



***SAILAN-UR-RAHEM* (LEUCORRHOEA): A MOST COMMON GYNECOLOGICAL PROBLEM AND ITS MANAGEMENT IN UNANI SYSTEM OF MEDICINE**

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**ABSTRACT**

Women's health is considered to be the back bone of the society and gynaecological morbidity. It is an important health issue among all women in India. Gynaecological morbidity in women can range from life threatening diseases such as malignancies to debilitating and psychologically distressing problems like *Sailan-ur Rahem* (Leucorrhoea) is an excessive vaginal discharge from the female genital tract and is a frequent gynaecological complaint of women that accounts for more than 1/4th patients visits to the gynaecologist. It is physiological when associated with various phases of menstrual cycle, but when it turns into pathological condition, it produces associated problems like low backache, itching, burning sensation of vulva, poor appetite, discomfort, general weakness and pain in legs etc. The Unani scholars have described *Sailan-ur-Rahem* and its treatment in various Unani classical literatures like *Kamil-us-Sana'a*, *Al- Hawi-fit-Tib*, *Firdaus –ul-Hikmat* and *Tibb-e-Akbar* and so forth. According to them, *Sailan-ur-Rahem* is a chronic type of inflammation which is due to poor *Quwwat-e-Ghadhiya* (Nutritive faculty) of the *Rahem* (Uterus) that causes accumulation of *Fuzlaat* (Waste materials). The vaginal discharge may be caused by excess of humours with a whitish, yellowish, reddish and blackish discharges accompanied sometimes with foul smelling and itchy sensation or pain in the infected area. If the disease is not treated in the initial stage then it may become chronic and leads to Pelvic inflammatory diseases (PID). In this review we have make an effort to focus on the concept and management of *Sailan-ur-Rahem* (Leucorrhoea) in Unani system of Medicine.

**KEYWORDS:** Leucorrhoea, Menstrual cycle, *Sailan-ur-Rahem*, Unani Medicine, Humours.

**INTRODUCTION**

Leucorrhoea (Vaginal discharge) is one of the most common symptoms of the reproductive age groups that may be due to physiological and pathological conditions. The physiological discharges for reproductive age women are healthy and natural and the type and quantities of cervical mucus varies during the menstrual cycle. Vaginal discharges differs in odour, colour and consistency or significantly increase or decrease in amount, may be due to an problem like an infection.<sup>[1]</sup>

At first instance, women experiencing vaginal discharge feel very embarrassed and worried about why they suffer from this issue. While most people fear it and think of it as a disease, it is typically just a symptom of an infection.

Undergoing vaginal discharge is natural, a few days

before menarche (before a woman first begins her period) and before the cycles and during sexual fantasy or sexual stimulation, vaginal discharge is common. For vaginal lubrication some discharge is natural and necessary. However, due to vaginal infections, the discharge can increase, and sometimes occur. If characterized by foul vaginal release, this condition can be very unpleasant. Reproductivity and child health Rapid Household (RCH-RHS – 1 and 2) study shows the reproductive health of children in the entire world to be poor. Leucorrhoea which may also be a sign for various gynecological disorders and infertility and hence requires assessment and therapy.<sup>[2,3,4,5]</sup> The systematic analysis carried out in 2015 has found that all RTIs are prevalent in self-reported group based studies ranging from 11 percent to 72 percent. Abnormal vaginal discharge or leucorrhoea is most frequently identified among women with RTI. Globally, the prevalence of excessive vaginal

discharge is estimated at 30 percent amongst women of the reproductive age group and is responsible for 5-10 million OPD visits each year.<sup>[6,7]</sup> When associated with specific menstrual cycle processes, leucorrhoea is physiological. Changes in the vaginal epithelium, improvements in the normal bacterial flora and pH of vaginal secretion are known to predispose the leucorrhoea. But it causes associated problems such as low back pain, scratching and burning sensation of the vulvae, poor appetite, nausea, general fatigue, and pain when turns into a pathological condition or chronic disease. Chronic illness, fatigue, malnutrition, mental disturbance, unhygienic hygiene, inadequate diet, and chronic retrovaric uterine illness are causes of leucorrhoea.<sup>[8]</sup> Abnormal vaginal discharge (AVD) is not a disease in itself, but it is a sign of such diseases as reproductive tract infections and sexually transmitted diseases. About 80 percent of women in the 15-45 year age group who undergo gynecology are suffering from vaginal infection with specific complaints such as vaginal discharge, foul smell and itching and if it isn't treated well it may lead to severe complications as pelvic inflammatory disease, ectopic pregnancy, congenital anomalies, prognosis of genital tract malignancy, so early detection and treatment of abnormal vaginal discharge decreases the maternal morbidity and mortality. Leucorrhoea means 'a run in which material' and implies an excessive amount of natural dissipation, and drops on clothing –Jeffcott (1975) to leave a brownish yellow foil on it. Leucorrhoea simply refers to a white flux that contains all unnecessary flux, purulent, yellow or watery, but not tainted blood – Shaw (1999).<sup>[9,10]</sup> The WHO reports that more than 340 million new sexually transmitted patients, 75% to 85% from developing countries, are new to women's health. Women who complain about an irregular vaginal discharge do not seek medical attention except when the condition is not appropriate and hinder their daily work. This may be because the genital region is modestly exposed or because the male doctor has been tested.<sup>[11,12]</sup> Unani system of medicine is an enriched and traditional system, according to which human body is considered to be composed of seven principles i.e. *Arkan* (elements), *Mizaj* (Temperament), *Akhlat* (Humours), *A'aza* (Organs), *Arwah* (pneuma or vital spirit), *Quwa* (Faculties or power), *Afal* (functions). These all are responsible for existence of human body and are considered as responsible for maintenance of health. The qualitative and quantitative imbalance or loss of any one of these components could be lead to disease or even to death of the individuals respectively.<sup>[13]</sup> According to Unani concept, leucorrhoea (*Sailan-ur-Rahem*), is a chronic inflammation of mucous membrane (*Ghisha-e-Mukhati*) of vagina and considered as a diseased condition which includes all those conditions which are defined under different names in modern medicine like trichomoniasis, moniliasis, bacterial vaginosis, or gonococcal cervicitis.<sup>[14]</sup> In *Sailan-ur-Rahem*, the excessive waste material (*Fuzlaat*) accumulated in the uterus due to weaken repulsive power (*Zoef-e-Quwat-e-*

