*International Journal of Research and Review*
*[Indexed, Peer-Reviewed Journal]*
*Volume 13; Issue: 4; April 2026*
*Website: www.ijrrjournal.com*
*Research Paper* *E-ISSN: 2349-9788; P-ISSN: 2454-2237*

# Utility of Kent's Repertory in the Management of Varicose Veins; A Prospective Open-Label Clinical Study

**Dr. Ambala Sriharitha[1], Dr. G.V.V. Chaitanyaa Kumar[2]**

[1]Professor, Department of Homoeopathic Materia Medica, MNR Homoeopathic Medical College, Sangareddy, Telangana, India
[2]P.G. Scholar, MNR Homoeopathic Medical College, Sangareddy, Telangana, India

Corresponding Author: Dr. Ambala Sriharitha, BHMS, M.D.(Hom) (HMM),

**DOI: https://doi.org/10.52403/ijrr.20260428**

## ABSTRACT

Varicose veins are tortuous, widened veins in the subcutaneous tissues of the legs and are often easily visible. In the lower limbs, they are estimated to affect at least a third of the population. The primary risk factors include family history, obesity, older age, pregnancy, and standing for long periods of time. Homoeopathy offers significant scope in the treatment of varicose veins, and Kent's Repertory remains the most trusted tool for accurate prescription. Based on deductive logic, this repertory has undergone six editions and remains a cornerstone of homeopathic practice. This research was undertaken to evaluate the efficacy of Kent's Repertory in the selection of accurate homeopathic remedies for varicose vein cases, utilizing the Venous Clinical Severity Score (VCSS) as an objective clinical assessment tool. The results confirmed that homeopathic management guided by Kent's Repertory is highly effective in reducing the clinical severity of varicose veins. The significant improvement in VCSS scores validates the utility of a repertorial approach for providing relief to patients with venous disorders.

***KEYWORDS:*** Kent's Repertory, Varicose Veins, Venous Clinical Severity Score, Homoeopathy.

## INTRODUCTION

Varicose veins have been documented since antiquity, with historical references ranging from the Ebers Papyrus (1550 B.C.) to early surgical attempts by Roman physicians. Pathologically, the condition is driven by valvular incompetence and venous hypertension, leading to complications such as pigmentation, dermatitis, and chronic ulceration (Fibrin cuff theory). While conventional management often relies on compression or surgical ligation, Homoeopathy offers a non-invasive approach by addressing the underlying cause and the patient's miasmatic state.

In this study, Kent's Repertory is utilized as the primary tool for selecting the simillimum. In the repertory, rubrics for varicose veins are primarily located in the Extremities and Generalities chapters:

Extremities; VARICOSE veins; lower limbs: Arn., Flu-ac., Ham., Lach., Lyc., Puls., Sulph., Vipera.

Extremities; VARICOSE veins; lower limbs; leg: Calc., Ferr-ar., Graph., Ham., Puls., Zinc.

Generalities; VARICOSE veins: Flu-ac., Ham., Lach., Puls., Vipera.

Extremities; VARICOSE veins; lower limbs; leg; tibia, about: Ars., Lach., Lyc., Puls., Sulph.

**AIM:** To study the effectiveness of Kent's Repertory, in the management of Varicose Veins.

**OBJECTIVE**: To evaluate the effectiveness of Kent's Repertory, in the management of Varicose Veins by using Venous Clinical Severity Score**.**

**HYPOTHESIS:**
Null hypothesis ($H_0$): Kent's Repertory is not effective in the management of Varicose Veins.
Alternate hypothesis ($H_1$): Kent's Repertory is effective in the management of Varicose Veins.

**SELECTION CRITERIA:**
**Inclusion Criteria:**
Patients of both sexes, aged 25–50 years.
Clinically diagnosed cases of Varicose Veins.
Only patients with mild to moderate VCSS scores were selected for this clinical study
Patients providing written informed consent.
Patients available for the full duration of the study follow-up.

**Exclusion Criteria:**
Patients on any other concurrent medical treatments.
Patients with systemic complications (Diabetes, Hypertension, etc.).
Advanced conditions (Deep Vein Thrombosis, Venous Ulcers).
Psychiatric patients.
Pregnant women.

**MATERIALS AND METHODS:**
20 cases were selected for the study on a simple random basis from the patients attending the IPD, peripheral OPD, and camps of MNR Homoeopathic Medical College and Hospital. The study was carried out over a period of 10 months.
**Type of study:** Clinical study.
**Assessment tool:** Venous Clinical Severity Score.
**Statistical tool:** paired T test.
**Ethical consideration:** Ethical clearance to this research topic was taken from the institutional ethical committee.

