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HEALING OF DECUBITUS ULCERS: A REVIEW OF THERAPEUTIC EVIDENCE.

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ABSTRACT:

Background: Decubitus ulcers (pressure sores) represent a significant clinical challenge, particularly in patients with limited mobility or metabolic comorbidities like Diabetes Mellitus. While conventional management focuses on local wound care and pressure relief, Constitutional Homoeopathy offers a systemic approach by stimulating the body's

inherent healing vitality. **Objective:** This review aims to evaluate the therapeutic evidence regarding the role of constitutional remedies in accelerating the stages of wound healing, reducing secondary infections, and improving the Dermatology Life Quality Index (DLQI) in patients with decubitus ulcers. **Methodology:** A comprehensive search of databases including PubMed, The Integrated Health Evidence (IHE), and Google Scholar was conducted. Studies involving individualized homoeopathic prescriptions based on miasmic background, mental generals, and physical characteristics were analyzed. The Modified Naranjo Criteria was used to assess the causal relationship between the intervention and clinical recovery. **Results:** Evidence suggests that constitutional remedies such as *Silicea*, *Lachesis*, and *Arsenicum album* not only target local tissue necrosis but also address the underlying stasis and poor vitality that prevent healing. Clinical case reports indicate a notable reduction in ulcer size and exudate levels when the remedy aligns with the patient's constitutional totality rather than local symptoms alone.

KEYWORDS: Decubitus Ulcers, Healing, Therapeutic Evidence, A Review.

INTRODUCTION:

Decubitus ulcers, also known as pressure sores or bedsores, are localized injuries to the skin and underlying tissue resulting from prolonged pressure, friction, or shear [1]. These ulcers pose a severe challenge in clinical practice, particularly among geriatric, immobilized, and diabetic populations, where impaired microcirculation and sensory neuropathy delay the natural inflammatory response [2]. Despite advancements in specialized dressings and pressure-relieving devices, chronic non-healing ulcers often lead to life-threatening complications such as osteomyelitis and septicaemia [3].

In the context of multi-morbid conditions like Type 2 Diabetes, the healing process is further hindered by a compromised "vital force" or systemic disharmony, making local wound management alone often insufficient [4]. Constitutional Homoeopathy offers a holistic alternative, emphasizing the selection of a *Simillimum* based on the patient's physical, mental, and miasmic totality [5]. Unlike topical agents, constitutional remedies aim to enhance the host's secondary curative response, thereby accelerating granulation and epithelialization from within [6].

This review examines the current body of therapeutic evidence to determine the efficacy of deep-acting remedies such as *Silicea*, *Lachesis*, and *Arsenicum album* in the management of decubitus ulcers. By evaluating clinical outcomes through standardized tools like the Pressure

Ulcer Scale for Healing (PUSH), this article seeks to bridge the gap between traditional wound care and evidence-based homoeopathic intervention.

Review of Literature

The Clinical Burden and Pathophysiology- The literature established that decubitus ulcers are not merely local phenomena but systemic failures of tissue integrity. Research by Agrawal and Chauhan (2012) emphasizes that pressure injuries in compromised patients (diabetic or geriatric) involve a complex interplay of hypoxia, reperfusion injury, and impaired collagen synthesis.

Evidence for Individualised Homoeopathy- Recent clinical evidence supports the efficacy of individualised homoeopathy over standardized protocols. A prospective observational study published in the Indian Journal of Research in Homoeopathy (IJRH) demonstrated that patients with diabetic foot ulcers and decubitus sores showed significant improvement when treated with constitutional remedies like Silicea and Sulphur. The healing was quantified using the Pressure Ulcer Scale for Healing (PUSH), showing a marked reduction in exudate and surface area.

Miasmatic & Perspectives- Classical literature, including Hahnemann's Organon of Medicine, identifies chronic ulcers as manifestations of the Syphilitic miasm (characterized by tissue destruction and necrosis). Reviewing the Modified Naranjo Criteria in recent case reports reveals that when the Simillimum is selected based on mental generals and physical characteristics rather than just the ulcer's appearance the rate of granulation tissue formation increases significantly.

Therapeutic Outcomes- Comparative reviews indicate that while topical agents like Calendula provide external antisepsis, constitutional remedies like Lachesis and Arsenicum album are superior in reversing venous stasis and septicaemic trends. Literature suggests that homoeopathic intervention can reduce the duration of hospital stays and the need for aggressive surgical debridement in Stage II and III ulcers.

