

Venous ulcer and stasis dermatitis treated with classical homoeopathy: A case series

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Abstract

Introduction: Chronic venous disease is responsible for a great deal of the global disease burden due to its prevalence and socio-economic impact. Non-invasive methods of dealing with the resulting ulcers, that negatively impact mobility, are desirable. **Cases Summary:** We present five cases of stasis dermatitis and venous ulcers of varying severity, treated with individualised classical homoeopathy showing progress as recorded with the comprehensive classification system for chronic venous disorders (clinical aetiology anatomical pathophysiology) score and venous clinical severity score. There is a need to further investigate scientifically, the role of classical homoeopathy in peripheral vascular diseases.

Keywords: Chronic venous disease, Homoeopathy, Stasis dermatitis, Varicose veins, Venous ulcer

INTRODUCTION

Chronic venous disease (CVD) is responsible for a great deal of the global disease burden due to its prevalence and socio-economic impact. While the actual prevalence is difficult to assess due to differences in reporting, physician diagnostic expertise and assessment techniques, the recent figures stand at 51.9 per 1000 women and 39.4 per 1000 men globally. With a predilection for the female sex, the disease is more common in developed countries. There is an estimate that by 2021, the disease burden will have doubled in comparison to 2011.^[1] The spectrum of CVD encompasses the mildest (telangiectasias) to the most severe (venous leg ulcer), the most common of which are telangiectasia, reticular veins and varicose veins.^[2] Venous leg ulcers represent the most advanced clinical presentation of CVD and are prevalent in 1% of the population, causing great drain on national health budgets.^[1]

The classification systems for CVD, namely, clinical aetiology anatomical pathophysiology (CEAP) and the venous clinical severity score (VCSS) provide a measurable assessment system to gauge the progress of disease and response to treatment.^[3-5]

In the CEAP scoring, the clinical aspect is scored from C₀ to C₆ with increasing degree of skin changes from no visible sign of disease to active ulcer. The aetiological aspect is scored as

congenital (E_c), primary (E_p), secondary (E_s) or no venous cause detected (E_n). The anatomical aspect is scored as superficial (A_s), deep (A_d), perforator (A_p) or as no venous location identified (A_n). The pathophysiological aspect denotes whether there are reflux (P_r), obstruction (P_o), both reflux and obstruction (P_{ro}) or no venous pathophysiology identified (P_n). The VCSS scoring uses 11 clinical symptoms of CVD and marks them as absent (0), mild (1), moderate (2) or severe (3). The total is then calculated to assess the severity of the complaint.^[3-5]

The pathophysiology of CVD involves pressure changes in the micro- and macro-circulation apparatus in the lower limbs, which causes a pooling of venous blood, causing valve deformities and increased back flow, increased pressure in the capillaries and venules of the skin, capillary leakage and the deposition of hemosiderin in the skin (altered colour and texture of skin). The leucocytes become trapped, and a pericapillary cuff forms, reducing the nutrients that reach the skin. Immune cells are activated, causing onset of chronic

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inflammation. Tissue hypoxia and cell death result in ulcer formation in these areas.^[6,7]

The initial management of CVD involves lifestyle correction and compression bandaging. Medical management involves phlebotropic drugs that help improve the tone of the blood vessels as well as drugs that reduce inflammation and vascular permeability. However, for cases that have progressed further, invasive procedures become necessary. The latest procedures involve minimally invasive methods such as endovenous laser ablation, radiofrequency ablation, steam vein sclerosis and sclerotherapy, which have proven easier in terms of execution, patient adherence and prognosis compared to classical surgical techniques such as vein stripping, which have a high relapse rate. However, their superiority over the older therapies is still questionable.^[8]

These procedures deal with the local problem in the veins, but research shows that the tissue drained by the varicose veins may be in a state of inflammation, as evidenced by increased interleukin-6, interleukin-8 and monocyte chemoattractant protein-1 levels in the blood drawn from these veins.^[9] The molecular mechanisms also point to inflammation in the endothelial lining of these veins.^[10]

