

Homoeopathy in management of chronic ischaemic ulcer: An evidence-based case report

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Abstract

Introduction: Ischaemic or arterial ulcer occurs when there is an obstruction in the arterial supply to a particular part of the human body leading to necrosis. These are extremely painful types of chronic wounds. Treating arterial ulcers is a difficult task for the physician since supportive measures such as compression therapy and leg elevation are contraindicated. Surgical intervention is the ultimate approach to manage in conventional medicine. The homoeopathic system of medicine offers a wide range of medicines and a holistic approach to treat such cases non-invasively. **Case Summary:** A case of a 75-year-old woman who suffered from chronic ischaemic ulcer for the past year, successfully managed using frequent doses of homoeopathic medicines *Arsenicum album* and *Calendula officinalis*, is reported here. The duration of treatment was 4 months.

Keywords: Amputation, *Arsenicum album*, *Calendula officinalis*, Dermatology, Homoeopathy, Ischaemic ulcer, Vascular diseases

INTRODUCTION

Chronic leg ulcer (ICD 10–L97) is defined as a break in the skin below the level of the knee persisting for more than 6 weeks and showing no tendency to heal after three or more months. The prevalence is 0.6–3% of those aged over 60 years, increasing to over 5% of those aged over 80 years.^[1] A study revealed about 4.5/1000 population prevalence of chronic wounds in the community.^[2] In the future, almost 10% of the population will develop a chronic wound, with a wound-related mortality rate of 2.5% contributing a significant burden to the community.^[3]

Based on aetiology, chronic leg ulcers are of two types, venous ulcer (ICD 10–I87) which is the most common type, accounting for more than 90% of all cases, due to venous or valvular insufficiency and ischaemic ulcer or arterial ulcer, (ICD 10–I70) which constitutes only 10% but are the most painful and more challenging ulcers to treat.

Pathophysiology of chronic ischaemic ulcers is attributed to occlusions or blockage in arteries. The arteries become stenotic because of lipid deposition in arterial vessel walls, often due to high levels of circulating cholesterol or triglycerides leading to tissue hypoxia to deliver to the leg and foot, resulting in cell

death and tissue breakdown.^[4] Other causes which trigger arterial ulcers are vasculitis, micro thrombotic diseases and trauma. The risk factors include advanced age, obesity, repeated pressure, comorbid conditions such as diabetes mellitus and hyperlipidemia, hypertension and autoimmune diseases such as sickle cell anaemia, leprosy and tuberculosis.^[4,5] Sedentary lifestyle, smoking and alcohol habits are other lifestyle risk factors.^[5]

Deep ulcer with a punched-out edge, rest limb pain, increasing pain especially at night, friable granulation tissue, discharge with a foul odour and wound breakdown instead of healing are the features of ischaemic ulcers.

Ischaemic ulcers pose a significant public health problem. These impose a significant and underappreciated burden on the individual, the health-care system and society. Systematic studies reveal the negative impact of vascular ulcers on the quality of life of the patients such as disability and significant emotional trauma.^[6]

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Current conventional treatment options are angioplasty, stenting and bypass grafting. Amputation for chronic ischaemia is performed when preservation of the limb is not possible, or gangrene develops.

At present, there are a multitude of therapeutic approaches for the management of chronic ulcers. However, Homoeopathy is one of the systems of medicine with a holistic approach to chronic conditions.^[7] All physical, especially mental, and pathological elements are incorporated in the management of any disease.^[8] It always had a unique prescribing strategy, unlike modern medicine which focuses primarily on the pathological component of the disease. The system discovered by Dr. Samuel Hahnemann has its own philosophy and perpetual doctrine. Due to the low prevalence of arterial ulcers, homoeopathic studies about management and outcome are highly needed. This case report describes the successful outcome of homeopathic treatment and demonstrates the scope of Homoeopathy in surgical cases.

PATIENT INFORMATION

A 75-year-old female Mrs. A, moderately built, belonging to low socio-economic status, a homemaker, consulted for the complaints of multiple painful ulcers in the right leg shown in Figure 1a-c for the past year.

