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Management of Chronic Venous Leg Ulcers Using Homeopathy: A Case Series

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ABSTRACT:

Venous leg ulcers (VLUs) are a severe complication of chronic venous disease, often associated with delayed healing, persistent pain, recurrent bleeding, and reduced quality of life. This case series describes the outcomes of individualized homeopathic treatment in two patients with chronic VLUs. The first case involved a 45-year-old woman with a 16-year history of varicose veins who presented with a bleeding venous ulcer on the left leg, severe pain aggravated by standing, and associated emotional distress. The second case involved a 65-year-old man with a 16-year history of varicose veins and a painful non-healing venous ulcer that had persisted despite conventional treatment. Following individualized homeopathic assessment and repertorization, *Lac caninum* and *Arsenicum album* were prescribed respectively. The first patient received *Lac caninum* 200C followed by LM potencies (LM6–LM8) for approximately eight months, without any local application. The second patient received *Arsenicum album* 200C followed by LM6 for approximately six months, along with local application of *Echinacea* Q and subsequently *Calendula* Q during the initial treatment period. Both patients showed progressive ulcer healing and significant pain reduction during follow-up. In the first case, ulcer bleeding ceased within two weeks and complete healing occurred within three months without recurrence. In the second case, visible healing began within days, with marked reduction in ulcer size within two weeks. Visual Analog Scale (VAS) scores improved from 5–7/10 and 4–7/10 at baseline to complete relief of pain during follow-up. No ulcer recurrence was observed during the follow-up period. These findings suggest that individualized homeopathic treatment may serve as a complementary approach in the management of chronic VLUs and warrant further investigation through controlled clinical studies.

KEYWORDS: Homeopathy for venous ulcers, Psychosocial Impact, Varicose Veins, Venous Ulcer, Psycho-neuro axis.

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INTRODUCTION:

Venous leg ulcers are commonly located in the gaiter region of the lower limb, particularly around the medial malleolus, and are characteristically shallow ulcers with irregular margins, granulating base, surrounding hyperpigmentation, edema, lipodermatosclerosis, and venous eczema. [2,6,7] Standard management primarily includes compression therapy, appropriate wound dressings, limb elevation, exercise, infection control, and correction of venous reflux when indicated. [2,6] Despite advances in wound care, healing is often prolonged and recurrence rates remain high, significantly affecting patients' quality of life and psychosocial well-being. [4,8,9] Recurrence of VLUs remains a major clinical challenge, with several studies reporting high rates associated with poor compliance to compression therapy, persistent venous insufficiency, and reduced mobility. [10] In recent years, complementary and alternative medicine approaches, including homeopathy, have gained attention for chronic wound management due to their individualized therapeutic approach and potential role in improving wound healing, pain, and overall quality of life. Published case reports have demonstrated favorable outcomes of homeopathic treatment in venous ulcers, including reduction in ulcer size, pain relief, and prevention of recurrence. [5] However, robust clinical evidence remains limited, emphasizing the need for further systematic and controlled studies evaluating the role of homeopathy as an adjunctive therapeutic option in venous leg ulcer management.

These cases are unique as the ulcers were treated and cured without any surgical intervention which is the only conventional treatment available. After surgery, patients get recurrence of ulcer within 3-4 months very frequently. In case 1 we have a long follow up of 18-20 months with no recurrence and in case 2, follow up is of 7 months.

CASE 1

Case History

A 45-year-old female with a 16-year history of varicose veins presented to the outpatient Department of Homeopathy at a tertiary healthcare centre with sudden bleeding from a venous ulcer on her left leg (Figure 1). The ulcer was associated with pricking, intense, and agonizing pain that was aggravated by prolonged standing or even minimal upright posture.

Venous Doppler examination of both lower limbs revealed bilateral saphenofemoral junction incompetence, bilateral great saphenous vein incompetence, and multiple dilated superficial varicosities. Her medical history was significant for type 2 diabetes mellitus (T2DM), hypercholesterolemia, grade 1 fatty liver on ultrasonography, and two intramural uterine fibroids located in the anterior uterine wall measuring 13 × 14 mm and 12 × 11 mm.

