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A case report on the role of homoeopathy in the treatment of varicose ulcer

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Abstract

Venous ulcer is defined by "a full-thickness defect of skin, most frequently in the ankle region, that fails to heal spontaneously and is sustained by chronic venous disease. Venous ulcers are wounds that are thought to occur due to improper functioning of venous valves, usually of the legs (hence leg ulcers). It is amenable to the individualised homoeopathic treatment. In this case, we present how a case of venous ulcer was successfully treated with individualised homoeopathic medicine.

Keywords: Homoeopathy, individualised homoeopathy, varicose ulcer, silicea

Introduction

Venous leg ulcers (VLUs) are defined as open lesions between the knee and ankle joint that occur in the presence of venous disease. They are the most common cause of leg ulcers, accounting for 60-80% of them. The prevalence of VLUs is between 0.18% and 1%. Over the age of 65, the prevalence increases to 4%. On an average 33-60% of these ulcers persist for more than 6 weeks and are therefore referred to as chronic VLUs. These ulcers represent the most advanced form of chronic venous disorders like varicose veins and lipodermatosclerosis.

Chronic venous leg ulcer results in reduced mobility, significant financial implications, and poor quality of life. There are no uniform guidelines for assessment and management of this group of conditions, which is reaching epidemic proportions in the prevalence. There is a wide variation in healing and recurrence rates of these ulcers in the Indian population due to differing nutritional status, availability of medical facilities and trained medical staff to diagnose and manage such conditions ^[1]. 2024 ICD-10-CM Diagnosis Code I87.319 ^[2].

Venous leg ulcers (VLUs) are open lesions of the lower limb and represent between 60 and 80% of all leg ulcerations that occur in the presence of venous disease. Healing rates are protracted with only 60% on average healed by 12 weeks, and once healed, 75% develop a recurrence within 3 weeks. At least 60% of VLUs result in a chronic wound ^[3].

Among the ulcers, 81% are due to venous disease and it represents the most advanced stage of chronic venous insufficiency, 16.3% are arterial ulcers and 15% of diabetic foot ulcer.

A study from India shows that 11% venous disease, and 13% trauma are the reasons for ulcers in lower extremity. Moreover, in India, most of the chronic leg ulcers are due to venous aetiology. Finally, the main causes of chronic leg ulcers are venous and arterial insufficiency, neuropathy, diabetes, or a combination of these factors.

There are only a few studies that have been conducted in Homoeopathy on the management of chronic leg ulcers which are mostly varicose ulcers. Most of the studies are case series and evidence-based clinical studies. The increased incidence of leg ulcers, economic burden, and recurrence of ulcers increase the scope of Homoeopathy in this regard. The present review comprises the literature on the Homoeopathic approach in managing the varicose chronic leg ulcers ^[4].

Previous Studies on Role of Homoeopathic medicines in the treatment of Varicose Ulcer

- A prospective observational study was conducted by the Central Council for Research in Homoeopathy, Hyderabad from October 2005 to September 2009. 63 cases were enrolled in the study. Using the rubrics 'Diabetes mellitus' and 'Non-healing Ulcer' in The Complete Repertory fifteen pre-defined Homoeopathic medicines were selected.

These were: Sulphur, Silicea, Lycopodium, Arsenicum album, Lachesis, Phosphorus, Sepia, Phosphoricum Acidum, Opium, Mercurius solubilis, Pulsatilla, Secale cornutum, Calcarea carbonicum, Plumbum metallicum, and Rhus Toxicodendron. Based on the totality of symptoms of each patient, similimum was selected from this shortlist of medicines. The outcome was assessed by a reduction in diabetic foot ulcer symptom score. Out of fifteen medicine, 9 medicines prescribed for the patients. 5 most useful medicines found in this study were Silicea, Sulphur, Lycopodium, Arsenicum album, and Phosphorus. In 95.5% of the cases in which Silicea administered showed an improvement, Sulphur in 90.9% of cases, Lycopodium and Arsenicum album in 100%, and Phosphorus in 75% cases showed improvement. Most of the cases were cured within 3 months and few at the end of the study ^[5].

