



Assessing The Therapeutic Potential Of Lycopodium Clavatum In Venous Ulcer Patient: A Case Report

Keerthana Sree I¹ & Ananthasivaseran S²

¹Assistant Professor, Department of Anatomy, Venkateswara Homoeopathic Medical College & Hospital, (Affiliated to The Tamil Nadu Dr. M. G. R. Medical University, Chennai) Porur, Chennai, Tamil Nadu.

²Medical Officer, Venkateswara Homoeopathic Medical College & Hospital, (Affiliated to The Tamil Nadu Dr. M. G. R. Medical University, Chennai) Porur, Chennai, Tamil Nadu.

ABSTRACT:

Varicose ulcers are the most common complication arising from varicose veins, predominantly affecting adults. Treatment for Varicose ulcer involves maintaining sterility by keeping the ulcer clean and dry, frequently dressing the wound, and performing surgery to prevent further complications. Homeopathy, with its holistic approach, offers significant potential for managing venous ulcers by addressing the underlying issues and promoting healing from within. Case summary: A 53-year-old woman presented with an ulcer on the medial aspect of the left leg near the medial malleolus, accompanied by itching and a thin, sticky discharge from the affected area. The patient was on allopathic medication but got no improvement. Patient's signs and symptoms were taken in detail as per homoeopathic principles then analysed the symptoms, and prescriptions were made based on the totality of symptoms, i.e., a holistic approach. The medicine prescribed was Lycopodium Clavatum 200, has showed a remarkable improvement in the patient in reducing the ulcers. This article gives a detailed report on the way to recovery of the patient through homeopathic medicines by following Homeopathy principles.

Keywords: Case report, Homoeopathy, Varicose ulcer

INTRODUCTION

Venous ulcers are wounds that primarily develop in the legs due to improper functioning of veins.¹ These ulcers are most commonly found on the lower leg, particularly in the ankle region known as the gaiter's zone. They result from abnormal venous hypertension and are also referred to as varicose ulcers, post-thrombotic ulcers, or gravitational ulcers, etc.² Venous leg ulcers (VLUs) significantly impact the clinical, social, and financial dimensions of healthcare. Affecting up to 1% of the population, their prevalence increases to over 4% among the elderly. VLUs often cause persistent pain, discomfort, and social stigma, severely affecting patients' quality of life—comparable to the challenges faced by individuals with congestive heart failure.^{3,4} Despite the clear clinical and socioeconomic burden, advancements in the treatment of VLUs have been limited over the years. Various treatment options are available, including conservative measures like compression therapy, topical and systemic medications, and surgical interventions.⁵ Conventional treatment for venous ulcers typically involves the use of compression bandages as standard care. However, antiseptics and antibiotics do not aid in wound healing or reduce the bacterial load of the lesion.⁶ A recent Cochrane review highlights that the effectiveness of topical antibiotics and antiseptics is minimal, and there is no evidence supporting the routine use of systemic antibiotics to accelerate the healing of VLUs.⁷ Homeopathy

is a safe and effective therapeutic option that is widely favoured for its cost-efficiency and minimal risk of side effects.^{8,9} This system of medicine is firmly rooted in individualization, with a focus on identifying and addressing the striking, uncommon, and peculiar characteristic signs and symptoms of a disease, as outlined in §153.¹⁰

CASE SCENARIO

A 53-year-old female presented with an ulcer on the left leg on the medial aspect of medial malleolus, along with itching and a thin, sticky discharge from the affected part and the complaints were aggravated at night. In addition, she also complained of pain in the affected region.

Her complaint started 1 year ago. Initially, a small, cystic like swelling with ulcer developed over the medial aspect of medial malleolus of the left ankle and gradually increased in size. Then she took allopathic treatment, but no changes occurred. She was advised stockings for the complaint. Due to repeated unsatisfactory results, she became mentally depressed and ultimately came to seek homoeopathic treatment.

Past history

The patient had history of cholera and chicken pox. 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 was homemaker initially after her husband's death she started to work as a teacher, which required her to stand for a long duration. She belonged to a middle-class socioeconomic status. She drinks coffee thrice a day.

