



Persistent Crural Ulcer

by Wolfgang Podmirseg, Naturopath



A 72-year-old former proprietress of a butcher's shop visited my practice one evening after dark, since she found it embarrassing to appear in public in the state she was in at that point. On her left foot she was wearing a plastic bag instead of a shoe.

On examination I found, on the proximal joint of the big toe, a crural ulcer, sharply defined - looking as if it had been punched out - and about the size of a 50-pence piece. The lesion had been dressed with a zinc oxide plaster and was weeping copiously. It was not healing, and the dressing was being changed several times a day. Those who had treated it previously had employed - inter alia - regular ozone gas applications; however, there had been no improvement for months.

Aetiologically, the body was using this persistently open wound as an emergency detoxification vent, to rid itself of toxins in a minimalist fashion. So long as the source of the poison went undetected, this drainage channel would have to trickle on for an indefinite period. The treatments she had had up to that point were only palliative, achieving nothing but stasis.

As I talked with the patient it became clear that, regrettably, nobody had ever enquired about her life-style and eating habits, although it seemed obvious that such things could not be in a very satisfactory state, considering what this woman's occupation had been. This was confirmed in the course of thorough examination. She was also 3 ½ st. above her ideal body-weight. If we want to guide somebody towards healthy eating habits when they have been accustomed from childhood to

consume large quantities of meat (mainly pork), then we are faced with a task which verges on the impossible. This is particularly true in the case of older patients who, in spite of explanation, are often unable (or unwilling) to appreciate the link between illness and the consumption of meat, protein and fats. Frequently their reply is: "What else is there, if you can't eat meat?" This attitude is particularly prevalent in certain areas.

However, an appropriate treatment in this case would consist of an alkaline diet devoid of cow's milk, hen's egg proteins and animal fats. A colon cleansing was urgently needed, but was categorically refused. The woman's attitude was very uncooperative and dismissive. With her agreement an attempt at treatment was undertaken, for which I personally did not hold out great hopes. Right from the start it was expressly understood that this was simply an experiment, and that success could not be guaranteed. Her main priority was to be able to get her foot into a shoe again as soon as possible. As the stubbornness of the person in this case was overwhelming, that whole notion had to take a back seat. Unreasonable wishes are expensive, but the lessons learnt from them are that much more useful.

The treatment plan (Table 1) was embarked upon, as I have said, with an undefined outcome. That was what the lady wanted: an experiment with an uncertain outcome. By the end of the sixth week there was a slight decrease in the diameter of the lesion, and the edges were not so steep. They were getting transitional coverings of fine, delicate new skin. The weeping was gradually drying up. Three months later the orifice of the lesion was only the size of a drawing-pin.

After 6 months everything had closed up and healed. However, the new skin was very thin and transparent, and looked very vulnerable. It was not as yet possible to wear a shoe. The woman had been using ALKALAN over a long continuous period and, as a result, she was emotionally brighter and more amenable. But her impatience was mounting, because her dream of wearing a shoe was taking so long to be realised.

The question of carrying out appropriate environmental cleansing of the body, change of diet and detoxification was now resurrected; after all, the results so far left a lot to be desired. But the patient's refusal came back like a shot. Apparently

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| <ul style="list-style-type: none">• ALKALAN Powder
1 measuring spoon twice daily in hot water; twice daily, long-term, pH level of urine to be measured and results noted• Phlogenzym tablets
5 tablets 3 times daily; the 5 tablets to be taken together• MUCOKEHL 5X amp. + SANUVIS amp.
Combined injection i.m., three times a week• Venalot amp.
Injection i.m., twice a week• MUCOKEHL 3X ointment
To be applied to the edges of the lesion several times a day. |
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Table 1



her suffering was still not intense enough to bring about a change of heart. There are people who need a high level of frustration to bring them to their senses. From my experience the point can still come at which the patient's cup of suffering and disappointment runs over, and so I still had high hopes of achieving a good result, even with this patient.

Following that, the treatment was suspended for 3 weeks, because the lady had booked a holiday in the mountains. A follow-up appointment was agreed.

On her return the suspected, predicted disaster had occurred. The ulcer was back to its original state; in other words, everything was open,

as it had been initially, with a covering of white candida. Only now had the woman taken in what I had initially meant by dietary change, colon cleansing, dieting and detoxification.

