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CLINICAL OUTCOMES OF INDIVIDUALIZED HOMEOPATHIC TREATMENT COMBINED WITH ARDHA SARVANGASANA IN PATIENTS WITH LOWER LIMB SWELLING, CELLULITIS, VARICOSE VEINS, AND VARICOSE ULCERS: A PROSPECTIVE OBSERVATIONAL STUDY

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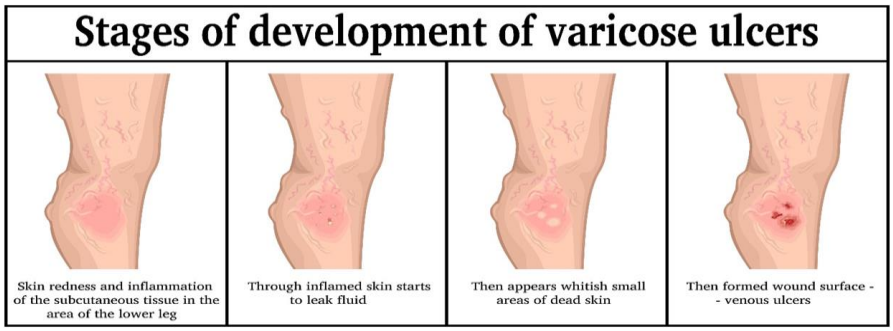
ABSTRACT

Chronic venous disorders include lower-limb edema, varicose veins, cellulitis, and venous ulcers. Venous hypertension, valve incompetence, impaired calf-muscle pump function, inflammation, obesity, prolonged standing, age, pregnancy, and previous deep vein thrombosis are recognized contributors. Clinical manifestations include pain, heaviness, swelling, pigmentation, eczema, recurrent cellulitis, lip dermatosclerosis, and ulceration. Management typically involves diagnosis of the underlying cause, compression therapy where appropriate, exercise, leg elevation, wound care, infection management, and selected interventional procedures.

KEYWORDS: Pain, Heaviness, Swelling, Pigmentation, Eczema, Recurrent Cellulitis, Lip Dermatosclerosis, And Ulceration, Homeopathic Medicines.

INTRODUCTION

Chronic leg ulcer (CLU), [ICD-10-L97.909], also known as chronic lower limb ulcer, is a chronic wound of the leg that fails to heal despite appropriate treatment for three months to even a year. 1However, an ulcer is "a break in the continuity of the overlying epithelium of the skin or mucosa." It results in complete loss of the epidermis and often portion of the dermis and subcutaneous fat.



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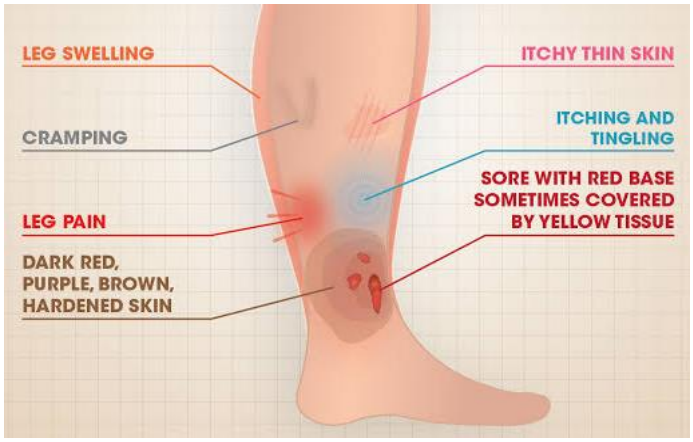
Chronic venous (varicose) ulcers are a type of venous leg ulcer (VLU) defined as a full-thickness skin defect located most commonly around the ankle and lower limbs that fails to heal spontaneously due to underlying chronic venous disease. These ulcers develop primarily because of dysfunction in the venous circulation of the lower limb, which leads to venous hypertension, sustained pressure, and impaired tissue repair mechanisms. VLUs are frequently associated with venous valve incompetence, venous reflux, and venous obstruction that result in blood pooling, persistent inflammation, and eventual skin breakdown.

