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RESEARCH ARTICLE

ABNORMAL VAGINAL DISCHARGE: A CLINICAL, MENSTRUAL AND BEHAVIORAL PROFILE OF WOMEN ATTENDING AN AYURVEDIC GYNAECOLOGY DEPARTMENT

Bhavna Ninama[1], Narendra Kumar Meena[2] and Anu.M.S[3]

1. PG Scholar, PG Department of Prasuti Tantra & Striroga, Madan Mohan Malviya Government Ayurveda College, Udaipur.
2. Professor & HOD, PG Department of Prasuti Tantra & Striroga, Madan Mohan Malviya Government Ayurveda College, Udaipur.
3. Lecturer, PG Department of Prasuti Tantra & Striroga, Madan Mohan Malviya Government Ayurveda College, Udaipur.

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Abstract

Background: Abnormal vaginal discharge is a common gynaecological complaint and may affect physical comfort, personal hygiene, sexual well-being and psychological health. Assessing itrequires attention not only to the discharge's characterbut also to menstrual, obstetric and behavioral factors.

Objective:- To describe the clinical experience, associated symptoms, menstrual and obstetric profile, genital hygiene practices, awareness and healthcare-seeking behavior among women reporting abnormal vaginal discharge.

Materials and Methods:-We planned a descriptive, questionnaire-based observational assessment of women attending the P.G. Department of Prasuti Tantra Evum Stree Roga, Madan Mohan Malviya Government Ayurved College and Hospital, Udaipur, Rajasthan. Information was collected regarding discharge characteristics, associated symptoms, effect on daily and sexual activities, psychological distress, genital cleansing practices, awareness and previous consultation, along with menstrual, obstetric and dietary history. Descriptive statistics were expressed as frequencies and percentages.

Results:-In the presentation dataset, altered/increased vaginal discharge was reported by 78%, itching or burning by 64%, foul odor by 61% and unusual color by 42%. Daily activities were unaffected in 42%, while 19% reported moderate or severe interference. Sexual activity or relationships were affected to some degree in 46%. Psychological distress was absent in 45%, occasional in 35% and frequent/severe in 20%. Regular soap was the most frequently reported cleansing method (57%). Adequate awareness regarding normal versus abnormal discharge

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Corresponding Author:- Bhavna Ninama
Address:- PG Scholar, PG Department of Prasuti Tantra & Striroga, Madan Mohan Malviya Government Ayurveda College, Udaipur.

was reported by 57%, and 63% had previously sought healthcare consultation. Menstrual cycles were regular in 76%, and 43% were multiparous.
Conclusion:-Abnormal vaginal discharge may have multidimensional effects extending beyond local symptoms. A structured clinical assessment that incorporates menstrual, obstetric, hygiene, behavioral, and psychosocial domains can provide a more comprehensive patient profile and support individualized counseling and management.

Introduction:-

Vaginal discharge is a physiological phenomenon that varies with age, hormonal status and the menstrual cycle. Changes in amount, color, odor or consistency, particularly when accompanied by itching, burning, dysuria, pelvic discomfort or dyspareunia, may indicate an abnormal process and warrant clinical assessment. Abnormal vaginal discharge is among the common reasons for women to seek gynecological care. The impact of abnormal discharge is not limited to genital symptoms. Persistent or bothersome discharge may interfere with routine activities, create concerns about cleanliness, influence sexual relationships and contribute to embarrassment or psychological discomfort. Hygiene practices may also vary considerably, including the use of soaps, intimate washes, or household remedies; excessive cleansing may also contribute to vulvovaginal irritation.A structured assessment is therefore useful for documenting the clinical pattern together with menstrual, obstetric, dietary and behavioral characteristics. In an Ayurvedic gynecology setting, such documentation may also provide a foundation for understanding the patient's overall presentation and for planning individualized counseling and management.

Materials and Methods:-

Study design: Descriptive, questionnaire-based observational assessment.
Study setting: P.G. Department of Prasuti Tantra EvumStreeRoga, Madan Mohan Malviya Government Ayurved College and Hospital, Udaipur, Rajasthan.
Participants: Women presenting with complaints or previous experience of abnormal vaginal discharge and completing the study questionnaire/history format.
Study instrument: A structured questionnaire covering clinical experience, associated symptoms, effect on daily activities, effect on sexual activity/relationships, psychological distress, genital hygiene, awareness, and healthcare seeking. We also recorded menstrual, obstetric, and dietary history.
Variables: Clinical symptoms included altered/increased discharge, odor, itching/burning, color change, dysuria, dyspareunia, and discharge consistency. Menstrual variables included age at menarche, cycle pattern, duration, and bleeding amount. Obstetric history included parity profile. Dietary history included vegetarian/mixed pattern and dairy-product intake.
Statistical analysis: Categorical variables were summarized as frequencies and percentages. Continuous variables, where available, were intended to be summarized using descriptive measures.

