

## Efficacy of *Safoof-E-Mazoo* in *Sailanur Reham* (Leucorrhoea): Pre and Post Analysis

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### ABSTRACT

**Background:** *Sailanur reham* (Leucorrhoea) is defined as any abnormal discharge from the uterus (Reham) other than blood. It affects approximately 75% of women globally and is one of the most common gynaecological complaints. The discharge may vary in consistency, color, and Odor, and can be indicative of underlying conditions such as infections, hormonal imbalances, or other reproductive health issues. **Methods:** An open observational study was conducted on 60 patients suffering from *Sailanur reham*. *Safoof* (Powder) of *Mazoo* 1 gms orally at bed time after meal with Luke warm water for 28 days. The patients were assessed for Quantity of Vaginal Discharge, Consistency of Discharge, Itching, Back Ache before and after the trail. **Results:** Post-trail data reveals significant improvements in the quantity, consistency, and intensity of leucorrhoea-related symptoms, such as discharge, back ache, and itching, with all showing reductions at visits 2, 3, and 4 compared to visit 1 (P-value<0.001). Objective parameters also showed notable improvements, including a 6.4% increase in average Hb and a 31.9% improvement in TLC by visit 4 (P-value<0.001). Additionally, vaginal pH and vaginal microscopy results indicated significant improvements, with a 13.5% improvement in vaginal pH and a reduced incidence of positive findings by visit 4 (P-value<0.001). **Conclusion:** *Safoof* of *Mazoo* was found to be safe and effective in treating *Sailanur reham*.

**Keywords:** *Sailanur reham*, Leucorrhoea, *Mazoo*, Vaginal Discharge, Back Ache

### INTRODUCTION:

Leucorrhoea means “a running of white substance” and the term should be restricted to mean an excessive amount of the normal discharge. It is characteristic of the normal discharge. Although white or cream when fresh, it dries to leave a brownish-yellow stain on clothing.<sup>1</sup> It is non-purulent, non-offensive, non-irritant and never causes pruritis.<sup>2</sup> Leucorrhoea affects approximately 75% of women globally.<sup>3</sup> Leucorrhoea is a symptom, not a disease.<sup>4,5</sup> The Leucorrhoea can be physiological or pathological. Physiological leucorrhoea occurs at puberty, during pregnancy, at ovulation and in some women, during the premenstrual phase of the menstrual cycle<sup>3,6</sup>. Microscopically, the discharge contains mucus, epithelial debris, organisms of various kinds and in the second half of the cycle, some leucocytes<sup>1</sup>.

Pathological leucorrhoea is linked to female genital tract infection Subjectively and objectively, it is an expression of some underlying disorder, either functional or organic.<sup>4,5</sup> Pathological leucorrhoea may be of vaginal or cervical origin. This can be associated with Bacterial Vaginosis (BV), Candidiasis, and Trichomonas Vaginalis (TV). Whereas, Cervical discharge may be due to cervicitis and is typically triggered by infection with Neisseria Gonorrhoeae (NG), Chlamydia Trachomatis (CT), Mycoplasma Genitalium (MG), primary genital herpes simplex. Abnormal vaginal discharge can involve a change in colour, volume or consistency. It can be associated with malodour, itch, soreness, dysuria, unscheduled vaginal bleeding, dyspareunia or pelvic pain.<sup>7</sup>

Although leucorrhoea neither causes mortality nor morbidity in susceptible women, but this complaint is liable to cause much mental stress, problem of sexual anxiety and even sometimes fear of carcinoma or failure to conceive. Apart from this, it also causes local inconvenience to the patient. which is a nuisance in that it stains and if patients fail to bathe & change frequently causes excoriation and soreness of vulva.<sup>8</sup>

*Sailanur reham* is a wide term and it is not single entity. In literature of Unani medicine, discharges from uterus, cervix and vagina other than blood are described under the heading of *Sailanur reham* i.e. it covers almost all types of discharges caused by genital tract infection.<sup>9</sup> Ibn Sina (Avicenna, 980–1037 A.D.) described that excessive waste accumulation in the uterus (*Rahim*) can lead to infections (*Ufūnat*), weakening the digestive power (*Quwwa al-Haḍima*) of the uterine vessels (*'Urūq-i-Ḥayḍ*) and resulting in *Sailanur reham* (leucorrhoea).<sup>10</sup>

