



Effectiveness of Homeopathic Medicines in Treatment and Management of Varicose Veins

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ABSTRACT:

Varicose veins are a condition characterized by dilated, elongated, or twisted veins that result from impaired valve function in the veins. This venous disorder leads to increased venous pressure, reflux and dilatation, culminating in visible varicosities and leakage of fluid into the surrounding tissue. The earliest recorded observations of varicose veins come from the Ebers papyrus, approximately 1550 BC. In the field of alternative medicine, homeopathic treatment offers individualized remedies aimed at alleviating the various symptoms associated with varicose veins.

KEYWORDS: Varicose veins, Venous insufficiency, Valvular insufficiency, Venous reflux, Varicosity Repertory, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

Varicose veins fall under the category of superficial venous diseases and are prevalent in the Western population to varying degrees. The definition offered by Arnoldi encapsulates the condition as including any dilated, elongated, or tortuous veins, regardless of their size. This definition encompasses a spectrum of manifestations, from minor varicosities and telangiectasias to significant varicose veins, providing a comprehensive understanding of the condition. Varicose veins have historically been characterized as veins that have permanently lost the ability to maintain effective valve function, often elongating, tortuous, and thickening over time due to sustained pressure.

The progression of varicose veins is inexorable and usually does not regress, except in specific circumstances such as the post-pregnancy period. The course of the disease often leads to various complications, including superficial thrombophlebitis, bleeding from fragile varices, eczema and eventually skin ulceration.

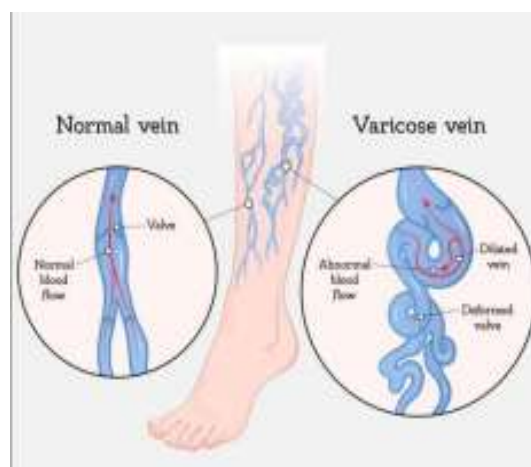


Fig. 1. Difference between a Normal Vein and a Varicose Vein

Varicose veins are thought to affect a significant proportion of the adult population, with a higher prevalence in women compared to men. Studies have shown variation in incidence rates, with the Edinburgh Vein Study revealing an age-adjusted prevalence of 40% in men and 32% in women for truncal varices.

Risk factors:

The etiology of varicose veins is linked to the hypothesis of an inherent weakness of the venous wall, with a significant decrease in the elasticity of the venous wall, suggesting that the role of the venous valve is secondary to the elastic changes of the venous wall. It is known that factors such as hormonal influences, heredity, prolonged standing, obesity and a sedentary lifestyle predispose individuals to the development of varicose veins. These factors contribute to the development and exacerbation of the condition.

Common predisposing factors include age, gender, pregnancy, body weight and height, race, dietary habits, bowel movements, occupation, posture, history of deep vein thrombosis (DVT), genetics, and climatic conditions.

Pathogenesis:

The pathogenesis of varicose veins involves destruction of the venous valves in the axial veins, leading to venous hypertension, reflux, and extensive dilatation. This results in the formation of varicose veins and the leakage of fluids into the subcutaneous tissue. Valve failure in the superficial veins, often due to inherited connective tissue weakness, impairs their function because they cannot adequately close the dilated veins, causing constant backflow toward the legs and exacerbating vein enlargement and varicose veins.

Classification

The Clinical, Etiological, Anatomical, and Pathophysiological (CEAP) classification system, which was introduced in 1994, categorizes varicose veins as C2 within the clinical classification for chronic venous disorders.


CEAP Clinical Score	 Description	Cosmetic or Medical Varicose Veins (extrapolated from NICE CG 168)
C0	No visible or palpable varicose veins	No varicose veins
C1	Telangiectasia (Thread veins / Spider veins / Broken veins)	Cosmetic
C2	C2A: Varicose veins without any symptoms (Asymptomatic)	Cosmetic
	C2S: Varicose veins with symptoms	Medical
C3	Swollen ankle (oedema) due to varicose veins	Medical
C4	Skin damage due to varicose veins	Medical
C5	Healed venous leg ulcer	Medical
C6	Venous leg ulcer	Medical

Fig. 1. Classification of Varicose veins as C2 as suggested in the the first CEAP consensus document in 1994

Clinical signs:

Varicose veins present with a variety of symptoms, including visible veins, pain, swelling, itching, skin changes, ulceration, thrombophlebitis, bleeding, and edema. Clinically, varicose veins can be evaluated using an examination, usually performed while the patient is standing, to identify a variety of symptoms ranging from telangiectasias to active leg ulcers. Further:

- unsightly visible veins
- pain
- swelling (often worse when standing or at the end of the day)
- itching
- skin changes
- ulceration
- thrombophlebitis
- bleeding
- Edema
- varicose eczema or thrombophlebitis

- ulcers (typically occurring on the malleus).