*Dafea*). Hence, excretory waste of uterus is present in the form of *Sailan-ur-Reham*.<sup>[15]</sup> It occurred due to body weakness (*Badani zauf*), anemia (*Killat wa Rikkat-e-Khoon*), inflammation of uterus (*Warm-e-Rahem*), amenorrhoea (*Ahtibas-e-Tams*), irregular and disproportional distribution of humours (*Akhlat*) especially phlegm (Balgham). The mucous fluid secreted from vagina is a kind of phlegm humour (*Balghami khilt*). Because of all this, nutritional faculty (*Quwat-e-Ghazia*) weakens which affects the lining of the vagina thus result in excessive vaginal discharge.<sup>[13,16]</sup>

### Pathophysiology

The normal vaginal ecology depends on the fine balance of hormones and bacterial flora. The secretion is mainly derived from the glands of the cervix, uterus, transudation of the vaginal epithelium and bartholin's glands. The PH is acidic and varies during different phases of life and menstrual cycle. Vaginal tissue typically is moist with the pH maintained within the bacteriostatic range of 3.8 to 4.2. Doderlein bacilli part of the normal vaginal Flora, metabolize glycogen and produce the lactic acid that normally maintains the vaginal pH below 4.5 to 6.

### pH of vagina varies with age<sup>[17,18]</sup>

- A newborn infants between 4.5 to 7
- 6 weeks old child 7
- Puberty change from alkaline to acid
- Reproductive age group 4 to 5.5
- Pregnancy 3.5 to 4.5
- Late postmenopausal 6 - 8

### Unani Pathophysiology

In case of *Sailan-ur-Rahem*, *Sue Mizaj* afflicts the uterus and effects on the *Quwat-e-Ghazia* (Nutritive faculty). It is *Quwat-e-Maseka* (Retentive faculty) which remains at the receiving end predominantly and becomes unable to hold back the nutrients in the uterus for a sufficient time till the *Quwat-e-Hazema* (digestive faculty) acts upon these nutrients to convert them into a matter suitable for assimilation and incorporation. This half-braked material subjugates the *Hararat-e-Gharizia*. In relative deficiency of *Hararat-e-Gharizia*, *Hararat-e-Ghariba* overpowers the uterus and turns the accumulation of uterine waste into infected material. This infected material may be deviated from normalcy in colour, consistency and odour. This harmful and toxic material is excreted out by *Quwat-e-Dafea* (Excretory power). This harmful material is irritant in nature and when flows out of the genital tract 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*.<sup>[16,19]</sup>

### Causes of leucorrhoea

The excessive secretion is due to:

- Physiologic excesses
- Pathological excesses

**Physiologic excess**<sup>[17,18, 20]</sup>

The normal secretion is expected to increase in conditions when the estrogen level becomes high. Such conditions are:

- During puberty, increase levels of endogenous estrogen lead to marked overgrowth of the endocervix production congenital ectopy.
- During menstrual cycle: Around ovulation peak rise of oestrogen leads to increased secretion.
- During pregnancy, there is hyperoestrinism with increased vascularity. This lead increased to.
- During sexual excitement: When there is abundant secretion from the Bartholin's glands.

