

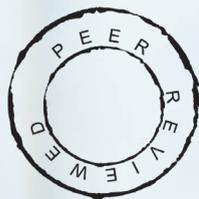
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THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Skin disorders and Homoeopathy

- A case report of exfoliative dermatitis treated holistically by renewed and highly diluted simillimum
- Homoeopathic management of psoriasis with Mercurius solubilis: a case report
- A case study on psoriasis using Kent's Repertory



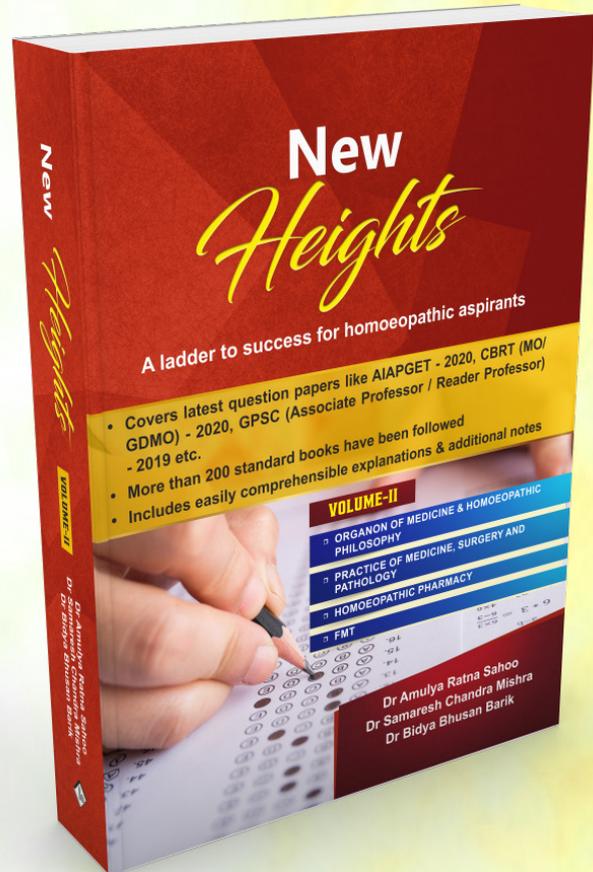
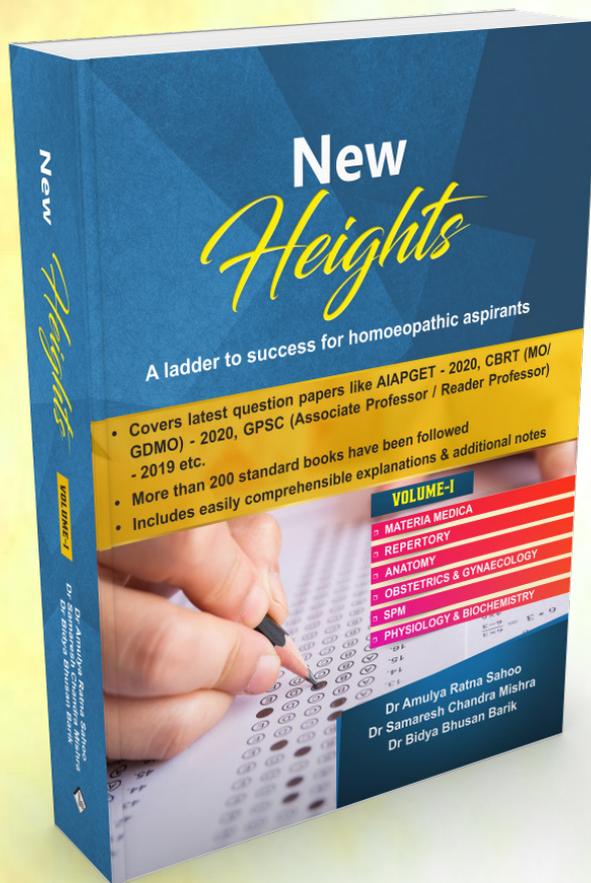
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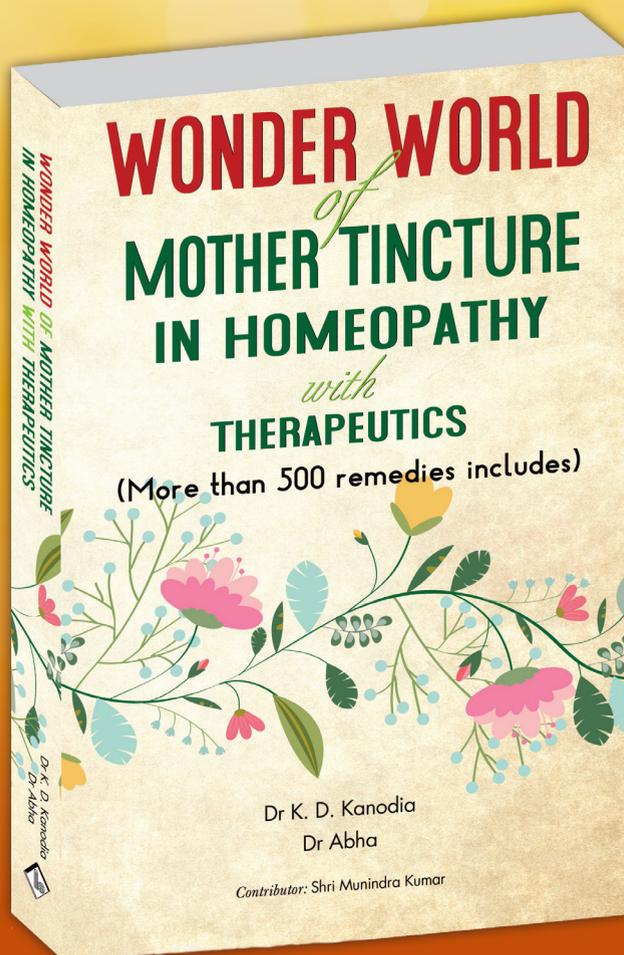
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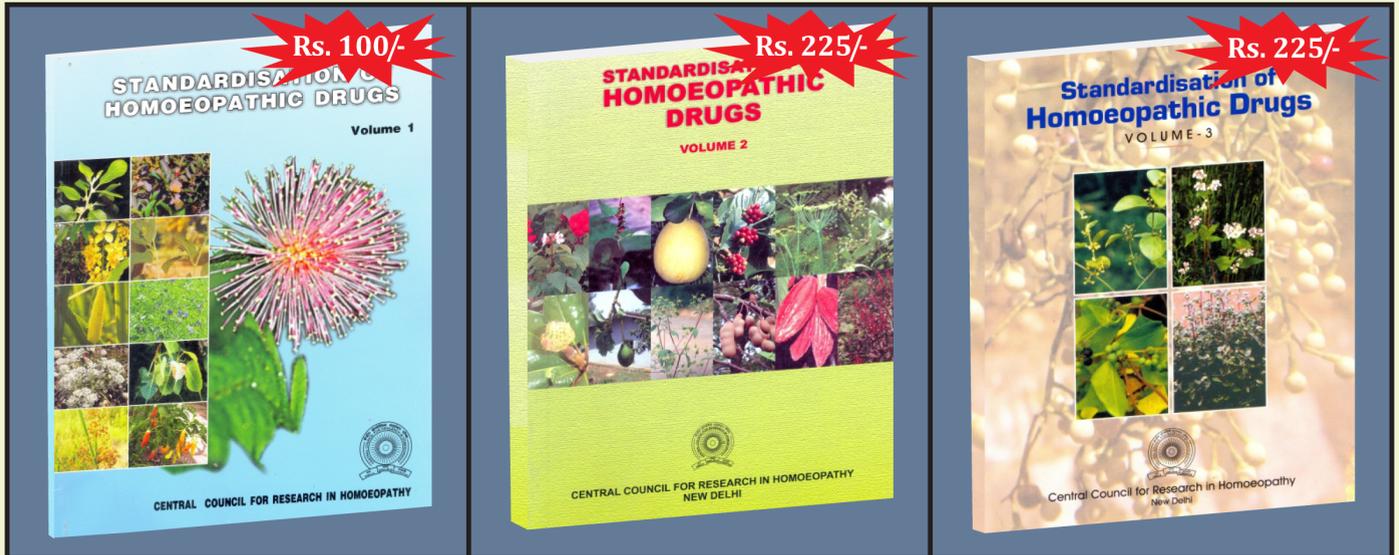
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CONTENTS

EDITORIAL

Dr Yashika Arora Malhotra 9

FROM THE EDITOR'S DESK

Common skin diseases treated with homoeopathy 10

SUBJECTIVE

Efficacy of homoeopathic medicine in treatment of warts

By Dr Shweta Patel, Dr Falguni Patel and Dr Srabani Pal 28

Use of some lesser-known drugs in atopic dermatitis

By Chaturbhuj Nayak, Anupama Giri 33

Important skin diseases and its homoeopathic approach of treatment on the light of miasms

By Dr Subhashis Pramanik, Dr Swapan Sarkar 63

Lichen planus and its miasmatic approach with therapeutics

By Dr Sneha Agrawal, Dr Dipika Sindha 66

Life style diseases in the view of homoeopathy

By Dr R. Bhuvaneshwari, Dr Amrutha Manoharan 68

Psoriasis: effectively treated with homoeopathy

By Dr Shashi Bhushan Singh 74

Psoriasis: homoeopathic management

Dr Madhurima Ved 80

Urticaria- corresponding rubrics and materia medica

By Tina Anand 89

Vitiligo and its homoeopathic treatment

By Dr Vaidehi Kumari Gupta 95

ACADEMIC SECTION

How to write an effective discussion section in a scientific article

By Kruti Saraswat, Chaturbhuj Nayak 46

CLINICAL

A case report of exfoliative dermatitis treated holistically by renewed and highly diluted simillimum

By Dr D.Sampaul Ravin, Dr Steffy Anna Varghese 23

Homoeopathic management of psoriasis with *Mercurius solubilis*: a case report

By Dr Nandini Dadhich, Dr Gaurav Nagar, Dr Vanija Sharma 49

Hyperhidrosis: scope of individualised homoeopathic medicine in 1m potency

By Dr Shruti Kakade 54

CASE STUDY

A case report of childhood vitiligo treated with homoeopathic individualised simillimum

By Dr Mousumi Das 12

A case study on psoriasis using Kent's Repertory

By Dr A. Rafiya, Dr J. Senthil Kumar, Dr D. Esther Deva Ramya 17

Homoeopathic management of atopic dermatitis - a case report

By M. Karthigai Selvi, Rejin R 31

A case report on polymorphous light eruption

By Dr Ashok Yadav, Dr Kanika Agarwal, Dr Sonu Mahiya, Dr Priyanka Nagar 37

Atopic dermatitis and homoeopathy: a case report

By Dr Priyanka Verma, Dr Prashant Singh 41

Focal vitiligo treated by using RADAR software

By Dr N.K. Singh, Dr Alok Nath Shaw, Dr Sheetal Mishra 100

RESEARCH PAPER

Suppression of skin diseases, an inaccurate practise: a homoeopathic overview

By Divya Verma, Niharika Gupta 84

Book Review 105

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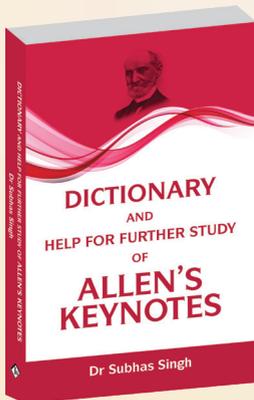
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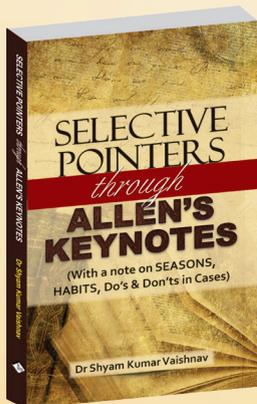
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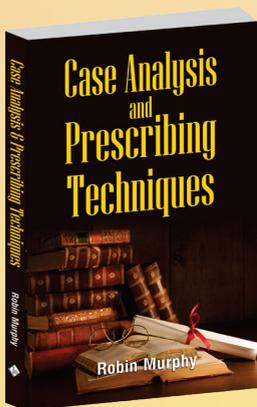
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- The book also guides about potency selection.

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Dear Readers,

Global burden of disease project has shown that the skin diseases continue to be the fourth leading cause of non-fatal disease burden worldwide. Talking about homoeopathy, research has already proven that homoeopathic approach to various skin diseases can be a game changer in offering affordable and effective solutions to a large number of people. Recently, a case study published recently in AYUHOM, the Research Journal of the North Eastern Institute of Ayurveda and Homoeopathy, Shillong illustrates notable results in the treatment of 5 patients suffering with different skin diseases (wart, herpes zoster and molluscum contagiosum) using homoeopathy.

Homoeopathy has shown superb results in many dermatological diseases which do not have definitive cures and the available treatments sometimes had serious potential side-effects resulting in bad effects on their quality of life as well. Also, many chronic dermatoses have an underlying psychosomatic basis in which homoeopathy acts the best. By its very nature, i.e. treating each person as an individual, homoeopathic therapy and research has the potential to drive a paradigm shift in medicine and its approach to health and disease, especially skin diseases. Empathy is a necessity for a good medical practise and a homoeopathic physician is perfect at it.

A Quick Word on Issue Content:

This issue of "*The Homoeopathic Heritage*" is an attempt to describe the role of homoeopathy in skin disorders through different case studies and research papers.

Note: *The Homoeopathic Heritage* is now a peer reviewed journal since January 2013. All the articles are peer reviewed by the in-house editorial team and selected articles from each issue are sent for peer review by an external board of reviewers and those articles are distinctly marked with a stamp of 'peer reviewed'. For inclusion of articles in peer review section, kindly send your articles 3-4 months in advance of the said month. Send your articles at hheditor@bjain.com.

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March 2022	Individualised Homoeopathy: Evidence-based Case Reports	January 15, 2022

The peer reviewed article of this issue include a case report of exfoliative dermatitis treated holistically by renewed and highly diluted simillimum by Dr D.Sampaul Ravin, Dr Steffy Anna Varghese, homoeopathic management of psoriasis with *Mercurius solubilis*: a case report by Dr Nandini Dadhich, Dr Gaurav Nagar, Dr Vanija Sharma, and a case study on psoriasis using *Kent's Repertory* by Dr A. Rafiya, Dr J. Senthil Kumar, Dr D. Esther Deva Ramya. The clinical section include wonderful articles on hyperhidrosis: scope of individualised homoeopathic medicine in LM potency by Dr Shruti Kakade, a case report of childhood vitiligo treated with homoeopathic individualised simillimum by Dr Mousumi Das, homoeopathic management of atopic dermatitis - a case report by M.Karthigai Selvi, Rejin R, a case report on polymorphous light eruption by Dr Ashok Yadav, Dr Kanika Agarwal, Dr Sonu Mahiya, Dr Priyanka Nagar, atopic dermatitis and homoeopathy: a case report by Dr Priyanka Verma, Dr Prashant Singh, focal vitiligo treated by using RADAR software by Dr N.K. Singh, Dr Alok Nath Shaw, Dr Sheetal Mishra. The feather in cap of this issue is an excellent article under academic section on how to write an effective discussion section in a scientific article by Kruti Saraswat, Chaturbhujaya Nayak. The research paper on suppression of skin diseases, an inaccurate practise: a homoeopathic overview by Divya Verma, Niharika Gupta is an amazing article for this issue. Subjective articles include efficacy of homoeopathic medicine in treatment of warts by Dr Shweta Patel, Dr Falguni Patel and Dr Srabani Pal, use of some lesser-known drugs in atopic dermatitis by Chaturbhujaya Nayak, Anupama Giri, important skin diseases and its homoeopathic approach of treatment on the light of miasms by Dr Subhashis Praman-

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The presented case studies and articles can be considered as evidences to prove the efficacy of homoeopathy in skin disorders. But at the same time, adding up more randomised controlled trials with larger sample size in the next stage would be a great step so that conclusive evidence on the healing power of homoeopathy for numerous skin diseases can be generated. Homoeopathic field is potentially able to result in a gain for the entire medical system by way of lowering costs, improving patient outcomes and reducing burnout in physicians who practise it.

We are also obliged to all our authors and readers for their contribution to the journal. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homoeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora Malhotra
hheditor@bjain.com

Common skin diseases treated with homoeopathy



Introduction

Hundreds of skin conditions affect the individuals each day. Skin conditions contribute 1.79% trusted source of the global burden of disease worldwide and the Indian Academy of Dermatology reports that out of every 4 Indians, one may suffer from a skin disease.

In the following editorial, some common skin conditions are discussed. Several skin conditions may last throughout life, and some may begin in childhood and continue till adulthood. In some cases, the symptoms are not always present but flare up at certain times.

Seborrheic dermatitis

In babies, doctors commonly refer to seborrheic dermatitis as “cradle cap.” Greasy, scaly patches form on the baby’s skin, most commonly on their scalp. In adults, seborrheic dermatitis may appear anywhere on the body, and it is prone to flare up and disappear throughout life. The affected skin may appear reddish, swollen, and greasy. And a white or yellow crust may appear on the surface of the skin.

Case study 1

A male infant, seven months old,

came with severe cradle cap, with a very offensive odour from the eruption, having thick brownish-black crust, emitting seropurulent exudation, without much itching, mild enlargement of cervical lymph nodes. On observation, the child was drooling saliva with a cracked lip.

Prescription

The prescription was straightforward. He was prescribed *Mercurius precipitatus ruber* 30 a few doses, and within three weeks, the cradle cap disappeared.

Moles

Moles are growths that form when skin cells bunch together with the surrounding tissue. Most are called “common moles” and cause no harm. Many people have moles, and a person may have as many as about fifty moles throughout their body.

Case study 2

A man aged 44 years had more than one hundred moles all over the body, which were increasing every few months, and people around him were noticing him. His wife asked him to see a homoeopath if at least homoeopathy can help to reduce the frequency of spread. He was asymptomatic, but he said that after the attack of hepatitis A, he started developing moles when he was 23 years old. Since then, every year, he observed that moles were spreading. He had no local symptoms while the general symptoms were:

- Liver problems in the past.
- Indented tongue.
- Icy coldness of tips of fingers.

- Sleep unrefreshing.
- He loved amul cheese, even eats just like that and avoids coffee because he hates it.

Prescription

Based on the above symptoms, he was prescribed *Chelidonium majus* LM6 two doses a day for five days and then no medicine was given for two months; remember, *Chelidonium majus* is not mentioned under moles in repertory, but the miracle is that almost one-fourth of his current moles disappeared in two months after taking *Chelidonium majus*.

Rosacea

Rosacea, most commonly, causes redness on the face. In people with dark skin, the affected area may be darker and warmer than the surrounding skin. There are four subtypes, and these can cause other symptoms. Erythematotelangiectatic rosacea may cause:

- redness
- visible blood vessels
- flushing

Ocular rosacea may cause:

- redness and irritation of the eyes
- swollen eyelids

Papulopustular rosacea may cause:

- swelling
- an irregular appearance
- breakouts that may look like acne

Phymatous rosacea causes:

- thickening of the skin
- a bumpy texture

Case study 3

A young girl in her thirties came with rosacea since puberty after trying several allopathic drugs like brimonidine, oxymetazoline, azelaic acid, and metronidazole with only temporary relief. Her breakouts were related to her menstrual cycle and eating habits like indulging

in pastry, bacon, and every dairy product. She had sour perspiration, especially in her axilla. She was unmarried as she was nervous about getting married because her mother was not so happily married. She frequently used to see sexual dreams of making love with a man. She had the most potent fear of spiders.

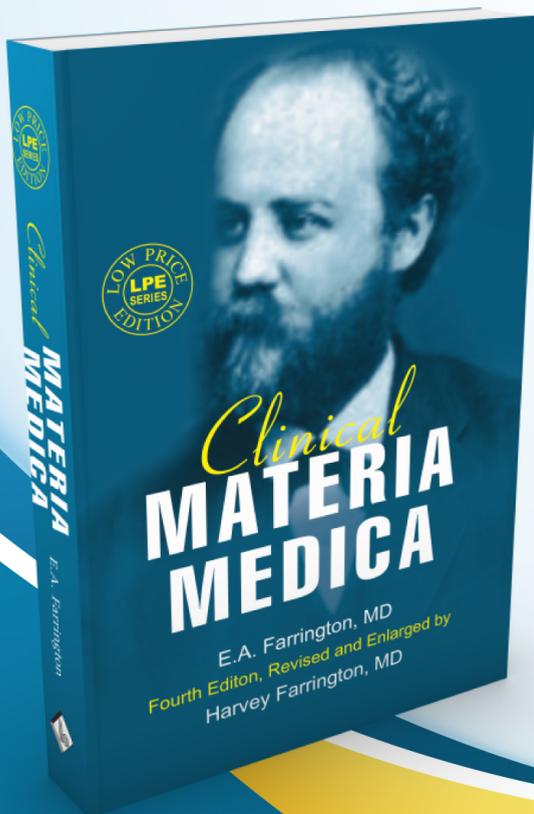
Prescription

With these symptoms, she was prescribed *Tuberculinum bovinum 30c* followed by LM7/11/15 for a few months; finally, after one year, she complained of significant relief her complaints.



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A case report of childhood vitiligo treated with homoeopathic individualised simillimum

By Dr Mousumi Das

Abstract: A 12-year-old female child reported the complaint of white discoloured spots started over the nape of the neck, right-sided leg, face and genital organ. After analysing the case individualised homoeopathic medicine, *Sepia officinalis*, was prescribed which leads to improvement of symptoms. Homoeopathic treatment has shown favourable results in this case and demonstrates the scope of homoeopathy in such cases.

Keywords: Vitiligo, individualised homoeopathic treatment, melanocytes, RADAR (version 10.0.08)

Abbreviations: O.D- once daily, OPD- outpatient department, SV- segmental vitiligo, NSV- non- segmental vitiligo.

Introduction

Vitiligo is a chronic, acquired, idiopathic depigmentary disorder characterised by milky white macules and patches due to progressive loss of specific epidermal melanocytes from the skin, hair, mucosa¹. Many studies have assessed the prevalence of vitiligo in children is 0- 2.6% worldwide². Childhood vitiligo may be associated with leucotrichia due to the involvement of the melanocytic reservoir that exists in the hair follicles². Koebners' phenomenon (development of vitiligo at specific trauma prone sites like cut, burn, or abrasion) is also a common clinical manifestation². Vitiligo may be associated with some autoimmune disorders like thyroid abnormalities, rheumatoid arthritis, psoriasis, alopecia areata, pernicious anaemia, adult-onset type 1 diabetes, and Addison's disease². Among these thyroid abnormalities are the most common association². Childhood vitiligo is defined as disease onset before the age of 12 years and is quite common (32-40% of vitiligo patients)³. Twenty-five percent of vitiligo patients develop the disease

before the age of 10 years⁴. Almost half of the patients with vitiligo develop the disease before the age of 20 and nearly 70–80% before the age of 30 years⁴. The exact cause of vitiligo is still unknown or under debate but there are different theories to explain its pathogenesis. The pathogenesis includes genetic, autoimmune responses, oxidative stress, generation of inflammatory mediators and melanocyte detachment mechanisms⁴. In 2011, an international consensus classified vitiligo based on distribution SV vitiligo, NSV vitiligo and Mixed vitiligo in which SV and NSV coexist in one patient. NSV includes the acrofacial, mucosal, generalised, universal, mixed and rare variants⁴. Vitiligo is known to be a multifactorial disorder⁵.

