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Management of diabetic foot ulcer by homoeopathy: A case report

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Abstract

Diabetes mellitus (DM) a multi-system affecting lifestyle disorder is one of the major health crises today. The disease is characterized by multiple complications which often have a tedious healing curve. The complications arising from hyperglycemia can be either micro-vascular or macro-vascular. Diabetic foot ulceration is one such complication and diabetes is known to increase the chance of foot ulceration by 11-fold, which accounts for 80% of all amputations. It is also the most common reason for hospital admission of diabetes patients. The cause for diabetic foot ulcers is multidisciplinary, and often starts with a trauma when there is a peripheral vascular disease and/or neuropathy is present. The recurrence of ulceration after treatment is another factor that makes DFU cases difficult to cure. The treatment traditionally involves the debridement of the dead tissue, use of antibiotics, foot care, and surgery if necessary. Reductions in the frequency of the development of ulcers and their recurrence can be achieved by taking a multidisciplinary approach to patient management. This is achieved by treating DFU with Homoeopathic medication along with proper wound management. Case summary: A 54-year-old male presented with a non-healing ulcer on the lateral aspect of his left foot on dorsal surface. Based on the presentation of symptoms he was treated with *Lachesis mutus* 0/1 initially, later when there was not much improvement, he was prescribed Arsenicum Album 0/6, along with regular cleaning and dressing with *Echinacea* glycerine. The ulcer showed gradual healing and recurrence did not occur after treatment.

Keywords: Arsenicum album, case study, cleaning and dressing, diabetic foot ulcer, diabetes mellitus, homoeopathic treatment

Introduction

Diabetes affects an estimated 537 million adults worldwide between the age of 20 to 79 (10.5% of all adults in this age range). By 2030, 643 million people will have diabetes globally, increasing to 783 million by 2045. In addition, this study indicates that the incidence of diabetes in the world, Southeast Asia, and India was 10.5%, 8.8%, and 9.6%, respectively, throughout 2021 and will rise to 12.5%, 11.5%, and 10.9%, respectively by 2045^[1].

With the current lifestyle and fast-paced living conditions, Diabetes Mellitus [DM] has become a global crisis. The complexity of this multi-system affecting lifestyle disorder lies in its complications. The complications are broadly classified as macro-vascular and micro-vascular complications^[2]. These complications account for the increased morbidity and mortality of the disease. One such complication which is a major factor for hospitalization and amputations in a diabetic person is Diabetic Foot Ulceration [DFU]^[3].

The 7th Practical Diabetes International Foot Conference, has described seven stages of DFU as Stage 1 in which the foot is normal and has no risk, Stage 2 in which the foot has High-risk of developing ulceration, Stage 3 in which the foot is ulcerated, Stage 4 in which Cellulitis has developed, Stage 5 in which Necrosis has developed and Stage 6 in which the foot cannot be rescued. Increased infection risk, sensory loss which causes loss of sensation that makes the patient unaware of trauma that precedes ulceration, rapid progression of symptoms are some of the factors that lead to the severity of DFU and increased need for amputations^[4]. In a study it has been estimated that Diabetic foot ulcers and infections are responsible for >30% of the hospitalizations related to diabetes mellitus and 25% of people with diabetes mellitus are estimated to develop a foot ulcer during their lifetime^[5].

DFU is a complicated and multi-factorial clinical problem that affects many patients with diabetes, who experience ulceration and infection, invariably with neuropathy and/or

peripheral artery disease (PAD), that disrupt the foot epidermis and dermis, breach the skin envelope, expose sterile structures, and finally form full-thickness lesions.^{[6][7]} The practical guidelines of IWGDF, define DFU as a set of symptoms secondary to current or previous diabetes, including skin chapping, ulceration, infection, or destruction of foot tissue, which partly reflects the fuzzy and imprecise nature of this concept^[8,9].

Materials and Methods

Case Report

A male patient aged 54 years came to OPD on 22.06.2023 with a complaint of ulcer on the dorsum of left foot and lateral malleolus in the last 4 years. There were three ulcers with irregular margin, largest measuring 5 x 3 cm (approximately) and Depth of 0.5- 1.5 cm (app). The Floor is covered with Slough. He is a diabetic patient in the past 4 years. The ulcer is painful with whitish watery discharge, which is aggravated by walking, bathing, night, wearing sandals, better by pressure. Associated with dryness of skin around the ulcer and peeling of skin.

History of presenting complaints

The patient has a diabetes for 4 years. Ulcer has developed on the left foot for 4 years. He took allopathic treatment got temporary relief. Then again, complaint reappeared. Taking allopathic medications for diabetes mellitus.