**METHOD OF COLLECTION OF DATA**
A sample of minimum 20 cases was be selected based on inclusion and exclusion criteria. It was ensured that all the patients are made aware of the study in their own language and an informed consent letter was taken from every individual. The data was collected and processed in clinical case sheet format. All the details of the patient were kept confidential. The subjects were intervened with the remedy repertorised with the help of Kent's Repertory. Patients were advised to report at 15-day intervals for regular follow-ups. Improvement was assessed by Venous Clinical Severity Score before and after treatment.
The Venous Clinical Severity Score: VCSS is a clinical tool developed by the American Venous Forum to assess the severity of chronic venous disease and monitor its progression over time. It consists of 10 clinical descriptors that measure the physical impact and visible symptoms of venous disorders. Each item is scored on a 4-point scale ranging from 0 (absent) to 3 (severe), providing a total score range from 0 to 30, with higher scores indicating greater clinical severity.

**The 10 Items Measured:**
1. Pain
2. Varicose Veins
3. Venous Edema
4. Skin Pigmentation
5. Inflammation
6. Induration (Hardness of skin)
7. Number of Active Ulcers
8. Active Ulcer Duration
9. Active Ulcer Size
10. Use of Compression Therapy

**Scoring:**
**Total Score = Sum of all 10 item scores**

**Interpretation:**
**0–5:** Mild venous disease
**6–10:** Moderate venous disease
**11–15:** Severe venous disease
**16–30:** Very severe venous disease

## OBSERVATIONS AND RESULTS

A total of 20 individuals sample size has been taken; the statistical data of observations and results are as follows.

**Table:1. Distribution of cases according to age group**

| S.no | Age group | No. of patients | Percentage |
|---|---|---|---|
| 1 | 25-30 | 1 | 5% |
| 2 | 31 - 35 | 2 | 10% |
| 3 | 36- 40 | 5 | 25% |
| 4 | 41-45 | 6 | 30% |
| 5 | 46-50 | 6 | 30% |
| 6 | Total | 20 | 100% |

**Fig 1: Distribution of cases according to age group**

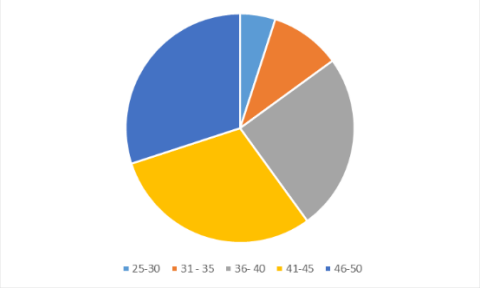



**Table.2. Distribution of cases according to Gender**

| Sl. no | Gender | No. of patients | Percentage |
|---|---|---|---|
| 1 | Male | 8 | 40% |
| 2 | Female | 12 | 60% |
| | Total | 20 | 100% |

**Figure.2. Distribution of cases according to Gender**

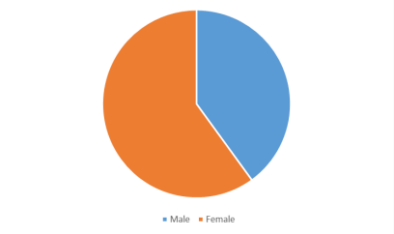



**Table No.3 distribution of cases according to built**

| S.no | Built | Cases | Percentage |
|---|---|---|---|
| 1 | Moderately Built | 11 | 55 |
| 2 | Obese | 9 | 45 |

**Figure 3: distribution of cases according to built**

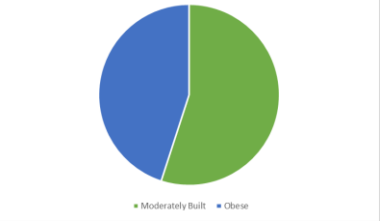


**Table No.4 distribution of cases according to occupation**

| S.no | occupation | No. of patients | Percentage |
|---|---|---|---|
| 1 | teacher | 2 | 10% |
| 2 | watchman | 3 | 15% |
| 3 | House wife | 7 | 35% |
| 4 | marketing | 1 | 5% |
| 5 | distributor | 1 | 5% |
| 6 | tailor | 3 | 15% |
| 7 | farmer | 2 | 10% |
| 8 | Daily labour | 1 | 5% |
| | total | 20 | 100% |

