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ROLE OF HOMOEOPATHIC MEDICINE *VIPERA BERUS* IN THE MANAGEMENT OF VARICOSE VEINS: A SINGLE-BLIND CLINICAL STUDY

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ABSTRACT

Background: Varicose veins are a common chronic venous disorder characterized by dilated and tortuous veins of the lower limbs, leading to pain, swelling, heaviness, and reduced quality of life. *Vipera berus* is a well-known homoeopathic medicine indicated for venous congestion and varicose veins. **Objective:** To evaluate the effectiveness of homoeopathic medicine *Vipera berus* in the management of varicose veins. **Materials and Methods:** A single-blind clinical study was conducted at M.N. Homoeopathic Medical College and Research Institute, Bikaner. Thirty patients with varicose veins were enrolled irrespective of age and sex. Individualized treatment with *Vipera berus* 200 was prescribed according to symptom similarity over a study period of ten months. Clinical improvement was assessed based on reduction in pain, swelling, venous congestion, and associated symptoms. **Results:** The majority of patients belonged to the 51–60 years age group (43.33%). Males constituted 63.33% of the study population, while 66.67% were from rural areas. Clinical improvement was observed in 23 patients (76.67%), whereas 7 patients (23.33%) showed no significant change after treatment. **Conclusion:** The findings suggest that *Vipera berus* may be beneficial in the symptomatic management of varicose veins. However, larger controlled studies are required to confirm its clinical effectiveness.

KEYWORDS: Varicose veins, *Vipera berus*, Homoeopathy, Chronic venous insufficiency,

Clinical study.

INTRODUCTION

Varicose veins are among the most common disorders affecting the superficial venous system of the lower limbs. They are characterized by permanently dilated, elongated, and tortuous superficial veins resulting from venous valve incompetence and chronic venous hypertension. Although often considered a cosmetic problem in the early stages, varicose veins may progressively lead to significant physical discomfort, functional limitation, and reduced quality of life. Patients commonly present with pain, heaviness, swelling, burning sensation, muscle cramps, itching, and visible dilated veins. In advanced cases, chronic venous insufficiency may result in skin pigmentation, venous eczema, lipodermatosclerosis, thrombophlebitis, and venous ulceration. Early diagnosis and appropriate management are therefore essential to prevent disease progression and improve patient outcomes.

The normal venous circulation of the lower limbs depends on competent venous valves and effective contraction of the calf muscle pump, which together facilitate the return of blood to the heart. When venous valves become incompetent, reflux of blood occurs, leading to increased venous pressure and progressive dilatation of the superficial veins. Persistent venous hypertension causes structural changes in the venous wall, resulting in venous congestion and worsening valve dysfunction. This continuous cycle eventually contributes to the development of chronic venous disease and its associated complications.

Varicose veins affect adults of all age groups but are more frequently observed in middle-aged and older individuals. Several factors contribute to their development, including advancing age, hereditary predisposition, obesity, pregnancy, prolonged standing, sedentary lifestyle, and occupations requiring prolonged standing or physical exertion. Individuals such as teachers, nurses, factory workers, shopkeepers, security personnel, and agricultural workers are often exposed to conditions that increase venous pressure in the lower limbs, thereby increasing the risk of venous insufficiency. Besides physical symptoms, the disease may interfere with occupational performance and daily activities, highlighting its clinical and socioeconomic significance.

Diagnosis of varicose veins is primarily based on detailed history taking and clinical examination. Patients are assessed for visible venous dilatation, pain, oedema, skin changes, and other manifestations of chronic venous insufficiency. Clinical tests such as Trendelenburg

and Perthes tests may assist in evaluating venous valve competence, while Doppler ultrasonography is considered a reliable investigation for confirming venous reflux and assessing the extent of disease. Accurate diagnosis helps in planning appropriate treatment and preventing long-term complications.

Management of varicose veins includes both conservative and interventional approaches. Conservative measures such as leg elevation, regular exercise, weight management, avoidance of prolonged standing, and compression therapy are commonly recommended for symptom relief and improvement of venous return. In selected patients, sclerotherapy, endovenous laser treatment, radiofrequency ablation, or surgical procedures may be required. While these methods are effective in many cases, some patients continue to experience persistent symptoms, recurrence, or prefer less invasive therapeutic options. Consequently, there remains interest in complementary systems of medicine that may offer symptomatic relief and improve overall well-being.

