



A LITERATURE REVIEW ON THE MOST COMMON WOMEN PROBLEM (SAILAN-UR-RAHEM) AND ITS MANAGEMENT IN UNANI SYSTEM OF MEDICINE

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ABSTRACT

Sailan-ur-Rahem, a common problem in women's health, in the context of the Unani medical system. Sailan-ur-Rahem is a term used to describe a range of illnesses affecting the female reproductive system that pose serious health and quality of life difficulties to countless women worldwide. Approximately 20% of patients who visit gynecological clinics report having vaginal discharge, which could be an infection. 90% of the time, the inflammation is only mild, with the remaining 10% including more serious conditions. Due to their increased exposure to sexual activity and frequent childbearing, married women are more likely to experience vaginal infections such as cervical erosion, cervicitis, and pelvic inflammatory diseases, which can result in leucorrhoea. The Unani approach to Sailan-ur-Rahem stresses a holistic view of health, emphasizing the use of specialized therapeutic procedures to correct underlying imbalances and bring physiological humors back into balance. In order to reduce symptoms and enhance general wellbeing, these interventions frequently involve dietary changes, lifestyle adjustments, herbal remedies, and specialist medical care. The management methods and understanding of Sailan-ur-Rahem within the Unani medical system by fusing traditional knowledge with contemporary scientific ideas. This would improve healthcare services and improve women's health outcomes globally.

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Leucorrhoea (Sailan-ur-Rahem) is defined by Unani idea as a persistent inflammation of the vaginal mucous membrane (Ghisha-e-mukhati), and it is regarded as a medical ailment. As per the findings of distinguished Unani scholar Allama

Najeebuddin Samarqandi, Silan-ur-Rahem is a type of waste material (Fuzlaat) that enters the uterus and is ejected out as a result of deficient and weak nutritive faculty (Quwat-e-ghazia) and takes the form of a fluid secretion [1]. Reputable

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Unani doctors have said in classical Unani literatures such as "Kamil-us-Sana," "Firdaus-ul-Hikmat," and "Tibb-e-Akbar" that insufficient uterine nutrition (zoaf-e-quwat-e-ghazia of rahem) leads to waste product accumulation (fuzlaat e-raddiya).

As a result, the uterus's ability to absorb nutrients (quwat e-jaziba) weakens and extra waste materials (fuzlaat-e-raddiya) are evacuated through the vagina or uterus as astefragh (excretion) [1, 2, 3]. According to Buqrat, the Unani medical system links the fundamental causes of illness to the idea of Akhlat, or humor (Hippocrates 360-470 B.C.). The notion of akhlat states that depending on the preponderance of akhlat, vaginal discharge might be Damvi (Sanguine), Balghami (Phlegmatic), Saudawi (Melancholic), or Safrawi (choleric). Phlegm humor, also known as Balghami khilt, is a type of mucus released from the vagina. All of this results in a weakening of the nutritional faculty (quwat-e-ghazia), which damages the vaginal lining and causes profuse vaginal discharge [1,2,5].

Sailan-ur-Rahem is a disorder characterized by anomalous discharges from the uterus, cervix, and vagina that are not blood. It includes practically all types of discharges induced by genital tract infections. Leucorrhoea is one of the most common gynecological problems, accounting for more than 25% of women's visits to the gynecologist [4]. Leucorrhoea is defined as excessive normal vaginal discharge. It is neither purulent nor offensive. It is non-irritating and never causes pruritus. Vaginal discharge is normal and non-infectious, although it can become infective in neoplastic conditions or when a foreign body is present. It is an extremely common issue in clinical practice.[28]

Married women are more likely to develop leucorrhoea because they engage in sexual activity and have children frequently, which can lead to vaginal infections such as cervicitis, cervical erosion, and pelvic inflammatory disease, all of which cause leucorrhoea. In Unani

Medicine literature, discharge from the uterus, cervix, and vagina other than blood is referred to as sailan-ur-reham. [29] Women and children are our nation's most valuable assets. Women's health is the foundation for greater health for both their families and the nation. Sailan-ur-reham can be compared to leucorrhoea in modern medicine. [30]

As a result, sailan-ur-reham can be compared to leucorrhoea in the present medical system. As reported by Nurul Hasan Nayyar, this is a disorder in which the uterine mucus membrane is affected, resulting in chronic inflammation and impairment of the uterine quwat-e-ghaziya (nutritive faculty). "Sailan" in "Nurul-Lugat" refers to the flow of water or blood.[28] The medicines and other therapeutic managements utilized in this system, in reality, assist the body in regaining this capacity to an optimum level and therefore restoring humoral balance, thereby maintaining health. [4]. In fact, based on the preceding description, every vaginal discharge that is clearly purulent and contains pus cells should be attributed to a specific vaginal infection [6].

