

CLINICAL RESEARCH

Clinical evaluation of the Homoeopathic medicines in Chronic Cervicitis and Cervical Erosion – A clinical study

A multicentric open clinical trial conducted by CCRH

Abstract

There is no direct reference of Homoeopathic medicines found useful in chronic cervicitis and cervical erosion available in the Homoeopathic literature. The nearest reference to chronic cervicitis is given as vaginitis, i.e. 'Inflammation, vagina' and that of cervical erosion as 'Excoriation' in Kent's Repertory. Some of the medicines under these rubrics have been clinically used by the profession in the treatment of chronic cervicitis and cervical erosion with favourable results. So the Central Council for Research in Homoeopathy (CCRH) undertook this study. Patients for this prospective study were drawn from the general OPD of different units under Central Council for Research in Homoeopathy viz. RRI (H) New Delhi, CRU (H), Shimla CRU (H), Imphal CRU (H), Varanasi, CRU (H), Tirupati during the period, 1987 to 2004. Even if there was lack of laboratory evaluation or availability of gynecologist, the results indicate a positive role of homoeopathic therapy in the clinical management of chronic cervicitis and cervical erosion.

INTRODUCTION

Chronic cervicitis is variously estimated to be present in some degree in 35-85 percent women. It can probably arise as a result of vaginal organisms become pathogenic; it occasionally follows chronic and repeated injury from pessaries, tampons and unsatisfactory contraceptive appliances; it may be gonococcal; but it is usually the end result of puerperal cervicitis. The puerperal type is often associated with laceration of the cervix and with chronic cellulitis¹.

Other factors in pathogenesis of cervicitis are poor hygiene (anal vaginal contamination), diminished resistance to infection in estrogen depletion or hypovitaminosis and irritation caused by tailed intrauterine contraceptive device³.

The general effect of chronic cervicitis is important, as the latent infection may be responsible for metastatic infections such as arthritis, in addition to inducing a feeling of constitutional ill health⁵.

A chronic cervical erosion is a condition in which the squamous covering of the vaginal aspect of the cervix is replaced by columnar epithelium, which is usually continuous with that lining of the endocervix. An erosion has a bright red appearance with a clearly defined as, colour being explained underlying vascular tissue showing through a thin epithelium. Some assume that these signs are indicative of a chronic infection, which precedes and causes the erosion².

There is diffused information from the general practitioners regarding the efficacy of homeopathic medicines in the treatment of chronic cervicitis and cervical erosion. With this intention, the study was taken up by CCRH at its various institutes/units with a aim to evolve a group of most effective Homoeopathic medicines in the treatment of chronic cervicitis and cervical erosion.

Aims and Objectives

To evolve a group of most effective homoeopathic medicines in the treatment of chronic cervicitis and cervical erosion, with regard to :

- Identify their reliable indications.
- Identify their most useful potencies.

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- Determine their frequency of administration.
- To determine their relationship with other drugs.

MATERIAL AND METHODS

A total of 9830 patients were recruited from the general out-patient departments of different units under Central Council for Research in Homoeopathy viz. Regional Research Institute (H), New Delhi, Clinical Research Units (H) at Shimla, Imphal, Varanasi, and Tirupati during the period 1987 to 2004.

The nearest reference to chronic cervicitis is given as vaginitis, i.e. 'Inflammation, vagina' in *Kent's Repertory* with medicines like *Aconite*, *Coccus cacti*, *Curare*, *Hamamelis*, *Mercury* and *Natrum aceticum*; and that of cervical erosion as 'Excoriation' in Female Genitalia in the same Repertory with useful medicines like *Thuja*, *Alumina*, *Ambrosia*, *Bovista*, *Calcarea carbonica*, *Carbo vegetabilis*, *Causticum*, *Graphites*, *Hepar sulph*, *Kali carb*, *Kreosote*, *Mercurius solubulis*, *Nitricum acidum*, *Petroleum* and *Sepia*.⁶

Medicine were prescribed on totality of symptoms or peculiar / uncommon and characteristic symptoms, in the form of mother tincture (Q) or in homoeopathic potencies in the form of 6, 30, 200 or 1M potencies. Besides, patients were advised to maintain local hygienic measures. Subjects reporting cure / complete regression of symptoms and signs were followed up for a period of one year to witness, if there was any recurrence and to come to a conclusion.

