

Obstinate chronic venous ulcer treated with the homoeopathic medicine *Silicea*: A case report

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Abstract

Introduction: Vascular leg ulcers are highly prevalent conditions that have difficult management, a high sanitary cost and an impact on the patient's quality of life. Individualised homoeopathic treatment could be a safe and affordable therapeutic option for venous ulcers. **Case Summary:** A 35-year-old male was treated with homoeopathic medication for an intractable case of chronic venous ulcer. Individualised homoeopathic medicine, *Silicea*, was prescribed after thorough case-taking, which led to improvement in subjective and objective symptoms. The Modified Naranjo Criteria score was 8 following the homoeopathic treatment, which shows positive causal attribution of the individualised homoeopathic medicine *Silicea* in this case. To draw more firm conclusion about the role of classical Homoeopathy in the management of peripheral vascular diseases, more in-depth research is necessary.

Keywords: Chronic venous ulcer, Homoeopathy, MONARCH, ORIDL, *Silicea*

INTRODUCTION

Venous ulcers are wounds that occur mainly in the legs due to the improper functioning of veins.^[1] Venous ulcers are most commonly seen on the leg, especially around the ankle (gaiter's zone). Venous ulcers are brought on by aberrant venous hypertension. Varicose ulcers, post-thrombotic ulcers, gravitational ulcers, etc., are additional terms for venous ulcers.^[2]

Venous leg ulcers (VLUs) place a considerable burden on the clinical, social and financial aspects of healthcare. Up to 1% of individuals suffer from VLUs, and the prevalence rises to >4% in the elderly; these conditions are a constant source of pain, discomfort and social shame, which can harm the patient's quality of life that is severe to that of people who have congestive cardiac failure.^[3,4] Despite the obvious clinical and socioeconomic burden, little progress has been made in treating VLU over the years. There are a variety of conservative and interventional alternatives, including compression therapy, topical and systemic medications and surgical procedures.^[5] In conventional treatment, standard care involves the use of compression bandages for venous ulcers. Antiseptics and antibiotics, on the other hand, do not help the healing process or lessen the bacterial density of the lesion.^[6] This is supported by

a recent Cochrane review, which found that topical antibiotic and antiseptic efficacy are weak, and there is no evidence to back up the regular administration of systemic antibiotics to hasten the healing of VLUs.^[7]

For the treatment of venous ulcers, the aim should be to prevent recurrence, with minimal side effects and reduced cost of treatment. Homoeopathy is a useful and safe therapeutic option that is popular because it is cost-effective and rarely produces any side effects.^[8,9] This system of medicine is strictly based on individualisation. For the selection of medicine, more emphasis is given to the striking, uncommon and peculiar characteristic signs and symptoms of the case of disease (§153).^[10]

There are a few case reports on homoeopathic treatment of VLUs, however, large, controlled studies are lacking.^[11-13] A case report demonstrated *Silicea*'s usefulness in treating VLUs.^[11] Another case report showed that *Hamamelis virginica*, *Calcarea flourica* and *Flouricum acidum* were

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useful in the management of varicose ulcers on the legs.^[12] The increased incidence of leg ulcers, economic burden and recurrence of ulcers increase the scope of Homoeopathy in this regard. In this case, both subjective and objective clinical findings were gathered, and potential causal attributions were assessed using scales that were already validated.^[14-16] The HOM-CASE guidelines were followed in reporting this case.^[17]

PATIENT INFORMATION

A 35-year-old male presented with an ulcer on the right leg near the medial malleolus, along with pain and a thin, sticky discharge from the affected part and the complaints were ameliorated by the warmth [Figure 1a]. In addition, he also complained of itching in the affected region.

His complaint started 20 years ago. Initially, a small, round-shaped ulcer developed over the medial malleolus of the right ankle and gradually increased in size. Then he took allopathic treatment, but no changes occurred. At last, as per advice from the doctor, he went through surgical procedures twice, but no satisfactory improvement was found, and the same complaints reappeared. Past records of the treatment taken, and the procedures undergone were not available, but from the patient's description, it might have included compression therapy and debridement. Due to repeated unsatisfactory results, he became mentally depressed and ultimately came to seek homoeopathic treatment.

Past history

The patient had no reportable illnesses except for some gastric disturbances. No history of trauma or infections at the affected area or any other probable affection could be elicited.

Family history

No significant illnesses in the family were reported by the patient.

