JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

ROLE OF HOMOEOPATHIC MEDICINE *VIPERA BERUS* IN MANAGEMENT OF VARICOSE VEINS

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ABSTRACT

Background: Varicose veins are a common chronic venous disorder characterized by dilated and tortuous veins of the lower limbs, leading to pain, swelling, heaviness, and reduced quality of life. *Vipera berus* is a well-known homoeopathic medicine indicated for venous congestion and varicose veins.

KEYWORDS:

Vipera, varicose veins, venous insufficiency

Objective: To evaluate the effectiveness of homoeopathic medicine *Vipera berus* in the management of varicose veins.

Materials and Methods: A single-blind clinical study was conducted . Thirty patients with varicose veins were enrolled irrespective of age and sex. Individualized treatment with *Vipera berus* 200 was prescribed according to symptom similarity over a study period of six months. Clinical improvement was assessed based on reduction in pain, swelling, venous congestion, and associated symptoms.

INTRODUCTION



Varicose veins are among the most common disorders affecting the superficial venous system of the lower limbs. They are characterized by permanently dilated, elongated, and tortuous superficial veins resulting from venous valve incompetence and chronic venous hypertension. Although often considered a cosmetic problem in the early stages, varicose veins may progressively lead to significant physical discomfort, functional limitation, and reduced quality of life. Patients commonly present with pain, heaviness, swelling, burning sensation, muscle cramps, itching, and visible dilated veins. In advanced cases, chronic venous insufficiency may result in skin pigmentation, venous eczema, lipodermatosclerosis, thrombophlebitis, and venous ulceration. Early diagnosis and appropriate management are therefore essential to prevent disease progression and improve patient outcomes.

The normal venous circulation of the lower limbs depends on competent venous valves and effective contraction of the calf muscle pump, which together facilitate the return of blood to the heart. When venous valves become incompetent, reflux of blood occurs, leading to increased venous pressure and progressive dilatation of the superficial veins. Persistent venous hypertension causes structural changes in the venous wall, resulting in venous congestion and worsening valve dysfunction. This continuous cycle eventually contributes to the development of chronic venous disease and its associated complications.

Varicose veins affect adults of all age groups but are more frequently observed in middle-aged and older individuals. Several factors contribute to their development, including advancing age, hereditary predisposition, obesity, pregnancy, prolonged standing, sedentary lifestyle, and occupations requiring prolonged standing or physical exertion. Individuals such as teachers, nurses, factory workers, shopkeepers, security personnel, and agricultural workers are often exposed to conditions that increase venous pressure in the lower limbs, thereby increasing the risk of venous insufficiency. Besides physical symptoms, the disease may interfere with occupational performance and daily activities, highlighting its clinical and socioeconomic significance.

Diagnosis of varicose veins is primarily based on detailed history taking and clinical examination. Patients are assessed for visible venous dilatation, pain, oedema, skin changes, and other manifestations of chronic venous insufficiency. Clinical tests such as Trendelenburgand and Perthes tests may assist in evaluating venous valve competence, while Doppler ultrasonography is considered a reliable investigation for confirming venous reflux and assessing the extent of disease. Accurate diagnosis helps in planning appropriate treatment and preventing long-term complications.

Management of varicose veins includes both conservative and interventional approaches. Conservative measures such as leg elevation, regular exercise, weight management, avoidance of prolonged standing, and compression therapy are commonly recommended for symptom relief and improvement of venous return. In selected patients, sclerotherapy, endovenous laser treatment, radiofrequency ablation, or surgical procedures may be required. While these methods are effective in many cases, some patients continue to experience persistent symptoms, recurrence, or prefer less invasive therapeutic options. Consequently, there remains interest in complementary systems of medicine that may offer symptomatic relief and improve overall well-being.

Homoeopathy is based on the principle of individualization, where medicine is selected according to the totality of symptoms rather than the pathological diagnosis alone. Among the remedies indicated for disorders of the venous circulation, *Vipera berus* has a well-recognized sphere of action. It is particularly indicated in patients suffering from marked venous congestion, bursting pain, swelling, and extreme aggravation when the affected limb hangs down, with relief obtained by elevation. These characteristic indications closely correspond to the symptomatology commonly observed in patients with varicose veins, making *Vipera berus* an important medicine for clinical evaluation in such cases.



