

Efficacy of Miasmatic Approach in Homoeopathic Treatment of Leucorrhoea in Females: A Prospective Interventional Study

Asqa Yaser Arfat Ansari¹, Sadaf Raies Thekedar², Dr. Gulfisha Mirza³,
Dr. Snehal Nikam⁴

^{1,2}Interns, Dhanvantari Homoeopathic Medical College and Hospital & Research
Centre, Nashik, Maharashtra, India

³Assistant Professor, Department of Surgery, Dhanvantari Homoeopathic Medical College and Hospital
& Research Centre, Nashik, Maharashtra, India

⁴Assistant Professor, Department of Repertory, Dhanvantari Homoeopathic Medical College and
Hospital & Research Centre, Nashik, Maharashtra, India

Abstract

Background: Leucorrhoea, or abnormal vaginal discharge, is a common gynaecological complaint. Its causes range from physiological variation to bacterial vaginosis, candidiasis, trichomoniasis, cervicitis and non-infectious conditions. In homoeopathic practice, individualized prescribing may consider the totality of symptoms together with a miasmatic assessment.

Objective: To evaluate the clinical outcome of individualized homoeopathic treatment guided by miasmatic assessment in females presenting with leucorrhoea.

Methods: This prospective interventional study included 30 females with leucorrhoea who received individualized homoeopathic treatment with miasmatic assessment. Clinical characteristics, age distribution, miasmatic pattern, prescribed remedies and treatment outcome were recorded prospectively. Exact eligibility criteria, follow-up schedule, outcome scale, investigations and statistical procedures should be verified against the full dissertation before submission.

Results: Twenty-five of 30 participants (83.33%) were aged 20–30 years. Psora was the predominant miasmatic pattern in 14 cases (46.66%), followed by Syphilis in 8 (26.66%) and a Psoro-syphilitic pattern in 3 (10.00%). Pulsatilla was the most frequently prescribed remedy, used in 4 cases (13.33%); Kreosotum, Graphites, Mercurius solubilis, Nitricum acidum and Borax were also among the commonly indicated remedies. Overall clinical improvement was reported in 24 of 30 cases (80%).

Conclusion: In this small prospective clinical series, individualized homoeopathic management based on symptom totality and miasmatic assessment was associated with improvement in most participants. Because the study had a small sample and no comparison group, the findings should be interpreted as preliminary and require confirmation in controlled, adequately powered studies.

Keywords: leucorrhoea; vaginal discharge; homoeopathy; miasm; individualized treatment; prospective study

Introduction

Leucorrhoea is a common complaint among women and may be described by patients as excessive, altered or troublesome vaginal discharge. Vaginal discharge is not invariably pathological; normal secretions contribute to lubrication and protection of the genital tract. Pathological or clinically significant discharge may occur with infection, inflammation, cervical disease, hormonal variation or non-infectious irritation. Contemporary guidance emphasizes that discharge, itching, burning, odour and soreness are non-specific symptoms and that appropriate examination and, where indicated, laboratory assessment are important for identifying the cause ¹⁻⁴.

The common infectious causes of symptomatic vaginal discharge include bacterial vaginosis, vulvovaginal candidiasis and trichomoniasis. Cervicitis caused by sexually transmitted infections may also present with discharge, while aerobic vaginitis, inflammatory conditions, dermatoses, allergic or irritant reactions and physiological discharge are important differential diagnoses ²⁻⁴. The 2021 World Health Organization guidance similarly emphasizes that vaginal discharge is a syndrome with multiple infectious and non-infectious causes and that diagnostic evaluation should guide management where feasible ¹.

In India, community studies have reported a substantial burden of perceived leucorrhoea among women of reproductive age. Kulkarni and Durge reported leucorrhoea in 139 of 506 women (27.47%) in an urban community of Nagpur, with associations with marital status, pregnancy, lower socioeconomic status and parity ⁵. Other Indian studies have described age, obstetric history, diabetes, contraceptive use and socio-demographic factors among variables associated with vaginal discharge ^{6,7}.

The clinical presentation of leucorrhoea is heterogeneous. Patients may report white, yellowish, mucoid, curdy, purulent or offensive discharge with or without pruritus, burning, vulval soreness, dysuria, pelvic discomfort or menstrual associations. This variability makes symptom-based labelling alone insufficient for determining aetiology. In homoeopathic practice, the presenting complaint is therefore considered together with characteristic local symptoms, modalities, concomitants, general symptoms, mental symptoms and relevant history. Individualized prescribing is intended to select a remedy corresponding to the totality rather than to the disease name alone.

