



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(4): 600-604

Received: 09-11-2022

Accepted: 13-12-2022

Dr. Jagdish Thebar

HOD, Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India

Dr. Pritiraj Kapoor Raika

MD (PGR), Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India

Dr. Preeti Srivastav

MD (PGR), Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India

Corresponding Author:

Dr. Jagdish Thebar

HOD, Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India

A homoeopathic approach to skin ulcer with therapeutics

Dr. Jagdish Thebar, Dr. Pritiraj Kapoor Raika and Dr. Preeti Srivastav

DOI: <https://doi.org/10.33545/26164485.2022.v6.i4i.717>

Abstract

An ulcer is a break in the durability of the epithelium, either skin or mucus membrane due to cellular death. Wound is simply a disruption of any tissue-soft tissue or bone or internal organ i.e. structurally and functionally. Ulcer is break in the continuity of any layer of skin. Ulcer is one of the type of wound.

Non healing cutaneous ulcers are commonly seen in diabetes, vascular insufficiency, and other chronic conditions, and this is global health concern and which continuous to increase in annual incidence.

Keywords: Skin ulcer, artery, venous ulcer, pressure sore, homoeopathic, wound, ischemia infection, diabetic foot

Introduction

A skin ulcer is a wound that occurs on the skin due to injury, poor circulation. Skin ulcer takes usually longer time to heal. If left untreated, they can become infected and cause septicemia or other medical complications.

Ulcers can develop anywhere on skin. Depending upon the type of ulcer they are commonly seen on the lower extremities, back, gluteal region. This article discusses types, symptoms, diagnosis and homoeopathic management for skin ulcers ^[1,2].

Venous Ulcer

Venous ulcer is most commonly seen on the leg especially around ankle (gaiter's zone).

The Cause of venous ulcer is abnormal venous hypertension. Venous ulcer is also termed as e.g. varicose ulcer, post-thrombotic ulcer, gravitational ulcer, etc. ^[2]. These ulcers are not caused by the presence of varicose vein but these are complications of deep vein thrombosis eczema and pigmentation are often seen around these ulcers ^[3].

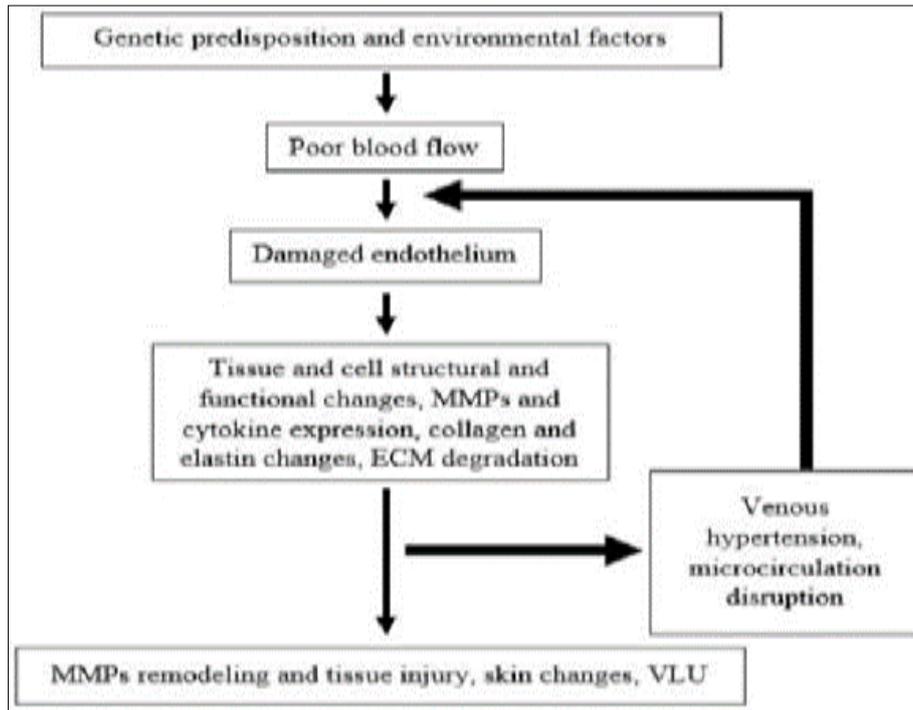
Etiology

- Varicose veins
- Postphlebotic Limb
- Valve dysfunction
- Complete or partial venous obstruction
- Congenital/family history
- Occupations that require long hrs. standing/sitting
- Failure of calf muscle pumping
- Increase abdominal pressure(pregnant/obesity)

