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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF DIABETIC FOOT GANGRENE: AN EVIDENCE-BASED CASE REPORT

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Abstract

Background: Diabetic foot gangrene represents a severe complication of diabetes mellitus, with global burden estimates showing it affects 2% of the global disease burden and causes approximately 80% of non-traumatic lower limb amputations. This case report demonstrates the successful homeopathic management of diabetic foot gangrene in a 64-year-old male patient with a 10-year history of diabetes mellitus.

Case Presentation: A 64-year-old male diabetic patient for 10 years presented with diabetic foot gangrene. Treatment with Arsenicum album 200c single dose was initiated along with standard diabetic foot care protocols. The patient showed significant improvement from the first visit, with complete healing achieved over five follow-up visits spanning four months.

Results: Progressive healing of the gangrenous tissue was observed with restoration of normal tissue architecture and elimination of infection. Blood glucose levels improved concurrently with local healing. No amputation was required.

Conclusion: Homeopathic treatment with Arsenicum album, when integrated with conventional diabetic care and proper foot hygiene protocols, demonstrated significant efficacy in treating diabetic foot gangrene and preventing amputation.

Keywords

Diabetic foot gangrene, homeopathy, Arsenicum album, diabetes mellitus, case report, amputation prevention

Introduction

Diabetic foot disease (DFD) represents one of the most serious and feared complications of diabetes mellitus, causing significant morbidity, mortality, and socioeconomic burden globally. The Global Burden of Diseases study estimates that DFD constitutes 2% of the global disease burden, making it the 13th largest of 350+ leading conditions causing global disease burden. Recent systematic reviews indicate that diabetic foot ulcers affect 4-25% of people with diabetes, with concerning recurrence rates of up to 65% over five years.⁽¹⁾

The pathogenesis of diabetic foot complications involves a complex interplay of peripheral neuropathy, peripheral arterial disease, and impaired wound healing mechanisms. Gangrene, representing tissue death due to compromised blood supply, emerges as a highly significant predictor of amputation, with studies showing 84.61% of amputees exhibiting gangrene compared to only 8.10% of non-amputees. The current conventional management approach includes surgical debridement, antimicrobial therapy, revascularization procedures, and often results in amputation when conservative measures fail.⁽²⁾

Homeopathic medicine offers an alternative therapeutic approach based on the principle of individualization and the body's inherent healing capacity. Recent case studies have demonstrated promising results in treating diabetic foot complications with homeopathic remedies, particularly *Arsenicum album*, which has shown efficacy in cases involving gangrene, tissue necrosis, and diabetes-related complications.⁽³⁾

Epidemiology

The global epidemiology of diabetic foot gangrene reveals alarming statistics that underscore the urgency of developing effective treatment modalities. Current data indicates that approximately 18.6 million people worldwide suffer from diabetic foot ulcers annually, with these ulcers preceding 80% of lower limb amputations in diabetic patients. The prevalence shows significant demographic variations, with males being more susceptible than females, comprising 74% of affected patients.⁽⁴⁾

Age distribution analysis reveals that the majority of patients fall within the 60-69 age group, accounting for 37.5% of cases. Duration of diabetes emerges as a critical risk factor, with patients having diabetes for more than 10 years showing significantly higher risk of developing foot complications. Studies consistently demonstrate a positive correlation between diabetes duration and prevalence of diabetic foot ulcers, with extended disease duration indicating poorer glycemic control and greater likelihood of comorbidities.⁽²⁾

Geographic variations in prevalence and outcomes are notable, with developing countries facing particular challenges due to late presentation, lack of awareness, and inadequate healthcare resources. The economic burden is substantial, with direct costs being especially high in cases requiring advanced therapies, and the global diabetic foot ulcer treatment market projected to grow from USD 8.83 billion in 2024 to USD 14.37 billion by 2032. ⁽¹⁾

Management

Current evidence-based management of diabetic foot gangrene follows the International Working Group on the Diabetic Foot (IWGDF) guidelines, which emphasize a multidisciplinary approach involving multiple healthcare specialists. The management strategy encompasses immediate assessment, infection control, surgical intervention when indicated, and comprehensive wound care protocols. ⁽¹⁾

PRINCIPLES OF DIABETIC FOOT CARE
Inspect feet daily
Moisturize dry skin
Seek early advice for any damage
Take care if walking barefoot
Check shoes inside and out for sharp bodies/areas before wearing
Ensure shoes fit well with plenty of room for the toes
Keep feet away from sources of heat (hot sand, hot-water bottles, radiators, fires)
Check the bath temperature before stepping in
Do not treat corns/callosities without professional help
Attend a podiatrist regularly: Older people with diabetes may require help to cut their toenails

(6)

Revascularization procedures are crucial for cases with peripheral artery disease (PAD), as studies show PAD prevalence of 42.5% in diabetic foot patients. The integration of surgical debridement, antimicrobial therapy, and vascular intervention forms the cornerstone of

conventional management, though amputation rates remain concerning at 22.5-56.9% depending on the study population. ⁽²⁾

