



Evaluating the Clinical Response of *Calcarea Carbonica* LM Potencies in Women with a Prospective Case Series of Leucorrhoea

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Abstract

Leucorrhoea is one of the most common gynecological complaints among women of reproductive age and is frequently associated with weakness, fatigue, pelvic discomfort, emotional distress, and impaired quality of life. According to Ten Teachers Obstetrics and Gynecology, vaginal discharge is a common presenting symptom that may be physiological or pathological. Physiological leucorrhoea results from normal hormonal changes during the menstrual cycle, pregnancy, or ovulation, whereas pathological leucorrhoea is commonly associated with infections of the lower genital tract, cervical pathology, foreign bodies, malignancy, or other gynecological disorders.

Background: Chronic abnormal vaginal discharge is a frequent reason for gynecological consultation and requires assessment for infectious and non-infectious causes. This case series describes outcomes observed during individualized homoeopathic management with *Calcarea carbonica* in Fifty Millesimal (LM) potencies.

Methods: Nine women with chronic leucorrhoea underwent individualized case assessment based on traditional homoeopathic principles. *Calcarea carbonica* LM1–LM3 was reported to have been used according to individual response. The manuscript reports a nine-month observation period; treatment and visit schedules require confirmation against source records. Outcomes were described using changes in discharge and associated complaints.

Results: Participants were aged 17–45 years; eight were married and one unmarried. Symptom duration ranged from eight months to five years. Eight women (88.89%) were reported to have complete resolution of leucorrhoea, and one (11.11%) marked improvement. No treatment discontinuations or adverse drug reactions were reported.

Keywords: Leucorrhoea, *Calcarea Carbonica*, Homoeopathy, LM potency, Women's health.

Introduction

Leucorrhoea is a common gynaecological complaint characterized by vaginal discharge that may be physiological or pathological in origin. Physiological vaginal discharge plays an essential role in maintaining vaginal lubrication, epithelial integrity, and the normal microbial environment of the female reproductive tract. However, excessive or abnormal discharge, particularly when accompanied by vulvar itching, burning, irritation, unpleasant odour, or pelvic discomfort, may indicate underlying gynecological pathology. Persistent vaginal discharge can adversely affect personal hygiene, physical comfort, psychological well-being, sexual health, and overall quality of life.

Vaginal discharge is a common gynaecological symptom that may reflect physiological cervical and vaginal secretions or underlying pathology. Abnormal discharge accompanied by irritation, odour, burning or pelvic discomfort warrants evaluation for bacterial vaginosis, candidiasis, trichomoniasis, cervicitis and other conditions. Clinical assessment considers discharge characteristics, menstrual and reproductive history, examination findings and investigations when indicated [1–4]. [8,9]

Dutta's Textbook of Gynecology and Shaw's Textbook of Gynaecology describe the importance of differentiating physiological secretions from genital tract disease [1,2]. Dewhurst's Textbook of Obstetrics and Gynaecology similarly provides a clinical framework for assessing reproductive tract symptoms [3]. Davidson's Principles and Practice of Medicine offers broader context for systemic conditions, including diabetes and immune disorders, which may influence recurrent genital complaints [4]. Persistent symptoms may affect comfort, daily functioning and psychological well-being, but fatigue or weakness should not automatically be attributed to discharge. [8,9]

In classical homoeopathic literature, remedy selection is based on an individualized symptom profile. Hahnemann's Organon of Medicine outlines detailed case taking in Aphorisms 83–104, characteristic symptoms in Aphorism 153, and traditional approaches to dose repetition and LM preparations in Aphorisms 246–248 and 270 [5]. *Calcarea carbonica* is described in classical Materia Medica in association with chilliness, perspiration, fatigability and certain mucous membrane complaints [6,7]. These traditional indications do not establish efficacy for abnormal vaginal discharge.

Calcarea carbonica in classical Materia Medica

Boericke describes *Calcarea carbonica* in relation to milky leucorrhoea, menstrual-associated genital itching and burning, and a broader constitutional picture that includes chilliness and perspiration [6]. Kent describes

profuse, persistent, thick or yellow discharge, sometimes accompanied by acidity, itching and burning; he emphasizes that remedy selection in traditional homoeopathy considers general characteristics alongside local symptoms [7]. Hering's Guiding Symptoms also records milky or occasionally thick yellow leucorrhoea, its temporal relationship with menstruation, and associated weakness or genital irritation [14]. These descriptions are historical Materia Medica indications rather than evidence that the preparation treats infectious or other pathological causes of vaginal discharge. Their relevance to this series is limited to explaining the symptom-based rationale reported for remedy selection.

The present prospective case series describes the clinical course of nine women with chronic leucorrhoea during individualized *Calcarea carbonica* LM management, with outcomes reported over nine months. Because the series lacks a comparator, its purpose is descriptive rather than to demonstrate treatment efficacy.

