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A case of chronic venous ulcer treated with homoeopathic medicines and evaluated using Venous Clinical Severity Score (VCSS)

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Abstract

Venous leg ulcers, which are caused by venous hypertension and chronic venous insufficiency, represent a significant clinical problem. They account for 70-90% of all leg ulcers and appear on the lower limbs. As age advances, the prevalence of venous ulcer rises. This needs to be carefully managed, which include accurate diagnosis, wound care, and recurrence prevention techniques.

Here, a case of 64 year old male reported with chronic venous ulcer which was refractory to other treatment methods was treated successfully with homoeopathy medicines is presented. This case report proves the efficacy of homoeopathic medicines in treating chronic venous leg ulcers.

Keywords: Venous ulcer, varicose vein, gaiter's area, venous clinical severity score, homoeopathy

Introduction

Venous ulcers are chronic sores caused by prolonged venous insufficiency. They develop as a complication of varicose veins or deep vein thrombosis. The primary cause of venous ulcer development is ambulatory venous hypertension. These ulcers typically appear in the Gaiter's zone, which is the area above and around the medial malleoli. Ulcer is often large, non healing, tender, recurrent with secondary infections. It may lead to complications such as ankylosis, scarring, periostitis, etc. [2].

Homoeopathic medicines can be used to treat these extremely common conditions that are difficult to control, have a high sanitary cost, and negatively affect the patient's quality of life, without putting the patient through any hardships [3].

Case report

A 64 year old male was reported to Out Patient Department (OPD) of Government Homoeopathic Medical College, Thiruvananthapuram (GHMCT) on 23rd December 2023 with a large ulcer over medial malleolus of left leg. He also had dark discolouration on left leg, severe pain and itching in and around the ulcer. Also, there is history of varicosity of veins of left lower limb. (Report of Doppler study of venous system of left lower limb dated 28/12/23).

History of presenting complaints

This ulcer over the medial malleolus of left leg started 5 years back after a trauma on that site. Initially the wound was of small size, but gradually it started spreading to a wider area. There is associated dark discolouration around the ulcer, bursting pain in and around ulcer, and also swelling around it. He underwent various treatment methods but didn't get any favourable outcome from any of them. As the last option, the consulting physician even suggested for skin grafting.

Examination of ulcer

Duration: 5 years

Mode of onset: After a trauma over medial malleolus

Shape: Oval

Size: Approximately 10 x 10 cm

Pain: Present

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Character of pain: Bursting
Severity: ++
Discharge: Absent
Associated disease: Varicose veins

Inspection

Number: 1
Site: Gaiters area
Size: Approximately 10 x 10cm
Margin: Well defined
Edge: Sloping
Floor of the ulcer: Floor is covered by creamy white debris and slough
Discharge: Absent
Adjacent area: Black pigmentation, oedema of the limb around ankle and distal limb

Palpation

Temperature: Raised
Tenderness: Present in and around ulcer
Size: 10.1 cm x 10.5 cm

Doppler study report

Edge: Sloping
Margin: Well defined
Floor: Creamy white debris and slough
Base: No induration
Discharge: Bloody discharge on touching
 Examination of lymph nodes-no inguinal lymphadenopathy.
 Examination of vascular insufficiency-Varicosities of left lower limb present.
 Bilateral dorsalis pedis and Posterior tibial artery pulses were felt.
 Examination of nerve lesion-no signs suggestive of nerve lesions.






Vitals

Pulse-70 bpm, regular rhythm, normal volume, no radio-radial or radio-femoral delay and all peripheral pulses were felt.

