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DIABETIC FOOT ULCER MANAGED WITH INDIVIDUALIZED HOMOEOPATHY- A CASE REPORT

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ABSTRACT:

Diabetic foot ulcer (DFU) is a serious complication of diabetes that is associated with severe morbidity and high treatment costs. A diabetic foot ulcer is a common sign of uncontrolled blood sugar levels. This leads to the formation of blisters on the foot (called diabetic foot condition). When a blister ruptures, it oozes a foul-smelling discharge that is highly susceptible to infection. The patient is unable to feel pain because of poor sensory stimulation in the foot ulcers. As a result, timely assessment of diabetic foot ulcers and adherence to a proper therapeutic regimen are essential. When treating such diseases, the homoeopathic physician frequently encounters difficulties when the most indicated remedy ceases to act after an initial amelioration.

A 48-year-old patient presented with an ulcer on the medial aspect of his left lower extremity that had been present for three months. The discharge was initially watery, then purulent pus-like, with haemorrhage after scratching. Based on the concept of individualisation and totality of symptoms, the patient was prescribed Lycopodium Clavatum and as an add-on treatment modality, Calendula Officinalis mother tincture was prescribed as local application of foot ulcer, and the patient showed marked improvement after a three-month follow-up. This case was managed with homoeopathic medicines, and significant relief was observed overall, as confirmed by appropriate investigations.

Keywords: case report, Diabetic Foot Ulcer, Homoeopathy, local application, Individualization, wellbeing, quality of life.

INTRODUCTION:

The global annual incidence of diabetic foot ulcers ranges from 9.1 to 26.1 million. Approximately 15 to 25% of diabetic patients will develop a diabetic foot ulcer during their lifetime. As the number of newly diagnosed diabetics raises year after year, so will the prevalence of diabetic foot ulcers[1]

Diabetic ulcers usually develop in three stages. The formation of a callus is the first stage. Neuropathy causes the callus. Motor neuropathy causes physical foot deformity, while sensory neuropathy causes sensory loss, resulting in ongoing trauma. Another factor that contributes to skin dryness is autonomic neuropathy. Finally, repeated trauma to the callus causes subcutaneous haemorrhage, and it eventually erodes and becomes an ulcer. Diabetes mellitus patients also have severe atherosclerosis of the small blood vessels in their legs and feet, which leads to vascular compromise and is another cause of diabetic foot infections. Healing is slowed because blood cannot reach the wound, eventually leading to necrosis and gangrene[1]. The diabetic foot ulcer of gradation of wound is done as follows-

DIABETIC ULCER FOOT MODIFIED WAGNER GRADING SYSTEM[3]

Grade 0: no skin changes

Grade 1: superficial ulcer

Grade 2: ulcer extension a) Involves ligament, tendons, joint capsule, or fascia.

b) No abscess, no osteomyelitis.

Grade 3: deep ulcer with abscess or osteomyelitis.

Grade 4: forefoot gangrene. Grade 5: extensive foot gangrene.

In Homoeopathy medicines are prescribed on basis of Individualisation of patient and remedy. Hence there are many remedies in Homoeopathic literature which are effective in Diabetic foot ulcer. In study conducted by Bhupendra Arya et al Lycopodium Clavatum has proven to be effective in management of Type II Diabetes mellitus.[4]

PATIENT INFORMATION -

A 48-year-old male visited the Homoeopathic OPD which was a known case diabetes mellitus detected last 6 months ago. The patient owns a grocery shop and has a sedentary lifestyle.

The patient was diagnosed with diabetes mellitus 6 months ago but did not follow the treatment regimen advised by physician hence developed diabetic foot ulcer.

Past History- History of dental caries and root canal therapy done 1 year ago. But the tooth sensitivity he had since 2 and ½ year is off and on and becomes worse when takes cold food or drinks. Since 2 and ½ years he has started drinking lukewarm water as he cannot tolerate cold water.

Family History- No significant illness in family.

Medical History – suffering from Diabetes Mellitus, was on conventional therapy for some time and then he discontinued by himself, no history of any major illness or surgeries in past.

ORIGIN DURATION AND PROGRESS OF THE CASE-

Initially the patient developed pedal edema on left lower extremity which gradually increased thickening of skin, discoloration of skin and ulcers developed on medial aspect of left ankle joint. Discharge was watery initially and then purulent and there was hemorrhage after scratching. Burning type of pain was present at the site of ulcer. He followed various treatment modalities for Diabetes mellitus but with no relief. The patient was only temporarily relieved with these treatments.

Physical Constitution- Tall, robust constitution and fairly nourished dark complexion with multiple warts on neck.