**Pathologic excess**

The causes of abnormal vaginal discharge may be infective or non-infective. The infective causes may be non-sexually transmitted as Bacterial vaginosis, Candida and herpes genitalis or may be sexual transmitted like Neisseria gonorrhoea, Trichomonas vaginalis. Infection and discharge, graded as normal with 1-2ml and copious more than 3ml with malodor. A study is undertaken with about to assess the role of micro-organisms as a cause of vaginal discharge with total number of 130 symptomatic study group, 20 controls and 10 ante-natals with bad obstetric history in the age group between 15-45 years attending the Department of Gynaecology & Obstetrics, Government General Hospital, Vijayawada were taken up for Microbiological study. The study indicated that Bacterial isolates were predominant with *Gardnerella vaginalis* forming major group with 42(32.30%). *Candida species* isolated was 32(24.61%) and *Trichomonas vaginalis* 24(18.46%). Other bacterial isolates like *Diphtheroids* 23%, *Coagulase negative Staphylococci* 19.23%, *Other Streptococci* 13.07%, *Staph aureus* 11.53%, *Acenitobacter* 6.15%, *Escherichia coli* and *Klebsiella* 5.38%, *Pseudomonas* and *Micrococci* 3.07% and  $\beta$  hemolytic *Streptococci* in 1.53%.<sup>(21)</sup>

On the other hand, the non-infective causes of abnormal vaginal discharge are foreign bodies (e.g. condoms, retained tampons), genital tract malignancy, fistulae, cervical polyps, allergic reaction and douching. Others causes like the use of antibiotic, steroid or birth control pills, diabetes, douches, scented soaps or lotions, bubble bath, pelvic inflammatory disease (PID), pelvic infection after surgery, vaginal atrophy.<sup>(22)</sup>

**Causes According To Unani System of Medicine**

According to Unani concept, Leucorrhoea is a chronic type of inflammation which affects the mucous membrane (*Geisha-e-Mukhati*) of vagina. Causes responsible for are enlisted as:

- (a) Killat wa Rikkat Khoon (anaemia)
- (b) Badani zauf (body weakness)
- (c) Warm-e-Rahem (inflammation of uterus), Ehtibas reham (amenorrhoea)

These causes weaken the metabolic power (*Quwat-e-Gazia*) which affects the lining of the vagina thus causes vaginal discharge in excess.

It has been described by *Ibn Sina* that weakening of *Quwat-e-Hazema* (digestive faculty) of *Urooq-e-Haiz* and predominance of *Akhlat-e-Arba* (four humours) is caused due to *Ufoonat* (infection) in the uterus, which leads to *Sailan-ur-Rahem*.<sup>[23]</sup> According to another well known scholar of unani system of medicine, Ali Ibn Abbas Majoosi, described that the causative factors of *Sailan-ur-Rahem* are *Zoef-e-Quwat-e-Jazeba*, which causes excess waste in the body and predominance of *Akhlat Arba*.<sup>[24]</sup> Whereas some other Unani physicians have described that *Sailan-ur-Rahem* is caused by *Zoef-e-Quwat-e-Ghazia of Rahem* along with predominance of *Akhlate Arba* and waste material in the body.<sup>[15,24,25]</sup> Other causes of *Sailan-ur-Rahem* are *Nutu-e-rahem* (prolapse of uterus), early pregnancy, *Zoef-e-Aam* (generalized weakness), anaemia, low socio-economic status, excessive intake of cold and moist food, excessive intake of hot and spicy foods, inadequate diet, excessive intercourse, unhygienic condition, stress and strain, worm infestation, amenorrhoea, *sozak* (Gonorrhoea), *ateshak* (syphilis), *Waja-ul-Mafasil* (arthritis), *Niqras* (gout), *diqq* (tuberculosis), *Warm-e-Rahem*, *busoor-e-Rahem*, *Qurooh-e-Rahem* and *Bawaseer-e-Rahem*.<sup>(26,27)</sup>

**Clinical Features Of Leuchorrhoea**

- Upto 85% of infected women have no symptoms.
- A vaginal discharge is considered abnormal, if there is an increase in volume (especially if there is soiling of clothing) and objectionable odour or change in consistency or colour.
- Characteristics depend upon cause
- Secondary irritation of vulvular skin may be minimal or extensive, causing pruritis or dyspareunia.

There is thin or thick, viscous, yellowish white discharge from the vagina. It is associated with *Hikkat-ul-mahbal* (Pruritis vulvae), *Waja-ul-zahar* (Low backache), *Waja-ul-batan* (Lower abdominal pain), *Kasrat-e-baul* (Increased frequency of micturition), *Usr-e-baul* (Dysuria), cramps in calf muscle, menstrual irregularities and *Usr-e-tamas* (Painful menses), *Usr-e-Tanaffus* (dyspnoea), loss of appetite, giddiness, *dard-e-sar* (Headache), *sozish-e-uzlaat-e-badan* (burning sensation in extremities), *Nafakh-e-shikam* (indigestion), *Qabz* (constipation) and *Kasrat-e-bedaari* (Insomnia). Vaginal mucosa and vulva may become inflamed. The patient may become infertile due to discharge. The patient may become pale, weak, lethargic and irritable.<sup>(23,28-31)</sup> Physical and mental status of the patient gets deprived. Complexion of the face gets affected and occasionally there may be puffiness of face and eyes.<sup>(27)</sup> Allama Najeebudeen Samarqandi, a great Unani scholar described the disease as, fluid secreted in the uterus due to poor and weak *Quwat-e-Ghadiya* (Nutritive faculty)

According to the scholar this secretion is a type of waste material that go down to the uterus and expels out.

