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A case report on female genital ulcer cured with single dose of similimum

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Abstract

Ulcers located on genital area are equally distributed between sexually transmitted and non-sexually transmitted causes. The most common cause of genital ulcers are infectious agents, especially sexually transmitted infections but also include fungal infections or secondary bacterial infections. But also seen in cases like Behcet's disease, Litschutz ulcers, Cancer of the vulva and penis etc. Here I am producing a case of genital ulcer which got marked improvement after a single dose of similimum which is selected based on a specific rubric from synthesis repertory. This case report highlights the role of homeopathy in female genital ulcers as well as the importance of single specific symptom and specific rubric.

Keywords: Genital ulcer, specific remedy, specific rubric, similimum

Introduction

A genital ulcer is usually located on the vulva in case of females, the penis in males, and the perianal region or anus ^[1]. The most common cause of genital ulcers are infectious agents, especially sexually transmitted infections but also include fungal infections or secondary bacterial infections. Globally the incidence of genital ulcers is estimated at 20 million cases annually ^[2]. Genital ulcers are not strictly a sign of sexually transmitted infections but are non-infectious also, seen in cases like Behcet's disease, secondary drug reactions, lichen planus, Lichen sclerosis, Litschutz ulcers, pemphigus, bullous pemphigoid, etc. Cancer of the vulva and penis especially squamous cell carcinoma can also present as genital ulcers ^[3].

Studies says that prevalence of the female genital ulcers are equally distributed between sexually transmitted and non-sexually transmitted causes. Herpes is the most frequent type of genital ulcer in females mainly between 20-40 years age group. Autoimmune ulcers come in second position ^[4].

"Lipschutz ulcers" are acute genital ulceration which are nonsexually transmitted condition characterized by the rapid onset of painful, necrotic ulcerations of lower vagina or vulva. It typically occurs in sexually inactive adolescent females or young females and is associated with immunological reactions to a distant source of reactions or inflammation and may be preceded by influenza-like symptoms ^[5]. The presentation of the condition is a single large, deep ulcer that develops very quickly and is usually preceded by sudden onset of fever and malaise ^[6].

The diagnosis of genital ulcer is difficult to determine from history or examination alone. The diagnostic tools used are targeted towards the etiologies of genital ulcers whether it is sexually transmitted or non-sexually transmitted. Further diagnostic tools such as a biopsy or culture can be done if the diagnosis is indefinite. The CDC recommends testing for HIV in any individual presenting for a genital ulcer who does not already have a history of HIV ^[7].

Here I am producing a case of genital ulcer which got marked improvement after a single dose of similimum which is selected based on a specific rubric from synthesis repertory. This case report shows the role of single dose of specific homeopathic medicine in female genital ulcers.

Case Report

A 27 year old unmarried lady came to the OPD with complaints of multiple painful ulcers on genital area since 3 months. Patient was unable to walk or sit properly due to pain. Severe Pain aggravated at night which prevent patient from sleep.

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History of presenting complaints: Complaints started before 3 months, initially presented with a single ulcer accompanied by severe pain. Despite the severity of her symptoms, she had not gone through any treatment. Consequently, the number of ulcers increased. She concealed her illness as she was reluctant to open up to others but later due to severe pain, she was forced to reveal it to family members and they brought her to me.

Treatment History: Did not consult any physician. Applied some allopathic ointments bought from medical store but no relief.

Past History: History of recurrent oral ulcers in the past.

Family History: Father is diabetic.

Personal history

- **Appetite:** Satisfactory.
- **Thirst:** Normal-2L/day
- **Urine:** 3 to 4 times/day, Clear
- **Stool:** Constipated, dry hard stool
- **Desires:** Salty food
- **Aversions:** Sour and spicy food
- **Thermic reaction:** Chilly
- **Sleep:** disturbed due to pain on genitals as complaints worsened at night
- **Perspiration:** Reduced
- **Addictions:** Must have to take tea twice daily
- **Menstrual history:** Irregular, Early, Painful, Profuse
- **Duration:** 3 to 4 days
- **Character:** Clotted++, Dark+, Offensive++,

Backache during menses

Watery offensive leucorrhoea in between, quantity-moderate

Sexual History: The patient denied sexual relationship with anyone as she is unmarried.

Obstetric History: Nothing specific

Mental generals: Irritable due to complaints, getting anger easily. Patient complained that nowadays she shouts at everyone but it is because of her pain.

Physical examination

Vital signs

Pulse - 72/minute, B.P- 120/70 mm of Hg, R.R - 18/minute
General

Built: Average, Weight: 51 kg

Tongue: Clean, Nails: Pink, Hair: Dry

Ulcer examination

Site- vulva-junction between skin and mucous membrane, Number of lesions- 4 in numbers, Size- all lesions are less than 5cms, Shape- round/oval, Margin-irregular, Depth-shallow, Colour- pinkish/reddish, Discharge-absent

Investigation

Not done

Totality of symptoms

Painful Ulcers on vulva-muco cutaneous junction
Ulcer pain aggravates at night
Mentally irritable due to complaints
Chilly patient
Desires salty food
Aversion sour and spicy food
Dry hard stool

Prescription

Nitric acid 30 one dose followed by Sac Lac was prescribed for 1 week.

Justification for prescription

Searched rubric for ulcer on mucocutaneous junction on chapter Skin in Synthesis Repertory as it was the peculiar symptom of the case. Only two medicines Nitric acid and Paeonia officinalis found. By considering patients totality Nitric acid was selected and given in low potency and single dose.

Follow up

On the third day patient called and informed that all the pain has reduced. No pain while walking or at night. Patient visited hospital on the 7th day and on examination all the ulcers were healed completely without any scar. No medicines were prescribed
Patient was contacted on telephone and no similar complaints were reported for next 3 months.

Discussion and Conclusion

Homoeopathy does not treat the disease but the patient. Here, even if the diagnosis is unclear for a patient with genital ulcer when the medicine is given based on a specific symptom, it is found to be effective. The medicine worked in a single dose. Also, the importance of specific rubric in repertory is worth mentioning. In this case it was observed that all the ulcers were at the mucocutaneous junction. That one peculiar symptom led to the selection of medicine. What is special about Homoeopathy is that even if we find the right remedy using a single peculiar symptom, that remedy will cover the whole totality of the patient. Here Nitric acid is selected after hunting rubric ulcer on mucocutaneous junction in Synthesis repertory. In the chapter Skin, under the rubric ulcer-mucocutaneous borders only two remedies-Nitric acid and Paeonia officinalis were there. By considering totality of the patient Nitric acid was selected and it worked well. This case report highlights the role of homeopathy in female genital ulcers as well as the importance of single specific symptom and specific rubric. More detailed studies should be done for the generalization of results.

Patient consent

Informed Consent has been taken from the patient for publication of this case study.

Conflict of Interest

Not available

Financial Support

Not available

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