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An analysis of homoeopathy's efficacy in treating persistent leg ulcers

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Abstract

Chronic leg ulcers are defined as any persistent injury that does not show signs of healing after three months of appropriate treatment or after one year of treatment the damage has not fully healed. There are a number of risk factors for ulceration, including smoking, obesity, diabetes mellitus, and advanced age. The most common forms of chronic leg ulcers are venous, arterial, and neuropathic ulcers. A higher degree of homoeopathy is associated with an increased incidence of leg ulcers, a higher body mass index, and ulcer recurrence. In this study, we will look at the research on homoeopathy as a treatment for persistent leg ulcers.

Materials and Methods: For this study, we searched databases such as PubMed, Google Scholar, Wiley online library, Springer, Scopus, and the AYUSH portal for any and all relevant research articles, reviews, case series, and reports published between 1990 and July 2020. Study designs and clinical outcomes were used to classify and evaluate this body of research.

Results: Three of the five investigations (a case study, an observational research, and a randomised clinical trial) found that internal and external homoeopathic treatment significantly improved the symptoms of chronic leg ulcers. The results show that homoeopathy is a good method for treating varicose ulcers and diabetic foot ulcers, two types of chronic leg ulcers. The best outcomes in treating this sickness were achieved by combining internal and exterior treatments. More research is required to confirm the usefulness of homoeopathy, since there is now just a small amount of data available.

Keywords: Chronic leg ulcer, varicose ulcer, diabetic foot ulcer, homoeopathy

Introduction

Chronic leg ulcers (CLUs) are skin lesions that start below the knee and don't seem to be going away any time soon, even after three or more months have passed. Several factors, including as being overweight, smoking, having diabetes, being older, etc., raise the likelihood of atherosclerotic occlusion, which raises the frequency of ulceration [1]. The patient's quality of life may be significantly diminished by these excruciating, crippling leg ulcers. The key to effectively treating persistent leg ulcers is identifying and treating their underlying causes [2]. Physical and psychological symptoms of leg ulcers include pain, itching, very offensive discharges, swelling, and impaired mobility. These symptoms can lead to a variety of negative outcomes, including but not limited to: social isolation, anger, depression, lack of self-control,

hopelessness, a diminished perception of one's own cleanliness, and low self-esteem as a result of an inaccurate perception of one's own body [3, 4, 5]. with 1.9% to 13.1% of the global population suffers with CLU. The epidemiology of ulcers in India has been the subject of little research. According to one study, around 4.5 out of every 1000 people have been affected by this illness. The rate of acute wounds was 10.5 per 1000 people, which is more than twice the previous rate [6, 7]. Between 0.6-3.0% of those aged 60 and above, and more than 5% of those aged 80 and up, may be affected [8]. The Wound Healing Society reports that around 15% of the elderly population in the United States deals with chronic wounds, the most common of which are bedsores, diabetic foot ulcers, and pressure ulcers (venous stasis). Between two and three million Americans get a diagnosis of a chronic



wound each year [9]. In the United Kingdom, the estimated yearly incidence of leg ulcers is 3.5 per 1000 people, whereas in Switzerland, it is 0.2 per 1000 people. Vascular ulcers are more common in older adults, with an estimated incidence of 500,000 to 600,000 cases in the United States [10, 11]. Venous ulcers, arterial ulcers, and neuropathic ulcers are the three primary kinds of chronic leg ulcers (CLUs) according to their cause. In terms of the causes of ulcers, venous illness accounts for 81%, which is the most severe form of chronic venous insufficiency; arterial ulcers account for 16.3% [3]; and

