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HOMOEOPATHY IN MANAGEMENT OF CHRONIC VENOUS ULCER: AN EVIDENCE-BASED CASE REPORT

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Abstract

Venous ulcer is the most common ulcer in the lower limb. Varicose veins are the common cause of the chronic venous insufficiency, which is characterized by oedema, pigmentation, eczema, lipodermatosclerosis, and healed or active venous ulcer. Long-term ulcers are difficult to heal and finally go for skin grafting and surgery conventionally. The homoeopathic system of medicine provides holistic approach to treat such cases non-invasively. This case study is a prospective and interventional approach for the treatment of chronic venous ulcer aided by homoeopathy.

Case Summary: A 64 years old female presented with ulceration above the medial malleolus of left leg for the past 2 years. The non-healing ulcer was successfully treated with homoeopathic medicine within 2 months. After analysis and considering the totality of symptoms, *Calcarea Carbonicum 200C* was prescribed based on constitutional totality and *Echinacea Q* externally for an initial 20 days as supportive care. Homoeopathic medicines showed remarkable improvement which was assessed through photographic evidence.

Keywords: Chronic venous ulcer, *Calcarea Carbonicum*, Homoeopathy, Case report.

Introduction

Chronic venous ulcer or venous stasis ulcer is the most common lower limb ulcer which occurs due to the poor blood flow in leg veins which in turn leads to tissue damage and slow healing. Venous ulcers usually develop near the malleolus above the ankle. Previous study reports states that, Patients with chronic venous ulcer usually present with pain, restrictions regarding social functioning, less vitality, and limitations with respect to emotional roles , Other problem areas identified were restrictions in work capacity, recreation, social interaction, psychological well-being, as well as problems caused by treatment regimes ⁽¹⁾. Their 3 months healing rate is estimated at 40% ⁽²⁾ and once healed up to 80% of patients develop a recurrence within 3 months⁽³⁾. The prevalence of venous leg ulcer is reported around 1.08% ⁽⁴⁾ and their incidence being up to 1.33% ⁽⁵⁾. This case report is unique, since it has been treated within 2 months and also no recurrence reported for the past 1 year. This serves as an example for the potential effectiveness of homoeopathic intervention in treating chronic venous ulcer cases, without the aid of any other treatment methods during the specified time period.

Patient information

A 64 year old female patient reported to the Out Patient Department of Government Homoeopathic Medical College, Bangalore for ulceration near the medial malleolus of her left leg above the ankle for the past 2 years. The ulcer was deep and had a serous discharge. Discharge was very offensive as of old cheese. Sometimes occasional bleeding was also present. She complained of dull aching pain over the area, and was accompanied by varicosities of the left leg. The complaint started 2 years ago when the patient noticed dilated and tortuous veins in the lower extremities. Later, blackish discoloration and itching started in the left leg below the knee, which became an ulcer after scratching. There was pitting type of oedema over the left leg. The complaints were not better even after taking conventional treatments for 2yrs.

Past history

The patient had an episode of chicken pox and jaundice during childhood. There was no significant family history and allergic history.

Personal history

Diet: mixed

Appetite: good

Thirst: thirst less (1L/ day)

Bowel habit: regular, one time/ day

Bladder habit: regular no burning

Aversion: meat

Perspiration: generalized, not offensive, and not staining

Sleep: Disturbed. Constantly thinking about complaint

Thermals: chilly patient

Mental general: mild disposition, laziness, slowness in doing any work, very dependent nature

LOCAL EXAMINATION

EXAMINATION OF LEFT LOWER LIMB

INSPECTION

Site of ulcer- medial part of upper part of ankle joint

Position- above the medial malleolus

Number of ulcer-2

Size of ulcer- 12cm length, 4cm width

3cm length, 2cm width

Shape- vertically oval in shape

Edge- sloping

Margin- irregular

Floor- red granulation tissue at the floor

Discharge- bleeding and yellow pustular discharge

Surrounding area- hyper pigmented and dry

PALPATION

Tenderness: non tender

Base: slight indurations

Depth: 5mm

Bleeding: not seen

Relation with deeper structure: fixed over underlying structure

Surrounding skin: dry

PULSATION

Dorsalis pedis - intact

Anterior tibial artery -intact

Posterior tibial artery -intact

Popliteal artery -intact

Femoral artery - intact

GENERAL PHYSICAL EXAMINATION

Well oriented with time, place and person

Moderately built and nourished

Wt- 85 kg

Ht- 155cm

BMI= 35.5 (obese)

No signs of pallor, cyanosis, icterus, lymphadenopathy

Edema present till knee over left leg

VITAL SIGNS

Temp- A febrile

Pulse- 75 beat/min

BP- 120/90 mmHg

Respiratory rate- 15 breath/ min

DIAGNOSTIC ASSESSMENT

The diagnosis was made clinically with supporting features of a varicose ulcer such as edema, pigmentation, presence of peripheral pulses and pain relieved on elevating the limb.

