



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2020; 4(1): 105-109
Received: 22-11-2019
Accepted: 24-12-2019

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Case reports - peripheral vascular diseases presenting with gangrene and homoeopathic medicines

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Abstract

Two known cases of peripheral vascular diseases presenting with gangrenous ulceration on terminal portion extremity successfully treated with homeopathic medicine. First case was suffering of repeated ulcers on finger. There was history of removal of gangrene. The second case was of atherosclerotic disease of both lower limbs with ulceration on left great toe. Also has history of ulcer in right index finger followed by auto amputation of terminal portion of affected finger. In both cases homeopathic medicines were prescribed in centesimal potency on the basis of presenting totality of symptoms followed by complete healing of ulcer with overall improvement of patient.

Keywords: Gangrene, atherosclerotic disease, ulcer on left great toe, ulceration of the finger tip, homeopathy

Introduction

Global prevalence of peripheral artery disease is around 5-56% which is consistently increases with the age [1]. Ulcers which are due to poor perfusion to the extremities are known as arterial ulcers or ischemic ulcers are commonly seen in the lower extremities rarely cause ulceration of the hands [2]. The lack of blood supply can eventually leads to development of ulcers [3]. The risk factors of these conditions are smoking, decreased physical activities, personal or family history of other forms of heart diseases and poorly managed diabetes and history of diabetes [4, 5].

Homeopathy works magically in arteriosclerotic condition in a gentle and rational way. The following two cases represent upper and lower limbs arteriosclerosis. Both prescriptions are based on individualisation of patient himself.

Case study 1

Opd Reg No.-26497/15

Age /Sex-Male/50y

Address-New Town, Kolkata

Name- J. Ghosh

Religion-Hindu

Date -30/03/15

Present complaint

A 50yrs aged male patient came to OPD with painful Gangrenous ulcer on left great toe since 3 months with swelling of affected toe and blackish scab formation over it. There was oozing of watery ichorous discharge from ulcer. Pain < lying down, morning, first motion, cold air and > from pressure, continuous motion. Also having complaint of Itching and increased perspiration of affected toe, itching > Rubbing. Mentally patient was very much restless due to pain.

History of present complaints

Patient also had similar affections 2yrs back when he suffered with Ulcer in right index finger followed by auto amputation of terminal portion of affected finger. Then Ulcer developed in left middle finger 1 yr ago which was treated allopathically. Then 6 months back he gradually felt pain started in left foot, followed by swelling in left great toe which is followed by ulceration on base of great toe 2 month ago.

Family history: Mother – cholelithiasis

Personal and social history

- Occupation –Van driver

- Addiction- Tobacco chewing abstinence since 3 months
- Any medication/substance use- allopathic medicine since complaint started

- Thirst-2-3 lit/day, drinks large quantity at a time
- Tongue-slightly white coated and moist
- Perspiration - more on affected toe
- Sleep - disturbed due to complaints

Physical general

- Thermal reaction-chilly
- State of appetite-Decreased
- Desire-milk, curd
- Aversion-fish
- Intolerance- egg

Physical examination

BP- 130/70
 Radial pulse-82/min
 Oedema-of affected toe, affected foot relatively colder and blackish discoloured.

Left foot	Right foot
Popliteal pulse – palpable	Popliteal pulse- could not be palpated
Dorsa pedis- palpable	Dorsa pedis- could not be palpated
Posterior tibial- palpable	Posterior tibial- feeble

Investigation

Colour Doppler study of both lower limb vessels-

Athero Sclerotic disease of both lower limbs
 Grade-4 arterial occlusion of right posterior tibial artery
 Grade- 3-4 arterial occlusion of right anterior tibial artery

Totality of symptoms

- Restlessness due to pain
- Desire for milk, curd
- Perspiration of affected part
- Gangrenous ulcer on left great toe.
- Pain <lying down
- Pain <cold air
- Pain > pressure
- Oozing of offensive discharge from ulcer

Final diagnosis

A diagnosed case of atherosclerotic disease of both lower limbs with ulceration on right great toe.

