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RESEARCH ARTICLE

EVIDENCE - BASED HOMEOPATHY:CASE REPORT OF DIABETIC FOOT ULCER

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Abstract

Diabetes is a globally affected metabolic disease. Diabetic foot ulcer is a frequent complication seen in diabetic patients due to neuropathy and vascular diseases, this is a condition where a structured management, self care & monitoring is necessary to reduce the risk of mortality & morbidity of disease. As per our homeopathic science, we treat the whole person & not only the disease. We aimed at identifying the disease & treating the disease with the Similimum Constitutional remedy. People with uncontrolled diabetes are more likely to be affected with the skin disorders and ulcer formation, it occurs due to improper circulation, pressure, trauma and high blood sugar. It increases risk of gangrene, leading to amputation and permanent disability. For this Multidisciplinary Management is necessary to avoid this complication.

Background and Objectives: Assessment of diabetic ulcer on the basis of clinical background and totality, with significant improvement and complete cure, and its evidence of pictures of healing observed in the diabetic ulcer. This was a case of 49 years old male who presented with a history of Diabetic ulcer on left leg malleolus, he is a known case of Insulin dependent type II Diabetes Mellitus. The case presented here is documented from Health Care Homeopathic Clinic, Katraj, Pune Maharashtra, India. Patient was treated with individualized Homeopathic medicine over a period of 6 months, and there was significant improvement with complete healing of ulcer.

Methodology: Homeopathic medicine was indicated, based on totality of symptoms and assessed with photographs.

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Introduction:-

Diabetic ulcer is the frequent complication seen in cases of Diabetes mellitus with chronic hyperglycemia and here we can see different complications like Diabetic ketoacidosis and chronic complication like vascular and nonvascular complications with skin damage leading to ulcer formation and poor healing due to hyperglycemia. Approximately 15 % individuals develop diabetic foot ulcers. Risk factor-are more in the male sex suffering from diabetes mellitus, for more than 10 years duration, abnormal foot and peripheral neuropathy.

Treatment strategies:

1. Patient Education-Instruction to wear proper foot wear to prevent minor trauma.
2. Foot Hygiene-Daily cleaning of feet to keep the skin moist and clean.

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- 3. Avoid walking bare foot.
- 4. To avoid alcohol and smoking and sweet beverages.

Multi disciplinary Management includes consultations from Endocrinologist, Orthopaedic, Podiatrist, Nutritionist and proper nursing care. Intervention in modern medicine includes- 1. Off loading 2. Debridement 3. Wound dressing 4. Antibiotics 5. Revascularization. 6. Amputation.

Homeopathic management is based on the concept of individualization and constitutional holistic approach.

Case report:

HISTORY – A 49 years old male, a known Type II Diabetic individual businessman by profession reported with Diabetic ulcer at Healthcare Homoeopathic Clinic Katraj, Pune, Maharashtra India. He presented with a single ulcer on Lt foot, malleolus, with burning and pain, since one month. along with acidity and restlessness.

Past treatment taken:

Patient was treated with modern medicine in a private clinic. He was treated with oral antibiotics, analgesics & ointment, which did not give him any relief, rather aggravated his complaints. The lesion was diagnosed as Diabetic ulcer.

PAST MEDICAL HISTORY (in chronological order including medication)

H/O -Known Type II Diabetic Mellitus since past 8 yrs.

Patient was taking oral hypoglycemic drugs & now he is on insulin injections since last 4 years. His blood sugar level is uncontrolled.

H/O-Hypertension since past 6 yrs.

H/O-Gastritis before 3 years for which he was admitted in Bharati Vidyapeeth Hospital, Katraj, Pune.

H/O-Diabetic retinopathy both the eyes & Vitrectomy operation done at Dr. Prabhudesai Eye Hospital, Pune.

Recurrent diabetic blisters every year since last 6 yrs treated with Allopathic treatment.

FAMILY HISTORY:

Father: Expired 1 year due to Tuberculosis.

Mother: Expired 28 yrs due to Cancer

Brother: Diabetes mellitus

SOCIOECONOMIC HISTORY:

Belongs to upper middle-class family.

