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## **Chronic Leg Ulcer**

### **an *Asafoetida* case**

with discussion by Karl Robinson, M.D.

Has homeopathy changed over the last two hundred years? Has disease changed? Have our remedies changed? Or has the way we understand them changed?

In the light of these questions let us examine a case from Dr. Phidor Baudis of Hungary. In 1826 he took the case of his wife who had been suffering for eight years with a leg ulcer.

In 1818 she was 40 years old and "of strong constitution, choleric temperament, and always well, was stung by a mosquito on the inner side of the lower part of her left leg". The area proceeded to become inflamed and the foot to swell. She took "a foot bath of bran after which she had great pain."

The following day a doctor came and ordered "a white plaster...with Camphora," which resulted in more pain and inflammation. Pimples appeared, opened, and turned into ulcers. Another doctor was called who changed the treatment ordering a special poultice, which further increased the pain and inflammation. The "ulcers did not heal, but, on the contrary, all formed one large ulcer".

She went from one doctor to the other over the next six years steadily growing worse until, finally, her husband decided to treat her himself using homeopathy.

He recorded the following symptoms:

- pressure in the temples, and on the outer edge of the left orbit
- burning in left eyeball
- dimness of sight...piercing, burning pain in left cheek
- ringing in the ears
- pressure in left ear
- toothache
- dryness in the mouth;
- drawing pain along the left side of the neck, downwards, when moving
- perceptible pulsation in the pit of the stomach
- pressing, piercing pain in the chest, when sitting
- little appetite
- after eating, sensation of heat in the face, and pressure in the region of the

- stomach
- stitches in the left side of belly when walking
- burning in the abdomen
- bellyache, with emission of flatus
- diarrhea, with bellyache
- dull pain in the left shoulder blade
- stitches in the muscles of the back
- fine stitches as of a needle, around the left loin
- drawing pain along the upper arm down into the elbow
- rending pain in the forearm down into the tips of the fingers
- pressing, drawing in the left wrist
- when moving the fingers of the left hand, rending pain in forearm
- rending in left thigh when walking
- fine stitches in left knee when sitting
- piercing pain running down the left tibia
- tensive burning in the left calf
- great difficulty in walking
- a dark, red, hot swelling on the inner side of left leg, from the calf to the ankle bone
- digging pain on inner side of left foot
- a large ulcer two and a half inches long, one and a half inches broad, with hard bluish edges, on the inner side of the lower part of the tibia, with visible caries of the bone
- the least touch of the edges of the ulcer caused an unbearable pain: a fetid, thin pus was discharged
- black, gangrenous flesh above and below the ulcer
- cold swelling around the inner left ankle bone
- extreme sensitiveness all around the caries
- removing the lint or compress caused violent pain
- fine stitches in the left great toe
- heaviness of the whole body
- little sleep, full of dreams
- always at midnight violent pain in the left side,
- from the head to the great toe
- fever
- ill-humored, peevish, irritable mood

Dr. Baudis, rightly or wrongly, blamed her symptoms on "the salves and otherwise introduced medicines". The question is how would we, one hundred seventy-six years later, analyze the case?

Would some of us immediately fasten on her mental state and decide that, whatever the remedy, it must contain a strong component of irritability?

After all, we might reason, another person might have gone into indifference with the same symptoms. Or, we could say, after six years of pain and little sleep it would be a wonder if she were not irritable?

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Let's just look at the facts and keep in mind Boenninghausen's suggestion that a complete symptom should include:

1. location
2. sensation
3. modalities
4. concomitants

What jumps out? A strong left-sidedness.

What are the sensations? Pains that burn; pressing pains; piercing, stitching pains; and drawing pains.

Modalities? Worse sitting, worse walking, worse touch. This last being particularly marked as "the least touch of the edges of the ulcer caused an unbearable pain."

Another of Boenninghausen's components for a complete symptom is 'What?' Meaning that we need to know what the problem is and how to describe it.

The principal problem was a large ulcer. It had a "hard" edge which was "bluish". There was pus which was "fetid" and "thin". Around the ulcer the flesh was "black" and the ankle had a "cold swelling".

A concomitant to the ulcer was the fact the tibia was disintegrating, as there were "visible caries of the bone."

This case, translated from Stapf's Archives, vol. 6, No. 3, pp. 110-114. 1827, was, to Dr. Baudis a clear example of *Asafoetida*. Using **The Boenninghausen Repertory**(TBR) edited by George Dimitriadis, let's look at some rubrics.

There are four grades in TBR. *Asafoetida* appears as follows:

- left sided (4)
- stitching pains outer parts (4)v
- burning outer parts (3)

Boenninghausen's TBR has an entire ulcer section and *Asafoetida* appears in over twenty rubrics including:

- ulcer (4)
- ulcer hard edge (3)
- ulcer hard circumference (4)
- ulcer bluish (2)
- ulcer hypersensitive edges (4)
- ulcer discharging pus (4)
- ulcer pus offensive (4)
- ulcer pus thin (4)

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Finally, the concomitant involving the necrotic bone: *Asafoetida* appears under:

- Bone, necrosis (2)

Baudis gave his wife one drop of *Asafoetida* in the 6th centesimal potency and kept the ulcer clean. Improvement set in overnight.

Within a week a small piece of the tibia was extruded and within thirty-six days his wife was entirely cured. He wrote up the case two years later noting "my wife is enjoying the best health, without feeling the least pain in her leg when the weather changes".

He only gave one dose of *Asafoetida* 6c. Baudis, we know, solved the case without a repertory as none was published at that time. Boenninghausen's Repertory of Antipsoric medicines was first published in 1832.

This case came to my attention courtesy of Kim Elia who was lecturing on *Asafoetida* in Albuquerque, N.M., for the New Mexico School of Classical Homeopathy.

I was struck by the chronicity and seriousness of the pathology and the fact that most modern homeopaths rarely get to see this side of *Asafoetida*. In fact, when it is taught these days, most lecturers invariably mention the hysterical side of *Asafoetida*. "Globus hystericus" is always mentioned.

Phatak in his repertory wrote,

Fickle, can not persevere in any thing. Wants now one thing, then another, walks hither and thither. Magnifies her symptoms. Craves sympathy. Hysteria from sudden suppressed discharges. Fainting during pain. Faints almost without cause, in a closed room,[from] excitement or disturbance. Hysteria with much trouble about throat or oesophagus, clutches throat. Dissatisfied with oneself. Complains of her troubles. Changing moods; fits of joy with burst of laughter.

So, we see the emphasis on the mental emotional state in Phatak's description and his is typical. Yet Dr. Baudis's wife had virtually no mental symptoms and certainly none corresponding to what Phatak wrote.

This in no way invalidates Phatak or other writers of material medica but it does exemplify how homeopathy can be elegantly practiced working on clear physical symptoms.

I cite this case because, in my opinion, we need to pay more attention to the fine details of physical pathology and, I would suggest, de-emphasize the mental emotional state of which, perhaps, we have become overly fond.