According to Unani concept Leucorrhoea is a chronic type of inflammation which affects the mucus membrane (*Ghishā'-i-Mukhati*) of vagina. According to Unani Scholars, the disease is due to *Du'f-i-Rahim* and *Du'f-i Quwwat Ghādhīya* (weak nutritional faculty), which causes the accumulation of *Fuḍlāt* (waste materials). The *Fuḍlāt* collected in the uterus as *Silan-ur-Rahem* due to reduced retentive power (*Du'f-i- Quwwat Dāfi'a*).<sup>11,12</sup>

It is a chronic type of inflammation which is due to poor *Quwwat Gadhiya* (Nutritive faculty) of the uterus that causes the accumulation of *fuzulat* (waste materials)<sup>11</sup> which leads to *Du'f Hadima* of the uterine vessels.

### Types of Leucorrhoea (*Sayalān al-Rahim*)

On the basis of predominance of Humours<sup>12,13</sup>

- A. *Sailanur reham Damavi*
- B. *Sailanur reham Balghami*
- C. *Sailanur reham Safravi*
- D. *Sailanur reham Saudavi*.

On the basis of site of *Rahem* involved<sup>14,15</sup>

- A. *Sailan -i-Furji*: Discharge from the outer part of the vagina.
- B. *Sailan -i-Mahbali*: Discharge from the inner part of vagina.
- C. *Sailan -i-Rahmi*: Discharge from the uterus.
- D. *Sailan -i-Unqui* : Discharge from the cervix of uterus
- E. As a result of the imbalance in the four humors-black bile, yellow bile, blood, and phlegm

*Sailan-ur-Rahem* occurs. The clinical manifestations of illness therefore rely on the dominant humors (*Akhlāt*). Other associated symptoms include *Hikka al- Mahbal* (pruritus vulvae), *Waja' al-Khāsir* (low backache), *Waja' fi'l Baṭn* (heaviness and pain lower abdomen), *Kathra al-Bawl* (polyuria), *'Usr al-Bawl* (dysuria), calf muscle cramps, menstrual irregularities, *Usr al-Tamth* (dysmenorrhoea), *Usr al-Tanaffus* (breathlessness), *Suqūṭ al-Shahwa* (anorexia), *Ṣudā'* (headache).<sup>5,16</sup>

If the disease occurs due to the dominance of some *Khilt* (humour), then it has to be treated by *Munḍij Wa- Mushil* (concoctive and purgative therapy) followed by administered by *Hābis wa Qābiḍ Firzajat* (suppositories).<sup>17</sup> Drugs should possess the properties of *Muqawwī* (tonic), *Hābis wa Qābiḍ* (Astringent), *Mudirr-i-Bawl* (diuretic), *Mulayyin* (laxative), *Mushil* (purgative), and *Musakkin* (analgesic).<sup>18</sup>

*Mazoo* (*Quercus Infectoria* Olivier) is a small shrub, widely distributed in Greece, Iran, Iraq and Syria. The *Mazoo* (Gall) is known by different vernacular names such as *Majuphala*, *Majuphal*, *Swadul Quzat*, *Gall Nut*, *Oak Galls*, *Magic Nuts*, *Galls*, *Aleppo Galls*. It has cold and dry *Mizaj* and possesses *Hābis wa Qābiḍ* (Astringent), *Mane Ruaaf* (Antiepi-staxis). *Hābis-i-Dam* (Hemostyptic), *Dāfa-i-Ta'affun* (Antiseptic), *Mujaffif* (Desiccant), *Muqawwī-i- Dandan-o-Litha* (Teeth and Gum tonic). It has pharmacological Activities as analgesic, antidote, anti-inflammatory, antipyretic, antiseptic, antistomatitic, deodorant, derivative, desiccant, expectorant, germicidal, hypnotic, hypoglycaemic, powerful astringent, sedative, styptic, tonic, and wound healing<sup>19,20,21</sup> Keeping the above-mentioned properties an attempt was made to evaluate the effect of *Mazoo* in the management of *Sailanur reham*.