Venous leg ulcers (VLUs) are defined as open lesions between the knee and ankle joint that occur in the presence of venous disease. They are the most common cause of leg ulcers, accounting for 60-80% of them. The prevalence of VLUs is between 0.18% and 1%. Over the age of 65, the prevalence increases to 4%. On an average 33-60% of these ulcers persist for more than 6 weeks and are therefore referred to as chronic VLUs. These ulcers represent the most advanced form of chronic venous disorders like varicose veins and lipodermatosclerosis.

Cellulitis is an acute bacterial infection involving the dermis and subcutaneous tissue, characterized by erythema, warmth, swelling, and pain. It commonly follows disruption of skin integrity and may progress to ulceration. Leg ulcers are chronic or acute breaches in skin continuity of the lower limb, frequently associated with infection, inflammation, delayed healing, and significant morbidity. When cellulitis complicates a leg ulcer, the risk of tissue damage and prolonged recovery increases. Although antibiotics constitute standard management, integrative approaches are increasingly explored to support wound healing and reduce complications.



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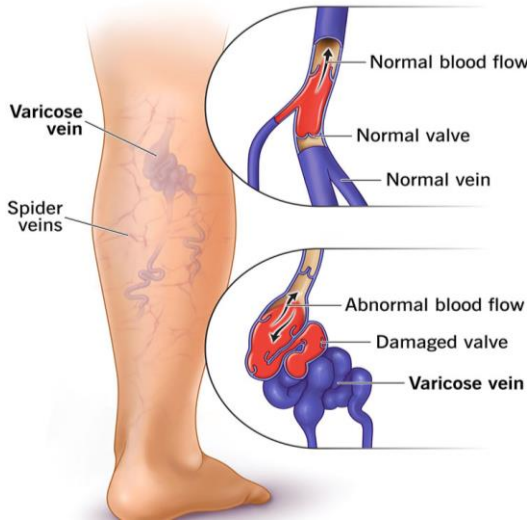
Varicose veins are a common manifestation of chronic venous insufficiency characterized by dilated, elongated, and tortuous superficial veins. Symptoms such as pain, heaviness, oedema, cramps, itching, and cosmetic concerns adversely affect quality of life.



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For many people, varicose veins are a cosmetic issue. But in some cases, they can mean have a more serious health concern. Spider veins, a milder type of varicose veins, are smaller than varicose veins and often look like a sunburst or "spider web." They are red or blue in color and are commonly found on the face and legs, just under the surface of the skin.

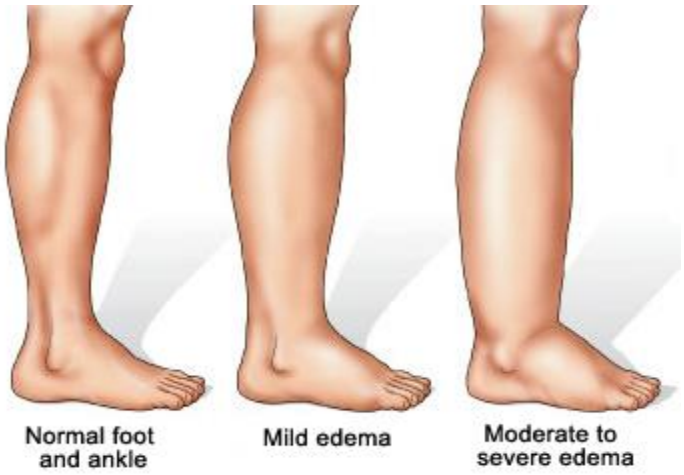
Varicose veins are caused by increased blood pressure inside the superficial leg veins. Two main types of veins are present in the legs. Superficial veins are near the surface of the skin, whereas deep veins are located in the muscle tissue. Varicose veins occur in the superficial veins in the legs. In contrast, deep veins lead to the vena cava, a large vein that transports blood to the heart.

The blood in the veins of the legs works against gravity in order to return upwards to the heart. The blood is moved up towards the heart by one-way valves in the veins. When the leg muscles contract and squeeze the deep veins, the valves inside the veins open. When the leg muscles relax, the valves close, preventing blood from flowing backward.

Edema, a medical term used for swelling from the accumulation of excess fluid the tissues of the body, may affect any part of the body, including the hands, arms, feet, legs, and ankles. The fluid seeps out of the tiny blood vessels surrounding the tissues. This fluid build-up leads to puffiness, swelling and causes for edema.

