A Case Report of a patient’s story on granulated sugar treatment: the challenges of Living for 13 years with leg ulcers

Introduction

Sugar was used as a wound dressing product in Ancient Egypt and Mesopotamia. Gaten reportedly refers to its antiputrefactive properties and in early modern times its use is mentioned by Germans writers including Sculteus and Zorn. In modern times it is used as a wound dressing in many parts of the world. Sugar has been observed to have antibacterial properties in vitro and in clinical care. This is probably through an osmotic effect reducing the available water on the wound surface. A case report below highlights the effectiveness of this method of wound care.

In this paper, the patient describes his 13 year experience of living with leg ulcers. He explains the challenges these ulcers have brought in his day to day life and the particular problems with pain management he encountered. The author describes different approaches by both doctors and district nurses to manage these ulcers and the final successful granulated sugar treatment.

I am a 66 year old male who was being treated for non-healing leg ulcers and needed crutches and a wheelchair to get around.

Aetiology as understood by patient

It all began when I found a spot on my leg - which a locum doctor dismissively diagnosed as a flea bite! Over the following weeks both legs, from below the knees to the tops of my feet, were covered with lesions/ulcers of various sizes. Every time one sore spot eventually disappeared, another one would appear. I could not walk without support and was in agonising pain constantly.

Impact on daily living

The impact on my life was shattering. I could no longer work. I could no longer drive. I went from being the member of the family to whom everyone came to for help, to the one who was now dependant on them.

Life revolved around my legs! When making arrangements to go anywhere the conversation included - Wait a minute...is that a Leg clinic day? A District Nurse’s visiting day? A Hospital appointment day; Even the day before a change of dressings was taken into account if the bandages were particularly “gungy” and odorous. Who likes sitting near to someone who smells!

Coping with pain

I did not go out as much as I used to as I did not feel up to it. Thank goodness I had my friends and family who kept me going. I was prescribed drugs to help with the pain – Morphine Sulphate Tablets (MST) slow release morphine tablets and Oral morphine liquid (Oramorph) if things got really bad. But, with all this medication I soon became depressed
and very angry. My life had crashed through the floor—how could I get through this? And how many ulcer patients must be feeling the same way too?

*Initial ulcer treatment*

Every few months I would visit the Leg ulcer clinic at the Countess of Chester Hospital. The team there was brilliant and very supportive as well as the Consultant surgeon. This is where the suggestions for the changes in treatments (for the District Nurses to try) would originate from—some were better than others. Mepilex pads: zinc pads: silver dressing pads: charcoal dressing pads to manage the odour: four layer compression bandages: any other new dressings available and not yet used: numerous creams, ointments and gels. You name it—the team tried it all!

I got into a routine of sorts. The District Nurses would visit once a week to attend to my legs initially—this later increased to twice weekly. I endured the variety of treatments in the search to find a solution. For a while I had to place each leg into a bowl or bucket of water to help remove the blood soaked bandages. I would have to brace myself as I knew the pain would be agonising as the dressings were removed—along with my skin and flesh. One clear memory I have is of a lovely young nurse wiping away tears as she did the job. These visits (but not the pain) became a welcoming highlight in my life.

*Quest for finding help*

The consultant suggested that a referral to the specialist Hospital in the county for a medical review may assist my situation and possibly produce a solution. So I went. I lay on a bed whilst several doctors came, prodded and poked my legs, asked questions and then left. Result—my legs were very bad, but they could not suggest a cure.

One consultant asked me how bad my level of pain was. I said that it could not be any worse than removing my leg. My life then veered off into a direction that I did not expect—would happen. An appointment with a doctor in the Psychiatry Department had been made. It was an anxious time for everyone. I had to sit in the central waiting area. Then a nurse shouted out “Denis for the Psychiatry Department”. It was awful. No discretion or patient confidentiality was used. Probing questions were asked. Then another stressful period was endured before I was given the outcome. I was normal! Be careful what you say in desperation healthcare professionals.

There is another treatment experience which is indelibly printed on my memory too. I was taken along some long, dimly lit corridors to a room which looked very clinical—like a torture chamber maybe! The staff asked me to strip down to my underpants. Then I was asked to sit in a bath which was filled with enough water to cover my legs. There were electrical panels, with lots of dials, surrounding this bath too. Have you worked out what was going to happen next? I had. They then connected wires to my legs and sent electricity through them, turning the dials to increase the voltage. I was told that this was to check for circulation damage to my legs. These health care professionals were so uncaring and I felt like they thought I was just a piece of meat. Not at all like the lovely nurses who were downstairs in the leg ulcer clinic.

