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Leucorrhoea (Sailan-ur-Rahem) in reproductive age group: A review

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Abstract

The Unani System of Medicine (USM), also known as Greco-Arab medicine, is rooted from the Hippocratic humoral theory. According to USM, each individual has a unique humoral constitution that represents their healthy state, and any deviation from this state results in illness. The severity of the disease is directly related to the imbalance in temperament (mizaj). In USM, Sailan-ur-Rahem is a condition caused by changes in the quality and quantity of phlegm (balgham) and the accumulation of excess matter in the uterus, due to a weakened expulsive power (Zoef-e-quwat-e-dafea). This review paper aims to elucidate the Unani concept of Sailan-ur-Rahem as detailed in classical literature, and to promote preventive measures and management using Unani single and compound drug formulations that are cost-effective, readily available, and free from side effects.

Keywords: Unani medicine, Mizaj, Sailanur Rahem, abnormal vaginal discharge, khiltebalghami, Quwat-e-Dafea

Introduction

The Unani system of medicine indeed originated in Greece and was later expanded upon by Arab scholars. It is based on the teachings of Buqrat (Hippocrates), who is considered the “father of medicine,” and Jalinoos (Galen), who contributed significantly to medical knowledge, particularly in anatomy and physiology. This system integrates Greek philosophy with Islamic culture and science, hence it is often called Greco-Arab medicine. The term “Unani” itself is derived from the word “Ionian,” which refers to the Greek region of Ionia. Over time, scholars from the Islamic world, particularly during the medieval period, refined and expanded this system, adding new medical knowledge based on observation, experimentation, and treatment methods. Prominent figures such as Avicenna (Ibn Sina) also contributed greatly to Unani medicine, making it an elaborate and comprehensive medical tradition. Unani medicine continues to be practiced in many countries, especially in South Asia, and emphasizes the balance of the body’s four humors—blood, phlegm, yellow bile, and black bile—to maintain health and treat diseases^[1]. Unani medicine is well-known for being based on the Hippocratic humoral theory, which persists the presence of four humors in the body: blood, phlegm, yellow bile, and black bile. The temperament (mizaj) of individuals is expressed by terms such as damwi (sanguine), balghami (phlegmatic), safrawi (choleric), and saudawi (melancholic), according to the dominance of a particular humor. Each person is believed to have a unique humoral constitution representing their healthy state, and any change in this state causes illness. The severity of the disease is directly related to the change in the equilibrium of the mizaj (temperament)^[2, 3]. The medicines and therapeutic managements in this system are designed to help the body regain its power to an optimum level, thereby restoring humoral balance and retaining health^[4-5].

Sailan-ur-Rahem is a condition characterized by abnormal discharge from the uterus, cervix, and vagina, excluding blood. This condition encompasses various types of discharge caused by genital tract infections^[6]. It is one of the most common gynecological complaint, accounting for over 25% of women’s visits to the gynecologist^[7]. In modern medicine, Sailan-ur-Rahem is often translated as “leucorrhoea,” though this is not an entirely accurate translation. Renowned gynecologists have noted the distinction; according to Kumar and Malhotra, “Leucorrhoea means a ‘running of white substance’ and refers to an excessive

amount of normal vaginal discharge” [8].

In the Unani System of Medicine (USM), Sailan-ur-Rahem is a broad term that encompasses various infections known in modern medicine by different names, such as trichomoniasis, moniliasis, bacterial vaginosis, or gonococcal cervicitis [9]. This condition arises due to the accumulation of excess, useless matter in the uterus, caused by a weakened expulsive power (Zof-e-quwat-e-dafea) [5], leading to the presence of excretory waste in the form of Sailan-ur-Rahem [10]. The disease results from an irregular and disproportional distribution of the humors (Akhlat). The mucous fluid secreted from the vagina is a type of phlegmatic humor (Balghamikhilt) [4], and Sailan-ur-Rahem occurs due to changes in the quality and quantity of this phlegm [11]. The condition can also be caused by a poor nutritional faculty of the uterus (Zof-e-quwat-e-ghazia of rahem), an excessive buildup of waste products in the body, or a weakened absorptive power (Quwat-e-jazba) of the uterus. Typically, this excessive waste product is expelled from the uterus or vagina through excretion (Istefragh) [12, 13]. It is important to note that any vaginal discharge that is purulent and contains pus cells should be considered indicative of a specific vaginal infection [9].