## Material and Methods

### Study design

An open observational clinical study was carried out in the of Dept. of *Moalajat*, Z.V.M. Unani Medical College & Hospital, Pune from 2013-2016. The research protocol was approved by Institutional Ethical Committee prior to its commencement. Sixty diagnosed patients were included in the study after obtaining the consent form. They were informed about the disease, examination to be performed and the type of treatment to be given.

### Inclusion Criteria

- Patient between age group of 15-45 years
- Patient with Moderate to Severe Vaginal Discharge
- Patient willing to give written informed consent and participate.

### Exclusion Criteria

- Patient with Gonorrhoea, Syphilis, AIDS and malignancy
- Pregnant woman
- Patient with associated systemic disease.
- Patient on contraceptives.

## PARAMETERS OF EVALUATION

### 1) Subjective parameters :

- Quantity of Vaginal Discharge
- Consistency of Discharge
- Itching
- Back Ache

### 2) Objective Parameters :

- PH of vaginal discharge
- Vaginal Microscopic
- TLC

### Procedure of study

The individual assessment was carried out on the basis of history, physical, general & systemic examination and the patients who were fulfilling the inclusion criteria were included in the clinical trial after getting the written consent from the patient. The complete specific laboratory investigations were done & noted in the patient's case report form at 0 day, 7thday, 14th day and 28th day. The data was analysed using mean, standard deviation, and the Wilcoxon signed-rank test to assess changes before and after treatment.

### Intervention

*Safoof* (Powder) of *Mazoo* 1 gms orally at bed time after meal with Luke warm water for 28 days.

## Results

In this study, Safoof of *Mazoo* was used for 28 days, with a follow-up every week to treat 60 patients with *Sailanur reham* (leucorrhoea). Data was statistical analysed and results were noted.

### Demographic data

The participants were categorized based on age, marital status, socio-economic status, and temperament (*Mizaj*). Among them, 18.3% were below 25 years, 46.7% were aged 25-29, 28.3% were 30-35 years, and 6.7% were above 35 years. Most participants (73.3%) were married, while 26.7% were unmarried. Socio-economic status showed 36.6% belonged to the lower class, 40% to the lower upper class, and 11.7% each to the lower middle and upper middle classes. Regarding *Mizaj*, 50% were *Balghamī*, followed by 30% *Şafrāwī*, and 10% each *Damvī* and *Sawdāwī*.(Table 01)

**Table 01: Baseline Characteristics - distribution**

CHARACTERISTICS	NO	%
<b>Age (in years)</b>		
<25	11	18.3
25-29	28	46.7%
30-35	17	28.3%
>35	4	6.7%
<b>Marital status</b>		
Married	44	73.3%
Unmarried	16	25.7%
<b>Socio Economic status</b>		
Lower class	22	36.6%
Lower upper class	24	40.0%
Lower middle class	7	11.7%
Upper middle class	7	11.7%
<b>Mizaj</b>		
<i>Balghamī</i>	30	50.0%
<i>Damvi</i>	6	10.0%
<i>Şafrāwī</i>	18	30.0%
<i>Sawdāwī</i>	6	10.0%

Data presented: NO %;

### Effect on Subjective Parameters

#### 1. Quantity of Discharge

Significantly higher proportion of cases had no discharge or lesser quantity of discharge at visit 2, visit 3, and visit 4 (P-value <0.001) for all.

