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ROLE OF INDIVIDUALIZED HOMOEOPATHIC TREATMENT USING LM POTENCY IN A CASE OF CHRONIC VARICOSE ULCER

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Abstract

Chronic varicose ulcers are a manifestation of chronic venous insufficiency and are associated with delayed healing, frequent recurrence, and significant impairment of quality of life. A 32-year-old male with a chronic non-healing varicose ulcer of four years' duration was treated with individualized homoeopathic medicine selected through repertorial analysis. Phosphorus in LM potency along with local Calendula officinalis dressing resulted in complete healing within nine months. Objective assessment using CEAP, VCSS, and MONARCH criteria showed marked improvement. The case suggests a probable association between individualized homoeopathic treatment and ulcer healing.

Keywords

Chronic venous insufficiency; Varicose ulcer; Homoeopathy; LM potency; Phosphorus.

Introduction

Chronic venous (varicose) ulcers are a type of venous leg ulcer (VLU) defined as a full-thickness skin defect located most commonly around the ankle and lower limbs that fails to heal spontaneously due to underlying chronic venous disease. These ulcers develop primarily because of dysfunction in the venous circulation of the lower limb, which leads to venous hypertension, sustained pressure, and impaired tissue repair mechanisms. VLUs are frequently associated with venous valve incompetence, venous reflux, and venous obstruction that result in blood pooling, persistent inflammation, and eventual skin breakdown.[1]

The pathophysiology of venous ulcers involves the interplay of ambulatory venous hypertension and microcirculatory changes. Chronic venous insufficiency (CVI) causes elevated venous pressures that damage the venous valves and vessel walls, leading to leukocyte activation, endothelial dysfunction, oedema, and hypoxia of the surrounding tissues. Over time, persistent oedema and tissue inflammation impair nutrient and oxygen delivery, delaying healing and predisposing to ulcer formation.[2]

VLUs represent the most common type of chronic leg ulcer, accounting for approximately 60–80% of all lower-limb ulcerations worldwide.[1] Population-based estimates place the prevalence of venous leg ulcers at around 0.3–1% in general populations, with incidence increasing with age and in individuals with risk factors such as obesity, immobility, previous deep vein thrombosis, and prolonged standing.[3] In India, although comprehensive national data are limited, chronic wounds—including venous ulcers—have been reported in community surveys at approximately 1.9 per 1,000 population, with venous ulcers comprising a notable subset.[4]

Despite the significant burden of these chronic wounds on patients and healthcare systems, research specifically targeting venous ulcer epidemiology and management in the Indian context remains sparse. Limitations in wound registries, variable access to specialised care, and cultural reliance on traditional remedies contribute to gaps in clinical evidence and practice.[5] Chronic varicose ulcers are associated with

prolonged morbidity, increased risk of infection, reduced mobility, and lowered quality of life, highlighting the need for improved therapeutic strategies and robust clinical research.[2]

Conventional management of venous ulcers emphasizes compression therapy as the cornerstone of treatment to reduce venous hypertension, facilitate venous return, and accelerate healing. Compression bandages or stockings remain the first-line intervention, often combined with adjunctive care such as wound dressings, lifestyle modification, and, where indicated, surgical or minimally invasive procedures targeting underlying venous reflux.[2] Despite evidence supporting these approaches, healing may be slow, recurrence rates high, and long-term outcomes variable, particularly in resource-limited settings.[2]

Homoeopathic medicine, as a holistic and individualized therapeutic system, offers an alternative perspective by considering the totality of symptoms, including constitutional and psychosomatic factors, in remedy selection. Several case reports and observational clinical studies have documented potential benefits of individualized homoeopathic treatment in chronic venous ulceration, suggesting improvements in wound healing and symptom relief.[6] However, rigorous research and well-documented case series are still needed to substantiate these findings and explore the role of homoeopathy in integrated clinical practice.

Case report - A 32-year-old male presented with pain in the right leg on and off since 5 years, with a chronic non-healing ulcer located on the medial aspect of the right lower leg. The pain in lower right leg started gradually and was progressive in nature. The pain was dragging in nature. The ulcer was associated with pain, itching, and a thin, sticky serous discharge. The ulcer bled easily on touch and was non-offensive. The patient complained of burning and smarting pain. The symptoms were aggravated by prolonged standing and relieved by cold applications and rest.

The lesion initially appeared four years earlier as a small, round ulcer and gradually increased in size. The patient had received conventional medical treatment intermittently; however, no sustained improvement was achieved.

