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Original Article

Use of calendula cream balm to medicate the feet of diabetic patients: Case series



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ABSTRACT

Introduction: Different products are used on the foot injuries of diabetic patients with more or less effective results. Calendula officinalis, which is used for its effective antihemorrhagic properties, also known to the ancient Romans, who used it directly on injuries, is used as a topical anti-inflammatory, healing, and antiseptic treatment, although this is scarcely documented. There is no study in the literature to demonstrate the effectiveness of calendula cream in the prevention and cure of foot injuries on diabetic patients.

Case presentation: Bio Calendula, Dr. Theiss, cream balm by Naturwaren was recommended to 4 patients diagnosed with diabetes and various injuries (micro traumas) on their lower and upper limbs, which showed all the signs and symptoms of ongoing infection: lesions with pus, swollen, red edges, localised heat, and pain. The cream was to be applied twice daily, after cleansing with very mild soaps or bath&shower gel, and warm water, WITHOUT rubbing the cleanser onto the limbs. The cream was to be applied with a gentle massage, until fully absorbed, WITHOUT covering the injuries. It is well known that incorrect treatment to even small foot injuries on diabetic patients can lead to serious complications, including infections that can in turn lead to amputation.

Conclusion: As shown in the photographs taken over different periods during the use of the cream balm, the results are excellent; the healing process is easy to see and the progress of the infection process has been blocked, reducing itching, redness, pain, dryness, the disappearance of various scars, regrowth of hair on the legs, no intolerance and great patient satisfaction. Observational studies of RCTs (Random Trial Controls) could help clinics in understanding whether or not this cream is suitable for injured limbs to prevent the worsening of the infection which would in turn lead to suffering for the patient and increased healthcare costs.

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1. Introduction

There are different treatment options for management of the majority of wounds. One such option, used to treat skin

problems for centuries and containing a certain number of pharmacological actions that aid in the healing process is *Calendula officinalis*. MJ Leach [1], to assess the effect of calendula in curing injuries, carried out a systematic review of the literature. The research was limited to randomised controlled

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clinical trials that used single preparations of *Calendula officinalis*, administered topically on injuries of any type. Although six studies were identified, only one trial was good quality; this meant that the statistical pooling of results was not appropriate and therefore, a narrative revision of these studies was performed, indicating only weak evidence in support of topical use of *Calendula* on acute or chronic injuries. The author stresses that further enquiry is doubtless needed to establish whether *Calendula officinalis* has a place in caring for injury. In a trial of 40 patients, Cruz F et al. [2] assessed calendula cream: an antiseptic cream to reduce bacterial colonisation on multifilament sutures. The trial group experienced a significant reduction in bacterial growth compared to the control group ($P = .002$). The author concludes by stating that in this experimental model, the antiseptic cream was effective in reducing bacterial colonisation on silk braided sutures. Efstratiou E [3] et al. assessed the antimicrobial action of methanol and ethanol extracted from the petals of *C. officinalis* on clinical pathogens. Compared to the ethanol extract from the *Calendula officinalis*, the methanol extract improves antibacterial activity against the majority of bacteria tested. Both extracts, methanol and ethanol, demonstrated excellent antifungal activity against the strains of fungi tested, and when compared with Fluconazole. Cancer patients use complementary and alternative medicines (CAM) for a range of purposes, one of which is to reduce side effects and dermal toxicity. Pommier P [4] et al., in his trials ($n = 254$) compares the effectiveness of calendula (*Calendula* cream, Boiron Ltd, Levallois-Perret, France) against Trolamine (Biafine; Genmedix Ltd, France). The presence of acute dermatitis – grade 2 or above – was significantly lower (41% v 63%; $p < 0.001$) in the group using calendula compared to the group using Trolamine. Moreover, patients treated with calendula had fewer interruptions to their radiotherapy or pain from radiation. *Calendula* was considered more difficult to apply but the self-assessed satisfaction levels were higher. In conclusion, the article states that: calendula is highly effective in the prevention of grade 2 acute dermatitis or higher, and should be offered to patients undergoing post-operative radiation treatment for breast cancer. In their revision, CE Stubbe [5] et al. state that no clinical studies concerning management with calendula ointment have been found: the authors have personally seen the positive results in patients using this type of preparation during radiotherapy. Treatment must be considered on a case-by-case basis if used to relieve the negative side effects of radiation and improve quality of life.

