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Ozone therapy in clinical management of the diabetic necrotizing foot.

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ABSTRACT

The present paper is the most extensive approach of the effect of ozone therapy on the diabetic foot. Out of all the 45 cases that have been studied in the timeline 2020-2022, some of them who were incredibly severe with little hope for improvement, had a tremendous impact on me and I will try to describe them in a few words and raise your awareness about this not yet explored field that has real potential in aiding those who suffer. A female patient of 49 years old had diabetes mellitus, multiple necrotic lesions, post peritoneal dialysis with skin calcifications of both legs, chronic kidney disease, renal osteodystrophy, calciphylaxis with secondary cutaneous necrosis in remission, renal lithiasis, secondary arterial hypertension, ischemic cardiac disease, paroxistic atrial fibrillation, polycystic kidney disease, hyperuricemia, calcium metabolism alterations, hyperphosphatemia, moderate proteic malnutrition. The first ozone therapy session was done according to ozone therapy protocol for the diabetic foot, after debridement, disinfection of the wounds and disposal of the necrotizing tissue. Drainage from the wound was examined and revealed an E. coli infection. After 30 sessions, the result was spectacular. A 51-year-old patient presented to the clinic with an open wound after amputation of his left leg. A year after, he came back to the clinic with an infected wet gangrene of his right leg, who also caught the first 3 toes. His medical history included type II diabetes mellitus, end stage renal disease with a double kidney transplant until the age of 28. In both cases debridement of the wound was done, exposing healthy tissue, antibiotics were administered according to antibiogram and the entire procedure of ozone therapy was done as follows: washing the wound with oxygenated water, disinfection of the wound, local infiltrations with ozone, major autohemotherapy and ozonized bag. The result: the left leg had a rapid favorable outcome, and after only 20 ozone sessions, the wound closed. The right leg had a total of 45 ozone therapy sessions done, with a 100% improvement. After 5 months, the patient came to the clinic with a post-blockage necrotizing fistula on his right second finger, which healed after 6 ozone therapy sessions. Among those 45 patients included in the study, 10 of those who had major amputations presented to the clinic for a primary intervention and only 2 of them for a reintervention. Nevertheless, most of the minor amputations were done as a primary intervention. In many cases though, to obtain the healing of the patients, reinterventions were necessary. Analyzing these data,

the necessity of applying a new method of correctly assessing the severity of the lesions to avoid an undervaluation of it, which would unnecessarily prolong the hospitalization and more importantly their suffering. I have encountered 4 cases of extensive wet gangrene associated with severe sepsis. The mortality in this category of patients was 50%. Studies and research in this field have a special and decisive contribution in treating and recognizing the effects of ozone therapy in curing the diabetic foot. Through their results, studies will allow the free circulation of information in this field, because if we don't communicate efficiently, we will not be able to present publicly the results we obtained from the studies and research regarding ozone therapy. Free circulation of information, of innovating ideas – can and has to surpass all frontiers, to allow all specialists in this field to contribute in solving the major problem that is the diabetic foot, this ailment of mankind. The most spectacular effects of ozone therapy in the case of diabetics can only be seen in well informed patients, who come to the doctor with impressive ulcerations of the calf. The clinical spectrum of the diabetic foot is very large, from the simple presence of neuropathy and/or arteriopathy of the legs, without any existing characteristic lesions, to the necessity of an amputation; ozone therapy can cure without an amputation.