



## COMPLAINT AND TREATMENT FOR VAGINAL DISCHARGE ATTENDING BY GYNECOLOGY NURSES IN RAJASTHAN: AN ANALYSIS

Pavan Kumar Sharma<sup>1</sup>, Prof. Dr. Sunita Lawrence<sup>2</sup>

Department of Nursing

<sup>1,2</sup>Shri Venkateshwara University, Gajraula (Uttar Pradesh)

### *Abstract*

Numerous complaints are indications of relationship challenges or changes in the idea of the connection between two accomplices, whose section through midlife is taking them in various ways. Indeed, even advances in therapy can adjust the parity. Maturing all by itself is related with the diminished pelvic bloodstream and an expanded period of time expected to arrive at the climax with incitement. This can happen in women who recently encountered no challenges peaking. Dyspareunia is common, influencing 13% of older women surveyed. HT can help with agony because of decay. In rundown, the physician ought to ask about sexual action, fulfillment, and problems. In this way, the syndromic approach for the treatment of vaginal discharge prompts wrong treatment in an incredible degree of cases. The money related cost of syndromic the administrators per genuine occasion of RTI treated in Rajasthan ran, while the social cost of mistakenly naming a lady as encountering an STI is interminable. An examination in India detailed higher paces of sorrow in women going to a gynaecological clinic contrasted and women going to a general therapeutic clinic in Rajasthan. There is proof from clinical and community studies connecting the complaint of vaginal discharge with mental disorders in India.

### 1. OVERVIEW

Vaginal discharge is one of the common purposes behind the gynecological meeting. Not all women with vaginal symptoms have vaginitis; roughly 40% of women with vaginal symptoms will have some vaginitis. In spite of the control over the vaginal small scale condition applied by the lactobacilli, many other microorganisms can be developed from the vaginal examples of healthy women. These living beings don't trigger a pathological state, however when one class of the rules, the subsequent irregularity blocks to vaginitis/vaginosis. The common irresistible causes of vaginitis incorporate anaerobic bacteria causing bacterial vaginosis (BV), vulvovaginal candidiasis, and trichomonal vaginitis.

The uncommon irresistible causes incorporate atrophic vaginitis with an

auxiliary bacterial infection, remote body with optional infection, desquamative inflammatory vaginitis (clindamycin responsive), streptococcal vaginitis (Group A), ulcerative vaginitis related



with *Staphylococcus aureus* and idiopathic vulvovaginal ulceration related with human immunodeficiency virus (HIV).

Distinguishing the irresistible wellspring of vaginal discharge can be challenging because countless pathogens cause vaginal and cervical infection and a few infections may coincide. Patient's history and physical assessment discoveries alongside suitable tests may recommend a diagnosis. Effective treatment of vaginal discharge necessitates that the etiologic diagnosis is established and distinguishing similar offers a valuable contribution to syndromic management and gives an extra strategy to HIV prevention.

Urogenital infections torment an expected couple of billion women in a year, the size of this problem and the expanded pervasiveness of multidrug safe pathogens make it basic for interchange treatment. The microorganisms that colonize the vagina assume a noteworthy job in support of obstruction against invasions from pathogenic life forms. When this vegetation is commanded by lactobacilli or commensal greenery, the individual is viewed as being healthy regarding the urogenital tract, except if other explicit disease qualities are obvious. When the vault is colonized basically or exclusively by pathogenic bacteria, such as *Escherichia coli* or *Gardnerella vaginalis*, the patient is by, and largely viewed as having abnormal vegetation. Antimicrobial therapy has been sensibly effective at restoring bacterial infections of the bladder and vagina, however mounting medication opposition and disappointment of anti-toxins to change host receptivity to pathogen repeats, in addition to a negative impact on patient personal satisfaction cause it basic that elective therapeutics to be found[1-6].

## **2. CAUSES, DIAGNOSIS, AND MANAGEMENT OF COMMON GYNECOLOGICAL SYMPTOMS**

- Different gynaecological conditions with similar symptoms
- The importance of accurate diagnosis of the condition and cause
- The most appropriate treatment, which takes account of women's desired outcome
- The negative impact of symptoms on women's quality of life.

