

Ulcers of skin with Homeopathic Management and Construction of a Repertory of Ulcers

Dr. C. Abdul Gaffoor BSc,BHMS,MD(Hom)

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- Dr.C. Abdul Gaffoor

Aim

To construct a repertory on ulcers of the skin by collecting the related rubrics from various authentic repertories and reportorial conversion of the symptomatology given in various classical works on therapeutics and proving the effectiveness of this work by clinical verifcaion for Homoeopathic therapeutics.

Introduction:

Chronic skin ulcers are a source of great misery, suffering, incapacity and economic loss for the patients.

Their treatment by modern medicine have yielded unsatisfactory results. despite their best endeavours many of the ulcers remain indolent and chronic. Prolonged tretment with strong and potent agents not only ruin patient's health, but also add to his financial burden. This makes the patient to search for a new and safe mode of medication that inflicts no disastrous effect on health. Homoeopathy meets these requirements, having in its fold thousands of remedies that not only bring about a permanent cure, but also affect it in a mild, most reliable and harmless way.

There are many effective medicines in homoeopathy for the treatment of ulcers of skin. It is high time that a scientific and systematic study be conducted on this subject, so that the hard solid, true, indisputable facts could be laid bare before the eyes of the scientific community. Scrutiny and judgment over such facts will help to establish the efficacy of homoeopathic medicines and genuinity of the homoeopathic system. A humble effort is done in this direction, by undertaking a scientific study based on statistical data. The proper selection of homoeopathic medicine is essential for this study.

Repertory is an indispensable tool for this process. Until now, there is no complete textbook or reference to look to for the treatment of ulcers. Searching for a remedy suitable for a particular presentation and modality of an ulcer in the vast array of materia medica and repertory is an uphill task. So a sincere effort is made to bring out a complete, concise, and comprehensive repertory on ulcers of skin by collecting informations from various authentic repertories, materia medicas and therapeutic textbooks. . It has been found that many rare remedies are indicated in various kinds of ulcers of the skin. An abstract of the symptomatology of thes rare and often-neglected remedies also is reproduced for ready and easy reference.

I hope this work would help the students and practitioners for the selection of acute simillimum as well as a ready reference

Preface:

This is a new and a different work in Homoeopathy to construct a repertory dealing with the ulcers of the skin. This work is expected to serve the purpose of selecting the simillimum based on the acute and distressing symptoms of the ulcer. After the relief of the acute symptoms it may be needed to follow the case with some constitutional medicine. However it also serves the purpose of synthetic repertorisation by using appropriate general repeties. Here the rubrics from various important repertories are brought together and arranged in different order. Various classical books of materia medica are referred and the important symptoms related to the ulcers are converted to the rubrics and added.

However this work does not serve the purpose of complete repertorisation but to work out the sector totality of ulcer symptoms.

This work is small but comprehensive and will help in better management of ulcers.

I hope this will benefit the profession and welcome any suggestions to improve this work.

- Dr. Abdul Gaffoor

Features of the repertory

- Additions have been made to the Kent's repertory from various repertories and materia medicas. There are two hundred and ten new rubrics and one thousand five hundred new additions. A reference number is given for additions of medicines as well as rubrics . The medicines in the added rubric from same source book has given no reference number

E.g.

ULCERS - painful - burning- Around about14

This rubric is from the Boenninghausan's characteristics and repertory by C.M.Boger. The medicines from the same source book

- Grading of medicines is similar to that of the kent' s repertory. Grading of certain medicines are changed when other repertories are given a higher grading. Here The medicines with changed grading is denoted by an 'asterix' mark after the Reference number. Certain Repertories are having more than three grades. Here first grade remedies are given three marks, second and third grade medicines are given

two marks and fourth and fifth grade medicines are given three marks. As it is difficult to grade the medicines from materia medica and therapeutics, Medicines from this source are given one mark.

All the modifications of ulcers are given under one main rubric in Kent's repertory. In this book these rubrics are divided to suit into different chapters such as sensation, appearance, edges, margin, floor, base, surrounding area, discharges, modalities. The area involved in the ulcer is important in diagnosis as well as in management. So the part involved is brought under the chapter 'location'. The pathological and clinical types of ulcers are brought under one heading for easy reference.

Chapter modalities are divided into two. Generals and Particulars. Rubrics showing aggravations and ameliorations of ulcers without mentioning any particular symptoms are brought under the section Generals. Rubrics of aggravation and amelioration for particular symptoms of ulcer such as pain, bleeding etc, are given under the section Particulars. Rubrics representing ulcers seen associated with certain other conditions are also brought under the chapter modalities for convenience.

For e.g.

Ulcers, Emaciation with: Lyc3

Care has been taken to avoid misplacement of the rubrics. For this many subrubrics from different chapters of Kent's repertory are rearranged to suit into respective chapters.

For e.g. an ulcer on the nose with burning pain

In Kent's repertory, Nose, ULCERS: burning. In this book first look in chapter 'Location' then for burning look in chapter 'sensations'.

However certain rubrics of modifications are retained along with the respective rubrics to avoid over generalization.

