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Lateral venous ulcer treated with Homoeopathy using a miasmatic approach – A case report

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Case Summary: A 61-year-old female presented with ulceration near the lateral malleolus of her left leg for the past 6 years. The non-healing ulcer was successfully treated with homoeopathic treatment within 1 year. After case taking, *Syphilinum* 200C was prescribed considering the miasmatic expression, resulting in symptomatic improvement and *Calendula* Q externally for an initial 30 days as supportive care followed by *Sulphur* 200C toward the end of treatment. Homoeopathic medicines led to a remarkable improvement, it was measured using the leg ulcer measurement tool along with photographic evidence and Modified Naranjo Criteria for Homoeopathy.

Conclusion: The result was encouraging, exclusively with Homoeopathy medicine; yet, for stronger evidence, more extensive, rigorous research projects are required.

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Lateral venous ulcer treated with Homoeopathy using a miasmatic approach – A case report

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Abstract

Introduction: Loss of all or a portion of the dermis, as well as the epidermis, causes an open sore known as an ulcer. Venous leg ulcers are late signs of venous hypertension and chronic venous insufficiency. Long-term ulcers are difficult to heal and lastly opted for skin grafting and surgery conventionally. This case report provides insight into the treatment of venous ulcer with homoeopathy using the miasmatic approach and helps to provide evidence for further research in this area. **Case Summary:** A 61-year-old female presented with ulceration near the lateral malleolus of her left leg for the past 6 years. The non-healing ulcer was successfully treated with homoeopathic treatment within 1 year. After case taking, *Syphilinum* 200C was prescribed considering the miasmatic expression, resulting in symptomatic improvement and *Calendula* Q externally for an initial 30 days as supportive care followed by *Sulphur* 200C toward the end of treatment. Homoeopathic medicines led to a remarkable improvement, it was measured using the leg ulcer measurement tool along with photographic evidence and Modified Naranjo Criteria for Homoeopathy. **Conclusion:** The result was encouraging, exclusively with Homoeopathy medicine; yet, for stronger evidence, more extensive, rigorous research projects are required.

Keywords: Homoeopathy, Leg ulcer measurement tool, Modified Naranjo Criteria for Homoeopathy, *Sulphur*, *Syphilinum*, Venous leg ulcer.

INTRODUCTION

Venous leg ulcers (VLUs) are formed as complications of chronic venous insufficiency^[1] and account for 60–80% of all ulcers.^[2] The disease has a worldwide growing incidence, with a female preponderance.^[1] The prevalence of VLU is estimated at between 0.18% and 1% and in the elderly group it is 4%.^[2] In India, 4.5 people are affected with this disease per 1000 population.^[3] It is common among elderly individuals. It can cause disability and serious complications.^[1] Primary varicose conditions and the long-term consequences of deep vein thrombosis are the two primary causes of VLU.^[4] Risk factors for VLU include obesity, trauma, immobility, deep vein thrombosis (DVT) and phlebitis.^[2] It is typically located in the ‘gaiter’ area around the medial malleolus. Still, it may also occur adjacent to the lateral malleolus especially the small saphenous vein affection, in rare cases.^[5] The differential diagnosis of an isolated lateral ulcer includes hypertensive, post-traumatic, embolic ulcers and ulcers associated with hematologic disorders.^[6] The diagnosis of venous ulcers is made based on

the characteristic clinical presentation along with supportive examination. The venous ulcer is typically an irregularly shaped wound with well-defined edges that is initially superficial but may worsen over time. The surrounding skin has varying degrees of induration and is erythematous or hyperpigmented. Ulcers can vary in size and location but typically develop in the distal regions of lower limbs. VLU are usually not painful and are frequently related to varicose veins and ankle oedema. Treatment for venous ulcers aims to heal the lesion and prevent a recurrence. Care for wounds is crucial. Surgery is required to remove the fibrin and dead tissue from the ulcer’s edges and base. Although the compression bandage is the most widely used technique, there are significant issues with its application, particularly how it is done, which affects compression. For long-

