Effect of Murmuki (Cammiphora myrrh) with boiled egg in leucorrhea-A case study

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Abstract:
Leucorrhoea, vaginal discharge is a universal problem of all women. Nobody 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 39 year old female suffered from leucorrhoea treated with Murmuki (Cammiphora myrrh) along with boiled egg.
Key words: *Leucorrhea, Unani medicine, Murmuki, Sailan-ur- rehm*

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 colour.[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 leucorrhea is a chronic condition which involves some or many parts of the genital tract. The discharge is offensive in odour and colour 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, and bacterial , viral and fungal and parasitic infection.[6] Diagnosis of leucorrhea 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 Leucorrhea is known as *Sailanur Rahem*. According to Ibne Sina *Rahem* (uterus) contains waste products (*Fuzlat*) and infection occur in these waste products results in Sailanur Rahem.[8] Razi stated that the excessive body fluid is deportation as *Sailanur Rahem*. There will be foul smelling discharge, in case of infection of uterus.[9] These wastes as either *Damvi,Phelgmatic,Safaravi,and Saudavi*.or its cause is production of discharge from uterus whose cause is weakness of *Quwate Jazeb*a 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 afternoon. *Hab-e-papita* along with water after meal.7 *Murmuki* (Cammiphora myrrh) 5 grams along with boiled egg early in the morning for two weeks mentioned in Kamil-e-sana.[10]

CASE STUDY

A 40-years –old patient named A came to outpatient department (OPD) of Obstetrics and Gynecology, A&U Tibbia College and Hospital Karol Bagh New Delhi-05 on 14th March 2014 with complaints of whit yellowish vaginal discharge, itching in vulva . and weakness, backache, lowgrade fever, anorexia, frequency and burning

of micturation, dysmenorrhoea since last 2 years. First she consulted allopathic gyneacologist 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. As usual the patient avoids consulting a medical professional because of which the pathology get worse. The patient belongs to high socieo-economic class having and sedentary habits, which helps to aggravate the disease process. In general examination patient was mild pallor, having deep tenderness in lower abdomen, feeling of urge to micturate on abdominal palpation and vitals were stable (BP=120/80mmHg, Pulse =78/min, Respiratory rate=18/min). On per vaginal examination uterus is antewarted, bulky and bilateral fornices are tender. 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 shows normalcy at all level. In search of a medicine, who compete all the sign and symptoms successfully 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 sig 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 any type of discharge was seen.

DISCUSSION

Leucorrhoea is the most common problem facing the gynecologist in practice. The highest incidence of leucorrhea 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 leucorrhea as a disease or symptom is helpful in early detection and treatment of these diseases.3 The World Health Organization has recommended the management of Chlamydia trachomatis infection, gonorrhea, bacterial vaginosis and candidiasis, which result from disturbance in the vaginal flora.So far,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 an alternative pathy “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 fight at all level without any adverse effects.

The pharmacodynemic activity of *Murmuki* (Cammiphora myrrh) are *Qaabiz (*Astrigent), *Mohall-e-awram*(anti-inflammatory),[11] *Dafae taffun* (anti-septic), Anti-bacterial, *Musakkin-e-alam(* Analgesic), *Mulatif-e-mawaad* (Demulscent), *Mujjafif* (Siccative), *Mulattit-e-sudad* (Deobstruent), *Usre tamas* (Dysmenorrhea),[12] *Sailan-ur-rehm* (Leucorrhea),[13] Gastric diseases and prolapsed of uterus. *Majoosi* mentioned in *Kamil-us-sanaa* that if leucorrhea is not cured by any medicine then use *Murmuki* along with boiled egg early in the morning before breakfast.

CONCLUSION

Leucorrhea is the most common complaint among female of reproductive age group and they are less likely to seek treatment for the morbidity and thus are more likely to acquire other serious STD which can prove hazardous for the reproductive life. In such contemporary paradigm when allopathic treatment fails to give rid of leucorrhea without it's recurrence, The Unani medicine based on the principle of temperament and the medicine *Murmuki* bears temperament Hot and Dry which is antagonist to the temperament of *Sailan-ur- rehm* (Leucorrhea) patient. However, infact there is a need for creating awareness about this disease.

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