In modern medicines, a variety of treatment options exists like topical medication such as corticosteroid, phototherapy, oral medications, epidermal transplant, and surgery⁶. The complementary and alternative medicine (CAM) therapies herbal medicine and ayurvedic medicine showed effectiveness and safety with minimum or no adverse

reaction in the treatment of vitiligo⁷.

Case presentation: A 12-year-old female child reported with a complain of white discoloured spot that started over the nape of the neck, right leg and face and genital organs in the outpatient department (OPD) of the National Institute of Homoeopathy on 10th January 2019. The patient's father first noticed a hypopigmented spot 2 to 3 years back which was gradually increasing in size day by day. Applied several allopathic ointments but no improvement could be observed. No significant information regarding family history.

Physical generals: The patient had a desire for sweet and sour, aversion for bread, meat and intolerance for milk. Her tongue was dry and clean in anterior portion. Her urine odour was offensive. Dreams of quarrelling seen. Empty feeling before eating and not ameliorated by eating.

Mental generals: Aversion to company.

Diagnosis: International Classification of Diseases code- ICD-10; L80.generalised vitiligo².

Table 1: Analysis and evaluation of symptoms

<p>Characteristic mental general symptoms:</p> <ul style="list-style-type: none"> • Aversion to company <p>Characteristic physical general symptoms:</p> <ul style="list-style-type: none"> • Desire – sweet, sour. • Aversion- bread, meat • Intolerance for milk. • Dreams of quarrelling. 	<p>Characteristic particular symptoms:</p> <ul style="list-style-type: none"> • Empty feeling in stomach, not ameliorated by eating. • Urine - offensive. • White discoloured spot started over nape of the neck, right leg, face and genital organs.
---	---

Table 2: Miasmatic analysis^{10,11}

Aversion for company	Sycotic
Desire for sweet	Psora
Desire for sour	Psora
Intolerance for milk	Sycotic
Aversion for bread	Psora
Aversion for meat	Sycotic
Dreams of quarrelling	Sycotic
Empty feeling in stomach, not ameliorated by eating	Psora
Urine - offensive	Syphilitic
White discolouration of skin	Psora

Conversion of symptoms into rubrics: Reference from *Repertory of the Homoeopathic Materia medica* by J.T. Kent using RADAR (version 10.0.08)

Table 3: Repertorial totality⁸

Symptoms	Chapter	Rubrics
Aversion to company	Mind	COMPANY, aversion to
Intolerance to milk	Generalities	FOOD, milk agg.
Desire for sweets	Stomach	DESIRES, sweets
Desire for sour	Stomach	DESIRES, sour, acids
Aversion to bread	Stomach	AVERSION, bread
Aversion to meat	Stomach	AVERSION, meat
Empty feeling in stomach not ameliorated by taking food	Stomach	EMPTINESS, weak feeling, faintness, gone-ness, hungry feeling, eating not relieved
Dreams of quarrel	Sleep	DREAMS, quarrels
Offensive urine	Urine	ODOR, offensive
White discolouration of skin	Skin	DISCOLORATION, White spots

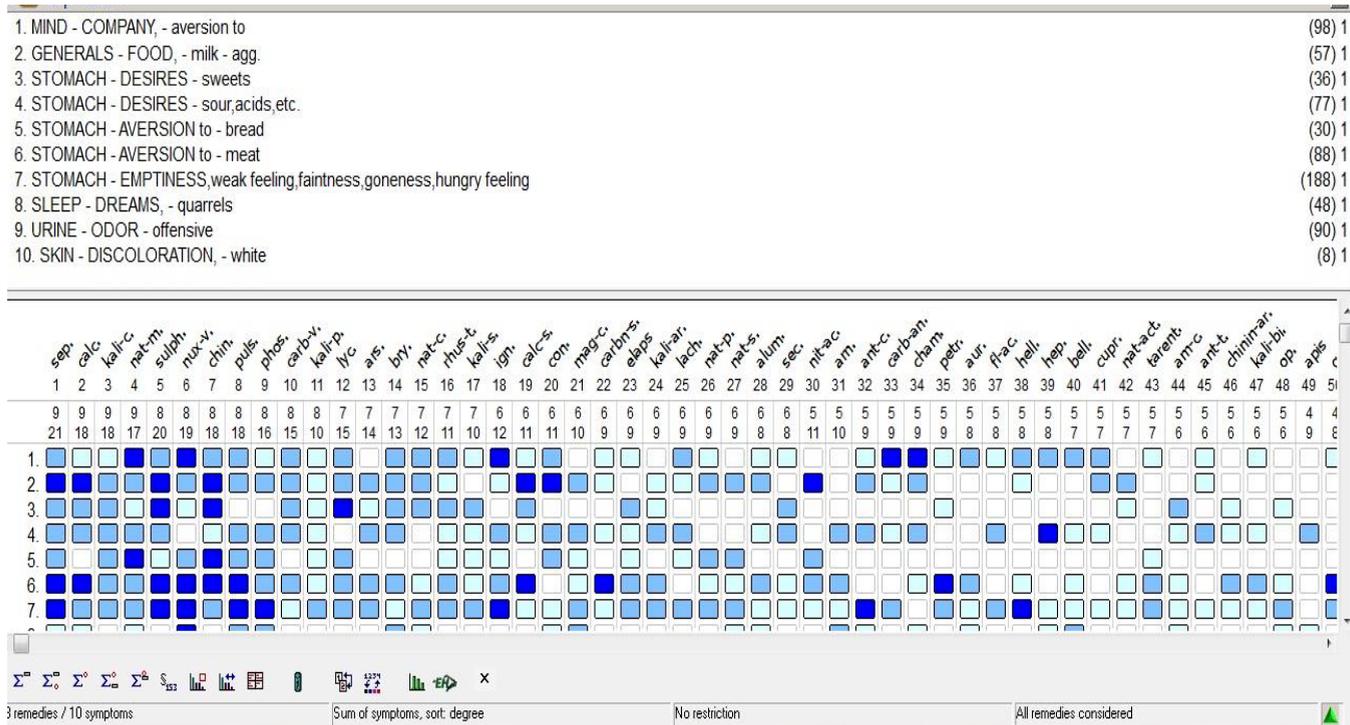


Figure 1: Showing repertorisation chart

Justification of remedy: After taking a detailed case history and repertorisation, *Sepia officinalis* in LM potency was given as homoeopathic individualised simillimum. After repertorisation and knowledge of materia medica, *Sepia officinalis*, *Calcarea carbonica*, *Kalium carbonicum* were the most simillimum remedies. The reason behind selection of *Sepia officinalis* was that, the patient was very tense regarding her disease condition. Sadness start after

development of vitiligo¹². She was lean, thin, narrow pelvis¹². *Kalium carbonicum* and *Calcarea carbonicum* both patients are obese¹². Dreams of quarrel present only in *Sepia officinalis*⁸. Sensation of emptiness feels in stomach is a characteristics symptom of *Sepia officinalis*¹². Aversion for company present in this patient but in kali carb never wants to left alone¹². So, *Sepia officinalis* was selected. Overall improvement is noticed.

Prescription: Follow up was analysed based on Kent's twelve observations. *Sepia officinalis* 0/1/16 doses/O.D×16 days followed by *Sepia officinalis* 0/2/16 doses/O.D×16days was prescribed on first visit 10th January 2019 considering that the medicine is covering maximum reportorial totality, miasmatic background and physical general and mental general symptoms of the patient.

Table 4: Follow up

DATE	OBSERVATION	PRESCRIPTION
15/02/2019	Visible white discolouration slightly reduced. No significant improvement of depigmentation over the face area.	1. <i>Sepia officinalis</i> 0/3/16 days O.D×16 days 2. <i>Sepia officinalis</i> 0/4/16 days O.D×16 days
19/03/2019	Few dark spots appeared in right leg and nape of the neck, genital organ. No significant improvement of depigmentation over the face area.	1. <i>Sepia officinalis</i> 0/5/16 days O.D×16 days 2. <i>Sepia officinalis</i> 0/6/16 days O.D×16 days

25/04/2019	Number of dark spots apparently increased in right legs and nape of neck, genital organs. No significant improvement of depigmentation over the face area.	<ol style="list-style-type: none"> 1. <i>Sepia officinalis</i> 0/7/16 days O.D×16 days 2. <i>Sepia officinalis</i> 0/8/16 days O.D×16 days
27/05/2019	Number of dark spots apparently increased compared to the last visit in right leg and nape of the neck, genital organ.	<ol style="list-style-type: none"> 1. <i>Sepia officinalis</i> 0/9/16 days O.D×16 days 2. <i>Sepia officinalis</i> 0/10 days O.D×16 days
30/06/2019	Clear improvement with visible dark spots in right leg and nape of the neck, genital organ. Intensity of depigmentation is reduced in face.	<ol style="list-style-type: none"> 1. <i>Sepia officinalis</i> 0/11/16 days O.D×16 days 2. <i>Sepia officinalis</i> 0/12/ 16 days O.D×16 days
29/07/2019	Significant improvement with measurable pigmentation in right leg and nape of the neck, genital organ. Observable reduction in depigmentation intensity of the face area compared to the last visit	<ol style="list-style-type: none"> 1. <i>Sepia officinalis</i> 0/13 days O.D×16 days 2. <i>Sepia officinalis</i> 0/14 days O.D×16 days



Before treatment



Before treatment



Before treatment



After treatment



After treatment



After treatment

Discussion

The remedy *Sepia officinalis* has significant role on white discoloured patches. *Sepia officinalis* was given to the patient in LM potency due to symptom severity. Visible white pigmentation slightly improved within first month, followed by overall improvement within 7 months. It is seen that LM potency has significant role in case of chronic disease as well as vitiligo.

Conclusion

Overall the case suggests the usefulness of homeopathic medicines in the management vitiligo. However, further research like RCT in multi-centric design is required on larger sample size before making firm recommendations.

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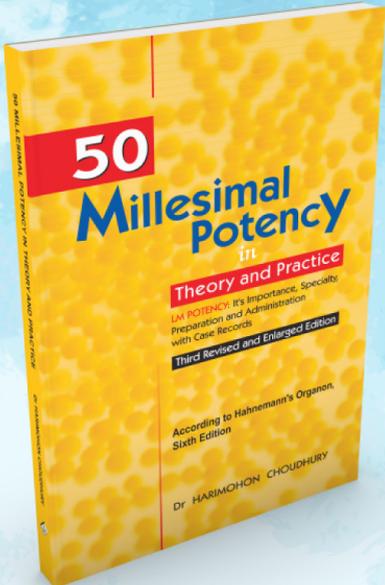


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MILLESIMAL POTENCY

in

THEORY & PRACTICE



- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera, in a very simple and lucid manner.
- At each step, guidelines by Dr Hahnemann have been quoted to show the authenticity of the authors views. The author also touches upon various general topics on homeopathic philosophy such as the need for single medicine, the selection of potency, and repetition of the medicine etc.
- At the end the author has given two cases of Dr Hahnemann treated with LM potencies and also presents many of his own cases.

ISBN :9788131903445 | ₹149 | 128 pp

A case study on psoriasis using Kent's Repertory

By Dr A. Rafiya, Dr J. Senthil Kumar, Dr D. Esther Deva Ramya

Abstract: The most common diseases encountered by health professionals are those associated with skin disorders. Diseases of the skin are the most common group of occupational health problems that lead to absence from work in the general population. Psoriasis is a common skin disorder that is associated with both a physical and psychological burden. Psoriasis is an immune-mediated, genetic disease manifesting in the skin or joints or both.

Keywords: Psoriasis, homoeopathy.

Abbreviations: ACE - angiotensin-converting enzyme, NSAIDs – non-steroidal anti-inflammatory drugs, AF - ailments from

Introduction

Psoriasis is a chronic autoimmune skin disease that changes the life cycle of skin cells. This causes skin cells to multiply up to 10 times faster than normal condition. In normal condition skin cells are regenerated and old cells get replaced after some time of interval but in case of Psoriasis this process becomes fasten.

The extra skin cells form scales and red patches that are rough, itchy and sometimes painful. These patches normally localize around the elbow, scalp, knee and lower back but in severe condition these symptoms may appear anywhere on the body.

It can start at any age but mostly appear in adults under 35 years of age. The pathogenesis of disease also involves altered auto-immune response in which immune system of body mistakenly attacks on healthy skin cells. Psoriasis is not contagious so it does not spread from one person to another.

Reported data revealed that around 125 million peoples suffered with psoriasis globally that means 2-3 percent of the total population

suffered with disease. [1,2]

Aetiology

Several risk factors/triggers participated in the aetiology of psoriasis are described as follows: [3-11]

Trauma: Psoriasis at the site of injury is well known and the phenomenon is termed as Koebners' phenomenon. A wide range of injurious local stimuli, including physical, chemical, electrical, surgical, infective and inflammatory insults have been recognized to elicit psoriatic lesion.

Environmental factors: several studies validated that the interaction between genes and environment is important in manifestation of psoriasis. Many environmental factors have linked to psoriasis, and have been implicated in the manifestation of disease and exacerbation of pre-existing disease.

Infection: Acute guttate psoriasis is strongly associated with preceding or concurrent streptococcal infection, particularly of the throat. There is evidence that streptococcal infection may be important in chronic plaque psoriasis.

Drugs: There are many drugs reported to be responsible for the onset or exacerbation of psoriasis. Chief amongst these are lithium salts, antimalarials, beta blockers, ACE inhibitors, NSAIDs, and the withdrawal of corticosteroids.

Metabolic factors: The early onset of psoriasis in the women, with a peak around puberty, changes during pregnancy and provocation of psoriasis by high dose estrogen therapy potentially indicate a role for hormonal factors in the disease, hypocalcaemia, has been reported to occur in severe forms of psoriasis, particularly generalised pustular psoriasis.

Psychogenic factors: Considerable clinical evidence exists for the role of psychogenic factors in onset and exacerbation of disease. Seville reported consistent links between major stressful life events and disease manifestation and more exacerbations and worsening of disease related with stress reactivity.

Alcohol and smoking: It has long been suspected that both cigarettes and alcohol have a detrimental effect on psoriasis. This effect seems greater in men than women. Heavy drinkers tend to have more extensive



and inflamed disease. Increased alcohol consumption is a recognized stress response. Excess drinking is undoubtedly also a consequence of disease and leads to treatment resistance and reduces therapeutic compliance.

Weather: Winter tends to be the most challenging season for people living with psoriasis. Numerous studies indicate cold weather is a common trigger for many people and that hot and sunny climates appear to clear the skin. Cold winter weather is dry, and indoor heat robs the skin of needed moisture. This usually worsens psoriasis. Psoriasis can become even more severe when the stress of the holidays and winter illnesses combine to compromise immune system. While hot and sunny may help clear psoriasis, air-conditioning can dry out the skin and aggravate psoriasis. [3-11]

Types and clinical features of psoriasis:

Plaque psoriasis: The most common form, plaque psoriasis causes dry, raised, red skin lesions (plaques) covered with silvery scales. The plaques might be itchy or painful and there may be few or many. They can occur anywhere on your body, including your genitals and the soft tissue inside your mouth. [12,13]

- **Scalp psoriasis:** It is most commonly seen in 60% of patients. Typically, easily palpable, erythematous scaly plaques within the hair-bearing scalp and there is clear demarcations at or beyond the hair margin. Occipital is common. [12,13]
- **Nail psoriasis:** Psoriasis can affect fingernails and toenails, causing pitting, abnormal nail growth and discoloration. Psoriatic nails might loosen

and separate from the nail bed (onycholysis). Severe cases may cause the nail to crumble. [12]

- **Palmoplantar psoriasis:** It involves symmetrical distribution of main features in the palm of hands and soles of the feet.

This is not a very common form of Psoriasis, the lesions are very thick and dry which crack and bleed easily. Palmoplantar psoriasis affects routine activities badly since it imparts difficulty in walking and household work. It is believed that 10-25% of people with palmoplantar psoriasis turned to chronic plaque psoriasis. [13]

- **Guttate psoriasis:** This type primarily affects young adults and children. It's usually triggered by a bacterial infection such as streptococcal throat. It's marked by small, water-drop-shaped, scaling lesions on your trunk, arms, legs and scalp.

The lesions are covered by a fine scale and aren't as thick as typical plaques are. You may have a single outbreak that goes away on its own, or you may have repeated episodes. [12-13]

- **Inverse psoriasis:** This mainly affects the skin in the armpits, in the groin, under the breasts and around the genitals. Inverse psoriasis causes smooth patches of red, inflamed skin that worsen with friction and sweating. Fungal infections may trigger this type of psoriasis. [13]
- **Pustular psoriasis:** This uncommon form of psoriasis can occur in widespread patches (generalized pustular psoriasis) or in smaller areas on your hands, feet or fingertips.

It generally develops quickly, with pus-filled blisters appearing just hours after your skin becomes red

and tender. The blisters may come and go frequently. Generalized pustular psoriasis can also cause fever, chills, severe itching and diarrhoea. [12,13]

- **Erythrodermic psoriasis:** The least common type of psoriasis, erythrodermic psoriasis can cover your entire body with a red, peeling rash that can itch or burn intensely. [13]
- **Psoriatic arthritis:** Psoriatic arthritis causes swollen, painful joints that are typical of arthritis. Sometimes the joint symptoms are the first or only symptom or sign of psoriasis. And at times only nail changes are seen. Symptoms range from mild to severe, and psoriatic arthritis can affect any joint. It can cause stiffness and progressive joint damage that in the most serious cases may lead to permanent joint damage. [13]

Common signs and symptoms:

Common signs and symptoms include:

- Red patches of skin covered with thick, silvery scales
- Small scaling spots (commonly seen in children)
- Dry, cracked skin that may bleed
- Itching, burning or soreness
- Thickened, pitted or ridged nails
- Swollen and stiff joints. [13]

Diagnosis:

The major manifestation of psoriasis is chronic inflammation of the skin. It is characterised by disfiguring, scaling, and erythematous plaques that may be painful or often severely pruritic and may cause significant quality of life issues. [14]

Psoriatic plaques typically have

a dry, thin, silvery white scales, often modified by regional anatomic differences, and tend to be symmetrically distributed over the body.[14]

The patient may be asymptomatic; however, some patients may have lesions with severe itching. They may tend to worsen during winters and improve or even clear in summers. Spontaneous remission and relapses at variable intervals is frequent.[15]

Physical examination

Grattage test: when an attempt is made to scrap the psoriasis plaque, it becomes silvery. On further scraping a thin membrane of skin comes out resulting into multiple pin point bleeding spots. This is known as auspitz sign and the whole process is called grattage test. [15]

Clinical evaluation

For people with any type of psoriasis assess:

- Disease severity
- The impact of disease on physical, psychological and social wellbeing
- Whether they have psoriatic arthritis
- Presence of comorbidities. [16]

Assess the severity and impact of any type of psoriasis:

- At first presentation.
- Before referral for specialist advice and at each referral point in the treatment.
- Pathway to evaluate the usefulness of interventions. [16]

When assessing the disease severity, record:

- Physician’s Global Assessment
- Patient’s assessment of current

disease severity

- Body surface area (BSA) affected
- Any involvement of nails, high-impact and difficult-to-treat sites (for example, the face, scalp, palms, soles, flexures and genitals)
- Any systemic upset such as fever and malaise. [16]

Investigations:

In case where there is diagnostic uncertainty, skin biopsy is conducted to confirm the diagnosis of psoriasis.

Co-morbidities:

- Psoriasis may be an independent risk factor for myocardial infarction with the greatest relative risk for young patients with severe disease.
- Several studies have shown an association between severity of psoriasis and obesity
- Patients with psoriasis have an increased risk of metabolic syndrome and its individual components.
- Psoriasis and psoriatic arthritis affect all aspects of quality of life with
- potentially profound psychosocial implications. Long term psychological
- distress can lead to depression and anxiety. Psoriasis may be associated with increased smoking and alcohol consumption. [17]

Assessment and evaluation

- Psoriasis area and severity index.
- Nail psoriasis severity index.
- Dermatology life quality index (DLQI) for adults or children’s dermatology life quality index

(CDLQI) for children and young people. [12]

Some rubrics in the kent’s repertory which has been taken for the psoriasis references are

SKIN CHAPTER:

- SKIN-ERUPTIONS-PSORIASIS
- SKIN-ERUPTIONS-PSORIASIS-DIFFUSA
- SKIN-ERUPTIONS-PSORIASIS-INVERTERATA
- SKIN-ERUPTIONS-PSORIASIS-SYPHILITIC
- SKIN-ERUPTIONS-PUSTULES
- SKIN-ERUPTIONS-SCALY-WHITE
- SKIN-ERUPTIONS-ITCHING
- SKIN-ERUPTIONS-BURNING
- SKIN-ERUPTIONS-BLEEDING
- SKIN-ERUPTIONS-CRUSTY-DRY
- SKIN-ERUPTIONS-DRY
- SKIN-ERUPTIONS-DRY-BLEEDING AFTER SCRATCHING
- SKIN-ERUPTIONS-PAINFUL
- SKIN-ITCHING-VIOLENT
- SKIN-ITCHING-VOLUPTUOUS^[18]

Homoeopathic therapeutics

- Arsenicum album –for silver scales

The chief indicator for using Arsenicum album is the presence of dry, rough, red papular eruptions with scales on it. The scales are silver coloured. The eruptions cover most parts of the body, except face



and hands.

The eruptions spread rapidly and are accompanied by itching. Cold worsens the itching in most cases, while warmth seems to relieve it. Pain on the affected skin arises after scratching the eruptions. Bleeding spots also appear on the skin following scratching.

Restlessness is another symptom that may be present. Yet another symptom is marked anxiety that accompanies itchy eruptions. *Arsenicum album* also works well in cases of guttate Psoriasis. In guttate Psoriasis, small rose-coloured spots with scales appear. [19-20]

- *Graphites naturalis* – for cracked skin

Patches of sore, dry, rough skin with scales. An inclination to develop cracks on the surface may also be there. Following scratching, stickiness on the skin may appear.