Past history - There was no history of diabetes mellitus, hypertension, trauma, or infection involving the affected limb.

Family history - No significant familial illness was reported.

Personal history - The patient had a history of prolonged standing due to occupational requirements, working in a general store for approximately 12 years. He belonged to a middle-class socioeconomic background and reported occasional alcohol consumption.

Clinical findings - On general examination, the patient was tall (6.3 feet), fairly built, weighed 96 kg, and had a fair complexion. Mild pallor and generalized dryness of the skin were noted.

Local examination, on inspection in the standing position, long, tortuous and dilated veins were seen on the right lower limb, revealed a chronic varicose ulcer on the medial aspect of the right lower leg. The ulcer measured approximately 16 × 9 cm and was irregular in shape.The ulcer had soft, pale, and fragile margins, with unhealthy red granulation tissue at the base. A thin, watery, serous discharge was present. The ulcer bled easily on touch and was non-offensive.

Generals - The patient was thermally sensitive to cold. Appetite was normal, tongue was clean, and increased thirst , with an intake of approximately 3–4 litres of water per day. Bowel habits were regular. Perspiration was normal. Sleep was adequate and refreshing, with no specific posture preference. The patient reported dreams predominantly of sexual nature and had a history of myopia.

Mentally, the patient reported excessive preoccupation with sexual thoughts, difficulty controlling sexual urges, and a tendency for such thoughts to dominate his attention, causing distress.

Diagnostic assessment - Based on clinical history and examination, a diagnosis of chronic varicose ulcer of the right lower limb was established. According to the CEAP classification, the condition was categorised as C6 Ep As Pr, indicating an active venous ulcer of primary aetiology involving the superficial venous system with reflux. Arterial insufficiency was ruled out clinically.

Therapeutic intervention

The totality of symptoms was repertorised using the Complete Repertory in Hompath Classic software (version 8.0). Phosphorus emerged as the leading remedy and was selected after consultation of Materia Medica and consideration of the patient's constitutional features. On 3 April 2025, Phosphorus was prescribed in LM (0/1) potency, followed by placebo. Local wound care included regular cleansing and dressing with Calendula officinalis mother tincture. Potency, dosage, and repetition were adjusted according to clinical response.

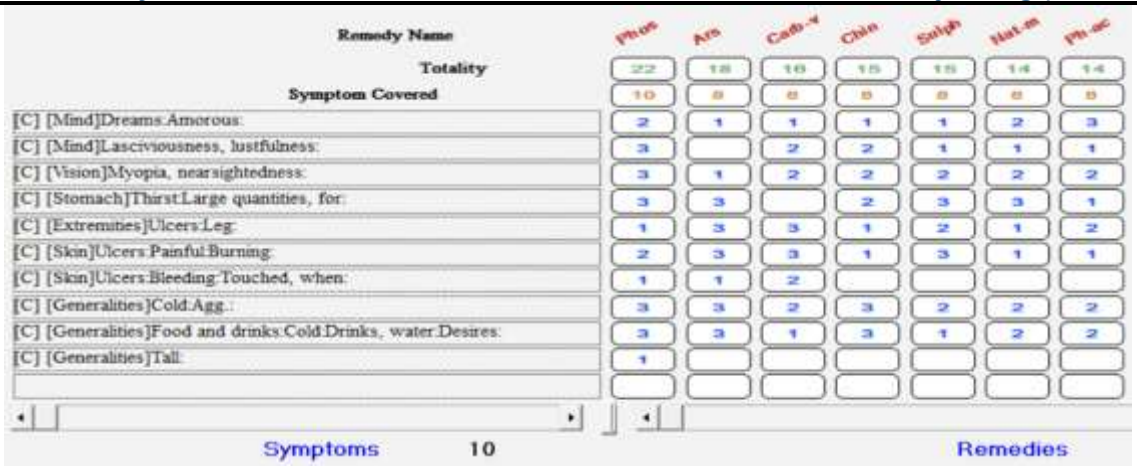

Figure- 1 Reperetorial chart

Follow-up and outcomes

Progressive improvement was observed over serial follow-ups, including reduction in pain and discharge, development of healthy granulation tissue, and gradual epithelialisation. Complete healing was achieved by December 2025, with formation of a healthy scar and no recurrence during follow-up.(Table-1) At the final assessment, the CEAP classification improved to C5 Ep As Pr. The Venous Clinical Severity Score reduced from 22 at baseline to 3 at final follow-up (Table – 2). The Modified Naranjo Criteria for Homoeopathy (MONARCH) was used to evaluate the cause-attribution of prescription medicines.[7] Evaluated MONARCH score (+8) aided in explaining that improvement could be attributed to homoeopathic medicine (Table 3). No undesirable adverse events were observed during treatment. Furthermore, the patient did not report of any homoeopathic aggravation while receiving treatment.

