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Efficacy of homoeopathy in *Trichomonas vaginalis*: An evidence based case study

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Abstract

Trichomonas vaginalis is a parasitic protozoan responsible for the sexually transmitted infection trichomoniasis. Infection by *Trichomonas vaginalis* among women can lead to serious complications. Women often complain of abnormal discharge from the vagina, rash, itching, pain or discomfort, frequency & burning micturition and many others. Antibiotics are prescribed for *Trichomonas vaginalis* causing a major threat. In this case study homoeopathic management has proven its efficacy in such common sexually transmitted disease.

Keywords: *Trichomonas vaginalis*, trichomoniasis, sexually transmitted infection, vaginal discharge, homoeopathy, sarsaparilla

Introduction

Definition: Trichomoniasis is infection by the flagellate protozoan, *Trichomonas vaginalis* causing vaginitis in women. In most of the cases infection is acquired by sexual intercourse [1]. *Trichomonas vaginalis* is common STI in women. It is highly contagious. Bacterial vaginosis is involved in 50%; candidiasis and trichomoniasis are involved in 25% each, amongst all cases of vaginitis [2].

Causative organism

It is caused by *Trichomonas vaginalis*, a pear-shaped unicellular flagellate anaerobic protozoa. It measures 20 μ long and 10 μ wide (larger than WBC) [2].

Prevalence-Prevalence: Roughly 3 million cases per year, 25% of "vaginal infections." [4]
Predominant Age: 15 to 50 (may occur at any age) [4].

Pathology

Infection is most common in the second & third decade of life & may be associated with gonorrhoea. The superficial; layers of the vagina are affected. There is marked polymorphonuclear infiltration & changes in the epithelium of the vagina [1]. Upto 25% of adult women are estimated to harbour *Trichomonas vaginalis* in their lower genital tract [3]. When the local defense is impaired- during and after menstruation, after sexual stimulation, and following illness, the pH of the vagina is raised to 5.5-6.5. at this level of pH, the trichomonads thrive [2].

Mode of Transmission

The organism is predominantly transmitted by sexual contact, the male harbors the infection in the urethra and prostrate. The transmission may also be possible by toilet articles from one woman to the other or through examining gloves. It is highly contagious [2].

Clinical features

- In young women there is a profuse, irritating, offensive, yellow vaginal discharge. Severe cases may show vulval swelling with excoriation of the adjacent skin. The vaginal pH tends to become more alkaline (pH 5-8) than normal (pH 4-5). Symptoms are milder in older women [1].
- Urinary symptoms- dysuria & frequency of micturition [2].

- “Strawberry” punctation of the cervix and upper vagina (15%) [4].
- Edema or erythema of the vulva [4].
- History of previous similar attacks [2].
- Vaginal trichomoniasis has been associated with adverse pregnancy outcomes, particularly premature rupture of membranes, preterm delivery & low birth weight [1].

Diagnosis

- Microscopic examination of wet mount of vaginal or prostatic secretion has been the conventional means of diagnosis.
- Direct immunofluorescent antibody staining is more sensitive (70-80%) than wet mount examination.
- A new NAAT, APTIMA is FDA approved and is highly sensitive for urine and for endocervical and vaginal swab from women [5].

Management

General Measures

Perineal hygiene, education regarding sexually transmitted infections [4].

Use of probiotics increase good bacteria & reduce the harmful vaginal flora

Use of barrier contraceptive method to prevent sexual transmitted disease.

Case Report

A 20 year old young, unmarried, female came in OPD on 08/09/2023 with complaints of colicky pain in the lower abdomen since 2 years. Pain aggravated during menses, during and after micturition, on the slightest contact and pressure and on physical exertion. Pain is ameliorated mainly by rest.

She also complained of white discharge from the vagina along with colicky pain in the abdomen since 2 years. The character and consistency of the discharge is thick curdy white and highly offensive. She also had an associated symptom where in eruptions appeared in the genital area after discharge.

Another complaint she came with was her menses lasting only for 2 days since 2 years. Her cycle is regular, duration is 2 days, and consistency and colour is dark red with presence of clots and her accompanying symptom was extreme pain before menses which prevent her from doing her daily activities along with the abnormal discharge which is profuse, offensive and curdy white.

Treatment History

No treatment has been taken thus far.

Past History: No major illness in the past.

Menstrual history: Her last menstrual period was on September 03/09/ 2023, her menarche was when she was 12 years old. Her cycle is regular, duration is 2 days, the colour and consistency is dark red with presence of clots. Before, the duration of menstruation lasted for 4 to 5 days since menarche but after the year 2021 the duration of her menses has reduced only for 2 days.

Any abnormal discharge: Profuse, offensive, white curdy discharge.

Personal History

She is in a relationship with her boyfriend. History of physical relations.