For e.g. perforating ulcers of nose. Here the rubric perforating is retained along with the main rubric in the chapter location

List of medicines with abbreviations

1. abrot., abrotanum
2. acet-ac., acetic acid
3. acon., aconitum napelus
4. aesc., aesculus hippocastanum
5. agar., agaricus muscarius
6. agn., agnus castus
7. ail., ailanthus
8. all-c., allium cepa
9. aloe., aloe socotrina
10. alum., alumina
11. alum-p., aluminium phosphoricum
12. alum-sil., alumina silicata
13. alumn., alumen
14. am-c., ammonium carbonicum
15. ambr., ambra grisea
16. am-m., ammonium muriaticum
17. anac., anacardium orientale
18. anac-oc., anacardium occidentale
19. anag., anagallis arvensis
20. anan., anantherum muriaticum
21. ang., angostura vera
22. ant-c., antimonium crudum
23. ant-t., antimonium tartaricum
24. anthr., anthracinum
25. anthraco., anthrococali
26. apis., apis mellifica
27. ap-g., apium graveolens
28. aran., aranea diadema

29. arg-m., argentum metallicum
30. arg-n., argentum nitricum
31. arn., arnica montana
32. ars., arsenicum album
33. ars-h., arsenicum hydrogenisatum
34. ars-i., arsenicum iodatum
35. ars-m., arsenicum metallicum
36. ars-s-f., arsenicum sulphuratum flavum
37. arum-t., arum triphyllum
38. arund., arundo mauritanica
39. asaf., asafoetida
40. aster., asterias rubens
41. aur., aurum metallicum
42. aur-ar., aurum arsenicum
43. aur-i., aurum iodatum
44. aur-m., aurum muriaticum
45. aur-m-n., aurum muriaticum natronatum
46. aur-s., aurum sulphuratum
47. bad., badiaga
48. bals., balsamum pruvianum
49. bapt., baptisia tinctoria
50. bar-c., baryta carbonica
51. bar-m., baryta muriatica
52. bar-s., baryta sulphurata
53. bell., belladonna
54. benz-ac., benzoic acid
55. berb., beriberis vulgaris
56. bism., bismuthum oxidum
57. borx., borax
58. bov., bovista
59. brom., bromium
60. bry., byonia alba
61. bufo., bufo rana
62. cadm-s., cadmium sulphuratum
63. calc., calcarea carb
64. calc-f., calcarea fluorata
65. calc-i., calcarea iodata
66. calc-p., calcarea phosphorica
67. calc-s., calcarea sulphurica
68. calc-sil., calcarea silicata
69. calen., calendula officinalis
70. camph., camphora officinarum
71. cann-s., cannabis sativa
72. canth., cantharis
73. caps., capsicum
74. carb-ac., carbolic acid
75. carb-an., carbo animalis
76. carb-v., carbo vegetabilis
77. carb-s., carbonium sulphuratum
78. card-m., cardus marianus
79. cast-eq., castor equi
80. caust., causticum
81. cedr., cedron
82. cench., cenchris contortrix
83. cham., chamomilla
84. chel., chelidonium

85. chim., chimaphila umbellata
86. chin., china officinalis
87. chinin-ar., chininum arsenicosum
88. chin-b., chininum brom.
89. chinin-s., chininum sulphuricum
90. chlol., chloralum
91. chlor., chlorum
92. chr-ac., chromicum acidum
93. cic., cicuta virosa
94. cimic., cimicifuga racemosa
95. cimx., cimex
96. cina., cina
97. cinnb., cinnabaris
98. cist. Cistus canadensis
99. clem., clematis erecta
100. cocc., cocculus indicus
101. coff., coffea cruda
102. colch., colchicum autumnale
103. coloc., colocynthis
104. com., comocladia dendata
105. con., conium maculatum
106. cop., copaiva officinalis
107. cor-r., corallium rubrum
108. croc. Crocus sativus
109. crot-c., crotalus cscavilla
110. crot-h., crotalus horridus
111. crot-t., croton tiglium
112. cub., cubeba officinalis
113. cund., cundurango
114. cupr., cuprum metallicum
115. cupr-ar., cuprum arsenicosum
116. cycl., cyclamen europaeum
117. dig., digitalis purpurea
118. dor., doryphora
119. dros., drosera rotundifolia
120. dulc., dulcamara
121. ech., Echinacea angustifolia
122. epiph., epiphegus
123. erechthites., erechthitis hieracifolia
124. eucal., eucalyptus globulus
125. euph., euphorbium
126. euphr., euphrasia officinalis
127. ferr., ferrum metallicum
128. ferr-ar., ferrum arsenicosum
129. ferr-i., ferrum iodatum
130. ferr-m., ferrum mur
131. ferr-p., ferrum phospgoricum
132. fl-ac., fluoricum acidum
133. fuli., fuligo ligni
134. gali., gallium aparine
135. gamb., gambogia
136. gast., gastein aqua
137. ger. Geranium maculatum
138. graph., graphites
139. grat., gratiola officinalis
140. grin., rindelia robusta

- 141. guaj., guajacum officinale
- 142. ham., hamamelis virginica
- 143. hell., helleborus niger
- 144. hep., hepar sulphuris calcareum
- 145. hippoz., hippozaenium
- 146. hydr., hydrastis canadensis
- 147. hydrc., hydrocotyle asiatica
- 148. hydr-ac., hydroyanic acid
- 149. hyos., hyoscyamus niger
- 150. hyper., hypericum perforatum
- 151. ign., ignatia amara
- 152. ins., -insulinum
- 153. iod., iodium
- 154. ip., ipecacuanha
- 155. jac-c., jacaranda caroba
- 156. jatr-c., jatrpha curcus
- 157. jug-r., juglans regia
- 158. kali-ar., kali arsenicosum
- 159. kali-bi., kali bichromicum
- 160. kali-c., kali carbonicum
- 161. kali-chl., kali chloricum
- 162. kali-i., kali iodatum
- 163. kali-m., kali muriaticum
- 164. kali-n., kali nitricum
- 165. kali-p., kali phosphjoricum
- 166. kali-s., kali sulphuricum
- 167. kali-sil., kali silicicum
- 168. kam., kamala
- 169. kreos., kreosotum
- 170. lac-c., lac caninum
- 171. lach., lachesis
- 172. lam., lamium album
- 173. laur., laurocerasus
- 174. led., ledum palustre
- 175. liat., liatris spicata
- 176. lith. , lithium carb
- 177. lyc., lycopodium clavatum
- 178. lyss., lyssin
- 179. mag-aust., magnetis polus australis
- 180. mag-c., magnesias carbonica
- 181. mag-m., magnesias muriatica
- 182. mag-p-a., magnetis poly ambo
- 183. mang., manganum
- 184. med., medorrhinum
- 185. merc. mercurius
- 186. merc-c., mercurius corrosivus
- 187. merc-cy., mercurius cyanatus
- 188. merc-d., mercurius dulcis
- 189. merc-i-f., mercurius iodatus flavus
- 190. merc-i-r., mercurius iodatus ruber
- 191. merc-n., mercurius nitrosus
- 192. merc-sul mercurius sulphuricus
- 193. mez., mezerium
- 194. mill., millifolium
- 195. mosch., moschus
- 196. murx., murex

