

# An Observational Study Homoeopathic Medicines in LM Potency for Treating Leucorrhoea

Dr. Manoj Kumar Behera<sup>1</sup>

Dean/Principal-Professor Madhav Homoeopathic Medical College and Hospital,  
A Constituent Unit of Madhav University, Pindwara, Sirohi, Rajasthan.

Dr. Ambita Maletha<sup>2</sup>

Assistant Professor, Organon of Medicine, AHMC, Khedbrahma, Gujarat

**Abstract:-** Abnormal vaginal discharge is quite a frequent complaint of women in gynecology clinic. The discharge may range from what is called excess of normal to one which is a part of wide spectrum of ailments. Leucorrhoea is strictly defined as excessive normal vaginal discharge. The symptom of excessive is a subjective one with individual variation, while to declare it to be normal and not an infectious one requires clinical and laboratory investigations. Leucorrhoea can often be a pointer to various gynecological conditions and hence requires evaluation and treatment. There is growing recognition that the morbidity due to excessive vaginal discharge is an important health issue among women in India. It occurs in 1-14% of all the women in the reproductive age group and is responsible for 5-10 million OPD visits per year throughout the world. The prevalence of excessive vaginal discharge in India is estimated to be 30%. Most of the women avoid discussing the problem with a physician out of shyness and modesty that is why the treatment for it becomes a bit of challenge. Homoeopathy has answers for many gynecological conditions. Specially in treatment of cases of leucorrhoea. Homoeopathy supervenes the treatment as it does not cause any harmful side effects, is relatively cheaper than other systems of medicine as well does not produce any unwanted hormonal imbalance. Our aim is to substantiate the utility of homoeopathic Constitutional medicines in LM potency in treating Leucorrhoea through our observational study.

**Keywords:-** Abnormal Vaginal Discharge, Leucorrhoea, LM Potency, Constitutional Medicine, Homoeopathy.

## I. INTRODUCTION

The problem of reproductive tract infections is of growing concern worldwide, especially in developing countries where each year 340 million new cases occur. Out of these 151 million are in South and Southeast Asia (WHO, 2001). Reproductive tract infection forms one of the major burdens of disease in developing countries, and includes infections caused due to any (or combination) of the three factors: iatrogenic, endogenous, and sexually transmitted. While there are many symptoms that define the diseases, the most commonly reported among the women is that of abnormal vaginal discharge (leucorrhoea). Various community based studies in developing countries have

revealed that this morbidity and general ill health has been endured by women due to various factors like gender inequalities, cultural restrictions, lack of proper infrastructure and focused counseling services.<sup>(1)</sup>

### ➤ Normal Vaginal Secretions:

In a healthy adult woman of childbearing age, the vaginal secretions consist of white coagulated material comprising squamous cells, Doderlein's bacilli and coagulated secretion. Doderlein's bacilli are gram positive bacteria which are sugar fermenting. This ability to convert glycogen into lactic acid is responsible for the high acidity of the normal healthy adult vagina. The vaginal contents are mostly derived from the squamous cells of the vaginal mucosa with some contribution comes from endometrial and cervical secretions.<sup>(2)</sup>

- The components of vaginal secretions are from the following:
- The sweat and sebaceous glands of the vulva and the specialized racemose gland of Bartholin's.
- The transudate of the vaginal epithelium and the desquamated cells of the cornified layer.
- The mucous secretions of the endocervical gland. The endometrial glandular secretion.
- The amount of vaginal secretion varies with age, in health and in disease<sup>(2)</sup>.

### ➤ Leucorrhoea

Leucorrhoea 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<sup>(4)</sup>

### • The Term Leucorrhoea Should Fulfil the Following Criteria:

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.

- ✓ It is non purulent and non offensive
- ✓ It is non irritant and never causes pruritus<sup>(4)</sup>

The term leucorrhoea should be restricted to those conditions when the normal vaginal secretions are increased in amount. In such patients, there will be no excess of leucocytes present when the discharge is examined under the microscope, and the discharge is macroscopically and microscopically non purulent.<sup>(2)</sup> Hippocrates described vaginal discharge leucorrhoea as a consequence of anatomic characteristics of women and even distinguished different forms of discharge as Albus, rufus, ruber and niger.<sup>(3)</sup>

#### ➤ *Etiology:*

The excessive secretion is due to: Physiologic excess, Cervical cause (cervical leucorrhoea), Vaginal cause (vaginal leucorrhoea)

#### ➤ *Physiologic Excess:*

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

- **During Puberty-** Increased levels of endogenous oestrogen lead to marked overgrowth of the endocervical epithelium which may encroach onto the ectocervix producing congenital ectopy (erosion) leading to increased secretion.
- **During Menstrual Cycle-** Around ovulation, there is peak rise of oestrogen which leads to increase in secretory activity of cervical glands. Premenstrual pelvic congestion and increase mucus secretion from the hypertrophied endometrial glands also results in increased vaginal secretions.
- **Pregnancy-** there is hyperestrogenism 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 glands<sup>(4)</sup>

#### ➤ *Cervical Cause:*

Non- infective cervical lesion may produce excessive secretion, which pours out at the vulva. Such lesions are- cervical ectopy, chronic cervicitis, mucous polyp and ectropion (cervical glands are exposed to the vagina)<sup>(4)</sup>

#### ➤ *Vaginal Cause:*

Increased vaginal transudation occurs in conditions associated with increased pelvic congestion. The conditions are uterine prolapse, acquired retroverted uterus, chronic pelvic inflammation, 'pill' use and vaginal adenosis. Ill health is one of the important causes of excessive discharge. It produces excess exfoliation of the superficial cells<sup>(4)</sup>

#### ➤ *Other Causes:*

Spread of infection from urinary tract, Inflammation of uterus, Injuries to the vagina, the womb or cervix, Allergy or contact dermatitis, Contraceptives used by women, Lack of cleanliness or poor hygienic measures especially during menses, Displacement of uterus, Diabetes and anaemia can provoke infections due to weakened immunity, Mental anxiety or sexual frustration, Infection through mildew- Any

fungus like yeast infects reproductive organs and causes leucorrhoea. If it is due to fungus, discharge will be thick white with itching in vagina. This kind of discharge is called vaginal mildew. Some sexually transmittable diseases cause leucorrhoea. One of them is Trichomoniasis which makes discharge greenish or yellow, Dirty toilet also causes leucorrhoea. Common usage of tools pertaining to toilet and particularly public toilet infects and leads to leucorrhoea. The disease is seen in women who excessively use medicine for sexual organ. Problems related to last narrow part of womb- blister or swelling at the head of womb also causes leucorrhoea. In this case discharge is more profuse, grey in colour and looks like coagulated blood, Inflammation in lower abdomen- infection in lower abdomen which contains sexual and reproductive organs may cause inflammation leading to leucorrhoea. Various illnesses- Women suffering from diseases like Tuberculosis and anaemia get their discharges increased to a great extent. Women with weak immune system, Diet lacking in nutritive properties, Stress or depression- To some level, there are psychological factors causing the disease. Women too much under pressure or depressed maybe afflicted with the disease<sup>(5)</sup>

#### ➤ *Symptoms:*

Main symptoms of the disease are excessive vaginal discharge, pain in the thighs and calf muscles and burning micturition etc. The vaginal discharge's colour may be whitish, yellowish, reddish and blackish. The discharge may be accompanied with foul smelling and itchy sensation or a pain at the infected area<sup>(5)</sup>

Other associated symptoms of the disease with excessive vaginal discharges are Pain and heaviness in the lower abdomen, Constipation, Anaemia, Local soreness, Lumbago, Malaise, Headache and giddiness, Indigestion, Paleness, Anorexia, Pain during menstruation, General weakness, Polyuria, pruritus<sup>(5)</sup>

#### ➤ *Diagnosis:*

Abnormal vaginal discharge being easily diagnosable and treatable, these serious complications can be avoided to a great extent.