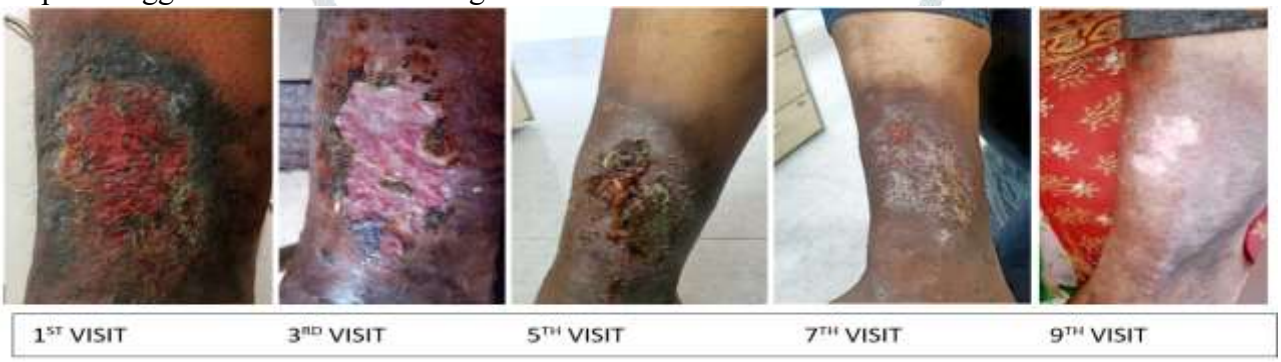

Figure:2 improvement in the varicose ulcer in the successecive followups

Table :1 Follow-ups

S.no	Followup Date	Symptoms	Remedy
1	03/04/25	Chronic non-healing ulcer located on the medial aspect of the right lower leg. The ulcer was associated with pain, itching, and a thin, sticky serous discharge. Ulcer bleed easily on touch and was non-offensive. Burning and smarting pain. The symptoms aggravated by prolonged standing and relieved by cold applications and rest.	Phos 0/1, daily once for 15days then alternate days for 15 days,sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
2	05/05/25 (Follow-up 1)	Pain now mild, occurs only on touch; discharge reduced to occasional thin sticky fluid. Ulcer further reduction, edges less indurated. Itching minimal, general vitality improved	Phos 0/2, daily once for 15days then alternate days for 15 days, sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
3	08/06/25 (Follow-up 2)	Pain occasional and very mild; discharge minimal, non-sticky, once every 2-3 days. healthy granulation tissue visible, no increase despite minor trauma. Mood stable, no distress	Phos 0/3, alternate days for 15 days then once in two days for next 15 days, sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
4	02/07/25 (Follow-up 3)	There is reduced pain than before, only slight discomfort on pressure; discharge rare and clear. Ulcer base cleaner with more granulation. Skin around ulcer less inflamed	Phos 0/4, alternate days for 15 days then once in two days for next 15 days, sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q

5	04/08/25 (Follow-up 4)	Pain absent; discharge absent for a week again started after long standing. edges contracting inward, early epithelialization noted. Patient resumes light walking without aggravation	Phos 0/5, once in two days for 15 days then once in 3 days , sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
6	07/09/25 (Follow-up 5)	No pain but discharge is present after long standing , Surrounding skin normal color, no swelling.	Phos 0/6 , once in two days for 15 days then once in 3 days, sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
7	06/10/25 (Follow-up 6)	Ulcer covered by new epithelium, no symptoms. Base firm, healthy tissue; patient confident in healing	Phos 0/7 , once in two days for 15 days then once in 3 days, sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
8	19/11/25 (Follow-up 7)	Healed, minimal raw area. No pain, discharge, or itching; leg strength improved	Phos 0/8, once in two days for 15 days then once in 3 days, sac lac for 1 month cleaning and dressing of the ulcer with *Calendula officinalis* Q
9	28/12/25 (Follow-up 8)	Complete healing: Ulcer scar forming at No complaints, normal mobility achieved	Placebo, cleaning and dressing of the ulcer with *Calendula officinalis* Q

Table 2: Assessment of treatment before treatment and after treatment by Venous clinical severity score (VCSS) [7]

