

# Type 2 Diabetic and its Medication

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## Introduction

A diabetic bottom ulcer is an open sore or crack that affects about 15 of diabetic individualities and is generally plant on the nethermost part of the bottom. Six percent of people who develop a bottom ulcer will be admitted to the sanitarium due to illness or other ulcer-related complications. In the United States, diabetes is the leading cause of non-traumatic lower farthest point disposals, with 14 to 24 percent of diabetic individualities who develop a bottom ulcer having a junking. Despite this, exploration has shown that the progression of a bottom ulcer can be avoided.

Anyone with diabetes is at threat of developing a bottom ulcer. Original Americans, African Americans, Hispanics, and aged men are each at threat of developing ulcers. Cases with diabetes-related order, eye, and coronary complaint, as well as those who use insulin, are at a advanced threat of developing a bottom ulcer. Rotundity, as well as the use of alcohol and tobacco, play a part in the development of bottom ulcers. Ulcers arise as a result of a combination of factors, including a lack of feeling in the bottom, helpless dispersion, bottom distortions, aggravation (similar as grating or strain), injury, and diabetes. Cases with diabetes who have had it for a long time can develop neuropathy, which is characterized by a reduced or complete lack of capability to feel pain in the bases as a result of whim-whams damage caused by high blood glucose situations over time. Whim-whams damage can do without causing pain, and the case may be ignorant of the problem. A simple and effortless contrivance called a monofilament can be used by your podiatrist to estimate your bases for neuropathy.

Vascular complaint can complicate a bottom ulcer by

reducing the body's capability to heal and adding the threat of infection. Increases in blood glucose can reduce the body's capability to fight sickness and make recovery more delicate. In any case, the stylish strategy to treat a diabetic bottom ulcer is to help it from progressing. Recall seeing a podiatrist for a common conception, according to suggested rules. The person can assess whether you're at high threat of developing a bottom ulcer and apply precautionary measures.

Still, you're in grave peril, if you have neuropathy and are on a helpless course. Have a bottom disfigurement (similar as a bunion or hammer toe), wear monstrous shoes, and have unbridled hyperglycaemia. In order to help and treat a diabetic bottom ulcer, other threat factors similar as smoking, drinking alcohol, having high cholesterol, and having high blood glucose must be reduced. Wearing the correct shoes and socks will go a long way toward reducing pitfalls. Your podiatrist can help you in opting applicable footwear.

Learning how to check your bases is essential for detecting an implicit problem as soon as possible. Examine your bases regularly for cuts, injuries, breaks, rankles, greensickness, ulcers, and any other irregularities, especially between the toes and the bottom. Take off your shoes and socks whenever you visit a medical care provider so that your bases can be examined. Any problems that are discovered should be reported to your podiatrist or a clinical professional as soon as possible anyhow of how "simple" they look to you.

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None

## Conflict of Interest

The author declares there is no conflict of interest.