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RESEARCH ARTICLE

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HOLISTIC HOMOEOPATHIC MANAGEMENT OF BEDSORES, CHRONIC ULCERS AND DIABETIC FOOT: AN INTEGRATIVE APPROACH

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ABSTRACT

Chronic wounds such as pressure ulcers (bedsores), venous and arterial ulcers, and diabetic foot ulcers represent a major clinical challenge because of delayed tissue repair, infection, impaired circulation, neuropathy, pressure, metabolic abnormalities and nutritional deficiencies. Their management requires an individualized, multidisciplinary and holistic approach. Conventional wound care—including pressure relief, offloading, assessment of vascular status, debridement when indicated, appropriate dressings, infection management, glycaemic control and nutritional optimisation—remains the foundation of treatment. Homoeopathy may be considered as a complementary approach aimed at individualising treatment according to the patient's constitutional, mental, physical and local symptomatology. However, evidence for homoeopathy specifically in chronic wounds and diabetic foot ulcers remains limited and is predominantly derived from observational studies and case reports rather than large, high-quality randomized trials. Recent published case reports have described improvement when individualized homoeopathy was used alongside standard wound care, but these reports cannot establish that homoeopathy itself caused healing. Therefore, homoeopathic treatment should be integrated with, rather than substituted for, evidence-based wound management.

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INTRODUCTION

Chronic wounds are wounds that fail to progress through the normal sequence of haemostasis, inflammation, proliferation and tissue remodelling within an expected period. Important examples include pressure ulcers, venous leg ulcers, arterial ulcers and diabetic foot ulcers. Pressure ulcers develop when sustained pressure compromises tissue blood supply, particularly over bony prominences. Prolonged immobility, impaired sensation, malnutrition and poor perfusion increase the risk. Diabetic foot ulcers are multifactorial. Peripheral neuropathy, repetitive mechanical stress, deformity, infection, peripheral arterial disease and impaired metabolic control can contribute to ulcer development and delayed healing. The holistic management of chronic wounds therefore requires attention not only to the ulcer itself but also to the patient as a whole.

2. Objectives

The objectives of holistic management are:

- To identify and treat the underlying cause of ulceration.
- To promote an optimal wound-healing environment.
- To reduce pressure and mechanical trauma.
- To detect and control infection at an early stage.

- To improve circulation and metabolic control.
- To correct nutritional deficiencies.
- To control pain and improve quality of life.
- To individualize complementary homoeopathic treatment.
- To monitor wound healing objectively.
- To prevent recurrence and complications such as cellulitis, osteomyelitis and amputation.

3. Classification of Chronic Wounds

A. Pressure ulcers / Bedsore

Common sites include

- Sacrum
- Heels
- Greater trochanter
- Ischial tuberosities
- Occiput
- Elbows
- Ankles

Risk factors include immobility, neurological impairment, loss of sensation, malnutrition, incontinence and prolonged pressure.

B. Venous ulcers

Typically occur around the gaiter region of the lower leg and may be associated with

- Oedema
- Varicosities
- Hyperpigmentation
- Lipodermatosclerosis
- Venous insufficiency

C. Arterial ulcers

Usually associated with peripheral arterial disease and may present with:

- Severe pain
- Cold extremity
- Reduced pulses
- Pale or cyanotic skin
- Well-demarcated ulceration

D. Diabetic foot ulcers

Important contributing factors include:

- Peripheral neuropathy
- Repetitive trauma
- Foot deformity
- Peripheral arterial disease
- Infection
- Poor glycaemic control

4. Pathophysiology of Delayed Wound Healing

Normal wound healing consists of four overlapping phases:

Haemostasis → Inflammation → Proliferation → Remodelling

Chronic wounds may become trapped in a persistent inflammatory state.

