

LEUCORRHOEA AND ITS TREATMENT WITH AN INDIGENOUS DRUG MYRON

By Dr. K. MURLIDHAR RAO, M.D. Govt. Maternity Hospital, Hyderabad. A.P.

INTRODUCTION

Leucorrhoea is a common condition seen in women. It is a term used to denote white discharge from the genital tract. Perhaps Mauricaeu (1637-1709) was the first to write about leucorrhoea. Marie Francais Bichat (1771-1801) pointed out that leucorrhoea was one of the commonest conditions of that time. One of the largest texts on leucorrhoea was written in 1960 by Wencsla Trnka de Krzowiz (Cianfrani Theodore). Leucorrhoea finds its place in ancient Ayurvedic text books. It is classified along with other discharges from the genital tract by Bhashamishra, as Sleshmaka Pradara or Sweta Pradara. The symptoms of leucorrhoea and its treatment are also described in Yogaratnakara, under Sthreeroga mentioning it as 'Some Roga'.

A pilot study of leucorrhoea by Prema Bali & Bhujwala has shown that the percentage of leucorrhoea cases is comparatively more in socio-economically poor classes ; it is less in middle class and still less in socio-economically rich classes. The present study has also shown that leucorrhoea is present in women in a larger proportion in socio-economically poor classes.

Even with the advancement of medical science, it is found that some women do not respond to treatment of antibiotics, Vaginal tablets, flagyl, cauterisation etc., in both specific and non-specific groups and thus it poses a challenge to the medical profession.

Materials & Methods

52 cases of leucorrhoea were studied during 1974-75 that attended the Hospital and at my private clinic. As two women could not be followed up, the final assessment is made on 50 cases only. The patients selected were all non-pregnant, with a history of leucorrhoea. Patients with gynaecological disorders, functional, pathological or displacements, having leucorrhoea were excluded from this study.

Vaginal smear was examined in all the cases. Smear examination was repeated in all the cases where it was positive during the first examination.

As Myron (Alarsin) has satisfied many Doctors in giving relief to many patients of leucorrhoea, with any side effects this drug was selected to give a regular clinical trial.

COMPOSITION OF MYRON

Each tablet contains :

Myrrh (Balsamodendron Myrrh)	75.0
Guggul (Balsarnodendron mukul)	30.0
Bang Bhasma (Tin Bhasma)	15.0
Loha Bhasma (Iron Bhasma)	15.0
Shilajit	15.0
Lodhra	15.0
Dhavdi flower	15.0
Ardusi leaves	7.5
Ardusi Ghan	7.5
Raswanti	7.5
Abhrak Bhasma	7.5

This combination acts as an antiseptic, increases body resistance to infection, helps the process of healing, acts as a haematinic and tonic. It tones up the genitourinary system and regulates the functions of these organs.

AGE GROUPS

The largest age group was of 21-25 years with 15 cases (30%), and the next one was from the age group of 26-30 years with 12 cases (24%) and the third one was of the age group of 31-35 years years with 8 cases (16%) As such, 70% of the cases are from 21-35 years. The details are given in Table No. 1.

TABLE I : Age Groups

Age Group	No of cases	
20 years & below	7	14%
21-25 years	15	30%
26-30 years	12	24%
31-35 years	8	16%
36-40 years	4	8%
41-45 years	2	4%
46-50 years	1	2%
51-60 years	1	2%
Total	50	100%

PARITY

7 cases (14%) were of Primi Para, 13 cases (26%) were of Para II and 6 cases (12%) were of Para III. 11 cases (22%) were nulliparous. The details are given in Table No. 2.

TABLE II - Parity

Parity	No	%
I	7	14%
II	13	26%
III	6	12%
IV	6	12%
V	3	6%
VI	2	4%
VII	1	2%
VIII	0	0
IX	1	2%
Nulliparous	11	22%
Total	50	100%

DURATION OF LEUCORRHOEA

The largest number of 15 cases (30%) were having the complaint from 1-2 years. 24 cases (48%) had the complaint ranging from 3 months to 12 months. The details are given in Table No. 3.

TABLE III - Duration of Leucorrhoea

Duration	No	%
Less than 3 months	11	22%
4-6 months	10	20%
7-12 months	3	6%
1-2 years	15	30%
3 years & over	11	22%
Total	50	100%

CAUSES OF LEUCORRHOEA

Vaginal smear was examined in all the 50 cases. 4 cases (8%) had T. Vaginalis. There was no moniliasis. Gram negative organisms, including gonococci, were also not found. In 4 cases (8%) gram positive organisms were found.