VCSS Parameter	Before treatment Score	Post-treatment Score
Pain	3 Daily pain or discomfort (limiting regular daily activity)	0 None
Varicose veins	3 Extensive: thigh and calf or GS and LS distribution	1 Few, scattered: branch varicose veins
Venous edema	0 none	0 None
Skin pigmentation	3 Wider distribution (above lower 1/3) and recent pigmentation	1 Diffuse, but limited in area and old (brown)
Inflammation	3 Severe cellulitis (lower 1/3 and above) or significant venous eczema	0 None
Induration	3 Entire lower third of leg or more	1 Focal, circummalleolar
Number of active ulcers	1 No of active ulcer 1	0 None
Duration of ulcer	3 Not healed >1 year	0 None
Size of active ulcer	3 >6 cm diameter	0 None
Use of compression therapy	0 Not used or not compliant	0 None
Total VCSS Score	**22**	**3**

Table 3: Assessment of treatment by Modified Naranjo Criteria for Homoeopathy[8]

S.no	Domain (Modified Naranjo criteria for Homoeopathy)	Response of the patient	Scores
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	Yes	+1
3	Was there a homeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition (i.e.,were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	Yes	+1
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
6B	Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	Not sure	0

7	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8	Are there alternative causes (i.e.,other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease,other forms of treatment,and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0

Total score = +8 (maximum score = +13, minimum score = − 6) +8

Discussion

Chronic varicose ulcers are a severe manifestation of chronic venous insufficiency and are associated with prolonged healing time, high recurrence rates, and significant impairment of quality of life. Conventional management primarily focuses on compression therapy, wound care, and correction of venous reflux; however, outcomes are often unsatisfactory in long-standing cases. This necessitates exploration of complementary approaches that address both local pathology and systemic susceptibility.

In the present case, the ulcer had persisted for four years with inadequate response to prior treatment, indicating a chronic non-healing state. Homoeopathic management was based on the principle of individualisation, considering the totality of symptoms encompassing local characteristics, general physical traits, and mental features, as described by Hahnemann.[9] Repertorial analysis using the Complete Repertory aided systematic evaluation of the symptom totality, after which *Phosphorus* was selected based on close correspondence with the patient's characteristic features.

The choice of *Phosphorus* was supported by classical materia medica descriptions highlighting its affinity for ulcerative conditions with a tendency to bleed easily, thin serous discharges, burning pains, and impaired tissue vitality.[10,12] Constitutional features such as increased thirst, sensitivity to cold, tall build, and associated mental characteristics further strengthened the remedy selection. Repertorisation served as a clinical tool to support decision-making and was followed by materia medica confirmation, in accordance with established homoeopathic methodology.[13,14]

The remedy was administered in LM potency, as recommended by Hahnemann in the sixth edition of the *Organon of Medicine* for chronic diseases requiring gentle yet sustained action.[9] The gradual escalation of LM potencies was associated with steady improvement, absence of homoeopathic aggravation, and progressive healing, suggesting good remedy sensitivity and favourable response. Adjunctive local care with *Calendula officinalis* mother tincture was used to maintain wound hygiene and support healthy granulation, a practice well documented in homoeopathic literature.[10]

Objective assessment tools were employed to strengthen the documentation of outcomes. The CEAP classification and Venous Clinical Severity Score demonstrated marked reduction in disease severity, while the Modified Naranjo Criteria for Homoeopathy yielded a score of +8, indicating a probable causal relationship between the homoeopathic intervention and the observed clinical improvement.[8] The chronicity of the ulcer, lack of compression therapy, gradual improvement following remedy administration, and sustained healing without recurrence during follow-up make spontaneous remission less likely.

As this is a single-case report, the findings cannot be generalized. Nevertheless, the case highlights the potential role of individualized homoeopathic treatment, particularly LM potencies, in the management of chronic varicose ulcers. Further systematic studies, observational research, and controlled clinical trials are required to evaluate the effectiveness and reproducibility of such interventions.

Conclusion

This case report documents the outcome of individualized homoeopathic treatment using LM potency in a patient with a chronic varicose ulcer of long duration. Gradual and sustained improvement in local symptoms, followed by complete healing without recurrence during follow-up, was observed. The findings suggest a probable association between the individualized homoeopathic intervention and the clinical outcome. However, as this is a single case observation, the results cannot be generalized. Further well-designed clinical studies and systematic investigations are required to evaluate the role of homoeopathy in the management of chronic varicose ulcers.

Declaration of the patients consent

The authors certify that appropriate patient consent was obtained for publication of clinical information and images. Efforts have been made to ensure anonymity.

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