

Management of Varicose Ulcer with Homoeopathy Using LM Potency of Graphites: A Case Report

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ABSTRACT:

Venous ulcer is characterized by a condition of skin, most often in the ankle area, that does not heal on its own and is followed by chronic venous disease. Venous ulcers are lesions that are believed to arise from inadequate functioning of venous valves. This is a case report of a patient suffering from varicose ulcer successfully treated with single homoeopathic medicine Graphites in LM potency over 3 weeks. Possible causal attribution of changes was explicitly depicted by Modified Naranjo Criteria. It shows the effective role of Homoeopathic treatment in varicose ulcer with a single medicine. This is a single case report and more pragmatic research studies should be carried out for the generalization of the result.

KEYWORDS: Graphites, Homoeopathy, LM potency, Modified Naranjo criteria, Varicose ulcer.

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INTRODUCTION:

A varicose ulcer is a variety of persistent wound that forms on the skin, usually around the lower legs or ankles, due to inadequate circulation caused by varicose veins. Varicose veins are swollen, distorted veins that arise when the valves within the veins become weaker, resulting in blood accumulation in the lower limbs. This condition disrupts the regular circulation of blood and raises pressure within the veins,

which over time can contribute to the deterioration of the skin, resulting in the development of ulcers.^[1]

The overall frequency rate is 0.76% in males and 1.42% in females worldwide.^[2] Presently, there are various natural treatments for varicose veins, including homeopathic remedies.^[3] The treatment aims to enhance circulation, alleviate symptoms, and avert additional complications. A venous ulcer is a prevalent condition in

individuals over 55 years old.^[4] Venous leg ulcers (VLUs) are open lesions of the lower limb and represent between 60 and 80% of all leg ulcerations that occur in the presence of venous disease. At least 60% of VLUs result in a chronic wound.^[4,5,6] Varicose ulcers are usually uncomfortable, take a long time to heal, and may get infected if not adequately treated. This issue is more prevalent in older individuals, people with a background of prolonged standing, obesity, or those who have a family history or past history of varicose veins.^[4,6]

This is a single case study intended to explore the scope of Homoeopathy in cases of Venous ulcer and it will be beneficial to conduct further research in this area to show the effectiveness of Homoeopathy.

CASE HISTORY:

Patient information: A 63-year-old married Hindu female from presented at the Department of Medicine OPD of the National Homoeopathy Research Institute in Mental Health (NHRIMH, Kottayam) on 7th November July 2022 with complaints of ulcer on medial aspect of right foot. Pain over the ulcer area associated with swelling and redness since 6 months. She had a history of dilated & tortuous veins on both the lower limbs. Numbness of bilateral (B/L) legs (feet) at night. Complaints started as dilated veins during her second pregnancy 14 years ago without any other associated complaints. She was apparently well until now. Presently, complaints of burning and itching along with reddish discoloration have been reported. Itching caused the area to burst and open, resulting in a small ulcer with sticky, serous discharge, which has been present for the past six months.

The size of the ulcer has increased with swelling and tenderness over the

surrounding area. Pain at ulcer site was aggravated at night. No itching was present.

Patient has diabetes mellitus and hypertension since 7 years and taking is taking allopathic medication for this. She took allopathic treatment for multinodular goitre, stopped since two years. Her childhood history was uneventful. Her sister had hypothyroidism.

Clinical findings

On examination, the vitals were normal. Examination of the ulcer was as follows:

On Inspection:

Size: 4x2x0.4cm, Shape: vertically oval, Number: 1, Position: Anterior aspect of medial malleolus of right foot, Edge: Sloping, Shows white zone in the periphery, Floor: yellowish pink, Discharge: Sticky serous with blood spots, Surrounding area: Red & oedematous. Inspection of limb: Varicose veins present on right leg below the knee on anterior and posterior aspect, no associated tenderness or complaints.