After reading this article, 'Test and reflect' on your updated knowledge with our multiple-choice questions. Earn 0.5 CPD credits for reading the article and an additional 0.5 CPD credits for completing the multiple-choice questions. Different gynaecological conditions can produce similar symptoms.

For example, women with polycystic ovary syndrome (PCOS) may have irregular, heavy bleeding with spotting and post coital bleeding (PCB), but these symptoms could apply equally to women with a sub mucosal fibroid. Accurate diagnosis of condition and cause is important to provide appropriate treatment, taking account of the desired outcome for women. This is particularly relevant when considering fertility issues. This article discusses abnormal bleeding,



pelvic pain, and urinary symptoms. It explores their multiple causes, diagnosis, and management. It does not cover pregnant women.

### Causes

Prolapse, generally anterior, is the most common cause of urinary symptoms. Other causes range from simple infections that can be treated easily, to pressure from fibroids, and bladder conditions.

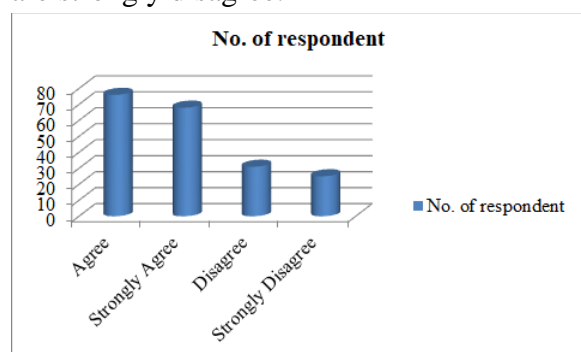
### Treatments

The treatments for urinary symptoms rely upon the cause. For instance, an infection can be treated with anti-microbials, while a prolapse can be treated with pelvic floor works out, bolster such as ring pessaries, and medical procedure. On the off chance that the cause is identified with a mass, such as a fibroid, then it requires careful evacuation or the mass diminished by uterine supply route embolization or ulipristal acetic acid derivation 5 mg, Vaginal infections with bacterial vaginosis, candidiasis, and trichomoniasis are a worldwide health problem for women in India.

### 3. COMPLAINT OF EXCESSIVE VAGINAL DISCHARGE ATTENDING WOMEN BY GYNAECOLOGY NURSES IN RAJASTHAN CITY HOSPITAL

The complaint of excessive vaginal discharge is very common in women attending the gynecology out-patient department. It is associated with considerable emotional stress; health seeking associated cost and has a substantial impact on female health and behavior. Proper understanding of this problem helps in initiating appropriate medical education programs and framing health policies. Abnormal vaginal discharge in a pregnant woman causes discomfort and increases risk of complications. Management of such patient is difficult as the physician will need to distinguish leucorrhoea of pregnancy from pathological vaginal discharge and also to decide on the drugs to prescribe that are not contraindicated in pregnancy

Above figure 1 descriptive the many women complain of vaginal discharge; it is a frequent reason for consultation in general practice and in private gynecological practice, 76 gynecologist are agree, 68 gynecologist are strongly agree, 31 gynecologist are disagree and 25 gynecologist are strongly disagree.





**Figure 1: Many women complain of vaginal discharge; it is a frequent reason for consultation in general practice and in private gynecological practice**

Women perceptions	Yes	No
I never have much vaginal discharge	59	141
I always/in periods have much discharge, but it doesn't bother me and I am not worried about it	68	132
I always/in periods have much discharge. It bothers me, but I am not worried about it	73	127
I always/in periods have much discharge. It bothers me and I am also worried about it	81	119