TOTALITY OF SYMPTOMS

- mild, laziness, slowness in doing any work, very dependent nature
- Thirstlessness
- Sleep disturbed due to thinking of complaint
- Chilly patient
- aversion to meat
- Ulcer over left leg
- Old cheese smelling discharge

THERAPEUTIC INTERVENTION

After comprehensive case taking decision was made to initiate treatment with a constitutional remedy. This approach treats the patient as person.

FIRST PRESCRIPTION

Calcarea Carbonicum 200C 1 dose was selected based on her constitutional totality. Potency was selected based on the susceptibility of the case. The patient had symptoms and non-healing tendencies for 2 years, which favored the selection of medicine. *Echinacea Q* was used externally for cleaning and dressing for the initial 20 days.

Results

Calcarea Carbonicum 200 was given only once. Patient was given regular dressing using *Echinacea Q* for initial 20 days after that; patient was advised to keep personal hygiene, clean the ulcer and surrounding area with normal saline alone. Figures 1-6 show photographs used to document the case, and Table 1 shows improvement in the patient's symptoms. No recurrence was reported in the next year.

Figure format:

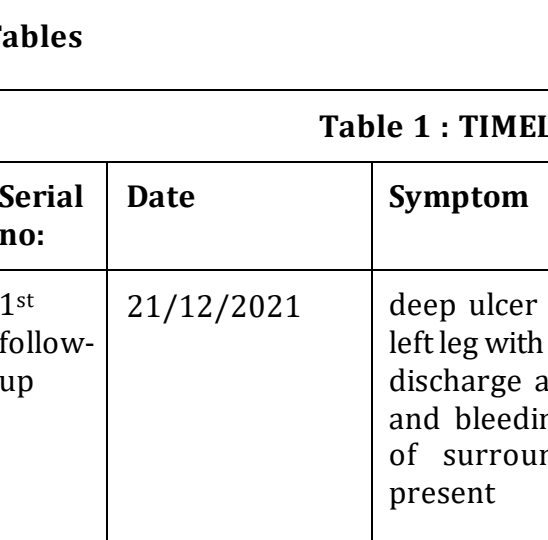
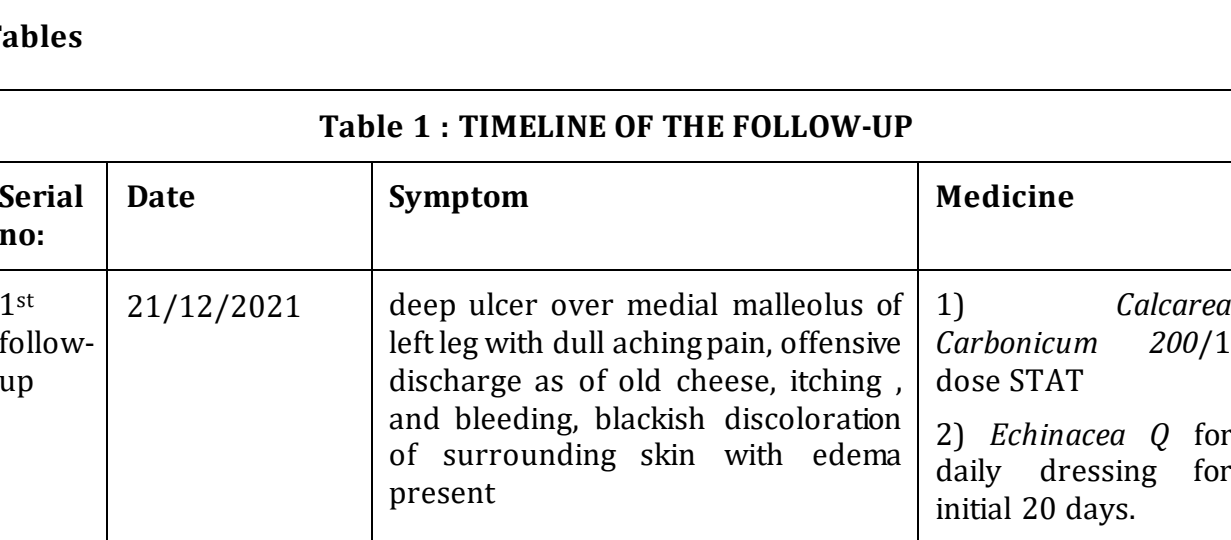


