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**P Meenakshi Nandhini**

PG Scholar Part-II,  
Department of Organon of  
Medicine, Sarada Krishna  
Homoeopathic Medical  
College, Kulasekharam,  
Kanniyakumari, Tamil Nadu,  
India

**M Murugan**

Professor and H.O.D,  
Department of Organon of  
Medicine, Sarada Krishna  
Homoeopathic Medical  
College, Kulasekharam,  
Kanniyakumari, Tamil Nadu,  
India

**Corresponding Author:**

**P Meenakshi Nandhini**

PG Scholar Part-II,  
Department of Organon of  
Medicine, Sarada Krishna  
Homoeopathic Medical  
College, Kulasekharam,  
Kanniyakumari, Tamil Nadu,  
India

## Retrospective study on antimiasmatic management of young unmarried females with non-pathological Leucorrhoea

**P Meenakshi Nandhini and M Murugan**

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### Abstract

Leucorrhoea, is one of the greatest burdens of disease in developing countries like India that affects the quality of life of an individual. Most commonly non-pathological leucorrhoea is characterised by excessive, creamy-white vaginal discharge, associated with or without offensiveness and itching and psychosomatic symptoms such as pain over back, weakness, depression. Socio-cultural factors frequently affect the disease's normalcy. The present study conducted retrospectively with 30 cases. The cases analysed and totality erected based on miasm of the patient. This study aimed at to treat young unmarried females with non-pathological leucorrhoea based on Homoeopathic Antimiasmatic medicine. The outcomes of this study shows that this condition commonly affected 15-19 years of age group, who are in middle economic status, residing in urban area, has nuclear family. Sycotic miasm is predominantly elicited in this study. The commonly prescribed medicine in the study is Pulsatilla nigricans and most frequently used potency is 200<sup>th</sup> potency. The Paired t test was used to assess the symptomatic improvement, done by using Static Physician's Global Assessment Score (sPGAs) with before and after score. The study shows an effective result with improvement in quality of life of patient.

**Keywords:** Leucorrhoea, miasm, pulsatilla, socio-demographic factors, young females

### Introduction

Leucorrhoea is one among the gynecological disorders, have a substantial impact on female reproductive ability, mental health, ability to perform routine physical activities. It is an excessive vaginal discharge that occurs due to physiologic excess, infectious causes including cervicitis, chronic pelvic inflammation. The color of leucorrhoea depend on its composition<sup>[1]</sup>. The discharge may either be offensive or non-offensive and associated with itching in the vagina. Psychosomatic symptoms such as depression, weakness, exhaustion, pain in back or loin may be accompanied with the vaginal discharge<sup>[5]</sup>. In India, prevalence rates reported that a lot of young females have leucorrhoea, which prevents them from reaching their full potential in terms of growth and development<sup>[6]</sup>.

As mentioned in aphorism 78, the true natural chronic diseases arise from a chronic miasm have to be treated with the carefully selected homoeopathic anti-miasmatic remedy as long it is capable of producing a curative effect<sup>[2, 3]</sup>. In this study, we will be able to identify about the influence of socio-demographic factors among young unmarried females and the symptomatic assessment before and after prescribing an antimiasmatic medicine will be determined by using Static Physician's Global Assessment Score (sPGAs)<sup>[7]</sup>.

### Materials and methods

Purposive sampling of 30 cases with non-pathological leucorrhoea were selected retrospectively from the outpatient medical record department of Sarada Krishna Homoeopathic Medical College (SKHMC) Hospital, Kulasekharam. The symptoms were analysed based on miasmatic totality. Various potencies were prescribed depending upon the susceptibility in each case. Prescription including repetition and doses were based on homoeopathic philosophy in all the cases. This study is done to find out the efficacy of antimiasmatic medicines in young unmarried females suffered from non-pathological leucorrhoea. Each case was tracked for few weeks to determine the progress of the complaints. The improvement of each case was analyzed using sPGAs. (Table: 1).

Statistical analysis was performed by using paired 't' test to see if there was a statistically significant relationship between the before and after scores and the treatment result.

