



A CASE OF DIABETIC FOOT ULCER CURED WITH STAPHYSAGRIA

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ABSTRACT :

Introduction: A *diabetic foot ulcer* is a common and potentially serious complication of diabetes, particularly in individuals who have had the condition for a long time or have poor blood sugar control. It refers to an open wound or sore that forms on the foot, typically on the bottom of the foot or around the toes, and can lead to significant health issues if not properly managed.

The development of a diabetic foot ulcer is primarily linked to two major factors: *nerve damage (neuropathy)* and *poor blood circulation (vascular problems)*, both of which are common in people with diabetes. The loss of sensation in the feet due to neuropathy makes it difficult for individuals to detect minor injuries or pressure points, allowing small cuts or blisters to go unnoticed and potentially worsen. Additionally, impaired blood flow makes it harder for the body to heal these wounds and fight off infections. Regular dressing and proper foot care are required for its improvement. Patients are left with no other option than amputation of the limb. Therefore, early detection and management are crucial to prevent long-term damage.

The main challenge in treating diabetic foot ulcers lies in the combination of factors that make healing difficult, including the individual's overall diabetes management, the extent of nerve damage, and the presence of infections or other underlying conditions.

CASE SUMMARY :

This case report presents a case of a diabetic patient complaining of a foot ulcer for the past 6 months , following a history of abrasion to the left great toe while walking . On the basis of totality of symptoms, individualised homoeopathic medicine Staphysagria was prescribed. The ulcer improved in one month after homoeopathic medication without the use of any external application. The improvement has been depicted in this case report through pictographic evidence. The improvement in the ulcer was also assessed through photographs.

KEYWORDS: DM, Diabetic foot ulcer, Homoeopathy, Staphysagria

INTRODUCTION :

Diabetic foot ulcer (DFU) is one of the common problems in poorly controlled or uncontrolled diabetes. 34% of people with diabetes develop a diabetic foot ulcer during their lifetime, and 84% of all diabetes-related lower-leg [amputations](#) are associated with or result from diabetic foot ulcers. Among all complications, the risk of DFU is 19–34% and this number is rising with the increased longevity of people with diabetes. Long-term consequences of DFU include decreased functional state of the patient with increased infection, hospitalisation and lower-extremity amputation. Pathologies such as loss of sensation, ischaemia and minor trauma are also well established in DFUs. Morbidity following DFU is high with recurrence rates of 65% in 3–5 years. Lifetime lower-extremity amputation incidence is 20%. New data suggest that lower extremity amputation incidence has increased by 50% in some regions over the past several years. It makes it even more difficult in countries with large population like India to provide special attention and personalised care to the patient. This widening disparity in DFU patient care and amputation rates can be improved if different systems of medicine can provide a reliable mode of treatment in treating such topical cases. Homoeopathy has a lot to offer to society if practised with proper understanding and precision, as reported by recent studies/case series. It can even help in reducing hospitalisation and amputation rates with just outpatient department (OPD) care services. The following case report describes one such case of DFU with type 2 DM treated with homoeopathic medicines and assessed with Outcomes Related to Impact on Daily Living (ORIDL).

Patient Information A 52-year-old Female, farmer by profession, presented in OPD of the Guru Mishri Homoeopathic Medical College ,Jalana on 04 Nov 2024 with the complaint of Diabetic ulcer and swelling on the left great toe with an electric sensation-like pain radiating upwards in both legs. Ulcer was reported to be painful tearing pains over left feet . The ulcer on the left great toe measured around 3x3 sq. cms. This ulcer had irregular margins and

sloping edges with the base containing a variable amount of slough, necrotic tissue, exudate and blackish discolouration of the skin around the ulcers. There was an offensive yellowish thick discharge from the ulcer. After debridement ulcer was seen as showed in Fig 1 . The patient developed this wound over the left great toe after a history of abrasion over left great toe , which never recovered fully, and aggravated in the past few days . The patient said that the repeated wounds due to the Diabetes mellitus , as well as improper care, led to this condition of his foot. She had used several ointments externally for treating the ulcer but in vain. The patient was diagnosed with diabetes mellitus type2, 15 years ago and reported himself as highly diabetic. However, she did not have any past medical records to confirm this, nor was he taking any medicine for the treatment of diabetes, thus leaving the condition uncontrolled. Her blood sugar level was noted to be 211 mg/dL while fasting and 296 mg/dL in the post-prandial period. No significant family medical history was reported by the patient. Her parents suffered from diabetes type-2also.