Personal History-

Habits- Tobacco chewing and smoking since 20 years

Appetite- No complaints.

Thirst- Adequate

Desires- sweets

Aversion – nothing specific

Sleep and Dreams- Disturbed due to complaints.

Thermal reaction-

Vital Data

Pulse- Regular, 80 beats/ minute

Blood pressure- 120/80 mm of Hg

Respiratory Rate- 18/minute

Per Abdomen- Soft non tender, no complaints

Cardiovascular system- No abnormality detected.

Musculoskeletal system- No abnormality detected.

Respiratory system- Air entry bilaterally equal.

Height- 170cm

Weight- 75kg

Urine- frequent micturition

Bowels- satisfactory no complaints

TABLE NO 1 – CLINICAL EXAMINATION OF DIABETIC FOOT ULCER

SR NO	**CLINICAL EXAMINATION**	**PART AFFECTED (LEFT LOWER EXTREMITY**
1	Location	Left lower extremity- Medial malleolus Just 2cm above the ankle joint.
2	Size and shape	Ulcers are irregular in size shape – oval
3	Number	03
4	Edge	Oedema present
5	Floor	Yellowish in colour
6	Discharge	Purulent
7	Surrounding area	Blackish discoloration and dryness
8	Tenderness	Present and burning type of pain
9	Relation with deeper structure Surrounding skin	Ulcer extension into ligament is seen
10	Depth	2 cm deep
11	Haemorrhage	Slightly present on scratching the wound

Differential diagnosis – Diabetic Foot Ulcer

Deep Venous Thrombosis

Varicose ulcer

Traumatic ulcer

Provisional diagnosis – Diabetic Foot Ulcer -Grade II (MODIFIED WAGNER GRADING SYSTEM OF DIABETIC ULCER FOOT)

Repertory Used- Complete Repertory

Software used- Zomeo complete - Kentian Approach was considered since mental symptoms were prominent.