Pain assessment using the Visual Analog Scale (VAS) showed a score of 5/10 at rest, which increased to 7/10 after least

standing (Table 2). The patient also reported recurrent severe frontal headaches described as shooting, tearing, stinging, and shifting from one side to the other. These headaches were often triggered by emotional stress, and during the current episode, the pain radiated to the left shoulder.

Physical and Emotional Characteristics

Physical Examination

The patient consistently appeared well-groomed and neatly dressed during hospital visits, often wearing dark or conspicuous makeup. Examination revealed a bleeding venous ulcer on the left leg with tenderness. Passive bleeding was aggravated by standing. Multiple dilated superficial varicosities were observed bilaterally.

Emotional Characteristics

The patient described herself as easily irritated by minor issues and prone to frequent weeping, even while watching emotional television programs. She demonstrated marked emotional sensitivity to stress and interpersonal interactions within the family. Although she often felt anger and resentment, she tended to suppress these emotions rather than express them openly.

Despite emotional distress, she continued to fulfill her domestic responsibilities, frequently prioritizing the needs of family members over her own comfort. Since her marriage 20 years earlier, she reported persistent difficulties in adjustment, feeling dominated, undervalued, and treated as an outsider by her husband and in-laws. Although she considered herself capable and responsible, she perceived that her efforts were unrecognized and that she was poorly regarded within the family. Nevertheless, she continued to comply with family expectations out of a strong sense of duty and obligation.

Repertorization

Repertorization performed using Synergy Homeopathic Software demonstrated strong convergence toward remedies including *Lac caninum* (Lac-c.), *Pulsatilla* (Puls.), *Lycopodium* (Lyc.), *Phosphorus* (Phos.), *Sepia* (Sep.), and *Arsenicum album* (Ars.) (Figure 2). These remedies covered both the patient's physical pathology—varicose veins, venous ulcer, uterine fibroids, and headaches—and her characteristic mental-emotional state, including irritability, weeping, suppressed anger, and feelings of being undervalued.

Among these remedies, the characteristic features of suppressed anger, a tendency to please family members despite emotional hurt, feelings of neglect and lack of appreciation, and the presence of shifting pains strongly indicated *Lac caninum* as the most appropriate individualized prescription. The remedy also corresponded well with the patient's varicose pathology, shifting headaches, and psychosocial themes of emotional suppression combined with external resilience.

Prescription

Initial Prescription

- *Lac caninum* 200C, twice daily for 2 days
- Followed by *Lac caninum* LM6, once daily at bedtime for 1 month

First Follow-up

- *Lac caninum* 200C, twice daily for 2 days
- Followed by *Lac caninum* LM6, once daily at bedtime for 1 month

Second Follow-up

- *Lac caninum* 1M, twice daily for 2 days
- Followed by *Lac caninum* LM8, once daily at bedtime for 1 month

The same prescription regimen was continued for the subsequent five months. No external applications or local treatments were administered during the treatment period.

Follow-up and Outcome

The patient demonstrated gradual and sustained improvement following individualized homeopathic treatment with *Lac caninum*. Bleeding from the venous ulcer ceased within two weeks of initiating treatment. Pain intensity progressively decreased, and complete relief from pain was achieved both at rest and during standing, as reflected by VAS assessments (Table 2).

The ulcer showed steady healing and completely resolved within three months without recurrence. The patient also reported marked improvement in leg discomfort and heaviness. Headaches became less frequent, reduced in intensity, and no longer exhibited the characteristic shifting pattern.

Significant emotional improvement was also observed. The patient experienced reduced irritability, fewer episodes of weeping, improved emotional stability, and a better ability to cope with family-related stressors. She expressed high levels of happiness and contentment towards life after a 6 month treatment as compared to the severely depressed mental state at the beginning of the treatment. Overall, both physical and psychosocial outcomes showed sustained improvement during the follow-up period.

CASE- 2

Case History

A 65-year-old male presented to the outpatient Department of Homeopathy with a 16-year history of varicose veins and a non-healing venous ulcer on the left leg. His medical history was significant for hypertension, coronary artery disease (CAD), and osteoarthritis (OA). The venous ulcer had been present for approximately six months and was located on the anterior aspect of the left leg over the lower one-third of the tibia. The patient also reported intermittent bleeding from the ulcer.

