

Concept of Leucorrhoea and Its Understanding in the Light of Unani Medicine

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ABSTRACT:

Leucorrhea or vaginal discharge is a common symptom among females. It is a complaint with which each women suffers atleast once in a lifetime. It is a frequent gynecological complaint that accounts for more than 1/4th gynaec visit to gynecologist. It is typically whitish, yellowish, or greenish vaginal discharge in females that may be natural or an infection symptom. It is almost mucus discharge which exhibits vaginal epithelial cell exfoliation due to the influence of estrogen on the vaginal mucosa. The cause of discharge may be physiological, pathological & inflammatory. If, it is not treated in initial stage then it may convert into chronic form and leads to Pelvic inflammatory disease (PID). According to Unani concept Sailan-ur-Rahem is a chronic inflammatory disease & it is due to derangement in quality and quantity of Humors (Akhlat), especially Phlegm (Balgham) and because of accumulation of excessive morbid material (Mawad-e-Fasida) in the uterus due to weaken repulsive power (Zoaf-e-quwat-e-dafea). The main aim of the study is to spread knowledge of Leucorrhoea described in Traditional Unani system of Medicine and its treatment with the available single and compound formulations widely used in Unani Medicine with minimal side effects.

Keywords: Leucorrhoea, Sailan ur Reham, Unani Medicine, Conventional Medicine.

Introduction:

Sailan-ur-Reham (Leucorrhoea) is strictly defined as an excessive normal vaginal discharge and it is diagnosed clinically on the basis of the following criteria:

1. The excess vaginal discharge is evident from:
 1. persistent vulvar moistness or
 2. staining of the undergarments (brownish yellow on drying) or
 3. need to wear a vulvar pad
2. It is non-purulent and non-offensive.
3. It is non-irritant and never causes pruritus.[1]

Leucorrhoea or vaginal discharge is one of the very common health problems among the females of reproductive age group (15-45 yrs) attending to gynecology outpatient departments (OPDs). It constitutes a considerable problem for many women causing discomfort, anxiety affecting women's quality of life and consuming considerable resources. Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) have been recognized as major health problem in India, after introduction of Reproductive and Child Health (RCH) program in October 1997. National Family Health Survey-2,

reported 39.2% of women in India having one or more infections.[2] Most of the women attending to Gynecology (50%) outpatient departments are suffering from infection of vagina with vaginal discharge, is the common presenting complaint. The exact population prevalence or incidence is not clearly delineated as majority of patients do not seek any treatment. Many patients use over the counter medications as well as alternative medicines and never report to the hospitals.[3]

THE CAUSES OF LEUCORRHOEA ACCORDING TO CONVENTIONAL MEDICINE:

1) Physiological excess: The normal vaginal secretion may be increased in the conditions with the high estrogen levels, such as:

- At Birth: Mucoïd vaginal discharge in newborn babies for 1-10 days due to stimulation of uterus and vagina by placental oestrogens[3]
- During Puberty (due to increased levels of endogenous oestrogen)[1,3] .
- During menstrual cycle: Around Ovulation o Premenstrual
- Pregnancy: Hyperestrinism with increased vascularity
- During sexual excitement due to increased secretion from Bartholin's glands[1] .

2) Cervical cause (Cervical Leucorrhoea):

1. Non-infective Cervical Lesions: These lesions may cause a profuse, clear vaginal discharge due to increased glandular elements in the cervix such as Cervical Erosion , Cervical Ectopy ,Chronic Cervicitis & Mucous Polyp and Ectropion (cervical glands are exposed to the vagina)[1,3] .
2. Oestrogen-progestogen Oral Contraceptives: The use of combined oral contraceptives may cause leucorrhoea due to the development of cervical ectopy[3] .
3. Regular Vaginal Douching: It may cause washing away of natural secretions, which encourages the cervix to secrete more, especially if irritant antiseptic solutions are used. Moreover, it also predisposes to infection by washing away naturally protective Lactobacilli and by altering the pH[3] .