Wound Characteristic

- Localized edema
- Exudates is usually copious & serous
- Wound skin hyper pigmented, thick, hyperemic
- Dermatitis
- Feet warm with palpable pulses, Tenderness
- Never penetrates deep fascia
- Usually painless unless it is infected or causes periostitis tibia ^[4].
- Pain – relieved by elevation of localized limb

Pathophysiology



Investigation

- Patient Complete history
- Wound assessment
- Vascular assessment
- Color Doppler
- Coagulation profile

Treatment

- Bisgaard method – Almost any venous ulcer can be healed by elevation, bandaging, exercises and massage.
- Bandage and elevation – An adequate multilayer Compression bandage or a strong graduated compression stocking (40mmHg at the ankle) can be used to apply compression.
- Anticoagulatory medicine ^[5].
- Antiplatelet medicine.

Arterial Ulcer

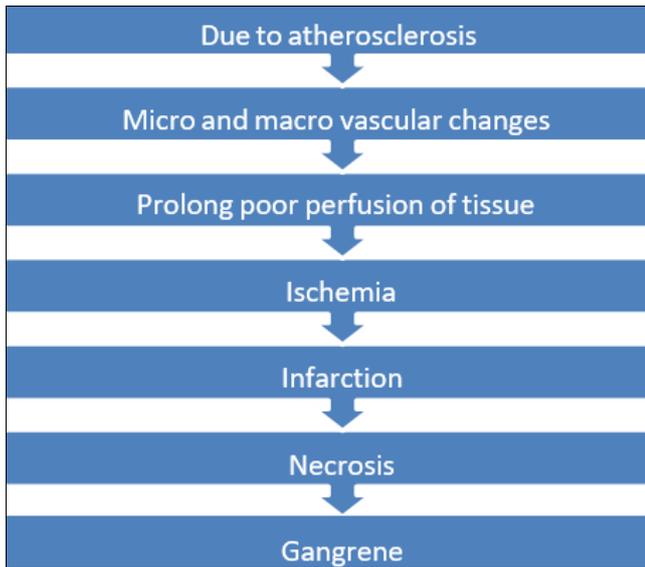
Arterial ulcer is caused by poor blood circulation to skin. Arterial ulcer occurs in those parts of the limb which are exposed to repeated pressure and trauma. Prolong pressure on one part of the foot causes ischemic damage to the tissue

and if circulation is poor then the tissue cannot repair themselves then ischemic ulcer develops. Commonest cause of this condition is Atherosclerosis of the peripheral arteries. This condition is mostly seen in old people. It is due to episodes of trauma and infection that destroys skin which fails to heal because of inadequate arterial supply. Arterial ulcers most commonly develop on anterior and lateral aspect of leg, on toes, dorsum of foot, heel ^[6].

Etiology

- Thrombo-embolism
- Atherosclerosis
- Prolong tissue Hypoxia
- chronic smoker
- DM
- Peripheral vascular occlusive disease
- Cigarette smoker
- Hyperlipidemia
- Buerger's disease
- Raynaud's disease

Pathophysiology



Wound Characteristic

- Reddish, yellowish, or blackish sores
- Deep wound
- Tight skin, loss of hair on skin
- Non bleeding
- Edema
- Ulcers are very painful, tender, and often hyperesthetic.
- Digits may often be gangrenous.
- Intermittent claudicating, rest pain is common ^[1]



Investigation

- Complete history
- Wound assessment
- Vascular assessment
- Color Doppler
- Coagulation profile
- Arteriography
- Plethysmography ^[1].