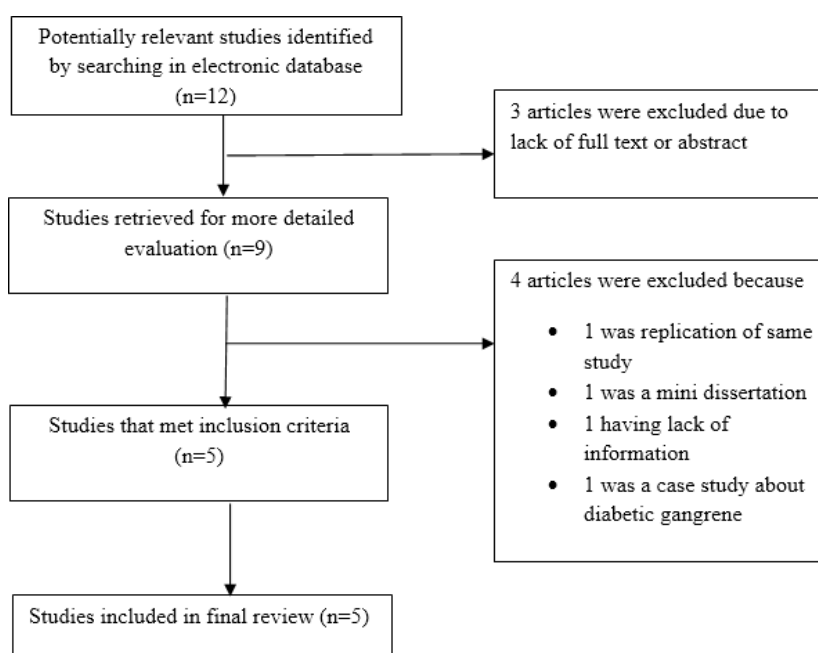
A small percentage of diabetic foot ulcer patients experienced Ulcers in the lower extremities may be caused by leprosy, diabetes, venous illness, and trauma, according to an Indian research. Additionally, venous aetiology accounts for the majority of chronic leg ulcers in India, with Filariasis, Tuberculosis, and Leprosy being other possible causes [2]. Lastly, neuropathy, diabetes, venous and arterial insufficiency, or a mix of these are the primary causes of chronic leg ulcers [12]. Chronic leg ulcers, namely varicose ulcers and diabetic foot ulcers, have been the subject of little homoeopathic research when it comes to treatment y were evaluated using abstracts and full texts.

options. Clinical studies based on evidence and case series make up the bulk of the research. The economic burden, rising prevalence of leg ulcers, and recurrence of ulcers all contribute to the expanding scope of homoeopathy in this area. In this study, we will look at the research on homoeopathy as a treatment for persistent leg ulcers.

Methods

Literature search and identification of studies

A comprehensive literature search was conducted using the keyword chronic leg ulcer, varicose ulcer, arterial ulcer, diabetic review, research papers, case series, and case reports published till July 2020 revealing the scope of Homoeopathy in addressing chronic leg ulcers in databases including Pub Med, Google Scholar, Wiley online library, Springer, Scopus, and the AYUSH portal. Publication in any language other than English was strictly prohibited (i.e., journals that do not undergo peer review). We focused on studies that examined the efficacy of homoeopathic medications for chronic leg ulcer management, either alone or in combination with other treatments. Data were retrieved from all eligible references after the





second author. After extraction of the data, a total, five (n=5) studies were found to be eligible as per the criteria.

Result of review ^[13-17]

Out of the search results using keywords, the first abstracts of studies were analyzed whether they tested the efficacy of Homoeopathic medicine in managing chronic leg ulcers. Only 5 studies were selected based on their abstract due to the limited number of literature. Diabetic gangrene has been excluded from this study. Out of these 5 studies, 3 are case studies and one is a prospective observational study and one is a randomized clinical trial. Full text and abstract of these 5 studies were analyzed for its study design, methodology, Homoeopathic medicine prescribed, and their outcome. (Figure 1)

The approach of homoeopathy in diabetic foot ulcer

A prospective observational study was conducted by the Central Council for Research in Homoeopathy, Hyderabad from October 2005 to September 2009. 63 cases were enrolled in the study. Using the rubrics 'Diabetes mellitus' and 'Non-healing Ulcer' in The Complete Repertory fifteen pre-defined Homoeopathic medicines were selected. These were: Sulphur, Silicea, Lycopodium, Arsenium album, Lachesis, Phosphorus, Sepia, Phosphoricum Acidum, Opium, Mercurius solubilis, Pulsatilla, Secale cornutum, Calcarea carbonicum, Plumbum metallicum, and Rhus Toxicodendron. Based on the totality of symptoms of each patient, similimum was selected from this shortlist of medicines. The outcome was assessed by a reduction in diabetic foot ulcer symptom score. Out of fifteen medicine,

9 medicines prescribed for the patients. 5 most useful medicines found in this study were Silicea, Sulphur, Lycopodium, Arsenicum album, and Phosphorus. In 95.5% of the cases in which Silicea administered showed an improvement, Sulphur in 90.9% of cases, Lycopodium and Arsenicum album in 100%, and Phosphorus in 75% cases showed improvement⁷. Most of the cases were cured within 3 months and few at the end of the study ^[13].

