

## CASE RECORD

### A Case of Diabetic Foot Gangrene

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#### Abstract

*A case of diabetic foot gangrene, advised for amputation, was treated with Homoeopathic medicines. The gangrenous foot was not only saved from amputation but completely healed up miraculously with the Homoeopathic similimum.*

KEYWORDS : Diabetes; Foot gangrene; Amputation; Secal.cor

#### INTRODUCTION

Patient	:	Mrs.X
Age	:	45 Yrs
Sex	:	Female
Profession	:	House Wife
Marital Status	:	Married
Address	:	H.No. 5-6-197/2, Bharathnagar, Charkhandil, Aghapura, Hyderabad. Tel. No.: 040 – 69561757 (p.p) Regd. No. 06/0211

Patient reported on 13-07-2006 with the following complaints:-

#### Chief complaints with duration

1. Ulcer over left foot – sole & dorsum since 12 days.
2. Numbness of both lower limbs since 1 year.

#### History of presenting complaints

The complaint started 12 days back when an hot application made of the cashewnut shell was applied for the left foot for a nail prick injury . Initially a blister appeared with fever & chills, later the blister bursted and transformed into an ulcer. Burning pain in the affected part, numbness in both lower limbs present since 1 year.

#### History of past illness and treatment

She was a known diabetic (type-II) since 2 years and was on oral hypoglycaemic drugs with fluctuations in sugar levels. Her blood pressure was found to be high (180/110 mm of Hg) when she has reported with the present complaints. Previously there was no significant clinical history as per the patient's narration and also from the attendant's version.

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## Family history

Father died of an heart attack. Mother 90yrs alive taking treatment for diabetes (type-II). Her sister also taking treatment for diabetes (type-II).

## Patient as a person

### (a) Physical generals:

- |                   |   |
|-------------------|---|
| Appetite          | – less usually, no change after present complaint.  |
| Desire            | – Cold water, spicy food.   |
| Aversion          | – Sweets.   |
| Intolerance       | – Nothing   |
| Thirst            | – Thirst for cold water, dry mouth.   |
| Bowel habits      | – Once daily, normal.   |
| Sleep             | – Refreshing.   |
| Dreams            | – Nothing specific  |
| Perspiration      | – Cold perspiration whole body in all seasons < physical exertion.  |
| Thermal reaction  | – Hot patient, aggravation; heat, summer.   |
| Female Complaints | – Menarche at the age of 12 years. Cycle at 30 days interval, duration – 5 days, dark red colour, flow with no clots. Before marriage the cycle was once in 2 months, after marriage became regular 30 days cycle. No pain during menses. |

### (b) Mental generals

- Loquacious
- Jealous
- Religious
- Sad

## Life space investigation

Patient was from a lower socio-economic status. The patient is an illiterate. Childhood history has no significant events. She has always been commented for overchating and being jealous with her other friend's possessions. She got married at an early age (doesn't remember around 13yrs). She is a house wife. At one time, she had to sell vegetables due to financial problems. Children are married and settled.

## General physical examination

Dark brown complexion, large built. Weight – 70 Kgs. Height – 5' 2", Anaemia – Nil, Jaundice – Nil, Cyanosis – Nil, Generalised lymphadenopathy – Nil,.

## Vital signs & systemic examination

- |                          |  |
|--------------------------|--|
| Pulse                    | – 100/min                                |
| Temperature              | – 98.6F                                  |
| Respiratory rate         | – 20/min                                 |
| BP                       | – 180/110mm Hg.                          |
| Respiratory System       | – NAD                                    |
| Cardiovascular System    | – S1, S2 normal, no added sounds.        |
| Gastro Intestinal System | – NAD                                    |
| Locomotor system         | – NAD                                    |
| Skin                     | – Ulcer on the left foot (sole & dorsum) |

### A Case of Diabetic Foot Gangrene

Mohd. Shahid Ali, Hima Bindu P

#### Ulcer

- (i) Duration : 12 days.
- (ii) Pain : burning sensation
- (iii) Edges : ragged, everted.
- (iv) Depth : upto bone & shows signs of gangrene.
- (v) Discharge : No, previously pus.
- (vi) Odour : absent.
- (vii) Floor (granulation tissue) : reddish but there is blackish discoloration around showing signs of gangrene.
- (viii) Lymph nodes : Not palpable.

#### Investigations on 13.07.2007

S.No.	Test	Value	Units	Normal Range
1.	Fasting Blood Sugar	124	mg/dl	80-110
2.	Post Prandial Blood Sugar	172	mg/dl	110-140
3.	Urine examination	Sugar 1+		Nil
4.	Glycosylated Haemoglobin	8.2	%	7 - 8

Routine complete blood picture, Lipid profile, serum creatinine & blood urea levels are found to be within normal limits.