197. mur-ac., muriatic acidum
198. mygal., mygale lasiodora
199. nat-ar. natrum arsenicatum
200. nat-c., natrum carbonicum
201. nat-m., natrum muriaticum
202. nat-p., natrum phosphoricum
203. nit-ac., nitricum acidum
204. nux-m., nux moschata
205. nux-v. vux vomica
206. olnd.,oleander
207. ol-j.,oleum jecoris aselli
208. op., opium
209. paeon., paeonia officinalis
210. pall., palladium
211. par., pareira brava
212. petr., petrolium
213. ph-ac.,phosphoricum acidum
214. phos., phosphorus
215. phyt., phytolacca decandra
216. pip-m., piper methysticum
217. pip-n., piper nigrum
218. plat., platinum metallicum
219. plb., plumbum metallicum
220. polyg., polyonum hydropiperoides
221. psor., psorinum
222. puls., pulsatilla nigricans
223. pyrog., pyrogenium
224. rad., radium
225. ran-b., ranunculus bulbosus
226. ran-s., ranunculus scleratus
227. rhus-t., rhustxicodendron
228. rhus-v., rhus venanata
229. rob., robinia pseudocaia
230. rumx., rumex crispus
231. ruta., rua graveolens
232. sabad., sabadilla
233. sabin., sabina
234. samb. Sambucus nigra
235. sang., sanguinaria canadensis
236. sanic., sanicula aquata
237. sars., sarsdaparilla
238. scroph-n., scrophularia nodosa
239. sec., secale cornutum
240. sel., selenium
241. seneg., sensga
242. sep., sepia
243. sil., silicea
244. sin-n.,sinapis nigra
245. sol-ni.,solanum nigrum
246. spig., spigelia anthelmia
247. spong., spongia tosta
248. squil., squilla hispanica
249. stann., stannum metallicum
250. staph., staphysagria
251. still., stillingia sylvatica
252. stram., stramonium

253. stront-c., strontium carb.
 254. sul-ac., sulphuricum acidum
 255. sul-i., sulphuricum iodatus
 256. sulph., sulphur
 257. syph., syphilinum
 258. syzyg., syzygium jambolanum
 259. tab., tabacum
 260. tarax., taraxacum
 261. tarent-c., tarentula cubensis
 262. tep., teplitz
 263. ter., terebinthina
 264. thuj., thuja occidentalis
 265. trif-p., trifolium pratense
 266. trychnos. Trychnos gaultheriana
 267. verat., veratrum album
 268. vesp., vespa crabro
 269. vinc., vinca minor
 270. viol-t., viola tricolor
 271. vip., vipera
 272. xan., xanthoxylum fraxinium
 273. zinc., zincum metallicum
 274. zinc-p., zincum phosphoricum

Ulcers of skin- a general outline

An ulcer is a discontinuity of an epithelial surface. There is usually progressive destruction of surface tissue, cell by cell.

The life history of an ulcer consists of 3 phases⁹

1. Extension- During this stage the floor is covered with exudates and sloughs while the base is indurated. The discharge is purulent and even blood stained
2. Transition- Transition stage prepares for healing. The floor becomes cleaner, sloughs separate, indurations of the base diminishes and the discharge becomes more serous. Small reddish area of granulation tissue appear on the floor and these link up until the whole surface is covered
3. Repair- Stage of repair consists in the transformation of granulation to fibrous tissue which gradually contracts to form a scar. The epithelium gradually extends from the now shelving edge to cover the floor at a rate of 1mm. Per day. The healing edge consists of three zones- the outer epithelium, which appears white, the middle one bluish in color (granulation tissue covered by a few layer of epithelium) and inner reddish zone of granulation tissue covered by a single layer of epithelial cells.

Clinical classification 8

- i. Spreading ulcer
- ii. Healing ulcer
- iii. Callous or chronic ulcer

Spreading ulcer- surrounding skin is inflamed and the floor is covered with profuse and offensive slough without any evidence of granulation tissue. The edge is inflamed, edematous and ragged. It is painful ulcers drawing lymph nodes are painful and tender

Healing ulcer- floor covered with pinkish granulation tissue. Edge red with granulation. Margin is bluish with growing epithelium

Callous or chronic ulcer- no tendency towards healing. Floor covered with pale granulation tissue or show typical wash-leather slough in gummatous ulcer. Discharge is scanty or absent. Base and edges

considerably indurated

Pathological classification of ulcers

- i. Non specific
- ii. Specific
- iii. Malignant

Non-specific ulcers are classified into

- 1. Traumatic
- 2. Arterial
- 3. Venous
- 4. Neurogenic
- 5. Associated with malnutrition
- 6. Ulcers associated with other diseases
- 7. Certain other type of ulcers

A short description of different types of ulcer

1. Traumatic ulcer:

Traumatic ulcer can be either

- i. Mechanical, e.g. Dental ulcer of the tongue from jagged tooth, from pressure of a splint etc. or
- ii. Physical from electrical or x-ray burn or
- iii. Chemical from application of caustics. This ulcer heals quickly unless supervened by infection or ischaemia, which may turn this ulcer to chronicity.

