



# Role of Homoeopathy in Diabetic Ulcer: An Evidence-Based Case Report

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## Abstract

**Introduction:** Foot disorders such as ulceration, infection, and gangrene are the leading causes of hospitalization in patients with diabetes mellitus. Approximately 15 to 20 percent of the estimated 16 million persons with diabetes mellitus will be hospitalized with a foot complication at some time during the course of their disease. Unfortunately, many of these patients will require amputation within the foot or above the ankle as a consequence of severe infection or peripheral ischemia. Neuropathy is often a predisposing factor to ulceration and amputation.

**Case Summary:** A 45-year-old male patient presented with multiple ulcers on the posterior aspect of the thigh. Patient had uncontrolled diabetes mellitus since 12 years. Patient was prescribed with Calcarea sulphuricum 30 based on totality of symptoms covering the pathology. Patient showed consistent improvement with the medicine within in shorter span of time compared to other school of medicines. Homoeopathy is effective in controlling pathologically advanced diabetic ulcer within shorter time span without other complications.

**Keywords:** Diabetes; Homoeopathy; Precision Medicine; Ulcers

**Abbreviations:** DFUs: Diabetic Foot Ulcers; RCTs: Randomized Controlled Trials; LM: Lymphatic Malformation; OPD: Out Patient Department; IPD: In-Patient Department.

## Introduction

Around 170 million people globally, have diabetes, and by 2030, it is expected that this figure will have doubled. The foot ulcer is a major illness linked with diabetes and is one of the primary cause of hospital admissions for diabetics in the developed world. It frequently results in pain, suffering, and a poor quality of life for patients. According to estimates, diabetic foot ulcers (DFUs) affect 15% of all diabetes patients

and are the cause of 84% of all lower-leg amputations due to diabetes [1]. An important process in the healing of wounds is angiogenesis, which involves the development of new blood vessels. Granulation tissue refers to the red, granular appearance of newly formed blood vessels that infiltrate the heaving connective tissue in wounds. Macrophages and injured endothelial cells produce fibroblast growth factor-2, whereas macrophages and wound-edge keratinocytes stimulate vascular endothelial growth factor [2]. The high rates of ulcer recurrence may be due to biological, behavioral, or a combination of both factors. Numerous contributing variables, such as peripheral neuropathy, foot deformities, elevated plantar stress, and peripheral vascular disease that

initially caused the ulcer typically do not go away once it has healed. Although surgical intervention may improve the foot's structure and blood supply, these procedures do not address the profound concomitant neuropathy, which is the permissive part of the process brought on by repetitive stress and that results in inflammation and ulceration. Therefore, a combination of these physical conditions could still result in an ulcer [3].

For the management of diabetic ulcer one of the main management objectives should be wound closure. For the best results with diabetic ulcers, a multidisciplinary team must address all comorbidities that affect wound healing because diabetes is a multi-organ systemic illness [4]. In addition to peripheral vascular disease and poor glycemic control, neuropathy is a significant risk factor of diabetic ulcers. The possibility of a slow healing is also one feature of diabetic ulcer. Peripheral neuropathies can cause patients to have reduced pain and temperature sensitivity. Compared to other methods, this may cause a delay in the detection of a foot injury. Lower limbs of diabetes patients have poor perfusion which may also hinder healing and cause inflammation to spread quickly. Additional elements like frequently occurring dry skin (and fissuring) and aging also delays healing in cases of diabetic ulcer [5]. Homoeopathy has been found effective in such scenarios. Silicea, Sulphur, Lycopodium, Arsenicum album, and Phosphorus were the five medicines determined to be most beneficial in this investigation. The authors consider the findings encouraging. Silicea improved in 95.5% of cases. Sulphur was provided in the majority of instances. Lycopodium and Arsenicum album

in 90.9% of cases Phosphorus accounts about 75% of the total [6]. Another similar study in homoeopathy also show the effectiveness of homoeopathy in chronic leg ulcer. The homoeopathic remedy Hepar sulphuricus, chosen based on the tendency to suppuration, marked sensitivity to cold air, profuse perspiration, and a history of respiratory affections, caused significant improvement in the local symptoms (marked improvement of the ulcer according to the Diabetic Foot Ulcer Assessment Scale) as well as other symptoms such as sleeplessness, bleeding gums, constipation, and the patient's blood sugar levels [7].