Treatment

- Revascularization (vascular bypass/angioplasty)
- Debridement
- Smoking avoid
- Antibiotics
- Skin care
- Proper glycemic control
- Hyperbaric oxygen therapy
- Amputated

Neuropathic Ulcer/Neurogenic ulcer

Neuropathic ulcer usually develops on the pressure point such as beneath heel, beneath the first and fifth metatarsal and gluteal region. It develops as a callosity, get infected,

suppurates and leave a central hole discharging pus. It goes deep any may involve bone and causes osteomyelitis it is also known as perforating ulcer ^[4]. This type of ulcer occurs because of pressure to insensitive parts of body ^[2].

Etiology

- Diabetic neuropathy
- Meningomyelocele
- Leprosy
- Alcoholic neuropathy
- Peripheral Nerve injuries
- Spina bifida
- Transverse myelitis

Pathophysiology

Motor neuropathy

- Muscle atrophy
- Posture and coordination deviation
- Foot deformities/stress/shear pressure
- Foot ulcer

Sensory neuropathy

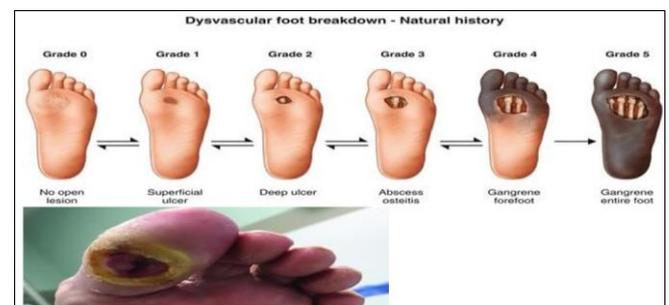
- Decreased pain & Proprioception (insensible)

Autonomic neuropathy

- Dry skin fissures- due to decreased sweating
- Poor blood circulation
- Epidermal cutaneous ischemia
- Foot ulcer

Wound Characteristic

- Full thickness skin
- Callosity (Hardness of skin)
- Circular punched out appearance.
- Bony prominence/subcutaneous fat tissue/muscular layer seen in latter stage



- Reddish in primary phase, then gradually dark brown and black
- Firstly tingling/numbness like sensation occur than gradually decrease
- Surrounding brown/black part
- No Pain
- Localized part function reduce

Investigation

- Blood glucose test
- CBC
- X-ray
- MRI Color Doppler

Treatment

- Immobilization of the foot in a plaster of Paris

- Skin care
- Regular Dressing
- Antibiotics
- Hyperbaric oxygen
- Negative pressure wound therapy
- Ozone therapy