NUTRITIONAL HISTORY:

Tall well built, fair & well nourished with normal mid arm circumference.

Personal History:

Appearance & Physical Constitution: Tall, well built, fair

Diet: Mixed

Appetite: Normal

Thirst: Large quantities of cold water at small intervals

Desires: Spicy+++ , Greenchilli, alcohol

Aversion: Bitter +++

Food & Drink Agg & Avel: Agg < Bitter food+++

Bowel: Unsatisfactory stool

Urine: Passes normally 6 to 8 /0 to 1 D/N

Perspiration (Including Odor, Stain): Not specific

SLEEP AND DREAMS: Unrefreshing sleep

Thermal Reaction:

Hot

Mind and disposition:

Patient with a head strong obstinate nature. intelligent, Dominating, impatient, restless. anxiety about illness.

General Examination:

Built & nourishment:

Well built & well nourished.

BP: 140/90 mm of Hg

Pulse: 80/min

RR: 16 cycles /min.

Temperature: Afebrile

Pallor: Absent Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Edema: Absent

Lymphadenopathy: Not Palpable

Tongue: moist and clear

Nails: Normal

Skin: Dry

Local Examination:

This ulcer progressed from blister that is Diabetic bullae Small fluid filled blister progress to ulcer.

Location: Lateral malleolus Left leg.

Number: Single

Size: 6 X 5 cm in diameter

Color: yellowish margin with darker brown in appearance.

Discharge – Serous, yellowish and offensive

Texture; Soft

Shape: circular

Distribution: ill defined margins.

Secondary changes: Due to friction, bursting of the blister with itching,

Palpation: soft to touch

Tenderness: Present.

Surface texture: Rough.

Edema: Mild edema at affected site.

Investigations: BSL- 254mg/dl , Hb -13 gm %

Diagnosis: Diabetic ulcer

Homoeopathic Case Working

Totality of Symptoms (Acute Totality/ Chronic Totality)

Mind – Anxiety about illness himself

Mind – Obstinate headstrong, stubborn

Stomach – Thirst unquenchable for cold water

Generals – Hot – aggravated from Heat

Generals - Desire pungent things chilies

Skin – diabetic ulcer on foot

Skin -dryness

Miasmatic analysis:

Diabetic ulcer – syco- syphilitic

Repertorial totality & pdf:

Repertorisation Sheet - Zomeo LAN															
Reportorial totality and result -															
Remedy	Ars	Sulph	Ac on	Ph os	C hi n	L yc	Ch am	F l- a c	N ux -v	B el l	B ry	La ch	N it- ac	Ar g- n	H ep
Totality	13	12	11	11	10	9	9	9	9	9	9	9	8	8	8
Symptoms Covered	6	5	6	5	4	5	4	4	4	3	3	3	5	4	4
[Allen] [A]Anxiety:Illness, about:Of herself:	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
[Murphy] [Mind]Obstinate, stubborn, headstrong:	2	2	2	1	2	2	3	0	3	3	3	2	2	4	2
[Complete] [Stomach]Thirst:Unquenchable, constant:Sipping of cold water:	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0
[Phatak] [Phatak A-Z]Heat:Agg. (feels too hot):	0	2	1	0	0	1	1	2	0	2	2	3	0	2	0
[Miasms] [Obesity]STOMACH:Desires: Pungentthings:Chilly:	1	0	1	0	1	0	0	0	1	0	0	0	1	0	2
[Murphy] [Food]Spicy, general, (see Condiments, Highly seasoned):Desires:	2	3	1	3	3	1	0	2	2	0	0	0	1	1	2
[Ajit] [Diabetes]DIABETES MELLITUS:Interplay of clinical conditions:Skin:Diabeticulcers :Foot, on:	1	1	0	1	0	1	1	2	0	0	0	0	1	0	0
[Complete] [Skin]Dryness:	4	4	3	4	4	4	4	3	3	4	4	4	3	1	2

Remedy Differentiation:

Sulphur - In Chronic cases with profuse discharge of pus, emaciation, heat burning with itching, aversion to washing.

Aconitum napellus- Worse in evening, warm room, night swelling with redness, dry hot skin.

