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## Use of lachesis mutus in the treatment of chronic varicose leg ulcer: A case report

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### Abstract

Varicose veins are a prevalent vascular disorder characterized by enlarged, twisted, and often painful superficial veins, typically in the lower extremities. One of the most severe complications of varicose veins is the development of venous ulcers, most common ulcers of VLU. These ulcers typically form around the ankles and are the result of prolonged tissue hypoxia and inflammation. Varicose ulcers are difficult to heal and may recur without proper treatment.

This report details about a 44-year-old male patient diagnosed with chronic varicose ulcer, who presented with pain in left leg since 1 year and ulceration over left leg above the medial malleolus since 6 months. After thorough detailed case taking based on totality of symptoms Lachesis mutus 1M has been administered. Over the subsequent follow up gradual healing of the ulcer with resolution of symptoms noted. This case highlights the use of individualized homeopathic medicine, particularly Lachesis mutus in the treatment of chronic varicose ulcers.

**Keywords:** Chronic varicose leg ulcer, Lachesis mutus, constitutional medicine, Homoeopathy, Case report

### Introduction

Varicose veins are enlarged, twisted veins that occur due to venous dysfunction, leading to blood pooling in the lower extremities. This condition is often associated with symptoms such as aching, heaviness, swelling, and visibly bulging veins<sup>[6]</sup>.

VLU (Venous leg ulcer) can be defined as a full-thickness defect of the skin frequently seen in the ankle region that fails to heal spontaneously and is sustained by chronic venous disease (CVD, the spectrum of venous diseases affecting the lower limbs). In more recent guidelines, a VLU is defined by best practice and uses the standard definition of an open skin lesion of the leg or foot that occurs in an area affected by venous hypertension. The majority (70-80%) of patients with VLU have primary venous insufficiency (reflux) from varicose vein disease, and about 20-30% have secondary venous insufficiency from post thrombotic syndrome (PTS)<sup>[1]</sup>. The prevalence of VLUs is between 0.18% and 1%. Over the age of 65, the prevalence increases to 4%<sup>3</sup>. VLUs are more common in females than males, possibly due to hormonal factors and higher rates of varicose veins. CEAP classification will be used for describing the VLU and for the treatment guidelines.

There are a few published case reports on the homeopathic treatment of varicose ulcers. In one case, *Lachesis* 1M was used, while another report documented the use of the 0/1 potency<sup>[2, 4]</sup>.

This case report demonstrates the potential effectiveness of individualized homeopathic treatment in the management of venous leg ulcers, administered as a sole therapeutic approach without the integration of additional treatment during the documented treatment period.

### Case Summary

A male patient aged 44yr of middle socio-economic status reported to the OPD of GHMC of Bengaluru on 02/03/2024 with the complaints of blackish discoloration of left lower limb with pain since 1 year and ulceration over the left leg above medial malleolus since 6 months.

### History of presenting complaints

Patient is a known case of Varicose veins since 2 years and DM since 1 year on allopathic

medication. For the last one year he started developing blackish discoloration with pain in left lower limb (leg). Pain is dull-aching with heaviness in lower limb. 6 months back he started with small papule over the medial malleolus which has turned to ulcer now, there was oozing which was not offensive, now there is only dull aching pain. Complaints are aggravated by prolonged standing, sitting,

and travelling for long duration and ameliorated by elevating the leg above, rest, bandaging.

### Past history

k/c/o DM since 1 years on allopathic medication (tab - metformin 500mg)

k/c/o varicose veins since 2years; not on any medication

**Table 1:** Family history

Father	Alive	Hypertension, Type II Diabetes mellitus
Mother	Alive	Hypertension, Type II Diabetes mellitus
Siblings: Elder brother	Alive	Type II Diabetes mellitus
Children: daughter	Alive	Apparently healthy

### Physical generals

**Diet:** mixed

**Appetite:** Good

**Hunger:** Can tolerate hunger

**Desire:** Spicy

**Aversion:** Nothing specific

**Thirst:** Thirsty

**Bowel:** Regular, satisfactory

**Micturition:** 4-5/0-1(D/N), no difficulties

**Perspiration:** Generalized, only present on exertion.

**Sleep:** Disturbed, difficulty falling to sleep.

**Dreams:** Nothing specific

**Thermals:** Hot patient

### Mental generals

jealousy<sup>+</sup>, fear of poverty<sup>2+</sup>, secretive<sup>2+</sup>

### General physical examination

**Weight:** 78kgs

**Height:** 162 cm

**BMI:** 28 kg/M<sup>2</sup>

Moderately built and nourished

**Skin:** dryness<sup>++</sup>

No signs of pallor, oedema, cyanosis, icterus, clubbing and lymphadenopathy

### Local Examination

The ulcer, measuring 2cm× 2cm, was located on the left leg above the medial malleolus with serous discharge, regular and sloping edge. ulcer was tender to touch with no bleeding. With palpable tortuous superficial veins over the popliteal fossa and leg.

Investigations showed controlled blood sugar levels, normal cbc, lipid profile etc.