3) Vaginal cause (Vaginal Leucorrhoea) Active or passive congestion of the pelvic organs, especially of the cervix may cause leucorrhoea due to increased secretory activity by the glands[3]. The following conditions are associated with increased pelvic congestion, which may produce excessive exfoliation of the superficial cells, leading to increased vaginal transudation (leucorrhoea) such as Uterine prolapse, Acquired retroverted uterus, Chronic pelvic inflammation, Vaginal Adenosis, Prolonged ill health, Anxiety states and neurosis Sedentary occupation, Standing for long periods in hot atmospheres[1,3]

Treatment in Coventional Medicine:

Certain oral antifungal and antibiotic drugs like Metronidazole, Doxycycline, Clarithromycin, Amoxicillin, Ampicillin, Augmentin, Itraconazole, Griseofluvin, Tinidazole, Fluconazole and some topical vaginal pessaries/ suppositories, creams and washes & surgical treatment methods are used in the management of Leucorrhoea.

Management with the conventional medicine widely causing various degrees of resistance and certain side effects such as nausea, diarrhea, abdominal pain, headache, hot flushes, palpitations, upset stomach, vaginal suppositories may cause irritation and burning sensation at the site, etc.[1,4] People now are in search of a good alternative treatment methods with minimal side effects.

Concept of Sailan ur Reham (Leucorrhoea) in Unani System of Medicine:

The great eminent Unani physicians have described Sailan ur Reham (Leucorrhoea) and its treatment in various Unani classical Books like Kamil al Sana'a, Al Hawi, Firdaus al Hikmat and Tibb-e-Akbar etc. According to them, disease is due to poor or weak (nutritive faculty) Quwwat-e-ghadhiya of the rahim (uterus) that causes accumulation of fuzlaat (waste materials) [5]. Hakim Mohammad Azam Khan in his famous book 'Akseer Azam' described that the disease is According to humoural theory, Sailan ur Reham is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humors [5,6]. The health of females is spoiled by the excessive vaginal discharge just as the health of adult male is spoiled by the spermatorrhea [7]. General examination of the patients may reveal ill health. The patient often states the discharge as cause of ill health but in reality the ill health is due to leucorrhoea [8].

Classification of Sailan-ur-Rahem [9-13] . It is classified into different types on the basis of following factors.

I. ON THE BASIS OF HUMORS (AKHLAT) INVOLVED

- a) Sailan-ur-Reham Damvi (Sanguineous):** it is caused by excess of khilt-e-dam (blood) and the color of discharge is reddish.
- b) Sailan-ur-Rehem Safrawi (Bilious):** It is caused by excess of khilt-e-safra (bile) and the color of discharge is yellowish
- c) Sailan-ur-Rehem Balghami (Phlegmatic):** It is caused by excess of khilt-e-balgham (phlegm) and the color of discharge is whitish.
- d) Sailan-ur-Rehem Saudavi (Melancholic):** It is caused by excess of khilt-e-sauda (black bile) and the color of discharge is blackish.

II. ON THE BASIS OF SITE:

- a) Sailan-e-Farji (Vulvar discharge):** Here the discharge is comes from the outer region of vagina. **b) Sailan-e-Mehbali (Vaginal discharge):** The discharge comes from the inner aspect of the vagina.
- c) Sailan-e-Unqui (Cervical discharge):** The discharge comes from the cervix of uterus
- d) Sailan-e-Rahemi (Uterine discharge):** It may occurs at any age of life and come from mucous membrane of uterus. In this condition the discharge is white in color and viscous like a white of an egg.