- Garette *et al.*, conducted a gold-standard randomized controlled trial and the final inference showed that the addition of Sulphur, Silicea, Carbo. Vegetables (SSC)-6C potency accelerates the ulcer healing in 4.2 weeks meantime, without any adverse effects ^[6].

Case summary

A case of venous ulcer in a 20-year-old male patient presented to the clinic on February 13-2023 at 5.18 PM. Patient complained of oedema, burning, slough and intense itching in the right leg and the pain gets ameliorated on lifting the leg up. Ulcer presentation was irregular and sloping edges. Silicea 200 was prescribed based on the totality of symptoms along with that, Calendula officinalis and Echinacea angustifolia mother tinctures were used for the cleaning and dressing of ulcer regularly. After a few follow-ups, the patient started improving and the oedema stopped. The size of the ulcer also gradually reduced. Within 2 months of starting treatment, on April 25th 2023, the ulcer got completely cured. This case is a testimony of the usefulness of homoeopathy in varicose ulcer.

Patient information

A 20-year-old patient presented in a outpatient clinic complaints of itching and bleeding with swelling in the right lower extremities on 13-2-2023. The patient was apparently normal before 9 months when the complaint starts with dilated veins and pain gradually increased on long standing and hanging the legs. The complaints feel much better especially during elevating both the legs. The complaints get worsen after he had an injury in the shin area and the wound got gradually increased and spread in the lateral part of the foot and in between the toe region with itching and bleeding and burning <cold exposure, exposure to water and especially at night. >covering the affected part. He also took allopathic medication for 6 months for these complaints but with no relief.

There was no significant family history of any disease. The patient studied in the 8th grade in school. He had no interest in further studies. He is working in a fast-food restaurant as

a chef. Occupation- 3year as a Chef in a fast-food restaurant has to stand for a long period of time.

Physical generals

The patient appetite was good (4 times/day). Thirst was decreased (7glasses/day). Sleep -deep sleep (talking during sleep). Sweat- Profuse perspiration especially in the lower extremities (Highly offensive). Stool- regular (2 times/day). Urine- regular (5-6 times /day). Dreams- not specific.

Reactions To: Desire summer season; aversion to winter and rainy season

Desire fanning; desire covering especially the affected part; desire cold drinks.

Thermals-Chilly patient

Mental generals

Restlessness and nervous person. He left studies when he was in 8th standard because he is not interested in studies. He left the schooling and started working in fast food restaurant with his father since his childhood. Angry and easily irritable especially during working hours because of his work pressure. He cannot express his emotions in front of others. He used to weep easily at the slightest things, especially when talked rudely. Whenever he is angry he wants to be alone and consolation aggravates. He won't trust or believes what other says but he always trusts blindly what his parents or his close friends says. He does not want to be alone, he needs company every time. Travelling aggravates the complaint and he gets aversion to it.

Clinical findings and diagnostic assessment

Based on the clinical findings and history, this case was diagnosed as a case of venous ulcer. The patient had a spreading ulcer with irregular and sloping edges with varices in his lower extremities with swelling. Patient always complaints that whenever he hang down the legs it gets aggravated and always feels much better after lifting the legs. Bleeding was also visible in some of the lesions. Lesions were slightly tender to the touch. Other physical parameters were normal.

Case analysis and repertorisation

After the analysis of the case, the following characteristic signs and symptoms were considered for making the totality.