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term ulcers, they have performed plastic surgery with free skin grafts.^[4] The leg ulcer measurement tool (LUMT)^[7] is a scale developed especially for lower leg ulcers which will cover a large symptomatic aspect of venous ulcers such as surface, edge, size and discharge as domains of the clinician and the patient's domain such as pain severity. This scale extensively covers all aspects of venous ulcers as well as helps to detect the healing of ulcers systematically. A scoping review in 2023 by S. Jais and K. Pratama compares five scales available for leg ulcers and found that the LUMT scale had higher intra-rater reliability and was sensitive to detect monthly changes in an ulcer.^[8] The Modified Naranjo Criteria for Homoeopathy (MONARCH) Inventory is a valid tool for assessing the causal relationship between homoeopathic intervention and the clinical outcome.^[9] There are previous case reports and articles which show the effectiveness of homoeopathic intervention in venous ulcer cases.^[10-13] However, this case report is unique with respect to its attempt to validate the individualised homoeopathic treatment using a miasmatic approach.

This case report serves as an example of the potential effectiveness of homoeopathic intervention in treating venous ulcer cases, without the aid of any other treatment methods during the specified time period.

PATIENT INFORMATION

A 61-year-old female patient reported to the tertiary care hospital outpatient department (OPD) of National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India, for ulceration near the lateral malleolus of her left leg for the past 6 years. The ulcer was deep and had a serous discharge. She complained of stitching pain in the ulcer area, which was more prominent at night and was accompanied by varicosities of the leg and oedema of the ankle joint. The complaints were a little better when externally warm applications were given.

The complaint started 6 years ago when the patient noticed dilated and tortuous veins in the lower extremities. Later, blackish discolouration and itching started in the ankles, which became an ulcer after scratching. There was also a pitting type of oedema on the ankles. The patient consulted and applied ointments and dressings along with antibiotic treatment for 4 years and then resorted to Homoeopathy 2 years ago. She was known to be hypertensive and controlled with conventional medication for past 5 years. Even after all the treatment, the ulcer did not show signs of healing.

Past history

The patient reported an episode of chickenpox about 30 years ago. In addition, the patient experienced acute breathing difficulty 8 years back and sought relief through homoeopathic medicines. In 2021, she had a urinary infection, treated with homoeopathic medicines.

Family history

The patient's mother and younger sister had type 2 diabetes

mellitus and her father and elder brother were suffering from varicose veins without any ulceration.

Clinical findings

Examination of the ulcer

On inspection, a single ulcer was located just above the lateral malleolus of the left leg which was round in shape with a sloping edge and floor with unhealthy granulation tissue and yellow slough. There was a serous discharge surrounding the ulcer, oedema and pigmentation. On examining the whole limb, varicosities were noted in the left leg long saphenous vein, on the medial side.

The ulcer measured 5 cm × 3 cm × 1 cm, on palpation, the ulcer was identified to have a regular margin and an indurated base. Tenderness was present, no increased temperature. The ulcer was immobile but not fixed to underlying structures, along with tenderness in the surrounding area. The ulcer bled on touch and peripheral arterial pulsations were elicited normally in the posterior tibial and dorsalis pedis arteries.

General examination

Height: 156 cm, weight: 67 kg, no pallor, cyanosis, clubbing and lymphadenopathy. Pitting pedal oedema present over the left ankle. Pulse - 78/min, temp - 98°F, BP - 140/80 mm Hg.

The patient was dissatisfied with her treatment as nothing had given her much relief. Further, she was very less expressive of her symptoms. When she came to OPD, she was not showing any facial expressions and answered in short sentences. She was a religious person who liked to spend time praying.

She was thermally chilly, her appetite was normal with moderate thirst, desired warm food and drinks, and she had an aversion to meat from childhood. Stool and urine were regular, her sweat was moderate and generalised and her sleep was disturbed due to pain.

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.

Other investigations

Haemoglobin - 11.7 g/dL, total cholesterol - 205 mg/dL, fasting blood glucose - 98 mg/dL, postprandial blood sugar - 118 mg/dL, erythrocyte sedimentation rate - 43 mm/h.

Miasmatic evaluation

The miasmatic evaluation was done using "The Principles and Art of Cure by Homoeopathy"^[14] and miasmatic prescribing^[15] even though the patient had all miasmatic components, she mostly showed syphilitic expression" [Table 1].

Totality of symptoms

The patient was mentally dull, depressed and in despair. She was religious by nature. She had a strong aversion to meat and desired warm food. She was a chilly patient and was on medication for hypertension. The ulcer was deep and painful at night.

