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## Management of varicose ulcer with chronic deep vein thrombosis treated with homoeopathy: A case report

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### Abstract

**Introduction:** Varicose ulcers are a common complication of chronic venous insufficiency and Deep Vein Thrombosis (DVT), often resulting in significant morbidity. Conventional management frequently focuses on external compression and wound care, with high recurrence rates.

**Case Presentation:** A 30-year-old female presented with a non-healing ulcer on the left medial malleolus persisting for one year, accompanied by a history of chronic DVT for five years. Symptoms included burning and pricking pain, aggravated by prolonged standing, alongside significant venous tortuosity.

**Intervention:** The patient was treated with individualized homeopathic medicine. *Lachesis mutus* was administered in LM potency based on the acute totality of symptoms, followed by *Sulphur* as an intercurrent, and *Sepia officinalis* as the constitutional remedy. Local dressing with *Calendula* glycerine was employed as an adjunct.

**Results:** Significant symptomatic relief was observed within weeks. The ulcer healed completely within 1.5 months, supported by photographic evidence.

**Conclusion:** This case highlights the efficacy of individualized homeopathic treatment in managing complex pathological conditions like DVT-induced varicose ulcers, emphasizing the utility of LM potencies in minimizing aggravation.

**Keywords:** Deep vein thrombosis, varicose ulcer, homeopathy, *Lachesis mutus*, *Sepia officinalis*, LM potencies

### Introduction

Varicose veins and Deep Vein Thrombosis (DVT) represent distinct but interrelated pathologies of the venous system. While varicose veins affect the venous system, presenting as tortuous, dilated veins, DVT involves thrombus formation in the deep veins. DVT is a critical condition due to risks such as pulmonary embolism and post-thrombotic syndrome. A common complication of untreated venous insufficiency is the development of venous leg ulcers, which are notoriously difficult to heal and significantly impact quality of life.

Homeopathy offers a holistic approach to such circulatory disorders. Remedies like *Lachesis mutus*, derived from snake venom, are traditionally indicated for hemorrhagic tendencies and venous congestion. This case report documents the rapid healing of a chronic varicose ulcer in a patient with DVT using a strategic sequence of homeopathic remedies (*Lachesis*, *Sulphur*, *Sepia*) alongside local hygiene maintenance.

### Case Presentation

#### Patient Information

A 30-year-old female presented to the outpatient department on April 9, 2024, with a painful, non-healing ulcer on the left medial malleolus. She reported tortuosity of veins in the left leg for two years and the ulcer for one year.

#### History of Presenting Complaints

The ulcer was characterized by burning and pricking pain, which worsened with prolonged standing, hanging the legs down, and walking. She also reported a tingling sensation and burning in the big toe. The patient had a known history of Chronic Deep Vein Thrombosis, diagnosed five years ago, following her first pregnancy. Previous allopathic treatments had provided only temporary relief.



**Generals:** The patient had a good appetite and thirst. She was thermally hot, with a desire for fanning, cold climate, and sweets. She had an aversion to covering, summer season, and spicy food.

**Menstrual History:** Regular 30 days cycles, bright red flow lasting 2 days.

**Local Examination** of the left leg revealed blackish discoloration and mild edema around the ankle. The ulcer measured approximately 4cm x 3cm with an irregular margin and a fleshy, raw, purplish base. Tenderness and

local warmth were present. (As seen in figure 1 taken on 09.04.24)

### Diagnostic Assessment

A Venous Colour Doppler Study of the left lower limb (performed 20.01.24) confirmed: Chronic DVT with adequate to good Recanalization. Deep venous reflux with incompetent saphenous-femoral junction and incompetent perforators.

**Diagnosis:** Varicose ulcer of left lower limb with chronic deep vein thrombosis.

**Table 1:** Therapeutic intervention and outcome

Date	Symptoms & Observation	Prescription
09/04/24	Base line visit. Purplish ulcer, burning/pricking pain	Lachesis Mutus 0/1, 1 dose daily (HS)
19/04/24	Slight improvement in symptoms. Ulcer size static. No new symptoms.	Lachesis Mutus 0/1, 1 dose daily (HS)
06/05/24	Gradual symptomatic improvement. No aggravations. Generals normal	Lachesis Mutus 0/3, 1dose daily, in 10 ml aqua* TDS
14/05/24	Ulcer size reducing gradually, but rate of improvement slowed	Lachesis Mutus 0/4, 1dose daily, in 10 ml aqua* TDS
14/05/24	Intercurrent required due to slow progress.	Sulphur 0/1, 1 dose (HS)
25/05/24	Significant reduction in ulcer size. Pain largely relieved. Prescription revised to constitutional remedy. As seen in Figure 2 taken on 25.05.24	Sepia Officinalis 0/1, 1 dose daily (HS)

### Rationale for prescription

The selection of the homeopathic remedy was based on a comprehensive analysis of the patient's pathological presentation, acute symptomatology, and constitutional attributes.