Homoeopathic materia medica includes many remedies that are indicated for the spectrum of CVD, stasis dermatitis and venous ulcer.^[11] While large, controlled studies are lacking, there have been some observational studies and case reports of homoeopathic treatment of foot ulcers.^[12-14] Classical homoeopathy is a system of highly personalised medication. When treated according to its principles, many serious conditions have shown remarkable improvement.^[15,16] The five cases presented here are also examples of what may be possible with classical homoeopathy. No other treatments were applied for the peripheral vascular disease during the homoeopathic therapy, including compression bandages. The cases were documented with photographs [Figures 1-5], and the changes are represented as per CEAP and VCSS grading [Figure 6].

CASE SERIES

Five cases treated under individualised homoeopathic treatment were analysed for the changes under treatment. The patients were all males, with age ranging from 35 to 70 years. The clinical presentations were diverse.

Case 1

A 49-year-old man presented with a venous ulcer [Figure 1] on 18 July, 2018, which appeared 15 days earlier, on the left medial malleolus. He had suffered a venous ulcer in the same area at 18 years of age. He also had hypertension but was not on any antihypertensives yet. The initial CEAP score was C6 Ep An Pn and the VCSS was 11.

Symptoms used (symbols “+” denote intensity/prominence of the complaint; + being mild, ++ being moderate and +++ severe):



Figure 1: Case 1 - Varicose ulcer under homoeopathic treatment



Figure 2: Case 2 - Varicose ulcer under homoeopathic treatment



Figure 3: Case 3 - Varicose ulcer and stasis dermatitis under homoeopathic treatment

Physical: Ulcer on the left medial malleolus; offensive pus++; burning around wound+++; pedal oedema+; eczematous skin around ulcer and slimy stools ++.



Figure 4: Case 4 - Varicose ulcer and stasis dermatitis under homoeopathic treatment



Figure 5: Case 5 - A reopened varicose ulcer under homoeopathic treatment

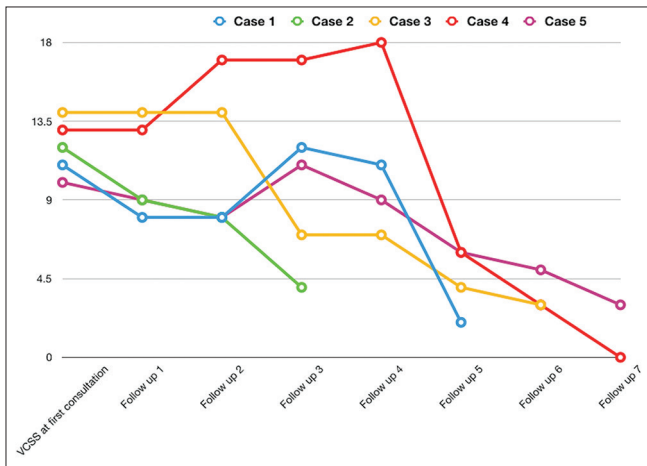


Figure 6: Venous clinical severity scores of the patients under homoeopathic treatment

Mental/emotional: Patient was under financial and personal stress. The ulcer had triggered after a stressful event in the family. The characteristic was that his sadness was relieved greatly by consolation.

Homoeopathic prescription: *Pulsatilla nigricans* 30C one dose a day for 5 days.

The detailed follow-up is mentioned in Table 1.

Outcome: The treatment period was 7 months during which the ulcer healed, and his blood pressure could be maintained at normal. The patient reported that even after 1 year of discontinuing the treatment, his ankle showed no signs of ulcer

or eczema. The discoloration, however, persisted. His sadness was better, and he was able to handle his financial situation with more confidence.

Case 2

A 35-year-old man presented with a venous ulcer [Figure 2] on the left medial malleolus on 23 December, 2016. The initial CEAP score was C6 Ec Ad Pr and the VCSS was 12.

Symptoms considered: Varicose ulcer in the left ankle; painful (+++); the left sided complaints in general; neck sensitive to tight clothing (+++) and fear of snakes (+++).