2. Arterial ulcer or ischaemic ulcer:

These are due to

- i. Peripheral arterial diseases like atherosclerosis, Buerger's disease and Raynaud's disease. or
- ii. Poor peripheral circulation

This condition is more often seen in older people. When it occurs secondary to Buerger's disease, younger men between 20 and 40 years of age are affected. In this case patches of dry gangrene may be present along with arterial ulcer. Such ulcers tend to occur on the anterior and outer aspects of the leg, dorsum of the foot, on the toes or the heel. Pain is the main complaint of this disease. Arterial ulcer tends to occur below the medial malleolus. There is often a history of intermittent claudication and even rest pain in majority of cases. The tendons, bone or underlying joints may be exposed in the floor of the ulcer with minimal granulation tissue. Peripheral pulses are always feeble or absent. Presence of ischaemic changes may be detected in the foot such as pallor, dry skin, loss of hair, etc.

3. Venous ulcer

Typically situated on the medial aspect of the lower third of the lower limb i.e., above the medial malleolus. Ulcers are the complication of deep vein thrombosis. Painful at the beginning but gradually pain settles down. Eczema and pigmentation are often seen around the ulcers.

4. Trophic ulcer or neurogenic ulcer.

These ulcers have punched out edge with slough in the floor thus resembling a gummatous ulcer. Bedsore and perforating ulcers are typical examples of trophic ulcers. These ulcers develop as a result of repeated trauma to the insensitive part of the body. Commonly seen in the heel and the ball of the foot in ambulatory patients and on the buttock and on the back of the heel in non- ambulatory patients. These ulcers start with callosity under which suppuration takes place, the pus comes out and the central hole forms the ulcer which gradually burrows through the muscles and tendons to the bone. The resulting is a callous ulcer with punched out corny edge. The surrounding skin has no sensation. the cause may be spinal or leprosy or peripheral nerve injury, diabetic neuropathy, tabes dorsalis, transverse myelitis or meningomyelocele.

5. Ulcers associated with malnutrition or tropical ulcer :

Occurs in legs and feet of the people in the tropical countries. E.g. Infection by Vincent's organisms. The most important features of this ulcer is its callousness towards healing. Its edge is slightly raised and exudes copious serosanguinous discharge. This ulcer may retain the same size for months or spread rapidly so as to require amputation.

6. Ulcers associated with certain other diseases

i. Diabetic ulcer:

Three factors play a role to produce diabetic ulcer.

- a) diabetic neuropathy- trophic ulcer,
- b) diabetic atherosclerosis causing ischaemia- arterial ulcer and
- c) Glucose laden tissue is quite vulnerable to infection and the ulcer is formed which is a type of spreading ulcer. blood and urine sugar estimation is performed to prove the diagnosis.

ii. Tuberculous ulcer:

This mostly occurs from bursting of a caseous lymph node. This type of ulcer may develop when cold abscess from bone and joint tuberculosis breaks out on the surface. Usually seen in neck, axilla and groin. Edges are thin reddish blue and undermined. Regional lymph nodes are enlarged non-tender and matted. The ulcer tends to be chronic.

iii. Lupus vulgaris :

It is a cutaneous tuberculosis occurring commonly in the face and hand usually in children and young adults. It starts superficially as multiple cutaneous nodules leading to ulcerations. These ulcers remain active at the periphery and spread outwards whereas in the center they gradually heal. Due to its destructive nature at the periphery it is called 'lupus'.

iv. Syphilitic ulcers:

a. hard chancre appears on the external genitalia 3-4 weeks after the infection in the first stage of disease. It is painless and is having an indurated base which feels like a button. In the penis chancre is found commonly in the coronal sulcus and frenum. Lymph nodes are enlarged, mobile, firm, painless and discrete and show no tendency towards suppuration. Extra genital chancres seen in nipple, lip, tongue, and anal canal are not often indurated and may be slightly painful.

b. mucus patches and condylomas seen in secondary stage of syphilis. There is small round, superficial, transient erosions in the mouth which coalesce to form snail track ulcers.

c. gummatous ulcers- occur in tertiary syphilis. These ulcers are result of obliterative endarteritis, necrosis and fibrosis and are mostly seen over subcutaneous bones. The most characteristic feature is punched out indolent edge and yellowish gray gummatous tissue (wash-leather slough) in the floor. Pain and tenderness are totally absent.

v. soft chancre- these are multiple painful acute ulcers with edematous edge and yellowish slough on the floor. These are seen on external genitalia.

vi. Meleney's ulcer:

These ulcers are seen in post operative wounds either after operation for perforated viscus or for drainage of empyema thoracis

vii. Epithelioma:

It arises from the epidermal cell layer of the skin and hence may occur anywhere in the body. But it is more commonly seen on the lips, cheek, penis, vulva and old scars. It is mostly seen after 40 years of age. It begins as a small nodule which enlarges and gradually the center becomes necrotic and sloughs out and thus ulcer develops. The edge of the ulcer is raised and everted. Floor is covered by necrotic tumor, serum and blood. Base of the ulcer is indurated.

viii. Marjolin's ulcer:

This is squamous cell carcinoma arising from a long standing benign ulcer or scar. The commonest one to become malignant is a long standing venous ulcer.

7. certain other types of ulcers:

i. Bazin's disease- erythrocyanoid ulcer- these ulcers are associated with erythrocyanosis frigida. Which is an exclusive disease of young women. Abnormal amount of subcutaneous fat with thick ankles combined with an abnormally poor arterial supply are the predisposing factors. The patient finds that the ankle skin is abnormally sensitive to temperature changes. small superficial painful nodules are formed which breakdown to form ulcers.

ii. Martorell's ulcer-hypertensive ulcer- it is seen in old age and associated with atherosclerosis. A local patch of skin on the back or outer side of the calf suddenly necroses and sloughs away leaving a punched out ulcer extending down to the deep fascia. Characteristic severe pain is the prominent symptom.

iii. Ulcers complicating various diseases- gross anemia, polycythemia, leukemia, rheumatoid arthritis, paget's disease, ulcerative colitis are the main conditions causing ulcers⁸.