Clinical findings

The patient was moderately built, had a fair complexion and had an average frame, with a weight of 63 kg. Mild pallor, generalised mild dryness and pitting oedema on the left foot, including the ankle were observed on physical examination.

An ulcer measuring 4.0 cm by 2.5 cm was present on the left leg on the medial aspect of 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 not affected. There was no joint deformity.

According to the leg ulcer measurement tool, 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; Pitting oedema was present on the ankle, and it is Grade II Venous Ulcer.

Generals

Thermally, the patient was Ambithermal. She reported she can withstand hunger. Her tongue was dry, and she drinks 3–4 L of water a day and she feels thirsty. She desires sweets and she has aversion to brinjal. Bowel habits are normal. She perspires more in face, shoulder and back. In general, sleep was peaceful and adequate, with no specific sleeping position. Mentally, she was calm, mild, soft-spoken and gentle. She Wants Company, will adjust with everyone and she loves music.

Diagnostic assessment

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

Follow up

Date	Indication for Prescription	Medicine with dose	Justification & repetition	ORIDL Score	
				Main Complaints	Overall well being
23 April 2024	Repertorial analysis along with the below symptoms - fair complexion, dry skin, pale face.	Lycopodium 200C/ 2 Dose	1 st Prescription	0	0
10 May 2024	Same	Lycopodium 200C/ 2 Dose	As there was no change, the same medicine was prescribed	0	0
17 May 2024	Pain in leg has decreased. Discharge decreased and granulation was seen in the ulcerated area. Oedema has decreased around the ankle, and itching decreased.	Placebo	The patient was improving hence no medicine was prescribed	+2	+2
17 June 2024	No pain, Crusts fell off without pain, no discharge and slight itching present.	Placebo	The patient was improving hence placebo was prescribed again	+3	+3
13 July 2024	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
13 September 2024	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				

Table 1 – Follow ups & Outcomes



Fig 2 – During Treatment

(A) Clinician rated domains		Before treatment	During treatment (At 8 weeks)	After treatment
A1. Exudate type	0 None 1 Serosanguinous 2 Serous 3 Sero purulent 4 Purulent	1	1	0
A2. Exudate amount	0 None 1 Scant 2 Small 3 Moderate 4 Copious	2	1	0
A3. Size (from edge of advancing border of epithelium)	(Length * Width) 0 Healed 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	2	1	0
A4. Depth	Tissue layers 0 Healed 1 Partial thickness skin loss 2 Full thickness	1	1	0

	3 Tendon/joint capsule visible 4 Probes to bone			
A5. Undermining	Greatest at - o' clock 0 0 cm 1 >0–0.4 cm 2 >0.4–0.9 cm 3 >0.9–1.4 cm 4 >1.5 cm	2	2	0
A6. Necrotic tissue type	0 None 1 <i>Loose</i> white-to-yellow slough 2 <i>Attached</i> white-to-yellow slough or fibrin 3 <i>Soft</i> grey-to-black eschar 4 <i>Hard</i> dry black eschar	3	2	0
A7. Necrotic tissue amount	0 None visible 1 1–25% of wound bed covered 2 26–50% of wound bed covered 3 51–75% of wound bed covered 4 76–100% of wound bed covered	1	1	0
A8. Granulation tissue type	0 Healed 1 Bright beefy red 2 Dusky pink 3 Pale 4 Absent	2	2	2
A9. Granulation tissue amount	0 Healed 1 76–100% of wound bed covered 2 51–75% of wound bed covered 3 26–50% of wound bed covered 4 1–25% of wound bed covered	2	1	1
A10. Edges	0 Healed 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	2	1	0

Table 2 – Leg Ulcer Measurement Tool



Fig 3 – After Treatment

Discussion

Vascular leg ulcers are highly prevalent and challenging to manage, resulting in significant healthcare costs and adversely affecting patients' quality of life. An increasing number of individuals turn to complementary and alternative medicine (CAM) due to its efficacy, cost-effectiveness, and non-invasive nature.⁹ Among CAM approaches, homoeopathy is the most widely used, with many patients choosing it for its long-term benefits. In this case, the patient exhibited typical symptoms and underwent treatment with individualized homoeopathic medicine over a period of five months, with increase in potency based on the patient's response. The action of *Lycopodium Clavatum* in venous ulcers is primarily aimed at improving circulation, supporting systemic healing, and addressing underlying constitutional factors that may contribute to the persistence of the ulcers. It is typically considered for individuals with a specific symptom picture and in conjunction with other medical treatments.

