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**Unani Medicine**

**A REVIEW ON CONCEPT OF LEUCORRHOEA (SAILANUR REHM) IN UNANI SYSTEM OF MEDICINE**

**KEY WORDS:** Sailanur rehm, Leucorrhoea, Unani medicine, Vaginal discharge

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**ABSTRACT**

Sailanur rehm is an Arabic term which literally means excessive uterine flow. In Unani system of medicine any discharge from genital tract other than blood is named as Sailanur rehm (Leucorrhoea). Vaginal discharge or Leucorrhoea is one of the major causes for gynaecologic consultation in the world. Ancient Unani physicians elaborately described about Sailanur rehm. Vast literature is available in Unani texts about the nature of disease, types, causes, pathophysiology along with different treatment modalities. According to eminent Unani physician Masihul Mulk Hakim Ajmal Khan, it adversely affects the health status of a woman and ignorance in its treatment may lead to complication like infertility.

**INTRODUCTION**

*Sailanur rehm* is the term used in classical *Unani* literature for the pathological condition in which discharge flows out through genital tract other than blood. It includes all types of discharge coming from *rehm* (uterus), *unqur rehm* (cervix), *mahbal* (vagina) etc. It is an Arabic term which literally means excessive uterine flow. In *Unani* literature the disease has been described by different names eg. *Sailan rutoobate rehm*<sup>1</sup> *Rehm se rutoobat ka behna*, and *Leucorrhoea*.<sup>2</sup> Majoosi refers *sailanur rehm* as 'a condition in which *rutoobat* (fluid /discharge) oozes through uterine orifice' and the discharge is mostly thin and occasionally thick in consistency.<sup>3,5</sup> Zakaria Razi has mentioned that sometimes *sailanur rehm* occurs due to extraction of humours from whole body.<sup>4</sup> In his legendary text *Alqanoon*, Ibn Sina stated under the heading *sailane rutoobate rehm* 'sometimes infective discharge flows out through uterus'.<sup>1</sup> Supporting his views Hkm Azam Khan defines that *sailanur rehm* as a condition in which infective discharge continuously flows through uterus for the purpose of *istefragh* (excretion) and *tanqiya* (purification) of *fuzlat* (waste) which are directed towards uterus from the whole body.<sup>5</sup> Ibn Hubl Baghdadi explained the nature and quantity of discharge that it is mostly mucoid phlegmatic or watery in nature (consistency) and excessive in quantity.<sup>6</sup> Emphasising its effect on health status of women, *Masihul Mulk* Hakim Ajmal Khan mentioned that it adversely affects the health of women and ignorance in its treatment may lead to complication like infertility.<sup>2</sup>

**Types**

Depending upon the site of discharge Hkm Qarshi divided it into:<sup>7</sup> *Sailane furji*: viscous, white and shiny discharge oozes from the proximal part of vagina. *Sailane mahbali*: white discharge oozes from the distal part of vagina, which is acidic in nature. *Sailane rehmi*: discharge resembling egg white or sometimes yellowish in appearance oozes from the uterus. *Sailane unqi*: clear discharge resembling egg white oozes from the cervix but it is more viscous than *sailane rehmi* and alkaline in nature. *Sailane sartani*: discharge occurs due to carcinoma of uterus. It is initially watery but later on becomes reddish, usually seen after menopause.