**Figure 4: distribution of cases according to occupation**

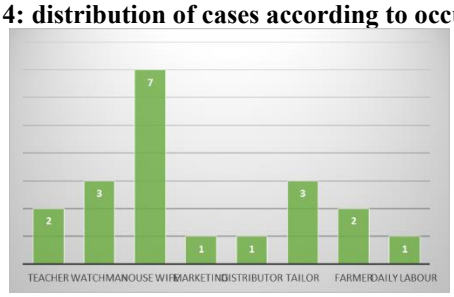



**Table No. 5 Distribution of cases according to indicated remedies**

| S.no | Remedy | No. of patients | Percentage |
|---|---|---|---|
| 1 | Lachesis | 3 | 15% |
| 2 | Lycopodium | 2 | 10% |
| 3 | Sulphur | 3 | 15% |
| 4 | Hamamelis | 2 | 10% |
| 5 | Vipera | 1 | 5% |
| 6 | Pulsatilla | 2 | 10% |
| 7 | Arnica | 2 | 10% |
| 8 | Sepia | 2 | 10% |
| 9 | Fluoric Acid | 1 | 5% |
| 10 | Carbo Veg | 1 | 5% |
| 11 | Staphysagria | 1 | 5% |
| | total | 20 | 100% |

**Figure 5: Distribution of cases according to indicated remedies**

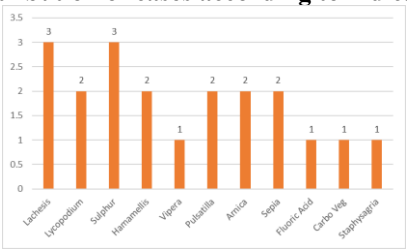



**Table 6: Distribution of cases according to improvement in score**

| Improvement | No of cases | percentage |
|---|---|---|
| Stable Improvement | 1 | 5% |
| Moderate improvement | 3 | 15% |
| Good Improvement | 16 | 80% |
| Total | 20 | 100% |

**Fig 6: Distribution of cases according to improvement in score**

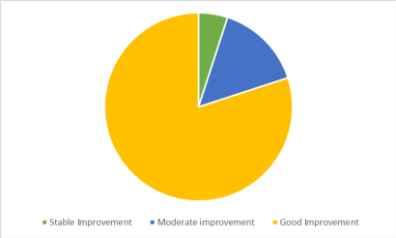
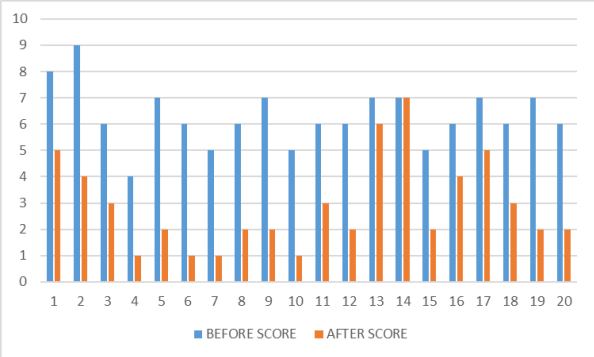



**Fig 7: Distribution of cases according to improvement in score – Before and after**




**Statistical Analysis:** As the sample size is small (n=20) and the data involves paired observations (same subjects before and after), a Paired t-test is employed

**Table no. 7: Score before and after, showing difference**

| S.NO | Before Treatment ($X_1$) | After Treatment ($X_2$) | Difference ($X_1 - X_2 = D$) | $(D)^{2s}$ |
|---|---|---|---|---|
| 1 | 8 | 5 | 3 | 9 |
| 2 | 9 | 4 | 5 | 25 |
| 3 | 6 | 3 | 3 | 9 |
| 4 | 4 | 1 | 3 | 9 |
| 5 | 7 | 2 | 5 | 25 |
| 6 | 6 | 1 | 5 | 25 |
| 7 | 5 | 1 | 4 | 16 |
| 8 | 6 | 2 | 4 | 16 |
| 9 | 7 | 2 | 5 | 25 |
| 10 | 5 | 1 | 4 | 16 |
| 11 | 6 | 3 | 3 | 9 |
| 12 | 6 | 2 | 4 | 16 |
| 13 | 7 | 6 | 1 | 1 |
| 14 | 7 | 7 | 0 | 0 |
| 15 | 5 | 2 | 3 | 9 |
| 16 | 6 | 4 | 2 | 4 |
| 17 | 7 | 5 | 2 | 4 |
| 18 | 6 | 3 | 3 | 9 |
| 19 | 7 | 2 | 5 | 25 |
| 20 | 6 | 2 | 4 | 16 |
| TOTAL | | | $\sum D=68$ | $\sum D^2=272$ |

**Confidence interval:**
The mean of Group One minus Group Two equals 3.45
95% confidence interval of this difference: From 2.80 to 4.10
Intermediate values used in calculations:
t = 11.0638
df = 19
standard error of difference = 0.312

**P value and statistical significance:**
The two-tailed P value is less than 0.0001

By conventional criteria, this difference is considered to be extremely statistically significant.

**Inference:** The calculated t-value (11.0638) is significantly higher than the critical table value (2.093) for 19 degrees of freedom at a 0.05 level of significance. With $P < 0.0001$, the null hypothesis ($H_0$) is rejected and the alternative hypothesis ($H_1$) is accepted. This confirms that Kent's Repertory is highly effective in reducing the clinical severity of Varicose Veins.

