

Concept And Managemnet of Leucorrhoea In Unani Sytem Of Medicine

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Abstract: Leucorrhoea is excessive vaginal discharge. It is a frequent gynaecological complaint that accounts for more than 1/4th gynaec. visit to gynaecologist. The vaginal discharge may be caused by excess of humours with discharge colour whitish, yellowish, reddish and blackish and it may be accompanied with foul smelling and itchy sensation or a pain at the infected area. If the disease is not treated in the initial stage then it may become chronic and leads to Pelvic inflammatory diseases. The objective of the present study was to ascertain the Unani concept described in Unani classical literatures regarding various causes, symptoms and management of this common gynaecological disorder by Unani system of medicine with an aim to spread the knowledge for preventive measures, home remedies to get relief from the disease and the management of the leucorrhoea by Unani compound formulations, which are not only easily available but also have no side effect on the human body. In this regard, we may conclude that spread of the knowledge of abundant storage of Unani components and general principles of treatment, which are being used by Unani physicians since ancient times, shall be very effective in the management of this gynaecological disorder.

Keywords: *Leucorrhoea, Vaginal discharge, Gyneacological, Unani system of medicines*

I. INTRODUCTION

Sayalan-al-Rahim (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 gynaec patients visits to the gynaecologist [1]. The discharge may range from what is called as excess of normal to one, which is a part of wide spectrum of ailments. It may be blood-stained or contaminated with urine or stool [2]. The normal discharge is actually fluids form of all worn out and dead cells in the vaginal tract along with other toxic materials that are eliminated continuously from the vagina. The abnormal vaginal discharge may be whitish, yellowish, reddish and blackish in colour [3, 4]. The vaginal discharge with foul smell makes it embarrassing to women to get into social gatherings and even engage in her personal affairs. The abnormal condition of the reproductive organs of women, if not treated in the initial stages then it may become chronic and leads to PID (Pelvic Inflammatory Diseases), which may cause infertility. Women with pale color vaginal discharge are unable to conceive [5]. Peculiar vaginal discharge is generally associated with body aches and thirst [6]. Leucorrhoea 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. Chronic illness, fatigue, malnutrition, emotional disturbances, unhygienic condition, improper diet, constipation and chronic retroverted uterus are responsible for leucorrhoea. The most common cause of excessive secretion is physiological excess due to increase in conditions, when the oestrogen levels become high during the puberty, menstruation cycle, pregnancy and sexual excitement; followed by vaginal and cervical causes. The vaginal infections are due to bacteria, virus, fungi and parasites. Other causes include foreign bodies, cervicitis and atrophic vaginitis [2, 7]. Infections of vaginal mucosa by *Trichomonas vaginalis* and *Candida* are the most common cause of leucorrhoea. These are treatable as well as preventable causes as both these infections are transmitted sexually. Although, 25 % of both infection are asymptomatic [2, 8]

The Unani scholars have described sayalan-al-rahim (Leucorrhoea) and its treatment in various Unani classical literatures like Kamil al Sana'a, Al Hawi, Firdaus al Hikmat and Tibb-e-Akbar etc. According to them, disease is due to poor quwwat-e-ghadhiya (nutritive faculty) of the rahim (uterus) that causes accumulation of fuzlaat (waste materials) [3]. Hakim Mohammad Azam Khan has described the disease in his famous book 'Akseer Azam. According to humoural theory, sayalan-al-rahim is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humors [3, 4]. The health of females is spoiled by the excessive vaginal discharge just as the health of adult male is spoiled by the spermatorrhea [9]. 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 [2].

Women's health is considered to be the back bone of the society and gynaecological morbidity 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 leucorrhoea' this study was done to focus on the concept and management of sayalan-al-rahim (leucorrhoea) in Unani system of Medicine because the disease has been described in the various Unani classical literatures and Unani drugs are being used for the management of the disease since ancient times without causing any side effect on the human body [10].

II. CLASSIFICATION OF SAYALAN-AL-RAHIM (LEUCORRHOEA)

2.1 In general there are two types of Leucorrhoea

- (i) Physiological
- (ii) Inflammatory

Physiological leucorrhoea is common in almost all women and is caused by the natural defence mechanism of the vagina to maintain its chemical balance and preserve the flexibility of the vagina tissue. It has got its name 'physiological' due to the reason that vaginal discharge occurs when estrogens levels are increased. When vaginal discharge is thin, clear, odourless, mucus like and not subsequently increased in the quantity then it is considered normal and therefore need not be worried about.

