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## Unani approach to Sailan-Ur-Rahem (Leucorrhoea) and its management

**Syed Zeba Husain and Hilal Akhtar**

### Abstract

Leucorrhoea (*Sailan-ur-Rahem*) is strictly defined as an excessive flow of a whitish, yellowish, or greenish vaginal discharge that may be normal or that may be a sign of infection. It is a common complaint particularly among Asian women. If, it is not treated in initial stage then it may convert into chronic form and leads to Pelvic inflammatory disease (PID). It is not a disease but an objective expression of a multiplicity of organic process, physiologic, pathologic and endocrinopathic. According to Unani concept *Sailan-ur-Rahem* is a chronic inflammatory disease, which mainly involved the mucous membrane (*Gishae mukhati*) of vagina. It occurs 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 objective of present study is to ascertain the Unani concept of *Sailan-ur-Rahem* as described in classical Unani literature with an aim to spread the knowledge for preventive measures and the management of *Sailan-ur-Rahem* by single and compound Unani drug formulations, which are affordable, commonly available and approximate free of side effects.

**Keywords:** Leucorrhoea, sailan-ur-rahem, vaginal discharge, unani concept

### Introduction

Unani system of medicine was start off in Greece and developed by *Arabs* into an elaborated medical science on the basis of Hippocrate's (*Buqrat*) theory of four humors (*Akhlat*). Since, it has been known as *Greeko-Arab Medicine*. In this theory, humors existed as liquids within the body and were identified as blood (*dam*), phlegm (*balgham*), black bile (*sauda*), and yellow bile (*saфра*). When these humors were in balance, health prevailed; when they were out of balance or vitiated in some way, disease took place. The medicines and other therapeutic managements used in this system, in fact, help the body to take back this power to an optimum level and therefore restore humoral balance, thus retaining health.

*Sailan-ur-Rahem* is a condition in which abnormal discharges comes from the uterus, cervix and vagina other than blood. It covers almost all types of discharges caused by genital tract infection. In fact, leucorrhoea one of the chief and frequent gynaecological complaints; more than 25% of women's visits to the gynaecologist<sup>[1]</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. According to *Allama Najeebuddin Samarqandi*, renowned Unani scholar, *Silan-ur-Rahem* is a fluid secretion in the uterus due to poor and weak nutritive faculty (*Quwat-e-ghazia*) and this secretion is a kind of waste material (*Fuzlaat*) that go down to the uterus and expelled out<sup>[2]</sup>.

In Unani System of Medicine (USM), *Silan-ur-Rahem* includes all those conditions which are defined under different names in modern medicine like trichomoniasis, moniliasis, bacterial vaginosis, or gonococcal cervicitis<sup>3</sup>. In *Silan-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 *Silan-ue-Reham*<sup>4</sup>. It occurred due to body weakness (*Badani zauf*), anemia (*killat wa rikkate-e-khoon*), inflammation of uterus (*Warm-e-rahem*), amenorrhoea (*Ahtibas tims*), irregular and disproportional distribution of humors (*Akhlat*) especially phlegm (*Balgham*). The mucous fluid secreted from vagina is a kind of phlegm humor (*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>[2, 5, 6]</sup>.

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In classical Unani literatures like “*Kamil-us-Sana*”, “*Firdaus-ul-Hikmat*”, and “*Tibb-e-Akbar*”, renowned Unani physicians described the causes of disease as poor nutritional faculty of uterus (zoaf-e-quwat-e-ghazia of rahem), that causes accumulation of waste products (*fuzlaat-e-raddiya*). Because of which, the absorptive power (*quwat-e-jaziba*) of the uterus become weak and the excessive waste products (*fuzlaat-e-raddiya*) are expelled out from vagina or uterus as Istefragh (excretion) [2, 6, 7].

In fact, from the above discussion, any vaginal discharge that is frankly purulent and contain pus cells should be considered to be due to specific vaginal infection [3].

**Classification of Sailan-ur-Rahem** [8, 9, 10, 11, 12].

Keeping in view the descriptions given by Unani Scholars, the classification of *Sailan-ur-Rahem* is as follows- Figure 1.