Inclusion Criteria

The patients having the following signs and symptoms of diagnostic criteria irrespective of their age were included in the study⁴.

- Vaginal discharge,
- Low backache,
- Lower abdominal pain/discomfort or dyspaerunia.

Exclusion Criteria

Patients who were suffering from other chronic disease(s) or taking long-term course of medicine for some other ailment(s) were excluded from the study.

Potency, Dose & Repetition Schedule

Medicines were prescribed in different potencies depending upon the individual susceptibility of the patients repeated infrequently according to need of the individual cases at suitable intervals with placebo intermittently.

Change of Prescription

Each case was studied using Kent's twelve observations⁸ and second prescription was done according to the response following first prescription.

Parameters for outcome assessment

- Cured Complete removal of subjective & objective symptoms/ signs with no subsequent recurrence for one year.
- Improvement
 - Marked Complete removal of subjective and objective symptoms with occasional recurrence.
 - Moderate Subsidence/ mitigation of subjective and objective symptoms followed by usual recurrence of less intensity.

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- Mild Partial mitigation of symptoms with recurrence.
- No Improvement No response after considerable period (1-3 months) of treatment and status quo persisted.
- Worse Aggravation of subjective and objective symptoms as a part of natural progression of the disease.

RESULTS

- No. of cases enrolled for the study 9830
- No. of cases dropped out/ not reported 6617
- No. of cases followed up 3213

Improvement status

- Cured 261
- Improved 2799
 - Markedly 1104
 - Moderately 982
 - Mildly 713
- Not improved 153

Table: Medicines found effective with their potencies and indications^{7*}

Name of the Medicine & Potencies	No. of cases		Indications
	Prescribed to	Found effective in	
Sepia officinalis 6,30,200,1M	549	433	Leucorrhoea, bland, thick white, with pain in lower abdomen. Frequent, urgent and involuntary urination. Painful coition. Aversion to sex, sadness and indifference.
Pulsatilla nigricans 30,200,1M	483	429	Leucorrhoea, thick, acrid causing soreness of external genitalia associated with or there is history of Oligomenorrhoea.
Kreosotum 6,30,200	347	300	Discharge acrid, offensive, yellow or white causing itching and burning of the external genitalia. Voluptuous itching with eruptions around external genitalia.
Calcarea carbonica 6,30,200,1M	235	200	Thick white, bland leucorrhoea. Pain in lumbo-sacral region with a sensation of coldness < exertion, cold weather > warmth. Menses early, profuse. Cold extremities with profuse perspiration.
Alumina 30,200	229	114	Leucorrhoea thin, milky, profuse, running down, worse during daytime and after menses. Urgency of urination with sudden desire to pass urine, increased frequency. A triad of <i>scanty menses, pityriasis and pica with leucorrhoea</i> was found in few patients.

