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Vulvovaginitis – genital tract infection

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Abstract

Vaginal infections are very common due to the unhygienic sexual practices as well as improper perineal care. It is also associated with Vulvitis. Both of them collectively, are known as Vulvovaginitis. The commonest organism involved is candida. More than 1 million patients report of vulvovaginitis due to candida infection. The role of Homoeopathic intervention in Female genitalia infection and conceptual understanding of “Kreosotum” can be witnessed in this particular case.

Keywords: Vulvovaginitis, kreosotum, tuberculo-syphilis, organon of medicine, infertility, candida

1. Introduction

21 years old Married female came with the complaint of itching in the Vulvo –Vaginal region since 1 week. Burning Pain⁺³ in the Vaginal Area, Parts are extremely Sensitive and Painful to Touch < Even Touch of Clothes. Patient has to walk with legs apart.

Vaginal Pain 3+ < Slightest change of position⁺³ < walking⁺³, < Touch⁺⁵ (even touch of clothes cannot be tolerated), <Night⁺³ Vaginal pain < While micturition⁺³ Dribbling of Urine with painful urging to urinate.



Fig 1, 2: Patient walking with legs placed apart, (best appreciated in the video)

Mind: Patient is very irritable by nature as seen during the case taking and as well as reported by her mother. Mother stated that she is an obstinate person, inspite of repeated instructions she doesn't complete her personal daily chores. She is very sensitive to any kind of suggestions or instructions. She gets agitated if someone tries to tell her to do something.

Physical generals

Chilly Patient: Doesn't want Fan, Desires covering, Bathing with warm water.

O/E:

Left sided labial oedema; Left sided Labial inner side ulceration



Fig 3 : Vulvovaginitis with oedematous labia



Fig 4: Left sided ulcer seen in the inner fold of labia with whitish yellow discharge.

(APHORISM 83.... Hahnemann says: "This individualizing examination of a case of disease... demands of the physician

nothing but *freedom from prejudice* and sound senses, attention in observing and fidelity in tracing the picture of the disease.”)

Investigations: 30/8/2018
 Hb: 10%,
 WBC: 9,400,
 Platelet: 2.09
 HIV-I/HIV-II: - NEGATIVE,
 Urine Routine: Proteins: Present++, Pus Cells: Filled Full OF Pus
 USG Abd And Pelvis: Normal.

Diagnosis: Vulvovaginitis (Candidiasis)

Totality of symptoms: (Aphorism 18: The totality of symptoms is the only indication, the only guide to the selection of a remedy).

<ul style="list-style-type: none"> ▪ Leucorrhoea Acrid and excoriating ▪ Leucorrhoea Offensive 3+ ▪ Vaginal Ulcers ▪ Vaginal Pain Burning Leucorrhoea from. ▪ Vaginal Pain < Touch 3+ 	<ul style="list-style-type: none"> ▪ Vaginal Pain < Night ▪ >WARM 3+ ▪ Left sided ▪ Heedless ▪ Irritable ▪ Obstinate
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	kreos.	nit-ac.	sep.	merc.	sulph.	lach.	ars.	phos.	Calc.	sil.	hep.
1. FEMALE GENITALIA/SEX - LEUKORRHEA - acrid, excori...	1	2	3	4	5	6	7	8	9	10	11
2. FEMALE GENITALIA/SEX - LEUKORRHEA - offensive	10	8	8	7	7	7	6	6	6	6	6
3. FEMALE GENITALIA/SEX - ULCERS - Vagina	16	17	16	14	12	11	13	13	11	11	10
4. FEMALE GENITALIA/SEX - PAIN - burning - leukorrhoea, from	3	3	3	3	2	2	3	3	2	3	2
5. FEMALE GENITALIA/SEX - SWOLLEN - Labia	2	3	3	2	2	1	2	-	1	2	2
6. FEMALE GENITALIA/SEX - LEUKORRHEA - standing, while	1	2	2	2	1	-	-	-	-	-	-
7. GENERALS - SIDE - left	1	-	-	-	-	-	-	-	1	-	-
8. MIND - HEEDLESS	2	1	2	2	-	1	-	2	-	-	-
9. MIND - IRRITABILITY - trifles, from	1	-	-	-	-	-	2	-	-	-	-
10. MIND - OBSTINATE	3	2	3	2	3	3	2	3	2	2	1
	1	1	1	2	1	2	-	2	-	1	1
	1	3	1	-	1	1	2	2	2	1	2
	1	2	1	1	2	1	2	1	3	2	2

Fig 5: Repertorisation Sheet.

