



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2022; 6(4): 182-184  
Received: 25-08-2022  
Accepted: 27-09-2022

**Anil Kumar Tiwari**  
Postgraduate Trainee,  
Department of Case Taking  
and Repertory, National  
Institute of Homoeopathy,  
Govt. of India, Block GE,  
Sector III, Salt Lake, Kolkata,  
West Bengal, India

**Ajay Kumar Yadav**  
Postgraduate Trainee,  
Department of Case Taking  
and Repertory, National  
Institute of Homoeopathy,  
Govt. of India, Block GE,  
Sector III, Salt Lake, Kolkata,  
West Bengal, India

**Kapil Das**  
Postgraduate Trainee,  
Department of Practice of  
medicine, National Institute of  
Homoeopathy, Govt. of India,  
Block GE, Sector III, Salt  
Lake, Kolkata, West Bengal,  
India

**Birendra Prasad Srivastava**  
Professor, Department of Case  
Taking and Repertory,  
National Institute of  
Homoeopathy, Govt. of India  
Block GE, Sector III, Salt  
Lake, Kolkata, West Bengal,  
India

**Corresponding Author:**  
**Anil Kumar Tiwari**  
Postgraduate Trainee,  
Department of Case Taking  
and Repertory, National  
Institute of Homoeopathy,  
Govt. of India, Block GE,  
Sector III, Salt Lake, Kolkata,  
West Bengal, India

## Individualized homoeopathic treatment of chronic arterial foot ulcer: A case report

**Anil Kumar Tiwari, Ajay Kumar Yadav, Kapil Das and Birendra Prasad Srivastava**

**DOI:** <https://doi.org/10.33545/26164485.2022.v6.i4c.659>

### Abstract

Chronic lower leg ulceration is a fairly common adult condition that causes pain and social distress. The condition affects 1% of adults and 3.6% of those over 65. Leg ulcers are painful and have a negative impact on the quality of life of patients. Arterial pathologies can cause arterial ulcers, but the one important cause is arterial obstruction. Atherosclerotic obstruction usually occurs in the iliac, femoropopliteal, and the distal branches (Peroneal and tibial arteries).

The case was diagnosed using an arterial doppler of the right lower limb, which revealed an arterial block above the right common femoral artery at the aortic bifurcation, resulting in an ulcer. Vascular leg ulcers, venous ulcers, and diabetic ulcers were all ruled out as possibilities in this case. Silicea 0/1 to Silicea 0/4, 16 doses of each potency, twice a day, were given to the patient as constitutional homoeopathic medicine. The foot ulcer was completely healed after a one-month follow-up. This case study suggests homoeopathic treatment as a promising complementary or alternative therapy, emphasising the significance of repertorisation in individualised homoeopathic prescription.

**Keywords:** Chronic Arterial foot ulcer, quality of life, homoeopathy, case report

### Introduction

Arterial (ischemic) ulcers are open sores that develop on the smaller side of arterioles and capillaries, typically on the outside of ankle, feet, toes, and heels. Arterial ulcers have a "punched out" appearance and a variety of symptoms, such as red, yellow, or black sores, hairless skin, leg pain, no bleeding, and a cool to the touch affected area due to insufficient blood circulation [1]. An arterial ulcer is one that develops as a result of insufficient blood supply to the affected area (ischaemia). Arterial ulcers, which are most common on the lower legs and feet, can be acute, recurring, or chronic. Ulcers can be caused by a combination of factors; 'mixed ulcers' account for approximately 15% of all leg ulcers [2]. Acute or chronic conditions such as trauma or thrombosis can impair arterial ulcers. Both acute and chronic arterial insufficiency can lead to lower extremity ulcers. Any level of the circulatory system, from large arteries to arterioles and capillaries, can experience arterial insufficiency. Leg ulcers are more frequent in patients with large vessel or mixed disease due to tissue ischemia [3, 4]. Arterial pathologies can cause arterial ulcers, but the one important cause is arterial obstruction [5]. Atherosclerotic obstruction usually occurs in the iliac, femoropopliteal, and the distal branches (peroneal and tibial arteries) [6]. In order to identify the underlying cause of a leg ulcer, a thorough patient history and examination are required. Capillary refill time, A Buerger test, and Ankle Brachial Pressure Index, Transcutaneous oximetry, are examples of bedside tests to diagnose Arterial ulcer [2].