History of present illness

The patient's complaints started in December 2019 after her brother passed away suddenly. She was in extreme shock and did not cry. The very next day she developed a small swelling near the right ankle joint. Within 24 h, the swelling spread to the entire right lower limb. She was in extreme pain and had a high-grade fever, at one point she lost consciousness and was immediately rushed to the emergency department of a private tertiary health-care centre. After a thorough investigation, she was diagnosed with right foot cellulitis, acute compartment syndrome and acute renal failure (ARF). A fasciotomy of the right leg was performed as immediate management. Dialysis was done for ARF management during that period. The wound after the fasciotomy procedure failed to heal. Despite following regular cleaning and dressing, and intake of a wide range of antibiotics, the ulcer did not heal and was extremely painful. The patient became bedridden, further small ulcers started to appear and the colour of her leg

changed to black. Surgical intervention was advised but the patient and her family members were hesitant to undergo it and instead explored other systems of medicine, thus finally came for homoeopathic treatment.

Personal history

The patient was a strict vegetarian and had an extreme aversion to the smell of meat. She would wake up early in the morning to perform regular prayers, and despite being disabled, did intense cleaning of her room. She had also become quarrelsome, always picking fights with her caregivers, which was not so before her disease condition. She preferred refrigerated cold water, though it caused physical discomfort. Deep-fried and oily food were her favourite food items.

She had no history of diabetes, hypertension, or any other comorbid conditions. Family history was insignificant. Her body temperature was 98°F; blood pressure was 120/80 mmHg and pulse rate was 76/min.

On examination, multiple, extremely painful ulcers were seen over the frontal and medial aspect of the right lower leg, right ankle joint and over the calf. The ulcers were deep, irregular in shape, with punched-out edge, with a hard lardaceous base. The larger ulcers were 5 cm × 2 cm and 3 cm × 3 cm respectively, with purulent discharge. Pitting oedema and inflammation were observed over the surrounding area [Figure 1a-c]. Peripheral pulse was diminished.

Diagnostic assessment

Doppler ultrasonography of the right lower limb (arterial and venous) dated October 3, 2020, revealed multiple calcifications in the superficial femoral and popliteal artery, and diffuse spontaneous oedema in the leg and foot.

Blood investigations revealed eosinophilia (absolute eosinophil count: 530/ul), raised mean corpuscular volume (94 fl), raised erythrocyte sedimentation rate (68 mm/h) and increased mean corpuscular hemoglobin concentration (44 gHb/100 mL). Renal function test results were within the normal range.

Totality of symptoms

The case had unique mental generals such as fastidiousness, quarrelsome nature and ailments from silent grief. Physical generals such as a desire for cold water and oily and greasy food, aversion to cold air, and smell of meat became important

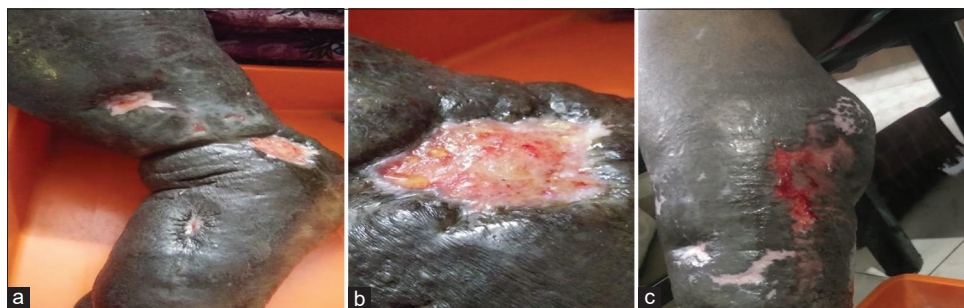


Figure 1: Before treatment (lesion as on 16 December 2020). (a) Arrows pointing to two ulcers with punched-out edge, shiny and hairless skin. (b) Pale unhealthy granulation tissue with yellowish exudate. (c) Small ulcers and significant oedema over the calf

