

BIOLOGICAL THERAPY

JOURNAL OF NATURAL MEDICINE

REPORT FROM THE MEDICAL PRACTICE

Circulatory Disturbances of the Leg

reprinted from *Biological Therapy*, Vol. IV, No. 1, April 1986, p. 10

DR. MED. HANS SPINDLER

Question:

Since peripheral circulatory disturbances irrespective of etiology or origin have increased very much in recent years and since patients even in younger years and up to middle age frequently suffer from them, the question of the possibility of treatment with biotherapeutic agents has gained more and more importance in the case of these pathological conditions. What therapy has been shown to be most effective?

Answer:

The case history reported below should be understood as an example from the practice regarding this question.

In the case of a 42 year old female patient, the question of amputation of the right lower leg was included in the differential therapeutic considerations approximately 1 year ago because of severe circulatory disturbances of the leg on the right side with pain while at rest and pronounced trophic changes to the foot and lower leg.

The foot pulse and the pulse at the tibial artery could no longer be felt in the diseased limb, while weakening of the corresponding pulses was present at the foot or lower leg not involved. Ratschow's test was pathological on the diseased foot, while pathological changes were also found at the corresponding other half of the body on performing this simple examination method which has been proven for a long time in clinic and practice. Buerger's test also showed pathological changes which pointed to analogous circulatory disturbances in the region of the upper extremity, especially on the right side. The claudication distance was at ten meters, after which intolerable pains occurred forcing the patient to stand still.

The therapy with a known theophylline derivative in tablet form and with a pentoson polysulfo-ester (daily 1 ampule of this preparation orally) administered initially for 3 months

could indeed check the progression of the complaint somewhat, but it led to no significant improvement so that the Damoclean sword of amputation kept hovering over the patient's head. The claudication distance was still 10 meters after conclusion of this therapy, i.e. after 3 months.

The prescription of *Secale compositum*, *Arnica-Heel*, *Aesculus-Heel* ana subsequently led within ten days to a subjective and objective improvement. Initially 20 drops of this magistrally prescribed preparation were administered 3 times daily for ten days, subsequently (after ten days) continuous medication of 10 drops 3 times daily took place for six months. After a total of six months, the complaints had largely subsided. The objective findings (Ratschow's test, Buerger's test, foot pulse) had also largely normalized. The claudication distance was around thirty meters after the therapy undertaken for six months with *Secale compositum*, *Aesculus-Heel*, *Arnica-Heel* ana. Further therapeutic measures were performed during this time insofar as foot sandals (according to Thompson) were worn and dry brushing took place.

A cause for the peripheral circulatory disturbances could not be found. Likewise no accurate classification of the same in one of the many different syndromes in this respect was possible. However, it is certain that this was not a case of diabetic or of arteriosclerotic circulatory disorders. The reported findings and the described therapeutic results should reveal clearly that in the case of this patient with her clearly delineated preliminary and main observation time in the sense of P. Martini it was a question of a *propter hoc* and not of a *post hoc* healing or improvement, such as people are pleased to say about biological preparations.

Dr. med. Hans Spindler
D-8543 Hilpoltstein
West Germany

BIO PATHICA LTD
P.O. BOX 217
ASHFORD KENT
TN23 6ZU

TEL: 01233 63667
FAX: 01233 62880