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Understanding leucorrhoea in the light of western and Unani perspective - A Review

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Abstract

Leucorrhea or vaginal discharge is a common symptom among females. It is typically whitish, yellowish, or greenish vaginal discharge in females that may be natural or an infection symptom. It is almost mucus discharge which exhibits vaginal epithelial cell exfoliation due to the influence of estrogen on the vaginal mucosa. Differences between physiological and pathological discharges are necessary to recognize. Leucorrhea is a common disease in Unani System of Medicine (USM) in terms of "*Sailan-ur-Rahem*". *Sailan-ur-Rahem* is a chronic inflammatory condition, which primarily involves the mucous membrane (*Gisha-e-Mukhati*) of the vagina. Ancient practitioners believed that excessive residue (*Ghair Tabayi Fuzlat*) and digestive deficiency (*Zoaf-e-Hazm*) were the major causes of leucorrhea. Renowned Unani scholars described various single and compound polyhedral formulations for the management of *Sailan-ur-Rahem*. Aim of this review is fill the paucity of knowledge among the practitioner and researchers.

Keywords: Leucorrhoea; *Sailan-ur-Rahem*; *Unani Medicine*; Western Medicine

Introduction

Leucorrhoea is a comprehensive term; it includes all abnormal blood-free discharges from the female generative tract^[1]. 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^[2, 3, 4]. Vaginal discharge is a typical symptom in females of the genital tract^[5, 6]. Studies have shown that vaginal discharge treatment is available to women seeking treatment in primary and secondary health care, 11% to 38.4% in India and 34% in Ethiopia^[7, 8, 9].

Vaginal discharge may be a natural physiological phenomenon or a manifestation of pathology^[10]. Differentiating an abnormal from regular discharge is always difficult, both from the perspective of the patient and the health care provider^[11]. Natural physiological differences are often due to biological or hormonal changes^[12]. In India the symptom of vaginal discharge was also related to non-infectious etiology psychosocial factors^[13]. A vaginal discharge pathological may be of vaginal or cervical origin^[14]. Vaginal discharge can be associated with Bacterial vaginosis (BV), and *Candida* spp, infection and *Trichomonas vaginalis* (TV)^[15]. Cervical discharge is typically triggered by infection with *Neisseria gonorrhoeae* (NG), *Chlamydia trachomatis* (CT), and *Mycoplasma genitalium* (MG); primary genital herpes simplex cervicitis may also be expressed as vaginal discharge^[16]. Most cervical STIs cause no symptoms, and syndromic management will not be able to detect or treat such infections unless care for these infections is included in the clinical management algorithm^[17]. To classify the species involved it is important to detect different pathogens that cause cervicitis laboratory testing^[18]. Three treatment results benefit from the vaginal discharge flowchart: no medical attention; attention for only vaginal infections caused by TV, BV and/or *Candida* spp, or treating NG and/or CT-caused vaginal and cervical infections^[19, 20]. Abnormal vaginal discharge is highly suggestive of a vaginal infection in most settings and all women with vaginal discharge undergo TV, BV, and *Candida* spp, treatment^[21].

Unani Concept about Leucorrhoea (*Sailan-ur-Rahem*):

According to Unani concept Leucorrhoea is a chronic type of inflammation which affects the mucus membrane (*Gisha-e-Mukhati*) of vagin^[22]. According to them, the disease is due to *Zoaf-e-Rahem* and *Quwat-e-Ghaziya* (nutritional faculty), which causes the accumulation of *fuzlaat* (waste materials)^[23].

The unnecessary waste material (*Fuzlaat*) collected in the uterus at *Silan-ur-Rahem* due to reduced repulsive power (*Zoef-e-Quwate-Dafea*) [24]. Therefore; uterine excretory waste in the form of *Silan-ue-Reham* is present. It was caused by body weakness (*Badani Zauf*), anemia (*Qillat wa Rikkate-e-Khoon*), uterine inflammation (*Warm-e-Rahem*), amenorrhoea (*Ahtibas-e-Tams*), irregular and disproportionate humor distribution (*Akhlat*), especially phlegm (*Balgham*) [25, 26].

Types of Leucorrhoea (*Sailan-ur-Rahem*)

A. On the basis of predominance of Humours: [27, 28, 29]

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

B. On the basis of site of Rahem involved: [27, 28, 29]

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-Rehmi*: Discharge from the uterus.
4. *Sailan-e-Unqui*: Discharge from the cervix of uterus.

Etiology of Leucorrhoea (*Sailan-ur-Rahem*):

The etiology of *Sailan-ur-Rahem* was identified in detail in the Unani System of Medicine by most Unani scholars while discussing gynecological disorders [24]. Avicenna (Ibn Sina) in *Al-Qanoon-fit-tib* identified the cause of *Sailan-ur-Rahem* and claimed that the weakening of the 'Urooq-e-Haiz' digestive faculty (*Quwate-Hazema*) and the dominance of four humors (*Akhlat-e-Arba*) as a result of uterine infection (*Ufoonat*) leads to *Sailan-ur-Rahem*. [24,30] According to another renowned Unani scholar, Ali Ibn Abbas Majoosi, described that, *Sailan-ur-Rahem's* causative factors as 'Zoaf-e-Quwat-e-Jazeba' which causes excessive body waste and dominance of *Akhlat-e-Arba* [24, 31]. Whereas some other renowned Unani physicians have identified *Sailan-ur-Rahem* as being induced by *Zoaf-e-Quwate-Ghazia* of uterus in conjunction with *Akhlat-e-Arba* dominance and waste material in the body [24, 32, 33].

