

DIABETES MELLITUS—GANGRENE—CARBOLIC ACID

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In August of 1956 a diabetic patient of mine, a Mr. V. W., stepped on a nail which penetrated the sole of the shoe on his right foot and into the sole of his foot. He was given *Hypericum* as soon as possible to ward off any tetanus and instead of tetanus the wound turned black, his foot began to swell and turn a mahogany red, and his toes, second and third began to get a dark purple, and I knew he was in for a siege of gangrene.

This man was a rather hard one to get to adhere to a diet with the old philosophy of diabetic victims: "If I am going to die anyway, let me die happy."

Needles to say when he saw his foot he lost a large share of his appetite and his diet became much easier to control, and from that time on his urine has never shown more than a trace of sugar.

Now, what to do? The gangrenous spots broke open and remained moist and draining. I had his wife get some powdered willow charcoal and we dressed the foot with that and had remarkable little odor at anytime during the course of the affair. Prescribing was not so successful. I ran the whole gamut of the remedies I could find for gangrene except one: *Carbolic acid*. He had *Lachesis*, *China*, *Arsenicum*, *Secale*, etc. We all had visions of amputation and reamputation. I explained to them that if we could control it, he could probably get by with no surgery whatever. They cooperated splendidly and stuck like glue.

Somewhere an Intelligence far greater than mine kept saying to me "Necrosis, necrosis, necrosis!" So under that impulse I looked up necrosis in Knerr's Repertory and the only remedy I could find with that specific denomination was: *Carbolic acid*! He immediately got it and from that time things began slowly to subside.

A line of demarcation formed, the discharge changed in

character until it became mostly serous, and the sloughing went on gradually. At no time was the pain as intense as it is sometimes in gangrene. There was some "proud flesh" in all the openings and these gradually yielded to *Arsenicum album*.

The most remarkable thing to me in the result was the minimum loss of tissue, far less than the most conservative surgeon would have removed. There is also a minimal scar.

While this man is not cured of his diabetes, he has been saved for a while at least from the terrors of gangrene and his general condition improved by his more strict adherence to diet. Here again, the physician was more amazed than the patient.

If we were as careful with our money as Divine Providence is with our tissues, Ike would not have to be battling the budget.

—*The homœopathic Recorder, Jan.-Mar., '58.*

THE PROBLEM OF INSTITUTIONAL TRAINING

(Cont. From Page 213)

knowledge of medicine a special knowledge of homœopathic therapeutics and observes the Law of Similia. All that pertains to the great field of medical learning in his by tradition, by inheritance, by right) may go up for a post-graduate course study to secure degrees like M.D., M.S. and M.O. in Homœopathy.

In this system of graded-course-training we might solve the problem of how best to turn out complete Homœ. physician who will be able to hold their own in every field of medicine.
