

Chapter-15

AN OVERVIEW OF CONCEPTUAL UNDERSTANDING OF LEUCORRHOEA IN CLASSICS OF UNANI MEDICAL SYSTEM

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ABSTRACT

Unani System of Medicine is a comprehensive medical system, which provides preventive, promotive, curative and rehabilitative healthcare. The fundamental basis of this ancient art of healing lies on the Hippocratic (Buqrat) theory of four Humours (Akhlat-e-Arba), according to which any balance of humours is a prerequisite for healthy state while any deviation in the equilibrium of humours causes disease, and thus the line of treatment in unani medicine initially focuses at reestablishing the humoural balance. Temperament (Mizäji) of a patient has a primary significance in diagnosis and treatment of diseases. While selecting the most suitable diet and lifestyle for promoting the health of a particular individual temperament is also taken into consideration.

Leucorrhoea is an abnormal condition of the reproductive organs of women. If not treated properly in the initial stages, it may become chronic. Recent investigations have shown that secretions from the uterus and upper part of the vagina flow down and are reabsorbed in the lower parts of the vagina. This is the normal constant flow within the female organs. The whitish discharge is, however, caused by the presence of infection in any of these tissues and a variety of other factors. Leucorrhoea condition may continue for weeks or months at a time.

In the Unani system it is called Sailan-ur-rahem, which is caused due to poor quwwat-e-ghaziya (nutritive faculty) of the rahem (uterus) that results in accumulation of fuzlaat (waste materials). It is necessary to be treated with the safest drug and Unani medicine plays an important role in this. Unani Medical System has a long history of the Sailan-ur-rahem management with effectiveness, without having any toxic effect on the human body.

The present study's objective was to systematically review the classical unani literature related to the subject matter i.e etiopathogenesis, clinical sign symptoms and holistic management of this very common gynaecological disorder and to with an aim to disseminate the knowledge for unani preventive measures, and the management of the leucorrhoea through Unani single and compound drugs without having any side effect on the human body.

Keywords: *Leucorrhoea, Unani Medicine, Sailan-ur-rahem, Quwwat-e-ghaziya*

1. INTRODUCTION

The Unani Medical System is an inclusive medical system, which lays primary emphasis on preventive and promotive care. This traditional scientific system of medicine is holistic in nature and considers the whole human entity as Bio-socio-psychological unit. The fundamentals, diagnosis and treatment modalities of the system are rationally based on logical principles. The fundamental basis of this ancient art of healing lies on the Hippocratic (Buqrat) theory of four Humours (Akhlat-e-Arba), according to which any balance of humours is a prerequisite for healthy state while any

deviation in the equilibrium of humours causes disease, and thus the line of treatment in unani medicine initially focuses at reestablishing the humoural balance. The system also believes that Medicatrix Naturae (*Quwate Mudabbir-e-Badan*) is the innate power, which controls all the physiological functions of the human body which provides resistance against diseases and helps in healing naturally. Temperament (*Mizäj*) of a patient has a primary significance in diagnosis and treatment of diseases. While selecting the most suitable diet and lifestyle for promoting the health of a particular individual temperament is also taken into consideration.

2. UNANI PERSPECTIVE OF LEUCORRHOEA

In the classical texts of Unani Medical System, the Leucorrhoea is described under the heading of *Sailan-ur-rahem* (*sailan* means flow and *rehm* means uterus. *Sailan-ur-rahem* is a broad term commonly used in gynaecological disorders. *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 (*Zahid AK etal, 2017*).

According to Unani concept, leucorrhoea 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, Leucorrhea 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) *Nisa Shagufta etal, 2017*). In Unani System of Medicine, *Silan-ur-rahem* includes all those conditions which are defined under different names in modern medicine like trichomoniasis, moniliasis, bacterial vaginosis, or gonococcal cervicitis (*Kumar P etal, 2008*). In *Sailan-ur-rahem*, the excessive waste material (*Fuzlaat*) accumulated in the uterus due to weaken repulsive power (*Zoef-e-quwate-dafea*). Hence, excretory waste of uterus is present in the form of *Silan-ur-reham* (*Ibn Hubal, 2007*). It occurred due to body weakness, anemia, inflammation of uterus, amenorrhoea, 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 (*Nisa Shagufta etal, 2017; Ahmad S, 1980; Majoosi AIA, 2005*).