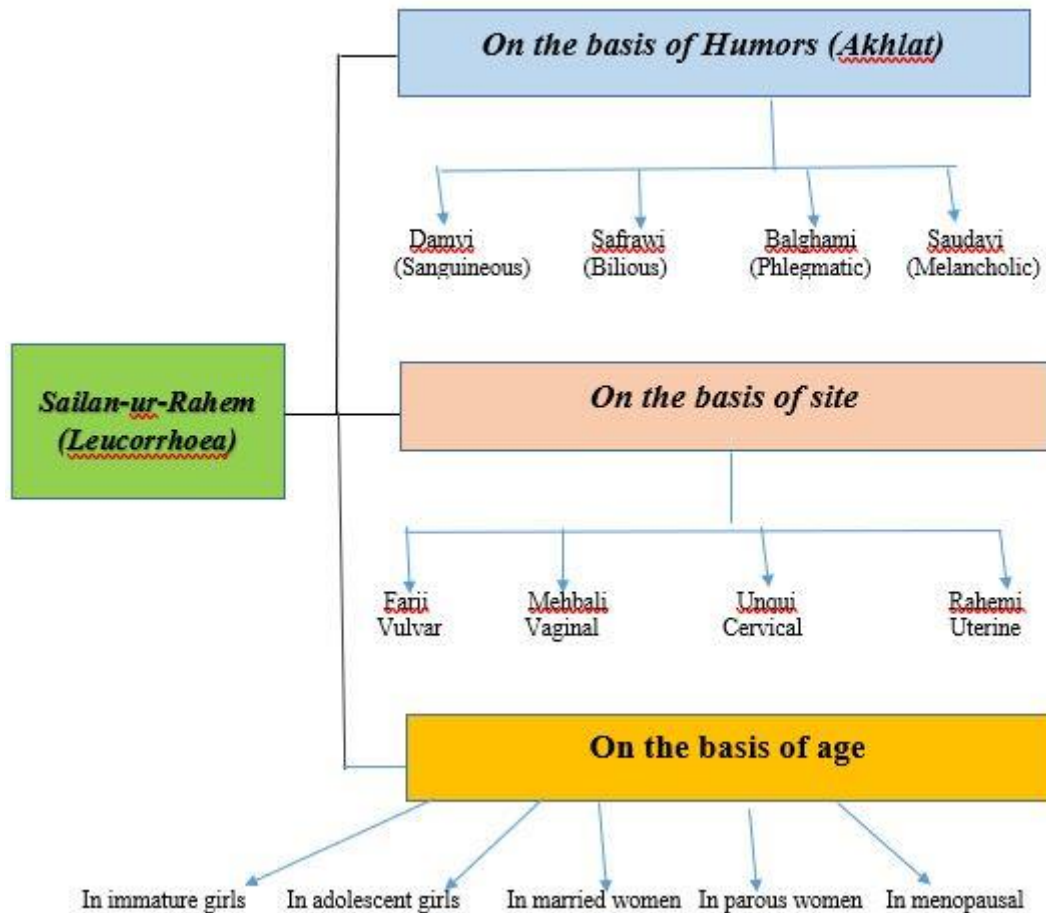
III. ON THE BASIS OF AGE

- a) Sailan-ur-Rahem in immature girls:** It is due to worm's infestation, incontinence of urine, and vaginal itching.
- b) Sailan-ur-Rahem in adolescent girls:** In adolescent girls, it is caused by due to excessive sorrow and sadness and unhealthy conditions. It happens near to menstruation.
- c) Sailan-ur-Rahem in married women:** It comes from inner aspect of vagina due to inflammation of uterus that is aggravated by coitus. Here, the discharge is yellowish white in color, sour in nature, and causes excessive burning in the vagina.
- d) Sailan-ur-Rahem in parous women:** In parous women, it is due to cervical laceration during delivery and chronic inflammation of mucous membrane of uterus. Here, the discharge is white and viscous like

white part of egg. It comes from cervix and gets yellowish and reddish after mixing with pus or blood and commonly seen in childbearing women.

e) **Sailan-ur-Rahem in menopausal women:** It occurs in old age women mainly due to cervical or endometrial carcinoma and rarely due to Warm-e-Rahem Muzmin. It is like a curd or buttermilk.

Fig.1 Shows Classification of Sailan-ur-Reham (Leucorrhoea) in Unani System of Medicine



Patho-physiology (Mahiyat-ul-Marz): Ali Bin Abbas Majoosi (930- 994 A.D), has described the pathogenesis of this disease in detail in his famous book “Kamil-us-Sana”. He has asserted that in case of Sailan ur Rahem, abnormal temperament (Sue Mizaj) afflicts the uterus and weakens the nutritive faculty (Quwat-e-Ghazia). Because of this, the retentive faculty (Quwat-e-Maseka), which remains at the receiving end predominantly, becomes unable to hold back the nutrients in the uterus for a sufficient time till the digestive faculty (Quwat-e-Hazema) acts upon these nutrients to convert them into a matter suitable for assimilation and incorporation. This half-braked material subjugates the Hararat-egharizia. In relative deficiency of Hararat-e-gharizia, Hararat-e-ghariba prevails over the uterus and turns the accumulated uterine waste into infected material. This infected material may be deviated from normalcy in color, consistency and odor. This harmful and noxious material is expelled out by excretory power (Quwat-e-dafea). This harmful material is irritant in nature and when flows out of the genital tract of female cause burning and irritation and when accumulates, causes ulceration (erosion), especially in the cervix. This discharge flowing out of the genital tract is known as Sailan-ur-Rahem [14] .

