

Available online on 15.09.2018 at <http://jddtonline.info>

Journal of Drug Delivery and Therapeutics

Open Access to Pharmaceutical and Medical Research

© 2011-18, publisher and licensee JDDT, This is an Open Access article which permits unrestricted non-commercial use, provided the original work is properly cited

Open  Access

Research Article

EFFECT OF MURMUKI (*Cammiphora myrrh*) WITH BOILED EGG IN LEUCORRHOEA (*Sailan-ur- Reham*): A SINGLE CASE STUDY

*Arsheed Iqbal¹, Afroza Jan², Haider Ali Quraishi³, Md.Sheeraz⁴, Arjumand Shah⁵, Huma⁵, Shameem Ahmad Rather⁶, Raheem A⁷

1- P.G. (M.D) Scholar Moalijat,(Scientist-III) Regional Research Institute of Unani Medicine, University of Kashmir-Srinagar (J&K), India.

2- P.G. (M.D) Scholar Physiology,D.U.M.C. Deoband -(U.P) India.

3- P.G. (M.D) Scholar Moalijat, Regional Research Institute of Unani Medicine, University of Kashmir-Srinagar -(J&K), India.

4- Lecturer Dept. of Moalijat, RRIUM, University of Kashmir, Srinagar-(J&K), India.

5- Research officer Unani, RRIUM, University of Kashmir, Srinagar-(J&K), India.

6- Reader Dept. of Moalijat, RRIUM, University of Kashmir, Srinagar-(J&K), India.

7- Research Officer Unani (Scientist-IV), C.C.R.U.M., Ministry of AYUSH, Govt. of India, New Delhi.

ABSTRACT

Leucorrhoea is a universal problem of women. Nobody usually escapes from this illness. It is a very common condition that has been faced by most women of all ages particularly in reproductive period. It is symptom of underlying pelvic pathology. Sometimes this symptom is so severe that it over shadow actual disease and women seek the treatment for only this symptom. The white discharge is, however caused by the presence of infection in the genital tract and variety of other reasons. This was the case study of 29 year old female suffered from leucorrhoea treated with Murmuki (*Cammiphora myrrh*) along with boiled egg.

Keywords: *Leucorrhea, Unani medicine, Murmuki, Sailan-ur- Reham*

Article Info: Received 15 July, 2018; Review Completed 10 Sep 2018; Accepted 13 Sep 2018; Available online 15 Sep 2018



Cite this article as:

Iqbal A, Jan A, Quraishi HA, Sheeraz M, Shah A, Huma, Rather SA, Raheem A, Effect of murmuki (*Cammiphora myrrh*) with boiled egg in leucorrhoea (*Sailan-ur- Reham*): a single case study, Journal of Drug Delivery and Therapeutics. 2018; 8(5):489-491 DOI: <http://dx.doi.org/10.22270/jddt.v8i5.1916>

*Address for Correspondence:

Dr. Arsheed Iqbal, P.G, (M.D) Scholar, (Scientist-III), Department of Moalijat, (Unani Medicine), Regional Research Institute of Unani Medicine, University of Kashmir - Srinagar, J & K.

INTRODUCTION

Leucorrhoea is one of the common complaint among female of childbearing period (15-45 years) attending to gynecology department.¹ Leucorrhoea is an abnormal white discharge where the vaginal discharge is excessive associated with or without any obvious pathology. It is associated with irritation and is non-hemorrhagic in nature. The discharge may be white, yellow or greenish in color.² There are two types of leucorrhoea, physiological and pathological. Physiological Leucorrhoea is associated with various phases of

menstrual cycle. It is considered that changes in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea.³ It is found in newborn baby due to mother's hormones. It does not need any medical intervention.⁴ Pathological leucorrhoea is a chronic condition which involves some or many parts of the genital tract. The discharge is offensive in odour and color changes from whitish to yellow or light green.⁵ It is associated with problems like low backache, itching and burning sensation of vulva, poor appetite, discomfort, general weakness, pain in both legs etc. The

most and important cause s includes hormone imbalance, poor nutrition and anemia, improper hygienic conditions, STD's, bacterial, Viral and fungal and parasitic infection.⁶ Diagnosis of leucorrhoea depends upon the frequency, time and nature of the discharge.⁷ The modern system of medicine concentrates on the infection and for this purpose antibiotics, antifungal and anti-inflammatory drugs are given . Proper diet, hygiene and rest are advised for the patient.