**I. On the basis of Humors (Akhlat) involved**

- a) **Sailan-ur-Reeham 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**

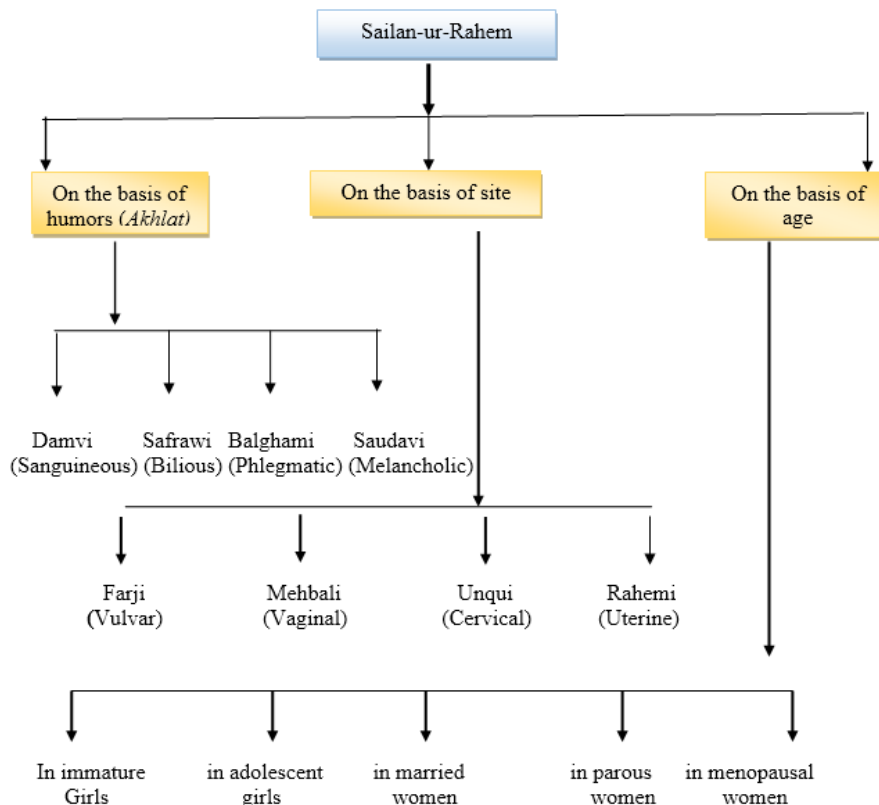
- a) **Sailan-e-Farji (Vulvar discharge):** Here the discharge

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:** Showing the Unani classification of *Sailan-ur-Rahem* (Leucorrhoea)

**Risk factors** [6, 8, 9, 13, 14, 15].

According to Unani concept, the various risk factors associated with an increased risk of developing *Sailan-ur-Rahem* are summarized in table-1 and should be avoided.

**Table 1:** Showing the risk factors of *Sailan-ur-Rahem*

Risk factors
• Weakness of absorptive power (Zoaf-e-quwat-e-jaziba)
• Low socio-economic conditions
• Unhygienic conditions especially during menses
• Frequent abortion (kasrat-e-Isqaat)
• Hardworking
• Cold
• Frequent intercourse (Kasrat-e-jima)
• Gonorrhoea (Sozaak)
• Syphilis (Aateshak)
• Amenorrhoea (Ehtibas-e-Haiz)
• General weakness (Zoaf-e-Aam)
• Chronic constipation (Qabz-e-muzmin)
• Gout (Niqras)
• Arthritis (Waja-ul-mafasil)
• Inflammation of uterus (Warm-e-Rahem)
• Vaginitis (Warm-e-mehbal)
• Use of unclean clothes during menses
• Worms infestation (Kirm-e-shikam)
• Dysentery (Pechish)
• Diarrhea (Ishaal)
• Contraceptive device (Mana-e-aalat-e-hamal)
• Anemia (Faq-rud-dam)

**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 *Sailanur 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-e-gharizia*. 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* [16].

**Etiology (Asbaab)**

In Unani System of Medicine the etiology of *Sailanur Rahem*, has been described by most of the Unani scholars in detailed while describing the gynecological disorders. *Ibn-e-Sina* in *Al-Qanoon-fit-tib* described the cause of *Sailanur Rahem* and told that weakening of digestive faculty (*Quwat-e-Hazema*) of urooq-e-haiz and dominance of four humors (*Akhlat-e-Arba*), due to infection (*Ufoonat*) in the uterus, leads to *Sailan-ur-Rahem* [17].

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 *Akhlat Arba* [18].

Whereas some other eminent Unani physicians have described that *Sailan-ur-Rahem* is caused by *Zoef-e-quwat-e-ghazia* of *Rahem* in conjunction with dominance of *Akhlat-e-Arba* and waste material in the body [4, 19, 20].

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-e-rahem*, *qurooh-e-rahem* and *bawaseer-e-rahem* [10, 21].

**Clinical features**

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 (*Akhlat*). 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-e-tamas*), breathlessness (*Usr-e-Tanaffus*), anorexia, giddiness, headache (*Dard-e-sar*), burning sensation in extremities (*Sozish-e-uzlaat-e-badan*), indigestion (*Nafakh-e-shikam*), constipation (*Qabz*), and insomnia (*Kasrat-e-bedaari*). 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 [9, 11, 14, 15, 17, 23].