Clinical findings on clinical examination, the ulcers were found to be tender with irregular margins and sloping edges. Painful ulcer was located over the left great toe. On general physical examination, the patient appeared anxious. She was of moderate stature and weighed 68 kgs. Her tongue was dry. Her face was sufficiently flushed. No signs of anaemia, cyanosis or hyperbilirubinaemia could be traced. No arteries or veins were engorged, nor any lymph nodes were swollen.

Generals The patient was irritable and anxious about his health condition. She used to get angry easily, though she desired to be consoled for all his complaints. But remained quiet after getting angry .Doesnt express anger .She was bothered about no one taking care of her disease seriously or taking care of her. She was forgetful. She had some unusual fear of operation , sharp objects . Her appetite reduced , Patient was thirstless . The patient had a strong desire for warm food and sour things. Thermally, the patient was chilly but had a tendency to catch cold easily with profuse, offensive sweat. The sleep of the patient was disturbed due to painful ulcer.

After clinical examination, the ulcers were found to be tender with irregular margins and sloping edges. The ulcer was pale and suppurative. Considering the non-healing nature of the ulcer following trauma in a known case of uncontrolled diabetes, the ulcers were diagnosed as DFUs with Type 2 DM .

THERAPEUTIC INTERPRETATION:

The selection of the remedy was done based on repertorisation by RADAR software version 10. using the Synthesis Repertory . The repertorisation chart is shown in Figure 2. In the chart, Saphysagria 200 scored 8/17 in the reportorial results covering 8 out of 10 rubrics that were considered for the analysis. 03 doses of Saphysagria 200 were prescribed every 8 hourly , followed by 3 doses of Sac lac 30 for 15 days .Four globules (Globule No. 50) of Sac lac 30 were advised twice a day . The patient was asked to take medicine every morning and night on an empty stomach and report after 15 days . The medicine was administered orally. The potency, dosage and repetition of the medicine were decided as per the principles of Homoeopathy. No external application was used. The cleaning of the wound was advised once daily with normal saline. Dressing of the wound was done by the concerned on duty PGT under the guidance of medical dresser of the hospital in inpatient department (IPD) of the hospital. Follow-up and outcomes The details of follow-ups are mentioned in Table 1. Photograph-based evidence of improved ulcer on the left great toe Figure 1: Diabetic foot ulcer before treatment (First visit -04 Nov 2024) .

FOLLOW UP AND OUTCOMES: The details of follow-ups are mentioned in Table 1.



Figure 1: Diabetic foot ulcer before treatment (First visit -04 Nov 2024)

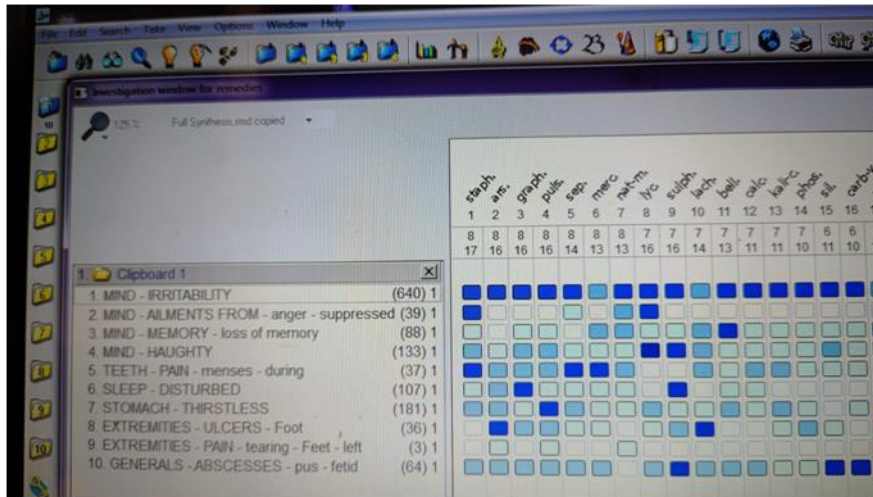


Fig 2 : REPERTORIZATION USING RADAR SOFTWARE :

