CALENDULA AND THERMAL BATHS FOR TREATING A HIGH-GRADE IATROGENIC DISABILITY

Dear Editor:

The case I am reporting in this letter represents my own personal experience as a patient. While my being both patient and doctor in this situation means that there was an “empathetic bias,” I have checked with my colleagues, and they have told me that my view of the events is basically accurate.

On February 13, 2004, I underwent ambulatory surgical removal of a nevus from the dorsolateral region of my left foot, as had been recommended by three dermatologists. Afterward, I was unable to attend to my personal needs for 15 days. I was only able to walk at home (for no more than 3 meters) only by using crutches. My pain reached a score of 9 on a visual analog scale; this pain was not controllable through analgesics or minor opioid agents. I also developed an undermined lesion.

After 1 month, I underwent a second surgical procedure, which was done to investigate my rejection of unabsorbed and infected material from my stitches.

My iatrogenic ulcer only healed in May when I tried—after the failure of allopathic drugs—local applications (as a pomade) of calendula (Calendula officinalis; marigold), for 10 days (t.i.d.). Thereafter, for the subsequent 30 days, I walked very slowly, autonomously for 300 meters. Medical or physical treatments were ineffective in enabling me to walk normally. The pain I experienced (i.e., burning at the still-undermined iatrogenic keloid and striking distally as a result of my iatrogenic neuropathy) was still great.

In mid-June, a trustworthy surgeon suggested that I try thermal baths before undergoing a third surgical procedure on my still-undermined keloid. I went to the wonderful thermal baths of Ischia Island, near Naples, in Italy. These baths are known worldwide for the curative effect of their volcanic waters. I had hydrotherapy at different temperatures (from 15°C to 40°C), 8 hours per day for 15 days, and I walked up and down to reach the 20 pools disseminated throughout the bay in this region.

When I went back home, I was able to move normally at a regular speed. A surgeon found that my scar no longer had the undermined keloid and noted that a reintervention was no longer necessary. Now, in 2005, 18 months from the outset of my first surgical procedure, I have only a chronic painful iatrogenic neuropathy, but I can walk normally.

Perhaps readers might be sceptical about the experience I have related in this letter. I would be too. I am a true allopathic physician. I prescribe only evidence-based therapies in my everyday practice. Furthermore, I teach evidence-based health care in Continuing Medical Education courses. Nevertheless, I did find that the solution to my own “health nightmare” lay in a nonallopathic herbal treatment and the nonsurgical remedy of using the baths.

As a result of my personal experience, in my practice:

(1) I will be more cautious about prescribing invasive procedures to my patients; and
(2) I will be more open-minded and empathetic with suffering people in the future.

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HOMEOPATHY AND ACUPUNCTURE TEACHING AT THE UNIVERSITY OF SÃO PAULO MEDICAL SCHOOL: THE UNDERGRADUATES’ ATTITUDES

Dear Editors:

The Brazilian population’s interest in complementary and alternative medicine (CAM) is as great as in other countries, mainly with regard to homeopathy and acupuncture. The Brazilian Federal Council of Medicine recognized homeopathy and acupuncture as medical specialities (in 1980 and 1995 respectively). These therapies are available for the population in primary care clinics, and the medical fees and expenditures are reimbursed by private medical insurance companies, in contrast to most of the health care systems in the rest of the world.

Despite this there are few medical schools in Brazil that include the systematic teaching of homeopathy and acupuncture as obligatory or optional (elective) disciplines in their curricula, depriving the medical class of orientation con-