In conventional medicine, leucorrhoea (vaginal discharge) can occur due to physiological factors involving hormonal changes, particularly elevated estrogen levels. There are the some causes:

1. **At Birth:** Newborns may have a mucoid vaginal discharge for 1–10 days, triggered by the stimulation of the uterus and vagina by placental estrogens.
2. **During Puberty:** Increased endogenous estrogen level can lead to higher vaginal secretions.
3. **Menstrual Cycle:** Around Ovulation: Estrogen level is on peak, causing more vaginal discharge.
 - a. **Premenstrual Phase:** Hormonal shifts can increase discharge.
 - b. **Pregnancy:** Hyperestrinism (excess estrogen production) and increased blood flow contribute to higher secretions.
 - c. **Sexual Excitement:** Secretion from Bartholin’s glands increases during arousal.
 - d. These physiological causes of leucorrhoea are considered normal responses to hormonal fluctuations.
 - e. Cervical causes of leucorrhoea (cervical leucorrhoea) are associated with cervical abnormalities or external factors. These include:
 1. **Non-infective Cervical Lesions**
 - Cervical Erosion: Damage to the cervical tissue can lead to an increase in vaginal discharge.
 - Cervical Ectopy: Glandular cells from inside the cervix are exposed on the outer cervix, increasing discharge.
 - Chronic Cervicitis: Long-standing inflammation of the cervix can cause excessive mucous production.
 - Mucous Polyp: Benign growths on the cervix can lead to an increase in secretions.
 - Cervical Ectropion: Glands are exposed to the vaginal environment, leading to profuse and clear discharge.

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2. Oestrogen-Progestogen Oral Contraceptives

The use of combined oral contraceptives can cause cervical ectopy, which in turn leads to leucorrhoea.

3. Regular Vaginal Douching

Douching can wash away natural vaginal secretions and disrupt the balance of protective Lactobacilli, leading to increased discharge. Irritant solutions may stimulate the cervix to produce more secretions and predispose to infections by altering the vaginal pH.

These cervical-related factors often cause non-infectious leucorrhoea but can predispose individuals to infections due to disruption of natural protective mechanism.

2. Vaginal causes of leucorrhoea (vaginal leucorrhoea):

are often linked to conditions that cause pelvic congestion. This leads to increased secretory activity and transudation (fluid leakage) in the vaginal area. The following factors are associated with increased pelvic congestion and may result in excessive vaginal discharge:

1. **Uterine Prolapse:** The downward displacement of the uterus can lead to increased pressure and secretions.
2. **Acquired Retroverted Uterus:** A tilted uterus can cause congestion in the pelvic organs, leading to increased discharge.
3. **Chronic Pelvic Inflammation:** Ongoing inflammation in the pelvic region may stimulate the glands and result in higher secretions.
4. **Vaginal Adenosis:** Abnormal glandular tissue in the vagina may lead to increased secretions.
5. **Prolonged Ill Health:** General poor health can affect the body’s normal regulatory mechanisms, increasing vaginal discharge.
6. **Anxiety States and Neurosis:** Psychological stress can influence bodily secretions, including vaginal discharge.
7. **Sedentary Occupation:** Lack of movement can contribute to pelvic congestion and hence leading to increased secretions.
8. **Standing for Long Periods in Hot Atmosphere:** Prolonged standing in heat can cause pelvic congestion, contributing to excessive vaginal secretions.