Table 1 :Time line

Date	Symptom	Medicine Potency and Doses	Justification
First Consultation 04 Nov 2024	Irritable Easily gets angry but remains quiet . Thirstlessness. Diabetic foot ulcer over left Great Toe Sleepless due to Severe pains over Diabetic Ulcer over left Great Toe .	Staphysagria 200 3 Doses 8 hourly Followed by SL 30 ,4 Globules 2 times/day for 15 days .	Based on Totality of Symptoms and Repertorization .
19 Nov 2024	Irritability Reduced . Thirstlessness present . Sleep improved .	SL 30 4 Globules 2 times/day for next 15 days .	Improvement in the mental and physical symptoms were remarkable. Any kind of improvement in case debars from discontinuation or change of remedy..
28 Nov 2024	Irritability Reduced. .Thirst increased . present .Sleep improved . Diabetic foot ulcer over Left great toe size reduced ,Pains reduced .	SL 30 4Globules 2 times /day for 15 days .	Improvement in the mental and physical symptoms were remarkable.
14 Dec 2024	Irritability reduced . Thirst increased . Sleep improved .Sound sleep . Diabetic ulcer over left great toe size reduced .Pains reduced .Ulcer Healing present .	Sac Lac 30 . 4 Globules 2 times /day for 15 days .	Improvement in the mental and physical symptoms were remarkable. •
11 Jan 2025	Irritability reduced . Thirst increased . Apeetite increased . Sleep improved .Sound sleep . Diabetic ulcer over left great toe size reduced .Pains reduced .Ulcer Healing present . Patient is feeling better .	Sac Lac 30 . 4 Globules 2 times / day for next 15 days .	Improvement in the mental and physical symptoms were remarkable.



FIG 3:Follow up visit on 28 Dec 2024,Diabetic Ulcer over Left great toe .



FIG 4 :FOLLOW UP VISIT ON 11 Jan 2025

The patient's improvement was assessed during follow up visits , assessment of improvement in main complaints along with the overall well-being of the patient as per their subjective experience.

DISCUSSION:

DFU cases are known to be treated successfully with the homoeopathic system of medicine, as also mentioned in the evidence-based literature on Homoeopathy. The symptoms under totality are repertorised and individualised homoeopathic medicine is selected after consulting Materia Medica literature, on the basis of which the remedy, Staphysagria , was differentiated from the other similar high-scoring remedies such as Arsenic album, Sepia, Dulcamara and Natrum muriaticum obtained from the reportorial analysis.. Her physical ailments, along with financial constraints in life, made him weak, both mentally and physically. All these traits together strongly suggested Staphysagria as the medicine of choice. This case of DFU showed a good recovery with homoeopathic medication within a short span of three months. There was a noticeable improvement in the primary symptom of the case, as also documented in the photographs [Figures 1 and 3,4].Improvement in the patient's mental and physical generals, thus also indicating an overall improvement in the patient's well-being. This was achieved without using any kind of external ointment.. However, randomised, double-blind clinical trials need to be conducted to draw any strong conclusion about the efficacy of individualised homoeopathic medicine, without external application, in the treatment of DFUs.

CONCLUSION :

This case of DFU showed promising results from internal medication. The homoeopathic treatment of DFUs can result in reduced hospitalisation, lesser cost of treatment and also bring down amputation rates of DFU patients, thus recommending more focus on further research of managing DFUs with Homoeopathy. Declaration of patient consent The author certifies that the patient had given his written informed, consent for using his clinical information and photographs in a non-revealing manner for reporting in a journal. The patient understands that due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Conflict of interest None declared.

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