

HOMOEOPATHY AND LEG ULCERS

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The number of people who suffer from leg ulcers are very numerous. So numerous, in fact, as to cause directly or indirectly great loss of productive time and the expenditure of a vast amount of money for nurses, attendants, medicaments dressings, bandages, etc., not to mention institutional costs. It is even possible for the physician and surgeon to attend special post-graduate courses in the treatment of these cases.

Hahnemann, in the *Organon*, clearly states the nature of chronic disease. In Paragraph 201 of the sixth edition, he affirms that a so-called local disease is never anything else than a part of a general chronic disease, but is a part of it which is increased all in one direction by the organic vital force, and transferred by it to a less dangerous (external) part of the body in order to allay the internal ailment. In the same paragraph he states that old ulcers on the legs get worse as long as the internal psora is uncured and it in turn continues to increase as time goes on—as is the nature of true chronic disease.

From my own observation I fully concur, but would add my conviction that in many patients suffering from leg ulcers there is a mixture of both psora and syphilis present. Diagnosis in these cases can be more accurately made by the response to the indicated remedy than by Waassermann or Kahn test. Certainly this is true in the old tertiary or inherited cases.

We all know how these ulcers tend to recur when

apparently cured, and this is especially true when they are made to disappear by the use of local treatment only. If it were not for the presence of a chronic miasm these cases would remain healed.

Of all cases which respond most rapidly to treatment, I consider the syphilitic stand easily first, while those due to uncomplicated psora come next, and those hardest to alleviate are probably due to a mixture of syphilis and psora.

Let me say here and now that I do not think any one is ever cured of psora, but I do think the homœopathic remedy acting on the vital force is able to neutralize the ravages of the miasm over a period of years in the young and in those who enjoy a strong constitution. However, when due to age and to the assaults upon it from without, which are attendant in our mode of living, the vital force becomes reduced in strength; psora latent for the time emerges and once more becomes active. This explains the recurrence of the disease which the patient thought himself cured of, or the advent of a new disease, which comes without any apparent cause.

It is likely that many of the cures in syphilitics are of the same nature, or are suppressions which appear to be cures.

The great fault in the so-called scientific treatment of these cases is that the ulcer is treated and not the patient. This is an error so easy to make for many of us. The ulcer holds the spotlight; it is so repulsive to behold; the pain is so severe, or the itching and swelling make such an impression on the physician's

mind that the patient is too easily forgotten and our efforts tend to localize in an effort to give speedy relief to this local symptom. Whenever this course is pursued failure is almost surely our reward.

There are, however, some local measures which may be employed which are mechanical and not suppressive. One is rest, another elevation, another gentle massage of the ulcer areola to allow circulation about and under the ulcer base. This last is highly recommended by Dr. Melville Campbell. Another is the use of adhesive strips crisscrossed over the whole ulcer and surrounding area. This prevents swelling and keeps the ulcer flat and promotes healing. It should not be employed until there is evidence of spontaneous healing. I use strips of adhesive one-half inch in width and allow them to remain in place for three days. When they are removed the ulcer is washed with clean water and fresh strips applied.

When consulted by a patient suffering from leg ulceration it is necessary to get as complete a history of former disease, including venereal disease, as possible. Also inquire into the family history. Try to get any mental symptoms, and general. For instance, a person of mild and tearful disposition would never respond well to a prescription of *Hepar sulphur*. These general symptoms help in quickly narrowing down the selection of remedies to one or two, and must not be omitted. The patient's mind is only on the ulcer, and you will have to dig these other and more important symptoms out of him.

Our repertories have very full and excellent

descriptions in their rubrics relative to the appearance, type of pain, discharge, etc., of the ulcer, and of the surrounding area; and these may be of the greatest help when the case is syphilitic, and are in no way to be disregarded. But an accurate prescription can rarely be made from these local symptoms alone.

