

EFFECTIVENESS OF INDIVIDUALIZED HOMOEOPATHIC TREATMENT USING LM POTENCIES IN THE MANAGEMENT OF LEUCORRHOEA: A PROSPECTIVE CLINICAL STUDY

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Abstract

Leucorrhoea is a common gynaecological complaint among women of reproductive age and is associated with significant physical discomfort and psychological distress. Conventional treatment often provides temporary relief and is frequently associated with recurrence. Background: This study evaluated the effectiveness of individualized homoeopathic treatment using LM (fifty-millesimal) potencies in the management of leucorrhoea. Methods: A prospective clinical study was conducted among 70 female patients aged 17–45 years diagnosed with leucorrhoea. Remedies were selected based on the totality of symptoms and prescribed in appropriate LM potency. Patients were followed at regular intervals and outcomes were categorized as cured, improved, or status quo. Results: The highest incidence was observed in the 17–25 years age group (40.0%), followed by 26–35 years (37.1%). Married women constituted 58.6% of the study population. Complete cure was observed in 64.3% of patients, 31.4% showed improvement, and 4.3% remained unchanged, giving an overall therapeutic response rate of 95.7%. Kreosotum and Alumina were the most frequently prescribed remedies. Conclusions: Individualized homoeopathic treatment using LM potencies demonstrated high effectiveness in the management of leucorrhoea and may serve as a safe and holistic therapeutic option for women suffering from this condition.

1. Introduction

Leucorrhoea is one of the most common gynaecological complaints encountered in women of reproductive age and constitutes a frequent reason for seeking medical consultation. It refers to excessive vaginal discharge which may be physiological or pathological in nature. Physiological

leucorrhoea occurs due to estrogenic stimulation during puberty, ovulation, pregnancy, or sexual excitement, whereas pathological leucorrhoea is associated with infections, inflammation of the genital tract, cervical pathology, or systemic and nutritional disorders [1]. Persistent vaginal

discharge often causes discomfort, weakness, anxiety, and adversely affects a woman's quality of life.

In developing countries such as India, the prevalence of leucorrhoea is considerably high due to poor genital hygiene, anaemia, malnutrition, repeated childbirth, and lack of awareness regarding reproductive health [2]. Common pathological causes include vulvovaginal candidiasis, bacterial vaginosis, trichomoniasis, cervicitis, and pelvic inflammatory diseases. Vaginal discharge becomes clinically significant when it is excessive, foul-smelling, discoloured, or associated with symptoms such as itching, burning, dyspareunia, or lower abdominal pain [3].

Conventional management focuses on treating the underlying cause using antimicrobial or hormonal therapy; however, recurrence and adverse effects are frequently reported. Homoeopathy, based on the principle of individualization and holistic treatment, offers a safe and effective alternative by addressing both local pathology and the constitutional susceptibility of the patient. The present study aims to evaluate the effectiveness of homoeopathic treatment in managing cases of leucorrhoea in women of reproductive age.

According to *Organon of Medicine* (6th Edition) by Samuel Hahnemann, LM or fifty-millesimal potencies were introduced to achieve a rapid, gentle, and permanent cure. Hahnemann emphasized that LM potencies allow frequent repetition with minimal aggravation and are particularly suitable for chronic diseases [4]. In *The Chronic Diseases*, Hahnemann explained that chronic diseases

arise from deep-seated miasmatic causes and require remedies capable of acting constitutionally; LM potencies, due to their refined dynamization, are effective in addressing chronic disease states gradually without exhausting the vital force [5].

Stuart Close stated that LM potencies combine the advantages of high potencies with the safety of repetition and highlighted their usefulness in sensitive patients, women, and chronic functional disorders where controlled and gentle action is required [6]. Kent emphasized that potency selection should correspond to the susceptibility of the patient and supported the use of finer potencies for deeper dynamic action, aligning with the principle of constitutional treatment [7]. Roberts described LM potencies as especially useful in chronic and relapsing conditions and stated that they maintain a steady curative response and prevent stagnation in long-standing cases [8].

Materia Medica forms the foundation of homoeopathic prescribing and is especially important in leucorrhoea because it is not a single disease entity but a symptom arising from diverse constitutional, hormonal, emotional, and miasmatic factors [9,10]. Remedy selection depends upon the characteristics of vaginal discharge and associated general and mental symptoms [9]. Boericke highlights the association of leucorrhoea with general debility, anaemia, and hormonal imbalance [9]. Clarke further emphasizes concomitant symptoms such as backache, weakness, mental irritability, and emotional disturbances [11]. Kent stresses that local complaints like leucorrhoea cannot

bepermanently cured unless the constitutional state of the patient is addressed [12].

2. Materials and Methods

Study design: Prospective clinical study.

Sample size: 70 female patients aged 17–45 years diagnosed with leucorrhoea.

2.1. Inclusion Criteria

- Females aged 17–45 years
- Diagnosed cases of leucorrhoea
- Willing to participate in the study

2.2. Exclusion Criteria

- Pregnant and lactating women
- Patients with severe systemic or chronic diseases
- Patients receiving treatment for other gynaecological conditions

2.3. Intervention: Patients were treated with individualized homoeopathic medicines, selected on the basis of totality of symptoms and prescribed in appropriate LM potency. Follow-up was conducted at regular intervals.

