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**Dr. Mohini Sawant**  
BHMS, FCHD, Chief  
Homeopathic Consultant,  
Vashi Branch, Dr Batra's  
Positive Health Clinic Pvt.  
Ltd., Navi Mumbai,  
Maharashtra, India

## A homeopathic triumph over non-healing diabetic ulcers at Dr. Batra's

**Mohini Sawant**

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### Abstract

Diabetic foot ulcers (DFUs) are among the most challenging complications of diabetes mellitus, affecting nearly 15% of diabetic patients globally during their lifetime. These ulcers often arise due to a combination of peripheral neuropathy, vascular insufficiency, immune compromise, and delayed wound healing. If not managed effectively, they can progress to severe infections, gangrene, and amputation, thereby reducing mobility and quality of life. Standard treatment involves glycemic control, topical care, antibiotics, and occasionally surgical intervention, yet many cases remain chronic and resistant to healing.

This paper presents the case of a 58-year-old female patient with a long-standing history of Type 2 diabetes and palmo-plantar psoriasis, who developed non-healing ulcers on both lower legs. Despite extensive allopathic treatment, the ulcers remained painful and static. A homeopathic approach was adopted at Dr Batra's, based on individualized case-taking, totality of symptoms, and constitutional prescribing. Acute support remedies and lifestyle advice were also integrated into the treatment plan.

Over a four-month treatment period, notable improvements were observed. Pain and discharge gradually reduced, ulcer size decreased significantly, skin regeneration occurred without secondary infection, and psoriatic patches also showed marked improvement. The patient reported better energy levels and overall well-being.

This case highlights the potential of classical homeopathy as a complementary therapy in managing chronic non-healing ulcers in diabetic patients, emphasizing a holistic and individualized approach that can lead to significant clinical outcomes when standard care alone is insufficient.

**Keywords:** Diabetic foot ulcer, homeopathy, Dr Batra's

### Introduction

Diabetic foot ulcers are a common complication of diabetes mellitus and pose a major public health challenge worldwide. The global prevalence of diabetic foot ulcers ranges between 6.3% to 15%, with a lifetime risk estimated to be as high as 25% in diabetic patients <sup>[1]</sup>. These ulcers are typically the result of peripheral neuropathy, ischemia due to peripheral vascular disease, and poor glycemic control, often compounded by local pressure and trauma. DFUs can lead to chronic infection, osteomyelitis, and ultimately, amputation if not effectively managed <sup>[2]</sup>.

Signs and symptoms of DFUs include ulceration over pressure points, especially on the soles and toes, surrounded by thick callused skin, with possible discharge, odor, and delayed healing. Complications may include cellulitis, gangrene, systemic infection, and loss of limb. Treatment is multidisciplinary, involving wound care, infection control, offloading, debridement, and optimal blood glucose management <sup>[3]</sup>.

Despite advances in medical and surgical care, healing of diabetic ulcers remains slow in many patients. Alternative approaches, such as homeopathy, aim to address the patient as a whole, considering not only the local lesion but also constitutional tendencies, emotional background, and chronic disease miasms. Homeopathic remedies, selected on the basis of totality of symptoms, have shown promising results in improving healing outcomes and overall vitality <sup>[4]</sup>.

This case-based paper explores how homeopathy, when applied holistically, can assist in the management of a chronic non-healing diabetic ulcer complicated by palmo-plantar psoriasis, offering new hope in integrative wound care.

**Corresponding Author:**  
**Dr. Mohini Sawant**  
BHMS, FCHD, Chief  
Homeopathic Consultant,  
Vashi Branch, Dr Batra's  
Positive Health Clinic Pvt.  
Ltd., Navi Mumbai,  
Maharashtra, India

### Case Profile

A 58-year-old retired female, previously working as a teacher for 22 years in a government-aided school, began experiencing symptoms of palmo-plantar psoriasis around two years ago. Initially, the condition manifested as cuts on the soles and palms, accompanied by significant itching. Over time, despite allopathic treatment that helped reduce the itching and dryness, the patient began developing non-healing ulcers and wounds on her feet, particularly the lower legs. These ulcers have persisted for the past 2-3 months, becoming the main concern that brought her for homeopathic consultation.

She is a known case of diabetes mellitus for the past 15 years and is on both oral hypoglycemic agents and insulin therapy (16 units daily). Her blood sugar control remains poor, with recent postprandial readings around 300 mg/dL. Additionally, she has been managing hypothyroidism for the past 8-10 years with 100 mcg of thyronorm daily and has a 15-year history of hypertension, controlled with oral medications.