HOMEOPATHIC APPROACH TO ULCERS

Samuel Hahnemann in his essay on 'directions for curing radically old sores and indolent ulcers' in the year 1784, mentions a good many useful observations on the management of the old ulcers. Absurdities of usual modes of treatment then in practice especially modern medicine were explained in this article with examples from his own experience. In this work he mentions about a certain 'strengthening balsam' for the treatment of old ulcers, whose composition he does not reveal, but which he offers to supply genuine to any one.⁷

Concept in homoeopathy

Hahnemann classified the ulcers of the skin in local maladies under one sided disease of the large class of chronic diseases. In the homoeopathic concept no external malady can arise, persist or even grow worse without some internal cause, without the co-operation of the whole organism, which must be in a diseased state. So the treatment should be directed towards the annihilation of the general malady by means of internal remedies with which the restoration of the health of the entire body along with the disappearance of the external affection is effected. This is possible when all the changes, sufferings and symptoms observable in patients along with the exact character of the local affection is considered in the totality of symptoms and the remedy corresponding to the totality is selected¹⁰.

Miasmatic back ground

Syphilitic miasm is predominant in ulcers. Ulcers which heal slowly with putrefaction of tissues. Ulcerated skin with pus and blood represents syphilis.

Chapters

1. PATHOLOGICAL & CLINICAL TYPES

2. LOCATION

3. SENSATIONS

4. NATURE OF THE ULCER

i. Appearance

ii. Edges

iii. Margin

iv. Floor/base

v. Surrounding areas

vi. Discharge

5. MODALITIES

- i. General
- ii. particular

1. PATHOLOGICAL & CLINICAL TYPES - Sample from Chapters are only given

Bedsore²¹: ant-c. **anthr.** arg-n. **arn.** **camph.** Carb-v. chin. **crot-h.** fl-ac. **Petr.** Plumb. **sulph-ac.** **sulph.**

Cancerous: **ambr.** **anthr.** ant-c. Apis. arg-n². **arn**¹⁴. **ars.** **ars-i.** **ars-s-f**⁴. **aster**⁴ aur. aur-ar⁴ aur-i⁴. **aur-m.**⁴ **aur-s**⁴ **bell**^{14*}. **bufo** calc. **calc-s.** **calc-sil**⁴ **carb-ac.** **carb-an.** carb-s carb-v. caust. chel. chim.⁴. chinin-s.⁴. **clem.** **con.** **crot-c.** **cund.** **cupr**¹⁴. Dor⁴. dulc. **Ferr**⁴. fl-ac⁴ fuli⁴. **gal**⁴. **graph.** **hep.** **hippoz.** hydr. kali-ar. **kali-bi**⁴. kali-c. **kali-i.** **kreos**^{14*}. **lach.** **lyc.** lyss. mang. **merc**^{14*}. **Mill**⁴. mur-ac. **nit-ac.** **petr.** **ph-ac.** **phos.** **phyt.** **rhus-t.** rumx. sars. **sep.** **sil.** spong. squil. **staph.** sul-i⁴. **sulph-ac**¹⁴. **sulph.** tarent-c⁴. **thuj.**

Chancres: Apis arg-n. **ars.** **ars-i**⁴. **ars-m.** **aur.** aur-ar⁴. **aur-m.** **aur-m-n.** aur-s⁴. borx caust. **cinnb.** **con.** **cor-r.** **hep.** iod. **kali-bi.** kali-chl. kali-i. kali-m⁴. **lac-c.** **lach.** **lyc.** **merc.** **merc-c.** **merc-i-f.** **merc-i-r.** mygal. **nit-ac.** **ph-ac.** **phyt.** **sil.** **staph.** still. **sulph.** **thuj.** viol-t.

HEAD : **Ambr**⁴. **anan.** **ars.** **bar-m.** **calc-p.** chel. nit-ac. **phos.** **Psor**⁴. **Ruta** **sil.** sul-ac⁴. tarent. **thuj.**

-Occiput, on : **sil.**

-Scalp: **Calc-f**⁴. **calc-p**³

-Vertex²¹: **calc-p**

EYE - conjunctiva: alum. Caust. **Coloc.** **Crot-t.** **hydr.** **Lyss.** **Nit-ac.**

- Cornea: **agar.** **Apis.** Arg-n. **ars.** **Asaf.** **Aur.** Bar-c. bar-m. **bufo.** **Calc.** **Calc-f.** **calc-p.** **calc-s.** **cann-s.** **cedr.** **Chin.** Chin-a. **chlol.** Cimic. **Clem.** **Con.** **Crot-c.** **crot-t.** **cund.** **Euphr.** **Form.** **Graph.** **Hep.** **Hippoz.** **Ip.** Kali-ar. **kali-bi.** **Kali-c.** kali-chl. Kali-s. **kreos.** **Lach.** **Lyss.** **Merc.** **Merc-c.** **merc-d.** **merc-i-f.** -nat-a. **nat-c.** **nat-m.** **nit-ac.** **Podo.** **Psor.** **Puls.** **Rhus-t.** **ruta.** **Sang.** **Sanic.** **Sil.** **Sulph.**

SENSATIONS

COLD - feeling in them; with a cold: **Ang**¹⁴. **ars.** **bry.** **dig**¹⁴. **merc**^{14*}. petr. plb. **rhus-t.** **sil.** **thuj.**

Crawling; with: **acon.** ant-t. **arn.** **bell**^{14*}. caust. **cham.** **clem.** **colch**^{14*}. **con.** **croc.** **graph.** **hep**^{14*}. kali-c. **lach.** **merc**^{14*}. nat-c. nat-m. nat-p. **nux-v**^{14*}. **ph-ac**^{14*}. plb. **puls**^{14*}. ran-b. **rhus-t.** sabin. **sec**^{14*}. **sep.** spong. **staph**^{14*}. sul-ac. **Sulph**^{14*}. **thuj.**

NATURE OF THE ULCER

i. Appearance

Black: **anthr.** ant-t. **ars.** **asaf.** **bell.** **bism**²². **carb-s.** **carb-v.** **con** euph. grin. Ham⁴. ip. **kali-bi**¹⁴. **lach.** **lyc.** **mur-ac.** **plb.** **rhus-t.** sars. **Sec.** **sil.** squil. **sulph.** **sul-ac**

- **spots on center:** *kali-bi*.

