



SAILAN AL RAHIM (LEUCORRHOEA) in the light of Unani medicine: A Review

Dr Arshi Anjum¹, Prof. Nikhat Sajjad²

¹ Lecturer, ² Professor in the Department of Ilmul qabalat wa Amraze niswan, SUMC , Prayagraj

ABSTRACT:

Leucorrhoea is a comprehensive term; it includes all abnormal blood-free discharges from the female generative tract. It may originate in various sites, e.g., Skene's ducts, Bartholin's glands, the vaginal mucosa, the endocervix, the endometrium or the Fallopian tubes. Vaginal discharge is a typical symptom in females of the genital tract. In the Unani system it is called *sailan-al-rahim*, which is caused due to poor *quwwat-e-ghadhiya* (nutritive faculty) of the *rahim* (uterus) that results in accumulation of *fudlaat* (waste materials). It is necessary to be treated with the safest drug and Unani medicine plays an important role in this. Unani System of Medicine has a long history of the '*Sailan-al-Rahim*' management with effectiveness, without having any toxic effect on the human body.

Key words: Leucorrhoea, *sailan-al-rahim*, *quwwate-e-ghadhiya*, *fudlat* etc

INTRODUCTION

Leucorrhoea also spelled leucorrhoea, flow of a whitish, yellow, or greenish discharge from the vagina of the female that may be normal or that may be a sign of infection.

It is a very common complaint in obstetric and medical practice. The term "leucorrhoea" is applied to cases of abnormal vaginal discharge, non-haemorrhagic in nature, which is not caused by neoplasm or other serious organic disease. It is also difficult condition to treat satisfactorily in view of its uncertain aetiology. The aetiology of leucorrhoea is complex and not well understood. It is considered that changes in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea. Chronic illness, fatigue, malnutrition, emotional disturbances, chronic retroverted uterus, congestive cardiac failure, gonococcal and monilial infections, vulvovaginitis, lesions of the vaginal wall and uterine cervix have all been associated with leucorrhoea.¹

Types of leucorrhoea

Physiologic leucorrhoea is caused by congestion of the vaginal mucosal membranes due to hormonal stimulation. This may occur during ovulation and pregnancy.

Pathologic leucorrhoea is usually due to infections of the upper and lower female genital tract. The most common sexually transmitted pathogens associated with leucorrhoea are *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis*. Leucorrhoea may be the only presenting sign in women infected with these pathogens.²

UNANI CONCEPT OF SAILAN-AL-RAHIM

In the Unani system it is called *sailan-al-rahim*, which is caused due to poor *quwwat-e-ghadhiya* (nutritive faculty) of the *rahim* (uterus) that results in accumulation of *fudlat* (waste materials). This disease produces harmful effects in the body of female and in complicated cases may result in weakness of vital organs like heart, brain, liver etc and may result In infertility.³

In the age of *Buqrat* (Hippocrates), the concept of *Sailan-al-rahim* is referred as the flowing away of the seeds of women. Aristotle said that distinguishing *Suzak* (Gonorrhoea) from *Sailan-al-rahim* in female is difficult.

Jalenoos (130-200 AD) said that *Sailan-al- Rahim* gave rise to *Suzak* (Gonorrhoea).⁴

Al Razi (850-925 AD) stated sometime excessive body fluid is evacuated as *Sailan-al- rahim*. There will be foul smell discharge, in case of infection of uterus.⁵

Akbar Arzani stated that *Sailan-al-rahim* is a continuous discharge from the uterus due to the *dofe-e-quwwat-e-ghadia* of *rahim* (poor nutritional faculty of uterus). This discharge is *balgham, safra, or sauda*.⁶

According to *Ibn Sina* (980-1037 AD) uterus contains excessive waste products, and occurrence of *Ufunat* (infection) in it leads to weakening of *Quwwat-e-Hadema* (digestive faculty) of uterine vessels results in *Sailan-al- rahim*.⁷

Jurjani Ismail described that in *Sailan-al-rahim, rutubat-e-ufun* (infective discharge) flows out.⁸

Mohammad Azam Khan has described the disease in his book „*Akseer Azam*. According to humoral theory, *Sailan-al-rahim* is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humors.⁹ He stated that *Sailan-al-rahim* is caused by *Doaf-e-quwwat-e-ghadia* of *rahim* or presence of excessive waste products in the body. This excessive waste products of the body are expel out from the uterus or through the vagina as *istafragh*.⁹