## DISCUSSION

The clinical data obtained from this study aligns with established medical literature regarding the epidemiology and risk factors of varicose veins. As per various studies, the condition is notably common in females; this was reflected in the current study, where 60% of the cases were female. Furthermore, literature suggests that the risk of developing varicose veins increases with age, which was also observed in this study, as 85% of the participants were above the age group of 35. Regarding physical constitution, the results indicate that individuals of moderate built (55%) are also at significant risk, not exclusively those categorized as obese (45%). Prolonged standing is a well-documented etiological factor, and this study confirms it as a major cause. Occupations involving long hours of standing—including teachers, watchmen, and tailors—accounted for 70% of the sample. The highest prevalence was found among housewives (35%), likely due to prolonged standing during domestic work and physiological factors such as weight gain following pregnancy and delivery. In terms of therapeutics, Lachesis emerged as the most frequently indicated remedy (15%), demonstrating a strong clinical affinity for the venous system. Other remedies found effective in this study were Lycopodium, Sulphur, Hamamelis, Arnica, Pulsatilla, and Sepia.

## CONCLUSION

Overall, 80% of the cases demonstrated "Good Improvement" with marked changes in VCSS scores, showing the efficacy of Kent's Repertory in the remedy selection for varicose veins. Statistical analysis further confirmed these results, with a P-value that is considered extremely significant.

## Limitations Of Study:

- The small sample size of 20 cases limits the ability to generalize these findings to a broader population.
- A longer follow-up period is required to assess long-term maintenance of improvement and the rate of recurrence.
- The absence of a control or placebo group makes it difficult to isolate the specific efficacy of the intervention.
- Despite the VCSS framework, certain clinical scores still rely on the patient's subjective perception of pain.
- Lifestyle confounders, such as the use of compression stockings or dietary habits, were not strictly controlled as independent variables

### *Declaration by Authors*

**Ethical Approval:** Approved

**Acknowledgment:** This clinical study of 20 cases was conducted during my PG Part 1 at MNRHMC, under the guidance of Prof. Dr. Sriharitha, Department of Homeopathic Materia Medica, MNRHMC. This research is an extension of a project that initially began during my undergraduate internship as a pilot study of 5 cases, which was conducted under the guidance of Prof. Dr. Dr. Rita Chakraborthy, BHMS, MD, Department of Repertory, FMHMC. I am deeply thankful to both professors for their valuable guidance and inspiring encouragement throughout this study.

**Source of Funding:** None

**Conflict of Interest:** No conflicts of interest declared.

## REFERENCES

1. Beebe-Dimmer, J. L., Pfeifer, J. R., Engle, J. S., & Schottenfeld, D. (2005). The

epidemiology of chronic venous insufficiency and varicose veins. *Annals of Epidemiology*, *15*(3), 175–184.
2. Bergan, J. J., Kumins, N. H., Owens, E. L., & Sparks, S. R. (2002). Surgical and endovascular treatment of lower extremity venous insufficiency. *Journal of Vascular and Interventional Radiology*, *13*(6), 563–568.
3. Bhat, S. (2019). *SRB's Manual of Surgery. Jaypee Brothers Medical Publishers*.
4. Jones, R. H., & Carek, P. J. (2008). *Management of varicose veins. American family physician*. *78*, 1289–1294.
5. Kern, P. (2002). *Sclerotherapy of varicose leg veins: technique, indications and complications. International angiology*. *21*.
6. Kent, J. T. (2023). Repertory of the homeopathic Materia medica. 6th edition, B Jain.
7. Kurz, X., Kahn, S. R., Abenhaim, L., & Clement, D. (1999). Chronic venous disorders of the leg: Epidemiology, outcomes, diagnosis and management: Summary of an evidence-based report on the VEINES task force. *International Angiology*, *18*(2).
8. Martinez, H. (2002). Percutaneous interventions for varicose veins. *Applied Radiology*, *8*, 9–19.
9. Nogaro, M. C., Pournaras, D. J., Prasannan, C., & Chaudhuri, A. (2009). Varicose veins. *BMJ*, *344*.
10. Xiao, Y., Huang, Z., Yin, H., Lin, Y., & Wang, S. (2009). *In vitro differences between smooth muscle cells derived from varicose veins and normal veins*. *50*, 1149–1154.

How to cite this article: Ambala Sriharitha, G.V.V. Chaitanyaa Kumar. Utility of Kent's repertory in the management of varicose veins; a prospective open-label clinical study. *International Journal of Research and Review*. 2026; 13(4): 285-291. DOI: *https://doi.org/10.52403/ijrr.20260428*

******