Vipera (prepared from the venom of the adder, *Vipera berus*) is a homeopathic remedy primarily used for venous congestion, swollen and painful varicose veins, bursting pain in the limbs, and inflammation of blood vessels (phlebitis). [1, 2, 3]

Key Indications and Uses

- **Varicose Veins:** Swollen, stretched, or bursting-feeling veins in the legs, especially when the legs feel heavy, crack, or worse from letting them hang down. [1]
- **Venous Congestion:** Pain and severe swelling in the lower extremities with a feeling as if the veins would burst. [1, 2]
- **Phlebitis & Cellulitis:** Inflammation of the veins, often accompanied by a mottled, bluish-purple discoloration of the skin and intense burning pain. [1]
- **Postural Pain Relief:** Symptoms where letting the affected limb hang down causes immense pain or bursting sensations, forcing the person to keep their legs elevated.

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The findings of this study aim to contribute to the clinical understanding of the role of *Vipera berus* in the homoeopathic management of varicose veins.

AIM AND OBJECTIVES

Aim

To evaluate the clinical effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose veins and to assess its role in reducing the associated signs and symptoms through individualized homoeopathic treatment.

Objectives

The study was conducted with the following objectives:

1. To evaluate the effectiveness of homoeopathic medicine *Vipera berus* in the management of varicose veins.

2. To assess the reduction in major clinical symptoms such as pain, swelling, venous congestion, and heaviness of the lower limbs following treatment.

3. To study the demographic profile of patients with varicose veins according to age, sex.

4. To evaluate the overall clinical outcome based on improvement or status quo after treatment.

5. To observe the applicability of *Vipera berus* as an individualized homoeopathic medicine in patients presenting with symptoms suggestive of chronic venous insufficiency.

MATERIALS AND METHODS

Study Design

The present study was conducted as a single-blind clinical study to evaluate the effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose vein

Case Taking and Clinical Evaluation

A detailed homoeopathic case history was recorded for each patient using a standardized case record proforma. Information regarding presenting complaints, history of illness, physical examination findings, and relevant clinical details was documented systematically. Diagnosis was established by clinical examination and appropriate investigations wherever indicated. Trendelenburg and Perthes tests were performed in selected cases to assess venous valve competence.

Intervention

Patients received individualized homoeopathic treatment with *Vipera berus* 200, prescribed according to the totality of symptoms and the principle of symptom similarity. Medicines were dispensed through the institutional pharmacy, and patients were advised to attend regular follow-up visits for assessment of treatment response.

Follow-up

Patients were evaluated periodically throughout the study period. During each follow-up visit, improvement in pain, swelling, venous congestion, heaviness of the lower limbs, and associated symptoms was assessed, and treatment was continued according to the patient's clinical response.