Results:-

The following results are presented for N=100 as an illustrative/extrapolated presentation dataset derived from the pattern of the supplied records. Percentages are therefore intended for manuscript formatting and presentation practice, not as a substitute for final verified case-wise tabulation.

Table 1. Age distribution of participants

Variable	n	%
18–25 years	24	24
26–35 years	43	43
36–45 years	27	27
>45 years	6	6

Values are n (%); N=100.

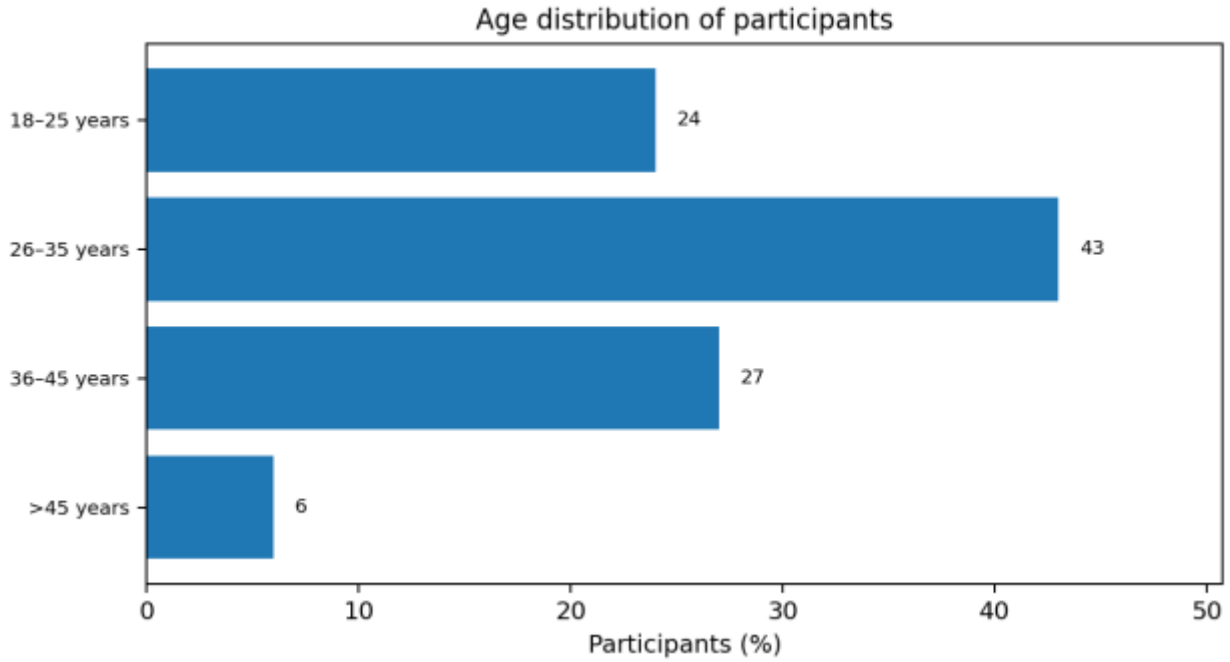


Figure. Age distribution of participants.

Table 2. Clinical characteristics and associated symptoms

Variable	n	%
Altered/increased discharge	78	78
Foul odour	61	61
Itching/burning	64	64
Unusual colour	42	42
Dysuria	28	28
Dyspareunia	25	25
Thick/curdy discharge	31	31
Mucoid/sticky discharge	29	29
Milky discharge	38	38

Multiple responses were permitted; percentages therefore do not sum to 100%.

