Management Of Leucorrhoea with Hydrastis Canadensis Assessed by Repertorisation and Follow-Up – A Case Report

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***Abstract*—Leucorrhoea is a common gynaecological complaint in which excessive vaginal discharge may be accompanied by weakness, backache and local pathology such as cervical erosion. In homoeopathy the discharge is not treated alone; its quality, modalities and concomitants are individualised and matched to a similar remedy. Case presentation A 32-year-old married female presented with complaintsof leucorrhoea. The discharge was yellow, profuse, ropy, stringy and tenacious in character. The leucorrhoea was associated with a marked feeling of weakness and exhaustion, suggesting that the prolonged discharge was debilitating to the patient. She also complained of backache accompanying the leucorrhoea. On local examination clinical assessment, cervical erosion was noted. Along with the genital symptoms, the patient reported forgetfulness and a peculiar sensation of emptiness with weakness in the stomach. The totality showed Hydrastis canadensis prominently covering the characteristic symptoms, particularly the peculiar nature of the leucorrhoeal discharge and its associated weakness.**

***Index Terms*—Leucorrhoea, Hydrastis canadensis, repertorisation, individualised homoeopathic medicine, case report**

I. INTRODUCTION

In Indian society, women are held in high value and respect. Women in the reproductive age group (15–45 years) make up about one fifth of the global population, and in India they formed roughly 19% of the population according to the 2001 census. In 1995, the WHO reported that nearly one third of all healthy years lost by adult women were due to reproductive health problems. Reproductive tract infection remains a major public health problem among women of reproductive age in developing countries, and leucorrhoea is one of the conditions regarded as abnormal that affect the female reproductive tract.[1]

Leucorrhoea, also known as fluor albus, is an excessive discharge from the female genital organs. Women experience a thick, whitish or yellowish vaginal discharge, most commonly noticed at puberty when the sexual organs are developing. It may flow as a thin liquid at times and be sticky and thick at others, and its character changes with the age of the woman. Vaginal discharge up to a certain extent is normal and healthy, as it flushes out dead cells and other harmful organisms from the reproductive organs. In healthy women it is whitish in colour.

Every woman has some normal periodic discharge, which maintains the chemical balance and flexibility of the vaginal tissues and acts as a natural defence for the vagina.

When the discharge exceeds the normal amount and becomes a thick white or yellow fluid with a foul smell, it is termed leucorrhoea and may indicate infection, cancer or some other cause. Such abnormal discharge may be whitish, yellowish, reddish or blackish in colour.[2][3]

Vaginal complaints are a common reason for seeking medical attention, particularly during the reproductive years. Vaginal discharge is an important concern because it affects a patient's personal, professional and social life.[4]

Homoeopathy can offer an effective method of treatment in leucorrhoea, as it focuses not only on the signs and symptoms but on treating the patient as a whole. It can help women maintain optimal health at every phase of life, from birth to old age.

II. HOMOEOPATHIC APPROACH [5][6][7]

Hydrastis canadensis

Source and introduction. Hydrastis canadensis, known as goldenseal, yellow root or orange root, is a small perennial herb of the family Ranunculaceae, native to the woodlands of North America. The rhizome and root, which contain the alkaloids berberine, hydrastine and canadine, are used to prepare the homoeopathic mother tincture. The medicine entered the homoeopathic materia medica through the provings of early American physicians and is described in the standard materia medica works.

General sphere of action. Hydrastis acts mainly on the mucous membranes. It produces a catarrhal state in which the discharge is thick, tenacious, stringy and ropy, and usually yellow or white. The mucous membranes of the nose, throat, stomach, bowel and genital tract may all be affected.

It is also described as acting on the glands and the liver, and it is a medicine of marked debility, in which prolonged discharge leads to weakness, exhaustion and a run-down state.

Mind. The mental picture is mild and not very prominent: depression and despondency with the physical complaints, and forgetfulness, which is listed in the repertory and was present in this patient.

General symptoms. Weakness and prostration, a thin and ailing appearance, and a tendency to long-standing catarrhal complaints.

Stomach. A characteristic sinking, empty, weak ("all-gone") feeling in the stomach, with weak digestion and catarrh of the stomach.

Female genitalia. Leucorrhoea is the key indication. The discharge is thick, tenacious, ropy and stringy, yellow in colour and often profuse and acrid, and it is accompanied by weakness and backache. Cervical catarrh and erosion of the cervix are also described, and pruritus of the vulva may be present.

Miasmatic background. Catarrhal discharges, thick mucus and erosions fit the sycotic miasm, which was also the predominant miasm in this case.

