

Homoeopathic Management of Diabetic Foot Ulcer- A Case Study

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Abstract: *This case study sheds light on the delicate balance between medical pathology and holistic healing, particularly in managing diabetic foot ulcers. It is evident that diabetic foot complications, often driven by the dual threat of neuropathy and ischemia, continue to pose a serious health burden globally, both in terms of patient outcomes and healthcare costs. What stands out here is the personalized homoeopathic approach applied to a 64-year-old female patient, who presented with a progressing ulcer that had reached deeper structures like tendons. Interestingly, the case was not limited to physical symptoms; the patient's mental and emotional state marked by forgetfulness, sensitivity, and low motivation was carefully integrated into the therapeutic assessment. This suggests that true healing may require looking beyond the visible wound, addressing the patient as a whole rather than isolating the condition. Carbolic Acid 30 was chosen as the constitutional remedy, accompanied by external care with Calendula, aiming to avoid the need for surgical intervention. While the outcomes of this intervention are not detailed here, the approach itself feels noteworthy as it challenges the often singular surgical or pharmaceutical routes typically adopted in such cases. Taking this further, it raises an important conversation about how traditional and alternative medical systems might work hand-in-hand to preserve both life and limb, offering hope to patients who might otherwise face life-altering procedures.*

Keywords: diabetic foot ulcer, homoeopathic treatment, Carbolic Acid 30, neuropathy and ischemia, integrative care

1. Introduction

The diabetic foot is a major public health problem. Two overwhelming pathologies come together in the diabetic foot: neuropathy and ischaemia, which result in the characteristic features of foot ulceration (neuropathic and ischaemic) and Charcot neuroarthropathy, both of which can be complicated by infection, and ultimately may result in amputation (minor or major) and increased mortality. [1]

Global prevalence of foot complications includes 131.0 million people (1.77% of the global population) with diabetes-related lower-extremity problems, incorporating 105.6 million (95% UI 85.5–128) with neuropathy only, 18.6 million (15.0–22.9) with foot ulcers, 4.3 million (3.7–4.9) with amputation without prosthesis, and 2.5 million (2.1–3.0) with amputation with prosthesis. [2]

The ulcer complications of a diabetic foot are graded by the Wagner ulcer grading criteria: [3]

Grade 0: Intact skin

Grade I: Superficial ulcer of the skin or subcutaneous tissue

Grade II: Ulcers extend into tendon, bone, or capsule

Grade III: Deep ulcer with osteomyelitis or abscess

Grade IV: Partial foot gangrene

Grade V: Whole foot gangrene.

Homoeopathy is very rich in such structural pathologies & pseudo surgical conditions. It provides vast scope to save the patient from permanent disability which can affect the patient socially, economically as well as emotionally.

2. Case Details

a) Chief complaints:

64 year old female patient presented with the diabetic foot; an ulcer developed over the period of time for 1 month.

- Origin: complaint started with small lesion & discolouration at plantar surface left foot. Gradually it invaded and got spread involving tendons.
- Duration: 1 month
- Progress: gradual & insidious.

b) Associated complaints:

- Easy fatigue after physical & mental exertion – can't get up from bed.
- Coryza & fever on season change.
- Indigestion, eructation and bloating.

c) Past history:

- Constipation – habit of taking purgatives for 35 years.
- Recurrent aphthae which burns +++
- Foul odour from mouth during aphthae.

d) OBS/GYN history:

- Leucorrhoea white, transparent which produces burning in vagina & vulva before menopause.
- 4 FTND – 3 female 1 male.
- Menstrual cycle – 4days/ 32 days
- Menopause – 48 years old

e) Mental symptoms:

- Very kind & helpful to everyone. Sensitive – gets easily hurt but cannot revert. Multiple thoughts at a time. Cannot focus on one thought at a time. Forgetful. No desire to work especially when sad.

f) Physical Generals

- Appetite – 3 meals/day
- Thirst – 2.5-3 L/day
- RHC – chilly ++
- Desire – spicy
- Aversion – cheese, ghee
- Intolerance – fermented food
- Habit – tobacco chewing, tea
- Stool – 1/day (soft due to purgatives)
- Urine – 5-7/ day

g) Physical Examination

- Appearance: emaciated, dry shrivelled look
- Built/ nourishment: mal nourished
- Anaemia: conjunctiva pale
- Oedema/ icterus/ cyanosis: absent
- Skin: wart at left lateral aspect of arm
- BP: 116/80
- Pulse: 80/min
- Temp: 98.4 F
- RR: 17/min

Regional Examination

An ulcer of 3.5cm*2cm*2cm of diameter. Pus oozing out with blood. No pain or sensations present.

Laboratory Investigation

RBS before 24 hours-310 mg/dl.

3. Analysis & Evaluation

- 1) Forgetful (mental general)
- 2) Concentration difficult (mental general)
- 3) Chilly (physical general)
- 4) Diabetic ulcer (physical particular)
- 5) Pus oozing from ulcer (physical particular)
- 6) Recurrent aphthae with foul breath (physical particular)
- 7) Constipation with bloating (physical particular)
- 8) Eructation frequent (physical particular)

Probable Remedies:

Arsenic album, Carbolic acid, Carboneum sulph, Secale cor, Phosphoric acid, Uranium nitricum, Mercurius solubilis, cephalendra indica, lachesis [4, 5]

4. Final Prescription

CARBOLIC ACID 30

4pills OD

Dressing done with Calendula Q.



Day 1



Day 3



Day 7



Day 10



Day 15



Day 20

References

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