Figure 1: 21/12/2021



Figure 2: 05/01/2022



Figure 3: 10/1/2022**Figure 4: 19/1/2022****Figure 5: 02/02/2022****Figure 6: 16/02/2022**

Tables

Table 1 : TIMELINE OF THE FOLLOW-UP

Serial no:	Date	Symptom	Medicine
1 st follow-up	21/12/2021	deep ulcer over medial malleolus of left leg with dull aching pain, offensive discharge as of old cheese, itching , and bleeding, blackish discoloration of surrounding skin with edema present	1) <i>Calcareo Carbonicum</i> 200/1 dose STAT 2) <i>Echinacea Q</i> for daily dressing for initial 20 days.
2 nd follow up	05/01/2022	Pus reduced, pain was present, offensiveness reduced, itching reduced, oedema reduced, thirst improved and sleep improved.	Sac Lac
3 rd follow up	19/01/2022	Granulation tissues formed, pus reduced, pain reduced, itching completely better, generals improved	No medicine given. Normal saline cleaning was given
4 th follow up	02/02/2022	Wound size reduced, pus completely absent, pain absent, itching completely better, generals improved	No medicine given. Normal saline cleaning was given
5 th follow up	16/2/2022	Wound healed, pus completely absent, pain absent, itching completely better, generals improved	No medicine given. Normal saline cleaning was given

Discussion

This case report is done as per HOM-CASE CARE guidelines⁽⁶⁾. There are few literatures available related to the scope of homoeopathy in the management of various chronic leg ulcers. There is a case series of stasis dermatitis and venous ulcers of varying severity where homoeopathy showed marked improvement by using classical homoeopathy which was depicted by using comprehensive classification system for chronic venous disorders (clinical etiology anatomical pathophysiology) score and venous clinical severity score⁽⁷⁾. There is also a review article about the effectiveness of homoeopathic medicines in venous ulcers in which the combination of internal and external homoeopathic medication was found to be more effective for treating persistent leg ulcers⁽⁸⁾. Another case report, where long standing lateral venous ulcer has been successfully treated, in which they attempt to validate the individualized homoeopathic treatment using a miasmatic approach⁽⁹⁾.

This is a case report of chronic venous ulcer, where the patient presented with an ulcer over the medial malleolus of the left leg above the ankle. Despite taking allopathic treatment for about 2 years, the patient didn't feel better, but after taking homoeopathic medicine, the patient started showing signs of improvement, and the ulcer healed within 2 months of treatment. Here, external medication was only used for an initial 15 days as a supportive medicine for cleaning and dressing. Then, the ulcer was allowed to heal with internal medication alone. Since after stopping the external application of *Echinacea Q*, the patient kept improving and did not show signs of deterioration, we excluded the possibility of the role of *Echinacea Q* in the complete healing of the ulcer and confirmed the effect of internal medicine. The improvement was measured using photographic evidence. Hence, this case report is a piece of evidence that can serve as a reference for further studies.

Calcarea Carbonicum was prescribed based on constitutional totality by the time of the first visit. Dr Kent described the affinity of *Calcarea Carbonicum* in venous system in his lectures on Homoeopathic Materia Medica as "Great relaxation in the tissues everywhere; relaxation of muscles; relaxation of veins; relaxation of the walls of blood-vessels to such a great extent, especially in the lower limbs marked varicose veins in the legs veins distended burning in these varicose vein"^[10]. No adverse events were noted during the treatment. The major limitation of this case was that the improvement could not be backed with investigation

reports due to the patient's unwillingness. Since it is a single case report, further evidence is needed through more studies.

Conclusion

Homoeopathy has great scope in the treatment of chronic venous ulcers without having recurrence. A blend of Homoeopathic medication and external applications shows great outcome in treating chronic long standing varicose ulcers. To strengthen the effectiveness of Homoeopathy in chronic venous ulcers, we need to provide more cases with standard protocols based on diagnostic and prognostic parameters.

Declaration of patient consent

The author certifies that the patient had given her consent for using the photos and clinical information for publication in the journal.

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Nil.

Conflicts of interest

None declared.

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