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 [7, 23].

**Diagnosis**

In the classical literature of USM, a simple test is done to investigate about the kind of secretion in the uterus; patients are advised to use the fresh cotton or white cloth (swab method) to know the color of discharge. Ask the patient to keep the sterile swab in the vagina overnight then allow it to dry in shade and assess the predominant humor by its color. If the discharge is reddish with dominance of heat, and red turbid urine indicates predominance of blood (*khilt-e-dam*). If the discharge is white with other sign and symptoms of *balgham* signify predominance of phlegmatic humor (*khilt-e-balgham*). If the discharge is yellowish, foul smelling and coupled with intense thirst denotes predominance of yellow bile (*khilt-e-safra*). The blackish and turbid discharge linked with dryness and weakness is a sign of predominance of black bile (*khilt-e-sauda*). [7, 18, 19, 20, 24, 25].

### Differential diagnosis (Tashkhees-e-farikha) [10, 17, 18, 19].

The following conditions should be ruled out before making a diagnosis

- a) **Sailan-e-Mani:** Here the discharge is yellowish-white, thick, and non-infective, with a characteristic odour.
- b) **Bawaseer-e-Rahem:** Here the discharge may be reddish or blackish with associated symptoms.
- c) **Busoor-e-Rahem:** Here the discharge is scanty, yellowish or reddish along with burning sensation and irritation.
- d) **Sartan-e-Rahem:** Here the color of discharge is black or like a meat water and with foul smell.
- e) **Qurooh-e-Rahem:** Here the discharge is thick yellowish, and pus like.
- f) **Suzaak:** Here the discharge is thick and foul smelling.

### Principles of treatment (Usool-e-Iaj) [9, 13].

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 (*Akhlat*) 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.
9. Patients must also be directed to avoid physical exertion and similarly anxiety factors (*Nafsiyati asbaab*) should be minimized or removed.
10. Cotton loose fitting undergarments should be used by patients to keep the genital area aerated.
11. Maintain sanitation especially the local hygiene.

### Preventive measures [22]

- Ask the patients to drink more water to take the toxins out of the body.
- Do not take sugar rich article (sweets, pastries, puddings etc.) at all in face of excess discharge.
- Hot and spicy food should be reduced to the patient's diet.
- Advise not to drink alcohol to the patients.
- Add fresh curds to the patient's diet because it helps in digestion and the lactic acid present in it reduces the discharge.

- Keep the genital area clean and dry as far as possible.
- Wash the innerwear with good quality detergent which has fungicidal and bactericidal properties. Innerwear made of nylon should be avoided especially during summer because it retains sweat around the genitalia.
- Do not use any kind of cosmetics (powder, perfumes) in the genital region without need.
- To keep the body stress free and to increase disease resistance, go on a walk in the morning.

### Dietotherapy (Ilaj-bil-ghiza) [20]

1. Easily digestible foods (*Ghiza-e-latif* and *Saree-ul-hazm*) 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-e-balgham*), tonic (*Muqawwi*), Astringent (*Habis and Qabiz*) [20] diuretic (*Mudir*), laxative (*Mullayin*), purgative (*Mushil*), and analgesic (*Musakkin*). Further, the drugs should be selected depending on the humor involved [25, 26].

Single and compound drugs which are commonly being used by renowned Unani physicians are as follows-

#### Single drugs [4, 9, 20, 25, 26, 27, 28]

Anisoon (*Pimpinella anisum*)  
 Mazu (*Quercus infectoria*)  
 Shibeyamani (Alum)  
 Gul-e-supari (*Acecia catechu*)  
 Gul-e-surkh (*Rosa domestica*)  
 Afsanteen (*Artemisia absinthium*)  
 Neem (*Azadirachta indica*)  
 Sandal safaid (*Santalum album*)

#### Compound drugs [21, 27, 28]

Safoof-e-Sailan-ur-Rahem  
 Majoon-e-Supari pak  
 Habb-e-Sailan  
 Halwa-e-Supari pak  
 Habb-e-Marwareed  
 Kushta musallas  
 Majoon-e-Mochras  
 Majoon-e-muqawwi-e-Rahem  
 Kushta-e-Zaj  
 Qurs-e-Kushta-Khabs-ul-hadeed

#### Complications (Awarizaat) [6, 19]

Uterine weakness leads to infertility.  
 Abortion (Isqaat).

#### Conclusion

Since antiquity Leucorrhoea (*Sailan-ur-rahem*) has been considered as a dreaded disease, the Unani physicians were well aware of leucorrhoea, and its etiology, course of disease and management. It is a very frequent gynecological problem worldwide, that most of the female have to face in

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. 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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