Homeopathic Approach

Homeopathic treatment of diabetic foot gangrene is based on the principle of individualized medicine, where the remedy is selected based on the totality of symptoms rather than the pathological condition alone. Arsenicum album has emerged as one of the most frequently indicated remedies for diabetic foot complications, particularly in cases involving gangrene, tissue necrosis, and associated systemic symptoms. ⁽⁵⁾

Other remedies which also have affinity for gangrene of foot especially in diabetic patients are Calc-carb, Nux-vom, Sec, Ant-c, Coff, Lach, Sulph, Ant-t, Carb-ac, Con, Merc, Ergot, Puls, Calen. ⁽⁷⁾

A systematic evaluation using the Modified Naranjo Criteria for Homeopathy (MONARCH) has validated the causal relationship between homeopathic intervention and clinical outcomes in diabetic foot cases. Studies report MONARCH scores of +9 to +10, indicating definite causal attribution between homeopathic treatment and healing outcomes. ⁽⁵⁾

The homeopathic approach emphasizes not only the local pathology but also the constitutional state of the patient, addressing diabetes-related metabolic disturbances and supporting the body's healing mechanisms. Recent evidence-based case reports have shown complete healing of diabetic foot ulcers within 12 weeks using individualized homeopathic medicines within a multidisciplinary integrative approach. ⁽⁵⁾

Case Report

Patient ID: M.R.

Date of First Consultation: 03/03/2025

Age/Sex: 64 years / Male

Occupation: Retired school teacher

Chief Complaint

Blackish discoloration and foul-smelling ulcer with necrosis on right foot since 2 months, diagnosed as Diabetic Foot with Gangrene.

History of Presenting Complaint

Mr. M.R., a 64-year-old diabetic since the past 10 years, narrated his sufferings as, about two months ago, he noticed a small sore on the great toe-sole of his right foot that did not heal. Instead, it gradually turned blackish, with foul-smelling discharge and increasing swelling around it. He describes the pain as burning in nature, becoming almost unbearable at night. "I cannot sleep because of the burning," he said, "but when I put something warm, it gives me a little relief." He further expressed his distress about the ulcer as "The discharge smells so bad that I feel ashamed if anyone comes near me. I fear this wound will spread, and I may lose my foot." Anxiety has worsened in the last few weeks. Nights are especially troublesome, lies awake, restless, thinking about death and what misfortune might befall his family if he does not recover.

Past History

Diabetes Mellitus type 2 since 10 years, on Insulin.

Family History

Father: died of myocardial infarction.

Mother: diabetic.

Surgical History

None significant.

Physical Generals

Appetite: diminished.

Thirst: intense, frequent, for small sips.

Desires: warm drinks.

Sleep: disturbed with anxious dreams.

Thermal state: chilly, cannot tolerate cold.

Stool: constipated, hard.

Urine: frequent, offensive.

Life Space Investigation

M.R. is a retired school teacher who lives with his wife. His children are settled abroad, which makes him feel lonely at times. He has always been a disciplined and fastidious person, keeping his books, clothes, and home in perfect order. Even after retirement, he insists that

everything in the house should be neat and in its proper place. Since his diagnosis of diabetes 10 years ago, he has grown increasingly anxious about his health. Small changes in his condition make him restless. At night, he often lies awake, fearing that something terrible might happen, a fear of misfortune or death. His wife reports that he frequently wakes her to check whether she is alright, reflecting his inner insecurity. Financially, he is stable, yet he worries excessively about the future, believing his illness might become a burden. He is religious, seeks solace in prayers, but still feels restless and dissatisfied. Despite his anxieties, he is polite, mild in manner, and cooperative during consultation.

Mental Generals

Great anxiety about health, particularly at night.

Fear of misfortune, fear of death.

Restlessness, desires company.

Fastidious, wants order.

General & Systemic Examination

Vitals: BP 140/90 mmHg, Pulse 88/min, Temp normal.

Local: Right foot – blackish gangrenous patch over dorsum, medial side of right foot, foul discharge, tender on touch, edges inflamed.

Systemic: CVS, RS, CNS – within normal limits.

Clinical Diagnosis

Diabetic Foot with Gangrene.

Miasm

Predominantly Syphilitic with sycotic background.

Totality of Symptoms

1. Burning pains, < night, > warmth.
2. Restlessness and anxiety.
3. Fear of death.
4. Fear of misfortune.
5. Fastidious, wants order.