Personal history

The patient earlier assisted his father in loading and unloading goods since childhood, and later started to work as a water purifier technician, which required him to stand for a long duration. He belonged to a middle-class socioeconomic strata. He consumed alcohol occasionally (once in 2–3 month intervals; about 120 mL on each occasion).

Clinical findings

The patient was tall, had a fair complexion and had an average frame, with a weight of 55 kg. Mild pallor, generalised dry skin and pitting oedema on the right foot, including the ankle were observed on physical examination.

An ulcer measuring 4.0 cm by 2.5 cm was present on the right leg near the medial malleolus. The floor of the ulcer was reddish-brown, and the edges were irregular and ill-defined. Thin discharge was also oozing from the ulcer, and pitting pedal oedema was also present. The arterial pulse on the affected limb was diminished. There was no joint deformity.

According to the leg ulcer measurement tool,^[15] the character of the discharge was serosanguinous, and the quantity of discharge was small. The wound had partial thickness skin loss with necrotic tissue type as soft grey-to-black eschar; dusky pink granulation tissue was identified. Pitting oedema was present on the ankle, and the localised infection was identified on the assessment of bioburden.

Generals

Thermally, the patient was sensitive to cold weather. He reported loss of appetite with no desire to eat and was averse to eating meat. His tongue was clean, and he drank 2.5–3 L of water a day. He had constipation and passed hard stool every other day. His perspiration was normal. In general, sleep was peaceful and adequate, with no specific sleeping position. Mentally, he was calm, mild, soft-spoken and gentle. He had come with his wife, who described his calm nature and said that he never raised his voice or used harsh words.

Diagnostic assessment

Based on the clinical examination and available history, the patient was diagnosed as a case of chronic venous ulcer.

Therapeutic intervention

The symptomatology that was taken into consideration for repertorisation is shown in Figure 2. (repertorised using Kent's repertory from RadarOpus 3.0.16 software).^[18] As per the repertorial analysis, *Silicea* had the highest score (7/20), making it the first indicated medicine [Figure 2]. After consulting with Materia Medica, *Silicea* was chosen for the final prescription after considering the entirety of the repertorial information and the other presenting characteristics

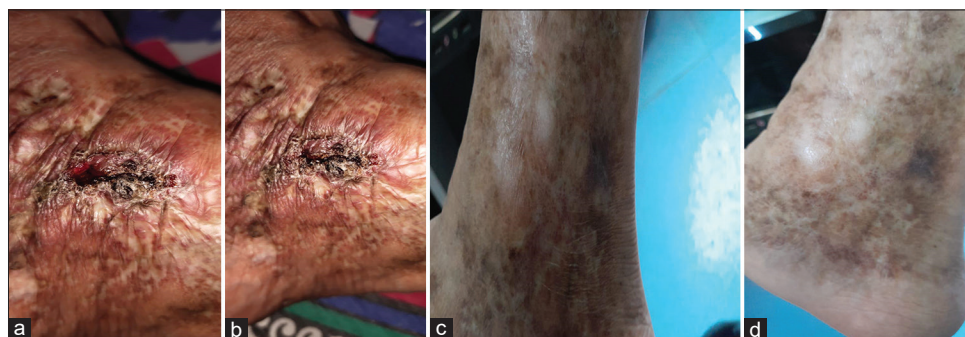


Figure 1: (a-d) Varicose ulcer under homoeopathic treatment. (a) 1st consultation, (b) during homoeopathic treatment, (c) during homoeopathic treatment, (d) 4th visit

(fair complexion, dry skin, pale face and chilly patient).^[19-21]

Two doses of *Silicea* 200 C in sugar of milk were prescribed, to be taken orally, followed by 14 days of placebo. The patient was instructed to follow regular dressings of the affected part with *Calendula* mother tincture. The potency, doses and repetitions were based on the homoeopathic principles.

Follow-up and outcomes

The details of the follow-ups are presented in Table 1.

Following the medicine, the ulcer of the leg started recovering, and other complaints such as appetite, consistency and regularity of stool also improved. Within 5 months of the follow-up, the patient was doing well and

additional concerns involving appetite and bowel function also improved.