Correlation of this case with Hydrastis canadensis

Table 1 Correlation of this case with Hydrastis canadensis

Symptom in the case	Hydrastis picture
Yellow, thick, ropy, stringy, tenacious discharge	Key symptom: thick, yellow, tenacious, ropy mucous discharge
Profuse discharge	Profuse leucorrhoea, often acrid
Cervical erosion	Cervical catarrh and erosion
Weakness and exhaustion with the discharge	Marked debility from prolonged discharge
Backache with leucorrhoea	Backache accompanying leucorrhoea
Empty, weak feeling in the stomach	Sinking, "all-gone" feeling in the stomach
Forgetfulness	Listed in the repertory

III. CASE REPORT

Patient information

A 32-year-old married woman, working in a job, of middle economic status, from Mehsana, Gujarat, came to the OPD with complaints of vaginal discharge of 8 months' duration. [Written consent was obtained from the patient; follow-up data are used and published for academic purposes. – please confirm.]

Chief complaints

- Yellowish, ropy, sticky, stringy vaginal discharge – 8 months
- Profuse, thick, tenacious, acrid, odourless discharge
- Aggravation before and after menses
- Backache accompanying the discharge
- Marked weakness and exhaustion
- Sensation of emptiness in the stomach (concomitant)
- Forgetfulness

IV. HISTORY OF PATIENT

The patient was well until 8 months before presentation, when she developed a yellow, profuse, ropy and tenacious vaginal discharge. The discharge was aggravated before and after menses and was

accompanied by backache and weakness, which she felt was debilitating. She had no complaint from her contraceptive method (condom).

Personal history
- Diet: Vegetarian
- Appetite: Normal, 3 times/day
- Thirst: Normal; 10–12 glasses of water/day
- Desire: Sweet dishes (mild)
- Habit: 3 cups of coffee/day
- Hobby: Travelling
- Stool: Satisfactory
- Thermal reaction: Ambithermal
- General appearance: Thin, expressive face

Past history
- Dengue at the age of 29 years, treated with allopathy; cured, no recurrence

Family history
- Father, mother, brother and paternal grandmother alive; paternal grandfather and maternal grandparents deceased. No significant disease recorded.

Gynaecological and obstetric history
- Menarche: 13 years, no related complaints
- Cycle: Regular; bleeding 5 days, normal flow, bright red, fluid
- LMP: 11 July 2025
- Leucorrhoea: Profuse, yellow, ropy, tenacious, sticky, stringy, thick; acrid, odourless; before menses
- Obstetric: G1 P1 A0 (stillbirth 1 / living 1 as recorded)
- Contraception: Condom

Mental generals
- Forgetful

General modalities
- Aggravation before and after menses

Systemic and local examination
No abnormality in the systemic examination. Per speculum examination showed cervical erosion.

V. DIAGNOSIS

- Primary diagnosis: Other non-inflammatory disorders of vagina
- Associated: Vaginismus; vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere (as per HCCR classification)

VI. ANALYSIS OF SYMPTOMS

- Thick, ropy, stringy, tenacious discharge – particular, characteristic
- Profuse yellow discharge – particular
- Discharge worse before and after menses – general modality
- Cervical erosion – pathological particular
- Backache with leucorrhoea – particular
- Weakness and exhaustion with the discharge – general
- Weak, empty feeling in the stomach – concomitant
- Forgetfulness – mental general
- Miasmatic analysis: predominantly sycotic

VII. TOTALITY OF SYMPTOMS

- Leucorrhoea, yellow, profuse
- Discharge ropy, stringy, tenacious
- Cervical erosion
- Backache with leucorrhoea
- Weakness, exhaustion from leucorrhoea
- Empty, weak feeling in the stomach
- Forgetfulness

VIII. REPERTORIAL TOTALITY (COMPLETE REPERTORY)

- Female genitalia – Leucorrhoea
- Female genitalia – Leucorrhoea: yellow
- Female genitalia – Erosion, cervix
- Female genitalia – Leucorrhoea: weakening, exhausting
- Back – Pain: leucorrhoea, with
- Female genitalia – Leucorrhoea: ropy, stringy, tenacious
- Female genitalia – Leucorrhoea: profuse
- Mind – Forgetfulness
- Stomach – Emptiness, weak feeling