Bleeding: acet-ac⁴. ant-t. arg-met. arg-n. *arn*¹⁴. **ars.** *ars-i.* *ars-s-f*⁴. *asaf.* *bar-m*⁴. *bell.* *calc.* *calc-s.* *carb-an.* *carb-s.* *carb-v.* *caust.* *con.* *cor-r*⁴. *croc.* *crot-h.* *dros.* *Dulc*⁴. *graph.* *ham.* **hep.** *hydr.* *hyos.* *iod.* *kali-ar.* *kali-c.* *kali-s.* *kali-sil*⁴. *kalm.* *kreos.* **lach.** **lyc.** **merc.** *mez.* *Mill*⁴. *nat-m.* **nit-ac.** **ph-c.** **phos.** *puls.* *pyrog.* *ran-b.* *rhus-t.* *ruta.* *sabin.* *sec. sep.* **sil**^{21*}. *staph*⁴.. *sul-ac.* *sul-i*⁴. *sulph.* *thuj.* *zinc.* *zinc-p*⁴.

Surrounding areas

Areola- blue²¹: *lach.*

- **bluish black**²¹: *ham.*

- **dark red:** *aesc*¹⁴. *lach*¹⁴. *Mez*¹⁴. *puls*¹⁴. *Rhus-v*;1 *sil*¹⁴. *staph*¹⁴.

- **fiery red:** *Mez*²

- **indurated:** *Arn ars.* **asaf.** *bell.* *calc*³. *caust.* *cham.* *cina.* *hep.* **lach.** *lyc.* *merc.* *mez.* *nat-c.* *nux-v.* *petr.* *phos.* **puls.** *sep.* *sil.* *staph.* *sulph.*

- **inflamed:** *Kali-bi*¹

- **mottled:** *arn.*.. *ars.* **carb-v.** **con.** *crot-h* .*ip.* **lach.** *led.* **puls.** *sul-ac.*

- **painful - stinging, stitching :** *acon.* *ars.* **asaf.** *bell.* *cham.* *cocc.* *hep.* *lyc.* *merc.* *mez.* *mur-ac.* *nat-c.* *nit-ac.* *nux-v.* *petr.* *phos.* **puls.** *rhus-t.* *sabin.* *sep.* *sil.* *staph.* *sulph.*

MODALITIES

i.General

Morning²¹: *calc.* *euph*

Night²¹: *ars.* *Cham.* *Dulc.* *Lach.* *Mez.* *Sec.*

- **midnight before**²¹: *puls.*

- **later part of night**²¹: *dros.*

- **falling asleep before**²¹: *calc.*

..... and so many more chapters & rubrics

Homoeopathic therapeutics

1. **Allium cepa** - Ulcers oc heel from friction. Senile gangrene¹⁵.

2. **Ambra. Grisea** - Ulcers like salt rheum, with gray and salty discharge, in lean aged persons¹⁶

3. **Ammonium carb**

Putrid flat ulcers with a pungent sensation, pain relieved by keeping limb elevated and from out ward

pressure. Pus white and putrid¹⁵.

4. Angustura vera

Flat ulcers eating into the bones. Abscess of the ankle joint. Spinal caries aggravation after rubbing and in bed¹⁵.

5. Ant-crud

Fistulous deep or flat ulcers, with pain as if burnt, pus scanty ; spongy ulcer son left side with itching or pricking. aggravation from bathing or working in water. Better in open air^{16`}.

6. Ant-tart.

Deeply penetrating , malignant ulcers, broad And deep sloughing ulcers.

Gangrenous ulcers with hectic fever. Ulcers surrounded with black pustules. which break down into deep ulcers. No pus , merely oozing of fetid odor¹⁵

7. Arenea diadema-

Ulcer on the left heel¹².

8. Arg.met.

Ulceration everywhere; but ulcers that have their beginning in the cartilaginous tissue and break out through the cellular tissue and copiously discharge. The ulcers infiltrate at their base and become hard³.

9. Arsenicum hydrogenisatum

Foreskin and glans covered with numerous pustules leaving round superficial Ulcers¹².

10. Asafetida

Periosteal affections ending in ulcers which are so sensitive that no dressing is tolerated. Ulcers with high, hard edges, sensitive to touch, easily bleeding; old ulcers on forearm, wrist, hand; ulcers, especially when affecting the bones; pus profuse, greenish, thin, offensive, even ichorous. Ulcers, very painful to contact, especially in the circumference, gangrenous¹².

11. Asterias rubens

Aster.r. is used successfully in old skin affections, old ulcers, Eruptions on the thighs and insteps, consisting of small, itching vesicles, which tear easily and change to small, burning, large and superficial ulcers, lasting several days before cicatrizing. Ulcers with sensitive edges, fetid discharge¹².

12. Aurum met

Ulcers which attack the bones. scrofulous, syphilitic, mercurial. " <From sunset to sunrise" is a leading condition of Aurum. Paralytic drawing in the limbs in the morning when awaking; and on getting cold¹².aggravated in the winter and ameliorated by warmth¹⁶.