Graphites naturalis is also useful for cases of scalp psoriasis. In such cases, eruptions with scales appear on the scalp. The scalp may be sore to touch, with distressing itching. One may also feel a burning sensation on the top of the head. Eruptions on the scalp can also spread behind the ears. In cases of nail Psoriasis, the characteristic features are rough, thick and deformed nails. [19-20]

- *Sulphur* – For intense itching and burning

Sulphur helps in cases with severe itching and burning in the psoriatic skin lesions. A violent itching attends, and the person goes on scratching the skin until it bleeds. A burning sensation follows

scratching. The itching is wandering, and changes place frequently. The skin is rough, scaly and gets painful after rubbing as if denuded. The symptoms tend to get worse in the evening and at night, when in bed. Sleep is disturbed because of the itching and burning sensation. Other accompanying symptoms are pricking, biting and sticking sensation in the eruptions. Sulphur is also a remedy for skin ailments with a history of excessive use of ointments in the past. [19-20]

- *Sepia succus* – for large oval lesions

Psoriasis characterised by the presence of big oval lesions on the skin. The lesions are reddish papules and are isolated. There are shiny, whitish and adhesive scales present on the papules. Itching arises in the eruptions. On scratching, a burning sensation on the skin follows. The eruptions are present over the face, chest, back, arms and legs. In the case of limbs, the extensor surfaces are mostly involved. [19-20]

- *Phosphorus* – for knees and elbows

Phosphorus works wonders in cases of psoriasis that affects knees and elbows. The skin of elbows and knees is covered with dry, scaly eruptions. Itching appears in the eruptions. In the majority of cases, the itching is worse in heat. Other accompanying features are a burning and stinging sensation in the eruptions. [19-20]

- *Lycopodium clavatum* – for the hands

Lycopodium clavatum works well for Psoriasis that affects the hands (including fingers). The eruptions

are reddish with furfureaceous looks. Bleeding often arises in eruptions, usually accompanied by a sensation of heat in the hands. Palms are excessively dry and fissures may appear on the hands. Burning in the lesions is well marked. [19-20]

- *Rhus toxicodendron* – for joint pain

Rhus toxicodendron works well where joints are involved. Any of the joints may be affected. The affected joints are very painful and stiff. The pain is worse when at rest and after periods of inactivity, and better after movement. The pain and stiffness are, therefore, worse in the morning. Exposure to cold air also makes the pain worse [19-20]

Case presentation

Mr. X of age 46 came with the complaints of violent itching in right elbow+++ , falling of large white scales while scratching, eruptions covered with white scales in right elbow, burning sensation present++, bleeds after scratching. When the patient thinks about his complaints aggravates the complaints, the patient is irritable, anxiety about future. Complaints of fatigue and general weakness in the body.

Physical generals:

Patient has a good appetite of having three meals per day with an average thirst of 1 to 1.5 litres of water per day. Patient had desire for sweets +++, Aversion to milk. Bowel habits were regular once a day without no discomfort. Passed urine 4-5 times per day. Sleep was disturbed.

Analysis and evaluation of symptoms:

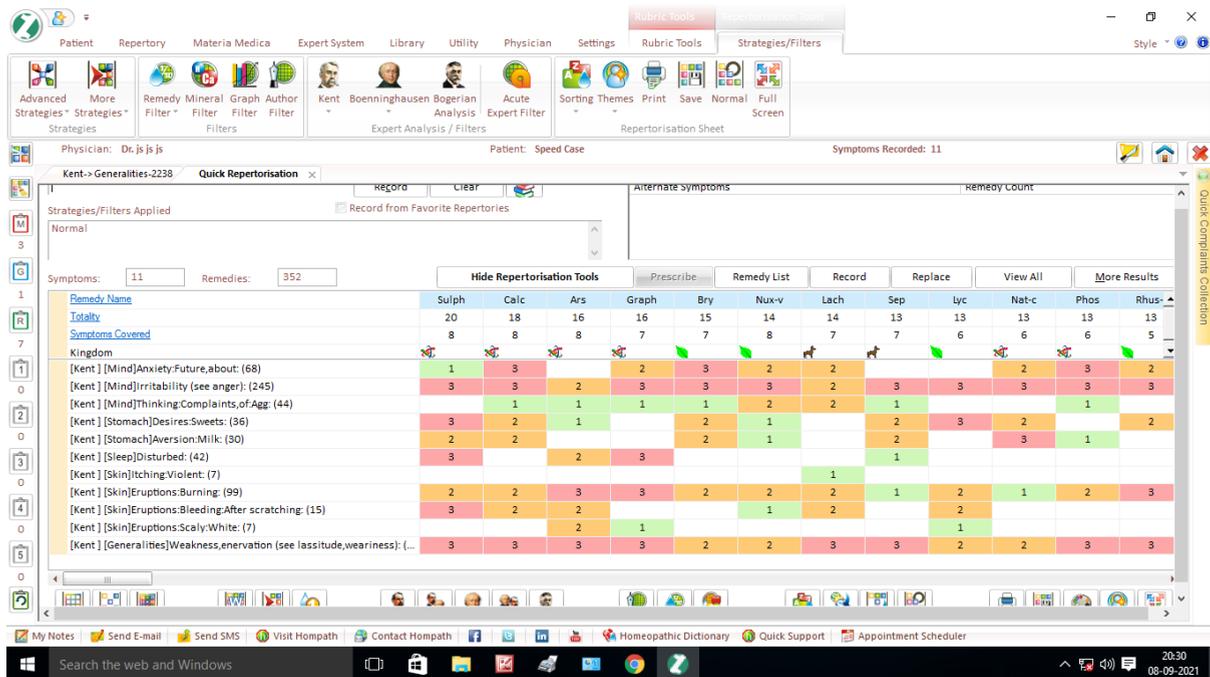
MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
• Irritable	• Desire for sweets+++	• Violent itching in right elbow+++

<ul style="list-style-type: none"> Anxiety about future+ Thinking about his complaints aggravates++ 	<ul style="list-style-type: none"> Aversion to milk Sleep disturbed++ 	<ul style="list-style-type: none"> Eruptions covered with white scales in right elbow Falling of large white scales while scratching Bleeds after scratching Burning sensation in eruptions++
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Prescription:

Sulphur 200 /1 dose/(1-0-0) (burning sensation, desires sweet, bleeding after scratching, reddish eruptions) [19] (Potency and dosage – twelfth to thirtieth, higher and infrequent dosage) Placebo (4-0-4) /15 days.

Repertorial result:[21]



Follow up:

S.NO	SYMPTOMS	PRESCRIPTION
1.	Patient felt slightly better, itching slightly reduced, burning sensation reduced.	Placebo (3-0-3)/ 15 days, AF
2.	Patient feels better, irritability reduced, itching reduced, falling of scales while scratching reduced, sleep improved.	<p><i>Sulphur</i> 200/ 1 dose (1-0-0)BF</p> <p>(Even correctly chosen medicine with action of long duration needs to be repeated to achieve success-§ 248)^[22]</p> <p>Placebo (3-0-3) AF/ 15 days</p>
3.	Patient feels better itching reduced, bleeding after scratching relieved, eruptions covered with white scales slightly reduced.	Placebo (3-0-3) AF/ 15 days
4.	Patient feels better with all complaints, eruptions are getting healed.	Placebo (3-0-3)/15 days, AF



Before treatment



After treatment

Conclusion

Homoeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the theory of individualisation and symptoms similarity by using holistic approach.

Homoeopathic medicine helps in removing the cause and triggering factor and reverses skin multiplication back to 1:2. The patient started homoeopathic medicines and within a month scaling stopped and no new patch appeared. Within 3 months, all the patches disappeared, scaling was nil and itching was minimal.

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A case report of exfoliative dermatitis treated holistically by renewed and highly diluted simillimum

By Dr D.Sampaul Ravin, Dr Steffy Anna Varghese

Abstract:

Introduction: Exfoliative dermatitis also known as erythroderma is an uncommon but serious skin disorder in which most and sometimes all of the skin is involved in erythematous inflammation resulting in massive scaling. A variety of diseases and other exogenous factors may cause exfoliative dermatitis. There are idiopathic causes too. In homoeopathy, this condition can be treated effectively without the aid of steroids and ointments by the right selection of medicine, called 'simillimum'.

Case summary: A case of 80 years female, suffering from exfoliative dermatitis of idiopathic cause treated effectively by homoeopathy is being described here to show the efficacy of renewed and highly diluted similar medicine in addressing such seriously ill patient.

Keywords: exfoliative dermatitis, simillimum, *Arsenicum album*, fifty millesimal scale.

Introduction

Exfoliative dermatitis is a disease process in which most and sometimes all of the skin is involved in erythematous inflammation resulting in massive scaling. This condition is otherwise called as dermatitis exfoliativa, pityriasis rubra and erythroderma. Although the disease affects both men and women, it is more common in men with an average male-to-female ratio of 2.3:1. The average age at onset is 55 years. Although exfoliative dermatitis may occur at any time.[1]

In exfoliative dermatitis, cells die and shed too quickly in a process called turning over. The rapid turnover of skin cells causes significant peeling and scaling of the skin. The peeling and scaling may also be known as sloughing. Many people who already live with chronic skin conditions including autoimmune diseases, psoriasis, seborrheic dermatitis and eczema or taking some medications can also develop exfoliative dermatitis. Certain types of cancer including leukaemia and lymphoma

may also accelerate the skin cell turnover rate. According to Merck manuals up to 25 percent of cases of exfoliative dermatitis are idiopathic. [2]

Symptoms of exfoliative dermatitis include, extreme redness of the skin, scaling (large in case of acute and small in case of chronic), crusting lesions, thickened skin, itching, swollen lymph nodes, fever, malaise, secondary viral or bacterial infection.[3] Once the exfoliative process involves the scalp, 25 percent of patients develop alopecia. Nails can often become dystrophic, particularly in patients with pre existing psoriasis.[1] Nails may become thickened or ridged.[2] other symptoms noted are malaise, pruritis and a chilly sensation. Both hyperthermia and hypothermia are reported. Other clinical findings include lymphadenopathy, hepatomegaly, splenomegaly, edema of the foot or ankle and gynaecomastia.[1] Complications can include infection, loss of nutrients, dehydration, and heart failure, rarely leading to death.[2]

Case report

A female aged 80 years presented with the following complaints:

Patient was apparently well before 1 month. Initially she had intense pruritic erythematous patches on left foot which got gradually extended to lower one third of leg. 10 days later, similar presentation appeared in right foot accompanied by symptoms of dryness, itching, scaling and peeling of skin (large scales) of both foot and lower one third of left leg. Some non-uniform dry erythematous scaly patches with slight peeling of skin were also seen in trunk. Peeling of skin was more in lower one third of left leg involving foot and right foot when compared to trunk. Dryness and itching of skin is <night and cold. Pitting oedema of lower one third of left leg is present because of which walking got slightly restricted.

There is no history of autoimmune disorders, any systemic illness and malignancies. Neither personal history nor a family history of skin disorders (eczema or psoriasis). No



history of trauma and medications. No fever, hair loss, nails shedding or onycholysis is noticed.

Findings on physical examination

Inguinal nodes are enlarged on both sides. Diffuse erythema, dryness and widespread non uniform erythematous scaly patches involving left foot and lower one third of right leg including foot. Soles are spared. Nails appear to be thickened and clean.

Treatment history

For the above complaints patient took ayurvedic treatment, but only got mild relief. Peeling of skin remained the same.

Detailed case history was taken and following symptoms were considered for selection of remedy:

- Very anxious about her disease.
- Desire for sweets and milk.
- Chilly patient.

- Sleep disturbed due to itching.
- Intense dry, pruritic erythematous patches with peeling of skin (large scales).
- Itching < cold and night.
- Pitting oedema of lower one third of left leg

Symptoms are repertorised through Radar software (Synthesis 9.0) and given as image (Figure 1).

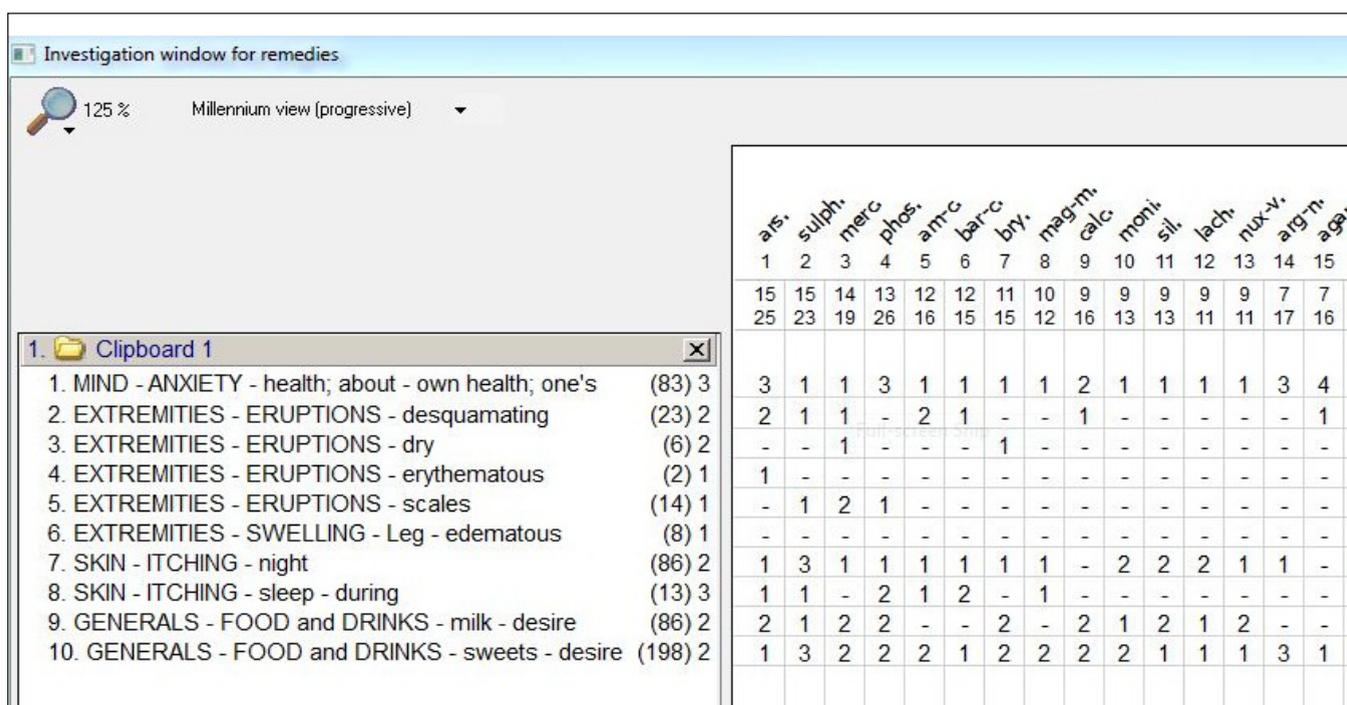


Figure 1: Repertorisation chart provided in image form

Considering the symptoms, *Arsenicum album* 0/1 was prescribed, 10 drops with quarter glass of water, morning and night before food on 8th December 2019. Every time patient was insisted to do 10

successions by hand and it was continued for 15 days. Patient was improving and responding very well to *Arsenicum album* 0/1. Further follow up details are given in Table 1. Appearances of the skin lesions

before and after treatment are given as photographic images in Figure 2. All over improvement of patient is being confirmed by modified naranjo criteria and given (Table 2).

Table 1: Time line and follow ups

Date	Alteration in symptom	Interpretation	Plan	Prescription
23/12/2019	Symptoms of itching, dryness and peeling of skin are reduced and oedema is subsiding. Sleep improved. Anxiety about health considerably reduced.	Medicine is acting and patient shows improvement on the whole.	Repeat the	<i>Arsenicum album</i> 0/1, 10 drops with quarter glass of water, morning and night before food (with 10 succussions every time)

13/1/2020	Symptoms of itching, dryness, peeling of skin and oedema are reduced further. Sleep becomes normal. Patient is confident about her recovery.	Medicine is acting well gradually without causing aggravation.	Increase the potency to fasten cure.	<i>Arsenicum album</i> 0/3, 10 drops with quarter glass of water, morning and night before food (with 10 succussions))
17/2/2020	All symptoms are improved to greater extent. Generals are normal.	Medicine is in action without causing any aggravation.	Further increase in potency to complete the process of cure quickly.	<i>Arsenicum album</i> 0/6, 10 drops with quarter glass of water, morning and night before food (with 10 succussions)
15/3/2020	Peeling of skin is not present, oedema subsided completely. No complaints of dryness, redness and itching of skin. Able to walk properly and regained the normal skin back.	Medicine has completed its action.	Stop medicine and keep the patient on observation with placebo.	<i>Placebo</i>

Patient was observed for next one year. No relapse or recurrence was reported. Patient was much satisfied with the treatment.



Before treatment

After treatment

Figure 2: Condition of skin as images



Table 2: MONARCH inventory[4]

(Improved version of modified naranjo criteria for homoeopathy)

Items	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	+1		
5. Did overall wellbeing improve? (suggest using validated scale)	+1		
6 A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6 B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: <ul style="list-style-type: none"> • from organs of more importance to those of less importance • from deeper to more superficial aspects of the individual • from the top downwards 		0	
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (for example, laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0

Total score = 8

Discussion

After reportorial analysis the main contenders are *Sulphur*, *Mercurius solubilis*, *Phosphorus* and *Arsenicum album*. *Sulphur* is thermally hot remedy. *Mercurius solubilis* usually causes suppuration of skin lesion by producing purulent and offensive discharge instead of leaving the eruption dry. *Phosphorus* mostly acts well over skin lesions that are caused by allergy of various kinds with tendency of bleeding from skin eruptions. Skin of *Arsenicum album* is dry, rough, scaly, dirty, shriveled

and looks seared. *Arsenicum album* is well indicated for eczema with profound desquamation.[5]

Mentally *Sulphur* patients are hopeful and self esteemed. *Mercurius solubilis* patients are defiant and destructive. *Phosphorus* patients are sociable, amative and very anxious about loneliness. Anxiety with lot of worries about one’s own health is key feature of *Arsenicum album*.[6]

Hence, covering the characteristics of the case well *Arsenicum album* was selected as the simillimum.

Fifty millesimal scale was used because, the more diluted a remedy is, the more it acts permanently and rapidly; the more a medicine is diluted, less is its duration of action. Action is milder and hence repetition could be done without harm.[7] Repetition of medicine should be made with the precaution that every dose deviates somewhat in degree of power from the preceding dose. Then only the vital force will accept the medicine in a proper manner. This is applicable in all types of repetitions in fifty millesimal scale.[8]

The medicine that acts without producing new troublesome symptoms can be repeated with slight increase of power as long as the patient shows improvement. [9] Guidelines given by master Samuel Hahnemann regarding the use of fifty millesimal scale is being followed in this case as it is which resulted in remarkable improvement of patient.

Naturally the organism will always try to keep disturbances away from important organs in order to preserve higher functions.[10] But the man on the whole became sick already due to dynamically altered vital principle. The physician, who fails to understand these natural phenomena, performs wrong treatment at superficial level by means of topical applications and keeps driving the itch into the body. Hahnemann had mentioned this as 'one-sided destruction of chief skin symptom' which eventually called as suppression. [11] He also had quoted 97 examples in his treatise 'The Chronic diseases' in this regard. Keeping this valuable teaching in mind, this patient was treated holistically through mental general, physical general and characteristic particulars without suppression.

Conclusion

Here, the severe form of exfoliative dermatitis condition is being effectively treated in homoeopathy with satisfaction of patient by the simillimum, '*Arsenicum album*' which is exclusively administered in Hahnemann's renewed dilution method. This case is one example among many promising cases in conventional medicine where homoeopathy can render rapid and gentle relief. Well designed research studies are required for establishing the complete effectiveness of

Homoeopathy in treating exfoliative dermatitis cases.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that his name and initial will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

None declared.

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Efficacy of homoeopathic medicine in treatment of warts

By Dr Shweta Patel, Dr Falguni Patel and Dr Srabani Pal

Abstract: Skin has been represented as a reflector of the physical, mental and psychological state of the individual. Skin is also a barrier between the body's internal and external environment. Despite their low mortality, skin diseases have high morbidity and the social stigma along with mental trauma could make the situation worse for the person. Warts on skin are non-cancerous growths, caused by a viral infection in the top layer of skin, called human papilloma virus (HPV). The HPV are species – specific unenveloped DNA viruses

Keywords: Warts, human papilloma virus, epidermis, dermis, verruca vulgaris, genital warts, condylomata acuminata, fig warts, plantar warts, local affection

Abbreviations: HPV - human papilloma virus, PCR - polymerase chain reaction, DNA – deoxyribonucleic acid

Introduction

Wart can occur in all age groups, but most commonly found in children and young adults. Generally, they do not hurt but may produce itching and can be ugly. Warts can create pain if they are present on feet because of the pressure from body weight. Warts can be spread from person to person from direct contact, sometimes indirectly or in swimming pool, or changing room. Warts on genital can be transmitted to another person during sexual intercourse. People whose immune system is weak or are on steroid therapy for a long are also likely to get an infection of warts. They are often problematic. They can bleed, create pain and can also cause embarrassment.

Structure of skin

Skin is made up of two layers :

1. Outer epidermis
 2. Inner dermis
- **Epidermis:** - The epidermis is the outer layer of the skin. It is formed by stratified epithelium.

- **Dermis :** Dermis is the inner layer of the skin. It is a connective tissue layer made up of dense and stout collagen fibers, fibroblasts and histiocytes. The collagen fiber exhibit elastic property and are capable of storing or holding water. The collagen fibers contain the enzyme collagenase which is responsible for wound healing. Dermis is made up of two layers
 - a. Superficial papillary layer.
 - b. Deeper reticular layer.

Appendages of the skin :-

- The hair follicles with the hairs,
- Nails,
- Sweat glands,
- Sebaceous glands, Mammary glands

Functions of skin

Skin has many functions, and is far more than just a decoration for the body.

Functions of the epidermis

The epidermis has three main functions:

1. Protects the body from the external environment
2. Protects the body from infection
3. Prevents excessive water loss from the body

Functions of the dermis

These include:

- Removes waste products of metabolism
- Provides shape and form to the body
- Provides mechanical protection to the body
- Provides oxygen and nutrients

Alternative names : Plane juvenile warts; periungual warts; subungual warts; plantar warts; verruca; verrucae planae juveniles; filiform warts; verruca vulgaris

Types of warts

Different types of wart has been identified, varying in shape and site affected, as well as the type of human papillomavirus involved.

