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## ARBITRATION BETWEEN HOMOEOPATHIC DRUG & FLOUR ALBUS

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### ABSTRACT

**Background:** This paper is about a Randomized controlled trial of Leucorrhoea (flour albus) in young adult females of the 17—30-year age group with Homoeopathic drug intervention.

Leucorrhea's complete cure is not possible because of different causes & chances of recurrence or complications are there. As Homoeopathy is curative & milder in its effect, economic and can be easily made available even to the distal avoided rural areas. Homoeopathy provides complete relief both physically and mentally improving the overall quality of life of the patient. So, this research aims to evaluate the effectiveness of homeopathic medicines in Leucorrhoea management after research & analysis, it is concluded that a group of Homoeopathic remedies prescribed on symptom similarity and constitutional basis are very effective & provide a complete cure in the management of leucorrhea.

**Methods:** Patients were recruited who were from OPD of Parul institute of Homoeopathy & Research and from the adopted villages. With a confirmed diagnosis of leucorrhea. A total of 60 patients of leucorrhea were available for this study in 2 groups of 30 cases, A—Group for homoeopathic medicines and B-- Group for homoeopathic medicines with modification in lifestyle will be selected by simple randomization.

**Inclusion Criteria:**

Age group: 17 to 30 yrs. Individuals suffering from Leucorrhoea, Exclusion Criteria: Patients homoeopathic treatment for other chronic diseases will be excluded. Antenatal & postnatal females, Patients having any other chronic degenerative disease, Patient having Severe PID or any pelvic pathology. Study Design: A Single blind, Randomized Controlled Study

Statistical Techniques & Data Analysis: The collected data will be analyzed by “Chi-square” & Paired t test [6]. **Results:** In present study the P value is 0.00026 which is less than the 0.05 which means there is a significant difference in the score of observations hence it confirms that the prescribed homeopathic medicine are effective in leucorrhoea.

Out of 30 cases about 30%(9) cases are cured by the Kreosote, 20%(6) cases are cured by alumina and 13.33%(4) Cases are cured by the sepia. So around 63.33% of total cases are cured by Kreosote, sepia, and alumina. So from our research, it is found out that these 3 remedies are much more effective in the cases of leucorrhoea. Further research can be done in the direction of finding out the most effective of these three remedies. Also research should be done to find out other remedy in the case of leucorrhoea.

**Conclusion:** Homoeopathic medicines prescribed on symptom similarity and severity have observable, quantifiable, & significant effectiveness in leucorrhoea management. Kreosote, Alumina & Sepia are the 3 remedies come up as a most of frequently indicated in our research.

In future managing cases that requires immediate relief in severity of symptoms can be done homeopathically by randomly prescribing Kreosote, Alumina & Sepia.

Further research can be undertaken to explore the action of such specific remedies in different conditions This study can be considered as a novel step in the direction of homoeopathic research prescription of specific medicine.

**Keywords:** Leucorrhoea, flour Albus, pruritus, Homoeopathy, constitutional, Alumina, Kreosotum, Sepia

## INTRODUCTION

Leucorrhoea is defined as excessive normal vaginal discharge. Abnormal vaginal discharge is quite a frequent complaint of women met in day-to-day gynecology clinics. Leucorrhoea directly or indirectly affects the daily functioning and psychological well-

being of an individual with or without other pathology. Leucorrhoea if treated at an earlier stage it helps to avoid problems such as infertility, cervical cancer, spontaneous abortion, ectopic pregnancy, and unfortunate deaths. Modification in lifestyle helps relieve

Leucorrhoea, in quantity, and severity. The problem is of growing concern worldwide, especially in developing countries; where each year 340 million new cases of curable STI occur. Out of these 151 million are in South and Southeast Asia (WHO, 2001). The present paper attempts to capture the prevalence of leucorrhea, its Knowledge, and perceptions among women of the age group, 17-30 years, surrounding our university. It includes conditions when the vaginal discharge is excessive and is associated with or Without any obvious local pathology. In practice, white or yellowish or watery discharge but not bloodstained is labeled as Leucorrhoea \*1 also known flour albus, blennorrhoea, whites 5\* If it is associated with vulval itching, trichomonas, or monilial vaginitis is the cause.

White discharge can be just bathing vulva to pouring out to putting on the vulval pad. Pond bathing in unclean water enhances it. Leucorrhoea which distinguished both anatomically and clinically as 1. vulval, 2. vaginal, 3. cervical. 4. uterine [5].

**CAUSES: -**

**Physiological:**

Normal secretions from vagina, cervix show increase at puberty, ovulation, early pregnancy due to hormonal effect; excess sexual activity causes it. All get corrected of

its own. White discharge in these conditions is enough to moisten vulva [5].