The ulcer was associated with severe pain that significantly affected his daily activities and sleep. The pain was described as stabbing and burning in nature and was present both during the day and at night. On assessment using the Visual Analog Scale (VAS), the pain was rated as 4/10 at rest and increased to 7/10 after least standing (Table 2).

The patient had previously received extensive conventional treatment for both varicose veins and venous ulcers; however, the ulcer continued to enlarge and failed to heal satisfactorily. Additionally, he had a history of bleeding and burning hemorrhoids. A family history of profuse bleeding hemorrhoids was noted in his father.

Physical and Emotional Characteristics

Physical Examination

The patient reported a reduced appetite and diminished thirst, consuming only small quantities of water at frequent intervals. He exhibited a predominantly chilly constitution, preferred warm environments, and was unable to tolerate cold weather. Sleep was disturbed due to persistent ulcer-related pain.

Examination revealed a chronic venous ulcer over the anterior aspect of the lower one-third of the left tibia, associated with tenderness and severe burning pain.

Emotional Characteristics

The patient displayed marked fastidiousness, characterized by a strong preference for cleanliness, orderliness, and perfection in daily activities. He also reported an intense fear of insects and bugs.

Repertorization and Remedy Selection

Repertorization was performed using Synergy Homeopathic Software. The following rubrics were selected to represent the characteristic symptom totality:

- Ulcers with burning and stabbing pain.
- Fear of insects and bugs.
- Fastidious disposition.
- Chilly constitution.
- Thirst for small quantities of water taken frequently.

The repertorial analysis highlighted *Arsenicum album* among the leading remedies. Based on the patient's characteristic mental symptoms, thermal state, thirst pattern, and the nature of the ulcer pain, *Arsenicum album* was selected as the individualized constitutional remedy.

Prescription

Initial Prescription

- *Arsenicum album* 200C, twice daily for 3 days
- Followed by *Arsenicum album* LM6, once daily at bedtime for 1 month
- *Echinacea* Q applied locally

First Follow-up

- *Arsenicum album* 200C, twice daily for 2 days
- Followed by *Arsenicum album* LM6, once daily at bedtime
- *Calendula* Q applied locally
- Continued for 6 weeks

Second Follow-up

- *Arsenicum album* 200C, twice daily for 2 days
- Followed by *Arsenicum album* LM6, once daily at bedtime for 1 month

The same prescription regimen was continued for the subsequent three months. Thereafter, no external applications were required, and treatment was continued with internal medication alone.

Follow-up and Outcome

The patient demonstrated a rapid and progressive response to individualized homeopathic treatment. Within two days of initiating therapy, the ulcer began showing visible signs of healing. A marked reduction in ulcer size was observed within two weeks.

Pain intensity decreased substantially during follow-up. Complete relief from pain at rest was achieved within one month of treatment. Subsequently, the patient reported no pain even after prolonged standing, as reflected in the VAS scores (Table 2).

Sleep quality improved considerably as ulcer-related pain subsided. The ulcer continued to heal progressively throughout the follow-up period, with sustained reduction in symptoms and improvement in overall well-being. At the time of reporting, the patient remained on follow-up and continued to experience ongoing clinical improvement without recurrence of ulcer-related symptoms.