These include:

- Common wart (*verruca vulgaris*): a raised wart with roughened surface, most common on hands and knees.
- Flat wart (*verruca plana*): a small, smooth flattened wart, tan or flesh coloured, which can occur in large numbers; most common on the face, neck, hands, wrists and knees.
- Genital wart (venereal wart, *condyloma acuminatum*, *verruca acuminata*): they are usually found on the genitals, in the pubic area, and the area between the thighs, but can appear inside the vagina and anal canal.
- Plantar warts (*verruca*, *verruca pedis*): a hard sometimes painful lump, often with multiple black specks in the centre; usually only found on pressure points on the soles of the feet.
- Subungual and periungual warts appear under and around the fingernails or toenails .
- Filiform or digitate wart: a thread- or finger-like wart, most common on the face, especially near the eyelids and lips.

Characteristics

The typical wart is a raised round or oval growth on the skin with a rough surface. Compared with the surrounding normal skin, warts may appear light, dark, or black (rare). Most adults are familiar with the look of a typical wart. Warts with smooth surfaces or flat warts in children may be more difficult to recognise.

Diagnosis

Warts can generally be diagnosed simply by their location and appearance. Biopsy is done to confirm that it is not a corn, callus, or other similar-looking growth or even cancer.

Pathogenesis of warts:

It is now recognized that the clinically different types of warts just described result not solely because of the anatomically different sites in which they arise but also as a consequence of distinct types of HPV. More than 150 types of papilloma virus have been identified, many of them capable of producing warts in humans. The virus can be identified by molecular hybridisation and polymerase chain reaction (PCR). For example, anogenital warts are caused predominantly by HPV types 6 and 11. In contrast, there is a tendency for lesions induced by HPV type 16 to show some degree of dysplasia. HPV type 16 has also been associated with in situ squamous cell carcinoma of the genitalia and with bowenoid papulosis. These findings are consistent with previous observations of the association of HPV types 16 and 18 with carcinomas of the uterine cervix. The potential relationship of HPV to carcinoma is reinforced by the rare heritable condition termed epidermodysplasia verruciformis. In this disorder, patients develop multiple flat warts, some of which evolve to become invasive squamous cell carcinomas. The genomes of HPV types 5 and 8 have been detected in some of these cutaneous tumours. Thus, the types of papillomavirus differ not only in the morphology of the lesions they produce but also in their oncogenic potential.

Homoeopathic approach

The mind, body and spirit are the trinity of life, which is present in every organism. Harmonious flow of life maintains health and any deviation leads to disease.

According to Hahnemann, there cannot be, strictly speaking, any local disease of the living organism.

The organism is a living indivisible whole acts and reacts as a whole. Any disturbance in the nature of a dynamic change is never confined to a specific part of the organism in the sense that the rest of the body does not participate in the dynamic change produced by any means.

In aphorism 201 to 203, Dr Hahnemann stated that in chronic diseases neither the unaided vital force nor the chronic miasmatic disease force can overcome each other and the result is a chronic (lifelong) suffering of the individual. A condition of stalemate develops though ultimately the patient succumbs to the disease if no proper homoeopathic treatment is instituted in time. It is the inherent property of life-principle to preserve the existence of the organism up to the last. So it evolves a *via media*. The organism is an indivisible whole but it consists of parts- some essential and other not so essential for the maintenance and continuance of life in it. It tries to preserve the integrity of the vital organs of the organism by its attempt to localize the disturbing principle by throwing it out into some part of the body which is not indispensable to human life. The disease seems to be held confined to that part for the time being, and the life principle may thereby silence the internal disease, which otherwise threatens to destroy the vital organs and the very existence of the patient. This vicarious substitution of disease from the essential to non-essential part of body keeps the internal disease into abeyance for a time, but the internal disease remains none-the-less, uncured and not lessened essentially. In fact, the local affection continuing, always, as a part and parcel of whole disease affecting the organism, may be regarded as a part "which has become excessively developed in our direction by the organic vital force" as a nature's

provision to save the vital organs from damage. But nature never becomes completely successful in this attempt as evidenced by the fact that the internal disease goes on increasing gradually and the nature, correspondingly trying to checkmate its progressive intensification by enlarging and aggravating the local symptoms.

Boenninghausen's characteristics materia medica and repertory

Warts: Amb., am-c., anac., Ant-c., Ars., ars-io., Bar-c., BELL., berb., bor., bov., buf., CALC-C., carb-a., carb-v., CAUS., chel., colch., cup., DUL., euphor., euphr., fer-pic., Flu-ac., grap., Hep., kali-bro., kali-c., lach., lyc., merc-i-f., Nat-c., nat-m., nat-s., NIT-AC., petr., pho., Pho-ac., pic-ac., ran-b., Rhus-t., rut., sabi., Sars., Sep., sil., spi., stap., SUL., sul-ac., THU.

arms, on : Calc-c., nit-ac.

black : Calc-c., hekla.

bleeding easily : Amb., nat-c., nit-ac., thu.

broad : Caus, dul.

burning : Ars., lyc., Petr., pho., Rhus-t., sep., sul.

conical : Ant-t., nat-m.

drawing in : Con.

eyes about : Caus., sul.

eyelids on : caus., thuj.

face, on : Caus., sep.

figwarts, condylomata, etc : Ant-t., ap., bell., bry., CALC-C., CAUS., cham., CINNAB., DUL., EUPHR., grap., hep., iod., LACH., Lyc., Merc-c., mez., NAT-S., NIT-AC., nux-v., PHOS-AC., rhus-t., SABI., sars., sec-c., sele., sep., sil., STAP., sul., THU.

bleeding : CINNAB., NIT-AC., THU.

finger, on : caus., thuj.

fissured : thuj.

flat : Berb., calc-c., caus., dul., Flu-ac., lach., nat-m.

fleshy : caus.

hands, dorsal : Anac., berb., nat-m.,

nat-s., sep.

palm: Nat-m.

hard : Ant-c., caus., dul., ran-b., sil., Sul., thu.

horny : Ant-c., calc-c., ran-b., Sep., (Sil.), Sul.

indented, ragged : calc-c., euphr., Lyc., nit-ac., pho-ac., sabi., stap., Thu.

inflamed : Am-c., bov., Calc-c., caus., hep., lyc., nat-c., nit-ac., rhus-t., sep., Sil., stap., sul.

itching : Carb-a., euphr., kali-c., nit-ac., pho., thu.

large : Caus., Dul., nat-c., Nit-ac., sep., thu.

limbs, lower : thu.

nose on : Caus.

old, chronic : Caus., rho.

palm : Nat-m.

painful : Amb., caus., flu-ac., nat-c., nat-m., nit-ac., petr., thu.

pedunculated : Dul., lyc., nat-s., pho-ac., stap., sabi., Thu.

ragged : calc-c., lyc., nit-ac., pho-ac., rhus-t., sabi., stap., thu.

rough, seed warts : Caus.

small : Bar-c., calc-c., dul., hep., pso., rhus-t., sars., sep., sul., thu.

smooth : Ant-c., Dul., lach., nat-m., nat-s., nit-ac., pso., thu.

soft : Ant-c., nat-s.

sticking in : Ant-c., bar-c., calc-c., caus., hep., lyc., Nit-ac., rhus-t., sep., sil., stap., sul.

suppurating : Ars., bov., calc-c., Caus., Hep., sil., thu.

thick : Dul.

throat : Nat-s.

throbbing : Calc-c., kali-c., lyc., petr., sep., Sil., sul.

ulceration, around : As., caus., Nat-c., pho.

Conclusion

Homoeopathy treats the person as a whole and it focuses on the patient as a person, as well as his pathological condition. Constitutional remedies fortify people through times of stress or help one to recover from infectious or debilitating diseases.

The constitution is the genetic makeup of the vitality, body and tissues. It is also the temperament, emotional disposition and personality of a person.

Treating the warts with constitutional remedy not only stops further progressive pathology but also reduces the emotional and psychological impact caused by warts.

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Homoeopathic management of atopic dermatitis - a case report

By M. Karthigai Selvi¹, Rejin R²

Abstract: Atopic dermatitis is a common, often persistent skin disease that affects a large percentage of world's population. It can occur at any age, most often affects infants and young children. Occasionally it may persist into adulthood or may rarely appear at any time. A 25 years old male was report with the complaint of atopic dermatitis. Based on the totality of symptoms Sulphur 200C was prescribed, which was found to be simillimum after repertorisation. Within days, gradual improvement was observed and her complaint and were completely relieved within days. This provides evidence about effectiveness of homoeopathic medicine.

Keywords: homoeopathy, atopic dermatitis, *Sulphur*, case report

ABBREVIATIONS: immunoglobulin E (IgE), atopic dermatitis (AD)

Introduction

Atopic dermatitis (AD) is a chronic, pruritic inflammatory skin condition that typically affects the face (cheeks), neck, arms, and legs but usually spares the groin and axillary region. And usually starts in early infancy, but also affects a substantial number of adults^{1,2,3,4}. Atopic dermatitis is commonly associated with elevated levels of immunoglobulin E (IgE)^{1,3}. That it is the first disease to present in a series of allergic diseases including food allergy, asthma, and allergic rhinitis, in order—has given rise to the “atopic march” theory, which suggests that atopic dermatitis is part of a progression that may lead to subsequent allergic disease at other epithelial barrier surfaces^{1,2}. Multiple factors can trigger or worsen atopic dermatitis including low humidity, seasonal allergies, cold weather. It is very common in worldwide and increasing prevalence. It affects males and females equally and account for 10-20%. The most common symptoms are dry, itchy red skin. Itch is the hallmark of disease. Scratching and itching worsen the skin inflammation. Itching is particular problem during sleep^{1,3}.

Case report

A male aged 25 years reported with complaint of itching in the back of neck, burning, blackish eruption since 5 days. The complaint get worse at night and after bathing.

History of presenting illness

His complaint started since 5 days. Itching get worse at night and after bathing, Due to his complaint, sleep is disturbed.

Past history

History of atopic dermatitis in childhood treated with allopathy
FAMILY HISTORY
Father – Osteoarthritis of knee

Physical generals

Desire - sweets
Appetite-increased
Digestion-normal
Stool-regular
Urine-normal
Sleep-disturbed due to itching
Sweat –during slight exertion

Physical examination

Blood pressure-110/70mm Hg,
pulse-70/minutes, temperature-
98.6°F

Treatment protocol

No other mode of treatment was adopted. A single suitable remedy was prescribed based on the totality of symptoms and repertorisation.

Remedy selection

Repertorisation was done using RADAR 10.0(kent repertory)⁷, considering symptoms itching in back of neck, eruption, burning aggravated night. After repertorisation, Sulphur covered 5 rubric; itching in back of neck, burning in night, desire sweet, sweat on least exertion with the score 11, followed by *Sepia officinalis*, *Silicea terra*, *Staphysagria*, *Rhus toxicodendron*, *Graphites*, etc.

- **First prescription:** 14.08.2020 at 9.30am *Sulphur* 200C in pills was given followed by 7 days placebo

Date	Change in symptomatology	Prescription
21.08.2020	Itching reduced Redness reduced Burning relieved	Placebo

Justification of remedy selection and remedy differentiation^{5,6}

Selection of *Sulphur* was based on reportorial analysis and materia medica reference, considering the symptoms which include, itching, burning, worse washing, night. Burning is the one of the most important symptoms of *Sulphur*. Considering the generals, complete loss of appetite, great desire for sweet. The patient is dirty, filthy prone to skin affection^{5,6}.

Sepia itching not relieved by scratching, worse in bend of elbow and knee. Ringworm like eruption every spring. Sweat from least motion. Feeling of goneness not relieved by eating. Also, the patient as a person does not resemble *Silicea terra* because the skin was not delicate, pale, waxy, eruption itch only during daytime and evening. Sweat at night, worse towards morning. Also, the patient as a person did not resemble to it.

Staphysagria eczema of head, ear, face and body^{5,6}. Thick scab, dry, itch violently, scratching changes location of itching.

Rhus toxicodendron, skin is red, swollen itching intense, burning eczematous eruption with tendency to scaly formation^{5,6}.

Discussion

The article which tries to unearth the evidence of homoeopathy in treating the disease of Skin. In this case, homoeopathic medicine were selected on the basis of individualisation and medicine was successful in treating atopic dermatitis that causes relief of symptoms of patient. A single suitable, homoeopathic remedy was prescribed based on totality of symptom and repertorisation. *Sulphur 200C* was prescribed and,

his complaint got better within a day. Homoeopathic medicine is beneficial in treating skin disease.

Acknowledgement

I express my sincere gratitude to management and principal of Maria Homeopathic Medical college and Hospital, Thiruvattar, India for providing necessary facilities to carry out this work

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Appendices

	sulph.	sep.	sil.	staph.	rhus-t.	graph.	lyc.	asar.	nit-ac.	psor.	ars.	hep.	nat-m.	patr.	brv.	nat-ar.	stram.	bell.	carb-v.	c
1. BACK - ITCHING - Cervical region - Nape of neck (13)	1	1	1	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
2. BACK - ERUPTIONS - Cervical region (41)	1	1	3	1	1	2	1	2	-	1	1	2	1	2	1	1	1	1	1	-
3. SKIN - ITCHING - burning - night (5)	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. GENERALS - FOOD and DRINKS - sweets - desire (198)	1	3	2	1	2	2	2	3	1	2	1	1	2	1	1	2	1	2	1	2
5. PERSPIRATION - EXERTION - during slight (127)	1	3	3	2	3	3	3	3	3	3	2	2	2	1	2	2	2	2	1	1
6. STOMACH - APPETITE - increased (308)	1	3	2	2	2	1	3	3	2	2	3	3	1	3	3	1	2	1	2	1

Figure 1: Repertorisation sheet



14.08.2020



21.08.2020

Figure 2: Before and after treatment

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Use of some lesser-known drugs in atopic dermatitis

By *Chaturbhuja Nayak, Anupama Giri*

Abstract: Atopic dermatitis is a chronic skin disorder which is the cause of concern for the patients, from the cosmetic view point as well as cost factor, for its treatment. Homoeopathy is popular for successful treatment of skin disorders including atopic dermatitis. Besides the polychrest medicines, some rare lesser known drugs have been used by the homoeopathic professionals and found effective in the management of such skin disorder. The indications of a few of such medicines are stated in this article.

Keywords: Atopic dermatitis, homoeopathy, lesser known drugs.

ABBREVIATIONS: atopic dermatitis (AD), immunoglobulin (Ig)

Introduction

Atopic dermatitis (AD) or atopic eczema is an itchy, inflammatory non-contagious skin condition with a predilection for the skin flexure. It is characterised by poorly defined erythema with oedema, vesicles, and weeping in acute stage and thickening in the chronic stage.⁽¹⁾ Atopic dermatitis is the cutaneous expression of the atopic state, characterised by a family history of asthma, hay fever, or dermatitis in up to 70% of patients.⁽²⁾ The clinical presentation varies widely at different ages and places. Pruritus is a prominent characteristic of AD which usually precedes the rash (“itch that rashes”) and it may be severe, especially at night. It is followed by inflammatory red to brownish grey coloured patches with small, raised bumps which may leak fluid and form crusts when scratched. Although the patches can occur anywhere, they most often occur on the flexural surfaces of the joints (“flexural eczema”), such as sides of elbows, knees, and ankles. Clinically, AD has been divided into three stages - infantile, childhood, and adulthood phases based on some characteristic clinical features.⁽³⁾ The aetiology of

AD is only partially known. There is a clear genetic predisposition. When both the parents are affected by AD, over 80% of their children manifest the disease. When one of the parents is affected, the prevalence drops to slightly over 50%. Patients with AD may display a variety of immunoregulatory abnormalities including increased IgE synthesis; increased specific IgE to foods, aero-allergens, bacteria and bacterial products.⁽²⁾ The aetiology behind AD is thought to be epidermal barrier destruction by immune system dysregulation caused due to gene-environmental interaction.⁽³⁾ The diagnosis of AD is mostly based on clinical features.⁽¹⁾ The clinical criteria for the diagnosis of atopic dermatitis are: pruritus and scratching; course marked by exacerbation and remissions; lesions typical of eczematous dermatitis; personal or family history of atopy (asthma, allergic rhinitis, food allergies or eczema), and clinical course lasting longer than 6 weeks.⁽²⁾

The prevalence of AD is estimated to be 15-20% in children and 1-3% in adults, and the incidence has increased by 2-3 fold during past decades in industrialised countries.⁽⁴⁾ Studies suggest that atopic

dermatitis imposes a high economic burden.⁽¹⁾

Homoeopathic system of treatment has a good reputation for successful treatment of chronic skin disorders including AD. Apart from the constitutional medicines, well known rare drugs documented in homoeopathic materia medica also play an important role in the treatment of AD. In this article, some lesser known drugs which are frequently used by the physicians for the treatment of atopic dermatitis are discussed.

1. *Juglans cineria*

Common name-Butternut ^(5,6,7)

Family-Juglandaceae ^(6,7)

Signs and symptoms ^(5,6,8)

- Eczema especially on the lower extremities, sacrum, hands and wrists, frequently recurring with intolerable itching and soreness.
- Itching and pricking pain on being over heated.
- Pustules on thighs, hips and nates with itching and burning pain.
- Erythema and erysipelatous redness.

- Itching on head, neck and shoulders with burning pain and redness; must scratch the scalp constantly.

- Concomitant: Skin affection associated with liver complaints.

Potency: Mother tincture to third potency. ⁽⁵⁾

2. *Juglans regia*

Common name: Walnut ^(5,6,7)

Family: Juglandaceae ^(6,7)

Signs and symptoms ^(5,6,7)

- Itching eruptions over the whole body; behind the ears of children
- Eruptions on flexor surface of right forearm near elbow with burning pain and red spots.
- Pustules red, itching with burning pain; cracked skin discharging a greenish fluid stiffening the linen.
- Itching in axilla with burning pain; skin sore and cracked, then red and scaly, < after perspiration.
- Scalp red and itches violently, < at night.

Potency: Mother tincture and lower potencies. ⁽⁵⁾

3. *Piper methysticum*

Common name: Kava kava, Macropier methysticum ^(6,7)

Family: Piperaceae ^(6,7)

Signs and symptoms ^(5,6,7)

- Dryness of skin especially where it is thick as on hands and feet, with scales and cracks.
- Scaly eruptions; fall of scales leave white spots which often ulcerate.

Potency: Mother tincture and lower potencies. ⁽⁵⁾

4. *Aethiops mercurialis*

Common name: Black sulphide of mercury ^(6,7)

Signs and symptoms ^(5,6,7)

- Eczematous eruptions and discharges.
- Favus like eruptions.
- Painful, irritating, scaly eruptions on face.
- Eruptions after fright.
- Discharges are offensive.

Potency: Lower trituration especially the second decimal. ⁽⁵⁾

5. *Skookum chuck*

Common name: Mineral springs, Skookum limechen chuck (strong medicine water), Medical lake ^(6,7)

Signs and symptoms ^(6,7)

- An antipsoric remedy having strong affinity for the skin and mucus membranes.
- It is a very good medicine for chronic eczema.
- Eczema of feet with fissured skin and acrid secretions.
- Dryness of skin especially on scalp; falling of hair.
- *Note:* Besides *internal administration of Skookum Chuck, the Skook soap and ointment have also been used.*

Potency: Third trituration. ⁽⁵⁾

6. *Oleander*

Common name: Rose laurel ^(5,6,7)

Family: Apocynaceae ^(6,7)

Signs and symptoms ^(5,6,7,8)

- Violent itching eruptions of various parts of the body; bleeding, oozing; absence of perspiration.
- Itching eruptions especially on scalp, which are sensitive. Itching compels the patient to

scratch.

- Vesicular eruptions around head in children; scaly eruptions on posterior part of head behind ears, with itching as from lice.
- Very sensitive skin, slightest friction causes soreness and chapping.
- Skin very sensitive with redness and excoriation even when gently scratched.
- Skin symptoms, < undressing, friction of clothes, night.

Potency: Third to thirtieth potency. ⁽⁵⁾

7. *X-ray*

Common name: X-ray ⁽⁷⁾

Signs and symptoms ⁽⁷⁾

- Dry, itching eczema.
- Chronic, papular, vesicular, itching eruptions.
- Palms rough and scaly.
- Skin discoloured, pale, sclerous, cold; or dry, wrinkled.
- Hyperkeratosis of the skin.
- Erythema around roots of nails; nails thickened.
- Painful cracks.
- Skin symptoms, < in bed, evening and night, open air.

Potency: Twelfth potency and higher. ⁽⁵⁾

8. *Lappa arcticum*

Common name: Burdock ^(5,6,7),

Family: Compositae ^(6,7)

Signs and symptoms ^(5,6,7,8)

- Moist, foul eczema of infants.
- Sticky eruptions on head and face.
- Eczema on scalp with moist offensive, greyish white crusts; eruptions spread to face with itching and tearing pain.
- Skin symptoms associated with cold sweat from axillae.

Potency: Mother tincture to third potency. ⁽⁵⁾

9. *Xerophyllum*

*Common name-*Tamalpais, basket grass flower ^(5,7)

*Family-*Melanthiaceae ⁽⁷⁾

Signs and symptoms ^(5,7)

- Skin rough and cracked, feels like leather.
- Erythema with vesication and intense itching, stinging and burning pain.
- Dermatitis, especially around the knees.
- Blisters like little lumps.
- Itching, < application of cold water, evening > application of hot water, morning.

Potency: Sixth potency or higher. ⁽⁵⁾

10. *Viola tricolor*

*Common name-*Pansy^(5,6,7)

*Family-*Violaceae^(6,7)

Signs and symptoms ^(5,6,7,8)

- The principal use of this medicine is for eczema of childhood with intolerable itching.
- Eczematous eruptions, particularly over face (except eyelids), head and behind the ears with intolerable itching and burning pain.
- Itching and burning pain, <at night.
- Thick hard scabs with cracks here and there, from which a tenacious yellow pus exudes.
- Skin symptoms, < winter.

Potency: Lower potencies. ⁽⁵⁾

11. *Arundo mauritanica*

*Common name-*Reed, Italian grass ⁽⁷⁾

*Family-*Gramineae ⁽⁷⁾

Signs and symptoms ^(5,7)

- Eczema with itching and crawling sensation especially on chest and upper extremities.

- Eczema especially behind the ears.

- Fissures in fingers and heels.

Potency: Third to sixth potency. ⁽⁵⁾

12. *Manganum aceticum*

Common name- Manganese acetate ^(6,7)

Signs and symptoms ^(6,7)

- Chronic eczema with amenorrhoea, < during menses or menopause.

- Red elevated spots with voluptuous itching, > by scratching.

- Burning pain all over skin, in evening and when rising from bed.

- Skin rough, cracked with bluish discolouration.

- Deep cracks in bends of elbows and knees.

- Skin eruptions, < cold wet weather.