**Asbab (Etiology)**

Etiology of *sailanur rehm* as described by *Unani* physicians are, *Sue mizaj rehm*<sup>8</sup> (altered temperament of uterus), *Zofe quwate ghaziya* of *rehm*,<sup>9</sup> (weakened nutritive faculty of uterus) *Zofe quwate jaziba* of *rehm*,<sup>3</sup> (weakened absorbing faculty of uterus), *Zofe quwate hazima* of *rehm*,<sup>1</sup> (weakened digestive faculty of uterus) *Accumulation of fuzlat* (waste)

inside *rehm* / whole body<sup>1,3,5,9</sup> and *Ufoonat*<sup>1,5</sup> (infection). Other causes described by *Unani* physicians are prolapse of uterus, *warme rehm* (inflammation of uterus / pelvic inflammatory disease), *ehtebase haiz* (amenorrhoea), *suzak* (gonorrhoea), *aateshak* (syphilis), early pregnancy, abortion, early sexual intercourse, vaginitis, generalized weakness, anaemia, excessive intake of cold & moist food, *niqras* (gout)<sup>2</sup> *wajaul mufasil* (arthritis), *diq* (tuberculosis), low socioeconomic condition, anxiety and stress.<sup>7</sup>

**Pathophysiology according to Unani concept**

***Sue mizaj rehm*:** Ibn rushd has mentioned that all the diseases of uterus occurs due to *sue mizaj* and it can be either *sada* i.e. *ghair maddi* or *maddi*,<sup>8</sup> due to *ghalba* of *hararat* (heat) or *buroodat* (cold), *rutoobat* (moistness) or *yaboosat* (dryness). Commonly *rehm* suffers due to *sue mizaj barid*.<sup>10</sup> The sign of *sue mizaj ghair maddi* is *khushkie rehm*, whereas *sue mizaj maddi* lead to production of *rutoobat* inside *rehm*. The colour of *rutoobat* is the manifestation of dominant *khilt* (humour) or *madda*, flowing through the uterus.<sup>8</sup>

***Zofe quwate ghaziya*:** *Quwate ghaziya* is subserved by four faculties: *Quwate jaziba* (Attractive or Absorptive faculty), *Quwate masika* (Retentive faculty), *Quwate hazima* (Alterative / Transformative / Digestive faculty) and *Quwate dafa'a* (Expulsive / Excretory faculty).

Function of *quwate jaziba* is to absorb beneficial nutrient and this is performed by vertical fibres of the *rehm*. *Quwate jaziba* requires more *hararat* (heat) for their normal function.<sup>11</sup> Deficiency of *hararat* or in other words *ghalbae buroodat* (dominance of cold) is responsible for *zofe quwate jaziba*<sup>8</sup> which hampers normal absorption resulting in accumulation of *rutoobat* inside *rehm*. Purpose of *quwate masika* is to retain beneficial nutrient as long as the *quwate hazima* acts upon it and derives nutrition from it. This is performed by oblique fibres and supported by transverse fibres.<sup>11</sup> Ibn Rushd has mentioned that *sue mizaj* is one of the factor, responsible for *zofe quwate masika*.<sup>8</sup> *Ghalbae buroodat* i.e. *sue mizaj barid* deadens or paralyses the action of muscle fibres of *rehm*, resulting in weakness of *quwate masika*. This *quwat* needs more dryness for its function to take place properly.<sup>11</sup> *Ghalbae rutoobat* also leads to *zofe quwate masika*. Accumulation of *rutoobat* leads to paralysis of the organ resulting in weakness of *quwate masika*.<sup>12</sup> *Quwate hazima* absorbs the material drawn by *quwate jaziba* and retains to transform it into a consistency ready for the action of the alterative faculty and also changes it into a temperament capable of becoming an

actual nutrient. It needs more *hararat* for its proper function.<sup>11</sup> *Ghalbae buroodat* will hamper its proper function and the improperly digested material is expelled out by *quwate dafe'a*. *Quwate dafe'a* expels the superfluous matter (*fuzlat*/excessive nutrient) through the natural passage or orifices. It has lesser need of *yaboosat* (dryness) for its function.<sup>11</sup> *Ghalbae rutoobat* increases the activity of *quwate dafe'a*.<sup>12</sup> *Khilte laza* (irritant) may exaggerate the function of *quwate dafe'a*.<sup>9</sup>