#### Classification of *Sailan-Ur-Rahem*<sup>[26,28,29,32,33]</sup>

In Unani System of Medicine, the disease is classified as follows

##### According to Khilt

1. *Sailan-ur- Rahem Damvi* - it is caused by excess of khilte dam and colour of discharge is reddish.
2. *Sailan-ur- Rahem Safravi* - it is caused by excess of khilte safra and the colour of discharge is yellowish.
3. *Sailan-ur- Rahem Balghami*- it is caused by excess of khilte Balgham and the colour of discharge is whitish.
4. *Sailan-ur- Rahem Saudavi* - it is caused by excess of khilte sauda and the colour of discharge is blackish.

##### According to age<sup>[26,28,29,32,33]</sup>

- a) *Sailan-ur-Rahem* in small girls: Some immature girls suffer from the white discharge; this is due to worm infestation, incontinence of urine and vaginal itching etc.
- b) *Sailan-ur-Rahem* in adolescent girls: In young unmarried girls, discharge is caused by excessive sorrow and sadness and unhealthy condition. It happens near to menstruation, which causes irritation in the outer area of the vagina.
- c) *Sailan-ur-Rahem* in newly married women: This type of discharge is from inner side of the vagina found mostly in the newly married women. It is due to the inflammation of uterus that is aggravated by coitus. In this condition, the discharge is yellowish white in colour, sour in nature and causes abrasion and burning in vagina.
- d) *Sailan-ur-Rahem* in parous women: This type of discharge is due to cervical laceration during delivery or chronic inflammation of the mucous membrane of the uterus. It may become occasionally due to chronic gonorrhoea. In this condition, discharge is white and viscous like white part of egg that comes from the cervix and it becomes yellowish or reddish because of mixing of pus or blood. This type of *sailan* commonly occurs in childbearing women.
- e) *Sailan-ur-Rahem* in menopausal women: This type of discharge occurs in old age women due to cervical or endometrial carcinoma and rarely due to *Warm Rahem Muzmin*. This discharge is like curd or buttermilk.

##### According to Sites<sup>[26,28,29,32,33]</sup>

- (a) *Sailan-e-Farji* (Vulvar Discharge): In this condition, the discharge is from the outer part of vagina.
- (b) *Sailan-e-Mehbali* (Vaginal Discharge): The discharge comes from inner part of the vagina
- (c) *Sailan-e-Unqui* (Cervical Discharge) The discharge comes from the cervix of the uterus.
- (d) *Sailan-e-Rahemi* (Uterine Discharge): Uterine discharge may occur at any age of life and comes from the mucous membrane of the uterus. In this condition the discharge is white and viscous like white part of egg.

#### Asbab-e-Moiddha (Predisposing Factors)

Predisposing factors of *Sailan-ur-Rahem* are *Zoef-e-Quwwat-e-Jaziba* (weakness of absorptive power),<sup>[16]</sup> low socio-economic condition and bad personal hygiene<sup>[32]</sup> *Kasrat-e-Isqaat* (frequent abortion), hardworking, cold<sup>[34]</sup> *Kasrat-e-milaap* (frequent intercourse), *Sozak* (gonorrhoea), *Aateshak* (syphilis), *Ehtebas-e-Haiz* (amenorrhoea), *Zoef-e-Aam* (general weakness)<sup>[28]</sup> *Qabz-e-Muzmin* (chronic constipation), *Niqras* (gout), *Waja-ul-Mafasil*(arthritis), *Warm-e-Rahem* (Metritis), *Warm-e-Mahbal* (vaginitis)<sup>[30]</sup> use of unclean clothes during menses, *Kirm-e-Shikam* (worm infestation), *Pechish* (dysentery), *Ishaal* (Diarrhoea), *Diq*(Tuberculosis), calcium deficiency, *Mana-e-aalat-e-hamal*(contraceptive devices), *Faqr-ud-Dam* (anaemia) that suppress the immunity power of body and hence increase the chance of *Ufoonat* (Infection) and *Nafsiyati dabaav* (Mental stress).<sup>[31]</sup>

#### Usool-e Tashkheesh (Diagnosis) Of Leucorrhoea (*Sailan-Ur-Rahem*)

Patients usually complain for abnormal discharge from vaginal with one or more other associated symptoms of the disease mentioned above. Discharge looks white or creamy in colour; sometimes it looks reddish, blackish or yellowish. General weakness may reveal the ill health of the patient, which may be due to the leucorrhoea. Peevishness occurs in the behaviour of the patient and often it may risk to heart attack. The discharge is subjected to microscopic examination for detection of pus cells to exclude the infective nature of the disease. If pus cells are not detected then it is case of leucorrhoea but if pus cell is detected then further investigations are carried out to identify the organism in discharge and rule out the actual disease.<sup>[35]</sup>