TABLE NO – 2- Repertorisation sheet

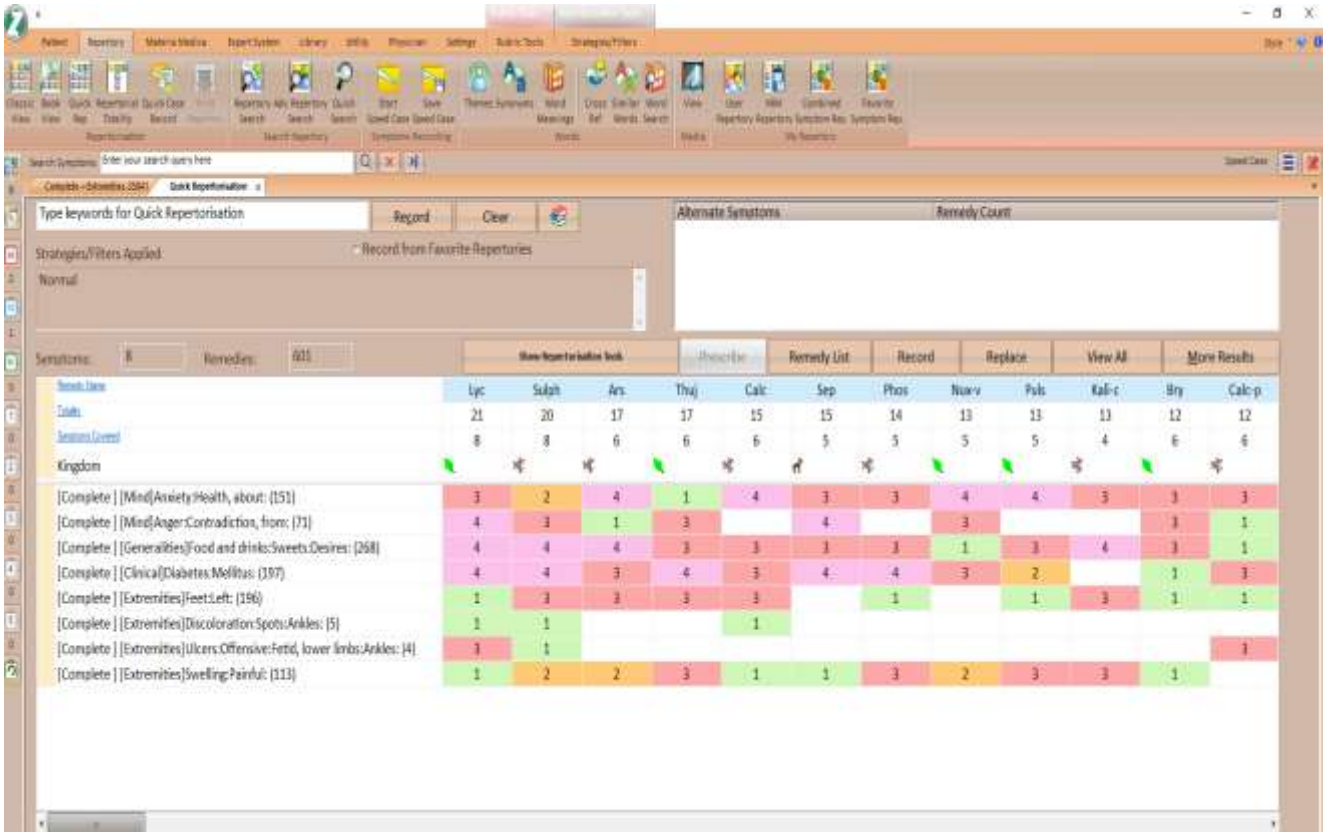

TABLE NO 3- Miasmatic Diagnosis Table [5]

Sr no	Symptoms	Psora	Syphilis	Sycosis	Tubercular
1.	Anger on contradiction			✓	
2.	Anxiety about health	✓			
3.	Burning type of pain		✓		

4.	Deep ulcer with haemorrhage				✓
5.	Itching and discoloration of skin			✓	
6.	Discharge- pustular, bleeding and watery				✓
7.	Aggravated by warmth of bed, after washing, long standing			✓	
8.	History of smoking and tobacco intake			✓	
9.	Desire sweets	✓			

PROBABLE REMEDIES-

1. Lycopodium Clvatum -21/8
2. Sulphur – 20/8
3. Arsenicum Album- 17/6
4. Thuja Occidientalis 17/6
5. Calcarea Carbonicum 15/6

Selection of Similimum- Lycopodium Clavatum was selected as the similium after considered the miasmatic diagnosis table and thermals. Since the susceptibility was found to be low , 30C potency was selected**.**