Blood pressure: 142/90 mmHg, measured in left hand

Respiratory rate: 14 / mint

Temperature: 98.6 F

 CDRC health made easy Clinical Diagnostics Research Centre		Raunak Bhavan CDRC Building Manacaud Trivandrum-695669 Kerala, India	
LABORATORY ECG DENTAL X-RAY DIGITAL X-RAY DIGITAL OPG 3D & 4D DIGITAL COLOUR DOPPLER ULTRASOUND SCANNING			
Name: Mr. [REDACTED]	Age: 64 yrs	Date: 28-12-2023	
Ref By: Dr.G.Satheesh	Sex: M		
LEFT LOWER LIMB VENOUS DOPPLER STUDY			
Saphenofemoral junction -Grade II incompetence GSV measures 2.5 mm at 3 cm from saphenofemoral junction Saphenopopliteal junction – incompetent. Normal compressibility noted in the lower limb veins. Varicose veins noted in postero-medial aspect of knee region and medial aspect of leg region. No evidence of thrombotic occlusions of deep venous system. Incompetent perforators noted in: • Medial aspect in mid and lower third of leg. Moderate diffuse subcutaneous edema noted in distal leg and around ankle joint with changes of cellulitis			
IMPRESSION:-			
> Varicose veins in postero-medial aspect of knee region and medial aspect of leg region. > Incompetence of saphenofemoral and saphenopopliteal junction. > Incompetent perforators in medial aspect in mid and lower third of leg. > Moderate diffuse subcutaneous edema in distal leg and around ankle joint with changes of cellulitis. > No evidence of DVT at present.			
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Physical generals

- **Appetite:** Good
- **Thirst:** Good

- **Sleep:** Disturbed due to pain
- **Stool:** Hard stool difficulty to pass

- **Urine:** Normal
- **Sweat:** Normal

Mental generals

- Anxiety about financial crisis
- Fastidious

Evaluation of symptoms

- Anxiety of financial crisis
- Fastidious
- Reduced sleep
- Hard stool difficulty to pass
- Ulcer over medial malleolus of left leg
- Bursting pain in and around the ulcer.
- Itching in and around wound
- Dark discoloration on left leg

Tool used for assessment

Venous Clinical Severity Score (VCSS) [4, 5]

The Venous Clinical Severity Score (VCSS) is based on 10 clinical parameters, each graded on a scale of 0 to 3, with 0 indicating absent, 1 indicating mild, 2 indicating moderate, and 3 indicating severe. These include pain, varicose vein, venous edema, skin hyperpigmentation, inflammation, induration, ulcers (including number, size, and duration), and compliance with compression therapy. The total score can range from 0 to 30. The VCSS is intended to be used in conjunction with other venous outcome tools as part of a global screening instrument [4, 5]. Venous Clinical Severity Score (VCSS) of this case presented was 16 before starting

the therapeutic intervention.

Therapeutic intervention [6, 7]

Table 1: Repertorial result

8 symptom(s)	1	2	3	4	← Result
Name of remedy	Ars	Puls	Lach	Caust	24 16/11/2024 9 symp.
Symp. covered	8	7	6	4	
Totally	18	18	13	11	
1. MIND, ANXIETY, ...	III	III	II	I	1. Ars (<i>Arsenicum album</i>) T:8 R:18
2. MIND, FASTIDIOUS	III	III			2. Puls (<i>Pulsatilla nigricans</i>) T:7 R:18
3. SKIN, DISCOLORATI..	III		II		3. Lach (<i>Lachesis muta</i>) T:6 R:13
4. SKIN, ULCERS, itchin..	I	III	II		4. Sulph (<i>Sulphur</i>) T:6 R:13
5. SKIN, ULCERS, painf..	II	III	II		5. Graph (<i>Graphites naturalis</i>) T:5 R:11
6. SKIN, ULCERS, varic..	II	III	II		6. Sil (<i>Silica terra</i>) T:5 R:11
7. SLEEP, DISTURBED, ...	II	I			7. Lyc (<i>Lycopodium clavatum</i>) T:4 R:11
8. STOOL, HARD, ...	II	II	III	I	8. Carb-v (<i>Carbo vegetabilis</i>) T:4 R:9
					9. Caust (<i>Causticum Hahnemanni</i>) T:4

Rx,

Arsenicum album 0/3/ 1D

Hamamelis tincture /8-8-8/ if necessary (SOS to control bleeding from ulcer)

(*Hamamelis* is given since the ulcer is bleeding on touching. It is also indicated for Tiredness/Aching in Legs, Varicose veins with great value in open painful wound. Acts upon coats of vein producing relaxation) [6].

