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Clinical Outcomes of Individualized Homoeopathic Treatment in Patients with Leucorrhoea: A Prospective Single-Arm Interventional Study

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ABSTRACT

Background: Leucorrhoea is among the most common gynaecological complaints affecting the women of reproductive age, associated with vaginal discharge, vulvovaginal itching, backache, weakness, affecting the quality of life. Studies done in different places of India reported that, approximately 30% of women in reproductive age experienced abnormal vaginal discharge where as a community-based study highlighted that psychological factors had impact on vaginal discharges. Hence, individualized homoeopathic medicines based on miasmatic evaluation and holistic approach can benefit these women.
Objective: To describe the clinical profile, miasmatic diagnosis, prescribing pattern, and treatment outcomes among patients with leucorrhoea managed using individualized homoeopathic medicine.
Methods: A prospective, open-label, single-arm interventional study conducted among 30 women, clinically diagnosed as leucorrhoea received individualized homoeopathic treatment. Follow ups were maintained to evaluate clinical response. Descriptive statistics were used to summarize demographic characteristics, miasmatic diagnosis, remedies prescribed, and treatment outcomes. Exploratory associations between categorical variables and treatment outcomes were investigated using Fisher's exact test.
Results: Most patients were married (80.0%) and between the age 17 to 35 years. The sycotic miasm predominated (33.3%), and Sepia was the most frequently prescribed medicine (33.3%). Clinical improvement was observed in 26 patients (86.7%).
Conclusion: Individualized homoeopathic treatment was beneficial in most of the patients of leucorrhoea. Married women between the ages of 17 to 35 being most affected. Sepia was most frequently prescribed medicine and sycotic miasm was predominant. However, all psoric patient responded positively to the treatment

Keywords: Leucorrhoea; Vaginal Discharge; Homoeopathy; Individualised medicine, Miasms

INTRODUCTION

Women's reproductive health is closely related with the normal functioning of the menstrual cycle, since menarche to menopause, regulated by hormonal interactions. Disturbances in hormonal

balance, psychological stress, nutritional deficiencies, and reproductive tract infections may affect adversely resulting in menstrual disorders and abnormal vaginal discharge among which leucorrhoea is one of the most common complaints significantly affecting the physical, psychological, and social well-being of women. [1, 2]

Leucorrhoea is defined as an excessive, non-bloody vaginal discharge that may be physiological or pathological. Physiological leucorrhoea occurs during puberty, ovulation, pregnancy, and the premenstrual phase due to hormonal influences, whereas pathological leucorrhoea is commonly associated with infections, chronic cervicitis, vaginitis, pelvic inflammatory disease, cervical lesions, nutritional deficiencies, poor genital hygiene, or systemic illnesses.[3, 4] Usually common presenting symptoms such as vulval itching, irritation, backache, lower abdominal pain, weakness, and emotional distress are reported leading to impaired quality of life.[2,4] Modern medicine treatments using antimicrobial agents or other specific therapies. However, recurrent or chronic cases with multiple predisposing factors are challenging [3] to treat.

Homoeopathy approaches leucorrhoea from a holistic perspective, based on individualized treatment considering mental and physical characteristics, and miasmatic background. According to Hahnemann, successful treatment requires selecting the medicine most similar to the patient's symptom complex, [5] which is further supported by Kent who had always addressed the patient as a whole rather than the local pathology alone. [6] However, Homoeopathic prescribing patterns and clinical outcomes in leucorrhoea remains limited, despite of widespread clinical use. Hence present study was undertaken with aim to evaluate the clinical profile, miasmatic diagnosis and treatment outcomes among women with leucorrhoea receiving individualized homoeopathic treatment.

Objectives:

1. To evaluate the clinical outcomes of individualized homoeopathic treatment in patients diagnosed with leucorrhoea.
2. To describe the demographic and clinical profile of patients presenting with leucorrhoea.
3. To explore the association between miasmatic diagnosis and clinical outcomes.