Homoeopathy is based on the principle of individualization, where medicine is selected according to the totality of symptoms rather than the pathological diagnosis alone. Among the remedies indicated for disorders of the venous circulation, *Vipera berus* has a well-recognized sphere of action. It is particularly indicated in patients suffering from marked venous congestion, bursting pain, swelling, and extreme aggravation when the affected limb hangs down, with relief obtained by elevation. These characteristic indications closely correspond to the symptomatology commonly observed in patients with varicose veins, making *Vipera berus* an important medicine for clinical evaluation in such cases.

The present single-blind clinical study was undertaken at M.N. Homoeopathic Medical College and Research Institute, Bikaner, to evaluate the effectiveness of *Vipera berus* in the management of varicose veins. Thirty clinically diagnosed patients were enrolled and treated according to homoeopathic principles using individualized prescriptions of *Vipera berus*. The therapeutic response was assessed through regular follow-up with emphasis on improvement in pain, swelling, venous congestion, and associated symptoms. In addition, demographic characteristics such as age, sex, and residential status were documented to describe the study population.

The findings of this study aim to contribute to the clinical understanding of the role of *Vipera berus* in the homoeopathic management of varicose veins. Although the study is limited by its

sample size and design, it provides preliminary clinical evidence that may serve as a basis for future controlled studies involving larger populations and longer follow-up periods.

AIM AND OBJECTIVES

Aim

To evaluate the clinical effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose veins and to assess its role in reducing the associated signs and symptoms through individualized homoeopathic treatment.

Objectives

The study was conducted with the following objectives:

1. To evaluate the effectiveness of homoeopathic medicine *Vipera berus* in the management of varicose veins.
2. To assess the reduction in major clinical symptoms such as pain, swelling, venous congestion, and heaviness of the lower limbs following treatment.
3. To study the demographic profile of patients with varicose veins according to age, sex, and residential status.
4. To evaluate the overall clinical outcome based on improvement or status quo after treatment.
5. To observe the applicability of *Vipera berus* as an individualized homoeopathic medicine in patients presenting with symptoms suggestive of chronic venous insufficiency.

MATERIALS AND METHODS

Study Design

The present study was conducted as a single-blind clinical study to evaluate the effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose veins.

Study Setting

The study was carried out in the Outpatient Department (OPD), Inpatient Department (IPD), and Peripheral OPD of M.N. Homoeopathic Medical College and Research Institute, Bikaner, Rajasthan, over a period of ten months.

Study Population

A total of 30 clinically diagnosed patients with varicose veins were enrolled irrespective of age, sex, religion, occupation, or duration of illness. Patients who did not complete the prescribed

follow-up schedule were excluded from the study.

Inclusion Criteria

- Clinically diagnosed cases of varicose veins.
- Patients of either sex and any age group.
- Patients willing to participate in the study and comply with follow-up.
- Cases irrespective of religion, occupation, and duration of illness.

Exclusion Criteria

- Patients who failed to complete the required follow-up.
- Cases with incomplete clinical records or inadequate data for evaluation.

Case Taking and Clinical Evaluation

A detailed homoeopathic case history was recorded for each patient using a standardized case record proforma. Information regarding presenting complaints, history of illness, physical examination findings, and relevant clinical details was documented systematically. Diagnosis was established by clinical examination and appropriate investigations wherever indicated. Trendelenburg and Perthes tests were performed in selected cases to assess venous valve competence.

Intervention

Patients received individualized homoeopathic treatment with *Vipera berus* 200, prescribed according to the totality of symptoms and the principle of symptom similarity. Medicines were dispensed through the institutional pharmacy, and patients were advised to attend regular follow-up visits for assessment of treatment response.

Follow-up

Patients were evaluated periodically throughout the study period. During each follow-up visit, improvement in pain, swelling, venous congestion, heaviness of the lower limbs, and associated symptoms was assessed, and treatment was continued according to the patient's clinical response.

Outcome Measures

The primary outcome measure was the overall clinical response to treatment. Patients showing reduction in pain, swelling, venous congestion, heaviness, and associated symptoms were categorized as Improved, whereas those showing no appreciable clinical change were

categorized as Status Quo.

Statistical Analysis

The collected data were compiled and analyzed using descriptive statistics. The findings were expressed as frequencies and percentages and presented in tabular form to describe the demographic characteristics of the study population and treatment outcomes.

RESULTS

A total of 30 patients diagnosed with varicose veins were enrolled in the study and completed the required follow-up schedule. The collected data were analyzed according to age distribution, sex distribution, residential status, and treatment outcome. The results are presented below.

Age Distribution

Age Group (Years)	No. of Cases	Percentage (%)
31–40	3	10.00
41–50	9	30.00
51–60	13	43.33
61–70	5	16.67
Total	30	100.00

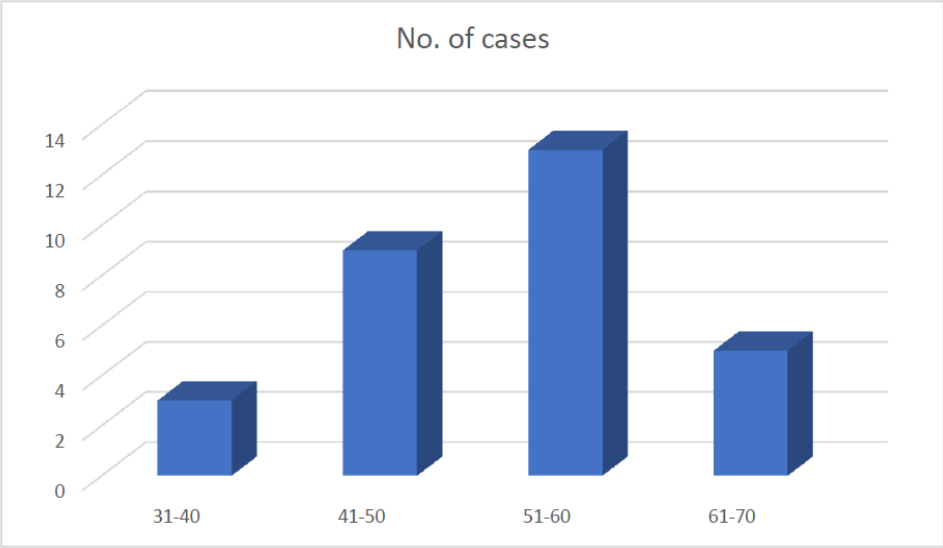

Fig. 1: Showing age distribution.

Interpretation

The majority of patients belonged to the 51–60 years age group, accounting for 13 cases (43.33%). The next most affected group was 41–50 years with 9 cases (30.00%). Only 3 patients (10.00%) were in the 31–40 years group, while 5 patients (16.67%) belonged to the

61–70 years group. These findings indicate that varicose veins were most commonly observed among middle-aged and older adults, with peak occurrence in the fifth to sixth decade of life. This age-related trend is consistent with the progressive nature of chronic venous insufficiency, where prolonged exposure to venous hypertension and gradual degeneration of venous wall elasticity contribute to disease development.

Sex Distribution

Sex	No. of Cases	Percentage (%)
Male	19	63.33
Female	11	36.67
Total	30	100.00

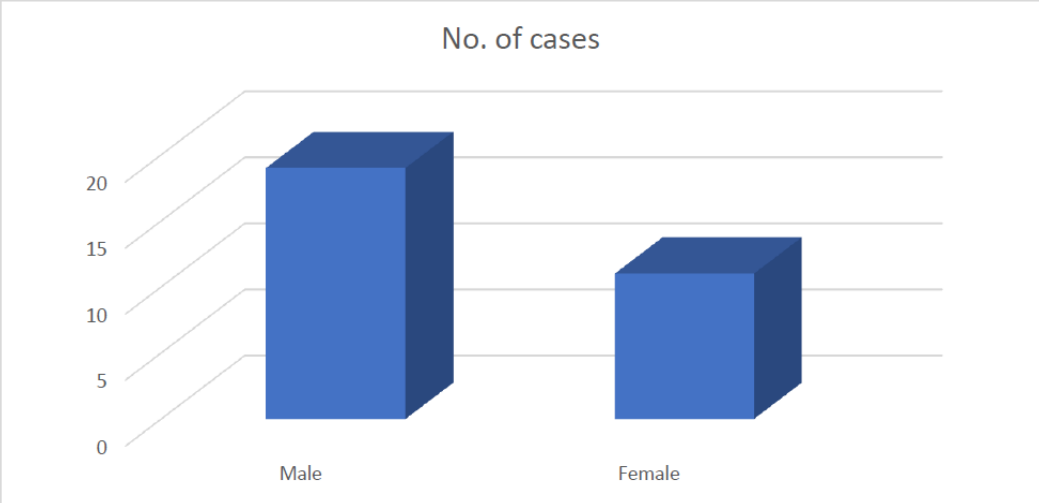

Fig. 2: Showing sex distribution.

Interpretation

Out of the total 30 patients, 19 were males (63.33%) and 11 were females (36.67%). Thus, male predominance was observed in the present study. The higher proportion of male patients may reflect occupational exposure to prolonged standing, physical work, and delayed healthcare-seeking behavior among affected individuals attending the study center. However, both sexes were substantially represented, indicating that varicose veins affect males as well as females in the studied population.

Residential Status

Residential Status	No. of Cases	Percentage (%)
Urban	10	33.33
Rural	20	66.67
Total	30	100.00

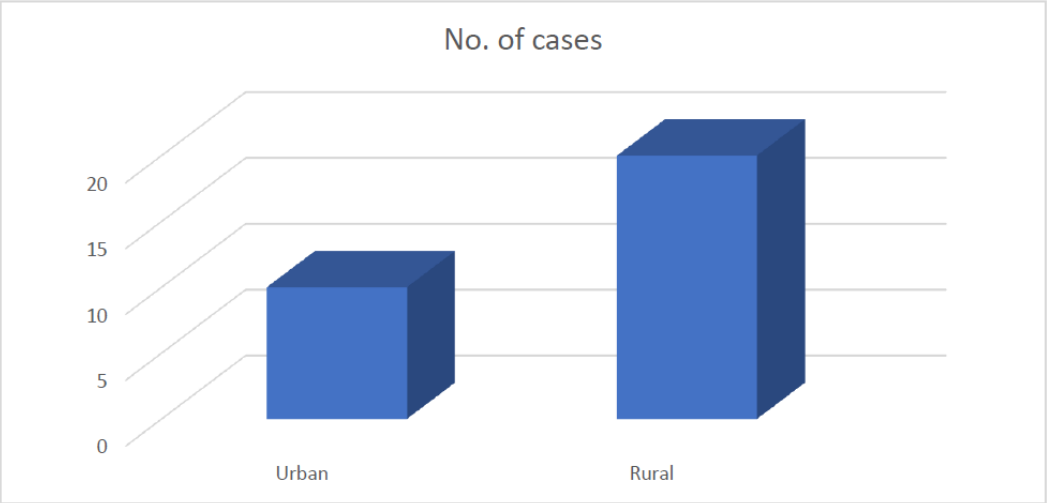

Fig. 3: Showing residential status.

Interpretation

Among the study participants, 20 patients (66.67%) were from rural areas, whereas 10 patients (33.33%) were from urban areas. The predominance of rural patients suggests that varicose veins constitute a significant clinical problem in the rural population attending the institution. Rural residents may be more frequently involved in occupations requiring prolonged standing, walking, or physical labor, which can increase venous pressure in the lower limbs and contribute to the development or progression of varicose veins.

Treatment Outcome

Treatment Outcome	No. of Cases	Percentage (%)
Improvement	23	76.67
Status Quo	7	23.33
Total	30	100.00

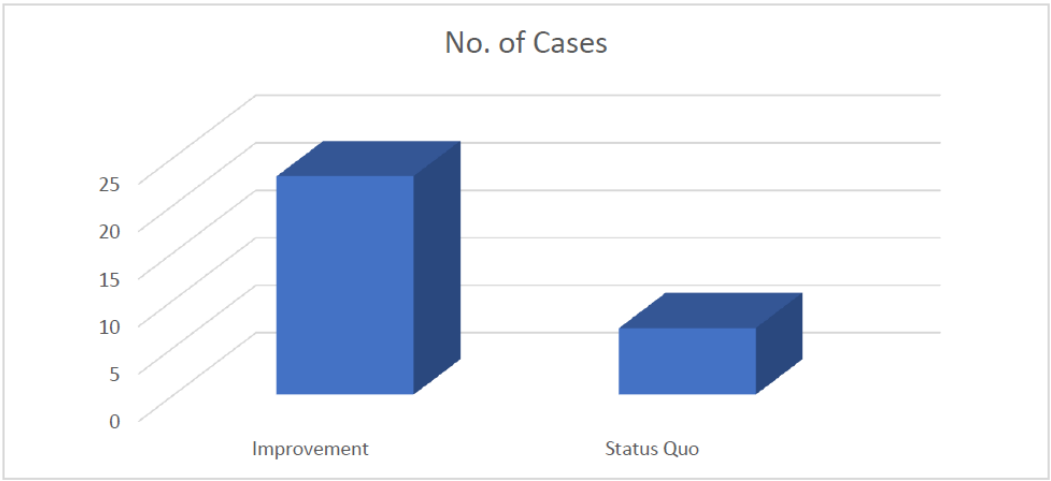

Fig. 4: Showing result incidence.

Interpretation

Clinical improvement following treatment with Vipera berus was observed in 23 patients (76.67%), while 7 patients (23.33%) remained status quo during the study period. Improvement was assessed on the basis of reduction in pain, swelling, venous congestion, heaviness of the legs, and associated complaints as defined in the study methodology. The findings indicate that more than three-fourths of the treated patients demonstrated symptomatic improvement after individualized homoeopathic treatment.

The observed improvement rate of 76.67% represents the principal outcome of the study and suggests a favourable clinical response among the majority of enrolled patients. The presence of a status quo group indicates that not all patients responded equally to treatment, which is expected in individualized clinical practice and highlights the need for further controlled investigations.

Overall Clinical Findings

The collective analysis of demographic and outcome data revealed several important observations:

- The study population was predominantly middle-aged, with the highest frequency in the 51–60 years age group.
- Male patients constituted the majority of cases.
- A larger proportion of patients were from rural backgrounds.
- Clinical improvement was observed in 76.67% of patients treated with individualized Vipera berus therapy.

These findings provide the descriptive clinical profile of the study population and form the basis for interpretation of the therapeutic role of Vipera berus in the management of varicose veins.

DISCUSSION

The present single-blind clinical study was conducted to evaluate the effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose veins. A total of **30 clinically diagnosed patients** were included and assessed for demographic characteristics and clinical response following individualized homoeopathic treatment.

In the present study, the majority of patients (**43.33%**) belonged to the **51–60 years** age group,

indicating that varicose veins were more common among middle-aged and older adults. This may be attributed to age-related degeneration of venous valves and progressive weakening of the venous wall, resulting in chronic venous insufficiency.

The study also demonstrated a predominance of **male patients (63.33%)**, while females constituted **36.67%** of the study population. This distribution may reflect the occupational profile of the patients attending the study centre, where prolonged standing and physical labour are common predisposing factors. Additionally, **66.67%** of the participants belonged to rural areas, suggesting that occupations involving prolonged standing and limited awareness regarding early treatment may contribute to the occurrence of varicose veins in this population.

The principal finding of the study was that **23 patients (76.67%)** showed clinical improvement following treatment with *Vipera berus*, whereas **7 patients (23.33%)** remained status quo. Improvement was observed in the major clinical features of varicose veins, including pain, swelling, venous congestion, heaviness of the lower limbs, and associated complaints. These findings suggest that individualized homoeopathic treatment with *Vipera berus* was associated with symptomatic relief in the majority of patients included in the study.

Vipera berus is recognized in homoeopathic literature for its marked action on the venous system and is particularly indicated in cases characterized by venous congestion, bursting pain, swelling, and aggravation when the affected limb is in a dependent position, with relief on elevation. The encouraging clinical response observed in the present study may be related to the close similarity between these characteristic indications and the symptom profile of the enrolled patients.

Overall, the findings of the present study indicate that individualized homoeopathic treatment with *Vipera berus* may be beneficial in improving the clinical symptoms of varicose veins. The study provides preliminary clinical evidence that can serve as a basis for future research in this area.

Limitations of the Study

The present study was limited by a **small sample size (30 patients)** and a **single-centre, single-blind study design**, which may limit the generalizability of the findings. The absence of a control group and the relatively short follow-up period also restricted the evaluation of

long-term treatment outcomes. Therefore, larger randomized controlled studies with extended follow-up are recommended to further validate the effectiveness of *Vipera berus* in the management of varicose veins.

CONCLUSION

The present study evaluated the effectiveness of the homoeopathic medicine *Vipera berus* in the management of varicose veins among **30 clinically diagnosed patients**. The majority of patients showed symptomatic improvement following individualized homoeopathic treatment, with **23 patients (76.67%)** demonstrating clinical improvement, while **7 patients (23.33%)** remained status quo. Improvement was observed in pain, swelling, venous congestion, heaviness of the lower limbs, and associated symptoms.

The findings suggest that *Vipera berus* may be a useful homoeopathic medicine for the symptomatic management of varicose veins when prescribed according to the principles of individualization. However, considering the limitations of the present study, including the small sample size and single-blind study design, further multicentre randomized controlled studies with larger sample sizes and longer follow-up are recommended to confirm these findings and establish stronger clinical evidence.

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