

SUCCESSFUL MANAGEMENT OF CHRONIC NON-HEALING PERIANAL ULCER WITH INDIVIDUALIZED HOMOEOPATHIC MEDICINE BASED ON KENT REPERTORY: A CASE REPORT

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ABSTRACT

Chronic perianal ulcers that do not heal are difficult to treat because of ongoing contamination, infection, and slow wound recovery. Traditional treatment approaches frequently involve extended medication or surgical procedures. This case report highlights the effective treatment of a persistent perianal ulcer through personalized homeopathic remedies chosen via Kent repertory analysis. Gradual healing and full epithelial regeneration were accomplished without the need for surgery, documented through a series of photographs.

KEYWORDS: Homoeopathy, Kent repertory, repertorization, chronic wounds, and persistent perianal ulcers.

INTRODUCTION

Painful lesions known as perianal ulcers can develop into chronic conditions as a result of recurrent trauma, infection, poor local cleanliness, and compromised tissue healing. The quality of life is greatly impacted by chronic perianal ulcers, which are frequently unresponsive to standard therapy. According to surgical textbooks, these ulcers are difficult-to-

heal sores that need either long-term care or surgery. Homoeopathy seeks to elicit the body's natural healing reaction by selecting a customized cure based on the entirety of symptoms. The efficacy of Kent repertory-guided homoeopathic treatment for a persistent, non-healing perianal lesion is demonstrated in this case study.

CASE PRESENTATION

Patient Information

- Sex: Male
- Age: 32yrs
- Presenting condition: Chronic non-healing perianal ulcer

Chief Complaints

- Painful ulcer near the anal region
- Purulent, offensive discharge
- Burning and soreness around the ulcer
- Pain aggravated during sitting and defecation

History of Present Illness

The patient had a persistent ulcer in the perianal area that had been there for a few weeks. The lesion progressively became larger and was accompanied by discomfort, pain, and drainage. Only short-term alleviation was obtained from earlier conventional treatment; full recovery was not attained.

Clinical Examination

At the initial visit (**Figure 1**), examination revealed:

- A deep ulcer with irregular margins
- Yellowish slough at the base
- Surrounding induration and hyperpigmentation
- Marked tenderness and inflammation

Differential Diagnosis

1. **Perianal Abscess**
2. **Fistula-in-Ano**
3. **Tubercular Perianal Ulcer**
4. **Crohn's Disease—Associated Perianal Ulcer**

5. Malignant Perianal Ulcer (Squamous Cell Carcinoma)**6. Traumatic or Irritant Ulcer****Diagnosis****Chronic non-healing perianal ulcer****Repertorisation (Kent Repertory)****Totality of Symptoms**

- Painful ulcer in perianal region
- Purulent discharge
- Burning pain
- Chronic, indolent, non-healing nature
- Tendency to suppuration

Selected Rubrics (Kent Repertory of the Homoeopathic Materia Medica)

1. Rectum – Ulcers
2. Rectum – Pain – burning
3. Rectum – Discharges – pus
4. Rectum – Pain – during stool
5. Skin – Ulcers – indolent
6. Generalities – Suppuration – tendency to

Repertorial Result

The leading remedies obtained were:

- **Silicea**
- **Hepar sulphuris**
- **Nitric acid**
- **Graphites**

Final Remedy Selection

Silicea was selected as the similimum due to its strong affinity for:

- Chronic non-healing ulcers
- Suppurative tendencies
- Delayed tissue repair
- Promotion of healthy granulation and epithelialization

Homoeopathic Management

- **Medicine:** *Silicea*
- **Potency:** 200C
- **Dose:** Single dose followed by placebo
- **Follow-up:** Weekly

General Advice

- Maintenance of local hygiene
- Avoidance of topical applications
- Dietary regulation to prevent constipation

Follow-Up and Outcome

Follow-up 1 (Figure 2): Reduction in pain and discharge; slough began to separate

- **Follow-up 2 (Figures 3 & 4):** Healthy granulation tissue formed; ulcer depth and size reduced
- **Follow-up 3 (Figure 5):** Further contraction of ulcer margins; minimal discharge
- **Final Follow-up (Figure 6):** Complete epithelialization with restoration of normal skin integrity

No surgical intervention or antibiotics were used during the treatment period. No recurrence was observed during follow-up.



DISCUSSION

Persistent wetness, pollution, and inflammation are known to cause chronic perianal ulcers to heal slowly. In these situations, surgical literature emphasizes extended or operational care. In this instance, personalized homoeopathic therapy directed by the Kent repertory led to a slow but thorough recovery. Instead of symptomatic suppression, the reaction is indicative of the body's reparative processes being stimulated. In order to treat chronic suppuration and encourage tissue regeneration, *silicea* had a profound effect.

CONCLUSION

This example shows that persistent non-healing perianal ulcers can be successfully managed with customized homoeopathic treatment based on Kent repertory. A safe, non-invasive, and economical treatment alternative, homoeopathy may lessen the need for surgery.

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