Table -1: Repertorization chart of Case 1

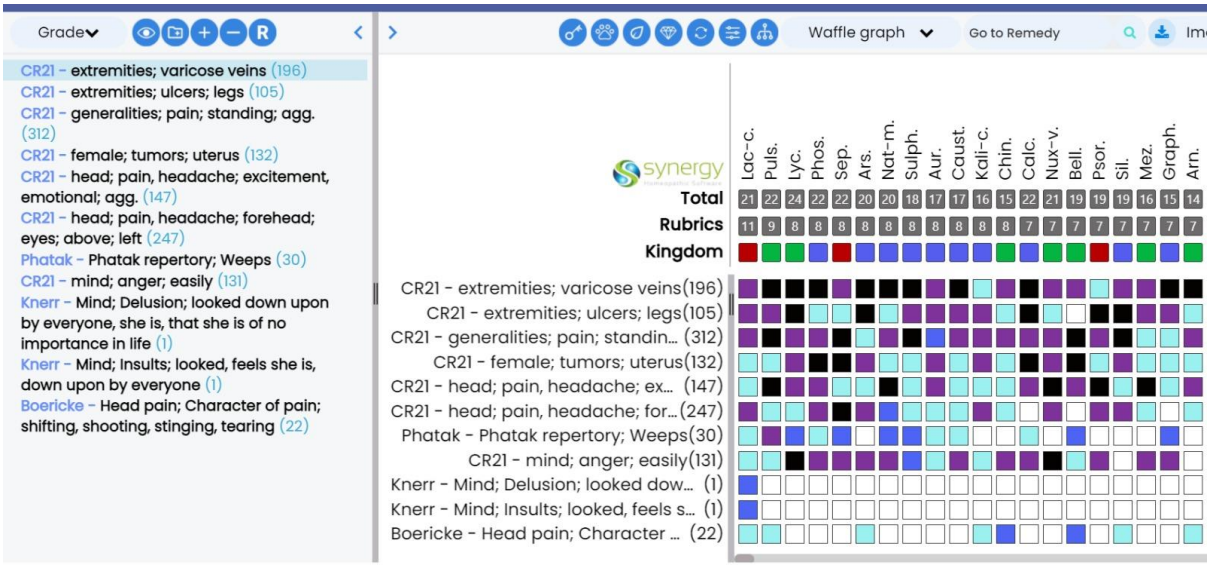
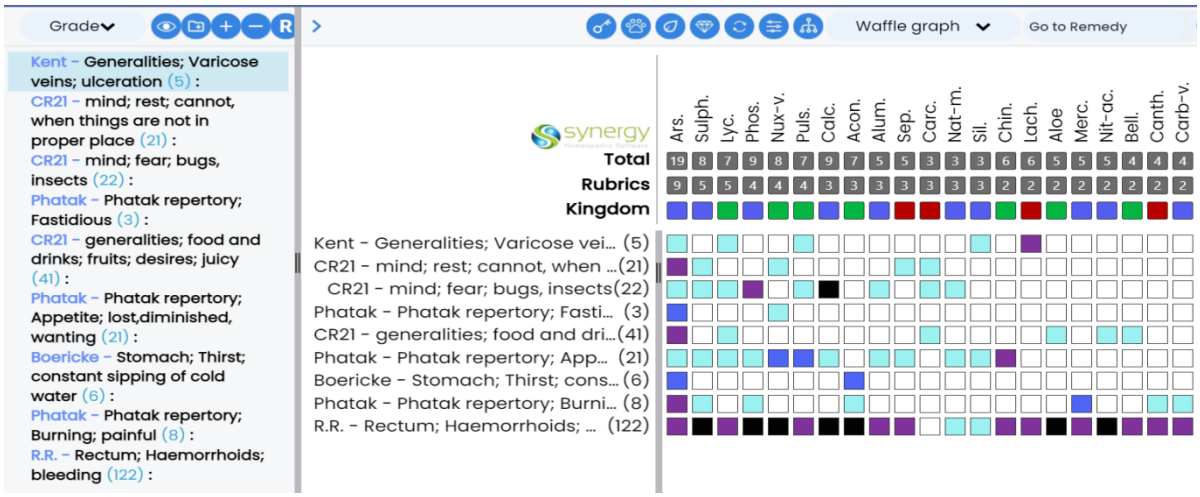
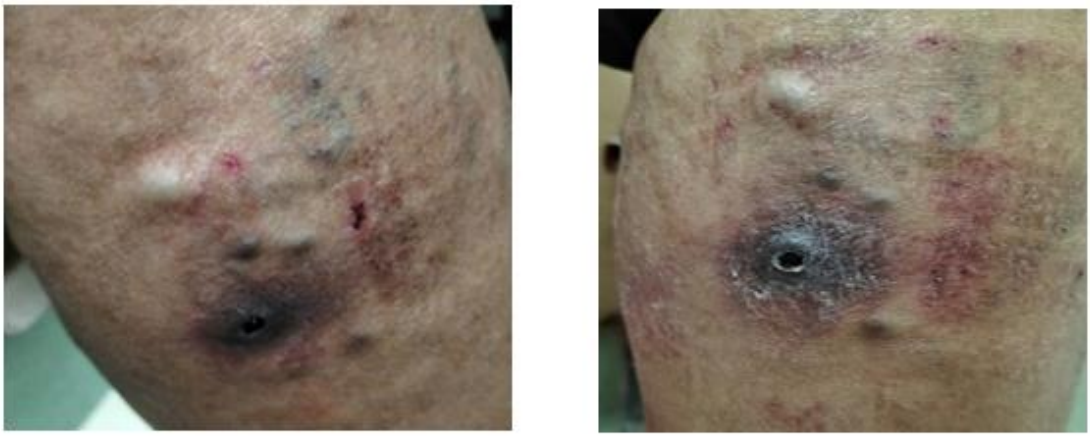