Repertorisation Sheet - Homopath IceBreaker										
Physician Name : Dr. _____										
Patient Name : _____										
Date : 16/12/2020										
Remedy	Ars	Lyc	Sulph	Merc	Sil	Puls	Nux-v	Acon	Bry	Nat-m
Totality	28	27	21	21	20	19	19	19	18	17
Symptoms Covered	10	8	8	6	7	8	7	5	5	7
[Complete] [Mind] Fastidious:	3	4	3	0	1	4	3	0	0	0
[Complete] [Mind] Anger:Ailments from, agg.:Grief, with silent:	2	4	0	0	0	1	1	4	4	3
[Complete] [Mind] Quarrelsomeness, scolding:	4	4	4	4	3	1	4	4	3	4
[Complete] [Generalities] Food and drinks:Cold:Drinks, water:Agg.:	4	3	4	4	4	4	4	4	4	4
[Complete] [Generalities] Food and drinks:Cold:Drinks, water:Desires:	4	3	1	4	1	2	3	4	4	3
[Complete] [Generalities] Food and drinks:Fat and rich food:Desires:	2	0	3	0	0	0	3	0	0	1
[Complete] [Generalities] Food and drinks:Meat:Aversion:Smell of:	1	0	0	0	0	0	0	0	0	0
[Complete] [Extremities] Ulcers:Painful:Lower limbs:	4	3	1	3	4	2	0	0	0	0
[Complete] [Extremities] Ulcers:Ankles:	1	3	3	3	3	1	0	0	0	1
[Complete] [Skin] Ulcers:Discharges:Yellow:	3	3	2	3	4	4	1	3	3	1

Figure 2: Repertorisation using complete repertory

generals, and aggravation on taking cold food and drinks were recorded.

Particular symptoms of the lesion such as location, deep and painful in nature and colour of discharge were recorded.

Analysis and evaluation of symptoms

Mentals

- Fastidious
- Ailments from Grief, with silent
- Quarrelsomeness.

Physical general

- Cold drinks aggravation
- Desire for cold drinks
- Desire for Fat (oily) and rich food
- Aversion to smell of meat.

Particulars

- Ulcers in the lower extremity, ankle, painful in nature
- Deep ulcer
- Yellowish discharge.

Miasmatic analysis

A miasmatic evaluation of all the presenting symptoms was done which showed the predominance of sycotic miasm with some syphilitic features [Table 1].

Repertorisation

Based on the symptomatology, repertorisation was done using complete repertory from the Homopath Ice breaker version. *Arsenicum album* was the highest-scoring medicine covering the maximum number of rubrics [Figure 2].

Table 1: Miasmatic analysis of the case

Symptom	Miasm
Fastidious	Sycosis
Religious	Sycosis
Ailments from Grief, with silent	Sycosis
Quarrelsomeness	Sycosis
Cold drinks aggravation	Psora
Desire for cold drinks	Syphilis
Desire for Fat (oily) and rich food	Sycosis
Aversion to smell of meat	Sycosis
Painful ulcers in lower limbs, ankle	Syphilis
Yellow- coloured discharge	Sycosis
Occlusion of arteries	Sycosis

Therapeutic intervention

Individualized homoeopathic medicines were selected according to the symptom similarity. *Arsenicum album* 30C (four medicated globules of size 40) was prescribed to be taken sublingually, twice a day for 5 days and *Calendula ointment* (external application) manufactured by Sharda Boiron Laboratories Ltd was prescribed.

Follow-up and outcome

The patient was followed-up and assessed for 5 months as shown in Table 2. During follow-up, a series of photographs were taken with the consent of the patient. Gradual healing and closure of the ulcer are observed in Figure 3. Complete healing and closure were observed [Figure 4a-c]. Causal attribution of changes was assessed, using the Modified Naranjo Criteria for

Table 2: Timeline of follow up

Date of follow up	Main symptom	Prescription	Justification
16 December 2020	Painful ulcer with purulent discharge	<i>Arsenicum album</i> 30C/b.i.d, 5 days <i>Calendula</i> ointment Placebo	Prescription after repertorisation
26 December 2020	The pain increased for about 3 days, colour of discharge changed from yellow to clear and the patient was distressed due to the pain	Placebo	Homoeopathic aggravation observed and favourable change in discharge colour. This implied that remedy and potency selection were was rate
20 January 2021	Pain reduced, watery discharge present	Placebo	Favourable follow-up
26 February 2021	Pain reduced significantly; granulation tissue appeared in larger ulcer, smaller ulcers on the calf healed completely	Placebo <i>Calendula</i> ointment	Favourable follow-up
17 March 2021	The larger ulcer showed signs of healing, a slight increase in pain	<i>Arsenicum album</i> 30C, b.i.d for 5 days	Increase in symptom intensity, same remedy repeated
25 April 2021	Ulcer replaced by scar tissues	Placebo	Favourable follow-up