### Patient Information

A 45-year-old male patient presented with multiple abscess on the posterior aspect of thigh on both legs. Patient had intense pain and couldn't walk when first visiting the OPD. Patients had been diagnosed with diabetes for the past 12 years, but have not taken any medication. The patient was admitted in IPD on 27.06.2023.

### History of Presenting Illness

The patient presented with multiple deep corroding ulcer on the posterior aspect of the thigh on both legs. The patient was known diabetic but has not taken any medication till now. The patient had a strong familial history of diabetes mellitus on his paternal side. Patient had severe pain and couldn't stand and was brought in a wheelchair to the OPD. The patient was admitted to the IPD of the hospital. The patient had connecting sinuses within the ulcer (Figure 1).



**Figure 1:** Lesion on 25.06.2023- Penetrating topic ulcer with pus and connecting tracts.

## Clinical Findings

### General Examination

The patient was medium build with a height of 160 cm and 63 kg in weight having a BMI of 24.6 kg/ m<sup>2</sup>. The patient was dark complexioned and normotensive.

### Systemic Examination

**Inspection:** The Site of the ulcer was on the Posterior aspect of the thigh of left legs. There were multiple ulcers (number = 3). The largest ulcer was oval in shape with a breadth and width of 5 cm. Ulcer of Topic in nature. Margins of the ulcer was well defined and round and the edges were ill defined.

The floor of the ulcer was pus filled with intense and offensive pus discharge.

**Palpation:** The largest ulcer is 5cm X 5cm in size with tenderness and local warmth present. Nature of the discharge was offensive and discharge. Inguinal lymph nodes were found to be enlarged.

### Diagnostic Assessment

The patient HbA1C was 12.5% on 27.06.2023 and fasting blood sugar value was 252 mg/dl on 30.06.2023.

### Totality of Symptoms

- Deep corroding ulcer
- Tenderness ++
- Offensive pus
- Yellowish pus
- Connecting sinuses within the ulcer

### Miasmatic Analysis

Based on the miasmatic analysis the presenting miasm is Syco syphilitic (Table 1).

Symptoms	Psora	Sycosis	Syphilis
1. Presenting Symptoms		Connecting Tract within the Ulcer	Offensive Pus
			Yellowish Pus Discharge
			Tenderness
2. Past History	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
3. Family History	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
Presenting Miasm - Syco - Syphilitic			

**Table 1:** Miasmatic Analysis.

### Therapeutic Intervention

Calcarea sulphuricum was given initially as the ulcer was unhealthy with discharging pus which didn't heal readily. Yellow purulent discharge, skin affection with yellowish scabs was present. Then following Hepar Sulphur was administered based on the indication of abscess with unhealthy skin, every injury suppurates. Ulcers with bloody suppuration, smelling like old cheese, ulcers very sensitive to contact, burning, stinging, easily bleeding, infected sinus with pus formation. Then a single dose of Sulphur was given as an intercurrent to reduce the recurrence of the

complaint and generally offensive character of discharge and exhalations. Then medication was changed to Silicea which was repeated on a daily basis. Indication of Silicea includes stimulating the organism to reabsorb fibrotic condition and scar tissues. Daily cleaning and dressing was done with Echinacea tincture.

### Follow Up and Outcome

The patient was administered in the IPD for a month and showed significant improvement (Table 2) within a shorter span of time compared to other school of medicines.

