

A Diabetic Foot Ulcer Healing through Homoeopathy

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Abstract: *This is a Known case of diabetic since 10 years female, presented with the complaint of ulcer present in the distal end of middle toe of right foot since 3 months. On investigation the Random blood sugar was found high. The proper case taking was followed by repertorization and reverification is done by homoeopathic materia medica. The selected simillimum was Arsenicum album.*

Keywords: Diabetic foot ulcer, Homoeopathy, Arsenicum album

1. Introduction

Diabetic foot is a foot that exhibits any pathology that results directly from diabetes mellitus or any long-term (or "chronic") complication of diabetes mellitus.

Diabetic foot implies that the pathophysiological process of diabetes mellitus does something to the foot that puts it at increased risk for "tissue damage" and the resultant increase in morbidity and maybe amputation.

Problems in Diabetic Foot:

- Callosities, ulceration.
- Abscess and cellulitis of foot
- Osteomyelitis of different bones of foot like metatarsals, cuneiforms, calcaneum.
- Diabetic gangrene
- Arthritis of the joints.

Meggitt's Classification of Diabetic Foot:

- Grade 0: Foot symptoms like pain, only
- Grade 1: Superficial ulcers
- Grade 2: Deep ulcers
- Grade 3: Ulcer with bone involvement
- Grade 4: Forefoot gangrene
- Grade 5: Full foot gangrene

Pathogenesis of Diabetic Foot:

- High glucose level in tissues is a good culture media for bacteria. So, infection will be common.
- Diabetic microangiopathy causes hypoxia due to the blockade of micro-circulation.
- Diabetic neuropathy is due to sensory neuropathy, minor injuries are unnoticed, so the infection occurs.
- Diabetic atherosclerosis reduces blood supply and causes the gangrene.
- Increased glycosylated haemoglobin in blood causes defective oxygen dissociation leading to more hypoxia.

2. Case Summary

Preliminary Data:

- Name: Mrs. X
- Age / sex: 70yrs / Female.
- Marital status: Married.
- Address: Salem.
- Date: 15-05-2018
- Occupation: Housewife



Presenting Complaints:

Patient presented with the complaint of ulcer present in the distal end of middle toe of right foot since 3 months.

History of Presenting Complaints:

Known case of diabetic since 10 yrs. Patient was apparently normal before 3 months. Initially she developed a blister over her middle toe of right foot & later its forms as an ulcer. Painless, small & round ulcer. Blackish discoloration around the ulcer. Numbness of foot, burning up to the knee joint, watery discharge is present. Burning soles < night.

Past History:

Diabetic since 10 yrs. & she takes allopathic medicine but not relieved.

Family History:

- Father is having diabetic mellitus.
- Patient is the middle one & her elder sister has DM.

Physical Generals:

- Thermal: Chilly patient.

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- Appetite- Can't able to tolerate hunger.
- Thirst - Increased, dryness of tongue.
- Craving- Spicy.
- Aversion- Sweet.
- Stool - Passes once in two days,
- Urine - Increased (D5N4).
- Perspiration - Increased over head,
- Sleep and dreams - Normal sound sleep, no specific dreams.

Mental Generals:

- Disappointment of financial loss,
- Weeping while narrating her complaint.

Local Examination:

Inspection:

- Site: Distal end of middle toe of right foot;
- Shape: Small, round
- Size: 2x1
- Number: Single;
- Edge: Undermined;
- Floor: Smooth, Pale granulation;
- Surrounding area: Blackish discoloration;
- Discharge: Watery discharge.

Palpation:

- Tenderness: Present,

- Margin: Everted,
- Base: Indurated.

Provisional Diagnosis:

- Diabetic foot ulcer.

