

Clinical Outcome of *Pulsatilla Nigricans* in Leucorrhoea: A Case Discussion

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Abstract—Background: Leucorrhoea, characterized by excessive vaginal discharge, is a common gynaecological complaint that may adversely affect a woman's physical comfort and psychological well-being. Homoeopathy adopts an individualized and holistic approach, aiming to address both local pathological changes and associated general and mental symptoms. This case discussion presents a female patient with leucorrhoea who underwent detailed homoeopathic case-taking. Based on the totality of symptoms, *Pulsatilla Nigricans* was prescribed as the indicated remedy. The patient was followed up at regular intervals, and gradual improvement was observed in the nature and quantity of vaginal discharge, along with relief in associated complaints and improvement in overall well-being. No adverse effects were noted during the course of treatment. This case highlights the potential role of *Pulsatilla Nigricans* in the individualized homoeopathic management of leucorrhoea, while emphasizing the need for further systematic clinical studies to substantiate these observations.

Methods: A single-case clinical observation was conducted on a female patient presenting with leucorrhoea. Detailed homoeopathic case-taking was performed, including physical, mental, and general symptoms. Repertorization was carried out based on the totality of symptoms, and *Pulsatilla Nigricans* was prescribed as the indicated remedy. The patient was followed up at regular intervals to assess changes in vaginal discharge, associated symptoms, and overall well-being.

Index Terms—Leucorrhoea, Homoeopathy, *Pulsatilla Nigricans*, Vaginal Discharge

I. INTRODUCTION

Leucorrhoea refers to the discharge of whitish, yellowish, or greenish fluid from the female genital

tract. The discharge may be physiological or pathological in nature. It commonly originates from the cervix, and less frequently from the vagina, ovaries, or fallopian tubes.¹ Leucorrhoea may occur during pregnancy and is considered physiological when the discharge is thin, white, and relatively odourless. Physiological leucorrhoea is also observed in adolescent girls within a few months to one year after the onset of menarche and may be seen in newborn girls, usually persisting for one to two months.²

Pathological leucorrhoea is suspected when the discharge is yellow or green, foul-smelling, and associated with symptoms such as itching, irritation, burning sensation, pain, or inflammation of the genital tissues.³ Vaginal discharge and discomfort are common complaints encountered in gynaecological practice, and vaginitis is frequently diagnosed. A clear understanding of normal vaginal secretions is essential during clinical evaluation to differentiate physiological discharge from disease conditions.¹ Leucorrhoea may result from various infective causes, including bacterial vaginosis, trichomoniasis, and vulvovaginal candidiasis. Common symptoms include abnormal vaginal discharge, itching, burning, irritation, and discomfort in the perineal region.²

II. CAUSES OF LEUCORRHOEA

Leucorrhoea may arise from various physiological and pathological conditions.

Physiological causes include normal hormonal changes occurring during different stages of life such as the neonatal period, puberty, pre-menstrual and

peri-ovulatory phases, pregnancy, lactation, and sexual arousal.^{1,2}

Pathological causes are associated with abnormal conditions of the female reproductive system, including infections, inflammatory disorders, and, in some cases, psychological stress or emotional factors.³

Other contributing factors include lifestyle habits, poor personal hygiene, genetic predisposition, use of oral contraceptives, vaginal douching, and application of local cosmetic products.⁵

III. DIAGNOSIS AND GENERAL MANAGEMENT

The diagnosis of leucorrhoea involves clinical evaluation and laboratory analysis of vaginal discharge for the presence of microorganisms and assessment of white blood cell count. The presence of more than ten white blood cells per high-power field under microscopy supports a pathological diagnosis.⁴

Effective management requires not only appropriate medication but also counselling and a compassionate approach. Patients should be advised regarding genital hygiene, including keeping the external genitalia clean and dry, regular washing after urination and defecation, wiping from front to back, and maintaining adequate rest, sleep, and physical activity.

