

EFFECT OF CALENDULA ON TROPHIC ULCERS

Sir,

We concur with Dr Srinivasan's view in his article (*Lepr Rev*, 1989; **60**: 278–82). Only immobilization of the affected part can facilitate healing and prevent repeated trauma. However, in our field areas, medical advice on immobilization went unheeded because the patients (usually illiterate farm labourers) feared loss of daily wages. Many refused plaster casts because of social reasons but preferred using topical antibiotics prescribed by obliging practitioners.

With the objective of preventing secondary infection, we tried to compare the effects of an inexpensive homeopathic ointment (calendula) and topical antibiotics. In this study, 18 patients of both sexes in the 25–45 age group were randomly divided into 3 groups using the lottery method. Only 4 patients were on multidrug therapy while the others had been 'released from treatment' following prolonged dapsone monotherapy. Calendula ointment is prepared by mixing tincture of marigold flowers (*Tagetes patula*) with 10% white soft paraffin. In order to ensure 'blindness', calendula ointment, topical neomycin (commonly prescribed by practitioners in our field area) and plain white soft paraffin were re-packed in identical containers and labelled with code numbers.

After 3–4 weeks, patients using calendula ointment showed 30–40% reduction in depth and diameter of the trophic ulcers and absence of any secondary infection, despite their refusal to immobilize the affected part. Since calendula is a natural product with no known untoward effects, we feel that our observations may be useful to field personnel facing similar problems.

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