

ROLE OF HOMOEOPATHIC INTERVENTION IN DIABETIC FOOT
ULCER

Authors

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He is a regular contributor to Homoeopathic Heritage and Author of Lectures on Homoeopathic Case Management; Miasma, A Road Less Travelled both published by B. Jain Publishers. His aim is to establish Homoeopathy on its scientific merit and make it integrated with orthodox medicine in such a way that the Scope and Limitation of Homoeopathy are well defined.

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Keywords Diabetic foot ulcer; DFU ; Gangrene ; Homoeopathy

Abstract

Diabetic foot ulcer is one of the major complications of Diabetes mellitus.

Diabetic patients are at greater risk of developing foot ulcerations.

Approximately 3 percent of patients with diabetes develop foot ulcers and approximately 84 percent of lower limb amputations have a history of ulceration. 56 percent of patients with foot ulcers who do not have an amputation survive for 5 years.

Conventional treatment of DFUs consists in giving antibiotics, wound dressings, total contact casting. Diabetic foot ulcers can also be managed through Homoeopathy by prescribing proper Homoeopathic remedy after taking detailed history of the patient. The best Homoeopathic management strategy is Layered prescribing technique.

Introduction

Diabetes has become a global epidemic of 21st century. Worldwide, the number of cases of diabetes has been estimated to be 171 million, and by 2025, this number is projected to reach 366 million.¹

It was estimated in the year 2000 that there were 32 million people with diabetes in India, a number that is predicted to increase to nearly 80 million by 2030.²

Each year, 2.5% of people with diabetes develop foot ulcers, while 15% of all patients with diabetes will develop chronic ulcers on the foot or lower extremity during their lifetime.³

The high rates of diabetes in many parts of the world make foot ulcers a major and increasing public-health problem. Foot ulcers cause substantial morbidity, impair quality of life, engender high treatment costs and are the most important risk factor for lower-extremity amputation.⁴

Especially in India, the diabetic foot represents a considerable health problem, aggravated by the high frequency of infection and the ever – rising prevalence of diabetes.⁵

Pathophysiology

DFU occurs due to both neurological and vascular complications. Patients with poorly controlled diabetes are more prone for developing peripheral neuropathy. The ulcer is formed due to breakdown of skin tissue and exposure of the skin layers underneath. They are most common in the big toe and the balls of feet. Diabetes mellitus is the disorder which impedes the natural wound healing process.

The most common sites for ulcer are toes, followed by the plantar metatarsal heads and the heel.²

Foot ulcers and their sequel are a major source of morbidity and resource use for patients with diabetes. Foot ulcers precede more than 80% of non traumatic lower limb amputations.²

Despite the use of standard management strategies, healing rates of DFUs remain low and rapid and complete healing of DFUs remains a challenge.¹

Approximately 15% of all diabetic patients are at risk for foot ulcerations during their lifetime, and 70% of healed ulcers are estimated to recur within 5 years.² General healing rates for neuropathic DFUs have been reported in the literature.

The meta-analysis of 10 control groups from clinical trials using good standard wound care (including debridement and off-loading, and either saline moistened gauze or placebo gel and gauze) demonstrated that the weighted mean rates of neuropathic ulcer healing were 24.2% over 12-weeks and 30.9% over 20 weeks.¹

RISK FACTORS/PREVENTION/TREATMENT STRATEGIES

Risk factors for the development of diabetic foot ulcers are infection, diabetic neuropathy, peripheral vascular disease, old age, smoking, poorly controlled blood sugar and ischemia of blood vessels.

Diabetic foot ulcers can be prevented by controlling blood sugar levels, keeping toe nails regularly trimmed, keeping foot dry and moisturized, avoiding injuries to the foot, cleaning the foot on regular basis and wearing well fitted shoes. It should be emphasized that the most common offending agent or cause of traumatic foot ulceration is footwear (Brike, Patout Jr. & Foto, 2000 Tyrrell, 2002).

The use of ill – fitting shoes are instrumental in the development of blisters callus and corns which can lead to ulceration in patients with diabetes.⁶

The development of diabetic foot ulcers (DFUs) typically results from peripheral neuropathy and/or large vessel disease, but most commonly DFUs are caused by peripheral neuropathy complicated by deformity, callus, and

trauma. Vascular insufficiency, infection and failure to implement effective treatment of DFUs are linked to secondary medical complication, such as osteomyelitis and amputation.