Weakness or damage to veins in the legs is commonly noticed in a chronic venous insufficiency. The one-way valves in the of leg veins are weakened or battered. The blood starts to pool in the veins of the causing puffiness and swelling. Sometimes the swelling in the leg is accompanied by pain in the calf muscle. It may arise due to a blood clot /deep vein thrombosis, or DVT in one of the veins of the leg.

Reducing the daily salt intake in your food often alleviates the edema. When edema is a sign pointing to an underlying disease, a separate treatment strategy for the disease itself should be kept in mind. Medication should be taken to remove excess fluid causing edema. Making changes in lifestyle and adding exercise to your routine may prove beneficial. Elevating the feet while lying down helps to improve the circulation



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Homeopathic Approach

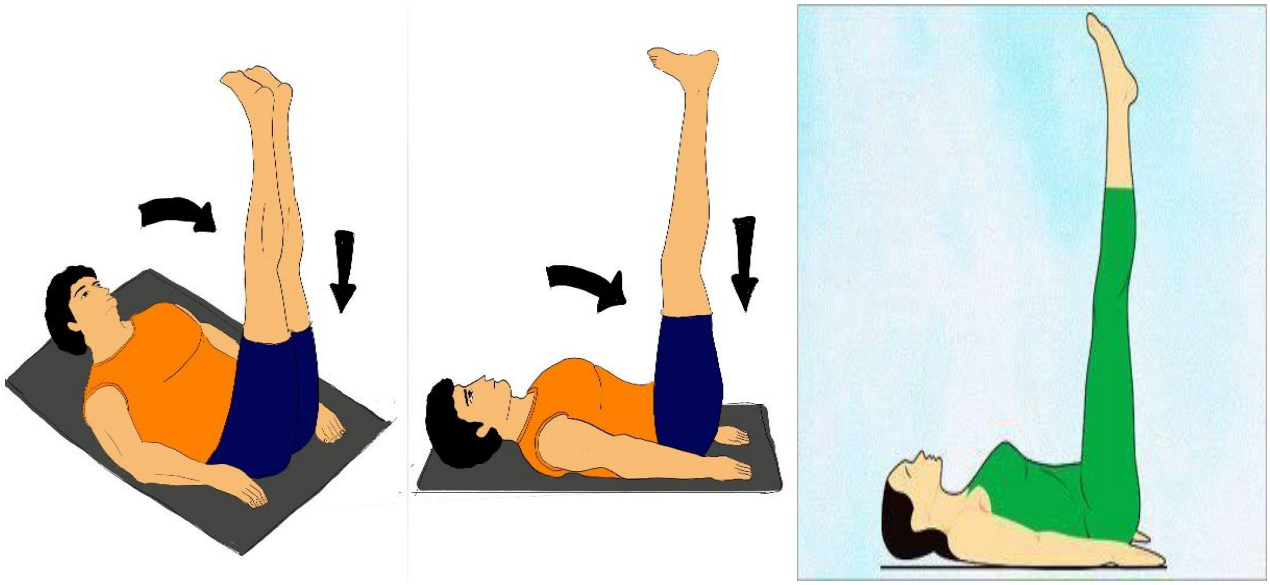
Homeopathy is individualized; remedy selection is based on the totality of symptoms rather than diagnosis alone. The following remedies are commonly discussed in homeopathic literature for these conditions and should not be interpreted as disease-specific or universally effective treatments.

CONDITION	EXAMPLES OF REMEDIES DESCRIBED IN HOMEOPATHIC MATERIA MEDICA*
Lower-limb swelling (edema)	Apis mellifica, Apocynum cannabinum, Arsenicum album, Lycopodium
Cellulitis (supportive care only)	Belladonna, Hepar sulphuris, Pyrogenium, Mercurius solubilis (individualized use)
Varicose veins	Hamamelis virginiana, Pulsatilla, Calcarea fluorica, Fluoric acid, Vipera berus
Varicose ulcers	Hamamelis, Calendula (local care where appropriate), Silicea, Graphites

*Listed as examples from classical homeopathic literature; remedy choice should always be individualized by a qualified homeopathic physician.