#### • *Following are the Points that are Vital in the Diagnosis:*

Proper history of the symptoms of the patient needs to be taken, Characteristics of the discharge such as duration, itching, amount, dysuria, dyspareunia, pelvic pain should be asked for, Contraception, sexual behaviour and previous episodes of such discharge should be investigated, General physical examination- for ill health and poor nutrition, Abdominal examination- for any tenderness or mass, Vulval inspection- for character of discharge, genital ulcers, Speculum examination- for pathology in vagina, cervix, Pelvic examination- tenderness, pelvic mass, foreign body<sup>(4)</sup>.

#### ➤ *Investigations:*

Discharge- wet film for T. vaginalis, clue cells, gram staining, KOH test- whiff test, fungus, Blood tests when PID is suspected, Pap smear, Urine test for R/E, C/S<sup>(4)</sup>

Table 1: Life Table of Abnormal Vaginal Discharge

Period of life	Associated symptoms	Probable diagnosis
Early neonatal	Nil	Leucorrhoea
Period upto premenarchal	Nil Offensive vulval itching	Ill health Foreign body Thread worm
Puberty	Nil	Leucorrhoea
Reproductive period (Non pregnant) Related to menstrual cycle	Nil	Leucorrhoea
Pill users	Nil Pruritus	Leucorrhoea Moniliasis
Any time	Nil Pruritus Offensive	Ill health Infective vaginitis Neoplasm Foreign body
During antibiotic therapy	Pruritus	Moniliasis
Diabetes	Pruritus	Moniliasis
Pregnancy	Nil Pruritus	Leucorrhoea vaginitis
Post menopausal	Nil pruritus/diabetes offensive	Senile vaginitis Moniliasis Pyometra Neoplasm

#### ➤ Principles of Management:

If leucorrhoea is due to weakness of nutritive power the proper nutrition should be taken. Easily digestible foods and beverages will be helpful.

- In the presence of general weakness, general body tonics must be given.
- In the condition of anaemia, iron compound should be given
- Loose fitting garments preferably cotton made should be used by the patient to keep the area aerated.
- In the treatment of the disease, digestion should be maintained and constipation in patients should be removed.
- Local hygiene is to be taken care of and sanitation should be maintained always.
- Sympathetic attitude must be kept towards the patient and the anxiety state should be managed if the patient is anxious.<sup>(5)</sup>

#### ➤ Complexities Brought About by Leucorrhoea:

There are many pills and creams available in the market. None of them should be taken unless prescribed by a doctor. Some women are allergic to some medicines which may infect further making the condition worse. Self-medication should be avoided at all costs. It can easily be controlled if treated early with immediate consultation with a qualified physician<sup>(5)</sup>

#### ➤ Preventive Measures Against Leucorrhoea:

Clean the inner wear and self with a good quality cleaner which has bactericidal and fungicidal properties. Immediately change the clothes including undergarments, if clothes get wet in the rain or due to any other reason. Inner wear made of nylon material should be avoided in summer because it may retain sweat in the genital area. Cotton is the best choice for undergarments. Unnecessary use of any cosmetics like powders or perfumes in the genital area should be avoided. Drink plenty of water to flush the toxins out from the body. Cleanliness of reproductive organs is very important. Genitals should be washed carefully during every bath and the moisture should not be let to retain in genital area after bath. Also, vagina should be washed clean after urinating.

Before getting physical with your partner make sure he is free from all kinds of infections. All sugary foods should be restricted to minimum for controlling discharge. Avoid intake of alcohol. Stress buster exercises and morning walks should be made routine because when the body is stress free, immunity will receive a boost against illnesses<sup>(5)</sup>

#### ➤ Conventional Treatment:

Improvement of general health, cervical factors require surgical treatment like electrocautery, cryosurgery or trachelorrhaphy. Pelvic lesions producing vaginal leucorrhoea require appropriate therapy for the pathology. Pill users may have to stop 'pill' temporarily, if the symptom is very much annoying. Above all, local hygiene has to be maintained meticulously. Treatment for specific infection is advised<sup>(4)</sup>

#### ➤ Homoeopathic Management of Leucorrhoea

Homoeopathy, a therapeutic system of medicine discovered by a German physician, Dr. Christian Friedrich Samuel Hahnemann (1755- 1843), in the late eighteenth century based on fundamental idea of similarity (or similia) principle: Similia similibus curentur: "let likes be cured by likes". This implies that substances capable of causing disorder in healthy subjects are used as medicines to treat similar patterns of disorder experienced by ill people. These substances in diluted forms are believed to stimulate the body's self regulatory mechanism and a healing response in the body. A holistic model of health in Homoeopathy, taking an overview of the patient, including their individual mind, body and spirit, life situation and other circumstances, is central in evolving a curative approach to diseases. The holistic view uses the totality of symptoms and constitution of each patient to find a remedy that suits him/her, rather than just the disease.<sup>(6)</sup> The medicine selected for each patient is tailored to person specific, taking into consideration his/her mental makeup, physical symptoms, and characteristic particulars etc. In case of long standing illness besides the above mentioned factors, age, occupation, previous illnesses and life circumstance unique to that individual irrespective of the disease which he/she is suffering from, are taken into consideration<sup>(7)</sup> Homoeopathy can be proved an effective method of treatment in leucorrhoea as it emphasises not only treating sign and symptoms but also treating the patient as a

whole. It not only manages leucorrhoea but also improves other bodily functions. Proper case taking of the patient with leucorrhoea is done. Leucorrhoea may present as acute as well as chronic manifestation. In acute cases, the entire symptoms should be noted and medicine should be selected on the basis of totality of symptoms. For chronic cases, the particular circumstances of the patient, usual mode of living, domestic situation must be considered along with the signs and symptoms.<sup>(7)</sup> In the footnote of aphorism 94 of Organon of medicine, Dr. Hahnemann says that in chronic diseases of females it is specially necessary to pay attention to pregnancy, sterility, sexual desire, parturition, miscarriages, lactation and state of menstrual discharge. In case of leucorrhoea, nature of the discharge, sensations attending its flow, its quantity and the conditions and occasions under which it occurs should not be neglected.<sup>(7)</sup> Difficulty during case taking of leucorrhoea may occur when the patient is hypochondriac, impatient, portrays her symptoms in exaggerated expression as mentioned in aphorism 96 and on the opposite when a patient doesn't mention a number of her symptoms due to indolence, false modesty, mildness of disposition, or due to weakness of mind as said by Dr. Hahnemann in aphorism 97 of Organon of medicine.<sup>(7)</sup> "The constitutional treatment of leucorrhoea is go great importance" says Dr. A. C. Cowperwaite. He further continues that leucorrhoea is in itself but a symptom, either of some constitutional dyscrasia or of some local exciting cause<sup>(8)</sup>