The investigation should include detailed history regarding onset of disease, duration of the discharge, intensity of the itching etc., and general examination like features of anaemia or malnutrition, evidence of fungal infection in toes and fingers and patches elsewhere in the body etc. and local examination of the affected area.<sup>[17]</sup>

#### Diagnosis of Khilt

In the classical literature of USM, a simple test is done for the identifying the predominance of humour i.e. by fresh cotton or white cloth, (swab method). Ask the patient to keep the sterile swab in the vagina overnight then allow it to dry in shade and assess the predominant humour by its colour. If the discharge is reddish with predominance of heat, and red turbid urine indicates predominance of *Khilt-e-Dam*. If the discharge is white with other sign and symptoms of *Balgham* indicates predominance of *Khilt-e-Balgham*. If the discharge is yellowish, foul smelling and associated with intense thirst denotes predominance of *Khilt-e-Safra*. The blackish and turbid discharge associated with dryness and weakness is sign of predominance of *Khilt-e-Sauda*.<sup>[24,27,36-38]</sup>



**Investigations**<sup>[18,14,17]</sup>

- Wet film for T. vaginalis, clue cells
- KOH Test: Whiff test: A KOH wet mount preparation of the vaginal discharge helps to dissolve all cellular debris, leaving behind the resistant hyphae and spore of the Candida thus making diagnosis easily.[6]
- Discharge for gram staining
- Pap smear
- Urine for R/E, C/S.
- Culture: though not routinely advocated, vaginal discharge can be cultured on Sanbouraud's agar-the presence of discrete creamy rounded colonies appears in 48-72 hours, giving a typical yeast odour.
- Nickerson's medium is a special medium, on which Candida colonies appear in 48-72 hours as brown-black discrete round colonies.
- HIV serology
- Blood test when PID is suspected.

**Usool-E-Ilaj (Line Of Treatment) Of Sailan-Ur-Reham**<sup>[28,35,38-40]</sup>

If the disease appears due to the supremacy of any one Khilt (humour) at that time disease should be first treated by Munzij wa Mus'hil therapy (Concoctive and purgative) and after that farjazat (suppositories) should be given. Some of the key factors are as under

- If the disease is due to the weakness of Quwat-e-Ghadiyia (nutritive power) then Behi, Apple and Sharbat sandal or lemo is beneficial. Mufarrihaat latif (simply digestible foods) and beverages increase the Quwati-e-Ghadhiya (nutritive power) of uterus.
- If warm-e-Reham (Metritis) is cause of leucorrhoea then the same treatment should be prescribed as the treatment for warm-e-Reham.
- In the presence of general weakness the Muqqawiyat (general tonics) must be given.
- If Leucorrhoea is caused by local vaginal infection, then treatment should be given to remove the morbid humour from the stomach and liver.
- In case of Anaemia, iron composite should be given.
- Digestion should be properly maintained and there should be no constipation in patients.
- All vital organs of body should be properly maintained to improve the general health of the patients.
- Undergarments especially loose – fitting preferably made of cotton should be used to keep the area aerated.
- Maintenance of personal hygiene is essential.

**Ahtiyati Tadabeer (Preventive measures) as safeguard to leucorrhoea (Sailan-ur-Rahem)**

There are many preventive measures (*Tahaffuzi tadabeer*) which prevent leucorrhoea (*Sailan-ur-Rahem*). A few of them are as under:

- Cleanliness of reproductive organs is very important. Wash the genitals carefully during every bath and do not let moisture retain in the genitals

area after the bath. Let the water flow on anus and vulva in plenty as to wash them clean. Also wash vagina clean after urinating.

- Self-medication should be avoided because some women are allergic to certain kinds of medicines and use of such medicine may cause further infections and will complicate the issue.
- Drink plenty of water to flush out the toxic substances from the body.
- All sugary foods such as pastries, sweets, custards, ice-creams and puddings must be avoided if there is profuse discharge.
- Mushrooms must be avoided in diet as they are fungi themselves.
- Hot and spicy foods should be reduced to the least in diet.
- Avoid the intake of alcohol.
- Fresh curds must become an integral part of the diet because it not only helps in easy digestion of food but also contains lactic acid, which can reduce the discharge.
- Clean the innerwear and yourself with a good quality detergent which has bactericidal and fungicidal properties.
- Immediately change the clothes including undergarments, if clothes get wet in the rain or due to any other reason.
- Inner wear made of Nylon material should be avoided in summer because as it may retain sweat in the genital area. Cotton is best choice for undergarments.
- Do not unnecessarily use any cosmetics like powders or perfumes in the genital area. They should be strictly avoided.
- Go on a walk or jog early morning to make the body stress-free and also to increase its resistance to diseases
- Pill users should stop the pill temporarily if the symptoms are very much annoying.
- Before going physical with your partner make sure he is free from all kinds of infections and habituate yourself to wash your organ clean after meeting thus keep away many diseases.
- Stress buster exercises and morning walk should be made routine; because when body is stress free, immunity will receive a boost against illnesses.