13. Aurum mur. Nat. Ulcers on foreskin; warts around them; ulcers on glans eating deeply¹².

14. Barium sulph Ulcers on legs; weakness of lower limbs².

15. Belladonna

Pimples scabs, and ulcers, with a red circular margin on the lips and in the corners of the mouth. Pain , as of excoriation, burning and pulling in ulcers, principally on being touched, during motion, and in the night.

The ulcers secrete a purulent and sanguineous matter¹².

and so on.....

MATERIALS AND METHODS

MATERIALS

The materials for this study were collected from the out patient and in patient department of Government Homoeopathic Medical college, Calicut from September 2003 to April 2004.

METHODS

The method used for this study is clinical method and for the confirmation and specificity the result obtained has been statistically analyzed and evaluated. the method of approach was clinical study without the use of controls. 30 cases were selected for the study, out of which 15 cases were treated with Kent's repertory and 15 cases were treated with the new repertory and compared. As the new repertory is having only the rubrics representing the symptoms of ulcer any generals or characteristic particulars important in medicine selection were worked out in the synthesis repertory. Detailed history was taken in each case with special reference to mental generals, physical generals, habits, family history and past history. Age, sex and socioeconomic status were considered as attributes. Each case was reviewed on one week, two week, and monthly time intervals. In between the period medication all patients were kept under blank tablet continuously. In each case a routine hematological examination and urine examination was done. Potencies ranging from 30c to 10m have been used in this study.

Diet and regimen

All patients were directed to continue with the same diet as earlier. All of them were directed to stop the use of all the medicines prior to the start of this treatment.

Effectiveness

Effectiveness of the treatment is assessed on the basis of relief from symptoms, clinical improvement and changes in the scores taken after working out in kent and the new repertory.

Analysis

Various facts obtained during the comparative study were treated according to statistical principles for final conclusion.

OBSERVATION AND DISCUSSION

OBSERVATIONS

30 patients who attended the in patient and out patient department of Govt. Homoeopathic Medical College with the ulcers were selected for the study. Statistical analysis is based on the data obtained from these 30 patients.

Table 1: distribution of skin ulcers according to the age and sex

| Age group | | | | |
|-----------|----|------------|------------|------------|
| In years | | Male | Percentage | |
| Female | | Percentage | Total | Percentage |
| 1-10 | 1 | 3.3 | 0 | 1 3.3 |
| 11-20 | 1 | 3.3 | 0 | 1 3.3 |
| 21-30 | 0 | 1 3.3 | 1 | 3.3 |
| 31-40 | 3 | 10 | 1 3.3 | 4 13.3 |
| 41-50 | 5 | 16.66 | 3 10 | 8 26.66 |
| 51-60 | 5 | 16.66 | 1 3.3 | 6 20 |
| 61-70 | 6 | 20 | 1 3.3 | 7 23.3 |
| 71-80 | 2 | 6.66 | 0 | 2 6.66 |
| Total | 23 | 76.66 | 7 23.3 | 30 100 |

Age group

Maximum number of cases was from the age group 41-50, - 8 patients, 26.66%. second important group was 61- 70 years, 7 patients- 23.3%.

Sex distribution

.Out of 30 patients studied 23 cases(76.6%) were males and 7 cases (23.3 %) females . maximum number of males (6) were among 61- 70 years of age. Maximum number of females (3) were among 41- 50 years of age.

Table .2. Community wise distribution

Among 30 patients 19 cases (63.3%) were Hindus, 10 cases (33.3%) were Muslims and one case (3.3%) was a Christian

Table. 3. Distribution according to habits

Out of 30 cases 9(30%) were addicted to smoking. 3 (10%) were addicted to alcohol, 3(10%) were addicted to betel chewing and 4 were addicted to both smoking and alcohol

Table.4. Occupational distribution

Here 9 (30%) cases were having works with prolonged standing such as sales man, estate workers, barber, watchman, field worker, etc. 5 (16.6%) were manual laborers, 3 (10%) were housewives and Students .

Table. 5. Distribution according to socio economic status

Out of 30 patients 15 (50%) were coming from lower socio economic class. 9 (30%) were from lower middle class, 4 (13.3%) were from middle class and 2 (6.6%) from upper middle class

Table.6. Distribution according to clinical classification of ulcer

Out of 30 patients 10 (33.3%) were of venous ulcer. 4 cases(13.3%) eruptive ulcer. arterial ulcers were 3(10%). traumatic and diabetic ulcers contributes 2 (6.6%) each. 3 cases (10%) were ulcers due to systemic diseases such as systemic sclerosis and osteomyelitis. And the remaining 4 (13.3%) cases with

no definite diagnosis

Table. 7. Distribution of clinical features of ulcers

The commonest presentation is ulcers with pain(28 cases- 93.3%) and suppuration (25 cases-83.3%). 14 cases (46.6%) were having serous discharge and 7 cases (23.3%) presented with bleeding. 4 cases (13.3%)were having itching and 3 cases(10%) with burning associated with the ulcer.

tatistical analysis

The score before and after treatment using Kent's repertory

| No. | Before treatment(x) | After treatment(y) | Z= x-y | Z-z | (Z-z) ² |
|-------|---------------------|--------------------|--------|-----|--------------------|
| 1 | 8 | 4 | 4 | 2 | 4 |
| 2 | 6 | 5 | 1 | -1 | 1 |
| 3 | 8 | 7 | 1 | -1 | 1 |
| 4 | 4 | 3 | 1 | -1 | 1 |
| 5 | 5 | 2 | 3 | 1 | 1 |
| 6 | 6 | 5 | 1 | -1 | 1 |
| 7 | 7 | 5 | 2 | 0 | 0 |
| 8 | 6 | 1 | 5 | 3 | 9 |
| 9 | 7 | 5 | 2 | 0 | 0 |
| 10 | 8 | 4 | 4 | 2 | 4 |
| 11 | 4 | 4 | 0 | -2 | 4 |
| 12 | 7 | 6 | 1 | -1 | 1 |
| 13 | 6 | 2 | 4 | 2 | 4 |
| 14 | 6 | 7 | -1 | -3 | 9 |
| 15 | 8 | 6 | 2 | 0 | 0 |
| total | | | | | 40 |

Test of significance

a) Question to be answered: Is there any difference in symptoms before and after treatment by using Kent's repertory

b) Null hypothesis: No difference in the symptoms of the case before and after treatment

The test of significance is done by using the paired 't'test

Comparison with tabled values

this critical ratio t follows a distribution with n-1 degrees of freedom. The tabled values for 14 degrees of freedom at p= 0.01 level is 2.98. the calculated value is greater than the tabled value so that the null hypothesis is rejected . the treatment using the Kents repertory is effective.