**Accumulation of fuzlat:** Humor is a fluid substance which is the initial product of digestion of food. There are two types of humors normal and abnormal. Normal humor singly or in combination with other similar humors is capable of assimilation and complete integration into the tissues. It is a material for the repair of wear and tear of body/organ. Abnormal humor or *fuzlat* in the absence of proper digestion or conversion is unsuitable for assimilation.<sup>13</sup> Accumulation of this *rutoobat* leads to *isterkhae rehm* resulting in weakness of *quwate masika* and increases the activity of *quwate dafe'a*,<sup>12</sup> therefore *quwate jaziba* does not absorb it and *quwate dafe'a* excretes it resulting in discharge through *rehm* i.e. *sailanur rehm*. This *rutoobat* is usually *balghami* (phlegmatic) and viscous or *laysdar* (sticky) or sometime it is watery in consistency.<sup>6</sup>

**Ufoonat:** *Hararate ghariziya* do not metabolize the waste material produced by abnormal humor inside the uterus and leave them as it is. In relative deficiency of *hararate ghariziya*, *hararate ghariba* prevails over the uterus and turns accumulated uterine waste into infected material, which may be deviated from normalcy in colour, consistency and odour.<sup>14</sup> *Balgham* is more favourable humour for *ufoonat* as the temperament of *balgham* is *barid* (cold), *ratab* (moist) and *safra* (bile) is least favourable.<sup>15</sup> A view proposed by Ibn Rushd is that *rehm* is a site for accumulation of *fuzlat*. For the purpose of expulsion, *fuzlat* from the body are diverted towards *rehm* and the accumulated *fuzlat* make *rehm* prone to *ufoonat*.<sup>6</sup> According to Shaikh whenever *ufoonat* occurs in *rehm* it leads to the *zofe hazm* of that *urooqe* (*vessels*) through which *khoone haiz* (menstrual blood) expel out and this *ufoonat* leads to excretion of foul smelling discharge.<sup>1</sup>

#### Alama't (Clinical features)

Pallor will be present as the clinical manifestation of *zofe quwate ghaziya* of *rehm*. *Zofe quwate khurooje rutoobat* will lead to symptoms of *ghalbae akhlat*<sup>9,9</sup> (dominance of humor). **Ghalbae khoon:** reddish complexion, burning micturition with predominance of reddish colour in urine. **Ghalbae safra:** yellowish & offensive discharge, polydypsia. **Ghalbae balgham:** colour of discharge will be white, other features of *ghalbae balgham* will be present. **Ghalbae sauda:** dryness & weakness of body with thick blackish discharge. Other symptoms include, difficulty in breathing, puffiness over face and around eyes,<sup>5</sup> loss of appetite,<sup>2,5</sup> low back ache, pain in lower abdomen, frequency of micturition, generalised weakness and pruritus vulvae.<sup>2</sup>

#### Awarizat (Complications)

*Zofe Aazae rayeesa*, Infertility<sup>2</sup>

#### Tashkhees (Diagnosis)

Pale appearance with weakness and cyclic discharge is indicative of *zofe quwate ghaziya*.<sup>5</sup> In the presence of clinical features of *ghalbae akhlat* cause will be diversion of *fuzlat* towards *rehm*, and colour of discharge is the manifestation of *khilte ghalib*. Patient is asked to keep clean and sterile cotton swab intra-vaginally overnight, and allow it to dry in shade in the morning. The colour of cotton gives the clue about the predominant *khilte* responsible for the disease.<sup>3,4,5,6,9</sup>

**Reddish:** *maddah damwi*, Yellowish: *maddah safrawi*, White: *maddah balghami*, Blackish: *maddah saudawi*

#### Usoole Ilaj (Treatment plan)

Removal of cause.<sup>16</sup> After proper diagnosis of *khilte ghalib*, *tanqiya* is done accordingly.<sup>3,5,6</sup> After *tanqiya* of *fuzlate badan*, *tanqiyae rehm* is done by enema. For *taqwiyate rehm* astringent enema and styptic pessaries are prescribed after *tanqiyae rehm*.<sup>5</sup> *Taqwiyate quwate ghaziya* is done by *muqawwi advia wa aghzia*.<sup>9</sup>