#### Diagnosis

Diabetic Foot gangrene.

#### Totality of symptoms

1. Bold personality.
2. Loquacious.
3. Religious.
4. Aggravation heat & summer.
5. Desires spicy food, Cold water.
6. Aversion sweets.
7. Dry mouth with thirst for cold water.
8. Cold perspiration < physical exertion.
9. Diabetes mellitus.
10. Ulcer – left foot.
11. Ulcer – gangrenous.
12. Burning sensation in the affected limb.
13. Numbness of lower limbs.

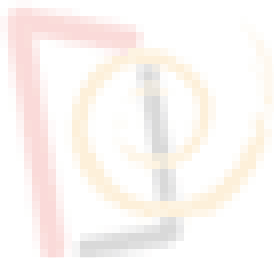
### Repertorial totality

Basing on complete Repertory.

S.No.	Symptoms	Ars.A	Lach	Carb.v	Sulph	Puls	Sec.c
1.	Mind, Loquacious	1	4	–	1	1	1
2.	Generalities, Heat sensation	1	2	1	3	3	3
3.	Generalities, food & drinks, cold water desires	3	–	1	1	1	1
4.	Generalities, food & drinks, spices desires	2	–	–	3	2	–
5.	Generalities, food & drinks, sweets aversion	2	–	–	2	1	–
6.	Diabetes mellitus	1	–	1	1	–	1
7.	Ulcer gangrenous, cold dry gangrene	3	3	2	1	–	3
8.	Ulcer lower limbs, gangrenous	–	3	2	–	–	3

### Repertorial analysis & evaluation

Loquacious  
Heat sensation  
Cold water desires  
Spices desires  
Sweets aversion  
Diabetes mellitus  
Ulcer gangrenous, cold dry gangrene  
Ulcer lower limbs, gangrenous



### Follow up criteria

Subjective : Burning sensation of the affected limb.  
Numbness of both lower limbs.  
Objective : Ulcer – healing signs (edges, floor, margins) through periodical photographs

**First Prescription** : on 13.07.06

Insulin given for Sugar Control – 10 Units in morning + 15 Units in evening; No other medication given.

Diet restrictions advised. Regular dressing for the ulcer advised.

R<sub>x</sub>

1. Lachesis 30/1d
2. SL 30/7d – OD for 7 days

### A Case of Diabetic Foot Gangrene

Mohd. Shahid Ali, Hima Bindu P



**Follow up – 1 :** on 21.07.06

No improvement in the ulcer, worsening signs found. Insulin continued.

Diet restrictions advised. Regular dressing for the ulcer advised.

FBS – 130 mg/dl , PPBS – 190 mg/dl

R<sub>x</sub>

1. Lachesis 30/1d
2. SL 30/7d – OD

**Follow up – 2 :** on 28.07.06

No improvement in the ulcer, worsening signs found. Insulin continued.

Diet restrictions advised. Regular dressing for the ulcer advised.

FBS – 120 mg/dl, PPBS – 176 mg/dl.

### Here the case was reanalyzed

The case was then re-analysed, since there was no response in spite of the perfect match of symptoms still. Does the case have irreversible pathology? Is the drug selected wrong or the potency selection wrong? There is no enough time to wait also. Still the patient was assessed about things once again. At this stage, the particular symptoms were given more importance than the constitution as such. They are as follows:-

- 1 Gangrene dry, not discharging.
- 2 Black discoloration of the affected limb.
- 2 Burning in the affected limb.
- 3 It has been accidentally observed while dressing of the wound that the patient asked the attending nurse to keep the wound open for a long time and also asked the nurse to keep the fan on high speed. Later the patient when enquired, replied that she liked to keep her wound exposed to direct cold breeze which ameliorated her the burning sensation. It may be a common symptom but still looked a little strange.
- 4 On close analysis of the case, it was found that the patient needed cold breeze from the nearest where one can easily grade off Lachesis, as a Lachesis patient needs fanning from a distance.
- 5 Also Lachesis has not covered the rubric diabetes mellitus in the repertorization chart.
- 6 There came the thought of Carbo. Veg & Secale. Cor. Carbo.veg was been excluded as its intense symptoms were not found.

R<sub>x</sub> Secal. cor 30/1d + SL 30/7d – OD

**Follow up – 3 :** on 05.08.06

Burning sensation slightly better, numbness same, ulcer showed signs of improvement. Insulin dosage reduced to 5 units morning + 10 units evening.

Diet restrictions advised. Regular dressing for the ulcer advised.

FBS – 110 mg/dl, PPBS – 156 mg/dl.



**Follow up – 4 :** on 20.08.06

Burning sensation of affected limb reduced, numbness better, ulcer showing signs of improvement. Insulin stopped, oral hypoglycaemic drug given 1-1.