1. Restlessness and nervous
2. Weeping at little things., consolation agg.
3. Fear of being alone
4. Desire company++
5. Talking while in sleep
6. Sweat -offensive perspiration in the lower extremities
7. Ulcer in lower extremities - burning,
8. Desire covering of affected part.
9. Varices in the lower extremities <cold exposure, < night
10. Cold exposure aggravation

MIND	Remedies	ΣSym	ΣDeg	Symptoms
1 MIND - COMPANY - desire for	sil.	9	20	1, 2, 3, 4, 5, 6, 7, 9, 10
2 MIND - FEAR - alone, of being	lyc.	8	18	1, 2, 3, 4, 5, 6, 9, 10
3 MIND - RESTLESSNESS	calc.	8	15	1, 2, 3, 4, 5, 6, 8, 10
4 MIND - TALKING - sleep, in	kali-c.	7	18	1, 2, 3, 4, 5, 6, 10
5 MIND - WEEPING - consolation - agg.	sep.	7	17	1, 2, 3, 4, 5, 6, 10
	ars.	7	15	1, 2, 3, 4, 6, 9, 10
	puls.	7	15	1, 2, 3, 4, 6, 9, 10
	rhus-t.	7	14	1, 2, 3, 4, 6, 7, 10
EXTREMITIES	nux-v.	7	13	1, 2, 3, 4, 5, 7, 10
6 EXTREMITIES - PERSPIRATION - Foot offensive	nit-ac.	7	12	1, 2, 3, 4, 5, 6, 10
7 EXTREMITIES - UNCOVERING - agg. - Lower limbs	sulph.	7	12	1, 3, 4, 5, 6, 9, 10
8 EXTREMITIES - VARICES - Legs - pain burning	nat-c.	7	10	1, 2, 3, 4, 5, 6, 10
9 EXTREMITIES - VARICES - Legs - ulceration	phos.	6	14	1, 2, 3, 4, 6, 10
	arg-n.	6	12	1, 2, 3, 4, 6, 10
	lach.	6	12	1, 3, 4, 6, 9, 10
	bell.	6	11	1, 2, 3, 4, 5, 10
	nat-m.	6	11	1, 3, 4, 5, 6, 10
	con.	6	10	1, 2, 3, 4, 7, 10
	plb.	6	10	1, 2, 3, 4, 6, 10
GENERALS	tarent.	6	10	1, 2, 3, 4, 5, 10
10 GENERALS - COLD - agg.	thuj.	6	10	3, 4, 5, 6, 7, 10

Fig 1: Repertorial Totality and Repertorial Result

Repertorial totality

Repertorisation of the selected symptoms was done and is shown in the Figure 1^[8]. After repertorisation, Silicea and Lycopodium appeared as the first and second choices for the indicated medicine, respectively. To arrive at the similimum, Materia medica was referred and the following symptoms and rubrics were found in favour of silicea.

- Adapted to nervous, restless and persons of psoric diathesis
- Sweat of toes, feet; offensive
- Desire to be magnetized
- Ulcers of all kinds; High spongy edges, proud flesh in them
- Aggravation: - cold; uncovering
- Amelioration: - warmth, summer^[7].
- Silica patient is cold wants plenty warm clothing hands and feet cold worse in winter^[8].

Therapeutic Intervention

Pharmacological intervention was provided through individualised homoeopathy. Silicea 200 was dispensed to the patient on the 1st day, with the instructions to take a dose (4 Globules) daily, for 7 days along with that Calendula officinalis and Echinacea angustifolia mother tincture were used for the cleaning and dressing of the ulcer. The medicine was not changed during the course of the treatment, as the patient reported gradual improvement. Placebo was prescribed as per homoeopathic philosophy to cover medicine-free gaps. The patient was advised to avoid fat, rich and oily food such as meat and fast food as much as possible which might upset the digestion, hampering the action of the medicine. Follow-ups after the first prescription are given in Table 1.