RATIONAL OF STUDY

The majority of the time, the Unani medical system provides minimally or no adverse effects while treating an illness at its source. Many unani medications are used to treat leucorrhoea, or sailan-ur-reham. Additionally, murmaki is used as a powder (safoof) in a dose of "Paune do (2) Masha (1.750 gm.)" together with a half-boiled egg. For three days, it is taken in the morning on an empty stomach, before meals. Despite the availability of many types of contemporary medicine, the prevalence of sailan-ur reham (leucorrhoea) has increased recently. If these medications are taken for an extended length of time, there may be negative effects.

ETYMOLOGY

Sailan-ur-rehamis composed of two words "sailan + reham". The word sailan denotes the flow and the reham denotes the uterine material. That's why the meaning of sailan-ur-reham is flow of uterine material.

DEFINITION: In literature of Unani Medicine, discharge from uterus, cervix and vagina other than blood are described under the heading of sailan-ur-reham.

CLASSIFICATION OF SAILAN-UR-REHAM

Taking into account the descriptions provided by Unani Scholars, the classification of Sailan-ur-Rahem is as follows: Figure 1.

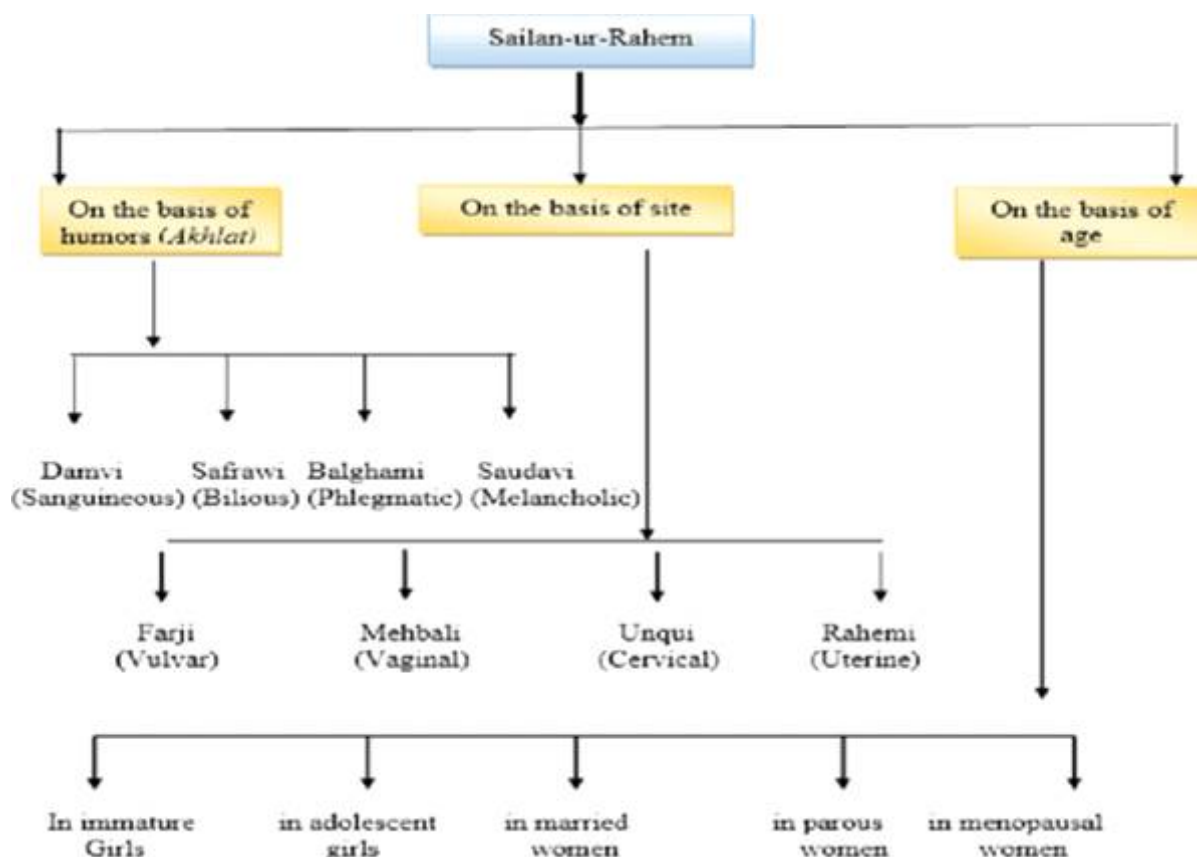


Fig 1: Showing the Unani classification of *Sailan-ur-Rahem* (Leucorrhoea).