Homoeopathic Generalities

Physical generals

Appearance: Swarthy. Moderately built.

Appetite: Diminished.

Thirst: Thirstless, prefers warm water.

Desire: No particular desire

Aversion: Spicy and bitter food.

Intolerance: Nothing specific

Stool: Colicky pain before stool, Regular.

Urine: Frequent, urgent, yellow and sometimes become yellow -red and stains the undergarments, presence of blood in the urine in the morning, extreme burning and pain during micturition & end of urination. Sometimes mixed with blood & pus.

Perspiration: Profuse on exertion.

Sleep: Sleep disturbed due to pain. Unrefreshed.

Thermal Reaction: Ambithermal.

Life space Investigation

The patient came from a low income family. She is the oldest child from the family. She has two younger siblings and she has completed her education only upto 4th standard. She is 20 years old and did not pursue her further education since she had to financially support her family. She does not like to mingle with other people, has few friends. Good relation with her family members.

Her daily work is disturbed due to pain.

Mentals

Sad, depressed. Anxiety due to pain. Introvert & doesn't like company.

Physical examination

General survey

Pallor, Cyanosis, Clubbing, Jaundice, Oedema: Absent

Vital Signs

BP: 120/80 mmHg

Pulse: 78 bpm

On PV Examination

- White curdy discharge.
- Slight inflammation.
- Offensive.

Remedy prescribed on 08/09/2023 – Sarsaparilla 30/ BD for 3 days

Sac. lac 5 pills one time a day for 7 days.

Sarsaparilla was selected as the remedy based on the result

of repertorisation and in consultation with the homoeopathic *materia medica*.

Follow up 14/09/2023

Treatment after urine analysis report

NORTH EASTERN INSTITUTE OF AYURVEDA AND HOMOEOPATHY, SHILONG

PAID CENTRAL LAB

URINE EXAMINATION REPORT PAYING/NON-PAYING

NAME: [REDACTED] AGE/SEX: 20 CR.NO: IP.NO: 4/61/23
 OPD/Ward: 4946/23 Deptt/Unit: Med Bed No: Requested by: Dr. [REDACTED]
 Clinical diagnosis Date: 14/9/2023

<p>ROUTINE</p> <p>Colour <i>straw / clear</i></p> <p>Reaction <i>6.0</i></p> <p>Sp. gravity <i>1.020</i></p> <p>Albumin/Protein</p> <p>Sugar <i>1mg</i></p> <p>Deposit</p> <p>SPECIAL</p> <p>Ketones <i>ny</i></p> <p>Bile salts</p> <p>Bile pigments</p> <p>Urobilinogen <i>ny</i></p> <p>Chyle</p> <p>Bence - Jones protein</p> <p>Porphyrine</p> <p>OTHER FINDINGS</p> <p>Trichomonas <i>Trichomonas vaginalis - Absent</i></p> <p>Lab Technician <i>[Signature]</i> 14/9/23</p>	<p>MICROSCOPY</p> <p>RBC <i>nil</i> /HPF</p> <p>WBC <i>0-1</i> /HPF</p> <p>Epithelial Cells <i>0-1</i> /HPF</p> <p>Casts:</p> <p>Granular: Fine/Coarse</p> <p>Hyaline <i>[nil]</i></p> <p>Waxy</p> <p>Cylindroids</p> <p>Crustals:</p> <p>Caoxalate</p> <p>Phosphate (Amorphous)</p> <p>Urate/Uric acid <i>[nil]</i></p> <p>Bacteria</p> <p>Yeast</p> <p>Mucus</p> <p style="text-align: right;">Pathologist</p>
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(Urine 24 hours overleaf)

On PV Examination

- No discharge.
- No inflammation.
- No Offensive

Burning micturition reduced. Over all symptoms got better.
No new complaints

Conclusion

In Homoeopathy, judicious prescribing of Homoeopathy medicine appears to have positive possibility to cure the condition of *Trichomonas vaginalis*. Kent in his repertory says that, “unless the symptoms that characterize the patient are brought out in the record, the physician should not be surprised at a failure. The remedy must be similar to the symptoms of the patient as well as the pathognomonic symptoms of his disease in order to cure.” From this case study diagnosis can be done by an expert pathologist from urine examination. Still this is an open area with wide

possibilities for further research with this non-conventional diagnostic method for *Trichomoniasis* infection by urine analysis. So, early detection of *Trichomonas vaginalis* and their treatment is necessary to maintain the health of women. Such a case can motivate young researchers for further trials to prove a scientific role of homoeopathic medicines in this type of common infectious cases.

Informed Consent

Patient consent was obtained prior to case taking for confidentiality of her identity.

Conflict of Interest

Not available

Financial Support

Not available

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