

# A Case Study of Non-Healing Post Surgical Ulcer with Pyrogenium 200c Local Application And 1M Orally

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## Abstract

Non-healing post-surgical ulcers are commonly associated with diabetes mellitus due to impaired wound healing, infection, and reduced immunity. This case report discusses the management of a non-healing post-surgical ulcer over the left gluteal region in a known case of Type 2 Diabetes Mellitus. The patient presented with persistent purulent offensive discharge and delayed healing despite conventional antibiotic therapy and local applications. A homoeopathic approach using Pyrogenium was adopted along with wound dressing. Gradual improvement in discharge, tenderness, and healing response was observed

**Keywords:** Non-healing ulcer, diabetic ulcer, post-surgical wound, homeopathy, Pyrogenium, wound healing

## Introduction:

Diabetes mellitus is one of the major causes of delayed wound healing and chronic ulcer formation. Post-surgical diabetic ulcers are particularly difficult to manage because of poor vascularity, infection, and impaired tissue repair. Chronic wounds often produce offensive purulent discharge and significantly affect the quality of life of patients. Homoeopathy aims at stimulating the body's healing mechanism through individualized remedies based on the totality of symptoms. This case illustrates the role of homoeopathic management in a non-healing post-surgical diabetic ulcer

**ICDCode:BD54**

**Casesummary Personal data**

**Nameofpatient:**Mrs.XYZ

**Age:**70yrs

**Sex:** Male

**Maritalstatus:**married

• **Date-**10/04/2026

• **Place**-Bagalkote.

**Presenting complaints:**

A patient presented with complaints of a non-healing post-surgical ulcer over the left gluteal region since 35 days associated with purulent offensive discharge and pain.

**History of presenting complaints:**

The patient sustained an injury on 30/03/2026 and was admitted under an orthopaedic surgeon for fracture neck of femur surgery. Implant fixation surgery was performed on 02/04/2026. The surgical incision was initially closed but opened after seven days.

Since then, healing did not occur and purulent foul-smelling discharge persisted from the incised area despite antibiotic therapy and local applications.

The patient was a known case of Type 2 Diabetes Mellitus and was on regular treatment.

**Past history:**

No history of similar complaints

**Family history:**

Father has been suffering from psoriasis for 10 years on Allopathic medication.

Mother is apparently healthy

**Personal history:**

Diet: Mixed

Appetite: Diminished due to complaints

Thirst: Increased

Sleep: Disturbed due to complaints

Dreams: Nothing specific

Addiction/Habits: Nil

Desires: Nothing specific

Stool: Once daily, satisfactory

Urine: 4-5 in day and 0-1 at night

Sweat: Generalized

Thermal reaction: Prefers cool weather; cannot tolerate heat.

**Vitals**

BP: 130/90 mmHg PR: 74 bpm Spo2: 99% @ RA

RR: 18 cpm

**Mentals:**

Irritable

Anxious about health

Table 1: Analysis and evaluation of symptoms

**Mental generals:-**

- Irritable
- Anxious about health
- Loquacious

**Physical generals:-**

- Appetite diminished
- Sleep disturbed ,bed feels too hard

**Particulars:-**

- Non healing post surgical ulcer over the left gluteal region associated with purulent offensive discharge And pain.
- Worse from: Motion, Touch and pressure over the ulcer, Night
- Amelioration : Better from: Warm applications, Rest

**Totality of symptoms:**

Loquacious  
Irritable and anxious about health  
Non-healing post-surgical ulcer  
Purulent offensive discharge  
Foul-smelling discharge  
Known case of Type 2 Diabetes Mellitus  
Appetite diminished  
Disturbed sleep, sleeplessness bed feels hard  
Hot patient