MATERIALS & METHODS

Study Design: The present study is a prospective, open-label, single-arm interventional clinical study conducted to evaluate the clinical characteristics and treatment outcomes of patients with leucorrhoea receiving individualized homoeopathic treatment. All patients received individualized homoeopathic medicines as the study intervention, and treatment outcomes were assessed over the study period. This study was conducted in Outpatient Department (OPD) of Dapoli Homoeopathic Medical College and Hospital Dapoli and MNR Homoeopathic Medical College and Hospital, Sangareddy. A total of 30 patient fulfilling the inclusion criteria were selected for the study and after detailed case taking, repertorial analysis, and miasmatic evaluation medicines were prescribed based on individualisation. Regular follow ups were maintained to evaluate clinical response and overall treatment outcomes. The study was conducted between, December 2023 to March 2026

Inclusion Criteria: Females aged 17–60 years, clinically diagnosed with physiological or pathological leucorrhoea. Patients willing to undergo homoeopathic treatment and available for regular follow-up during the study period.

Exclusion Criteria: Pregnant and lactating women, patients diagnosed with any gynaecological diseases, sexually transmitted infections or any systemic

illnesses and patients undergoing any treatment or taking medicines

Stepwise Process

Step 1. Ethical clearance was taken by institutional ethical committee of both the institutes. All the patients were informed about the purpose of study and written informed consent was taken after explaining the entire process in detail (in local language). Patient confidentiality and anonymity were maintained throughout the study

Step 2. Each case was recorded using a standardized homoeopathic case record format based on principles described by Samuel Hahnemann in the *Organon of Medicine*. Diagnosis was made based on detailed clinical history, physical examination, laboratory investigations whenever required to exclude serious pathology. All cases were evaluated for dominant miasmatic background based on characteristics symptoms, clinical presentation, disease evolution, family history and symptomatology. They were categorized as Psoric, Sycotic, Syphilitic, Tubercular, Psoro-sycotic, Syco-syphilitic.

Step 3. After case taking repertorial totality was formed and repertorization was performed using Kent's Repertory of the Homoeopathic Materia Medica. Final remedy was selected based repertorial results, miasmatic background, characteristics symptoms and after referring Materia Medica.

Step 4. Depending upon the severity of symptoms and clinical progress regular follow ups were maintained.

Clinical outcome was evaluated based on overall improvement in symptoms recorded during follow-up based on

Improved	Marked reduction or complete disappearance of vaginal discharge and associated symptoms with improvement in general well-being.
Not Improved	Persistence of symptoms with minimal or no clinical improvement
Discontinued	Patients who did not complete the prescribed follow-up schedule

Statistical Analysis

Data was entered into Microsoft Excel and analysed using IBM SPSS. Descriptive analysis was carried out for analysing continuous variables like Mean, whereas categorical variables were expressed as Frequency (n) and Percentage (%).

Cross-tabulations was performed to describe the relationship between - Miasmatic diagnosis and treatment outcome. Fisher's Exact Test (Freeman–Halton extension) was considered for analysis of these categorical variables as the sample size was small and expected cell frequencies were less than five.

Null hypothesis (H_0): There is no association between miasmatic diagnosis and treatment outcome in patients with leucorrhoea

Alternative hypothesis (H_1): There is an association between miasmatic diagnosis and treatment outcome

Level of significance: $p < 0.05$. (pre-set)

RESULT

A total of 30 female patients clinically diagnosed with leucorrhoea were included in the study, while 28 (93.3%) completed follow-up, two patients (6.7%) discontinued treatment before completion. The demographic characteristics, miasmatic diagnosis, remedies prescribed and treatment outcomes are summarized below.

Demographic Characteristics

Table 1. Distribution of patients according to age (N = 30)

Demographic character	Frequency (n)	Percentage (%)
Age Group (years)		
17–25	10	33.3
26–35	10	33.3

36–45	9	30.0
>45	1	3.3
Marital Status		
Married	24	80.0
Unmarried	6	20.0

The majority of patients (66.6%) belonged to the reproductive age group of 17–35 years, while the mean age of participants was 32.7 ± 10.8 years.

Most patients were married (80.0%), suggesting that leucorrhoea was more frequently reported among married women.

