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Homoeopathic treatment for diabetic foot ulcer: A case report

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Abstract

Diabetes mellitus (DM) is one of the major health issues. Patients with DM are prone to multiple complications including diabetic foot ulcer (DFU). Reductions in frequency of the development of ulcer can be achieved by taking a multidisciplinary approach to patient management. Studies reveal promising effects of homoeopathy in reducing the associated symptoms and healing the ulcer. This case report presents a case of a diabetic patient complaining of a foot ulcer for the past 1 month, following formation of bullae. On the basis of totality of symptoms, individualised homoeopathic medicine *Secale cor* was prescribed. The ulcer improved in six months after homoeopathic medication and regular dressing. The improvement has been depicted in this case report through pictographic evidence.

Keywords: Diabetic foot ulcer, bullous diabeticorum, *secale cor*

Introduction

Diabetes mellitus (DM) is a chronic metabolic disorder characterized by persistent hyperglycemia. It may be due to impaired insulin secretion, peripheral resistance of insulin, or both. Type 2 diabetes mellitus (T2DM) accounts for around 90% of all cases of diabetes ^[1]. About 422 million people worldwide have diabetes, the majority living in low-and middle-income countries, and 1.5 million deaths are directly attributed to diabetes each year. Both the number of cases and the prevalence of diabetes have been steadily increasing over the past few decades ^[2].

Bullosis diabeticorum (diabetic bullae or bullous eruption of diabetes mellitus) is a specific type of skin lesion exclusively occurring in patients with diabetes mellitus. Although most individuals with the condition also have diabetic nephropathy or neuropathy, some researchers suggest there may be an underlying cause linked to localized changes in the connective tissue of the basement membrane zone, possibly resulting from microangiopathy. The presence of hyalinosis in small blood vessels observed in biopsy samples supports the theory that blister formation may be related to microvascular damage. Bullosis diabeticorum is generally self-limiting, often resolving on its own within a few weeks. The blisters usually heal without leaving behind pigmentation changes or scars. However, cases involving repeated or recurring episodes have been documented, which can eventually lead to ulceration and scarring ^[3].

As a system of medicine, Homoeopathy has proved adept in the treatment of diabetic foot ulcers (DFU). A prospective observational study to assess the role of Homoeopathy in the management of DFU by Nayak *et al.* showed healing of ulcers and associated clinical improvements with integrative homeopathic approach ^[4]. This case report adds to the already existing evidence of use of homoeopathic in the management of DFU.

Homoeopathy, if used with accuracy, can benefit society greatly by lowering the rates of hospitalization, deformities and amputation as well. The following case report describes one such case of a bullous diabeticorum complicated with ulceration treated with homoeopathic medicines.

Case Report

On 14th December 2023, a 62 year old male patient presented with a complaint of ulcer on heel of right foot for 1 month.

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History of presenting complaint

Patient is a known diabetic for 30 years and known hypertensive for 3 years and is on allopathic medication for the same. About 1 month back, patient noticed a bullae on the right foot's posterior aspect, precisely above the heel in the calcaneal region. It was asymptomatic. As it began increasing in size he consulted a physician and incision and drainage was done. Within 2 days a wound formed in the area and there was blood tinged discharge. After examination the physician referred him to a higher centre. Regular dressing was advised there.

As there was no improvement, through an acquaintance, he consulted a private homoeopathic clinic. By the time the wound had increased in size to approximately 4 cm and depth. The soft tissues were visible. Still there was not much improvement.

One day while going downstairs he took a misstep which led to bleeding from the wound. Few days after this incident the patient was brought to Government Homoeopathic Medical Hospital, Bangalore. At the time there was offensive discharge and bleeding from the wound. The wound was painless. There was oedema over the right lower limb from foot till mid shin which was pitting type.

There is no history of smoking, dilated veins in lower limb etc

Past History

Cerebrovascular accident with hemiplegia of right half of the body 3 years back. Amputation of little toe of right foot after RTA 7 years back.

Family History

An elder brother had Type 2 diabetes mellitus who died due to cardiac arrest. No other significant family history.

Physical Generals

Diet- Mixed

Appetite- Good

Thirst - Good, 2L/day

Craving- Sweets(+)

Bowels- 1t/day, satisfactory

Urine- D/N 4/2

Perspiration- Generalized

Sleep- Good

Thermals reaction- Cannot tolerate heat in general

Life Space Investigation

The patient hails from a middle socioeconomic Hindu family. His childhood was uneventful. His relationship with his family is good. No specific worries are there except his health issue which bothers him.

Mental Disposition

Reserved (++)

Wants company (+)

Local Examination

The ulcer was located on the right foot's posterior aspect, exactly above the heel in the calcaneal region, measuring 4 x1 cm in size. The ulcer was found to be non-tender with irregular margin and sloping edge with very offensive serosanguinous discharge. The floor had granulation tissue and muscle tendons were also visible. The surrounding skin

was cold to touch.



Fig 1: Ulcer on 14th December 2023

Provisional Diagnosis

Bullosis diabeticorum complicated with ulceration

Totality of Symptoms

Ulcer on right foot- heel

Serosanguinous discharge (++++)

Bleeding

Offensive discharge (++++)

Skin cold to touch (++)

Selection of Remedy

The selection of remedy was based on the patient's presenting symptoms. *Secale cor* was selected and prescribed in 200th potency and dressing with *Echinacea Q* daily.