#### ➤ *Miasmatic Considerations of Leucorrhoea:*

The leucorrhoea of the tubercular miasma are generally purulent but may be watery mucus. They are debilitating and worse before the flow begins or immediately after. The leucorrhoea of psora are scanty, not exhausting, have nothing peculiar about their colour, in fact they may be any colour, but they have not the deep, thick, yellow or yellowish green of the tubercular individual.<sup>(9)</sup> The leucorrhoea of the sycotic patient are thin, look like dirty water, greenish yellow sometimes, scanty, acid, producing biting or itching and burning of the parts. The odour is that of stale fish or fish brine. Occasionally the leucorrhoea of pseudo-psoric are lumpy, thick, albuminous or purulent, smelling musty. In sycosis they may be pungent or like that of a decayed fish; the patient is forever taking douches on account of the odour and the acidity of the discharge. Often the discharge produces little vesicles or excoriations on the pudendum, which are a source of great annoyance to the patient. In marked cases of the psychotic leucorrhoea often the mental symptoms are to be carefully considered as diagnostic in the differentiation of these different forms that come to our notice.<sup>(9)</sup> The tubercular patient must have a nourishing diet, plenty of fresh air and sunshine, exercise, appropriate bathing and anything that will restore the visor and tone to the system. A tubercular leucorrhoea produces great drain upon the system due to blood changes and the death of red blood cells. In the true psychotic no such blood changes, anaemia or loss of strength and the body is well nourished. Only in pseudo-psora or sycopsora we find cachexia and diathesis develops that approaches malignancy with its blood changes greater even than the simple tubercular.<sup>(8)</sup> Since the publication of French translation of the sixth edition of the Organon by Dr. Pierre Schmidt and his articles in British Homoeopathic Journal,

July- Oct. 1954 "the hidden treasures of the last Organon", attention of Homoeopaths was drawn to these changes, potencies prepared were termed by Pierre Schmidt as Fifty Millemsimal Potencies".<sup>(11)</sup>:

#### ➤ *Project Site:*

Jawaharlal Nehru Homoeopathic Medical College and Hospital, Waghodia, Vadodara

## II. MATERIALS

### A. *The Materials Utilized for the Study were:*

- Specially designed case format for study
- Homoeopathic Software **RADAR**

### B. *Method of Collection of Data:*

- The study was performed in following ways:
- **Type of study:** Experimental study
- **Method of sampling:** Random sampling
- **Sample size:** 30 cases

### C. *Criteria for Selection of Case:*

- **Inclusion Criteria:** Female cases pre diagnosed or clinically presenting the symptoms of leucorrhoea were selected irrespective of age.

### D. *Exclusion Criteria:*

- Cases with irregular follow up.
- Cases with gross pathological changes
- Cases associated with severe systemic disorders.
- Case taking was done according to guidelines mentioned by Dr. Hahnemann in Organon of Medicine. After proper analysis and evaluation of symptoms of the case totality of symptoms was formed. Medicines were selected on reportorial or non reportorial method depending upon the demand of the case.
- The medicines were used in LM potency
- Follow up of each case was taken at interval of 7, 15, or 21 days or as per requirement.
- Response was analysed in 3 criterias:
- Cured-Sensation of well being mentally and physically with disappearance of all the symptoms of leucorrhoea for which the patient approached within period of study without recurrence.
- Improved-Decrease in intensity and/or frequency of presenting complaint with feeling of well being.
- Not Improved: No change in presenting complaints.

## III. OBSERVATIONS AND RESULTS

In my study on 'Utility of LM potency in treatment of Leucorrhoea', the observations and results made from 30 cases are recorded below.



Table 2: Distribution of Leucorrhoea Cases According to Age Incidence

Age Group in Years	Cases	Percentage
11- 20	7	23.3
21- 30	11	36.6
31- 40	9	30.0
41- 50	3	10
<b>Total</b>	<b>30</b>	<b>100%</b>

As per table 2, maximum incidence of Leucorrhoea was found in the age group of 21-30 years of age i.e. 11 cases (36.6%), followed by 9 cases(30%) in the age group of 31 to 40 years. In the age group of 11 to 20, 7cases (23.3%) were recorded. In the age group 41- 50, 3 cases (10%) were recorded.

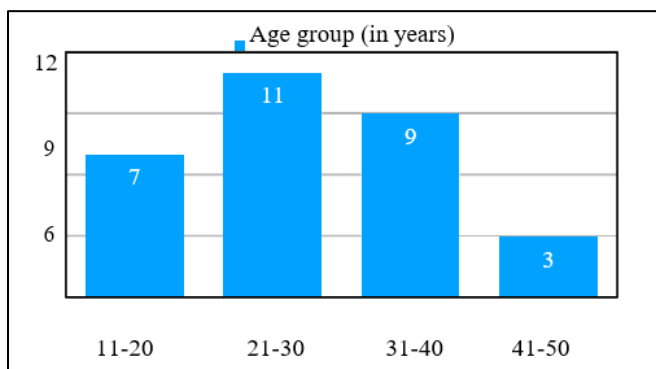


Fig 1: Diagrammatic Presentation of Leucorrhoea Case According to Age Incidence

Table 3: Distribution of Leucorrhoea Cases According to Locality

Locality	Cases	Percentage
Urban	13	43.33%
Rural	17	56.66%
<b>Total</b>	<b>30</b>	<b>100%</b>

As per table 3, from the total of 30 cases of leucorrhoea, 17 cases werefrom rural locality which constitutes 56.66 % of total cases of leucorrhoeain this study. 13 cases were from urban area that is 43.33 % of the total leucorrhoea cases in this study.