**Repertorial totality & rubric selected:**

1. Complete] [Blood]Septicemia, blood poisoning, pyemia: (152)
2. [Kent].[Skin]Ulcers:Unhealthy(38)
3. Kent[Skin]Ulcers:Discharges:Offensive: (66)
4. [Kent] [Skin]Ulcers:Discharges:Offensive:Putrid: (28)
5. [Kent ] [Skin]Ulcers:Gangrenous: (27)
6. [Kent ] [Generalities]Pain:Sore, bruised: (122)
7. [Complete] [Sleep]Sleeplessness:Bed:Feels:Hard, too
8. [Kent ] [Fever]Septic fever (see zymotic, continued, puerperal)29)
9. [Kent] [Mind]Restlessness, nervousness:Anxious, etc.:(74)
10. [Murphy ] [Fever]Septic, fever, (see Clinical, chapter):Wounds, after: (3)
11. [Complete ] [Skin]Ulcers:Discharging, suppurating:Offensive:Putrid: (50)
12. Complete] [Mind]Delirium:Loquacious(75)



figure1 : Repertorial analysis

**Selection and prescription of remedy:**

The remedy was chosen through repertorization using Zomeo lite software The repertorial analysis highlighted the top six remedies pyrogenum20/8,Carbo -V 19/9,puls19/8,merc18/9,calc18/8

**Prescription:**PYROGINUM 1M weekly once (Everydaymorning)beforemeal. and Dressing of ulcer with pyrogenum locally

**Basisofprescription:**

The selection of PYROGINUM was guided by repertorial results and references to TheGuiding Symptoms of Our MateriaMedica and The Dictionary of Practical MateriaMedica. The prescription was based on key symptoms such as Non-healing post-surgical ulcer ,Purulent offensive discharge ,Foul-smelling discharge in totality of symptoms as per the repertory the Pyrogenum covers the majority of the symptoms of the patient. The patient was prescribed Pyrogenum 1M every morning weekly once and local application .Notable improvement symptoms was observed after the treatment.

Before treatment



After treatment

**Potency considerations :**

Internal Administration: Pyrogenium 1M

The selection of Pyrogenium 1M in this case was based on the septic nature of the ulcer and the prominent constitutional symptoms presented by the patient. Pyrogenium is regarded as an important homeopathic remedy in conditions associated with sepsis, offensive discharges, tissue decomposition, and delayed healing.

Rationale for Selecting 1M Potency

The following factors supported the choice of higher potency:

Offensive purulent discharge suggestive of septic tendency

Non-healing post-surgical wound despite antibiotics  
septicemia

Mental symptoms such as anxiety about health and irritability

Disturbed sleep, sleeplessness, bed feels hard

Thermally Hot patient

Higher potencies like 1M are generally considered when:

The symptom similarity is strong,

The pathology is deep seated,

There is involvement of both local and systemic symptoms,

### **Discussion and Conclusion:**

Chronic non-healing ulcers in diabetic patients are commonly associated with persistent infection and impaired tissue repair.

Offensive purulent discharge and delayed healing indicate septic involvement of the wound. Pyrogenium is frequently indicated in septic states, offensive discharges, and conditions with delayed healing. In this case, the remedy was selected based on the totality of symptoms including offensive purulent discharge, disturbed sleep due to pain, irritability, and septic wound condition. Regular wound dressing combined with constitutional homeopathic treatment contributed to improvement in local symptoms and promoted healing.

This case demonstrates the possible role of homeopathic management in non-healing post-surgical diabetic ulcers.

Individualized homeopathic treatment along with proper wound care may help reduce discharge, improve local healing.

Date	Symptoms	Prescription
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7/04/2026		
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1<sup>st</sup> Follow-up:

Tenderness slightly reduced

Reduction in offensive

Odour and discharge

Prescription

Pyrogenium 1M weekly one dose and wound dressing with pyrogenium local application

12/04/2026		
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2<sup>nd</sup> Follow-up

Reduction in offensive discharge

Healthy granulation tissue

Prescription:-

Appeared pyrogenium 1M weekly one dose and wound dressing with pyrogenium local application

18/4/2026		
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3<sup>rd</sup> Follow-up

Significant wound contraction and healing

Improvement in sleep and appetite

Ulcer healing satisfactory With marked reduction in Discharge

Wound dressing with pyrogenum local application

35/04/2026

4<sup>th</sup> Follow-up

Complete Ulcer healing And marked improvement seen

Wound dressing with pyrogenum local application

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