Follow-up and Outcome

After two months of treatment with *Secale cornutum*, there was a noticeable decrease in the severity of the localized infection, which corresponded with a percentage-based improvement in the ulcer. By around six months into the treatment, there was significant reduction in the infection and substantial healing of the ulcer.

According to Wagner's system, the ulcer was initially in grade 2 and reached grade 0 indicating complete healing. The Modified Naranjo Criteria to assess the likelihood that a homeopathic medicine caused observed changes in a patient was applied to this case and the total outcome score was 9.

Table 1: Timeline and Follow-ups

14/12/2023	Ulcer on right foot- heel Serosanguinous, offensive discharge Oedema over B/L lower limbs, pitting	Rx Secale cor 200 / 6-0-6 Cleaning and dressing with Echinacea Q
16/01/24	Serosanguinous discharge and offensiveness - reduced by 50% Oedema over B/L lower limbs, pitting- reduced	Rx Secale cor 200 / 6-0-6 Cleaning and dressing with Calendula Q
07/02/24	Pain < motion- mild Serosanguinous discharge and offensiveness - reduced by 95% Oedema over B/L lower limbs, pitting- still persists	Rx Rubrum / 6-6-6 Cleaning and dressing with Calendula Q on alternate days
05/03/24	Pain < motion - mild Serous discharge and offensiveness - reduced Oedema pitting - reduced	Rx Rubrum / 6-6-6 Cleaning and dressing with Calendula Q on alternate days
11/04/24	Pain < motion - mild Serous discharge and offensiveness - reduced Oedema pitting - reduced	Rx Secale cor 200 / 6-0-6 Cleaning and dressing with Calendula Q on alternate days
14/05/24	Pain < motion - mild Serous discharge and offensiveness - absent Oedema- absent	Rx Rubrum / 6-6-6 Cleaning and dressing with Calendula Q every days
11/06/24	Pain - absent Serous discharge and offensiveness - reduced	Rx Rubrum / 6-6-6 Cleaning and dressing with Calendula Q every days

**Fig 2:** Ulcer on 16th January 2024**Fig 4:** Ulcer on 11th March 2024**Fig 3:** Ulcer on 14th February 2024**Fig 5:** Ulcer on 16th April 2024



Fig 6: Ulcer on 14th May 2024



Fig 7: Ulcer on 1st July 2024

Table 1: Assessment of outcome with Modified Naranjo Criteria

		Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	-2	0
3.	Was there an initial aggravation of symptoms?	0	+1	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	0	+1	0
5.	Did overall well being improve (suggest using validated scale)	+1	0	0
6.	(a) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	+1	0
	(b) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance From deeper to more superficial aspects of the individual From the top downwards	0	+1	0
7.	Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	+1	0
8.	Are there alternative causes (other than the medicine) that with a high probability could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	-2	+1	0
9.	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+1	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
	Total score	9		

Discussion

DFU cases are recognized for being effectively managed with homeopathic treatment. Foot care of diabetic patients remains one of the most overlooked components of management of diabetes in India. The widespread practice of walking barefoot-shaped by the country's varied social, religious, and economic factors-combined with poverty and low literacy levels, often leads to the use of unsuitable footwear, increasing the risk of foot injuries. It is evident that diabetic foot ulcers have a significant impact on both individual well-being and the national economy. For these reasons this study was undertaken.

A research study by Nayak *et al* examined the effectiveness of 15 pre-defined homoeopathic medicines namely Arsenicum album, Calcarea carb, Lycopodium, Phosphorus,

Secale cor, Sepia, Silicea and Sulphur in the treatment of chronic foot ulcers [4].

A case report by Gadde *et al* corroborates the efficacy of holistic homoeopathic approach in the management of DFU [5]. Another case report published by Lalith *et al* gives evidence of effectiveness of individualized homoeopathic medicine (Lachesis mutus) taken internally in the treatment of DFU [6].

Further, a pilot study by Ponnam *et al* confirms that individualised homoeopathic medicines, along with proper management of wounds irrespective of applying Calendula mother tincture or normal saline and standard conventional diabetic management, can effectively manage the Wagner's first and second stages of DFUs [7].

Secale cor is beneficial in wounds with persistent bleeding

and affections of the right side of the body. It has a hemorrhagic diathesis.^[8] Also there is discharge of sanious liquid blood with a strong tendency to putrescence in its symptomatology. Ulcers with bleeding, which are painless; indolent ulcers which have ichorous, offensive discharges come under its sphere of action^[9]. According to J T Kent Secale improves the circulation of the aged and postpones senile gangrene^[10].

This case of DFU showed a good recovery with homoeopathic medication within a span of six months. A clear improvement was observed in the main symptom of the case, as also documented in the photographs.

Conclusion

This case highlights the effectiveness of homoeopathic medicines in the management of diabetic foot ulcers. Considering the patient's individualistic and characteristic symptoms, combining internal remedies and external wound care demonstrated a holistic approach that promoted healing, reduced inflammation, and alleviated symptoms. Homoeopathic treatment of DFU has proven to result in reduced hospitalisation, lesser cost of treatment and also bring down amputation rates of DFU patients.

Declaration of patient consent

The patient's consent was obtained for the use of images without revealing the patient's identity.

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Nil.

Conflict of interest

None declared.

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