Organization*. Isfahan: Cultural Heritage Organization, 1992. [in Persian]
- Jorjani A. [*Al-Akhraz al-Tabaye Va al-Mbahath al-Laayyah*]. Vol. II. Researched by Taj Saleh H. Tehran: Tehran University Press, 2006. [in Persian]. P771
- Khalilipour M. *Women, Maternity and Pregnancy*. Introduction and Supervision by Kashanian M. Tehran: Khosravi Publishing, 2012. [in Persian]
- Khosravi S. *Sina Traditional Medicine*. Tehran: Mohammad Naser, 2002. [in Persian]
- Magnus Ahvazi Ali ibn Abbas. [*Kamel al-Sanaeh al-Tabieh*]. Volume I and II. Research Institute of Natural Medicine, Qom: Jalal al-Din Publication. 2008. [in Persian]
- Montasab Majabi H. *Review of Shiite Literature on Medical History*. Kermanshah: Razi University, 2006. [in Persian]
- Mysari H. *Encyclopedia of medicine*. With the efforts of Zanjani B. Under the supervision of Mohaqeq M. Tehran: Islamic Studies Institute Gyl- Mac Tehran, 1987. [in Persian]
- Nekoolal Tak M et al. A Comparative study on the comparison of



contraceptive methods in Iranian traditional medicine and modern medicine. *Medical Journal Quarterly*. 2011;3(9):66-68.

Razi Abu Bakr Muhammad. [*al-Hawi fi al-tib*]. Vol. 9. Hyderabad al-Duncan al-Yandar: The Encyclopedia of Encyclopedias, 1960. [in Persian]

