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Bi-Annual, Indexed, Double Blind, Peer-Reviewed, Research Scholarly Online Journal in Field of Homoeopathy

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Title: Diabetic Foot & Homoeopathy

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Abstract – Diabetes plays the major role in the cases of foot infections which lead to tissue necrosis in the presence of peripheral vascular disease or peripheral neuropathy that will lead to ulceration and gangrene of foot.

Keywords – Diabetic foot infections, vasculopathy, peripheral neuropathy, microvascular occlusion, plantar sensation loss, intrinsic muscle atrophy, foot ulcers

Introduction

Diabetes is becoming a more common cause of serious foot infections as the prevalence of the disease rises. Approximately half of all diabetics have some kind of nerve injury. Nerve injury may affect any area of your body, but the feet and legs are the most often afflicted. You may lose sensation in your feet as a result of nerve injury.

If you have diabetes, you have a lot to take care of: monitoring your blood sugar, eating nutritious foods, finding time to exercise, taking medications, and attending doctor's visits. With all of that,





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it's possible that your feet are the last thing on your mind. However, taking care of your feet on a regular basis is one of the most effective strategies to avoid foot problems.

Common diabetic foot infections include –

Acute infections

- Localized cellulitis
- Septic arthritis of metatarsophalangeal joints
- Necrotizing cellulitis or fasciitis
- Deep space infections
- Gangrene non clostridial and clostridial

Chronic infections

- Neurotropic ulcers
- Osteomyelitis

Majority of infections start in the web spaces around the nail with basic pathology of poor vascularity or peripheral neuropathy.

Vasculopathy

Endothelial injury is caused by microvascular blockage caused by vasoconstriction.

Another reason for endothelial cell proliferation is the production of reactive oxygen species and the activation of growth factors by ischemic tissues.

Peripheral neuropathies

It predisposes to unrecognized injury, which increases the risk of bacterial invasion and infection, resulting in decreased plantar sensation (limiting the patient's ability to respond to foot trauma), intrinsic muscle atrophy (exposing the metatarsal heads to excessive trauma), and a lack of autonomic, vasomotor, and glandular response.

Foot ulcers will develop as a result of the vasculopathy and peripheral neuropathy diseases.



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A shallow foot ulcer is one that affects just the superficial skin. A deep foot ulcer may spread through the whole thickness of the skin. Tendons, bones, and other deep structures may be involved.

Causes that can lead to foot ulcers –

1. *Ischaemic*
 - Atheroma
 - Diabetes mellitus
 - Raynaud's phenomenon
2. *Neuropathic*
 - Diabetes mellitus
 - Leprosy
 - Alcoholism
 - poliomyelitis
3. *Vasculitis or intravascular thrombosis*
 - Systemic lupus erythematosus
 - Scleroderma
 - Hereditary spherocytosis
4. *Infections*
 - Fungal – Madura mycosis
 - Bacterial – streptococcal
 - Mycobacterial
 - syphilis
5. *malignancy*
 - squamous cell carcinoma



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- malignant melanoma
- Kaposi’s sarcoma

Diabetes mellitus, which leads to diabetic foot, is the most prevalent cause of all. Diabetes causes tissue necrosis in the foot, which is a common location for problems in diabetic individuals.

It occurs due to any trauma in the presence of neuropathy (somatic neuropathy or autonomic neuropathy) or peripheral vascular disease(peripheral vascular disease is due to atherosclerosis which will affect leg 8 times more than arm, the lower limb arterial tree comprises the aorto-iliac, femoropopliteal and infra- popliteal segment where one or more segment may be affected) which is followed by infection which occurs as a secondary phenomenon following disruption of protective epidermis

NEUROPATHY		PERIPHERAL VASCULAR DISEASE
Somatic neuropathy	Autonomic neuropathy	<ul style="list-style-type: none"> • claudication • rest pain • cold extremities • reduces foot pulses
<ul style="list-style-type: none"> • reduced perception of pain • diminished proprioception • clawing of toes 	<ul style="list-style-type: none"> • absent sweating • dry skin fissures • altered blood flow regulation • distended foot veins warm foot • charcotneuroarthropathy 	Ischaemia – lead to foot ulceration and gangrene may need amputation
Increase in the foot pressure lead to callus formation – foot ulceration followed by secondary infection may lead to amputation		

Table-1



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Indicated Medicine :

