

## MYRON AN INDIGENOUS DRUG IN TRICHOMONIASIS & MONILIASIS

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### SUMMARY

50 consecutive cases of leucorrhoea that attended the STD Training & Demonstration Centre, Safdarjang Hospital, New Delhi, were treated with Myron. Routine investigations, including smear and culture were done. Monilial infection and infection due to *T. Vaginalis* were predominant. Myron was used in cases of moderate leucorrhoea and Myron + Bangshil was used in cases of leucorrhoea with profuse discharge. Assessment was made by repeat investigations and symptomatic relief. It was found that Myron gave 88.0% satisfactory response in cases of leucorrhoea. This clinical trial shows that Myron can be used beneficially and safely in cases of leucorrhoea where facilities are not available for investigations and smear culture.

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*Trichomonas vaginalis* and monilial infections are common in females. These are commensal of the vagina, but sometimes become pathogenic for reasons which are not always clear and cause vaginitis characterised by white discharge (leucorrhoea). Though metronidazole is considered a specific drug for *T. Vaginalis* infection while the smear becomes negative with the use of this drug, often leucorrhoea persists. With this problem in view, we decided to give a clinical trial with Myron, an Ayurvedic drug, as it is said to remove the root causes of leucorrhoea. We were also encouraged by the reports of previous workers, regarding the safety and beneficial properties of this drug in cases of leucorrhoea.

## MATERIAL AND METHODS

50 consecutive cases of leucorrhoea that were available for treatment and follow-up and attending the STD Training & Demonstration Centre, Govt. of India, Safdarjang Hospital, New Delhi, during 1976, were studied. Routine urine examination, blood examination and blood examination for STS, were done in all the cases. Vaginal smear was also examined in all the cases. Where direct smear examination did not reveal any organism. smear culture was done. Repeat smear examination was done in all cases; 2 weeks and 4 weeks after Myron treatment, cultures were not repeated. Negative smear examination along with symptomatic relief was taken as criteria for good response to Myron.

In 2 cases of T. Vaginalis with gonococci, 2 cases of T. Vaginalis with monial infection and 4 cases of non-specific leucorrhoea. Bangshil which is an urinary antiseptic and is said to detoxicate genito-urinary system and raise the body resistance, was also given for the first 2 weeks with Myron. The trial period was 4 weeks.

## MYRON: ACTION & DOSAGE

Myron contains processed ingredients of Myrrh, Guggul, Shilajit and Loha, Abhraka and Vanga Bhasmas. This combination is said to stimulate, tone up and regulate the functions of genitourinary system. The drug is described as anti-inflammatory, anti-bacterial and antiseptic, with healing and restorative properties. Myron was given 2 tabs, thrice daily, for 2 weeks and then, 2 tabs. twice a day for 2 more weeks. Where Bangshil was also given, it was given in the same dosage as Myron for the first 2 weeks and then, only Myron was given for the next 2 weeks.

## AGE GROUPS: TABLE 1

The largest number having leucorrhoea was in 26-30 years group comprising 28% of patients. The age group of 20 – 30 years comprised 54% of the total cases. There was one female child aged 10 years and two unmarried women in the series. There were 4 cases of primary sterility and 2 cases of secondary sterility.

**TABLE I**  
**Showing Age Groups, Marital Status and Fertility**

Age Group In years	Child	Unmmarried	Married	Primary Sterility	Secondary Sterility	Total	Percentage
10	1	-	-	-	-	1	2
20-25	-	2	9	2	-	13	26
26-30	-	-	14	-	-	14	28
31-35	-	-	4	2	-	6	12
36-40	-	-	10	-	2	12	24
41-45	-	-	4	-	-	4	8
<b>Total</b>	1	2	41	4	2	50	100

## PRESENTING SYMPTOMS : TABLE 2

Back-ache was the commonest presenting symptom in 84% of patients. Itching of vulva was present in 64%, burning micturition in 44%, menstrual disorders in 34% and pain in the hypogastrium in 12%. In addition to the above 2 patients complained of poor appetite.

**TABLE II**  
Showing the presenting symptoms (50 cases)

Symptom	No of cases	Percentage
Back-ache	42	84
Itching (Vulva etc)	32	64
Burning Micturition	22	44
Menstrual Disorder	17	34
Pain in hypogastrium	6	12

## EXAMINATION

On examination 12 cases (24%) showed mild erosion of cervix and 20 (40%) showed inflammation of the cervix.

## NATURE OF VAGINAL DISCHARGE: TABLE 3

68% of patients had watery discharge, 20% had mucoid discharge and 12% had discharge of thin warm fluid. In 32% discharge was offensive.

