

Efficacy of Homoeopathy in the Cases of Leucorrhoea in 3rd and 4th Decade of Life

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Abstract: *Leucorrhoea is strictly defined as excessive normal vaginal discharge. Abnormal vaginal discharge is quite a frequent complaint of women met in day to day gynecologic clinic. Due to this female not only feels embarrassed in front of others but it also has a deep impact on her mental health. Homoeopathy being a wholistic system of medicine not only aims in the treatment leucorrhoea but will also check all other symptoms associated with or without leucorrhoea, improving the overall quality of life of the patient, providing her a complete relief both physically and mentally. An exploratory study with simple random sampling technique was carried out at Sri Guru Nanak Dev Homoeopathic Medical College, Ludhiana. Cases were followed up to six months and assessment was done once in a month. Objective: This study aims to access efficacy of Homoeopathic medicines in cases of leucorrhoea in third and fourth decade of life. Result: The use of constitutional homoeopathic remedy has a beneficial effect in cases of Leucorrhoea. Conclusion: The findings of the above study concluded that 94% of the cases responded well to the indicated Homoeopathic similitum. This study proved the Efficacy of Homoeopathy in the Cases of Leucorrhoea in 3rd and 4th Decade of Life.*

Keywords: Leucorrhoea, Reproductive health, Vaginal discharge, Gynecological problem, Homoeopathy

1. Introduction

Leucorrhea is strictly defined as an excessive normal vaginal discharge. The symptom of excessive discharge is a subjective one with individual variation, while to declare it to be normal and not an infective one, requires clinical and laboratory investigations. Vaginal discharge is one the most common complaint of women who are attending gynecology in outpatient department, and it is more commonly seen in 20-40 years age group of females because of sexually acting, injuries to cervix, parturition, use of oral contraceptive pills, PID, STD's, etc. can cause leucorrhoea. Purulent discharges due to specific infections such as gonorrhoea, trichomoniasis and moniliasis, ulcerated growth of the cervix and the vagina and discharges caused by urinary fistulae are of a different type and should be excluded from the term "leucorrhoea". The term leucorrhoea should fulfill the following criteria: i) The excess secretion is evident from persistent vulval moistness or staining of the undergarments (brownish yellow on drying) or need to wear a vulval pad. ii) It is nonpurulent and nonoffensive. iii) It is nonirritant and never causes pruritus.

The excessive secretion is due to:

- Physiologic excess
- Cervical cause (cervical leucorrhea)
- Vaginal cause (vaginal leucorrhea)

Physiological Excess

The normal secretion is expected to increase in conditions when the estrogen levels become high. Such conditions are:

During Puberty: Increased levels of endogenous estrogen lead to marked overgrowth of the endocervical epithelium which may encroach onto the ectocervix producing congenital ectopy (erosion) which leads to increased secretion.

During Menstrual Cycle:

- Around ovulation – peak rise of oestrogen causes increases in secretory activity of the cervical glands.
- Premenstrual pelvic congestion and increased mucus secretion from the hypertrophied endometrial glands.

Pregnancy: There is hyperestrinism with increased vascularity. This leads to increased vaginal transudate and cervical gland secretion.

During Sexual Excitement: when there is abundant secretion from the Bartholin's gland.

Cervical Cause: Mucous discharge from the endocervical glands increases in such conditions as chronic cervicitis, cervical erosion, mucous polypi and ectropion. When the mucous secretion of the cervix is produced in excess, it undergoes little change in the vagina and appears as mucoid discharge at the vulva.

Vaginal Cause: This form of leucorrhoea is seen when the discharge originates in the vagina itself as a transudation through the vaginal walls. Almost all the lactic acid of the healthy vagina is formed from the glycogen contained in the keratinized cells of the vaginal mucosa and the vaginal portion of the cervix. These cells are constantly being desquamated when their glycogen liberated is fermented by Doderlein's bacilli, which produces lactic acid. This process is under the control of oestrogen, the level of which determines the pH of the vagina.

Local congestive states of the pelvic organs such as pregnancy, acquired retroversion and prolapsed congested ovaries, chronic pelvic inflammatory disease (PID) and even chronic constipation associated with a sedentary occupation are all reasonable causes of an increased vaginal secretion.

Symptoms

Main symptoms of the disease are excessive vaginal discharge, pain in the thighs and calf muscles, burning micturition, pain and heaviness in lower abdomen, constipation, local soreness, lumbago, malaise, general weakness, pruritis etc. The vaginal discharge color may be whitish, yellowish, reddish, and blackish.

2. Material and Methodology

Study setup: It is an exploratory study, with a sample size of 50 patients.

Subject: The subjects for the study were selected from patients attending OPD, IPD, and Peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital.

Inclusion criteria: Female patients of age between 20-40 years with clinical symptoms of leucorrhoea

Exclusion criteria: Females suffering from leucorrhoea due to some physiological cause or due to any advanced pathology.

Intervention: Proper case taking of patient was conducted according to Homoeopathic principles and was recorded. After complete case taking, repertorization was done based on the totality of symptoms. Final prescription was based on the individualization of the patient, after consulting *Materia Medica*. The initial prescription of the selected medicine was done in a single dose (4 pills of globule no. 30) followed by placebo (4 pills of undedicated globules no. 30). The follow-up was done monthly for up to 6 months through scheduled visits, to monitor the condition of the patient.

Study parameter: Observations were made according to the changes in the symptoms of patients.

3. Outcome of the Study

Out of 50 cases in the study 47 cases i.e. 94% showed improvement whereas 3 cases i.e. 6% did not show any improvement.

Most of the patients involved in the study were found to be in the age group of 25-30 years which was 32%, followed by the age groups of 20-25 years, 35-40 years & the least in 30-35 years which was 28%, 22% & 18% respectively.

In most of the cases the main cause behind leucorrhoea is stress in 22% of the cases. Malnutrition and Dirty sanitation are the second common cause having 16% of the cases in each. Other causes of leucorrhoea seen in the cases were sleeplessness, lifting heavy loads, sedentary habits, frequent pregnancies, and family domination.

On analyzing 50 cases of leucorrhoea it was seen that *Sepia* has been prescribed to 9 cases, *Calcarea carb.* to 8 cases, *Pulsatilla* in 6 cases & *Borax* in 4 cases. *Bovista*, *Calcarea phos.*, *Kreosote*, *Natrium mur.*, *Nitric acid* & *Sabina* were prescribed to 3 cases each. *Alumina* & *Graphites* shares 2 cases each & *Hydrastis* was prescribed in only 1 case.

4. Conclusion

A total of 13 medicines were found to be useful in the treatment of leucorrhoea in females of age group 20-40 years. The study proved the efficacy of Homoeopathy in the cases of leucorrhoea in 3rd and 4th decade of life.

5. Acknowledgement

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6. Conflict of Interest

The author declares that there is no conflict of interest.

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