

## Non-invasive treatment for indolent chronic venous ulcer using individualised Homoeopathy: An evidence-based case series

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### Abstract

**Background:** Venous ulcers account for 60–70% of all leg ulcers. They are irregular ulcers with sloping edges mainly seen above the medial malleolus associated with oedema, lipodermatosclerosis and hemosiderosis. Conventional medicine mentions chronic venous ulcers as a surgical disease. It usually results in further co-morbidities and reduces the patient's quality of life. Homoeopathic literature describes many medicines for the treatment of varicose ulcers. This case series demonstrates the role of homoeopathic treatment in the complete healing of venous ulcers non-invasively. **Case Summary:** This is a case series of five patients suffering from chronic venous ulcers resistant to conventional external medications who visited the OPD of National Homoeopathy Research Institute in Mental Health Kottayam, Kerala, India during 2022–23. All the cases received individualised homoeopathic medicines internally. **Conclusion:** The ulcers healed completely within an average two-month period in all five cases, evidenced by images taken before and after treatment. The MONARCH score was calculated as +9/13, +8/13, +8/13, +8/13, and +8/13 for the five cases, indicating a definitive causal relationship between the medicine prescribed and the treatment outcome in the first case and probable relationship in the rest of the cases. *Sulphur* was prescribed in three cases, *Pulsatilla* and *Arsenicum album* in the rest of the cases. This case series suggests individualised Homoeopathy can help to treat venous ulcers.



## CASE SERIES

# Non-invasive treatment for indolent chronic venous ulcer using individualised Homoeopathy: An evidence-based case series

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## ABSTRACT

**Background:** Venous ulcers account for 60–70% of all leg ulcers. They are irregular ulcers with sloping edges mainly seen above the medial malleolus associated with oedema, lipodermatosclerosis and hemosiderosis. Conventional medicine mentions chronic venous ulcers as a surgical disease. It usually results in further co-morbidities and reduces the patient's quality of life. Homoeopathic literature describes many medicines for the treatment of varicose ulcers. This case series demonstrates the role of homoeopathic treatment in the complete healing of venous ulcers non-invasively. **Case Summary:** This is a case series of five patients suffering from chronic venous ulcers resistant to conventional external medications who visited the OPD of National Homoeopathy Research Institute in Mental Health Kottayam, Kerala, India during 2022–23. All the cases received individualised homoeopathic medicines internally. **Conclusion:** The ulcers healed completely within an average two-month period in all five cases, evidenced by images taken before and after treatment. The MONARCH score was calculated as +9/13, +8/13, +8/13, +8/13, and +8/13 for the five cases, indicating a definitive causal relationship between the medicine prescribed and the treatment outcome in the first case and probable relationship in the rest of the cases. *Sulphur* was prescribed in three cases, *Pulsatilla* and *Arsenicum album* in the rest of the cases. This case series suggests individualised Homoeopathy can help to treat venous ulcers.

**Keywords:** Case series, Homoeopathy, Venous ulcer, MONARCH

## Introduction

An ulcer disrupts the continuity of covering epithelium, which can be skin or mucosal epithelium.<sup>1</sup> Venous ulcers are the most common type of leg ulcer, accounting for 60–70% of all leg ulcers.<sup>2</sup> It is a major clinical challenge and the result of chronic venous insufficiency (CVI) and venous hypertension. The prevalence of venous leg ulcers is about 1.08%, and the incidence is 1.33%.<sup>3</sup> Venous leg ulcers [ICD 10 - 183.0]<sup>4</sup> are most commonly found in older individuals with chronic venous insufficiency.<sup>5</sup> Epidemiological research indicates that genetic and environmental elements significantly contribute to developing primary venous disease.<sup>6</sup>

Venous ulcers are more common in women than men. They are more likely to occur in individuals

who are overweight, lack mobility, have a congenital absence of veins, or have a history of deep vein thrombosis (DVT) or phlebitis. These conditions lead to decreased mobility, diminished quality of life, and significant economic strain on patients and health-care systems.<sup>4</sup> Other predisposing factors include family history, female sex, pregnancy, estrogen levels, prolonged standing, sitting, and obesity.<sup>6</sup>

Venous ulcers primarily result from abnormal venous hypertension occurring in the lower third of the leg.<sup>1</sup> Either hydrostatic or dynamic factors can cause venous hypertension. The hydrostatic cause is linked to the pressure from the weight of the blood column

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extending from the right atrium (hydrostatic reflux), which is greatest at the foot and ankle. Alternatively, the dynamic cause relates to muscle contractions passing through an incompetent perforator, creating pressures reaching up to 200 mm Hg (hydrodynamic reflux).<sup>7</sup> Varicose veins or deep vein thrombosis, once recanalised, lead to the development of chronic venous hypertension near the ankle. This condition results in hemosiderin deposition in the subcutaneous layer due to the breakdown of red blood cells, causing eczema that leads to dermatitis and lipodermatosclerosis, which triggers fibrosis, anoxia, and, eventually, ulcer formation.<sup>8</sup>

Venous ulcers typically occur on the lower part of the leg, specifically on the medial side, and are not found above the junction where the middle and upper thirds of the leg meet. They can vary in shape and size. The edges of the ulcer slope display a pale purple-blue colour, with thin blue margins representing growing epithelium. The ulcer floor consists of pale granulation tissue and is usually shallow and flat, never penetrating the deep fascia. Discharge from the ulcer is typically seropurulent, occasionally with traces of blood. The ulcer's base is firmly attached to deeper structures, and the surrounding skin often shows signs of chronic venous hypertension, including pigmentation, induration, and tenderness, sometimes with scars from previous ulcers. Varicose veins may or may not be visible in the proximal limb, and enlargement of regional lymph nodes, particularly in the inguinal group, occurs if the ulcer becomes infected.<sup>1</sup>

The CEAP Classification (Clinical-etiological-anatomical and pathophysiological classification) is an internationally accepted system used to classify chronic venous disease.<sup>2</sup>

The diagnosis of chronic venous insufficiency is done with duplex ultra sonography. Medical history, clinical presentation, and physical examination help in the diagnosis of chronic leg ulcer. Arterial pulse examination and ankle-brachial index test are recommended for patients with chronic leg ulcer.<sup>9</sup>