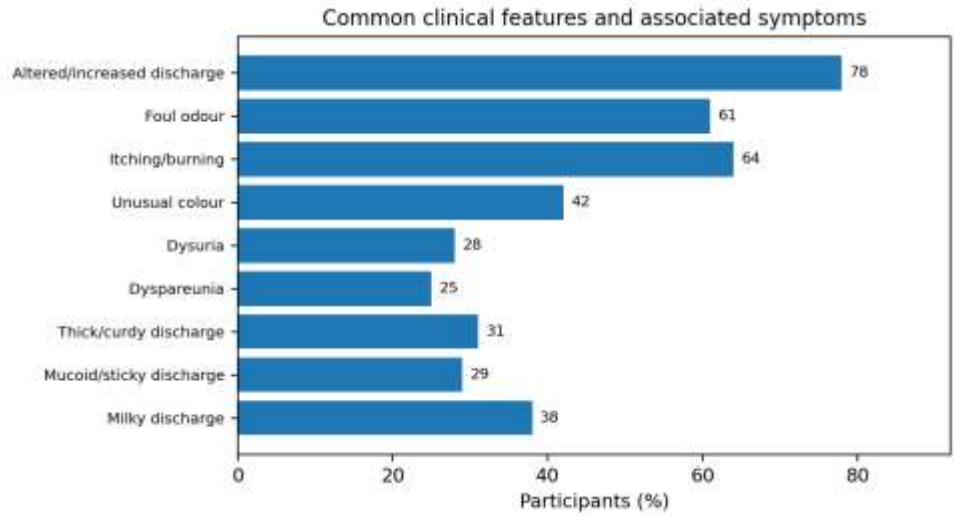


Figure. Common clinical features and associated symptoms.

Table 3. Effect of abnormal vaginal discharge on daily activities

Variable	n	%
No effect	42	42
Slight effect	39	39
Moderate effect	17	17
Severe effect	2	2

Table 4. Effect on sexual activity and relationships

Variable	n	%
No effect	45	45
Slight effect	35	35
Significant effect	11	11
No sexual activity	9	9

Table 5. Psychological distress associated with abnormal vaginal discharge

Variable	n	%
None	45	45
Occasional	35	35
Frequent	17	17
Severe	3	3

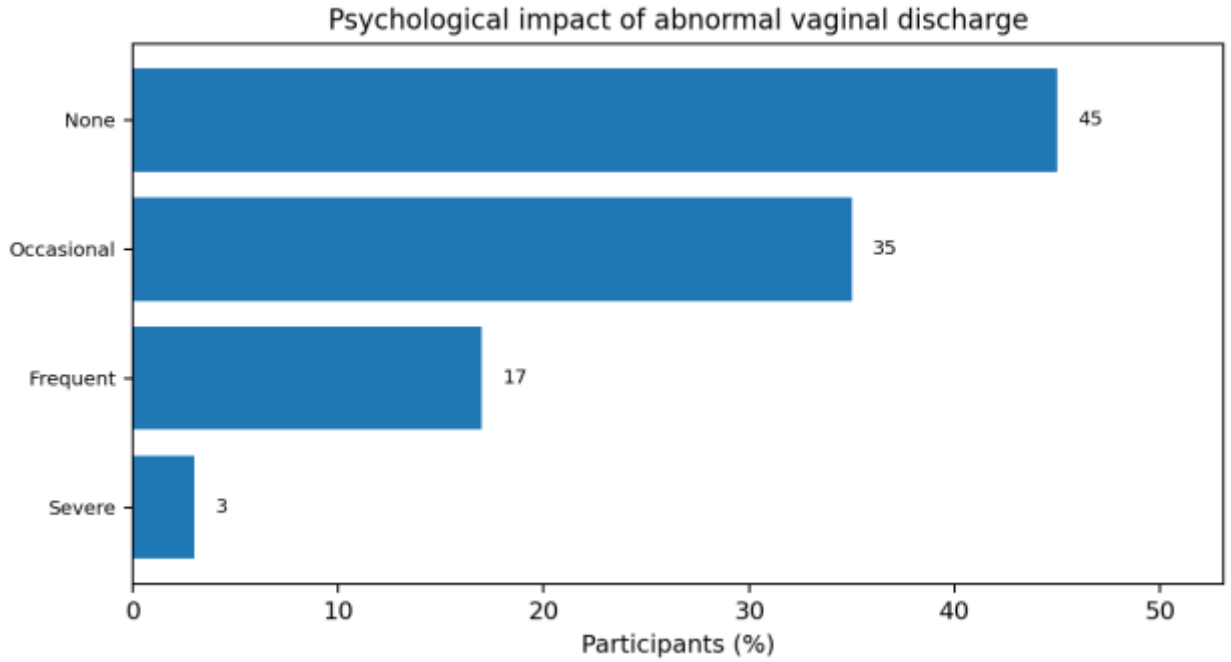


Figure. Psychological impact of abnormal vaginal discharge.

