The Clinical Practice of a Proprietary Natural Herbal Cream in Limb Salvage of a Patient with Multiple Co-morbidities: A Case Report

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Introduction

The role of proprietary natural herbal cream* for diabetic foot ulcers has been well established in randomized clinical trials[1]. However, there is a lack of studies reporting the clinical practice in patients with multiple co-morbidities along with diabetes mellitus. The present study shows our experience of limb salvage in a patient who suffered from multiple co-morbidities.

Methods

This is a retrospective case study. A 61-year-old male patient, who with underlying disease as type 2 diabetes mellitus, peripheral arterial occlusion disease, chronic kidney disease stage 3 under hemodialysis, coronary artery disease s/p plain old balloon angioplasty, rheumatic arthritis, moderate mitral and tricuspid valve regurgitation, suffered from a wet gangrene on his right heel. The lesion developed with pus discharge, and the wound culture yielded *Proteus* and *Enterococcus*. After debridement, calcaneus exposure was noted, and the pathology showed osteomyelitis. Sequestrectomy was performed till the wound culture showed negative. Percutaneous trans-luminal angioplasty was also done for correction of peripheral arterial occlusion. The wound was cared with wet dressing, and then moisturizing gel with absorbent dressing for weeks. However, poor granulation formation was noted. Because of high operation risks and poor limb arterial perfusion, flap was also not indicated for reconstruction.

Results

The proprietary natural herbal cream* was prescribed with absorbent dressing for wound care (twice a day). Granulation formation improved obviously, and the calcaneus bone was totally covered within 4 weeks. Split-thickness skin grafting was performed, and the patient was discharged without complication.

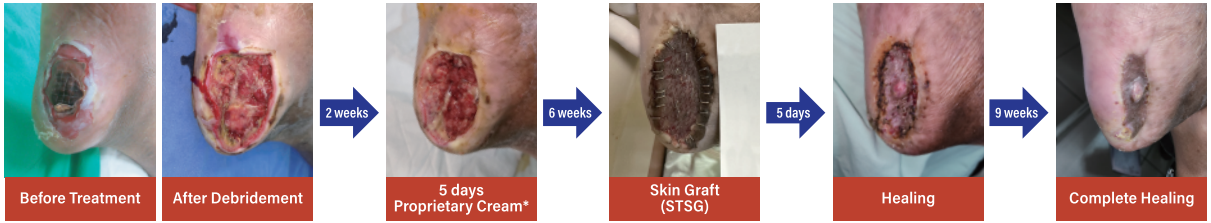
Discussion

Patients with multiple co-morbidities are not indicated for lots of reconstructive surgery. Wound re-infection may happen in the prolonged wound healing process, leading to limb sacrifice. In the present case, the proprietary natural herbal cream* showed promising effects on difficult wound healing, and played a role in limb salvage.

Case Demonstration 1 – DFU Patient with Multiple Co-morbidities

- **General Data:** 61 y/o Male
- **Medical History:** Type 2 DM > 15 yrs, PAOD, Stage 5 CKD, CAD, RA, Moderate MR and TR, ATA and PTA stenosis
- **Lab Data:** HbA_{1c} 6.7%
- **Physical Examination:** Wagner grade 3, ulcer duration 2 months, OM, wound infection, calcaneus exposure and necrosis
- **Previous Treatments:** Sequestrectomy, angioplasty, moisturizing gel with absorbent dressing (for weeks without healing)

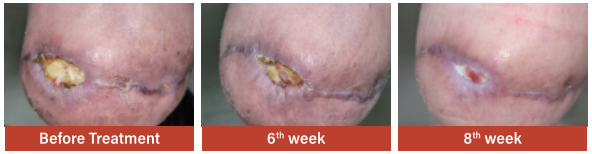
Healed in 15 weeks



Case Demonstration 2 – BK Amputation

- **General Data:** 57 y/o Male
- **Medical History**: Type 2 DM for 10 yrs, PAOD, gangrene
- **Lab Data:** HbA_{1c} 10.3%
- **Physical Examination:** Wagner grade 2
- **Previous Treatments:** Hydrogel for 3 months (with poor healing)

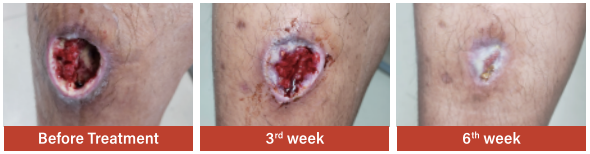
Healed in 8 weeks



Case Demonstration 3 – Acute Wound

- **General Data:** 36 y/o Male
- **Medical History**: Type 2 DM for 5 yrs
- **Lab Data:** HbA_{1c} 13.8%
- **Physical Examination:** Wagner grade 2, pretibial subcutaneous hematoma, tibia exposure

Healed in 6 weeks



References:

1. Huang YY, Lin CW, Cheng NC, et al. Effect of a Novel Macrophage-Regulating Drug on Wound Healing in Patients With Diabetic Foot Ulcers: A Randomized Clinical Trial. *JAMA Netw Open.* 2021;4(9):e2122607.

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