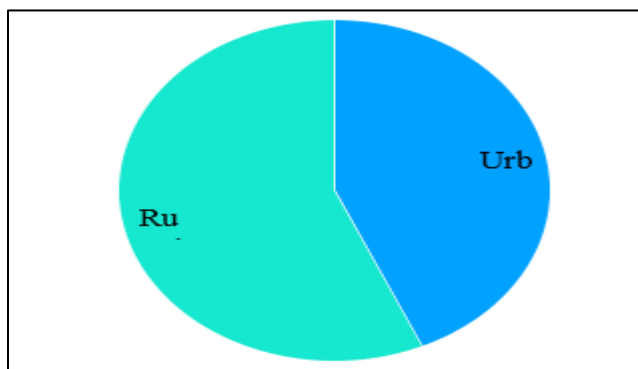


Fig 2: Diagrammatic Representation of Distribution of Cases of Leucorrhoea According To Locality

Table 4: Distribution of Leucorrhoea Cases According to

Marital Status

Marital Status	Cases	Percentage
Married	16	53.33%
Unmarried	14	46.66%
<b>Total</b>	<b>30</b>	<b>100%</b>

As per table 4, from the total of 30 cases of leucorrhoea, 16 cases wereof married women which constitute 53.33% of total cases of leucorrhoea inthis study. 14 cases were of unmarried women that is 46.66 % of the total leucorrhoea cases in this study.

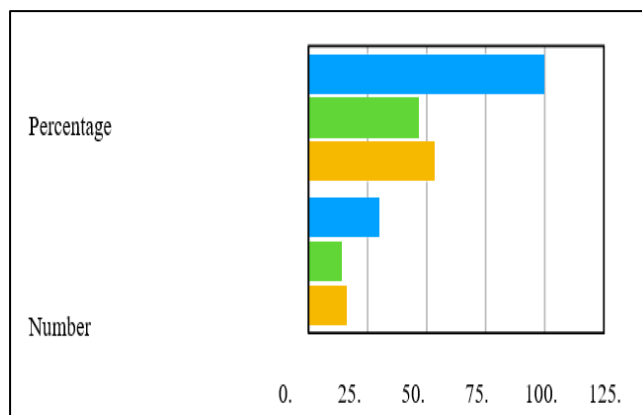


Fig 3: Diagrammatic Representation of Cases of Leucorrhoea According to Marital Status

Table 5: Distribution of Leucorrhoea Cases According to Socioeconomic Status

Socioeconomic Status	Cases	Percentage
Lower class	14	46.66%
Middle class	11	36.66%
Upper class	5	16.66%
<b>Total</b>	<b>30</b>	<b>100%</b>

As per table 5, from the total of 30 cases of leucorrhoea, 14 cases werefrom lower class which constitutes 46.66% of total cases of leucorrhoea inthis study. 11 cases were from urban area that is 36.66 % of the total leucorrhoea cases in this study. 5 cases (16.66%) belonged to upper class.

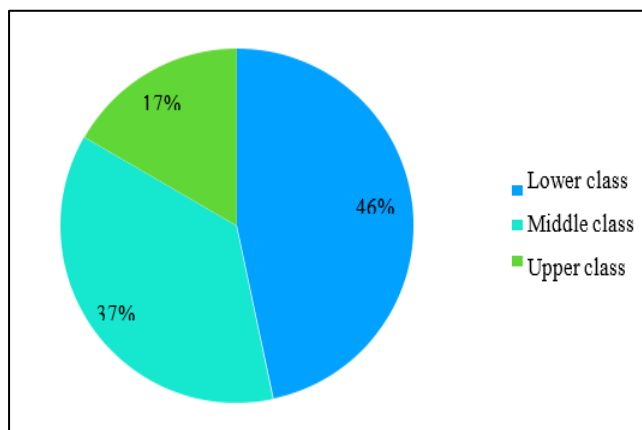


Fig 4: Diagrammatic Representation of Cases of Leucorrhoea According to Socioeconomic Status

Table 6: Distribution of Cases According to Occupation

Occupation	Cases	Percentage
Student	9	30%
House wife	10	33.33%
Skilled worker	4	13.33%
Job	7	23.33%
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

As per table 6, among 30 cases of leucorrhoea, majority cases were of house wives i.e. 10 cases (33.33%), 9 cases were of students (30%), 7 cases were of women who have jobs (23.33%) and 4 cases were those of skilled workers (13.33%).

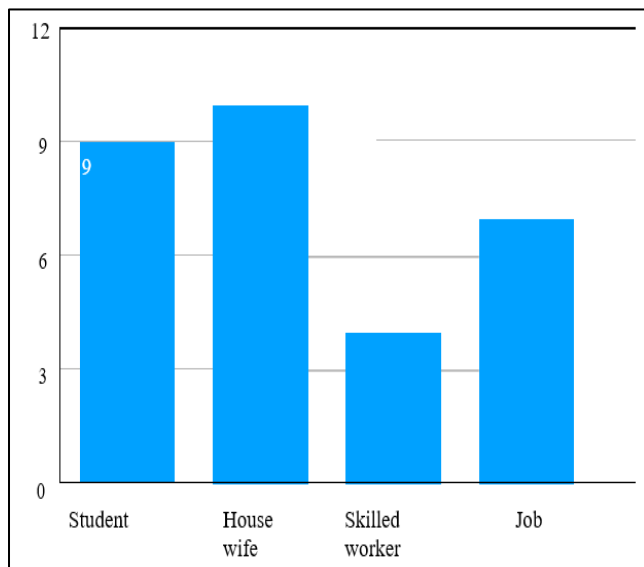


Fig 5: Diagrammatic Representation of Cases According to Occupation

Table 7: Distribution of Cases According to Diagnosis

Diagnosis	Cases	Percentage
Bacterial Vaginosis	7	23.33%
Yeast infection	6	20%
PID	8	26.66%
Trichomoniasis	4	13.33%
Menstrual Disorders	5	16.66%
<b>TOTAL</b>	<b>30</b>	<b>100</b>

As per Table 7, 8 cases (26.66%) of Leucorrhoea in the study were diagnosed of Pelvic Inflammatory Diseases. Bacterial Vaginosis was diagnosed in 7 cases (23.33%), Yeast infection of genitals was diagnosed in 6 cases (20%), Menstrual Disorders in 5 cases (16.66%) and Trichomoniasis was the diagnosis in 4 cases (13.33%).

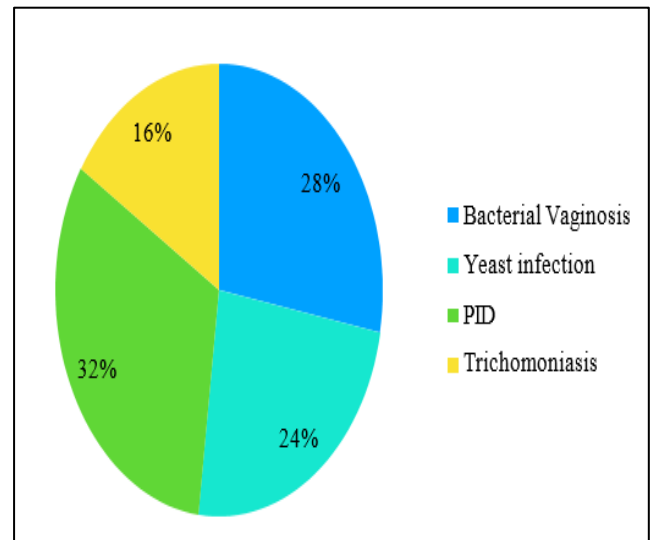


Fig 6: Diagrammatic Representation of Cases According to Diagnosis

Table 8: Distribution of Cases According to Colour of Leucorrhoea

Colour of Leucorrhoea	Cases	Percentage
White	9	30%
Clear	17	56.66%
Greenish Yellow	4	13.33%
<b>TOTAL</b>	<b>30</b>	<b>100</b>

As per Table 8, 17 cases (56.66%) had clear coloured Leucorrhoea in the study. White coloured leucorrhoea was found in 9 cases (30%) and 4 cases (13.33%) had greenish yellow coloured leucorrhoea.