SIGN

Inspection (should be done while standing)

- C0 – no palpable or visible signs of venous disease
- C1 – Telangiectasia (spider veins) or reticular veins (small veins that appear blue or colored)
- C2 – varicose veins
- C3 – edema
- C4a – pigmentation and eczema
- C4b – Lipodermatosclerosis (inflammation of the fat layer) and Atrophie blanche (white scars)
- C5 – healed leg ulcer
- C6 – active leg ulcer

Investigation:

Diagnostic methods for varicose veins include noninvasive techniques such as duplex scanning, plethysmography, CT venography, and MR venography, as well as invasive procedures such as phlebography, ambulatory venous pressure measurement, and intravascular ultrasound.

Differential diagnosis

Conditions that can mimic symptoms of varicose veins include arteriovenous malformation, orthostatic edema, stasis dermatitis, and deep vein thrombosis. A-V malformation

- Orthostatic edema
- Stasis dermatitis
- Deep vein thrombosis

Complication:

The most common complications associated with varicose veins include pain, heaviness in the legs, and fatigue. Other complications include superficial thrombophlebitis, hyperpigmentation, lipodermatosclerosis, atrophy blanche, and leg ulcers.

Homeopathic medicines:

Various homeopathic remedies such as Arnica Montana, Arsenic Album, Calcarea Carbonica, Calcarea Fluorica, Carbo Vegetabilis, Fluoricum Acidum, Hamamelis, Millefolium, Nux Vomica, Plumbum Metallicum, Pulsatilla, Pyrogenium, Sulphur, Vipera Metal in treatment, and Zinc have the potential to treat zinc. symptoms associated with varicose veins. These drugs are selected based on the specific symptoms and characteristics of varicose veins in each individual. As such:

ARNICA MONTANA – Shows bluish and blackish coloration of the veins. Accompanied by sore, bruised limbs, and an aversion to touch or contact, leading to a feeling of heaviness in all the limbs, with distended veins in the hands.

Hamamelis – Effective for varicose veins with stabbing and stabbing pain, suggesting the use of Hamamelis lotion applied topically for relief. It solves venous congestion, varicose veins and hemorrhages with bruised soreness of the affected part. Varicose ulcers are very painful and burning, indicating venous relaxation and congestion.

Millefolium – Especially useful for varicose veins where the capillaries are spongy and enlarged, leading to easy bursting of the veins with congestion. It helps with wounds that bleed easily and excessively. It is recommended in pregnancy, when varicose veins are painful, and for leg ulcers that ulcerate and bleed in pregnant women.

FLUORICUM ACIDUM – Suitable for long-standing cases, especially in women who have many children, affecting varicose veins and ulcers of the lower limbs, aggravated by heat.

PULSATILLA – Indicated during and after childbirth for painful varicose veins. Veins full, spasmodic and painful, with dull pain towards evening. Symptoms include looming thigh and leg pain, restlessness, insomnia and chills, with swollen veins in the forearms and hands.

CALCAREA FLUORICA – For enlarged, hard varicose veins. The veins become knotted and dilated, becoming spasmodic and inflamed, with skin on the legs that is dry and cracked.

CALCAREA CARBONICA – Resolves varicose veins with intense burning sensations. It helps with cramps in the calves when they are stretched at night, and with legs that are sore and burning, like a wet stocking sensation.

NUX VOMICA – For numbness of the legs, feelings of paralysis and cramps in the calves and feet, especially during pregnancy due to high lifestyle.

PLUMBUM METALLICUM – Helps with calf cramps and enlarged veins in the forearms and legs, with pinching, tingling and tearing in the limbs.

PYROGENIUM – For spasmodic ulcers on the legs, which flow freely and are extremely painful, with throbbing in the jugular vessels, accompanied by numbness of the hands, arms and legs, and with discolored and dry skin.

Conclusion:

In conclusion, the treatment of varicose veins can be complex and includes a number of clinical symptoms, risk factors and potential complications. Homeopathic medicine provides a number of treatment options that can address the various symptoms experienced by individuals suffering from varicose veins. Each homeopathic remedy is selected based on the specific presentation of the condition, aiming to target the underlying issues and provide relief.

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