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HOMOEOPATHIC MANAGEMENT OF DECUBITUS ULCER: A CASE REPORT

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ABSTRACT: Decubitus ulcers continue to be a common health problem, particularly among the physically limited or bedridden. Decubitus ulcers may develop into chronic conditions for no apparent reason, persist for prolonged periods, or even last the patient's entire life. Modern medicine mainly serves in managing ulcer wounds through superficial wound cleaning and dressing. But it takes time for healing of decubitus ulcer and sometimes it's painful and requires antibiotics and anti-inflammatory medicines if the bedsore gets infected. On the other hand, homoeopathy can best treat decubitus ulcer as it's easy to consume and does not require multiple medications at a time. Also, a single simple homoeopathic medicine is sufficient to treat decubitus ulcer effectively and safely by relieving pain and curing blister and pus in ulcer. Case summary: A necrotizing pancreatitis patient admitted in hospital ICU for two months. There was a history of necrotizing pancreatitis due to which the patient was in critical condition & he was in ICU for the last 2 months. Due to the immobilization in ICU or patient was not stable he was suffering from bed sores/ decubitus ulcer. The homoeopathic remedy Arsenic album was given based on the totality of symptoms. Decubitus ulcer got reduced along with the healing of the sores. This enhances our belief in the potential of individualized homeopathic medicine in decubitus ulcer.

INTRODUCTION: Decubitus ulcers/ Bed sores are localized damage to the skin or underlying tissue that usually covers over bony part because of a long term pressure. There are five factors through which decubitus ulcers can be predisposed pressure, injury, anaemia, malnutrition and moisture¹. They can appear and spread at an alarming rate in patients with spinal cord disease or injury and in other patients suffering from a debilitating illness.

Decubitus ulcers are complications due to long durational pressure on the part of the body, producing injury to the skin and underlying tissues^{2, 3}. They are most common on bony parts of the body such as heels, elbow, hips and base of spine, parts of the skin becoming discoloured/ red, discoloured patches not turning white when pressed and feels warm spongy & hard and reach the deeper layer of skin & up to muscle and bone^{4, 5}.

Determining the prevalence of pressure ulcers among hospitalized patients and identifying any risk factors. In Varanasi, India, a university hospital conducted a cross-sectional study. On a single day, 445 hospitalized patients were assessed to determine the number, location and severity of pressure ulcers. Patients with pressure ulcers had their haemoglobin, serum albumin and blood sugar

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levels monitored. Pressure ulcers were very common (4.94%). Diabetes, anaemia, and malnutrition were significant risk factors and pressure ulcer morbidity in long- stay wards like neurology was extremely high (40.9%)^{6, 7}. Homoeopathic remedies can offer gentle and safe treatment for patients suffering from Decubitus ulcers. Homeopathy is an alternative system of medicine where the selection of remedy is based upon detailed medical history of the patient, family and causative factors, underlying predisposition factor, and susceptibility. This case highlights the importance of individualization and the law of single, simple homoeopathic medicine in treating Decubitus ulcers.

Case Report: Here is a case of 30-year- male patient with pressure ulcer located on right buttock/ hip region. The patient had necrotizing pancreatitis and was admitted in NABH accredited hospital ICU for two months. Patient was continuously having high grade fever 103F due to severe infection along with it the pulse rate of the patient was also high 98/min. His blood pressure was also towards high range of 146/100 to 136/90mmHg. Respiratory rate of patient was noted as 28 breaths/min. The patient suffered an acute pancreatitis attack because of which he was in critical condition. Staying in bed for such a longer period as patient’s vitals were not stable. After he got discharged from ICU, he noticed a sore in his right buttock and the size was 2.6cm in length x 1.6cm in width due to immobility. Ulcer had yellowish discharge and borders are white and present with the unhealthy granulation tissues **Fig. 2**.

