

An Observational Study on the Patients of Sailan Ur Rehm (Vaginal Discharge) According to Socio-Economic Status

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ABSTRACT

Background and Objectives: Sailanur rehm refers (pathological vaginal discharge) refers to the disease entity in which there is flow of infected discharge from uterus.

Method: The study is an observational study performed in the Gynae OPD of AKTC, AMU, Aligarh. All the patients were randomly allocated according to inclusion and exclusion criteria. Prevalence of Sailanur rehm is seen among 45 patients according to the Socio-economic Status(SES).

Results: In the present study most of the patients 36(80%) belong to lower SES, while only 9 (20%) belongs to upper SES.

Interpretation and Conclusion: In the present study most of the patients 36(80%) belong to lower SES, while only 9 (20%) belongs to upper SES.

Key words: Sailan ur Rehm, Socioeconomic Status(SES).

INTRODUCTION

In a woman of reproductive age, normal vaginal discharge consists of 1-4ml of fluid per 24 hrs, which is white or transparent thick, & mostly odourless.^[1] The vaginal environment has been described as both dynamic and a delicate ecosystem. The normal vaginal pH approx. 4.0 in reproductive age women. Lactobacillus species due to their production of lactic acid, fatty acid and other organic acids believed to maintain the normal vaginal pH.^[2] RTI (Reproductive tract infection) has become a silent epidemic that devastates women's lives and represents a major health problem in developing countries.^[3] At least 25% of women attending Gynae OPD receive treatment for one of the three

infections commonly responsible for vaginal discharge are bacterial vaginosis, candidiasis and trichomoniasis. It is often associated with considerable disability, itching, health seeking behavior & associated costs.

Antiquity:

Ibn Sina described Sailan ur rehm as infected discharge coming out from uterus. He has clearly differentiated between sailan ur rehm (pathological discharge) and sailane mani (leucorrhoea), which is the excessive flow of uninfected discharge. Depending upon the ghalba e khilt the discharge may be of 4 types- safravi, damvi, balghami, and saudavi.^[10]

According to the site of discharge, Sailan ur Rehm may be Sailane farji; discharge from lower part of vagina, sailane mehbali; discharge from upper part of vagina, sailane unqi; discharge from neck of uterus and sailane rehmi; discharge from uterus.

MATERIALS AND METHODS

Methodology:

It is designed as the randomized open labeled prospective study, performed in OPD of Department of Amraz e Niswan Wa Atfal, of Ajmal khan tibbiya college AMU, Aligarh on 45 patients.

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Criteria for selection of Cases:

The patients were enrolled in the study after having fulfilled the following criteria.

Inclusion criteria:

- All are married women of age group 18 - 40 years
- Complaining of vaginal discharge, abnormal vaginal odour, vulval itching, dysuria, dyspareunia, low backache and lower abdominal pain.
- Patients willing to take part in study.

Exclusion criteria:

- Unmarried, Pregnant and Lactating women.
- Patient having any systemic illness like hypertension, diabetes mellitus.
- Patients with fibroid and malignancy.
- Patients using OCPs or intrauterine devices.
- Sexually transmitted diseases.

Diagnosis:

- By history taking and subjective symptoms.
- By clinical examination (P/S and P/V).

Procedure:

The patient fulfilling the inclusion criteria were included in the study. Once accepted into the study, complete history was taken including physical and pelvic examination. Relevant investigations were carried out to include and exclude the patients. Written consent was taken from each patient after explaining about the study in detail. After confirming the diagnostic criteria, the complete history is taken about the socioeconomic status including education, occupation and family income per month according to Kuppusswamy's Socioeconomic Status Scale (Modified for 2007).

RESULTS

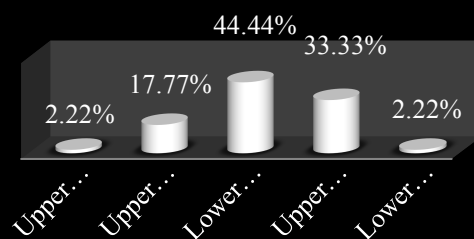
In the present study most of the patients 36(80%) belong to lower SES, while only 9 (20%) belongs to upper SES.

Table: Distribution of Patients according to SES

Socioeconomic Status(SES)	No. of Patients	Percentage (%)
Upper Class I	1	2.22%
Upper Middle II	8	17.77%
Lower Middle III	20	44.44%
Upper Lower IV	15	33.33%
Lower Class V	1	2.22%

DISCUSSION

Out of 45 patients included in the study, majority of the participants belong to 36(80%) lower socio-economic status. It is stated in Unani literature that stress, fear, worry, malnutrition and unhygienic conditions may be responsible for this disease⁶. And low socioeconomic group is more exposed to such conditions. Moreover, study done by Choudhary et al,⁷ patients belonged to lower SES were 81%.

Distribution of Patients according to SES**Fig: Distribution of Patients according to SES.**

Another study done by Iqbal et al, 80% patients were of lower socioeconomic status.^[8]

There is also a direct relation between poor nutritional status and vaginal discharge, in lower SES people. In context to this, Unani literature stated certain foods to be avoided and to be advised in patients with *Sailanur rehm*^[6], moreover in a study done by Panda et al 83.33% patients belong to poor nutritional status which is ultimately related to lower socioeconomic status.^[9]

CONCLUSION

It has been concluded that poor nutritional status and lower socioeconomic status are main factors responsible for the disease entity sailan ur rehm.

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