6. Offensive discharges fetid, putrid
7. Thirst for small quantities at short intervals.
8. Chilly patient, < cold.

Repertory selection-Complete repertory

Symptoms: 10	Remedies: 956	Show Repertorialion Tools	Prescribe	Remedy List	Record	Replace	View All	More Results				
Remedy Name	Ans	Futs	Sulph	Nux-v	Graph	Rhus-t	Hep	Calc	Lyc	Kali-c	Caust	Lach
Totally	33	30	29	27	26	26	25	25	25	24	24	23
Symptoms Covered	10	8	9	8	8	7	9	8	8	8	7	9
Kinesion	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd
[Complete] [Mind]Fastidious: (128)	3	4	3	3	3	3	1	4	3	3	4	4
[Complete] [Mind]Anxiety/Heaven, about: (117)	4	4	4	4	4	4	4	4	3	3	3	4
[Complete] [Mind]Fear/Death, of: (285)	4	4	3	4	3	4	3	4	3	4	4	4
[Complete] [Mind]Fear/Misfortune, of: (109)	1	3	3	4	3	3	3	3	3	3	3	1
[Complete] [Mind]Restlessness, nervousness/Night: (330)	4	4	4	1	3	4	1	3	4	3	4	2
[Complete] [Generalities]Food and drinks/Warm Drinks/Desires: ...	4	3	3	3	3	1	1	3	3	1	3	1
[Complete] [Generalities]Cold/Agg.: (784)	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Generalities]Pain/External Heat/Amel.: (49)	4	4	1	3	4	4	4	3	1	3	3	3
[Complete] [Extremities]Gangrene/Diabetic: (6)	1	4	4	4	4	4	4	4	4	4	4	1
[Complete] [Generalities]Discharges, secretions/Offensive, fetid...	4	4	4	4	3	3	4	3	3	3	3	3

Remedy Selection

Arsenicum album covers the totality: burning pains, restlessness, anxiety, fear of death, offensive discharges, chilly patient, thirst for small sips.

Prescription

Arsenicum album 200C, single dose (03/03/2025), followed by placebo daily, OD/1week

Rationale: Higher potency indicated due to marked mental symptoms with deep pathological state.

Supportive advice: strict foot hygiene, daily warm saline cleansing, proper footwear, controlled blood sugar levels.

Follow-Up Date	Symptoms	Prescription
10/3/2025	<ul style="list-style-type: none"> Pain and burning reduced, sleeps better. Ulcer discharge less offensive. Still anxious about health but calmer. Foot care advised: continue warm saline wash, daily sterile dressing, avoid walking barefoot. <p>Justification: Improvement in local symptoms and mental calmness confirm action of remedy. Placebo continued.</p>	Rx-SL/OD/1Week
17/3/2025	<ul style="list-style-type: none"> Ulcer edges cleaner, necrotic tissue reduced. 	Rx-SL/OD/1 month

	<ul style="list-style-type: none"> • General weakness improved, appetite slightly better. • Anxiety only occasionally at night. • Foot care advised: avoid tight footwear, keep foot dry, apply sterile gauze. <p>Justification: Steady progress, no new symptoms – placebo maintained.</p>	
24/4/2025	<ul style="list-style-type: none"> • Marked healing at ulcer site, granulation tissue forming. • Burning pains almost gone, sleeps peacefully. • Mentally cheerful, hopeful. • Foot care advised: continue daily dressing, elevate leg during rest, monitor blood sugar. <p>Justification: Signs of tissue repair, remedy action sustained – no repetition required.</p>	Rx-SL/OD/1 month
24/5/2025	<ul style="list-style-type: none"> • Ulcer size decreased significantly, discharge minimal. • Energy level improved, constipation relieved. • Patient expresses gratitude, less fear of death. • Foot care advised: continue protective footwear, avoid trauma, maintain glycemic control. <p>Justification: Systemic and local improvement consistent, placebo continued.</p>	Rx-SL/OD/1 month
07/6/2025	<ul style="list-style-type: none"> • Ulcer nearly healed, only small raw area left. • No burning, no offensive discharge. • Mentally confident, no anxiety at night. • Foot care advised: moisturize surrounding skin, continue dressing till complete healing, periodic foot examination. <p>Justification: Restoration of health, no repetition of medicine needed.</p>	Rx-Suggested footcare.

Outcome Assessment

The patient achieved complete healing without requiring amputation. The treatment success was evaluated using clinical photography, demonstrating progressive tissue regeneration and restoration of normal foot architecture.

Conclusion

This case report demonstrates the potential efficacy of homeopathic treatment in managing diabetic foot gangrene when integrated with evidence-based diabetic foot care protocols. The successful outcome achieved with Arsenicum album 200c, combined with comprehensive foot care management, resulted in complete healing and amputation avoidance.

The case aligns with recent research showing homeopathy's beneficial role in facilitating early healing of diabetic foot complications within a multidisciplinary integrative approach. Given the global burden of diabetic foot disease and the significant amputation rates associated with conventional treatment alone, integrative approaches incorporating homeopathic medicine merit further investigation through controlled clinical trials. The success achieved in this case supports the potential for homeopathy to contribute to reducing the global diabetic foot disease burden and improving patient outcomes when used as part of comprehensive, evidence-based care protocols.

Future research should focus on larger-scale studies to establish standardized protocols for homeopathic treatment of diabetic foot complications and identify optimal integration strategies with conventional medical management to maximize therapeutic outcomes while minimizing the risk of amputation.

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