

An Approach to the Management of Abnormal Vaginal Discharge in Unani System of Medicine: A Review

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Abstract

Abnormal Vaginal discharge is one of the commonest complaints in women attending the Sexually Transmitted Disease [STD] clinics, gynaecology clinics, general practitioners and reproductive health clinics. For ages the term VD has been used synonymously with Leucorrhoea.

In classical Unani literature leucorrhoea is mentioned under the heading of Sayalan-al-Rahim. It is due to weakness of quwat-e-ghazia, jazibaand masika of uterus. Weakness of these quwat causes accumulation of waste material in the uterus and expel in the form of abnormal vaginal discharge. The discharge may be damvior balghami or safravior saudavi. Unani system of medicine advocates the treatment of this disease by changing lifestyle, adapting the hygienic conditions and administration of appropriate medicine.

Unani drugs are in use since ages because of its holistic approach. For the management of a disease, Unani system of medicine takes entire constitution of the individual and lifestyle into account for diagnosing and prescribing the treatment. Current modern therapy advocates the use of antibacterial and antimicrobial which though effective produces adverse effects in the human body. In Unani system of medicine number of muffarad (Single) and murrakab (Compound) drugs are available for treating Sayalan al Rahim. Treatment goals encompass not only the amelioration of sign and symptoms of Sayalan al Rahim, but also prevention of adverse health outcomes, adverse pregnancy outcomes and long-term reproductive sequelae. Single drugs such as Salab Misri, Arade Moong, Tabasheer, Tukhme Khurfa, Mastagi and Kundurwas as they exhibit the properties of Habis [Styptic], Qabiz [Astringent], Muhallil Auram [Anti-inflammatory], Jaali [Detergent], Dafe Taffun [Anti septic], Muqawi Jigar aur Meda [Tonic to liver and stomach], Musamin badan [Nutritive] and Mumsik [Retentive] etc. Further, these drugs contain flavonoids, tannins, steroids, lactic acid, and phenolic acids which probable may reduce the inflammation and helps in relieving sign and symptoms of Sayalan al Rahim. This review paper reveal about abnormal vaginal discharge in detail.

Keywords: Abnormal Vaginal Discharge; Leucorrhoea; Sailan Ur Rehm; Unani Medicine; Management

Introduction

Health is an important factor that contributes to human wellbeing and economic growth. The health status of women directly reflects the health status of the Nation. The concept of the women's health today has become a major concern among the developing countries because of deteriorating quality of life.

Reproductive Tract Infection [RTI] is defined as the infection of the reproductive or genital tract which causes ill health among sexually active women of reproductive age in developing countries. Women in the reproductive age group are at risk of RTI during natural events in their life such as menstruation, pregnancy and childbirth [1]. RTI's usually originate in the lower genital tract as vaginitis or cervicitis and may produce symptoms such as abnormal vaginal discharge, genital pain, itching and burning micturition [2].

Leucorrhoea may be physiological or pathological. Physiological leucorrhoea i.e. before menstruation, during ovulation, emotional stress, nutritional deficiency, use of OCP's, pregnancy and sexual arousal may not require specific treatment, where as in pathological conditions like cervicitis, cervical erosion, trichomonas vaginalis, candida albicans, gonococcus, chlamydia or bacterial vaginosis etc. and secondary infection of wounds, abrasions, burns, chemical injuries and neoplasms require management [3,4]. Prevalence of vaginal discharge [VD] in India is about 30% [5]. Poor genital hygiene is responsible for high prevalence of excessive vaginal discharge [6].

When vulvovaginal secretions are abnormal in volume, colour, consistency or odour, the term abnormal vaginal discharge is applied [7,8]. The discharge may be thick or thin in consistency and whitish or yellowish in colour [9]. VD is a common manifestation among all gynaecological disorders and is an important psychosomatic disorder affecting the psychology of women irrespective of socioeconomic status and occupation [6,10]. It creates irritation in women's freedom and decrease QoL [11].

Vaginitis can occur with or without true inflammation of vaginal mucosa. It is observed that 50% vaginitis is due to BV also called non-specific vaginitis, 20 - 25% due to monilial infection and 15 - 20% due to trichomonal infection [12].