Table- 2: Visual Analogue Scale (VAS) Pain score (0-10)

Time Point	VAS Score (0–10)	Pain Category	Description
Case 1			
Before treatment (standing for 15 min)	07 from 10	Severe Pain	Very distressing, hurts even more
After three months of treatment (standing for 3 hours)	00 from 10	No pain	No pain no hurt
Case 2			
Before treatment (standing for 15 min)	07 from 10	Severe Pain	Very distressing, hurts even more
After one month of treatment (standing for 3 hours)	00 from 10	No pain	No pain no hurt

Table- 3:- Repertorization chart of Case 2

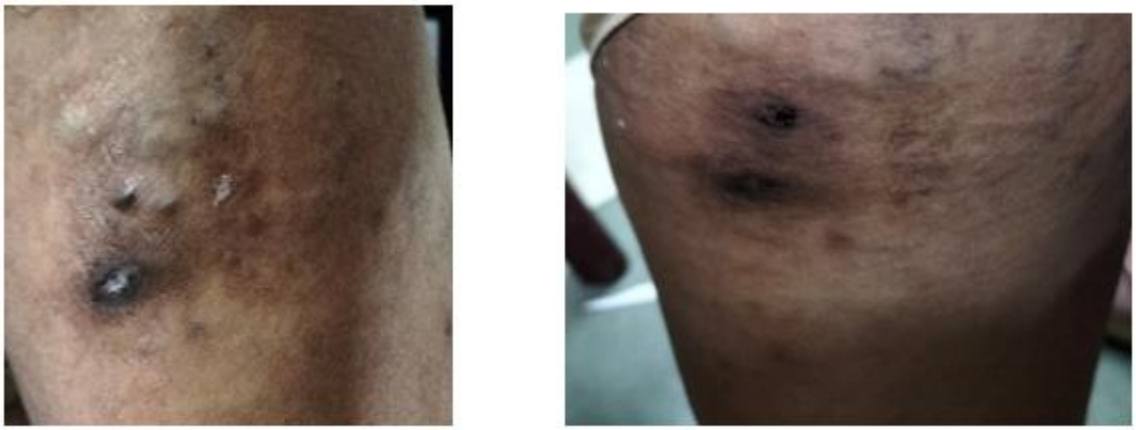




Visit 1 Bleeding Venous Ulcer

Follow up Healing Venous ulcer

Figure. 1: Status of ulcer of case -1



Follow Up Healed Venous Ulcer

Final follow up - healed ulcers

Figure. 2: Follow up Status of ulcer of case -1

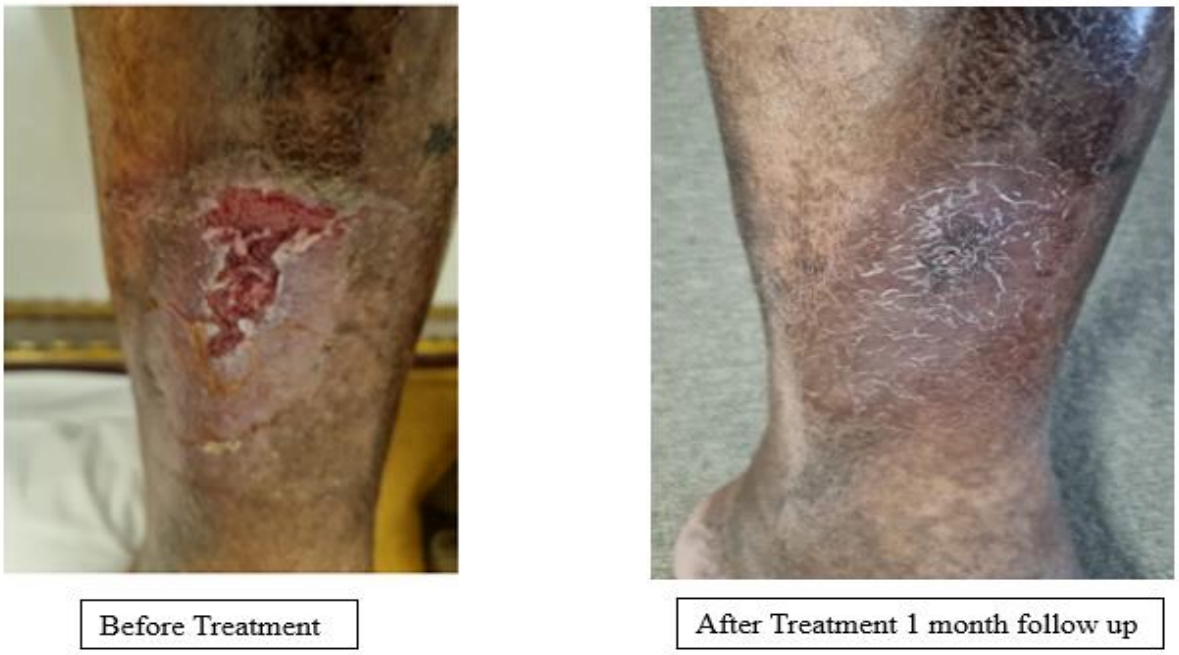


Figure 3: BT and AT status of case -2

DISCUSSION:

Venous leg ulcers (VLUs) represent the most progressed stage of chronic venous disease. VLUs are responsible for the majority of chronic lower limb ulcers in the world because of their high prevalence, slow healing rates, and high re-prevalence, especially in long-standing cases of venous insufficiency.[1,7] In both patients, there was evidence of progressive varicose veins and venous incompetence; these findings are in favour of the main etiopathogenetic hypothesis of venous hypertension.

However, despite conventional management, there was gradual ulcer progression, which can be attributed to some usual difficulties in VLU management in general, such as poor healing and symptomatic recovery. [2,6] Pain is identified as one of the prominent and bothersome aspects of VLUs, which gets further irritated by standing and functions significantly in limiting sleep, mobility, and activities of daily living in these patients. [2,4] However, following individualized homeopathic management, there was a noticeable reduction in the intensity of pain, evident by improved VAS values, with initial signs of ulcer healing, which has also been found in previous studies following individualized homeopathic management approaches. [5]

VLUs also create a pronounced psychosocial impact, which includes emotional distress, loneliness, and poor quality of life, that is often reported and proven to affect healing and recurrence [4, 8, 9]. Notably, emotional and psychological distress was observed in the first case, indicating that a holistic treatment modality that considers physical and mental-emotional aspects can also yield positive outcomes. [8-10]

The current treatment guidelines strongly recommend treatment through

compression therapy, wound dressing, and correction of venous reflux. [2,6] Although the case reports do not render the current treatment practices unnecessary, these reports strongly suggest that homeopathy can be effectively used as an adjunct treatment strategy, especially in cases of chronic and unresponsive VLUs associated with pain and psychosocial factors. Still, due to the observational nature of the case reports, future well-designed clinical studies are required to establish these results and determine the effectiveness of homeopathic treatment of venous leg ulcer disease. [2,6]

CONCLUSION:

These two cases demonstrated progressive ulcer healing, substantial pain reduction, and overall symptomatic improvement following individualized homeopathic treatment. While limited by the inherent nature of case reports, the findings suggest that individualized homeopathy may have potential as a complementary approach in the management of chronic venous leg ulcers and warrant further investigation through controlled studies.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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