Date of Follow Up	Main Symptoms	Prescription	Justification
27/06/2023- 28/06/2023	Ulceration with yellowish and offensive pus	Calcarea sulphuricum 30	Wounds with unhealthy, discharging pus which don't heal readily. Yellow purulent discharge, skin affection with yellowish scabs
29/06/23- 4/07/23	Wound started healing but with intense sensitiveness Bleeding started with connected sinus within the ulcer Sinus started opening up	Hepar Sulphur 200	Abscess, unhealthy skin, every injury suppurates. Ulcers with bloody suppuration, smelling like old cheese, ulcers very sensitive to contact, burning, stinging, easily bleeding, infected sinus with pus formation)
05-07-2023	Drained the sinus tract and cleaned the ulcer daily Offensive discharge from the ulcer	Sulphur 200	Complaints that relapse, generally offensive character of discharge and exhalations
6/7/23- 20/7/23	Ulcer started healing with formation of granulation tissue Bleeding arrested Pus drained	Silicea 0/1	Daily dose- hence LM potency stimulate the organism to reabsorb fibrotic condition and scar tissues

**Table 2:** Timeline of follow up.

The quality of the life of the patient was assessed using Modified Naranjo Criteria (Table 3).

Modified Naranjo Algorithm	Yes	No	Justification
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	2	0	Ulcer started healing within a week of admission of the patient
2. Did the clinical improvement occur within a Plausible timeframe relative to the medicine Intake?	2	0	Within a week there was formation of granulation tissue despite the raised blood glucose level
3. Was there an initial aggravation of symptoms?	1	0	Not observed
4. Did the effect encompass more than the main Symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	1	0	Blood glucose level decreased during the treatment
5. Did the overall well – being improve?	2	0	Initially the patient was brought in a wheel chair due to intense pain and at the time of discharge the patient was able to walk
6a. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	Not observed
6B. Direction of cure: did at least one of the following aspect apply to the order of improvement of symptoms: from organs of more importance to those of less improvement? -from deeper to more superficial aspect of the individual? - from the top downwards	0	0	Not observed
7. Did “old symptoms” (defined as non –seasonal And non – cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of treatment	1	0	No old symptoms reappeared
8. Are there alternative causes (other than the Medicine) that – with a high probability-could have Produced the improvement ?(consider known course of disease, other forms of treatment and other clinically relevant interventions)	0	1	Daily cleaning and dressing of the ulcer was done ,which has importance in healing
9. Was the health improvement confirmed by any objective evidence? (e.g. Investigation, clinical Examinations)	2	0	Yes, there was significant reduce in blood glucose level
10. Did repeat dosing, if conducted, create similar Create improvement?	2	0	Yes

**Table 3:** Monarch inventory of the case (Modified Naranjo Criteria for assessment of the patient) [8].

## Discussion

The findings are based on a single case study and cannot be generalized to the broader population of diabetic patients with ulcers more extensive studies, including randomized controlled trials (RCTs), to validate the findings and explore the role of homeopathy in diabetic ulcers on a larger scale. The study did not include blinding or a placebo control, which are essential for minimizing bias. Future studies should incorporate blinding and placebo controls to strengthen the validity of the results. The safety profile of homeopathic treatments used in this case was carefully monitored throughout the patient’s course of therapy. Homeopathic remedies, including Calcarea sulphuricum, Hepar sulphuricum, Sulphur, and Silicea, are generally considered safe when used according to established guidelines. In this

case, no adverse effects were observed. The patient did not report any new symptoms or worsening of existing conditions that could be attributed to the homeopathic medications. Additionally, there were no known interactions with other medications, as the patient was not on any conventional medication for diabetes or other conditions during the treatment period. Homeopathic remedies are typically administered in highly diluted forms, which minimizes the risk of toxicity and adverse reactions. However, it is important to note that comprehensive safety evaluations in broader patient populations are necessary to confirm these findings and to ensure that no interactions occur when patients are concurrently using other medications. Ulcers belong to the class of Local Diseases, Internal in Origin. It is mentioned in aphorism 196 by Dr Samuel Hahnemann in the Organon of Medicine. It states that any external manifestation which



have not caused by an external injury but by internal is only affected by medicines taken internally. Hahnemann advises the employment of medicine selected from the general class of proved medicines. the use of external application alone based on symptom similarity is futile. Initially based on the presenting symptomatology *Calcarea sulphuricum* was given in centesimal potency. Then as the symptomatology changed based on the philosophy - A partial similimum is selected first and then the case is examined and based on the new totality a new prescription is made. *Hepar sulphuricum* was given. According to Organon, Dr. Samuel Hahnemann states in aphorism 168 of his Organon of Medicine that if the new remedy is not enough to fully restore the patient's health, the doctor should reexamine the case, take into account any residual symptoms of the disease, create a new totality, and then choose a homeopathic remedy that best fits the new

image [9].