Cervicitis is a state of cervical inflammation that results in an abnormal mucopurulent discharge and cervical friability. *Chlamydia trachomatis* and *Neisseria gonorrhoeae* are 2 common sexually transmitted infections [STIs] known to cause clinical cervicitis with or without symptoms. Non-gonococcal non-chlamydial cervicitis is a condition that can cause unremitting symptoms. Many cases may be related to cervicectomy [13].

The term PID indicates an inflammatory process of infectious etiology involving at least the endometrium and fallopian tubes. The main clinical manifestation is lower abdominal tenderness and abnormal vaginal discharge. The apparently mild or subclinical PID also has potential for damaging the reproductive health of women [1]. A low threshold for diagnosis of PID is recommended to cover milder forms of PID [8].

Diagnosis of bacterial vaginosis was done by Amsel's criteria. Trichomoniasis and candidiasis were diagnosed by vaginal smear [wet mount]. Off late many other techniques have been developed like biochemical detection of metabolic by-products of vaginal bacteria, Nucleic acid amplification tests [NAATs] and molecular methods like PCR for diagnosis of bacterial vaginosis and trichomoniasis, but their availability and cost make one to still adhere to the basic methods [14,15].

Unani concept of abnormal vaginal discharge

In unani literature Abnormal vaginal discharge is mentioned as *Sayalan al Rahim*. It is defined as a condition in which abnormal discharge comes out from uterus, cervix and vagina other than blood. It comprises of all the types of pathological Vaginal Discharge [VD] caused by a range of genital tract infections [16].

Predisposing factors [17,18]

Kirme shikam [Worm infestation], Kasrat e milaap [Frequent intercourse], Zoaf e aam [General weakness], Qabz e muzmin [Chronic constipation], Manaa aalate hamal [Contraceptive devices], Faqr ud dam [Anaemia], Kasrat e isqaat [Frequent abortions], Excessive consumption of barid and martoob ghiza, Low socioeconomic conditions and Unhygienic conditions.

Asbaab [Etiology]

According to Ibn-e-Sina accumulation of excessive fuzlat [waste products] in rahim becomes infected and ufunat [infection] in the rahim leads to zoaf [weakness] in the quwate hazima [digestive faculty] of urooq e haiz [uterine vessels] resulting in Sayalan al Rahim [19]. Zakariya Razi stated that the foul-smelling vaginal discharge occurs due to usre viladat [difficult labour] or impure blood and purulent abscess [20]. According to Jurjani [21], Ibn Hubal [22], Arzani Akbar [23], Azam Khan [24] and Majoosi [17] Sayalan al Rahim is caused by the following:

- Zoafe quwat ghazia of rahim [Defect in nutritive faculty of uterus].
- Ghalbae akhlate arba [Predominance of humour].
- Accumulation of fuzlat [Waste product] in the body.

Other causes

Ehtebase haiz [Amenorrhoea] [16,21], Suzak [Gonorrhoea] [21], Ateshak [Syphilis] [16,21], Wajaul mufasil [Arthritis] [16,20,21] Niqras [Gout] [16,21] Diq [Tuberculosis] [21], Busoore rahim [Eruptions] [21], Quroohe rahim [Uterine ulceration] [16,20], Akila al rahim [Erosion] [21], Bawaseere Rahim [Uterine polyps] [21].

Mahiyat ul marz [Pathophysiology] [25]

According to Unani system of medicine, the pathological description, about all the diseases can be grouped under three categories:

- Sue mizaj
- Sue tarkeeb
- Tafarruqe ittesal

Sue mizaj is the cause of disease, when sue mizaj afflicts the organ, it leads to certain changes in the structure of that organ. These aberrant changes in the structure of organ lead to derangement in the normal functioning of inherent faculties which manifest in the emergence of disease [26,27].

The uterus has been endowed with quwate ghazia [Nutritive power] and more remarkably the quwate tanasuliyah [Reproductive power]. With the help of these powers, uterus performs following functions [24]:

- Elimination of waste products in the form of menstrual blood.
- Development, protection, retaining and delivery of the foetus.