**Table 1:** Static Physician Global Assessment Score (sPGAs)

Static Physician Global Assessment score (sPGAs): 6-Point scale	
Severe	5
Moderate to severe	4
Moderate	3
Mild	2
Almost clear	1
Clear	0

**Results**

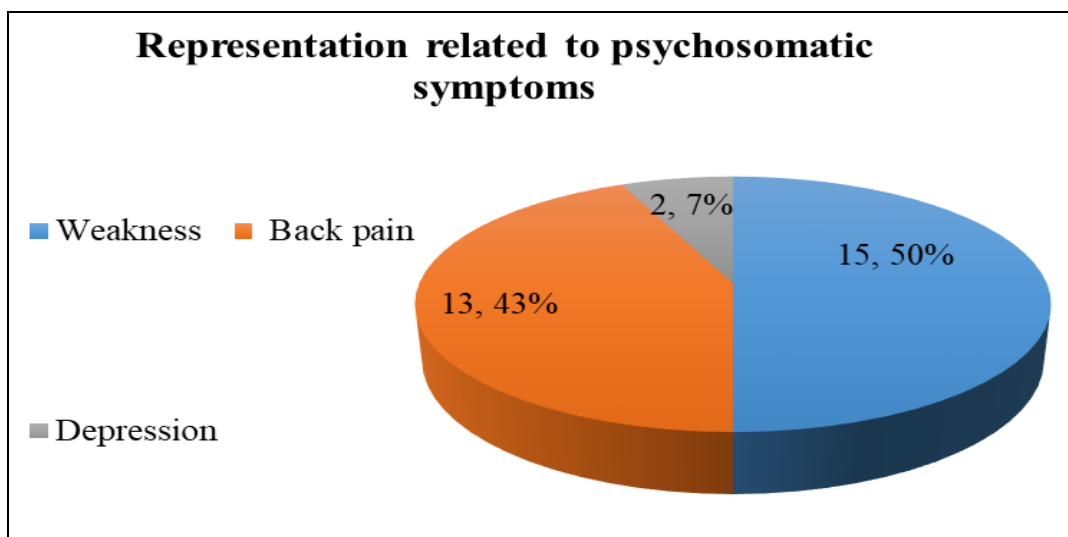
According to socio-demographic factors, related to age group, 8 patients (26.67%) belonged to 10-14 years of age, 12 patients (40%) belonged to 15-19 years of age, 10 patients (33.33%) belonged to 20-24 years of age. Regarding religious status, Christian patients (15cases - 50%) were predominantly affected with leucorrhoea, 11

patients (36.67%) belonged to Hindu religion, 4 patients (13.33%) belonged to Muslim community.

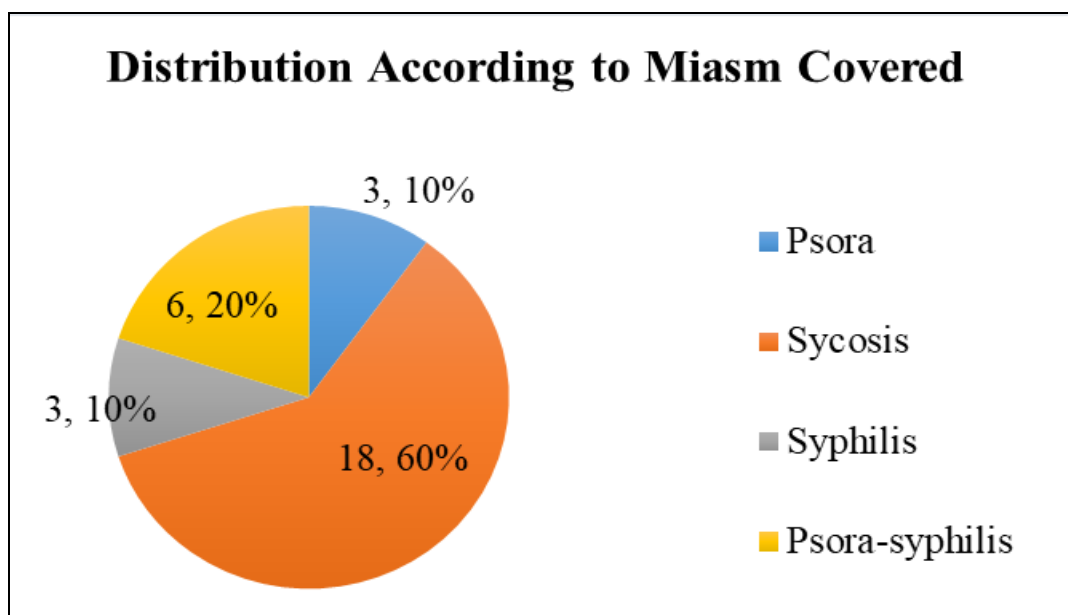
On analysing 30 cases based on socioeconomic status, in this study there were 2 patients (6.67%) belonged to high class, 17 patients (56.67%) belonged to middle class and 1 patient (3.33%) belonged to low class economic status. Analysing the residence of patients, there were 9 patients (30%) belonged to rural areas and 21 patients (70%) belonged to urban areas.