The initial treatment for chronic venous disease (CVD) starts with lifestyle modifications and applying compression bandages. Medical treatment includes phlebotropic drugs, which enhance the blood vessels' tone, along with medications that minimise inflammation and decrease vascular leakage. More advanced cases require aggressive interventions. Recent advancements have introduced less invasive techniques like endovenous laser therapy, radiofrequency ablation, steam vein sclerosis, and sclerotherapy. These methods are more straightforward to perform, result in better patient compliance and outcomes, and are

preferable to traditional surgical options like vein stripping, which is associated with a higher chance of recurrence.<sup>8</sup>

Dr Samuel Hahnemann in *Organon of Medicine* has described chronic ulcers of legs as the product of internal psora uncured. This external manifestation of the dynamic disease appearing on the body's surface is called local malady. This one-sided disease presents only one or two principal symptoms, obscuring almost all other symptoms. Dr Hahnemann has also mentioned in *Organon of Medicine* in §172–174, §187 that destroying the long-standing chronic ulcers by topical applications, as practised in conventional systems, can increase internal disease.<sup>10</sup>

Homoeopathic literature describes many medicines for the treatment of varicose ulcers. There are published case reports and case series on the homoeopathic treatment of chronic leg ulcers.<sup>11–14</sup> The present case series describes five long-standing chronic venous leg ulcers successfully reversed with stand-alone Homoeopathy.

## Methods

The five cases described here suffered from chronic venous ulcers with conventional external medications, treated with individualised Homoeopathy. The patients visited the OPD of National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam, Kerala, India during 2022–23 and were admitted to the in-patient department for regular cleaning and dressing. The patients presented with ulcers on the medial aspects of the lower leg with severe pain in and around the ulcer site. All the cases received individualised homoeopathic medicines and underwent regular cleaning and dressing. The ulcers healed within two months after the start of treatment, evidenced by images before and after the treatment.

## Case 1

### *Patient information*

A 57-year-old female complained of an ulcer on the medial aspect of the left lower leg with bloody discharge and stitching type of pain on the ulcer site for seven months and reported to the OPD of NHRIMH on 17.04.2023 [Fig. 1]. She worked as a housemaid for many years and had to stand for long hours. She had been on conventional medication for varicose vein which started before two years and she complained of itching over the limbs. She was under hormone replacement therapy for hypothyroidism.

The patient was generally thirstless, with a desire for spicy foods and an intolerance to eggs and milk, which causes urticaria. She had burning micturition, hard stools, profuse perspiration and thermally hot. Mentally, she had a weeping disposition.

**Clinical examination and diagnostic assessment**

The ulcer on medial aspect of left lower limb measured 10 cm in length, 3 cm in width, and 3 mm in depth, with a sloping edge. Varicose veins on both legs with oedema, and blackish discolouration especially over lower one third of left leg.

**Therapeutic intervention**

**Totality of symptoms**

- Weeping disposition
- Thirstless
- Desire for spicy food
- Intolerance to egg and milk
- Burning micturition
- Hard stool
- Painful varicose ulcer with bloody discharge.

Based on the totality of symptoms, repertorisation (repertorised using Synthesis Treasure Edition 2009V from Radar Opus 3.3.24 software)<sup>15</sup> (Fig. 2) and consulting with materia medica, *Pulsatilla nigricans* (*Puls.*) 200C one dose was given on 17.04.2023 in morning on empty stomach, in saccharum lactose and repeated at three days interval.

**Follow-up and outcomes**

After the first dose of *Puls.* 200C, pain in the ulcer site slightly increased and subsided after two days. Discharge from the ulcer and oedema of the leg reduced after the first dose, but the ulcer persisted. Then, *Puls.* 200C was repeated at three days intervals for ten days. The ulcer started healing, and pain and discharge were reduced. *Puls.* 200C repeated at a five-day interval thereafter. Complaints of burning micturition and hard stools were gradually relieved. During the next visit on 12.05.2023, the ulcer healed entirely [Fig. 1], and oedema and blackish discolouration on the lower leg were reduced.



**Fig. 1.** Venous ulcers before (17.04.2023) and after treatment (12.05.2023) with Homoeopathy.

	puls.	lyc.	caust.	nat-m.	ars.	sulph.	cap-b.v.	sil.	calc.	bell.	nit-ac.	sep.	nux-v.	phos.	rius-t.	sul-ac.	chin.	sebah.	truj.	ph-ac.	acon.	alum.	mez.	sars.	me/c.	carb-an.	cocc.	lach.
14	14	12	12	11	10	10	9	9	9	9	9	9	9	9	9	9	9	8	8	8	8	8	8	8	7	7	7	7
37	26	24	17	22	24	16	20	18	17	17	17	15	15	14	11	16	12	11	10	9	9	9	9	15	11	10	10	9
4. Clipboard 4	x																											
1. MIND - WEEPING - easily	(21) 2	3	1	3	2				2	2				1		1	1				1							
2. MOUTH - DRYNESS - thirstless	(70) 2	3	2	1	1	1		1	2	2	1	2	2	1					1	1	1	1	1	1	1	1	2	1
3. PERSPIRATION - PROFUSE	(213) 1	2	3	2	3	3	2	3	3	3	2	3	2	2	1	3	1	2	3	2	1	2	1	1	3	3	1	2
4. SKIN - ULCERS - discharges - bloody	(54) 1	2	2	2	1	3	1	2	2	1	2	1	1	1	1				1	1				1	2	3	1	1
5. SKIN - ULCERS - painful - stinging, stitching	(67) 2	3	2	2	1	3	3	1	3	1	2	3	2	1	1	2	1	1	2	1	1	1	1	1	1	3	2	1
6. SKIN - ULCERS - varicose	(43) 2	3	3	3		2	2	2	2	2					2	1			1				1	1	1		2	2
7. GENERALS - FOOD AND DRINKS - eggs - agg.	(26) 1	3	1		1	2	1	2					1														2	
8. GENERALS - FOOD AND DRINKS - milk - agg.	(99) 1	2	2		2	2	3	2	1	3	1	3	3	2	2	1	1	3	3		1	2			1	1	1	1
9. GENERALS - FOOD AND DRINKS - spices - d...	(44) 2	2	1	1	1	1	3				1	1	2	3		2	3	1		1	1	1						

**Fig. 2.** Repertorial sheet of case 1 using Radar Opus©.

After constitutional medicine, bilateral tortuosity of the vein also started to decline. The MONARCH score in this case was +9/13, which indicates a positive causal relationship between the medicine prescribed and treatment outcome (Table 1).<sup>16</sup>

## Case 2

### Patient information

A 62-year-old female presented with an ulcer on the anteromedial aspect of the left leg near the ankle on 19.02.2022. The ulcer was not healing for a year, and she suffered from throbbing pain in the ulcer site with bloody discharge. She worked as a cook in a hotel, and the complaint of varicose veins started after that, with aching pain in the legs. The complaint of varicose veins started seven years ago and was under conventional treatment previously without any relief. She was known to be hypertensive and under conventional antihypertensive medication.