The score before and after treatment using new repertory

| No. | Before treatment(x) | After treatment(y) | Z= x-y | Z-z | (Z-z) ² |
|-----|---------------------|--------------------|--------|-----|--------------------|
|-----|---------------------|--------------------|--------|-----|--------------------|

| | | | | | |
|-------|----|---|---|----|----|
| 1 | 10 | 4 | 6 | 2 | 4 |
| 2 | 9 | 6 | 3 | -1 | 1 |
| 3 | 5 | 0 | 5 | 1 | 1 |
| 4 | 9 | 3 | 6 | 2 | 4 |
| 5 | 9 | 5 | 4 | 0 | 0 |
| 6 | 6 | 2 | 4 | 0 | 0 |
| 7 | 8 | 8 | 0 | -4 | 16 |
| 8 | 5 | 0 | 5 | 1 | 1 |
| 9 | 6 | 0 | 6 | 2 | 4 |
| 10 | 5 | 4 | 1 | -3 | 9 |
| 11 | 7 | 3 | 4 | 0 | 0 |
| 12 | 7 | 4 | 3 | -1 | 1 |
| 13 | 9 | 1 | 8 | 4 | 16 |
| 14 | 9 | 6 | 3 | -1 | 1 |
| 15 | 6 | 4 | 2 | -2 | 4 |
| total | | | | | 62 |

Test of significance

c) Question to be answered: Is there any difference in symptoms before and after treatment by using the new repertory

d) Null hypothesis: No difference in the symptoms of the case before and after treatment

The test of significance is done by using the paired 't' test

Comparison with tabled values

this critical ratio t follows a distribution with n-1 degrees of freedom. The tabled values for 14 degrees of freedom at $p=0.01$ level is 2.98. the calculated value is greater than the tabled value so that the null hypothesis is rejected . the treatment using the new repertory is effective.

Comparison of results of two repertories

Questions to be answered: Is there any advantage for the new repertory over the kent's repertory

Null hypothesis: No better effect for the new repertory over the kent's repertory in treating the ulcers of the skin

Comparison with tabled values

This critical ratio t follows a distribution with n-2 degrees of freedom. The tabled values for 28 degrees of freedom at $p=0.01$ level is 2.76. the calculated value is greater than the tabled value so that the null hypothesis is rejected . the treatment using the new repertory is more effective than that of the Kent's repertory .

Observations and discussions

This study to evaluate the efficacy of the anew repertory of ulcers of skin compared to kent's repertory provides evidence to say that there is enhanced success on using this repertory in homoeopathic treatment. There fo the new repertory is very effective in treaing the ulcers especially for relieving the most distressing symptoms .

30 cases were selected for the study, out of which 15 cases were tereatd with Kent's repertory and 15

cases with the new repertory and compared. Detailed history was taken in each case with special reference to mental generals, physical generals, habit, family history and past history, age sex, socio economic status were considered as attributes.

Each case was reviewed on two week, and monthly time intervals. In between the period of medication all patients were kept under blank tablet continuously.

In each case a routine hematological examination and urine examination was done. Potencies ranging from 30c to 10m have been used in this study.

Effectiveness of the treatment was assessed on the basis of relief from symptoms, clinical; improvement and changes in the score taken after treatment.

Various facts obtained during this comparative study were treated according to statistical principles. 30 patients belonging to the age group of 1-80 years were selected for the study. Among this maximum number of cases was from the age group 41-50, - 8 patients, 26.66%. Second important group was 61- 70 years, 7 patients- 23.3%.

Out of 30 patients studied 23 cases (76.6%) were males and 7 cases (23.3 %) females.

Out of 30 cases 9(30%) were addicted to smoking. 3 (10%) were addicted to alcohol, 3(10%) were addicted to betel chewing and 4 were addicted to both smoking and alcohol.

Out of 30 patients 15 (50%) were coming from lower socio economic class. 9 (30%) were from lower middle class, 4 (13.3%) were from middle class and 2 (6.6%) from upper middle class.

Out of 30 patients 10 (33.3%) were of venous ulcer. 4 cases(13.3%) eruptive ulcer. Arterial ulcers were 3(10%). Traumatic and diabetic ulcers contribute 2 (6.6%) each. 3 cases (10%) were ulcers due to systemic diseases such as systemic sclerosis and osteomyelitis. And the remaining 4 (13.3%) cases with no definite diagnosis.

Out of 14 cases having pain in ulcer treated with Kent's repertory two cases got no pain after treatment and 7 cases got marked relief of pain. Same number of cases having pain were treated with new repertory 7 cases were having no pain after treatment and 6 cases got relief for pain.

Out of 11 cases having suppuration 7 got relief with the Kent's repertory and out of 14 cases 13 got relief with the new repertory.

One ulcer(6.6%) was healed by the Kent's repertory and 5 (33.3%) cases got ulcer size reduced. With the new repertory 4 (26.6%) cases were healed completely and in 8 (53.3%) cases ulcer size is reduced.

After treatment the presenting complaints are reduced at a higher rate than on using Kent's repertory. Acute symptoms were effectively managed than Kent's repertory

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