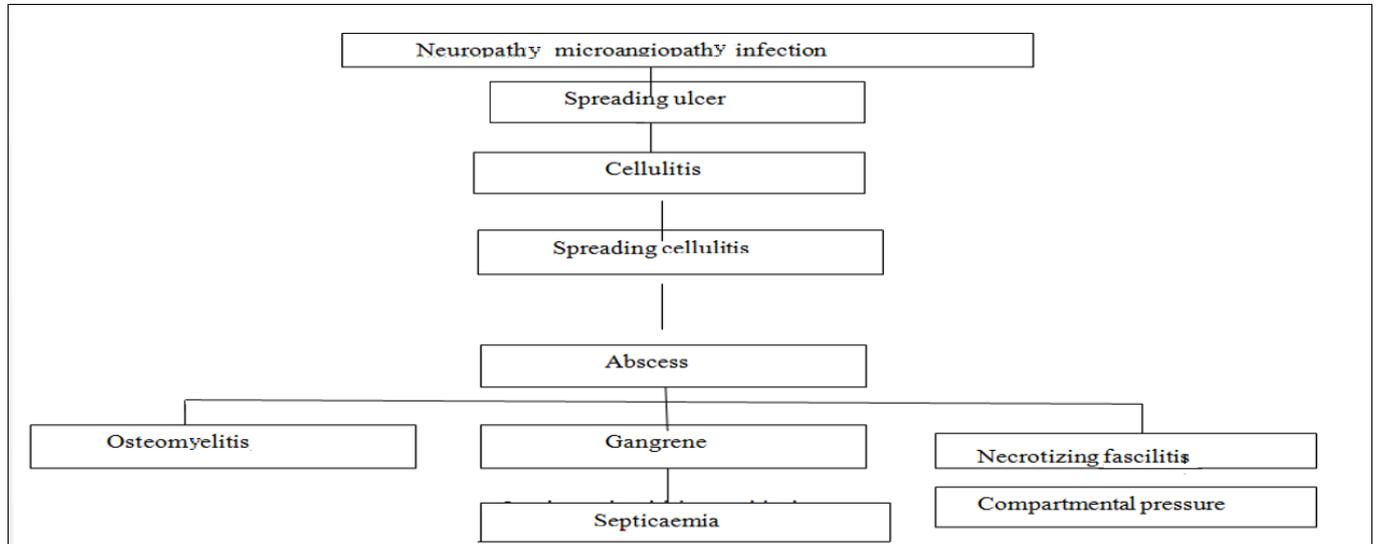
Diabetic Ulcer

Diabetic patient are more prone for development of ulcer in foot because of neuropathy, resistance to infection and atherosclerosis

Risk factor for diabetic ulcer foot

- DM for more than 10 yr duration
- Uncontrolled blood glucose levels
- Peripheral neuropathy
- Abnormal structure of foot
- Smoking and hypertension
- Increased level of lipids
- Genetic factor

Pathophysiology



Clinical features

- Unusual swelling
- Odor from one or both feet
- Irritation
- Redness

Investigation

- Complete blood count
- Blood and urine sugar estimation
- Pus for culture sensitivity
- X-ray of foot - osteomyelitis
- Liver function test, ECG chest x-ray blood urea, serum keratinize
- Lower limb Arterial duplex scan
- Doppler
- Aortogram

Treatment

- Control of diabetes
- Control of infection
- Local treatment of the ulcer
- Various types of surgery for diabetic ulcer of the foot

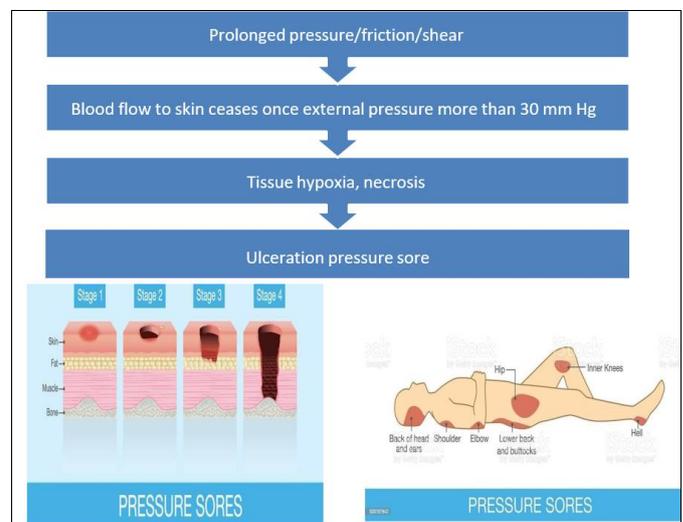
Pressure Ulcer/Bed sore/ Decubitus ulcer

Pressure ulcers or bedsores are serious and frustrating complication for the paralyzed, debilitated or comatose patient confined to bed or wheel chair. When soft tissue is compressed between bony prominence such as ischium, sacrum, pre trochanter leads to pressure ulcer or bed sore. [4]. Decubitus ulcers usually affect the back, hips, buttocks, ankles, and heel. Persistent pressure results in ischemia, necrosis and ulceration. Sacral area most commonly affected. [8]

Etiology

- Terminal illness
- Complete bed ridden patient
- Paralysis
- Wheelchair users
- Malnutrition, anemia,

Pathophysiology



Clinical feature

- Stage 1**
 - Skin reddish, tenderness, itchy, slight warm
- Stage 2**
 - Skin pinkish red, look like vesicles.