In Unani System of medicine Leucorrhoea is known as *Sailan-ur-Reham*. According to *Ibn-e-Sina Reham* (uterus) contains waste products (*Fuzlat*) and infection occur in these waste products results in *Sailan-ur-Rahem*.⁸ *Razi* stated that the excessive body fluid is denoted as *Sailan-ur-Rahem*. There will be foul smelling discharge, in case of infection of uterus.⁹ These wastes are either *Damvi*, *Phelgmatic*, *Safaravi*, and *Saudavi*. *Sailan-ur-Rahem* may also be production of discharge from uterus whose cause is weakness of *Quwat-e-Jazeba* or infection of matter in the uterine vessels. The type of waste can be determined on the basis of its color. If there is a chronic inflammation of uterine membranes, then prescribe *Kushta-e-Khabsul Hadeed* (30mg), *Jawarish Jalenus* (5gm) in morning time. & *Majoon Supari Paak* (7gm) along with milk in the afternoon. *Habb-e-Papita* along with water after meal. *Murmuki* (Cammiphora myrrh) 5 grams along with boiled egg early in the morning for two weeks mentioned in *Kamil-us-Sanah*.¹⁰

CASE STUDY

A 29-years old patient named **A** came to outpatient department (OPD) of Obstetrics and Gynecology at RRIUM Srinagar with complaints of white yellowish vaginal discharge, itching in vulva. And weakness, backache, low-grade fever, anorexia, frequency and burning of micturation, dysmenorrhea since last 2 years. First she consulted allopathic gynecologist and went on to take all treatment as per her advice. Patient continued the treatment for 3 months but the treatment fails as she has recurrence of symptoms after 2 months. The allopathic treatment not only unable to eradicate her pathology from its root but also worse the situation by adding symptoms like hyperacidity, vertigo and burning sensation all over body. A detailed comprehensive history reveals that in the beginning the vaginal discharge is whitish yellow and sticky, mild lethargy and backache was also there. As usual the patient avoids consulting a medical professional because of which the pathology gets worse. The patient belongs to high socio-economic class but having sedentary habits, which helps to aggravate the disease process. On general examination, patient had mild pallor, having deep tenderness in lower abdomen, feeling of urge to micturate on abdominal palpation, but vitals were stable (BP=120/80mmHg, Pulse =78/min, Respiratory rate=18/min). On per vaginal examination uterus is anteverted, bulky and bilateral flanks showed mild tenderness. On per speculum examination cervix is inflamed, vagina is healthy and yellowish coloration of discharge was present. On her abdomen examination no tenderness was seen. On doing blood investigation Hb%

was 9.5gm%, HIV, VDRL and HBsAg was negative, Ultrasound of abdomen was also carried out to rule out any deep seated pathological foci which show only very minimal free fluid in cul de sac. In search of a medicine which overcome all the sign and symptoms and overcome the aetiopathology completely, 5 gram *Murmuki* (Cammiphora myrrh) along with boiled egg was planned to administer. Patient was instructed to avoid cold, salty, sour, fermented and heavy food items in diet and simultaneously to maintain proper personal hygiene as well as stress free lifestyle. The drug was given orally early in the morning for 2 month and the follow up was taken after each 15 days. Anorexia, hyperacidity, frequency and burning micturition subsides on 1st follow up .After one month the patient gets remarkable improvement in the white discharge, backache and itching. At the end of 3rd follow up the vaginal discharge was totally disappeared and patient gets relief from other signs and symptoms. On per vaginal examination the uterus is anteverted and bilateral fornices are free. On per speculum examination, the cervix in non inflamed and no discharge was seen.