**Unani Treatment**

- First rule out the cause and treat accordingly if the cause is cervicitis, complete treatment for cervicitis should be done.<sup>[41]</sup>
- *Tankhiya-e-Reham* (Evacuation of morbid matter from the uterus).<sup>[16]</sup>

**Modes of treatments in Unani medicine in Sailan-ur-reham****1. Ilaj-bil-Tadabeer (Regimenal therapy)**

- **Fasad (Venesection):-** Do Venesection of Basaleeq (cephalic vein)<sup>[16]</sup>

- **Dousch(irrigation):-** With the help of Gulebabuna, makao khushk, marzanjoosh, khaisoom.<sup>[41]</sup>
- **Suppository (Farzaja):** Various Suppositories has been advised according to humours.
- **Exercise:** Exercise of calf muscles or both legs.<sup>[41]</sup>

## 2. *Ilaj bil Ghiza (Dietotherapy)*<sup>[25]</sup>

- *Ghiza-e-Latif* and *Saree-ul-Hazm* (easily digestible foods) and beverages should be given. They increase the *Quwate ghazia* (nutritive power) of uterus, e.g., *Moong ki dal*, *Arhar ki dal*, *Ma'a-ul-leham*, Green vegetables, and fruits like pomegranates, apples, grapes etc.
- Use iron-containing foods.
- *Ghiza-e-Kaseef*, Hot, spicy and bitter food should be avoided.

## 3. *Ilaj bil Dawa (Drug therapy)*

Use those drugs which possess the properties of *Mukhrij-e-balgham* (Expectorant), *Muqawwi* (Tonic), *Habis and Qabiz* (Astringent),<sup>(25)</sup> *Mudir* (diuretics), *Mullayin* (laxative), *Mus-hil* (purgative), *Musakkin* (Analgesic). Further, the drugs should be selected depending on the *khilt* involved.<sup>(37,42)</sup> In the classical literature of Unani system of medicine, single and compound (poly herbal) formulations has been mentioned by Unani physicians which are effective in this disorder and clinically their efficacy also has been proven for some among of them.

### List of Single Drugs Generally Used by Unani Physicians in Management of *Sailan-ur- Rahem (Leucorrhoea)*<sup>[35,37,39,42,43]</sup>

- Samag-e-Arbi(*Acacia arabica*)
- Anisoon(*Pimpinella anisum*)
- Mazu(*Quercus infectoria*)
- Shib-e-yamani(*Alum*)
- Taalmakhana(*Astrachanthas longifolia*)
- Gule Supari(*Acecia catechu*)
- Lodh pathani(*Symplocus racemosa*)
- Maghz Tukhme Tamarhindi(*Tamarindus indica kernels*)
- Sandal Safaid(*Santalum album*)
- Gule Surkh(*Rosa domestica*)
- Bakain(*Melia azedarach*)
- Afsanteen(*Artemisia absinthium*)
- Saalab misri(*Orchis latifolia*)
- Gule dhawa(*Woodfordia fruticosa*)
- Beejband(*Sida cardifolia*)
- Gulnar(*Punica granatum*)
- Ajwain(*Ptychotis ajowan*)
- Kakra Seenghi(*Pistacia lentiscus*)
- Neem(*Azadiracta indica*)

Single unani drugs could be used by mixing for treatment of leucorrhoea

**Formula 1:** Maghze tukum-e-Tamarhindi(*Tamarindus indicus*), Dhakkunpal( *Butea frondosa*), Babul ki kunpal (*Acacia arabica*), Sandal safeed(*Santalum album*),

Mastagi(*Pistacia lentiscum*), Gul-e-surkh(*Rose Damascus*), Nabaat-e-Safeed.<sup>[16,38]</sup>

**Formula 2:-** Sang-e-Jarahat, Mazoosabz(*Quercus infectoria*), Nukhood biraan, Nabaat-e-safeed.<sup>[16,38]</sup>

**Formula 3:***Tabasheer* (*Bambusa arundinacea*), Dana-e-ilachi Khurd(*Elettaria cardammum*), Talmakhana (*Astracantha longifori*), Sadaf( Shell of pearl), Nabaat-e-safeed with Hab-e-marwareed.<sup>[16,38]</sup>

### Compound formulations<sup>[28,39,44]</sup>

Compound Unani pharmacopoeial formulations used in the management of the *Sailan-ur- Rahem (Leucorrhoea)* are:

1. Majoon-e-Supari Paak
2. Safoof-e- Sailaan
3. Qurs-e- Sailaan
4. Majoon Suhaag Sonth
5. Qurs-e- Kushta- Khabs-ul- Hadeed
6. Kushta Baiza-e- Murgh
7. Kushta Musallas
8. Kushta Qalai
9. Khushta-e-Faulad
10. Majoon Muqawi Rahem
11. Majoon Mocharas
12. Dawaul Misk Mutadil Jawahar wali
13. Habbe Marward
14. Jawarish Jalinoos