Homoeopathy [Table 3]. Her caretakers reported a significant change in her quarrelsome nature. She became more adjustable and calmer after the healing of the ulcer.

After wound closure, the patient underwent rehabilitation therapy and walking ability was restored. Due to financial conditions and the pandemic crisis, the patient was unable to undergo blood investigations and Doppler investigations after the completion of treatment.

DISCUSSION

In modern medicine, a case of ischemic ulcer is advised surgical intervention (revascularization).^[4] High incidence of amputation is observed in chronic limb ischaemic patients since gangrene tends to set in them.^[9] Impact of psychological factors and negative emotions on ulcer healing has been established in multiple evidence-based studies.^[10-12] The present case report was aimed to present the remarkable effect of *Arsenicum album* in the management of chronic ischaemic ulcers. Effective pain management, and faster and more durable wound closure was the primary goal in management.

In this case, the patient suffered from painful ulcers for about a year in spite of regular dressing and allopathic medication which was significantly more than the average healing period of ischaemic ulcer.^[13] This clearly indicated a blockage in the vital force of the patient that resulted in delayed healing.^[14]

After repertorization, the top five suitable remedies were *Arsenicum album*, *Lycopodium clavatum*, *Sulphur*, *Mercurius sol.* and *Silicea*.

Any of the above medicines would have apparently palliated the complaints temporarily, but as recommended in the literature, only the most similar remedy covers the disease state of the patient as a whole, and thus would ensure long-term, curative results. In this case, *Arsenicum album* emerged as the similimum by covering the maximum number of symptoms. *Arsenicum album* is a tri-miasmatic remedy suitable for chronic diseases and having traits of all three miasms, such as psora, syphilis, and sycosis. The peculiar,



Figure 3: After treatment (arrow showing significant reduction in the size of ulcer with the appearance of granulation tissue as on 26 February 2021)

the characteristic mental expressions of *Arsenicum album* such as fastidiousness (demands things to be neat/clean/organized, in spite of her disability does cleaning work of her room), religious and thermal characteristics, refrigerated drinks causing general discomfort (chilly patient) were present. Furthermore, pathological symptoms such as hard painful ulcers in the ankle with yellowish discharge were also covered by *Arsenicum album*.^[15] None of the other medicines had the above-mentioned characteristic features. Hence, the medicine was selected after referring to both repertory and Materia Medica. Since the case had structural changes, the remedy was given in 30C potency. Similar evidence establishing the efficiency of *Arsenicum album* in the management of gangrene, venous ulcer and diabetic ulcers is available.^[8,16,17]

This similimum, which was administered in low doses, acts as a complex nano-structures, sending weak, external/internal environmental stressor signal (hormetin) similar to that of disease condition to trigger the neural and cellular defenses (hormesis).^[18] Human body being a self-organized, inter-connected, complex adaptive system



Figure 4: (a-c) After treatment, complete closure of the ulcer and significant reduction in oedema as on 25 April 2021

Table 3: Monarch Inventory of the case (improved version of the Modified Naranjo Criteria for Homeopathy)

Modified Naranjo Algorithm	Yes	No	Justification
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	The appearance of granulation tissue, a reduction in pain
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake	+1	-2	The improvement was observed within 2 weeks of medication
3. Was there an initial aggravation of symptoms?	+1	0	Homoeopathic aggravation was observed initially after five doses of <i>Arsenicum album</i> 30C
4. Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1	0	Not observed
5. Did overall well-being improve?	+1	0	Since there was a huge relief in severe pain, overall well-being is felt by the patient
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	Not observed
6B. 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 downwards?	+1	0	The direction of the cure from the top downwards is observed. Initially, small ulcers in the calf region healed first followed by the larger one near the ankle of the right leg
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	Not observed
8. Are there alternative causes (other than the medicine) that—with a high probability— could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	Only <i>Arsenicum album</i> 30C and <i>Calendula</i> ointment promoted healing since supportive measures such as compression bandage, leg elevation and calf muscle physiotherapy exercises could not be done
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination)	+2	0	Photographic documentation was done in follow-up Figures 3a-c and 4a-c
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	Not observed
Total score: +9			

