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Majoon Suparipak: A Remarkable Unani Drug for Women

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Abstract

Unani medicine provides holistic approach in the treatment of different diseases. *Majoon Supari Pak* has been used for the treatment of various reproductive disorders particularly leucorrhoea since ages without any adverse effects. This compound formulations contain 25 ingredients that poses uterine tonic, constrictive and retentive, diuretics, antimicrobial, anti-inflammatory, immunomodulatory, and antioxidant and nervine stimulator. The aim of this study was to review the role of *Majoon Supari Pak* as mentioned in Unani literature. The pharmacological actions of *Majoon Supari Pak* are mentioned in ancient literature as a uterine strengthening agent as well as its therapeutic use in leucorrhoea, PID, Purities vulva. A review of literature on *Majoon Supari Pak* was focussed to emphasize classical uses of the compound as well as details of its preparation method, ingredients, and medicinal importance. With the bibliographic database viz. Pub Med, Google scholar, Scopus. Further Unani classical textbooks were used to collect the information as representative literature in Unani medicine.

Keywords: Majoon Supari Pak, Sayalan-al-Rahim (Leucorrhoea), Unani medicine, traditional uses,

Introduction

Medications made from plants, animals, and minerals; the Unani medicine system is one of the oldest that is still in use today.

Buqrat/Hippocrates, the father of medicine, practised around 2500 years ago, but his treatments also incorporated significant elements of ancient Mesopotamian customs and medicine. The Unani System of Medicine divides treatment modalities into four categories: IlajBilYad (surgery), Ilaj Bit Tadbeer (regimental therapy), IlajBilGhiza (dietotherapy), and IlajBilDawa(pharmacotherapy) Drugs both single/Adviyamufradah and compound/Murakkab, are prescribed with pharmacotherapy in mind.

Majoon is formed from Arabic word "Ujn" means that "Gundhna" A semi-solid/neem mun-jamid dosage form that is made by mixing one or more medicinal substances in the Qiwam/consistency of Qandsufaid/sugar or purified Shehed/honey. These include preparations like Itrifalat, Anushdaru, Jawarishat, Dawa-ul-misk, Dabeed-ul-Ward, Khamira, Laooq, Laboob and Mufarrehat etc. are types of Majoon and keep their names separately due to certain characteristics. Among all these, Majoon was

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invented first, and this is the earliest form of these types of formulations/*murakkabat* it began to be used in ancient Egypt/misriAhed. The renowned scholar/Hakim Harmes invented it. ^{1,2,3}

Majoon refers to polypharmaceutical formulation that is prepared in a semisolid/*Neem munjamid* dosage form. This compound concoction is used as an appetizer, digestive, stomachic, liver, heart, and nervine tonic, according to various Unani Qarabadeen (pharmacopoeias).

Method of Preparation:

For making *Majoon* or any of the above preparations, *Qiwam* (base) of varied consistencies (tar) is commonly created. The type of substances to be utilized will determine this. Typically, to make *Qiwam*, one must combine *Aab* (water), *Araq* (distillate), or *Aab-e-samar* (fruit juices) with one of the bases—purified *Shehed* (honey), *Qandsufaid* (sugar), *Misri* (candy), or *Qandsiyah* (jaggery) and boil over a low flame until the desired consistency (tar) is achieved. Before creating *Qiwam*, the bases are usually cleansed by adding either *Shibb-e-yamani* (alum), *Satt-e-lemu* (lemon extract), or *Aab-e-lemu* (lemon juice). *Majoon* is then made by combining the powdered ingredients with *Qiwam.Majoon'sQiwam* consists of two tar (consistency). The same method is used to make *Majoon Supari paak*, however instead of using water and *Qandsufaid* or sugar, or *Shehad*(honey) as a base over a low heat until the *Qiwam* (consistency) of two tar is reached. 4, 5