Diet restrictions advised. Regular dressing for the ulcer advised.

FBS – 100mg/dl, PPBS – 146mg/dl.

R<sub>x</sub> SL 30/7d – OD



**A Case of Diabetic Foot Gangrene**

Mohd. Shahid Ali, Hima Bindu P

**Follow up – 5 :** on 06.09.06

Ulcer improvement seemed to be static, numbness same.

Oral Hypoglycaemic drugs continued. FBS – 112 mg/dl, PPBS – 150 mg/dl.

Diet restrictions advised. Regular dressing for the ulcer advised.

**R<sub>x</sub> Sec.cor 30/1d + SL 30/ OD for one month**



**Follow up – 6 :** on 07.10.06

Numbness relieved , ulcer healing well.

Diet restrictions advised. Regular dressing for the ulcer advised.

Oral Hypoglycaemic drugs continued. FBS – 110 mg/dl, PPBS – 140 mg/dl.

**R<sub>x</sub> SL 30/7d - OD**



**Follow up – 7 :** on 08.11.06

Ulcer healing well. No other symptoms. Oral Hypoglycaemic drugs continued. FBS – 112 mg/dl, PPBS – 150 mg/dl.

Diet restrictions advised. Regular dressing for the ulcer advised.

**Rx SL 30/7d - OD**



**Follow up – 8 :** on 10.01.07

Ulcer improvement seemed to be static. Oral hypoglycaemics reduced –  $\frac{1}{2}$  +  $\frac{1}{2}$

Diet restrictions advised. Regular dressing for the ulcer advised.

FBS – 110 mg/dl, PPBS – 180 mg/dl, HbA1C – 8.0%

**R<sub>x</sub> Sec. cor 30/1d + SL 30 – OD for 3 months**





**A Case of Diabetic Foot Gangrene**

Mohd. Shahid Ali, Hima Bindu P

**Follow up – 9 :** on 09.04.07

Ulcer healed up well. No other symptoms.

Diet restrictions advised. Regular dressing for the ulcer advised.

FBS – 100 mg/dl, PPBS – 150 mg/dl, HbA1C – 7.9%

**R<sub>x</sub> SL 30/7d – one dose once in 15 days for 3 months.**



**Follow up – 10 :** on 11.07.07

Ulcer healed up well. No other symptoms. Oral hypoglycaemics – ½ + ½ .

FBS – 108mg/dl, PPBS – 140mg/dl, HbA1C – 7.8%

**R<sub>x</sub> SL 30 / One dose per month for 3 months.**



## DISCUSSION & CONCLUSION

In this case of Diabetic foot gangrene, initially a constitutional remedy has been selected after perfectly analyzing the case in all angles. No improvement was observed but still the case continued worsening even though the remedy was a similimum. Later the case was re-analysed taking into consideration the particular symptoms and Sec.cor. was selected. The patient showed improvement and responded very well with this remedy with only a few repetitions.

Here the versions of the famous authors Catherine Coulter & Philip Bailey come into play. They say that every personality has one remedy throughout their life (Constitutional remedy), may be two sometimes depending on their childhood transformation to adolescence. This remedy forms the inner core of the individual's personality but it does not mean that it will work as a life time remedy for all his ailments. Sometimes the external manifestations of a disease may form a new outer core of symptoms which may indicate a different remedy. So the outer core of symptoms are to be cured initially & then the inner core should be treated in order to prevent the future recurrence or any similar illness. Here in the present case, the same assumption is confirmed. Even though the patient is a Lachesis personality still it could not work out & on further analysis – Sec. cor is indicated and the case improved. This may indicate Lachesis as the inner core constitutional remedy of the patient. The case is still under observation, so in future Lachesis may be needed to prevent the recurrence.

## ACKNOWLEDGEMENTS

This work is very much indebted to our consultant surgeon, Dr.S.V.Masood for his timely guidelines in periodical monitoring of the case. The work would not have been possible without the whole hearted co-operation of Dr.Radha Kishan Rao, M.S (Ortho), Director of Princess Durru Shehvar children's & General Hospital, Hyderabad & even all other staff of the same hospital for their kind co-operation. Also the work is the fruit of a good team work of a group of doctors –Dr. B. Chakrapani and Dr.S.Anil Kumar.

The major contribution in conducting this study goes to the programme co-ordinators : Chief co-ordinator – Dr. Chaturbhuja Nayak, Director, CCRH, Co-chief coordinators – Dr.Krishna Singh, Asst. Director, CCRH – Dr.Jaya Gupta, Research Officer (H). A special acknowledgement to the Director, CCRH for his constant persuasion to frame up this article to the present form & also to Dr. K. Singh, Asst. Director for her guidelines.

Last but not the least the patient is to be acknowledged for her consent to take Homoeopathic treatment & coming for regular follow ups.

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