### Complications<sup>[16,38]</sup>

1. Uterine weakness leads to infertility
2. *Isqaat* (Abortion)

## CONCLUSION

*Sailan-ur-Rahem* is a very common gynecological problem worldwide, which most of the women have to face in her lives, especially the young girls. It is necessary to be treated with the least side effects and the unani drugs and its compound formulations can be used as good alternative for treatment of the disease. There are many medicinal formulations present in unani for leucorrhoea which have been proved to be beneficial. Awareness about personal hygiene is necessary, which is the basic pillar for treating the symptoms. Unani drugs have long history of effectiveness in treatment of *Sailan-ur-rahem* without causing any side effect on the human body as well as not only treats the cause but at the same time strengthens the vital organs. In this review paper we have elaborated the diseased condition as well as their causes and management as described by ancient physician in classical literature. There more formulations have been mentioned in classical literature, on which the scientific efficacy and safety preclinical and clinical research studies should be done to combat this problem.

## REFERENCES

- Sobel, D.J., Diagnostic approach to women with vaginal discharge or vulvovaginal symptoms. Available at: [www.uptodate.com](http://www.uptodate.com) 2011), 2011.
- Dutta, D. C. Textbook of obstetrics: including perinatology and contraception. New central book agency, 2004; 524-529.
- Munson, E., Napierala, M., Olson, R., Endes, T., Block, T., Hryciuk, J. E., Schell, R. F. Impact of *Trichomonas vaginalis* Transcription Mediated Application-Based Analyte-Specific Reagent Testing in a Metropolitan Setting of High Sexually Transmitted Disease Prevalence. *Journal of Clinical Microbiology*, 2008; 46(10): 3368–3374.
- Xia, D. Y., Liao, S. S., He, Q. Y., Choi, K. H., Mandel, J. S. Self-Reported Symptoms of Reproductive Tract Infections among Rural Women in Hainan, China: Prevalence Rates and Risk Factors. *Sexually Transmitted Diseases*, 2004; 31(11): 643–649.
- Sutton, M., Sternberg, M., Koumans, E. H., McQuillan, G., Berman, S., Markowitz, L. The Prevalence of *Trichomonas vaginalis* Infection among Reproductive-Age Women in the United States, 2001-2004. *Clinical Infectious Diseases*, 2007; 45(10): 1319–1326.
- Bang, R. A., Baitule, M., Sarmukaddam, S., Bang, A. T., Chaudhary, Y., Tale, O. High Prevalence Of Gynaecological Diseases In Rural Indian Women. *The Lancet*, 1989; 333(8629): 85–88.
- Alka, S., Singh, A. Rajesh Kumar, Indu Gupta. An Epidemiological study of Gynaecological morbidity in a rural community of Haryana. India. CPS/DFID Publications India. [d9id/c-2.html](http://d9id/c-2.html), 2000.
- Bimal, M. K. A Community Based Study to assess Leucorrhoea and Associated Factors of Leucorrhoea among Women of Reproductive Age Group (15-45years) in selected slums of Ludhiana. Punjab. *Asian Journal of Nursing Education and Research*, 2016; 6(2): 245.
- Zaher E .H, Khedr N F K & Elmashad H A M. *Awareness of Women Regarding Vaginal Discharge IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 2017; 6(1)(I): 01-12. [www.iosrjournals.org](http://www.iosrjournals.org) ISSN: 2320-1959.p- ISSN: 2320-1940.
- Maria, M.V., Juraci, A., Cesar, J.A., Raúl, A., Mendoza-Sassi, R. A., and Schmidt, E.B. Pathological Vaginal Discharge among Pregnant Women: Pattern of Occurrence and Association in a Population-Based Survey. *Obstetrics and Gynecology International*, Volume 2013 (2013), Article ID 590416, 7 pages available at <http://dx.doi.org/10.1155/2013/590416> last accessed on 23/6/2016, 2013.
- Kumar S & Padmaja Reproductive Tract Infections – Clinic epidemiological Study Among Women Attending Tertiary Health Care Center, Ananthapuram District, Andhra Pradesh. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 2016; 15(4).
- Li, C., et al, Knowledge, Behaviour and Prevalence of Reproductive Tract Infection: A descriptive study on rural women in Hunchun, China. *Asian Nursing Research*, 2010; 4(3): 122-129.
- Ahmed SI, Introduction to Al-Umooe-Al- Tabi'yah. Principle of Human physiology in Tibb. Saini Printers, Delhi, First Edition, 1980; 2.
- Kumar P, Malhotra N. Jeffcott's Principle of Gynaecology. Jaypee Brother's Medical Publishers (P) Ltd, New Delhi, 2008; 340-41: 45-46.
- Hubal I. Kitabul Mukhtar-at-fit-Tib Urdu translation by CCRUM, vol-4New Delhi, 2007; 4: 37.
- Majoosi AIA. Kamil-us-Sana. Mataba Munshi Naval Kishore, Lucknow, 2005; 182-84, 534-35.
- Dutta, D.C. Text Book of Gynaecology, 4th ed., New Central Book Agency, Kolkata, 2007; 503-505.
- Pernoll M.L., Benson and Pernoll's handbook of Obstetrics and Gynecology 10<sup>th</sup> edition McGraw-Hill Medical Publishing Division.
- Ali K Z, Hasan A, Parray S A, Ahmad W. *Sailan-ur-Rahem (Abnormal Vaginal Discharge) in Greco-Arabic Medicine: A Review. Research & Reviews: A Journal of Unani, Siddha and Homeopathy*, 2017; 4(2): 1–6.
- Neerja Bhatla md, jeffcoate's principles of Gynaecology, international edition 6; 2001:601, first published in graet Britain in 1957, revised and updated international edition published in by Arnold, a member of the hodder headline group 338 euston road, London, 2001.
- Rani Y U, Sarada D, Varalakshmi D, Rajeswari R M & Padmaja Y. Microbiological study of leucorrhoea with special reference to gardnerella vaginalis *International Journal of Advanced Research*, 2015; 3(7): 1192-1199.
- WebMD, You're Guide to the Female Reproductive System, Available at <http://www.webmd.com/sexrelationships/guide/your-guide-female-reproductive-system> last accessed on 6/11/2015, 2015.
- Sina I. Al-Qanoon Fit Tib. Vol 2. Urdu translation by Kantoori SGH. Idara Kitab-us-Shifa; New Delhi, 2007; 341.
- Jurjani I. Zakhera Khwarizm Shahi. Vol. 6, Lucknow: Mataba Nami Munshi Nawal Kishore; YNM, 596.
- Kabiruddin M. Bayaze Kabir. 5th Ed. (Hyderabad): Hikmat Book Depot, 1935; 192–93.
- Qarshi MH. *Jamae-ul-Hikmat*. Vol I & II. (New Delhi): Idara Kitab-us-Shifa, 2011; 1073–77.
- Khan M A. Akseer-e-Azam, Vol. II. Urdu Translation by Kabiruddin M. Aijaz Publishing House, New Delhi, 2003; 1195.
- Multani HC. *Taj-ul-Hikmat*. (Lahore) Malik Book Depo; YNM, 377–81.
- Rafae MH, Amraz-un-Nisa, Lahore, Kamyab Book Depo, YNM, 88–92.