Materials And Methods

This was a prospective, single-arm observational case series of nine women aged 18–45 years presenting with chronic leucorrhoea. The reported participants were 22–41 years old. Inclusion criteria were chronic leucorrhoea, characteristic traditional indications for *Calcarea carbonica* and willingness to attend follow-up. Pregnancy, lactation, known reproductive tract malignancy, severe systemic illness requiring emergency intervention and concurrent treatment likely to affect outcomes were stated exclusion criteria. Institution, recruitment dates, selection procedure and ethics documentation were not provided in the supplied manuscript and must be added from actual records.

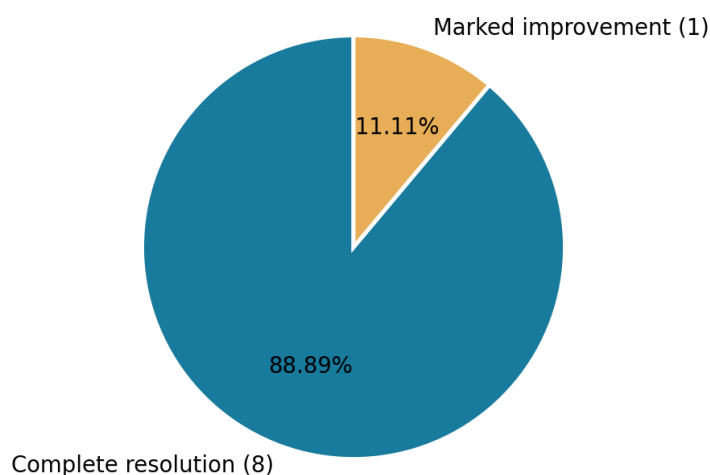
Clinical and homoeopathic assessment

The case history covered menstrual and obstetric history, discharge quantity and characteristics, associated symptoms, and physical and mental generals. Homoeopathic assessment was described as following Organon Aphorisms 83–104, with repertorial analysis and Materia Medica verification [5–7]. The supplied records do not document diagnostic laboratory testing or criteria used to distinguish infectious from non-infectious discharge; these details should be reported if performed. [8,9].

Clinical Outcomes

At the reported end of observation, eight of nine women (88.89%) were classified as having complete resolution of leucorrhoea and one (11.11%) as having marked improvement. The source manuscript additionally reports improvements in weakness (n=6), chilliness (n=2), fatigue (n=2), low backache (n=2), pelvic heaviness (n=2), and excessive perspiration (n=2). These symptom counts are reproduced as reported and should be checked against case records, since they do not necessarily correspond to the baseline symptoms listed in Table 1.

Reported Clinical Outcomes (n=9)



Outcome	Patients (n)	Percentage
Complete resolution	8	88.89%
Marked improvement	1	11.11%
Total	9	100%

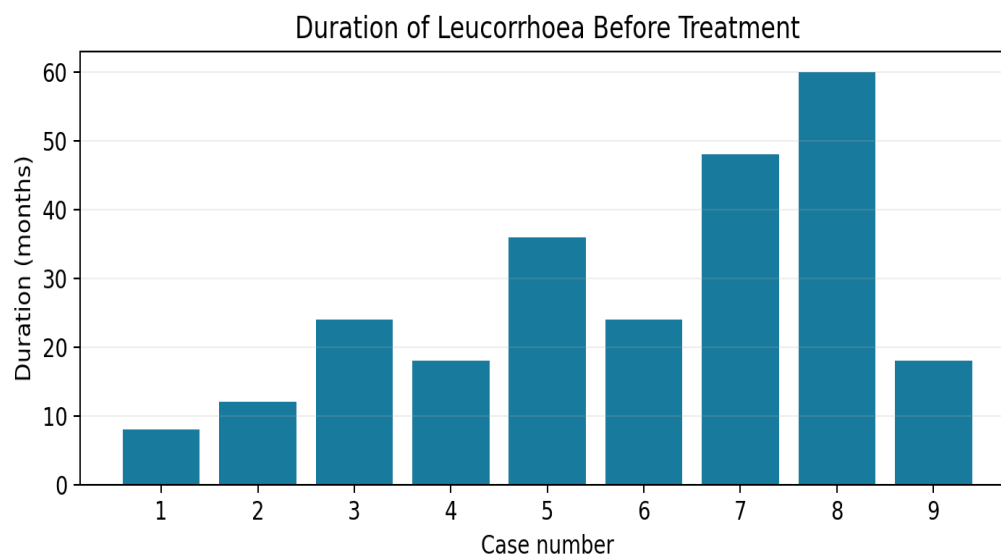


Figure 2. Duration of leucorrhoea before treatment, expressed in months (range: 8–60 months).