**Table 1: The perception of the usual vaginal secretion in women in Rajasthan Hospitals**

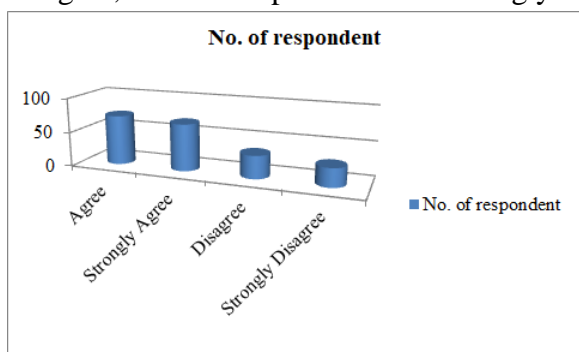
Patient possibilities causes	No. of respondent
Infection	29
IUD/oral contraceptive	21
Stress	16
Coincidence	13
Hormonal changes	21
Physical weakening	26
Sexual transmission	28
Genetic disposition	27
Allergy	19

**Table 2: The possible causes of their increased vaginal secretion in women**



Above table 2 descriptive the possible causes of their increased vaginal secretion in women, 29 respondent agree with Infections, 21 respondent agree with (IUD/Oral Contraceptive), 16 respondent agree with Stress causes, 13 respondents agree with coincidence, 21 respondents agree with hormonal changes, 26 respondents agree with physical weakening, 28 respondents agree with sexual transmission, 27 respondents agree with genetic disposition and rest of respondents agree with Allergy.

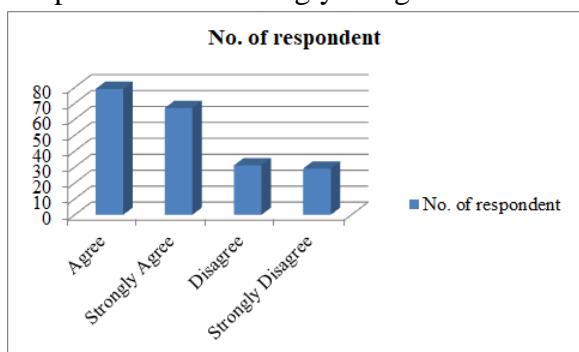
Above figure2 descriptive the complaints of discharge, tingling, copying sensation, dyspareunia, and torment in the lower midriff were increasingly visited among women who announced them to be white, 72 respondents are agree, 68 respondents are strongly agree, 33 respondents are disagree, and 27 Respondents are Strongly disagree.



**Figure 2: Complaints of discharge, tingling, copying sensation, dyspareunia, and torment in the lower midriff were increasingly visited among women who announced them to be white**

### Women awareness required regarding vaginal discharge

Above figure 3 descriptive the Women awareness required regarding vaginal discharge, 79 respondents are agree, 67 respondents are strongly agree, 31 respondents are disagree, and 29 Respondents are Strongly disagree.

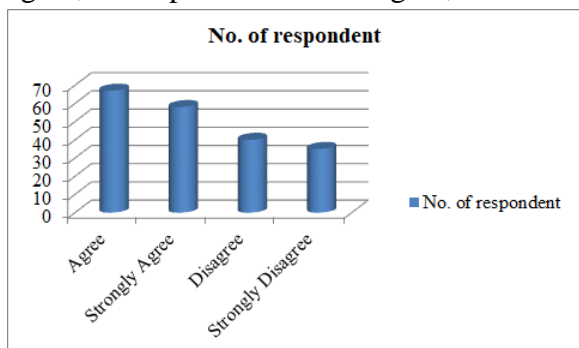


**Figure 3: Women Awareness Required Regarding Vaginal Discharge**



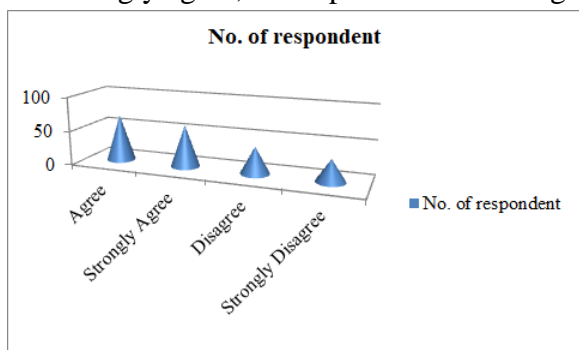
### Many Gynecological complaints and their associated factors among women in Rajasthan Hospitals

