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Individualised Homoeopathic Management of Diabetic Foot Ulcer in a Patient with Type 2 Diabetes Mellitus: A Case Report

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ABSTRACT:

Diabetic Foot Ulcers are co-morbid conditions that occur as a product of poorly controlled hyperglycaemic levels. A 54-year-old male patient with a 5-year history of poorly controlled Diabetes Mellitus presented with a chronic non-healing diabetic foot ulcer from 4 months. The ulcer showed slow granulation and recurrent discharge despite routine care. After detailed case taking and repertorization, the individualised homoeopathic medicine *Sulphur* in LM potencies (0/1 to 0/4) was prescribed. During follow-up, steady improvement was observed with reduction in discharge and progressive ulcer contraction, leading to complete healing within 3 months. As part of local supportive care, a calendula mother tincture dressing was used and may have had a positive effect on wound healing This case reveals how individualised homoeopathic treatment helps in controlling hyperglycemia and associated co-morbid conditions.

KEYWORDS: Diabetic Foot Ulcer (DFU), Diabetes Mellitus (DM), Homeopathy, *Sulphur.*

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INTRODUCTION:

Diabetes mellitus (DM) is defined as a group of metabolic pathologies characterized by compromised insulin production and/or function, leading to hyperglycemia. In fact, as a consequence of hyperglycaemia, diabetic patients are at increased risk for comorbid conditions affecting several organs.[1] One of the main consequences of diabetes is the impairment of self-repairing abilities. Delayed wound

healing, particularly in the form of chronic diabetic foot ulcers, affects a significant proportion of individuals with diabetes. Globally, the point prevalence of diabetic foot ulcers is approximately 6.3% among people with diabetes, with an estimated lifetime risk of 15–34% and an annual incidence around 2% per year. These ulcers are associated with high rates of infection, recurrence, and lower-limb amputations, underscoring the burden of impaired wound healing in the diabetic population. [2,3]

Hyperglycaemia correlates with stiffer blood vessels which cause slower circulation and microvascular dysfunction, causing *reduced tissue oxygenation*. The hyperglycaemic environment itself can compromise *leucocyte function*. Peripheral neuropathy can lead to *numbness* of the area and reduced ability to feel pain, which can lead to chronicization of wounds that are not immediately noticed and properly treated.[4] In diabetes, the normal physiological process of wound healing is disrupted due to impaired inflammatory response, reduced formation of granulation tissue, delayed keratinocyte migration, defective extracellular matrix formation, and poor collagen synthesis. Persistent hyperglycemia leads to poor circulation, reduced oxygen and nutrient supply to the wound, and an increased risk of infection. As a result, the coordinated phases of inflammation, proliferation, and remodeling fail to progress effectively, causing delayed or non-healing wounds.[5,6] Apart from persistent hyperglycaemia, risk factors for DFU include diabetic polyneuropathy, PAOD, foot deformities, diabetes duration, elderly age, male gender, repeated trauma etc. [7]

Current treatment and management include-debridement, compression therapy, biopsies to evaluate the cause of the non-healing wound, cryotherapy, antibiotics and topical wound medication, adjunctive therapies such as oxygen and pressure therapy, dressing, nutritional support and lifestyle recommendations etc. [8]

CASE REPORT:

A male patient aged 54 years came to OPD no. 4 with complaint of an unhealing wound on his left leg since 4 months. [Figure 2] He has been a known case of *Diabetes Mellitus* since the past 5 years, his sugar levels remained uncontrolled despite of glycemia-controlling*Ayurvedic*medications.

Details of Present Complaint:

The wound was constantly oozing and the patient was getting it dressed by professional care on every alternate day but still it was not able to heal up. Though it was painless, but on palpation he could feel little pain.

Location:

The wound was located along the entire shin, covering the ankle superior part. Look was like local cellulitis but there was a lingering maintaining cause i.e. high blood sugar.

Character of discharge:

oozing non sticky translucent fluid

Size of the ulcer:

According to the The University of Texas Diabetic Foot Classification System, [9] the depth of the wound is Grade 2 (i.e. the wound penetrates to tendon/capsule) and associated complications is stage B (it includes infection).

