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Assessment of excessive vaginal discharge (Sailan-ur-Reham): A major, neglected health problem among Adolescents

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Abstract

Excessive vaginal discharge is a universal problem of women. It is one of the most common complaint of female referring to gynaecological clinics. It may be normal or a sign of infection. According to Unani system of medicine, excessive vaginal discharge (Sailan-ur-Reham) is due to poor *quwwat-e-ghadiya* (nutritive faculty) of the *Reham* (uterus) / excess of humours (Humoral theory by Buqrat). The present study aims to find out percentage of excessive vaginal discharge among adolescents, association of excessive vaginal discharge with other symptoms. This study was conducted on 80 girls of age group 13-19 years. Finding of study revealed that more than 36% of girls complained of excessive vaginal discharge with prevalent symptoms in descending order. Irritation & itching > Pallor > low Backache > fatigue/weakness > dysmenorrhea > foul smelling discharge > Stress > irregular cycles. Just 55% of girls have sought medical advice for excessive vaginal discharge with associated symptoms and hardly present themselves in early stages, as they have poor understanding regarding vaginal discharge. In such cases proper counselling should be done, so that medical intervention could be done at earliest.

Keywords: Pallor, vaginal discharge, stress, Sailan-ur-Reham, Adolescents

Introduction

Vaginal discharge represents a common gynaecologic problem in the adolescent with cervicitis secondary to Neisseria gonorrhoea, Chlamydia trachomatis, or herpes simplex [1, 2]. Abnormal vaginal is a symptom of reproductive tract infections and sexually transmitted diseases (STD'S), WHO estimates that there are more than 340 million new patients of STD infections every year & 75-80% of them from developing countries and lead to severe complications on the women health [3]. The prevalence of abnormal vaginal discharge in the rural area of India is 26.3% [4]. In addition to these true infections, physiologic leucorrhoea, a normal desquamation of epithelial cells secondary to estrogenic effect, is probably the most common discharge in the pubescent girl. Leucorrhoea; a whitish mucous discharge that usually starts before menarche and may continue for several years. With the establishment of more regular cycles, the adolescent may notice a cyclical variation in vaginal secretions: copious watery secretions at mid-cycle and then a sticker, scantier discharge in the second half of the cycle associated with rising progesterone levels. It is because of the normal estrogenic effect. Older adolescents are often troubled by excessive discharge, especially during jogging or athletics, then evaluation of the cervix and vagina may be indicated [1, 2]. Normal physiological vaginal discharge consists of transudate from the vaginal wall, squames containing glycogen, polymorphs, lactobacilli, cervical mucus and residual menstrual fluid, and a contribution from the greater and lesser vestibular glands. Vaginal discharge varies with oestrogen levels and does not automatically mean infection. Between puberty and the menopause, the presence of lactobacilli maintains a pH between 3.8 and 4.2. This protects against infection [5].

In Unani system of medicine leucorrhoea is known as sail-ur-reham. According to Ibn-e-sina accumulation and infection of waste products in uterus results in Sailan-ur-Reham [6]. These waste products are either damvi, phlegmatic, safaravi, or saudavi [7]. According to Razi whenever the infection of uterus will occur it can result in foul smelling discharge [8]. Majoosi stated that Sailan-ur-Reham is due to production of discharge from uterus whose cause is weakness of quwwat-e-Jaziba or infection of matter in the uterine vessels [7].

The evaluation of vaginal discharge in the adolescent should include a history of symptoms (pruritis, odour, Quantity), other illnesses such as diabetes or human immunodeficiency virus

(HIV) infection, recent oral medications such as broad-spectrum antibiotics or oral contraceptive pills (OCs), previous similar episodes of vulvovaginal symptoms, and treatments. A history of broad-spectrum antibiotics or poorly controlled diabetes mellitus is frequently a clue to the diagnosis of candida vaginitis. Candida vaginitis and bacterial vaginitis often recur despite compliance with a standard treatment course. The patient should be questioned about recent sexual relations, since treatment failure in an adolescent girl often occurs because of re-exposure to an untreated contact. Several infections may coexist; patient may be adequately treated for one infection and still have a second or third infection [1,9].

Candida albicans accounts for 60% to 80% of vaginal fungal infections; other candida species, including Torulopsis glabrata (20%) and candida tropical (6% to 23%), also cause similar symptoms. Non-albicans species may be more difficult to eradicate with current therapies. Symptoms are thick, white, cheesy, pruritic discharge. The vulva may be red and oedematous. Itching may occur before and after menses and, some patients experience external irritation and dysuria. The predisposing factors to Candida vaginitis include diabetes mellitus, pregnancy, antibiotics, corticosteroids, obesity and tight-fitting under garments. The increase in clinical infections appears to be associated with the rise in pH that occurs premenstrual. Infections are more common in summer [5].

The complaint of discharge depends very much on the ideas, powers of observation and fastidiousness of individual women. The vulva and vagina are normally moistened by secretion. Women who are overanxious, introspective, or suffering from fears of venereal disease and cancer tend to exaggerate this into something pathological.

