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From amputation to restoration: Homoeopathic triumph in diabetic foot ulcer

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Abstract

Diabetic foot ulcer is one of the most severe complications of diabetes mellitus, often progressing to infection, gangrene, and eventual amputation. This case report presents a 32-years-old male from Vasco, Goa, who was advised for amputation following a severe diabetic foot ulcer. The patient was successfully managed with individualized homoeopathic remedies. Belladonna was selected for acute inflammatory symptoms with throbbing pain, redness, and marked sensitivity. Hepar sulphuris was prescribed subsequently to address suppuration, foul discharge, and slow healing tendency. Calendula mother tincture was used externally for dressing to promote granulation, and later Calendula in 1M potency was given once weekly to complete the healing process. The ulcer healed completely over a three-month period, preventing amputation and restoring the patient's quality of life. This case highlights the potential of homoeopathy as a safe, non-invasive therapeutic option in diabetic foot management.

Keywords: Diabetic foot ulcer, homoeopathy, Belladonna, Hepar sulphuris, *Calendula*, case report

Introduction

Diabetes mellitus is a global health problem associated with multiple complications, of which diabetic foot is among the most debilitating. It accounts for significant morbidity, mortality, and financial burden due to frequent hospitalizations and amputations [1]. Diabetic foot commonly develops due to peripheral neuropathy, vascular compromise, and superimposed infection. Conventional management includes antibiotics, wound debridement, and amputation in advanced cases [2].

Homoeopathy, based on the law of similars, provides an individualized and holistic therapeutic approach. Several remedies are documented for inflammatory, suppurative, and gangrenous conditions, including Belladonna, Hepar sulphuris, and Calendula [3, 4]. This case report demonstrates the efficacy of individualized homoeopathic prescribing in preventing amputation and achieving complete recovery in a patient with diabetic foot ulcer.

Case report

Patient information

A 32-years-old male from Vasco, Goa, presented on 16/06/2025 with a severe diabetic foot ulcer. The patient reported pain, swelling, and serous discharge from the affected area. The ulcer was considered severe by allopathic physicians, who had advised amputation as the only option after trying several remedial measures.

Past medical history

- Type 2 Diabetes Mellitus past 1 year
- No known drug allergies
- No previous history of foot ulcers

Lifestyle & social history

The patient had irregular dietary habits and difficulty maintaining optimal glycemic control. He was employed locally and engaged in minimal physical activity due to ulcer-related pain. No significant family history or psychosocial stressors were reported.

Clinical findings

Physical generals

- **Diet:** Mixed, predominantly local Goan cuisine
- **Appetite:** Moderately reduced due to ulcer discomfort
- **Desires:** Sweet foods
- **Aversions:** Spicy foods
- **Thirst:** Normal
- **Bowels:** Regular
- **Urination:** Normal frequency
- **Perspiration:** Normal
- **Sleep:** often disturbed due to throbbing pain of foot
- **Thermal reaction:** Chilly
- **Modalities:** Symptoms aggravated by touch and pressure

Systemic examination

- **CNS:** Alert and oriented to time, place, and person
- **Cardiovascular system:** S1, S2 heard, rhythmical
- **Respiratory system:** Clear, no adventitious sounds
- **Gastrointestinal system:** Abdomen soft, non-tender
- **Musculoskeletal:** Left foot ulcer with surrounding erythema, swelling, and tenderness. Redness and Pus

Physical examination

- **Temperature:** 98.6°F
- **Pulse:** 80 beats/min
- **Blood Pressure:** 126/82 mmHg
- **Respiratory rate:** 18 breaths/min

Clinical investigations

- **Random Blood Sugar (RBS):** 275 mg/dL
- **HbA1c:** 9.4%



Fig 1: Before treatment



Fig 2: During treatment



Fig 3: After treatment

Results

The treatment outcomes over three months are summarized below:

Follow-Up	Clinical Observation	Prescription & Management	Response
Initial (Day 0) 16/06/2025	Right foot swollen, erythematous, throbbing pain, offensive purulent discharge, induration, marked tenderness.	Belladonna 30C twice daily; for 1 week Hepar sulph 30C once daily; for 1 week Calendula MT for external dressing.	Relief in acute pain after 3 days; discharge persisted.
3 Weeks 07/07/2025	Pain intensity reduced; discharge less offensive; ulcer margins cleaner; sleep improved.	Hepar sulph 200C once daily; for 1 week Belladonna 200C SOS; Continued Calendula MT dressing.	Gradual reduction of pus; swelling subsided by 50%.
6 Weeks 30/07/2025	Ulcer showing healthy granulation tissue; minimal discharge; no throbbing pain.	Hepar sulph 200C alternate days; Calendula 1M once a week; Calendula MT externally.	Marked healing; patient able to walk with reduced discomfort.
9 Weeks 21/08/2025	Ulcer smaller, nearly healed; no offensive smell; skin healthy.	Hepar sulph 200C once in 3 days; Calendula 1M weekly.	Complete cessation of discharge; epithelialization progressing.
12 Weeks (Final) 15/09/2025	Wound completely healed with scar formation; no infection or swelling.	Placebo; General advice on foot care.	Sustained recovery; patient resumed normal activity.

Discussion

This case demonstrates that individualized homoeopathic medicines can effectively manage severe diabetic foot ulcer and prevent amputation. Belladonna was indicated for the acute inflammatory phase with redness, heat, and throbbing pain. Hepar sulphuris acted on suppuration and hypersensitivity of the ulcer, aiding resolution of discharge. Calendula, both externally and internally, promoted granulation, antiseptics, and final healing [3, 4].

Earlier reports have highlighted the role of homoeopathy in managing chronic ulcers, inflammatory conditions, and septic tendencies [5]. The success in this case can be attributed to appropriate selection of similimum, timely potency adjustment, and combined use of external and internal remedies.

Conclusion

Homoeopathy offers a non-invasive and safe therapeutic

option for diabetic foot ulcers, even in cases where amputation is advised. Individualized prescriptions with Belladonna, Hepar sulphuris, and Calendula facilitated complete healing and restoration of function in this case. Further clinical studies and larger case series are needed to establish evidence-based guidelines.

Informed consent

Written consent was obtained from the patient for publication of this case and associated images.

Conflict of interest

Not available

Financial support

Not available

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