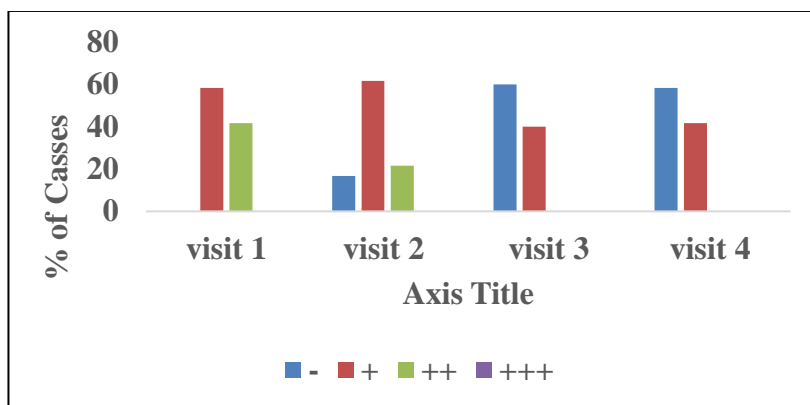


Figure 01: The comparison of improvement in Quantity of discharge (n=60).

## 2. Consistency of Discharge

Significantly higher proportion of cases had no discharge or improved consistency at visit 2, visit 3, and visit 4 (P-value<0.001) for all.

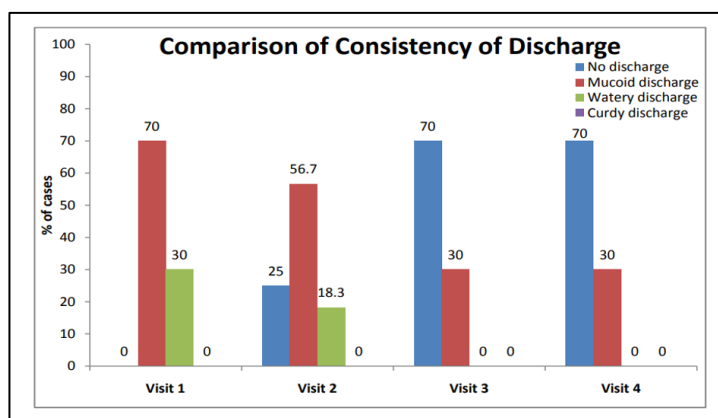


Figure 02: The comparison of improvement in Consistency of discharge (n=60).

## 3. Itching

Significantly higher proportion of cases had no itching or very mild itching at visit 2, visit 3, and visit 4 (P-value <0.001) for all.

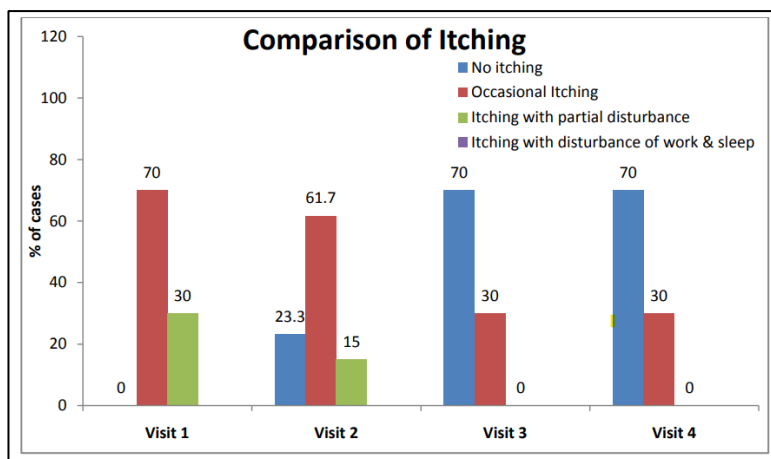


Figure 03: The comparison of improvement in itching (n=60).

#### 4. Backache

Significantly higher proportion of cases had no back ache or less intense back ache at visit 2, visit 3, and visit 4 (P-value <0.001) for all.