Table 6. Genital washing frequency

Variable	n	%
Once daily	72	72
Twice daily	19	19
>Twice daily	5	5
Irregular	4	4

Table 7. Genital cleansing methods

Variable	n	%
Regular soap	57	57
Intimate wash	24	24
Water only	15	15
Home remedies	18	18

Multiple responses were permitted.

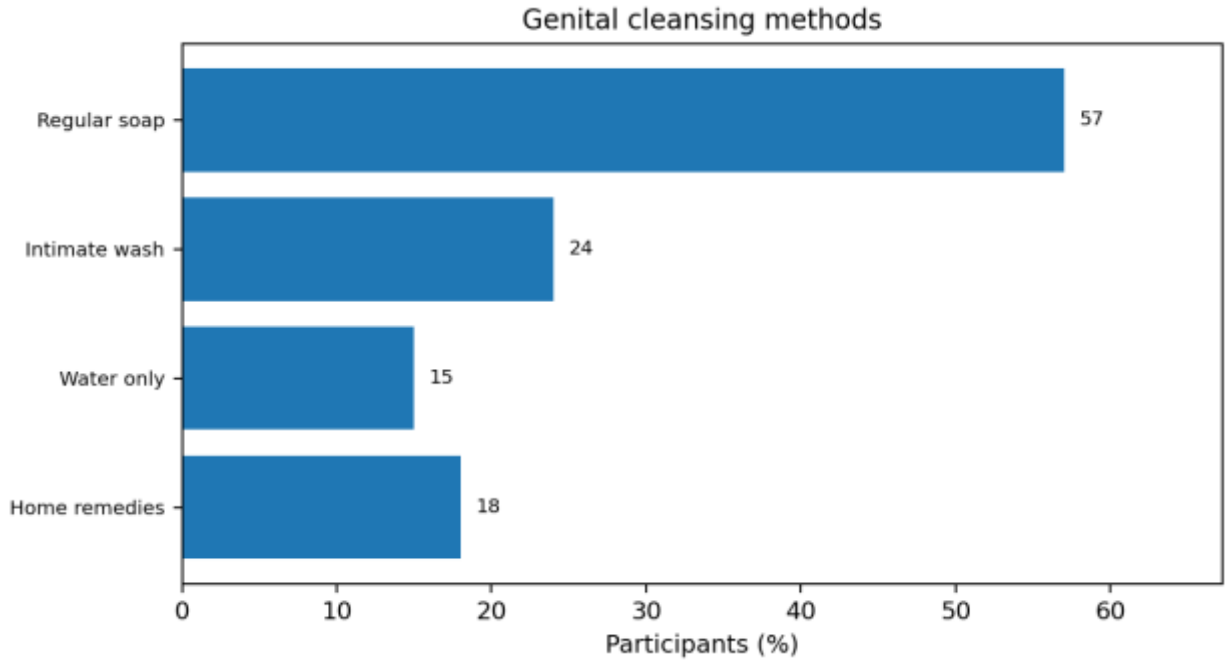


Figure. Genital cleansing methods.