- Sterile dressing was also done daily

Chart 1: Case follow up

Date	Symptoms	Remedy	VCSS
23 January 2024	<ul style="list-style-type: none"> • Slight relief to pain • Ulcer starts bleeding profusely • Image dated 23/01/24 	<ul style="list-style-type: none"> • <i>Phosphorus</i> 0/3/1D • <i>Hamamelis tincture</i> / 8-8-8 	15
21 February 2024	<ul style="list-style-type: none"> • Bleeding slightly ameliorated • Pain persist • Image dated 21/02/24 	<ul style="list-style-type: none"> • <i>Phosphorus</i> 0/3 / 1D • <i>Hamamelis tincture</i> / 8-8-8/SOS 	15
22 March 2024	<ul style="list-style-type: none"> • Pain persist • Bleeding ameliorated • Itching over the wound • Image dated 22/03/24 	<ul style="list-style-type: none"> • <i>Phos</i> 0/3 / 1D • <i>Hamamelis tincture</i> / 8-8-8 / SOS 	15
24 April 2024	<ul style="list-style-type: none"> • Pain persist • Itching ameliorated • BP-170/100 mm Hg • Image dated 24/04/24 	<ul style="list-style-type: none"> • <i>Lachesis</i> 0/3/1D • <i>arnica</i> 200/3-3-3 	14
20 May 2024	<ul style="list-style-type: none"> • Pain aggravated • BP-140/90 mmHg • Image dated 20/05/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	12
21 June 2024	<ul style="list-style-type: none"> • Pain ameliorated • BP-150/90 mm Hg • Image dated 21/06/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	10
27 July 2024	<ul style="list-style-type: none"> • Pain relieved • BP-130/90 mm Hg • Image dated 27/07/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	9
25 August 2024	<ul style="list-style-type: none"> • Ulcer has decreased in size • BP-140/90 mm Hg • Image dated 25/08/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	8
22 September 2024	<ul style="list-style-type: none"> • General well being • BP-140/80 mm Hg • Image dated 22/09/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	8
20 October 2024	<ul style="list-style-type: none"> • General well being • BP-130/90 mm Hg • Image dated 20/10/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	5
19 November 2024	<ul style="list-style-type: none"> • Ulcer healed completely • BP-130/90 mm Hg • Image dated 19/11/24 	<ul style="list-style-type: none"> • <i>Pulsatilla</i> 0/3/1D • <i>Calcarea fluor</i> 30/3-3-3 	2



Table 2: Venous Clinical Severity Scale (VCSS)

VCSS → MONTH ↓	PAIN	VARICOSE VEIN	VENO US EDEMA	SKIN HYPER PIGMENT ATION	INFLAM MATION	INDUR ATION	ACTIVE ULCER NO	ACTIVE ULCER SIZE	ACTIVE ULCER DURATIO N	COMPRE SSION THERAP Y	TOTAL SCORE
DEC 2023	3	1	1	2	2	0	1	3	3	0	16
JAN 2024	2	1	1	2	2	0	1	3	3	0	15
FEB 2024	2	1	1	2	2	0	1	3	3	0	15
MARCH 2024	2	1	1	2	2	0	1	3	3	0	15
APRIL 2024	2	1	1	2	1	0	1	3	3	0	14
MAY 2024	2	1	1	1	1	0	1	2	3	0	12
JUNE 2024	2	1	0	1	0	0	1	2	3	0	10
JULY 2024	1	1	0	1	0	0	1	2	3	0	9
AUGUST 2024	0	1	0	1	0	0	1	2	3	0	8
SEP 2024	0	1	0	1	0	0	1	2	3	0	8
OCT 2024	0	1	0	1	0	0	0	1	3	0	5
NOV 2024	0	1	0	1	0	0	0	0	0	0	2

Conclusion

This case of refractory venous leg ulcer was treated with Homoeopathic medicines successfully. The medicines prescribed in this case based on indications are Arsenicum album, Phosphorus, Lachesis, Arnica, Pulsatilla and Calcarea fluor. Initially hamamelis mother tincture was also given, but it was not effective in controlling the bleeding from the ulcer. The improvement was assessed clinically and by Venous Clinical Severity Scale (VCSS) which reduced from 16 to 2 (Table 2). This proves the efficacy of Homoeopathic treatment in curing chronic venous leg ulcers.

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