The Treatment of a Diabetic Toe

- a Case Report

by Devi Hauser, Naturopath
I have been treating this 68-year-old farmer, Mrs. I.M., for about three years for Type I (insulin-dependent) diabetes mellitus. She is obese, has prominent varicose veins, arthritic hips and knees on both sides, and her fat metabolism is disordered on account of the diabetes mellitus.

Suddenly at the end of April 2007 an inflammation broke out on the second toe of her right foot. As I was away at that point, Mrs. I.M. went to her family doctor, who X-rayed the toe, and dressed the wound, applying a dressing with ointment. He advised the patient to seek early amputation of the toe.

Over the next few days, the swelling and inflammation of the toe increased. In the meantime, I had become contactable again, and Mrs. I.M. came to see me at my practice on 1.5.2007, so that I could get an impression of the state of her toe (see Fig. 1).

The patient agreed to follow my instructions to the letter. The dark-field microscopy of the blood produced the results as set out in Table 1. These results indicate a congestive state, i.e. a disease picture that was the work of Mucor racemosus.

Treatment was begun immediately. While she was still in consultation I administered 1 measuring spoonful of ALKALA N in hot water. Meanwhile I cleaned the toe and then set weals at the acupuncture points MP2 (pancreatic functional deficiency) and MP5 (master point for weakness of connective tissue), using NOTAKEHL 7X and FORMASAN. Using the remainder of the injection solution I applied urtication directly on and around the affected toe.

The patient was to come to the practice each day for a check-up.

The home treatment plan consisted of the following points:
- Strict adherence to diet devoid of primary antigens, i.e. no pig-meat, no cow's milk or cow's milk products, and no hen's eggs (as proposed by Dr. Werthmann). This dietary change was urgently needed, as the patient was eating pork, yoghurt, quark, cheese etc., almost every day, i.e. foods, which all favour excess protein and over-acidification.
- Every morning and evening, 1 measuring spoonful of ALKALA N powder in a glass of hot water on an empty stomach.
- Twice a day before meals, 40 drops of SANOUVIS.
- Daily foot-baths using Germanium bath pearls (from the BIOFRID Co.)
- Additionally, on alternating days: Mornings and evenings, 1 tablet each time of NOTAKEHL 5X with 20 drops of FORMASAN; NOTAKEHL 3X ointment to be massaged into the toe. On the next day, twice a day, 1 tablet of MUCOKEHL 5X and 20 drops of SANOUVIS; MUCOKEHL 3X ointment to be massaged into the toe.

As the patient was coming to the practice every day for check-ups, I could also perform micro-blood-the patient was hoping to avoid the amputation with a natural therapeutic approach. After an examination and lengthy consultation I came to the conclusion that a conservative attempt at treatment was certainly appropriate. Should there be no improvement within three days, or should the situation deteriorate, I considered that the amputation would be unavoidable.

### Table 1: Dark-field blood microscopy

<table>
<thead>
<tr>
<th>Findings</th>
<th>Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pronounced filite formation</td>
<td>Disordered blood supply</td>
</tr>
<tr>
<td>Macrosymprotites</td>
<td>Excess protein</td>
</tr>
<tr>
<td>Sporoid symprotites</td>
<td>Leaky Gut syndrome</td>
</tr>
<tr>
<td>Moderate quantity of mychites, rouleaux formation</td>
<td>Excess protein, over-acidification</td>
</tr>
<tr>
<td>Thorn-apple cells</td>
<td>Parasitic infestation</td>
</tr>
<tr>
<td>Lemon-shaped cells</td>
<td>Liver under stress</td>
</tr>
<tr>
<td>Mucor-symplasts</td>
<td>Disordered thyroid function</td>
</tr>
<tr>
<td>Blood shadows</td>
<td>Sign of inflammation</td>
</tr>
</tbody>
</table>
lettings to give some relief to the swollen toe.

As documented by the pictures, even after the second day there was a substantial improvement (see Fig. 2).

In addition, I also injected the following at acupuncture point Liver 13, to stimulate the metabolism: 1 amp. Aesculus Injeel (Heel) + 1 amp. Lymphomyosot (Heel) + 1 amp. Arnica Injeel (Heel).

A fortnight later, the toe had already healed and the treatment was terminated.

To celebrate this success and stabilise her newly-achieved well-being, the lady treated herself to a 3-month course of intestinal cleansing, according to the following plan:

**Fig. 2: State on Days 2, 6 and 8 of treatment**

The introductory phase of the treatment extended over 10 days:

- Diet: devoid of primary antigens, i.e. no pig-meat, nothing containing cow’s milk or hen’s eggs
- ALKALA N powder, twice a day 1 measuring spoonful in hot water, to be drunk on an empty stomach
- SANUVIS, 20 drops twice a day
- FORTAKEHL 5X, 1 tablet twice a day
- 20 drops of Phœnix Solidago at 18.00 hrs (time of maximum renal activity)
- 3 capsules of SILVAYSAN before sleeping, to support the liver at its time of maximum activity (1.00 - 3.00 hrs)

From Day 11 to the end of the 3 months:

**Monday and Tuesday:**
- ALKALA N powder, twice a day 1 measuring spoonful in hot water, to be drunk on an empty stomach
- SANUVIS, 20 drops twice a day
- CITROKEHL, 20 drops once a day in the evening
- SANKOMBI 5X, 10 drops mornings and evenings before eating.
- 20 drops of Phœnix Solidago at 18.00 hrs (time of maximum renal activity)
- 3 capsules of SILVAYSAN before sleeping.

**Wednesday:**
- ALKALA N powder, twice a day 1 measuring spoonful in hot water, to be drunk on an empty stomach
- RECARCIN 6X 1 suppository in the evening before sleeping (combats inflammations and arthritis and regenerates the mucosa)

**Thursday and Friday:**
- As for Monday and Tuesday.

**Saturday:**
- ALKALA N powder, twice a day 1 measuring spoonful in hot water, to be drunk on an empty stomach
- SANUVIS, 20 drops in the mornings
- CITROKEHL, 20 drops in the evenings
- 20 drops of Phœnix Solidago at 18.00 hrs.
- 3 capsules of SILVAYSAN before sleeping
- EXMYKEHL 3X, 1 suppository each morning and evening

**Sunday:**
- As for Saturday, but instead of EXMYKEHL 3X, 1 suppository each morning and evening, FORTAKEHL 3X

After three months, this intestinal cleansing could also be terminated.

**Fig. 3: State 3 months after treatment commenced**

The patient was given detailed advice as to her eating and drinking.
She is still (March 2009) keeping to these recommendations, besides which she is continuing to take ALKALA N baths regularly, 3 capsules of SILVAYSAN, a White-thorn preparation and, half-an-hour before meals, she drinks liver-bile tea.

After two years Mrs. I.M. is still in good health. Her diabetes has improved considerably. Last December the patient celebrated her 70th birthday, and many of her family and friends were there. Her toe was healthy, and she was in an astonishingly good state of health.