The approach of homoeopathy in the varicose ulcer

Homoeopathic therapy has shown great promise in the treatment of persistent and recurrent varicose ulcers, according to a case study conducted by Chandranath Das. The patient was prescribed Natrum mur 200/2 dosages for 5 days to treat a varicocele-related ulcer on the right leg, and calendula mother tincture was used topically. The recommended dosages for Arnica, Ars Alb, and Ipecac are as follows: 200/2 doses once daily for 2 months, 30/8 doses twice daily for 6 days, and 30/2 doses once daily for 1 month. The patient was then

provided a course of treatment that included daily dosages of 200/2 Natrum Sulph for 8 days, 1M/1 Lycopodium for 11 days, 30/4 Calcarea sulph for 2.5 months, and 200/2 Silicea for the ultimate cure. The varicose ulcer entirely healed after 5 months of therapy with homoeopathic drugs [15]. The effectiveness of Novel Wound Healing Powder in treating venous leg ulcers was demonstrated in a case study by Angela V et al., which involved three cases of the condition. The formulation included active ingredients such as Calendula officinalis L and Arnica montana L, as well as inactive ingredients like Mentha arvensis and Santalum album, respectively, with a weight percentage of 90% mint and 10% sandalwood. The use of this powder in conjunction with compression wraps or stockings has been shown to alleviate wound discomfort and speed up the healing process for wounds that are difficult to heal. In addition to reducing foul odours, it helped keep the site moist, sealed it from germs, and absorbed excess wound exudates [16].

The approach of homoeopathy in leg ulcer

Homoeopathic medicine Sulphur, Silicea, and Carbo vegetabilis at a 6th centesimal potency is beneficial in treating leg ulcers, according to a randomised clinical experiment carried out by B Garrett et al. Nine patients from the Southport and Formby Hospital clinic, seven from the Queen Victoria Hospital clinic, and a total of twenty-three patients were randomly assigned to either the test group or the control group for this research. The seven patients who were not interested in or could not have safely received homoeopathic therapy were placed in a placebo group. Throughout the course of the research, patients received standard medical treatment and nursing care. Measurements of ulcers taken throughout the average 4.2 weeks of therapy demonstrate that patients' ulcer healing was improved when SSC was added to their therapies [17].

Discussion

Following the personal approach, one of the cardinal concepts of Homoeopathy, CCRH has used



predetermined medications based on the whole repertory in the prospective observational research. Most patients were completely well within three months with no side effects following the intervention, and the validated DFU symptom score was used to measure the improvement's significance [13].

A diabetic foot ulcer was treated in the evidence-based research by Peresis et al. with an internal application of homoeopathic medication (Hepar. sul) and an exterior application of Calendula mother tincture. After implementing this intervention, the author noticed a significant 85.2% improvement in the DFU scale and a decrease in blood sugar levels. The findings were further supported by the Modified Naranjo criteria's causal attribution score, which indicates that the homoeopathic treatment was effective [14].

Once again, Chandranath Das successfully treated a long-standing and recurring venous ulcer using homoeopathic intervention, which involved both external and internal medicine. The patient took different medicines at different intervals based on the severity of their symptoms. The treatment lasted for 5 months. The main flaw here is that the author relied only on ulcer photos as prognostic indicators both before and after the operation [15]. Three venous ulcer patients treated with a mixture of Calendula, Arnica, Mentha, and Santalum album shown significant pain relief and ulcer speed healing without adverse effects such as exudates or foul odours, according to a case study by Angela et al. [16]. Aphorism 272-.274 in the 6th edition of the Organon of medicine explains that homoeopathy's fundamental principle—the single medication administration—is opposed by the use of this combination of pharmaceuticals [18]. The inclusion of Sulphur, Silicea, Carbo.

enhance homoeopathy's efficacy in chronic leg ulcers.

Vegetables (SSC)-6C potency speeds up the healing of ulcers in 4.2 weeks while causing no ill effects, according to a randomised controlled experiment by Garette et al. [17]. The strategy concept of single pharmaceutical prescription was once again violated by this procedure. They will choose the remedies based on their propensity to cure ulcers, assuming that the drug has an affinity for varicosities. In addition, the sample size is too small to draw any firm conclusions, yet the pathologic-based statistical data is impressive. In homoeopathy, the patient's whole set of symptoms, including disease pathology, is considered while choosing a therapy. Hahnemann stressed that ulcers might have internal or external origins in aphorisms 185–203 of the 6th edition of the Organon of Medicine. Any ulcers that persist after removing those caused by surgery or trauma are most likely Psoric. The precise prognosis of the underlying illness and the external ulcer could be difficult to determine if treatment is limited to the outside. He warned us to use prudence and internal medicine alone when dealing with these circumstances.