Homoeopathic prescription: *Lachesis* 200C thrice a day for 5 days.

The detailed follow-up is mentioned in Table 2.

Outcome: The initial complaint of the patient, namely, varicose ulcer on the medial malleolus completely healed but the patient discontinued further treatment for lateral malleolar ulcer. Hence, its status cannot be reported.

Case 3

This case, presented on 2 April, 2017, was of a 70-year-old patient, a rural area resident, with extensive tortuosity of veins in both the lower limbs [Figure 3], developed over 3–4 years. The skin of the right foot had become eczematous and was ulcerated in the past 3 months. He had been treated conventionally for a brief period without relief. The patient could not explain what treatment was given as he did not understand it. Initial CEAP was C6 Ep Ad Pn and VCSS was 14.

Symptoms considered

Physical: Varicose ulcer with severe itching > hot water ++; Complaints of varicose veins and the eczema appeared first on the right and then on the left. Desire for salt++, warm water to drink +++ and aversion to sweet +++.

Mental: Suicidal thoughts ++ due to personal problems – he was not productive which was pointed out to him by family members making him sad.

Fearful dreams ++, of dead people, snakes and animals.

Homoeopathic prescription: *Lycopodium clavatum* 30C thrice a day for 1 month.

The detailed follow-up is mentioned in Table 3.

Outcome: Patient continued to consult for some acute complaints occasionally. There was no relapse of ulcers even at the recent follow-up after 3 years of discontinuing the medicines. The eczema cleared up as well, but the skin discoloration and tortuosity of the veins, remained.

Case 4

Patient presented on 18 September, 2017, [Figure 4]. He was a 54-year-old man with severe stasis dermatitis with ulceration in the right lateral malleolar area. The patient had developed stasis dermatitis in both lower limbs 6 months before with oedema of

Table 1: Case 1 follow-up

Date	Symptoms	Remedy	CEAP	VCSS
23 July, 2018	Inflammatory signs present with slough formation Oedema much better Discharge with offensiveness has increased. Burning around wound better No more slimy stools Sadness better	<i>Pulsatilla</i> 30C/ BD/7 days	C4b Ep An Pn	9
4 August, 2018	Burning, oedema and offensiveness of discharges better Slough formation seen Developed Itching around wound Wound size same	<i>Pulsatilla</i> 30C/BD/ alternate weeks continued for 10 weeks	C4b Ep An Pn	8
30 October, 2018	Wound is healing, slough formation seen Serous discharge increased, not offensive Burning around wound increased since 2 weeks Itching and eczema have increased. Pedal oedema has increased since 2 weeks Sadness is aggravated by siesta +++ Burning in eczema after scratching Burning and heat in feet, uncovers them (New symptom)	<i>Staphysagria</i> 200C one dose	C4a Ep An Pn	12
16 November, 2018	Ulcer has decreased in size Eczema healing	Nil	C4b Ep An Pn	6
23 January, 2019	Ulcer completely healed Eczema is better Sleep refreshing Burning and heat in feet better Generally good in terms of well-being and energy	Nil	C4a Ep An Pn	2

CEAP: Clinical-aetiological-anatomical-pathophysiological score: C4a - pigmentation or eczema; C4b - Lipodermatosclerosis or atrophic blanche; Ep - primary aetiology; An - no venous location identified; Pn - No venous pathophysiology identified. VCSS: Venous clinical severity score