These conditions often cause passive congestion of the pelvic organs, which can exacerbate leucorrhoea by promoting increased glandular activity and exfoliation of vaginal cells.

Predisposing Factors

In the Unani system of medicine, Sailan-ur-Rahem (leucorrhoea) is recognized as a condition associated with a discharge from the female genital tract and is influenced by various predisposing factors. These factors are both physical and environmental, and they compromise the body’s ability to maintain health. The key predisposing factors include:

1. **Zoef-e-Quwat-e-Jaziba (Weakness of absorptive power):** This refers to the body’s inability to absorb and assimilate essential nutrients, leading to an imbalance and weakness in various organs, including the reproductive system [12].
2. **Low socio-economic condition and poor personal hygiene:** Living in poor conditions with inadequate access to hygiene can increase the risk of infections and other health issues that contribute to Sailan-ur-Rahem [8].
3. **Kasrat-e-Isqaat (Frequent abortion):** Repeated abortions can weaken the reproductive system, making it more susceptible to disorders like leucorrhoea [14].

4. **Hardworking and cold environments:** Physical labor, especially in cold environments, is believed to disrupt the body's balance, leading to weakened immunity and susceptibility to infections.
5. **Kasrat-e-Milaap (Frequent intercourse), Sozak (Gonorrhoea), Aateshak (Syphilis), Ehtebas-e-Haiz (Amenorrhoea):** These sexual and reproductive conditions and infections can disturb the natural balance and functioning of the female reproductive system, contributing to Sailan-ur-Rahem ^[15].
6. **Zoef-e-Aam (General weakness):** A general state of bodily weakness can predispose individuals to infections and illnesses.
7. **Qabz-e-Muzmin (Chronic constipation), Niqras (Gout), Waja-ul-Mafasil (Arthritis):** These chronic conditions are thought to disrupt the body's humoral balance, indirectly affecting the reproductive system ^[15].
8. **Warm-e-Rahem (Metritis), Warm-e-Mahbal (Vaginitis):** Inflammation of the uterus or vagina directly affects the health of the reproductive system, leading to symptoms like leucorrhoea.
9. **Use of unclean clothes during menses:** This unhygienic practice can lead to infections and reproductive health issues.
10. **Kirm-e-Shikam (Worm infestation), Pechish (Dysentery), Ishaal (Diarrhoea), Diqq (Tuberculosis):** These infections and conditions weaken the immune system and impair the body's natural defenses, making it more susceptible to leucorrhoea.
11. **Calcium deficiency:** A deficiency in essential nutrients like calcium can weaken the body and its ability to maintain balance in the reproductive system.
12. **Mana-e-Aalat-e-Hamal (Contraceptive devices):** The use of certain contraceptives can cause local irritation or infections, contributing to the development of Sailan-ur-Rahem.
13. **Faqr-ud-Dam (Anaemia):** Anemia weakens the body's immune response, making it more vulnerable to infections and disorders like leucorrhoea.

These factors collectively compromise the body's immune and reproductive health, increasing susceptibility to conditions like Sailan-ur-Rahem. The Unani approach to treatment focuses on addressing these root causes by restoring humoral balance and strengthening the body's natural defenses.

Mahiyat-ul-Marz (Pathophysiology)

In the case of Sailan-ur-Rahem, Sue Mizaj (altered temperament) afflicts the uterus and affects the Quwat-e-Ghazia (nutritive faculty). The Quwat-e-Maseka (retentive faculty) is predominantly affected, rendering it unable to hold back the nutrients in the uterus for a sufficient time until the Quwat-e-Hazema (digestive faculty) can act upon these nutrients to convert them into a matter suitable for assimilation and incorporation. This inadequately processed material undermines the Hararat-e-Gharizia (innate heat). Due to the relative deficiency of Hararat-e-Gharizia, Hararat-e-Ghariba (abnormal heat) overpowers the uterus, transforming the accumulation of uterine waste into infected material. This infected material may deviate from normal in color, consistency, and odor. The Quwat-e-Dafea (excretory

power) expels this harmful and toxic material. The irritant nature of this material causes burning and irritation as it flows out of the genital tract, and when it accumulates, it causes ulceration (erosion), especially in the cervix. This discharge flowing out of the genital tract is known as Sailan-ur-Rahem ^[9].