The patient was industrious and liked the company of others. She was a vegetarian. She had an aversion to egg, milk and sour foods. She had a history of difficult defaecation due to hard stools. She complained of sleeplessness due to pain, and her thermal reaction was hot.

### Clinical examination and diagnostic assessment

Her BP measured 180/110 mm Hg. The ulcer measured 5.5 cm in length, 5 cm in width and 0.2 cm in depth with a sloping edge and pale granulation tissue. Varicose veins present bilaterally in the legs with blackish discolouration of the feet.

### Therapeutic intervention

#### Totality of symptoms

- Industrious
- Desire for company of others
- Aversion to egg, milk and sour food
- Hard stool
- Painful varicose ulcer with bloody discharge
- Sleepless due to pain.

Based on the totality of symptoms, repertorisation (repertorised using Synthesis Treasure Edition 2009V from Radar Opus 3.3.24 software)<sup>15</sup> (Fig. 3) and consulting with materia medica *Sulphur (Sulph.)* 0 / 3, one dose was prescribed - four poppy seed sized globules in saccharum lactose in morning on an empty stomach, on 19.02.2022 and continued daily for one month. Low potencies were used due to reduced susceptibility from significant organic changes and the case's limited response to previous treatments.<sup>17</sup>

### Follow-up and outcomes

After the first four doses of *Sulph.* 0/3, pain in the ulcer site started reducing, and hard stool improved, but the sleeplessness persisted. *Sulph.* 0/3 was given in daily doses for another ten days. More than fifty per cent of the ulcer healed, and the pain in the ulcer site was relieved. Then, the dosage of *Sulph.* 0/3 was reduced to once every three days for one month. After one month, eighty per cent of the ulcer healed, and the medicine was repeated in the same dosage for one more month. The ulcer healed entirely by 08.04.2022 [Fig. 4]. Aching pain in the legs due

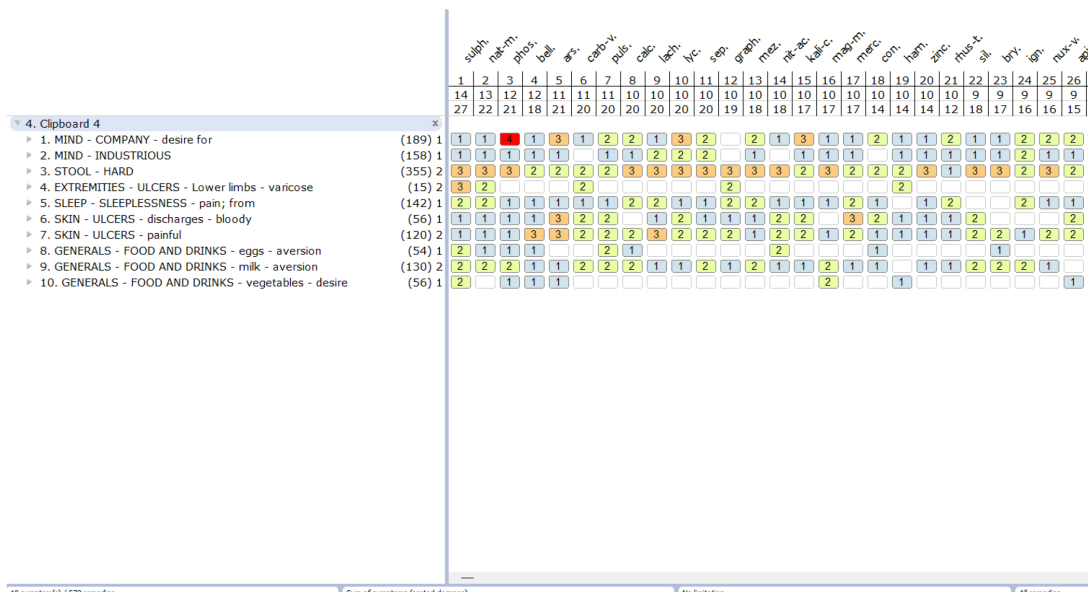


Fig. 3. Repertorial sheet of case 2 using Radar Opus©.



**Fig. 4.** Venous ulcer before (19.02.2022) and after treatment (08.04.2022) with Homoeopathy.

to varicose veins reduced. General conditions of the patient, like sleeplessness and hard stools, also improved. BP as on the date of discharge is recorded as 180/96 mmHg. The MONARCH score in this case was + 9/13, which indicates a positive causal relationship between the medicine prescribed and treatment outcome (Table 1).<sup>16</sup>

### Case 3

#### Patient information

A 70-year-old male shopkeeper presented on 17.04.2022 with an ulcer on the left leg with severe stitching pain for three months. He had varicose veins on both legs for ten years and had recurrent ulcers in his left leg.

He preferred to be alone and was very taciturn. He liked chicken and sweets. He had hard stools and painful protruding haemorrhoids. Thermally, he was chilly.

#### Clinical examination and diagnostic assessment

The ulcer measured 3 cm in length, 1.5 cm in width, and 0.3 cm in depth, with a sloping edge and serosanguinous discharge above the medial malleolus of the left leg. The surrounding skin was black, hard and thick. Varicose veins on both legs.

#### Therapeutic intervention

##### Totality of symptoms

- Taciturn
- Preferred to be alone
- Desire for chicken and sweets
- Painful haemorrhoids with hard stool
- Varicose vein with painful recurrent varicose ulcers.