Majoosi mentioned that *Sailan-al- rahim* means a discharge from the uterus. This discharge is secreted directly by the uterus due to the weakness of *Quwwat-e-Jazeba*. Sometimes the waste of the body passed out through the uterus. The wastes of the body (*fudlaat*) are diverted towards the uterus in order to eliminate them by natural means (*istefragh*). It is the cleaning of body, the type of waste can be determined on the basis of its color.¹⁰

Types of Leucorrhoea (*Sailan-al-rahim*)

A. On the basis of predominance of Humours:^{11,12}

1. *Sailan-al-Rahim Damvi*: Caused by excess of *Khilt-e-Dam* and the colour of the discharge is reddish.
2. *Sailan-al-Rahim Balghami*: Caused by excess of *Khilt-e-Safra* and the colour of discharge is yellowish.
3. *Sailan-al-Rahim Safravi*: Caused by excess of *Khilt-e-Balgham* and colour of discharge is whitish.
4. *Sailan-al-Rahim Saudavi*: Caused by excess of *Khilt-e-Sauda* and the colour of the discharge is blackish.

B. On the basis of site of *Rahim* involved:¹³

1. *Sailan-e-Furji*: Discharge from the outer part of the vagina.
2. *Sailan-e-Mahbali*: Discharge from the inner part of vagina.
3. *Sailan-e-Rahimi*: Discharge from the uterus.
4. *Sailan-e-Unuqui*: Discharge from the cervix of uterus.

III. On the basis of age ¹⁴

a) ***Sailan-al-rahim* in immature girls**: It is due to worm's infestation, incontinence of urine, and vaginal itching.

b) ***Sailan-al-rahim* 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-al-rahim* 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-al-rahim* 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-al-rahim* 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.

Causes according to unani literature (*Asbab*)

1. Accumulation of morbid material in the body, these morbid material divert to uterus for excretion hence results in white discharge. This discharge can be phlegmatic, bilious, or bloody.
2. Formation of morbid material in the uterus itself due to weakness of '*Quwwate Ghadia*' or infection of uterus.
3. Teenage pregnancy
4. Syphilis, Gonorrhoea, gout, arthritis, cholera etc.^{15,16}

Clinical features (*Alamat*)

Along with vaginal discharge other symptoms are

1. Backache
2. Pain in lower abdomen
3. Breathlessness
4. Anorexia
5. Facial pallor
6. Swollen eyelids
7. Frequency of micturition
8. Pain during menses
9. Giddiness
10. Itching and rashes on vulva
11. General weakness
12. Constipation
13. Palpitation^{3,5,15,16}

Complications (*Awarizaat*)^{9,10}

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

Diagnosis (*Tashkhees*)

1. If color of patient is yellowish and weakness is there, then cause is weakness of '*quwwate ghadia*'
2. Excess accumulation of *khilt*(humour)
 - Accumulation of *khilte dam*(blood): if colour of discharge is reddish, urine turbid and reddish and patient feels excess heat.
 - Accumulation of *Khilte safra*(Bile):If colour of discharge is yellowish and foul smelling.
 - Accumulation of *khilte balgham*(Phlegm): if color of discharge is whitish and patient feels lethargic.
 - Accumulation of excess *sauda*(Black bile): blackish vaginal discharge, dry body and general weakness.

According to Unani scholar best way of diagnosis is- insert a piece of cotton in the vagina, after sometime remove it and color of cotton give the information regarding *galib khilt*.^{7,9,10,16}

GENERAL PRINCIPLES OF TREATMENT (*USOOLE ILAJ*)

1. If the disease appears due to the dominance of any one *Khilt* (humour) then disease should be first treated by *Mundij Mus'hil* Therapy (Concotive and purgative) and after that *farjazat* (suppositories) should be given
2. If the disease is due to the weakness of *quwwate ghadia* (nutritive power) then *Bahi*, Apple and Sharbat of lemon or sandal should be given. *Mufarrehat latif* (easily digestible foods) and beverages increased the *quwwate ghadia* (nutritive power) of uterus. Unani scholars *Abu Bakr Zakaria Razi* have also preferred this line of treatment.
3. 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.