I. On the basis of Humours (Akhlāt) involved

- Sailan-ur-Reeham Damvi (Sanguineous): induced by excess khilt-e-dam (blood), resulting in crimson discharge.
- Sailan-ur-Rehem Safrawi (Bilious): It is caused by an excess of khilt-e-safra (bile), and the discharge is yellowish.
- Sailan-ur-Rehem Balghami (Phlegmatic): This condition is caused by an excess of khilt-e-balgham (phlegm), and the discharge is white.
- Sailan-ur-Rehem Saudavi (Melancholic): This condition is caused by an excess of khilt-e-sauda (black bile), with a blackish discharge.

II. On the basis of site

- Sailan-e-Farji (Vulvar discharge): The discharge originates from the outer part of the vagina.
- Sailan-e-Mehbali (Vaginal discharge): The discharge originates in the inner aspect of the vagina.
- Sailan-e-Unqui: discharge from the cervix of the uterus.
- Sailan-e-Rahemi: discharge from the uterine mucous membrane, which can occur at any age. In this situation, the discharge is white and thick, similar to egg whites.

III. Oh the basis of age

- (a) Sailan-ur-Rahem in immature girls. It is the result of worm infestation, urinary incontinence, and vaginal itching.
- (b) Sailan-ur-Rahem in adolescent girls: It is caused by excessive sorrow and melancholy, as well as bad living situations. It occurs close to menstruation.
- (c) Sailan-ur-Rahem for married women: It originates in the inner aspect of the vagina as a result of uterine irritation exacerbated by coitus. The discharge is yellowish white, unpleasant, and produces extreme vaginal burning.
- (d) Sailan-ur-Rahem in parous women: This condition is caused by a cervical cut during delivery and chronic inflammation of the uterine mucous membrane. Here, the discharge is white and viscous, similar to the white section of an egg. It originates in the cervix and turns yellowish and reddish when mixed with pus or blood. It is most typically found in pregnant women.
- (e) Sailan-ur-Rahem in postmenopausal women: It is more common in elderly women and is caused by cervical or endometrial cancer, with Warm-e-Rahem Muzmin acting as a rare exception. It resembles curds or buttermilk.

Risk factors [2, 7, 8, 12, 13, 14,]

According to the Unani idea, the numerous risk factors connected with an elevated risk of developing Sailan-ur Rahem are listed and should be avoided.

- Lack of absorptive ability (Zoaf-e-quwat-e-jaziba)
- Low socioeconomic situations.
- Unsanitary conditions, especially during menstruation.
- Frequent abortion (kasrat-e Isqaat)
- Hardworking Cold Frequent intercourse (Kasrat-e-jima).
- Gonorrhoea (sozaak)
- Syphilis (Ateshak)
- Amenorrhoea (Ehtibas-e Haiz)

- General Weakness (Zoaf-e-Aam)
- Chronic constipation (Qabz-e Muzmin)
- Gout (niqras)
- Arthritis (Waja al-mafasil)
- Warm-e-Rahem, or uterine inflammation
- Vaginitis (Warm-e-Mehbal)
- Use of filthy garments during menstruation.
- Worm infestation (Kirm-e-Shikam)
- Dysentery (Pechish).
- Diarrhea (ishaal)
- Contraceptive device (Mana-e-aalat-e-hamal)
- Anemia (Faq-rud-dam)

PATHO-PHYSIOLOGY (Mahiyat-ul-Marz)

Ali Bin Abbas Majoosi (930-994 A.D.) detailed the pathophysiology of this disease in detail in his famous work "Kamil-us-Sana". He claims that Sailanur Rahem's abnormal temperament (Sue Mizaj) affects the uterus and diminishes the nutritive faculty (Quwat-e-Ghazia). This half-braked substance subjugates the Hararat-e Gharizia. In the absence of Hararat-e-gharizia, Hararat-e-ghariba takes over the uterus and converts stored uterine waste into diseased material. This toxic material is irritating in nature, and when it runs out of a female's vaginal system, it produces burning and irritation, as well as ulceration (erosion), particularly in the cervix. The discharge from the vaginal tract is called as Sailan-ur-Rahem [15].

