I.T.P. VAGINAL CREAM IN THE MANAGEMENT OF LEUCORRHOEA

by

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Theoretically the term leucorrhoea is restricted to the cases where normal vaginal secretion is only increased in amount i.e. discharge when examined under the microscope will not exhibit any excess of leucocytes and discharges should be both macroscopically and microscopically non-purulent. But for all practical purposes clinicians use the term "leucorrhoea" to describe any white or yellowish white discharge from the vagina, irrespective of purulent or non-purulent nature but strictly excluding the presence of blood.

This is a very common problem met with in everyday gynaecological practice yet its adequate and effective treatment is one of the most difficult problems in Gynaecology.

Scope of the study

The scope of our study has been kept mainly limited to cases of pathological leucorrhoea which may be broadly classified into:

(i) Leucorrhoea of specific vaginitis e.g. Trichomoniasis, Monoliasis, etc.

(ii) Leucorrhoea of non-specific vaginitis e.g. chemicals, drugs and foreign bodies.

(iii) Leucorrhoea arising out of certain gynaecological conditions e g. chronic cervicitis, cervical erosion, etc.

Other causes of leucorrhoea e.g. oestrogen deficiency vaginitis in children and senile women, secondary vaginitis due to malignancy or due to presence of foreign bodies, vaginitis medicamentosa were not so commonly met with and have been kept outside the perview of the project.

Combination of Broxyquinoline and Brobenzoxaldine is currently available in the form of vaginal tablets (ITP vaginal tablets). The average dissolution time of these tablets varies between 6 and 18 hours according to Jacob. In about 10% of patients the tablets remain gritty and partially dissolved and fell of during micturition. She observed that grittiness was very irritating to many patients and hence suggested if the drug is made in the form of vaginal cream, this disadvantage could be eliminated. Sandoz (India) Limited, perhaps sharing an identical view endeavoured to bring out Intestopan combination in a cream base. This therapy is cheaper and easier to apply than the ITP vaginal tablets which are now in extensive use.

Material and Methods

The cases were drawn from the private patients attending for consultation to the

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author's chamber at Calcutta, by random selection methods. Cases excluded from the series are—patients with general diseases e.g. Diabetis, Tuberculosis, using oral contraceptives, genital prolapse, and suspicious cervix.

The study comprised of 82 patients between the ages 15 and 41 years. Altogether 100 cases were enlisted initially but 18 of them were rejected, 17 due to discontinuation of treatment and incomplete follow up while the remaining conceived during the follow up.

Before commencing the treatment a vaginal swab was taken and both smear and wet preparation were sent for pathological examination. Routine blood and urine examinations were also made to detect any other associated abnormality. The cream under trial was then started on the following schedule:

1st Visit: In the first visit patients were advised to apply the cream locally twice a day for 2 weeks.

2nd Visit: After 2 weeks treatment, response to the drug was assessed and symptoms of leucorrhoea and other ailments e.g. pruritus, burning micturition, backache, etc. were individually interrogated. Enquiries were also made about the development of any side effect. After that they were advised to apply the cream once daily at bed time for another 2 weeks.

3rd Visit: Similar follow up as described above was made after 4 weeks of treatment. Repeat vaginal swab was taken irrespective of the outcome of the treatment. The patients with good results were advised to stop the application of the cream and to report after 2 weeks if there was any recurrence of the symptoms of the disease. The patients with fair or poor results were advised to continue the treatment for another 2 weeks and to report for the final result.

Patients were advised to avoid sexual relations during the period of treatment and to omit the treatment during the menstruating days.

On the basis of diminution of the symptoms of leucorrhoea and other ailments and also on the basis of pathological reports, responses were classified into the following types.

Good (Cured)—when leucorrhoea and other ailments stopped totally or improved remarkably.

Fair (Improved)—when leucorrhoea and other ailments were relieved only partially.

Poor (Not improved)—when no appreciable redress of leucorrhoea was observed.

Observation and Analysis

The cream has been extremely effective in the management of both specific and non-specific varities of leucorrhoea. In the cases of gynaecological lesions in the cervix, the cream only checked the episode of the disease and redressed the patients of their ailments either clinically or pathologically.

Results Showing the Type of Response

It is obvious from Table I that 90% of specific leucorrhoea cases responded well to the ITP vaginal cream of which 35% exhibited good results (Leucorrhoea and other ailments stopping totally or remarkably within 2-4 weeks of treatment) Poor results were obtained in the remaining 10% cases of specific leucorrhoea.

