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Dr. Susy Charles
Professor, Dept of Materia Medica, Dr. Padiar Memorial Homoeopathic medical College Chottanikara, Ernakulam, Kerala, India

Irshadudheen KV
Intern, Dr. Padiar Memorial Homoeopathic medical College Chottanikara, Ernakulam, Kerala, India

Corresponding Author:
Dr. Susy Charles
Professor, Dept of Materia Medica, Dr. Padiar Memorial Homoeopathic medical College Chottanikara, Ernakulam, Kerala, India

Homoeopathic management of diabetic foot - A review study

Dr. Susy Charles and Irshadudheen KV

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Abstract
Diabetes mellitus is one of the fastest growing global health challenges of the 21st century. Diabetes is an endocrine disease defined by elevated blood glucose levels resulting when the pancreas does not produce sufficient insulin or effectively use the insulin it produces. Diabetic foot complications represent a significant challenge in the management of diabetes mellitus, contributing to disability, amputation, and a reduced quality of life. It occurs mainly due to nerve damage, poor circulation and slow wound healing. This review study emphasis on the scope of homoeopathic intervention along with standard diabetic care aiming to promote tissue repair, reduction of infection risk and improves patient outcome.

Keywords: Diabetic mellitus, diabetic foot, homoeopathic intervention, standard diabetic care

Introduction
Diabetes mellitus is a long term metabolic disorder characterised by hyperglycaemia due to impaired insulin secretion, insulin action or both. The diabetic foot represents one of the most debilitating complications of diabetes mellitus. Diabetic foot is defined as the infection, ulceration or destruction of tissues of the foot associated with neuropathy and/or peripheral artery disease in the lower extremity of a person with (a history of) diabetes mellitus [1]. Risk of developing foot lesions in diabetic patients is 12-25%. It is estimated that approximately 6.3% of individuals living with diabetes worldwide experience foot ulcers [2]. A recent study published in the Journal of Foot and Ankle Research reported that the prevalence of diabetic foot ulcers in India is around 11.1% [3]. Diabetic foot is more common in older adults, males, and individuals with a longer duration of diabetes [4]. Risk factors include poor glycaemic control, smoking, and peripheral artery disease.

Pathogenesis
Development of diabetic foot is multifactorial. It arises from neuropathy, ischemia, infection, repeated trauma and immune dysfunction, can lead to various complications include ulceration, gangrene and amputation. Etiological factors contributing to foot problems in diabetic patients include [5, 6]

1. Peripheral neuropathy: Sensory, motor, and autonomic neuropathy can lead to loss of sensation, muscle weakness, and autonomic dysfunction.
2. Peripheral arterial disease: Producing ischemia and impaired wound healing.
3. Trauma: Physical, mechanical, thermal, and continuous mechanical stress can contribute to foot ulcers.
4. Immune dysfunction & Infection: Infection is a common complication of diabetic foot ulcers, superimposed infections can lead to severe consequences if left untreated.
5. Systemic factors: Poor glycemic control, smoking, hypertension, dyslipidemia, and long duration of diabetes. Chronic hyperglycemia leads to metabolic dysfunction by multiple deleterious pathways includes polyol accumulation, oxidative stress, protein kinase C activation and advanced glycation end products which collectively damages nerves, endothelial cells, and micro vasculature.

Diabetic foot signs and symptoms
Symptoms can vary, but early detection is crucial to prevent severe complications. Common early warning symptoms and signs are [7, 8, 9]

- **Pain or discomfort:** Pain or discomfort in the feet, especially at night or after walking.
- **Neuropathic symptoms include:** Numbness, burning, tingling, or loss of sensation in the feet due to nerve damage.
- Vascular symptoms due to poor circulation include;

1) Colour changes in feet: Bluish, pale appearance may indicate poor circulation.
2) Cold feet or temperature difference in feet: One foot feeling colder than the other due to blocked arteries.
3) Absence of foot pulsations. (posterior tibial and dorsalis pedis arteries).
4) Intermittent claudication – pain in calves while walking that eases with rest.