A woman sometimes complains of discharge when she really means vulvar odour. Vulvar odour is a normal secondary sex character arising partly from the secretion of Bartholin's glands but mainly as a result of the action of bacteria on the secretion of apocrine glands. Providing a reasonable standard of cleanliness is maintained, vulvar odour is never apparent to by-standers, and those women

who complain of it have a disorder of the mind rather than the body. The idea usually arises from a misinterpretation of some innocent remark of an acquaintance, and therefore becomes an obsession difficult to eradicate. The complainants adopt all possible means to ensure cleanliness yet still interpret every look or movement on the part of their fellow workers or social contacts as evidence that 'they smell'. Those women who have cause to complain of odour do not do so because they are as insensitive as they are dirty [10].

Types and causes of vaginal discharge

Physiological discharge

Physiological discharge is caused by congestion of the normal vaginal mucus membrane due to hormonal stimulation. This may occur during ovulation and pregnancy.

The amount of vaginal discharge ordinarily present in the adult is such that the introitus feels comfortably moist but there is not enough to stain the underclothing. It is normally increased to the extent of becoming noticeable in the following circumstances: at the time of ovulation when there is the 'ovulation cascade' from the cervix; during a few days pre-menstrually when there is increased secretion from all parts of the genital tract; during pregnancy when there is an increase in vaginal and cervical discharges; and during sexual excitement when there is an outpouring of Bartholin's secretion onto the vulva.

Pathological Discharges

Leucorrhoea

Leucorrhoea means 'a running of white substance' and the term should be restricted to mean an excessive amount of the normal discharge. Leucorrhoea consists mainly of the cervical component. It is a nuisance in that it stains clothing and, if the patient fails to bathe and change frequently, causes excoriation and soreness of the vulva. But it never causes pruritis and is never offensive. It is more troublesome pre-menstrually, mid-cyclically and during pregnancy and can give rise to fears of cancer and of sexually transmitted diseases.

Table 1: Differential diagnosis of vaginal discharge [11].

Symptoms and signs	Candidiasis	Bacterial vaginosis	Trichomoniasis	Cervicitis
Itching or soreness	++	-	+++	-
Smell	May be 'yeasty'	Offensive, fishy	May be offensive	-
Colour	White	White or yellow	Yellow or green	Clear or coloured
Consistency	Curdy	Thin, homogeneous	Thin, homogeneous	Mucoid
pH	<4.5	4.5-7.0	4.5-7.0	<4.5
Confirmed by	Microscopy and culture	Microscopy	Microscopy and culture	Microscopy, tests for Chlamydia and gonorrhoea

This small-scale study was conducted in female students of different ages in Govt. higher secondary school Tailbal Ganderbal of J&K to assess the prevalence of excessive vaginal discharge, awareness and factors influencing the same in these students. The study participants included 80 unmarried girls.

Material and Methods

This study was done under the following manner. A list of questionnaires was designed to assess the students about the leucorrhoea.

1. Each and every question was explained to students.
2. Age wise study in students.
3. Questionnaire/symptom-based study.

Questionnaire [12].

1. Do you have any idea about excessive vaginal discharge
2. Do you suffer from excessive vaginal discharge
3. Do you have dysmenorrhoea
4. Do you have irregular cycles
5. Do you have stress
6. Do you ever consulted any doctor for excessive vaginal discharge
7. Foul smelling discharge
8. Low backache
9. Irritation and itching which could worse at night
10. Fatigue/weakness

Results and Conclusion

The recent study was done in female students of the different age group in govt higher secondary school. There were total number of 80 students taken into study.

In this study it was observed that more number of females who suffer from this disease were under age group of 15-16yrs (30 cases) followed by 16-17yrs (25 cases), followed by 17-18yrs (15 cases), and very less no. under the age of 14-15 yrs (10 cases).

In this study more prevent associated symptom found was irritation and itching which could be worst at night 52%, followed by pallor 42%, followed by low back ache 37%,

followed by fatigue and weakness 32.5%, followed by dysmenorrhea 27%, followed by foul smelling discharge 25%, followed by stress 25%, followed by irregular cycles 17%.

Table 2: Distribution of students according to age groups

Age group	No. of cases
14 yr-15 yr	10 cases
15 yr-16 yr	30 cases
16 yr-17 yr	25 cases
17 yr-18 yr	15 cases
Total	80 cases

Table 3: Occurrence of EVD and associated symptoms in percentage of students

S. No	List of questions explained to 80 cases	No. of students appeared symptoms	Occurrence of symptom %
1.	Do you have any idea about EVD/normal VD	68	85%
2.	Do you suffer from EVD	29	36%
3.	Do you have dysmenorrhea	22	27%
4.	Do you have irregular cycles	14	17%
5.	Do you have stress	18	22.5%
6.	Have you consulted any doctor for this	16	52%
7.	Foul smelling discharge	20	25%
8.	Low backache	30	37%
9.	Irritation and itching which could worse at night	42	52%
10.	Fatigue/weakness	26	32.5%
11.	Pallor	34	42

In the present study it was found that 29 girls among 80 suffer from excessive vaginal discharge and among these 29 girls just 16 girls consult doctor for health advice or treatment. They hardly present themselves for seeking medical advice in early stages as they have poor understanding regarding abnormal vaginal discharge. The health of females is spoiled by the excessive vaginal discharge just as the health of adult male is spoiled by the Spermatorrhoea. In such cases proper counselling should be done, so that medical intervention could be done at the earliest.

Students should be recommended for treatment and provide awareness and prevention from leucorrhoea by maintaining good hygiene, especially in the genital areas to prevent any bacterial infections.

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