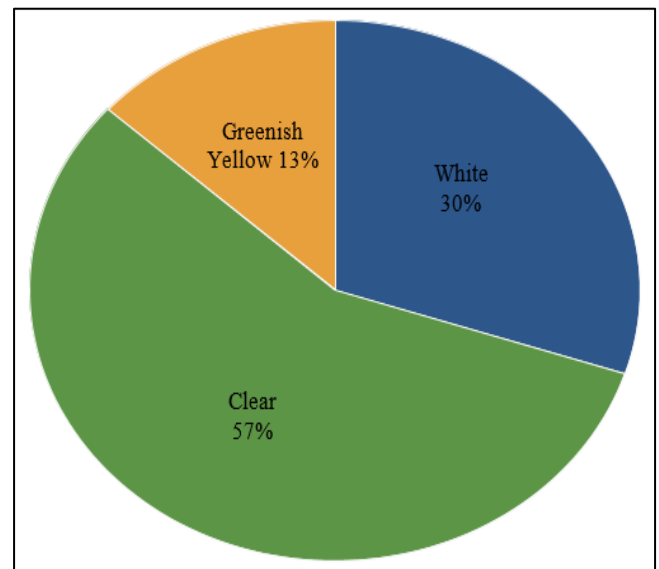


Fig 7: Diagrammatic Representation of Cases According to Colour of Leucorrhoea

Table 9: Distribution of Cases According to Consistency of Leucorrhoea

Consistency of Leucorrhoea	Cases	Percentage
Thin mucoid	18	60%
Thick curdy	9	30%
Frothy	3	10%
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

As per Table 9, 18 cases (60%) had thin mucoid Leucorrhoea in the study. Thick curdy c leucorrhoea was found in 9 cases (30%) and 3 cases (10 %) had leucorrhoea of frothy consistency.

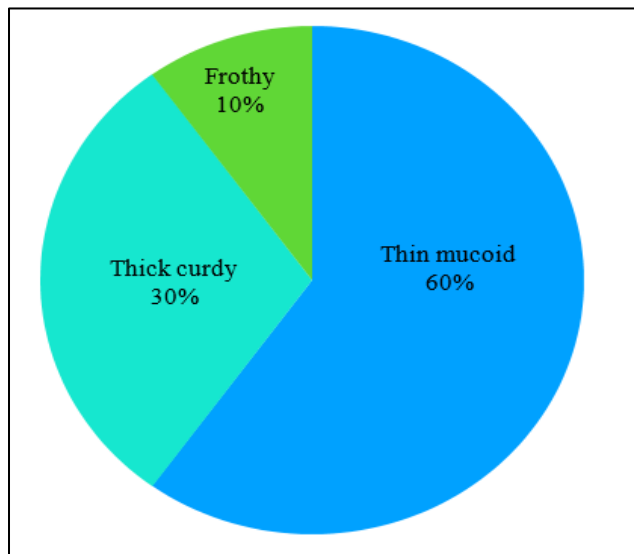


Fig 8: Diagrammatic Representation of Cases According to Consistency of Leucorrhoea

Table 10: Distribution of Cases According to Symptoms Associated with Leucorrhoea

No.	Symptoms	Cases	Percentage
1.	Itching in genital region	9	30%
2.	Lower abdominal pain	6	20%
3.	Dysuria	3	10%
4.	Backache	7	23.3%
5.	Menstrual disorders	5	16.6%
	<b>TOTAL</b>	<b>30</b>	<b>100%</b>

As per table 10, out of 30 cases of leucorrhoea in this study, 9 cases (30%) experienced itching in genital region as morbidity along with leucorrhoea. 7 cases (23.3%) suffered from backache and 6 cases (20%) experienced lower abdominal pain. 5 cases (16.6%) had menstrual disorders along with leucorrhoea. 3 cases (10%) out of 30 cases experienced dysuria along with leucorrhoea.

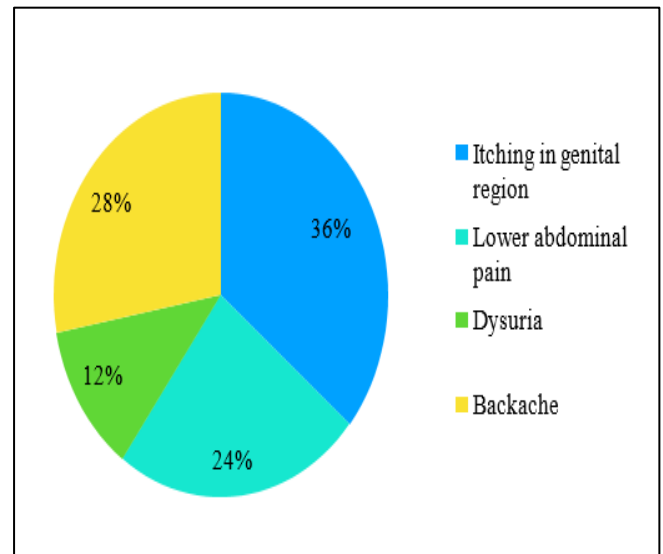


Fig 9: Diagrammatic Representation of Cases According to Symptoms Associated with Leucorrhoea

Table 11: Distribution of Cases According to Fundamental Miasm

Miasm	Cases	Percentage
Psora	8	26.66%
Syphilis	6	20%
Sycosis	16	53.33%
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

As per Table 11, out of 30 cases of Leucorrhoea, Sycosis was found in 16 cases (53.33%) as fundamental miasm followed by Psora in 8 cases (26.66%) and Syphilis in 6 cases (20%).