Statistical Analysis

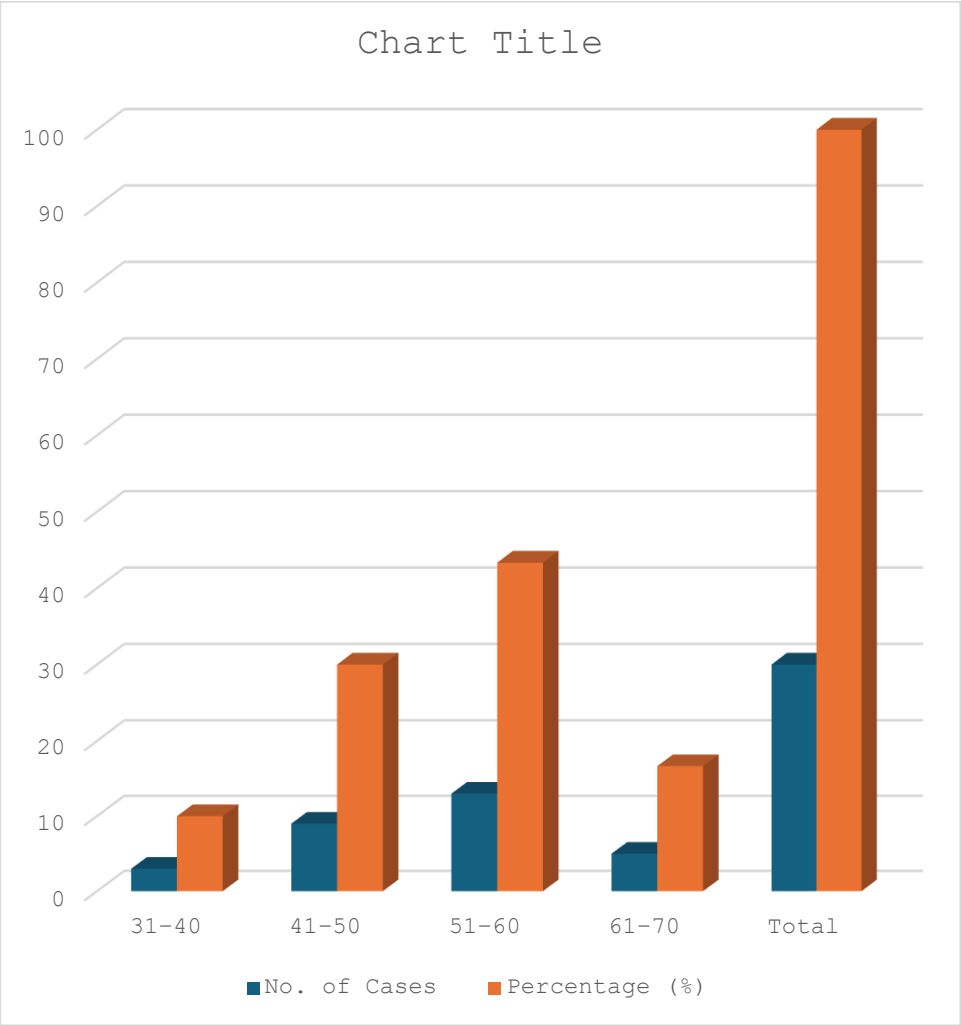
The collected data were compiled and analyzed using descriptive statistics. The findings were expressed as frequencies and percentages and presented in tabular form to describe the demographic characteristics of the study population and treatment outcomes.

RESULTS

A total of 30 patients diagnosed with varicose veins were enrolled in the study and completed the required follow-up schedule. The collected data were analyzed according to age distribution, sex distribution and treatment outcome. The results are presented below.

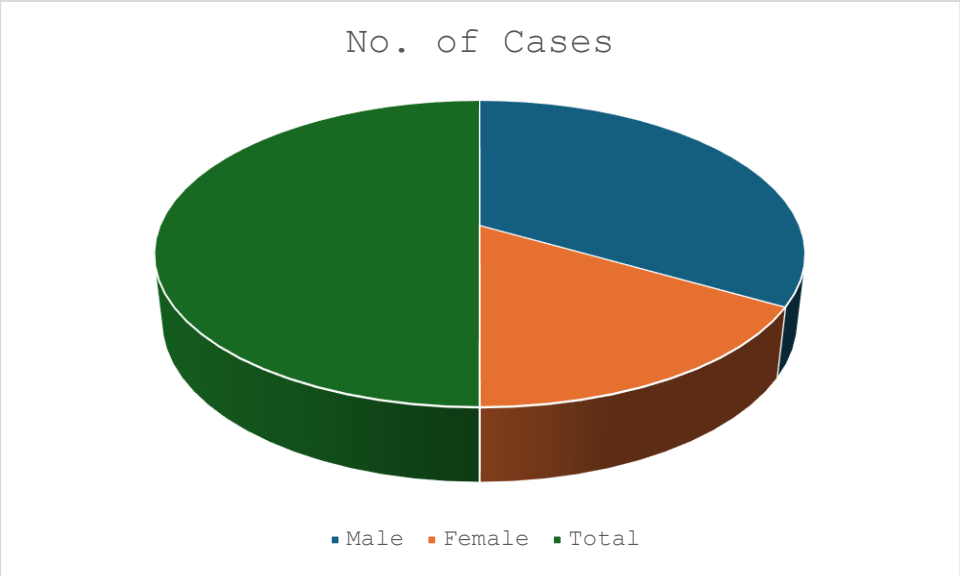
Agewise Distribution

Age Distribution Age Group (Years)	No. of Cases	Percentage (%)
31–40	3	10.00
41–50	9	30.00
51–60	13	43.33
61–70	5	16.67
Total	30	100.00