4. If Leucorrhoea is caused by local vaginal infection, then treatment should be given to evacuate the morbid humour from the stomach and liver.
5. In the condition of Anaemia, iron compound should be given.
6. In the treatment of the disease, digestion should be maintained and constipation in patients should be removed.
7. Maintain and give strength to all vital organs of body to improve the general health of the patients.^{3,5,6,7}

Ilaj-Bil-Ghida (Dietotherapy)

1. Light and easily digestible diet should be used like meat soup, green leafy vegetables etc.
2. Pulses with chapatti
3. Moong daal khichdi
4. Fruits like pomegranate, apple , guava etc

Contraindications;

1. Spicy and oily food should be avoided.
2. *Baadi* and *sageel ghidha* should be avoided.

Ilaj-Bil-Tadbeer (Physiotherapy)

1. Keep the patient in well ventilated room, Bed rest, Venesection (*fasd*) of Basilic vein, leeching.
2. Loose fitting undergarments preferably made of cotton should be used by the patients to keep the area aerated.
3. Sympathetic attitude towards the ailments and the anxiety state should be removed.
4. Local hygiene and sanitation should be maintained.^{5,7,9,16}

Ilaj- Bil-Dawa (Pharmacotherapy)

Mufrad advia

1. Sitz bath of *samara mughailan*
2. *Hamool* of *paneer maya*
3. Pessary of *mazu sokhta*
4. *Hamool* of *samaq* with honey
5. *Hamool* of *aabe innab salab, kndur , gulnar, iqaiya, shibe yamani*

Murakkab advia

1. *Hamool* of *sibr, tukhme shibt*, one part each, *murmakki, kaf dariya* half part each mix with honey and ready to use.
2. *Tal makhana, beejband, gule supari , gule pista, post berrone pista, guledhawa 1 masha each, salab misri, maghz tamre hindi, aurad moong 1 tola each, mastagi 3 masha*, mix all these with *qand safaid* after grinding and advice with 10 tola *arqe gaozbana* orally.
3. *Gule dhawa, gule supari, gule pista, tabasheer 9 masha each, samage arbi 1.5 tola* and grind and strain , advice 7 masha orally.
4. *Mocharas, supari, tabasheer, gile makhtoom, mazu, gule surkh, habe aas, halela, balela, amla 6 masha each, musli siyah wa safaid 1 tola, post anar 9 masha* , add *shehad* and *qand safaid* , grind and strain then mix with sugar and prepare *majoon* and advice 1 tola orally.^{3,5,6,7,8,9,10}

Several studies have been done which clearly signifies the positive result of unani formulations in *Sailan al rahim*. Some of them are as follows:

1. “Clinical evaluation of unani drugs *majoon muqawwi rahim* in the *sayalan al rahim* (sibyani) pre pubertal vaginal discharge: a preliminary study” by Najmus sehar et al. In this trial *Majoon muqawwi rahim* an Unani pharmacopeia formulation was administrated orally in semi solid form and the results was encouraging.¹⁷

Table 1. Ingredients of *Majoon muqawwi rahim*

S. No.	Ingredients	Botanical Name	Quantity
1.	<i>Mochras</i>	<i>Salmalia malabarica</i>	10 g
2.	<i>Fufal</i>	<i>Areca catechu</i>	10 g
3.	<i>Tabasheer</i>	<i>Bambusa arundinacea</i>	10 g
4.	<i>Nishashta-e-Gandum</i>	<i>Triticum</i>	10 g
5.	<i>Gil-e-Makhtoom</i>	Silicate of alumina	10 g
6.	<i>Gul-e-Surkh</i>	<i>Rosa damascus mill</i>	10 g
7.	<i>Mazu</i>	<i>Quercus infectoria</i>	10 g
8.	<i>Habb-ul-Aas</i>	<i>Myrtrus communis</i>	10 g
9.	<i>Post HaleelaZard</i>	<i>Terminalia chebula</i>	10 g
10.	<i>Post-e-Baleela</i>	<i>Terminalia bellerica</i>	10 g
11.	<i>Aamla</i>	<i>Phyllanthus emblica</i>	10 g
12.	<i>MusliSiyah</i>	<i>Curculigo orchioides</i>	10 g
13.	<i>MusliSafaid</i>	<i>Chlorophyllum borivilianum</i>	10 g
14.	<i>Post Anar</i>	<i>Punica granatum</i>	15 g
15.	<i>Aab-e-Behitaza</i>	<i>Cydonia oblonga</i>	50 ml
16.	<i>Aab-e-AnarTursh</i>	<i>Punica granatum</i>	50ml
17.	<i>NabatSafaid</i>	Rock candy	210 ml
18.	<i>Asal or QandSafaid</i>	<i>Saccharum officinarum</i>	210 g

2. “Clinical Study of *Sailan ur rehm* and Its Clinical Management with Unani formulation.” By Mubashhara Khan . In this trial Safoofe *Sailan* was found effective in the management of *Sailanur Rehm* (*Bacterial Vaginosis*).¹⁸