Classification of Sailan-ur-Rahem ^[9-13]. It is classified into different types on the basis of following factors.

1. On the basis of age

- a. **Sailan-ur-Rahem in Immature Girls:** In young girls, leucorrhoea is often associated with worm infestation, urinary incontinence, and vaginal itching. These factors irritate the genital area, leading to discharge.
- b. **Sailan-ur-Rahem in Adolescent Girls:** In adolescence, the condition is commonly linked to emotional factors such as excessive sorrow and sadness, along with poor health and hygiene. It tends to occur around the time of menstruation, likely due to hormonal changes and stress.
- c. **Sailan-ur-Rahem in Married Women:** In married women, the discharge originates from the inner aspect of the vagina due to inflammation of the uterus, which is aggravated by sexual intercourse. The discharge in this case is yellowish-white, sour in nature, and causes burning in the vaginal area, indicating possible infection or irritation.
- d. **Sailan-ur-Rahem in Parous Women:** In women who have given birth (parous women), the condition often results from cervical lacerations during delivery and chronic inflammation of the uterine mucous membrane. The discharge is white and viscous, resembling egg white, and comes from the cervix. Over time, it may turn yellowish or reddish when mixed with pus or blood, a sign of infection or uterine inflammation. This form is commonly seen in women of childbearing age.
- e. **Sailan-ur-Rahem in Menopausal Women:** In menopausal women, leucorrhoea is usually linked to more serious conditions such as cervical or endometrial carcinoma, and occasionally chronic uterine inflammation (Warm-e-Rahem Muzmin). The discharge is typically curd-like or resembles buttermilk in consistency, often a sign of advanced disease or cancer.

14. On the basis of site: In the Unani system of medicine, Sailan-ur-Rahem (leucorrhoea) can be classified based on the source of the discharge.

- a. **Sailan-e-Farji (Vulvar Discharge): Description:** In this type, the discharge originates from the outer region of the vagina (vulva). It typically results from irritation or infection of the external genitalia. Vulvar discharge may be linked to poor hygiene, local infections, or irritation caused by external factors like the use of unclean clothing or harsh chemicals. Symptoms: The discharge may be whitish or yellowish, accompanied by itching or burning sensations in the vulvar area. It is usually less in quantity compared to vaginal discharge.
- b. **Sailan-e-Mehbali (Vaginal Discharge): Description:** In this type, the discharge comes from deeper inside the vagina. Vaginal discharge can be caused by inflammation or infection of the vaginal lining (Warm-e-Mehbal), or due to hormonal imbalances, reproductive infections, or other systemic health issues. Symptoms: The discharge can vary in color (white,

yellowish, or greenish), consistency (thick or watery), and odor. It is often associated with conditions like vaginitis, cervical inflammation, or other infections of the reproductive tract. It may also cause discomfort or a burning sensation, especially during urination or intercourse.

- c. Sailan-e-Unqui (Cervical Discharge): Description:** In this type, the discharge originates from the cervix, which is the lower part of the uterus that opens into the vagina. This type of discharge may be associated with inflammation of the cervical tissue (Warm-e-Unq), cervical erosion, or infections such as cervicitis. Symptoms: The discharge is often yellowish or greenish, indicating the presence of infection. It may be accompanied by pain, irritation, or discomfort, particularly during sexual intercourse or urination.
- d. Sailan-e-Rahemi (Uterine Discharge): Description:** This type of discharge comes from the mucous membrane of the uterus. It can occur at any age and is often due to chronic inflammation or infections of the uterus (Warm-e-Rahem). Uterine discharge is a more internal issue, linked to conditions affecting the endometrium or lining of the uterus. Symptoms: The discharge is white in color and has a viscous consistency, similar to the white part of an egg. It may increase in volume depending on the severity of the underlying condition. Other symptoms might include pelvic discomfort, irregular menstruation, or associated infection.