2.4. Outcome Assessment

3.1. Age-wise distribution Table 1

Age Group (years)	Number of Patients	Percentage (%)
17–25	28	40.0
26–35	26	37.1
36–45	16	22.9
Total	70	100.0

The majority of patients belonged to the 17–25 years age group.

Treatment outcomes were assessed clinically and categorized as:

- Cured: Complete disappearance of discharge and associated symptoms
- Improved: Reduction in severity and frequency of symptoms
- Status quo: No significant change

3. Results

A total of 70 female patients aged 17–45 years were included in the study. The highest proportion of patients belonged to the 17–25 years age group (40.0%, n = 28), followed by 26–35 years (37.1%, n = 26) and 36–45 years (22.9%, n = 16), with a mean age of 26.9 ± 7.4 years. Regarding marital status, 58.6% (n = 41) were married and 41.4% (n = 29) were unmarried, indicating a relatively higher occurrence among married women in the study population.

In terms of treatment outcome, 64.3% (n = 45) of patients were cured, 31.4% (n = 22) showed improvement, and 4.3% (n = 3) remained status quo. The overall therapeutic response rate (cured + improved) was 95.7% (n = 67), suggesting a high level of clinical improvement following individualized homoeopathic treatment using LM potencies

3.2. Marital status distribution Table 2

Marital Status	Number of Patients	Percentage (%)
Married	41	58.6
Unmarried	29	41.4
Total	70	100.0

Leucorrhoea was more prevalent among married women.

3.3. Treatment outcome Table 3

Outcome	Number of Patients	Percentage (%)
Cured	45	64.3
Improved	22	31.4
Status quo	3	4.3
Total	70	100.0

Overall improvement (cured + improved) was observed in 95.7% of patients.

3.4. Distribution of prescribed homoeopathic medicines (n = 70)

Among the prescribed homoeopathic medicines, Kreosotum and Alumina were the most frequently indicated remedies (11.4% each), followed by Pulsatilla (10.0%), Sepia, Natrum muriaticum, and Calcarea carbonica (7.1% each). The diversity of medicines prescribed reflects the individualized approach adopted in the management of leucorrhoea.

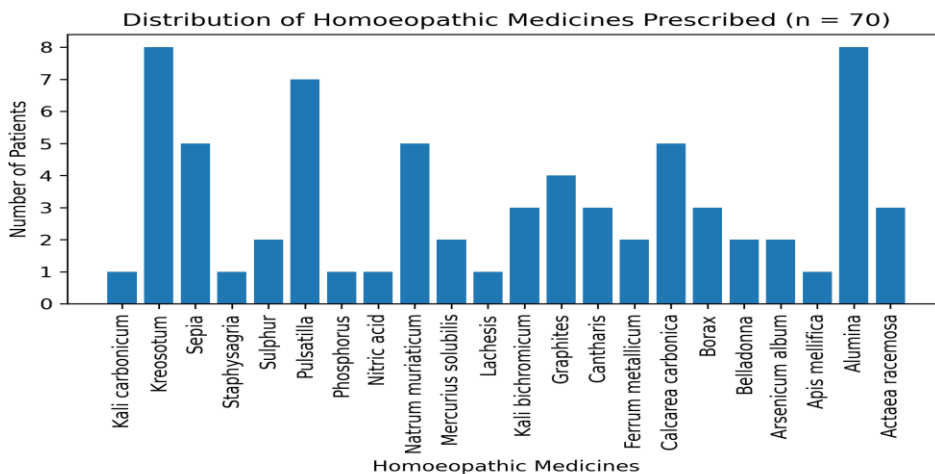


Figure 1. Distribution of Homoeopathic Medicines Prescribed (n = 70)

4. Discussion

The present study demonstrates a high prevalence of leucorrhoea among younger women of reproductive age, which is consistent with existing gynecological literature. The higher incidence among married women may be attributed to factors such as repeated childbirth, hormonal fluctuations, and increased exposure to genital tract infections. The high cure and

5. Conclusions

Individualized homoeopathic treatment using LM potencies demonstrated high effectiveness in the management of leucorrhoea, with a favorable cure and improvement rate and minimal non-responsive cases. These findings suggest that homoeopathy may serve as a safe and effective therapeutic option for women suffering from leucorrhoea.

Institutional Review Board Statement:

The study was conducted according to the guidelines of the Declaration of Parul University and approved by the Institutional Ethics Committee of University.

Informed Consent Statement:

Informed consent was obtained from all subjects involved in the study.

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improvement rates observed in this study highlight the effectiveness of homoeopathic treatment in managing leucorrhoea. Individualized medicine selection and holistic case management may contribute to sustained symptomatic relief and reduced recurrence. The minimal proportion of patients showing status quo suggests good overall therapeutic responsiveness.

Conflicts of Interest:

The authors declare no conflict of interest.

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