In non-specific leucorrhoea also the response has been equally encouraging. 90% of the cases responded well to the treatment of which 50% achieved good results. Poor results were noted only in 10%. Although 68.2% cases of leucorr-

TABLE I
Type of Response

Response	Types of Cases						Total
	Specific Leucorrhoea		Non-specific Leucorrhoea		Gynaecological Conditions		
	Case Specific results	% results	Case specific results	% results	Case specific results	% results	
Good	7	35%	20	50%	3	13.6%	30
Fair	11	55%	16	40%	12	54.6%	39
Poor	2	10%	4	10%	7	31.8%	13
Case specific Total	20		40		22		82

hoea originating from gynaecological lesions showed encouraging result, only (13.6%) of them achieved Good results. On the other hand, 31.8% cases showed either very little or no improvement inspite of 4 weeks treatment on the average. treatment for the married counterpart of the patients, which is necessary for the cure of this particular type of disease, could not be undertaken simultaneously as it was beyond the scope of this study. It may be of interest to note that the

TABLE II
Results in Relation to Types of Specific Leucorrhoea

Response	Types of Diseases	
	Specific Leucorrhoea	
	Trichomonas	Monilia
Good	4 (28.6%)	3 (50%)
Fair	8 (57.1%)	3 (50%)
Poor	2 (14.3%)	0 (0%)
Total	14	6

Results in relation to types of specific Leucorrhoea

It can be observed from Table II above, that although majority of both the types of specific leucorrhoea cases achieved only fair results, yet more of the monilia type showed good results (50%) in comparison to 28.6% of good results in the trichomonal type. The greater percentage of failure in the trichomonal type of cases can be attributed to the fact that suitable cases of trichomonas were often accompanied by a mixed group of secondary infective organisms. Such as E. Coli and other pathogenic Cocci. The higher percentage of fair results in the trichomonas cases may be due to complete cure of these associates that brought in a general sense of improvement among the patients.

Results in Relation to Duration of the Diseases

The responses were understandably not related to the duration of the diseases as can be seen from Table III.

TABLE III
Results in Relation to Duration of the Diseases

Duration of the diseases	Good	Fair	Poor	Total
Less than 6 months	20 (37.7%)	28 (52.8%)	5 (9.5%)	53
6 months to 1 year	2 (16.7%)	6 (50%)	4 (33.3%)	12
More than 1 year	8 (47.1%)	5 (29.4%)	4 (23.5%)	17

TABLE IV
Time Required for Successful Treatment

Types of case		Time		
		2 weeks	3-4 weeks	More than 4 weeks
Non specific leucorrhoea		2	15	3
leucorrhoea	Trichomonas	-	4	-
Specific	Monilia	-	2	1
Gynaecological conditions		-	2	1
Time Specific Total		2 (6.6%)	23 (76.7%)	5 (16.7%)

Time Required for Successful Treatment

It is obvious from Table IV that a good majority of the cases (76.7%) were completely cured after about 3-4 weeks of local treatment with the cream, while 16.7% required more than 4 weeks of treatment for complete cure. Although 2 cases were cured within 2 weeks of treatment yet 1 of these 2 cases reported recurrence of the symptoms a few days after the withdrawal of the cream. It is therefore advised that the patients should carry on with the treatment for a minimum period of 3-4 weeks to rule out any possibility of recurrence of the disease even if they are apparently cured within a shorter period.

Note on the Failure of the Cream

(1) The cream does not seem to be much effective in cases of leucorrhoea arising out of organic lesions in the genital tract—the remedy of which necessarily depends on some operative interference. The achievement of good and fair results in the very few cases of this group, may be explained by that the lesions in these cases were perhaps associated with some specific and non-specific vaginitis which were either cured or improved by the local application of the cream.

(2) Failure of the cream in 2 cases of Trichomonal vaginitis can be explained by the fact that the husbands of each of these patients (both of them were married) were not treated simultaneously which was outside the scope of this project.

(3) But No selective cause for the failure of the cream in 4 cases of non-specific leucorrhoea could be elicited although irregular and improper or careless application of the cream may be among them.

Summary

After analysing the results of treatment of altogether 82 cases of pathological leucorrhoea we can sum up the following.

(1) The cream has been found to be very much effective in the treatment of both specific and non-specific varieties of leucorrhœa.

(2) The method of administration of the cream with the help of applicator provided is convenient (except only in few unmarried and newly married nulliparous patients) and also does not require any personal supervision.

(3) Optimum efficacy can be expected to be found from a continuous treatment of a minimum period of 3-4 weeks. The symptoms of the disease may recur if the treatment is discontinued earlier as it has been observed in one case.

(4) No gross side effects were observed in general except the development of al'ergic rashes and burning sensation around the vulva as noted in two cases.

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