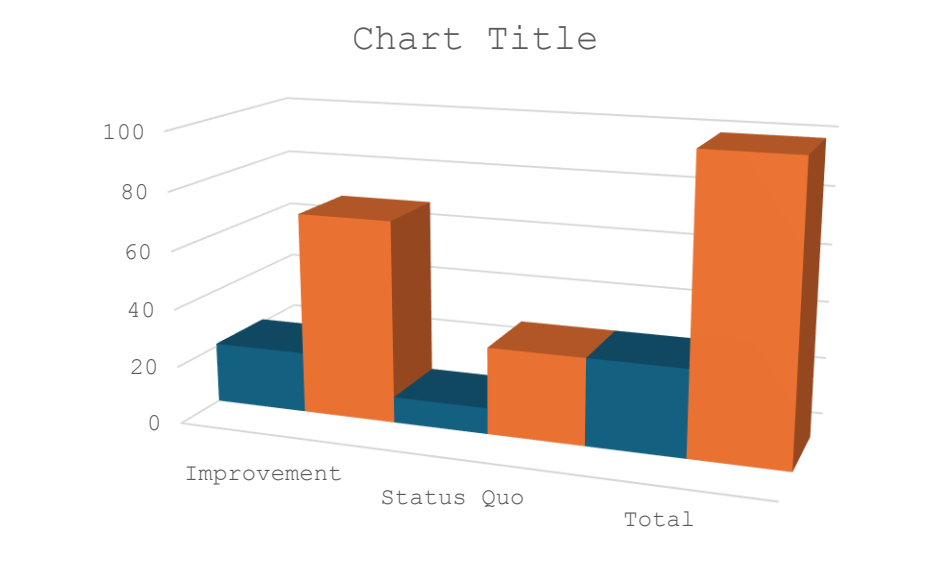
Sexwise Distribution:-

Sex Distribution Sex	No. of Cases	Percentage (%)
Male	20	66.66
Female	10	33.33
Total	30	100.00



Total outcome

Treatment Outcome	No. of Cases	Percentage (%)
Improvement	21	70
Status Quo	9	30
Total	30	100.00



Interpretation

Clinical improvement following treatment with Vipera berus was observed in 21patients (70%), while 09patients (30%) remained status quo during the study period. Improvement was assessed on the basis of reduction in pain, swelling, venous congestion, heaviness of the legs, and associated complaints as defined in the study methodology. The findings indicate that more than three-fourths of the treated patients demonstrated symptomatic improvement after individualized homoeopathic treatment.

The observed improvement rate of 70% represents the principal outcome of the study and suggests a favourable clinical response among the majority of enrolled patients. The presence of a status quo group indicates that not all patients responded equally to treatment, which is expected in individualized clinical practice and highlights the need for further controlled investigations.

DISCUSSION AND CONCLUSION

The present single-blind clinical study was conducted to evaluate the effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose veins. A total of **30 clinically diagnosed patients** were included and assessed for demographic characteristics and clinical response following individualized homoeopathic treatment.

In the present study, the majority of patients (**43.33%**) belonged to the **51–60 years** age group indicating that varicose veins were more common among middle-aged and older adults. This may be attributed to age-related degeneration of venous valves and progressive weakening of the venous wall, resulting in chronic venous insufficiency.

The study also demonstrated a predominance of **male patients (33.33%)**, while females constituted **66.66%** of the study population. This distribution may reflect the occupational profile of the patients attending the study centre, where prolonged standing and physical labour are common predisposing factors.

The principal finding of the study was that **21patients (70%)** showed clinical improvement following treatment with *Vipera berus*, whereas **9 patients (30%)** remained status quo. Improvement was observed in the major clinical features of varicose veins, including pain, swelling, venous congestion, heaviness of the lower limbs, and associated complaints. These findings suggest that individualized homoeopathic treatment with *Vipera berus* was associated with symptomatic relief in the majority of patients included in the study.

Vipera berus is recognized in homoeopathic literature for its marked action on the venous system and is particularly indicated in cases characterized by venous congestion, bursting pain, swelling, and aggravation when the affected limb is in a dependent position, with relief on elevation. The encouraging clinical response observed in the present study may be related to the close similarity between these characteristic indications and the symptom profile of the enrolled patients.

Overall, the findings of the present study indicate that individualized homoeopathic treatment with *Vipera berus* may be beneficial in improving the clinical symptoms of varicose veins. The study provides preliminary clinical evidence that can serve as a basis for future research in this area.

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