*Resigned to living with leg ulcers; but with silhouette solution*
Over the years I learned to live with my situation – but I could not accept that this would be forever. Then one day I spotted a small article in The Daily Mail newspaper.

The item was about a PhD student, who was a senior lecturer in adult nursing at a University in the West Midlands in the UK, and his pioneering sugar treatment. It mentioned that, the student originated from Zimbabwe and had brought this type of wound care healing system, which was used locally by his father, to treat wounds, in Africa. John, a recipient of the sugar treatment at his local Hospital Birmingham West Midlands was the patient that the student was headlining in the paper. John’s wounds were not healing and this meant that prosthetic limbs could not be fitted. The student was asked to try his sugar treatment on him, and it worked.

Further quest for help; a discussion with the GP

I read this and decided to contact my GP. After our lengthy discussion with my GP, in Ellesmere Port Northeast of UK we checked the researcher’s details and concluded that I contact him to discuss my situation. He arranged to visit me and we would take it from there.

It was decided that the researcher’s visit would coincide with my routine District Nurse (remember the one who got upset once whilst she changed my dressings) day. On viewing my bare legs, the researcher told me that the Sugar treatment could possibly help heal my wounds and it would not take too long to see the results, but he was not conclusive.

The sugar was started by “piping” a layer of gel all around each ulcer - remembering not to go into the wound as this is only to keep the sugar in place (like a fence). Then he sprinkled the sugar directly onto the ulcer. Next, he placed an iodine patch over the area and then sprinkled a little more sugar over the patch. Finally, the absorbent pad dressed over the sugar and secured the leg with a K-Lite bandage. Thereafter, the district nurses changed my dressings every other day.

By the next researcher’s visit at the end of the week, there were three District nurses present to watch and learn the procedure. There was some improvement in my leg ulcers, but I did not want to get my hopes up. When week three arrived the word had spread around the District Nurses and it was standing room only! And more improvement again for my legs…and no new outbreaks either. By the fourth week the researcher asked one of the student nurses to carry out the dressing change instead. The student was hesitant at first, but carried on with the researcher encouraging and supporting her. She did a perfect job. After doing the dressings she felt proud of herself, as well as the district nurses on standby. I presumed that this is what the researcher was aiming for in the future – that all the District Nurses can administer the Sugar Treatment – something that is not happening at present.

Patient’s understanding of the action of sugar on wounds

Sugar draws water from a wound into a dressing. Bacteria cannot survive without water – so applying sugar to a wound allows the acceleration of the healing process, or kick-starts it where progress has stalled.
Final success

After four weeks of alternate day sugar treatment, my wounds stopped weeping. The pain subsided, let alone the smell had gone by the end of week one. I was able to afford few hours of quality sleep. The skin around my ulcers that was inflamed and raw became clean and less swollen and the pain was bearable, requiring Paracetamol to deal with it. I began omitting oral morphine and coccodamol; thank goodness they had given me lots of bowel problems. I started walking around the house without much pain, the beginning of the exciting new quality of life.

My Wounds

C - baseline (95%) slough

C1 – follow up 12 days

C2 – 4 weeks (0%)

Conclusion

I finally felt the success of the improved condition of my legs when I was able to go on holiday and could leave my wheelchair at home. So far, so good, the ulcers have not returned. I still have problems with my mobility having spent years immobile and have to
rely on walking stick or use of crutches. The nerves in my legs are bad due to Neuropathy and I have to be very careful not to overdo things. The thrill of being able to swim again in a pool was wonderful. There are so many things that are taken for granted! You would not think that something as minor as asking for your shoes would have such a massive effect on you. When I realised that the ulcers may not come back, I asked my wife to go and get my shoes as I wanted to go out in them for the first time in years. She then reminded me that I did not have any to put on as they had all been donated to charity! I feel so lucky that I met the researcher when I did with his sugar treatment. And there are, still, so many more people who could also benefit from this marvellous Sugar Treatment. What a big relief to my leg ulcers misery. It may not work for all patients, but I think it may be beneficial to try the treatment as I did.

**NB. All names in this paper are fictitious and have no connection to the described scenario.**

References


