

A question of ba

Podiatrist *Colin Perry* examines the role of homeopathy in his work

Podiatrists treat a wide variety of foot and lower limb pathologies. As a practising homeopathic podiatrist, it is important to understand my patients and all their individual differences. I no longer see the patient merely in terms of lesions and conditions, but in a more holistic light. Their podiatric problems may have become compounded by factors such as grief from bereavement or work-related stress. If we feel overstretched and find life difficult to cope with, it is little wonder that we feel both physically and mentally drained. Conversely, if we are well and full of confidence our whole system is liable to be more robust.

Homeopathy has allowed me to combine my knowledge of physical pathology gained as a podiatrist, with the psychology that I studied whilst reading for a post-graduate university degree. It is an ideal philosophy for guiding the healer into a deeper and meaningful rapport with the patient. In recent years I have encouraged patients to talk to me whilst they walked up and down in the surgery, either barefoot or with their shoes on, depending on how they felt it was easier to tell their stories. Some people seem to find it easier to talk about problems they may be experiencing in their lower limbs when given the opportunity of being able to demonstrate what they wish to communicate by acting it out – the whole story being somewhat different from the sum of its parts.

Orthoses

At this point, it may be informative if I give you a brief resumé regarding the subject of podiatric biomechanics. Fundamentally, this is an anatomical discipline. The practitioner is trained to look for problems in the patient's skeletal structure. Gait analysis and pressure analysis have been used in conventional podiatry during biomechanical assessment for many years. Taking notes, whilst observing the way people walk, combined with evaluating the way their feet contact the ground, are important factors in podiatric biomechanics. It is possible to use these results to assist in



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the prescription of suitable insoles called orthoses.

Functional foot orthoses aim to help correct the way people walk. The podiatrist is working with humans in not a dissimilar way that a farrier adjusts horseshoes to align the legs of a horse so it can canter around in a more balanced fashion. Patients, who use their feet a lot while working or playing sport, can develop pain in the shoulders, back and lower limb if they are not walking correctly. This can be because bones in their feet are not aligned correctly. Podiatrists use terms such as “overpronation” and “forefoot adduction” to describe different conditions that may need correction. Laymen tend to stick to more accessible terminology such as “dropped arches”.

Accommodative foot orthoses are primarily designed for comfort: they seek to take the pressure away from uncomfortable lesions and to provide soft agreeable shock absorption. People suffering from conditions such as diabetes and arthritis are often made more comfortable by the gentle support that they can offer. Elderly patients may not respond favourably to “correction” using firmer functional orthoses, as they may no longer have the strength in their

bones to adapt to this more robust form of treatment.

Some podiatrists refer to semi-functional orthoses. These belong somewhere between functional and accommodative orthoses. I must admit, however, I have always found the barriers between all three somewhat blurred. The good news is that if orthoses are correctly prescribed, they can often provide a safe and comfortable treatment that is non-invasive and able to be modified and adapted if indicated.

Gait analysis

For some years now it has not only been possible to observe patients walking but also to take films as they do so. These can be played back at normal speed and also in slow motion. It is possible to film the patient so the practitioner can see the whole body moving through the gait cycle. Information can then be recorded and, with the patient's consent, stored for future reference. This can be particularly useful in complex cases or when you wish to refer back to it, to see if there has been a change in the way that someone is walking several years later. It is often possible, however, for an experienced practitioner to make an accurate diagnosis and prescription without the

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need of visually recorded gait and or pressure pad analysis. A good eye and a note pad, in conjunction with asking the patient the right questions at the right time, can be faster and just as beneficial as relying on technology. There is nothing wrong with using technology, as long as it supplements rather than replaces the relationship between practitioner and patient.

When I first started to use gait analysis to assist in homeopathic treatment is difficult to say. I suppose it was a little like a certain *Medorrhinum* symptom, when a person imagines someone stalking them. It simply crept up on me, evolving rather than becoming a conscious decision on my part.