#### Ilaj bil ghiza (Dietotherapy)

Reduction in the quantity of diet (*taqleele ghiza*).<sup>8</sup> Light and easily digestible diet<sup>8</sup> such as mutton soup, spinach, beetroot, pumpkin and *chapati* with *moong dal*. Fruits: pomegranate, apple, grapes, guava etc.<sup>2</sup>

#### Ilaj bil tadbeer (Regimenal therapy)

*Dalak* (massage), *riyazat* (exercise), *qai* (emesis), *hamam khushk* (dry bath) and *abzan* (sitz bath) are the regimenal therapy modalities prescribed in cases of *sailanur rehm*.<sup>4</sup> Ibn hubl suggested *qai*, as one of the best treatment option for *fuzlat* & *rutoobate rehm*.<sup>6</sup> For sitzbath decoction of *samare moghilan* is beneficial.<sup>5</sup> *Abzan* with *joshandae mazu* is effective in chronic cases of *sailanur rehm*. Whole body massage with *qabiz roghniyat* is suggested.<sup>4</sup>

#### Ilaj bil dawa (Pharmacotherapy)

##### Local use

**Huqna (Enema):** For *tanqiya* of *rehm*: *ayarije feqra* is mixed in the decoction of *aslussoos*, *izkhar*, *irsa*, *nakhoode siyah* and enema is done.<sup>5</sup> Enema with decoction of *irsa* and *pahari lehsun* is also effective in cleansing the site of disease. For *taqwiyate rehm*: desiccant *huquna* is advised.<sup>6</sup> **Humool (Pessary/tampoons):** Any one of the mentioned single drug is beneficial in form of *humool*, *Shibe yamani*, *kundur*, *aqaqia*, *gulnar*, *aabe enabussaleb*, *usara lahtutees*.<sup>5</sup> **Douching** with salt solution or *phitkari* in hot water is beneficial.<sup>7</sup>

##### Oral use

After doing *tanqiya rutoobat* with appropriate medicine, 1.75 *masha* of powdered *mur makki* mixed in egg white/ half cooked egg, given orally for three days is very much effective in *sailanur rehm*.<sup>3</sup> A hand full of dried and powdered *poste moolsari* with equal quantity of sugar with water daily in the morning. Dried & powdered *gule dhawa*, *mochras*, *samare moolsari* each one 6 *masha*, *nabat sufaid 2tola* in a dosage of 6gms with fresh water daily in the morning. Effective compound formulations are *Majoone mochras*: 1 *tola*, with *kushtae musallas* 2 grains, *Majoone supari pak*: 7 *masha*, with *kushtae sadaf* 2 tablets, *Habe marwareedi*: 1 pill with 250ml of milk.

##### Parhaiz (Precautions)

Heavy, flatulent, oily, sour, and spicy food. Food producing *balgham*. Food prepared from jaggery or containing jaggery should be avoided.<sup>2</sup> Fruits and milk should be avoided in cases of *sailane balghami*.<sup>5,5</sup> Excessive physical activity, strenuous work and lifting heavy weight.<sup>2</sup>

#### CONCLUSION

Introduction of vaginal discharge as a pathological condition has been made by Unani physicians from centuries back. They described the different aspects of disease and its treatment accordingly on the basis of Unani principles. In modern system treatment of vaginal discharge is categorised on the basis of infection causing organism as candidiasis, trichomoniasis, bacterial vaginosis etc. Whereas Unani system advocate holistic approach of treatment. In present scenario, there is a scope of further research on Unani literature to explore the categorisation of disease and specific treatment plan depending upon sign and symptoms and causative organism.

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