Potency: Third to thirtieth potency. ⁽⁵⁾

13. *Rhus veneta*

*Common name-*Poison elder ^(5,6,7)

*Family-*Anacardiaceae ^(6,7)

Signs and symptoms ^(5,6,7)

- Eczematous eruptions with excessive itching.

- Vesicles, erysipelas; skin dark red.

- Itching, >relieved by hot water.

- Vesicular eruptions on forearm, wrist and back of hand between the fingers.

- Itching and desquamation of skin of hands.

Potency: Sixth to thirtieth potency. ⁽⁵⁾

14. *Galphimia glauca*

*Common name-*Galphimia glauca ⁽⁷⁾

*Family-*Malpighiaceae ⁽⁷⁾

Signs and symptoms ⁽⁷⁾

- Very good remedy for allergic eczema.

- Vesicular, papular eruptions.

- Pruritus with sensitive skin.

- Eczema with history of hay fever and asthma.

Potency: Mother tincture and all potencies. ⁽⁷⁾

15. *Scrophularia nodosa*

*Common name-*Knotted figwort ⁽⁷⁾

*Family-*Scrophulariaceae ⁽⁷⁾

Signs and symptoms ⁽⁷⁾

- Eczema of the ears especially behind the right ear.

- Affected skin surface burns when rubbed.

- Prickling, itching, <back of hands, inside wrists and between fingers.

- Eczema around the navel.

Potency: Mother tincture and first potency. ⁽⁵⁾

WAY AHEAD...

- Lesser -known drugs effective in the management of atopic dermatitis should be thoroughly proved /reproved;

- Efforts to be made to bring the Indian drugs useful in the management of atopic dermatitis to the domain of Homoeopathy after potentization, to facilitate their use by the homoeopathic profession, after proper proving, as per Hahnemannian guidelines;

- Clinical verification of all these lesser- known drugs needs to be undertaken, following proper protocol;

- After thorough proving and

clinical verification of these lesser-known drugs, their utility in treating atopic dermatitis should be clinically tested by the clinician and documented for use by the entire homoeopathic fraternity, which will ultimately benefit the patients.

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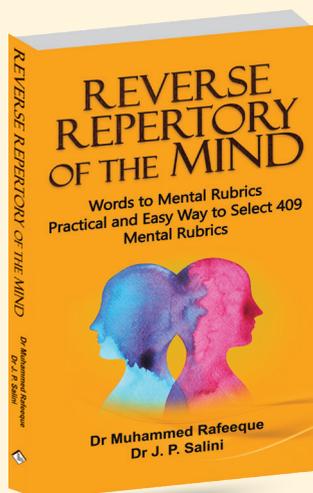
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A case report on polymorphous light eruption

By Dr Ashok Yadav, Dr Kanika Agarwal, Dr Sonu Mahiya, Dr Priyanka Nagar

Abstract: The following case report is of polymorphous light eruption which is a type of photodermatoses in 24-year-old female. She was treated successfully with individualised homoeopathic medicine selected on the basis of totality of symptoms after repertorisation. Her complaint improved markedly and did not relapse despite being sun exposed. This case report illustrates positive role of homoeopathic treatment in managing cases of photodermatoses.

Keywords: Polymorphous light eruption, photodermatoses, homoeopathy, individualised homoeopathic medicine .

Abbreviations: Polymorphous light eruption (PMLE), ultraviolet rays (UVR), lupus erythematosus (LE), psoralen + ultraviolet light A (PUVA), last menstrual period (LMP)

Introduction

Polymorphous light eruption (PMLE) is the most common photodermatoses worldwide. Photodermatoses refers to skin disorders which are exacerbated or induced by light. Harmful effects of light on skin are almost entirely due to radiation within the ultraviolet spectrum of the sun's emission. UVR having wavelength between 200 to 400 nm penetrates epidermis (UV-B) and dermis (UV-A) and can induce sunburn, tanning, epidermal hyperplasia, photoaging and photocarcinogenesis. Photodermatoses is classified in four groups: (A) Idiopathic (immunologically mediated) photodermatoses; (B) Drug/ chemical induced photodermatoses; (C) Genetic and metabolic photodermatoses; and (D) photo-aggravated dermatoses.^[1,2]

PMLE is types of idiopathic photodermatoses which occurs mostly in 3rd - 4th decade of life and have female preponderance. It develops few hours or days after light exposure on sun exposed parts. It is relapsing in nature. Clinical picture of PMLE may be polymorphic or monomorphic

lesions. Eruptions can be small, itchy papules, vesicles or plaques on erythematous background. The skin lesions resolve spontaneously within several days of ceasing sun exposure.^[2]

Differential diagnosis of papular or papulovesicular type include photoallergic eczema, ictus or prurigo simplex. Plaque-type lesions must be differentiated from delayed onset solar urticaria, erythema multiforme and lupus erythematosus (LE).^[3]

Photoprotection is the mainstay treatment in all photodermatoses. Other treatment methods are systemic or topical steroids, antihistamines and skin hardening by preventive UV phototherapy and/or psoralen plus UVA (PUVA).^[1, 2, 3]

According to homoeopathy, photodermatoses is predominantly disease of psoric miasm.

Homoeopathic treatment is aimed at managing treatment of manifested polymorphous light eruption during acute phase and prevention of recurrence even on exposure to light using homoeopathic medicines selected on the basis of

individualisation to the highest degree clinically possible.

Here, a case of photodermatoses is presented that was treated with the homoeopathic medicines.

Case report

PRESENTING COMPLAINTS:

A 25-year old female patient visited clinic on 8-02-2021 with complain of reddish, small, multiple pruritic, vesicular eruptions on face since last 6-7 months (Fig-1). Skin eruptions < sun heat.

Itching with desire to scratch, after scratching watery discharge comes out and where it touches the skin, new eruptions begin to appear. Itching > cold water.

HISTORY OF PRESENT COMPLAINTS:

The reddish eruptions first appeared on dorsal side of hand for which patient took allopathic treatment for 7 days. After these treatment, eruptions disappeared, but after 3-4 days they again started to reappear on hand and face, patient took allopathic treatment for another 3-4 months with temporary relief.

CASE STUDY

PAST HISTORY: No significant history.

PERSONAL HISTORY: She was preparing for civil services and lived in joint family.

PHYSICAL GENERAL:

- Thermal reaction-hot
- Thirst-Decreased, 3-4 glass in a day
- Desire- salt

- Menstrual history- LMP -28-01-2021, duration of menses: 3-4 days, cycle: 28-30 days

MENTAL GENERALS:

- She didn't want to tell anything about her personal life. Reserved nature.
- Angry on small things, and when anyone asked her about the cause of her anger, she didn't like it. She does not like

to be consoled.

- Liked to be alone when sad. She did not like company.
- Wept without any cause.

CLINICAL FINDING: Small, reddish, vesicular eruptions on face; multiple in number. Skin was dry in texture.

DIAGNOSIS: Polymorphous light eruption.^[3]

ANALYSIS AND EVALUATION OF SYMPTOM WITH MIASMATIC ANALYSIS^[4]:

S. No.	Symptom	Type of symptom	Intensity	Miasmatic analysis
1.	Causeless weeping tendency	Mental generals	+++	Psora
2.	When angry, consolation aggravated	Mental generals	++	-
3.	Wanted to be alone	Mental generals	+++	Syphilis
4.	Thermal- hot	Physical generals	++	Psora
5.	Desire- salt	Physical generals	+++	Psora
6.	Thirst- decreased	Physical generals	++	Psora
7.	Small reddish eruption on face	Particulars	++	Psora
8.	Eruptions <sun heat	Particulars	+++	Psora
9.	Itching >cold water	Particulars	+++	Psora

TOTALITY OF SYMPTOMS:

- Causeless weeping tendency
- Want to be alone
- Reserved nature
- Consolation aggravated the complaints
- Thermal-hot
- Desire-salt
- Thirst -decreased
- Small reddish eruption on face
- Eruptions <sun heat
- Itching >cold water

Repertorial sheet: Fig-2

Selection of remedy and potency with justification: *Natrum muriaticum* was prescribed on the basis of totality of symptoms and repertorial analysis. It covered 8 out of 10 rubrics, and got highest marks (22). Moreover, on referring to materia medica^[5,6], *Natrum muriaticum* seemed most appropriate similimum than other indicated medicines on repertorisation, i.e. *Sulphur* (15/9), *Phosphorus* (14/8), *Calcarea carbonica* (13/8), *Cinchona officinalis* (13/8) and

Arsenicum album (10/8) as patient was reserved in nature, consolation aggravation, sad and weeping mood without cause, great longing for salt, sun aggravation and had vesicular eruptions. 30CH was given on the basis of susceptibility.^[7]

Prescription: *Natrum muriaticum* 30/ thrice daily for 3 days, *Rubrum* 30 / thrice daily for 15 days.

General management: Patient was advised to avoid any external applications including medicated soaps and cosmetics. She was advised to apply coconut oil only.

Follow-up

Date	Symptom	Prescription
22-02-2021	Slight relief in redness and itching on face. New small vesicular eruption appeared around ala nasi and upper lip.	Rx <i>Natrum muriaticum</i> 200/ 1 dose/ HS <i>Rubrum</i> 30 /TDS for 14 days
8-03-2021	No new eruptions appearing. Old eruptions and redness are reducing in intensity. Relief in itching. (Fig 3)	Rx <i>Rubrum</i> 30 /TDS for 14 days
22-03-2021	Old eruptions disappeared despite being sun exposed. Few new vesicular eruptions above upper lip appeared, but no itching and redness.	Rx <i>Rubrum</i> 30 /TDS for 14 days
5-04-2021	Improvement. No new eruptions with relief in old complaints despite exposure to sun. (Fig 4)	Rx <i>Rubrum</i> 30 /TDS for 14 days
19-04-2021	Improvement. No recurrence of symptoms.	Rx <i>Rubrum</i> 30 /TDS for 14 days

Conclusion

A 25-year old female presented with polymorphous light eruption. Individualised homoeopathic medicine was prescribed selected after repertorisation with *Synthesis Repertory*. Presenting complaints improved gradually without any episodes of recurrence of symptoms. This case shows positive role of homoeopathy in treating polymorphous light eruption.

Declaration of patient consent

All appropriate patient consent forms were obtained. Patient has given his consent for her images and other clinical information to be reported in the journal.

Conflicts of interest

None declared.

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Figure 1: First visit dated 8-02-2021 (Before treatment)

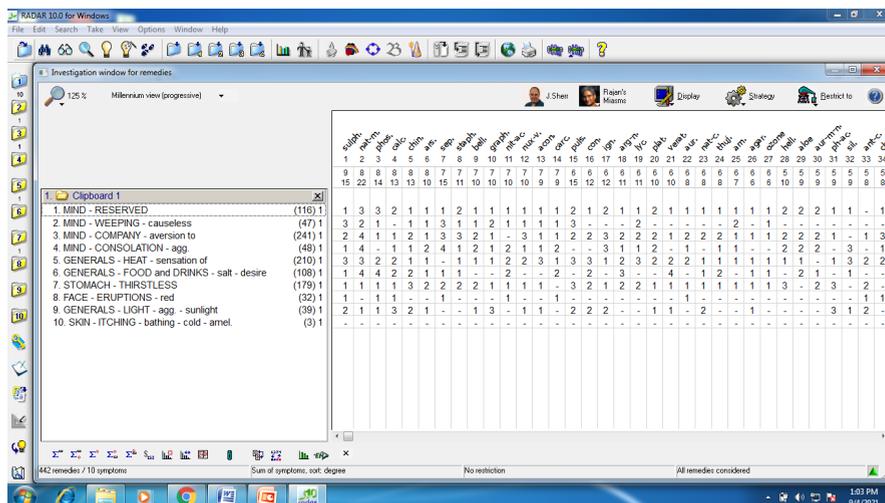


Figure 2:



Figure 3: Date-8-03-2021



Figure 4: Date- 5-04-2021 (After treatment)

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Atopic dermatitis and homoeopathy: a case report

By Dr Priyanka Verma, Dr Prashant Singh

Abstract: A female reported with the complaint of dryness, cracked and ulcerated skin lesion over right foot for 5 years. She had no relief in complaints despite many treatments. A complete case taking followed by selection of an appropriate remedy relieved her completely which is described in detail below.

Keywords: Atopic dermatitis, eczema, *Graphites*, homoeopathy.

Introduction

This case is an example of chronic atopic dermatitis of the right foot sole which was cured with the help of homoeopathy in the most rapid and gentle manner possible. Atopic dermatitis is an endogenous dermatitis triggered by external agents and is characterized by extremely itching and recurring eczematous lesions. Its clinical manifestations depend upon the age of the patients. It results from suitable environmental exposure of genetically susceptible individuals which results in defective skin barrier. It generally shows a personal or family history of atopy. Its incidence is increasing due to increasing exposure to pollutants, indoor allergens and decline in breastfeeding. There are increased IgE levels especially during acute flares. It can be diagnosed clinically by using Hanifin and Rajka criteria for diagnosis of atopic dermatitis. Prick test and serum IgE levels are measured to confirm its diagnosis^[1]. It has been coded as L 20.9 under ICD-10 CM diagnosis.^[2]

Case history

Chief complaints

A female aged 36 years reported

with the complaint of dry skin lesion over sole of right foot for 5 years.

History of present illness

Patient was apparently well 5 years back when she developed itching over her right foot. Later she developed some vesicles over there which burst and lead to desquamation of the skin which spread over her foot with immense itching and sticky yellowish discharge. Now she has presented with dry, hard, crusty skin lesion over her right foot which exudes a sticky discharge slightly on pressing (Figure 1). Also, there was an ulceration of skin present over the medial side of her foot. There is itching which gives a burning sensation after scratching. Itching aggravates at night and from warmth. There is aggravation of complaint every winter.

Treatment history

She took allopathic treatment for one year which didn't help her.

Later she used some Ayurvedic ointment for 6 months which gave her slight relief but aggravated thereafter.

She was not taking any treatment for the last 3 months.



Figure 1.

Gynecological and obstetrical history

Her last menstrual period occurred on 18-10-2020 and had no associated complaints. Her menstrual cycle is regular, occurs for 3-4 days, every 32 days and without any abnormalities.

Past and family history

She had a history of skin allergy 10 years back.

Her family history consists of asthma in her mother while her father had Type-II Diabetes mellitus.

Physical generals

Patient was thirstless, used to drink less than 2 Litres of water per day during summers too. She had a desire for spicy food and a stronger

aversion to sweets. Her bowel movements were irregular and had unsatisfactory stools. She had generalized; offensive, non-staining perspiration pattern. Thermally the patient was chilly.

Mind

Patient became lachrymose while

telling about her complaint. On her visit she appeared to be an extrovert. Weep frequently. She had a fear that some misfortune would happen to her. Patient used to think that her death is very close now without any particular reason. According to her husband she does not keep things to herself. and cannot take decisions on her own. She had no desire to do

her work and used to anticipate a lot about the future.

Diagnosis

After ruling out all the other possible causes of eruptions, and according to the history of the disease, it was diagnosed as atopic dermatitis of the right foot^[1].

CASE ANALYSIS

Analysis and evaluation of symptoms

Given in Table 1.

Table 1. Analysis and evaluation of symptoms with miasmatic analysis.

Symptoms of patient	Intensity	Common/ uncommon	Miasm
Mental symptoms			
Thinks her death is very close	++	Uncommon	Psora ^[3,4]
Irresolute	++	Uncommon	Psora ^[3,4]
Discontented	++	Uncommon	Sycosis ^[3,4]
Anticipation about future	++	Uncommon	Psora ^[3,4]
Fear of misfortune	++	Uncommon	Sycosis ^[3]
Physical generals			
Desire- Spicy	+	Uncommon	Psora ^[3,4]
Aversion sweets	++	Uncommon	Psora ^[3,4]
Generalized perspiration, offensive odor	++	Uncommon	Psora ^[3,4]
Thermal reaction- Chilly	+++	Uncommon	Psora ^[3,4]
Particulars			
Dry, hard, cracked skin with itching, <winters, warmth	+++	Uncommon	Psora ^[3,4]

Repertorial totality

Synthesis 9.0 repertory was used for repertorization^[5].

- Mind, Anxiety, future about
- Mind, Death, presentiment of

- Mind, Discontented
- Mind, Fear, misfortune of
- Mind, Irresolution
- Generalities, Food and drinks, sweets, aversion
- Perspiration, Odor, offensive

- Skin, Cracks, winter, agg.
- Skin, Eruptions, dry
- Skin, Eruptions, hard

Repertory Chart

Shown in Figure 2.

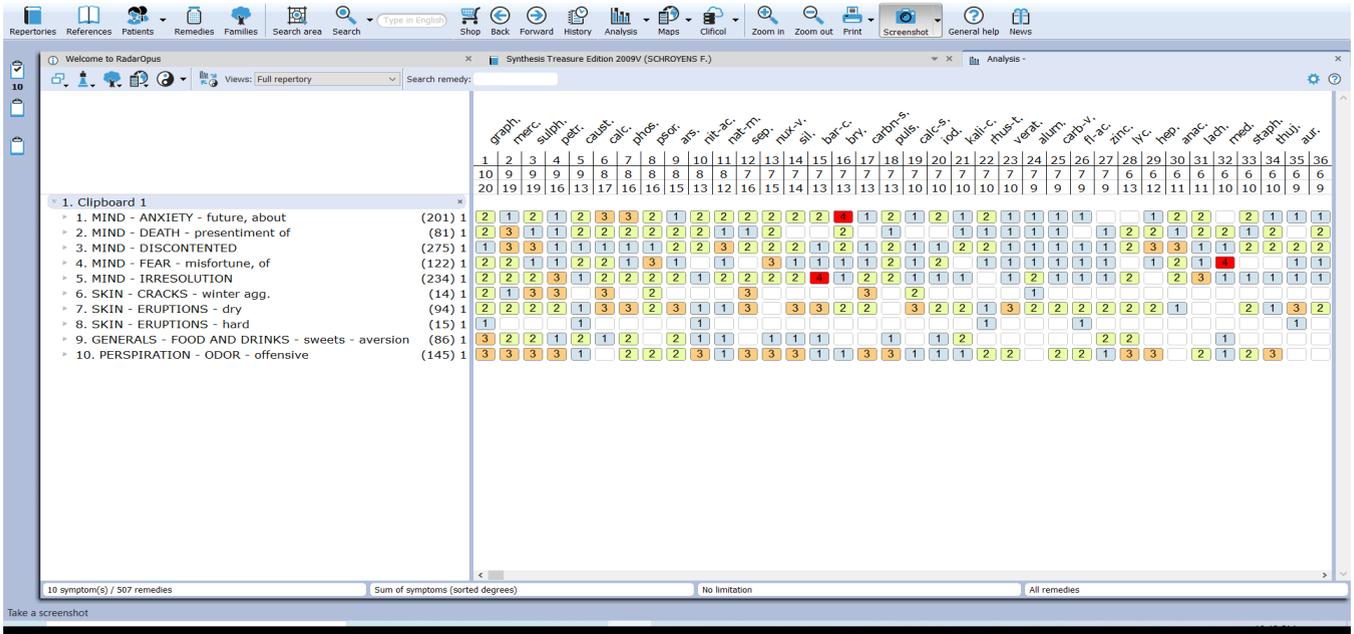


Figure 2. Repertorial Chart

THE REMEDY

Repertorial results show *Graphites* as the prominent remedy which covers all the symptoms presented by the patient. After corroboration with the knowledge of materia medica, *Graphites* was the remedy of choice as it covers the mental disposition as well as the physical disposition of the patient^[6,7]. Also, the patient was

chilly while *Sulphur* is hot, *Mercurius* is ambithermal while *Graphites* is chilly thermally^[8]. Hence, *Graphites* 30C/ 3 doses were prescribed to the patient.

30C potency was selected according to the susceptibility of the patient. Susceptibility of the patient was moderate due to the more deranged physical state of the patient. The

patient belongs to the middle age group and has a moderate level of physical exertion and so was her susceptibility^[9].

FOLLOW-UP

First prescription (14/11/2020)- *Graphites* 30C/OD/ 3 days; Placebo/ TDS/ 15 days.

Date	Symptoms	Prescription
30/ 11/ 2020	Skin ulceration and cracks - better Dryness- same Anxiety about future- same Stools- satisfactory, irregular (As the skin complaints were getting better, only placebo was given ^[10])	Placebo/ TDS/ 2 weeks
16/ 12/ 2020	Skin ulceration and cracks - same Dryness - same No major relief Anxiety about future- same Stools- satisfactory, regular (Since there was no major relief in the skin complaints of the patient but her bowel movements became regular, hence, the same medicine and the same potency was repeated. ^[10])	<i>Graphites</i> 30C/OD/ 3 days (Early morning, empty stomach) Placebo/ TDS/ 15 days

<p>3/ 01/ 2021</p>	<p>Skin ulceration and cracks - better Dryness - better Itching increased in the foot. Anxiety about future- same No other complaints. (As the physical complaints of the patient reduced but the mental sphere was not getting better, with an increased susceptibility, hence the potency was raised to 200C.^[9,10])</p>	<p><i>Graphites</i> 200C/ 1 dose (Early morning, empty stomach) Placebo/ TDS/ 15 days</p>
<p>20/ 01/ 2021</p>	<p>Skin ulceration and cracks healed up. Dryness- better No peeling of skin Itching better Anxiety about future- better (As all the complaints were getting better, only placebo was given.^[10])</p>	<p>Placebo/ TDS/ 15 days</p>
<p>10/ 02/ 2021</p>	<p>Skin dryness and cracks - healed up. Itching- better Anxiety about future- very few thoughts now No other new complaints (As the improvement continued, only placebo was given^[10])</p>	<p>Placebo/ TDS/ 15 days</p>
<p>25/ 02/ 2021</p>	<p>Skin healed up, itching- absent (Figure 3) Anxiety about future- negligible No other new complaints. (Since all the complaints were relieved, only placebo was given for 15 days and the treatment was stopped thereafter.^[10])</p>	<p>Placebo/ TDS/ 15 days</p>



Figure 3.

Discussion

This case report shows the effectiveness of homeopathy in atopic dermatitis. It also shows the importance of taking a complete case over the therapeutic prescription and is the only means of curing the sick from inside out which in this case has shown by relief in unsatisfactory stools and irregular bowel movements. As the case was repertorized and corroborated with materia medica, it also tends to

confirm the symptoms written in Homoeopathic materia medica and repertory.

The main drawback in this case was absence of diagnosis via prick test and serum IgE levels but it was confirmed clinically and with the history of the lesion.

Conclusion

From this case report the well established fact of effectiveness of

homeopathic treatment in skin diseases has been confirmed and shows that Homeopathy is effective in the cases of atopic dermatitis. It also shows that if the medicine is accurate for the case, it can cure the patient in the most rapid and gentle way. It further proves the effectiveness of *Graphites* in cases of atopic dermatitis and enlightens the homeopathic literature in terms of modern medicine.