Table 1: Follow Up

S.no	Date	Signs and symptoms	Prescription
	22-02-2023	Patient complaints of restlessness is reduced. Burning and itching slightly relieved. Offensiveness of perspiration still persist	SL - 4 Globules-BD-10 DAYS Cleaning and dressing with Calendula and Echinacea mother tincture
	02-03-2023	Bleeding and itching complaints stopped completely. No itching. Swelling is slightly present. Offensive perspiration is slightly improved	Silica 200-OD-4globules- 3 Doses -3days Cleaning and dressing with Calendula and Echinacea mother tincture
	15-03-2023	Healing of the ulcer was very rapid in course. Patient complaints are much reduced. swelling and offensiveness is much reduced than before.	SL -4 Globules-BD-10 Days Cleaning and dressing with Calendula and Echinacea mother tincture
	28-03-2023	Ulcer was reduced. No complaints of burning, itching, swelling. Offensive perspiration is much reduced	SL - 4 Globules-BD-10 Days Cleaning and dressing with Calendula and Echinacea mother tincture
	11-04-2023	Ulcer was completely dried up. No other complaints.	SL -4 Globules-BD-10 Days Cleaning and dressing with Calendula and Echinacea mother tincture
	25-04-2023	Ulcer was completely cured. No new complaints.	SL -4 Globules-BD-10 Days

Treatment result (picture)



Fig 2: 1st Visit on 13-02-2023



Fig 4: 2nd Follow-up on 02-03-2023



Fig 3: 1st Follow-up on 22-02-2023



Fig 5: 3rd Follow-up on 22-03-2023



Fig 6: 4th Follow-up on 28-03-2023



Fig 8: 6th visit on 25-04-2023



Fig 7: 5th Follow-up on 11-04-2023



Fig 9: Patient with Varicose Ulcers, Before and After Homoeopathic treatment



Fig 10: Patient with Varicose Ulcers, Before and After Homoeopathic treatment

Discussion

A venous ulcer is a common condition more than 55 years of age ^[9]. However, its presence in less than 30 years comparatively rare. In this case, the homoeopathic medicine helped to resolve the case. In this case, medicine was prescribed based on the individualisation principle of homoeopathy considering general, particular and miasmatic background. All the characteristic symptoms were collected in accordance with the aphorism 7 of the Organon of Medicine ^[10] and a totality of symptoms was erected. After repertorisation, silicea and lycopodium emerged as the first and second choices, respectively. Symptoms like the profuse perspiration with offensive smell and restlessness with nervous persons are of psoric nature of the case favoured silicea. Silicea was prescribed in 200th potency in 3 doses along with calendula officinalis and echinacea angustifolia mother tincture were used for the cleaning and dressing of the ulcer regularly. Up to the 2nd week, improvement was not observed, however silicea was strongly indicated and also is a well-known anti-psoric medicine. Moreover, silicea is a slow and deep acting psoric remedy. In the second follow-up, the patient reported gradual improvement and a reduction in the size of the ulcer and bleeding got completely stopped. In subsequent follow-ups, the bleeding stopped and size of the ulcer further diminished, indicating a positive action of the medicine. When improvement starts, 'wait and watch' is the best resort. Placebo were given from time to time as mentioned in the follow-up until complete improvement was achieved. The Venous ulcer disappeared and did not reappear even after 10 months. This was confirmed by the photographic evidence taken pre- and post-treatment. So, in ulcer cases homoeopathic medicines along with dressing management plays a major role for the complete healing of the ulcer.

Conclusion

The Individualised Homeopathic treatment suffering from varicose ulcer has an effective role. In this case, silica was prescribed in 200th potency after repertorization from Synthesis repertory and confirming with Homoeopathic Materia Medica. The follow-up and therapeutic interventions were done according to instructions given in Organon of medicine 6th edition.

Consent of the patient

The author's declare that the patient has given written consent and has agreed that his images and other clinical information can be used for research work, and it can be reported in the journal on anonymous grounds. All the details revealing the identity of the patient is concealed on patient's demand for ethical reasons.

Conflict of Interest: Not available

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