Etiology (Asbaab): In Unani System of Medicine the etiology of Sailan ur Rahem, has been described by most of the Unani scholars in detailed while describing the gynecological disorders. Ibn-eSina in Al-Qanoon-fit-tib described the cause of Sailan ur Rahem and told that weakening of digestive faculty (Quwate-Hazema) of urooq-e-haiz and dominance of four humors (Akhlata-e-Arba), due to infection (Ufoonat) in the uterus, leads to Sailan-ur-Rahem [15]. According to another renowned scholar of Unani medicine, Ali Bin Abbas Majoosi, described that the causative factors of Sailan-ur-Rahem is “Zoef-e-quwat-e-jazeba,” which causes excess waste in the body and dominance of Akhlata Arba [16]. Whereas some other eminent Unani physicians have described that Sailan-ur-Rahem is caused by Zeof-e-quwate-ghazia of Rahem in conjunction with dominance of Akhlata-e-Arba and waste material in the body [17-19]. Some other important causes of Sailan-ur-Rahem, described by eminent Greek physicians includes prolapse of uterus (Nutu-e-rahem), early pregnancy, generalized weakness (Zoef-e-aam), anaemia, low socio-economic status, excessive intake of cold and moist food, excessive intake of hot and spicy foods, inadequate diet, excessive coitus, unhygienic conditions during menstrual cycle, stress and strain, worm infestation, amenorrhoea, gonorrhoea (Sozak), syphilis (Ateshak), arthritis (Waja-ul-Mafasil), gout (Niqras), tuberculosis (Diq), warm-e-rahem, busoor-erahem, qurooh-e-rahem and bawaseer-e-rahem [20-21].

Clinical features (Alamat): As mentioned earlier that Sailan-ur-Rahem occurs as a result of imbalance in the four humors- black bile, yellow bile, blood, and phlegm. Therefore, the clinical manifestations of disease depend upon the dominant humors (Akhlata). On the basis of responsible humors, the color of vaginal discharge may be whitish, reddish, yellowish, and blackish. It may be thin or thick, viscous and accompanied with foul smelling and itchy sensation around the involved part [22]. Other associated symptoms of disease are pruritus vulvae (Hikkat-ul-mahbal), low backache (Waja-ul-zahar), pain and heaviness in lower abdomen (Waja-ul-batan), polyuria (Kasrat-e-baul), dysuria (Usr-e-baul), cramps around the calf muscle, irregularities in menses, dysmenorrhoea (Usr-etamas), breathlessness (Usr-e-Tanaffus), anorexia, giddiness, headache (Dard-e-sar), burning sensation in extremities (Sozish-e-uzlaat-e-badan), indigestion (Nafakhe-shikam), constipation (Qabz), and insomnia (Kasrat-ebedaari). Vaginal mucosa and vulva may become inflamed and in rare case patient may become infertile due to discharge. The patient may become pale, feeble, sluggish and irritable [10, 11, 15, 23-25]. Physical and mental status of the patient gets deprived. Sometime, the facial complexion of the patients gets affected and occasionally there may be puffiness of face and eyes [25,26].

Principles of treatment (Usool-e-Iaj) [10,27].