The outcome in relation to impact on daily living (ORIDL) instruments was used to measure the patient-reported outcome.^[14] The ORIDL scores [Table 1] gradually turned positive and (+4), and noticeably improved after using the individualised homoeopathic medicine. The leg ulcer measurement tool (LUMT), a disease-specific quality of life questionnaire, was used to evaluate the patient’s outcome including quality of life.^[15] Each domain’s scores on this questionnaire were lowered, showing improvement in the patient’s quality of life [Table 2].

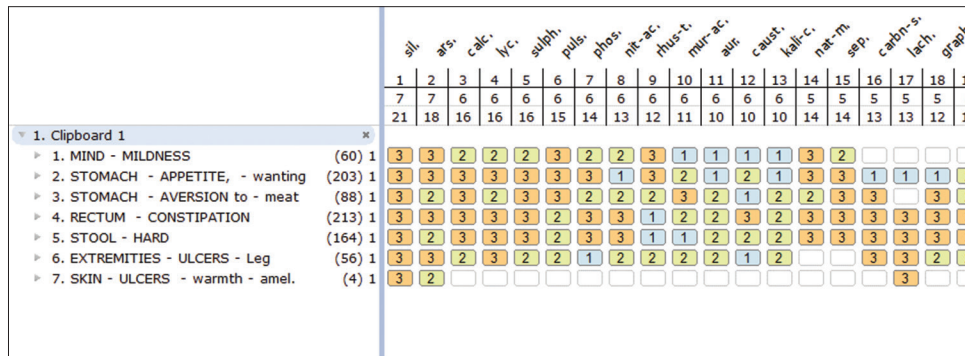


Figure 2: Repertorisation chart

Date	Indications for prescription	Medicine with doses and repetition	Justification	ORIDL score	
				Main complaints	Overall well-being
1 st visit; 30 November 2022	Repertorial analysis along with the below symptoms - fair complexion, dry skin, pale face and chilly patient	<i>Silicea</i> 200/2 doses. To be taken in the early morning, on an empty stomach for 2 days.	1 st prescription	0	0
1 st follow-up; 29 December 2022	Same	<i>Silicea</i> 1M/2 doses. To be taken in the early morning, on an empty stomach for 2 days.	As there was no change, the same medicine was prescribed in higher potency	0	0
2 nd follow-up; 24 January 2023	Pain in leg has decreased. Discharge decreased and granulation was seen in the ulcerated area. Oedema has decreased around the ankle, and itching decreased. Bowel movement is slightly better. Appetite increased.	Placebo	The patient was improving hence no medicine was prescribed	+2	+2
3 rd follow up; 14 March 2023	No pain, Crusts fell off without pain, no discharge and slight itching present. Stool complaint improved. Appetite good.	Placebo	The patient was improving hence placebo was prescribed again	+3	+3
4 th follow up; 25 April 2023	Skin normal, no pain; bowel movement normal, appetite normal; no other complaints	Placebo	Complete restoration of health in approximately 5 months, healthy skin restored.	+4	+4
5 th follow up; 25 July 2023	There was no recurrence of old complaints; the generals were normal, and the physician also advised the patient to visit the clinic every 3 months to check for recurrence of venous ulcer				

ORIDL: Outcome in relation to impact on daily living

Table 2: Leg ulcer measurement tool

(A) Clinician rated domains		Before treatment	During treatment (At 8 weeks)	After treatment
A1. Exudate type	0 None	1	1	0
	1 Serosanguinous			
	2 Serous			
	3 Sero purulent			
	4 Purulent			
A2. Exudate amount	0 None	2	1	0
	1 Scant			
	2 Small			
	3 Moderate			
	4 Copious			
A3. Size (from edge of advancing border of epithelium) (Length×Width)	0 Healed	2	1	0
	1 <2.5 cm ²			
	2 2.5–5.0 cm ²			
	3 5.1–10.0 cm ²			
	4 10.1 cm ² or more			
A4. Depth	Tissue layers	1	1	0
	0 Healed			
	1 Partial thickness skin loss			
	2 Full thickness			
	3 Tendon/joint capsule visible			
A5. Undermining	4 Probes to bone			
	Greatest at - o' clock	2	2	0
	0 0 cm			
	1 >0–0.4 cm			
	2 >0.4–0.9 cm			
A6. Necrotic tissue type	3 >0.9–1.4 cm			
	4 >1.5 cm			
	0 None	3	2	0
	1 <i>Loose</i> white-to-yellow slough			
	2 <i>Attached</i> white-to-yellow slough or fibrin			
A7. Necrotic tissue amount	3 <i>Soft</i> grey-to-black eschar			
	4 <i>Hard</i> dry black eschar			
	0 None visible	1	1	0
	1 1–25% of wound bed covered			
	2 26–50% of wound bed covered			
A8. Granulation tissue type	3 51–75% of wound bed covered			
	4 76–100% of wound bed covered			
	0 Healed	2	2	0
	1 Bright beefy red			
	2 Dusky pink			
A9. Granulation tissue amount	3 Pale			
	4 Absent			
	0 Healed	2	1	0
	1 76–100% of wound bed covered			
	2 51–75% of wound bed covered			
A10. Edges	3 26–50% of wound bed covered			
	4 1–25% of wound bed covered			
	0 Healed	2	1	0
	1 >50% advancing border of epithelium or indistinct borders			
	2 <50% advancing border of epithelium			
	3 Attached is no advancing border of epithelium			
	4 Unattached or undermined			