**Pathological:**

Ill-health and systemic diseases--anemia, worms, and colitis, endocrinal, psychological. Genital Causes - two third.

Trichomonal vaginitis, monilial vaginitis, & cervical erosion are the cause of 20% cases. Genital prolapse is about 10%, Contraceptive (OC, IUCD) 2%, Chronic PID 2%, Uterine fibroid is about 1.5%, even Cervical carcinoma & Vulval cancer is 1% unknown causes are 6%.

Excessive consumption of oily, hot, and unhealthy junk foods. Hormonal imbalance caused because of severe mental stress and injury also can lead to leucorrhoea in young women Overindulgence in sexual activity. Following an improper diet and lifestyle improper vaginal hygiene Alcohol & smoking [2]. Leucorrhoea may varies from women to women according their intensity [3].

**Discharge** may vary in Colour may be White, yellow, green, black, bloody, grey, creamy, milky. May be of different Odour: Foul, fishy, frothy, offensive, green corn or absent. It may be Profuse or scanty, Itching may be present or absent, it maybe Acrid or bland.

**Some associated symptoms with Discharge:** like Vulval Itching, Pain in lumbar Region & lower abdomen, Pain in calves, Lethargy,

General weakness, Loss of appetite, Lower abdominal pain, Painful sexual activity, Frequent urge to pass urine, or Burning urination In some, white discharge becomes recurrent when she gets it in adolescence [4].

#### **EXAMINATION AND INVESTIGATION:**

##### **Examination:**

External examination: Examination of vulva: Bartholin's glands, urethra, etc.

Pelvic Examination: To see skin of vulva and vagina is healthy or not. The colour and quality of discharge are observed.

- Speculum Examination: Rule out any pathology of lower genital tract, it's seen whether the causative factor of discharge is traumatic, inflammatory or neoplastic.
- The urinary or fecal fistula may be visualized.
- Physical Examination: To rule out general disease [1].

##### **Investigation:**

Complete blood count, Routine urine test, Microscopic test, and vaginal ph. test

##### **Special examinations**

- Microscopic Examination of discharge: smear from the urethra,
- vagina, cervix- following findings may be observed -----In Pyogenic- full of pus smell, offensive, yellow, in Bacterial Vaginitis thin, gray, fishy odor, in Trichomonas vaginitis.

- Hanging drop method, in case of Yeast: thick, curd, non-offensive [1, 5].

Gram staining: in case of gonococcal infection.

Cultural and Sensitive: in case of inflammatory infection.

Cytological Examination: Cervical biopsy: Rule out malignant like cervical erosion. Pap Smear test: To collect Vagina Flora to rule out malignancy [3].

##### **Homoeopathic Approach**

The constitutional or symptomatic treatment of Leucorrhoea is of the greatest importance, though local treatment in many cases should not be disregarded. It must be continually borne in mind that Leucorrhoea is itself but a symptom either of some constitutional dyscrasia or of some local exciting cause. In the former case the treatment should be exclusively

Constitutional, though simple douches of hot water, or of salt and water, for purposes of cleanliness and antiseptics, are not to be overlooked. Such cases, however, can only be cured by appropriate constitutional treatment\* [7]

##### **Therapeutic**

**Painful -Sulphur:** Menses too late, short, scanty, and difficult; thick, black, *acid, making parts sore*. Menses preceded by headache or suddenly stopped. Leucorrhoea,

burning, excoriating.

Nipples cracked; smart and burn. **Painless** --

**Puls:** Tardy menses. Too late, scanty, thick, dark, *clotted, changeable, intermittent*.

Chilliness, nausea, downward pressure, pain, flow intermits. Leucorrhoea is acrid, burning, and creamy.

#### After menses

**Hydr.** Acrid and corroding, shreddy, tenacious. Menorrhagia. Pruritus vulvæ, with profuse leucorrhœa.

**Iod:** Acrid leucorrhœa, thick, slimy, corroding the linen

**Kali bi:** Yellow, tenacious leucorrhœa. Pruritus of vulva, with great burning and excitement.

#### Before menses –

**Carbo v:** Leucorrhœa before menses, thick, greenish, milky, excoriating.

#### Before and after both:

**Alum:** Leucorrhœa *acrid, profuse* transparent, *ropy*, with burning

**Bor:** Leucorrhœa like white of eggs, with sensation as if warm water was flowing

**Bov:** Leucorrhœa acrid, thick, tough, greenish Leucorrhœa, *milky* Burning and itching of parts **Calc. c:** *milky* Burning and itching of parts **Graph;** Ill effects of *repressed sexual* desire or suppressed menses, or from excessive indulgence. Leucorrhœa after micturition.