Repertorial Sheet:

Symptoms	10	Remedies	95	New Repertories Link											
				Ars	Calc	Lach	Merc	Puls	Nit ac	Bell	Lyc	Nuxv	Ph ac	Plus	Sep
Weak face	12	30	29	29	28	27	26	26	26	25	24				
Sinks	10	8	9	9	8	8	8	8	8	8	8	8	8	8	8
Intense Gossip															
Kingdon															
[Complete] [Mind]Anguish: (360)				4	4	3	4	4	3	4	4	4	3	4	3
[Complete] [Mind]Fear Death, of: (272)				4	4	4	4	4	4	4	3	4	3	4	2
[Complete] [Mind]Despair Recovery, of: (308)				4	4	2	3	1	1	3	1	3	4	1	3
[Complete] [Mind]Irritability: (798)				4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Anxiety Health, about: (155)				4	4	4	1	4	4	1	3	4	3	3	3
[Complete] [Skin]Ulcers Discharging, suppurating Offensive: (102)				4	3	4	4	4	4	3	4	1	4	3	3
[Complete] [Skin]Ulcers Chronic: (25)				1		3	3								
[Similarity] [The Skin]Dirty Skin very white, wax like, dirty, pasty looking, late...				1											
[Complete] [Skin]Pale: (522)				4	4	4	4	4	4	4	4	4	4	4	4
[Murphy] [Skin]Pale, discoloration, skin: (81)				2	3	1	2	3	3	3	3	2	1	2	2

FIG. 1: REPERTORISATION: HOPATH (ZOMEIO BASIC LANE VERSION)

Mentally patient was in great anguish and restless. He had great fear of death. He was anxious about his health. There was the despair of recovery. The patient was irritable as he became dependent on others for his work. The general appearance of the skin looked pale. Based on this totality of symptoms Arsenic Album was prescribed to the patient in 30C potency for 15 days thrice in a day. Patient’s complaints got relieved and was later cured from those pressure ulcer.

Personal History:

- Diet: vegetarian
- Appetite: Reduced
- Thirst: reduced. 1- 1.5 liter/day
- Desires: not any
- Aversion: not any
- Bowels: unsatisfactory.
- Urine: catheterized.
- Perspiration: no
- Habits: not any
- Sleep: sleepy most of the time due to analgesics, medications.
- Dreams: no

Past History: He had typhoid when he was 16, taking allopathic treatment.

Family History: apparently all well in family.

Provisional Diagnosis:

- Decubitus ulcer
- Diabetic ulcer

Final Diagnosis: Decubitus Ulcers

Repertorial Totality:

Arsenicum album: 32/10

Calcarea carbonica: 30/8

Lachesis trigonocephalus: 29/9

Remedy Differentiation: Homoeopathic medicines Arsenic album, Calc. carb, Lachesis were the top three medicines in the repertorisation sheet. **Fig. 1** Arsenic album covered the totality of the patient in the highest grade. The characteristic of Calc carb which is unhealthy, dry, pale skin; often ulcerates from the slightest cause which were not covered by it, hence not selected as similimum for the case.

Lachesis is an excellent remedy for bed sores and carbuncles, but the characteristic of bed sores with black edges; scars open and bleed were contradictory in this case, as the reported Ulcer had yellowish discharge and borders were white and presented with unhealthy granulation tissues. Arsenic album was selected as the similimum for the case based on totality, individualization and after consideration of Materia Medica and Repertory.

Prescription: Arsenic album 30C in 30 no. globules were dispensed. 4 globules thrice a day with the interval of 6hrs for 15 days were prescribed.

Follow UP and Outcomes:

TABLE 1: FOLLOW-UPS AND INTERVENTION

Date	Symptom Status	Prescription And Advice
Day 1	Ulcer was shallow crater like with yellowish fluid	Arsenic Album 30 x thrice in a day x2 days
Day 3	Ulcer discharge reduced and became dry	Arsenic Album 30 x thrice in a day x3 days
Day 7	Ulcer reduced in size & granulation tissue formed Fig. 3	Arsenic Album 30 x thrice in a day x3 days
Day 10	Ulcer wound healing in progress, wound became much better granulation tissue formed, skin is forming	Arsenic Album 30 x thrice in a day x3 days
Day 14	Ulcers became narrow granulation tissue formed skin started covering Fig. 4	Arsenic Album 30 x thrice in a day x3 days