ETIOLOGY (ASBAAB)

The etiology of Sailanur Rahem has been explained in depth by most Unani academics while discussing gynaecological problems. In Al-Qanoon-fit-tib, Ibn-e Sina explained the cause of Sailanur Rahem as a weakening of the digestive faculty (Quwat e-Hazema) of urooq-e-haiz and dominance of four humors (Akhlal-e-Arba) caused by infection (Ufoonat) in the uterus [16]. Some other famous Unani physicians have defined Sailan-ur-Rahem as being produced by Rahem's Zeof-e-quwat e-ghazia in conjunction with Akhlal-e-Arba dominance and waste material in the body [17, 18, 19].

Other causes of leucorrhoea include emotional difficulties, unsanitary environment, chronic disease, weariness, poor food, constipation, and a persistent retroverted uterus.

- Excessive secretion is commonly caused by physiological conditions such as high oestrogen levels during puberty, menstruation, pregnancy, and sexual arousal.
- Cervical causes are vaginal infections caused by bacteria, viruses, fungus, or parasites.
- Other reasons include atrophic vaginitis, cervicitis, and foreign bodies.
- The most frequent infections are *Trichomonas vaginalis* and *Candida*. These are curable, even though the majority of bacterial infections are asymptomatic.

CLINICAL FEATURES

Clinical symptoms of sickness are determined by the dominating humours (Akhlat). The colour of vaginal discharge depends on the relevant humours and might be pale, reddish, yellowish, or blackish. It might be thin or thick, viscous, and associated with a foul-smelling and itching sensation surrounding the affected area [20]. Other linked signs of illness include:

- Kamar Dard (Backache)
- Pedu me Dard aur Bochh (Pain and Sense of Heaviness in Lower Abdomen)
- Pindliyon me Dard (Pain in Calf Muscle)
- Haiz Takleef se aata hai (Dysmenorrhea)
- Sust aur Kahili (Malaise and Lethargy)
- Haath aur Pairon me Jalan (Burning Sensation of Hands and Feet)
- Qabz (Constipation)
- Saans lene me Takleef (Dyspnoea)
- Ikhtilaj-e-Qalb (Palpitation)
- Safaid zardi mayal tatoobat (Whitish yellow vaginal discharge).
- Aam kamzori (Generalized weakness)
- Andamnihani me kharish (vaginal itching)

The vaginal mucosa and vulva may become inflamed, and in rare cases, the patient may become infertile as a result of discharge. The

patient may appear pale, frail, sluggish, and irritated [8, 10, 13, 14, 16, 21].

DIAGNOSIS

In the classical USM literature, a simple test (swab method) is used to determine the colour of discharge. If the discharge is reddish with a heat dominance, and the urine is red turbid, it implies a blood predominance. If the discharge is white and accompanied with other balgham signs, it indicates that phlegmatic humour is predominant. If the discharge is yellowish, foul-smelling, and accompanied by extreme thirst, it indicates that yellow bile is the predominant kind. The blackish and turbid discharge associated with dryness and weakness indicates a predominance of black bile. [3, 18, 19, 22, 23, 24].

DIFFERENTIAL DIAGNOSIS (Tashkhees-e-farikha) [9, 16, 18, 22]

The following conditions should be ruled out before making a diagnosis :

- Sailan-e-Mani
- Bawaseer-e-Rahem
- Busoor-e-Rahem
- Sartan-e- Rahem
- Qurooh-e- Rahem
- Suzaak

Principles of treatment (Usool-e-ilaj) [8, 12]

- According to USM, the first step in treating Sailan-ur Rahem is to address the underlying cause.
- Maintain sanitation, particularly the local hygiene.
- Patients should wear cotton loose-fitting undergarments to keep their genitals aerated.
- If sickness occurs as a result of humour dominance (Akhlat), it should be treated first with concoctive and purgative therapy (Munzij and Mushil) of that humour, followed by suppositories (farzajat), which are used to treat menorrhagia.
- If the cause of Sailan-ur-Rahem is a lack of nutritional power (Quwat-e-ghazia), then Bahi (Cydonia vulgaris), apple and lemon sharbat (Citrus lemon), Arq-e-Maul lahem,

whey (Maul-jubn), or fruit juice (Maul-fawakhah) should be administered. Advise patients to consume readily digestible meals (ghiza-e-latif) and beverages because both boost the nutritive strength (quwat-e-ghazia) of the uterus.