30. Jabbar A. Rahnumae Amraze Niswan wa Atfal, 2nd edition. Arfan Publishers (Dong UP), 1992; 32–34.
31. Khan M. Clinical study of Sailan-ur-Rahem and its management with Unani formulation. MD Dissertation. NIUM, Bangalore, 2007; 9–17: 44–45.
32. Khan A, *Haziqee, Idara Kitab-ul-Shifa*, New Delhi; 2002; 481-487.
33. Azmi K S. Amraz-un-Nisa. 2nd ed., (New Delhi): Director Taraqqi Urdu Beuro, 1984; 188–93.
34. Chughtai F. Amraz-e-Makhsoosa niswan. (Lahore): Idara Terjuman-ul-Tib; YNM, 35: 122–23.
35. Kabiruddin M, *Moalijat Sarah Asbab, Vol III* Aijaz Publishing House. New Delhi, 2007: 132.
36. Dahlvi A. Amraze Niswan Aur Unka Ilaj. Delhi: Maktaba Ishaatul Uloom, 2001; 37.
37. Hameed A. Mairajul Bahrain. Part II. (Lahore): Shaikh Ghulam & Sons, Tajiran-e- Kutub; YNM, 160-161, 176-177.
38. Kabiruddin M. Al-Akseer vol II (New Delhi), Aijaz Publishing House, 2003; 1372–74.
39. Jeelani G, *Mukhzanul Ilaj* (New Delhi, Idra Kitabul Shifa, New Delhi, 2005; 651-52.
40. Azmi K S, *Amraz-u-Nisa, 1st ed.* (New Delhi, Taraqqi Urdu Board, 1978; 562-63.
41. Alama NSQ, Molajaat Sharah Asbaab ; ; e/I, oct, Vol-III/IV, Page No: 132, Idara Kitaab-us-Shifa, Darya Ganj, New Delhi, 2009.
42. Razi AB, Al-Hawi- fit-Tib, Vol. 9, (Urdu Translation. By CCRUM), New Delhi, 2001; 8: 14–15.
43. Ghani. N. Khazain-ul-Advia. (New Delhi): Idara-e-Kitab-us-Shifa, 2011; 293.
44. Anonymous, 1993: *National Formulatory of Unnai Medicine, Part 1 Urdu Edition* (Delhi, M.H.F.W Govt. of India, 1993; 123- 362.