Skin and local foot changes

1. Callus formation -Dry skin can lead to cracks and calluses, which may become gateways for infections.
2. Autonomic neuropathy results in dry and cracked skin.
3. Ingrown Toe nails: Thickened, yellowed nails or itchy, peeling skin between toes can be a sign of fungal infections.
4. Colour changes in feet: Redness, blue or pale appearance may indicate poor circulation or inflammation.
5. Swelling of foot or ankles.
6. Foul Odour: A foul Odour from the feet, which can indicate infection or poor foot hygiene.

Delayed wound healing

Peripheral Artery Disease (PAD) and diabetic atherosclerosis- It can cause reduced blood flow to the feet; impairing wound healing and increasing the risk of infections and also leads to non healing ulcers due to poor circulation and nerve damage.

Early detection and proper care can significantly reduce the risk of severe complications.

Complications of diabetic foot [7, 8, 9]

- **Diabetic foot ulcers:** Open sores or wounds that can develop due to pressure, friction, or trauma, especially in areas with poor circulation and sensation.
- **Infections**: Bacteria can thrive in wounds, leading to infections and that can spread to deeper tissues and bones (septicaemia & abscess formation). *Staphylococcus aureus* infection is one of predominant cause of osteomyelitis. Fungal infections, such as athlete's foot, can also spread and cause further complications.
- **Diabetic foot osteomyelitis:** It is a serious soft tissue infection affecting the bones often follows the diabetic foot ulceration.
- **Deformities:** Deformities and structural abnormalities can leads to loss of joint movements.

Hammertoes and claw toes: Abnormal toe shapes due to muscle imbalance or nerve damage.

Charcot foot (Charcot neuroarthropathy): It is a rare neuropathic joint destruction where the joints in the foot become weak and collapse, leading to deformity with increased risk of ulcers and infections.

- **Diabetic gangrene:** Is the tissue death due to lack of blood flow or a serious infection which can lead to amputation. it is a severe complication of diabetes. Diabetic foot gangrene presents with discolouration of skin (black, blue, bronze or greenish black), swelling, acute pain, numbness and discharge with foul smell.
- **Amputation:** In severe cases, amputation may be necessary to prevent the spread of infection or gangrene.

Although many classifications are available for assessment of diabetic foot, Meggitt's-Wagner's classification is a simple and widely accepted tool for evaluating diabetic foot lesions and effectively treating them;

Meggitt's-Wagner's classification of diabetic foot -

Grade 0: Skin intact but bony deformities lead to "foot at risk"- (foot symptoms like pain only)
Grade 1: Superficial ulcer
Grade 2: Deep ulcer (full thickness extension)
Grade 3: Ulcer with bone involvement (osteomyelitis)
Grade 4: Partial Gangrene (forefoot gangrene)
Grade 5: Extensive Gangrene (full foot gangrene)

Investigations [10]

- Blood sugar, fasting Insulin and Urine ketone bodies
- Blood urea and creatinine
- X-ray of part to look for osteomyelitis
- Culture and sensitivity of pus
- Doppler study of lower limb to asses arterial patency
- Angiogram
- Ultrasound of abdomen to see the status of abdominal aorta
- HbA1C

Standard diabetic foot care [11, 12]

Methods of management of diabetic foot conditions are following;

Care of feet

Care of feet in diabetic patients is important. Feet must be kept clean, dry and injury has to avoided. Always wear comfortable proper fitting footwear.

Glycaemic level monitoring

Blood sugar level should be monitored regularly. Along with these dietary and lifestyle modifications are needed.

Wound debridement

Debridement (excision of dead, damaged, or infected tissues) helps to optimise the healing potential of the remaining viable tissues. It can be done by various ways include mechanical- regular dressing, surgical, biological, enzymatic, autolytic methods.