Table 8. Awareness regarding normal versus abnormal vaginal discharge

Variable	n	%
Adequate awareness	57	57
Partial awareness	26	26
No awareness	17	17

Table 9. Previous healthcare consultation

Variable	n	%
Yes	63	63
No	37	37

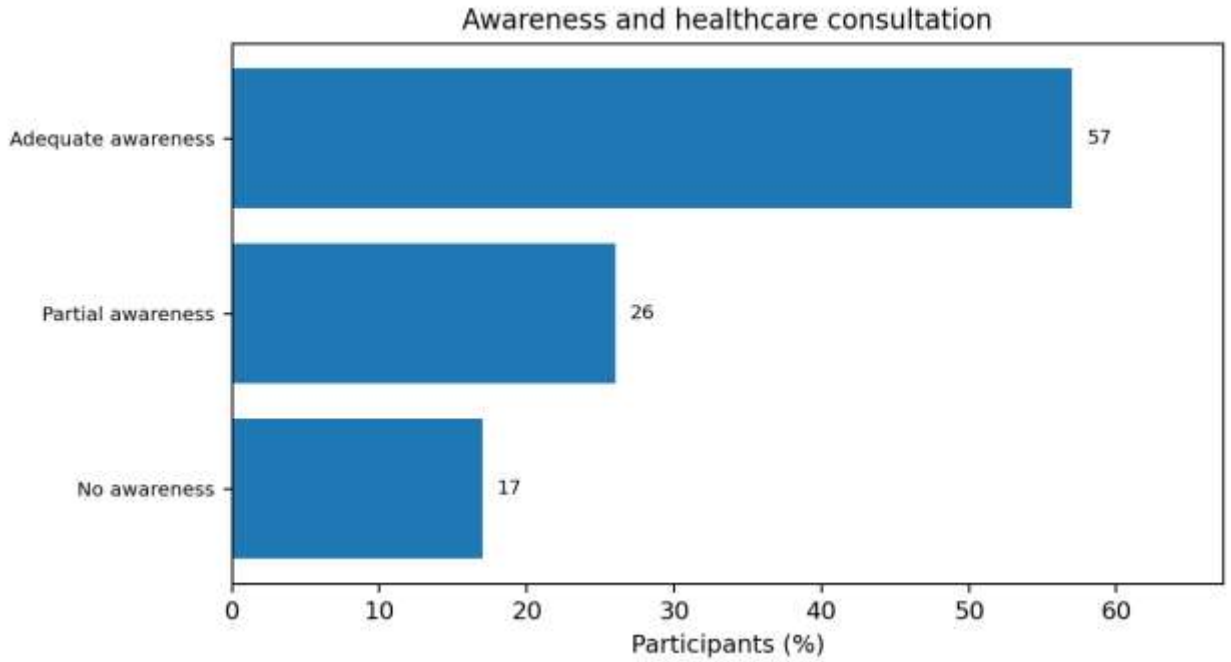


Figure. Awareness and healthcare consultation.

Table 10. Menstrual cycle pattern

Variable	n	%
Regular	76	76
Irregular	24	24

Table 11. Duration of menstrual bleeding

Variable	n	%
2–3 days	13	13
4–5 days	71	71
>5 days	16	16

Table 12. Amount of menstrual bleeding

Variable	n	%
Normal	68	68
Heavy	19	19
Scanty	13	13

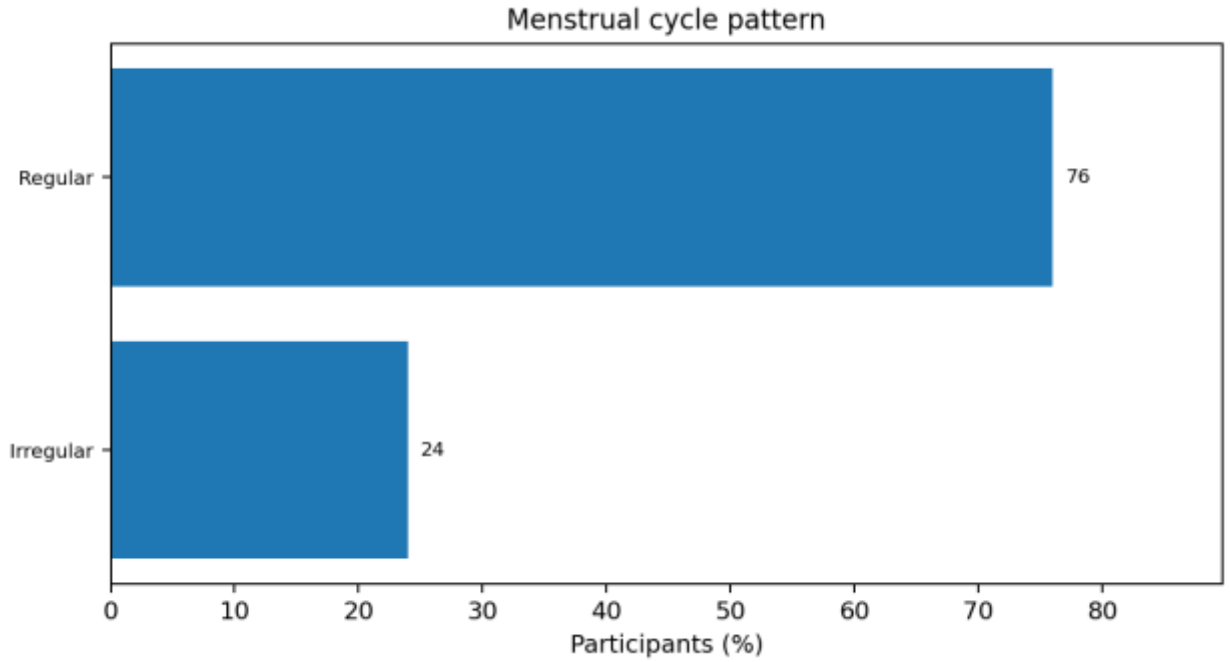


Figure. Menstrual cycle pattern.