Based on the totality of symptoms, repertorisation (repertorised using Synthesis Treasure Edition 2009V from Radar Opus 3.3.24 software)<sup>15</sup> (Fig. 5) was done and consulting with materia medica, the treatment started with *Sulph. 0/3* one dose, four poppy seed sized globules (no.10) in saccharum lactose daily for three days; then potency was raised to *Sulph. 0/6* on alternate days.

#### Follow-up and outcomes

After the first three doses of *Sulph. 0/3*, stitching pain in the ulcer site remains unchanged, with a serosanguinous discharge. He also complained of hard stools and pain after defecation. So, potency

	Sulph.	Graph.	Puls.	Nat.v.	Phos.	Nik.m.	Carb.v.	Calab.	Ict.	Sep.	Psp.	Merc.	Calc.	Ars.	Bar.c.	Mus.t.	Nik.c.	Spong.	Nik.o.	Nik.ac.	Agagh.	Bry.	All.	Ant.c.	Bell.	Chin.	Calc.p.	Thu.	Ques.	Sulph.
4. Clipboard 4																														
1. MIND - COMPANY - aversion to (297) 1	2	1	2	3	1	2	1	2	3	2	1	1	3	2	2	1	1	3	2	1	1	3	2	1	1	2	2	1	1	1
2. MIND - TACITURN (215) 2	3	1	3	3	3	2	2	3	3	1	2	2	2	2	2	1	2	3	1	1	2	3	1	1	2	2	1	2	1	1
3. GENERALS - FOOD AND DRINKS - sweets - desire (285) 3	2	2	1	2	1	2	1	3	2	2	2	2	1	1	2	2	1	1	2	2	2	1	2	1	3	1	1	1	2	1
4. GENERALS - FOOD AND DRINKS - chicken - desire (32) 1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. STOOL - HARD (355) 2	3	3	2	3	3	3	2	2	3	3	2	2	3	2	2	1	1	1	3	1	3	3	3	2	1	2	1	2	1	2
6. RECTUM - HEMORRHOIDS - protrude (50) 1	3	2	1	2	1	2	1	1	2	2	1	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. EXTREMITIES - ULCERS - Lower limbs - varicose (15) 1	3	2	1	1	1	2	2	1	2	2	2	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. SKIN - ULCERS - painful - stinging, stitching (68) 2	3	2	3	1	1	1	1	2	2	2	2	2	1	3	1	1	2	2	1	1	3	2	2	3	1	2	1	1	2	1

**Fig. 5.** Repertorialsheet of case 3 using Radar Opus©.

was raised to 0/6 and repeated on alternate days for 2 weeks. Fifty per cent of ulcers healed, and mild pain persisted. Rectal symptoms improved after medicine. Again, the same medicine was repeated at three-day intervals for one more month. Review on 06.06.2022 revealed a healed ulcer [Fig. 6].

The MONARCH score in this case was +8/13, which indicates a positive causal relationship between the medicine prescribed and treatment outcome (Table 1).<sup>16</sup>



Fig. 6. Venous ulcers before (17.04.2022) and after (06.06.2022) treatment with Homoeopathy.

### Case 4

#### Patient information

A 71-year-old female housewife presented on 26.08.2022 with a non-healing ulcer on the medial aspect of the right ankle with pricking pain, aggravated at night, and oedema of the surrounding

area for two years. It started as a small eruption that gradually ulcerated. She was under conventional medication for six months without improvement. She had bilateral varicosities for many years with aching in her legs.

The patient had a reduced appetite with a desire for eggs, vegetables and an aversion to meat. She had disturbed sleep due to pain. Thermally, she was chilly. She had a forsaken feeling, desired company and was talkative.

#### Clinical examination and diagnostic assessment

On examination, one ulcer measured 2 cm in length, 2 cm in width, and 0.2 cm in depth; the other measured 1 cm in length, 1 cm in width, and 0.1 cm in depth over and above the medial malleolus of right lower limb. Both were oval and had sloping edges and serosanguinous discharge.

#### Therapeutic intervention

##### Totality of symptoms

- Forsaken feeling
- Desire for company of others
- Talkative
- Reduced appetite
- Desire for egg, vegetables
- Aversion to meat
- Painful varicose ulcers disturbing sleep.

The individualised remedy *Arsenicum album* [Ars. alb.] 0/3, selected after repertorisation, (repertorised using Synthesis Treasure Edition 2009V from Radar Opus 3.3.24 software)<sup>15</sup> and consulting with materia medica (Fig. 7). *Ars. alb.* 0/3 one dose, four poppy seed sized globules (no.10) in saccharum lactose was prescribed on 26.08.2022 to be taken in empty stomach, and repeated at three days interval.

Fig. 7. Repertorial sheet of case 4 using Radar Opus©.

Follow-up and outcomes

Treatment started with *Ars. alb.* 0/3 once in 3 days, and the pain and oedema were reduced after the first month. Sleeplessness also gradually improved. *Ars. alb.* 0/3 was repeated during the second month at three-day intervals. The pain was completely relieved in the second month, and the oedema was reduced. *Ars. alb.* 0/3 was repeated during the third month once in five days, and the ulcer wholly healed, and the varicose size was reduced [Fig. 8].

The MONARCH score in this case is +8/13, which indicates a positive causal relationship between the medicine prescribed and treatment outcome (Table 1).<sup>16</sup>



Fig. 8. Venous ulcer before (26.08.2022) and after (12.12.2022) treatment with Homoeopathy.

Case 5

Patient information

A 52-year-old male patient presented in the OPD on 30.05.2023 with multiple painful ulcers on the lateral

aspect of the left lower leg with oozing of bloody discharge for four years. The pain got aggravated when standing and hanging down the leg. He was a cook for many years and had to stand continuously for hours.

He had a desire for fish, increased thirst, and complained of profuse perspiration and frequent urination during daytime. He had a previous history of rectal bleeding and was thermally hot. He was reserved, liked solitude, mild, and always had brooding thoughts.

Clinical examination and diagnostic assessment

13 small ulcers were noticed; the biggest measured was 2.3 cm in length and 2 cm wide, with a punched-out edge and sero-purulent discharge and varicose veins noted on both legs.