History of Present Illness

- Cause**:** There was a minor injury that had flared up to the present state.
- Mode of onset: Insidious
- Current treatment method adopted: An array of broad-spectrum antibiotics and regular dressings

Physical Generals

Appearance: Obese
Appetite: Normal
Hunger: Can't tolerate; dyspepsia if does so
Thirst: dryness of mouth with unquenchable thirst
Desire: sweets, fatty food, chocolates
Aversion: sour food, milk and dairy products
Sleep: Undisturbed.
Thermal reaction- Hot
Urine: Occasional burning, holding urine is difficult at night
Stool: Satisfactory. Has to rush immediately after getting up to void the stool.
Perspiration: All over the body; profuse

Mental Generals

Religious, says God has cursed him with this disease.
Patient gets angered easily. Always wants to talk. In any difficult situations, talking out is his best solution. Loves company.

Provisional Diagnosis:

E11.621: Type 2 Diabetes Mellitus with foot ulcer

Analysis & Evaluation of Symptoms

- **MIASMATIC ANALYSIS:**
  Dominant miasm: For this case, since there is oozing of mucopurulent discharges and there is pain, so it covers the psoricmiasm.
  Fundamental miasm: Unhealed Diabetic wounds represent destruction and sloughing, delayed immune response so fundamentally it covers Syphilitic miasm.
  Overall, the disease is ***'Psora-Syphilitic'.***
- The main symptoms for the case considerable for repertorization are as follows:

1. Religious affections
2. Anger from contradiction
3. Thirst for large quantities
4. Anxiety health about
5. Aversion to sour food, milk
6. Desire for sweets
7. Appetite can't tolerate
8. Profuse perspiration

THERAPEUTIC INTERVENTION AND FOLLOW UP:

After repertorization of the case, the top 4 remedies are Sepia (16/7), Sulphur (17/7) Arsenic (14/7) &Bryonia (15/7).

[Figure-1]Thermal state of the patient is 'HOT' so Sulphur is overpowering all the other medicines. Furthermore, the history of the patient reveals suppression of the skin ailments so it confirms our medicine. So, the final choice of our medicine is 'Sulphur' and the 50 millesimal potency was chosen to avoid any immediate
aggravations.

FIRST PRESCRIPTION: *Sulphur 0/1 16 doses* was prescribed.

The patient was asked to take the medicine by pouring 5ml in 100ml of water and drink 1 table spoon every alternate day. The medicine was administered in empty stomach and was advised for proper dietary management to control the diabetes and breathing exercises and also dressing with Calendula Q every alternate day.

He was advised to stop the *Ayurvedic* treatment he was taking with respect to treatment of Diabetes Mellitus-2.

Table 1: Differential diagnosis for Diabetic Foot Ulcer:

Disease	Common Features	Distinct Features
1. Peripheral arterial disease	Pain, numbness and poor healing	Causation- arterial occlusion
2. Pressure ulcers	Wound appearance	The site of predilectation (small and friction site)
3. Diabeticfoot infections	Weeping wound	Fever, local intense pain
4. Cellulitis	Wound	Underlying bacterial infection easily detected by tests.
5. Osteomyelitis	Deformed limbs	Bone infection, severe pain
6. Kaposi sarcoma	Skin lesion with open wounds	It is a cancer; caused by HHV 8 (detectable)

Table-2: Follow Up Timeline:

Date	Observation	Prescription
28.01.25	Woundhad reduced in size and sloughing was visible. Granulation tissue was building. [Figure-3]	***Sulphur 0/2***16 doses every alternate day for a month
28.02.25	Wound greatly reduced in size and suffering minimized [Figure-4]	***Sulphur 0/3*** 16 doses every alternate day for a month
28.03.25	Patient improving	***Sulphur 0/4*** 16 doses every alternate day. Patient was asked to get his sugar levels estimated.

Table 3: Analysis of blood glucose levels before, during and after treatment:

Date	Fasting Blood Sugar(mg/dl)	Post Prandial Blood Sugar(mg/dl)
18.12.24 [Figure-5]	147	250
05.02.25[Figure-6]	120	224
05.03.25 [Figure-7]	110	150

Table-4: Modified Naranjo Criteria [13](for assessing clinical outcome in Homoeopathic case reports)

Domains	Yes	No	Not sure
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition (i. e. were other symptoms ultimately improved or changed)?	+1		
Did over all well- being improve?	+1		
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:–from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?			0
Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
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 interventions)	+1		
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			+1

PICTORIAL RECORDS OF THE CASE:

