

**BEYOND THE COMMON REMEDIES : ROLE OF RARE
HOMEOPATHIC MEDICINE IN MANAGEMENT OF
VULVOVAGINITIS**

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ABSTRACT

Vulvovaginitis is a common gynecological condition characterized by inflammation of the vulva and vagina, often presenting with itching, burning, discharge, soreness, and discomfort. Vulvovaginitis is a frequent reason for women to see a health care provider and has been linked to adverse Reproductive and psychosocial consequences. Clinical approaches and professional guidelines should be updated and improve the diagnosis and management of acute and recurrent vulvovaginitis. While commonly prescribed homeopathic remedies are frequently effective, certain chronic, recurrent, or atypical cases require deeper individualization and the use of lesser-known medicines from the Materia Medica. This article focuses on the role of rarely indicated homeopathic remedies in the management of vulvovaginitis, emphasizing their characteristic symptoms, clinical indications, and therapeutic value. By expanding beyond commonly used remedies, homeopathic physicians can enhance precision in prescription and achieve better outcomes in resistant cases. The article highlights the importance of constitutional assessment, symptom totality, and careful remedy selection in accordance with classical homeopathic principles.

KEYWORDS: vulvovaginitis, adverse reproductive consequences, bacterial vaginosis, Candida infections, trichomoniasis, Homeopathy.

INTRODUCTION

Vulvovaginitis, or vaginitis, is frequently cited as the Most common reason that women visit their primary Care providers for a gynecologic-related diagnosis.

Vaginal symptoms negatively impact patients In terms of discomfort and pain, days lost from school, work, Sexual functioning, and self-image.

Vulvovaginitis is Defined as inflammation or infection of the vagina, vaginitis Presents a spectrum of symptoms, including itching, burning, Irritation, dyspareunia, vaginal odor, and abnormal vaginal discharge.

The most common causes are bacterial vaginosis (BV), vulvovaginal candidiasis (VVC), and trichomoniasis (TV). Among patients with vaginal symptoms, BV is diagnosed in 22%–50% of cases, VVC in 17%–39% of cases, and TV in 4%–35% of cases. Vaginitis also may remain undiagnosed in 7%–72% of patients. Vaginitis is responsible for More than 10 million office visits annually.

TRICHOMONAS VAGINITIS

Vaginal trichomoniasis is the most common and Important cause of vaginitis in the childbearing Period. It caused by *Trichomonas vaginalis*, a pear-shaped unicellular flagellate protozoa. Trichomoniasis typically causes mild discomfort and Increased vaginal discharge (often frothy yellow Or grey), however it is asymptomatic in about 50% of cases. It is a sexually transmitted infection.

Clinical features :

- (a) There is sudden profuse and offensive vaginal discharge often dating from the last menstruation.
- (b) Irritation and itching of varying degrees within and around the introitus are common.
- (c) There is presence of urinary symptoms such as dysuria and frequency of micturition.
- (d) There may be history of previous similar attacks.

CANDIDA VAGINITIS (MONILIASIS)

Vulvovaginal candidiasis is usually due to *Candida Albicans* which is part of the normal vaginal Microbiome of women of reproductive age. This fungus requires an oestrogenised vaginal Epithelium so it is seldom a cause of symptoms in Postmenopausal women, unless

they are taking Hormone replacement therapy, or prepubertal girls.

Clinical features :

The patient complains of vaginal discharge with intense vulvovaginal pruritus. The pruritis is out of proportion to the discharge. There may be dyspareunia due to local soreness.

Examination typically reveals erythema and swelling Of the vulva sometimes with splits or fissures. The Thick discharge is typically present around the Introitus and in the vagina.

BACTERIAL VAGINOSIS

Bacterial vaginosis typically presents with malodorous (often fishy) vaginal discharge. The odour is more Marked after intercourse. Discomfort is mild or Absent. Risk factors include new sexual partners and Vaginal douching. Bacterial vaginosis is more common In women who have sex with women. Despite the Association with sexual activity it is not currently Recommended practice to treat the partners of Women with bacterial vaginosis.