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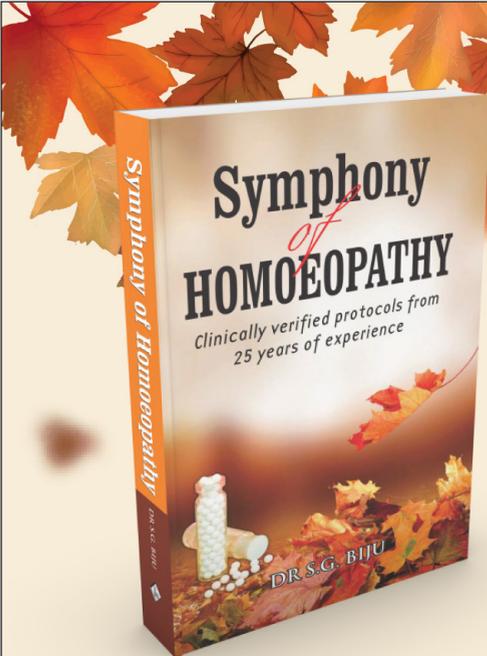
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How to write an effective discussion section in a scientific article

By *Kruiti Saraswat, Chaturbhujaya Nayak*

Abstract: Publishing a manuscript in a peer-reviewed journal is a tedious task. This task includes properly and adequately written sections, especially 'discussion' section as it plays an important role in deciding the quality of a manuscript. An impactful manuscript comprises of many factors, one of which is a well-written discussion section. 'discussion' section enhances readers' concept over the particular topic. Through this article, efforts have been made to present some points on writing effective 'discussion' section in scientific articles, which may guide the researchers and developing authors to contribute for scholarly writing.

Keywords: scientific manuscript, medical writing, discussion section, do's and don'ts

Abbreviations: introduction, methods, results, and discussion (IMRAD)

Introduction

A manuscript may have an impressive research question, hypothesis, a systematic methodology and report compelling results. However, without a thoughtful and well-informed discussion, the paper will be uninteresting and weak. A weak discussion may leave the readers wondering why they started reading the article in the first place. Thus, formulating effective 'discussion' is crucial for improving the likelihood of the study's publication and its impact. Different journals have different formats for writing discussion.⁽¹⁾ Some journals combine the 'discussion' and 'conclusions' sections so as to incorporate the broader significance of results. Other journals have dedicated separate sections for both.⁽²⁾

DISCUSSION AND IMRAD STRUCTURE OF WRITING SCIENTIFIC ARTICLE

It was the early twentieth century when the literary style for writing scientific articles began to decline and the formal established introduction, methods, results, and

discussion (IMRAD) structure was adopted. According to a study, it was established that the IMRAD structure in journals began to be used in the 1940s but reached peak after 1970s.⁽³⁾ Discussion section is one of the important parts of IMRAD structure for writing scientific articles.

IMPORTANCE OF DISCUSSION IN A SCIENTIFIC ARTICLE

'Discussion' discusses the main results and explains their meanings. It puts the new questions and perspectives and describes the most interesting points. It also defines the possible answers and author's suggestions.⁽⁴⁾ Discussion of scientific articles should be structured in a proper manner because it often remains the weakest part of the manuscript where careful attention should be given. Richard Horton, editor of the Lancet, and others have described how authors commit mistakes in the discussion of papers. They just lay emphasis on the strengths of the study without mentioning weaknesses. Authors sometimes go beyond the evidences they have gathered and draw unjustified conclusions.^(5,6)

Relation of 'introduction' and 'discussion' sections:

One should write 'discussion' section in a reverse order of 'introduction', without repeating 'introduction' section of the manuscript. The structure of the introduction is usually as of a funnel, whereas, the discussion is an inverted funnel. It can be said that they both together form an hourglass shape. The discussion starts with the narrowest part of answering research question and it then gradually widens out to comparisons with other studies and the interpretation of findings in the wider context of the study topic. This section must answer all questions which the 'introduction' section asked.⁽⁷⁾ The 'discussion' section should always connect to the 'introduction' section, but does not simply repeat or rearrange the introduction part of the research paper. The discussion should clearly explain how your study helped reader to answer problems and research question discussed under introduction section.⁽⁸⁾

Relation of 'results' and 'discussion' sections:

The 'results' section merely presents data and does not interpret or justify it. The 'discussion' section offers an interpretation of the data, but should never present new results. An effective discussion section interprets firstly the major findings given in results section followed by less important findings according to the demand of study.⁽⁷⁾

Length of a 'discussion' section

Generally the length of the 'discussion' section should not exceed the sum of other sections (introduction, materials and methods, and results), and it should be completed within 6–7 paragraphs. Each paragraph should not contain more than 200 words, and hence, words should be counted repeatedly. In nutshell, the 'discussion' section should be completed within 6–7 paragraphs, of not more than 200 words each.⁽⁴⁾

Points to remember while writing 'discussion' section

1. *Make summary of your findings*
Share all the findings and explain how they answer the question(s) which were raised in 'introduction' section. Then interpret your important results in a logical order. To organise these paragraphs, discuss your findings from the most to least important.^(8,9)
2. *Compare your findings*
Explain how your research findings fit with the existing literature and previous studies. Thoroughly study the past studies which you are going to compare. Mention their references properly. Discuss whether your results support or contradict the findings of other studies. If you find contradictions, explain why you think your results are

different from those of previous studies. Also, discuss any rare, unexpected or intriguing findings you got in your study. Explain why you think these findings are interesting. Try to stress on what your data add to the existing body of evidences.^(9,10)

3. *Limitations*

Describe the limitations of your study and how they could have affected your study, for example, small sample size, poor study design, incorrect selection of tools, etc.⁽⁹⁾ They are those points that influenced the interpretation of the findings of the research.⁽¹⁰⁾ Limitations of the study can be placed either at the beginning of the discussion section of your paper so the reader knows in advance, the limitations before reading the rest of your analysis of the findings. They can also be placed at the conclusion of the discussion section.⁽¹¹⁾

Keep in mind that the negative results also reflect your findings, that are opposite to your alternate hypothesis. Refrain from fabricating results under these situations. If you carried out the research well, they are simply your results and only require additional interpretation.⁽¹²⁾

Avoid giving unwarranted importance to your research. Let the readers decide the same. Inflating the importance of your study's findings could be perceived by your readers as an attempt to hide your limitations or promote bias.⁽¹²⁾

Some authors do not reveal such limitations because of apprehension that it might expose their weakness. On the contrary, by admitting limitations, the readers and the reviewers appreciate your honesty. One should remember that there is always a scope for improvement.

4. *Conclude*

Conclude your 'Discussion' section by giving a brief summary of what you have discussed. Most of the readers prefer to read this last part of discussion section first. So, be attentive and extra cautious while writing it.

Don'ts while writing discussion⁽¹²⁻¹⁴⁾

- on't discuss any ideas, concepts or information beyond the domain of the manuscript;
- Don't discuss the statistically significant results only, rather address all related results;
- Don't avoid any unexpected result you got, rather try to explain it;
- Don't hide limitations encountered;
- Don't use extensive texts without subheadings.
- During construction of sentences, avoid unnecessary words, and active voice; rather passive voice should be used.

In nutshell, three points should be kept in mind while writing 'discussion' section. Firstly, results should be discussed, but not repeated in this section. Secondly, comparison of findings should be done with other earlier similar studies. Discussion should be made whether your findings agree or disagree with the observations and results of earlier studies. If findings are similar with earlier studies, that should be mentioned clearly. If they are not similar, discussion should be made that why your results are different. For example, there may be some differences in inclusion and exclusion criteria, some cultural differences, differences in dietary pattern etc. which influenced your findings. Hence, try to find out those reasons and then elaborate them

in detail.^(9,10) Lastly, write about limitations you encountered while conducting the study, which may be related to technique used, sample size, study duration, etc.^(12,13)

Conclusion

The need for peer-reviewed publications is on hike since past decade. For personal as well as professional growth, publishing peer-reviewed articles has become both more desirable and competitive. While submitting a manuscript to a peer-reviewed journal, all the sections should be clearly and meticulously written. One of the important section is 'discussion' section, as the purpose of this section is to mark the significance of your findings with respect to previous studies.

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Homoeopathic management of psoriasis with *Mercurius solubilis*: a case report

By Dr Nandini Dadhich, Dr Gaurav Nagar, Dr Vanija Sharma

Abstract: Psoriasis is one of the most common skin diseases. Psoriasis is thought to be an immune system problem that causes the skin to regenerate faster. The cause is believed to be genetics and environmental factors play a role. Homoeopathy, however, provides a better response in such condition, one such case report is presented below. Patient attended outdoor patient department (OPD) chiefly for complaints of itching, scaling in the lesion present on upper and lower extremities. He was suffering from psoriasis since 5 years. After unsatisfactory outcome from modern medicine, patient turned to homoeopathic treatment in OPD. After case taking and repertorisation, *Mercurius solubilis* was prescribed and gradually the potency was increased as per response of medicine upon patient.

Keywords: psoriasis, *Mercurius solubilis*, homoeopathy, individualisation, repertorisation.

Abbreviations: outdoor patient department (OPD), bilateral (B/L), status quo (SQ), thrice a day (TDS), *Saccharum lactis* (SL)

Introduction

Psoriasis is a chronic proliferative and inflammatory condition of the skin. It is characterised by erythematous plaques covered with silvery scales particularly over the extensor surfaces, scalp, and lumbosacral region. Many patients with psoriasis develop depression as the quality of life is poor. There are several subtypes of psoriasis but the plaque type is the most common. The lesion presents on the trunk, extremities, and scalp. Close examination of the plaques usually reveals white silvery scales. Psoriasis has a prevalence ranging from 0.2% to 4.8%. The pathophysiology of psoriasis involves infiltration of the skin by activated T cells which stimulate proliferation of keratinocytes. This dysregulation in keratinocyte turnover results in the formation of thick plaques.

Other associated features include epidermal hyperplasia and parakeratosis. In addition, the epidermal cells fail to secrete lipids which results in flaky and scaly skin, which is typical of psoriasis.¹

Case study

A 38 year old male patient reported out-patient department of Dr. Girendra Pal Homoeopathic Hospital and Research Center with white scaly patches over B/L extremities since 5 years. Itching and desquamation especially when in bed at night and in cold weather.

History of presenting complaints -

Patient was apparently well 5 years back, he noticed small white patch over leg and from there the patch appeared over both upper and lower limbs. Patient took allopathic treatment for the same 1 year ago

and was temporary relieved. He took pills and applied some ointment. He stopped the treatment when he observed the recurrence after withdrawing from the medication.

Past history- appendectomy done 20 years ago.

Family history- mother is healthy and alive, father suffers from bronchial asthma.

Mental generals – Patient does everything in hurry. There is loss of will power. Weakness of memory. Moreover, he lost the desire to remain alive.

Physical generals – Thirst of patient is good for 8 – 10 glasses per day specifically for cold water. He had desire for salty things. Perspiration was profuse and oily in character. Patient was sensitive to cold.



Analysis and evaluation of symptoms –

Table 1: Analysis and evaluation of symptoms

	Symptoms	Intensity	Miasm ^{5,6,7,8,9}
Mental generals	1. Patient does everything in hurry.	(+3)	Psora
	2. He lost the desire to remain alive.	(+3)	Syphilis
	3. There is loss of will power.		
	4. Weakness of memory.	(+3)	Psora
		(+2)	Sycosis
Physical generals	1. Thirst was good for specifically cold water.	(+3)	Psora
	2. He had desire for salty things.	(+3)	Psora
	3. Perspiration was oily in character.	(+3)	Psora
	4. Patient was sensitive to cold.	(+2)	Psora
Particulars	Scaly patches over skin with itching and desquamation specifically at night in bed.	(+3)	Psora, syphilis
Uncommon	Nothing specific found in patient.	-	-
Common	Eruptions with scaling and desquamation and itching in cold weather.	-	-

Table 2: Repertorial totality¹⁰

Mind – hurry
Mind – loathing – life
Mind – will – loss of will power
Mind – memory – weakness of memory
Generals – food and drink – cold drink, cold water – desire
Generals – food and drinks – salt – desire
Perspiration – oily
Generals – heat – lack of vital heat
Skin – itching – warm – bed, on becoming warm in

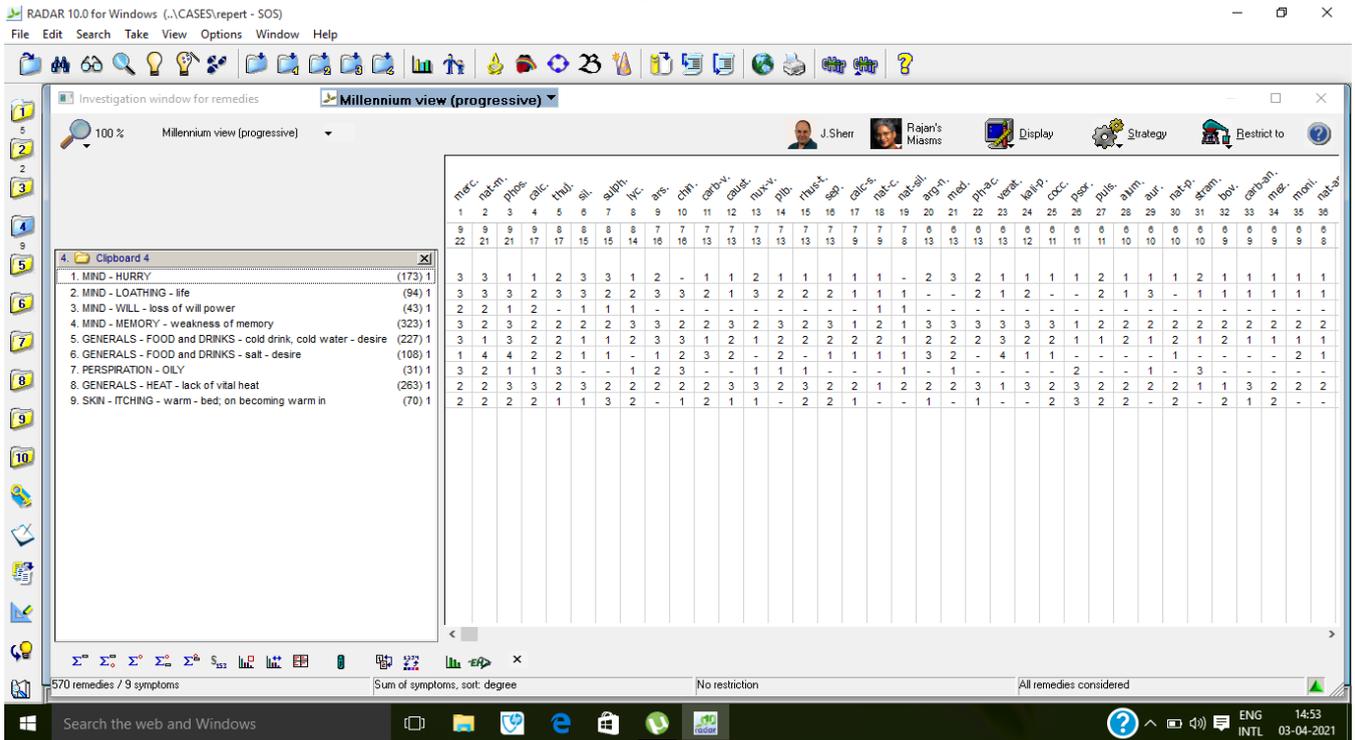


Figure 1: Repertorisation sheet

Prescription – *Mercurius solubilis* 30, 1 dose/ stat was prescribed along with placebo for 7 days on first visit, i.e. on 6th March 2019 considering the totality of symptoms.

Justification – Considering the reportorial analysis and after verifying the symptoms from materia medica, *Mercurius solubilis* was prescribed. Although considering the numerological values, *Natrum muriaticum*, *Phosphorus*, *Calcarea carbonica* were close enough and secured same

ranks in mental symptom aspect. As under the evaluation process the desire and discharges are given more importance, and considering the same in this case *Mercurius solubilis* was favored. 30 potency was selected to avoid any aggravation. Further in the follow up when patient showed amelioration, same potency was repeated following the statement by Dr Kent – “In such a case when the symptoms return, when the patient has the same generals and particulars as formerly, it means that the first prescription was a

good one, that the case is curable, and that the second prescription must be a repetition of the former.”¹² The potencies were further increased to 200 and 1m following the homoeopathic posology by Dr Close – “different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times.”¹¹

Table 3: Follow up-up of the case

Follow-up date	Indication for prescription	Medicine with dose
13 th March 2019	Itching ameliorated, patch – SQ	Sac lac 30/1 dose, Placebo 30/TDS for 14 days.
27 th March 2019	Itching started since 3 days, desquamation reduced from both the extremities, patch – SQ	<i>Mercurius solubilis</i> 30/3 doses/ weekly, Placebo 30/TDS for 21 days.
17 th April 2019	No episode of itching appeared, further reduction in desquamation, patch	Sac lac 30/1 dose, Placebo 30/TDS for 28 days



15 th May 2019	SQ with no new complaints	Sac lac 30/1 dose, Placebo 30/TDS for 21 days
5 th June 2019	SQ with no new complaints	Sac lac 30/1 dose, Placebo 30/TDS for 28 days
3 rd July 2019	Itching and desquamation reappeared on upper extremities, reduction in the patch area stopped	<i>Mercurius solubilis</i> 200/2 doses/ weekly, Placebo 30/TDS for 28 days
17 th July 2019	Itching and desquamation reduced, patch – SQ	Sac lac 30/1 dose, Placebo 30/TDS for 21 days
7 th August 2019	No itching and desquamation, patch reduced	Sac lac 30/1 dose, Placebo 30/TDS for 28 days
4 th September 2019	No itching and desquamation, patch reduced	Sac lac 30/1 dose, Placebo 30/TDS for 28 days
9 th October 2019	Patch area further reduced – SQ	Sac lac 30/1 dose, Placebo 30/TDS for 21 days
30 th October 2019	SQ with no new complaints	Sac lac 30/1 dose, Placebo 30/TDS for 28 days
30 th November 2019	reduction in the patch stopped, but no any complaint	Sac lac 30/1 dose, Placebo 30/TDS for 7 days
7 th December 2019	New patch appeared on lower extremities with only scaling and no itching	<i>Mercurius solubilis</i> 1m/1 dose, Placebo 30/TDS for 14 days
15 th January 2020	No itching and desquamation, patch disappeared	Sac lac 30/1 dose, Placebo 30/TDS for 28 days
5 th February 2020	No new patch appeared, no new complaints	Sac lac 200/1 dose, Placebo 30/TDS for 28 days



Figure 2: before treatment



Figure 3: After Treatment

Discussion and conclusion

Homoeopathy treats the person as whole, it eliminate the exciting and fundamental causes by annihilating the disease manifestation. In this case report, *Mercurius solubilis* was selected as a simillimum assessed on mental and physical aspect. *Mercurius solubilis* with subsequent high potency was prescribed according to the need and response of the prescription. This case was followed up to 11 months, further assessment could not be done. In different works^{2,3,4} published at different platforms it has been found that homoeopathic medicines like *Sulphur*, *Lycopodium clavatum*, *Pulsatilla nigricans*, *Arsenicum album*, *Graphites*, *Calcarea carbonicum*, *Natrum muriaticum*, *Thuja occidentalis*, *Sepia officinalis*, *Nitricum acidum*, *Thyroidinum*, as well as the nosodes *Tuberculinum*, *Syphilinum* and *Carcinosinum* are found effective in management of psoriasis. **The above case showed effectiveness of individualised homoeopathic medicine in case of psoriasis as well as reconfirms the importance of holistic treatment rather than particular pathological diagnosis.**

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Hyperhidrosis: scope of individualised homoeopathic medicine in 1m potency

By Dr Shruti Kakade

Abstract: Aim: Hyperhidrosis is excessive sweating beyond the thermoregulatory need of body, impairing functional domain as well the quality of life, yet refractory to current conventional treatment. So present study aim to assess role of homoeopathy in hyperhidrosis.

Method: Patient had excess perspiration on face and hand, affecting his daily activities since 3 years. Detail case history and physical examination revealed the diagnosis of primary focal hyperhidrosis. Individualised homoeopathic medicine was selected and H=hyperhidrosis disease severity scale used to assess prognosis at each follow up.

Result: Resolution of hyperhidrosis was evident by reduced hyperhidrosis disease severity scale score with overall improvement, as even allergic rhinitis and wart on hand too resolved .

Conclusion: Present case exemplifies scope of constitutional homoeopathic medicine in hyperhidrosis, thus emerge as effective, gentle and holistic treatment modality.

Keywords: hyperhidrosis disease severity scale, LM potency.

Abbreviations: HDSS (hyperhidrosis disease severity scale), quality of life (QOL), International Classification of Diseases (ICD), 50 millesimal potency (LM potency), deviated nasal septum (DNS).

Introduction

Perspiration or sweating is body's physiological mechanism to maintain homeostasis by regulating body temperature and eliminating waste products. But anything beyond normal physiological need is pathological. Thus excessive sweat production by the body beyond what is required for homeostasis can be defined as HYPERHIDROSIS.

So this enhanced sweating can be generalised or focal areas as armpits, palms, soles, face etc. It is classified as primary or secondary hyperhidrosis. Exact cause of hyperhidrosis is unknown, but hyperactivity of sympathetic nerves innervating sweat glands seem probable explanation. A variety of factors such as infection, malignancy, drugs, anxiety and neurological

and endocrine disorders etc when are cause, it's termed as secondary hyperhidrosis.^[1]

Primary focal hyperhidrosis can be palmoplantar (of only hands or feet) or gustatory (of the face or chest a few moments after eating certain foods), axillary hyperhidrosis. 3% of the Indian population experience hyperhidrosis of some form^[2] and about half of these people have axillary hyperhidrosis. Latest studies indicate higher prevalence.

The impact of hyperhidrosis in an investigation revealed that 63% experienced interference in the performance of tasks at work or school, 69% experienced emotional sequel, 64% fear of people's negative reaction and judgment, low-self esteem, 50 % had restricted life style, 57% had difficulty interacting with others, etc.^[3] So

hyperhidrosis impacts social and professional lifestyles, as well mental and emotional health. Here Homoeopathy offers great relief for those with hyperhidrosis, in not only physical domain but also help to improve the psychological and overall well being. So, homoeopathy surpasses as holistic healing treatment modality.