Apart from tight glycaemic control, diabetic patients must be educated and motivated on proper foot care practice and life style modification for preventing DFUs.⁷

POTENTIAL BENEFITS OF HOMOEOPATHY

If efficacy of Homoeopathic treatment is proved in DFU, then this intervention can provide a safe and cost effective treatment option to the conventional treatment.

REPERTORY REFERENCES ^{12,13,14}

1. EXTREMITIES – GANGRENE – diabetic

Carb-ac, con, lach, Solid

2. GENERALS – Wounds – Gangrene of

Anthraci, ARS, Bell, Brom, carb-v, chin, Eucal, LACH, Sil

3. EXTREMITIES – GANGRENE

ARS, Carb-an, carb-v, chin, Crot-h, LACH, Phos, Plb, SEC

4. GENERAL – Wounds – Heal tendency to slowly

All-c, Bar-c, Borx, Calc, Carb-v, cham, Graph, HEP, LACH, Merc, Merc-c, NIT-AC, PETR, Rhus-t, SIL, Staph, SULPH, Tub

5. SKIN – DECUBITUS (= become sore)

Agar, Arg-n, ARN, Calc, Carb-v, CHIN, GRAPH, Hep, Ign, LACH, Lyc, Merc, Nat-C, PETR, Puls, SEP, SIL, Sul-ac, Sulph, Tub

6. SKIN – ULCERS – Warmth Agg

Secale

7. SKIN – ULCERS – Warmth Amel

Ars; LACH

TOP 10 HOMOEOPATHIC REMEDIES FOR DFU ^{15,16,17}

1. ARSENIC ALBUM

DFU + Burning Ulcers + Gangrenous look

- Gangrenous inflammations
- Itching, burning, swelling, edema
- Ulcers with offensive discharge
- Icy coldness of body
- Desquamation of the skin of the body
- Skin dry as parchment, cold & bluish
- Ulcer with raised & hard edges, surrounded by a red & shining crown; with the bottoms like hard or of a blackish-blue colour, with burning or shooting pains, principally when the parts affected become cold and wants part covered though cold to touch.
- Ulcers, hard on the edges, stinging, burning, spongy; with proud flesh; turning black; flat; pus thin, ichorous

- Fetid smell, ichorous suppurations, ready bleeding; putridity & bluish or greenish colour of the ulcers
- Malignant pustules

Dose – Third to thirtieth potency the very highest potencies often yield brilliant results

Modalities

Aggravation – from Wet weather/ after midnight/ from cold/ cold drinks on food

Amelioration – by Heat/ warm drinks

2. SECALE CORNUTUM

DFU + Burning Ulcers + post burns/ post callus

- Skin shrivelled & numb; mottled dusky blue tinge
- Blue colour
- Dry gangrene, developing slowly
- Burning sensations better by cold
- Wants parts uncovered, though cold to touch
- Skin feels cold to touch
- Great aversion to heat
- Formication under skin
- Skin rough & dry
- Swelling & pain without inflammation
- Black, gangrenous pustules
- Ulcers turn black; skin withered & gangrenous
- Heat with thirst & want of perspiration
- Sanguineous vesicles which turn to gangrene

Modalities

Aggravation

Warm application/ Warm drink/ before menses

Amelioration

Fanning/ Cold application/ Uncovering

Dose – first to thirtieth potency

3. ANTHRACINUM

DFU + Burning Ulcers + Septic foci+ Haemorrhage

- Carbuncles & malignant ulcers
- Terrible burning
- Inflammation of the connective tissue in which there exists a purulent focus
- Haemorrhage, black, thick, tar-like, rapidly decomposing from any orifice
- Ulceration, sloughing, & intolerable burning
- Bad effects from inhaling foul odours
- Gangrene with foul secretions, boil & boil like eruptions, Succession of boils or carbuncles
- Dose – Thirtieth potency

4. TARENTULA CUBENSIS

DFU + Burning Ulcers +Septic Foci+ Threatened Gangrene+ Septicemia

- A toxaemic medicine, septic conditions
- Adapted to most severe type of inflammation & pain, early and persistent prostration
- Carbuncles, burning, stinging pains
- Purplish hue & burning, stinging pains
- Abscesses where pain & inflammation predominate
- "Senile" ulcers
- Various forms of malignant suppuration