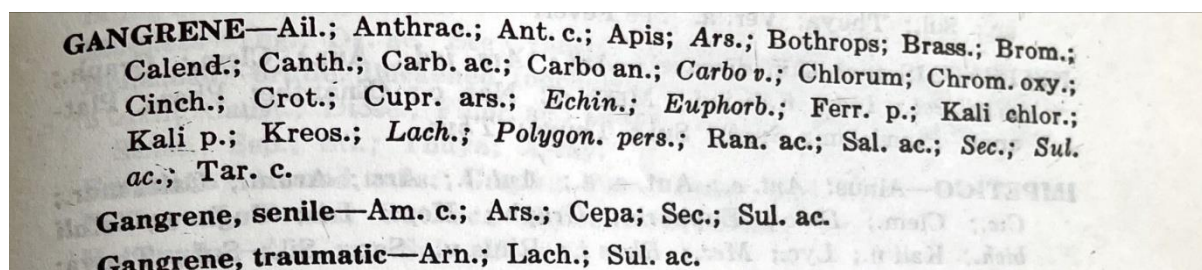


Figure 1

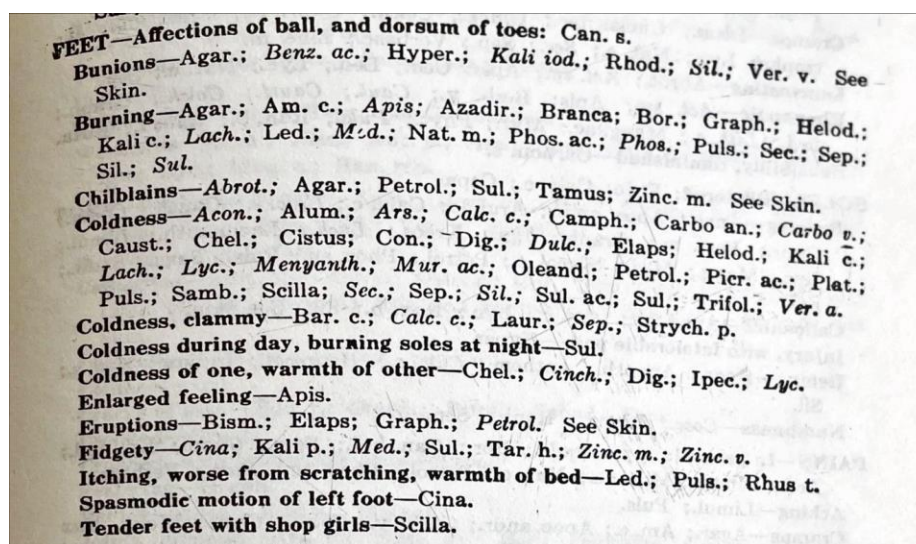


Figure 2



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ULCERS—Anac. oc.; Ananth.; Anthrac.; Arn.; Ars.; Aster.; Bals. per.; Bell.; Calc. c.; Calc. p.; Calc. sil.; Calc. s.; Calend.; Carbo ac.; Carbo an.; Carbo v.; Carbon. s.; Caust.; Cistus; Clem.; Commocl.; Con.; Crot.; Cupr. ars.; Echin.; Fluor. ac.; Galium ap.; Geran.; Graph.; Ham.; Hep.; Hippoz.; Hydr.; Iod.; Jugl. r.; Kali ars.; Kali bich.; Kali iod.; Lach.; Merc. c.; Merc. s.; Mez.; Nat. s.; Nit. ac.; Pæonia; Petrol.; Phos. ac.; Phos.; Phyt.; Psor.; Radium; Ran. ac.; Scrophul.; Sep.; Sil.; Sul. ac.; Sul.; Syph.; Tar. c.; Thuya; Trychnos.

Bleeding, easily, when touched—Ars.; Carbo v.; Dulc.; Hep.; Kreos.; Lach.; Merc.; Mez.; Nit. ac.; Petrol.; Phos.

Burning—Alumen; Anthrac.; Ars.; Carbo v.; Hep.; Kreos.; Mez.; Thuya.

Cancerous, malignant—Anthrac.; Ars.; Aster.; Carbo an.; Chimaph.; Clem.; Condur.; Fuligo; Galium ap.; Hydr.; Kreos.; Lach.; Tar. c.; Thuya.

Deep—Asaf.; Commocl.; Kali bich.; Kali iod.; Mur. ac.; Nit. ac.; Tar. c.

Eroding, of face—Con.

Fistulous—Calc. fl.; Calend.; Kali iod.; Nit. ac.; Phyt.; Sil.; Thuya.

Indolent, torpid—Anag.; Aster.; Bar. c.; Calc. fl.; Calc. iod.; Calc. p.; Carbo v.; Chel.; Con.; Cupr.; Eucal.; Euphorb.; Fluor. ac.; Fuligo; Geran.; Graph.; Hydr.; Kali bich.; Kali iod.; Lach.; Lyc.; Merc. s.; Nit. ac.; Pæonia; Phyt.; Psor.; Pyr.; Sil.; Sul.; Syph.; Syzyg.

Inflamed—Ars.; Bell.; Calend.; Carbo an.; Phyt. See Sensitive.

Figure 3

TIPS FOR HEALTHY FOOT :

Get to the bottom of any foot problems by using a mirror or asking for help.



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Cuts, redness, swelling, sores, blisters, corns, calluses, or any other alteration to the skin or nails should be checked every day. If you can't see the bottoms of your feet, use a mirror or enlist the aid of a family member.

Every day, wash your feet with warm (not hot) water. Don't let your feet get wet. Apply lotion to the top and bottom of your feet, but not between your toes, since this might lead to infection.

Never go around barefoot. To prevent injury, always wear shoes and socks or slippers inside. Make sure your shoes are free of stones and other foreign things, and that the lining is smooth.

Wear comfortable shoes. Try on new shoes towards the end of the day when your feet are at their widest for the greatest fit. Wear your new shoes for an hour or two every day at first, until they're perfectly comfortable. Socks should always be worn with your shoes.

Trim your toenails straight across and use a nail file to gently flatten any rough edges. If you can't see or reach your feet, get your toenails trimmed by a podiatrist.

Don't try to remove corns or calluses on your own, and don't use over-the-counter solutions to do so since they might burn your skin.

Every time you see the doctor, get your feet checked. Also, see your foot doctor once a year (or more often if you have nerve damage) for a thorough examination, which will involve evaluating your feet for sensation and blood flow.

Maintain a healthy blood flow. When you're seated, raise your feet and wiggle your toes for a few minutes numerous times throughout the day.

Choose activities that are good for your feet, such as walking, biking, or swimming. Consult your doctor to determine which activities are appropriate for you and which should be avoided.

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