- **Lachesis mutus:** This remedy was selected as the simillimum for the pathological state. The choice was driven by the characteristic presentation of venous stasis and cyanotic discoloration. The patient presented with a "purplish" and "blackish" ulcer with a fleshy, raw base, which corresponds to the *Lachesis* indication for "bluish-purple" skin lesions and "varicose ulcers". Pathologically, *Lachesis* acts profoundly on the peripheral circulation, addressing the venous engorgement and the inflammation of the vessel walls (phlebitis) associated with Deep Vein Thrombosis. The subjective symptoms of "burning and pricking pain" and the marked aggravation from "prolonged standing" (orthostatic pressure) further confirmed this choice. LM potency (0/1) was selected to address this deep-seated vascular pathology without precipitating an aggravation.
- **Sulphur:** On May 14, 2024, the rate of improvement had plateaued despite the initial success. In homeopathic philosophy, *Lachesis* and *Sepia* are

considered inimical (incompatible) remedies. Therefore, *Sulphur* was interposed as an intercurrent remedy. It was chosen to clear the underlying psoric miasm and revive the organism's reaction capability, facilitating the transition between the acute pathological prescription and the chronic constitutional remedy.

- **Sepia officinalis:** Following the action of *Sulphur*, the case was re-evaluated for the underlying chronic totality. *Sepia* was selected as the constitutional remedy based on the patient's totality. Pathologically, *Sepia* has a profound affinity for the portal system and venous congestion, making it essential for addressing the root cause of her Chronic Deep Vein Thrombosis and preventing recurrence.

**Local Treatment:** *Calendula* glycerine was used dressing the wound to maintain asepsis and promote granulation.

### Assessment of Causal Attribution

The Modified Naranjo Criteria for Homeopathy (MONARCH) was used to assess the likelihood of a causal relationship between the homeopathic intervention and the clinical outcome.

**Table 2:** Assessment of Causal Attribution of Homeopathic Treatment using the Modified Naranjo Criteria for Homeopathy (MONARCH)

Domains	Criteria	Score
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2 (Yes)
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1 (Yes)
3	Was there a homeopathic aggravation of symptoms?	0 (No)
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms improved)?	+1 (Yes)
5	Did overall well-being improve? (physical, emotional, and behavioral elements)	+1 (Yes)
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0 (Not observed)
6B	Direction of cure: did improvement occur from deeper to more superficial aspects?	+1 (Yes)
7	Did "old symptoms" reappear temporarily during the course of improvement?	0 (No)
8	Are there alternative causes (other than medicine) that could have produced the improvement? (Standard care was constant)	+1 (No)
9	Was the health improvement confirmed by any objective evidence? (X-ray, Photographs)	+2 (Yes)
10	Did repeat dosing, if conducted, create similar clinical improvement?	0 (Not tested)
	Total Score	9



## Discussion

This case illustrates the management of a structural pathology with homeopathic intervention. *Lachesis mutus* acted on the hematic sphere, addressing the venous stasis and "purplish" discoloration characteristic of the remedy. The choice of LM potency allowed for frequent repetition without inducing a medicinal aggravation, which is crucial in cases with tissue destruction (ulceration).

A critical aspect of this case was the use of *Sulphur* as an intercurrent on May 14, 2024. Despite initial improvement, the healing process slowed. *Sulphur* was employed to revive the reactive power of the organism, paving the way for *Sepia officinalis* to complete the cure by addressing the underlying chronic venous insufficiency.

While *Calendula* glycerine was used locally, its primary role was antiseptic. The rapid cessation of the specific "burning and pricking" pains prior to full wound closure suggests that the internal medication (*Lachesis*) was the primary curative agent, as *Calendula* alone typically addresses the tissue rather than the specific sensation.

## Patient perspective

I had been suffering from this ulcer for a year, and previous treatments only gave me temporary relief. The pain made it difficult to stand or sleep. After starting homeopathic treatment, the burning pain reduced quickly, and I was surprised to see the wound close up in such a short time."

## Conclusion

The combination of *Lachesis mutus* and *Sepia officinalis*, bridged by *Sulphur* (intercurrent), proved effective in healing a chronic varicose ulcer complicated by DVT. This underscores the importance of a dynamic case management strategy in homeopathy.



**Fig 1:** Before treatment: taken on 09.04.24



**Fig 2:** After treatment: taken on 25.05.24

## Conflict of interest

The authors declare no conflict of interest.

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