The concept of miasms is a traditional component of classical homoeopathic theory. Hahnemann described chronic disease in relation to chronic miasmatic influences and emphasized individualized case analysis ^{8,9}. Later homoeopathic literature developed the practical use of psoric, syphilitic and sycotic patterns in case analysis ¹⁰. In this framework, miasmatic assessment is used as an interpretive aid to understand the chronic pattern of disease and to support remedy selection, rather than as a biomedical diagnosis.

The present study was undertaken to examine whether a miasmatic approach, integrated with individualized homoeopathic prescribing, was associated with clinical improvement in women presenting with leucorrhoea. Evidence from homoeopathic clinical practice suggests that individualized treatment is frequently used in gynaecological outpatient settings. In a prospective clinical data-collection study from an Indian homoeopathic hospital, leucorrhoea was among the most frequently treated gynaecological conditions and individualized prescriptions predominated ¹¹. More recent multicentre clinical data have also described the characteristics of patients attending homoeopathic outpatient clinics in India ¹². However, specific prospective studies focusing on leucorrhoea and explicitly incorporating miasmatic assessment into the treatment approach remain limited. This gap provided the rationale for the present study.

Aim and Objectives

Aim: To evaluate the efficacy of a miasmatic approach in homoeopathic treatment of leucorrhoea in females.

1. To assess the clinical profile and age distribution of females presenting with leucorrhoea.
2. To identify the predominant miasmatic patterns observed in the study population.
3. To identify the homoeopathic remedies most frequently prescribed on the basis of individualized case analysis.
4. To assess the clinical outcome following individualized homoeopathic treatment guided by miasmatic assessment.

Materials and Methods Study design and setting

A prospective interventional clinical study was conducted in females presenting with leucorrhoea at Dhanvantari Homoeopathic Medical College and Hospital & Research Centre, Nashik, Maharashtra, India. The dissertation certificate identifies Nashik as the place of research and records the work as an interventional dissertation conducted by interns of the 2025–26 batch.

Participants and sample

Thirty cases of leucorrhoea were included in the study. The study population comprised females presenting with leucorrhoea who were assessed clinically and managed with individualized homoeopathic treatment. The exact inclusion and exclusion criteria, recruitment procedure and duration of follow-up should be transcribed from the approved dissertation protocol before journal submission because these details are not present in the uploaded front-matter PDF.

Case assessment

Each case was assessed individually with attention to the presenting complaint and its location, character, modalities and associated symptoms, together with relevant personal, menstrual, obstetric, past and family history. The totality of symptoms was used for individualized remedy selection. A miasmatic assessment was then incorporated into the case analysis, with the predominant miasmatic pattern recorded for each case.

Intervention

Patients received individualized homoeopathic treatment according to the case totality and miasmatic assessment. Remedies were selected on an individual basis rather than using a single fixed medicine for all participants. Pulsatilla was the most frequently prescribed remedy in the available study summary, followed by several other individualized prescriptions including Kreosotum, Graphites, Mercurius solubilis, Nitricum acidum and Borax.

Outcome assessment

The principal outcome was clinical improvement in leucorrhoea and associated symptoms as documented during follow-up. Twenty-four of the 30 cases were reported as improved, corresponding to an overall improvement proportion of 80%. The exact operational definition of “improvement,” the scoring scale, follow-up schedule and statistical test used in the dissertation should be inserted here from the full methods/results section before submission.

Ethical considerations

The dissertation front matter confirms that the research was conducted under institutional supervision and was certified as authentic clinical research. The ethical approval number/date and informed-consent procedure were not included in the uploaded PDF and must therefore be verified from the full dissertation and institutional records before submission.

Statistical analysis

Descriptive results are presented as frequencies and percentages. Because the available source material does not provide the complete statistical analysis section, any inferential tests, confidence intervals or p-values should be added only after verification against the dissertation master data.