### Case proper

A 37-year-old male patient from Kalna, Burdwan, West Bengal, was admitted to the NIH Inpatient department on February 5, 2020. (IPD no -741688). with non-healing ulcer of the right foot. The ulcer was deep and round in shape, with a well-defined margin. six years ago, the patient began to experience pain in his right foot, gradually developing a small wound without bleeding and with blackness in the affected area.

**History of Present Complaints**

The onset was gradual, the duration was six years, ulcer was round in shape, chronic deep ulcer with well-defined wound margins, and there was a history of allopathic treatment without any noticeable improvement.

**Past History:** Allopathic medicine was used to treat jaundice at the age of 17 yrs.  
Scabies in childhood treated by allopathic medicine.

**Family History**

Father Suffering from Diabetes Miletus  
Mother suffering from Respiratory complaints.

**Mental General**

Mildness  
Company desire  
Despair recovery  
Magnetized desire to be

**Physical Generals**

Appetite normal  
Thirstless  
Aversion milk

Intolerance for fatty food  
Urine clear  
Thermal Reaction chilly  
Sleep adequate  
Perspiration odour sour  
Dream of daily activities

**Totality of symptoms**

Mildness  
Company desire  
Despair recovery  
Magnetized desire to be  
Aversion milk  
Perspiration odour sour  
Ulcer foot

**Diagnosis:** On February 5, 2020, the patient presented with an arterial doppler of the right lower limb, which had performed on February 14, 2014. According to the report, an arterial block above the right common femoral artery at the aortic bifurcation which leads to an ulcer.

**Repertorisation [7]**

		calc.	sil.	sep.	ars.	phos.	puls.	ign.	kali-c.	zinc.	lyc.	sulph.	bry.	nat-c.	nux-v.	caust.	arn.	psor.	acon.	nit-ac.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		6	6	6	5	5	5	5	5	5	4	4	4	4	4	4	3	3	3	3	3
		13	13	12	15	12	10	8	7	6	9	9	8	6	6	5	7	7	6	6	6
2. Clipboard 2	x																				
1. MIND - MILDNESS	(60) 1	2	3	2	3	2	3	2	1	1	2	2		1		1	3		2	2	2
2. MIND - COMPANY, - desire for	(58) 1	2		2	3	3	2	2	3	1	3		1		2	1					1
3. MIND - DESPAIR - recovery	(24) 1	3	1	2	3			1	1	1			2		1			2	2		
4. MIND - MAGNETIZED,desires to be	(5) 1	3	3			3								1							
5. STOMACH - AVERSION to - milk	(30) 1	2	2	2		2	2	2			2	2	3	1		2					
6. PERSPIRATION - ODOR, - sour	(48) 1	1	3	3	3		1	1	1	1	3	3	3		2	2	3	2	3	3	3
7. EXTREMITIES - ULCERS - Foot	(32) 1		1	1	3	2	2		1	2	1	2		1		1		2		1	

Fig 1: Repertorisation sheet

**Result:** This case was repertorized using Kent's Repertory [8] and the software RADAR OPUS 3.1.5. The repertorial result was analysed, giving more priority to mental symptoms as well as physical general symptoms than specific symptoms for medicine selection. According to repertorization, the most indicated remedy was Silicea.

**Prescription:** After considering the totality of symptoms and analysis of reportorial result Silicea 0/1, 0/2, 16 doses of each potency were prescribed in 100 ml of aqua dist, BD for 16 days. The potency was gradually increased up to Silicea 0/4 with progressive improvement in foot ulcer.

**Time line:** The patient was admitted to the NIH Inpatient department on February 5, 2020 with a chronic foot ulcer and improvement was seen on March 7, 2020.