ICD 10 CODE - L74.51- Primary focal hyperhidrosis, L74.51 -face, L74.512 – palms.^[4]

DIAGNOSIS: its prime important to know whether it is primary/secondary and thorough history differentiates that. ^[5] Usually clinical assessment is enough to diagnose with visual inspection. Hyperhidrosis disease severity scale is valid reliable ^[6] accepted scale to monitor prognosis of

treatment. Diagnostic criteria for primary hyperhidrosis: Excessive sweating for 6 or more months. Sweating involves axilla, palms,

soles, and/or face. Sweating is bilateral and symmetric. Decreased or no sweating at night. Sweating episodes last at least 7 days. The

individual is 25 years or younger. There is a family history. Sweating impairs daily living activities.^[5]

HDSS (hyperhidrosis disease severity scale) **Table 1**

'My sweating is never noticeable and never interferes with my daily activities'	Score 1
'My sweating is tolerable but sometimes interferes with my daily activities'	Score 2
'My sweating is barely tolerable and frequently interferes with my daily activities'	Score 3
'My sweating is intolerable and always interferes with my daily activities'	Score 4

Case Study

A 12 years male student, residing in Belagavi presented in skin and hair care OPD of A.M.Shaikh Homoeopathic College and Hospital on 10 /1/2020 with complaints of excessive sweating of palms and face since 3 years , but since a year, it increased disturbing his day today activities like writing homework, playing games, etc . It has offensive odour (of palm), no staining and got worse by physical exertion, using hand. Further, on inquiry, he also complained of recurrent cold and coryza since 5 years which began gradually. It usually started with frequent sneezing followed by fluent coryza with watery bland discharge, not associated with obstruction of nose, headache, sore throat, fever, etc., while in a month, suffered from 3 such episodes. Aggravation - cold drink, draft of cold air +++, cold weather, dust +++. "Cannot tolerate cold, air, even draft at all."

Past history-no history of major illness in past. Family history of patient – mother had allergic rhinitis and hoarseness of voice, his younger brother had excess perspiration on palms and soles both of them taking homoeopathic treatment. No other family member had similar complaint and were in good health. Treatment history: took allopathic

treatment for excess sweating from dermatologist without much relief and recurrence, hence stopped the same and opted homoeopathy.

Personal history: Diet- mixed, appetite- good, thirst- thirsty, desire- sweets+++, ice cream, urine- 4-5 times a day/ 0-1 at night. Stool-regular and satisfactory, perspiration – on face and profuse on palm, sleep – sound, dreams –not specific, thermals- chilly

Developmental history: of patient -mother’s history before, during, after pregnancy- nothing significant .Birth history- full term vaginal delivery with no significant post-natal history. He attained milestones on time.

Mental generals: He is average in studies but has difficulty in concentration while studying. He gets frightened when there is thunderstorm. He is artistic likes drawing and to sketch.

General examination: built and nourishment -moderately built, tall, well nourished, hair – curly black, face-expressive, perspiration++, nose – no DNS and no polyps, no swollen turbinate, slightly erythematous. Throat – no congestion and no enlarged tonsils. On examination of hand- perspiration++ on palm, wart on right index finger palmer surface,

brown in colour, flat.

Vital parameters were normal on examination. Systemic examinations were normal, no abnormality detected.

Diagnosis –Hyperhidrosis (primary focal)^[5] with allergic rhinitis and palmar wart.

Totality of symptoms

- Concentration difficult in studies
- Artistic
- Fear of thunderstorm
- Frequent sneezing
- Fluent coryza
- Coryza aggravated cold air/draft
- Sneezing aggravated by dust
- Offensive perspiration of palm
- Profuse perspiration of palm
- Profuse perspiration on face
- Desire for sweets
- Desire for ice cream
- Thirsty
- Wart on right index finger

Analysis and evaluation of symptoms (Table 2)

Characteristic mentals	Characteristic physicals	Characteristic particular
Difficult concentration in studies	Desire for sweets	Coryza aggravated cold air/draft
Artistic	Desire for ice cream	Sneezing aggravated by dust
Fear of thunderstorm	Thirsty	Profuse perspiration of palm
		Profuse perspiration on face
		Offensive perspiration
		Wart on right index finger

R.P. Patel Repertory was used for miasmatic analysis, revealed psoric predominance with tubercular taint.^[7]

Repertorization was done using Complete Repertory with Homopath

Classic software. Sulphur scored 28 covering maximum 14 symptoms of the patient, while Silicea terra scored 26 covering 13 symptoms. But patient being chilly, with excess perspiration on hand and face helped to differentiate these two remedies.

Most characteristic feature was offensive perspiration of palm and sensitive to cold, even draft of air, which was confirmed from The Chronic diseases by Hahnemann^[8] and also in guiding symptoms of Materia Medica by Hering.^[9]

REPERTORISATION (Figure no 1 and 2)

Remedy Name	Sulph	Sil	Phos	Merc	Calc	Nux-v	Nit-ac	Sep	D
Totality	28	26	24	24	23	23	22	21	
Symptom Covered	14	13	12	10	12	9	11	10	
[C] [Mind]Concentration:Difficult:	2	3	3	2	2	4	2	3	
[C] [Mind]Artistic:Aptitude:	1	1	1						
[C] [Mind]Fear:Thunderstorm, of:	1	1	4	1	2		2	2	
[C] [Nose]Coryza:Air:Cold:Agg.:				3					
[C] [Nose]Sneezing:Dust, from:									
[C] [Nose]Coryza:Recurrent:	1	1			1	1			
[C] [Extremities]Warts:Hand:	3	1	1		3		3	2	
[C] [Extremities]Perspiration:Hand:Profuse:	1	3					2		
[C] [Extremities]Perspiration:Hand:Palm:	3	3	2	2	2	3	1	3	
[C] [Face]Perspiration:	2	3	2	3	3	3	1	2	
[C] [Perspiration]Odor:Offensive:	3	3	2	3	1	3	3	3	

Symptoms 16 Remedies 466

Remedy Name	Sulph	Sil	Phos	Merc	Calc	Nux-v	Nit-ac	Sep	Dulc
Totality	28	26	24	24	23	23	22	21	20
Symptom Covered	14	13	12	10	12	9	11	10	10
[C] [Nose]Coryza:Recurrent:	1	1			1	1			1
[C] [Extremities]Warts:Hand:	3	1	1		3		3	2	3
[C] [Extremities]Perspiration:Hand:Profuse:	1	3					2		
[C] [Extremities]Perspiration:Hand:Palm:	3	3	2	2	2	3	1	3	3
[C] [Face]Perspiration:	2	3	2	3	3	3	1	2	1
[C] [Perspiration]Odor:Offensive:	3	3	2	3	1	3	3	3	2
[C] [Generalities]Food and drinks:Sweets:Desires:	3	1	2	2	2	1	2	2	
[C] [Generalities]Food and drinks:Ice-cream:Desires:	1	2	3		2				
[C] [Nose]Coryza:Cold:Agg. Taking a:	1		1	2	1	2	1	1	2
[C] [Nose]Coryza:Discharge:With, fluent:	3	2	1	3	3	3	3	2	2
[C] [Nose]Sneezing:Frequent:	3	2	2	3	1	3	2	1	2
Symptoms	16								
Remedies	466								

Prescription

The remedy prescribed was *Silicea terra* 0/1 (in 200ml of water advised 7 dose / daily once /8 succussions) and *Rubrum* 4-0-4 for a 15 days. LM potency was selected as per

aphorism 246 (6th edition of *Organon of medicine*)^[10,11] and accordingly repetition was done. Each follow up HDSS score was noted to access the prognosis.3rd follow up HDSS score reduced from 4 to 1 and remedy was repeated considering

the acute state.4th follow up patient improved not only in hyperhidrosis but wart on his hand resolved and was able to tolerate cold drinks with improvement in recurrent coryza .

Follow up	COMPLAINTS	SCORE	PRESCRIPTION
9/2/2020	No new complaints. Patient felt better. Sneezing with cold coryza as before. Excessive perspiration reduced slightly especially palm	HDSS-4	<i>Silicea terra</i> 0/2 (7 doses / daily once) Rubrum 4-0-4 for 15 days
14/3/2020	Excess perspiration reduced especially of palm. Sneezing reduced by 70%.Frequency of cold and coryza reduced to once a month, Wart reduced in size and colour faded.	HDSS-2	<i>Silicea terra</i> 0/2 (7 doses/ daily once) Rubrum 4-0-4 for 1 month
20/8/2020	Patient felt better. Excessive perspiration reduced to 90%. Since 2 days sneezing with profuse coryza on having cold drink but frequency and intensity reduced than before.Frequency of cold and coryza reduced to once a month. Wart reduced in size by 70%.	HDSS-1	<i>Silicea terra</i> 0/3 7 (doses/ daily once) Rubrum 4-0-4 for 1 month
7/12/2020	Patient felt better, no new episodes of cold and coryza can tolerate cold drink now. No excessive perspiration on palm and face. No fresh complaints. Wart resolved. And no recurrence noted till date.	HDSS-1	



10/1/2020



07/12/2020

Figure 3: before and after photos

Discussion

Hyperhidrosis is condition bearing immense impact on the QOL, yet is under diagnosed among health professionals ,even the patient is unable to appreciate the condition or think that no available treatment. Being less explored topic among research community, literature on Hyperhidrosis is sparse. According to recent study, current available conventional treatment include

topical or systemic anticholinergic drugs, wide range of surgical treatments⁵,these offer only temporary relief with recurrence or other undesired effects or compensatory hyperhidrosis seen in almost all treatment modalities. In this scenario Homoeopathy offers gentlest, permanent effective treatment based on holistic approach. The present case record is an exemplification of role of constitutional homoeopathic remedy in higher dilution in treating hyperhidrosis. Holistically selected medicine based on the mentals, physical general, characteristic particulars not only resolved hyperhidrosis but also resolved wart and improved recurrent allergic rhinitis. This is consistent with findings by R.Signore that indicate homoeopathic intervention being durable with resolution of hyperhidrosis in 9 patient with improvement in other unrelated medical issues.^[12] In present case individualised homoeopathic medicine improved the overall health of patient and assessment of severity of hyperhidrosis with HDSS helped to know the prognosis as score reduced from 4 to 1 at the end of treatment.

Conclusion

Hyperhidrosis being the less recognized condition per se, even by patient himself has great impact on quality of life, as it greatly interferes and restricts the daily activities. Present case report provides an insight into the efficacy of individualised homoeopathic remedy in hyperhidrosis assessed by reduction in HDSS. Holistic healing approach of homoeopathic system is reflected in resolution of wart and improvement of allergic rhinitis in the present case along the hyperhidrosis that was most distressing presenting issue of

patient. Hyperhidrosis and scope of individualised homoeopathic medicines is most potential yet less explored topic with sparse literature, this article is an effort to bring it to limelight.

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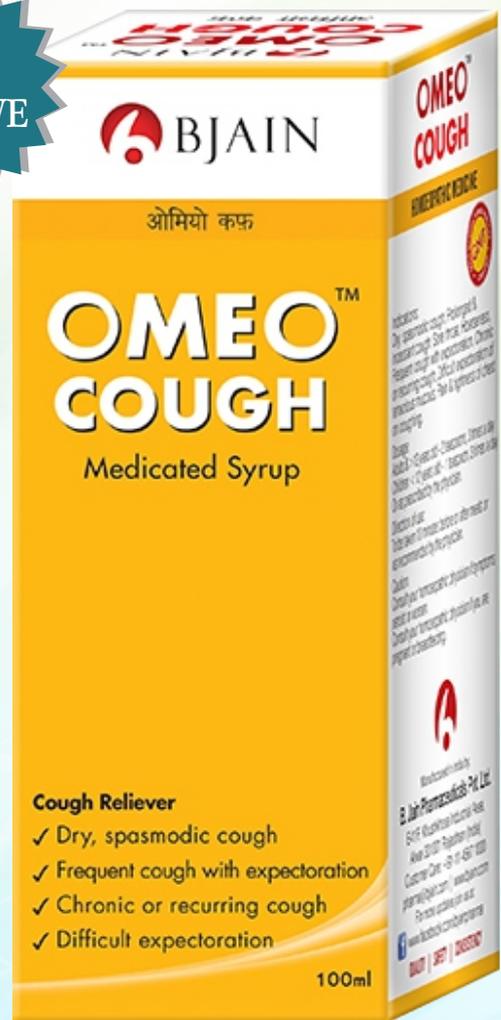
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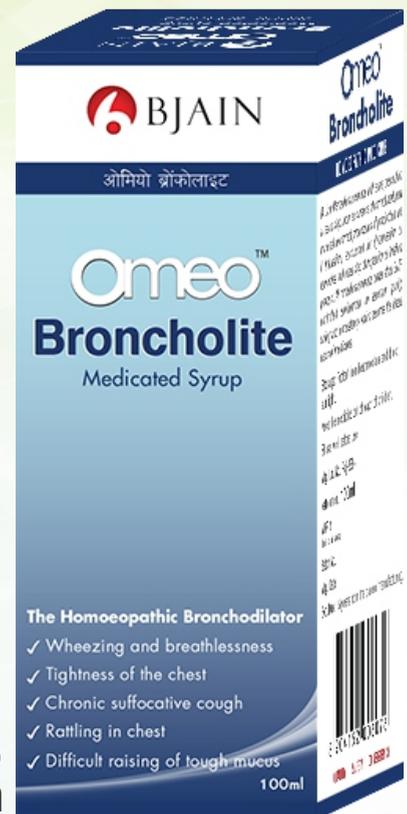
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Senega	∅	1.6% v/v
Lobelia inflata	∅	1.6% v/v
Ipecacuanha	∅	1.6% v/v
Grindelia robusta	∅	1.6% v/v
Magnesia phosphorica	2x	3.0% w/v
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Important skin diseases and its homoeopathic approach of treatment on the light of miasms

By Dr Subhashis Pramanik, Dr Swapan Sarkar

Abstract: Skin diseases are one of the most common diseases of recent time. These diseases are can be cured gently, rapidly and permanently by homoeopathy since the birth of Homoeopathy through individualised approach on the basis of totality of symptoms and miasmatic background of the case of disease, maintaining various laws and principles of the system of medicine without any adverse effect.

Keywords: skin diseases, homoeopathy, miasm, suppression of skin disease, individualisation.

Introduction

Skin is the largest organ of the body¹. It is the reflector of internal stress or turmoil of the human. Skin diseases are one of the common burning problems of the society which affecting almost all age group of people not only for the cosmetic value but also for the sufferings by the disease. There are various skin diseases are prevalent in the current time; among them common skin diseases are eczema, tinea and all its variants, scabies, warts, molluscum contagiosum, herpes, vitiligo, psoriatic skin affection, pityriasis, tinea, acne, urticarial, etc. In homoeopathy these cases are likely to be treated very well with satisfied outcomes. In case of treatment of skin diseases with homoeopathy, the miasmatic background of each case of disease is one of the important pillars to individualise the patient and select a perfect simillimum.

Common skin diseases in brief:

Eczema: Eczema includes various disorders in which inflammation is mainly focused in epidermis. These are atopic dermatitis, seborrheic dermatitis, contact dermatitis, stasis dermatitis etc.

Atopic dermatitis- commonest of this category characteristically very itchy, with the frequent scratching and rubbing resulting simple linear scratch mark, excoriation and chronic thickening of skin mainly affecting face and flexures of joints in child and young adult².

Seborrheic dermatitis: another common eczematous skin disease characteristically present in the hairy area mainly representing with reddened itchy patches on the affected site scaly eruption or exudative and crusted.

Contact dermatitis: It is caused by direct action of toxic substance on the skin (primary irritant dermatitis) or by a substance inducing a delayed hypersensitivity reaction (allergic contact dermatitis); characterised by scaly, red, fissured areas commonly affecting the hands and legs.

Stasis dermatitis: This is also known as gravitational eczema or venous eczema; mainly on the lower legs and is the result of chronic venous hypertension and stasis: presented with itchy, scaly, dark areas generally associated surrounding venous ulcers³.

- **Scabies:** It is a skin disease due to the infestation of human scabies mite (*Acarus hominis*, *Sarcoptes*

scabiei) characterised by violent itching mainly at night and presence of skin lesion like papule, vesicle, burrow most commonly on palm, interdigital areas of finger, the flexure creases etc².

- **Warts:** Another very common skin affection is warts which is caused by members of Human papilloma virus family presented with Cauliflower like growth on various parts of our body, generally with no itching and discharge^{2,3}.
- **Molluscum contagiosum:** It is a common skin infection cause by molluscum contagiosum virus. The skin lesions are skin coloured or glossy pinkish colour umbilicated at the tip of the papular eruption which contain a greyish central plug, most commonly face, genital region of little children are affected^{3,4}.
- **Herpes:** Another skin disorder due to varicella zoster virus (herpes zoster) and herpes simplex virus (herpes simplex) in the patient mostly above 50 yrs. age or with immune suppressive state. Here the virus has been sitting latent in

the posterior root ganglia of spinal cord. Herpes is mostly of two types- herpes zoster and herpes simplex. In Herpes zoster appearance of grouped of vesicles with oedema and erythema also with severe pain in a unilateral segmental distribution and in case of herpes simplex there present of closely grouped vesicles which rapidly formed ulcers or polycyclic erosion covered with white or yellow pseudo-membrane associated with regional lymphadenopathy³.

- *Vitiligo*: It is a skin disorder where there is focal failure of pigmentation due absence of functional melanocyte by auto-immunological destruction mainly. Characterised by depigmented milky white macular lesion on various parts of skin along with the depigmentation of the hair of that part^{2,3,4}.
- *Psoriatic skin affection*: Psoriasis is a one of the common inflammatory skin disorders of unknown aetiology characterised by well demarcated, red, raised and scally eruption mainly present at the extensor surface of the limbs, knee, elbow, scalp, palm, sole, etc. If the scales of the eruptions are peel of there is puncted bleeding point on the spot (Auspitz sign), it is one of the diagnostic signs of the disease^{1,2}.
- *Pityriasis versicolor*: Pityriasis versicolor is caused by *Malassezia furfur*, a commensal yeast transforms into pathogenic mycelial form which release azelaic acid, which causes hypopigmentation mainly affecting upper trunk, often spreading to neck and deltoid area with fine branny scales and

perifollicular macules which is generally no itchy^{1,2}.

- *Tinea (ringworm)*: Tinea is a very common skin disorder caused by *Trichophyton*, *Microsporon* and *Epidermophyton* species group of dermatophytes presented with annular or arcuate or polycyclic lesion which is spread centrifugally where margin of the lesion is active with papulovesicular eruption, pustule and scaling where centre is comparatively clear. In case of chronic lesion there maybe hyper pigmentation and lichenification present on the site. According to the appearance on the parts of the body, it is classified as- tinea capitis (on scalp), tinea corporis (on trunk and limbs), tinea cruris (on groin), tinea pedis or athlete's foot (on foot), tinea manuum (on hands), tinea unguium (on nails) etc^{1,2,3,4}.
- *Acne*: Another very frequent skin disease of skin is acne. Which is of the following mainly classified as-
- *Acne vulgaris*: Acne is a disorder of pilosebaceous unit which predominantly affect pubertal age group people and clinically manifested with polymorphic eruption of the comedones (open or closed), papule, macule, nodule, pustule and cyst which heal with scars².
- *Acne Rosacea*: It is a chronic inflammatory disorder of skin of the face mainly characterised by telangiectasia with persistent erythema and puncted by acute episodes of papule, pustule and swelling³.
- *Urticaria*: Urticaria is a one of the most common skin diseases characterised by itchy, red popular eruption of various size that arises suddenly often within a few minutes and last

6-24 hours due to secretion of histamine, leukotrienes and cytokines which are released from mast cells and basophils by several mechanism².

Miasmatic analysis of skin diseases:

Miasmatic analysis of any case of disease and patient is an important pillar of homoeopathic treatment, there is no break of rule in case of skin diseases. According to Dr T. F. Allen most of the skin diseases are either secondary or tertiary state of miasmatic action⁵.

The psoric skin is dry, rough and unhealthy looking seems as if unwashed. Voluptuous itching and burning are always psoric manifestation but the psoric eruptions are appear with dryness or little suppurative with seropurulent discharge generally and rarely it is bloody. There may appear of thin, little, fine scales on the affected site. In psoric skin affection, degeneration or damage of the skin is not so extensive until it is complicated with syphilis or sycosis, rather it is on the epidermis layer mainly. Aggravation of psoric skin affection in evening, before midnight, heat of the heat of the bed, when undressing^{6,7}.

The syphilitic skin is looks dull, sweaty, moist. There is a tendency to damage of inner tissue involvement and ulceration. The eruptions of syphilitic patient are mainly affecting about the joints and flexure of the body or arranged in circular groupings or segment of circles and there is significant colour like copper or raw ham and brownish or very red at the base. There is no itching and very little soreness present in the syphilitic skin affection. The scale in this type of skin affection is thick and heavy. There will be a tendency to suppuration with thin watery pus along with bloody discharge is of syphilitic nature. The profuse perspiration of the skin

makes the skin moist all the time cause affection rawness ulceration in the fold of skin, flexure of joints, etc.^{5,6,7,8}.

Next come to the sycotic skin affection which is oily, greasy, shiny appearance with presence of mole, freckles, warty growth and excess of hair on all over the body or a part of body. There is hyper pigmentation of the different part of the body in sycosis⁷.

In case of pseudo-psora or tubercular state of skin affection, there is a tendency to glandular involvement with skin affection. White speckles on nail are indicative of pseudo-psora.

The pace of appearance of skin symptoms are also indicative of some miasmatic state. In case of slow progression of appearance of symptoms of skin diseases are indicative of sycotic miasm; in case of rapid appearance of symptoms of skin is of syphilitic miasm and also indicative of tubercular state^{7,8}.

In case of injuries of skin rapidly healing with very little or absence of pus is of psoric patient. In case of sycotic patient, there is pus and abscess and their tendency to formation of keloid, hypertrophic scar etc. In case of psoro-syphilitic patient there is also formation of pus and abscesses along with a tendency to glandular involvement of surrounding^{6,7}.

Psoric skin symptoms are aggravated at evening time, from warmth of bed and during winter. Whereas sycotic symptoms are aggravated at morning and during rainy season, cold damp weather and the syphilitic skin affection are aggravated at night and during summer season⁶.

Some skin diseases and their miasmatic predominance:

- **Psoric-** Ichthyosis, measles, chicken pox and other infective

disease of skin, corn, boil, eczema, anhidrosis, chilblain, paronychia, etc.^{5,6,7}.

- **Sycotic-** Moles, warty growth, eczema exfoliata, lichen planus, abscess, nevus or other congenital markings of skin, tinea, herpes zoster, etc.^{6,7}.
- **Syphilitic-** Ulcerations, gangrene, leprosy, verucca vulgaris, etc.⁷.
- **Pseudo-psora-** Ringworm, varicose ulcer, herpes, urticaria, hyperhidrosis, impetigo, leprosy, any form of purpura, impetigo, etc.^{6,7}.
- **Tri-miasmatic-** Psoriasis, skin cancers, erysipelas, lupus, etc.⁷.