Major mechanisms

Diabetes ↓

Hyperglycaemia

↓

Microvascular dysfunction + neuropathy + impaired immunity

↓

Reduced tissue oxygenation and increased infection risk

↓

Delayed wound healing

Similarly:

Prolonged pressure ↓

Tissue compression

↓

Reduced microcirculation

↓

Ischaemia

↓

Tissue necrosis

↓

Pressure ulcer

5. Holistic Assessment

A complete case should include:

- Patient factors
- Age
- Nutritional status
- Mobility
- Sleep
- Appetite
- Thirst
- Bowel and bladder function
- Psychological state
- Stress and coping
- Medication history
- Diabetes duration and control
- Smoking history
- Previous ulcers
- Previous surgery/amputation
- Wound assessment

Record

- Site
- Length × width
- Depth
- Wound-bed appearance
- Slough
- Eschar
- Granulation tissue
- Exudate
- Odour
- Wound margins
- Surrounding skin
- Pain
- Oedema
- Signs of infection

Conventional Foundation of Integrative Management

For bedsores

- Regular repositioning
- Pressure-redistributing mattress
- Heel offloading
- Appropriate cushions
- Reduction of prolonged sitting or lying on the affected area

Diabetic foot

Essential components include: Offloading + infection control + vascular assessment + debridement when indicated + appropriate dressings + glycaemic management

7. Role of Nutrition

Adequate nutrition is essential for tissue repair.

Assessment should include:

- Protein intake
- Calories
- Hydration
- Iron status where clinically indicated

- Vitamin deficiencies where suspected
- Zinc and other micronutrients where deficiency is suspected
- Patients with pressure ulcers should undergo nutritional assessment, and nutritional supplementation is appropriate when nutritional deficiency is present.

8. Homoeopathic Approach

The homoeopathic approach is individualized rather than based solely on the diagnosis of "ulcer."

The case may consider:

- Local symptoms
- Burning
- Stinging
- Smarting
- Throbbing
- Tearing
- Shooting pain
- Numbness
- Itching
- Offensive discharge
- Bloody discharge
- Sloughing
- Excessive granulation
- Slow granulation
- Blackish tissue
- Bleeding tendency

General symptoms

- Thermal state
- Appetite
- Thirst
- Food desires/aversions
- Sleep
- Perspiration
- Energy level
- Weight changes
- Bowel habits

Mental symptoms

- Anxiety
- Fear
- Irritability
- Apathy
- Restlessness
- Depression
- Stress associated with chronic illness

9. Commonly Considered Homoeopathic Remedies

The following remedies are commonly discussed in homoeopathic materia medica in relation to wounds and ulcerative conditions. Their inclusion does not establish clinical efficacy for diabetic or pressure ulcers.

Remedy

- **Arsenicum album:** Burning pains, restlessness, anxiety, marked weakness; unhealthy ulcerative tendency
- **Silicea:** Suppuration, slow healing, retained foreign material, unhealthy granulation
- **Sulphur:** Burning, itching, unhealthy skin, tendency to recurrent ulceration
- **Lachesis:** Bluish/dark discoloration, congestive tendency, sensitivity and marked local symptoms
- **Hepar sulphuris:** Marked tenderness, suppurative tendency, sensitivity to touch

- **Calendula:** Traditionally used externally for wounds and tissue injury; evidence should not be assumed from traditional use
- **Graphites:** Chronic unhealthy skin lesions with thick/exudative discharge in selected constitutional pictures
- **Fluoric acid:** Chronic ulcerative conditions with destructive tendency in traditional materia medica
- **Carbo vegetabilis:** Sluggish circulation and low vitality in traditional prescribing
- **Apis mellifica:** Oedematous, burning/stinging symptoms when the totality corresponds

Important: Remedy selection should be individualized, and these medicines should not be presented as substitutes for antibiotics, debridement, vascular intervention, insulin/antidiabetic therapy or surgical treatment when indicated.

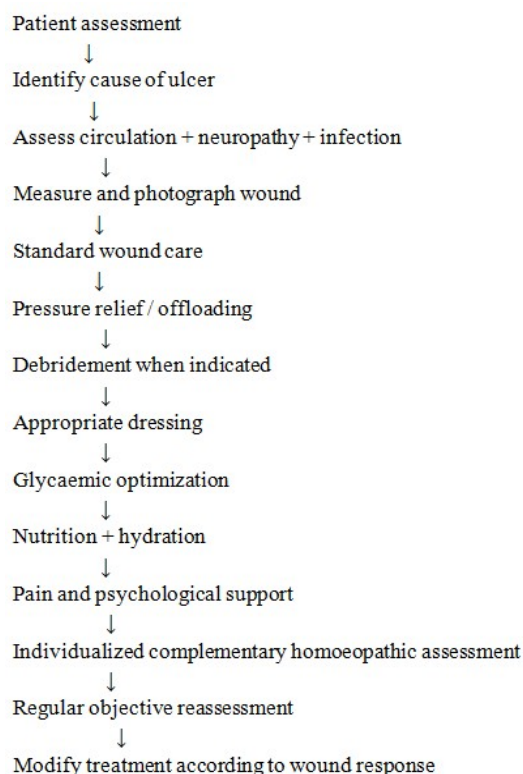
10. Evidence for Homoeopathy in Diabetic Foot Ulcers