3. On the basis of humors (Akhlatinvolved)

In the Unani system of medicine, Sailan-ur-Rahem (leucorrhoea) can also be classified based on the dominant humor (khilt) causing the discharge. Each type corresponds to an imbalance in one of the four humors, leading to distinct characteristics of the discharge:

- A. Sailan-ur-Rahem Damvi (Sanguineous): Cause:** This type is caused by an excess of khilt-e-dam (blood). Characteristics: The discharge is reddish in color due to the increased blood component. It may be associated with conditions like inflammation, increased blood flow, or vascular issues in the reproductive system.
- B. Sailan-ur-Rahem Safrawi (Bilious): Cause:** This type is caused by an excess of khilt-e-safra (bile). Characteristics: The discharge has a yellowish color, indicating the influence of bile. It is often linked to heat-related conditions in the body and may be accompanied by irritation, burning, or a sense of heat in the vaginal area.
- C. Sailan-ur-Rahem Balghami (Phlegmatic): Cause:** This type is caused by an excess of khilt-e-balgham (phlegm). Characteristics: The discharge is whitish and thick, resembling phlegm. It is usually associated with cold and moist conditions in the body and can indicate a sluggish metabolic or immune response, often linked to chronic or non-inflammatory conditions.
- D. Sailan-ur-Rahem Saudavi (Melancholic): Cause:** This type is caused by an excess of khilt-e-sauda (black bile). Characteristics: The discharge is blackish or dark in color, often associated with dryness and chronic conditions. This type of discharge can be a sign of more serious underlying conditions, such as tumors or advanced infections, and may be accompanied by feelings of heaviness or pain.

Each type of Sailan-ur-Rahem is treated by addressing the specific humor imbalance. In Unani medicine, this involves dietary adjustments, herbal remedies, and lifestyle changes to restore humoral balance and promote overall health.

Asbab (Etiology): According to Ibn Sina, Sailan-ur-Rahem results from the weakening of Quwat-e-Hazema (digestive faculty) in the uterine vessels (urooq-e-haiz) and the predominance of the four humors (Akhlat-e-Arba), which leads to infection (ufoonat) in the uterus [7]. Another prominent Unani scholar, Ali Ibn Abbas Majoosi, identified Zoef-e-Quwat-e-Jazeba (weakness of absorptive power) as a key factor, leading to excessive waste in the body and an imbalance of the Akhlat-e-Arba [9]. Other Unani physicians have noted that Sailan-ur-Rahem can also be caused by Zeof-e-Quwat-e-Ghazia (weakness of the nutritive faculty) of the uterus, along with the predominance of the four humors and the presence of waste material in the body [11]. Additional causes include: 1. Nutu-e-Rahem (Prolapse of the Uterus): Uterine prolapse occurs when the muscles and ligaments supporting the uterus weaken, causing the uterus to descend into or protrude from the vaginal canal. This can be due to childbirth trauma, chronic constipation, or heavy physical labor. 2. Early Pregnancy: Early pregnancies can place additional stress on the uterus and pelvic floor muscles, potentially leading to weakness in these structures, which may contribute to conditions like prolapse or other reproductive health issues. 3. Zoef-e-Aam (Generalized Weakness): Generalized weakness of the body weakens the muscles and tissues that support the reproductive organs, making them more susceptible to conditions like uterine prolapse and infections. 4. Anaemia (Faqr-ud-Dam): Anemia reduces the oxygen supply to tissues, leading to overall weakness, fatigue, and decreased immunity. This can increase susceptibility to gynecological problems and infections. 5. Low Socio-economic Status: Poor living conditions, inadequate healthcare, and lack of access to proper nutrition and hygiene can significantly contribute to reproductive health issues, including uterine prolapse, infections, and chronic weakness. 6. Excessive Intake of Cold and Moist Food: According to Unani principles, excessive consumption of cold and moist foods can disturb the humoral balance, leading to increased phlegm (balgham) and weakening the digestive and reproductive systems. This can result in conditions like leucorrhoea or other reproductive disorders.

