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Case Study

Homoeopathic Management for Diabetic Foot Ulcer: A Case Report

Sameer S Nadgauda[1], Ragini M Raut[2], Nilofer M Shaikh[3]

[1]Associate Professor, Department of Practice of Medicine, Bharati Vidyapeeth Deemed to be University, Homoeopathic Medical College, Katraj, Pune, India.
[2]Associate Professor, Department of Forensic Medicine and Toxicology, Bharati Vidyapeeth Deemed to be University, Homoeopathic Medical College, Katraj, Pune, India.
[3]Assistant Professor, Department of Community Medicine, Bharati Vidyapeeth Deemed to be University, Homoeopathic Medical College, Katraj, Pune, India.
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I N F O

Corresponding Author:
Sameer S Nadgauda, Department of Practice of Medicine, Bharati Vidyapeeth Deemed to be University, Homoeopathic Medical College, Katraj, Pune, India.
E-mail Id:
sameer.nadgauda@bharatividyapeeth.edu
Orcid Id:
https://orcid.org/0000-0001-8775-3846
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A B S T R A C T

Background: Patients with diabetes mellitus, over a period of time, develop peripheral neuropathy with peripheral artery disease, which progresses further into the diabetic foot. Many diabetic foot patients do not respond to conservative treatment as the pathology progresses to such an extent that amputation is the only option that can save the remaining unaffected limb and health. In many cases, it has been observed that homeopathic medicines are effective in the rapid healing of the ulcer thereby preventing amputations.

Objective: The aim of this case report is to demonstrate that homoeopathic medicines improve the healing process in diabetic foot ulcers.

Methods: Using symptomatology, we can implement homoeopathic medicines on the basis of their pathological sphere of action. Indications of carboneum sulph in diabetic peripheral neuropathy, indications of secale cornutum in peripheral arterial disease, and indications of calendula in rapid healing of the non-healing ulcer can be used efficiently for complete healing.

Results: The use of homoeopathic medicines such as secale cornutum 200, carboneum sulph 30, and calendula Q heals diabetic foot ulcers rapidly in one month.

Conclusion: Diabetic foot non-healing ulcer management with homoeopathic medicines on the basis of not only symptom similarity but also remedies that cover the underlying pathogenesis of the disease may represent a good alternative in healing ulcers and avoiding complications. Further evidence-based studies using various homoeopathic medicines are required to explain their effect and the mechanisms involved in the healing of diabetic ulcers.

Keywords: Carbonium Sulph, Calendula, Secale Cor, Case Report, Diabetes, Healing, Foot Ulcer

Introduction

Diabetes mellitus (DM) is continually increasing as a lifestyle disorder with its rising trend of complications. It has a significant impact on the morbidity and mortality among patients with DM, which can lead to leg ulcers and amputations.

Peripheral arterial disease is a complete or partial occlusion of one or more peripheral arteries of the upper and lower limbs causing a reduction of blood flow or tissue loss.[1,2]

It has been observed that homoeopathic medicines are effective in the rapid healing of ulcers thereby preventing amputations. Educating the patient about the complications and the need for proper medical care will reduce the risk of complications and will ensure good compliance.[3]

Case Report

A 55-year-old male, diagnosed with diabetic foot ulcer, came with a non-healing wound on the foot. His chief complaints were a chronic wound on the left foot and a severe burning sensation. There was no history of injury, but scratching the area had gradually resulted in an ulcer (for 2 months). He was a known case of DM (7 years) with a drug history of metformin 500 mg. On examination, his blood pressure was found to be 120/70 mm Hg. He was afebrile, with a pulse rate of 80 per min, and a respiratory rate of 18 per min.

The local examination revealed the following:

There was an ulcer and other breaks in the skin of the left foot on the dorsal aspect over the metatarsals, which measured 3 cm. It had superficial depth, was non-infected, and had no discharge. The affected part was warm and tender.

On examination, the dorsalis pedis artery and posterior tibial artery were scarcely palpable, indicating ischaemia. The popliteal artery was palpable.

There was mild blackish discolouration with an Ankle Brachial Index of 0.86.

The neuropathic examination showed that the 10 g monofilament test was negative. Vibration perception and Achilles tendon pinch were sensitive. The patient was sensitive to applying pressure on the nail plate. Protective sensation, numbness, and tingling were present.

The investigative findings showed the following:

HbA1C: 5.8
Fasting blood sugar: 134 mg/dL
Post-prandial blood sugar: 205 mg/dL

Intervention

Written informed consent was given by the patient before starting the treatment. He was prescribed secale cor 200 stat. In every consultation, carboneum sulph 30 (4 pills QDS), and calendula Q (10 drops HS) with daily dressing were suggested. He was advised to avoid contact with water and follow a strict diabetic diet. He showed mild improvement in symptoms in the first follow-up. The same dose was repeated which gradually reduced symptoms along with healing in subsequent follow-ups.