Commonly Used Homoeopathic Ointments:

A. Calendula Officinalis (The Homeopathic Antiseptic)

- **Description:** Derived from the Marigold flower, it is the most widely used topical agent in homoeopathy for open wounds.
- **Action:** It acts as a powerful haemostatic and antiseptic. It prevents the growth of bacteria without suppressing the discharge.

- Clinical Use: Best for Stage I and II ulcers to promote rapid epithelialization and prevent secondary infection. It minimizes the formation of disfiguring scars.
- Evidence: Cited in the IJRH for its role in accelerating healthy granulation.

B. *Echinacea Angustifolia* (The Corrective of Sepsis)

- Description: Known for its immune-stimulating properties.
- Action: It acts against lymphatic inflammation and blood dyscrasia. It is specifically useful when the ulcer has a foul odor and a tendency toward gangrenous changes.
- Clinical Use: Highly effective for infected decubitus ulcers with brownish or purplish discoloration of the surrounding skin.

C. *Hypericum Perforatum* (The Nerve Healer)

- Description: Prepared from St. John's Wort.
- Action: Specifically targets injured nerve endings.
- Clinical Use: Indicated when the ulcer is extremely painful, especially in areas rich in nerves (like the sacrum). It helps relieve the shooting, lancinating pains associated with neuropathic pressure sores.

D. *Hamamelis Virginiana* (The Venous Tonic)

- Description: Derived from Witch Hazel.
- Action: Acts on the coats of the veins, relieving congestion and stasis.
- Clinical Use: Indicated for ulcers that bleed easily and are surrounded by varicose veins or dark, bluish skin. It helps in reducing the "bruised" feeling around the pressure site.

E. *Cantharis* (For Burning Ulcers)

- Description: Prepared from the Spanish Fly.
- Action: Addresses intense burning and vesication (blistering).
- Clinical Use: Useful in Stage I pressure sores where the skin is red, angry, and characterized by burning pain, preventing the formation of deep craters.

Additional Therapeutic Evidence & Remedies:

1. *Carbo Vegetabilis* (The "Corpse Restorer")

- Pathological Focus: Indicated in the advanced stages of decubitus ulcers where there is marked venous capillary stasis and air hunger. The skin is cold, blue, and the ulcer may be surrounded by ecchymosed spots.
- Therapeutic Evidence: Effectively used in patients with collapsed states and low vitality to improve peripheral oxygenation and arrest impending gangrene [6].

2. *Fluoricum Acidum* (The Deep Tissue Regenerator)

- Pathological Focus: Specifically indicated for deep, "punched-out" ulcers that occur in varicose or cicatrized tissues. Unlike *Silicea*, this patient is usually warm-blooded and feels better with cold applications.
- Therapeutic Evidence: Recognized for its ability to promote healing in tissues with long-standing circulatory impairment, often preventing the progression to deeper layers [5].

3. Secale Cornutum (The Neuropathic Specialist)

- Pathological Focus: Crucial for ulcers in patients with diabetic neuropathy. The skin feels cold to the touch, yet the patient feels a burning heat and cannot bear being covered.
- Therapeutic Evidence: Evidence suggests its efficacy in treating ulcers caused by micro-vascular changes and dry gangrene, where there is a lack of inflammatory response [4].

4. Calendula Officinalis (The Healing Agent)

- Pathological Focus: While often used topically, its internal administration is a powerful preventive against sepsis. It promotes healthy granulation and prevents excessive scarring.
- Therapeutic Evidence: Studies in the IJRH highlight its role in reducing suppuration and accelerating the Re-epithelialization Process.

5. Anthracinum (The Septic Emergency)

- Pathological Focus: Indicated for the most malignant forms of decubitus ulcers that are black, intensely burning, and associated with foul, Ichorous discharge and rapid prostration.
- Therapeutic Evidence: Frequently cited in homoeopathic literature for managing septicemic trends and carbuncular-like ulcerations that do not respond to *Arsenicum album* [6].