Related with family size, data analyzed as 21 patients (70%) belonged to nuclear family and 9 patients (10%) belonged to joint family. Analysing the education status of patients, 13 patients (43.33%) who studied in school suffered more, followed by college students (10 cases - 33.33%) and self-employed females (7 cases - 23.33%).

While studying the psychosomatic symptoms of 30 cases, Patients who has weakness (15 cases - 50%) suffered more. The other factors depicted in Fig 1. Look over the miasms covered in this study of 30 cases, predominant miasm covered is Sycosis (18 cases - 60%). The following miasms covered represented in Fig 2.



**Fig 1:** Representation related to psychosomatic symptoms



**Fig 2:** Distribution according to miasms covered

The frequently prescribed medicines used in this study were Pulsatilla for 11 patients (36.67%), Sepia prescribed for 5 patients each (16.67%), Calcarea phos for 4 patients

(13.33%) This were projected along with other medicines prescribed in Fig: 3.

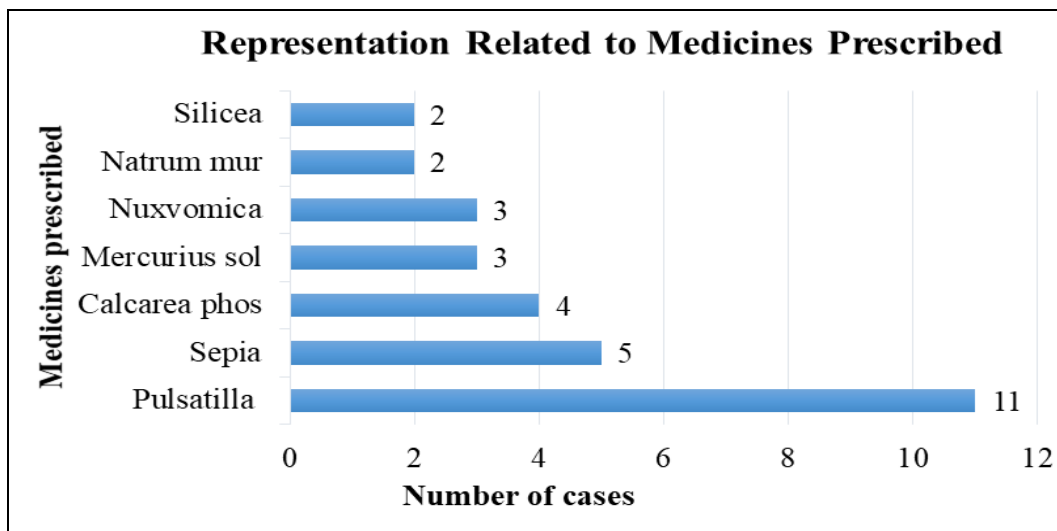


Fig 3: Distribution related to anti-miasmatic medicines prescribed

On analysing the study, the frequently used potency was 200<sup>th</sup> potency (21 patients-70%), The other used potencies were 30<sup>th</sup> potency (3 cases - 10%), 1M potency (1 case - 3.33%) and 0/3 potency for 5 patients (16.67%). Scrutinizing the thirty cases, Assessment of improvement

based on prescribing anti-miasmatic medicines were projected in Table 2. The patient’s improvement was assessed by using Static Physician Global Assessment score depicted in the Fig 4.

Table 2: Assessment of improvement with miasms covered and antimiasmatic medicines prescribed

Miasm covered	Medicines prescribed	No. of cases	Improvement Assessment		
			Marked	Moderate	Mild
Psora	Nuxvomica	3	1	1	1
Sycosis	Pulsatilla	11	8	3	-
	Sepia	5	3	1	1
	Natrum mur	2	1	1	-
Syphilis	Mercurius sol	3	-	1	2
Psora-syphilis	Calcarea phos	4	3	-	1
	Silicea	2	-	2	-