On Palpation:

Mild tenderness on deep palpation, Edge & margin: No marked indentation, Base: Slightly indurated, Bleeding: absent. All peripheral arterial pulses felt except posterior tibial artery, felt barely due to underlying oedema.

Investigations

No apparent significant finding of laboratory investigation. Other routine investigations, such as complete blood count, blood sugar, renal function test, lipid profile, liver function test, and urine microscopy, were nonspecific.

Other homoeopathic generalities

Mental generals: Usually calm disposition and timid by nature. Fear of snakes. Likes travelling.

Physical generals: Thermal reaction: chilly⁺¹, as complaints aggravate during cold exposure. Appetite and thirst increased generally, prefers cold water. Prefers vegetarian food. Aversion to meat⁺². Perspiration was generalised, moderate, non-offensive and non-staining. Stool was regular and satisfactory. Urine was voided normally. Sleep was disturbed due to pain. No specific dreams as such.

- Chilly patient
- Aversion to meat

Case analysis: The symptoms were evaluated to construct totality after detailed case-taking. Repertorisation has been done based on individualisation and intensity of the symptoms using synthesis repertory [Figure 1: Repertory chart]. The following symptoms were taken into consideration for prescription:

- Redness and swelling
- Ulceration
- Unhealthy skin with thickening and induration
- Sticky tenacious discharge

THERAPEUTIC INTERVENTION:

Graphites was selected based on the patient's available individualistic features and objective symptoms and according to the repertory chart as a simillimum, and 0/4 of LM potency was prescribed in water dose. The medicine was procured from the HOMCO, a Government of Kerala-owned GMP-certified pharmaceutical company. The case was treated in IPD, daily follow-up was taken, and an assessment was done on each follow-up [Table 1: Follow up timeline]. No other local measures taken. The outcome and possible causal attribution of the changes in this case were assessed using the “Modified Naranjo Criteria”. The total outcome score was ten, close to the maximum score of 13 as per the Modified Naranjo Criteria [Table 2: Assessment by Modified Naranjo Criteria].

Table 1: Follow-up timeline:

Date	Signs and symptoms	Prescription
08/11/22	BP - 150/80 mmHg Ulcer over medial aspect of right foot with Swelling and redness persists. Sticky discharge persists. Pain reduced by 50%. Dilated & tortuous vein of lower limbs Numbness of limbs at night. Generals good	Sac lac/ 3D
09/11/22	BP - 140/70 mmHg Ulcer on right medial foot ,swelling mildly reduced, redness mild change. Pain in ulcer -when touched (even mild touch) -surrounding area also tender. Discharge reduced. Generals good.	Sac lac/ 3D
10/11/22	Ulcer on right medial leg pain, pain mild with 1-2 drops of blood. Pain - tenderness reduced. Redness around the area. Swelling reduced. Numbness reduced. Other generals good	Sac lac/ 3D
11/11/22	BP - 140/80 mmHg Patient overall feels better. Ulcer- No bleeding, No discharge. Mild bleeding spots - No active bleeding. Tenderness around ulcer not there. Redness reduced. Swelling reduced. C/O itching (mild) around medial	Graphites 0/5, 1D