Ardha Sarvangasana

Ardha Sarvangasana (Half Shoulder Stand) elevates the lower limbs above the level of the heart, which may temporarily assist venous return and reduce dependent venous pooling in suitable individuals. Exercise and leg elevation are widely recommended as supportive measures in chronic venous disease. However, there is limited high-quality clinical research specifically evaluating Ardha Sarvangasana for varicose veins or venous ulcers. It should be avoided or modified in patients with contraindications such as uncontrolled hypertension, cervical spine disorders, glaucoma, retinal disease, or were advised against by a physician.



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CONCLUSION

The homeopathic seems to be an effective and well-tolerated alternative medicine for the treatment of patients with lower limb swelling, cellulitis, varicose veins, and varicose ulcers. In our research carried out at Advanced Homeo Health Centre & Homoeopathic Medical Research Centre, Indore, we found that the homeopathic medicines has provided long-lasting improvement in the patients.

Future Research

Future multicenter controlled studies should incorporate validated outcome measures such as limb circumference, Venous Clinical Severity Score (VCSS), ulcer area measurement, pain scales, recurrence rate, and quality-of-life questionnaires with longer follow-up.

Conflict of Interest

The author declares no conflict of interest.

Funding

No external funding was received for this review.

Ethical Statement

This manuscript is a narrative review based on published literature and does not involve human participants, patient data, or animal experimentation.

Biography

Dr. A. K. Dwivedi, BHMS (Gold Medallist), MD, MBA, Ph.D. has been a Registered Homeopaths for over 25 years. He is a Professor & HOD: Department of Physiology S.K.R.P. Gujarati Homoeopathic Medical College, Indore. He is a Member of Executive Council, Devi Ahilya Vishwavidyalaya Indore, MP, INDIA, he is also a Member, Ethical Committee (CCRH) Ministry of Ayush, Govt of India. Member, Scientific Advisory Committee (NEAH) Shilong Meghalaya, Ministry of Ayush, Govt. of India, Member Academic Board Madhya Pradesh Medical Science University, Jabalpur MP (India). DIRECTOR, & CEO Advanced Homeo Health Centre & Homeopathic Medical Research Pvt.Ltd. Indore, Madhya Pradesh, India, EDITOR,"SEHAT EVAM SURAT"(Hindi Monthly Medical Magazine).

REFRENCES

1. O'Brien JF, Grace PA, Perry IJ, et al. Prevalence and aeti-ology of leg ulcers in Ireland. Ir J Med Sci., 2000; 169(2): 110–2.
2. Woodbury MG, Houghton PE, Campbell KE, et al. Develop-ment, validity, reliability, and responsiveness of a new legulcer measurement tool. Adv Skin Wound Care, 2004; 17(4 Pt1): 187–96.
3. Körber A, Klode J, Al-Benna S, et al. Etiology of chronicleg ulcers in 31,619 patients in Germany analyzed by anexpert survey. JDDG: Journal der Deutschen Dermatologischen Gesellschaft, Feb. 2011; 9(2): 116–21.
4. Probst S, Seppänen S, Gerber V, Hopkins A, Jones R. Prevalence and incidence of venous leg ulcers: A systematic review and meta-analysis. Int Wound J., 2023; 20(9): 3906–3921.
5. Allen HC. Allen's Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes including Repertorial Index. 2005 edition. B. Jain publishers (P) LTD.
6. Garrett B, Harrison PV, Stewart T, Porter I. A trial of homoeopathic treatment of leg ulcers. Journal of Dermatological Treatment, 2009; 12: 115-117.
7. European Society for Vascular Surgery (ESVS). Clinical Practice Guidelines on the Management of Chronic Venous Disease.
8. Society for Vascular Surgery and American Venous Forum. Clinical Practice Guidelines for management of varicose veins.
9. World Health Organization. WHO Benchmarks for Training in Traditional, Complementary and Integrative Medicine.

10. Organon of Medicine by Samuel Hahnemann (6th Edition).
11. Kent JT. Lectures on Homoeopathic Materia Medica.
12. Boericke W. Pocket Manual of Homoeopathic Materia Medica.
13. Clarke JH. A Dictionary of Practical Materia Medica.

Note: This manuscript reports findings from an observational study and does not establish causal efficacy. Statements regarding homeopathic medicines are descriptive of homeopathic practice and should not be interpreted as evidence of effectiveness for specific diseases.