HOMEOPATHIC MANAGEMENT OF VULVOVAGINITIS

Vulvovaginitis is an inflammatory condition of the vulva and vagina, commonly presenting with symptoms such as itching, burning, soreness, abnormal vaginal discharge, dysuria, and dyspareunia. It affects females across all age groups, from prepubertal girls to postmenopausal women, and may arise due to infective (bacterial, fungal, parasitic), irritative, allergic, hormonal, or hygienic factors.

Homeopathy offers a holistic and individualized approach to the management of vulvovaginitis by addressing not only the local pathological changes but also the constitutional susceptibility of the patient. The selection of the remedy is based on the totality of symptoms, including physical generals, mental state, characteristic local symptoms, and etiological factors.

Principles of Homeopathic Management

The homeopathic management of vulvovaginitis is guided by the fundamental principles of individualization, similia similibus curentur, and minimum dose. Rather than targeting the disease entity alone, homeopathy aims to restore the disturbed vital force and improve the patient's overall resistance to recurrent infections.

The objectives of homeopathic treatment include :

- Relief of acute symptoms such as itching, burning, pain, and discharge.
- Correction of underlying constitutional and miasmatic tendencies.
- Prevention of recurrence and chronicity.
- Improvement of general health and immunity.

RARE HOMEOPATHIC MEDICINE FOR VULVOVAGINITIS

1. Agaricus muscarius :

- Intense itching and burning of the vulva and vagina, often described as crawling, tingling, or prickling sensations.
- Violent vulvar irritation, compelling the patient to scratch, sometimes without significant visible inflammation.
- Formication and hypersensitivity of genital parts, suggesting nervous origin of symptoms.
- Vulvar pruritus aggravated by cold exposure and sometimes relieved by gentle warmth.
- Dryness or scanty discharge, rather than profuse leucorrhoea.
- Painful soreness of vulva, disproportionate to local findings.

2. Aletris farinosa :

- Chronic or recurrent vulvovaginitis associated with anemia and debility.
- Leucorrhoea associated with great debility and exhaustion.
- Thin, profuse, or watery vaginal discharge, often accompanying uterine weakness.
- Vulvar irritation and soreness associated with chronic leucorrhoea.
- Vulvovaginal discomfort occurring secondary to uterine disorders, rather than as a primary local pathology.
- Irritation and inflammation aggravated by general weakness or anemia.

3. Eucalyptus globulus :

- Acute infective vulvovaginitis with offensive discharge.
- Chronic vulvovaginitis with persistent fetor, despite local hygiene.
- Offensive, foul-smelling vaginal discharge, suggestive of septic or infective processes.
- Thin, watery, or purulent leucorrhoea, often accompanied by irritation of the vulva.
- Burning and soreness of vulva and vagina due to acrid discharge.
- Inflammation of vulvovaginal mucosa with a tendency to sepsis.

- Pruritus vulvae associated with putrid secretions.

4. Helonias dioica :

- Chronic vulvovaginitis with uterine prolapse or pelvic relaxation.
- Recurrent leucorrhoeal vulvovaginitis in women weakened by stress or overwork.
- Vaginal irritation and inflammation associated with uterine atony or prolapse.
- Leucorrhoea accompanying pelvic relaxation, often leading to vulvar soreness and excoriation.
- Burning, smarting, or soreness of vulva, especially in chronic cases.
- Vulvovaginal discomfort aggravated by standing or exertion, and relieved by rest.
- Chronic vulvovaginitis secondary to uterine disorders, rather than primary local infection.

5. Pulex irritans :

- Non-infective, idiopathic vulvar pruritus.
- Vulvovaginal irritation in peri-menopausal or neuro-sensitive patients.
- Intense, violent itching of the vulva and vagina, often unbearable.
- Pruritus vulvae without marked inflammation or discharge.
- Extreme hypersensitivity of vulvar skin, with irritation out of proportion to visible pathology.
- Restlessness due to itching, compelling constant scratching.
- Vulvar irritation of functional or neurocutaneous origin, rather than infective pathology.