6. Silicea (The Homeopathic Lancet)

- Indications: The primary remedy for patients with low vital power and imperfect assimilation. It is indicated when ulcers are indolent, slow to heal, and prone to thin, watery, or Ichorous discharge [5].
- Clinical Evidence: Research highlights its role in promoting the expulsion of necrotic debris and stimulating healthy granulation tissue in chronic, deep-seated ulcers [1, 5].

7. Arsenicum Album (The Burn & Restlessness)

- Indications: Indicated for Stage III and IV ulcers that appear gangrenous or blackish with burning pains, typically relieved by heat. It suits patients with extreme debility, anxiety, and a marked "thirst for sips."
- Clinical Evidence: Effectively addresses the septicaemic tendency in diabetic pressure sores, reducing tissue destruction and improving systemic vitality [2, 3].

8. Lachesis Mutus (The Septic State)

- Indications: Indicated when the ulcer site is purplish or bluish-black, extremely sensitive to touch, and prone to easy bleeding. It is often required in cases where there is a marked "left-sided" tendency or symptoms aggravate after sleep.
- Clinical Evidence: Useful in reversing venous stasis and managing ulcers complicated by poor peripheral circulation or gangrenous changes [4].

9. Sulphur (The King of Remedies)

- Indications: A deep-acting anti-psoric used when well-selected remedies fail to act or when there is a marked relapsing tendency. The skin is typically dry, scaly, and unhealthy, with a tendency toward voluptuous itching or burning.
- Clinical Evidence: Acts by clearing systemic blocks, thereby sensitizing the body to respond to more specific constitutional medicines [6].

10. Hepar Sulphur (The Suppurative Agent)

- Indications: Indicated when the ulcer is extremely hyper-sensitive to cold air and touch, with a discharge that smells like "old cheese."
- Clinical Evidence: Helps in controlling secondary infections and limiting the spread of suppuration in acute exacerbations of bedsores [4].

Methodology:

Study Design

A systematic review of qualitative and quantitative clinical data was conducted to evaluate the efficacy of Constitutional Homoeopathic interventions in the treatment of decubitus ulcers.

Search Strategy and Data Sources

Comprehensive literature searches were performed across electronic databases, including PubMed/MEDLINE, The Integrated Health Evidence (IHE), Cochrane Library, and Google Scholar. The search utilized specific MeSH terms and keywords: "Decubitus Ulcer," "Pressure Sore," "Homoeopathy," "Constitutional Remedy," "Wound Healing," and "Type 2 Diabetes Mellitus." The search was limited to articles published in English between 2000 and 2024.

Inclusion and Exclusion Criteria

- Inclusion: Peer-reviewed clinical trials, observational studies, and case reports where treatment was based on individualized totality (constitutional approach). Studies involving patients of all age groups with Stage I to IV ulcers were included.
- Exclusion: Studies focusing solely on topical/external applications (e.g., only *Calendula* ointment) without internal homoeopathic intervention, and articles with insufficient clinical documentation of the healing process.

Therapeutic evidence was assessed based on the following validated tools:

1. Pressure Ulcer Scale for Healing (PUSH): To track changes in ulcer surface area, exudate amount, and tissue type.
2. Modified Naranjo Criteria: To determine the causal relationship between the homoeopathic medicine and the clinical improvement.
3. Wound Photographic Records: To provide visual verification of granulation and epithelialization.

DISCUSSION & RESULTS:

Data were extracted regarding patient demographics, miasmatic background, selected constitutional remedies (e.g., *Silicea*, *Sulphur*, *Calcarea carb*), potency, and follow-up duration. A narrative synthesis was employed to correlate the remedy selection with the rate of tissue repair.

Summary of Therapeutic Indicators:

Remedy	Key Modality	Discharge Characteristics	Miasmatic Focus
Carbo-Veg	Better by being fanned	Foul, Ichorous, thin	Syphilitic (Stasis)
Fluoric acid	Better by cold	Thin, acrid, excoriating	Syphilitic (Destructive)
Secale Cor.	Better by uncovering	Thin, dark, offensive	Syphilitic (Neuropathic)
Calendula	Better by rest	Clean, serous (promotes)	Psoric (Repair)

CONCLUSION:

Constitutional Homoeopathy serves as a viable adjunctive therapy for decubitus ulcers, particularly in chronic or non-healing cases. Further Randomized Controlled Trials (RCTs) are required to standardize protocols and validate the efficacy of the holistic approach over conventional symptomatic management.

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