1. According to USM the line of treatment of Sailan-ur-Rahem is to remove the cause at first step.
2. The patients should advise for general measures of Sailan-ur-Rahem to avoid coitus.
3. If disease appears due to dominance of humors (Akhlata) then depending upon dominant humors, disease should be first treated by concoctive and purgative therapy (Munzij and Mushil) of that humor and after that suppositories (farzajat), which are used in handling of menorrhagia, should be given.
4. If the cause of Sailan-ur-Rahem is the weakness of nutritive power (Quwat-e-ghazia), then Bahi (Cydonia vulgaris), apple and sharbat of lemon (Citrus lemon), Arq-e-Maul lahem, whey (Maul-jubn), or fruit juice (Maul-fawakhah), should be given. Advise the patients to take easily digestible food (Ghiza-e-latif) and beverages because both things increase the nutritive power (quwat-e-ghazia) of uterus.

5. If cause is local vaginal infection, then treatment should be given to evacuate the morbid humors from stomach and liver.
6. If the cause is anemia, then iron compound should be given.
7. During the treatment course, maintain the digestion of patients properly and constipation (Qabz) should be avoided by prescribing the laxative diet and drugs (Mullayin ghiza and Dawa).
8. Strength of all vital organs of the body should be maintained by improving the general health of patients.
8. Patients must also be directed to avoid physical exertion and similarly anxiety factors (Nafsiyati asbaab) should be minimized or removed.
9. Cotton loose fitting undergarments should be used by patients to keep the genital area aerated.
10. Maintain sanitation especially the local hygiene.

Dietotherapy (Ilaj-bil-ghiza) [19]

Easily digestible foods (Ghiza-e-latif and Saree-ulhazm) and beverages should be given to the patients. Advise the patients to take moong dal, yellow arhar lentil (Arhar ki dal), meat soup (Maul- leham), green leafy vegetables, and fruits like pomegranates, apples, grapes etc. because all these things increase the nutritive power (Quwate ghazia) of uterus. 2. Ask the patients to use the iron-containing foods. 3. Ask the patients to avoid Ghiza-e-kaseef, hot, spicy and bitter food.

Drug therapy (Ilaj-bil-dawa)

According to Unani concept, those drugs should be used which possess the properties of expectorant (Mukhrij-ebalgham), tonic (Muqawwi), Astringent (Habis and Qabiz) [19] diuretic (Mudir), laxative (Mullayin), purgative (Mushil), and analgesic (Musakkin). Further, the drugs should be selected depending on the humor involved [28, 29] .

Table No.1 shows the List of Single and compound drugs which are commonly in Unani System of Medicine are

Single Drugs	Compound formulations
Gul-e-supari (Acacia catechu)	Safoof-e-Sailan-ur-Rahem
Mazu (Quercus infectoria)	Majoon-e-Supari pak
Afsanteen (Artemisia absinthium)	Habb-e-Sailan, Kushta musallas
Anisoon (Pimpinella anisum)	Halwa-e-Supari pak
Shibeyamani (Alum)	Majoon-e-Mochras
Gul-e-surkh (Rosa domestica)	Majoon-e-muqawwi-e-Rahem
Neem (Azadirachta indica)	Qurs-e-Kushta-Khabs-ul-hadeed
Sandal safaid (Santalum album).	Habb-e-Marwareed, Kushta-e-Zaj

Conclusion:

Leucorrhoea is a common problem now days in gynecological practice. It may be physiological, but it causes complications when it is a pathological disorder. Leucorrhoea has been considered a dreadful illness. Unani System of Medicine has a long history of for the ‘Sailan-ur-Rahem’ management with

effectiveness, without having any toxic effect on the human body. Treatment with the safest medication is crucial and Unani medicine plays an important part in this.

is a very frequent gynecological problem worldwide, that most of the female have to face in International Journal of Unani and Integrative Medicine ~ 28 ~ her lives. Because of the known adverse effects of conventional drugs, the Unani drugs and its compound formulations may be used as excellent alternative for management of Leucorrhoea. Unani drugs have long history of efficiency in management of Sailan-ur-rahem without causing any toxic effect on the human body. This article focuses on the different causes of leucorrhoea, its diagnosis, and management in the light of classical Unani literatures. Unani drugs have long history of efficiency in management of Sailan-ur-rahem without causing any toxic effect on the human body. This article focuses on the different causes of leucorrhoea, its diagnosis, and management in the light of classical Unani literatures. We may concluded that widen the knowledge of abundant storage of Unani component and general principles of management of the disease, used by Unani physicians since antiquity, shall be very effective and comprehensive.

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