7 patients (14%) had erosion of cervix. 2 patients (4%) had chronic endocervicitis. In 33 Patients (66%) no cause could be found and hence is termed as non-specific. The details are given in Table No IV.

TABLE IV : CAUSES OF LEUCORRHOEA

Causes	No	%
T. Vaginalis	4	8%
Moniliasis	0	0
Gram – ve organisms	0	0
Pus cells and/or grams +ve organisms	4	8%
Erosion of cervix	7	14%
Endocervicitis (chronic)	2	4%
No cause found (non-specific)	33	66%
Total	50	100%

DOSAGE & RESPONSE TO MYRON TREATMENT

T.VAGINALIS

In the four cases of T. Vaginalis, Flagyl was first given for 7-10 days, for both the wife and husband and then Myron tablets were given, 2 tabs bd. for 4 to 8 weeks. Though repeat smear examination after flagyl treatment showed no T. Vaginalis, the complaint of leucorrhoea persisted. With Myron treatment of 4-8 weeks, 3 cases had Complete Relief and one had Good relief. The details are given in Table No. 5.

TABLE V : Dosage & Response to Myron T. Vaginalis

2 tab tds	2 tabs bd	Complete relief	Good	Mod	Slight	No Rlf	Total
(Flagyl for 7-10 days) %	4 weeks to 8 weeks	3 75%	1 25%	-	-	-	4

RESPONSE PUS CELLS

Gram Positive organisms

All the four cases which showed pus cells in smear examination, were given antibiotics for 5-7 days. While the pus cells disappeared, on repeat smear examination, leucorrhoea persisted almost unabated.

Myron was given 2 tabs. TID for one week and later 2 tabs. BD for 6-8 weeks. There was complete relief from leucorrhoea in 3 cases. (75 %) and 1 case (25 %) had good relief. The details are given in Table No. 6.

TABLE VI - Dosage & Response to Myron Pus cells

2 tab TID	2 tabs bd	Complete relief	Good	Mod	Slight	No Rlf	Total
1 week %	6 to 8 weeks	3 75%	1 25%	-	-	-	4

RESPONSE

Erosion of Cervix

There were 7 cases of erosion of cervix. Cauterisation was done in all the 7 cases. After cauterisation, they were put on Myron 2 tabs TID for one week, and then given 2 tabs BD for 4 weeks. Normally, it takes 6-8 weeks for healing after cauterisation, while with Myron treatment the healing was found within 4-5 weeks. 6 cases (86%) had complete healing within 4 weeks and one case took a longer time. The details are given in Table No. 7.

TABLE VII - Dosage & Response to Myron : Erosion of cervix

2 tab TID	2 tabs bd	Complete relief	Good	Mod	Slight	No Rlf	Total
7 days %	4 weeks	6 86%	1 14%	-	-	-	7

RESPONSE ENDOCERVICITIS

There were 2 cases of leucorrhoea with endocervicitis. They were given 2 tabs. TID of Myron for 2-3 weeks, and then 2 tabs. BD for 4 weeks in one case and for 8 weeks in the other case. One had complete relief and one had Good relief. The details are shown in Table No. 8.

TABLE VIII - Dosage & Response to Myron : Endocervicitis

C	2 tabs bd	Complete relief	Good	Mod	Slight	No Rlf	Total
2-3 weeks %	4-8 weeks	1 50%	1 50%	-	-	-	2

Response : Nonspecific Leucoriimea

In 33 patients, no obvious cause for leucorrhoea could be found. These Nonspecific cases were given Myron 2 tabs. TID for 1-2 weeks, and then 2 tabs. BD for 8-12 weeks. 17 patients (51.5%) had complete relief

7 patients (21.2%) had Good Relief ; 3 patients (9.1%) had Moderate Relief ; 3 patients (9.1 %) had slight relief ; 3 patients (9.1%) had no relief. On the whole, 72.7% had Satisfactory Relief. Two patients had associated pruritus vulvae This improved with the improvement in leucorrhoea. The details are given in Table No. 9.

TABLE IX – Dosage & Response to Myron : Non specific leucorrhoea

1 tab TID	2 tabs bd	Complete relief	Good	Mod	Slight	No Rlf	Total
1-2 weeks	8-12 weeks	17	7	3	3	3	33
%		51.50%	21.20%	9.10%	9.10%	9.10%	

Overall Response to Myron

Assessment of results are classified as Complete Relief, Good, Moderate, Slight and No Relief. When leucorrhoea disappeared completely, it was taken as Complete Relief. It is taken as Good when there is no complete relief, but relief was over 75%. It is taken as Moderate if the relief was 50%-75%. It is taken as slight if the relief is from 25% - 50 % and anything less than this is taken as No Relief. On this basis, 30 patients out of 50 (60%) had Complete relief, 11 patients (22%) had Good relief, 3 patients (6%) had moderate relief, 3 patients (6%) had Slight relief and 3 patients (6 %) had No relief. Combining complete relief and Good Relief , which is taken as Very Satisfactory response to Myron, 41 patients representing 82% had satisfactory relief. The details are given in Table No. 10.