DISCUSSION

Leucorrhoea is the most common problem facing the gynecologist in practice. The highest incidence of leucorrhoea is seen in child bearing age. It is important because besides being a source of distress to the women. It may sometimes be the earliest manifestation of some of the major gynecological diseases. It may lead to other genital tract disorders like cervical cancer and pelvic inflammatory disease. So, an early attention towards leucorrhoea as a disease or symptom is helpful in early detection and treatment of these diseases. The World Health Organization has recommended the management of Chlamydia trachomatis infection, gonorrhoea, bacterial vaginosis and candidiasis, which result from disturbance in the vaginal flora. A systemic and local use of antibacterial, anti fungal, anti allergic, anti-inflammatory and corticosteroids as a sole or as a combination therapy were indicated. In the present case the patient had consulted allopathic gynecologists and followed the entire treatment regimen for 2 months, but she gets only symptomatic relief. This time she preferred to avoid modern drug therapy and opted to choose "*Unani medicine*". A careful history, general physical examination, abdominal examination, per vaginal examination and per speculum examination was done before starting the treatment. *Murmuki* (Cammiphora myrrh) along with boiled egg is the main pillar of treatment.

The pharmacodynamic activity of *Murmuki* (Cammiphora myrrh) are *Qaabiz* (Astringent), *Mohall-e-Awram* (anti-inflammatory),¹¹ *Dafa-e-Taffun* (anti-septic), Anti-bacterial, *Musakkin-e-Alam* (Analgesic), *Mulatif-e-Mawaad* (Demulscent), *Mujjafif* (Siccative), *Mulattit-e-Sudad* (Deobstruent), *Usr-e-Tamas* (Dysmenorrhea),¹² *Sailan-ur-Reham* (Leucorrhoea),¹³ Gastric diseases and prolapsed of uterus.

Majoosi mentioned in *Kamil-us-Sanah* that if leucorrhoea is not cured by any medicine then use *Murmuki* along with boiled egg early in the morning before breakfast.

CONCLUSION

Leucorrhoea is the most common complaint among female of reproductive age group and they are less likely to seek treatment for this morbidity and thus are more likely to acquire other serious STD which can prove hazardous for their reproductive life. In such contemporary paradigm when allopathic treatment fails to give rid of leucorrhoea without its recurrence. Unani medicine which is based on the principle of temperament and humours (*Akhlat*), *Murmuki* bears temperament Hot and Dry which is antagonist to the temperament of *Sailan-ur-Reham* (Leucorrhea) patient.

REFERENCES

1. Tindall VR. Jeffcoate's principle of Gynecology 5th edition. 1996; 27-28:532-541.
2. Lakshmi Seshadri, Essential of gynecology 1st edition. Published by Wolters Kluwer (India) private limited, New Delhi: 2011; 9-10.
3. Text book of Gynecology by DC Dutta 4th edition published by New Central book Agency Calcutta. 2007: 11-14.
4. Rashid LK. Five teachers Gynecology. 3rd edition, New Delhi/ Bangalore: CBS Publiser distribution. 2003; 12-13, 279-281.
5. Bijoy SS, Sisir KC, Dutta DC. Gynecology for postgraduates & practitioners 1st edition. NewDelhi: BI. Churchill Livingstone private limited 1998; 47.
6. Jones L. Fundamentals of Obstetrics & Gynecology 8th edition Toronto: Elsevier Mosby; 2005: 223-224.
7. Copiland LJ, Jarrell JF, Mc Gregor JA. Textbook of Gynecology. Philadelphia WB Saunders Company; 1993: 85-88.
8. Ibn Sina. Al Qanoon Fil Tib (Urdu trans. by Kantoori GH). Vol I & II. New Delhi: Idarae Kiabus Shifa; 2007: Vol I-31-32.
9. Razi ABZ. *Al Hawi-Fil-Tib*, Vol. IX. New Delhi: CCRUM; 2001: 151-68.
10. Majoosi ABA. *Kamil-us-Sanaa* (Urdu translation by Kantoori GH) Munshi Nawal Kishore, Lucknow. 1889: 110-112.
11. Ibn-e-Baittar. *Al- Jamiul Mufradat- al -advia- wal- Aghzia*. Vol I, : New Delhi; CCRUM; 1992: 8-10.
12. Antaki D. *Tazkira-e-Ulul Albab* (Arabic). Matba Amra Sharofia, Egypt; 1317H: 41-42.
13. Khan M.A. *Muheet-e- Azam*, Matba Nizami, Kanpur; 1313H: Vol I-122-123.

JDDT