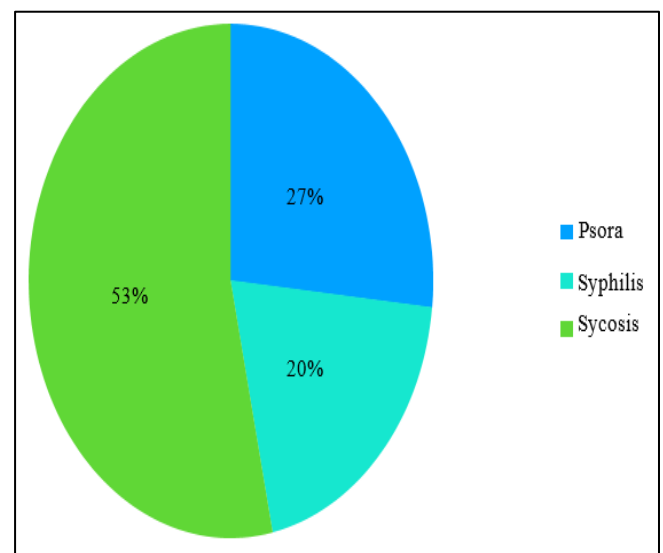


Fig 10: Diagrammatic Representation of Cases According to Fundamental Miasms

Table 12: Distribution of Cases According to Dominant Miasm

Miasm	Cases	Percentage
Psora	12	40%
Syphilis	4	13.33%
Sycosis	14	46.66%
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

As per Table 12, out of 30 cases of Leucorrhoea, Sycosis was found in 14 cases (46.66%) as Dominant miasm followed by Psora in cases (40%) and Syphilis in 04 cases (13.33%).

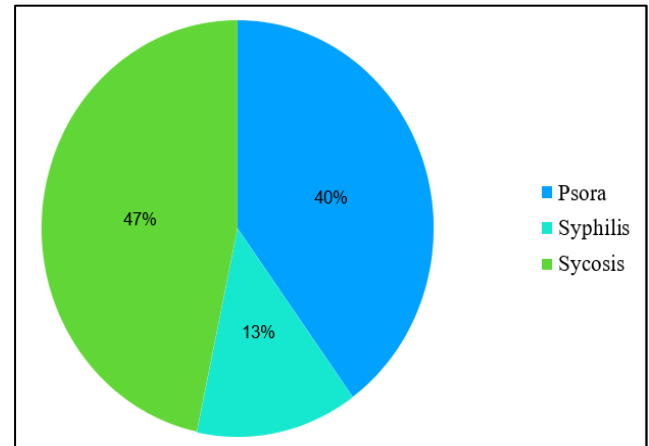


Fig 11: Diagrammatic Representation of Cases According to Dominant Miasm

Table 13: Distribution of Cases According to Indicated Remedies with Results

NO.	Remedy	Cases	Cured	Improved	Not Improved
1	Alumina	2	0	2	0
2	Arsenicum album	2	0	1	1
3	Bovista	1	0	1	0
4	Calcarea carbonica	3	2	0	1
5	Graphites	1	0	1	0
6	Hydrastis canadensis	1	1	0	0
7	Kreosotum	3	3	0	0
8	Lilium tigrinum	2	1	1	0
9	Magnesium muriaticum	2	1	1	0
10	Mercurius solubilis	3	1	1	1
11	Natrum muriaticum	2	2	0	0
12	Pulsatilla pratensis	3	3	0	0
13	Sepia officinalis	3	2	1	0
14	Silicea	2	0	1	1
	<b>TOTAL</b>	<b>30</b>	<b>16</b>	<b>10</b>	<b>4</b>

As per table 13, out of 30 cases of leucorrhoea, 14 medicines were prescribed, out of which Calcarea carbonica, Kreosotum, and Mercurius solubilis, Pulsatilla and Sepia were prescribed to 3 cases each. Kreosotum and Pulsatilla cured all the 3 cases in which they were prescribed. Alumina,

Arsenicum album, Lilium tigrinum, Magnesium muriaticum, Natrum muriaticum and Silicea were prescribed in 2 cases each. Bovista, Heloniasdioica and Hydrastis condensates were prescribed in 1 cases each.



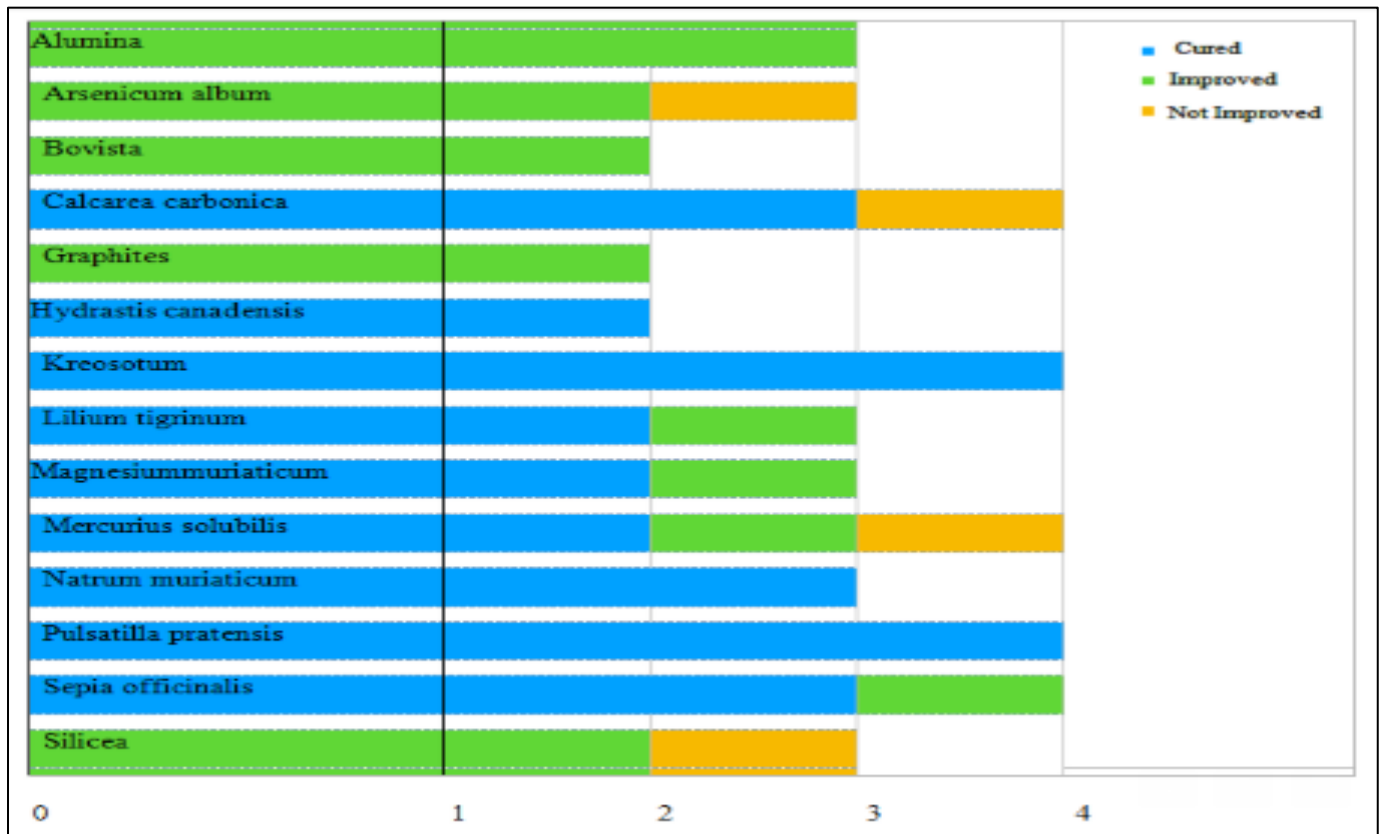


Fig 12: Diagrammatic Representation of Indicated Remedies with Results

Table 14: Distribution of Lm Potency in Cases of Leucorrhoea

LM potency	Cases	Cured	Improved	Not Improved
0/1 to 0/3	5	3	2	0
0/1 to 0/4	7	3	2	2
0/1 to 0/5	15	9	5	1
0/1 to 0/6	3	1	1	1
Total	30	16	10	4