I have found the syphilitic cases to be the most painful. These pains are terrible; in some cases reminding us of *Hepar sulphur* in their extreme sensitiveness to touch, bandages etc. If, however, the general symptoms are not present for *Hepar* you will find that *Kali hydroiodicum* in a low potency, 1x. to 3x., frequently repeated, or even in its crude form, will often give miraculous relief. These patients do not suffer from the violent rages or the sensitiveness to cold air which are attendant when *Hepar* is called for. The relief experienced so rapidly when *Kali hydroiodicum* is given may in some cases be a cure, in others a suppression, for these cases tend to relapse, or else may develop arterial hypertension and coronary disease, or cardiac dropsy. One patient who had a succession of ulcers, typically syphilitic in appearance, made a marvellous improvement under *Potassium iodide*. She later developed mild mental symptoms suggestive of senility, but these in turn improved under *Potassium iodide*. Her husband, age seventy, has recurrent dermatitis of the hands which appears to be a true psoric manifestation, and which is relieved by *Graphites* in potency.

Evidently I have not prescribed *Nitric acid* correctly, as I have had no brilliant results from its use. *Aurum met.*, *Kali bichromicum*, *Kali hydroiodicum*, *Merc.*

cum Kali iod. and *Merc. sol.* in potency have all given very wonderful results.

In the psoric cases we have less ulceration and more surrounding dermatitis with oozing, scaling, burning and intolerable itching. These cases are more difficult to manage because the vital force is evidently low, but where the symptoms are clear cut the remedy can be given with the full expectation of good results. The two cases following illustrate well the need to forget the ulcer when prescribing.

Mrs. P., age 38, blonde, healthy, strong, on her feet a great deal, many worries at home; she resembles a *Calcarea* patient; ulcer very sensitive; *Hepar sulph.* given because of appearance of patient and sensitiveness of ulcer; pains relieved but ulcer did not heal. It is shallow on the right leg, inner side, just above the inner malleolus. The parts became burning and the ulcer area more bluish than formerly. She complained of heart burn and belching which relieved, and bloated feeling in the epigastrium. *Carbo veg.* 200 once a week. The patient and ulcer promptly got well. This ulcer had been present for more than three years.

Mrs. S., age 70, patient at clinic, large, stout, swarthy complexion. She had a very large ulcer in the calf of her left leg. It had been present for over fourteen years and was so deep that it seemed to penetrate the muscles of the calf. It would easily accommodate one half of a large boiled egg. It had no special appearance, but I felt it to be syphilitic. The ulcer was painful and she had been treated for it

at various hospitals during the fourteen years without success. She had a history of indigestion and gas. Under gradually increasing potencies of *Carbo veg.* she made a very complete and rapid recovery. Her mental outlook changed and she took up Red Cross work at the Church and later was confirmed and became a Church member.

Mr. B., age 54, had an atrophic ulcer on ball of his right foot. It was dark in colour, rather dry and deeply penetrating. The cause was supposed to be a severed nerve from a shrapnel wound received in the Great War. The best surgeons could do nothing. He was warm blooded, could go out in cold winter weather without gloves and a very light coat; the feet sweat continually with the typical *Silica* odour. *Silica* 200 every two weeks worked wonders, and the ulcer healed in about two months. It has never returned to my knowledge.

The most difficult ulcers to heal are found in patients who have few or no symptoms other than the ulcer. I consider these patients to have a very low vital force. They are not able to react sufficiently against the chronic miasm to produce clear cut symptoms. These cases take much longer and have to have several remedies, the best environment and plenty of rest, to affect even a partial so-called cure.

Among the remedies frequently prescribed for these psoric or mixed miasm cases are *Arsenicum*, *Carbo veg.*, *Carbo animalis*, *Graphites*, *Hepar sulph.*, *Petroleum*, *Pulsatilla*, *Secale*, *Sepia*, *Silica*, *Sulphur* and *Rhus tox.*

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