Table 2: Case 2 follow up

Date	Symptoms	Remedy	CEAP	VCSS
29 December, 2016	Pain in leg has decreased Granulation is seen in ulcerated area Oedema has decreased around ankle	<i>Lachesis</i> 200C TID 15 days	C6 Ec Ad Pr	9
13 January, 2017	Pain has reduced Ulcer is progressively healing. Granulation tissue seen Oedema has decreased around ankle Blackish discoloration has reduced	<i>Lachesis</i> 200C TID 15 days	C6 Ec Ad Pr	8
09 February, 2017	Ulcer in medial side has healed Blackish discoloration in lateral side has slightly reduced Oedema has reduced	<i>Lachesis</i> 200C TID 15 days	C6 Ec Ad Pr	7
20 April, 2017	Gap in medicine for 1 month. Medicine seems to have been antidoted with exposure to raw camphor at temple New varicose ulcer in lateral part of the lower leg above ankle since 1 month Discharge watery, with pus; mildly offensive Pain with discoloration in leg and ankle ulcers Itching in ulcer (+++) Medial ulcer healed	<i>Lachesis</i> 200C TID 15 days	C6 Ec Ad Pr	8
13 May, 2017	Varicose ulcer slightly better, watery discharge scanty Pain better by 30% Oedema better Generally better	<i>Lachesis</i> 200C TID/1 month	C6 Ec Ad Pr	4

CEAP: Clinical-aetiological-anatomical-pathophysiological score: C6 - active venous ulcer; Ec - congenital aetiology; Ad - deep veins; Pr - Reflux pathophysiology identified. VCSS: Venous clinical severity score

the legs on standing for extended periods of time. His business required him to stand for 7–8 h a day. He also described episodes of sudden loss of vision for a few minutes, for the past few months. However, ophthalmological investigation detected no abnormality.

Common causes attributable to transient bilateral vision loss are occipital epilepsy, migraine, hypoperfusion and papilloedema.^[17] However, this patient did not get his condition evaluated and it was considered by the homeopath for prescription, as clinically there was no obvious structural pathology:

The ultrasound Doppler of legs showed early varicose changes.

The initial CEAP was C4a Ep As Pn and the VCSS was 13.

Symptoms considered

Physical: Varicose swelling of legs standing on; eczema on ankle with itching, < scratching +++, < evening and scratching until it bleeds +++,

Yellow pus discharge, blood discharge; discharges ameliorate pain +++ and alcoholism++.

Mental: Contradiction agg ++; hatred, egotism, abusive and insulting.

Homoeopathic prescription

Nux vomica 200C one dose was prescribed.

The detailed follow-up is mentioned in Table 4.

Outcome: Patient was completely free of the varicose ulcer and stasis dermatitis. This has stayed so till the past follow-up in July 2020. The transient vision loss had completely resolved as well.

Case 5

The last case is of a 68-year-old man presenting with a reopened venous ulcer [Figure 5] on the left medial malleolus on 20 April, 2019. The ulcer healed a few months ago but reopened recently. He was diabetic, hypothyroid and had a small vitiligo patch on his lips. He was not taking any treatment

Table 3: Case 3 follow up

Date	Symptoms	Remedy	CEAP	VCSS
07 May, 2017	Itching, pain and burning<ulcers are healing	<i>Lycopodium</i> 30C TID 1 month	C5 Ep Ad Pn	14
04 June, 2017	Itching, ulcer, pain and burning better	Nil	C5 Ep Ad Pn	12
5 November, 2017	Ulcer healing well Burning increased>warm application Pain increased	<i>Lycopodium</i> 200C BD 10 days	C5 Ep Ad Pn	14
03 December, 2017	Itching reduced, varicose veins better No ulcers seen Burning reduced	Nil	C4a Ep Ad Pn	7

CEAP: Clinical-aetiological-anatomical-pathophysiological score: C4a - pigmentation or eczema; C5 - Healed venous ulcer; Ep - primary aetiology; Ad - deep veins; Pn - No venous pathophysiology identified. VCSS: Venous clinical severity score