Therapeutic intervention

Totality of symptoms

- Mild
- Reserved personality with brooding thoughts
- Desire for fish
- Increased thirst
- Profuse perspiration
- Pain in ulcers aggravation while standing and hanging down the legs

Based on the above totality and repertorisation (repertorised using Synthesis Treasure Edition 2009V from Radar Opus 3.3.24 software)<sup>15</sup> *Sulph.* 30C / 5D, in saccharum lactose was given on alternate days to be taken in an empty stomach (Fig. 9).

Follow-up and outcomes

Initially, *Sulph.* 30C / 5D was given on alternate days for ten days. Then, the potency was raised to 200C and repeated once in five-day intervals.

	Sulph.	nat-m.	Kali-s.	Hum.	Lyc.	Verak.	Phos.	Apoc.	Iach.	Calc.	All.	Sep.	Nit-ac.	Pitt-ac.	Bell.	Carb.	Psdo.	Arn.	Aur-m-n.	Calc.	Coc.	Copr.	Spomb.	Sep.
1. MIND - BROODING (80)	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1
2. MIND - MILDNESS (121)	2	3	1	1	2	2	2	2	2	3	2	2	1	1	1	1	1	1	3	2	2	3	2	2
3. MIND - RESERVED (135)	1	3	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1
4. STOMACH - THIRST - large quantities; for (88)	3	3	1	1	1	3	3	2	1	1	1	1	1	1	1	1	2	3	1	2	1	1	2	1
5. EXTREMITIES - ULCERS - Lower limbs - indolent (6)	1						3		2															
6. EXTREMITIES - ULCERS - Lower limbs - varicose (15)	3	2	1	2																				
7. PERSPIRATION - PROFUSE (298)	2	3	1	2	3	3	2	2	2	1	3	3	2	3	3	3	2	1	3	3	3	1	2	2
8. SKIN - ULCERS - discharges - bloody (56)	1	1	1	1	2	1	1	1	1	2	1	2	1	1	1	2		3						
9. GENERALS - FOOD AND DRINKS - fish - desire (84)	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1						
10. SKIN - ULCERS - recurrent (4)	1									1	1	1	1	1	1	1	1	1						

Fig. 9. Repertorial sheet of case5 using Radar Opus©.

**Table 1.** Modified Naranjo Criteria for Homeopathy (MONARCH).

Domains	Yes	No	Not Sure	Case 1	Case 2	Case 3	Case 4	Case 5
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed ?	+2	-1	0	+2	+2	+2	+2	+2
2. Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	-2	0	+1	+1	+1	+1	+1
3. Was there a homeopathic aggravation of symptoms?	+1	0	0	+1	0	0	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	+1	+1	+1	+1	+1
5. Did the overall wellbeing improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	0	0	+1	+1	+1	+1	+1
6(A). <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of disease?	+1	0	0	0	0	0	0	0
6(B). <i>Direction of cure</i> : – did <i>atleast one</i> of the following aspects apply to the order of improvement of symptoms: – from organs of more importance to organs of less importance? – from deeper to more superficial aspects of an individual? – from the top downwards?	+1	0	0	0	0	0	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?	-3	+1	0	0	0	0	0	0
8. Are there alternative causes (other than 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)	+2	0	0	0	0	0	0	0
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0	+2	+2	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1	+1	+1	+1	+1
<b>Total Score</b>				+9/13	+8/13	+8/13	+8/13	+8/13

Within two months, all the ulcers healed. Edema and blackish discolouration started reducing [Fig. 10]. There was no improvement for other altered general symptoms like profuse perspiration and increased frequency of urination.



**Fig. 10.** Venous ulcers before (30.05.2023) and after treatment (11.07.2023) with Homoeopathy.

The MONARCH score, in this case, is +8/13 indicates a probable causal relationship between the medicine prescribed and treatment outcome (Table 1).<sup>16</sup>

The case series reporting has been done following the PITCH guidelines [Table 2].

## Results

All the five cases of venous ulcer received individualised homoeopathic medicines after thorough case taking and repertorisation. In the first patient the ulcer measured 10 cm in length, 3 cm in width and 3 mm in depth, and it completely healed within one month with constitutional medicine *Puls*. In the second case, the ulcer measured 5.5 cm in length, 5 cm in width and 0.2 cm in depth and got relieved with *Sulph*. within two months. In the third case, the ulcer measured 3 cm in length, 1.5 cm in width, and 0.3 cm in depth in the left leg and again *Sulph*. in two months. In the fourth patient, the ulcer measured 2 cm in length, 2 cm in width, and 0.2 cm in depth. The ulcer healed within three months with individualised medicine *Ars. alb*. The last case had multiple