Complication of vulvovaginitis

- Pelvic Inflammatory Disease:
- Infertility

Susceptibility: High

- High symptom similarity
- General sensitivity of the body is high
- Early characteristic symptoms
- Many characteristic symptoms at mental and physical level
- Immunity and vitality of the patient is good
- Acute disease
- No h/o suppression

Classification of disease: Acute Individual Dynamic Disease with Fully Developed Symptoms.

Interpretation of miasm: Tuberculo-Syphilis

- Acridity - Offensiveness
- Ulceration - Heedless

Reference from material medica

Aphorism 105(Investigation of pathogenetic power of medicine)
 Aphorism 147... Homoeopathic specific remedy....
 Aphorism 153N (for choice of remedy striking, singular, uncommon and symptoms of the disease should be considered)

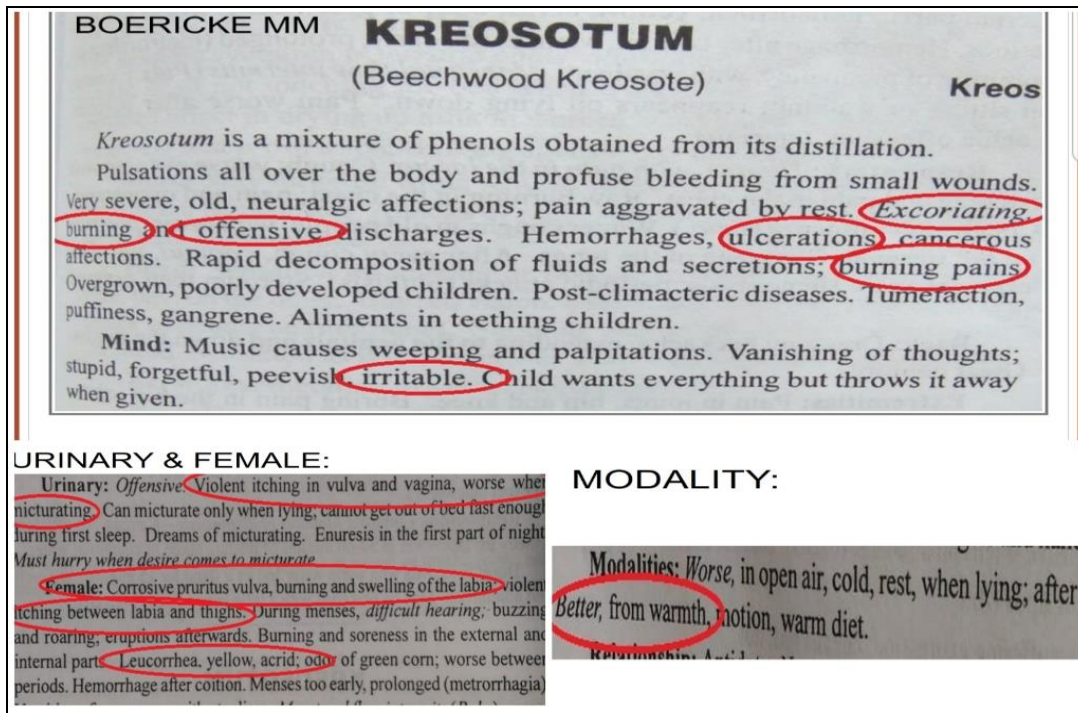


Fig 6: Photos of Kreosotum (Boericke Materia Medica)