Evidence specific to homoeopathy remains preliminary.

A prospective observational study from the Indian Journal of Research in Homoeopathy reported improvement in diabetic foot-ulcer assessment scores among patients receiving predefined homoeopathic medicines. Silicea, Sulphur, Lycopodium, Arsenicum album and Phosphorus were among the medicines frequently used. Importantly, the authors acknowledged that improvement could not be attributed to homoeopathy alone because dressing and ancillary measures also contributed. More recent reports have explored homoeopathy as an adjunct to multidisciplinary wound care. A 2025 publication described two Wagner grade-2 diabetic foot ulcers treated with individualized homoeopathy alongside continued antidiabetic medication and regular wound dressing; both ulcers healed within 12 weeks. A 2026 case report similarly described a Wagner grade-2 diabetic foot ulcer managed with individualized homoeopathy, antidiabetic treatment and routine wound dressing, with healing reported over 12 weeks. These reports are encouraging for hypothesis generation but cannot establish efficacy or causation because case reports lack the controls needed to separate the effects of homoeopathy from standard wound care and natural healing.

11. Integrative Treatment Model

A practical holistic model can be represented as:



12. Monitoring of Healing

Objective parameters should be recorded at baseline and during follow-up:

- Wound area
- Wound depth
- Exudate
- Odour
- Granulation
- Slough
- Pain score
- Periwound skin
- Infection signs
- Blood glucose/HbA1c where relevant
- Peripheral pulses
- Neuropathy assessment
- Photographic documentation
- For diabetic foot ulcers, standardized systems such as SINBAD can be used for documentation.

13. Red Flags Requiring Urgent Referral

Immediate medical/surgical assessment is required when there is:

- Rapidly spreading redness
- Fever or systemic toxicity
- Increasing swelling
- Severe or rapidly increasing pain
- Black necrotic tissue
- Gangrene
- Exposed bone or tendon
- Suspected osteomyelitis
- Deep abscess
- Severe ischaemia
- Absent pulses with an ulcer
- Rapidly worsening diabetic foot ulcer
- Sepsis
- New neurological deterioration
- A diabetic foot ulcer with infection or significant ischaemia should be managed through appropriate specialist/multidisciplinary services.

14. Limitations of Homoeopathic Evidence

Current evidence has several limitations:

Few high-quality randomized controlled trials specifically address chronic wounds. Many publications are case reports or observational studies. Standard wound care is often provided simultaneously, making attribution difficult. Wound-healing outcomes may be influenced by glycaemic control, offloading, debridement, dressings and vascular status. Larger adequately controlled trials are required. Therefore, claims that homoeopathy alone heals diabetic foot ulcers or prevents amputation would not be scientifically justified on the present evidence.

15. CONCLUSION

Bedsores, chronic ulcers and diabetic foot ulcers require a comprehensive approach directed toward the underlying cause, tissue perfusion, pressure reduction, infection control, wound-bed management, nutrition, metabolic control and psychosocial wellbeing.

Homoeopathy can be investigated or used as a complementary individualized modality within an integrative model, provided that established wound-care measures are not delayed or replaced. Preliminary observational studies and recent case reports suggest a possible supportive role, but stronger controlled clinical evidence is necessary before definitive conclusions regarding efficacy can be drawn.

The central principle of holistic wound management is therefore:

“Treat the wound, identify and correct the cause, treat the patient as a whole, prevent complications, and continuously measure outcomes.”

REFERENCES

- Kent Materia Medica
- Davidson Practice of Medicine
- Surgery
- Boericke Materia Medica and Repertory