The ingredients are powdered and sieved through an 80-mesh screen to create a *safoof* (powder). The two kernels are crushed independently, put into *safoof*(powder) after being filtered via a 40-mesh screen. After the decoction has cooled, the raisins are hand-rubbed and filtered. They are then boiled in ½ litres of water until the water volume has decreased by 1/4th. To the *qiwam*(consistency) of white sugar, the decoction is added. Gradually stir in the medicinal *safoof* (powder) once the right *qiwam*(consistency) has formed. A glass jar is used to preserve the *Majoon*. ⁶

Precautions

- 1. If the potion contains spices, herbs, etc., mix the herbs separately first, then mix in the dry medications and herbs.
- 2. If *Mastagi* is part of the *Majoon*, mix it thoroughly when the *Qiwam*/consistency cools down. Do not mix *Mastagi* with medications, as this will cause it to become soft and fine from dough grinding. Instead, place the *Mastagi* in a *Kharal* and grind it very lightly, then it will be very fine powder.
- 3. If in the preparation of *Majoon* are present a pleasant scent like *zafran*, *musk*, etc. Firstly, they should be dissolved with *Arq-e- kewra or Arq-e-bed musk* then add after cool down of *Majoon*.
- 4. If any pearl or mineral adviya are present in the *Majoon* then it should be added in the form of very fine powder by *Kharal*.
- 5. If there are particles of gold and silver in the *Majoon*, mix them thoroughly one by one and then added.

Characteristics

During preservation, if *Majoon* gets dry, it can be brought to normal consistency by adding purified honey or *Qiwam*made of sugar.



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Preservation

1. *Majoon* should be kept in a glass jaar, otherwise it deteriorates rapidly when kept in a metal container/qalai-dar. Thejaar has to be well cleaned and dried before storing the *Majoon*. Due to the fact that if any moisture remains, the formulation will degrade rapidly.

Keeping in mind, the *Majoon* containing Tirphala (*Halela, Balela, Amla*) as main ingredients, should not be preserved in metallic containers. ^{3, 7, 8}

INTRODUCTION

Sayalan-al-Rahim (Leucorrhoea) is an excessive vaginal discharge from the female genital tract and is a frequent gynaecological complaint of women that accounts for more than 1/4thgynae patients visits to the gynaecologist ⁹. The discharge may range from what is called as excess of normal to one, which is a part of wide spectrum of ailments. It may be blood-stained or contaminated with urine or stool ¹⁰. The normal discharge is actually fluids form of all worn out and dead cells in the vaginal tract along with other toxic materials that are eliminated continuously from the vagina. The abnormal vaginal discharge may be whitish, yellowish, reddish and blackish in colour ^{11, 12}. The vaginal discharge with foul smell makes it embarrassing to women to get into social gatherings and even engage in her personal affairs. The abnormal condition of the reproductive organs of women, if not treated in the initial stages, then it may become chronic and leads to PID (Pelvic Inflammatory Diseases), which may cause infertility. Women with pale colour vaginal discharge are unable to conceive ¹³. Peculiar vaginal discharge is generally associated with body aches and thirst ¹⁴.

Leucorrhoea is physiological when associated with various phases of menstrual cycle. But, when it turns into pathological condition, it produces associated problems like low backache, itching, burning sensation of vulva, poor appetite, discomfort, general weakness and pain in legs etc. Chronic illness, fatigue, malnutrition, emotional disturbances, unhygienic condition, improper diet, constipation and chronic extroverted uterus are responsible for leucorrhoea. The most common cause of excessive secretion is physiological excess due to increase in conditions, when the oestrogen levels become high during the puberty, menstruation cycle, pregnancy and sexual excitement; followed by vaginal and cervical causes. The vaginal infections are due to bacteria, virus, fungi and parasites. Other causes include foreign bodies, cervicitis and atrophic vaginitis ^{10, 15}. Infections of vaginal mucosa by Trichomonas vaginalis and Candida are the most common cause of leucorrhoea. These are treatable as well as preventable causes as both these infections are transmitted sexually. Although, 25 % of both infections are asymptomatic ^{10, 16}