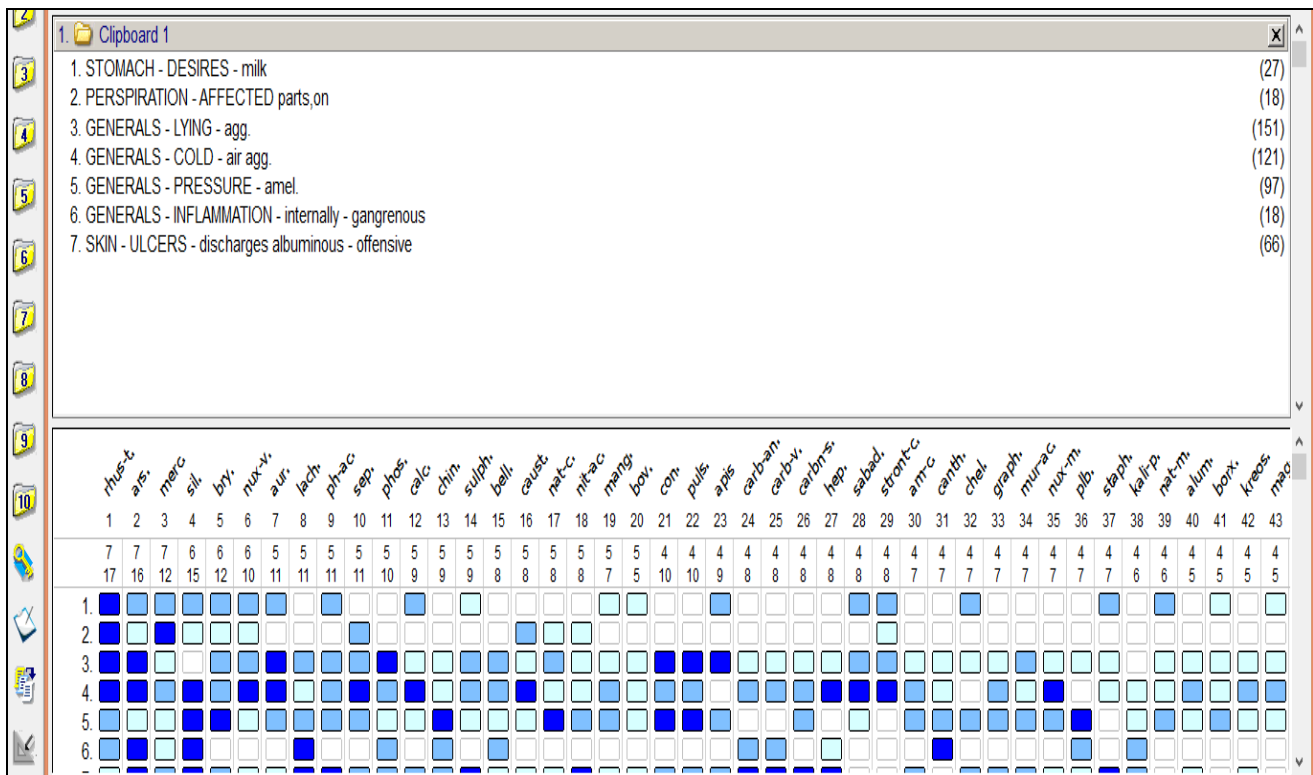


Fig 1: Repertorization from synthesis repertory using RADAR software [6]

Prescription

Rhus tox 30/BD for 2days Homoeopathic medicine was prescribed selected after the repertorization with the help of Synthesis repertory from RADAR and consulting with

Materia medica [7]. (7/4/15)

This patient was admitted in IPD for further treatment

Follow UP

Date	Observation	Prescription
09/04/15	<ul style="list-style-type: none"> • Pain same as before • Pus discharge same as before • Swelling slightly reduced • Itching increased 	Rx, Rhus tox 30/BD x 2days
11/04/15	<ul style="list-style-type: none"> • Pain better than before, perspiration not at whole only on affected area • Swelling reduced • Now discharge become watery but offensive • Sleep disturbed 	Rx, Rhus tox 30/OD x 4days
22/04/15	<ul style="list-style-type: none"> • Pain same • Discharge increased • Offensiveness present 	Rx, Rhus tox 200/OD x cont. Echinacea Q locally for dressing
01/05/15	<ul style="list-style-type: none"> • All symptoms better • Growth of nail started • Perspiration on affected toe present • Pt discharged 	Rx, Rhus tox 200/AD x 16 days Echinacea Q locally for dressing
14/05/15	<ul style="list-style-type: none"> • Scab is not present • Watery discharge offensiveness decreased • Pain better<walking along with pain in whole leg • Burning sole • Temp difference still present • Perspiration absent 	Rx, Rhus tox 1M/2dose x 2days PI 30/od x 30days Echinacea Q locally for dressing
19/06/15	<ul style="list-style-type: none"> • Ulcer healed • No discharge • Temp diff.lower than before • Pain better 	Rx, Rhus tox 1M/2dose x 2days PI 30/od x 30days
11/02/15	<ul style="list-style-type: none"> • Ulcer healed • Temp diff.lower than before • Pain absent • Burning calf< walking 	Rx, Phytum 1M/2dose x 2days PI 30/od x 30days
12/02/15	<ul style="list-style-type: none"> • Ulcer totally healed • Temp diff.lower than before nearly normal • pain absent • Burning pain in right leg extend upward< walking • >sitting 	Rx, Phytum 1M/2dose x 2days PI 30/od x 30days

