

Editorial

India is known as diabetic capital of world having around 60 million diabetics out of 300 million all over world. That means every 5th diabetic in this world is an Indian. Since cases of diabetes are increasing hence its complications are also increasing, A **diabetic foot** is a foot that exhibits any pathology which results directly from diabetes or any “chronic” complication of diabetes mellitus. Numbness, tingling, Pain in legs, Burning feet, Cramps, Claudication, Loss of hair on legs, different foot deformities, Swelling of feet & non healing diabetic foot ulcer etc. can be symptoms of Diabetic Foot. Diabetic foot is one of very important but most neglected complication of Diabetes. Most common cause of hospitalization in Diabetic patient is Diabetic Foot problems. Diabetic foot ulceration occurs in 15% of diabetic patients, once in their life time. Someone somewhere loses his leg because of Diabetes every 30 second In this world. According to Vascular Society of India (2010) the incidence of lower limb amputations are 80,000 per year in India which I think is tip of iceberg because of poor registry of medical cases in India. Ironically In 84 % of lower leg amputation cases it is small trivial foot ulcer which is found to be responsible. That means maximum number of lower limb amputations are preventable. Unfortunately even being such an important ailment there are no specific or exclusive chapters about Diabetic Foot in our Indian medical curriculum.

Being attached with this super specialty i.e. Podiatry for number of years, once Dr. P. D. Gulati requested me for writing articles on Diabetic Foot, for the benefit of JIMSA readers, we decided to bring this **symposium on Diabetic Foot: New Dimensions**. I have contributed, along with two of my colleagues, **six articles & a case report** on different important topics related to Diabetic foot.

Whenever a diabetic foot patient with or without ulcer comes in OPD most of the clinicians are always confused that how to examine & how to approach such patient. To guide clinicians I have written “**How to approach a Diabetic Foot patient?**” which tells us how to proceed & how to do systematic examination of diabetic Foot patient. Any ulcer in diabetic patient takes longer than usual time to heal but foot ulcers are more difficult to heal because of triopathy of diabetic patients i.e. poor immunity (humoral as well as cellular), poor blood supply because of micro & macro vasculopathy & neuropathy which can be sensory, motor or autonomic. In the article “**Why Diabetic Foot Ulcers donot heal?**” I have tried to give all possible reasons of chronicity of DFU. Treating infections in Diabetic foot patient is a challenging task for clinicians & it needed special mention in “**Diabetic patients: Infection in the foot**”. As far as managing difficult task of treating non healing diabetic foot ulcer is concerned lot of new researches are going on in western world, which have invented number of new gadgets & method for treating Chronic DFU like Ultrasonic debridement, Hyperbaric Oxygen therapy, O2Misly, Autogel, Ozone therapy, BATs & Low level Laser Therapy (LLLT) etc.etc..All these new modalities have been described briefly in “**Recent advances in management of Chronic Non healing Diabetic Foot Ulcer**” In recent years developments in molecular and cell biology helped to understand and treat many of the Chronic diseases including wound healing. The different events in progress of wound healing like inflammation, proliferation and remodelling needs the coordinated and sequential activation and inactivation of gene expression programmes in response to signals from the cellular environment. Stem cells are immature, unprogrammed cells that have the ability to grow into different kinds of tissue and can be sourced from people of all ages. In article “**New & Alternative treatments for the Diabetic Foot i.e. Stem Cells and Gene Therapy**” I tried to cover both complicated topics in a simpler way. No matter whatever difficult to difficult & costly to costly modality is used for treating Diabetic Foot Ulcer, until otherwise blood sugar is controlled meticulously the final goals i.e. closure of the wound & getting relieved of different symptoms of Diabetic Foot can't be achieved. That's why article “**Management of Hyperglycemia while dealing Diabetic Foot Ulcer**” has also been included. This compilation on “*Diabetic Foot*” is an effort to provide a comprehensive guidelines to clinicians regarding approach to diabetic foot patients. Any feedback regarding contents of different topics from the readers will be appreciated.

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