Conclusion

Homoeopathy has great success in treating varicose ulcers and diabetic foot ulcers, two types of chronic leg ulcers. Homoeopathic medicine has been shown to be effective in treating leg ulcers and similar conditions in a number of trials. Additionally, chronic leg ulcers may be effectively treated with a combination of homoeopathic drugs and external treatments. The exact amount of There are available confirmations that demonstrate the efficacy of homoeopathy, and further research is needed in this area. Standardised techniques based on diagnostic and prognostic factors, together with high sample sizes, are necessary to

Table 1: Summary of studies

	Evidence Grade	Evidence B	Evidence C
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Summary of studies	Outcome	95.5% of the cases in which Silicea regulated demonstrated improvement, Sulphur in 90.9% of cases, Lycopodium and Arsenicum collection in 100%, and Phosphorus in 75% cases indicated improvement Based on n totality of symptoms	Based on the totality of symptoms Hepar sulph 30, 200 & 1M given serially& calendula mother tincture externally. 10 months of treatment shows the stamped decrease of localized infection, healing of the ulcer & 85.2% improvement in DFUEvaluation scale & decrease in the glucose level. The score of Modified Naranjo Criteria was 9, shows causal attribution of Homeopathic treatment with the result
	Intervention	Silicea, Sulphur, Lycopodium, Arsenicum album, and Phosphorus, sepia, Secale cor, Calcarea carb, plumbum met	Hepar sulph in various potencies & Externally calendulamother tincture
	Study design	prospective observational study	Case report
	Treatment duration & sample size	4 years 63 cases	1 year 1 case
	Journal name	Indian Journal of Research in Homoeopathy 2012 Apr 1;6 (2):22	Indian Journal of Research in Homoeopathy. 2018 Jul1;12(3):180
	Title	A prospective observational study to ascertain the role of homeopathic therapy in the management of diabetic foot ulcer: C. Nayak, Vikram Sing, Krishna Singh, Hari Singh, Jaya Gupta, Mohd. Shahid Ali, Hima Bindu Ponnamm	Integrative management of diabetic foot ulcer with Homoeopathy and standard care: Gadde P, Narasimhulu D, Rompicherla KG

Table 2: Summary of studies

	Evidence Grade	Evidence Grade C	Evidence Grade C	Evidence Grade B
Summary	Outcome	According to indications Natrum mur 200, Arnica 200, Ars Alb 30 & Ipecac 30, Natrum Sulph 200, Lycopodium 1M and Calcarea sulph gave and finally Silicea 200 was prescribed to cure the case	The combined use of compression stockings or wraps and Novel Wound Healing Powder was found to reduce wound pain and accelerate the healing of slow-to-heal wounds. Also, it absorbed excessive wound exudates, sealed the wound from bacteria, helped maintain moisture balance and reduced the malodor	addition of SSC to the patients' treatments enhanced ulcer healing
	Intervention	Individualized Homoeopathy	Novel Wound Healing Powder a formulation of Calendula officinalis L (SI 0.1% vol/wt) plus Arnica montana L (SI 0.01% vol/wt) and inactive ingredients Mentha arvensis (mint, 90% wt/wt) plus Santalum album (sandalwood, SI 10% wt/wt)	Sulphur. Silicea and Carbo vegetabilis in 6 th centesimal potency
	Study design	Case report	Until patients get cured	4.2 weeks



of studies	Treatment duration & sample size	5 months 1 case	Case study 3 cases	randomized clinical trial 23 patients
	Journal name	International Journal of Pharmaceutical Sciences and Research. 2013 Aug 1;4(8):3266-3269	The Journal of the American College of Certified Wound Specialists. 2011 Jun 1;3(2):33-41	Journal of Dermatological Treatment. 2009 Jul 12. Pages 115-117
	Title	Evidence-based Homoeopathy in treating long-standing & recurring venous ulcer – A prospective and interventional study: Das C	Novel wound healing powder formulation for the treatment of venous leg ulcers: Ghatnekar AV, Elstrom T, Ghatnekar GS, Kelechi T	A trial of homoeopathic treatment of leg ulcers: BGarrett, Pv Harrison, T Stewart & I Porter

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