Results

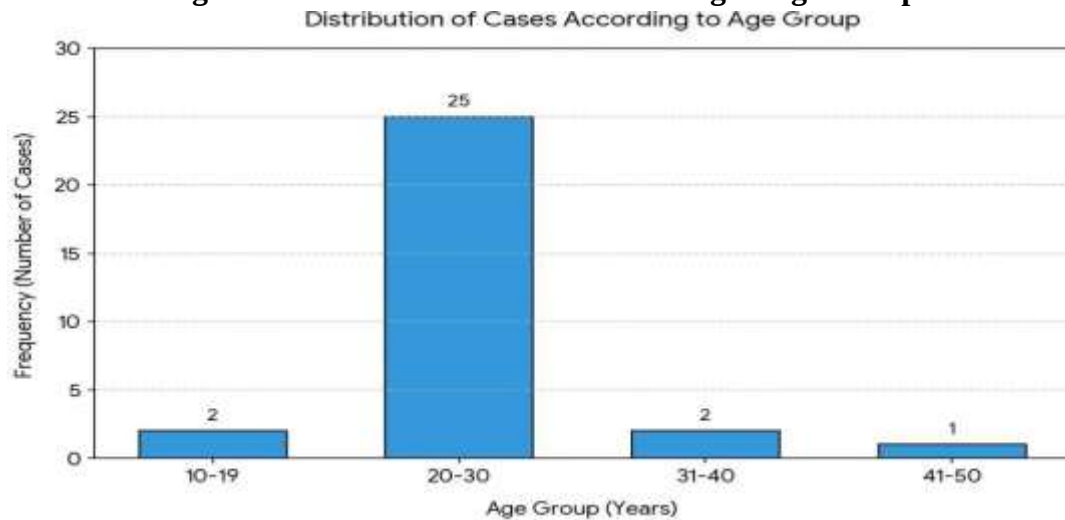
Thirty cases of leucorrhoea were included in the study. The age distribution showed a marked concentration in the 20–30-year age group: 25 cases (83.33%) belonged to this group. Two cases (6.66%) were aged 10–19 years, two (6.66%) were aged 31–40 years, and one (3.33%) was aged 41–50 years.

Age group (years)	Number	Percentage
10–19	2	6.66
20–30	25	83.33

31–40	2	6.66
41–50	1	3.33
Total	30	100.00

Table 1. Age distribution of participants.

Figure 1-Distribution of Cases According to Age Group

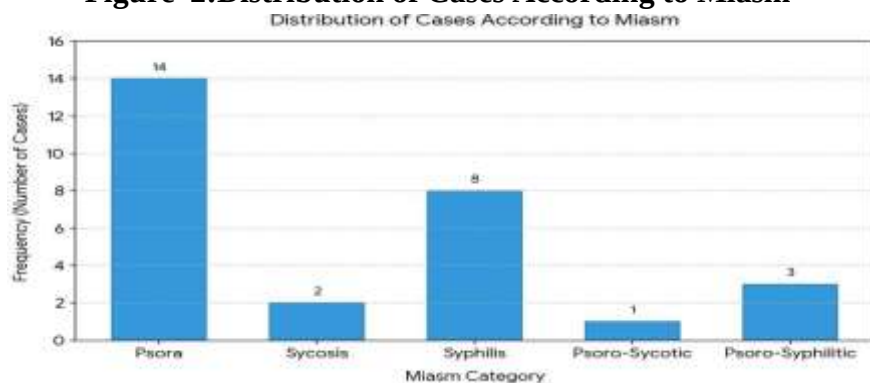


Miasmatic assessment showed Psora as the predominant pattern in 14 cases (46.66%), followed by Syphilis in 8 cases (26.66%) and a Psoro-syphilitic pattern in 3 cases (10.00%). The remaining five cases (16.67%) represented other miasmatic classifications recorded in the dissertation and should be reported with their exact labels in the final table after verification of the master chart.

Miasmatic pattern	Number	Percentage
Psora	14	46.66
Syphilis	8	26.66
Psoro-syphilitic	3	10.00
Other/remaining classifications*	5	16.67
Total	30	100.00

Table 2. Predominant miasmatic patterns.

Figure 2: Distribution of Cases According to Miasm-



Interpretation:

The above table shows the distribution of cases according to miasmatic analysis. **Psora** was the predominant miasm, observed in **14 cases (46.66%)**, followed by **Syphilis** in **8 cases (26.66%)**. **Psoro-syphilitic** miasm was identified in **3 cases (10%)**, while **Sycosis** was observed in **2 cases (6.66%)** and **Psoro-sycotic** miasm in **1 case (3.33%)**. These findings indicate that the majority of patients exhibited a predominantly psoric miasmatic background, emphasizing its significance in the homoeopathic evaluation and management of cases of vaginal discharge.