Table 1: Miasmatic analysis			
S. No.	Mental symptom	Physical Symptoms	Miasm
1	Dull depressed, Despair, generally close-mouthed and may answer in monosyllables	Varicose ulcer Open ulcer Pain worse at night High blood pressure Chilly patient Aversion to meat	Syphilis
2		Pain worse at night varicose veins Family history of varicose	Tubercular
3		Warm food desire Warm amelioration Stitching pain	Psora
4	Religious	Family history of Diabetes, varicose veins	Sycosis

Therapeutic intervention

After comprehensive case-taking and miasmatic evaluation for this chronic case, the decision was made to initiate treatment with an anti-miasmatic remedy. This approach aims to address the underlying factors and contribute to the resolution of the case.

First prescription

Syphilinum 200C/1 dose was selected based on her mental symptoms, such as dullness, reservedness, and despair and her physical symptoms, as a varicose ulcer with chronic non-healing tendency and pain aggravated at night. The patient's totality did not match other syphilitic remedies such as *Mercurius solubilis* (*Merc.sol*). Since no lymph node enlargement or increased salivation was present, as in *Merc sol*. Potency was selected based on the susceptibility of the case. The patient had symptoms and non-healing tendencies for 6 years, which favoured the selection of medicine. The LUMT score was 36 at the initial consultation. *Calendula* Q was used externally for cleaning and dressing for the initial 30 days.

Follow-up and outcomes

The improvement was measured using the LUMT scale, and the case was followed up to 1 year [Table 2]. After *Calendula* Q for 1 month, no external medications were given to see the effect of internal medicine alone. After 30 days, the patient was advised to keep cleaning the ulcer and surrounding area and wash with normal saline alone.

Figures 1-5 show photographs used to document the case, and Table 2 shows improvement in the patient's symptoms and LUMT scores. Table 3 shows the MONARCH criteria.

DISCUSSION

This case is reported as per the HOM-CASE CARE guidelines.^[16] Venous ulcers often respond well to homoeopathic treatment, delivering positive outcomes. The published literature shows the



Figure 1: At the first visit (18 April 2022)



Figure 2: After 3 months of treatment (18 July 2022)



Figure 3: After 6 months of treatment (18 October 2022)

effectiveness of Homoeopathy in venous ulcers. A series of five cases of venous ulcers treated with individualised homoeopathic medicines showed progress using the Clinical, Etiological, Anatomical and Pathophysiological assessment and venous clinical intensity score was used.^[10] There is also a review article

Table 2: Timeline of the follow-up

Date	Symptoms	Medicine	LUMT score
18 April 2022	The ulcer was deep with serous discharge, pricking pain, pitting pedal oedema and itching of the surrounding skin. BP - 140/80 mm Hg	1. <i>Syphilinum</i> 200C/1 dose 2. <i>Calendula</i> Q: normal saline/1:10 ratio/ext for cleaning and dressing/once a day/30 day	36
12 May 2022	Ulcer depth reduced; Pain reduced Itching around the ulcer reduced Generals good BP - 130/80 mm Hg	No medicine was given as improvement continued	29
20 June 2022	The pain of the ulcer is slightly better. Watery discharge from the ulcer itching around the ulcer reduced Generals good BP - 110/80 mm Hg	No medicine was given as improvement continued	28
18 July 2022	Ulcer depth reduced, LUMT Score no change, the pain increased than before, more at night, generals good BP - 120/80 mm Hg	<i>Syphilinum</i> 200C/1dose/morning	28
16 August 2022	Slight improvement in complaints Pain reduced. Edema reduced. BP - 110/70 mm Hg	No medicine was given as improvement continued	28
19 September 2022	Pain and swelling reduced, Generals good BP - 110/70 mm Hg	No medicine was given as improvement continued	18
17 October 2022	ulcer depth reduced, pain reduced, discharge reduced, oedema reduced, itching of the skin increased than before, associated with burning pain<washing, scratching BP - 110/70 mm Hg	<i>Sulphur</i> 200C/1d/morning	16
21 November 2022	Swelling in the left ankle joint Pain reduced, itching occasionally Generals good BP - 120/70 mm Hg	No medicine was given as improvement continued	14
19 December 2022	Swelling nil Pain nil Itching nil Generals good BP - 110/70 mm Hg	No medicine was given as improvement continued	12
16 Januray 2023	Ulcer almost healed and became the same level as skin, with no discharge, painless, no oedema BP - 110/70 mm Hg	No medicine was given as improvement continued	11
06 February 2023	No oedema Occasional pain Generals good BP - 110/70 mm Hg	No medicine was given as improvement continued	2
29 March 2023	The ulcer is almost healed and is very small in size, with no discharge, no pain BP - 110/70 mm Hg	No medicine was given as improvement continued	2
28 April 2023	Patient free from symptoms. No recurrence of complaints	No medicine was given as improvement continued	1
11 March 2024	No recurrence of complaints	No medicine was given as improvement continued	