Phosphorus- Desire for icy cold things, burning in feet, wound bleed profusely.

Cinchona officinalis-Weakness debility well marked, skin sensitive to touch, better by hard pressure, scrofulous ulcer .

Lycopodium clavatum-Right sided, urinary disturbances, 4-8 pm aggravation, intolerance of cold drinks wants everything hot.

Kreosotum- Gangrenous degeneration of ulcer.

Arsenicum album- Restlessness, burning pain, thirsty, anxiety health about and dryness of skin, cover totality of symptoms.

Remedy Selection (with reasons):

Arsenicum album 30C followed by 200C- Based on totality of symptoms and reportorial result.

Susceptibility Of Patient:

Medium


Prescription:

Arsenic album 30C 4 Pills OD for 3 days. followed by Sac Lac 4 Pills TDS for 15 Days.

Follow Up Criteria:

DATE OF 1 ST VISIT AND FOLLOW UP	COMPLAINTS AND DESCRIPTION	MEDICINE PRESCRIBED
26-5-20	Pain & burning in leftfoot. discharge -Serous,yellowish and offensive. Thirsty for cold water. Generalised weakness.	<i>Arsenicum album</i> 30C: 3 doses, 4 pills OD for 3 days, followed by Placebo for 15 days. 4 pills BD for 15 days.
9-6-20	Pain and burning decrease slowhealing,	Placebo given for 15 days, 4 pills BD for 15 days
30-6-20	Complaint of burning and restlessness with weakness.	<i>Arsenicum album</i> 200 C :3 doses, 4 pills OD for 3 days, followed by Placebo for 15 days.
1-7-20	Improvement in condition pain decreases	Placebo given for 15 days
2-8-20	No new complaints, overall improvement in condition.	Placebo given for 30 days
4-9-20	No new complaints, overall improvement in condition .	Placebo given for 30 days
3-10-2020	No new complaints, healing occurs fast. overall improvement in condition	Placebo given for 30 days
2-11-20	Complete healing of the ulcer. overall improvement in condition	Placebo given 30 days
2-12-2020	Complete healing of the ulcer with generalised wellbeing of the patient.	Placebo given for 30 days

Abbreviations- OD – Once daily, BD- Twice daily, TDS – Thrice daily

SR . N O.	Figure No.	DATE	LOCAL EXAMINATION -PICTURES
	(Fig 1)	26- 5-20	

	(Fig 2)	9-6-20	 <p>SHOT ON REDMI K20 AI TRIPLE CAMERA</p>
	(Fig 3)	30-6-20	 <p>SHOT ON REDMI K20 AI TRIPLE CAMERA</p>

<p>(Fig 4)</p>	<p>1-7-20</p>	
<p>(Fig 5)</p>	<p>2-8-20</p>	

	<p>(Fig 6)</p>	<p>4-9-20</p>	
	<p>(Fig 7)</p>	<p>3-10-2020</p>	

**Result:-**

Diabetic ulcer slowly healed from margins and granulation tissue was seen after giving Arsenicum album. Fast improvement was seen after giving higher potency, ulcer completely healed over a period of six months of Homeopathic treatment. The case proves efficacy of individualized constitutional homeopathic treatment for management of Diabetic ulcer.

Discussion:-

In this case, with a careful case history recording and with repertorisation done and constitutional Homeopathic medicine was selected, after confirmation from Homoeopathic Materia Medica, Arsenic album is given. Patient

shows a significant improvement in his mental and physical generals which proved selection of medicine is correct. But improvement is slow, sopotency increased from 30 C to 200C and marked improvement observed in this case.

Conclusion:-

Homoeopathy shows holistic approach in each and every case, complete recovery of patient with complete healing of ulcer without any recurrence and with documentary evidence (Figure -1-9). Showing positive role of homeopathic medicine in treatment of Diabetic ulcer, however this is single case study and Diabetic ulcer is associated with variable and unpredictable remission, for scientific validation of result scientific study should be taken up.

Informed consent-

Due consent was obtained from the patient, patient has given consent for his images and clinical information to be reported in the Journal.

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Nil.

Conflict of interest –

Not declared.

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