Clinical features

Sailan-ur-Rahem is characterized by various symptoms and clinical features, including:

- **Discharge:** Thin or thick, viscous, yellowish-white discharge from the vagina.
- **Pruritus Vulvae:** Itching of the vulva (Hikkat-ul-mahbal).
- **Pain:** Lower backache (Waja-ul-zahar), lower abdominal pain (Waja-ul-batan), cramps in the calf muscles, and menstrual irregularities (Usr-e-tamas).
- **Urinary Symptoms:** Increased frequency of micturition (Kasrat-e-baul), dysuria (Usr-e-baul).
- **Respiratory and Digestive Symptoms:** Painful menses (Usr-e-tamas), dyspnoea (Usr-e-Tanaffus), loss of appetite, indigestion (Nafakh-e-shikam), constipation (Qabz).

- **General Symptoms:** Giddiness, headache (dard-e-sar), burning sensation in extremities (sozish-e-azlaat-e-badan), insomnia (Kasrat-e-bedaari).
- **Vulval and Vaginal Changes:** Inflammation of the vaginal mucosa and vulva.
- **Systemic Effects:** Pale complexion, weakness, lethargy, irritability, and occasional puffiness of the face and eyes.

The patient may also experience reduced fertility due to the discharge and a general decline in both physical and mental well-being [7, 10, 15].

Diagnosis of Khilt

In classical Unani System of Medicine (USM), diagnosing the predominance of a humor involves a simple test using a swab method:

1. **Swab Method:** A sterile swab or white cloth is placed in the vagina overnight.
2. **Observation:** After removal, the swab or cloth is allowed to dry in the shade.

The color and characteristics of the dried discharge are used to determine the predominant humor:

- **-Khilt-e-Dam:** If the discharge is reddish and the urine is red and turbid, it indicates a predominance of Khilt-e-Dam (blood humor), associated with heat.
- **Khilt-e-Balgham:** A white discharge with other signs and symptoms of phlegm indicates the predominance of Khilt-e-Balgham (phlegm humor).
- **Khilt-e-Safra:** A yellowish, foul-smelling discharge accompanied by intense thirst denotes the predominance of Khilt-e-Safra (yellow bile humor).
- **Khilt-e-Sauda:** A blackish, turbid discharge associated with dryness and weakness signifies the predominance of Khilt-e-Sauda (black bile humor) [13].

Usoolellaj (Line of Treatment) [15]

1. **Remove the Cause:** The first step in the treatment of Sailan-ur-Rahem is to identify and remove the underlying cause.
2. **General Measures:** Advise patients to avoid coitus and adopt general measures to prevent exacerbation of the condition.
3. **Treatment Based on Dominant Khilt:** Depending on the dominant humor, treat the disease with:- Munzij and Mus-hil Therapy: Concoctive and purgative treatments tailored to the dominant humor, Farzajat (Suppositories): Use of suppositories typically prescribed for menorrhagia.
4. **If Caused by Weakness of Quwat-e-Ghazia:** Dietary Recommendations: Administer Bahi (Cydonia vulgaris), apple, Sharbat of lemon (Citrus lemon), Arq-e-maul lahem, Maul jubn, Maul fawakhah, etc.
5. **Ghiza-e-Latif:** Provide easily digestible foods and beverages to improve the nutritive power of the uterus.
6. **If Caused by Local Vaginal Infection:** Evacuation of Morbid Humour: Treat by evacuating morbid humors from the stomach and liver.
7. **If Anaemia is a Cause:** Iron Supplementation: Provide iron compounds.
8. **Maintain Digestion and Avoid Constipation:** MullayinGhiza and Dawa: Prescribe laxative diets and drugs to prevent constipation and maintain digestion.

