

Research/Review

Handling Diabetic Foot Ulcers via Homoeopathy: An Instance Report

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| Check for | Abstract |
|---|---|
| Published on: 20 Mar 2024 | One of the most serious medical conditions is Diabetes Mellitus (DM). Diabetic foot ulcers (DFUs) are among the many problems that can arise in patients with diabates mellitus. Over 80% of all amputations are avoid by foot ulcers, which |
| Published by: DrSriram Publications | are 11 times more common in those with diabetes mellitus. By managing patients with a comprehensive approach, ulcer formation frequency can be decreased. Research indicates that homeopathy has the potential to alleviate related symptoms and facilitate ulcer healing. A diabetic patient with a profound punched-out foot ulcer is the subject |
| 2024 All rights reserved. Creative Commons Attribution 4.0 International License. | of the case study. He has been on traditional oral anti-diabetic medications for the last ten years due to his diabetes. For seven days, the ulcer in the left leg was above the greater toe. It was painless, with a yellowish pustular sticky discharge with a burning and itching feeling close to the edge. The ulcer had a circular form, a well-defined edge, a slough, and a yellowish floor. It measured 50 mm by 50 mm and had a depth of 5 mm. There was no involvement or extension to the tendon or bones. It is determined to be of grade I using the Wagner method. The case was examined based on the whole set of symptoms. Using HOMPATH software and Kent's repertory, repertorization was carried out. Gunpowder was therefore the recommended treatment. It was prescribed that four dosages of 200th centesimal potency be taken once a day. The Wagner system was used to assess the ulcer, and the lesion was photographed at the same angle and with comparable light exposure. It was discovered that the ulcer had healed after 1.5 months. Furthermore, it was discovered that the blood glucose level decreased even though the current conventional treatment remained unchanged. The next steps in an evidence-based approach should be observational studies and well-designed randomized controlled trials. |
| | Keywords: Diabetes mellitus, Diabetic Ulcer, Case study, Homoeopathy, Gunpowder. |

INTRODUCTION

The impact of diabetic foot ulcers (DFUs) on hospital admissions and costs is significant. Rates of DFU occurrence are high, with many cases requiring treatment for infected ulcers. Education and early intervention strategies are key to reducing the burden of DFUs. Multidisciplinary approaches to patient care can lead to

significant reductions in DFU frequency. Studies have shown that diabetic patients with foot complications have higher mortality rates. Healing DFUs takes around 6 months on average, with a high rate of recurrence. Integrated care for diabetic foot issues is essential for improving outcomes.^{1,2}

CASE REPORT

A male diabetic patient of 64 years, Mr APS, visited the OPD with an ulcer above the greater toe in the left leg. He was diabetic for the last 10 years and was under allopathic anti-diabetic medication. The ulcer was there for 7 days and had the appearance of a deep punched-out lesion, with no pain but there was a burning and itching sensation near the margin of the ulcer with a yellowish pustular discharge.

On examination

Size: 50mm x 50 mm,
Shape: circular,
Depth: 5 mm,
Margin: well-defined,
Floor: slough, yellowish in color,
Discharge: Purulent sticky discharge, no extension or involvement to bones or tendon.

As per the Wagner system, which is for the assessment of ulcer depth, it is found to be grade I (Figure 1). His build was mesomorphic, with good nutritional status. Clinical assessment reveals other parameters within normal limits.





Fig 1: First time patients come with Diabetic foot ulcers (DFUs)



Fig 2: Seventh follow-up time- patients -Diabetic foot ulcers (DFUs) improved conditions



Fig 3: 9th follow-up time- patients -Diabetic foot ulcers (DFUs) improved their conditions



Fig 4: 11th follow-up time- patients -Diabetic foot ulcers (DFUs) improved conditions

His height was 192 cm, weight was 75 Kg. As per the biochemical test, plasma glucose fasting was 271 mg/dl and post-prandial blood glucose was 443 mg/dl.