Secale Cornutum

Secale cor is indicated for smooth muscle spasm of arteries which is rapidly progressive. Numbness of the affected area is seen. On touch, there is an icy cold feeling. Though there is a sensation of coldness, there is intolerance to external heat or warmth. There is an aggravation of the symptoms on covering the affected part. Amelioration is seen using cold application. Even if the skin is externally cold to touch, internally there is a burning sensation in the affected part.[4]

Carbonium Sulph

It is indicated for deep and disorganising action which further leads to degeneration (e.g. softening of the brain). The general action of carboneum sulph leads to paralysis with intense congestion of the nerve centres.[4]

Calendula Mother Tincture

It helps in the promotion of the granulation process, which prevents the entry of infections and microorganisms, leading to the prevention of suppuration and improvement in healing.[4]

Results

The findings revealed by the above intervention have been shown in Table 1. The ulcer was healed within a duration of six weeks. Before treatment, as per the Saint Elian Score System, the score was 11 (Table 2) whereas after the treatment, the score was 3 (Table 3). This shows the efficacy of homoeopathic medicines. It was seen that this treatment helped in reducing the risk of lower extremity deformity (Table 4). The Wagner's Grading of the wound showed that the diabetic foot ulcer was healed (Table 5).

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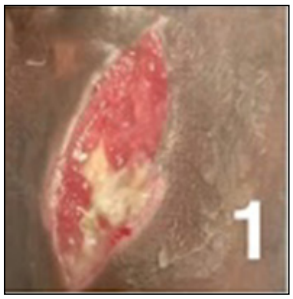
Table 1.Follow-up of the Patient and Outcome

Date	Prescription (Doses and Repetition)	Observation	Image of Wound
January 3, 2021	1. Secale cor 200 stat 2. Calendula Q (10 drops HS) 3. Carbonium sulph 30 (4 pills QDS) 4. Dressing daily	Little improvement Symptoms: pain, burning Healing: granulation Area: status quo Depth: status quo Infection: absent Oedema: absent	
January 6, 2021	1. Secale cor 200 stat 2. Calendula Q (10 drops HS) 3. Carbonium sulph 30 (4 pills QDS) 4. Dressing daily	Little improvement Symptoms: mild pain, burning↓↓ Healing: granulation Area: status quo Depth: status quo Infection: absent Oedema: absent	
January 11, 2021	1. Secale cor 200 stat 2. Calendula Q (10 drops HS) 3. Carbonium sulph 30 (4 pills QDS) 4. Dressing daily	Improvement Symptoms: burning ↓↓ Healing: granulation Area: ↓↓ Depth: ↓↓ Infection: absent Oedema: absent Reports: FBS: 112 mg/dl PP2BS: 178 mg/dl	
January 15, 2021	1. Secale cor 200 stat 2. Calendula Q (10 drops HS) 3. Carbonium sulph 30 (4 pills QDS) 4. Dressing daily	Improvement Symptoms: pain ↓ burning↓↓ Healing: epithelisation Area: 1 cm Depth: ↓↓ Infection: absent Oedema: absent	
January 21, 2021	1. Secale cor 200 stat 2. Calendula Q 3. (10 drops HS) 4. Carbonium sulph 30 (4 pills QDS) 5. Dressing daily	Improvement Symptoms: nil Healing: ++ Area: > 1 cm Depth: superficial Infection: absent Oedema: absent Reports: FBS: 108 mg/dl PP2BS: 211 mg/dl	

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January 28, 2021	1. Secale cor 200 stat 2. Calendula Q (10 drops HS) 3. Carbonium sulph 30 (4 pills QDS) 4. Dressing daily	Improvement Symptoms: nil Healing: healed Area: ↓↓ Depth: ↓↓ Infection: absent Oedema: absent	
February 3, 2021	1. Secale cor 200 stat 2. Calendula Q (10 drops HS) 3. Carbonium sulph 30 (4 pills QDS) 4. Dressing daily	Improvement Symptoms: nil Healing: healed Area: ↓↓ Depth: ↓↓ Infection: absent Oedema: absent	
February 6, 2021	1. Calendula Q (10 drops HS) 2. Dressing daily	Improvement Symptoms: nil Healing: healed Area: ↓↓ Depth: ↓↓ Infection: absent Oedema: absent	
February 10, 2021	1. Calendula Q (10 drops HS) 2. Dressing daily	Improvement Symptoms: nil Healing: healed Area: ↓↓ Depth: ↓↓ Infection: absent Oedema: absent	

HS: to be taken at bedtime, QDS: to be taken four times a day, FBS: Fasting Blood Sugar, PPBS: Post Prandial Blood Sugar

Table 2.Score Chart (Before Treatment as per Saint Elian Score System for 10 Sub-categorised Wound Severity Factors and III Grades for Prognosis)