Table 4: Case 4 follow-up

Date	Symptoms	Remedy	CEAP	VCSS
25 September, 2019	No changes	Nil	C4a Ep As Pn	13
02 October, 19	New eruptions with malaise and body ache Interpretation: Homoeopathic aggravation. (The patient was better in his energy level and had a feeling of well-being, but the pathological symptoms were aggravated.)	Nil		17
09 October, 19	Increase in the number of eruptions with crust formation Pain increased, unbearable Increased discharges: blood, pus and thin fluid	<i>Nux vom</i> 1M	C4a Ep As Pn	17
19 October, 19	Pain intensity has increased Discharge's intensity persists the same Interpretation: The previous dose seems to be higher than what the pt. required	<i>Nux vom</i> 30	C4a Ep As Pn	18
26 October, 19	Pain decreased by 50% Eruptions have decreased, Crusts fell off without pain	Nil	C4a Ep As Pn	6
04 November, 2019	Skin eruptions almost cured No pain and discharge. No fever	Nil	C0 Ep As Pn	3
11 November, 2019	Skin normal, no pain; no other complaints	-	C0 Ep An Pn	0

CEAP: Clinical-aetiological-anatomical-pathophysiological score: C4a - pigmentation or eczema; C0 - no visible or palpable signs of disease; Ep - primary aetiology; An - no venous location identified; Pn - No venous pathophysiology identified. VCSS: Venous clinical severity score

for any of these comorbidities and was managing with lifestyle modification. The venous Doppler showed incompetence in the left sapheno-popliteal junction and varicosities in posterior calf and medial knee.

Thyroid stimulating hormone (TSH) was 7.56 mU/L (Normal range: 0.3–5.5 mU/L); T3 and T4 hormones were within normal range.

Glycosylated haemoglobin was 8, with fasting blood sugar (FBS) of 128 mg/dl.

Initial CEAP was C5 Ep As Pn and the VCSS was 11.

Symptoms considered

Physical: Varicose ulcer in the left medial malleolus had opened again.

Sleepiness throughout the day ++.

Persistent blurred vision since 1 past month +.

Mental: Patient had emotional stress, where he felt his place in the society was compromised. He was deeply depressed with no desire to live +++.

Homoeopathic prescription: *Aurum metallicum* 30C once a day for 3 days followed by *Aurum metallicum* 12C once a day for 15 days.

The detailed follow-up is mentioned in Table 5.

Outcome: The varicose ulcer completely healed. The patient continued to consult for the vitiligo patch that also showed good progress. His blood sugar and thyroid condition have been stable. The last values available were TSH: 0.83 mU/L and FBS: 120 mg/dl.

DISCUSSION

Role of homoeopathy in chronic foot and leg ulcers has been studied to a great extent in an observational study on diabetic

foot ulcer. Nayak *et al.* studied the response of diabetic foot ulcer to predetermined 15 remedies and found the difference in ulcer assessment score to be statistically significant after the treatment.^[13] While they acknowledge the confounding effect of bandages and ancillary measures on the outcome, the effect is considerable. They included only the cases that were given the 15 predetermined remedies and excluded those that indicated others, limiting the assessment to the role of these 15 remedies. When compared, the remedies that came most commonly indicated in the study by Nayak *et al.* were *Silicea*, *Sulphur*, *Lycopodium*, *Arsenicum album* and *Phosphorous*. In our cases, the remedies used were *Pulsatilla*, *Staphysagria*, *Lachesis*, *Lycopodium*, *Nux vomica* and *Aurum metallicum*. In this case series, the remedies were not predetermined, and no bandages or adjunct measures used, removing the confounding effect of local treatment.

In the cases presented here, the strategies used to prescribe are not the same in all cases. The authors would like to draw attention to the fact that each case dictates its strategy. In the first and last cases, the causation coupled with the peculiarity of the sadness, which was better by consolation, in the first case, but was deep sadness and threatening existence in the last, indicated the remedy. While in the second and third cases were purely prescribed on the basis of physical characteristics such as the left or right side predilection and some confirmative generalities and mentals such as inability to wear tight clothing around neck and fear of snakes. The fourth case was prescribed on the basis of a totality of symptoms, indicated by full repertorisation. ‘Strategies to prescription,’ as taught by Vithoulkas give a methodical approach to the complex process of homoeopathic prescription.^[18]

This case series demonstrates the possible use of classical homoeopathy in one of the most troublesome and challenging diseases. The MONARCH causality score was 13, 8, 9, 12 and 10 for the cases, respectively [Table 6]. However, there