*The numbers in bold font represent the option selected

responds to this hormetin by activating thrombolytic agents such as plasmin and proteases for the removal of the arterial blockage.^[19]

Calendula was used for its anti-septic properties as an external application to avoid further infection.^[20] During the follow-up, there was an initial aggravation followed by the gradual improvement in the disease condition which was favourable as per Kent's third observation.^[21] The appearance of granulation tissue was observed, as shown in Figure 3. This indicated that the choice of remedy and its potency was accurate. Hence, the same prescription was repeated whenever the improvement of the case was stagnant. After about 4 months of treatment, the ulcer healed completely. Modified Naranjo criteria for Homeopathy were applied to assess the likelihood of a causal

relationship between homeopathic intervention and clinical outcome.^[22,23] The total score of +9 shown in Table 3 validated the effect of given individualized homeopathic medicine *Arsenicum album* and the outcome.

CONCLUSION

The above case report shows that homeopathy could play a significant role in the management of surgical cases, provided the medicine is selected on the basis of individualization, applying totality of symptoms for remedy selection, while also considering the pathogenicity of the disease for potency selection. Further advanced studies like case series and randomized control trials could add more substance to this inference.

Patient perspective

The patient was satisfied with the treatment protocol and was surprised to see how the wound healing process was gentle and short. After the homeopathic treatment, the patient was advised to undergo physical rehabilitation therapy, and now she is in good mental condition and able to engage in normal routine work. The treatment helped her not only to cure the wound but also to improve her quality of life, both physically and mentally.

Declaration of patient consent

Written informed consent was obtained before taking any patient photographs and using them for publication purposes.

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Nil.

Conflicts of interest

None declared.

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L'homéopathie dans la prise en charge des ulcères ischémiques chroniques: un rapport de cas fondé sur des données probantes

L'Introduction: Un ulcère ischémique ou artériel se produit lorsqu'il y a une obstruction dans l'approvisionnement artériel à une partie particulière du corps humain conduisant à la nécrose. Ce sont des blessures chroniques extrêmement douloureuses. Le traitement des ulcères artériels est une tâche difficile pour le médecin puisque des mesures de soutien comme la compression et l'élévation des jambes sont contre-indiquées. L'intervention chirurgicale est l'approche ultime de la gestion en médecine conventionnelle. Le système homéopathique de la médecine offre un large éventail de médicaments et une approche holistique pour traiter de tels cas de manière non invasive.

Résumé du cas: Un cas d'une femme de 75 ans qui a souffert d'un ulcère ischémique chronique au cours de la dernière année, géré avec succès en utilisant des doses fréquentes de médicaments homéopathiques *Arsenicum album* et *Calendula officinalis* est rapporté ici. La durée du traitement était de quatre mois. Une documentation photographique a été faite et présentée ici après avoir obtenu le consentement du patient.

Homöopathie bei der Behandlung von chronisch ischämischen Geschwüren: Ein evidenzbasierter Fallbericht

Einleitung: Ein ischämischer oder arterieller Ulkus entsteht, wenn die arterielle Versorgung eines bestimmten Körperteils gestört ist, was zu Nekrosen führt. Es handelt sich dabei um äußerst schmerzhaftes Arten von chronischen Wunden. Die Behandlung von arteriellen Ulzera ist eine schwierige Aufgabe für den Arzt, da unterstützende Maßnahmen wie Kompressionstherapie und Hochlagerung der Beine kontraindiziert sind. In der konventionellen Medizin ist ein chirurgischer Eingriff die letzte Möglichkeit der Behandlung. Das homöopathische Medizinsystem bietet eine breite Palette von Arzneimitteln und einen ganzheitlichen Ansatz zur nicht-invasiven Behandlung solcher Fälle.