**Fig 1:** Ulcer on 02/03/2024

**Provisional diagnosis:** Chronic venous leg ulcer

### Case analysis and Evaluation

**Table 2:** Analysis and Evaluation of symptoms

	Analysis	Evaluation
Mental general		
• Secretive	uncommon	3
• fear of poverty		2
• Jealousy		3
Physical generals		
• Desire-spicy	uncommon	2
• Thirst-thirsty		2
• Sleep-disturbed		2
• Thermal-hot pt		2
Characteristic particulars		
1.Ulcer over the leg leg >bandaging	uncommon	3

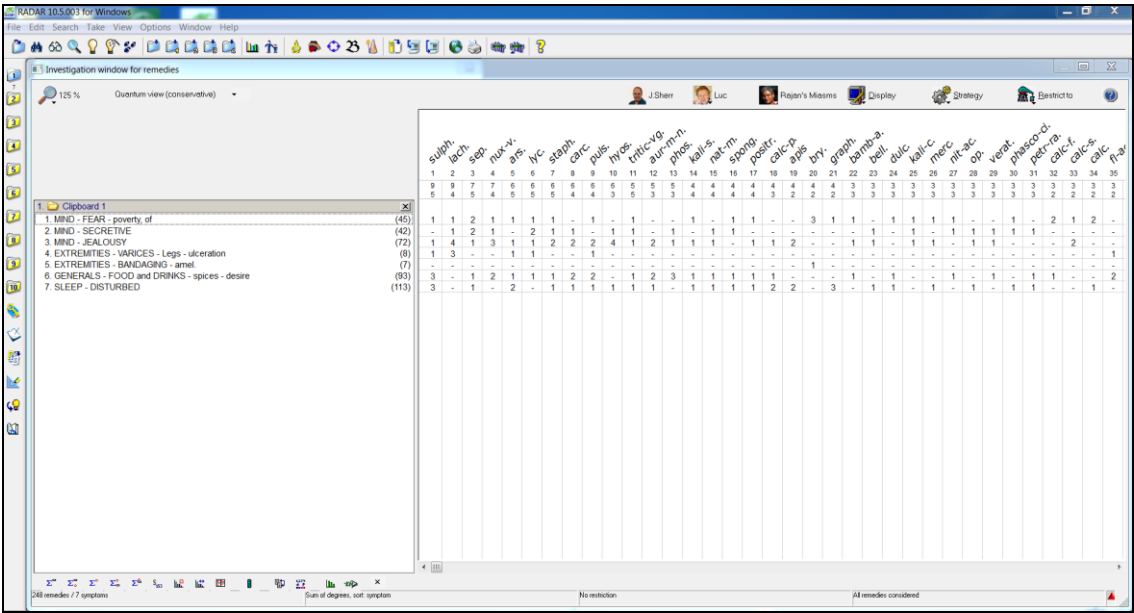
### Totality of symptoms

- Secretive
- Fear of poverty

- Jealousy
- Desire-spicy
- Sleep-disturbed

- Thermal-hot pt
- Ulcer over the left leg > bandaging

**Selection of repertory: RADAR software<sup>[7]</sup>**  
**Repertorial totality and results: Figure 2**



**Intervention**  
Using the Synthesis repertory in RADAR software, and his prominent mental generals, physical general with a Rubric “leg varices” having highest grade (3 mark) remedy LACHEIS MUTUS 200 has been selected after referring to the materia medica source. As per homoeopathic principles single remedy with minimum dose has been administered along with that alternate day dressing with the calendula

mother tincture advised. On the 2<sup>nd</sup> follow up patient presented with return of pain in the site with no changes in wound, So decided to increase the potency to 1M, as his mental’s were confirmed in follow-up’s with calendula dressing continued. On the 3<sup>rd</sup> follow up, ferrum phos 6x was added as it helps to from granulation tissue in wound healing.

**Table 3:** Timeline and Follow up

22/03/2024	Wound over the left leg above medial malleolus	1. Rubrum /10 days 2. Dressing with calendula mother tincture alternate day
	Dull aching Pain reduced	
	Heaviness of limb slightly reduced	
	Sleep got better	
30/03/2024	Wound over the left leg healing	1. Lachesis mutus 1M/OD/3 doses 2. Rubrum /10 days 3. Dressing with calendula mother tincture once in 3 days
	Dull aching pain again started in the morning	
	Heaviness is same as previous follow up	
	Sleep - refreshing	
13/04/2024	Wound over the left leg reduced in size and healthy granulation tissue, no oozing	1. Rubrum for /10 days 2. FP 6X/ 7 days 3. wound cleaning with calendula mother tincture and wound kept open
	Pain reduced significantly	
	Heaviness in leg also gotten better	
	All generals were good	
14/05/2024	Wound over leg completely healed	1. Rubrum / 15 days
	No pain and heaviness in leg	
	Noted changes in discoloration of leg reduced	
	All generals were good	