3. TIME LINE OF CONCEPTUAL UNDERSTANDING OF LEUCORRHOEA BY UNANI SCHOLARS

- In the age of Buqrat (Hippocrates), the concept of Sailan-ur-rahem is referred as the flowing away of the seeds of women. Aristotle said that distinguishing Suzak (Gonorrhoea) from Sailan-ur-rahem in female is difficult. Jalinoos (130-200 AD) said that Sailan-ur-rahem gave rise to Gonorrhoea (Michael J, 2000).
- Razi (850-925 AD) stated sometime excessive body fluid is evacuated as Leucorrhea. There will be foul smell discharge; in case of infection of uterus. (Razi ABM 2000)
- Akbar Arzani stated that Sailan-ur-rahem is a continuous discharge from the uterus due to the poor nutritional faculty of uterus. This discharge is balgham, safra, or sauda (Arzani A, 2007).
- 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-Hazema (digestive faculty) of uterine vessels results in Sailan-ur-rahem. (Sina Ibne, 2007)
- Jurjani Ismail described that in Sailan-ur-rahem, rutubat-e-ufun (infective discharge) flows out (Jurjani I, YNM).
- Mohammad Azam Khan has described the disease in his book Akseer Azam. According to humoral theory, Sailan-ur-rahem is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humors. He stated that Sailan-ur-rahem is caused by zoaf-e-quwwat-e-ghazia of rahem or presence of excessive waste products in the body. These excessive waste products of the body are expel out from the uterus or through the vagina as istafragh (Kabeeruddin M, 2003).
- Majoosi mentioned that Sailan-ur-rahem 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 (fuzlaat) 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 (Majoosi AIA, 2005).

Types of Leucorrhoea (Naushin S etal, 2012; Khan etal, 1998; Sehar N etal, 2016)

On the basis of predominance of Humours: *Sailan-ur-rahem Damvi*: Caused by excess of *Khilt-e-Dam* and the colour of the discharge is reddish.

- i. **Sailan-ur-rahem Balghami**: Caused by excess of *Khilt-e-Safra* and the color of discharge is yellowish.
- ii. **Sailan-ur-rahem Safravi**: Caused by excess of *Khilt-e-Balgham* and color of discharge is whitish.
- iii. **Sailan-ur-rahem Saudavi**: Caused by excess of *Khilt-e-Sauda* and the color of the discharge is blackish.

According to the site of Uterus involved:

- i. **Sailan-e-Furji**: Discharge from the outer part of the vagina.
- ii. **Sailan-e-Mahbali**: Discharge from the inner part of vagina.
- iii. **Sailan-e-Rehmi**: Discharge from the uterus.
- iv. **Sailan-e-Unqui**: Discharge from the cervix of uterus.

According to the age:

- i. **Sailan-ur-rahem in immature girls**: It is due to worm's infestation, incontinence of urine, and vaginal itching.
- ii. **Sailan-ur-rahem in adolescent girls**: In adolescent girls, leucorrhoea occurs due to excessive sorrow and sadness and unhealthy conditions. It happens near to menstruation.
- iii. **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.
- iv. **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.
- v. **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.

4. PATHOGENESIS OF LEUCORRHOEA ACCORDING TO GRECO-ARAB SAGES

In “*Kamil-us-Sana*”, *Ali Ibne Abbas Majoosi* (930- 994 A.D), has described the etiopathogenesis of *Sailan-ur-rahem* in detail. He has emphasized that in the cases of Leucorrhoea; abnormal temperament afflicts the uterus and weakens the nutritive faculty. Because of this, the retentive faculty 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 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. 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* (Leucorrhoea) (*Majoosi AI, 2005*).

5. ETIOLOGY OF LEUCORRHOEA

The etiology of Leucorrhoea has been described by most of the Unani scholars in detailed while describing the gynecological disorders in their classical texts and treatises. *Ibn-e-Sina* in *Al-Qanoon-fit-tib* described the cause of Leucorrhoea and told that weakening of digestive faculty (*Quwate-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*. (*Sina Ibne, 2007*) 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* (*Majoosi AIA, 2005*). Whereas some other eminent Unani physicians have described that *Sailan-ur-rahem* is caused by *Zoef-e-quwate-ghazia* of uterus in conjunction with dominance of *Akhlat-e- Arba* and waste material in the body (*Ibne Hubal, 2007; Kabeeruddin,1935; Kabeeruddin, 2007*).

Some other important causes Leucorrhoea, described by eminent Greek physicians includes prolapse of uterus, 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, amenorrhea,

gonorrhoea, syphilis, arthritis, gout, tuberculosis, *warm-e-rahem*, *busoor-e-rahem*, *qurooh-e-rahem* and *bawaseer-e-rahem* (Qarshi MH, 2011; Khan M A, 2003).

6. CLINICAL MANIFESTATIONS OF LEUCORRHOEA

Leucorrhoea (*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 (*Sehar N et al, 2016*).

Other associated symptoms of disease are pruritus vulvae, low backache, pain and heaviness in lower abdomen, polyuria, dysuria, cramps around the calf muscle, irregularities in menses, dysmenorrhoea, breathlessness, anorexia, giddiness, headache, burning sensation in extremities, indigestion, constipation, and insomnia. 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 (*Multani HC, YNM; Rafee MH, YNM; Jabbar A, 1992, Khan M, 2007; Sina Ibne, 2007*). 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 (*Sina Ibne, 2007*).