In case of Sayalan al Rahim, sue mizaj afflicts the uterus and effects on the quwate ghazia of the uterus. quwate masika remains at the receiving end predominantly and unable to sustain the nutrients in the uterus for enough time till the quwate hazima acts upon these nutrients to convert them into a matter suitable for assimilation and absorption. This indigested matter subjugates the hararat gharizia [28]. In relative deficiency of hararat gharizia, hararat ghariba overpowers the uterus and converts the accumulated uterine waste into infected material.

This infection may be the cause of disordered growth of vaginal flora. The infected vaginal discharge is deviated from normalcy in colour, consistency and odour. This infected discharge is associated with vaginal irritation, itching or burning and when accumulates causes ulceration [erosion] of the cervix. This infected discharge flowing out of the genital tract is known as Sayalan al Rahim [29]. As nutritive material from the uterus flows out in the form of waste material, the uterus suffers lack of nutrition, to compensate, nutrients reverts towards uterus from other parts of the body leading to generalized nutritional deficiency and loss of weight with general weakness [20,29].

Alamat [Clinical features]

The main symptom of Sayalan al Rahim is thin or thick, viscous, yellowish white discharge from the vagina. The other associated symptoms are Hikkatul mahbal [Pruritus vulvae] [16], Zoafe hazim [Anorexia] [16,24], Wajaus zohar [Backache] [17,20], Waja ul meda [Lower abdominal pain] [16], Qabz [Constipation] [16], Kasrate boul [Frequency of micturition] [23], Usreboul [Dysuria] [26], Pallor [16,24], Puffiness around eyes [18], Zoafe aam [General weakness] [20], Usre tanaffus [Dyspnoea] [16], Usre tams [Dysmenorrhoea] [26], Darde sar [Headache] [26].

Tashkhees [Diagnosis] [21,22]

The cause of Sayalan al Rahim is predominance of either of the four khilts. The predominance of khilt can be diagnosed with the help of swab method. The patient is instructed to keep a sterile tampon overnight into the vagina, dried in shade and the tampon is examined to rule out the predominant khilt by its colour:

- If the colour is red and if urine is also red and turbid, then it indicates predominance of khilt-e-dam.
- If the colour is white and associated with lethargy, then it indicates predominance of khilt-e-balgham.
- If the colour is yellow and associated with intense thirst, then it indicates predominance of khilt-e-safra.
- If the colour is black and associated with dryness and weakness, then it indicates predominance of khilt-e-sauda.

Usoole Ilaj [Principles of treatment]

- Tanqiya of predominant khilt [Elimination of waste matter] [21,30]:
 - **Ghalbae dam:** Venesection of basilic vein.
 - **Ghalbae balgham:** Induce vomiting and ayarijat should be given.
 - **Ghalbae safra:** Matbukhe fawaka or tabeekhe haleela used orally.
 - **Ghalbae sauda:** Habbe aftimoon and Majoon najah are used [21,30].
- Tanqiya is followed by huqna.
- If required mushilaath [Purgatives] can be given.
- Qabiz huqna and habiz suppository should be used as a tonic to the uterus.
- Ghizae latif and muqawi ghiza wa dawa will increase the quwat e ghazia [nutritive power] of the uterus [21,30].

Ilaj [Treatment]

Those drugs which possess the properties of qabiz [astringent], habiz [styptic] as well as mujafif [Desiccant] are useful in treating the disease [17,24,29]. They are also effective in eliminating the predominant khilt.

Sayalan al Rahim is treated with drugs which are tonic to the uterus. Unani system of medicine advocates the treatment of this disease by changing the life style, adapt the hygienic conditions and administration of appropriate medicines either oral or local [20].

Oral

Muffaridat [Single drugs] [21,24]:

- Safoof kakkaseengi and shakkar sufaid is given orally either with milk or water followed by ghee and naan-e-gundum.
- One fist of safoof poste molseri with equal amount of shakkar taken daily is a good medicine for sayalan.
- Murmakki 2 gram mixed with half boiled egg yolk and taken for three consecutive days is effective.