Above figure 4 descriptive that the many Gynecological complaints and their associated factors among women in Rajasthan Hospitals, 67 respondents are agree, 58 respondents are strongly agree, 40 respondents are disagree, and 35 Respondents are Strongly disagree



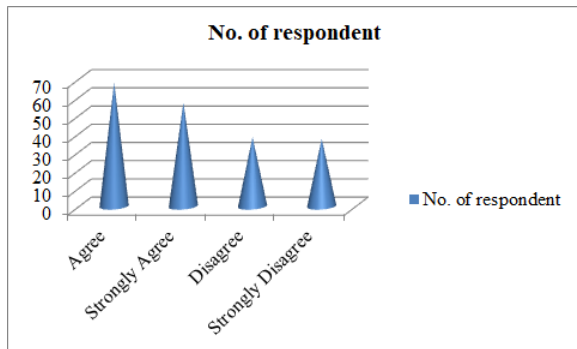
**Figure 4: Many Gynecological complaints and their associated factors among women in Rajasthan Hospitals**

Above figure5 descriptive the Iatrogenic vulvovaginal candidiasis, seen particularly in girl who have had anti-infection agents endorsed for different reasons, is a typical issue that can be kept away from with suitable thinking ahead and medicine, 68 respondents are agree, 61 respondents are strongly agree, 39 respondents are disagree, and 32 Respondents are Strongly disagree.



**Figure 5: Iatrogenic Vulvovaginal Candidiasis**

Above figure 6 descriptive the most common gynecological complaints and possible associated factors among women of reproductive age attended at a family health-care clinic, 68 respondents are agree, 58 respondents are strongly agree, 38 respondents are disagree, and 37 Respondents are Strongly disagree.



**Figure 6: The Most Common Gynecological Complaints and Possible Associated Factors among Women of Reproductive Age Attended At a Family Health-Care Clinic**

Inclining elements to VVC incorporate pregnancy, diabetes mellitus, immunosuppressive therapy (cytotoxic medications, steroids, and so forth.), anti-toxins, oral contraceptives, immunodeficient conditions (HIV, cancer, chronic illness) and tight fitting and nylon underpants. Heat and dampness support the growth of *Candida* species. VVC can be sexually transmitted, and a few investigations revealed a relationship among Indians and orogenital sex. *C. albicans* can be recognized by culture from the vagina during pregnancy in roughly 25% of women. While the predominance of VVC in pregnancy in India, few investigations in Africa announced the pervasiveness of 65%, 42% and 23% at Rajasthan. Most patients with VVC will complain of vaginal discharge.

### 5. EFFECTIVE TREATMENT OF RECURRENT BACTERIAL VAGINOSIS

Bacterial vaginosis (BV) is caused by a complex change in vaginal bacterial flora, with a reduction in lactobacilli (which help maintain an acidic environment) and an increase in anaerobic gram-negative organisms including *Gardnerella vaginalis* species and *Bacteroides*, *Prevotella*, and *Mobiluncus* genera. Infection with *G vaginalis* is thought to trigger a cascade of changes in vaginal flora that leads to BV

### 6. CONCLUSION

Among patients in pretreatment group, 66% of them had <1 life form/100× goal; this showed the shift in vaginal verdure, just 2% of them showed tally somewhere in the range of 5 and 30. This shows the improved vaginal vegetation following treatment with probiotics. Nine patients (18%) were not eased of symptoms, despite the fact that there was an improvement in vaginal verdure in 7 of these nonresponders, they were not soothed symptomatically. The cause among these patients was noninfective, for example, chronic cervicitis in 3 patients, diabetes mellitus in 2 patients, CIN-2 and 3 out of 2 patients, one patient had Cut in situ which had caused repetitive PID, one patient had a history of immuno-bargained status which caused intermittent pelvic inflammatory disease.