9. **Support General Health:** Vital Organs: Maintain the strength of all vital organs and improve overall health.
10. **Avoid Exertion and Reduce Anxiety:** Avoid Overexertion: Ensure patients avoid physical and mental stress.
11. **Use of Cotton Underwear:** Loose-Fitting Underwear: Recommend cotton, loose-fitting undergarments to keep the area well-aerated.
12. **Maintain Local Hygiene:** Sanitation: Emphasize the importance of local hygiene and sanitation of the affected area [15].

Ilaj (Treatment)

IlajbilDawa (Drug Therapy): The treatment of Sailan-ur-Rahem in Unani medicine involves the use of various drugs with specific properties. The choice of drugs is based on the predominant humor (khilt) involved:

1. **Mukhrij-e-Balgham (Expectorant):** To help expel excess phlegm.
2. **Muqawwi (Tonic):** To strengthen and support overall health.
3. **Habis and Qabiz (Astringent):** To constrict tissues and reduce discharge.
4. **Mudir (Diuretics):** To promote urination and eliminate excess fluids.
5. **Mullayin (Laxative):** To relieve constipation and facilitate bowel movements.
6. **Mus-hil (Purgative):** To cleanse the body by inducing bowel movements.
7. **Musakkin (Analgesic):** To alleviate pain and discomfort [18].

Single and Compound drugs commonly used in Unani System of Medicine. Here's a breakdown of the mentioned drugs:

Single Drugs

1. Gul-e-Supari (*Acacia catechu*) – A natural astringent derived from the wood of Acacia trees.
2. Afsanteen (*Artemisia absinthium*) – Known for its medicinal properties, especially for digestive issues.
3. Anisoon (*Pimpinellaanisum*) – Commonly used for its carminative and digestive properties.
4. Shibeyamani (Alum) – A well-known astringent and antiseptic.
5. Gul-e-Surkh (*Rosa domestica*)– Used for its cooling and astringent effects.
6. Neem (*Azadirachta indica*)– Known for its antibacterial and antifungal properties.
7. Sandal Safaid (*Santalum album*) – Used for cooling, calming, and aromatic purposes [16].

Compound Formulations

1. Mazu (*Quercusinfectoria*)– Often used in astringent and healing preparations.
2. Safoof-e-Sailan-ur-Rahem– A powdered formulation for treating uterine disorders.
3. Majoon-e-Supari Pak– A traditional tonic often prescribed for strengthening reproductive health.
4. Habb-e-Sailan– A tablet form medication used for excessive discharge-related issues.
5. Kushta Musallas– A calcined preparation, typically used in tonics for various ailments.

6. Halwa-e-Supari Pak – A sweet preparation used to strengthen reproductive organs.
7. Majoon-e-Mochras– A compound used to improve reproductive health.
8. 8.Majoon-e-Muqawwi-e-Rahem– Another tonic for strengthening the uterus.
9. Qurs-e-Kushta-Khabs-ul-Hadeed – A tablet containing calcined iron oxide, used for anemia and related issues [17, 18].

These drugs and formulations are frequently used in Unani medicine to treat various conditions, especially related to women's health and general wellness.

Conclusion

Leucorrhoea is a common issue in modern gynecological practice. While it may sometimes be a physiological condition, it becomes problematic when it progresses to a pathological disorder, leading to various complications. In Unani medicine, Sailan-ur-Rahem (leucorrhoea) has long been recognized as a significant illness, and this system offers effective management without the toxic effects commonly associated with some modern treatments. The Unani approach emphasizes safe, natural remedies that restore balance in the body, making it a vital part of treating leucorrhoea holistically and ensuring long-term health.

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