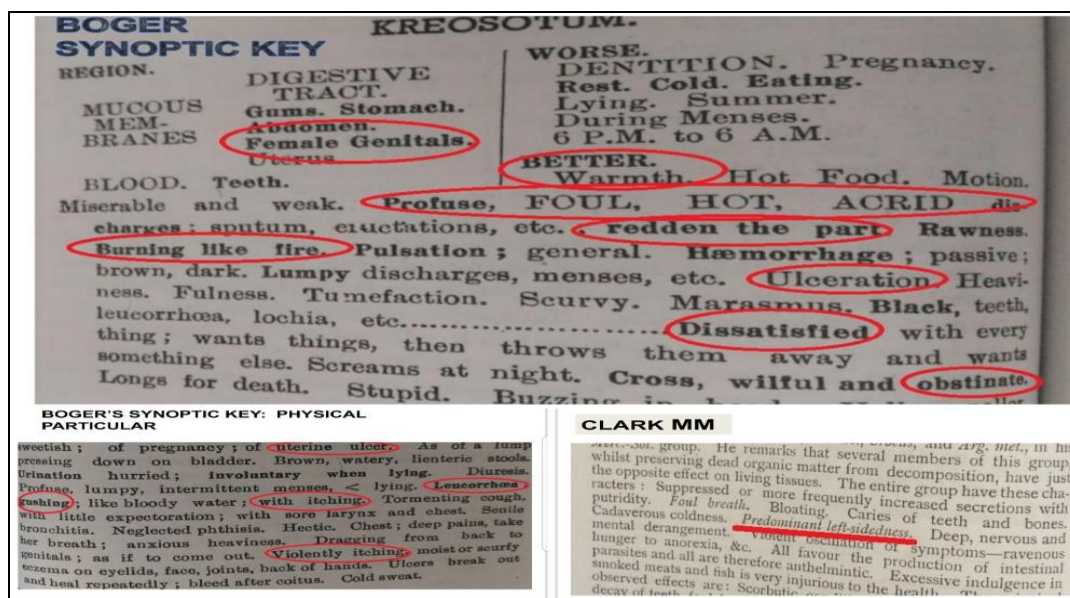


Fig 7: Reference from Boger Synoptic Key and Clarkes Materia Medica.

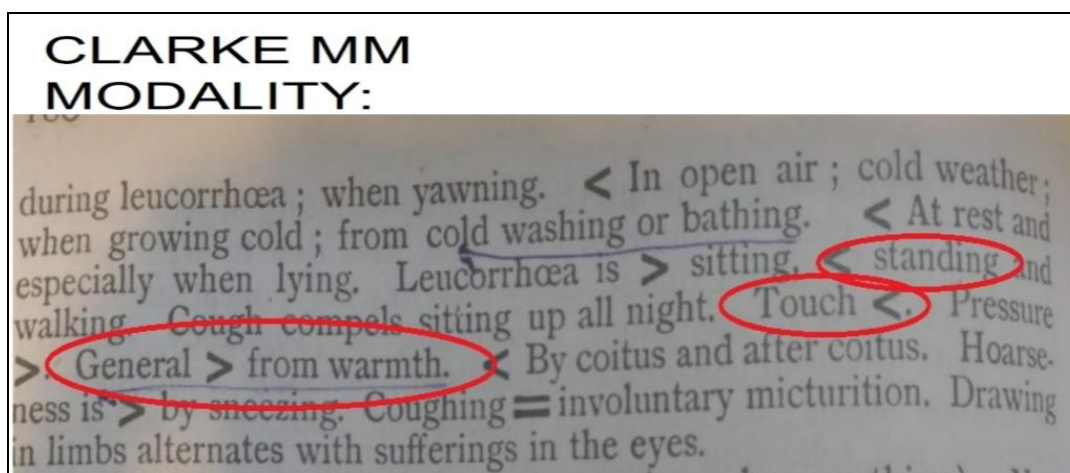


Fig 8: Reference Clarkes Materia Medica

Doctrine of kreosotum

Distillation of Wood Tar → Pyroligneous Acid → **ACRID IN Nature**
 Kreosotum Discharges are acrid in nature.

Follow Up criteria

1. Discharge	6. Redness
2. Acridity	7. Itching
3. Offensiveness	8. Dysuria
4. Swelling	9. Gait
5. Ulceration	10. Aggravating Modality

Follow UPS (FUP)**Fup No - 1**

Fig 9: Follow up after 24 hours of giving Kreosotum 200 every 1 hourly.

Fup No - 2

Fig 10: Follow up after 48 hours on Kreosotum 200 every 1 hour

Fup No - 3

Fig 11: Follow up on 3rd day on Kreosotum 1M every 2hrly

Fup No - 4

Fig 12: Follow up on 4th day on Kreosotum 1M every 1hrly

Fup No - 5

Fig 13: At the time of Discharge on Day 6, After treatment, Patient walks with legs placed close to each other.

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