LUMT: Leg ulcer measurement tool

about the effectiveness of homoeopathic medicines in venous ulcers,^[11] in which the combination of internal and external homoeopathic medication was found to be more effective for treating persistent leg ulcers. A case report of venous ulcer shows the usefulness of individualised homoeopathic treatment.^[12] Another case report treated with the miasmatic approach to venous ulcers showed marked improvement.^[13] This case report also used a miasmatic approach and tried to validate evidence by scales and MONARCH criteria.

This is a case of chronic venous ulcer, which showed a presentation in the lateral side of the leg even though most venous ulcers are located near the medial aspect of the leg. The case was 6 years old and did not show signs of improvement after many treatments, but after taking homoeopathic medicine, based on miasmatic evaluation, the patient started showing signs of improvement and the ulcer was healed within 1 year of the treatment. Here, external medication was only used for an initial 30 days as a supportive medicine for cleaning and

Table 3: Modified Naranjo Criteria for Homoeopathy (MONARCH)

S.No	Criteria	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3.	Was there a homeopathic aggravation of symptoms?	+1	0	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)?	+1	0	0
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioral elements)	+1	0	0
6.	(A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6.	(B) <i>Direction of cure</i> : did <i>at least one</i> 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 downward	+1	0	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?	+1	0	0
8.	Are there alternative causes (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)	-3	+1	0
9.	Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
Total score (range -6 to+13)				+8

**Figure 4:** After 1 year of treatment (29 March 2023)**Figure 5:** Latest presentation (11 March 2024)

dressing. Then, the ulcer was allowed to heal with internal medication alone for the next 9 months. Since after stopping the external application of *Calendula Q*, the patient kept improving and did not show signs of deterioration, we excluded the possibility of the role of *Calendula Q* in the complete healing of the ulcer and confirmed the effect of internal medicine alone

for the next 9 months. The improvement was measured using the LUMT scale and photographic evidence.

The LUMT scale helps to measure the clinician's as well as the patient's score on improvement in subjective and objective criteria. The 'A' category of the questionnaire is the clinician's observation and the 'B' category is the patient's rating. In this case, if we individually note, the A category mark is reduced from 25 to 2 and the B category mark from 9 to 0. The patient's improvement was visible from 1st month itself. The total LUMT score reduced from 36 to 2 within 1 year. After 1 year, the patient continued treatment and no recurrence was noted for the next 1 year.

MONARCH criteria was used to detect the association between homoeopathic intervention and the outcome. In this case, a score of +8 was noted. A score between 5 and 8 shows a probable association between homoeopathic intervention and outcome. Hence, this case report is a piece of evidence which can serve as a reference for further studies.

Syphilinum was prescribed based on the miasmatic predominance at the time of the first visit. This medicine is indicated for any ulcer of the skin, especially indolent ulcers, with chronic tendency and pain, which increases at night. Furthermore, despite many treatments, the non-healing tendency of ulcers requires a deep-acting medicine.^[17] Syphilitic skin diseases are plenty, but the most important thing to remember is that they destroy the skin and eat away the tissues, or there is degeneration of the pigments or the absence of pigments – they all are syphilitic. Cracks and fissures are all syphilitic; hence, even common warts or corns that grow beneath the skin and destroy the surrounding tissue are syphilitic. To some extent, vitiligo is also syphilitic.^[18]

Syphilinum was given in a single dose and repeated only once after 3 months. After 6 months of treatment, we noticed her syphilitic symptoms were reduced, and psoric symptoms such as itching started, which was accompanied by a burning pain and increased after washing and scratching, which led to a prescription of an antipsoric medicine *Sulphur 200C* single dose after 6 months which further helped to the healing of the ulcer. Even though itching could be a sign of healing, the symptom was disturbing the patient which led to the prescription.^[17] Along with the photographs, the improvement was evident by LUMT scoring.