The Unani scholars have described *Sayalan-al-rahim* (Leucorrhoea) and its treatment in various Unani classical literatures like *Kamil al Sana 'a, Al Hawi, Firdaus al Hikmat* and *Tibb-e-Akbar* etc. According to them, disease is due to poor *Quwwat-e-ghadhiya* (nutritive faculty) of the Rahim (uterus) that causes accumulation of *fuzlaat* (waste materials) ¹¹. Hakim Mohammad Azam Khan has described the disease in his famous book 'AkseerAzam. According to humoral theory, *Sayalan-al-rahim* is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humours ^{11,12}. The health of females is spoiled by the excessive vaginal discharge just as the health of adult male is spoiled by the spermatorrhea. General examination of the patients may reveal ill health. The patient often states the discharge as cause of ill health but in reality, the ill health is due to leucorrhoea ¹⁰.



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Women's health is considered to be the back bone of the society and gynaecological morbidity is an important health issue among all women in India. Gynaecological morbidity in women can range from life threatening diseases such as malignancies to debilitating and psychologically distressing problems like leucorrhoea this study was done to focus on the concept and management of *Sayalan-al-rahim* (leucorrhoea) in Unani system of Medicine because the disease has been described in the various Unani classical literatures and Unani drugs are being used for the management of the disease since ancient times without causing any side effect on the human body ¹⁸.

CLASSIFICATION OF SAYALAN-AL-RAHIM(LEUCORRHOEA)

In general, there are two types of Leucorrhoea

- 1. Physiological
- 2. Inflammatory

Physiological leucorrhoea is common in almost all women and is caused by the natural defence mechanism of the vagina to maintain its chemical balance and preserve the flexibility of the vagina tissue. It has got its name 'physiological' due to the reason that vaginal discharge occurs when oestrogens levels are increased. When vaginal discharge is thin, clear, odourless, mucus like and not subsequently increased in the quantity then it is considered normal and therefore need not be worried about.

Inflammatory Leucorrhoea occurs when there is vaginal swelling or congestion of mucosa. The affected area very often gives out yellowish discharge with a foul smell, which indicates infection. This type of Leucorrhoea also includes vaginal discharge caused by the sexually transmitted disease (STD) and due to post-partum discharge after delivery ⁹.

In Unani system of medicine, classification of disease is according to vaginal discharge and humours.

- According to the humoral theory, Sayalan-al-Rahim(Leucorrhoea) is classified into four types ¹²
- 1. Sayalan-al-Rahim Damvi It is caused by excess of Khilt-e-Dam and the colour of the discharge is reddish.
- 2. Sayalan-al Rahim-Safravi It is caused by excess of Khilt-e-Safra and the colour of discharge is yellowish.
- 3. Sayalan-al-Rahim Balghmi- It is caused by excess of Khilt-e-Balgham and colour of discharge is whitish.
- 4. Sayalan-al-Rahim Sawdavi It is caused by excess of Khilt-e-Sawda and the colour of the discharge is blackish

The classification according to vaginal discharge is of five types¹⁹

- 1. Clitoral discharge- The fluid discharge from the external part of clitoris.
- 2. Internal vaginal discharge-The vaginal discharge fluid discharge from the internal part of the vaginal.
- 3. Cervical discharge- The discharge comes from the cervix of the uterus.
- 4. Uterine discharge- The discharge comes directly from the uterus.
- 5. Ovarian discharge- The discharge comes from the ovary.