Miasmatic Diagnosis

The **sycotic miasm** was the predominant miasm (33.3%), followed by psoric and syphilitic miasm (20.0% each)

Table 2. Distribution of miasmatic diagnosis

Miasmatic Diagnosis	Frequency	Percentage (%)
Sycotic	10	33.3
Psoric	6	20.0
Syphilitic	6	20.0
Tubercular	5	16.7
Psoro-sycotic	2	6.7
Syco-syphilitic	1	3.3

Remedies prescribed

Table 3. Remedies prescribed

Remedy	Frequency	Percentage (%)
Sepia	10	33.3%
Calcarea carbonica	4	13.3%
Pulsatilla	3	10.0%
Platina	3	10.0%
Lachesis	3	10.0%
Belladonna	2	6.7%
Borax	2	6.7%
Aurum metallicum	1	3.3%
Phosphorus	1	3.3%
Staphysagria	1	3.3%

Sepia was the most frequently prescribed remedy with 33.3% (n = 10) followed by Calcarea carbonica at 13.3% (n = 4). Three remedies—Pulsatilla, Platina, and Lachesis—showed an equal distribution of 10.0% (n =3). Together, these five remedies covered 76.7% (n = 23) of the total patient population. Whereas Belladonna, Borax (6.7% each) were prescribed to two patients each and Aurum metallicum, Phosphorus, and Staphysagria covering one patient each

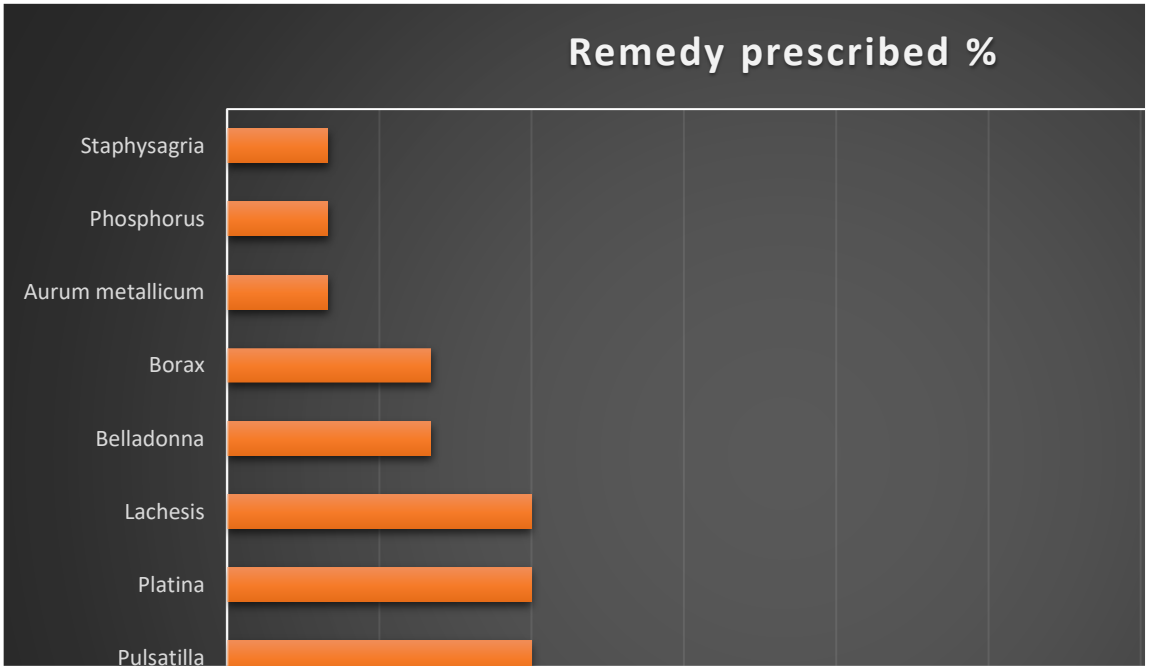

Figure 1: Remedy prescribed – percentages

Treatment outcome

Table 4. Treatment outcome

Outcome	Frequency	Percentage (%)
Improved	26	86.7
Not Improved	2	6.7
Discontinued	2	6.7

Overall, 86.7% of patients demonstrated clinical improvement following individualized constitutional homoeopathic treatment.