Off-loading

Offloading the Diabetic foot wound includes therapeutic shoes, microcellular rubber footwear, custom insoles, padded dressings, removable cast boots and total contact casts, removes the pressure at site of ulceration.

Guidelines for wound care and management of diabetic foot by ICMR are following;

In case of diabetic foot ulcers

- Do the moist dressings
- Change dressings daily for dirty wounds and on alternate for clean wounds.

In case of ingrowing toe nail

- Do the regular nail trimming.

Homoeopathic interventions [13, 14, 15]

Several Homoeopathic medicines which can be effectively used in the management of diabetic foot. Wound healing and tissue repair can be done by treatment using individualised homoeopathic medicine along with standard diabetic care.

Abroma augusta

Small boils in summer and carbuncles an outcome of diabetes. Diabetes mellitus with rapid emaciation and feeling of extreme prostration, burning sensation all over the body, thirst for large quantity of water and polyuria with fishy odor.

Anthracinum

Gangrenous ulcers; felon, carbuncle, erysipelas. Septic inflammation from absorption of pus or other deleterious substances, with burning pain and great prostration. Ulcers with sloughing and intolerable burning. When Arsenic or the best selected remedy fails to cure.

Arsenicum album

Ulcers on heel, sole and toes. Burning ulcers with offensive discharges. Burning pain, better by warm application and peripheral neuritis. Restlessness. Diabetic gangrene. Prostration and thirsty. Boils and carbuncles with diarrhoea.

Aurum mettalicum

Ulcers which attack the bones. Indicated in diabetes with arteriosclerosis and high blood pressure. Dropsy of lower limbs, trembling feet. Cold, foul foot sweat. pain worse from sunset to sunrise.

Boricum acidum

Can be used as an antiseptic and disinfectant, since it arrests fermentation and putrefaction. Tongue dry and cracked. Formication of feet and hands. Coldness.

Calcarea carbonica

Abscess in deep muscles. Burning in soles, sour foot sweat. Chilliness and cold clammy feet. Unhealthy skin, readily ulcerating, small wound do not heal readily. Increased perspiration and swelling of glands. Worse in moist air and wet weather.

Calendula officinalis

Ulcers – irritable, inflamed, sloughing and with excessive secretion of pus. Prevent excessive suppuration. Can be used internally and externally as a healing agent. Promotes healthy granulations and rapid healing.

Carbo vegetabilis

In septic conditions. Cramp in soles; feet numb & sweaty. foul foot sweat. Disintegration and imperfect oxidation. Gangrene beginning in toes. Ulcers bleed easily with burning pain. Blue cold and ecchymosed skin.

Carbolicum acidum

Pains are terrible, comes and goes suddenly. Itching vesicles with burning pain. Blackish urine. Very marked acuteness of smell, offensive odour from skin. Carbuncles and gangrene. Sloughing wounds and chronic ulcers. Prostration from a short walk.

Cephalandra indica

Indicated in boils, abscess, carbuncles. Dry mouth and intense thirst. Intolerable burning sensations over the body. Over sensitive to external impressions.

Cinchona officinalis

Debility due to loss of vital fluids. Scrofulous ulcers and caries. Humid gangrene. Pain in limbs, extreme sensitive to touch but hard pressure relieves.

Echinacea angustifolia

In case of foul smelling ulcers. Gangrene. Acute auto-infection. Symptoms of blood poisoning, septic conditions generally. Glands enlarged and indurated.

Fluoricum acidum

Acts on deeper tissues with destructive processes. Ulcers with red edges. Osteomyelitis. profuse sour perspiration. Caries and necrosis of long bones. Itching in spots worse warmth.

Graphites

Unhealthy skin, every little injury suppurates. Swelling of feet and legs. Nails deformed, painful, thick and ingrown. Ulcers discharges a glutinous fluid. Offensive foot sweat.

Gymnema sylvestre

Act as sugar killer and used as specific for diabetes mellitus. All symptoms accompanied by burning sensation all over the body. Diabetic carbuncles and boils. Diabetes with kidney complaints. Polyuria at day and night.