(Contd...)

Table 2: (Continued)

(A) Clinician rated domains		Before treatment	During treatment (At 8 weeks)	After treatment
A11. Peri ulcer skin viability	Number of factors affected	2	2	0
- Callus	0 None			
- Dermatitis (pale)	1 One only			
- Maceration	2 Two or three			
- Induration	3 Four or five			
- Erythema (bright red)	4 Six or more factors			
- Purple blanchable				
- Purple non-blanchable				
- Skin dehydration				
A12. Leg edema type	0 None	2	2	0
	1 Non-pitting or firmness			
	2 Pitting			
	3 Fibrosis or lipodermato sclerosis			
	4 Indurated			
A13. Leg edema location	0 None	2	2	0
	1 Localised periulcer			
	2 Foot, including ankle			
	3 To mid calf			
	4 To knee			
A14. Assessment of bioburden	0 Healed	3	2	0
	1 Lightly colonised			
	2 Heavily colonised			
	3 Localised infection			
	4 Systemic infection			
Total-(A) Clinician Rated Domains:		27	21	0
(B) Patient (Proxy) Rated Domains				
B1. Pain amount (as it relates to the Leg ulcer)	Numerical rating scale (0–10)	3	2	0
<i>Rate your pain, experienced in the last 24 h, on a scale from 0 to 10, where 0 is "no pain" and 10 is the "worst pain."</i>	0 None			
	1 >0–2			
	2 >2–4			
	3 >4–7			
	4 >7			
B2. Pain frequency (as it relates to the leg ulcer)	0 None	2	1	0
<i>"Which of the following terms best describes how often you have had pain in the last 24 h?"</i>	1 Occasional			
	2 Position dependent			
	3 Constant			
	4 Disturbs sleep			
B3. Quality of life (as it relates to the leg ulcer)	0 Delighted	4	2	0
<i>"How do you feel about the quality of your life at the present time?"</i>	1 Satisfied			
	2 Mixed			
	3 Dissatisfied			
	4 Terrible			
Total-(B) Patient (Proxy) Rated Domains:		09	5	0
Proxy Completed by:			Dr. S.P.	
Total LUMT Score:		36	26	0

LUMT: Leg ulcer measurement tool

The patient reported timely consumption of medicines as per in the specified dose and complied with other restrictions at every follow-up. He had followed the recommendations well and had no complaints about the tolerance of the intervention. The signs of improvement were documented through photographs [Figures 1a-d and 3].

The Modified Naranjo Criteria for Homoeopathy (MONARCH) was used to evaluate the cause-attribution of prescription

medicines.^[16] Evaluated MONARCH score (+8) aided in explaining that improvement could be attributed to homoeopathic medicine [Table 3].

No undesirable adverse events were observed during treatment that might be classified as adverse drug reactions.^[22,23] Furthermore, the patient did not report of any homoeopathic aggravation while receiving treatment.