	aspect of ulcer .Other generals good	
12/11/22	Ulcer - no bleeding. Pain better than before. Numbness in toes - slightly persists .Itching around the ulcer – persists. Generals are good	Sac lac/ 3D
13/11/22	BP - 150/80 mmHg Ulcer no bleeding, pain better than before. No itching. Generals are good	Sac lac/ 3D
14/11/22	BP - 120/90 mmHg Ulcer - no bleeding pain better, slough present. No discharge from ulcer, tenderness – reduced Swelling - reduced Pain in the knee joint - reduced Numbness of toe of both foot - persists Pain in both thighs – persists	Sac lac/ 3D
15/11/22	BP - 150/90 mmHg Ulcer: no bleeding, tenderness: reduced, swelling: reduced .Other generals good	Sac lac/ 3D
16/11/22	BP - 150/96 mmHg Pain reduced. Ulcer redness reduced, swelling reduced, no bleeding, no discharge. Numbness decreased, only occasionally. Generals are good	Sac lac/ 3D
17/11/22	BP - 130/80 mmHg Overall patient feels better. Pain around ulcer reduced. Mild Serous sticky discharge. Ulcer Healing - swelling and redness reduced. Generals are good	Sac lac/ 3D
18/11/22	BP 130/80 mmHg Patient overall feels better by 60-70%. Pain reduced but not fully gone (now standstill). Ulcer sticky serous discharge. Swelling & redness reduced.Generals are good.	Graphites 0/6, 1D
19/11/22	BP - 120/90 mmHg Patient overall feels better. Pain around the ulcer - relieved (patient says the pain not there). Ulcer- No discharge. Healing - pinkish floor. Swelling and redness reduced. Generals are good	Sac lac/ 3D
20/11/22	Patient overall feels better. Pain around the ulcer relieved. Ulcer- No discharge, Healing. Swelling and redness reduced. Generals are good	Sac lac/ 3D
21/11/22	BP - 130/90 mmHg Pain around the ulcer reduced than before. Itching around the ulcer < night when going to sleep. Swelling reduced. Redness reduced. Generals good	Sac lac/ 3D
22/11/22	Pain in the ulcer relieved. Itching not there today - now relieved (was there yesterday during dressing). Ulcer- No discharge, redness and swelling reduced. Generals are good.	Sac lac/ 3D
23/11/22	Ulcer size = 2.4 cm x 1.8 cm x 0.1 cm, Reduced than before. Swelling and redness reduced. No discharge from ulcer. No pain in ulcer, no itching. Patient discharged on request with moderate improvement	Graphites 0/7, 2D (1D/ week) for 15 days
13/12/22	Ulcer completely healed, no discharge. Pain mildly present, swelling and redness relieved. Generals good.	Graphites 0/8, 2D 1D EMES + 1D (sos)

Table 2: Assessment by modified Naranjo Criteria

S no.	Domain	Yes	No	N/A	JUSTIFICATION
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2			Ulcer with discharge, redness and swelling were the main complaint which disappeared after treatment
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1			The complaints persisted for around 3 weeks after which it was completely resolved
3	Was there an initial aggravation of symptom?	+1			There was aggravation for initial 2 days with persistence of complaints followed by gradual improvement
4	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?		0		Not observed
5	Did overall wellbeing improve? (suggest using validated scale)	+1			Overall well being improved as complaints completely resolved
6a	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1			Observed. Symptoms of itching came back which directs us to psora.
6b	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		Not observed
7	Did "öldsymptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0		Not observed
8	Are there alternate causes (other than the medicine) that-with a high probability- could		+1		Not observed

	have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)			
9	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2		Yes by Evidence based photographs with consent
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		Yes, same single medicine given in higher potencies showed improvement
	TOTAL SCORE	10		

EXTREMITIES	Remedies	ΣSym	ΣDeg	Symptoms
1 EXTREMITIES - ULCERS <input type="checkbox"/>	graph.	8	20	1, 2, 3, 4, 5, 6, 7, 8
SKIN	sep.	8	19	1, 2, 3, 4, 5, 6, 7, 8
2 SKIN - DISCOLORATION - red <input type="checkbox"/>	sil.	8	19	1, 2, 3, 4, 5, 6, 7, 8
3 SKIN - INDURATIONS, nodules, etc. <input type="checkbox"/>	merc.	8	17	1, 2, 3, 4, 5, 6, 7, 8
4 SKIN - SWELLING - Affected parts; on <input type="checkbox"/>	phos.	8	17	1, 2, 3, 4, 5, 6, 7, 8
5 SKIN - ULCERS - discharges - tenacious <input type="checkbox"/>	ars.	8	15	1, 2, 3, 4, 5, 6, 7, 8
6 SKIN - UNHEALTHY <input type="checkbox"/>	rhus-t.	7	19	1, 2, 3, 4, 6, 7, 8
GENERALS	calc.	7	18	1, 2, 3, 4, 6, 7, 8
7 GENERALS - COLD - agg. <input type="checkbox"/>	sulph.	7	18	1, 2, 3, 4, 6, 7, 8
8 GENERALS - FOOD and DRINK aversion <input type="checkbox"/>	lyc.	7	17	1, 2, 3, 4, 6, 7, 8
	puls.	7	17	1, 2, 3, 4, 6, 7, 8
	hep.	7	15	1, 2, 3, 4, 6, 7, 8