SYMPTOMS OF SAYALAN-AL-RAHIM(LEUCORRHOEA)

Associated symptoms of the disease are excessive vaginal discharge, pain in the thighs & calf muscles, and burning micturition etc. The vaginal discharge colour may be whitish, reddish, yellowish and blackish. The discharge may be accompanied with foul smelling and itchy sensation or a pain at the



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infected area. The watery discharge with foul and stained may be symptoms of initial stage of cervical carcinoma ^{11, 12.} Others associated symptoms of the disease with excessive vaginal discharge are,

- 1. Breathlessness
- 2. anorexia
- 3. Indigestion
- 4. Paleness
- 5. Lumbago
- 6. Polyuria
- 7. Pain & heaviness in lower abdomen
- 8. Pain in menstruation
- 9. Headache and Giddiness
- 10. Malaise
- 11. General weakness
- 12. Anaemia
- 13. Constipation
- 14. Pruritus
- 15. Local soreness^{17, 19, 20, 21, 22}.

DIAGNOSIS OF SAYALAN-AL-RAHIM (LEUCORRHOEA)

The patient's complaints for abnormal vaginal discharge with one or more associated symptoms of the disease. The discharge looks white or creamy in colour. General weakness may reveal the ill health, which may be due to the leucorrhoea. Peevishness occurs in the behaviour and often it may risk to heart attack ²². The discharge is subjected to microscopic examination for detection of pus cells to exclude the infective nature of the discharge. If pus cell is not detected then it is case of leucorrhoea but if pus cell is detected then further investigations are carried out to identify the organism in discharge.

The investigation should include detailed history regarding age of onset, itching intensity, and duration of vaginal discharge etc., general examination like features of malnutrition or anaemia, evidence of fungal infection in fingers & toes and patches elsewhere in the body etc. and local examination of the affected area ¹⁰.

STUDY DRUG DETAILS

The following Unani Pharmacopeial formulations will be used in the study:

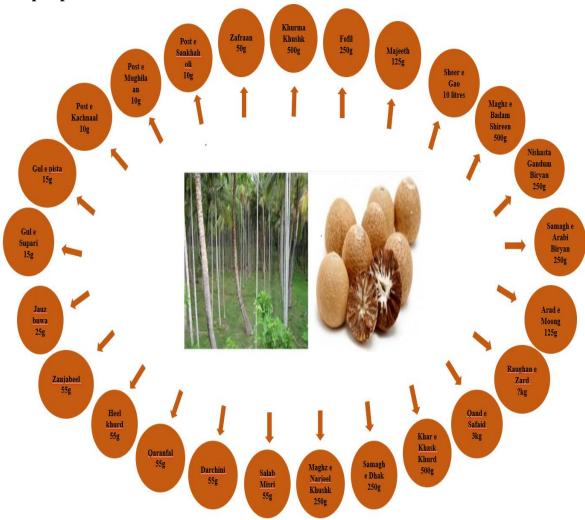
S. No.	Study drugs	Form	Route of administrati on	Dose & Frequency	Instructions
1.	Majoon Supari paak	Semisolid	Oral	7gms Twice Daily	Take after meals with water



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The ingredients of the formulation as mentioned in the National Formulary of Unani Medicine Part I are as under:

MajoonSuparipa



Therapeutic uses:

It is used for management of *Sayalan-Al-Rahim*(Leucorrhoea) and for the treatment of *Uqr*(Sterility), *Surat-e-Inzal* (Premature ejaculation).

Actions:

Qabiz (Constipative), Muqawwi-e-Rahem

Conclusion

The Unani System of Medicine deals with the issues in a systematic manner as evident from classification of diseases available in ancient Unani literature and the number of plant drugs and its combinations thereby available for the treatment. Unani medications and compound formulations offer a viable alternative to modern medicine due to their less adverse effects. *Majoon* supari Pak is one such formulation which improve women health in term of fertility and effective in other disease. These herbal medicines have greater significance in the treatment and management of various gynaecological disorders and can be used safely and effectively. Different clinical studies also prove the safety and efficacy of *Majoon* supari Pak in gynaecological disorder.



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