Modalities

Aggravation -Night

Amelioration – Smoking

Dose – Sixth to thirtieth potency

5. LACHESIS MUTUS

DFU + Painless Ulcers +Septicemia + Warmth amel

- Hot perspiration
- Boils, carbuncles ulcers with bluish, purple surroundings
- Dark blisters. Bed sores, with black edges
- Blue – black swelling
- Varicose ulcers
- Wounds & ulcers bleed readily & profusely; cicatrices bleed readily
- Ulcers with great sensitiveness to touch, uneven bottom ichorous offensive discharge when touched
- Gangrene ulcers, gangrenous blisters superficial ulcers, foul at bottom with a red crown
- Senile erysipelas

Modalities

Aggravation – After sleep/ Warm bath/ Pressure/ Hot drinks

Amelioration – Appearance of discharge/ Warm application

Dose – Eighth to 200th potency

6. CONIUM MACULATUM

- Shootings, & prickling itching in the skin
- Bluish colour of the skin over the whole body
- Painful inflammation of the skin
- Blackish ulcers with sinuous, sanguinous & fetid discharge & tingling
- Gangrenous ulcers. Ulcerating to the bones
- Sweat as soon as one sleeps, or even when closing eyes
- Chronic ulcers with fetid discharge
- Brownish, or red & itching spots, over the whole body, which disappear & return
- Humid, or scabby & burning tetter
- Night & morning sweat, with offensive odour, and smarting in skin

Modalities

Aggravation – From taking cold/ bodily or mental exertion

Amelioration – while fasting/ in the dark/ from letting limbs hang down/
from motion/ from pressure

Dose – Best in higher potencies given infrequently especially for growths etc.

Otherwise sixth to thirtieth

7. CARBO VEGETABILIS

- Sensation of tingling of the skin throughout the body.
- General itching in the evening, & on becoming warm in bed
- Burning sensation in different parts of the skin
- Painless ulcers in the extremities of the fingers and of the toes
- Fetid ulcers, with burning pain, and discharge of corrosive and bloody pus.
- Gangrenous spots from lying in bed; old wounds having healed break out again; punctured wounds which wont heal
- Skin blue, ecchymosed
- Indolent ulcers
- Ichorous, offensive discharge; tendency to gangrene of the margins
- Varicose ulcers. Carbuncles

Modalities

Aggravation – Open air/ from fat food/ warm damp weather

Amelioration – from eructation/ from fanning

Dose – First to third trituration. Thirtieth potency & higher in chronic conditions

8. CAUSTICUM

DFU + Burning Ulcers + post burns/ post callus

- Burning ulcers, with yellowish – looking skin; ulcers burning with corroding pus, with thin or watery pus.

Aggravation – Dry, cold winds.

Amelioration –warmth/ Heat of bed

Dose – Third to thirtieth in chronic ailments the higher potencies once or twice a week

9. SOLIDAGO VIRGAUREA

DFU + Diabetic Nephropathy

- Scrofulous rash
- Little blotches on hands & feet, itching very much
- Very obstinate itching exanthemas
- Exanthema on lower limbs without swelling of inguinal glands
- Dropsy & threatening gangrene

Dose – tincture to third potency

10. CARBOLIC ACIDUM

DFU + Sloughing wounds+ post burns

- Itching vesicles, with burning pain
- Burns tend to ulcerate
- Offensive odour from skin
- Gangrene. Carbuncles

- Sloughing wounds; chronic ulcers; burns
Dose – Third to thirtieth potency.

CASES OF DIABETIC FOOT ULCER

1. H. C. N, 70 years/Male, resident of presented with ulcer on the foot. The ulcer had putrid odor. The patient was also suffering from Diabetes mellitus and Chronic Renal Failure. Marked edematous swelling on foot was present. Extremities were cold. Warmth ameliorated the pain of ulcer. Thirst for cold drinks and cold water.

Medicines prescribed were Crotalus Horr, Lachesis in successively increasing potencies. Hypericum Q and Calendula Q were used for local application and cleaning of ulcer.

Final result: Total recovery.

BEFORE TREATMENT



AFTER TREATMENT



2. G. P. S, 55 years/Male, a case of Insulin dependent Diabetes Mellitus and Hypertension presented with ulcer in left toe which was eroding bones and maggots also appeared. There was no odor and slight watery discharge present. Numbness was present in that toe.

Medicines prescribed were Causticum CM in three doses followed by Hypericum 6 and Calendula 6. Hypericum Q and Calendula Q were used for dressing and cleaning of wound.