Case study 2

A 31 year old patient visited OPD on 15/4/19 with complaint of pain of right middle finger. On examination the part looked gangrenous with discharge of pus which is offensive and yellowish in colour. She was suffering of this complaint since November 2018. Pain of finger was severe, aggravation from sudden touch and motion better at rest.

Past history

1. Hypo thyroid and hypertension during pregnancy, child was born prematurely
2. History of injury of hand
3. Use of surgical blade for the removal of gangrene (operated) of left hand index finger.

Family history

1. Father (late) suffered of liver disease, DM
2. Mother suffering of DM

Generalities

1. Thirst – decreased, less than 2 l/day
2. Desire – cold water,
3. Appetite- decreased.
4. Stool- constipated, painful while defecating
5. Thermal reaction- ambithermal
6. Weakness of whole body and coldness of hands.

Mental general

1. Anxiety and tension with fear of something wrong will happen to her.
2. Sometimes she feels so angry that she can't control her rage
3. A constant thought of hitting someone since her father died suddenly

On examination

There is small blackish tender nodule present in right index finger tip.

On examination pulsation not felt on right hand.

Coldness of both hands and feet

BP – 140/70

Totality of symptom

1. Anxiety and tension with fear of something wrong will happen to her.
2. Use of surgical blade for the removal of gangrene
3. History of injury of hand
4. Severe pain in finger tip
5. Aggravation by touch and washing of hands
6. Offensive pus which is yellowish in colour

Prescription (15/4/19)**Rx**

1. Calendula 200/ 4 dose x od
2. Placebo x 15 days

Advised for sugar profile check

Justification of medicine: selection of medicine was done chiefly on the basis of following symptoms ^[7]

1. History of injury of hand
2. Use of surgical blade for the removal of gangrene
3. Aggravation by touch and washing of hands
4. Severe pain in finger tip

Table 3: Follow-ups

Date	Observations	Prescription
30/4/19	Blackish ulceration of the finger is reduced. Pain was also reduced but mental anxiety and stress was still there. Sugar profile was within normal range.	Rx 1) Calendula 1M / 1 dose x od 2) Placebo for 1 month
5/7/19	Gangrene of finger reduced with somewhat pricking pain still persisting	Rx 1) Placebo for 1 month
7/8/19	No gangrene of finger. Pricking pain is persisting. She feels highly irritated and desires to cut all the fingers. Tongue had deep middle fissure. Stool is not clear.	Rx 1) Nitric acid 200 / 2 doses x OD
4/9/19	Pricking pain better. Stool -clear	1) Placebo for 1 month
7/1/2020	No complaints whatsoever.	1) Placebo for 1 month

Case -1



Fig 2(a): Before treatment (case-1)



Fig 2 (b): After treatment (case-1)

Case 2



Fig 3 (a): Before treatment (case-2)



Fig 3 (b): Before treatment (case-2)

Conclusion

In first case the ulcer was healed after Rhus toxicodendron with increasing potency and in second case after calendula 200, ulcer healed and to avoid recurrence constitutional medicine Nitric acid 200 was prescribed. In both cases patients have shown symptomatic relief along with complete healing of ulcer after prescription of individualized homoeopathic treatment. Both cases suffer with peripheral vascular disease. So these cases shows that homoeopathic medicines act effectively if selected on the basis of totality.

Conflict of interests of each author/ contributors

The authors declare that they have no competing interest.

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