Inflammatory Leucorrhoea occurs when there is vaginal swelling or congestion of mucosa. The affected area very often gives out yellowish discharge with a foul smell, which indicates infection. This type of Leucorrhoea also includes vaginal discharge caused by the sexually transmitted disease (STD) and due to post partum discharge after delivery [1].

2.2. In Unani system of medicine, classification of disease is according to vaginal discharge and humours .

2.2.1 According to the humoral theory, Sayalan-al-Rahim (Leucorrhoea) is classified into four types [4],

- (i) Sayalan-al-Rahim Damwi - It is caused by excess of Khilt-e-Dam and the colour of the discharge is reddish.
- (ii) Sayalan-al-Rahim-Safrawi - It is caused by excess of Khilt-e-Safra and the colour of discharge is yellowish.
- (iii) Sayalan-al-Rahim Balghmi - It is caused by excess of Khilt-e-Balgham and colour of discharge is whitish.
- (iv) Sayalan-al-Rahim Sawdavi - It is caused by excess of Khilt-e-Sawda and the colour of the discharge is blackish

2.2.2. The classification according to vaginal discharge is of five types [11],

- (i) Clitoral discharge- The fluid discharge from the external part of clitoris.
- (ii) Internal vaginal discharge-The vaginal discharge fluid discharge from the internal part of the vaginal.
- (iii) Cervical discharge- The discharge comes from the cervix of the uterus.
- (iv) Uterine discharge- The discharge comes directly from the uterus.
- (v) Ovarian discharge- The discharge comes from the ovary.

III. SYMPTOMS OF SAYALAN-AL-RAHIM (LEUCORRHOEA)

Associated symptoms of the disease are excessive vaginal discharge, pain in the thighs & calf muscles, and burning micturition etc. The vaginal discharge colour may be whitish, reddish, yellowish and blackish. The discharge may be accompanied with foul smelling and itchy sensation or a pain at the infected area. The watery discharge with foul and stained may be symptoms of initial stage of cervical carcinoma [3, 4]. Others associated symptoms of the disease with excessive vaginal discharge are,

- (i) Breathlessness
- (ii) anorexia
- (iii) Indigestion
- (iv) Paleness
- (v) Lumbago
- (vi) Polyuria
- (vii) Pain & heaviness in lower abdomen
- (viii) Pain in menstruation
- (ix) Headache and Giddiness
- (x) Malaise
- (xi) General weakness
- (xii) Anaemia
- (xiii) Constipation
- (xiv) Pruritus
- (xv) Local soreness

[9, 11, 12, 13, 14].

IV.

DIAGNOSIS OF

SAYALAN-AL-RAHIM (LEUCORRHOEA)

The patients complaints for abnormal vaginal discharge with one or more associated symptoms of the disease. The discharge looks white or creamy in colour. General weakness may reveal the ill health, which may be due to the leucorrhoea. Peevishness occurs in the behaviour and often it may risk to heart attack [14]. The discharge is subjected to microscopic examination for detection of pus cells to exclude the infective nature of the discharge. If pus cell is 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.

The investigation should include detailed history regarding age of onset, itching intensity, duration of vaginal discharge etc., general examination like features of malnutrition or anaemia, evidence of fungal infection in fingers & toes and patches elsewhere in the body etc. and local examination of the affected area [2].

V. ETIOLOGY

According to Unnai scholar, Allama Najeibuddin Samarqandi the fluid is secreted in the uterus because of poor and weak Quwwat Ghadhiya (nutritive faculty). The accumulated fluid is waste materials that go down to the uterus and expel out. The body repel and drive back the fluid to the uterus.

Other causative factors of the disease are

- (i) Early/young age pregnancy
- (ii) Infections from bacteria, fungi or parasites – protozoa.
- (iii) Spread of infection from urinary tract
- (iv) Injuries to the vagina, the womb or the cervix
- (v) Inflammation of uterus
- (vi) Allergy or contact dermatitis
- (vii) Sexually transmitted diseases
- (viii) Contraceptives used by women
- (ix) Pelvic inflammatory disease
- (x) Lack of cleanliness or poor hygienic measures especially during menses.
- (xi) Gonorrhoea
- (xii) Syphilis
- (xiii) Gout
- (xiv) Displacement of uterus
- (xv) Diabetes and anaemia can provoke infections due to weakened immunity
- (xvi) Arthritis
- (xvii) Typhoid
- (xviii) Mental anxiety or sexual frustration
- (xix) Diet low on nutrition [2, 14].