- If the reason is a local vaginal infection, therapy should be administered to clear the morbid humours from the stomach and liver.
- Maintain patients' digestion adequately during the treatment period, and avoid constipation (Qabz) by giving a laxative diet and medications (Mullayin ghiza and Dawa).
- If the cause is anaemia, an iron complex should be administered.
- Improving patients' overall health should help to preserve the strength of all essential organs in the body.
- Patients must also be directed to avoid physical exertion and similarly anxiety factors (Nafsiyati asbaab) should be minimized or removed.
- The patients should advise for general measures of Sailan-ur-Rahem to avoid coitus.

Dietotherapy (Ilaj-bil-ghiza) [19]

- Patients should be provided easily digestible foods (Ghiza-e-latif and Saree-ul hazm), as well as liquids.
- Advise patients to consume moong dal, yellow arhar lentil (Arhar ki dal), meat soup (Maul-leham), green leafy vegetables, and fruits such as pomegranates, apples, and grapes.
- Ask the patients to consume iron-rich meals.
- Instruct the patients to avoid Ghiza-e-kaseef, hot, spicy, and bitter foods.

Drug therapy (Ilaj-bil-dawa)

Tab. Doxycycline is a tetracycline-based antimicrobial agent. It is the first line of treatment for nonspecific endocervicitis, and leucorrhoea may occur in cervicitis. According to the Unani

concept, medications with expectorant (Mukhrij-e balgham), tonic (Muqawwi), astringent (Habis and Qabiz), diuretic (Mudir), laxative (Mullayin), purgative (Mushil), and analgesic characteristics (Musakkin) should be utilised. Sailan-ur-reham can also be treated by inserting a herbal mineral powder formulation into the vagina. Furthermore, medications should be chosen based on the humour involved. [24, 25] Compound Unani medicines Qustas should be combined with one Majoon. Single and complex medications often utilised by notable Unani physicians include the following:

Single drugs [17, 8, 19, 24, 25, 26, 27]

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

Compound drugs [3, 26, 27]

The following unani formulations are used in the management of sailan-ur-reham-

- Majoon Supari Pak
- Majoon Mochras
- Majoon Muqawwi Rahem
- Majoon Suhaq Sonth
- Sufoof-e-Sailan
- Qurs-e-Sailan
- Habb-e-Sailan
- Habb-e-Marwareed
- Halwa-e-Supari pak
- Qurs-e-Qushta Khabs-ul-Hadeed
- Qusta Qalai
- Qusta Baiza-e-Murgh
- Qusta Musallas
- Qushta-e-Zaj

PREVENTIVE MEASURES [19]

- Maintain the genital area as clean and dry as possible.
- Wash the innerwear with a high-quality

detergent that is fungicidal and bactericidal.

- A morning stroll can help to reduce stress and boost disease resilience.
- Ask the patients to consume extra water to flush the toxins out of their bodies.
- In the event of an excess discharge, avoid all sugar-rich foods (sweets, pastries, puddings, etc.).
- Hot and spicy foods should be limited in the patient's diet.
- Advise patients not to drink alcohol.
- Add fresh curds to the patient's diet since they aid digestion and contain lactic acid, which lowers discharge.

Complications (Awarizaat) [2, 18]

- Uterine weakness leads to infertility.
- Abortion (Isqaat).

DISCUSSION

Sailan-ur-reham (Leucorrhoea) is an illness caused by a lifestyle condition; thus, changing one's lifestyle and nutrition pattern can help avoid and treat the disease. The treatments described above are effective in the treatment of Sailan-ur-reham (Leucorrhoea).

CONCLUSION

We can conclude that expanding our understanding of the abundant storage of Unani components and general principles of disease management, which have been used by Unani physicians since antiquity, will be extremely useful and complete. Because of the recognised side effects of conventional medications, Unani drugs and compound formulations may be a good choice for treating Leucorrhoea. Sailan-ur-reham is a worldwide condition that affects women of all ages. It affects up to 75% of women at least once in their lifetime. This is a relatively common issue in clinical practice. Almost 20% of patients who visit a gynaecological clinic complain of vaginal discharge, which indicates an infection. Unani medications and compound formulations can be an effective treatment option for sailan-ur-reham. This article discusses the various causes

of leucorrhoea, as well as its diagnosis and treatment in the context of classical Unani literature.

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