Table 3: Assessment after 5 months of treatment by Modified Naranjo Criteria for Homoeopathy

Domains	Modified Naranjo criteria for Homoeopathy	Response of the patient	Scores
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	Yes	+1
3	Was there a homoeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main prescribing complaint, improved or changed)?	Yes	+1
5	Did overall well-being improve (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements?)	Yes	+1
6	A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
	B. Direction of cure: Did at least one 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	Not sure	0
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8	Are there alternative causes (other than the medicine) that with a high probability- could have produced the improvement? (consider known course of the disease, other forms of treatment and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations and clinical examination)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0

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



Figure 3: 5th visit (25 July 2023)

DISCUSSION

Vascular leg ulcers are highly prevalent and are difficult to manage, leading to, a high sanitary cost and a high impact on the patient's quality of life. An increasing number of patients use complementary and alternative medicine (CAM) for being efficacious, cost-effective and non-invasive.^[9] Homoeopathy

is the most popular CAM and most of the patients opted for it due to its long-term benefits. The patient, in this case, displayed the typical symptoms and was treated for 5 months with the individualised homoeopathic medicine *Silicea* with increasing potencies, depending on the patient's response.

Silicea is used for the treatment of ulcers due to its ability to modulate the macrophage activity and induce lysosomal destabilisation, caspase-1 activation and IL-1B secretion.^[24,25] Thus *Silicea* was not only indicated based on the symptomatology, but due to its role in wound healing due to its pharmacological properties.^[24,25] The medicine was chosen based on the totality of symptoms with the consultation of the *Materia Medica*.^[19,20,21] The potency selection or change in potency was done based on homoeopathic principles, the susceptibility of the individual and the guidelines about the second prescription of Kent's philosophy.^[26] The patient's progress was monitored in follow-up using the LUMT questionnaire score (at baseline +36 and the end of treatment 0) and the ORIDL scale (at the end of treatment +4).^[15,14] MONARCH inventory was used to evaluate the curative response of a homoeopathic drug.^[16] The final score was 8, indicating a likely correlation between medicine and the result.

Homoeopathy is a scientific method of treatment that follows a holistic approach. This case shows that when a disease picture and a drug picture are more similar, the results are more likely to be encouraging. Within a reasonable timeframe, a quick recovery could be seen in this case thus decreasing the amount of suffering, and also leading to an improved quality of life. In addition, this case highlights the importance and relevance of individualisation in Homoeopathy.

However, there is a paucity of studies on VLU. Two published case reports have shown positive results, both treated with

more than one homeopathic medicine.^[11,12] In one of these reports, the new medicine was selected based on the miasmatic profile of the case.^[11] However, in our case, a single medicine was selected in different potencies throughout the period of improvement. No mother tincture was prescribed for consumption in the presented case (calendula mother tincture was used for local application only), but in the above-mentioned two cases, one of the cases of venous ulcer reported the use of material dose.^[12]

However, the scope and effectiveness of homeopathic medicines in venous ulcers must be explored with well-planned, documented randomised clinical studies.

Patient perspective

The patient said that he was very happy after taking homeopathic treatment for his complaint, as it helped him avoid surgery.

CONCLUSION

The use of individualised, constitutional homeopathic medicine is crucial in patient care. The homeopathic medicine, *Silicea*, was found useful in treating ulcer. More documented cases and scientific trials can reaffirm this observation.

Declaration of the patient's consent

The authors certify that they have obtained all appropriate patient's consent for using his images and other clinical information reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

None declared.

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Titre : Ulcère veineux chronique persistant traité par le médicament homéopathique Silicea : à propos d'un cas

Introduction: Les ulcères vasculaires de jambe sont des affections très répandues qui ont une prise en charge difficile, un coût sanitaire élevé et un impact sur la qualité de vie du patient. Une option thérapeutique sûre et abordable pour les ulcères veineux peut être le traitement homéopathique individualisé. Résumé du cas: Un homme de 35 ans a été traité avec des médicaments homéopathiques pour un cas incurable d'ulcère veineux chronique. La médecine homéopathique individualisée, Silicea, a été prescrite après une étude de cas approfondie, qui a permis une amélioration des symptômes subjectifs et objectifs. Le score des critères Naranjo modifiés était de 8 après le traitement homéopathique, ce qui montre dans ce cas une attribution causale positive du médicament homéopathique individualisé Silicea. Pour tirer des conclusions plus définitives sur le rôle de l'homéopathie classique dans la gestion des maladies vasculaires périphériques, des recherches plus approfondies sont nécessaires.