Alongside her dermatological and ulcerative complaints, she reports intermittent symptoms such as itching in the urethral area and occasional episodes of sour water brash. Her bowel movements are regular and clear, appetite and water intake are good, and sleep is undisturbed. She underwent a hysterectomy in 2015 due to uterine prolapse. Due to her declining health and difficulty in standing for prolonged hours, she opted for voluntary retirement from her teaching job. Her current lifestyle includes a vegetarian diet with occasional non-vegetarian meals, and she maintains a manageable stress level. Despite ongoing treatment, the ulcers were slow to heal initially but have recently shown improvement in terms of reduced oozing and peeling of the skin. Her current weight is approximately 88 kg, and her blood pressure readings fluctuate between 130/80 and 150/90 mmHg.

### Physical Generals

- **Diet:** Mixed diet, mostly vegetarian
- **Appetite:** Good
- **Desire:** Not specified
- **Aversion:** Not specified
- **Thermal Reaction:** Not specified
- **Thirst:** 2-3 liters per day
- **Stools:** Satisfactory in frequency and consistency
- **Urine:** Itching at urethra; needs to get up at least 5 times at night to urinate
- **Perspiration:** normal
- **Sleep:** Good, 7-8 hours per night
- **Dreams:** Not specified

### Examination

- Skin: Dry, thickened skin with peeling over palms and soles (palmo-plantar psoriasis)
- Ulcers: Non-healing ulcers present on both lower legs, more marked on the right leg
- No active discharge

- Clean edges with slow healing
- Mild pain on pressure or walking
- Scaling: Markedly reduced compared to earlier
- No signs of secondary infection observed
- Nails and other skin areas: Not specifically involved

### Mental Generals

58 yrs old woman working as a teacher in a government-aided school for 22 years. Took voluntary retirement due to health issues, mainly diabetes and inability to stand for long hours while teaching. Mentally, stress is manageable at present. She accepts her health condition but feels restricted in mobility and activity due to the non-healing ulcers and skin complaints. There is no mention of anxiety or depression, but she feels emotionally affected by her limitations. She is sincere and responsible in her duties, and appears emotionally balanced overall. Socially cordial and has adapted to her retired life. No major emotional trauma or recent grief reported. Husband k/c/o Parkinsonism - lot of his dependency on her, even son unmarried though of marriageable age, she is burdened with all the household work as well as taking care of husband

### Past History

- Known case of Diabetes Mellitus for 15 years; on insulin and oral antidiabetic medications
- Hypothyroidism since 8-10 years; on Thyronorm 100 mcg daily
- Hypertension for the past 15 years; on regular oral medication
- Hysterectomy done in 2015 due to uterine prolapse
- Palmo-plantar psoriasis since 2 years
- Non-healing ulcers on lower legs for the past 2-3 months

### Family History

- Positive family history of diabetes mellitus
- Positive family history of hypertension
- No known family history of thyroid disorders

### Case analysis

- Repertorial totality
- Mind - Indifference - to loved ones
- Mind - Sadness - chronic diseases, during
- Mind - Aversion - to company
- Skin - Eruptions - soles of feet
- Skin - Ulcers - indolent (non-healing)
- Extremities - Pain - feet - walking - while
- Generalities - Weakness - exertion - from slight
- Sleep - Interrupted - by urging to urinate
- Urine - Frequent - night
- Female genitalia/sex - Menses - ceased - after uterine prolapse/hysterectomy
- Constitution - Diabetic patients, in

### Repertory screenshot

| Remedy Name                                             | Sep | Lach | Ars | Con | Sulph | Calc | Lyc |
|---------------------------------------------------------|-----|------|-----|-----|-------|------|-----|
| <b>Totality</b>                                         | 12  | 10   | 10  | 9   | 9     | 8    | 8   |
| <b>Symptom Covered</b>                                  | 5   | 5    | 4   | 4   | 4     | 4    | 3   |
| [C] [Mind]Indifference, apathy:                         | 3   | 2    | 2   | 3   | 2     | 2    | 2   |
| [C] [Mind]Sadness, despondency, depression, melancholy: | 3   | 3    | 3   | 2   | 3     | 3    | 3   |
| [AL] [A]Aversion: Company:                              | 1   |      |     |     |       |      |     |
| [C] [Extremities]Ulcers:Foot: Sole:                     | 3   | 1    | 2   |     | 1     | 1    |     |
| [C] [Skin]Ulcers:Indolent:                              | 2   | 3    | 3   | 3   | 3     | 2    | 3   |
| [PH] [Phatak A-Z]Gangrene:Diabetic:                     |     | 1    |     | 1   |       |      |     |