**TABLE III**  
Showing the nature of vaginal discharge

Discharge	No of cases	Percentage	Offensive discharge	Percentage
Watery	34	68	14	28
Mucoid	10	20	2	4
Thin warm fluid	6	12	-	-
<b>Total</b>	<b>50</b>	<b>100</b>	<b>16</b>	<b>32</b>

## EXAMINATION OF SMEAR AND CULTURE : TABLE 4

52% (26) had monilial infection and 32% (16) had T. Vaginalis infection. 4% had both candida and T. Vaginalis, and 4% had T.Vaginalis and gonococci. In 8% no organism was found even on culture and they are considered to have non-specific leucorrhoea. In 8% of monilial and 24% of T. Vaginalis infections organisms could be recovered only on culture.

**TABLE IV**  
Showing results of smear & culture by number of patients and percentage

	No of cases smear	Percentage	No of cases Culture	Percentage	-ye	Percentage	Total	Percentage
Candidiasis	22	44	4	8			26	52
T.Vaginalis	4	8	12	24			16	32
T.Vaginalis + gonorrhoea	2	4					2	4
T Vaginalis + candidiasis	2	4	-	-	-	-	2	4
Non specific	-	-	-	-	4	8	4	8
<b>Total</b>	<b>30</b>	<b>60</b>	<b>16</b>	<b>32</b>	<b>4</b>	<b>8</b>	<b>50</b>	<b>100</b>

#### HAEMOGRAM, ETC.

Haemogram of the patients ranged from 9.2 gm% to 12.5 gm%, the mean being 10.9 gm%. Blood for STS was examined in all patients. One positive case was detected in a patient.

#### OTHER DRUGS

4 patients were treated just before the trial with Mycostatin Vaginal tablets and ointment without any improvement in their discharge.

#### RESULTS RESPONSE TO MYRON TREATMENT

20 cases (76.9%) of monilial infection out of 26, and 10 cases (62.5%) of T. Vaginalis out of 16, had complete relief in 2 weeks of treatment with Myron, 2 tabs. three times a day. 4 cases (15.4%) of monilial and 2 cases (12.5%) of T. Vaginalis had complete relief in 4 weeks of treatment. In these cases Myron was given 2 tabs, tds. with Bangshil, 2 tabs, tds. for the first 2 weeks, and for the next 2 weeks only Myron was given, 2 tabs, bd. Only 2 cases of monilial and 4 cases of T. Vaginalis, did not get relief even after 4 weeks of treatment with Myron.

Assessing the overall results of this trial, 60% had complete relief in 2 weeks, and 28% had complete relief in 4 weeks, a total of 88% thus getting complete relief. Only 6 cases (12%) did not get relief even after 4 weeks of treatment. Repeat smear examination was done in all cases after 2 weeks and 4 weeks of treatment, and it was found negative.

12 cases with mild erosion of cervix and 20 cases with inflammation showed improvement after 4 weeks of treatment. Cervix looked healthy after Myron therapy. Appetite improved and all the patients had a sense of well-being. The details of response to Myron are given in Table No. 5.

**TABLE V**  
**Results : Response to Myron**

	No of cases	Relief after 2 weeks	Percentage	Relief after 4 weeks	Percentage	Total no. with relief	Percentage	No relief	Percentage
Candidiasis	26	20	76	4	15.4	24	92.3	2	7.7
T.Vaginalis	16	10	62.5	2	12.5	12	75	4	25
T Vaginalis + candidiasis	2	-	-	2	100	2	100	-	-
T.Vaginalis + gonorrhoea	2	-	-	2	100	2	100	-	-
Non specific	4	-	-	4	100	4	100	-	-
<b>Total</b>	<b>50</b>	<b>30</b>	<b>60</b>	<b>14</b>	<b>28</b>	<b>44</b>	<b>98</b>	<b>6</b>	<b>12</b>

No toxic or side effects were observed with Myron and Bangshil during the trial.

### CONCLUSION

Overall response with Myron was 88% of complete relief from leucorrhoea in a maximum period of 4 weeks. Only 2 cases of monial and 4 cases of T. Vaginalis, a total of 6 cases (12%) did not show satisfactory response.

Cervix looked healthy after Myron therapy in those cases with mild erosion of cervix and inflammation of cervix. Appetite improved and there was a sense of well-being in all the cases.

In our country where facilities for smear examination and culture are not available except in major centres, routine therapy with Myron in cases of leucorrhoea or Myron + Bangshil where leucorrhoea is profuse or obstinate, will be beneficial in treating the majority of these cases successfully.

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