According to Dunham - A single antipsoric medication may have been sufficient in an acute case if the physician had initially properly examined the situation, taking into account both the patient's past medical history and the patient's current symptoms. However, if not treated with an anti-psoric, anti-syphilitic, or anti-Sycotic, chronic diseases may be fatal [10]. Then Sulphur was given as intercurrent. Boenninghausen mentions in the chapter of Susceptibility of Stuart Close that we may employ Sulphur as intercurrent in case of diminished susceptibility or susceptibility [11]. Late *Silicea* was given in LM potency. LM potency was employed for the frequent repetition [9] of the medicine to promote healthy granulation tissue (Figure 2).



**Figure 2:** Lesion on 20.07.2023. After homeopathic intervention.

This shows the relevancy of homeopathy in such case scenarios and how homeopathy is able to enhance the quality of life if the patient within a much shorter span of time within minimum economic stress upon the patients.

## Conclusion

This case report shows that homeopathy is efficient in deep pathologically advanced ulcer through reduction in size of ulcer from 5 Cm X 5 Cm to 0 Cm X 0 Cm which is evident in the before and after photographs. The HbA1C level also declined from 12.5 % to 7.9 % through this we understand that not only ulcers were healed but also the sugar level gradually comes under control. Homeopathy provides a milder yet faster relief for the patient. More extensive studies, including randomized controlled trials (RCTs), to validate the findings and explore the role of homeopathy in diabetic ulcers on a larger scale.

## References

1. Brem H, Tomic-Canic M (2007) Cellular and Molecular basis of Wound Healing in Diabetes. *J Clin Invest* 117(5): 1219-1222.
2. Aukhil I (2000) Biology of Wound Healing. *Periodontol* 22(1): 44-50.
3. Armstrong DG, Boulton AJM, Bus SA (2017) Diabetic Foot Ulcers and Their Recurrence. *N Engl J Med* 376(24): 2367-2375.
4. Yazdanpanah L, Nasiri M, Adarvishi S (2015) Literature Review on the Management of Diabetic Foot Ulcer. *World J Diabetes* 6(1): 37-53.
5. Paschou SA, Stamou M, Vuagnat H, Tentolouris N, Jude E (2018) Pain Management of Chronic Wounds: Diabetic Ulcers and Beyond. *Maturitas* 117: 17-21.
6. Nayak C, Singh V, Singh K, Singh H, Gupta J, et al. (2012) A Prospective Observational Study to Ascertain the Role of Homeopathic Therapy in the Management of Diabetic Foot Ulcer. *Indian J Res Homeopathy* 6(1): 22-31.
7. Gadde P, Narasimhulu Dc, Rompicherla K (2018) Integrative Management of Diabetic Foot Ulcer

- with Homoeopathy and Standard Care. *Indian J Res Homoeopathy* 12(3): 180-186.
8. Teut M, van Haselen RA, Rutten L, Lamba CD, Bleul G, et al. (2021) Case Reporting in Homeopathy-An Overview of Guidelines and Scientific Tools. *Homeopathy* 111(1): 2-9.
  9. Hahnemann S (2021) *Organon of Medicine*. 6<sup>th</sup> (Edn.), B Jain, New Delhi, India.
  10. Dunham C (2007) *The Science of Therapeutics*. 1<sup>st</sup> (Edn.), B Jain, New Delhi, India, pp: 157-226.
  11. Close S (2016) *The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy*. B Jain, New Delhi, India, pp: 358.