Other important causes of *Sailan-ur-Rahem*, identified by eminent Greek doctors include uterine prolapse (*Nutu-e-rahem*), early pregnancy, generalized weakness (*Zoaf-e-Aam*), anaemia, low socio-economic status, excessive intake of cold and moist food, excessive intake of hot and spicy food, inadequate diet, excessive coitus, unhygienic menstrual cycle conditions, stress and pressure, worm infestation, amenorrhoea, gonorrhoea (*Sozak*), syphilis (*Ateshak*), arthritis (*Waja-ul-Mafasil*), gout (*Niqras*), tuberculosis (*Diq*), *Busoor-e-Rahem*, *Rurooh-e-Rahem*, *Bawaseer-e-Rahem* and hypothyroidis [23, 24, 30, 31, 32].

Clinical features of Leucorrhoea (*Sailan-ur-Rahem*):

As described earlier, as a result of the imbalance in the four humors-black bile, yellow bile, blood, and phlegm *Sailan-ur-Rahem* occurs. The clinical manifestations of illness therefore rely on the dominant humors (*Akhlat*) [24, 29, 30]. The colour of the vaginal discharge may be whitish, reddish, yellowish, and

blackish depending on responsible humours. It may be thin or dense, viscous and followed by foul smell and itchy feeling around the sections involved [34]. Other related disease signs include pruritus vulvae (*Hikkat-ul-Mahbal*), low backache (*Waja-ul-Zahar*), lower abdomen pain and heaviness (*Waja-ul-Batan*), polyuria (*Kasrat-e-Baul*), dysuria (*Usr-e-Baul*), calf muscle cramps, menstrual irregularities, dysmenorrhoea (*Usr-e-Tamas*), breathlessness (*Usr-e-Tanaffus*), anorexia, giddiness, headache (*Suda*) [24, 35].

Management of Leucorrhoea (*Sailan-ur-Rahem*):

If the disease occurs due to the superiority of some *Khilt* (humour), then disease will first be treated by *Munzij-Wa-Mushil* Therapy (concoctive and purgative) and then be administered by *farjazat* (suppositories), which are used to treat menorrhagia [29]. The leucorrhoea treatment strategy is close to the treatment line for menorrhagia [24, 30]. If the disease is caused by the weakness of *Quwwat-e-Ghazia* (nutritional power) they should be given lemon or sandal to Bahi, Apple and Sharbat [29, 30, 31]. *Mufarrehat-e-Latif* (easily digestible foods) and drinks enhanced uterine *Quwwat-e-Ghazia* (nutritional power) [37, 38].

If leucorrhoea is caused by *warm-e-Rahem* (Metritis) then the same medication should be administered as anti-inflammatory therapy [24, 25]. The *Muqqawiyat* is to be issued in the presence of general weakness [24, 25, 29]. If Leucorrhoea is caused by local vaginal infection, the morbid humor should be eliminated from the stomach and liver [24, 29].

Drugs used for Leucorrhoea (*Sailan-ur-Rahem*):

For the management of *Sailan-ur-Rahem* the drugs which are being used centuries either single or compound in the form of *Joshandah*, *Humool*, *Safoof*, *Majoon*, *Jawarish* etc [39, 40].

Some examples of single drugs are: - *Gul-e-supari* (*Acecia catechu*), *Mazu* (*Quercus infectoria*), *Shibeyamani* (Alum), *Anisoon* (*Pimpinella anisum*), *Neem* (*Azadiracta indica*), *Gul-e-surkh* (*Rosa domestica*), *Afsanteen* (*Artemisia absinthium*), and *Sandal safaid* (*Santalum album*) [40].

List of Compound drugs are: - *Safoof-e-Sailan-ur-Rahem*, *Majoon-e-Muqawwi-e-Rahem*, *Majoon-e-Supari Pak*, *Majoon-e-Mochras*, *Habb-e-Sailan*, *Halwa-e-Supari Pak*, *Habb-e-Marwareed*, *Kushta Musallas*, *Qurs-e-Kushta-Khabsul-Hadeed*, *Kushta-e-Zaj* [24, 25, 39, 41, 42].

Conclusion

Leucorrhoea is a common problem now days in gynecological practice. It may be physiological, but it causes complications when it is a pathological disorder. Leucorrhoea has been considered a dreadful illness. Unani System of Medicine has a long history of for the '*Sailan-ur-Rahem*' management with effectiveness, without having any toxic effect on the human body. Treatment with the safest medication is crucial and Unani medicine plays an important part in this.

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