Homeopathic treatment

One of the first times I remember using the technique of encouraging a patient to talk about their pathology whilst walking and standing was about ten years ago. The patient was a male approaching late middle age. He had visited me on several occasions for minor foot problems such as a few small corns and some flaky white dry skin on his feet. He always presented at the clinic in a very smart designer suit and tie, his hair and appearance immaculate. Unfortunately, he appeared to be somewhat withdrawn and reluctant to say little more than was necessary to enable me to treat the lesions on the skin of his feet.

After I had seen him a couple of times, he became noticeably more relaxed during his appointments. It was unlikely that he would ever be the most loquacious of patients, but his body language was definitely less tense than when we first met. Near the end of a consultation I asked him, as I had always done before, if there was anything else he would like to bring to my attention? I was surprised when he got up out of the treatment chair suddenly animated and walked up and down saying that he thought his feet needed a little support, they ached more and more as the day went on. He told me that he was worried about his business affairs and I noted that there was a general insecurity concerning material possessions. He also mentioned that the ache in his feet that developed was strange, because it

was hot and burning. Normally he felt on the chilly side. He had recently been awoken by dreams concerning losing money or having property removed; death was often featured. Quite often his feet were still burning when his dreams woke him an hour or two after midnight. This burning ache was bad enough to prevent him going back to sleep again. I encouraged him to elaborate. He said he felt he needed support to lift up his arches. He was sure this would assist. All this was explained to me as he stood and walked about as he pleased.

I booked him for a further appointment to decide what prescription would be best regarding orthoses. I noted that constitutionally *Arsenicum album* would hopefully assist, so I gave him a single dose of 30c potency before he left. Also I told him to buy a bottle of witch hazel and use it when indicated to cool any burning in his feet. Witch hazel really is marvellous stuff for cooling tired feet and also helps hot inflamed veins.

A week later he came back to see me with a smile on his face. "Those pills you gave me really helped, also the witch hazel feels great. My feet are not keeping me awake at night now." I prescribed some suitable orthoses and if the burning ache returned he agreed to take another dose of *Arsenicum album*. The combination of conventional podiatry, homeopathy and rudimentary psychology proved to be beneficial in this case. In fact a little mnemonic of mine now is: PHP (podiatry, homeopathy and psychology). If I succeed in getting them all balanced and working together properly then it is probably good news for the patient.

The bean pole

Shortly after this, a well-spoken woman in her late 50s booked a consultation with me. Her main symptoms were leg cramps and tired, aching arches. She was slim and tall. She had what can best be described as a serious demeanour and I guessed that she was introverted. The introversion could be connected to an emotional barrier that she had built around herself. We agreed to book her for a gait analysis consultation.

On the day when I was to film her

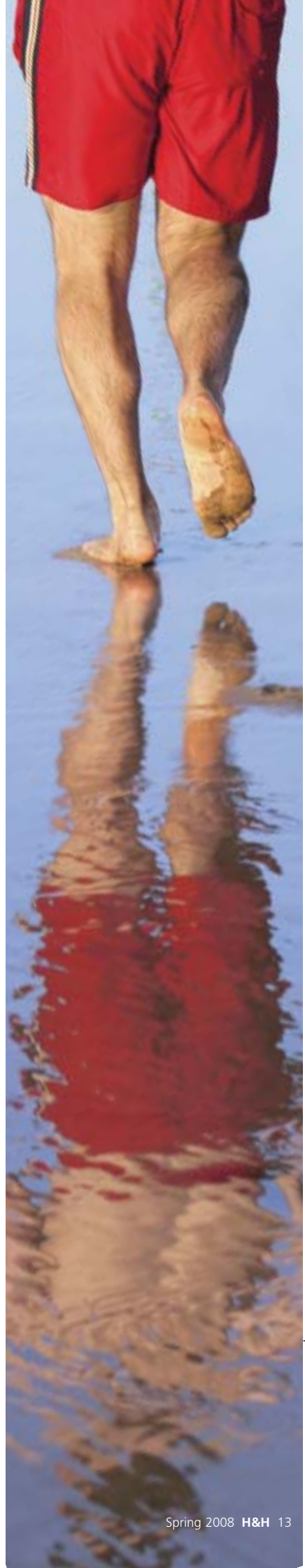


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rally adopted without thinking about it. “I’ve always got my eyes on my feet,” she said.