What had caused this relapse? The lady recounted what had happened on her holiday: "I realised that one day I'd have to comply with all the

Elimination

- OKOUBASAN 2X drops 5-10 drops in the morning, Mon.-Fri., alt. daily with
- USNEABASAN drops 5-10 drops in the morning, likewise Mon.-Fri.
- LUFFASAN 4X tablets 1 tablet daily on Saturdays & Sundays
- MAPURIT caps. 1 caps. daily at midday.
- ZINKOKEHL 3X drops 10-20 drops in the evening.

Additionally:

- PINIKEHL 4X caps 2 caps. daily before breakfast
- Vitamin C 3g. daily

This elimination lasted for 7 weeks; thereafter:

Environmental Cleansing, according to the following plan:

- ALKALAN powder As previously (see Table 1)
- FORTAKEHL 5X tablets 1 tabl. twice daily for 10 days, then change to:
- MUCOKEHL 3X suppos. 1 per rectum in the morning, and
- NIGERSAN 5X tablets 1 in the evening, both from Monday to Friday
- FORTAKEHL 5X tablets 1 in the morning & 1 in the evening, Sat. & Sun.

The cycle of FORTAKEHL, MUCOKEHL and NIGERSAN was used over a period of several months.

Additional injections

- Hepar comp. Heel amp.
- Ubiquinone comp. Heel amp.
- MUCOKEHL 5X amp.
- CITROKEHL amp.
- Cutis comp. Injeel Heel.
- Xyloneural Combined injection twice weekly, i.m.

Further additions:

- NOTAKEHL 5X tablets crushed and sprinkled on the lesion, alt. daily with
- MUCOKEHL 3X ointment applied to the edges of the lesion
- SANUKEHL Strep. 6X drops 10 drops once daily, rubbed into the hollow of the elbows, alternating daily with:
- SANUKEHL Staph 6X drops 10 drops once daily, rubbed into the hollow of the elbows

Table 2: Complete treatment plan



recommendations and instructions I'd been given. I've seen for myself how long it all takes to achieve a tiny amount of progress, and how much money it costs. On my holiday I took advantage of the final opportunity to overindulge in food and drink, sheer gluttony, because I knew that after that I wouldn't be allowed to do it any more. It was my last opportunity for a final fling, before life became deadly serious and the diet torture began. Even in the second week I had to cut short my holiday, because my leg was weeping and hurting just like it used to. The dressing had to be changed very frequently, because the weeping was getting worse and worse."

Now the moment had arrived when she was completely prepared to go through with proper treatment. The previous prescription was stopped, apart from the ALKALAN, and in its place the metabolic detoxification was set in motion (Table 2). In the sixth week of this environmental cleansing things were obviously looking up; her whole sensitivities were completely different. The leg

was no longer weeping. The tissue of the new skin covering was more stable and compact. Two months later the lesion had closed and the healing was complete, requiring no further medical care. As a precaution the patient was advised to have a tailored, loose-fitting orthopaedic shoe made, as a temporary arrangement. A crural ulcer on the proximal big toe joint is extremely awkward as regards moving about, as far as both foot and shoe are concerned. On the other hand, the same symptom on the knee is considerably less problematic.

In the meantime, we arranged for monthly checkups to monitor her progress and keep an eye on the healing. The whole process lasted about two years. In the end she was once more able to wear a normal shoe. The lady adhered to the diet and the pH tests. There were no further relapses. It is now up to the patient as to how long the situation remains stable. As we parted company she said: "Pig-headed creature that I am, if only I'd done everything I was recommended to do

in the way of treatment right from the start, I would have saved myself a lot of grief, frustration, despair, pain and unwellness - not to mention a thousand other niggles, quite apart from all the money I've had to pay out. Still, it's been a very useful and salutary experience. If I'd carried on taking all the antibiotics, cortisone, painkillers and all the other stuff I was taking before, who knows what state I'd have been in by now? There's no fool like an old fool - in the fullest sense of the word!"

This statement really requires no further comment. It is merely one more proof of the results that natural, biological medicine is able to achieve. This is particularly the case with chronic illnesses, in which Allopathy is often woefully inadequate. However, nothing will be achieved by either system without the full co-operation of the patient.

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