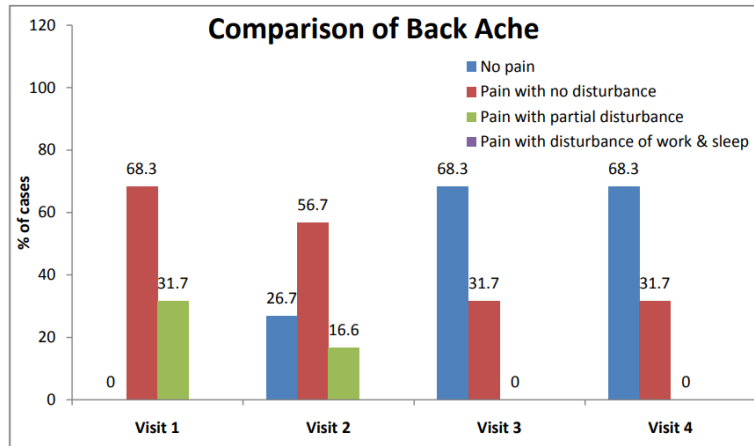


Figure 04: The comparison of improvement in backache (n=60).

#### Effect on objective parameter

##### 1. PH of Vaginal Discharge

The average vaginal PH is significantly higher at visit 1 compared to visit 4 (P-value<0.001). The average improvement in vaginal Ph at visit 4 was 13.5% (P-value<0.001).

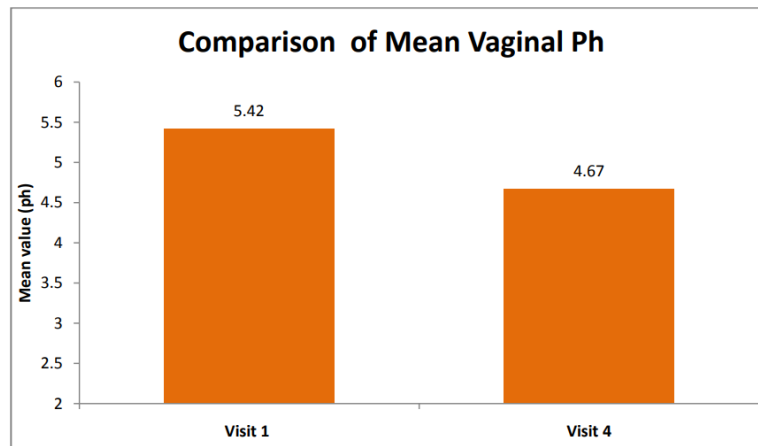


Figure 05: The comparison of vaginal PH concentration (n=60)

##### 2. Vaginal Microscopy

The distribution of incidence of positive findings on vaginal microscopy is significantly higher at visit 1 compared to visit 4 (P-value<0.001).

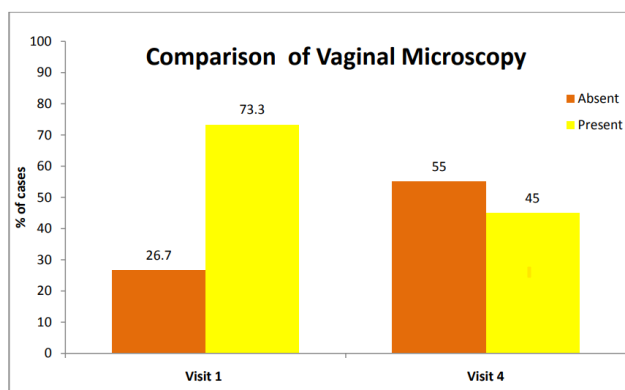


Figure 06: The comparison of Vaginal Microscopy concentration (n=60)

### 3. TLC

The average TLC is significantly higher at visit 1 compared to visit 4 (P-value<0.001). The average improvement in TLC at visit 4 was 31.9% (P-value<0.001).