The medicine was chosen based on the totality of symptoms with the consultation of the *Materia Medica*.^{12, 13, 14} The selection and variation in potency were guided by homoeopathic principles, the individual's susceptibility, and Kent's philosophy regarding second prescriptions.¹⁵ The patient's progress was monitored in follow-up using the LUMT questionnaire score (at baseline +36 and the end of treatment 3) and the ORIDL scale (at the end of treatment +4).^{16, 17}

Conclusion

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

Declaration of the patient's consent

The authors confirm that they have obtained the necessary consent from the patient for the use of his images and other clinical information in the journal. The patient is aware that her name and initials will not be published, and efforts will be made to protect his identity; however, complete anonymity cannot be assured.

Financial support and sponsorship

Nil.

Conflicts of Interest

None declared.

References

1. White-Chu EF, Conner-Kerr TA. Overview of guidelines for the prevention and treatment of venous leg ulcers: A US perspective. *J Multidiscip Healthc* 2014;7:111-7.
2. Das S. *A Concise Text Book of Surgery*. 8th ed. Kolkata: Dr Somen Das; 2014.
3. Lal BK. Venous ulcers of the lower extremity: Definition, epidemiology, and economic and social burdens. *Semin Vasc Surg* 2015;28:3-5.
4. Tan MK, Luo R, Onida S, Maccatrozzo S, Davies AH. Venous leg ulcer clinical practice guidelines: What is AGREEd? *Eur J Vasc Endovasc Surg* 2019;57:121-9.
5. O'Donnell TF Jr., Passman MA, Marston WA, Ennis WJ, Dalsing M, Kistner RL, et al. Management of venous leg ulcers: Clinical practice guidelines of the society for vascular surgery ® and the American venous forum. *J Vasc Surg* 2014;60(2 Suppl):3S-59.
6. Senet P. Local treatment of venous leg ulcers. *Phlebology* 2010;17:87-94.
7. O'Meara S, Al-Kurdi D, Ologun Y, Ovington LG, Martyn-St James M, Richardson R. Antibiotics and antiseptics for venous leg ulcers. *Cochrane Database Syst Rev* 2014;2014:CD003557.
8. Astin JA. Why patients use alternative medicine: Results of a national study. *J Am Med Assoc* 1998;279:1548-53.
9. Cukaci C, Freissmuth M, Mann C, Marti J, Sperl V. Against all odds the persistent popularity of homeopathy. *Wien Klin Wochenschr* 2020;132:232-42.
10. Hahnemann S. *Organon of Medicine*. 5th and 6th ed. New Delhi: B Jain Publishers Pvt Ltd.; 2015.
11. RADAR 10. Archibel Homoeopathic Software. Belgium; 2009.
12. Boericke W. *New Manual of Homoeopathic Materia Medica with Repertory*. 3rd ed. New Delhi. B Jain Publishers Pvt Ltd.; 2016.
13. Kent JT. *Lectures on Homoeopathic Materia Medica*. New Delhi: B Jain Publishers Pvt Ltd.; 2005.
14. Allen HC. *Keynote and Characteristic with Comparison of Some of the Leading Remedies of the Materia Medica*. New Delhi: B Jain Publishers Pvt Ltd.; 2002.
15. Kent JT. *Lectures on Homoeopathic Philosophy*. 7th ed. New Delhi: B Jain Publishers (P) Ltd.; 2007. p. 17-25, 235-41.
16. Woodbury MG, Houghton PE, Campbell KE, Keast DH. Development, validity, reliability, and responsiveness of a new leg ulcer measurement tool. *Adv Skin Wound Care* 2004;17:187-96.
17. Reilly D, Mercer SW, Bikker AP, Harrison T. Outcome related to impact on daily living: Preliminary validation of the ORIDL instrument. *BMC Health Serv Res* 2007;7:139.