Final result: Total recovery.

BEFORE TREATMENT 1



BEFORE TREATMENT 2



AFTER TREATMENT



3. H O S, 50 years/ Male, presented with ulcer in toes with burning pain although the skin was cold to touch. He was a case of Diabetes Mellitus and Chronic Renal Failure.

Medicines prescribed were Causticum 6, 30, 200, 1M along with Hypericum Q and Calendula Q for the purpose of dressing and washing the ulcer.

Final result: Total recovery.

BEFORE TREATMENT



AFTER TREATMENT



4. S. N. M, 60 years/M, had been suffering from Diabetes Mellitus presented with gangrenous abscess. The discharge from the abscess had fetid odor.

Medicine prescribed was Tarentula Cub 30, 200, 1M, afterwards the fetid discharge stopped and then for ulcer Causticum 30, 200, 1M, 10M was prescribed and Hypericum Q and Calendula Q were used as local application and dressing of the ulcer.

Final result: Total recovery.

BEFORE TREATMENT 1

BEFORE TREATMENT 2

AFTER TREATMENT



5. R. D, 56 years/F, presented on 18-11-2005 with gangrene of hands with burning, throbbing pain < bathing< hanging limbs< cold < touch < Uncovering. The patient was restless, anxious thirsty for small amount of water with dreams of animals and falling. The affected limb was cold and numb. Radial pulse of the affected limb was perceptible. Cause was thrombophlebitis in post op case of carcinoma breast, with poorly controlled IDDM Medicines prescribed were Bufo 6,12, 30 and Vipera 6,12, 30 were given in the beginning and once phlebitis and acute limb pain settled Arsenic Album 30,200, 1M was used. Hypericum Q and Calendula Q were used for wound cleaning and dressing. Final result: Total recovery. Not only her DFU was cured her Gangrene too was cured.

BEFORE TREATMENT

AFTER TREATMENT



BEFORE TREATMENT 1



BEFORE TREATMENT 1



BEFORE TREATMENT 2



AFTER TREATMENT 2



FINAL CURE



FINAL CURE



6. R B, 60 years/F, presented with non healing ulcer on toe. He was a long lasting diabetic, the ulcer had no pain ; the patient had no symptom except physical general modality of being worse in cold. He was prescribed Causticum 200, 1M, 10M. Hypericum Q and Calendula Q were prescribed for wound cleaning and dressing.
Final result: Total recovery.

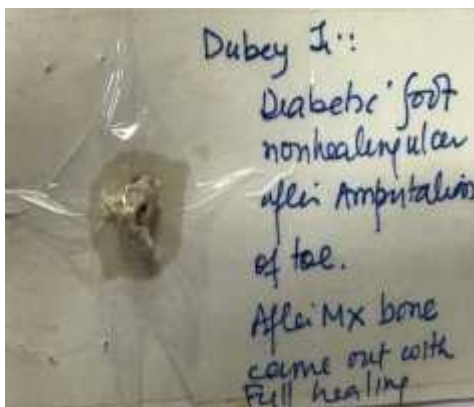


7. POST SURGICAL CASE

Mrs. R. B. D, 48 years/F, presented as a post operative case of diabetic foot with gangrene after surgery the wound was not healing. He was prescribed Staphysagria 1M after two days a bone fragment appeared on the suture which was removed (see photograph), then the wound healed very fast under Calendula 200, 1M, 10M.

Final result: Total recovery

BONE FRAGMENT



HEALING OF WOUND



8. HOMOEOPATHIC FAILURE

After some experience and confidence in the treatment of management of DFU with Homoeopathy, I experimented with the classical approach in this case. A female, 32 years, presented with diabetic gangrene with modalities of Secale cornutum and she was prescribed Secale cor 1M, single dose without any external dressing. Twenty four hours later there was severe aggravation

of pain with no relief for next 48 hours and the patient left Homoeopathic treatment and opted for surgery.



9. ILLUSTRATIVE CASE

A female patient of 60 years presented to the OPD of the clinic with gangrene on the left leg, swelling on feet, she also suffered from Diabetes Mellitus and Chronic Renal Failure. She was admitted in ICU but when her septicaemia was controlled her attendants got her discharged against medical advice, although at the time of discharge she had elevated counts. Her Creatinine was 7.66 and Random Blood Sugar was 175.4 at the commencement of the treatment. Her Serum Uric Acid was 7.23 and Blood Urea was 112.5. Her USG report showed mild Hepatomegaly with coarse echotexture and prominent bowel loops which was done on 27/11/2016.