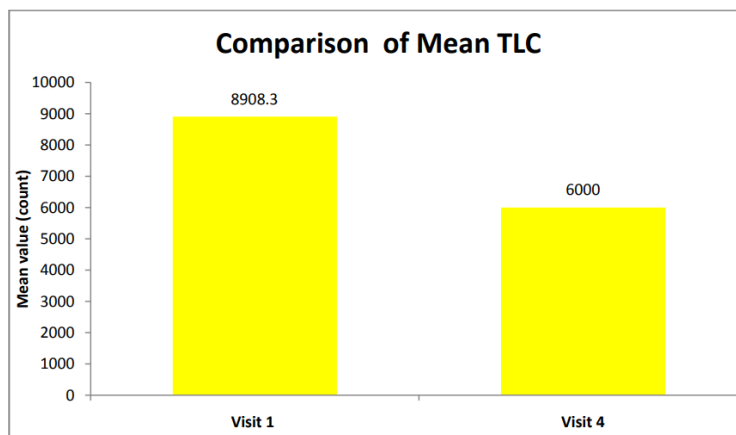


Figure 07: The comparison of TLC concentration (n=60)

## Discussion

### Demographic data

In this study, a high incidence of *Sailan-ur-Rahem* was noted among women aged 20–30 years, comprising 55% of the cases. These findings are consistent with a study by Muzaffar U et al.<sup>22</sup> Furthermore, the majority of the patients were married (73%), which aligns with the observations of Altaf et al.<sup>23</sup> Most patients (46) belonged to lower-income families, similar to the findings of Guntoory et al.<sup>24</sup> This correlation highlights the impact of unhygienic living conditions, inadequate sanitation, and stressful lifestyles.

The study also indicates that *Sailan-ur-Rahem* was more prevalent in women with a *Balghamī Mizaj*, accounting for 30 cases (50%). This increased susceptibility is likely due to the widely recognized fact that *Balgham* provides an ideal environment for bacterial growth, thereby increasing the risk of infection.<sup>25</sup>

### Subjective Parameters

The study's findings, including improved discharge quantity and consistency, reduced back pain, and alleviated itching, support the multifaceted therapeutic effects of *Quercus infectoria*. The chemical components like tannins, flavonoids, and gallic acid play a crucial role in these improvements, highlighting the plant's antibacterial, anti-inflammatory, analgesic, and antioxidant properties. These results validate the traditional use of *Mazoo* in Unani medicine for managing gynaecological conditions like *Sailan-ur-Rahem* suggesting its potential as a natural, effective remedy.

## Objective Parameters

The clinical improvements observed in symptoms such as vaginal discharge, backache, and itching are closely aligned with the therapeutic properties of *Quercus infectoria (Mazoo)*. Its antibacterial activity, largely attributed to the presence of compounds like tannins, flavonoids, and gallic acid, helps restore the vaginal microbiota and reduce abnormal discharge. These components are known for their antimicrobial properties, effectively inhibiting pathogens like *Staphylococcus aureus* and *Streptococcus pyogenes*. The significant reduction in backache and itching can be attributed to its anti-inflammatory and analgesic effects, mediated by flavonoids and tannins, which inhibit inflammatory mediators and provide pain relief. Additionally, its antioxidant effects, particularly from the polyphenolic compounds such as gallic acid, contribute to the healing of vaginal tissues, while the wound-healing activity accelerates the restoration of the vaginal epithelium, further alleviating symptoms.

## CONCLUSION

Leucorrhoea, defined as an excessive normal vaginal discharge, is non-purulent, non-offensive, and non-irritant, not causing pruritis. It is a common complaint in clinical practice, with 20% of women attending gynaecological clinics experiencing some form of discharge, often indicating infection. Unani physician Samar Qandi (1222) described leucorrhoea as *safaedi* or *safedii ka behna*, a yellowish discharge affecting women's health, causing symptoms like difficulty in breathing, facial pallor, eye swelling, and back pain. Ibn Sina (980-1037 A.D) linked excessive waste in the uterus and infection to weakening digestive faculties, leading to leucorrhoea.

The management of leucorrhoea in Unani medicine involves the use of drugs with dry, astringent, and antibacterial properties. *Mazoo*, with its properties of being astringent, styptic, dessicant, and anti-inflammatory, was selected for trial in the management of leucorrhoea. Statistical analysis of the study showed significant improvement in vaginal discharge, with p-value <0.05 after 28 days. The results indicate that *Mazoo* is both effective and safe for managing leucorrhoea. Further studies on a larger scale are recommended to generalize the findings.

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## Conflict of interest

There is no conflict of interest to declare.

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