Miasmatic diagnosis versus treatment outcome

Fisher's exact test (Freeman–Halton extension) was used for an exploratory analysis to investigate the relationship between variables, such as miasm, and treatment outcomes. The level of statistical significance was set at $p < 0.05$. The test showed no statistically significant association between miasmatic diagnosis and treatment outcome. Therefore, the null hypothesis was not rejected, indicating that the observed differences in treatment outcomes among the miasmatic groups may have occurred by chance.

Table 5. Miasmatic diagnosis versus treatment outcome

Miasm	Improved	Not Improved	Discontinued	Total
Psoric	6	0	0	6
Sycotic	8	2	0	10
Syphilitic	4	0	2	6
Tubercular	5	0	0	5
Psoro-sycotic	2	0	0	2
Syco-syphilitic	1	0	0	1
Total	**26**	**2**	**2**	**30**

Improvement was observed across all miasmatic categories however, all psoric patient responded positively. The two patients who did not improve belonged to the sycotic group, while both discontinued cases were from the syphilitic group.

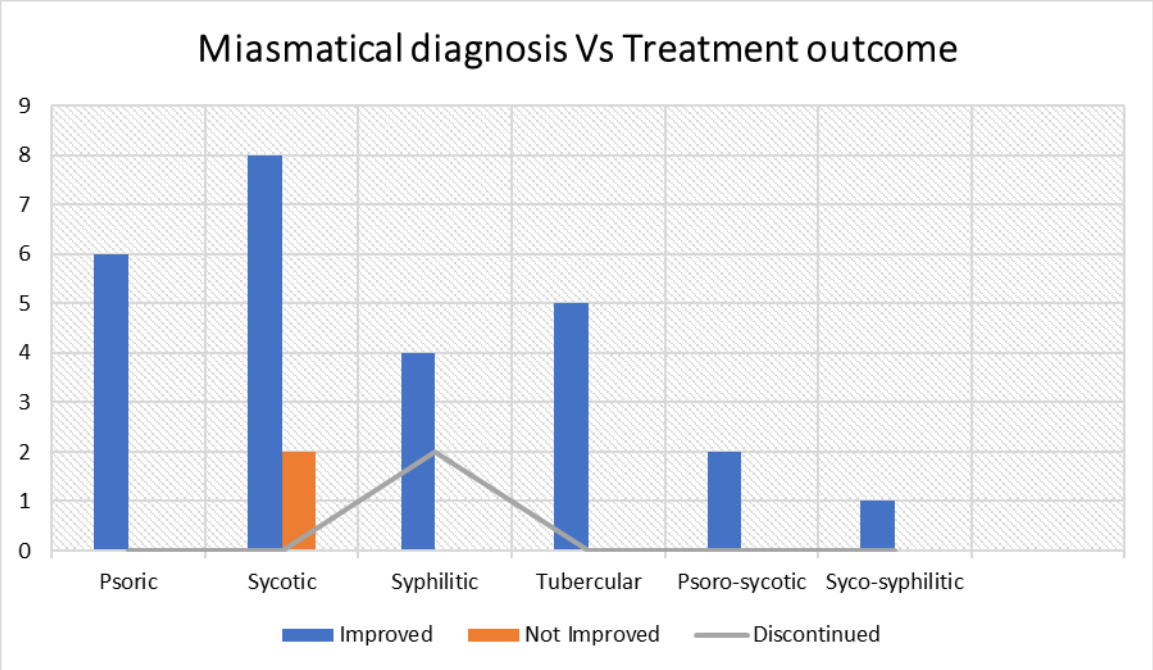

Figure 2: Miasmatic diagnosis Vs Treatment outcome

The study demonstrated that leucorrhoea was most frequently observed among women aged 17–35 years, particularly married women. Sepia was the most commonly prescribed remedy and sycotic miasm was predominant. Overall, 26 of 30 patients (86.7%) showed clinical improvement. Exploratory analyses suggested high improvement rates across all miasmatic categories, with highest in psoric patients.