Murakkabat [Compound drugs] [24]

- For Tanqia rahim: Sheera prepared from buzoore mudira.
- If the cause of Sayalan al Rahim is infection of maddae haiz then ayarije feghra and sharbate afsanteen should be given to evacuate the morbid humour from the stomach and liver. After tanqia, majoon ul hadeed with sharbat pudina should be given as a tonic to stomach.
- Taalmakhana, beejband, supari, gule pista, post baironi pista, fawa, gule dhawa each 4 grams, salab misri, ard moong biryaan, maghz tukhme tamarhindi each 3 grams, mastagi 3 grams with equal quantity of sugar added and all ingredients powdered together and taken along with arq gauzabaan is found to be beneficial.
- Gule Supari, gule dhawa, gule pista, koharba, tabasheer, kazmazaj each 9 gm, samaghe arabi 1.5 tola. All these drugs are powdered and 7 grams given [18]. Anisoon, sumbulut tib, zarawand with ma ul asl is also helpful [30].

Local

Muffaridat [Single drugs] [21,24]:

- Sitz bath in the matbookhe samage mugilan.
- Paneer maya khargosh, aabe enabusalab, kundur, aqaqiya, gulnar, karm dana, shibeyamani, habbulaas, berge aas, oodhe balsan, saleekha, beekhe nilofer, usare lahtutees any of these can be used as pessary.

Murakkabat [Compound drugs]

- Tanqiae rahim: Aslasoos, izkhar, ersa, nakhoode siyah mixed with ayarije feeqra and huqna should be given. If the discharge is due to hararat then barid and mudir buzoor should be added [23].
- Shahme hanzal, kamooni, saadkofi and zafran can be used as pessary [30].

- Mazu sabz, tukhme hamaz each 7 grams, jauzsar, khabsul hadeed mudabbir each 3.5 grams, all are powdered. A cloth is soaked in joshanda jufte baloot and gulnar and the above safoof is sprinkled over the cloth and used as a pessary [24].

Unani pharmacopoeial formulations [20,31,32]

Majoon suparipak, Majoon mocharas, Majoon muqawi rahim, Majoon suhaga sonth, Sufoof sayalan al rahim, Qurs sayalan al rahim, Habb marwareed, Qurs kushta khabsul hadeed, Kushhta qalai, Kusta baiza murgh, Kushta musallas and Sharbat habbul aas.




Ghiza [Recommended diet]







Ghizae latif and Saree ul hazam [easily digestible foods] and beverages should be given, e.g. moong ki daal, arhar ki daal, maul leham, green vegetables and fruits like pomegranate, apple, grapes etc [33].

Parhez [Precaution] [24,34]

- Badi saqeel food should be avoided.
- Avoid excessive hot food, oil, sour and spicy food.
- Avoid strenuous exercise and heavy weight lifting.
- Avoid excessive intercourse.

Single unani herbs useful in abnormal vaginal discharge

| Name | Botanical name | Properties |
|---------------------------|----------------------------|--|
| Lisaanul hamal (baartang) | <i>Plantago Lanceolata</i> |  |
| Methi | <i>Trigonella foenum</i> |  |
| Kundur | <i>Boswalia serrata</i> |  |

| | | |
|------------------|----------------------------|--|
| Ajwain khurasani | <i>Hyoscyamus niger</i> |  |
| Tukhm khatan | <i>Linum usitatissimum</i> |  |
| Mastagi | <i>Pistacia lentiscum</i> |  |
| Olive | <i>Olea europaea</i> |  |
| Roghan neem | <i>Melia azadirachta</i> |  |
| Sajiz hindi | <i>Cinnamomum tamala</i> |  |
| Mazu | <i>Quercus infectoria</i> |  |




| | | |
|--------------|----------------------------|--|
| Rasot | <i>Hemidesmus indicus</i> |  |
| Tukhm khatmi | <i>Althaea officinalis</i> |  |
| Baranjasaf | <i>Artemisia vulgaris</i> |  |

Table 1

Conclusion

Genital tract infection is a widespread gynaecological disease, particularly among reproductive age women. If inflammation is left untreated, it will negatively impact the women’s immune system, metabolism and endocrine system and indirectly affect the Quality of Life of women. Unani Herbal medicines treat genital infection based on the holistic concept and the theory of syndrome differentiation treatment. Unani medicine has achieved the clinical curative effect of antibacterial and anti-inflammatory therapeutics, thus improving both immunity and microcirculation. Unani medicine has made remarkable achievements in the treatment of genital infection, and this paper reviews select effective Unani herbal compounds that are commonly used. Unani medicine either single or in combination formulation can works through a variety of mechanisms like oral administration, external application and local applications.

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