Remedy	Sulph	Sep	Bry	Ars	Calc	Lyc	Sil	Verat	Nux-v	Nat-c	Nat-m	Phos	Chin	Carb-v	Ign	Puls	Am-c	Calc-s	Carbn-s	Ferr
Totality	17	16	15	14	14	14	12	12	11	11	11	11	11	10	10	10	9	9	9	9
Symptoms Covered	7	7	7	7	6	5	6	4	7	6	5	5	4	5	5	5	6	5	5	4
[Kent] [Mind]Religious affections (see Anxiety, Despair, Fear):	3	2	0	2	2	2	1	3	1	0	1	0	0	2	2	2	1	0	1	1
[Kent] [Mind]Anger, irascibility (see Irritability, Quarrelsome):Contradiction, from:	0	3	2	1	0	3	2	0	2	1	0	0	0	0	3	0	1	0	0	2
[Kent] [Stomach]Thirst:Large quantities:For:	3	0	3	3	0	0	0	3	0	0	3	3	2	0	0	0	0	0	1	0
[Kent] [Mind]Anxiety:Health, about:	1	2	1	1	2	0	1	0	1	1	0	2	0	0	1	1	0	1	0	0
[Kent] [Stomach]Aversion:Milk:	2	2	2	0	2	0	2	0	1	3	0	1	0	2	2	2	1	2	1	0
[Kent] [Stomach]Desires:Sweets:	3	2	2	1	2	3	0	0	1	2	1	0	3	2	0	0	2	2	0	0
[Kent] [Stomach]Appetite:Ravenous,canine,excessive:	3	2	2	3	3	3	3	3	3	2	3	3	3	1	2	3	3	3	3	3
[Kent] [Perspiration]Profuse:	2	3	3	3	3	3	3	3	2	2	3	2	3	3	0	2	1	1	3	3

Figure 1: Repertorial Totality(Hompath Zomeo Elite: Kent's Repertory)

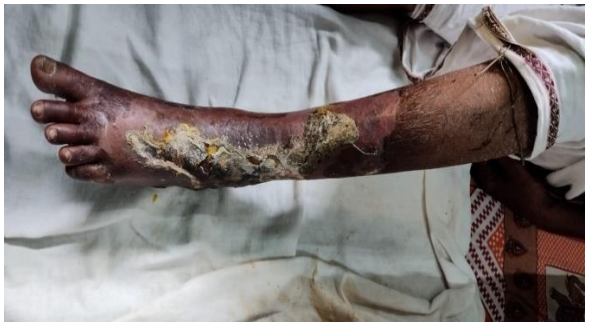


Figure 2: Initial Visit: 1 (28.12.2024)

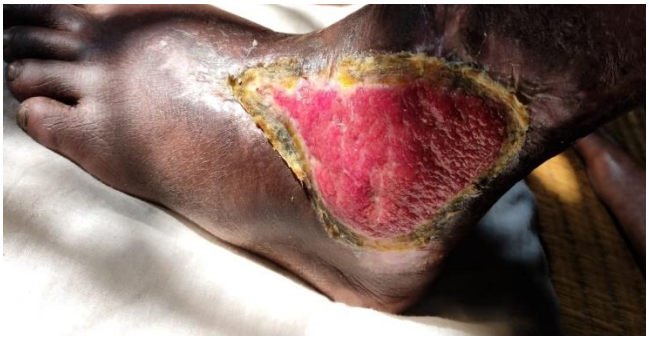


Figure 3: Follow Up (1): 28.01.2025

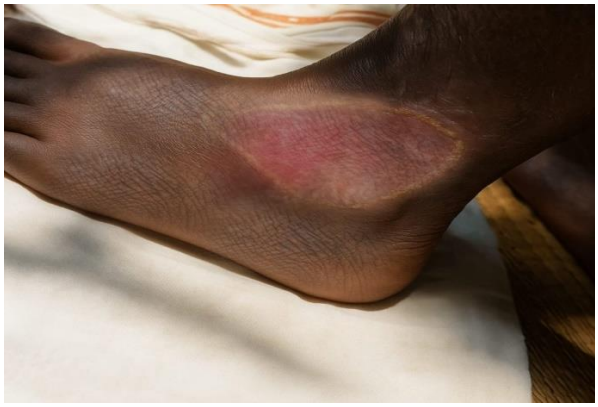
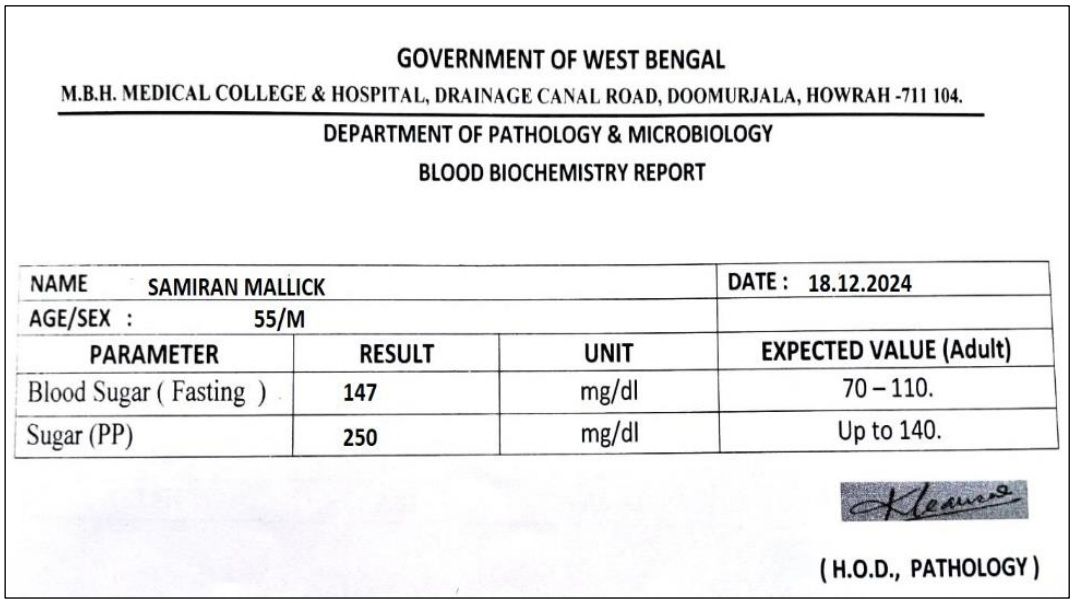