Table 5: Case 5 follow-up

Date	Symptoms	Remedy	CEAP	VCSS
11 May, 2019	Ulcer in medial malleolus is better Pain persists • TSH: 0.3 mU/L Generalised weakness persists Blurred vision persists	<i>Aurum metallicum</i> 12C/OD/15 days	C4a Ep As Pn	9
08 June, 2019	Ulcer completely healed Occasional sudden pain in the ulcer area Ankle oedema is much better Generally, patient is happier	<i>Aurum metallicum</i> 12C/OD/15 days	C4a Ep As Pn	6
20 June, 2019	Ulcer, pain and oedema are all very much improved Weakness and sleepiness during the day are also better	<i>Aurum met</i> 14C/OD/6 weeks	C3 Ep As Pn	5
01 August, 2019	Ulcer fully cured – no scar Generally, well; Vitiligo better Blurred vision persists (probably cataract, advised to get evaluated)	<i>Aurum metallicum</i> 14C once a day for 2 months	C0 Ep As Pn	3

CEAP: Clinical-aetiological-anatomical-pathophysiological score: C4a - pigmentation or eczema; C3 - oedema; CO - no visible or palpable signs of disease; Ep - primary aetiology; As - superficial veins; Pn - No venous pathophysiology identified. VCSS: Venous clinical severity score

Table 6: MONARCH criteria for causality

Criteria	Y	N	Not sure/ NA	Cases				
				1	2	3	4	5
1. Was there an improvement in the main symptom or condition for which the homoeopathic 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 drug intake?	1	-2	0	1	1	1	1	1
3. Was there an initial aggravation of symptoms?	1	0	0	1	0	0	1	0
4. Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	1	0	0	1	0	0	1	1
5. Did overall well-being improve?	1	0	0	1	1	1	1	1
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	1	0	0	1	0	0	1	1
6 (B) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:- from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards	1	0	0	1	0	1	1	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	1	0	0	0	0
8. Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	1	0	1	1	1	1	1
9. Was the health improvement confirmed by any objective evidence? (in these cases: CEAP, VCSS and photographs)	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
Total				13	8	9	12	10

are many limitations here. Two of the five cases were lost to follow-up, so the ultimate outcome could not be observed, and the Doppler test was performed in only two cases. This report also does not infer whether the extreme tortuosity/primary varicosity that was seen in three cases could be addressed with classical homoeopathy. The intention, however, is to raise awareness in the scientific community that there exists a possibility that needs further exploration.

CONCLUSION

The five cases presented here depict the changes in VCSS and CEAP from classical homoeopathic treatment of stasis dermatitis and chronic venous ulcers of varying severities. Although encouraging, there is a need for further controlled studies on a larger scale to provide stronger evidence for the efficacy of classical homoeopathy in these two conditions.

Declaration of Patients Consent

The authors certify that they have obtained appropriate patient consents. In the consent form, the patients have given their consent for their images and other clinical information to be reported. The patients understand that their name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Conflicts of Interest

None declared.

REFERENCES

- Davies AH. The seriousness of chronic venous disease: A review of real-world evidence. *Adv Ther* 2019;36:5-12.
- Bogachev V, Arribas JM, Baila S, Dominguez JU, Walter J, Maharaj D, *et al.* Management and evaluation of treatment adherence and effectiveness in chronic venous disorders: Results of the international study VEIN Act program. *Drugs Ther Perspect* 2019;35:396-404.
- Eklöf B, Rutherford RB, Bergan JJ, Carpentier PH, Gloviczki P, Kistner RL, *et al.* Revision of the CEAP classification for chronic venous disorders: Consensus statement. *J Vasc Surg* 2004;40:1248-52.
- Rutherford RB, Padberg FT, Comerota AJ, Kistner RL, Meissner MH, Moneta GL. Venous severity scoring: An adjunct to venous outcome assessment. *J Vasc Surg* 2000;31:1307-12.
- Vasquez MA, Rabe E, McLafferty RB, Shortell CK, Marston WA, Gillespie D, *et al.* Revision of the venous clinical severity score: Venous outcomes consensus statement: Special communication of the American venous forum ad hoc outcomes working group. *J Vasc Surg* 2010;52:1387-96.
- Xie T, Ye J, Rerkasem K, Mani R. The venous ulcer continues to be a clinical challenge: An update. *Burns Trauma* 2018;6:18.
- Chwała M, Szczeklik W, Szczeklik M, Aleksiejew-Kleszczyński T, Jagielska-Chwała M. Varicose veins of lower extremities, hemodynamics and treatment methods. *Adv Clin Exp Med* 2015;24:5-14.