IX. REPERTORISATION CHART

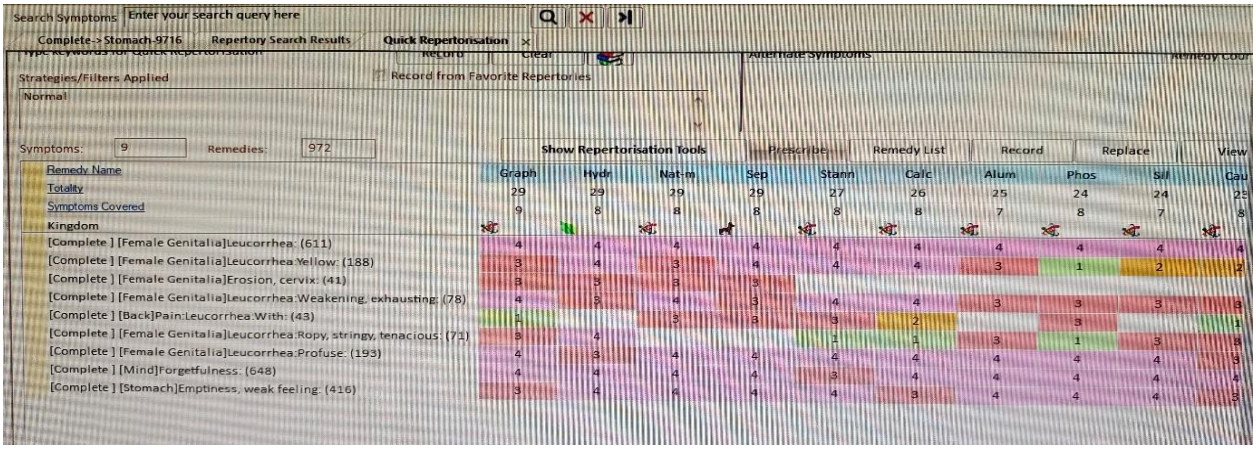


Figure 1 Repertorial sheet

Table 2 Repertorisation Chart

Remedy	Totality	Symptoms covered
Graphites	29	9
Hydrastis	29	8
Natrum muriaticum	29	8
Sepia	29	8
Stannum	27	8
Calcarea carbonica	26	8
Alumina	25	7
Phosphorus	24	8
Silicea	24	7
Causticum	23	8

Tabular presentation (grades)

Table 3 Tabular presentation (grades) of symptoms

Symptoms	HYDR	GRAPH	NAT-M	SEP
Leucorrhoea	4	4	4	4
Leucorrhoea: yellow	4	3	3	4
Erosion, cervix	3	3	3	3
Leucorrhoea: weakening, exhausting	3	4	4	3
Back pain with leucorrhoea	–	1	3	3
Leucorrhoea: ropy, stringy, tenacious	4	3	–	–
Leucorrhoea: profuse	3	4	4	4
Mind: forgetfulness	4	4	4	4
Stomach: emptiness, weak feeling	4	3	4	4
Total	29	29	29	29

Four remedies reached the same totality of 29. Hydrastis was selected because it carried the highest grade for the most characteristic and peculiar symptom, the ropy, stringy, tenacious discharge, which Natrum muriaticum and Sepia did not cover at all, and because of the closest similarity with the weakness and the empty feeling in the stomach on materia medica.

X. PRESCRIPTION AND FOLLOW-UP

First prescription (15/07/2025): Hydrastis canadensis 200c, 6 doses, BD for 3 days, in globules, on the basis of repertorisation and materia medica.

Date	Symptoms	Prescription
15/07/2025	Yellow, profuse, ropy, stringy discharge with backache, weakness, empty feeling in stomach, forgetfulness	Rx Hydrastis canadensis 200c, 6 doses BD 3 days
31/07/2025	Patient feels better; amelioration	Rx SL BD 15 days
18/08/2025	Better; amelioration	Rx Hydrastis canadensis 200c, 6

Date	Symptoms	Prescription
		doses BD 3 days
03/09/2025	Vaginal discharge reduced; amelioration	Rx SL BD 15 days
17/09/2025	No new complaint; stickiness of discharge reduced; amelioration	Rx SL BD 15 days

XI. OUTCOME MEASUREMENT

The outcome was assessed with a self-assessment symptom score, recorded before treatment and again after completion of treatment, to judge the efficacy of Hydrastis canadensis. Five symptoms were assessed: quantity of discharge, quality/colour of discharge, itching/burning, odour and weakness.

XII. DISCUSSION

In this case of leucorrhoea, an individualised prescription of Hydrastis canadensis was followed by progressive amelioration: the patient felt better at the first follow-up, the quantity of the discharge was reduced by the fourth, and by the fifth the stickiness had reduced with no new complaints. The medicine was repeated once, at the third visit, and placebo (SL) was given at the other follow-ups.

In this case the repertorial result alone did not point to one remedy, since four remedies reached a totality of 29. The decision rested on the characteristic, peculiar quality of the discharge, which is in line with the classical principle of giving more weight to peculiar and characteristic symptoms than to common ones.

As this is a single case with a short follow-up of about 2 months, and no scale was used to measure the outcome, the improvement cannot be said to be caused by the medicine; it is reported to illustrate the method and to encourage further, controlled study. A repeat per speculum examination to document the cervical erosion would have strengthened the case.

XIII. CONCLUSION

In this case of leucorrhoea, the individualized homoeopathic medicine Hydrastis canadensis 200c, selected after detailed case analysis and repertorization on the basis of symptom similarity, was followed by progressive amelioration over 4 follow-ups from 15/07/2025 to 17/09/2025, with reduction in the quantity and stickiness of the discharge and no new complaints. These observations suggest that individualized homoeopathic treatment may be a useful therapeutic approach in managing leucorrhoea; further studies with a validated outcome measure are needed.

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