Figure 4:Follow-Up (2): 28.02.2025



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DEPARTMENT OF PATHOLOGY & MICROBIOLOGY

BLOOD BIOCHEMISTRY REPORT

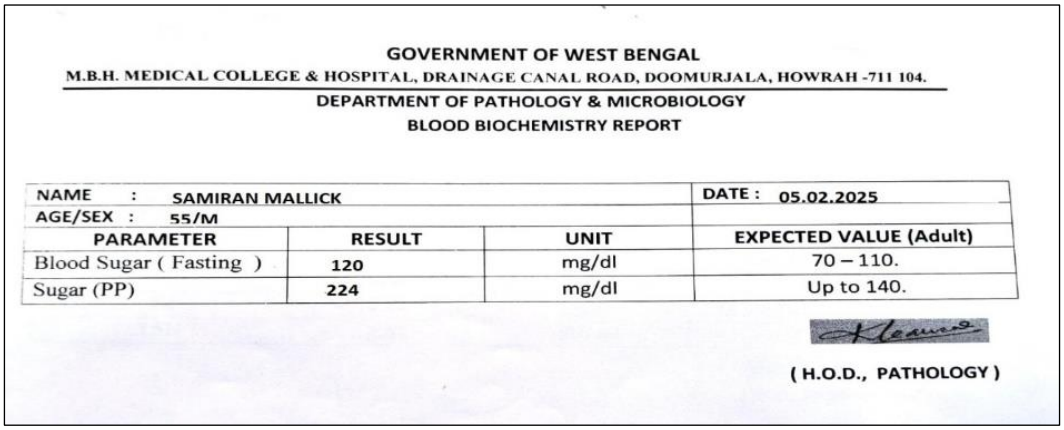
NAME SAMIRAN MALLICK — DATE : 18.12.2024

AGE/SEX : 55/M

PARAMETER	RESULT	UNIT	EXPECTED VALUE (Adult)
Blood Sugar (Fasting)	147	mg/dl	70 – 110.
Sugar (PP)	250	mg/dl	Up to 140.

(H.O.D., PATHOLOGY)

Figure 5: Blood glucose levels at baseline



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DEPARTMENT OF PATHOLOGY & MICROBIOLOGY