7. DIAGNOSTIC CRITERIA OF LEUCORRHOEA IN UNANI CLASSICS

(Sina Ibne, 2007; Jurjani I, YNM; Kabeeruddin, 2003; Kabeeruddin,1935; Dahlvi *Abdullah, 2001; Hameed A, YNM*)

The classical literature of Unani Medical System describes a unique method of diagnosis in which 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. The patient is asked 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 (*khilte-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*).

8. GENERAL PRINCIPLES OF TREATMENT IN UNANI MEDICAL SYSTEM

In general, the initial approach to treatment in the Unani system necessitates the establishment of a regimen to normalize and balance the external factors involved in ailments and diseases. If this proves inadequate, then other means, such as treatment with natural medicines, may be recommended. In the Unani Medical System, the management of diseases depends upon the pathology involved in the disease process. These principles are:

- Removal of the causative factor (*Izala-i Sabab*):
- Evacuation of morbid material (*Tanqiya*)
- Heterotherapy (*'Ilaj bi'l-Zidd*)

9. MANAGEMENT GUIDELINES OF LEUCORRHOEA IN ACCORDANCE WITH UNANI SYSTEM OF MEDICINE

(Kabeeruddin, 2003; Ajmal Khan, 2002; Gulam Jeelani, 2005; KS Azmi, 1978; Kabiruddin, 2007; Alam MA etal, 2020; Zahid AK etal, 2017)

Accordingly, the line of treatment of Leucorrhoea is to remove the cause at first step. The patients should be advised to take general measures of Leucorrhoea to avoid coitus. The general principles of treatment of Leucorrhoea are described as below:

- i. If the disease appears due to the dominance of any one *humour*, then disease should be first treated by *Munzij Mus'hil* Therapy (Concoctive and purgative) and after that suppositories should be given.
- ii. If the disease is due to the weakness of nutritive power, then *Behi*, Apple and *Sharbat* of lemon or sandal should be given. Easily digestible foods and beverages increased the nutritive power of uterus.
- iii. If Metritis is cause of leucorrhoea then the same treatment should be prescribed as the treatment for *warm-e-rahem*. In the presence of general *weakness*, the *Muqqawiyat* must be given.
- iv. If Leucorrhoea is caused by local vaginal infection, then treatment should be given to evacuate the morbid humour from the stomach and liver.
- v. In the condition of Anaemia, iron compound should be given.

- vi. In the treatment of the disease, digestion should be maintained and constipation in patients should be removed.
- vii. Maintain and give strength to all vital organs of body to improve the general health of the patients.
- viii. Sympathetic attitude towards the ailments and the anxiety state should be removed.
- ix. Loose fitting undergarments preferably made of cotton should be used by the patients to keep the area aerated.
- x. Local hygiene is to be taken care of and sanitation should be maintained.

Dietary Management (Kabeeruddin M, 1935)

- Easily digestible foods and beverages should be given to the patients.
- Advise the patients to take moong dal, yellow arhar lentil, meat soup, green leafy vegetables, and fruits like pomegranates, apples, grapes etc. because all these things increase the nutritive power of uterus.
- Ask the patients to use the iron-containing foods.
- Ask the patients to avoid *Ghiza-e-kaseef*, hot, spicy and bitter food.

Pharmacotherapy

According to Unani concept, those drugs should be used which possess the properties of expectorant (Mukhrij-ebalgham), tonic (Muqawwi), Astringent (Habis and Qabiz) diuretic (Mudir), laxative (Mullayin), purgative (Mushil), and analgesic (Musakkin). Further, the drugs should be selected depending on the humor involved (Razi ABM, 2001; Kabeeruddin M, 1935, Hameed A, YNM). Single and compound drugs which are commonly being used by renowned Unani physicians are as follows:

Single Herbal drugs

(Ibne Hubl, 2007; Multani HC, YNM; Kabeeruddin M, 1935; Hameed A, YNM; Rhazi ABM, 2001; Jeelani, 2005; Anonymous, 1993).

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

Compound Formulations (Khan MA, 2003; Jeelani, 2005, Anonymous, 1993).

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

10. CONCLUSION

Leucorrhoea is a common gynecological problem that most of the women have to face in her lives. 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. The vaginal discharge may be caused by excess of humours with discharge colour whitish, yellowish, reddish and blackish and it may be accompanied with foul smelling and itchy sensation or a pain at the infected area.

It may be concluded that spread of the knowledge of abundant storage of Unani components and general principles of treatment, which are being used by Unani physicians since ancient times, shall be very effective in the management of this gynaecological disorder.

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