Past history

Underwent bypass surgery 2 years before.

Physical Examination

The patient looks normal, no pallor, not icteric, no cyanosis, no clubbing, no findings of koilonychia/leukonychia, no lymphadenopathy or thyromegaly, Oedema: swelling over left foot, Skin: blackish discoloration on left leg, Pulse: 66/min. All the peripheral pulses are present, Blood pressure: 110/80 mm of Hg, Respiratory rate: 18/min,

Temperature: 98.4 °F.

Local Examination

Location of the ulcer: dorsum of the left foot and medial malleolus. Number of ulcers: three Margins: irregularly defined. Size: 5 x 3 cm.(approximately), 2 x 2 cm(approximately), Depth: 0.5- 1.5 cm (app)Floor: Covered with Slough. Edge: sloping edge. Shape: irregular in shape. Base: yellowish. Warmth: present

Investigations:

On 13/05/2023

RBS: 309 mg/dl

HbA1C: 9.2%

On 23/06/2023

FBS: 110 mg/dl

HbA1C: 6%

Final diagnosis

Diabetic foot ulcer.

Totality of symptoms

Painful irregular shaped ulcers on the dorsum of left foot laterally. Pressing type of pain with whitish watery discharge. Blackish discoloration of surrounding skin and oedema of foot present. Pain is aggravated by walking, after bathing, at night. Sleep disturbed due to pain. K/C/O Diabetes mellitus

Reportorial approach/ non reportorial approach

Non-Reportorial

Results and Discussion

Prescription

Rx *LACHESIS MUTUS* 0/1, 1 D in 10ml aqua * tds

Potency Selection

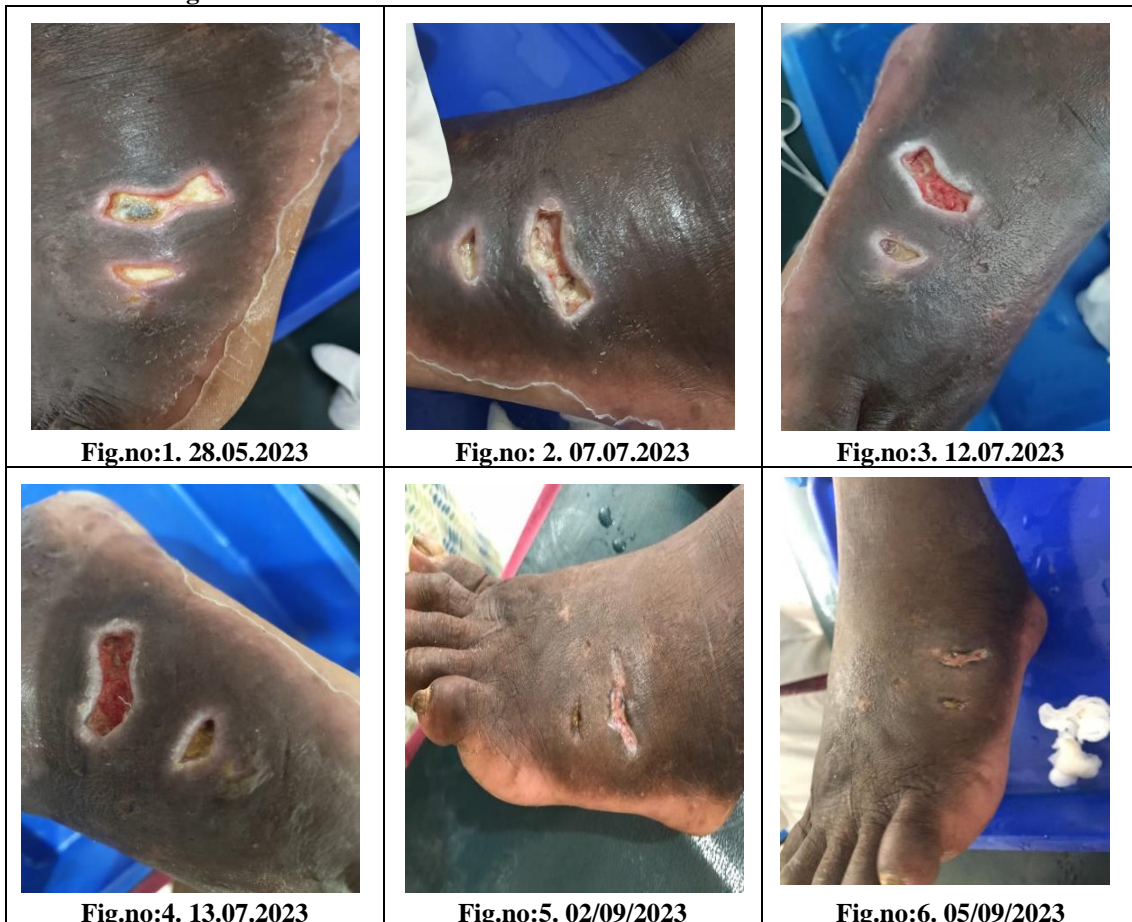
As per the disease pathology and patients' susceptibility LM potency was given.