As per table 14, out of 30 cases of leucorrhoea, most used LM potency was 0/1 to 0/5 i.e. in 15 cases, out of which 9 cases were cured, 5 cases improved and 1 case didn't improve. In 7 cases of leucorrhoea, 0/1 to 0/4 potency was prescribed, where 3 cases were cured, 2 improved and 2 didn't improve. 0/1 to 0/3 potency was prescribed in 5 cases, out of which 3 cases were cured and 2 cases improved. In 3 cases, 0/1 to 0/6 potency was prescribed, out of which 1 case cured, 1 case and 1 case did not improve.

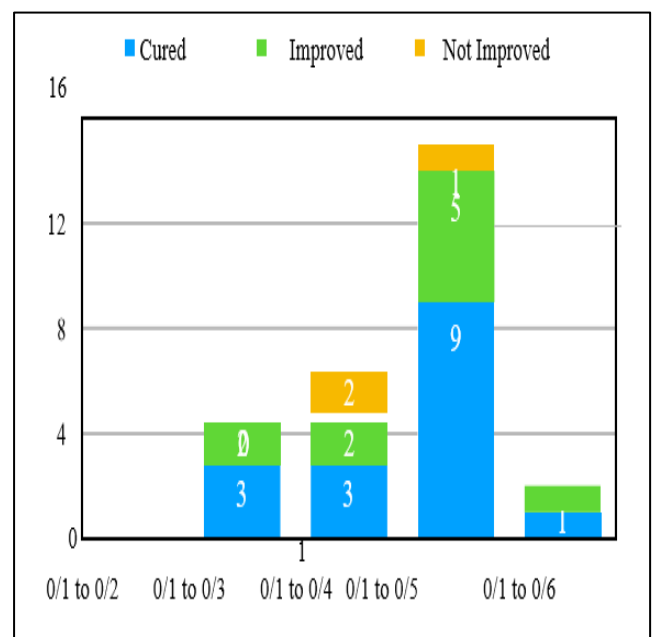


Fig 13: Diagrammatic Representation of Distribution of LM Potency in Cases of Leucorrhoea

Table 15: Distribution of Cases According to Result of Treatment

Result	Cases	Percentage
Cured	16	53.33%
Improved	10	33.33%
Not Improved	4	13.33%
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

As per Table 15, out of 30 cases of leucorrhoea, maximum cases were cured i.e. 16 cases (53.33%), 10 cases (33.33%) were improved and 4 cases (13.33%) were not improved.

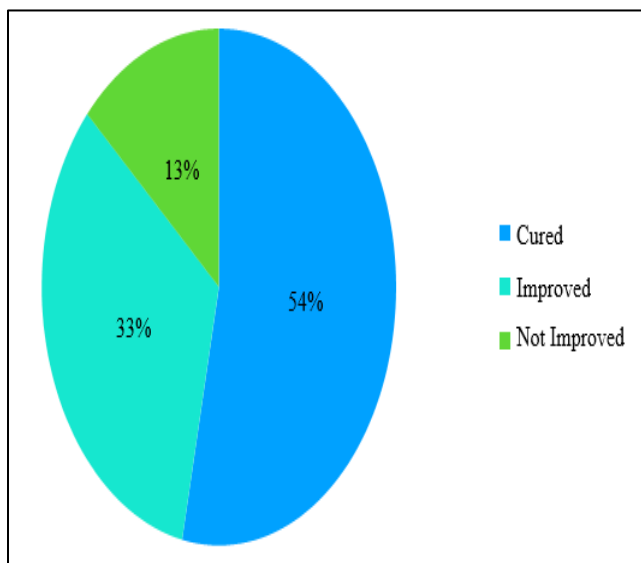


Fig 14: Diagrammatic Representation of Result of Treatment

#### IV. DISCUSSION

In our study on “Utility of LM potency in treatment of Leucorrhoea”, I hereby discuss various points observed during the study of 30 cases as below. As per table 2, maximum incidence of leucorrhoea was found in the age group of 21-30 years of age i.e. 11 cases (36.6%), followed by 9 cases (30%) in the age group of 31 to 40 years. In the age group of 11 to 20, 7 cases (23.3%) were recorded. In the age group 41- 50, 3 cases (10%) were recorded. As per table 3, from the total of 30 cases of leucorrhoea, 17 cases were from rural locality which constitutes 56.66 % of total cases of leucorrhoea in this study. 13 cases were from urban area that is 43.33 % of the total leucorrhoea cases in this study. As per table 3, from the total of 30 cases of leucorrhoea, 16 cases were of married women which constitutes 53.33% of total cases of leucorrhoea in this study. 14 cases were of unmarried women that is 46.66 % of the total leucorrhoea cases in this study. As per table 4, from the total of 30 cases of leucorrhoea, 14 cases were from lower class which constitutes 46.66% of total cases of leucorrhoea in this study. 11 cases were from urban area that is 36.66 % of the total leucorrhoea cases in this study. 5 cases (16.66%) belonged to upper class. As per table 6,

among 30 cases of leucorrhoea, majority of the patients were house wives i.e. 10 cases (33.33%), 9 cases were of students (30%), 7 cases were of women who have jobs (23.33%) and 4 cases were those of skilled workers (13.33%). As per Table 7, 8 cases (26.66%) of leucorrhoea in the study were diagnosed of Pelvic Inflammatory Diseases. Bacterial Vaginosis was diagnosed in 7 cases (23.33%), Yeast infection of genitals was diagnosed in 6 cases (20%), Menstrual Disorders in 5 cases (16.66%) and Trichomoniasis was the diagnosis in 4 cases (13.33%). As per Table 8, 17 cases (56.66%) had clear coloured leucorrhoea in the study. White coloured leucorrhoea was found in 9 cases (30%) and 4 cases (13.33%) had greenish yellow coloured leucorrhoea. As per Table 9, 18 cases (60%) had thin mucoid leucorrhoea in the study. Thick curdy leucorrhoea was found in 9 cases (30%) and 3 cases (10%) had leucorrhoea of frothy consistency. As per table 10, out of 30 cases of leucorrhoea in this study, 9 cases (30%) experienced itching in genital region as morbidity along with leucorrhoea. 7 cases (23.3%) suffered from backache and 6 cases (20%) experienced lower abdominal pain. 5 cases (16.6%) had menstrual disorders along with leucorrhoea. 3 cases (10%) out of 30 cases experienced dysuria along with leucorrhoea.