Fig 2: Foot ulcer: before treatment



Fig 3: Foot ulcer after treatment

**Discussion:** A 37-year-old male patient from Kalna, Burdwan, West Bengal, was admitted to the NIH Inpatient department on February 5, 2020. (IPD no -741688). with non-healing ulcer of the right foot for the past six years. Arterial doppler of right lower limb indicates that an arterial block above the right common femoral artery at the bifurcation of the aorta. The ulcer was a deep, rounded shape with a well-defined margin. A small wound slowly begins to open up, sometimes with pain but never with bleeding, and the affected area turns black. Individualised homoeopathic medicine, Silicea 0/1 to Silicea 0/4, 16 doses of each potency, twice a day, were administered to the patient on the basis of the totality of symptoms by using Kent's repertory. After one month from the initial visit, a follow-up photo revealed that the foot ulcer was completely

healed. Chronic arterial foot ulcers seemed to respond well to individualised homoeopathic medicine using Kent's repertory. The medicine was given in fifty millesimal potencies. One of the main limitations of this case study was that only a visual photograph of ulcer was used to show the comparison of result before and after the treatment. The information in this case report may also be useful for planning future case series development. Additionally, it supports the idea that the pathological entity may be altered by constitutional homoeopathic treatment. In this case report, homoeopathic treatment is recommended as a promising complementary or alternative therapy.

### Conclusion

A 37-year-old male patient from Kalna, Burdwan, was admitted to the NIH Inpatient department with complaints of non-healing ulcer of the right foot for the past six years. Considering the totality of symptoms, patients was treated with individualised homoeopathic medicine *Silicea* 0/1 to *Silicea* 0/4, 16 doses of each potency, twice a day. After one month from the initial visit, a follow-up photo revealed that the foot ulcer was completely healed. In this case report, homoeopathic treatment is recommended as a promising complementary or alternative therapy, emphasising the significance of repertorisation in individualised homoeopathic prescription.

### Conflict of Interest

Not available

### Financial Support

Not available

### References

1. Morrison W. Leg ulcer, cause, diagnosis and treatment. Health line 2019 Dec 19; Available from: <https://www.healthline.com/health/leg-ulcers#treatment> (Accessed: 8 oct 2022).
2. Dendale A. Arterial Ulcer. Dermynet 2016 Dec; Available from: <https://dermnetnz.org/topics/arterial-ulcer> (accessed: 8 oct 2022).
3. Hess CT. Arterial ulcer checklist. *Adv Skin Wound Care*. 2010 Sep;23(9):432. DOI: 10.1097/01.ASW.0000383218.26406.4b. PMID: 20729649.
4. Graham ID, Harrisson MB, Nelson EA, Lorimer K, Fisher A. Prevalence of lower-limb ulceration: a systematic review of prevalence studies. *Adv Skin Wound Care*. 2003;16:305-16.
5. Nicolaidis AN, Allegra C, Bergan J, et al. Management of chronic venous disorders of the lower limbs: guidelines according to scientific evidence. *Int. Angiol*. 2008;27:1-59.
6. Mekkes JR, Loots MA, Der Wal AC Van, Bos JD. Causes, investigation and treatment of leg ulceration. *Br J Dermatol*. 2003;148:388-401.
7. RADAR OPUS 3.1.5. software.
8. Kent JT. Repertory of the Homoeopathic Materia Medica and a Word Index. Enriched Indian Edition. Reprinted From 6th American Edition, Edited and Revised by Kent CL, Low Priced Edition. New Delhi; B. Jain Publishers Pvt. Ltd; c2005.

### How to Cite This Article

Tiwari AK, Yadav AK, Das K, Srivastava BP. Individualized homoeopathic treatment of chronic arterial foot ulcer: A case report. *International Journal of Homoeopathic Sciences*. 2022;6(4):182-184. DOI: <https://doi.org/10.33545/26164485.2022.v6.i4c.659>

### Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.