Progress

S.no	Date	Symptoms	Remedy	Inference
1.	23.06.2023 To 25.06.2023	Diabetic ulcer on left foot Whitish discharge Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night	Rx 1. Lachesis 0/1/1D in 10ml aqua* tds 2. Cleaning & Dressing	Complaints persist.
2.	26.06.2023 To 30.06.2023	Diabetic ulcer on left foot Whitish discharge Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at soles	Rx 1. ARSENICUM ALBUM 0/6/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & Dressing	Complaints persists
3.	30.06.2023 to 04.07.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at both foot	Rx 1. ARSENICUM ALBUM 0/7/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & dressing	Pain Persist as same Discharge from ulcer relieved
4.	05.07.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at soles	Rx 1. ARSENICUM ALBUM 0/8/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & dressing	Pain increased at night

5.	6.07.2023 to 12.07.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at soles	Rx 1. ARSENICUM ALBUM 0/8/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & Dressing	Slightly better
6.	17.07.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at soles	Rx 1. ARSENICUM ALBUM 0/8/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & Dressing	Pain increased on left foot
7.	18.07.2023 To 18.09.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at soles	Rx 1. ARSENICUM ALBUM 0/8/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & Dressing	Ulcer better
8.	18.09.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night Burning pain at soles	Rx 1. ARSENICUM ALBUM 0/8/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & Dressing	No pain in left foot
9.	18.09.2023 to 26.09.2023	Diabetic ulcer on left foot Pain in lateral aspect of foot <walking >pressure, rest Sleep: disturbed due to pain at night	Rx 1. ARSENICUM ALBUM 0/8/ 1 dose in 10ml aqua* 10gtt*2 hourly 2. Cleaning & Dressing	Ulcer healed

Prognosis assessment images



Discussion

Based on the initial presentation, a painful left-sided ulcer with watery discharge and blackish discoloration of surrounding skin and edema he was prescribed *Lachesis*

mutus 0/1 in water dose to be taken three times a day. However, there was not much improvement observed and pain seemed to increase. Also, he started complaining about burning pains which indicated *Arsenicum Album*. The

prescription was changed to Arsenicum Album 0/6 potency in water dosage to be taken two hours once. There was gradual improvement in pain and the ulcer started healing. When needed the potency was increased to 0/7 and later to 0/8 potency. This prescription was supported with regular cleaning and dressing with *Echinacea* glycerine. The indications of these remedies are as follows,

Lachesis mutus

- Ulcers surrounded by bluish purple appearance. Blue-black swellings.
- Pyemia, dissecting wounds.
- Senile erysipelas, Cellulitis.
- Varicose ulcers. Chronic indolent ulcers, with an uneven bottom and offensive odour
- Aggravation, after sleep, left side, in the spring, warm bath, pressure. Amelioration by the appearance of discharges, warm application.

Arsenicum album

- Old ulcers on lower limbs, with burning and lancinating pains
- Itching and swelling of feet. Burning pains.
- Peripheral neuritis. Diabetic gangrene. Ulcers on the foot surrounded by a gangrenous crust.
- Ulcers with offensive discharge. Gangrenous inflammations. Pain in ulcerated leg so violent that wakes up at 4 am prevented from sleep. Sleep disturbed
- Worse, wet weather, after midnight, from cold, Right side.
- Better by heat, from head elevated.

Echinacea

- Symptoms of blood poisoning, and septic conditions generally.
- Erysipelas and foul ulcers. Gangrene.
- Locally, as a cleansing and antiseptic wash.

Conclusion

Based on the presentation of the ulcer, he was prescribed with *Lachesis mutus*. The ulceration was present in left foot [recurrent] and there was a marked blackish discoloration of the surrounding region both of which are key indications of the remedy *Lachesis* ^[10, 11]. Also the rapidity in the development and progression of the ulcer also favoured the prescription. Although there was an initial improvement it was not satisfactory. Then he started developing burning pains. Burning sensation with other presentations indicated Arsenicum Album ^[10] which was first given in 0/6 potency and then gradually increased to 0/8 potency. After giving Ars. alb., there was a marked improvement in the patient and over the course of four months the ulcer had healed progressively.

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