The symptoms were evaluated and the case was analyzed accordingly. The totality of symptoms was chalked out based on general symptoms as well as particular symptoms. Miasmatic analysis was done thereafter (Table 1). The case was found to be a case with a psoric predominant state. This was followed by repertorial analysis as per Kent's method using HOMPATH software.

| Rubric | Miasm | | |
|--|-------------------------------|--|--|
| Skin, ulcers, deep (p. 1223) | Psora | | |
| Skin, ulcers, discharges, yellow (p. 1223) | Psora | | |
| Extremities, pain, burning, leg (p. 1011) | Psora | | |
| Stomach, heaviness, eating, after (p. 454) | Psora | | |
| Perspiration, profuse (p. 1201) | Psora, Latent Psora, Syphilis | | |
| Generalities, cold, tendency to take (p. 1231) | Psora, Latent Psora, Syphilis | | |

Table 1: Miasmatic analysis

Gunpowder 200 was prescribed, in 4 doses, once daily every morning for consecutive 4 days. Each dose consisted of 4 globules of no. 30. The patient was also advised to maintain wound hygiene and to follow a diabetic diet and regime. Subsequent follow-ups are mentioned in Table 2.

Table 2: Subsequent follow-ups

| Date | Indication of Prescription | Medicine | | |
|---------------------------|--|--|--|--|
| 1 st Follow-up | No sloughing is present in the ulcer. The ulcer almosthealed up. Scab formation occurs. No discharge or offensive odor was there. | Placebo was prescribed forone month | | |
| Wagner Grades: 0. | 8 | | | |
| 2 nd Follow-up | ulcer is healed up completely. Wagner Grades: 0. Another blood test done shows plasmaglucose fasting was 152 mg/dl and post-prandial was 239 mg/dl. | Placebo was prescribed for one month | | |

DISCUSSION

The final causal attribution score, in this case, was assessed using the Modified Naranjo Criteria for Homoeopathy (MONARCH), as proposed by the HPUS Clinical Data Working Group. The total score was 9 after the end of one and half months of treatment, suggesting a 'definite' association between the medicine and the outcome (Table 3) [definite: \geq 9; probable 5-8; possible 1-4; and doubtful \leq 0]. Reporting of this case follows the Hom-CASE-CARE guidelines.³⁻⁵

Presently, after 7 months of the last follow-up mentioned here, the patient is having normal blood glucose levels without any recurrence of the ulcer. In the present case, we have assessed the causal attribution of homeopathic medicine with the clinical presentation using MONARCH. Wagner system was used for assessment of the case before and after treatment apart from the blood biochemistry report. Photographs of the lesion clicked from the same angle with similar light exposure were also used. As photographic evidence is considered to be of low diagnostic accuracy, it may be taken as one of the two limitations of the case report. The second is the lack of use of any Quality-of-life scale that could have been used as another outcome measure.⁶⁻⁸

A remarkable difference in plasma glucose level was obtained in one month and it was assessed as per the blood reports. Despite the patient was already on anti-diabetic medication (Metformin), the blood parameters were quite high when he came for the treatment of DFU. But along with the gradual healing of the ulcer, Grade 1 of the Wagner system to Grade 0, the blood glucose levels also decreased considerably.^{9,10}

| Table 3: As | ssessment | according t | to | MONARCH |
|-------------|-----------|-------------|----|---------|
|-------------|-----------|-------------|----|---------|

| Item | Yes | No | Not sure orN/A |
|---|-----|----|-------------------|
| 1. Was there an improvement in the main symptom or condition for which the Homeopathic medicine was prescribed | +1 | | |
| 2. Did the clinical improvement occur within a plausible time frame relative to the drug intake? | +2 | | |
| 3. Was there an initial aggravation of symptoms? | | 0 | |
| 4. Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms ultimately improved or changed)? | +2 | | |
| 5. Did overall well-being improve? | 0 | | |
| 6. (A). Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? | +2 | | |
| 6. (B). Direction of cure: did at least two of the following aspects apply to theorder of improvements of symptoms: From organs of more importance to those of less importancefrom deeper to more superficial aspects of the individual from the top downwards | | | Not sure |
| 7. Did 'old symptoms' (defined as non-essential and non-cyclical symptomsthat were previously thought to have resolved) reappear temporarily during the course of improvement? | | 0 | |
| 8. Are there alternate 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 intervention) | | +1 | |
| 9. Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.) | +1 | | |
| 10. Did repeat dosing, if conducted create similar improvement? | | | N/A |

CONCLUSION

Homeopathic medicines may be useful in treating DFU. Observational trials and randomized controlled trials with sound methodology can be applied before making any firm recommendations.

Limitation of study

This is a single case study so it needs to be tried this intervention in a greater number of cases for its scientific validation.

Patients consent

The consent of the patient has been taken before treatment and also of the publication of images without disclosing the identity of the patient.

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