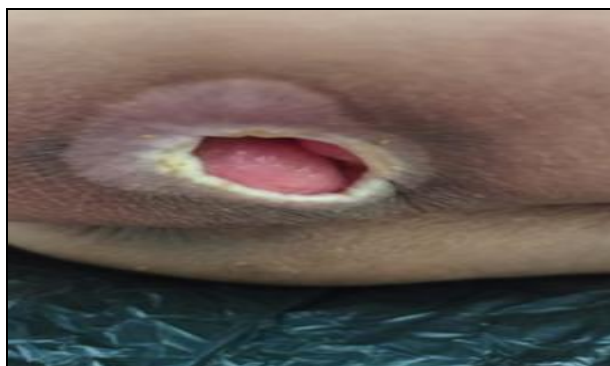


FIG. 2: DECUBITUS ULCER ON RIGHT BUTTOCK WITH UNHEALTHY GRANULATION TISSUE ON THE BORDERS PRESENT WITH MILD YELLOWISH DISCHARGE. (DAY 1)

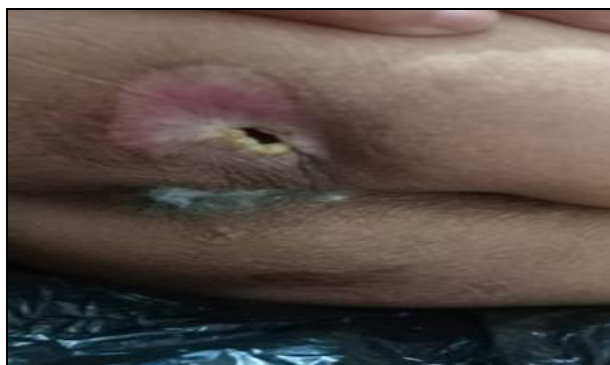


FIG. 3: DECUBITUS ULCER GETS SMALLER. PINKISH TISSUE USUALLY STARTS FORMING ALONG THE EDGES OF THE SORE AND MOVES TOWARD THE CENTER. THIS SHOWS THAT THERE IS GOOD CIRCULATION TO THE AREA, WHICH HELPS HEALING. (DAY 7)



FIG. 4: DECUBITUS ULCER GETS HEALED WITH PRESENCE OF HEALTHY GRANULATION (DAY 14)

TABLE 2: NARANJOMODIFIED CRITERIA FOR HOMOEOPATHY ⁸

Sr. no.	Domains	Yes	No	Not sure Or N/A	Score for successfully Treated cases
1.	Was there an improvement in the chief complaint for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3.	Was there an initial aggravation of symptoms?	+1	0	0	0
4.	Did the effect encompass more than the main symptom	+1	0	0	+1
5.	Did overall well-being improve?	+1	0	0	+1
6.	Direction of cure: did some symptoms improve in the opposite order of development of disease?	+1	0	0	0
7.	Direction of cure: did at least two of the following 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 above downwards?	+1	0	0	+1
8.	Did old symptoms reappear temporarily during the course of improvement?	+1	0	0	0
9.	Are there alternate causes with a high probability could have caused the improvement?	-3	+1	0	0
10.	Was the health improvement confirmed by any objective evidence?	+2	0	0	+2
11.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
Total score=					9

DISCUSSION: This case highlights the usefulness of homoeopathic medicines in the management of decubitus ulcer. In this case, the Arsenic album was prescribed after careful recording, repertorisation and Materia Medica. The patient had not undergone any treatment before for this complaint. The patient responded positively to the homoeopathic treatment and was relieved of his pain, with effective resolution and reduction of pus, as evident **Table 1**. Through this case report we clearly see that when decubitus ulcer is treated with homoeopathic holistic approach, it not only improves the wound condition but also improves the general condition of the patient **Table 2**. Arsenic album covered the mental symptoms well, such as great anguish and restlessness, fears of death, of being left alone,

great fear, with cold sweat. Miserly, malicious and lacks courage, anxiety of fear. Also, skin symptoms associated with ulcer like offensive discharges, pale skin and gangrenous inflammation were also covered by the medicine. This case shows the effective role of individualized homoeopathic medicine in treating bed sores when prescribed based on homoeopathic principles.

CONCLUSION: Successful treatment with homeopathy is attributed to the treatment being individualized to each patient; remedies are given to treat the individual as a whole and not to his sick parts alone. The notable reduction of wound with the improvement of subjective symptoms is documentary evidence. This shows the importance

of individualization in homoeopathic prescription. However, this is a single case study and decubitus ulcer can be associated with variable presentations in different cases. A well-designed clinical trial may be undertaken for scientific validation of these results.

Declaration of Patient's Consent: The necessary consent forms have been acquired with patient's approval for the pictures and information given in the case report for publication. The identity of the patient will not be revealed by taking appropriate steps.

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