Stage 3

- Exposed wound become yellowish and looks like death tissue.
- High grade fever
- Septicemia

Wound Characteristic

- Changes in skin color
- Inflammation
- Pus-like draining
- Bony prominence/subcutaneous fat tissue/muscular layer seen in latter stage
- Bleeding occasionally

**Investigation**

- Complete blood count
- Erythrocyte sedimentation rate
- Blood glucose test
- Swab culture sensitive
- Deep tissue biopsy MRI

Treatment

- Skin care (dressing wet to dry dressing)
- Antibiotic
- Protein supplement
- Hyperbaric oxygen therapy
- Negative pressure wound therapy
- Education to patient attenders to prevent pressure sore

Homoeopathic Therapeutic

1. Ambra Grisea. Ulcers like salt rheum, with gray and salty discharge, in lean thin old aged persons^[9]
2. Ammonium carbonicum. Offensive flat ulcers with a pungent sensation, pain relieved by keeping limb elevated and from pressure. Pus white and offensive^[10].
3. Angustura Vera. Flat ulcers going deep into the bones. Abscess of the ankle joint. Spinal caries^[10].
4. Antimonium crudum. Fistulous deep or flat ulcers, with pain as if burnt, pus scanty; spongy ulcer on left side with itching or pricking. Aggravations from bathing or working in water. Better in open air^[9].
5. Antimonium-Tartaricum. Deeply penetrating, malignant ulcers, broad and deep sloughing ulcers. Gangrenous ulcers with hectic fever. Ulcers surrounded with black pustules. Which break down into deep ulcers? No pus, merely oozing of fetid odor^[10]
6. Arnica Montana: Symmetrical skin lesions; Crops of small boils; Ecchymosis; Bedsores.
7. Belladonna: Dry and hot skin; Sudden appearance of skin lesions with scarlet redness.
8. Causticum: Facial warts; Soreness of skin folds; Ailments from burns; old injuries reopen; intertrigo during dentition.

9. Chrysarobinum: Skin lesions with foul discharge and crust formation in the entire area; Dry scaly eruptions with violent itching; Scabs with pus underneath.
10. Euphorbium: Vesicular erysipelas; Old ulcers and carbuncles; Gangrene; Ulcerative skin cancer
11. Hepar sulphur: Every little injury suppurates; Pus smells like old cheese; Wants to be covered warmly; Ulcers surrounded by little pimples; Chronic and recurrent urticaria; Cracked hands and feet; Sweating with no relief.
12. Malandrinum: Skin troubles of vaccination; Clears the remnants of cancerous deposits; Rhagades of hands and feet in cold weather and from washing; Skin dry and scale with itching.
13. Pyrogenium: Small injury becomes swollen and inflamed; Septic condition.
14. Streptococcinum: Skin infections of septic origin; Cellulites.
15. Sulphur: Every little injury suppurates; Voluptuous itching; Dry unhealthy skin eruptions; Itching from warmth; Scratching till bleeds; Aversion to washing.

Financial support and sponsorship: Nil.

Conflicts of interest: None declared.

References

1. Bhat MS. SRB's Manual of Surgery. Jaypee Brothers Medical Publisher (P) Ltd.; c2016.
2. Das S. A concise textbook of surgery. Calcutta: Dr S. Das; c2008.
3. Das S. A Manual on Clinical Surgery: Including special investigations and differential diagnosis. 5th Ed. Calcutta: Dr. S. Das; c2000.
4. Shenoy KR, Shenoy A. Manipal Manual of Surgery. 4th Ed. New Delhi: CBS Publishers & Distributors, Pvt Ltd; c2020.
5. Williams NS, BCJ K, O'Connell PR, Bailey H, McNeill LRJ. Bailey & Love's short practice of surgery. CRC Press; c2013.
6. Das S. A concise textbook of surgery. 9th ed. Calcutta: Dr S. Das; c2008.
7. Das S. A Manual on Clinical Surgery: Including special investigations and differential diagnosis. 2nd ed. Calcutta: Dr. S. Das; c2000.
8. Khanna Neena, Singh Saurabh, Bhutani's Color Atlas of Dermatology 6th Ed.
9. Temple.S.Hoyne- Clinical Therapeutics
10. Lilienthal. S. M.D. Homoeopathic therapeutics.

How to Cite This Article

Thebar J, Raika PK, Srivastav P. A homoeopathic approach to skin ulcer with therapeutics. International Journal of Homoeopathic Sciences. 2022;6(4):600-604.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.