In this case, we can see using a minimum dose of medicine how the patient improved and helped out the patient from her despair and obdurate chronic venous ulcer. Along with the ulcer, the high blood pressure, regardless of regular medication measuring 140/80 mm of Hg, was reduced to 110/70 mmHg. No adverse or anticipated events were noted during the treatment.

The major drawback 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 of miasmatic prescription is needed through more studies.

CONCLUSION

This case report intends to convey how homoeopathic treatment works effectively by adopting the miasmatic approach. The ulcer could be healed mildly and gently through Homoeopathy without any recurrence.

Declaration of patient consent

The authors certify that the patient had given her consent for using the photos and clinical information for publication in the journal concealing her identification points, such as name and initials.

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Nil.

Conflicts of interest

None declared.

REFERENCES

1. Robles Tenorio A, Lev Tov H, Ocampo Candiani J. Venous leg ulcer. In: StatPearls. Treasure Island, FL: StatPearls Publishing; 2021. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK567802> [Last accessed on 2023 Nov 28].
2. Vasudevan B. Venous leg ulcers: Pathophysiology and classification. *Indian Dermatol Online J* 2014;5:366-70.
3. Langer V. Leg ulcers: An Indian perspective. *Indian Dermatol Online J*. 2014;5:535-36.
4. Abbade LPF, Lastoria S. Venous ulcer: Epidemiology, physiopathology, diagnosis and treatment. *Int J Dermatol* 2005;44:449-56.
5. Caprini JA, Partsch H, Simman R. Venous ulcers. *J Am Coll Clin Wound Spec* 2013;4:54-60.
6. Bass A, Chayen D, Weinmann EE, Ziss M. Lateral venous ulcer and short saphenous vein insufficiency. *J Vasc Surg* 1997;25:654-7.
7. Woodbury MG, Houghton PE, Campbell KE, Keast DH. Development, validity, reliability, and responsiveness of a new leg ulcer measurement tool. *Adv Skin Wound Care* 2004;17:187-96.
8. Jais S, Pratama K. A diabetic foot wound healing assessment tool: A scoping review. *Heliyon* 2023;9:e15736.
9. Lamba CD, Gupta VK, Van Haslen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homoeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.
10. Mahesh S, Mallappa M, Shah V, Vithoulkas G. Venous ulcer and stasis dermatitis treated with classical homoeopathy: A case series. *Indian J Res Homoeopathy* 2021;15:247-55.
11. Greeshma IK, Dastagiri P. A review of the effectiveness of homoeopathy in the management of chronic leg ulcers. *Int J Homoeopath Sci* 2021;5:16-20.
12. Dixit A, Giri N. A case of chronic venous ulcer managed with homoeopathy. *Homeopath Links* 2023;36:67-8.
13. Sampaul Ravin D. Evidence-based homoeopathy: A case report of bilateral chronic venous leg ulcer effectively treated by individualised miasmatic medicines. *Homeopath Links* 2023;36:42-8.
14. Roberts HA. *The Principles and Art of Cure by Homoeopathy: A Modern Textbook*. New Delhi: Jain; 1997.
15. Banerjee SK. *Miasmatic Prescribing: Its Philosophy, Diagnostic Classifications, Clinical Tips, Miasmatic Repertory, Miasmatic Weightage of Medicines and Case Illustrations*. New Delhi: B. Jain; 2016.
16. CARE Case Report Guidelines. CARE Case Report Guidelines. Available from: <https://www.care-statement.org> [Last accessed on 2023 May 6].
17. Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory*. New Delhi: B. Jain Publishers; 2007.
18. Master F. Syphilitic Miasm Explored. Editorial; 2014. Available from: <https://drfarokhmaster.com/wp-content/uploads/2017/10/2014-editorial-june-2014> [Last accessed on 2024 Nov 24].