8. Vemulapalli S, Parikh K, Coeytaux R, Hasselblad V, McBroom A, Johnston A, *et al.* Systematic review and meta-analysis of endovascular and surgical revascularization for patients with chronic lower extremity venous insufficiency and varicose veins. *Am Heart J* 2018;196:131-43.
9. Lattimer CR, Kalodiki E, Geroulakos G, Hoppensteadt D, Fareed J. Are inflammatory biomarkers increased in varicose vein blood? *Clin Appl Thromb Hemost* 2016;22:656-64.
10. Yu C, Wang X, Hong Y, Chen G, Ge J, Cao H, *et al.* Expression profile of tRNA-derived fragments and their potential roles in human varicose veins. *Mol Med Rep* 2019;20:3191-201.
11. Vithoulkas Compass v5.1. Vithoulkas Compass; 2020. Available from: <https://www.vc.vithoulkascompass.com/#url=mycompass/index> [Last accessed on 2020 July 20].
12. Shetye PS, Khariwala FK. A pathological case of varicose ulcer. *Homeopath Links* 2005;18:37-9.
13. Nayak C, Singh V, Singh K, Singh H, Gupta J, Ali M, *et al.* A prospective observational study to ascertain the role of homeopathic therapy in the management of diabetic foot ulcer. *Am J Homeopath Med* 2011;104:166-76.
14. Ghosh S, Saha S, Hossain S, Sengupta D, Roy S, Roy C. Healing of diabetic foot ulcer by homeopathic therapeutic aid: A case study. *Am J Homeopath Med* 2012;105:34-41.
15. Mahesh S, Mallappa M, Vithoulkas G. Gangrene: Five case studies of gangrene, preventing amputation through homeopathic therapy. *Indian J Res Homeopath* 2015;9:114-22.
16. Mahesh S, Mallappa M, Vithoulkas G. Embryonal carcinoma with immature teratoma: A homeopathic case report. *Complement Med Res* 2018;25:117-21.
17. Feroze KB, O'Rourke MC. Transient loss of vision. In: *Stat Pearls*. Treasure Island, FL: Stat Pearls Publishing; 2021.
18. Homeopathy IAOC. E Learning Program by Prof. Vithoulkas. Alonissos, Greece: International Academy of Classical Homeopathy; 2020. Available from: <https://www.vithoulkas.edu.gr/member> [Last accessed on 2020 July 20].

Úlcera venosa y dermatitis por estasis tratada con homeopatía clásica: serie de casos

Introducción: La enfermedad venosa crónica es responsable de gran parte de la carga mundial de morbilidad debido a su prevalencia e impacto socioeconómico. Son deseables métodos no invasivos para tratar las úlceras resultantes, que impactan negativamente la movilidad. Resumen de casos: Presentamos cinco casos de dermatitis por estasis y úlceras venosas de diversa gravedad, tratados con homeopatía clásica individualizada que muestran el progreso registrado con el sistema de clasificación integral de trastornos venosos crónicos (etiología clínica, fisiopatología anatómica), puntaje y puntaje de severidad clínica venosa. Es necesario seguir investigando científicamente el papel de la homeopatía clásica en las enfermedades vasculares periféricas.