**Table 2.** Case summary based on PITCH guidelines.

	Case 1	Case 2	Case 3	Case 4	Case 5
Patient general characteristics	57-year-old female	62-year-old female	70-year-old male	71-year-old female	52-year-old male
Presenting complaint and presenting date	17.04.2023 Ulcer on medial aspects of left lower leg with stitching pain in ulcer site for 7 months.	19.02.2022 Ulcer on anteromedial aspect of left leg near ankle with throbbing type of pain in ulcer site for a year.	17.04.2022 Ulcer on medial aspect of left ankle with stitching pain and bloody discharge for three months.	26.08.2022 Non healing ulcer on medial aspect of right ankle with pricking pain and edema of surrounding area for two years.	30.05.2023 Multiple painful ulcers on the lateral aspect of left lower leg with oozing of sero sanguinous discharge for 4 years.
Past medical history	Hypothyroidism	Fibro adenoma breast	Bronchial asthma	Inguinal hernia	Haemorrhoids
Working diagnosis	Venous ulcer	Venous ulcer	Venous ulcer	Venous ulcer	Venous ulcer
Laboratory findings	—	CRP + Ve	—	—	—
Treatment	Constitutional remedy <i>Puls.</i> 200C	Constitutional remedy <i>Sulph.</i> 0/3	Constitutional remedy <i>Sulph.</i> 0/3 & 0/6	Constitutional remedy <i>Ars. alb.</i> 0/3	Constitutional remedy <i>Sulph.</i> 30C
Course of treatment	<i>Puls.</i> 200C was given at three days interval from 17.04.2023 to 28.04.2023. Pain: reduced. Edema: reduced. Discharge: reduced. Burning during urination reduced. Blackish discoloration of left leg persists. 29.04.2023 - Ulcer on healing. Pain relieved. Edema reduced. No discharge from ulcer. Burning during urination reduced. Blackish discoloration persisted. <i>Puls.</i> 200C repeated at an interval of 5 days. 12.05.2023 - Ulcer healed. Edema reduced. Blackish discoloration of left lower leg started reducing. General conditions of the patient burning micturition and hard stools improved. Bilateral tortuosity of veins started reducing.	<i>Sulph.</i> 0/3 was repeated once daily from 19.02.2022 to 28.02.2022. Ulcer started healing, mild pain only. Sound sleep, normal stool. Then <i>Sulph.</i> 0/3 repeated once in three days interval for 2 months. On 08.04.2022 ulcer completely healed and pain also relieved. Hard stools and sleeplessness relieved. Aching in the legs reduced.	<i>Sulph.</i> 0/3 was repeated daily for 3 days from 17.04.2022. Stitching pain in ulcer site remained with a serosanguinous discharge. He also complained of hard stools, and pain after defecation. So, potency was raised to <i>Sulph.</i> 0/6 and repeated on alternate days for fifteen days. 04.05.2022: Ulcer started healing, pain reduced, bowels improved. <i>Sulph.</i> 0/6 repeated at three days interval for one month. 06.06.2022: Ulcer healed completely.	<i>Ars. alb.</i> 0/3 was given once in three days for a month. 23.09.2022: ulcer started healing, size- 5 × 6 mm, 1 × 1 mm, pain reduced, edema and blackish discoloration reduced. Sleep improved. <i>Ars. alb.</i> 0/3 repeated once in three days for one month. 23.10.2022: Ulcer healed more than 70%, pain relieved, discharge, edema and blackish discoloration reduced. <i>Ars. alb.</i> 0/3 repeated once in five days for one month. 12.12.2022: Ulcer healed. Edema and blackish discoloration reduced.	<i>Sulph.</i> 30C was given on alternate days for ten days. 11.06.2023: Ulcers started healing; healthy granulation appeared. Soreness and discharge reduced. Potency raised to <i>Sulph.</i> 200C, repeated once in 5 days for ten days. 22.06.2023: Ulcer healing, soreness and bloody discharge relieved. <i>Sulph.</i> 200C repeated once in 5 days interval for ten days. 11.07.2023: Ulcer on left leg completely healed.

ulcers in left lower leg, around thirteen in number. The largest one measured 2.3 in length and 2 cm wide and this case also *Sulph.* completely cured the case within forty-five days [Table 3].

The ulcers healed completely within an average two-month period in all five cases, evidenced by images taken before and after treatment. The MONARCH score of +9/13 in case 1 indicated a definite relation, and +8/13 in rest of the cases indicated

a probable relation between the medicine prescribed and the treatment outcome.

## Discussion

There are scattered case series and reports on the homoeopathic treatment of varicose ulcers. The role of Homoeopathy in venous ulcers and stasis dermatitis has earlier been studied in a case series of five cases

**Table 3.** Dimensions of ulcer and timeline for treatment.

Case no	No of ulcer	Dimensions of ulcer	Duration of ailment	Duration of treatment	Timeline for treatment
1	1	10 cm × 3 cm × 3 mm	Varicose vein – 2 years Ulcer – 7 months	1 month	17.04.2023 to 28.04.2023 <i>Puls.</i> once in 3 days 29.04.2023 to 12.05.2023 <i>Puls.</i> once in 5 days
2	1	5.5 cm × 5 cm × .2 cm	Varicose vein – 7 years Ulcer – 1 year	2 months	19.02.2022 to 28.02.2022 <i>Sulph.</i> 0/3 daily 29.03.2022 to 08.04.2022 <i>Sulph.</i> 0/3 once in 3 days
3	1	3 cm × 1.5 cm × .3 cm	Varicose vein – 10 years Ulcer – 3 months	2 months	17.04.2022 to 20.04.2022 <i>Sulph.</i> 0/3 daily 21.04.2022 to 03.05.2022 <i>Sulph.</i> 0/3 on alternate days 04.05.2022 to 06.06.2022 <i>Sulph.</i> 0/3 once in 3 days
4	2	2 cm × 2 cm × .2 cm	Varicose vein – 10 years Ulcer – 2 years	3 months	26.08.2022 to 22.10.2022 <i>Ars. alb.</i> 0/3 once in 3 days 23.10.2023 to 12.12.2023 <i>Ars. alb.</i> 0/3 once in 5 days
5	13	2.3 cm × 2 cm × .2 cm	Varicose vein – 10 years Ulcer – 4 years	2 months	30.05.2023 to 10.06.2023 <i>Sulph.</i> 30C alternate days 11.06.2023 to 11.07.2023 <i>Sulph.</i> 200C once in 5 days

by Mahesh *et al.*, showing progress in the comprehensive classification system for chronic venous disorders score and venous clinical severity score with classical Homoeopathy. *Puls.*, *Lachesis mutans*, *Lycopodium clavatum*, *Nux vomica* and *Aurum metallicum* were the medicines prescribed.<sup>18</sup> Single case reports of chronic venous leg ulcers showed complete resolution with individualised medicine *Lachesis mutans*, *Silicea*, *Fluoric acid* and *Graphites* respectively.<sup>11,19–21</sup>

The commonly indicated medicines in the present case series were *Sulph.*, *Puls.* and *Ars. alb.* All these case reports, and case series have helped clinically to verify the remedies indicated against the rubric for varicose ulcers in various repertories.<sup>22,23</sup>

Varicose ulcers result from long-standing varicose veins. The five cases mentioned here were suffering from varicose veins of both legs. Four cases were engaged in occupations requiring long-standing, and one was a housewife.

Dr. Hahnemann has classified long-standing ulcers of the legs as one-sided disease with external manifestations otherwise called local malady. This is a chronic psoric disease with an underlying internal disease, which, in this case, is the venous insufficiency manifested in varicose veins. The medicine prescribed should also be an internal remedy rather than a topical application.<sup>10</sup> The medicine needs to be holistic, covering the general symptoms of the patient and the common symptoms of the disease to ensure complete relief from the sufferings. So, in this case

series, all the medicines were selected after reperi-torisation and referring to *Materia medica* to select the most similar remedy. *Sulph.*, *Puls.* and *Ars. alb.* were the indicated homoeopathic medicines. *Sulph.* and *Puls.* are hot remedies whereas *Ars. alb.* is chilly. The thermal reaction was also considered for the final medicine selection. Regular ulcer dressing was done in all cases to maintain wound hygiene.