**Kreos.:** Leucorrhœa, yellow, acrid; odor of green corn; worse between periods

**Sab:** Leucorrhœa after menses, corrosive, offensive. *Pain from sacrum to pubis, and from below upwards shooting up the vagina*

**Sep:** Leucorrhœa yellow, greenish; with much itching [8, 9, 10].

#### METHODOLOGY

60 cases, 2 groups of 30 cases A—Group for homoeopathic medicines

B-- Group for homoeopathic medicines with modification in lifestyle will be selected by simple randomization.

The subjects will be selected from OPD of Parul institute of Homoeopathy & Research and from the adopted villages.

#### Inclusion Criteria:

Age group: 17 to 30 yrs. individuals suffering from Leucorrhœa

Exclusion Criteria:

Patients on homoeopathic treatment for any other chronic diseases will be excluded.

Antenatal & postnatal females

Patients having another chronic degenerative diseases Patient having Severe PID or any pelvic pathology.

Study Design: A Single blind, Randomized Controlled Study

Statistical Techniques & Data Analysis: The collected data will be analyzed by “Chisquare” & Paired t test [6].

**ASSESSMENT**

Clinical assessment of leucorrhoea was decided by this self-prepared questionnaire which is given below. Evaluation scale was included to find out accuracy of disease by grading

1. Leucorrhoea
2. Duration
3. Need to use pad

4. Discharge is thick or thin
5. Color
6. Smell
7. Fatigue
8. Associated with itching
9. More before or after menses
10. Any associated urinary complaint

**Evaluation scale**

Grading	Assessment
0	Absence of symptoms
1	Mild
2	Moderate
3	Severe

**RESULT**

Results	No Of Patients with homoeopathic medicine	Percentage %	No Patients with placebo	Percentage %
CURE	20	63.33%	0	0
IMPROVE	7	26.66%	10	33.3333%
STARUS QUO	3	10%	20	66.6667%
TOTAL	30	+	30	100

**DISCUSSION**

This study was conducted at Parul Institute of Homoeopathy \$ Research. The cases presented in this study are represented in following statistical representation.

In my study out of 60 cases, from the 17-20 year age group, there are 32 women which is 53.33%. From the 21-25 yrs. age group, there are 18 women which is 30%. From 26-30 yrs. age group, there are 10 women which is

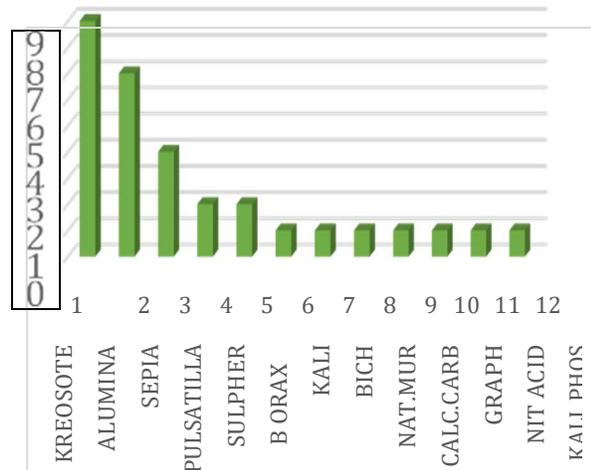
16.66%. In my study more prevalence found in the 17-20 year of age group. Reason for prevalence should be further studied. Out of total 60 cases the unmarried women are 39 which is 65%. And married women are 21 which is 35%. Here the most of cases of the leucorrhoea are of unmarried women.

**NO OF CASES ACORDING TO HOMEOPATHIC RESULT**

SR.NO	NAME OF MEDICINE	NO OF CASE
1	KREOSOTE	9
2	ALUMINA	7
3	SEPIA	4
4	PULSATILLA	2

5	SULPHER	2
6	BORAX	1
7	KALI BICH	1
8	NAT.MUR	1
9	CALC.CARB	1
10	GRAPH	1
11	NIT ACID	1
12	KALI PHOS	1
13	ALL OTHER 30	30

### NO OF MEDICINE WHICH MAXIMUM COVEROF SYMPTOMS LEUCORRHEA



### CONCLUSION

Homoeopathic medicines prescribed on symptom similarity and severity have observable, quantifiable, & significant effectiveness in leucorrhoea management. Kreosote, Alumina & Sepia are the 3 remedies come up as a most of frequently indicated in our research.

In future managing cases that requires immediate relief in severity of symptoms can be done homeopathically by randomly prescribing Kreosote, Alumina & Sepia.

Further research can be undertaken to explore the action of such specific remedies in different conditions.

This study can be considered as a novel step in the direction of homoeopathic research in prescription of specific medicine.

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