Factors	Grades for Prognosis			Score
	1 (Mild)	2 (Moderate)	3 (Severe)	
Primary zone (location)	Phalanges	Metatarsal	Tarsal	2
Topographic aspects (location)	Dorsal or plantar	Lateral or medial	Two or more	2
Zone number	One	Two	Three	1
Ischaemia	Palpable pulses Slightly diminished ABI (0.89–0.7) TBI (0.74–0.60)	Pulse scarcely palpable ABI (0.69–0.5) TBI (0.59–0.30)	Pulse not palpable ABI (< 0.5) TBI (> 0.30)	1

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Infection	Erythema < 2 cm Purulent discharge Warmth, tenderness	Erythema > 2 cm Muscle, tendon, joint infected	Systemic inflammatory response Secondary hypo or hyperglycaemia	1
Oedema	Periwound	One foot or leg	Bilateral secondary comorbidities	0
Neuropathy	Protective sensation decreased	Protective sensation absent	Diabetic neuropathic, osteoarthropathy, DNOA-Charcots	0
Area	Small (< 10 cm^2)	Medium (11–40 cm^2)	Big (> 40 cm^2)	1
Depth	Superficial	Tendon fascia, muscle	Deep joints and muscle	1
Wound healing	Epithelialisation	Granulation	Inflammatory	2

ABI: Ankle Brachial Index, TBI: Toe Brachial Index
Total score: 11, Severity: Moderate

Table 3.Score Chart ***(After Treatment as per Saint Elian Score System for 10 Sub-categorised Wound Severity Factors and III Grades for Prognosis)***

Factors	**Grades for Prognosis**			**Score**
	1 (Mild)	**2 (Moderate)**	**3 (Severe)**	
Primary zone (location)	Phalanges	Metatarsal	Tarsal	0
Topographic aspects (location)	Dorsal or plantar	Lateral or medial	Two or more	0
Zone number	One	Two	Three	0
Ischaemia	Palpable pulses Slightly diminished ABI (0.89–0.7) TBI (0.74–0.60)	Pulse scarcely palpable ABI (0.69–0.5) TBI (0.59–0.30)	Pulse not palpable ABI (< 0.5) TBI (> 0.30)	1
Infection	Erythema < 2 cm Purulent discharge Warmth, tenderness	Erythema > 2 cm Muscle, tendon, joint infected	Systemic inflammatory response Secondary hypo or hyperglycaemia	0
Oedema	Periwound	One foot or leg	Bilateral secondary comorbidities	0
Neuropathy	Protective sensation decreased	Protective sensation absent	Diabetic neuropathic, osteoarthropathy, DNOA-Charcots	0
Area	Small (< 10 cm^2)	Medium (11–40 cm^2)	Big (> 40 cm^2)	0
Depth	Superficial	Tendon fascia, muscle	Deep joints and muscle	1
Wound healing	Epithelialisation	Granulation	Inflammatory	1

ABI: Ankle Brachial Index, TBI: Toe Brachial Index
Total Score: 3, Severity: Mild

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Table 4.Assessment as per the Saint Elian Score System

Final Score	Grade Severity	Prognosis
< 10	I (mild)	Likely successful wound healing, low risk for LEA
11–20	II (moderate)	Partial foot-threatening, outcome related to "state of the art" therapies used and associated with a good patient biological response, < 30% LEA
21–30	III (severe)	Limb and life-threatening, outcome unrelated to "state of the art" therapies because of poor biological patient response, > 70% LEA

LEA: Lower Extremity Amputation

Table 5.Wagner's Grading of the Wound

Factor	Response	
Ischaemia	Mild	
Neuropathy	Nil	
Infection	Nil	
Score	Before treatment	11
	After treatment	3
Picture	Before treatment	
	After treatment	
Severity	Moderate	
Healing	Healed	

Discussion

Patients with diabetes mellitus, over a period of time, develop peripheral neuropathy which leads to reduced sensation. An injury to the foot turns into a non-healing ulcer if diabetic peripheral arterial disease is present. This pathology can progress further into the diabetic foot.5 Many diabetic foot patients do not respond to conservative treatment as the pathology progresses to such an extent that amputation is the only option that can save the remaining unaffected limb and health.3

Foot ulcers are common in patients with diabetes and lead to lower limb amputation unless a prompt, rational, and multidisciplinary approach to therapy is taken. These approaches can be used whenever feasible to reduce the high risk of serious complications resulting from foot ulcers. In many cases, it has been observed that homoeopathic medicines are effective in the rapid healing of the ulcer when the pathogenesis of the remedy matches the pathogenesis of the disease.

Conclusion

Diabetic foot ulcer management with homoeopathic medicines represents a good alternative to avoid amputations. Further studies using various homoeopathic medicines are required to explain their effect and the mechanisms involved in the healing of diabetic ulcers.

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Conflict of Interest: None

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