As per Table 11, out of 30 cases of leucorrhoea, Sycosis was found in 16 cases (53.33%) as fundamental miasma followed by Psora in 8 cases (26.66%) and Syphilis in 6 cases (20%).

As per table 12, out of 30 cases of leucorrhoea, Sycosis was found in 14 cases (46.66%) as Dominant miasm followed by Psora in 12 cases (40%) and Syphilis in 4 cases (13.33%).

As per table 13, out of 30 cases of leucorrhoea, 14 medicines were prescribed, out of which Calcarea carbonica, Kreosotum, and Mercurius solubilis, Pulsatilla and Sepia were prescribed to 3 cases each. Kreosotum and Pulsatilla cured all the 3 cases in which they were prescribed. Alumina, Arsenicum album, Lilium tigrinum, Magnesium muriaticum, Natrum muriaticum and Silicea were prescribed in 2 cases each. Bovista, Graphites and Hydrastis canadensis were prescribed in 1 case each. As per Table 13, out of 30 cases of leucorrhoea, maximum used LM potency was 0/1 to 0/5 i.e. in 15 cases, out of which 9 cases were cured, 5 cases were improved and 1 case did not improve. In 7 cases of leucorrhoea, 0/1 to 0/4 potency was prescribed, out of which 3 cases were cured, 2 were improved and 2 did not improve. 0/1 to 0/3 potency was prescribed in 5 cases, out of which 3 cases were cured and 2 cases improved. In 3 cases, 0/1 to 0/6 potency was prescribed, out of which 1 case cured, 1 case improved and 1 case did not improve. As per table 14, out of 30 cases of leucorrhoea, maximum cases were cured i.e. 16 cases (53.33%), 10 cases (33.33%) were improved and 4 cases (13.33%) were not improved.

#### V. CONCLUSION

In our study on “Utility of LM potency in treatment of Leucorrhoea”, 30 cases were taken to develop an evidence based support on the role of LM potency in cases of management of leucorrhoea. The most susceptible age group

in my study was 21- 30 years of the age i.e. 11 cases. The age group of 31- 40 years was also found more affected by leucorrhoea i.e. 9 cases. So 21- 40 years age group found as a whole most susceptible to leucorrhoea. So young adult age group was more susceptible to leucorrhoea. The cases of leucorrhoea were found more common in rural locality than urban one. Housewives and students were found to be more affected with leucorrhoea. Married females were found to be affected more than unmarried females in this study. From the total of 30 cases of leucorrhoea, 16 cases were of married women and 14 cases were of unmarried women. The complaint of leucorrhoea was found to be more common in women belonging to lower class as 14 cases were from lower class in this study. 11 cases were from middle class and 5 women belonged to upper-class.

The most common diagnosis among the 30 cases in the study was that of PID. 8 cases of leucorrhoea in the study were diagnosed of Pelvic Inflammatory Diseases. Bacterial Vaginosis was diagnosed in 7 cases, Yeast infection of genitals was diagnosed in 6 cases, Menstrual Disorders in 5 cases and Trichomoniasis was the diagnosis in 4 cases. In terms of character of leucorrhoea, clear coloured vaginal discharge was found to be present in maximum cases i.e., 17 cases followed by white colour in 9 cases and greenish yellow in 4 cases. 18 cases had leucorrhoea of thin mucoid consistency, 9 cases had thick curdy leucorrhoea and 3 cases had frothy consistency of leucorrhoea. The most common morbidity associated with leucorrhoea in my study was found to be itching in genital region which was experienced by 9 out of 30 cases. 7 cases suffered backache along with leucorrhoea. Sycosis was found to be the most common fundamental miasm as well as dominant miasm in the cases. A total of 14 medicines were found useful in cases of leucorrhoea in my study. Out of these, *Calcarea carbonica*, *Kreosotum*, *Mercurius solubilis*, *Pulsatilla* and *Sepia* were found most useful i.e. 3 cases each. Other useful medicines were *Kreosotum*, *Pulsatilla*, *Alumina*, *Arsenicum album*, *Lilium tigrinum*, *Magnesium muriaticum*, *Natrum muriaticum*, *Silicea*, *Bovista*, *Graphites* and *Hydrastis canadensis*. LM potency was found effective in management of leucorrhoea as out of 30 cases, 16 cases were cured and 10 cases were improved. Among LM potency, maximum helpful potency was 0/1 to 0/5 which helped in 15 cases out of which 9 cases were cured and 5 cases were improved. Depending upon the chronicity of the cases, LM potency was increased in dose up to 0/6 and they responded well. In a nutshell, I conclude that LM potency was found effective in management of leucorrhoea. This was a small Endeavour to explore utility of LM potency in treatment of leucorrhoea. I humbly present this work to Homoeopathic fraternity and hope it helps to brief new thinking for the utility of LM potency in cases of leucorrhoea and this will also provide motivation to new aspirants to initiate more work on the subject.

## REFERENCES

- [1]. [www.ncbi.nlm.nih.gov/pmc/articles/PMC4064755](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4064755)
- [2]. Howkins and Bourne; Shaw's Textbook of Gynaecology; 17th edition; 2018; Elsevier; New Delhi; p326,328
- [3]. Holmes King K; Sexually Transmitted Diseases; fourth edition ;2007; McGraw Hill Professional ;New York
- [4]. Dutta D.C; Textbook of Gynaecology including Contraception; 6th edition; 2013; Jaypee Brothers Medical Publishers (P) Ltd; Kolkata; p551,552,553
- [5]. [www.researchgate.net/publication/340939810\\_Leucorrhoea\\_and\\_Homoeopathy](http://www.researchgate.net/publication/340939810_Leucorrhoea_and_Homoeopathy)
- [6]. [www.ccrhindia.nic.in/adminis/admin/showmig.aspx9492](http://www.ccrhindia.nic.in/adminis/admin/showmig.aspx9492)
- [7]. Hahnemann Samuel; Organon of Medicine translated by Dudgeon and Boericke; 5th and 6th edition; 2003; Birla Publications
- [8]. [www.homeobook.com/miasmaticmanagement-of-leucorrhoea/](http://www.homeobook.com/miasmaticmanagement-of-leucorrhoea/)
- [9]. Allen J.H; The Chronic Miasms; Reprint edition; b2004; B. Jain Publishers (P) Ltd; New Delhi
- [10]. Choudhury Harimohan; 50 Millesimal Potency in Theory and Practice; 3rd edition; 1990; B. Jain Publishers (P) Ltd; New Delhi
- [11]. Abarna S; Evaluating the Usefulness of 50 Millesimal Potencies in the Treatment of Chronic Disease; IJRH; 2015; Vol 9; Issue 2