Totality of Symptoms:

- Aliments from financial loss
- Weeping while narrating complaint
- Numbness
- Blackish discoloration of ulcer
- Aggravation at night
- Perspiration over head

Based on Reportorial Totality; The Rubrics Selected Are:

- MIND – AILMENTS FROM – money; from losing
- MIND – WEEPING
- GENERALS – NIGHT – midnight – after – 0-2 h
- HEAD – PERSPIRATION of scalp
- SKIN – ULCERS – black
- EXTREMITIES – numbness - toes

MIASM:

- Fundamental miasm: Sycotic
- Dominant miasm: Syphilitic

The screenshot shows the Synthesis Treasure Edition 2009V (SCHROYENS F) software interface. It features a search bar at the top, a list of remedies (ars, calc., lyc., carb-vi., puls., hus-t., sec., sil., nat-m., nux-vi., plb., cham, graph, caust., lach., phos.) and a grid of numbers representing the frequency of each rubric. Below the grid, a list of selected rubrics is shown with their corresponding frequencies:

- 1. MIND - AILMENTS FROM - money; from losing (14) 1
- 2. MIND - WEEPING (333) 1
- 3. GENERALS - NIGHT - midnight - after - 0-2 h (1) 1
- 4. HEAD - PERSPIRATION of scalp (121) 1
- 5. SKIN - ULCERS - black (26) 1
- 6. EXTREMITIES - NUMBNESS - Toes (43) 1



- Inference: Numbness reduced & she was able to know the pain.
- RX—SL & Diskets.
- c) After 15-days (30/05/18)
 - Inference: The blackish discoloration around the ulcer reduced & granulation tissue started forming.
 - RX--Arsenicum album 200/1 Dose was given.

Prescription:

Arsenicum album 30/1 dose.

Follow Up:

- a) After 3 days (18/05/18);
 - Inference: Swelling reduced.
 - RX – SL & Diskets.
- b) After 1-week (23/05/18)

Management

- 1) Control infection.
- 2) Ulcer/wound management.
- 3) Prevent amputation.
- 4) Maintain pre-morbid foot/lower extremity function as much as possible.
- 5) Prevent recurrent ulcer.

Diabetic Foot-Care:

- Use lukewarm, not hot water to wash feet.
- Use gentle soap to bath/wash feet.
- Apply moisturizer to avoid dry feet – be careful with the web space and not too much (causing skin maceration).
- Proper nail cutting, avoid cutting too close /digging nail fold.
- Wear clean, dry socks (NEVER use heating pad or hot water bottle) to keep foot warm.
- Avoid walk barefooted.
- Good diabetic control.
- Keep the blood flowing to feet (elevate, moving ankle), avoid cross-leg or hanging leg/ feet too long.

Homoeopathic Management:

- **Arsenicum album:** Diabetic gangrene; burning & soreness; relieved by warmth; fetid smell from the wound; restlessness.
- **Carbo vegetabilis:** Carbuncles & boils become gangrenous; wet, purple & icy cold gangrene; moist gangrene.
- **Kalium bichromicum:** Ulcer with punched out edges with tendency to penetrate & tenacious exudation; itching; aggravation touch & amelioration by warmth.
- **Nitricum acidum:** Ulcer bleed easily; sensitive; splinter like pain; zig-zag; irregular edge; base look like raw flesh; exuberant granulation; aggravation at evening & night.
- **Secale cornutum:** Diabetic gangrene; dry gangrene of toe; dusky blue tinge; skin feels cold to touch yet covering not tolerated; warmth aggravation.
- **Sulphuric acid:** Blue & purple surroundings of the gangrene; bleeding under the skin.

3. Discussion and Conclusion

The prescribed medicine was selected upon the basis of homoeopathic principles which proved the effectiveness of homoeopathy in treating the diabetic foot ulcer with remarkable results. Arsenicum album was purely selected on the basis of individualisation and has been repertorized and reconfirmed with homeopathic materia medica for administration. The medicine was given in minimum dose for 15 days and found effective. The potency was selected upon the susceptibility of the patient and depending upon the nature and the seat of the disease. This cases shows the effectiveness of homoeopathic medicines in ulcerative conditions in minimal time duration.

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