



HOMOEOPATHIC MANAGEMENT IN WET GANGRENE

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Abstract

Everyone is familiar with the word diabetes, but its serious complications include retinopathy, nephropathy, dry/ wet gangrene and what not. Gangrene is a serious condition resulting from long term untreated infections in diabetics. Worldwide, it remains a significant cause of morbidity and amputation. In this paper we shall discuss a case where a patient with diabetes and wet gangrene in her right foot, advised for immediate amputation, turned to homeopathy. Despite being on antibiotics, her condition worsened until homeopathic treatment saved her leg, though three toes were lost. This case highlights successful potential of homeopathy in managing wet gangrene and its severe complications by elevated blood sugar levels

Keywords:

Diabetes, wet gangrene, homeopathic treatment

Introduction

Gangrene is a very serious condition which often results after any injury in prolonged blood sugar levels individuals. Wet gangrene is a condition caused by bacterial infections, leading to tissue death and decay. The symptoms may include as the location of the gangrene but mainly, it is characterized by swelling, pain, foul-smelling discharge, and blackened skin. If left untreated the complications include sepsis, tissue loss, and the need for amputation if the spread is excessive. It can be life-threatening in certain cases

Case Profile

50-year-old female suffering from diabetes from last 10 years and was taking allopathic treatment for it. Despite the oral hypoglycemic drugs, her sugar levels were uncontrollable. She developed a scald injury, which initially caused a blister; following this, an ulceration formed over the affected area, particularly over the fourth toe. She consulted a surgeon as she was experiencing an ulcerated gangrenous condition of her right foot. Subsequently, her toe was amputated within a month. Despite the amputation, she experienced severe pus discharge and blackish discoloration over the area, along with a pulling sensation accompanied by pain. In later follow-ups, the surgeons advised immediate amputation of her leg from the knee down, which the patient was reluctant to undergo. Hence, she decided to shift to homeopathy as an alternative option and visited Dr. Batra's clinic as a last resort.

Physical Generals

Diet	Mixed
Appetite	Good
Desire	Sweet & Sour
Aversion	NS
Thermal Reaction	Chilly
Thirst	4 lts per day desire chilled water
Stools	Constipated
Urine	Normal
Perspiration	Normal, N.O. , N.S.
Sleep	Sound
Dreams	NS

Examination

NCV study of all 4 limbs-

Demyelination with gross axonal type of sensory> motor polyneuropathy involving all 4 limbs.

Mental Generals –

This female is irritable at nature, but due to her skin condition she turned taciturn. She mingles easily with others and also likes to spend time alone. She fears strong draft of wind.

She does not like to share feelings with others. She likes to cook and engage herself in religious activities

Past History

2013 - Ovariectomy

Family History

Father – DM

Mother - HTN

Case analysis

Repertorial totality

Repertory used	Rubrics selected
Kent Repertory	Mind; Irritability Extremities; Gangrene; Leg Extremities; Ulcers; Lower limb: gangrenous Extremities; Ulcers; toes

Repertory screenshot

Remedy Name	Sec	Sep	Sil	Sulph	Caust	Plat	Thu	Croc-b
Totality	5	5	5	5	4	4	4	3
Symptom Covered	2	2	2	2	2	2	2	2
[KT] [Mind]Irritability (see anger):		3	3	3	3	3	3	2
[KT] [Extremities]Gangrene:Leg:	2							1
[KT] [Extremities]Ulcers:Lower limbs:Gangrenous:	3							
[KT] [Extremities]Ulcers:Toes:		2	2	2	1	1	1	

Selection of Remedy

Remedy	Reasons
<i>Secale cor 30</i>	<i>Specific for Diabetic gangrene for 7 days.</i>
<i>Hamamelis and Calendula Q</i>	<i>Local application for 7 days</i>
<i>Gun powder 6x</i>	<i>Was introduced to reduce sloughing and secondary infection</i>
<i>Anthracinum</i>	<i>To reduce the septicity of the condition.</i>

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Gangrenous ulcers		✓		
Severe pus discharge			✓	
Blackish discoloration			✓	

Materials and Methods Kent repertory was used for repertorization

Results

Month	Progress	Prescription
1st month	Pain in legs with fever after cough. Certain new normal tissues are coming. RBS - 140 fasting.	Secale Cor 6C, Pyrogenium 30, Calendula Q (Dressing)
2nd month	New tissue formation is there.	Secale Cor 6C, Pyrogenium 30, Tarentula 30, Calendula Q (Dressing)
3rd month	Swelling of her feet. Few wounds have healed up. Fever occurrence is now not frequent. Before she used to take 3 PCM, now taking 1 tablet only. Sleep is proper.	Secale Cor 6C, Pyrogenium 30, Crotaul Horridus 30, Calendula Q (Dressing)
4th month	Old ulcers have healed, one new ulcer at lateral malleolus has appeared.	Secale Cor 1M, Pyrogenium 30, Crotaul Horridus 30, Calendula Q (Dressing)
5th month	Pain in another leg, with mild swelling from heel region. Mild oozing of blood. Having diabetic neuropathy. HbA1c - 7.1 in Feb.	Crotaul Horridus 30, Pyrogenium 30, Allium Cepa 200, Hypericum 1M
6th month	Her gangrene is totally cured, now having mild pedal edema in both feet areas, with weakness and neuralgic pain.	Crotaul Horridus 30, Pyrogenium 30, Allium Cepa 200, Hypericum 1M
7th month	Neuralgic pain is better, have mild pedal edema of both legs, have weakness. BP - 100/60.	Hammamelis Vir 200, Gunpowder 3X, Sil 6X
8th month	Ulcers have totally healed, pain also much better than before.	Hammamelis Vir 200, Gunpowder 3X, Calendula Q (Dressing)

9th month	Condition much better, sloughing much better now.	Curare 30, Hypericum 1M, Mag-P 6X
10th month	Burning and pain are much better than before.	Curare 30, Hypericum 1M, Mag-P 6X, Calendula Q (Dressing)

Discussion & Conclusion

This case demonstrates the efficacy of homeopathic treatment in managing severe diabetic complications. Over ten months, the patient's gangrene completely healed, ulcers resolved, and pain significantly reduced, avoiding a major amputation initially recommended by surgeons. The remarkable improvement underscores homeopathy's potential in promoting tissue regeneration and effective symptom management in chronic diabetic conditions.

The transformation