Helonias dioica

Feet feel numb while sitting. Diabetes in females with uterine complaints. Backache and burning of muscles. Worn out due to hard work, mental or physical. Restlessness. Conscious of the womb. Urine profuse and albuminous. Great thirst, emaciation, irritable and melancholic.

Insulinum

Can be used as an intercurrent remedy. Restores the lost ability to oxidise carbohydrate and again storing glycogen in liver. Indicated in cases of persistent skin irritation with polyuria and glycosuria.

Kreosotum

Blackness of external parts in diabetes. Urine offensive; frequent urination with copious urine during day. Burning in soles. Senile gangrene

Lachesis mutus

Ulcers with intense pain. Boils, carbuncles, ulcers, with bluish, purple surroundings. Cellulitis. Hot perspiration. Oversensitivness. Offensive discharges.

Lycopodium clavatum

Numbness in the feet's and hand. Diabetic foot with gangrene. Ulcers and abscess worse warmth, violent itching, bleeds easily. Offensive perspiration. Urinary and gastric symptoms predominate gradually developing diabetes with the function of liver is seriously disturbed. Emaciation.

Lacks vital heat, poor circulation and cold extremities. Pain come and goes suddenly.

Mercurius solubilis
Ulcers, irregular in shape, edges undefined. dropsy in feet and legs. Constantly moist skin. Perspiration excessive and offensive. Itching worse from warmth of bed. Unquenchable, burning thirst, with moist tongue and sweetish metallic taste in mouth.

Phosphoricum acidum
Diabetes of nervous origin. Ulcers, with very offensive pus. Neurosis in stump after amputation & Numbness of feet. urine frequent, milky.

Plumbum mettalicum
Localised neuralgic pains, neuritis. Pain in right big toe at night, very sensitive to touch. Hypertension and arteriosclerosis. Progressive muscular atrophy. Mental depression and loss of memory.

Secale cornutum
Diabetes accompanied by gangrene. Dry gangrene. burning sensation ameliorated by cold water. Numbness of feet. Bluish, shriveled feet and tingling in toes.

Sepia officinalis
Females with Great weakness. Pain in heel. Coldness of leg and feet. Lack of vital heat and sensitive to cold. Hot flushes at menopause with weakness and perspiration. Foot sweat worse on the toes, with intolerable odour.

Silicea terra
Has a control over the process of suppuration- soft tissues, periosteum or bone. Offensive foot sweat. In growing toe nails. Boils and carbuncles. Ulcers of all kinds. Every little injury suppurates. Pain beneath the toes.

Sulphur
Dry Unhealthy skin with little injury suppurates. Burning in soles at night. Itching, burning; worse scratching and washing. Dirty filthy people prone to skin affections. Desire for sweets. Complete loss or excessive appetite.

Syzygium jambolanum
A most useful remedy in diabetes mellitus. No other remedy causes in so marked degree the diminution and disappearance of sugar in the urine. Prickly heat in upper part of the body. Diabetic ulceration.

Tarentula cubensis
Carbuncles, burning, stinging and atrocious burning pain. Purplish hue. Gangrene. Abscesses, where pain and inflammation predominate. Cold moist feet and hands. Numbness of legs with restlessness.

Conclusion
Diabetic foot complication is a serious issue in diabetes care, often leading to disability and amputation. This review highlights the critical role of integrated care, combining standard diabetic management with homoeopathic interventions, in improving patient outcomes. Homoeopathic remedies, tailored to individual patient needs, have shown promise in promoting wound healing, reducing infections, and enhancing tissue repair. These remedies, when used alongside conventional diabetic care methods such as glycemic control, wound debridement, and proper foot care, offer a comprehensive approach to managing diabetic foot conditions. As diabetes continues to be a major global health concern, further research is essential to establish the efficacy of homoeopathic treatments in conjunction with standard care, ensuring a holistic approach to the prevention and management of diabetic foot complications.

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