A gradual increase in lower limb amputations has been recorded. 85% of all amputations of lower limbs are linked to diabetes and results from foot ulcers. The most important factors related to the development of foot ulcers are peripheral neuropathy, micro traumas on the foot, and deformities [9].

Different products are used to treat the feet of diabetics, with more or less successful results. The literature shows that there have been few studies and that suitable revision is difficult. There is no study in the literature to demonstrate the effectiveness of calendula cream in the prevention and cure of injuries to the feet of diabetic patients.

Bio Calendula cream balm by Dr. Theiss was recommended to 4 diabetic patients with lesions on the upper and lower

limbs, featuring pain, swelling and redness, localised heat, and the presence of pus. These 4 patients use, without any prescription, betadine cream or hyaluronic acid 2%.

2. Presentation

Case 1: TC, Caucasian male, aged 68, first diagnosed with high blood pressure in 1980 when pharmacological treatment was begun. Diabetes mellitus was found in 2002, and he began to take insulin. In 2013, due to a worsening in kidney function, he began haemodialysis and in 2015 had problems with lesions to the left leg which would not heal. A nurse recommended Bio Calendula cream balm by Dr. Theiss, to be applied twice daily.

In the photos, Fig. 1a and b, the patient has two lesions, each with a diameter of 2 cm, on the lower limb, both with swelling and redness around the edges, level 5 pain on the Visual Analogue Scale (VAS), localised heat, itching, and widespread redness, old scars, and dry skin. The left limb has old scars, widespread itching and dry, red skin.

In the photos, Fig. 2a–c, it is possible to see a reduction of the 2 cm injuries on the left lower limb, from 2 cm to 0.5 cm, a lack of redness and swelling around the edges of the injury, reduction in pain (VAS = 2), reduced itching on both limbs, as well as reduced redness around old scars and skin that is more supple and softer to the touch.

At the second examination, as shown in the photographs, Fig. 3a and b, the 2 injuries on the lower left limb have completely disappeared. The patient reports no pain (VAS = 0), no itching, a lessening redness on old scars on both lower limbs, and supple skin that is soft to the touch.

Case 2: LF, Caucasian male, aged 65. Diagnosed with type 1 diabetes mellitus in 1982. 11/2013 road injury and blood creatinine at 4.25 mg/dl; 3/12/2013 bullous lesions to the back and hands, porphyria cutanea tarda; 8/1/2014 first Day service examination prior to dialysis, blood creatinine 7.66 mg/dl; 10/11/2014 blood creatinine 8.2 mg/dl commencement of haemodialysis via femoral CVC (central venous catheter), twice weekly, left distal AVF (arteriovenous fistula), appearance of ischemic injury to the fistula hand and stenosis of the ulnar artery; 10/01/2015 left distal AVF thrombosis, packing of right distal AVF and positioning of femoral CVC; 17/03/2015 transfer to Bentivoglio CAL dialysis unit, three times a week; 08/05/2015 traumatic injury to second finger of AVF hand; 18/05/2015 referral to dermatology for purpura to lower limbs; 19/05/2015 hypertensive heart disease with slight systolic dysfunction in the left ventricle and main diastolic dysfunction, moderate pulmonary hypertension; 21/5/2015 small gastric hiatus hernia without complication, erythematous antral gastritis; 25/5/2015 hypertensive heart disease, introduction of cardicor; 26/5/2015 dermatological examination for stasis dermatitis.

A nurse recommended Bio Calendula cream balm by Dr. Theiss, to be applied twice daily.

At the beginning of treatment, as shown in the photographs Fig. 4a–d, the patient has a lesion 2.5 cm in diameter and one of 1.5 cm, on the left lower limb, with red swollen edges, pain (VAS = 4), redness and widespread itching. The lower right limb had smaller injuries, with a 0.5 cm diameter, redness, itching, and dry skin (see Fig. 5).

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