All the cases resolved completely within an average period of two months, along with an improvement in the general symptoms. There was no recurrence of ulcer for all five cases during a one-year follow-up. Prospective longitudinal study designs of long duration are warranted to confirm the effectiveness of homeopathic medications in treating varicose ulcers.

The case taking, medicine selection and prescription strictly adhered to the homoeopathic principles. All the cases were managed in the in-patient department that enabled close monitoring and follow-up. Long term follow-up of the cases could not be done to confirm the recurrence. Initial non-invasive assessment using venous duplex ultrasound, Arterial pulse examination and Ankle-Brachial Index (ABI) measurement could not be documented in the case record to differentiate them from arterial ulcers.

### Limitations

The diagnosis of the cases could not be confirmed through a Doppler test — specifically Venous Duplex

Ultrasound, which is considered the primary, non-invasive gold standard for confirming the diagnosis of a venous ulcer. Further, the cases were not investigated for presence of diabetes mellitus, which usually is a common differential ground of diagnosing such ulcers.

## Patients' perspectives

All the five patients expressed their satisfaction on treatment with regard to the visible improvement in the ulcer healing, improvement for symptoms associated with the ulcer as well as general improvement for their sleep, constipation and general well-being. The patients perceived the treatment as gentle, non-invasive, cost effective and of relatively less treatment duration.

## Conclusion

This case series demonstrates the possible use of individualised homoeopathic medicines in treatment of chronic venous ulcer. Further research is needed to explore the action of homoeopathic medicines in treating venous ulcers and to know the associated long-term prognosis following such treatment.

## Patient consent

All the five cases were informed that the results of their treatment will be published in a scientific journal and signed written informed consent form obtained from each of them.

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None declared.

## Author's contribution

**Vinitha ER** - Concept, Design. Intellectual content, manuscript preparation, editing and reviewing, Guarantor.

**Geethu KP** - Literature search, data acquisition, Manuscript preparation.

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## Traitement non invasif de l'ulcère veineux chronique indolent par l'homéopathie individualisée : une série de cas fondée sur des preuves

**Contexte :** Il s'agit d'ulcères irréguliers à bords obliques, principalement situés au-dessus de la malléole interne et associés à un œdème, une lipodermatosclérose et une hémossidérose. La médecine conventionnelle considère les ulcères veineux chroniques comme une pathologie chirurgicale. Ils entraînent généralement des comorbidités et altèrent la qualité de vie du patient. La littérature homéopathique décrit de nombreux remèdes pour le traitement des ulcères variqueux. Cette série de cas démontre l'intérêt du traitement homéopathique dans la cicatrisation complète et non invasive des ulcères veineux. **Résumé des cas :** Il s'agit d'une série de cas portant sur cinq patients souffrant d'ulcères veineux chroniques résistants aux traitements topiques conventionnels. Ces patients ont consulté le service de consultations externes de l'Institut national de recherche en homéopathie de Kottayam, au Kerala (Inde), entre 2022 et 2023. Tous les patients ont reçu un traitement homéopathique individualisé par voie orale. **Conclusion :** Les ulcères ont cicatrisé complètement en deux mois en moyenne chez les cinq patients, comme en témoignent les images prises avant et après le traitement. Le score MONARCH a été calculé comme suit : +9/13, +8/13, +8/13, +8/13 et +8/13 pour les cinq cas, indiquant une relation causale certaine entre le médicament prescrit et l'issue du traitement dans les trois premiers cas, et une relation probable dans les quatrième et cinquième cas. Du *soufre* a été prescrit dans trois cas, ainsi que de la *pulsatille* et de l'*arsenic*.

Dans le reste des cas, l'*album* a été utilisé. Cette série de cas suggère qu'une homéopathie individualisée peut contribuer au traitement des ulcères veineux.

## Nichtinvasive Behandlung indolenter chronischer venöser Ulzera mittels individualisierter Homöopathie: Eine evidenzbasierte Fallserie

**Hintergrund:** Venöse Ulzera machen 60–70 % aller Beinulzera aus. Es handelt sich um unregelmäßige Ulzera mit schrägen Rändern, die hauptsächlich oberhalb des Innenknöchels auftreten und mit Ödemen, Lipodermatosklerose und Hämossiderose einhergehen. In der Schulmedizin gelten chronische venöse Ulzera als chirurgische Erkrankung. Sie führen häufig zu weiteren Komorbiditäten und beeinträchtigen die Lebensqualität der Patienten. Die homöopathische Literatur beschreibt zahlreiche Arzneimittel zur Behandlung von venösen Ulzera. Diese Fallserie demonstriert die Rolle der homöopathischen Behandlung bei der vollständigen, nichtinvasiven Heilung venöser Ulzera. **Fallzusammenfassung:** Diese Fallserie umfasst fünf Patienten mit chronischen venösen Ulzera, die auf konventionelle äußerliche Medikamente nicht ansprachen und die Ambulanz des Nationalen Homöopathie-Forschungsinstituts für psychische Gesundheit in Kottayam, Kerala, Indien, in den Jahren 2022–2023 aufsuchten. Alle Patienten erhielten individuell angepasste homöopathische Arzneimittel zur oralen Einnahme. **Schlussfolgerung:** Die Ulzera heilten in allen fünf Fällen innerhalb von durchschnittlich zwei Monaten vollständig ab, was durch Vorher-Nachher-Bilder belegt wurde. Der MONARCH-Score betrug für die fünf Fälle +9/13, +8/13, +8/13, +8/13 und +8/13. Dies deutet auf einen eindeutigen Kausalzusammenhang zwischen dem verordneten Arzneimittel und dem Behandlungsergebnis in den ersten drei Fällen und auf einen wahrscheinlichen Zusammenhang im vierten und fünften Fall hin. In drei Fällen wurde *Sulfur*, in den übrigen Fällen *Pulsatilla* und *Arsenicum* verordnet. *Album* in den übrigen Fällen. Diese Fallserie legt nahe, dass individualisierte Homöopathie bei der Behandlung von venösen Ulzera hilfreich sein kann.