VI. PATHOGENESIS

The discharge is actually a fluid form of all worn out and dead cells in the vaginal tract, along with other toxic materials that are eliminated continuously from the vagina. In a healthy woman, such discharges are whitish in color. But if the discharge is abnormal or darkens in color, then it requires medical attention. Leucorrhoea is associated with a significant risk of morbidity in women, including pelvic inflammatory disease (PID), adverse pregnancy outcomes like abortion, preterm labor, cervical dysplasia and infertility, increased risk of post-operative infection and HIV acquisition and transmission [9].

General weakness is increased. Peevishness occurs in the behaviour and often it may risk to heart attack [14]. The watery discharge with foul and stained may be symptoms of initial stage of cervical carcinoma.

VII. PREVENTIVE MEASURES

- (i) 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.
- (ii) Drink plenty of water to flush out the toxins from the body.
- (iii) All sugary foods such as sweets, pastries, custards, ice-creams and puddings must be avoided if there is profuse discharge.
- (iv) Mushrooms must be avoided in diet as they are fungi themselves.
- (v) Hot and spicy foods should be reduced to the least in diet.
- (vi) Avoid the intake of Alcohol.
- (vii) Fresh curds must become an integral part of the diet because it not only helps in easy digestion of food but also contain lactic acid, which can reduce the discharge.
- (viii) Wash the genitals during every bath and do not let moisture retain in the genitals area after the bath.

- (ix) Clean the innerwear yourself and with a good quality detergent which has bactericidal and fungicidal properties.
- (x) Immediately change the clothes including undergarments, if clothes get wet in the rain them.
- (xi) Inner bear made of Nylon material should be avoided in summer because as it may retain sweat in the genital area.
- (xii) Do not unnecessarily use any cosmetics like powders or perfumes in the genital area.
- (xiii) Go on a walk or jog early morning to make the body stress-free and also to increase its resistance to diseases
- (xiv) Pill users should stop the pill temporarily if the symptoms is very mush annoying.

VIII. HOME REMEDIES TO GET RELIEF FROM LEUCORRHOEA

- i. Eat one or even two ripe bananas on a daily basis
- ii. Drink a glass of fresh cranberry juice, preferably without any sugar, once a day
- iii. Soak some coriander seeds in water overnight and drink the water, after straining it, on an empty stomach, first thing in the morning.
- iv. Consume the lady finger vegetable, preferably in the raw form, or lightly steamed
- v. Clean the vaginal area with freshly squeezed lemon juice and water
- vi. Before using any of the home remedies for leucorrhoea mentioned above, it is absolutely essential for women to consult a doctor.

IX. GENERAL PRINCIPLES OF TREATMENT (USOOLE ILAJ)

- (i) If the disease appears due to the dominance of any one Khild (humour) then disease should be first treated by Munzij Mus'hil Therapy (Concotive and purgative) and after that farjazat (suppositories), which are used in treatment of menorrhagia, should be given. The treatment method of leucorrhoea is similar to the line of treatment of menorrhagia
- (ii) If the disease is due to the weakness of quwwat-e-ghazia (nutritive power) them Bahi , Apple and Sharbat of lemon or sandal should be given. Mufarrehat latif (easily digestible foods) and beverages increased the quwwate ghazia (nutritive power) of uterus. Unnai scholars Abu Bark Zakarya Razi have also preferred this line of treatment.
- (iii) If warm-i-rahim (Metritis) is cause of leucorrhoea then the same treatment should be prescribed as the treatment for warm-i-rahim. In the presence of general weakness the Muqqawiyat must be given.
- (iv) If Leucorrhoea is caused by local vaginal infection, then treatment should be given to evacuate the morbid humour from the stomach and liver.
- (v) In the condition of Anaemia, iron compound should be given.
- (vi) In the treatment of the disease, digestion should be maintained and constipation in patients should be removed.
- (vii) Maintain and give strength to all vital organs of body to improve the general health of the patients.
- (viii) Sympathetic attitude towards the ailments and the anxiety state should be removed.
- (ix) Loose fitting undergarments preferably made of cotton should be used by the patients to keep the area aerated.
- (x) Local hygiene is to be taken care of and sanitation should be maintained [3, 4, 11, 13, 14].