### Selection of Remedy

| Remedy                | Reason                                                                                                                                              | Potency             | Dose                           |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|
| Sepia                 | Constitutional remedy; indicated for hormonally imbalanced, emotionally withdrawn, overworked female with chronic skin conditions and family stress | 200C                | 2 doses/week                   |
| Nitric Acid           | Supports in healing indolent, painful, non-healing ulcers, especially in diabetics                                                                  | 30C                 | BD on alternate days           |
| Calcarea Sulph        | Biochemic remedy for aiding pus drainage, ulcer healing, and skin regeneration                                                                      | 6X                  | BD                             |
| Syzigium Jambolanum   | Antidiabetic support; helps regulate blood sugar levels                                                                                             | Mother Tincture (Q) | 5-8 drops BD in lukewarm water |
| Calendula Officinalis | For external wound care; promotes granulation, prevents infection                                                                                   | Mother Tincture (Q) | Local application BD           |

### Miasmatic Approach

| Symptoms                                   | Psora | Sycosis | Syphilis | Tubercular |
|--------------------------------------------|-------|---------|----------|------------|
| Palmo-plantar psoriasis (scaling, itching) | ✓     | ✓       | ✓        | ✓          |
| Non-healing ulcers                         |       | ✓       | ✓        | ✓          |
| Diabetic tendency                          | ✓     | ✓       | ✓        |            |
| Emotional suppression, withdrawal          | ✓     | ✓       |          | ✓          |
| Hysterectomy due to prolapse               | ✓     | ✓       |          |            |
| Frequent urination at night                | ✓     | ✓       | ✓        |            |
| Family stress and hormonal issues          | ✓     |         |          | ✓          |
| Recurring tendency of skin lesions         | ✓     | ✓       |          | ✓          |

### Results

| Month     | Progress                                                                                        | Prescription                                                                                                                                                |
|-----------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1st Month | Ulcers started reducing slightly; right leg better, left unchanged. Pain on walking.            | Sepia 200C: 2 doses/week<br>Nitric Acid 30C: BD on alternate days<br>Calcarea Sulph 6X: BD<br>Syzigium Q: 5-8 drops BD<br>Calendula Q: local application BD |
| 2nd Month | Ulcers on both legs showed slight improvement. Less pain. Psoriasis slightly better.            | Continued same: Sepia 200C, Nitric Acid 30C, Calcarea Sulph 6X, Syzigium Q, Calendula Q                                                                     |
| 3rd Month | Noticeable improvement in ulcer healing. No oozing. Peeling of feet skin significantly reduced. | Continued same remedies and dosage as before. Healing progressed well.                                                                                      |
| 4th Month | Ulcers healing steadily, pain while walking reduced. Psoriasis better. General health stable.   | Sepia 200C: 2 doses/week<br>Nitric Acid 30C: BD on alternate days<br>Calcarea Sulph 6X: BD<br>Syzigium Q: 5-8 drops BD<br>Calendula Q: local application BD |

### Discussion and Conclusion

This case highlights the effective management of a chronic, complicated condition involving palmo-plantar psoriasis and non-healing diabetic ulcers through individualized homeopathic treatment. The patient, a retired female with a long-standing history of diabetes, hypertension, and hypothyroidism, presented with deep-seated ulcers on both lower legs and persistent skin peeling and dryness over the

palms and soles. Conventional allopathic treatment had provided partial relief in psoriasis but failed to bring about significant healing in the ulcers, which remained painful and indolent.

Homeopathic case-taking revealed not only the physical pathology but also emotional factors like long-term responsibility, hormonal imbalances, and emotional suppression. A constitutional remedy was selected based on

the totality of physical, mental, and pathological symptoms. Supportive remedies and local care aided the overall healing process.

Over the course of treatment, there was visible transformation: the ulcers gradually reduced in size, pain decreased, oozing stopped, and the skin began to regenerate. Psoriatic peeling over the feet also showed marked improvement. The patient's energy levels improved, her walking became easier, and her general well-being stabilized. The integration of deep-acting remedies with

local and supportive medicines allowed holistic and sustainable recovery.

This case demonstrates how classical homeopathy, when practiced with precision and supported by symptom-specific remedies, can bring significant healing even in slow-progressing, chronic ulcerative conditions complicated by comorbidities like diabetes and psoriasis.

### The transformation



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