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Name of the Medicine & Potencies	No. of cases		Indications
	Prescribed to	Found effective in	
Caulophyllum thalictroides Q,30,200	190	170	History of repeated abortions. Ailments dating back to delivery or abortion.
Lachesis trigonocephalus 30,200	180	160	Leucorrhoea, thin, offensive, whitish. Dysmenorrhoea. Burning in palms and soles. Hot flushes. Complaints better during menstruation. Cannot bear anything around throat and abdomen.
Hydrastis canadensis 30	150	110	Thick, acrid vaginal discharge, worse during inter-menstrual period. Irritation / itching in genitals, > washing with cold water.
Natrum muriaticum 30,200,1M	135	97	Leucorrhoea thin, white, sometimes watery or milky, acrid. Pruritus vulva with itching leading to scratching of external genitalia. Constipated. Fatigued easily, emaciation. Dryness of vagina.
Mercurius solubilis 30,200	87	74	Leucorrhoea purulent and excoriating, offensive, greenish and bloody. Sensation of rawness in genitals. Offensive perspiration.
Borax 30,200	86	67	Leucorrhoea whitish, thick paste like or transparent like white of an egg. Discharge with sensation as if warm water flowing. Menses early, profuse, associated with gripping pain in abdomen extending to small of back.

**Only those medicines have been mentioned which were found effective at least in 50 patients*

DISCUSSION

The diagnosis of chronic cervicitis and cervical erosion was established according to symptoms and signs and through physical examination (including P/V & P/S). Homoeopathic medicines were prescribed either on totality of symptoms or individuals' characteristic attributes, both mental / emotional and physical.

Keeping predefined criteria in view, the study was mainly focused on identification of most reliable indications of the Homoeopathic medicines in chronic cervicitis and cervical erosion. Sepia in different potencies i.e. 6, 30, 200, 1M, alone emerged as the most frequently indicated medicine for chronic cervicitis and cervical erosion, which was prescribed to 549 patients out of which 433 patients showed improvement. Pulsatilla nigricans in 30, 200 and 1M potencies showed improvement in 429 patients out of 483 patients. Acridity, offensiveness of vaginal and menstrual discharge was found to be a guiding symptom for *Kreosotum*, which gave relief to 300 patients out of 347 prescribed it in potencies 6, 30 and 200. Out of 229 patients, 114 responded well to Alumina; among these, a few patients presented with triad of symptoms i.e. *scanty menses, pica, pityriasis*. Calcarea carbonica (6, 30, 200, 1M) when prescribed on the basis of symptoms like early, profuse menses, cold extremities with profuse perspiration, gave relief to 200 patients out of 235. 170 out of 190 patients, prescribed with Caulophyllum thalictroides Q, 30, 200 potencies, showed improvement and the causation was found to be gynaecological conditions dating back to child birth or abortion. Like wise Lachesis trigonocephalus in 30, 200 potencies gave relief to 160 cases out of 180 cases with prescribing symptoms of hot flushes, complaints better in during menstruation, and inability to bear anything around throat and abdomen. In a similar way drugs like

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Hydrastis canadensis, Mercuris solubilis, Natrum muriaticum and Borax showed efficacious results.

The data presented in the above table represents only those medicines, which was found to be efficacious in more than 50 patients. In some cases more than one remedy was prescribed during the course of treatment.

The objective of the study to identify indications of Homoeopathic medicines was achieved. However, the other objectives, such as relationship between different medicines and its frequency of administration, could not be achieved.

It deserves a special mention here that those patients who required repeated cauterization, their erosion got relieved/cured after homoeopathic treatment.

The constraints of this study are the changes/progress in the medical science. There is a vast change in disease understanding per se from the criteria on which the study was started and conducted over a period of more than fifteen years. Though the study does not validate the terms according to disease but it validates the role of homoeopathy in conditions having such symptoms on which this study was conducted over a long period with a large number of patients as witnessed above. Another drawback, which must be acknowledged was lack of the required investigatory methods.

CONCLUSION

Notwithstanding the lack of laboratory evaluation or availability of gynecologist, the results indicate a positive role of homoeopathic therapy in the clinical management of chronic cervicitis and cervical erosion. This study is first of its kind ever undertaken, as no direct reference on these gynecological conditions is available in Homoeopathic literature. In this view multi-centric trials with properly designed study in this regard is proposed to make a definitive conclusion. This paper is a report of the clinical study in which the data was documented prospectively. The present study could form the basis for further studies in this respect on modern scientific parameters.

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