BLOOD BIOCHEMISTRY REPORT

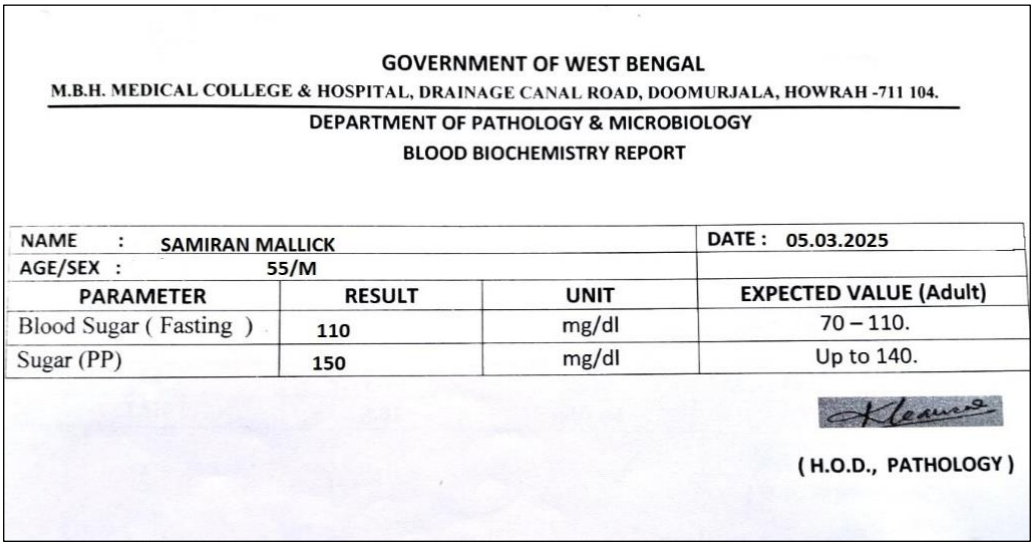
NAME : SAMIRAN MALLICK — DATE : 05.02.2025

AGE/SEX : 55/M

PARAMETER	RESULT	UNIT	EXPECTED VALUE (Adult)
Blood Sugar (Fasting)	120	mg/dl	70 – 110.
Sugar (PP)	224	mg/dl	Up to 140.

(H.O.D., PATHOLOGY)

Figure 6: Blood glucose levels during treatment



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DEPARTMENT OF PATHOLOGY & MICROBIOLOGY

BLOOD BIOCHEMISTRY REPORT

NAME : SAMIRAN MALLICK — DATE : 05.03.2025

AGE/SEX : 55/M

PARAMETER	RESULT	UNIT	EXPECTED VALUE (Adult)
Blood Sugar (Fasting)	110	mg/dl	70 – 110.
Sugar (PP)	150	mg/dl	Up to 140.

(H.O.D., PATHOLOGY)

Figure 7:Blood glucose levels at the end of treatment

DISCUSSION:

Thus, by the above case it is evident that in chronic non-healing ulcers with limited response to standard care, homoeopathy holds the light to the way through individualistic approach.

Here, it is important to mention that the patient's previous plan of treatment through *Ayurvedic* medications yielded no positive impact on his hyperglycaemic levels so the treatment was stopped before beginning of our regimen. So, no concurrent *Allopathic* treatment was in use.

Calendula dressing was used as supportive local care and may have influenced wound healing in a positive way. Though a single case is not suffice to conclude but there are numerous works which further affirm the point.

Alongside conventional wound-care strategies, complementary approaches such as homoeopathy have been explored in the management of diabetic foot ulcers. A recent case report reported clinical improvement in a chronic nine-year diabetic foot ulcer following individualized *Lachesismutus* in millesimal potencies, assessed using ORIDL and MONARCH scores.[10] A prospective observational study observed improvement in ulcer assessment scores and glycaemic parameters with predefined homoeopathic medicines, including *Silicea*, *Sulphur* and *Lycopodium*, while acknowledging supportive wound care as a potential confounding factor. [11] A randomized controlled pilot study found no statistically significant difference between *Calendula* dressing and normal saline when used as adjuncts to individualized homoeopathic treatment, with improvement observed in both groups. [12]

A clinical case report is considered a weak level of evidence for establishing causal relationship. But keeping in view the highly individualistic approach of homeopathy and the resources involved, we need to strengthen the reporting of case records, one such tool is MONARCH Score. The case improvement is evaluated using MONARCH scoring (Table: 04) where a score of '09' after 30 days of treatment was scored by the case. A score of 09 indicates a 'definite' association between homoeopathic medicine and the observed outcome.

To provide some context, here are the score ranges and their corresponding interpretations:

Definite: Total score ≥ 9

Probable: Total score 5-8

Possible: Total score 1-4

Doubtful: Total score ≤ 0

CONCLUSION:

Dr. Hahnemann says, "The sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us to the choice of remedy". [14](Aphorism:18)

This proves that systematic approach with proper repertorization technique is a reliable way to prescribe homoeopathic medicine. The patient shows remarkable improvement in the skin symptoms, removal of the whole set of perceptible signs and symptoms of the disease. Also, the steady reduction of the sugar levels indicates the alteration

of the vital force which, by law, is the true meaning of cure.

Limitation of study:
A single case is not sufficed to conclude the role of individualised homeopathic treatment in diabetic foot ulcer. The non availability of modern test like HbA1c, wound swab cultures at a government setting hampers critical analysis.

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