X. UNANI PHARMACOPOEIAL FORMULATION USED IN MANAGEMENT OF SAYALAN-AL-RAHIM (LEUCORRHOEA)

- (i) Majoon Supari Pak
 - (ii) Majoon Mochras
 - (iii) Majoon Muqawwi Rahim
 - (iv) Majoon Suhag Sonth
 - (v) Sufoof-e-Sailan
 - (vi) Qurs-e-Sailan
 - (vii) Habb-e-Marwareed
 - (viii) Qurs-e-Kusta-Khabs-al-Hadeed
 - (ix) Kusta Qalai
 - (x) Kusta Baiza Murgh
 - (xi) Kusta Musallas
- (Compound Unani drugs Kustas should be mixed with one Majoon) [15].

XI. CONCLUSION

Leucorrhoea is a common gynecological problem that most of the women have to face in her lives. Because of the known side effects of the conventional medicines, the Unani drugs and its compound formulations can be used as good alternative for treatment of the disease. Unani drugs have long history of effectiveness in treatment of sayalan-al-rahim without causing any side effect on the human body. The article focuses on various causes of sayalan-al-rahim (leucorrhoea), its diagnosis and management by Unani sustem of medicines and we may conclude that spread of the knowledge of abundant storage of Unani components and general principles of treatment of the disease, used by Unani physicians since ancient times, shall be very effective in the treatment of this disease.

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REFERENCES

- [1]. D. C. Dutta (Ed.), *Text Book of Gynaecology*, 4 (Kolkata, New Central Book Agency, 2007) 503-505.
- [2]. D. C. Dutta (Ed.), *Text Book of Gynaecology*, 2 (Kolkata, New Central Book Agency, 1994) 485-489.
- [3]. Hkm. Kabiruddin, *Alaksser Vol-II* (New Delhi, Ejaz Publication, 2003) 1372.
- [4]. Ajmal Khan, *Hazique* (New Delhi, Idara Kitab-ul-Shifa, 2002) 481-487.
- [5]. S. Demirezen, Z. Safi, S. Beksac, The interaction of Trichomonas Vaginalis with epithelial cells, polymorph nuclear leucocytes and erythrocytes on vaginal smears, light microscopic observation, *Cytopathology (11)*, 2000, 326-332.
- [6]. M.H. Yudin, S.L. Hillier and H.C. Wiesenfeld, Vaginal polymorph nuclear leukocytes and Bacterial Vaginosis as markers for Histologic Endometritis among women without symptoms of pelvic inflammatory disease, *Am J Obstet Gynecol*, 188, 2003, 318-323.
- [7]. S. Pravina, K. M. Ponnuel, Thangam, Menon, S. Pramila, Microbial aetiology of leucorrhoea, *J. Obstet and Gynaecol Ind.*, Vol. 41, 1991, 90-92.
- [8]. Howkins and Bourne Shaw's (Ed.), *Text Book of Gynaecology*, 15 (Elsevier Publication, 2011) 127-150.
- [9]. Hkm. Abdul Hameed , *Hamdard Matab* (Delhi, Hamdard Dawakhana , 1981) 95-96.
- [10]. M. L. Mincy, Effectiveness of salt solution wash on leucorrhoea among married women, *The Nurse* , 2(4) , 2010, 7-9.
- [11]. Gulam, Jeelani, *Mukhazanul Ilaj* (New Delhi, Idra Kitabul Shifa, New Delhi, 2005) 651
- [12]. Gulam, Jeelani, *Mukhazanul Ilaj Vol II* (New Delhi , Ejaz Punlishing House, 1996) 798.
- [13]. Khurshheed Shafquat Azmi, *Amrazun Nisa, 1st ed.* (New Delhi, Taraqqi Urdu Board, 1978) 562-63.
- [14]. Hkm. Kabiruddin, *Moalijat Sarah Asbab, Vol III* (New Delhi, Ejaz Publishing House, 2007) 132.
- [15]. Anonymous, 1993: *National Formulatory of Unnai Medicine, Part 1 Urdu Edition* (Delhi, M.H.F.W Govt. of India, 1993) 123- 362.