## व्यक्तिगत होम्योपैथी का उपयोग करके सुस्त क्रोनिक बेसन अल्सर का गैर-आक्रामक उपचार: साक्ष्य-आधारित केस सीरीज़

**पृष्ठभूमि:** सभी पैर के अल्सर में से 60-70% शिरापरक अल्सर होते हैं। ये अनियमित आकार के अल्सर होते हैं जिनके किनारे ढलानदार होते हैं और ये मुख्य रूप से मीडियल मैलियोसिस के ऊपर दिखाई देते हैं। इनके साथ एडिमा, लिपोडर्माटोस्क्लेरोसिस और हीमोसिडेरोसिस भी हो सकता है। पारंपरिक चिकित्सा में क्रोनिक वेनस अल्सर को एक सर्जिकल रोग माना जाता है। इससे आमतौर पर अन्य सह-रुग्णताएं उत्पन्न होती हैं और रोगी के जीवन की गुणवत्ता कम हो जाती है। होम्योपैथिक साहित्य में वैरिकोज अल्सर के उपचार के लिए कई दवाओं का वर्णन है। यह केस सीरीज़ वेनस अल्सर के पूर्ण उपचार में होम्योपैथिक उपचार की भूमिका को गैर-आक्रामक तरीके से दर्शाती है। **केस सारांश:** यह पांच रोगियों की केस सीरीज़ है जो पारंपरिक बाहरी दवाओं के प्रति प्रतिरोधी क्रोनिक वेनस अल्सर से

पीड़ित थे और 2022-23 के दौरान केरल, भारत के कोट्टायम स्थित नेशनल होम्योपैथी रिसर्च इंस्टीट्यूट इन मेंटल हेल्थ के ओपीडी में आए थे। सभी रोगियों को व्यक्तिगत होम्योपैथिक दवाएं आंतरिक रूप से दी गईं। **निष्कर्ष:** सभी पांचों मामलों में अल्सर औसतन दो महीने की अवधि में पूरी तरह से ठीक हो गए, जिसका प्रमाण उपचार से पहले और बाद में ली गई तस्वीरों से पता चलता है। पांचों मामलों के लिए मोनार्क स्कोर क्रमशः +9/13, +8/13, +8/13, +8/13 और +8/13 पाया गया, जो पहले तीन मामलों में निर्धारित दवा और उपचार के परिणाम के बीच एक निश्चित कारण-कार्य संबंध और चौथे और पांचवें मामले में संभावित संबंध को दर्शाता है। तीन मामलों में *सल्फर* निर्धारित गई थी, तथा *पल्सेटिला* और *आर्सेनिकम* एलबम का उपयोग किया गया। यह केस सीरीज़ बताती है कि व्यक्तिगत होम्योपैथी शिरापरक अल्सर के इलाज में सहायक हो सकती है। बाकी मामलों में एलबम। यह केस सीरीज़ बताती है कि व्यक्तिगत होम्योपैथी शिरापरक अल्सर के इलाज में सहायक हो सकती है।

### Tratamiento no invasivo para la úlcera venosa crónica indolente mediante homeopatía individualizada: Serie de casos basada en la evidencia

**Antecedentes:** Las úlceras venosas representan entre el 60 % y el 70 % de todas las úlceras de pierna. Son úlceras irregulares con bordes inclinados que se observan principalmente por encima del maléolo medial asociadas con edema, lipodermatoesclerosis y hemosiderosis. La medicina convencional menciona las úlceras venosas crónicas como una enfermedad quirúrgica. Generalmente produce comorbilidades adicionales y reduce la calidad de vida del paciente. La literatura homeopática describe muchos medicamentos para el tratamiento de las úlceras varicosas. Esta serie de casos demuestra el papel del tratamiento homeopático en la curación completa de las úlceras venosas de forma no invasiva. **Resumen del caso:** Esta es una serie de casos de cinco pacientes que sufrían úlceras venosas crónicas resistentes a los medicamentos externos convencionales que acudieron al OPD del Instituto Nacional de Investigación Homeopática en Salud Mental de Kottayam, Kerala, India durante 2022-23. Todos los casos recibieron medicamentos homeopáticos individualizados por vía interna. **Conclusión:** Las úlceras sanaron completamente en un período promedio de dos meses en los cinco casos, evidenciado por imágenes tomadas antes y después del tratamiento. La puntuación MONARCH se calculó como +9/13, +8/13, +8/13, +8/13 y +8/13 para los cinco casos, lo que indica una relación causal definitiva entre el medicamento prescrito y el resultado del tratamiento en los tres primeros casos y una relación probable en el cuarto y quinto caso. Se prescribió *Sulphur* en 3 casos, *Pulsatilla* y *Arsenicum Album* en el resto de los casos. Esta serie de casos sugiere que la homeopatía individualizada puede ayudar a tratar las úlceras venosas.

### 採用個人化順勢療法進行非侵入性治療慢性靜脈潰瘍：實證病例系列研究

**背景：**靜脈潰瘍佔所有腿部潰瘍的60-70%。它們是邊緣傾斜的不規則潰瘍，主要見於內踝上方，常伴隨水腫、脂皮硬化和含鐵血黃素沉著。傳統醫學將慢性靜脈潰瘍視為一種外科疾病。它通常會導致其他併發症，並降低患者的生活品質。順勢療法文獻中描述了許多用於治療靜脈曲張性潰瘍的藥物。本病例系列研究展示了順勢療法在非侵入性治療靜脈潰瘍中的作用。**病例摘要：**本病例系列報告了2022-2023年間在印度喀拉拉邦科塔亞姆國家順勢療法研究所精神衛生門診就診的五例慢性靜脈潰瘍患者，這些患者對常規外用藥物治療無效。所有患者均接受了個人化的內服順勢療法藥物治療。**結論：**五例患者的潰瘍均在平均兩個月內完全癒合，治療前後的影像檢查證實了這一點。五例患者的MONARCH評分分別為+9/13、+8/13、+8/13、+8/13和+8/13，顯示前三例患者的治療結果與所用藥物之間存在明確的因果關係，而第四例和第五例患者的治療結果與所用藥物之間可能存在因果關係。其中三例患者使用了硫磺，其餘患者則使用了白頭翁和砷劑。

其餘病例均未見此現象。此病例系列表明，個體化的順勢療法可能有助於治療靜脈潰瘍。