We talked about exercise. She told me that all she did nowadays was walk the dog and go shopping and it was at these times she noticed the pains in her legs and feet. Whilst discussing this she said that a few months ago it had started on the right hand side. She then stopped and demonstrated where the problem had begun by rubbing her right leg and foot. Now, she explained, both lower limbs ached after walking for around 20 minutes. She recalled that as a school-girl she had taken part in many sports, she was good at them and it gave her more confidence with the other children.

I checked her circulation, all the pulses in her feet were as they should be and there were only minor varicosities around the ankles. The film indicated that due to the position of her feet customised orthoses might well help her. I also prescribed *Lycopodium 30c* twice daily for three weeks. A month later she returned to the clinic full of the joys of spring. She had worn the devices and also taken the homeopathic medicine and could now walk for almost an hour without discomfort. Her confidence had also improved. She had decided to go on a much-debated holiday with a friend. Previously, she had used the dog as an excuse for not going but had found another friend who was only too pleased to look after him while she went off on her trip.

The dancer

Another early case that comes to mind is that of a small, morose dark-haired girl who was literally dragged to see me by her excessively worried mother. The poor thing obviously did not want to be there and gave me the type of look someone would give to the devil before he tried to drag her away screaming! “What appears to be the problem?” I ventured.

The mother then explained at great length and in considerable detail that flat arches and bunions were an inherited family trait. This unfortunate girl was almost certainly developing them and I really had to do something to cor-

rect matters as soon as possible. The girl said she was in no pain at all, her feet felt and looked fine and she really did not want to take her shoes and socks off. The very idea of having her feet examined was not at all welcome.

A little psychology was evidently called for. I explained that, unfortunately, very few people came to see me with good feet; as she had told me that hers were perfect, the privilege of seeing them would give me great and lasting pleasure. Barefoot she stood before me and validated herself completely. Everything was exactly as it should be, bones aligned and in correct position, strength and flexibility perfect for an eight year-old girl. Standing and sitting she showed no abnormalities. I told the girl this and she was delighted.

The mother, however, was not yet ready to concede. It almost seemed that she was determined that her daughter should inherit a crippling legacy. Much to the daughter’s annoyance, I suggested that if she submitted to a gait analysis this would clarify matters completely. To please the mother we agreed to film the proceedings so we could play back at normal speed and also in slow motion. Well, my poor patient had had enough. She got up out of the chair and stomped up and down. I said to the mother that we would have a better chance of seeing her walking naturally if we left her on her own for a few minutes, so we withdrew to the waiting-room. When we returned some five minutes later she was dressed in her shoes and socks again and with a grin on her face, like the cat who had got the cream. When we played the tape back, it was obvious that there was nothing for the mother to worry about. As soon as we left the room the patient proceeded to dance her ballet steps for the camera. The performance was worthy of the National Ballet and hopefully assured the mother that her daughter was not only sure-footed but also extremely talented with it.

Homeopathy teaches us *inter alia* to always use the smallest possible dose of a remedy for the shortest possible time. In this last case it was evident that no remedy was indicated.

walking she came in wearing a pair of shorts. This was so I could draw lines down her legs in felt tip. These lines were to be used as reference points when playing the film back to make a diagnosis. The first thing I noticed as she walked up and down was the stoop in her shoulders. When questioned, she said she had no history of shoulder problems. She told me that when she was 12, she was the tallest girl in the class and was always being teased by her peers and called names such as “bean pole”. Dropping her shoulders made her feel smaller and more proportionate to the others and it had become a habit that she had natu-



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