用古典顺势疗法治疗静脉曲张和瘀滞性皮炎。一个案例系列

简介:慢性静脉疾病由于其流行性和社会经济影响，在全球疾病负担中占了很大的比重。处理由此产生的溃疡的非侵入性方法是可取的，这些溃疡对活动能力有负面影响。

案件摘要:我们介绍了五例严重程度不同的瘀滞性皮炎和静脉曲张，采用个性化的经典同质疗法治疗，显示了慢性静脉疾病综合分类系统（临床病因学、解剖学、病理生理学）评分和静脉临床严重程度评分的进展。

有必要进一步科学地研究古典顺势疗法对周围血管疾病的作用。

Venöses Ulkus und Stauungsdermatitis, behandelt mit klassischer Homöopathie: Eine Fallserie

Einführung: Chronische Venenerkrankungen sind aufgrund ihrer Prävalenz und ihrer sozioökonomischen Auswirkungen für einen großen Teil der weltweiten Krankheitslast verantwortlich. Nicht-invasive Methoden zur Behandlung der daraus resultierenden Geschwüre, die sich negativ auf die Mobilität auswirken, sind wünschenswert. **Zusammenfassung der Fälle:** Wir stellen fünf Fälle von Stauungsdermatitis und venösen Ulzera unterschiedlichen Schweregrades vor, die mit individueller klassischer Homöopathie behandelt wurden und deren Fortschritte mit dem umfassenden Klassifizierungssystem für chronische Venenerkrankungen (klinische Ätiologie, anatomische Pathophysiologie) und dem venösen klinischen Schweregrad-Score erfasst wurden. Es besteht die Notwendigkeit, die Rolle der klassischen Homöopathie bei peripheren Gefäßerkrankungen weiter wissenschaftlich zu untersuchen.

परंपरागत होम्योपैथी से विनीस अल्सर तथा स्टैसिस डर्माइटिस का उपचार किया गया था: एक मामला श्रृंखला

प्रस्तावना: अपनी मौजूदगी एवं सामाजिक-आर्थिक प्रभाव के कारणवश क्रॉनिक विनीस रोग ज्यादातर वैश्विक बीमारियों के बोझ के संदर्भ में जिम्मेवार है। परिणामी अल्सर को उपचारित करने के गैर-आक्रामक तरीके, जो गतिशीलता को नकारात्मक रूप से प्रभावित करते हैं, वे वांछनीय हैं। **मामला सारांश:** हम स्टैसिस डर्माइटिस तथा घटती-बढ़ती उग्रता वाले विनीस अल्सर के पाँच मामले प्रस्तुत कर रहे हैं, जिन्हें वैयक्तिपरक परंपरागत होम्योपैथी के साथ उपचारित किया गया था और जिन्होंने क्रॉनिक वेनस विकारों हेतु विस्तृत वर्गीकरण प्रणाली (नैदानिक हेतुकी संरचनात्मक पैथोफिजियोलॉजी) प्रासांक तथा विनीस नैदानिक उग्रता प्रासांक के साथ दर्ज किए अनुसार प्रगति दर्शायी है। अमुख्य संवहनीय रोगों में परंपरागत होम्योपैथी की भूमिका को वैज्ञानिक रूप से और अधिक जांचना अपेक्षित है।

Ulcère veineux et dermatite de stase traités par homéopathie classique : Une série de cas

Introduction: La maladie veineuse chronique est responsable d'une grande partie de la charge de morbidité mondiale en raison de sa prévalence et de son impact socio-économique. Des méthodes non invasives pour traiter les ulcères qui en résultent, et qui ont un impact négatif sur la mobilité, sont souhaitables. **Résumé des affaires:** Nous présentons cinq cas de dermatite de stase et d'ulcères veineux de gravité variable, traités avec l'homéopathie classique individualisée, montrant les progrès enregistrés par le système de classification complet des troubles veineux chroniques (étiologie clinique, anatomie, physiopathologie) et le score de gravité clinique veineuse. Il est nécessaire d'approfondir scientifiquement le rôle de l'homéopathie classique dans les maladies vasculaires périphériques.