Figure 1: Repertory chart



Figure 2: before treatment



Figure 3: after 3 days



Figure 4: after 3 weeks

RESULT AND DISCUSSION:

A venous ulcer is a common condition more than 55 years of age^[4] which is more prevalent amongst females as is in our case report. In this case, medicine was prescribed based on the individualisation considering general and pathological symptoms. The symptoms with marked intensity and peculiarity have been taken into consideration. This was a known case of

varicose ulcer on medial aspect of right foot. The condition before treatment is depicted [Figure 2: Before treatment]. Graphites with subsequent ascending potencies from LM4 (0/4) to LM7(0/8) were prescribed according to the demand of the medicine's response, which follows the principles of Homoeopathy.

The patient presented with serous sticky discharge from the ulcer. She had pain on

touch associated with redness and swelling. Pain was 50% better within two days but swelling and redness persisted as depicted [Figure 3: after 3 days of treatment]. Therefore, medicine was continued. Swelling and redness were also reduced on 3rd day. Again, the patient developed itching which showed the return of original symptoms thus confirming the correct direction of cure. The case was steadily improved after the change in potency, and later, the potency was further changed from 0/5 to 0/8. The patient was discharged after 2 weeks with a marked reduction in complaints. The ulcer was completely healed within 3 weeks as depicted [Figure 4: after 3 weeks]. The LM potency was preferred due to the minimal aggravation produced by the deep-acting medicine and also the convenience of repeating the doses of Graphites.

Homoeopathic medicine Graphites is prepared from black lead by trituration. Like all carbons, it is a deep-acting remedy accompanied by induration and burning in inflamed tissues and cicatrices. Hahnemann's proving symptoms, "Eruptions oozing out thick honey-like fluid", is one of the characteristic symptoms. It has marked action on the skin. Raw surfaces upon the skin are generally marked by such viscid glutinous discharges."^[7] Itching over the whole body, and after scratching, little pimples, containing water appear (after 17 day). "Small pustules on the chin and on the chest. Itching nodules full of smarting water, in various parts of the body, for twelve hours." "Little nodules, without sensation, spring up at night over the whole body, and go off in the morning. Many small, red, itching pimples, with pus in their tips, burning after scratching."^[7] Eczema; vesicular eruption forming thick scabs and oozing pus; skin harsh and dry; deep cracks and fissures which bleed and suppurates."^[8]

Few rubrics having Graphites as a marked remedy relevant to the case are: Extremities ulcers, Skin ulcers- discharges- tenacious, Skin unhealthy, Skin swelling- affected parts on.

The total score of the outcome as per Modified Naranjo Criteria, as mentioned in Table 2, was 10 in this case, which was close to the maximum score of 13. This explicitly shows the causal attribution of –Graphites in this case. Few of the studies done include case reports by Suseendran T, Kulshrestha H, Parveen N^[4] and Krishna sai^[9] indicating effective role of homoeopathy. Garette et al., conducted a gold-standard randomized controlled trial in ulcer healing, without any negative effects.^[10] More systematic studies should be carried out for the generalization of the result.

CONCLUSION:

This case demonstrates the positive role of homoeopathy in the treatment of varicose ulcer with the use of LM potency.

Declaration of patient consent:

The authors certify that they have obtained written consent duly signed by the patient, and she has given consent for the photographs and other clinical information to be reported.

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