1. Particular symptoms : Swelling in the feet, weakness and flatulence after eating.
2. General symptoms :
 - a) Mental generals : The patient had anxiety when alone, anxiety about her health, desire for company, and religious in nature, consolation ameliorates her.
 - b) Sleep : Complained of increased sleep, had a deep sleep.
 - c) Mouth : Dryness of the mouth.
 - d) Tongue : Red, cracked in the centre.
 - e) Thirst : Thirsty patient.
 - f) Perspiration : Normal.
 - g) Appetite : Normal.
 - h) Desire : Nothing specific.
 - i) Response to heat and cold : Chilly.
 - j) Physical condition : Lean and thin.
3. Past history: The past history of the patient did not reveal any severe illness or any drug toxicity.

4. Family history: The family history also did not reveal **anything significant**.

Selection of Medicine

After thorough case taking and clinical examination, the selection of medicine was done according to Radar Repertory.

After repertorisation, the medicine selected was Arsenic album 200, given in three doses, followed by Calendula 200, again given in three doses and Serum Anguillae 7x was given in drop doses.

Afterwards Pyrogenium 10M was given in three doses, followed by Causticum 7x, Calendula 7x and Serum Anguillae 7x in drop doses.

Hypericum Q and Calendula Q was used for local application and dressing purpose.

Post Treatment Evaluation

Clinical examination after two months of treatment revealed significant improvement in the ulcer and swelling in the feet decreased remarkably and the weakness felt by the patient also improved.

Laboratory Investigations

After two months of treatment, the Serum Creatinine level of the patient reduced dramatically. The value which was 7.66 on 19/02/2017 came down to 1.62 on 08/05/2017.

General symptoms as recorded:

- Mental symptoms: There was no anxiety about health and the patient was calm.
- Thirst: Normal.
- Sweat: Normal.
- Appetite: Normal.
- Desire and Aversion: No significant change.
- Response to heat and cold: Normal response was noted.
- Sleep and Dreams: Excessive sleepiness was improved and sleep pattern became normal.

During the treatment no any other complaint was reported by the patient.

Discussion

This case study reports successful treatment of a case of diabetic foot ulcer and management of chronic renal failure with merely two months of Homoeopathic treatment. The overall condition of the patient also became better.

The approach used was layered prescribing. ^{11,18}

Arsenic album 200 was given based on fundamental shift of symptoms along with that as a drainage medicine Serum anguillae 7X was prescribed as 40 drops in one teaspoon water.

Once the patient settled Calendula 200 was prescribed to heal the diabetic foot ulcer which was the predominant local pathology along with that as a

drainage medicine Serum anguillae 7X was prescribed as 40 drops in one teaspoon water.

After Calendula 200, the patient had high fever with chill, her TLC got elevated significantly with significant disproportionate pulse. In view of septicaemia, she was prescribed Pyrogenium 10M in three divided doses. After Pyrogenium, patient started improving with progressive lowering of fever; along with pyrogenium as a drainage medicine Serum anguillae 7X was continued as 40 drops in one teaspoon water.

After Pyrogenium an increase in general well being and progressively decreasing leucocyte count was observed.

Thereafter it was a strategic choice, to keep the patient on placebo or to prescribe for the organic layer that is to treat the sick organ system. We chose to continue the layered prescribing as by Burnett, Eziyaga, Ortega and Paschero and prescribed

Causticum 7x, for DFU

Calendula 7x, for Healing

Serum Anguillae 7x, for CRF.

And as our experience in all forms advanced pathology this worked wonders for the patient who was in ICU two months ago, is now leading a normal life and currently being managed by Serum Anguillae 7x, 40 drops BD for CRF.

In whole course of treatment and till now the patient was maintained in strict glycemc control under insulin and managed by anti hypertensive.