Distribution of Cases According to Clinical Outcome

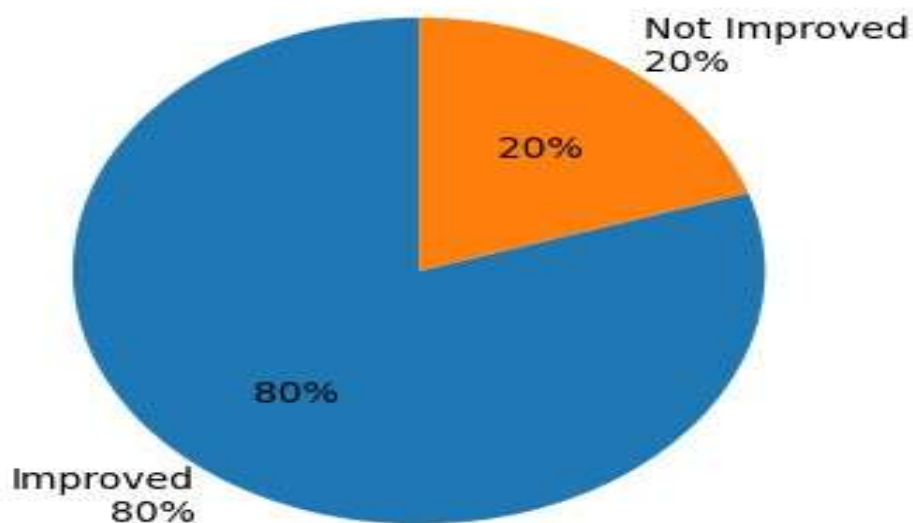


Figure: Pie chart showing distribution of clinical outcome .

Interpretation

The above table and pie chart show the distribution of clinical outcomes among the 30 study participants. Out of the total cases, 24 patients (80.00%) showed improvement following individualized homoeopathic treatment, whereas 6 patients (20.00%) did not show improvement. The predominance of improved cases suggests that the prescribed homoeopathic remedies were associated with a favorable clinical response in the majority of patients included in the study. However, a smaller proportion of patients failed to demonstrate clinical improvement, indicating the need for further evaluation of individual case characteristics, follow-up duration, or other contributing factors.

Calculation of Paired t-test (VDS Score Before and After Treatment)

Outcome measure: Vaginal Discharge Scale (VDS) Sample size (n): 30

Calculation

1. $\Sigma d = 48$
2. Mean difference ($\bar{d}$) = $\Sigma d / n = 48/30 = 1.60$
3. $\Sigma d^2 = 96$
4. Standard deviation of differences (SD) = $\sqrt{[\Sigma (d - \bar{d})^2 / (n-1)]} = 0.814$
5. Standard error (SE) = $SD / \sqrt{n} = 0.814 / \sqrt{30} = 0.149$
6. Paired t-value = $\bar{d} / SE = 1.60 / 0.149 = 10.77$
7. Degrees of freedom = $n - 1 = 29$
8. At 5% level of significance (two-tailed), the critical t value for $df=29$ is approximately 2.045.
9. Since calculated t (10.77) > 2.045, the null hypothesis is rejected.

Interpretation

The calculated paired t-value was 10.77, which is greater than the critical value at $df=29$. Therefore, there is a statistically significant reduction in VDS scores after treatment ($p < 0.05$). This indicates that the homoeopathic intervention was associated with a significant improvement in vaginal discharge severity in the study participants

Discussion

The present study evaluated a miasmatic approach integrated with individualized homoeopathic prescribing in 30 females with leucorrhoea. The principal finding was that 80% of the cases were reported to have improved during the study period. This result indicates a favourable clinical outcome within the observed cohort, although it cannot establish comparative efficacy because the study did not include a control group and the available material does not provide a blinded outcome assessment.

The age distribution was notable for a predominance of women aged 20–30 years, who accounted for 83.33% of the study population. This finding is compatible with the broader observation that vaginal discharge is a frequent reproductive-health complaint among women of reproductive age. Community-based Indian studies have reported considerable prevalence of leucorrhoea and associations with reproductive, obstetric and socio-demographic factors^{5–7}. The present study, however, was a treatment-based clinical sample rather than a community prevalence survey; therefore, its age distribution should not be interpreted as an estimate of population prevalence.