Table 13. Obstetric profile

Variable	n	%
Nulliparous	28	28
Primiparous	29	29
Multiparous	43	43

Table 14. Reported dairy-product consumption

Variable	n	%
Milk	76	76
Curd	58	58
Paneer	34	34
Cheese	21	21
Buttermilk	39	39
Ghee	47	47
Other dairy	12	12

Multiple responses were permitted.

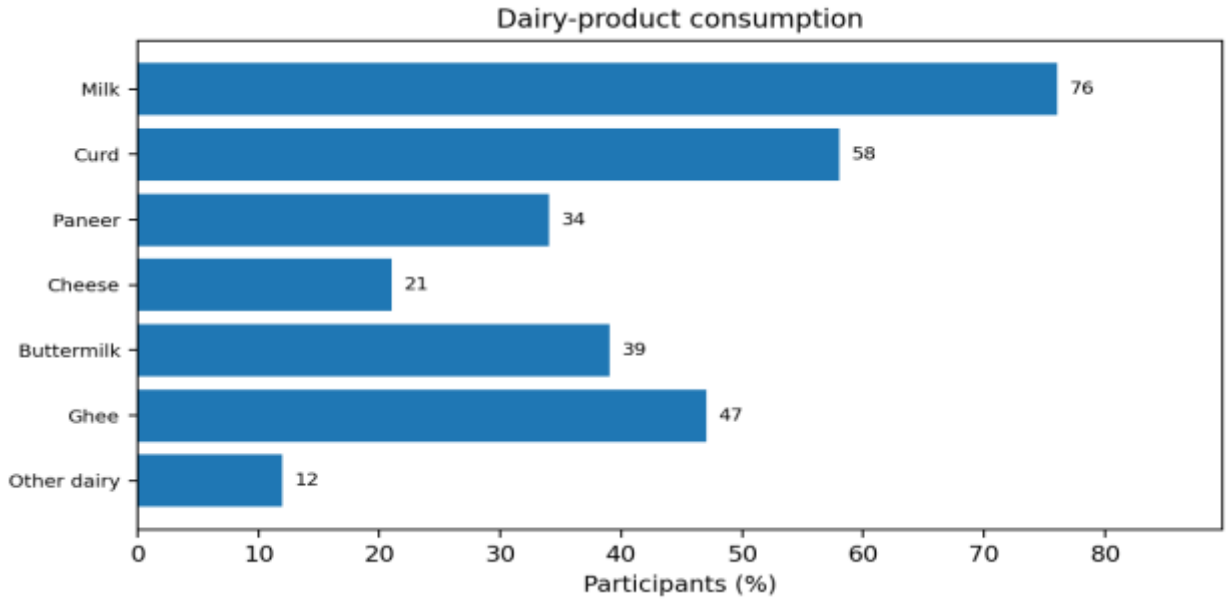


Figure. Dairy-product consumption.

Discussion:-

The findings indicate that abnormal vaginal discharge is associated with local symptoms, including itching, burning, and foul odor, and may affect daily activities, sexual relationships, and psychological well-being. The variation in genital hygiene practices highlights the need for appropriate hygiene counseling and awareness regarding normal and abnormal discharge. Menstrual and obstetric characteristics provide useful background for clinical assessment but do not establish causal relationships. From an Ayurvedic gynecological perspective, comprehensive history-taking is important for patient assessment. Further analytical studies are needed to establish etiology and evaluate treatment outcomes.

Limitations:-

The descriptive study cannot establish causal relationships. Several questionnaire variables allow multiple responses; these should not be interpreted as mutually exclusive categories.The presentation tables do not include microbiological or laboratory confirmation; therefore, no specific infectious diagnosis should be inferred from symptom frequencies alone Further multicentric and analytical studies with standardized diagnostic criteria would improve generalizability.

Conclusion:-

Abnormal vaginal discharge is associated with a broad spectrum of local symptoms and may influence daily activities, sexual relationships, hygiene behavior, and psychological well-being. A structured assessment incorporating clinical, menstrual, obstetric, and behavioral variables can provide a comprehensive profile of affected women. This manuscript provides a publication-style framework and presentation dataset; the final submission should replace extrapolated values with verified case-wise results from all enrolled participants.

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