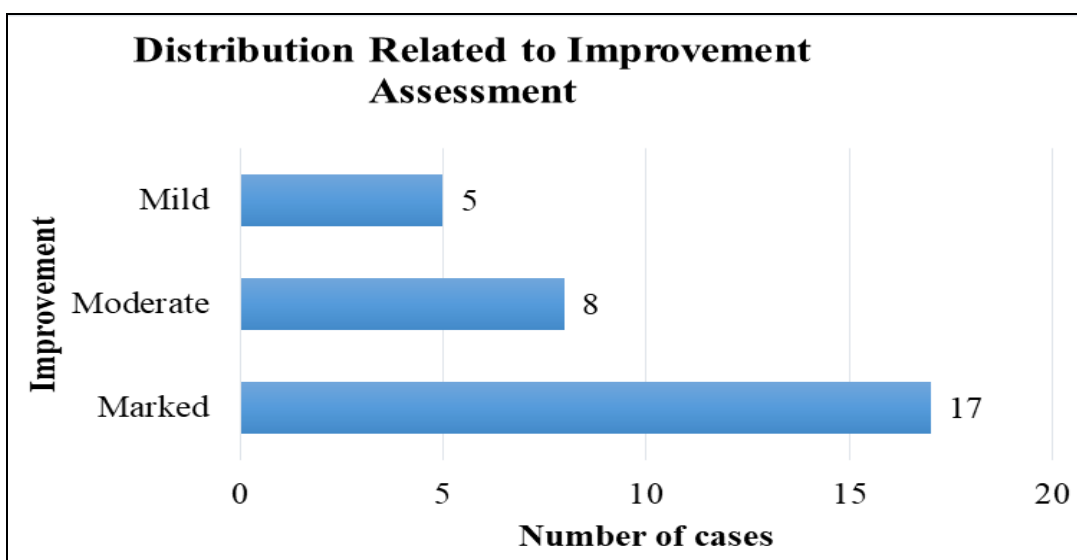


Fig 4: Distribution according to assessment of improvement

The study found extremely statistically significant improvements after analysing before and after treatment

scores using paired test – ( $p < 0.0001$ ). This is shown in Tab 3.

**Table 3:** Statistical Analysis using Paired 'T' Test

Paired Samples Statistics								
		Mean	N	Std. Deviation	Std. Error Mean			
Pair 1	Before_Treatment_Score	4.53	30	0.51	0.09			
	After_Treatment_Score	2.07	30	1.20	0.22			

Paired Samples Test									
		Paired Differences					T	DF	Sig. (2-Tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Before_Treatment_Score - After_Treatment_Score	2.46	0.69	0.13	2.05	2.88	12.217	29	0.0001

### Discussion

In this study, common age group affected with non-pathological leucorrhoea was 15-19 years (40%). This can correspond with Meena kumari Bimal's study [10] observed that females suffered more under the age of 15-20 years (38%). This study has high preponderance of leucorrhoea in Christianity (50%) and in middle socioeconomic status (56.67%), this can correlate with Anand E's study [8] that the majority of the respondents are Hindus (77%) followed by Muslims (11%), Christians (5%) and more women were suffered from the richest wealth quintile followed by middle class, second and poorest.

Uma Devi S's study [4] has shown that 60% of study group belongs to urban area. This study has shown that 30% belonged to rural areas and 70% belonged to urban areas. Borah's study [9] shows that leucorrhoea affected more in females residing in nuclear families (257) compared to joint families (247). This can compare with our study that non-pathological leucorrhoea highly affected in females of nuclear families (70%).

Analysing psychosomatic manifestations, this study reported that weakness (50%) was commonly associated with leucorrhoea. This can correlate with Grover's study [11] that more than half (53.8%) of the females reported that vaginal discharge was responsible for weakness in body, stamina.

According to Dr. RP Patel's view about the sycotic miasm in leucorrhoea explains that Hahnemann accepted the view of 'catarrh (acute or chronic) of mucous membrane like leucorrhoea was a sycotic manifestation' [3]. This study has also shown that sycotic miasm was the repeatedly covered miasm (18 cases-60%).

Compared with Gupta V's study [12] this study also encountered that Pulsatilla (36.67%) was the most frequently used antimiasmatic medicine in non-pathological leucorrhoea. And also the study has shown marked improvement (17 cases -56.67%) when treated with antimiasmatic medicines.

### Conclusion

According to the current study, leucorrhoea is highly prevalent in 15-19 years of age. Influence of socio-demographic factors such as religion, education and other statuses revealed the prevalence of non-pathological leucorrhoea in young unmarried females. School students and Psychasthenia was highly associated with this condition, hence students should be recommended for providing awareness about the condition. Thus the present study demonstrates and scientifically justifies that Homoeopathy has beneficial role in treating non-pathological leucorrhoea with the help of anti-miasmatic medicines and prevent them

in future.

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**Conflict of interest:** Nil

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