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## Prospective study evaluating the clinical efficacy of KREOSOTUM in the treatment of leucorrhoea

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### Abstract

**Background:** Leucorrhoea is one of the major problem encountered in Gynaecological practice. The most common cause of leucorrhoea is physiological, followed by vaginal infection due to bacteria, virus, fungi and parasites. Other causes include foreign bodies, cervicitis and atrophic vaginitis. Homoeopathic medicines for leucorrhoea are made of natural substances and are completely safe with no harmful effects. These medicines work to root out the underlying causes of leucorrhoea and gives a completely healthy state to a person. Prevalence of leucorrhoea in India, the prevalence was recorded at 28.9%, while surveys conducted in Saudi Arabia showed a prevalence of 47.7%.

**Objective:** To prospectively evaluate the clinical efficacy of kreosotum in the treatment of leucorrhoea.

**Methods:** A prospective, single -arm clinical study was conducted on 20 women aged 18-45 years with leucorrhoea. Patients received Kreosotum 30c twice daily for 4 weeks and were followed for 3months. Symptoms severity was scored on a 0-3 scale. Data were analyzed using paired t -tests.

**Results:** 70% of patients showed marked improvement (75% reduction in symptoms), 20% moderate improvement, and 10% minimal/no improvement. Mean symptom scores for discharge, odour, and irritation were significantly reduced ( $p < 0.001$ ).

**Conclusion:** Kreosotum30c demonstrated significant efficacy in reducing abnormal vaginal Vaginal discharge and associated symptoms, with minimal recurrence and no adverse effects.

**Keywords:** Leucorrhoea, kreosotum30c, prospective study, homoeopathy, clinical efficacy

### 1. Introduction

Excessive normal vaginal discharge is known as leucorrhoea, is also known as Florus albus. Adolescence is a period of psychosomatic and sociological adjustment, as well as growth and Development on the physical and mental levels. A lot of gynecological issues affect adolescent girls during this crucial time in their lives. Excessive discharge is a common Subjective symptoms that varies depending on the individual, it is an expression of physiological changes, or an underlying disorder either functional or organic but clinical and laboratory testing in necessary to determine it. It is physiological in the vast majority of cases. A non -purulent, clear, non - irritating mucoid discharge is present.

### 2. Types of leucorrhoea

**Physiological leucorrhoea:** Physiologic leucorrhoea is clear or milky, thin, odourless, and (in most cases) non irritating. The level of endogenous oestrogen affects the physiological underpinning of typical vaginal secretion.

#### Aetiology

##### During puberty

Increased levels of endogenous oestrogen lead to marked overgrowth of the endocervical epithelium which may encroachment onto the ectocervix producing ectopy (erosion) increased secretion.

##### During menstrual cycle

- A. Around ovulation - peak rise of estrogen increase in secretory activity of the cervical glands.
- B. Premenstrual pelvic congestion and increased mucus secretion from the hypertrophied endometrial glands.

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**During sexual excitement**

Abundant secretion from the Bartholins glands.

**Pathological leucorrhoea**

**Discharge:** Causes distress and irritation associated with itching. colour white, yellow, greenish, blood stained (according to cause) Foul smelling odour.

**Aetiology:** vaginal discharge can be due to STIs like chlamydia and gonococci more commonly due to non - sexually transmitted infection like: candida, Trichomonas and Bacterial vaginosis etc.

**Clinical manifestation of leucorrhoea**

Patient with leucorrhoea usually complain smelly vaginal discharge with vaginal itchiness. The discharge, is usually a thin liquid but sometimes may be thick and sticky. The colour of physiological leucorrhoea may be whitish, greyish - white, yellowish, greenish, reddish, dark coloured or rustic. It may be accompanied with other symptoms such as excessive amount of discharge, itchiness, burnt sensation. There are several other clinical manifestations.

**Homoeopathic approach**

KREOSOTUM: putrid leucorrhoea which causes swelling and corrodes the parts, and there is itching as well as biting externally; leucorrhoea is exhausting; it may be milky. Whey- like, or yellow. It staining linen yellow and stiffening like starch, with pain in small of back. Leucorrhoea is worse between periods.

The practical section of the organon of medicine aphorism 71 to 291. Our master's classification of disease can be found in aph72-82. What category of illness does leucorrhoea fit into? Is it an acute condition? its aetiology reveals that it is caused by chronic inflammation or endocrine dysfunction (excess oestrogen), and since these conditions persist for a long time without proper management, the chronic miasmatic disease is unavoidably the result.

**Methods and materials**

Study Design: Prospective, open - label clinical study

**Participants**

A total of 20 women (18 to 45) with leucorrhoea were enrolled.

**Inclusion criteria**

Patients with abnormal, offensive vaginal discharge with associated irritation, itching and weakness

**Exclusion criteria**

1. Pregnant or lactating women.
2. Patient with severe systemic conditions or gynecological malignancies.
3. Patients on concurrent treatment for leucorrhoea.

**Intervention**

KREOSOTUM 30c, 4 globules twice daily for 4 weeks.

**Assessment Tool:** Symptoms severity scale (0-3; 0=absent, 3=sever).

**Statistical Analysis**

Paired t-tests were applied to pre and post - treatment

symptoms scores. Significant reduction was observed across all parameters ( $p < 0.05$ ). Effect size was strong, with Cohens  $d > 0.8$  for discharge, odor, and irritation.

**3. Results****Baseline characteristics (n=20)**

Parameters	Numbers (%)
Age 18-25 years	7(35%)
Age 26 -35 years	8 (40%)
Age 35 -45 years	5(25%)

**Socio-economic status**

Low 13	(65%)
Middle 5	(25%)
High 2	(10%)

**Symptom Score Reduction**

Symptom.	Baseline Mean $\pm$ SD	4 weeks Mean $\pm$ SD	%Reduction	P-value
Discharge quantity	2.5 $\pm$ 0.6.	0.8 $\pm$ 0.5.	68%.	< 0.001
Foul odour	2.2 $\pm$ 0.7.	0.7 $\pm$ 0.4	68%.	< 0.001
Itching /irritation	2.1 $\pm$ 0.6.	0.6 $\pm$ 0.5.	71%.	< 0.001
Weakness	1.9 $\pm$ 0.7.	0.9 $\pm$ 0.5.	53%.	< 0.01

**Overall clinical outcomes**

Outcome category.	Number of Patients (%)
Marked improvement $\leq 75\%$ .	14 (70%)
Moderate 50-74%.	4(20%)
Minimal/No improvement	2(10%)

**4. Discussion**

This study demonstrates that Kreosotum 30c provides significant relief from pathological leucorrhoea. Most patients experienced marked improvement, with minimal recurrence during follow up. These findings support the materia Medica indications for Kreosotum, which describes acrid, irritating discharge causing soreness and excoriation. Compared with conventional antifungal or antibacterial treatment, which often result in recurrence, homoeopathy offered safe and sustained improvement without side effects. Limitations include lack of a control group, small sample size, and reliance on subjective symptoms scoring.

**5. Conclusion**

Keep 30c was found to be effective in the management of leucorrhoea, significantly reducing discharge, odour, irritation, and associated weakness, its safety profile and cost - effectiveness make it a valuable option in clinical practice.

**Conflict of Interest**

Not available

**Financial Support**

Not available

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