IV. HOMOEOPATHIC APPROACH IN THE TREATMENT OF LEUCORRHOEA

In homoeopathy, leucorrhoea is not viewed merely as a local symptom but as a manifestation of deeper systemic imbalance. Therefore, treatment is individualized and aimed at addressing the underlying cause rather than merely providing symptomatic relief.⁶ Homoeopathic management involves a comprehensive case-taking process, which considers the totality of physical, emotional, and mental symptoms.⁷ The therapeutic approach works on two levels: (a) addressing acute manifestations of the disease, and (b) preventing recurrence by strengthening the patient's overall vitality and immunity. Through this holistic approach,

homoeopathic medicines aim to reduce susceptibility to recurrent infections and restore long-term health.

V. CASE PRESENTATION

Personal Data

- Name of Practitioner: Dr. K
- Date: 18/08/2024
- Registration No.: AAA
- Patient: Ms. ABC
- Age: 26 years
- Sex: Female
- Marital Status: Divorced (legally completed in 2022); separated since 8 years
- Diagnosis: Leucorrhoea

Presenting Complaints

- Increased white, creamy vaginal discharge since 6 months
- Discharge profuse, bland, non-offensive
- Leucorrhoea before and during menses
- Intermittent pain in back and legs
- Headache since 1 year (frontal); occipital headache due to prolonged screen exposure

History of Present Illness

Complaints began six months prior and gradually increased in intensity. The patient reported marked weakness and irritability throughout the day.

Past History

History of typhoid fever at the age of five years, treated with allopathic medication.

Family History

Both parents are diabetic; sister is healthy.

Gynaecological History

Menarche at 13 years; regular menstrual cycle. Pain in back and calves before menses, marked irritability during menses, and white creamy discharge after menses.

Physical Generals

Appetite normal; thirst 8–9 glasses/day; urine 5–6 times/day and 1–2 times/night; stool satisfactory; sleep sound.

Mental Generals

The patient had prolonged grief for eight years, fear of darkness, reserved nature, kind-hearted disposition, marked irritability during menses,

preference for solitude, and a strong desire to live independently and adopt a child.

Examination and Investigations

General and systemic examinations revealed no significant abnormalities. CBC and thyroid profile were advised.

VI. TOTALITY OF SYMPTOMS

- Long-standing grief
- Fear of darkness
- Marked irritability during menses

- Mild, kind-hearted, reserved disposition
- White, creamy, bland leucorrhoea
- Leucorrhoea before and during menses
- Occipital headache

REPERTORIAL ANALYSIS

1. *Pulsatilla Nigricans* – 6/13
2. *Calcarea Carbonica* – 5/6
3. *Natrum Muriaticum* – 3/3
4. *Nux Vomica* – 3/3

PRESCRIPTION

- *Pulsatilla Nigricans* 200C – one dose
- *Saccharum lactis* – three times daily for 15 days

VII. FOLLOW-UP AND RESULT

FOLLOW UP:

1.	30/8/2024 Patient is better but still has discharge	Pulsatilla 200 single dose SL TDS 15days
2.	14/9/2024 Much better, less discharge now, no anynew complain.	SL TDS 15 days
3.	28/9/2024 Better in discharge, no discharge present	SL TDS 15 days
4.	12/10/2024 Better, relief in all complain	SL TDS 15 days
5.	26/10/2024 No new complain	SL TDS 15 days

VIII. DISCUSSION

The characteristic features of the case—bland, profuse leucorrhoea occurring around menses, emotional sensitivity, grief, mild disposition, and menstrual irritability—closely corresponded with *Pulsatilla Nigricans* as described in homoeopathic Materia Medica. Constitutional treatment based on individualization resulted in sustained improvement, supporting homoeopathic principles outlined in the *Organon of Medicine*.

IX. CONCLUSION

This case discussion suggests that *Pulsatilla Nigricans*, when prescribed on the basis of totality of symptoms, may be effective in the management of leucorrhoea. The holistic homoeopathic approach not only relieved the local complaint but also improved the patient’s general and mental well-being. Further

clinical studies are recommended to substantiate these findings.

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