Zusammenfassung des Falles: Hier wird über den Fall einer 75-jährigen Frau berichtet, die seit einem Jahr an einem chronischen ischämischen Geschwür litt, das mit häufigen Gaben der homöopathischen Arzneimittel *Arsenicum album* und *Calendula officinalis* erfolgreich behandelt wurde. Die Dauer der Behandlung betrug vier Monate. Mit dem Einverständnis der Patientin wurde eine Fotodokumentation angefertigt und hier vorgestellt.

क्रोनिक इस्कीमिक अल्सर के प्रबंधन में होम्योपैथी का उपयोग: एक साक्ष्य – आधारित केस रिपोर्ट

परिचय: इस्कीमिक या अर्टीरिअल अल्सर तब होता है जब मानव शरीर के किसी भाग में धमनियों द्वारा होने वाली आपूर्ति अवरुद्ध हो, जिससे कि नेक्रोसिस हो जाता है। ये क्रोनिक जखम अत्यंत दर्दनाक होते हैं। अर्टीरिअल अल्सर का उपचार करना चिकित्सक के लिए एक कठिन कार्य होता है क्योंकि कम्प्रेसन थेरेपी और लेग एलिवेशन जैसे सहायक उपाय नहीं किए जा सकते। पारंपरिक चिकित्सा में शल्य चिकित्सा ही अंतिम उपाय होता है। होम्योपैथिक चिकित्सा प्रणाली में कई तरह की दवाएं उपलब्ध हैं जिनसे बिना किसी चीर-फाड़ के ऐसे मामलों का उपचार समग्र तरीके से हो सकता है।

केस का सारांश: यहां एक 75 वर्षीय वृद्ध महिला का केस प्रस्तुत किया जा रहा है जो पिछले एक साल से क्रोनिक इस्कीमिक अल्सर से पीड़ित थी और होम्योपैथिक दवाओं जैसे *आर्सेनिकम एल्बम* और *कैलेंडुला ऑफिसिनैलिस* के अनेक खुराकों का सेवन करने से ठीक हो गई। उपचार की अवधि चार महीने थी। फोटोग्राफिक दस्तावेज़ीकरण मरीज की अनुमति से प्रदर्शित किया जा रहा है।

Homeopatía en el tratamiento de la úlcera isquémica crónica: Un informe de caso basado en la evidencia

Introducción: La úlcera isquémica o arterial ocurre cuando hay una obstrucción en el suministro arterial a una parte particular del cuerpo humano que conduce a la necrosis. Estos son tipos extremadamente dolorosos de heridas crónicas. El tratamiento de las úlceras arteriales es una tarea difícil para el médico, ya que las medidas de apoyo como la terapia de compresión y la elevación de la pierna están contraindicadas. La intervención quirúrgica es el enfoque definitivo para el manejo en la medicina convencional. El sistema homeopático de la medicina ofrece una amplia gama de medicamentos y un enfoque holístico para tratar estos casos de forma no invasiva.

Resumen del caso: Se informa aquí el caso de una mujer de 75 años que sufría de úlcera isquémica crónica durante el último año, manejada con éxito usando dosis frecuentes de medicamentos homeopáticos *Arsenicum album* y *Calendula officinalis*. La duración del tratamiento fue de cuatro meses. La documentación fotográfica se realizó y presentó aquí después de obtener el consentimiento del paciente.

势 法治 慢性缺血性 循 病例报告.

引言：当人体特定部位的动脉供 受阻 致坏死时，就会 生缺血性或动脉 。这些都是非常痛苦的慢性 口。治 动脉 对医生来 是一 巨的任 ，因 像压迫治 和抬腿这样的支持性措施是禁忌的。手术干 是 医学 中的最 管理方法。 势 法医学系 提供了广泛的 物和非侵入性治 此类病例的整体方法。

病例摘要：本文报告了一例75 的女性病例，她在过去一年中患有慢性缺血性 ，并成功地使用了 繁 量的 势 法 物砷(Arsenic Album)和金 花(Calendula Officinalis)。治 时 4个月。在获得患者同意后，在此处 完成并出示了照片文件。