Titel: Hartnäckiges chronisches Venengeschwür, behandelt mit dem homöopathischen Arzneimittel Silicea: Ein Fallbericht

Einleitung: Gefäßgeschwüre an den Beinen sind weit verbreitete Erkrankungen, die schwierig zu behandeln sind, hohe Gesundheitskosten verursachen und die Lebensqualität des Patienten beeinträchtigen. Eine sichere und kostengünstige Therapieoption für venöse Geschwüre kann eine individualisierte homöopathische Behandlung sein. Fallzusammenfassung: Ein 35-jähriger Mann wurde wegen eines hartnäckigen chronischen Venengeschwürs mit homöopathischen Medikamenten behandelt. Nach gründlicher Fallaufnahme wurde das individualisierte homöopathische Arzneimittel Silicea verschrieben, das zu einer Verbesserung der subjektiven und objektiven Symptome führte. Der modifizierte Naranjo-Kriterien-Score betrug nach der homöopathischen Behandlung 8, was in diesem Fall eine positive kausale Zuordnung des individualisierten homöopathischen Arzneimittels Silicea zeigt. Um fundiertere Schlussfolgerungen über die Rolle der klassischen Homöopathie bei der Behandlung peripherer Gefäßerkrankungen zu ziehen, sind eingehendere Untersuchungen erforderlich.

क्रोनिक शिरापरक अल्सर का होम्योपैथिक दवा सिलिश्या से इलाज: एक केस रिपोर्ट

परिचय : संवहनी पैर के अल्सर बहुत आम रोग हैं जिनका प्रबंधन कठिन होता है, स्वच्छता की उच्च लागत होती है और इनसे रोगी के जीवन की गुणवत्ता पर प्रभाव पड़ता है। शिरापरक अल्सर के लिए एक सुरक्षित और किफायती चिकित्सीय विकल्प व्यक्तिगत होम्योपैथिक उपचार हो सकता है। **सारांश:** एक 35 वर्षीय पुरुष को क्रोनिक शिरापरक अल्सर के एक असाध्य मामले का इलाज होम्योपैथिक दवा से किया गया। व्यक्तिगत होम्योपैथिक दवा, सिलिश्या, पूरी तरह से केस लेने के बाद निर्धारित की गई, जिससे व्यक्तिपरक और वस्तुनिष्ठ लक्षणों में सुधार हुआ। होम्योपैथिक उपचार के बाद संशोधित नारंजो क्राइटेरिया स्कोर 8 था, जो इस मामले में व्यक्तिगत होम्योपैथिक दवा सिलिश्या के सकारात्मक प्रभाव को दर्शाता है। परिधीय संवहनी रोगों के प्रबंधन में शास्त्रीय होम्योपैथी की भूमिका के बारे में अधिक ठोस निष्कर्ष निकालने के लिए, अधिक गहन शोध आवश्यक है।

Título : Úlceras venosa crónica obstinada tratada con el medicamento homeopático Silicea: reporte de un caso

Introducción: Las úlceras vasculares de las piernas son afecciones altamente prevalentes, de difícil manejo, alto costo sanitario y repercusión en la calidad de vida del paciente. Una opción terapéutica segura y asequible para las úlceras venosas puede ser el tratamiento homeopático individualizado. Resumen del caso: Un hombre de 35 años fue tratado con medicación homeopática por un caso intratable de úlcera venosa crónica. Se prescribió el medicamento homeopático individualizado, Silicea, después de un estudio minucioso de los casos, lo que condujo a una mejoría de los síntomas subjetivos y objetivos. La puntuación de los Criterios de Naranjo Modificados fue de 8 después del tratamiento homeopático, lo que muestra una atribución causal positiva del medicamento homeopático individualizado Silicea en este caso. Para sacar conclusiones más firmes sobre el papel de la homeopatía clásica en el tratamiento de las enfermedades vasculares periféricas, es necesaria una investigación más profunda.

标题 : 顺势疗法药物 Silicea 治疗顽固性慢性静脉溃疡一例报告

简介: 腿部血管性溃疡是一种非常普遍的疾病, 治疗困难、卫生成本高并且影响患者的生活质量。静脉性溃疡的一种安全且负担得起的治疗选择可能是个体化顺势疗法。病例摘要: 一名 35 岁男性因顽固性慢性静脉溃疡接受顺势疗法治疗。经过彻底的病例分析后, 医生开出个体化顺势疗法药物 Silicea, 使主观和客观症状得到改善。顺势疗法治疗后的改良 Naranjo 标准评分为 8, 这表明个体化顺势疗法药物 Silicea 在本例中具有积极的因果归因。为了对经典顺势疗法在外周血管疾病治疗中的作用得出更确切的结论, 需要进行更深入的研究。