Ulcère veineux latéral traité par homéopathie par approche miasmatique: rapport de cas

Introduction: La perte de tout ou partie du derme, ainsi que de l'épiderme, provoque une plaie ouverte appelée ulcère. Les ulcères veineux de jambe sont des signes tardifs d'hypertension veineuse et d'insuffisance veineuse chronique. Les ulcères à long terme sont difficiles à cicatriser et ont finalement opté pour une greffe cutanée et une chirurgie conventionnelle. Ce cas Le rapport donne un aperçu du traitement de l'ulcère veineux par l'homéopathie en utilisant l'approche miasmatique et contribue à fournir des preuves pour de futures recherches dans ce domaine. **Résumé du cas:** Une femme de 61 ans présentait une ulcération près de la malléole latérale de sa jambe gauche depuis 6 ans. L'ulcère non cicatrisant a été traité avec succès par un traitement homéopathique dans un délai d'un an. Après la prise en charge du cas, *Syphilinum* 200C a été prescrit compte tenu de l'expression miasmatique, ce qui a entraîné une amélioration symptomatique et *Calendula* Q en externe pendant 30 jours initiaux comme soins de soutien suivi de *Sulphur* 200C vers la fin du traitement. Les médicaments homéopathiques ont conduit à une amélioration remarquable, elle a été mesurée à l'aide de l'outil de mesure de l'ulcère de jambe ainsi que de preuves photographiques et des critères Naranjo modifiés pour l'homéopathie. **Conclusion:** Le résultat était encourageant, exclusivement avec les médicaments homéopathiques ; cependant, pour des preuves plus solides, des projets de recherche plus approfondis et rigoureux sont nécessaires.

Homöopathisch behandeltes laterales venöses Ulkus unter Verwendung eines miasmatischen Ansatzes: Ein Fallbericht

Einleitung: Der Verlust der gesamten oder eines Teils der Dermis sowie der Epidermis verursacht eine offene Wunde, die als Geschwür bezeichnet wird. Venöse Beingeschwüre sind Spätsymptome von venöser Hypertonie und chronischer Veneninsuffizienz. Langfristige Geschwüre sind schwer zu heilen und werden schließlich konventionell für Hauttransplantationen und Operationen ausgewählt. Dieser Fall Der Bericht gibt Einblick in die Behandlung von Beingeschwüren mit Homöopathie unter Verwendung des miasmatischen Ansatzes und hilft, Beweise für weitere Forschungen auf diesem Gebiet zu liefern. **Fallzusammenfassung:** Eine 61-jährige Frau litt seit 6 Jahren an Geschwüren in der Nähe des Außenknöchels ihres linken Beins. Das nicht heilende Geschwür wurde innerhalb eines Jahres erfolgreich mit homöopathischer Behandlung behandelt. Nach der Fallaufnahme wurde in Anbetracht der miasmatischen Ausprägung *Syphilinum* 200C verschrieben, was zu einer symptomatischen Besserung führte, und *Calendula* Q äußerlich für die ersten 30 Tage als unterstützende Behandlung, gefolgt von *Sulphur* 200C gegen Ende der Behandlung. Homöopathische Arzneimittel führten zu einer bemerkenswerten Verbesserung, die mit dem Messinstrument für Beingeschwüre zusammen mit Fotobeweisen und den modifizierten Naranjo-Kriterien für Homöopathie gemessen wurde. Fazit: Das Ergebnis war ermutigend, ausschließlich mit homöopathischen Arzneimitteln; für stärkere Beweise sind jedoch umfangreichere, strengere Forschungsprojekte erforderlich.

लेटरल वीनस अल्सर का इलाज होम्योपैथी द्वारा मियास्मैटिक दृष्टिकोण का उपयोग करके किया गया: एक केस रिपोर्ट