IMAGE NO 1 – CONDITION OF ULCER BEFORE TREATMENT- 15/9/2022

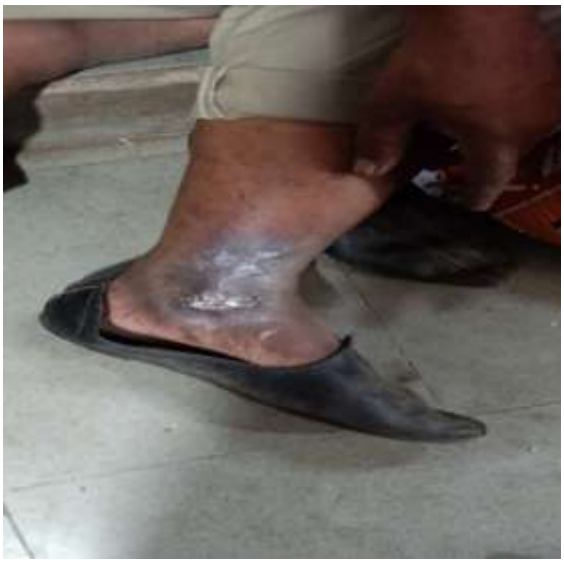

IMAGE NO 2 – CONDITION OF ULCER DURING TREATMENT- 11/11/2022

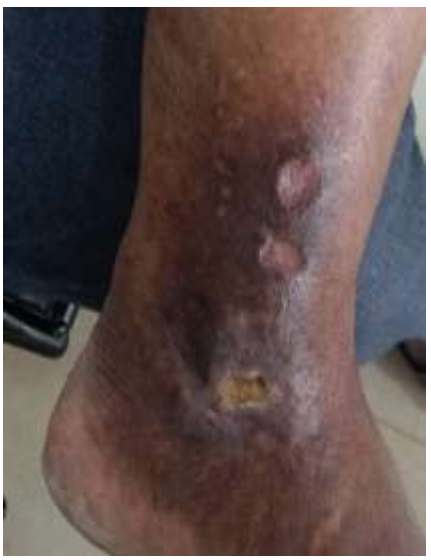

IMAGE NO 3 – CONDITION OF ULCER DURING TREATMENT- 15/12/2022

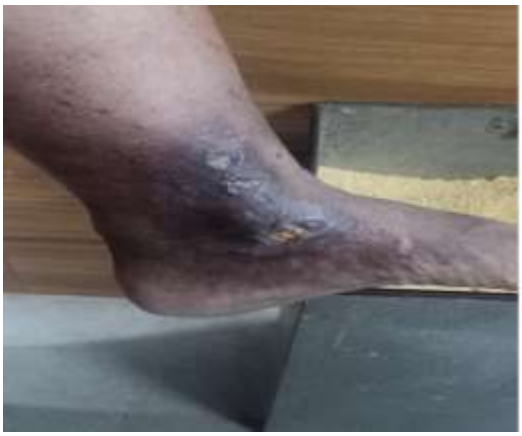

IMAGE NO 4 INVESTIGATIONS DATED 10 OCTOBER 2022

IMAGES 5 AND 6 – INVESTIGATIONS DATED 7 DECEMBER 2022

TIMELINES OF THE CASE –

Date	Complaints	Prescription
29/10/2022	No change in symptoms Generals-Thirst – Adequate Urine –frequently, no change Bowels -satisfactory Advise - BSL-Fasting and Post Prandial	1. Lycopodium Clavatum 200 1 dose (STAT) 2. Sacrum lactis 4pills two times in a day for 15 days
11/10/2022	Previous few complaints are better by 20%. Discharge from wound reduced with. Itching of surrounding skin ++ Discoloration of surrounding skin ++ no new complaint Generalities- Appetite – no complaints Thirst – adequate Urine- slight reduction in frequency, up to 20% Bowel – satisfactory Perspiration – only on head Interventions of BSL reports- Fasting- 188 mg/dl PP- 302 mg/dl	1. Lycopodium Clavatum 200 dose (STAT)
02/11/2022	Discharges from ulcer reduced, burning pain with swelling is reduced up to 60% On examination- there is formation of tissue on ulcer with reduced discharges. Generalities- Appetite -good Thirst – normal Urine- slight reduction in frequency, up to 20% Bowel – satisfactory	1. Sacrum lactis 4pills two times in a day for 15 days
17/11/2022	Status Quo No new symptom is seen with no change in generalities	1. Lycopodium Clavatum 200 dose (STAT)

02/12/2022	On examination-reduction in size of ulcer with reduced discharges with reduction in pedal oedema, burning pain of leg reduced to 70 % c/o are better up to 75% with reduced in frequency of micturition No new c/o noted Advise- Blood sugar level -Fasting and Post prandial	1. Sacrum Lactis 4pills two times in a day for 15 days and Calendula Officinalis mother tincture for 15 days.
15/12/2022	Itching of surrounding skin reduced by 80 % Discoloration of surrounding skin reduced by 60 % Patient is feeling better with improved generalities. On examination- pedal oedema and discharge from wound is reduced by 70 % Frequency of urination reduced to 50 % Investigations done on 07/12/2022 BSL- Fasting- 145 mg/dl PP- 220 mg/dl	Sacrum lactis 4pills two times in a day for 15 days

DISCUSSION-

In the case discussed above, the prescription made with respect to the totality of symptoms constructed was Lycopodium Clavatum and the calendula officinalis mother tincture was used as an external application. The overall relief from symptoms suffered by the patient was quite significant. Neither did the patient experience any new symptoms nor any reappearance of an old symptom. Dr. Kent says that it is the duty of the physician to wait until the repetition of the remedy until the patient's economy demands so.[3] Homoeopathic literature suggests many remedies for healing of ulcers, and Calendula Officinalis is one of them. Individualization, or tailoring the remedy to the individual's needs, is the basis on which homoeopathic medicines are prescribed. It means that every individual is unique in some way, whether it's his stature, speech, choices, behaviour, or susceptibility to diseases. Because homoeopathic medicines are always prescribed for the whole person, the medicine will naturally differ from person to person. Lycopodium Clavatum was prescribed to the patient in this case based on the totality of symptoms and has proven to be beneficial in controlling blood sugar levels. There were no adverse effects observed during course of treatment.

Limitations of the study-

More studies must be conducted on larger sample size and results must be seen. Clinical trials can be conducted on different comparative groups to arrive at conclusion.

Conclusion-

Homoeopathy has proved to be safe and effective in healing Grade II Diabetic foot Ulcer. This Grade II diabetic foot ulcer has shown homoeopathy to be beneficial, as is seen from this case report. All areas have improved overall, which is shown in the investigative parameters. The patient did not suffer from any adverse effects. One must alter their lifestyle and manage their diabetes to avoid complications to prevent recurrence. This case demonstrates the usefulness of homoeopathy in managing diabetic foot ulcers.

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Conflicts of interest- no conflicts of interest are declared by any of the authors

Ethical statement- Informed consent has been obtained from the patient.

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