DISCUSSION

The present prospective, open-label, single-arm interventional study evaluated the clinical profile, miasmatic diagnosis, homoeopathic prescribing pattern, and clinical outcomes among 30 women diagnosed with leucorrhoea treated prescribing individualized homoeopathic medicines. Clinical improvement was observed in 26 (86.7%) patients, while two (6.7%) patients did not improve and two (6.7%) discontinued treatment during follow-up.

Most participants (66.6%) belonged to the reproductive age group (17–35 years), with a mean age of 32.7 ± 10.8 years. These findings are consistent with epidemiological studies reporting that abnormal vaginal discharge is most prevalent among women of reproductive age because of hormonal influences, reproductive tract infections, sexual activity, and poor genital hygiene.[1,2] Similar demographic patterns was observed in Indian hospital-based studies done in 2015 in West Bengal where the most common gynaecological condition reported was leucorrhoea.[7] This study also reported that most of the women were married which is similar to current study of 80% probably because of increased reproductive exposure, obstetric events and cervical changes[1,7]

Kulkarni and Durge reported a high prevalence of leucorrhoea among women who are married, pregnant and from low socioeconomic background. [8] Similarly, Priya Arthy et al. observed the occurrence of vaginal discharge in women is age dependent although high prevalence is in 30-49 years of age and the most common risk factors are previous normal vaginal delivery, diabetes and usage of contraceptive methods like intra uterine contraceptive device and barrier methods. [9] The predominance of married women observed in the present study and other studies are similar with findings reported by Balamurugan and Bendigeri, who documented a higher prevalence of reproductive tract infections and abnormal vaginal discharge among married women in a study done in Hubli, Karnataka [10] probable causes being socio-demographic factors like increased parity, poor socio-economic conditions, poor menstrual hygiene, illiteracy has its direct effect on occurrence of reproductive tract infection in the community.

According to the study conducted by Patel et al. vaginal discharges were multifactorial in nature highlighting psychosocial determinants and suggested that women with complaints that are non-infectious in aetiology should be offered psychosocial intervention. In the current study when the medicines were selected based on the miasmatic diagnosis which includes considering psychological symptoms and state of the patient, and the principles of Homoeopathy, clinical improvement was documented in 86.7% of patients following individualized homoeopathic treatment, hence Homoeopathic medicines can be effectively used even in non-infectious vaginal discharges. [11]

A recent study done in Agra by Shukla et al. reported significant clinical improvement in women receiving homoeopathic treatment for leucorrhoea.[12] Similarly, observational data from West Bengal study suggested homoeopathic medicines as effective in treating leucorrhoea and most commonly used medicines were Pusatilla, Natrum mur, Calcarea phos and Sulphur.[7] However in current study Sepia, Calcarea carb, Pulsatilla, Platina and Lachesis were the medicines which were indicated more commonly.

A review article Jaiswal discusses about the relationship between Psora, Sycosis, and Syphilis in leucorrhoea and concludes that chronic catarrhal vaginal discharge is frequently interpreted as predominantly sycotic, and miasmatic analysis helps in individualized remedy selection,[13] which is evident from the present study where the sycotic miasm was predominated among women with leucorrhoea. Similar observations were reported by Mishra et al., in the review article, 'Miasmatic evaluation and homoeopathic management of leucorrhoea in adolescent females. The authors also concluded that miasmatic assessment may facilitate constitutional prescribing and reduce recurrence. [14]

CONCLUSION

The present prospective, open-label, single-arm interventional study suggests that individualized homoeopathic medicines gave favourable clinical outcomes in patients with leucorrhoea.

Most participants were women of reproductive age between 17 to 35 years and married, with the predominance of sycotic miasm and Sepia as the most frequently prescribed medicine. Overall, 26 of 30 patients (86.7%) showed clinical improvement following individualized homoeopathic treatment. Highest rate of improvement was seen in psoric patients.

Larger multicentric controlled studies with standardized outcome measures are recommended to further evaluate the role of individualized homoeopathic treatment in the management of leucorrhoea.

Declaration by Authors

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