TABLE X : Overall Response to Myron

Cause	No of cases	Complete Relief	Good	Mod.	Slight	No relief
T. Vaginalis	4	3	1	-	-	-
Pus cells/gram +ve organisms	4	3	1	-	-	-
Erosion of cervix	7	6	1	-	-	-
Endocervicitis	2	1	1	-	-	-
Non specific	33	17	7	3	3	3
Total	50	30	11	3	3	3
%		60%	22%	6%	6%	6%

Overall satisfactory response : 82%

CONCLUSIONS

While patients showed satisfactory response to Myron in many cases of leucorrhoea, those suffering for more than 2-3 years did not show the response as shown by cases which are not so chronic. Some chronic cases had no complaint as long as they were taking Myron but when they stopped the drug, the complaint recurred. These cases are classified under Moderate. Three chronic cases had slight response and 3 chronic cases did not show any response (No relief).

Erosion of cervix healed earlier after cauterisation, followed by Myron for 4-5 weeks. However, effect of Myron on erosion without cauterisation was not tried in the present series. There were no side effects with Myron, and so it is found that it is a safe drug.

ACKNOWLEDGEMENT

My thanks to Alarsin Pharmaceuticals, Bombay-1 for the supply of Myron tablets to conduct this trial.

REFERENCE

1. Bali, Prema & Bhujwala, R. A. i (1969)—A pilot study of clinico-epidemiological investigations of vaginal discharges in rural women Ind. J. Med. Res. : 57, 12, Dec.
2. Kaviraj Choudary R.C. (1954)— `Leucorrhoea'-Ayurveda, Oct. P. 19.
3. Mrs. Desai, Lalita M. (1952) : Leucorrhoea in General Practice—The Antiseptic, Dec.
4. Dixit, S.S. (1953) : Some Ayurvedic drugs in the treatment of "leucorrhoea"—Ind. Med. Jr. Oct.
5. Mrs. Gupta, Urmila (1967) : Leucorrhoea due to non-specific Factors (Usefulness of an Ayurvedic Drug : Myron)—Ind. Pract. 10 : 10, 689, Oct.
6. Miss Khudabux, Mani (1961) Management of Resistant Cases of Leucorrhoea — (Usefulness of an oral Adjuvant)—The Antiseptic, Vol. 58, No. 5.
7. Mitra, Rama (1968)—Usefulness of an Ayurvedic drug (Myron) in Non-specific Leucorrhoea : Mediscope, Vol. X, No. 7, Oct.
8. Makerjee Gauri & Mukerjee Krishna (1974) : Therapeutic trial with Myron in Non-Specific Leucorrhoea (A clinical study of 75 cases among non-pregnant women treated with a systemic drug 'Myron' (Alarsin)—Cur. Med. Pract. Vol. 18, No. 8, 345-46, Aug.
9. Padmanabhan, T. N. S. (1966) : Soma Roga—Leucorrhoea—Medical Digest, P. 348, Dec.
10. Padma Rao, A, (1972) : Leucorrhoea—Bombay Hospital. J. : 1, 14, 1, Jan.
11. Rana Malati T. (1967) : Treatment of Leucorrhoea (A Clinical study of 200 cases among nonpregnant women treated with a new systemic drug)—The antiseptic, Vol. 60, No. 12.
12. Mrs. Sheth Anila (1966) : Some Indigenous drugs in 'Leucorrhoea' Indian Pract. Vol. No. 9, No. 5, May.
13. Subhadradevi, N. : Ranihithavachani C. & Vijaya Lakshmi, N. (1973) : Mediscope, 16 : 3, June.
14. Mrs. Vijayakar Indu (Parkar) (1960) : An oral treatment of Leucorrhoea in General Practice : The Indian Pract. June, 13, 5.
15. Wagh, K.V. (1959) : "Leucorrhoea —its causes and management"—Paper at 36th All India Med. Conf., Indore, Dec.

**for information on ALARSIN products
please write to: ALARSIN Marketing Pvt. Ltd.**
Alarsin House, A/32, Road No. 3, M.I.D.C., Andheri (E), Bombay-400 093.