Lukol in the Treatment of Leucorrhoea

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Leucorrhoea is one of the most common complaints in the practice of gynaecology and is also one of the most difficult to treat satisfactorily.

The treatment so far has been mainly in the form of per vaginal medications. An oral drug should be a welcome addition, if it proves efficient.

Lukol is an indigenous preparation which is administered orally in the form of tablets for the treatment of leucorrhoea. It contains the following ingredients:
Loh bhasma (iron ash)
Withania somnifera
Extracts of:
Saraca indica
Woodfordia floribundi
Symlocos racemosa
Ailanthus excelsa
Leptadenia reticulata
Asparagus racemosus

MATERIAL AND METHODS
Twenty private patients were treated with Lukol and followed-up for periods of two to four months after the cessation of therapy.

All the 20 patients were married Hindus. The youngest was 20 years of age and the oldest was 45 years old. All of them had used per vaginal medication for some time and had a recurrence after stopping the treatment.

In addition to leucorrhoea the following other observations were made:

Ten cases were multiparas using various methods of contraception. Fifty percent of them complained of pruritus vulvae burning micturition and constipation. Three patients complained of dyspareunia. Three patients had anaemia—haemoglobin was below 9 g. One case had hypothyroidism. One case was of primary sterility, of over seven years’ duration.

The above cases of leucorrhoea were divided into the following three groups according to the character of the discharge and the associated cervical erosion, etc.

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td>Excessive normal discharge</td>
<td>4</td>
</tr>
<tr>
<td>Group II</td>
<td>Non-specific vaginitis with erosion and endocervicitis</td>
<td>11</td>
</tr>
<tr>
<td>Group III</td>
<td>Specific vaginitis including trichomoniasis and moniliasis</td>
<td>5</td>
</tr>
</tbody>
</table>
INVESTIGATION
1) A thorough clinical examination was carried out, particularly to note any associated disease, e.g. anaemia, etc.
2) Per vaginum and per speculum examination was done in every case. Dry smear examination including the microscopic appearance of the discharge was noted in every case.
3) Total R.B.C., Hb., W.B.C. and differential counts were done routinely.
4) Urine and stool examination.

TREATMENT
All the 20 cases were treated with Lukol tablets, 1 tablet D.S. for a minimum period of three weeks. No other oral or per vaginal therapy was given during this period.

The cases which showed improvement were not given any other therapy and were followed-up for a period of two to 4 months to note any relapses if they occurred.

The cases which did not respond to Lukol therapy were put on other therapy, e.g., specific therapy for monilasis, etc.

OBSERVATIONS
After starting the treatment, each case was observed every fourth day for the response to therapy.

The response to therapy as regards leucorrhoea was noted and at the same time it was noted if there was any improvement in the general symptoms which the patient complained of prior to starting the therapy.

RESULTS

<table>
<thead>
<tr>
<th>Group</th>
<th>—</th>
<th>All cases showed a very good response after a period of 2 to 3 weeks. The discharge was completely controlled. The cases were followed up for a period of 2 to 4 months and no case showed any recurrence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group II</td>
<td>—</td>
<td>The results were good in 7 cases fair in 4 cases. Recurrence was noted in 4 cases out of 11 in a period of 3 months.</td>
</tr>
<tr>
<td>Group III</td>
<td>—</td>
<td>The results were not satisfactory and all of them were put on specific medication later on.</td>
</tr>
</tbody>
</table>

In addition to the above, the following observations were made as regards the general complaints:—

a) In most of the cases a general sense of well-being was noted and the appetite improved.

b) Constipation was relieved in most of the cases.

c) Some cases of Group III complained of an increase in pruritus vulvae for the first two days, which later subsided as the treatment was continued.

d) In Group II, though the discharge was reduced still the erosion and endocervicitis persisted.
The results can be summed up as follows:

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of cases</th>
<th>V. good response</th>
<th>Good</th>
<th>Fair</th>
<th>No response</th>
<th>Recurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>Nil</td>
</tr>
<tr>
<td>II</td>
<td>11</td>
<td>—</td>
<td>7</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III</td>
<td>5</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**SUMMARY**

Twenty patients between the ages of 20 and 45 years suffering from leucorrhoea were treated with oral medication only, in the form of Lukol tablets, 1 q.d.s. The patients were followed-up two to four months after cessation of therapy to check for recurrence.

Detailed examination and investigations were done prior to the commencement of therapy.

The patients were divided into three groups according to the character of the discharge and associated cervical erosion. In Group I cases who had excessive normal discharge the response was excellent and there were no recurrences. In Group II, non-specific vaginitis with erosion of endocervicitis, out of 11 patients seven had a good response and four a fair response. In Group III cases with specific vaginitis including trichomoniasis and moniliasis, there was no response to Lukol and the patients needed specific therapy.

In all cases the associated symptoms like malaise, poor appetite and constipation were relieved and the patients had a sense of well-being.

From these observations it appears that Lukol is a promising drug in the oral therapy of leucorrhoea.