Table 2. Ingredients of Safoof sailan

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S. no	Ingredients	Botanical name	Quantity
1.	<i>Gule dhawa</i>	<i>Woodfordia fructosa</i>	6g
2.	<i>Gule fofal</i>	<i>Areca catechu</i>	6g
3.	<i>Mocharas</i>	<i>Bombax malabaricum</i>	6g
4.	<i>Gond molsri</i>	<i>Mimusops elengi</i>	6g
5.	<i>Nabat safaid</i>	<i>Sugar</i>	24g

3. “Clinical Study for the Efficacy of Unani Formulation in the Management of Vaginal Discharge Associated with Cervicitis” (Iltehab-E-Unqur Rehm) by Saman Anees, Suboohi Mustafa.¹⁹

A randomized observational study was carried out at the Department of Amraz e Niswan wa Atfal, AKTC, AMU, Aligarh. Thirty (n=30) patients of 18- 40 years of age with chronic cervicitis were selected and intervened with Unani formulations prepared from Joshanda Mazu (*Quercus infectoria*) administered locally in the form of intra vaginal tampon (pessary) for 7 consecutive nights after menses. Pre and post treatment analysis was done on subjective and

objective parameters and were assessed by paired t-test. **Result:** This Unani formulation showed highly statistically significant improvement in all the subjective ($p<0.001$) and objective ($p<0.001$) parameters of chronic cervicitis after completion of treatment.

4. “Clinical Efficacy of a Unani Poly Herbal Formulation on Abnormal Vaginal Discharge.” by Naaz F, Rahman RU, Kausar F²⁰

This study demonstrates that the test drug i.e Capsule Dabidulwarad was effective in the management of abnormal vaginal discharge. . Cap. Dabidulward contains dried aqueous extract of the contents of Majoon dabidulward which are

Table 3. Ingredients of Capsule Dabidulwarad

S. no	Ingredients	Botanical name	Quantity
1.	<i>Sumbul ut tib</i>	<i>Nardostachys jatamansi</i>	13mg
2.	<i>Mastagi</i>	<i>Pistacia lentiscus</i>	13mg
3.	<i>Zafran</i>	<i>Crocus sativus</i>	13mg
4.	<i>Tabasheer</i>	<i>Bambusa arundinacea</i>	13mg
5.	<i>Darchini</i>	<i>Cinamomum zeylanicum</i>	13mg
6.	<i>Izkharr makki</i>	<i>Andropogon schoenanthus</i>	13mg
7.	<i>Asarun</i>	<i>Valerina wallchi</i>	13mg
8.	<i>Qust shirin</i>	<i>Saussurea lappa</i>	13mg
9.	<i>Ghafis</i>	<i>Gentiana olivieri</i>	13mg
10.	<i>Tukhm kasoos</i>	<i>Cuscuta reflexa</i>	13mg
11.	<i>Mujaiith</i>	<i>Rubia cordifolia</i>	13mg
12.	<i>Luk</i>	<i>coccus lacca</i>	13mg
13.	<i>Tukhm Kasni</i>	<i>Cichorium intybus</i>	13mg
14.	<i>Tukhm karafs</i>	<i>Apium graveolens</i>	13mg
15.	<i>Zarawund tawil</i>	<i>Aristolochia indica</i>	13mg
16.	<i>Hab e balsan</i>	<i>Commiphora opobalsamum</i>	13mg
17.	<i>Uood garqi</i>	<i>Aquilaria agallocha</i>	13mg
18.	<i>Qaranfal</i>	<i>Eugenia coryphyllata</i>	13mg
19.	<i>Dana Ilaichi Khurd</i>	<i>Elettaria cardomum</i>	13mg
20.	<i>Gul e surkh</i>	<i>Rosa damascena</i>	253mg

CONCLUSION

Sailan-al-rahim (leucorrhoea) is a gynaecological disorder from which a large number of women suffers. It is a major public health problem. In addition, *sailan-al-rahim* has substantial impact on many aspects of quality of life, including reproductive ability, sexual functioning, mental health and the ability to work and perform routine physical activities. Therefore, it must be treated with due care. This article focuses on various unani aspects of *sailan-al-rahim* (leucorrhoea), its aetiology, diagnosis and management. The management of *sailan-al-rahim* is available in conventional system of medicine but the proper control on various applications is still lacking. Most of the modern drugs have serious side effects also. On the other hand management of this disease according to unani system of medicine is safe, effective and have the least side effects.

CONFLICT OF INTEREST: Nil

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