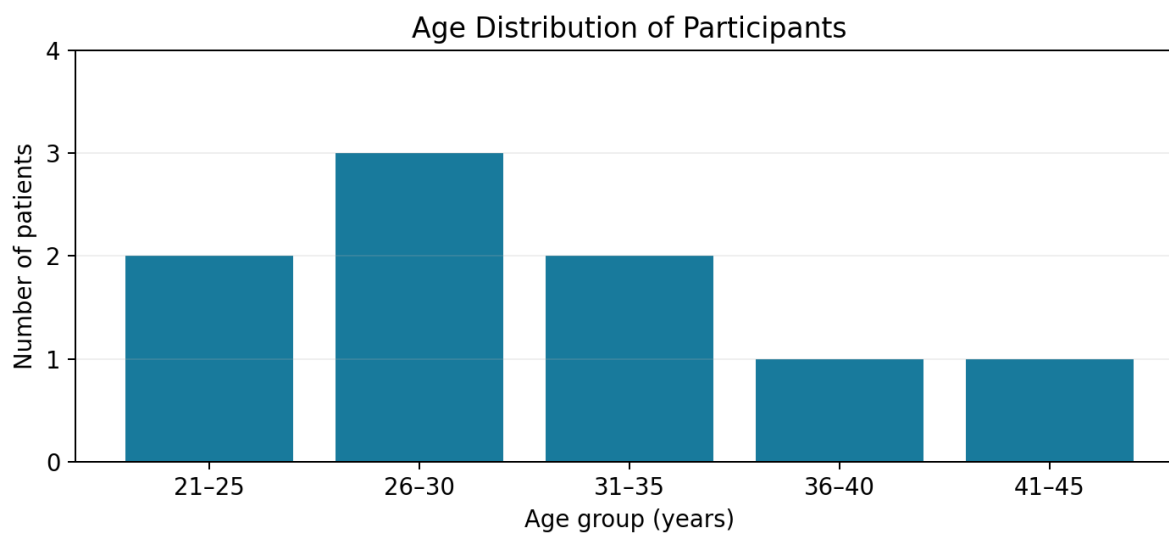


Figure 3. Age distribution of the nine participants (range: 22–41 years).

Table 1. Individual Case Summary

Case	Age	Marital status	Duration	Presenting features	Reported outcome
1	22	Unmarried	8 months	Milky discharge; weakness; chilliness	Complete resolution
2	25	Married	1 year	Profuse discharge; fatigue; low backache	Complete resolution
3	27	Married	2 years	Thick white discharge; pelvic heaviness	Complete resolution
4	30	Married	18 months	Acrid discharge; perspiration; anxiety	Complete resolution
5	32	Married	3 years	Chronic discharge; weakness; chilliness	Complete resolution
6	35	Married	2 years	Profuse discharge; easy fatigue	Complete resolution
7	38	Married	4 years	Discharge; low backache; perspiration	Complete resolution
8	41	Married	5 years	Persistent discharge; constitutional weakness	Complete resolution
9	29	Married	1.5 years	White discharge; pelvic heaviness; weakness	Marked improvement

DISCUSSION

This nine-case series reports favorable changes in leucorrhoea during individualized *Calcarea carbonica* LM treatment. The case-level data indicate eight reports of complete resolution and one of marked improvement. Associated general symptoms were also described as improving. These are observational outcomes, not proof that the intervention caused the changes.

Comparison with classical sources: The case summaries included milky, thick white, profuse and acrid discharge, together with weakness, chilliness, fatigue and perspiration. These reported features overlap with traditional *Calcarea carbonica* descriptions in Boericke, Kent and Hering [6,7,14]. Such correspondence explains the historical prescribing rationale but does not establish diagnostic specificity, a mechanism of action, or a causal association with symptom improvement.

A major limitation is the absence of a comparison group, which prevents differentiation of treatment-associated changes from spontaneous variation, regression to the mean, changes in underlying infection, or other influences. Diagnostic investigations, objective discharge measures, outcome definitions, patient-specific follow-up trajectories and detailed dosage records were not included in the supplied manuscript. The small, selected sample further limits generalizability. The reported lack of adverse events cannot establish safety without a defined monitoring method. [10,11]

Traditional homoeopathic principles explain how *Calcarea carbonica* was selected and LM potencies were administered [5–7], but they should not be presented as a demonstrated biological mechanism. Future studies should include documented diagnosis and appropriate conventional care, transparent intervention reporting, validated symptom and quality-of-life measures, prespecified endpoints, and an appropriate comparator. [12,13]

CONCLUSION

In this prospective observational nine-case series, eight participants were reported to have complete resolution of chronic leucorrhoea and one marked improvement during individualized *Calcarea carbonica* LM management. Because of the uncontrolled design and limitations in diagnostic and outcome documentation, the findings are preliminary and do not establish clinical efficacy.

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