परिचय: डर्मिस के साथ-साथ एपिडर्मिस सभी या एक हिस्से का नुकसान, एक खुले घाव का कारण बनता है जिसे अल्सर के रूप में जाना जाता है। पैर का वीनस अल्सर, वीनस उच्च रक्तचाप और पुरानी वीनस अपर्याप्तता का देरी से उत्पन्न होने वाला एक लक्षण है। लंबे समय तक अल्सर को ठीक करना मुश्किल होता है और अंत में पारंपरिक रूप से त्वचा ग्राफ्टिंग और सर्जरी का विकल्प चुना जाता है। यह मामला रिपोर्ट मियास्मैटिक दृष्टिकोण का उपयोग करके होम्योपैथी के साथ वीनस अल्सर के उपचार के बारे में जानकारी प्रदान करता है और इस क्षेत्र में आगे के शोध के लिए सबूत प्रदान करने में मदद करता है। **केस सारांश:** एक 61 वर्षीय महिला पिछले 6 वर्षों से हो रहे अपने बाएं पैर लेटरल मैलिओलास के पास अल्सरेशन की शिकायत लेकर आई थी। ठीक न होने वाले अल्सर को 1 वर्ष के भीतर होम्योपैथिक उपचार से सफलतापूर्वक ठीक किया गया। केस लेने के बाद, मियास्मैटिक अभिव्यक्ति को ध्यान में रखते हुए *सिफिलिनम 200 C* निर्धारित की गयी, जिसके परिणामस्वरूप लक्षण में सुधार हुआ साथ ही प्रारंभिक 30 दिनों के लिए सहायक देखभाल के रूप में *कैलेंडुला Q* बाहरी रूप से और उसके बाद उपचार के अंत में *सल्फर 200 C* भी दिया गया। होम्योपैथिक दवाओं से उल्लेखनीय सुधार हुआ, इसे पैर के अल्सर माप उपकरण के साथ फोटोग्राफिक साक्ष्य और होम्योपैथी के लिए संशोधित नारंजो मानदंड का उपयोग करके मापा गया। **निष्कर्ष:** केवल होम्योपैथिक दवा के प्रयोग द्वारा परिणाम उत्सावर्धक रहा, फिर भी मजबूत सबूत के लिए अधिक व्यापक, कठोर अनुसन्धान परियोजनाओं की आवश्यकता है।

Úlcera venosa lateral tratada con homeopatía utilizando un enfoque miasmático: informe de un caso

Introducción: La pérdida de toda o una parte de la dermis, así como de la epidermis, causa una llaga abierta conocida como úlcera. Las úlceras venosas de las piernas son signos tardíos de hipertensión venosa e insuficiencia venosa crónica. Las úlceras a largo plazo son difíciles de curar y finalmente se optó por un injerto de piel y una cirugía convencional. Este caso El informe proporciona información sobre el tratamiento de la úlcera venosa con homeopatía utilizando el enfoque miasmático y ayuda a proporcionar evidencia para futuras investigaciones en esta área. **Resumen del caso:** Una mujer de 61 años presentó una ulceración cerca del maléolo lateral de su pierna izquierda durante los últimos 6 años. La úlcera que no cicatrizaba se trató con éxito con un tratamiento homeopático en el plazo de 1 año. Después de tomar el caso, se prescribió *Syphilinum* 200C teniendo en cuenta la expresión miasmática, lo que resultó en una mejoría sintomática y *Calendula* Q externamente durante los 30 días iniciales como tratamiento de apoyo seguido de *Sulphur* 200C hacia el final del tratamiento. Los medicamentos homeopáticos llevaron a una mejora notable, que se midió utilizando la herramienta de medición de úlceras en las piernas junto con evidencia fotográfica y los Criterios de Naranjo Modificados para la Homeopatía. **Conclusión:** El resultado fue alentador, exclusivamente con medicamentos homeopáticos; sin embargo, para obtener evidencia más sólida, se requieren proyectos de investigación más amplios y rigurosos.

使用瘴氣療法順勢療法治療側靜脈潰瘍：病例報告

簡介：全部或部分真皮以及表皮的損失會導致稱為潰瘍的開放性潰瘍。腿部靜脈潰瘍是靜脈高壓和慢性靜脈功能不全的晚期症狀。長期潰瘍難以癒合，最後選擇常規植皮手術。這個案例 報告深入了解了利用瘴氣療法順勢療法治療靜脈性潰瘍，並有助於為該領域的進一步研究提供證據。病例摘要：61歲女性，左腿外踝附近潰瘍6年就診。未癒合的潰瘍在一年內透過順勢療法成功治癒。病例採集後，考慮到瘴氣表現，給予梅毒 200C，導致症狀改善，並在最初30 天外用金盞花 Q 作為支持性治療，隨後在治療結束時使用硫磺 200C。順勢療法藥物帶來了顯著的改善，這是使用腿部潰瘍測量工具以及照片證據和改良納蘭霍順勢療法標準來測量的。結論：僅使用順勢療法藥物，結果令人鼓舞；然而，為了獲得更有力的證據，需要更廣泛、更嚴格的研究計畫。