The clinical heterogeneity of vaginal discharge is important when interpreting treatment outcomes. International guidance recognizes bacterial vaginosis, candidiasis and trichomoniasis as common causes, while also emphasizing cervicitis and non-infectious conditions in the differential diagnosis^{1–4}. CDC guidance similarly notes that symptoms such as discharge, itching, burning and odour are not sufficiently specific to establish aetiology from history alone and recommends appropriate examination and laboratory assessment where indicated^{3,4}. Thus, a comprehensive individualized case assessment can capture the broader symptom picture, but such assessment should complement rather than replace appropriate investigation when infection or another potentially serious cause is suspected.

Psora was the predominant miasmatic pattern in 46.66% of cases, followed by Syphilis and Psorosyphilitic classification. Within classical homoeopathic theory, miasmatic assessment is intended to provide a framework for understanding chronic disease patterns and selecting an individualized remedy^{8–10}. The observed predominance of Psora therefore reflects the interpretive framework used in the study rather than a biomedical classification of leucorrhoea. It should not be assumed that the distribution of miasms corresponds to microbiological or pathological subtypes.

Pulsatilla was the most frequently prescribed remedy, accounting for 13.33% of prescriptions. Other frequently indicated remedies included Kreosotum, Graphites, Mercurius solubilis, Nitricum acidum and Borax. The use of multiple remedies rather than a single standardized prescription is consistent with an individualized treatment model. Clinical data from Indian homoeopathic practice have similarly shown that individualized prescribing predominates in gynaecological outpatient care¹¹, while clinical verification studies have documented the use of individual homoeopathic medicines for female complaints including leucorrhoea^{13–15}. These studies provide contextual support for the clinical setting, but they do not directly establish the efficacy of the specific miasmatic approach evaluated here. The 80% improvement reported in the present study is clinically encouraging, but interpretation requires caution. A prospective uncontrolled design is vulnerable to regression to the mean, spontaneous

fluctuation of symptoms, placebo/contextual effects, changes in hygiene or health-seeking behaviour, concomitant treatment and observer or reporting bias. Leucorrhoea itself has multiple causes and may fluctuate over time. Therefore, improvement in a clinical series should be considered hypothesis-generating rather than proof of causal efficacy. This cautious interpretation is consistent with prior observational homoeopathic research, which has emphasized the value of routine clinical outcome documentation while acknowledging the inability of uncontrolled observations to establish causal effects¹¹.

Another important consideration is diagnostic certainty. Modern guidelines recommend identifying infectious and non-infectious causes of vaginal discharge using clinical examination and appropriate laboratory tests, particularly when symptoms are severe, recurrent, persistent or suggestive of sexually transmitted infection¹⁻⁴. The final article should therefore clearly report which diagnostic investigations were actually performed in this study. If laboratory investigations were not routinely performed, this should be transparently stated as a limitation.

The study has several strengths. It was prospective, included a defined clinical sample of 30 cases, and evaluated patients using an individualized prescribing approach rather than applying a single remedy indiscriminately. The explicit documentation of miasmatic assessment also addresses the specific research question and permits the distribution of miasmatic patterns to be described. The study additionally records remedy use, allowing the clinical prescribing pattern to be characterized.

The principal limitations are the small sample size, absence of a comparison group, lack of randomization and the limited outcome information. The absence of microbiological confirmation, if applicable, would also limit interpretation because vaginal discharge is an aetiologically heterogeneous syndrome. Further studies should use standardized diagnostic criteria, validated symptom/outcome scales, predefined follow-up intervals and an appropriate comparator. Where the aim is to test efficacy, randomized controlled designs with adequate sample size and transparent reporting would provide stronger evidence.

Conclusion

In this prospective interventional study of 30 females with leucorrhoea, individualized homoeopathic treatment guided by miasmatic assessment was associated with clinical improvement in 80% of cases. The majority of participants were aged 20–30 years, and Psora was the most frequently recorded miasmatic pattern. Pulsatilla was the most frequently prescribed remedy. These findings provide preliminary clinical observations regarding the use of a miasmatic framework in individualized homoeopathic management of leucorrhoea. However, the uncontrolled design, small sample size and incomplete methodological information available for this manuscript prevent definitive conclusions regarding efficacy. Larger, methodologically rigorous controlled studies with standardized outcome assessment and appropriate diagnostic evaluation are warranted.

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