Reproductive tract infections (RTIs), for the most part, observed as a quiet pestilence, is one of the significant general health problems causing an extensive extent of gynecological dreariness and maternal mortality in the creating nations. Vaginitis is viewed as the most common kind of reproductive framework infections and alludes to any aggravation or infection of the vagina. This is a common gynecological problem found in girls all things considered, with most having at any rate one type of vaginitis eventually during their life. Vaginitis can happen when the dividers of the vagina become aggravated or some aggravation has exasperated the equalization of the vagina. As per WHO, the pervasiveness of vaginitis is 10–25% and is seen among Woman worldwide. In Rajasthan, the predominance of vaginitis isn't unmistakably determined because of many causes.

Also, most of these examinations have not been methodically selected the study members and thus may restrict the generalizability of this audit. Though the amassed information did not gauge the chances ratio, it minimized the chance of impact by weighted examination. It should be noticed that bigger examinations could impact the un-weighted assessments. Execution predisposition could be found in studies utilizing a non-gold standard research center diagnostic device as the test would have a lower exactness rate. Given the cross-sectional nature of studies, no one but affiliations can be induced, and no causal relationships can be resolved.

These investigations have been led in a research situation where health care suppliers are prepared and thus may overestimate the diagnostic exactness of the flowcharts in an actual health care setting. In view of the present study results, the greater part of the workers had poor mindfulness about vaginal discharge. Also, about a quarter of the contemplated women complained of abnormal vaginal discharge. Abnormal vaginal discharge was diminished in the women who had great information score, and who utilized great hygienic practices, interestingly, there was increment in the abnormal vaginal discharge in those women who had poor learning score, who didn't look for assessment till they can't endure the symptoms, who didn't analyze with the exception of the husband complain and furthermore who utilized reusable, clean cushions..

## **7. RECOMMENDATIONS**

Based on the results of the current study, the following suggestions are recommended:

- Developing a health education program for raising awareness about the vaginal discharge through maternal and child health centers, mass media, schools, universities and social clubs Further researches needed to investigate the women who complain of abnormal vaginal discharge to determine the type and causes of abnormal vaginal discharge.
- The mass media, NGOs and other social organizations should be given tax exemptions with conducive atmosphere to work and organize programs that seeks to address issues of





reproductive health and feminine hygiene, since the findings revealed that the mass media was the second major source of information about vaginal discharge.

- Parents should discuss sex life and issues relating to reproductive health with their wards especially those at the adolescent stages so as to enable them appreciate the transition they are going through.
- The Government should grant funds to health providers and scientist to undertake more projects and research works on the subject area to abreast people with emerging new trends and developments on vaginal discharge and its relationship to safe motherhood.

## REFERENCES

- [1].Ekabua J, Agan T, Iklaki CU, Ekanew E. Adjuncts to case assessment of vaginal discharge syndrome in pregnant women. *Asian Pacific Journal of Tropical Medicine*. 2010;3(1):63–5.
- [2].Cornier N, Petrova E, Cavailler P, Dentcheva R, Terris-Prestholt F, Janin A, et al. Optimising the management of vaginal discharge syndrome in Bulgaria: cost effectiveness of four clinical algorithms with risk assessment. *Sex Transm Infect*. 2010;86(4):303–9.
- [3].Desai VK, Kosambiya JK, Thakor HG, Umrigar DD, Khandwala BR, Bhuyan KK. Prevalence of sexually transmitted infections and performance of STI syndromes against aetiological diagnosis, in female sex workers of red light area in Surat, India. *Sex Transm Infect*. 2003;79(2):111–5.
- [4].Mahmood, K.T., &Farheen, & Z. Farah, S. &Marium, Z. and Fatma, A. (20 11): causes and management of pathological vaginal discharge, *journal of pharmaceutical science and technology*, 3(1), pp: 448-455.
- [5].Chaudhary, V., et al, (2012): Prevalence and Determinants of Vaginal Discharge among Women of Reproductive Age Group in Tertiary Care Hospital of Northern India. *Natl J Community Med*. 3(4), pp: 661-5
- [6].Ananda, E., Singhb, J., and Unisaa, S. (2015): Menstrual hygiene practices and its association with reproductive tract infections and abnormal vaginal discharge among women in India, *Sexual & Reproductive Healthcare*, 6(4), pp: 249–254.