**Fig 3:** on 15/03/2024

**Fig 4:** on 22/03/2024

**Fig 5:** on 30/03/2024

**Fig 6:** on 13/04/2024



Fig 7: on 14/05/2024

Table 4: Assessment of outcome with Modified Naranjo Criteria <sup>[9]</sup>

		Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2	0	0
3.	Was there an initial aggravation of symptoms?	0	+1	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5.	Did overall well-being improve (suggest using validated scale)	+1	0	0
6.	(a) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
	(b) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance. From deeper to more superficial aspects of the individual. From the top downwards	0	0	0
7.	Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8.	Are there alternative causes (other than the medicine) that with a high probability could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	0	0	0
9.	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
	Total score	+10		

## Discussion

Homeopathy manages chronic diseases by considering the persons in totality and prescribing according to law of similars. The remedy will be chosen after considering mental and physical generals with characteristic particulars, patients underlying susceptibility that maintains the illness. In this case LACHESIS MUTUS is chosen after considering his strong generals and pathology the remedy covers, as it is indicated for varicose ulcer mentioned by Boericke's materia medica<sup>8</sup>. With the remedy external dressing with the calendula used as it helps in healing old ulcer with granulation tissue formation. The results show the promising improvements in the ulcer healing with general wellbeing of the patient.

The efficacy of homeopathy in addressing varicose ulcers has been shown in several publications, including an evidence-based case series where ulcers were managed with individualised homoeopathic remedies. Remedies such as Lachesis, Pulsatilla and Sulphur were utilized in the presented cases <sup>[2]</sup>. there are also many case reports that showed use of Lachesis mutus in treating the varicose ulcers <sup>[4, 5]</sup>.

The modified Naranjo Criteria applied to this case, with the score +10, shows that link between the remedy and clinical changes <sup>[9]</sup>. This highlights the value of individualised prescribing and the importance of documenting such experiences to strengthen the homoeopathic evidence.

## Conclusion

This case highlights the beneficial role of homoeopathic

management in chronic venous leg ulcer. The selection of Lachesis mutus as a constitutional remedy on the basis of symptom similarity resulted in progressive healing of the ulcer, reduction in pain and heaviness of leg, and improvement in patient's overall vitality. Such outcomes reflect the potential effectiveness of the individualized homoeopathic prescriptions. The favorable response in this case underlines the potential of homeopathy as therapeutic option in difficult to heal ulcers.

## Conflict of Interest

Not available

## Financial Support

Not available

## References

1. Raffetto JD, Ligi D, Maniscalco R, Khalil RA, Mannello F. Why Venous Leg Ulcers Have Difficulty Healing: Overview on Pathophysiology, Clinical Consequences, and Treatment. *J Clin Med*. 2021;10(1):29. <https://www.mdpi.com/2077-0383/10/1/29>
2. Kothapalli S, Dastagiri P, Krishnan AA, Ponnappan GK. Non-healing venous ulcers treated successfully with individualized homoeopathy - an evidence-based case series. *Int J High Dilution Res*. 2025 Sep;25(cf):281-295. doi:10.51910/ijhdr.v25icf.1584. [https://www.researchgate.net/publication/395416266\\_N-on-](https://www.researchgate.net/publication/395416266_N-on-)

- healing\_venous\_ulcers\_treated\_successfully\_with\_individualized\_homoeopathy- \_An\_Evidence-Based\_Case\_Series/link/68c37201f3032e2b4bdf5551/download?\_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmXPY2F0aW9uIiwicGFnZSI6InB1YmXPY2F0aW9uIn19
3. Vasudevan B. Venous leg ulcers: Pathophysiology and Classification. Indian Dermatol Online J. 2014;5(3):366-370. doi:10.4103/2229-5178.137819. PMID: 25165676.  
[https://pmc.ncbi.nlm.nih.gov/articles/PMC4144244/?utm\\_](https://pmc.ncbi.nlm.nih.gov/articles/PMC4144244/?utm_)
  4. Kalwani N, Shukla S. A case report on the healing of chronic venous ulcer with Lachesis mutus: A homoeopathic approach. International journal of homoeopathic sciences. 2025;9(3):1660. DOI:10.33545/26164485.2025.v9.i3.D.1660.  
<https://www.homoeopathicjournal.com/articles/1660/9-3-39-669.pdf>
  5. Paliwal S, Nahar L. Obstinate chronic venous ulcer treated with the homoeopathic medicine Silicea: A case report. Indian J Res Homoeopathy 2024;18:44-51. DOI: 10.53945/2320-7094.1881
  6. Antani MR, Dattilo JB. Varicose veins [Internet]. Updated 2023 Aug 8. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from:  
<https://www.ncbi.nlm.nih.gov/books/NBK538297/>
  7. Radar (version 10.5), Computer software; c2009.
  8. Boericke W. New Manual of Homoeopathic Materia Medica & repertory with relationship of remedies: Including Indian drugs, nosodes, uncommon, rare remedies, mother tinctures, relationship, sides of the Body, Drug Affinities & List of abbreviation. New Delhi: B. Jain; c2015.
  9. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, *et al.* Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. Homeopathy. 2020;109(04):191-7.<https://doi.org/10.1055/s-0040-1701251>

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