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 greemish 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.

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.

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.
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).  

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.  

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.

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.

Jurjani Ismail described that in Sailan-al-rahim, rutubat-e-ufin (infective discharge) flows out. Mohammad Azam Khan has described the disease in his book, Akseer Azam. According to humoural theory, Sailan-al-rahim is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humors. He stated that Sailan-al-rahim is caused by Doof-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.

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 (istafragh). It is the cleaning of body, the type of waste can be determined on the basis of its color.

Types of Leucorrhoea (Sailan-al-rahim)
A. On the basis of predominance of Humours:  
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:  
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-Usuqui: Discharge from the cervix of uterus.

III. On the basis of age  
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 phlegmic, 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, Gonorrhea, 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.

**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 *saqeel 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.

**Ilaj- Bil-Dawa (Pharmacotherapy)**

**Mufrad advia**
1. Sitz bath of *samara mughaillan*
2. *Hamool* of paneer *maya*
3. Pessary of *mazu sokhta*
4. *Hamool* of *samaq* with honey
5. *Hamool* of *aabe innab salab*, *kndur*, *gulnar*, *iqaia*, *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.
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) prepubertal 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*

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

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

Table 2. Ingredients of Safoof sailan

<table>
<thead>
<tr>
<th>S. no</th>
<th>Ingredients</th>
<th>Botanical name</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gule dhawa</td>
<td>Woodfordia fructosa</td>
<td>6g</td>
</tr>
<tr>
<td>2.</td>
<td>Gule fofal</td>
<td>Areca catechu</td>
<td>6g</td>
</tr>
<tr>
<td>3.</td>
<td>Mocharas</td>
<td>Bombax malabaricum</td>
<td>6g</td>
</tr>
<tr>
<td>4.</td>
<td>Gond molsri</td>
<td>Minusops elengi</td>
<td>6g</td>
</tr>
<tr>
<td>5.</td>
<td>Nabat safaid</td>
<td>Sugar</td>
<td>24g</td>
</tr>
</tbody>
</table>
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 F 20

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

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

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

REFERENCES: