A SUCCESSFUL APPROACH IN MANAGEMENT OF DIABETIC FOOT ULCER WITH HOMOEOPATHY: A CASE STUDY

Winston Vargheese V*, Senthamizh Selvi, Alphy Mathew and Krishnakumari Amma C.R

Department of Materia Medica, Sarada Krishna Homeopathic Medical College, Kulasekhararam, Kanyakumari district, Tamilnadu, India – 629 161

ABSTRACT

Diabetes mellitus is one of the major concerns and global public hazard that has increased dramatically over the past two decades. Diabetic patients are most prone to complications especially diabetic foot ulcer later ends up in amputation. Fifty to seventy percentage of patients with diabetic limb amputations die within five years. Early effective medications can reduce the possible mortality and also can improve the quality of life. A case of a 66 years old women who is known diabetes for twenty years presented with a diabetic foot ulcer got admitted in Sarada Krishna Homoeopathic hospital, Kulasekhararam. She was a known hypertensive on a medication with insulin and anti-glycaemic agent. She was advised for the amputation of foot in which patient are not willing to undergone. This report validates the successful treatment of homoeopathic medicines in obstinate Diabetic foot disease and also the external aid of cleaning and dressing using homeopathic antiseptic calendula in promoting granulation and healing of ulcer was demonstrated here. After around 2 months of furnishing diet with maintaining glycaemic index with follow-up of respective homeopathic medications the ulcer is almost healed and potentiated the cure.

KEYWORDS: Diabetic Care, Foot ulcer, Homoeopathy, Chronic Miasmatic disease, Homoeopathic antiseptic.

*Corresponding Author Email: drwinstonv@gmail.com

INTRODUCTION

People with diabetes have increased risk of developing foot ulcers due to the peripheral neuropathy and glucose laden tissues which increase the chances of trauma and infection. Eighty-five percentage of lower limb amputations in patients with diabetes are preceded by foot ulcerations suggesting the management of foot lesions are paramount importance1. Foot ulcerations are the leading cause of hospitalization among diabetic patients.
The other causes of ulceration are peripheral vascular disease, callus, oedema and deformity. The triad of neuropathy, deformity and trauma is present in almost two thirds of the patients with foot ulcers. Inappropriate foot wear is also commonest cause. The annual incidence of foot ulceration was slightly more than 2.0 percent among all patients with diabetes and between 5.0 – 7.5 percent among diabetic patients with peripheral neuropathy. Diabetic neuropathy due to conversion of glucose into sorbitol which cause nerve demyelination. If sorbitol level raises it gets trapped in peripheral nerves, retina and lens causing neuropathy, cataract and retinopathy. Sensory neuropathy causes loss of vibration, sense of position, touch, pain and temperature. Motor neuropathy causes paralysis of intrinsic muscles of foot leading into claw toes and hammer toe. Autonomy neuropathy causes absence of sweating and loss of skin elasticity making prone for breakdown and infection.

Diabetic foot ulcer was mainly exposed to skin commensal bacteria that can colonize the wound as multi-layered self-produced microbial biofilm. It has been suggested that bacterial concentration greater than $10^5$ colony forming units indicates the presence of a critical degree of colonization at which host defences are no longer able to contain it. The infection surrounding the foot ulcer was often the result of multi-organism with aerobic gram-positive cocci (staphylococcal, Group A and B streptococci) being most common and also aerobic gram-negative bacilli and may also lead to Gas gangrene of co pathogens clostridium. Aerobes consumes oxygen, inducing tissue hypoxia influenced by lipopolysaccharides biosynthesis, cellular antigen, protein digestion and also facilitate growth by reducing the redox potential causing impairment of host immune cell function.

Homeopathy can be called as Medicine of likes. According to Hahnemann, Man was to be studied as a whole not from the disease point of view. Diseases are the result of derangement of vital force means life force which gets deranged by the disease causing morbific intangible forces called “Miasm”. The present case report of diabetic ulcer was undertaken for the purpose of deriving an effectiveness of homeopathic medicines for the treatment of this condition, a cost-effective means of reducing the incidence of foot amputations.

MATERIALS AND METHODS

Patient Information

The 66 years old female patient known diabetic for 20 years got admitted in Sarada Krishna Homeopathic Medical College Hospital, Kulasekharam on 25/04/17 with the complaint of
ulcer on left foot. It started out two years back after an injury in left heel. The ulcer now extended to the full length of the foot and it was deep. There was burning pain with itching on both legs which aggravates on morning. Discharge was offensive and serosanguinous in nature. Oedema present around left eye and burning.

**Associated Symptoms**

There was cough with expectoration on and off, expectoration white in colour; Burning in abdomen with increased in thirst; Headache over left temporal region; Vertigo present occasionally.

**Medical History**

Regular dressing and allopathic management for the same complaint for the past two years and has been advised for amputation. Cerebral intravascular haemorrhage on 2010, intravascular stunt has been done. After that surgery, Hemiparesis for few months then recovered with allopathic medications and physiotherapy. Known Hypertensive since 10 years taking allopathic treatment. She was under allopathic medication for Diabetes with that taking insulin daily.

**Personal History**

Tobacco chewing since 11 years stopped before 2 years.

**Family History**

No relevant family history.

**Clinical Findings**

*Physical Examination*

Conscious, anaemic, moderately built, moderately nourished, not jaundiced, not cyanosed, no generalized lymphadenopathy. Pulse: 68/min; BP: 140/80 mm Hg.

*Local Examination*

Location of the ulcer: plantar surface of left foot. Margins: irregularly defined. Size: 14 *7 cm. Floor: Granulation tissue present. Edge: sloping edge. Depth: 1.5 cm. Shape: pyriform in shape

**Diagnostic Assessment**

*Ulcer Assessment*
GRADE 3 according to Wagner ulcer classification system. The Serum Blood Sugar has been checked during admission, the RBS was found to be 398 mg/dl and Fasting blood sugar was 266 mg/dl on 20/4/17

**Provisional Diagnosis**

Diabetic foot ulcer, trophic ulcer

**Final Diagnosis**

Diabetic foot ulcer

**Therapeutic intervention**

Homeopathic evaluation of symptoms was done as per following Table 1.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Common</th>
<th>Uncommon</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Burning Pain in ulcer</td>
<td>&lt; morning</td>
</tr>
<tr>
<td>2</td>
<td>Itching over the surrounding area</td>
<td>Pain over left temporal region.</td>
</tr>
<tr>
<td>3</td>
<td>Discharge offensive, serosanguinous</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Thirst increased</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Oedema over left eye and burning</td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation of Symptoms**

Ulcer in left foot, burning pain present, Discharge offensive, serosanguinous, Itching around the surrounding area, <morning.

**Miasmatic interpretation**

Chronic disease with fully developed symptoms predominantly tubercular. Diseases which are threatening or destructive in nature; Burning neuralgic pain, ulcerous tendencies which aggravated on morning with recurrent rise in temperature belongs to tubercular miasm.

**Totality of symptoms:**

Ulcer in left foot, discharge offensive and serosanguinous, burning pain present, Itching around surrounding area present.
Reportorial / Non reportorial

Non-Reportorial approach based on the totality.

RESULTS AND DISCUSSION

Prescription

Mercurius solubilis 0/12 – 1 D in 10ml aqua 10gtt/ 2 hourly.

Basis of prescription

Rawness, redness with congestion; Ulcers bleeding with tendency to pus formation. Ulcer irregular in shape, Granulation tissues surrounded, burning pain; suppuration; Continuous exudation.

Potency selection

As the patient of regular follow up consulted the physician in private clinic before admission, so she been prescribed with Mercurius solubilis with previous potency 0/11, so the next hierarchy 0/12 was started. The progress and follow up was as per Table 2 and Fig 1.

Table 2: Follow Up and Outcomes

<table>
<thead>
<tr>
<th>S.No</th>
<th>Date</th>
<th>Symptoms</th>
<th>Remedy</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25/4/17</td>
<td>Burning pain in ulcer persist with itching</td>
<td>Saccarum Lactis -1D Cleaning &amp; dressing with calendula glycerine</td>
<td>Complaints persist</td>
</tr>
<tr>
<td>2</td>
<td>26/4/17</td>
<td>Burning pain in ulcer persist.</td>
<td>1. Mercurius Solubilis -0/12 – 10gtt -10ml aqua - 2hrly C &amp; D</td>
<td>On the basis of the totality of the symptoms.</td>
</tr>
<tr>
<td>3</td>
<td>26/4/17</td>
<td>Burning pain in ulcer slightly better. Slight rise in temperature Temp – 99 F</td>
<td>Tuberculinum 1M -1D [St]</td>
<td>Pain of the ulcer slightly better with</td>
</tr>
<tr>
<td>Date</td>
<td>Symptoms</td>
<td>Remedy</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>27/4/17-1/5/17</td>
<td>Burning pain better. Itching better.</td>
<td>Mercurius Solubilis 0/12 -1D in 10ml aqua 10gtt – 2hrly C &amp; D</td>
<td>slight rise in temperature, Temperature falls down, Ulcer started to heel with slightly burning pain.</td>
<td></td>
</tr>
<tr>
<td>2/5/17</td>
<td>Rise in temperature -100 F. Body pain, weakness all over the body Thirst -increased Chillness present Pain in ulcer persist</td>
<td>Rhus Tox 1m /10ml aqua 10gtt -2hrly</td>
<td>Based on the acute totality, Complaints persist</td>
<td></td>
</tr>
<tr>
<td>3/5/17-29/5/17</td>
<td>Body pain better. Weakness improved. Pain in ulcer persist Offensiveness present.</td>
<td>Arsenicum Album 0/6 / 1D in 10ml aqua 10gtt /TDS C &amp; D</td>
<td>Being the complementa ry remedy, it has been prescribed. Complaints better</td>
<td></td>
</tr>
<tr>
<td>30.5.17-1/6/17</td>
<td>Offensiveness better. Ulcer healing. Burning in ulcer better FBS: 159 mg /dl on 28/6/19</td>
<td>Arsenicum Album 0/6 – 1D in 10ml aqua 10gtt / QDS C &amp; D</td>
<td>Complaints better</td>
<td></td>
</tr>
<tr>
<td>10/6/17-8/7/17</td>
<td>Offensiveness better. Ulcer healing. itching better in surrounding area.</td>
<td>Arsenicum Album 0/6 – 1D In 10ml aqua 10gtt / QDS. C &amp; D</td>
<td>Complaints better &amp; discharged.</td>
<td></td>
</tr>
</tbody>
</table>
Fig 1: Prognosis Assessment Images

In this case, the remedy was selected based on the totality of the symptom and the nature of the ulcer. Mercurius solubilis has action of transforming healthy cells into a decrepit, necrotic tissues under physiological action. Ulcers irregular of shape with edges ill-defined are most Mercurius type of ulcer with syphilitic background. According to Miasmatic prescribing, the ulcer nature was destructive but tendency of recurrent skin infection which particularly aggravated on morning mainly of tubercular type. The combination of these two miasm causes hypo immunity leading to total destruction of immunity and recurrent infection and development was also very quick in nature. Rise of temperature due to recurrent mixed infection favours the prescription of intercurrently the nosode, Tuberculinum. Mercurius solubilis mainly covering trimiasmatic more towards syphilitic nature with characteristics
offensiveness. The remedy Rhus tox has been prescribed acute on the basis of acute totality. For further follow up of the case and improvement in order to effect a cure, Hahnemann says in aphorism 171 to give several antipsoric remedies in succession on after another after the completion of action of previous remedy. So, the complementary medicine of Mercurius solubilis, Arsenicum album has been selected which maintained the good prognosis of the case. In this case study one can finds out the positive results of years standing diabetic foot ulcer which disagrees to heal by conventional system, suggested for amputation has almost healed and also exemplify Homeopathy in treating the neglected cases.

**CONCLUSION**

The Diabetic Patient should have thorough foot examination at least twice in a year annually and patient with the risk of vascular diseases should be of frequent monitoring. Thus, in this case study the diabetic foot ulcer was successfully treated by Homoeopathy and clears its perspective of it in managing the pathological advanced cases.

**Patient’s perspective**

It was quite annoying of my condition, became done of the treatment which I undergone. Though I cannot experience much pain but there will be constant burning and the discharge was so unbearable for me. So, I started taking Homeopathic medicines for few months which was suggested by my daughter, Initially I was uncertain of my cure but once I started taking medicine, I got a hope of me responding to it. I thank all the doctors who reassure my health status and well-being.

**Informed Consent**

The patient provided written informed consent for publication of this report. The patients understand their identity will not be revealed.

This case was reported according to Equator network HOMCARE guidelines.

**REFERENCES**


7. Dr. Subrata kumar Banerjia. Miasmatic prescribing.2nd ed.B. Jain publishers;2010: 123.