BEFORE TREATMENT



AFTER TREATMENT



INVESTIGATIONS CHART

Date	19/2/17	21/3/17	12/4/17	08/05/17		
FBS	175.4					
S.Cr.	7.66	2.69	2.81	1.62		
Urea	112.5					
S.U.A.	4.23					

Date	19/2/17	21/3/17	12/4/17	08/05/17	20/5/17	21/5/17
FBS	175.4				211.4	113
PPBS						
S.Cr	7.66	8.09	8.42	4.17	6.37	5.71
BUN					3.49	2.49
UREA	112.5					2.81
S.U.A	4.23					
Hb%			12.3	11.6	13.1	
TLC			12240	7650	15000	
DLC			14.1%	14.4%	14.5%	
ESR			1.2	1.2	1.2	
PLAT						
Na	285	159				
Ca	1.23	12.9	12.6	13.0		
K	8.34	3.53	3.42	2.69		
Ph						
S.Prot				5.70		

Sl.	Date	Medicines	Remarks	F.U.	Com
	20/2/17	1 dramx2 (Pills)			
		1. Axi alb 200			
		2. Calendula 200			
		S. Angulare 7x - (3)			
	9/3/16	1 dram (Pills)			
		Pyrogenum 0.10			
		1 - Caulicum 7x			
	10.0.00	2 - Calendula 7x			
	23.12.3	3 - S. Angulare 7x			
		Hypod - cell			

CASE HISTORY

(A)

Dr. Nigam's Homeopathic Healthcare (P.) Ltd.

Date: 20/02/17 Case No. 226/17

Name: Mr. Suresh Choudhary Age: 45 yrs Address: Noida, India Telephone: 9111111111

Chief Complaint: [Handwritten notes] 10/02/17

Presenting Complaint: [Handwritten notes]

History of Present Illness: [Handwritten notes]

General Examination: [Handwritten notes]

RESULTS of the Examination	Temp	Pulse	Respiration	Blood Pressure	Weight	Height	Change of weight	Sex	Color
TEMPERATURE	98.6	72	18	120/80	70 kg	175 cm	-	M	Yellow

(B)

PERSONAL HISTORY

Occupation: Service Business/Professional/Labour/Entrepreneur/Student

Marital Status: Married/Divorced

Obstetric History: G.P.A. LSCV/PTKD

Diet: Vegetarian/veg

Addictions: Tobacco/Smoking/Beer/Plain/Pain Medication/Alcohol/Drugs

Physical Activities: Sedentary/Active/None

Drug Allergy: None

Food Allergy: None

Guest Allergy/Smoke Allergy: None

PAST HISTORY

Medical: None

Surgical: None

Trauma (Physical/Mental emotional): None

FAMILY HISTORY None

Diabetes/HTN/T.B./Asthma/Allergy/Thyroid/Cancer/Arthritis/Psoriasis/Scoliosis/Esophageal/Leprosy/Warts/Herpes/UTI/Gonorrhoea/Syphilis/Ch. Liver diseases (CLD)/Ch. Renal diseases (CRD)/Fibrosarcoma/Filariasis/Conjunctival Birth defects

PHYSICAL EXAMINATION

GENERAL: [Handwritten notes]

1. GC: [Handwritten notes]

2. HR: [Handwritten notes]

3. BP: [Handwritten notes]

4. Falt: [Handwritten notes]

5. Icterus

6. Cyanosis

7. Deformity

8. Dehydration

9. Clubbing

10. Lymphadenopathy

11. HE.

12. WI.

(C)

Company Details

Address: [Handwritten notes]

Religious Beliefs: [Handwritten notes]

Occupation: [Handwritten notes]

Activity level for health: [Handwritten notes]

Handwritten notes: [Handwritten notes]

1. [Handwritten notes]

2. [Handwritten notes]

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12. [Handwritten notes]

(D)

RECIPE

1. [Handwritten notes]

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17. [Handwritten notes]

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19. [Handwritten notes]

20. [Handwritten notes]

CONCLUSION

1. Out of nine cases, Homoeopathy was able to cure eight cases (90% cure rate).
2. Causticum, Secale cor, Arsenic album stand out as front line Homoeopathic remedies for Diabetic gangrene/DFU.
3. No recurrence of DFU was ever reported in healed cases as opposed to 70% recurrence rate in 5 years in DFU's managed by conventional treatment.
4. Classical approach seems to be unfit for management of DFU (Possibly because it is a one-sided disease.)¹⁰
5. In all cases frequent repetition of remedy and several remedy prescribing was required.(Layered Prescribing)^{11,18}
6. In all cases external application of Hypericum Q in morning and Calendula Q in the evening was done.
7. In all cases strict blood pressure and blood sugar control was maintained by anti diabetic and anti hypertensive Allopathic /Antipathic medicines.

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