Suppression of skin diseases and its consequences on the basis of miasm:

According to Master Samuel Hahnemann, skin diseases suppressed by any means can cause various other grave diseases.

Psoric skin diseases like scabies, etc. are suppressed has produced asthma, convulsions and even death⁷.

The suppressed pseudo-psoric eruptions produced haemorrhage, spasms, convulsions, coma and death and also produced reflexes of all kind, nervous disorders, asthma, paralysis, stomach and intestinal disorders, catarrhal conditions, chronic cough, etc.^{6,7}.

Whereas suppression of sycotic skin diseases can cause malignant growth, especially when psoric trend was marked and tuberculous elements were present then cancer, cardiac diseases like carditis, valvular lesion of heart, etc., epilepsy, apoplexy may can results^{6,7,8}.

Conclusion

Being one of the most common disease we have to face the patient of skin diseases during our practise frequently. In homoeopathy, the patient is treated as a whole not by the name of the disease. We

consider the patient symptom above that those of the disease symptoms where to find a perfect simillimum in order to cure the case considering the totality of symptoms and miasmatic background of the case of disease. Each and every case is treated on the basis of individuality of the patient. As per example in a case of tinea corporis a group of patients are may treated with *Sulphur*, *Thuja occidentalis*, *Arsenicum album*, *Nitricum acidum* or any other remedy for the same complaint. After the selection of the medicine, we should have to consider the dose and potency of the selected medicine on the basis of laws and principles of homoeopathy as given by our Masters. Another important thing to be always kept in our mind that the patient should be treated with internal medicine only, not by any kind of external application merely or along with the internal medicine. Above all, homoeopathy can cure the skin diseases naturally, permanently, gently and also rapidly.

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Lichen planus and its miasmatic approach with therapeutics

By Dr Sneha Agrawal, Dr Dipika Sindha

Abstract: Lichen planus is chronic inflammatory skin diseases in which muco-cutaneous involvement seen. Basically it is fungal disease. Generally most of the people use to take alternating mode of treatment but it's not given complete cure. Homoeopathic mode of treatment will provide good and curative result. The selection of remedy is homoeopathy medicine for lichen planus based upon the theory of individualization and symptom similarity by using holistic approach. The main aim of homoeopathy is not only to treat lichen planus but to address its underlying causes and individual susceptibility, with the removal of miasmatic block.

Keywords: Lichen planus, miasmatic approach, and homoeopathic therapeutics.

Introduction

Lichen is simple slow growing tiny plant that typically forms low crusty, leaf like or branching growth on rock's, wall and trees. The skin disease which is looks similar to the appearance of that plant. Skin lesions are small, flat occurs close together and hard. Lichen is greek word meaning small bumps and planus is latin word meaning is flat, so the lesions are flat and elevated. Lichen planus is mucocutaneous chronic inflammatory dermatosis. Lichen planus may cause a small number of skin lesions or less often affects a wide area of the skin and mucous membrane.^{1,2,3}

ETIOLOGY:

It is non-infectious condition of unknown origin. But immune pathogenesis is suspected, this condition association with some autoimmune diseases such as myasthenia gravis, graft versus host diseases, etc. It is disease of middle adult life, rare in children, although it has been observed in the very young and the very old.^{1,2,3}

COMMON SITE AFFECTED:

Lesions are distributed symmetrically with sites of flexor

surfaces of wrist, forearms, legs and external genitalia. Also seen but less frequently, on the palm of the hands and soles of the feet, scalp, nail and sometimes on tongue, the buccal membrane, the mucous lining of the fauces.^{1,2,3}

CLINICAL PRESENTATION:

Lichen planus characterised by the development of small, flattened papules (bumps), which frequently present a distinct central depression. Skin becomes roughened due to excessive and abnormal scale formation and desquamation. Clinically, lichen planus is irregular, purple colour, shining, flat topped, pruritic papules size ranging between 1 and 3 diameters and some develop characteristics fine network of white lines on their surface (i.e. Wickhman's striae)^{1,2,3}

HOMOEOPATHIC MIASMATIC APPROACH:

All skin eruptions are either expressions of miasmatic action. The skin is the mirror or the reflector of the internal stress, the internal dynamis, and the internal workings of human being. Initially there is sycotic manifestation like hyperkeratosis of granular layer, Skin lesions are small, flat papules

occurs close together, hard and elevated. Skin becomes rough and excessive scale formation seen. After this, syphilitic manifestation is seen. That is: Lichen planus associated with some autoimmune diseases. Abnormal scale formation and desquamation. It is mix miasmatic disease in which predominance of sycotic miasm is observed. So the miasmatic background is sycosyphilitic.^{4,5}

HOMOEOPATHIC THERAPEUTICS:

Homoeopathy is one of the safest modes of treatment of skin problems, including lichen planus. Homoeopathy eradicate the disease from root rather than suppress the symptom. There are some good homoeopathic remedy provide benefit in the lichen planus skin disease.

1. Antimonium crudum – It is the principal internal remedy. Pimples, vesicals, and pustules. Sensitive to cold bathing. Thick, hard, honey-colored scabs. Scaly, pustular eruption with burning which become worse at night. Excessive irritability and fretfulness with a thickly white coated tongue. All the conditions are aggravated by heat and cold bath-

ing. Cannot bear heat of sun. Loss of appetite. Desire for acids, pickles. Thirst in evening and night. Eructation tasting of the ingesta. Heartburn, nausea, vomiting. Gastric intestinal complaints from bread and pastry, acids, sour wine, cold bathing, overheating, hot weather.^{6,7}

2. *Arsenicum album* – Useful in chronic cases itching of eruption, very painful on scratching. Great weakness and prostration. Skin dry and scaly; cold, blue and wrinkled; with cold, clammy perspiration; like parchment; white and pasty with burning pain. Among these all – prevailing debility, exhaustion and restlessness, with nightly aggravation, are most important.⁶

3. *Agaricus muscarius* – Eruption of small pimples with red areola and violet itching in various parts as if ice cold needles were piercing the skin. Skin becomes purplish, itching like electric stitches all over or affected part. Miliary eruption, with intolerable itching and burning. Swollen vein with cold skin. Lichen circumscribed erythematous, popular, or pustular. Aged from cold.^{6,7,8}

4. *Cicuta virosa* – No itching, exudation forms in to a hard, lemon colored crust. Suppressed eruption causes brain homoeopathic medicine for lichen planus disease. Elevated eruptions, as large as peas. Delirium with singing, dancing and funny gestures. Everything appears strange and terrible. Confounds presents with the past; feels like a child. Stupid feeling. Throbbing in pit of stomach, which has become raised to size of fist. Desire for unnatural things, like coal (*Alumina*; *Calcareo carbonicum*). Indigestion, with insensibility, frothing at mouth.⁷

5. *Juglans regia* – Skin eruption are prominent. Skin sore and cracked then red and scaly, it becomes moist, on margin of tetter burning vesicles, the tetter worse after perspiring much, the perspiration, with the secretion from eruption, stiffened the

linen, the pain sometimes so great that violent motion of the arms was impossible, there were always new vesicles and larger extent of redness after increased burning and itching.⁷

6. *Potassium iodide* – Lichen on the face, shoulders and more on legs. Scaly cutaneous eruption worse in winter. Purple spot and pustular eruption, often umblicated. Here marked itching is experienced on the eruptions at night and from heat. Scratching relieves the itching. Sensitivity swelling of the thyroid gland, great general debility.⁶

7. *Sulphur iodide* – Useful remedy in chronic cases. Red pimples on the nose, chin and arms with itching. Papular eruption on face. cold sores on lips. Boils on neck. Barber's itch. Arms covered with itching rash. Hair feels as if erect. Obstinate skin affection, notably in barber's itch and acne. Weeping eczema.⁶

8. *Sulphur* – This is very useful remedy for lichen planus. The guiding symptoms for Sulphur prescription are eruptions on the skin with marked itching gets worse in the warmth of the bed and towards the evening. Scratching increases the burning sensation on the skin. Sulphur become good choice of remedy in those cases where a history of suppression of eruptions with use of local medication.⁷

9. *Plantago major* – One of the best homoeopathic remedy for oral lichen planus. The main symptom which signals use of *Plantago major* includes white patches on the tongue. Putrid taste and offensive taste in the mouth are other characteristic features. Ulcers and swelling in cheeks may also be found in such cases. *Mercurius solubilis* and *Borax veneta* is another homoeopathic remedy for oral lichen planus.⁷

10. *Ledum palustre* – Eruption of pimples on the forehead, eruption of small pimples like red millet seeds over the body. There is excessive itching on the backs of both

feet, which worse after scratching and by warmth of bed, relieved after scratching.⁶

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Life style diseases in the view of homoeopathy

By Dr R. Bhuvaneshwari, Dr Amrutha Manoharan

Abstract: Life style diseases are chronic diseases which occur depending on daily habits of people and their inappropriate relationship with the environment. One of the major challenges which the modern world faces is the burden of the clusters of ailments covered by the umbrella term, lifestyle diseases. Identifying the root cause of each lifestyle disease individually and attempting to manage the particular cause through modification of lifestyle along with proper medication will help to tackle the problem to a great extent. This study looks at lifestyle diseases and their management in the perspective of homoeopathy.

Keywords: lifestyle diseases, homoeopathy.

Abbreviations: ICD – International Classification of Diseases, NCD – non-communicable disease.

Introduction

Lifestyle diseases characterise those diseases whose occurrence is primarily based on the faulty daily habits of people and are a result of an inappropriate relationship of people with their environment.

Lifestyle diseases are a sprawling issue not only in India but across the world. They not only pose serious health issues to the public but also create several medical and clinical care problems.¹ India has witnessed rapid changes in the health scenario through the past decades. The nature of health troubles has drastically changed over times in alignment with the changes in habits and practices of people. The most common health hazards which affect today's population can be broadly termed as lifestyle diseases. One of the other major parameters that make a person's ailment fall under the category of lifestyle disease is the changing value of laboratory parameters, which is evident in the past findings.

"Lifestyle" originally coined by Austrian psychologist, Alfred Adler, in 1929, means the way a person lives. It is a pattern of individual practices daily and personal behavioural

choices that are related to elevated or reduced health risk. Lifestyles are developed from multitude of causes, from childhood. Modified lifestyle patterns have led to increase both physical and mental diseases in the world population. The most common lifestyle diseases identified are hypertension, type 2 diabetes, cancer, asthma, arthritis, chronic liver disease, alzheimer's disease, chronic kidney disease, stroke, depression, obesity, metabolic syndrome, and vascular dementia.²

One half of the total deaths in India are mainly due to these lifestyle diseases. It was found in a recent study that non-communicable disease and lifestyle diseases will be the major causes of deaths worldwide by 2030.³ This observation cannot be wrong considering the fact that in the present world, one-third of the total population leads a sedentary or inactive life, which accounts for the major health problems they face.⁴ Studies prove that lifestyle factors have played an important role in positively modifying psychiatric and medical conditions and the mortality and morbidity associated with them.⁵

Lifestyle disease-management should be considered as an area for

homoeopathic research in future, so that maximum effectiveness could be achieved in the therapeutic action against such diseases through homoeopathic means. An interdisciplinary intervention may be followed in the management of lifestyle diseases, along with homoeopathic treatment, wherever necessary. The contribution of dieticians, psychologists and yoga therapists are also very much valuable.⁶ Lifestyle disease comes under the Z category of ICD 10, mostly under the sub-categories, Z72, Z73 and Z55 -65.

Lifestyle diseases – Characteristics and causes

A lifestyle disease is

1. Gradual in onset and may take years to develop
2. Non-contagious origin
3. Multiple causes
 - Modifiable causes: The main factors contributing to lifestyle diseases include bad food habits, physical inactivity, excessive use of alcohol and tobacco wrong body posture, and disturbed biological clock.
 - Non-modifiable risk factors: Risk factors that cannot be

controlled or modified by the application of an intervention can be called non-modifiable risk factors and include:

- a. Age
 - b. Race
 - c. Gender
 - d. Genetics
- Metabolic risk factors: Metabolic risk factors lead to four major changes in the metabolic systems that increase the possibility of NCDs:
 - a. Increased blood pressure
 - b. Obesity
 - c. Increased blood glucose levels or hyperglycemia
 - d. Increased levels of fat in the blood or hyperlipidemia
4. Long natural history.
 5. Needs prolonged treatment schedule and prolonged follow up
 6. Care predominates then cure
 7. Multidisciplinary
 8. Functional impairment and disability
 9. Multiple risk factors: Ten common risk factors such as unhealthy diet, physical inactivity, smoking, alcohol use, tobacco use, overweight, raised blood pressure, raised total cholesterol levels and raised blood sugar are the most prevalent risk factors among the world population.⁷ The advanced technological occupational setting (desk jobs) and the stress related to work is also being seen as a potent risk factor.

In today's world, people can obtain anything they want without any physical toil. Technology has made human life extremely easy. On the other side, life has become extremely sedentary, contributing to all kinds of lifestyle diseases. The over

consumption and dependence on unhealthy and processed food is one of the major causes of development of this type of diseases.

Physical activity has an inverse relationship with the development of lifestyle diseases. Physical inactivity have a very high prevalence in global level, which is associated with a massive array of chronic disease and premature deaths.⁴ Increased blood pressure is the leading metabolic risk factor globally with 19% of the global deaths attributed to it, followed by obesity and hyperglycaemia. Current smoking, low physical activity, overweight or obesity, raised blood pressure, raised blood glucose and abnormal lipids levels. In the case of children, as they spend most of their time in front of television and playing video games, their physical activity is much reduced. A recent study points out that children who are leading a sedentary lifestyle have greater risk of being affected by pain.⁸ This situation of physical inactivity occurs in case of adults as well as in their workplaces sitting for a long time, continuously.

Another cause of lifestyle diseases is substance abuse. Over-consumption of alcohol and tobacco plays a crucial role in the formation of lifestyle diseases. They can slowly eat away the health of a person, pushing him to be chronically affected by such diseases.

Stress and poor sleeping patterns also have their fair share in the development of lifestyle diseases. Mental stress which a person experiences in family, workplace and society has become an unavoidable byproduct of today's fast paced life and the contribution of this factor towards the surfacing of lifestyle ailments is sizable. The recent increase in lifespan in comparison to the past decades has been found to be another major cause of lifestyle

diseases.

The growth of Indian economy, modernisation, urbanisation and attempts of people to imitate the western culture have drastically changed the lifestyle in India. This transition to modern lifestyle along with the consumption of junk foods, adoption of a diet with rich fat, high level of mental stress and physical inactivity paved the way for the development of lifestyle diseases.⁹

Management and prevention of lifestyle diseases

The responsibility of managing a lifestyle disease lies in the hands of each and every person. These diseases come to existence because of the faulty lifestyle. Proper exercise should be a habit for people of all age groups, from children to senior citizens, and this will help in tackling the problem to a great extent. Regular practise of yoga will benefit everyone a lot in this regard.

Abstinence from alcohol consumption helps in controlling liver diseases. The problem of stress can be managed by simple mindful activities like proper breathing techniques, walking, spending time with family and loved ones etc. Cigarette smoking promotes atherosclerosis and increased the incidence and progression of life style disease like hypertension, diabetes and dyslipidemia.¹⁰ Reduction in the use of cigarettes is directly proportional to the reduction in the risk of a stroke. In every country, the most important step to be taken for a healthy older population is the timely correction of lifestyle diseases, thereby reducing the number of bed-ridden patients and promoting a healthy life span. As the great proverb says 'prevention is better than cure'. It is always better to prevent diseases by simple changes in lifestyle rather

than trying to manage those diseases after getting affected.

Hahnemann's concept of lifestyle diseases

Master Samuel Hahnemann is among the great genius stalwarts the history of medical research has ever seen. He had a clear concept of lifestyle diseases and their prevention. It is indeed amazing that in his book *The Friend of Health*, he had mentioned about the usage of fresh air, proper diet, bed rest and sanitation even 200 years ago.¹¹

Hahnemann mentioned that the occupation of patient, his mode of living, his domestic and social relation influences the production of a disease. In § 4 of the *Organon of Medicine*, he further mentioned that the physician should act as a preserver of health. He advised that one should be aware about the cause of disease and how to remove it for cure.

Hahnemann continued to elaborate on lifestyle diseases in § 77 in the *Organon of Medicine* that they are caused by avoidable noxious influences like habit of using liquors, abstinence from things that are necessary for life, lack of exercise or open air, overexertion of body and mind and the like. He deals with the diet and regimen to be followed for

the treatment of lifestyle diseases in § 259-263.¹²

To prevent chronic diseases those who have to do sedentary jobs are advised to walk in open air for some time. Innocent amusements like dancing are also allowed. The music must be harmless one. To stop the habit of taking alcohol and other beverages.¹³

Dr Boenninghausen, a great disciple of Master Hahnemann, carried forward the observations of Hahnemann in his book *Lesser Writings*. Boenninghausen advises that moderate exercise, preferably in open air, is desirable. He also emphasises the importance of diet in the management of lifestyle diseases. His guidelines about how to lead a healthy life are valid at all times. He opines that though one can eat, sleep and drink according to his wish, it should not be more or less. He also advises eating beef and mutton which are not spoiled. He recommends having fish at noon only. The vegetables to be taken must be well-baked and non-spiced, clean without any harmful mixtures and the fruits should be eaten only when they are fully ripe. He advises drinking a lot of pure water which is boiled.¹⁴

Life style diseases have multiple causes. People differ in their genetic

predisposition to diseases, many factors in early life and even before birth influence health in later life. Many other factors increase the risk of contracting the so-called life-style diseases, like working conditions, encompassing physical, chemical, psychological, and stress aspects; unemployment; unsafe or polluted environments; and poor social networks. So, homoeopathic case taking in life style disease should emphasis on the following things:

- age, sex, occupation, height, weight, body mass index, abdominal circumference, all vitals
- socio-economic status, marital status, accommodation
- maternal history, paternal history, siblings
- past history, medical history, surgical history, treatment history, family history
- mind, life situation, life stress.
- addictions and habits including diet , exercise and physical activity, yoga practise
- personal hygiene, social effects, environmental effects
- physical examination and relevant laboratory investigation.

Some rubrics for life style diseases from different repertories

<i>Knerr Repertory</i> : stages of life and constitution	AGE: men: addicted to drinking and sexual excesses, with disposition to gout and hemorrhoids, apoplexy:	Sep.
<i>Knerr Repertory</i> : stages of life and constitution	SIZE: large: obesity:	3 Am-br, 3 Am-m, 1 Ant-c, 3 Ars, 4 Aur, 3 Bell, 1 Brom, 4 Calc, 3 Calc-ar, 4 Caps, 1 Cupr, 3 Ferr, 4 Graph, 4 Kali-bi, 1 Kali-br, 4 Kali-c, 3 Lob, 3 Lyc, 4 Phyt, 3 Puls, 3 Sulph, 3 Thuj

<i>Knerr Repertory:</i> stages of life and constitution	HABIT: drunkards:	3 Absin, 3 Agar, 1 Anis, 1 Ant-c, 3 Ant-t, 4 Ars, 3 Asar, 1 Bar-c, 1 Bell, 1 Cadm-s, 3 Calc, 1 Cann-i, 3 Carb-v, 1 Card-m, 1 Chim, 4 Chin, 3 Cimic, 1 Cocc, 1 Coff, 4 Crot-h, 1 Dig, 2 Eup-per, 3 Gels, 3 Hyos, 1 Kali-br, 3 Lac-c, 4 Lach, 3 Led, 1 Meph, 1 Nat-c, 1 Nat-m, 1 Nat-s, 3 Nux-m, 4 Nux-v, 4 Op, 3 Phos, 4 Ran-b, 4 Sel, 3 Sep, 3 Stram, 3 Sul-ac, 3 Sulph, 3 Zinc
<i>Knerr Repertory:</i> stages of life and constitution OCCUPATION:	OCCUPATION:sedentary:constipation:	4 Nux-v, 3 Podo
	young people obesity	Ant-c., CALC
	BOYS - tobacco, complaints from	Arg-n.
	MEN - addicted to drinking and sexual excesses, with disposition to gout and hemorrhoids, apoplexy	Sep.
	Obesity(constipation, delaying menses)	GRAPH.
<i>Murphy repertory</i>	CONSTITUTION Alcoholic constitution	3mark remedies, ars, chin,crot-h,lach, nux vom, opium, ran bulb, sel,sulp, sulp-ac .
	Heart - WEAK, heart - smoking, from	calad. crat. scut.
	Heart - PAIN, heart - smoking, from	conv.
	Heart - PALPITATIONS, general - smokers, in.	calad. lycps-v.
	Toxicity - TOBACCO, general - heart, symptoms of circulation, worse after smoking	<i>Calad. Spong.</i>
	Male - SEXUAL, desire, general - decreased - diabetes, in	coca <i>Cupr.</i>
	Male - IMPOTENCY, male - diabetes, with	coca <i>Helon. mosch. ph-ac.</i>
	Female - MENSES, general - suppressed - diabetic attack, during	uran-n.
	Mind - ANXIETY, general - diabetes, in	<i>Nat-s. Phos.</i>
	Sleep - INSOMNIA, sleeplessness - diabetics, in	carc. coca <i>Uran-n.</i>

	Constitutions - ALCOHOLIC, constitutions - hypochondriasis, from gastric or liver troubles	NUX-V.
	Liver - ENLARGED - alcoholics, in	absin. am-m. ars. fl-ac. lach. NUX-V. sulph.
	Liver - MENTAL, symptoms, with liver disease - hypochondriasis, especially in alcoholics	NUX-V.
	Breathing - WHEEZING - smoking, on	calad. kali-bi.
	Lungs - ASTHMA, general - smoking, from	ars. Calad. lob. puls.
	Lungs - ASTHMA, general - wheezing - smoking, on	calad. kali-bi.
	Toxicity - TOBACCO, general - breathing, agg., after smoking - asthma, after smoking	asc-t. calad. lob
<i>Synthesis repertory</i>	CHEST - ANXIETY in - Heart, region of - tobacco smoking agg.	agar. agn. ars. calad. conv. dig. kalm. lyc. nux-v. phos. spig. staph. tab. verat.
	GENERALS - SEDENTARY HABITS:	(29) acon. aloe alum. am-c. anac. arg-n. ars. asar. bell. Bry. Calc. Caps. cocc. colch. coloc. con. guar. hydrog. Lyc. nat-m. NUX-V. petr. Puls. rhus-t. sep. sil. staph. sulph. ter.
	HEAD - PAIN - chronic - sedentary habits; from:	(4) anac. Arg-n. bry. Nux-v.
<i>Complete repertory</i>	HEART and CIRCULATION - PAIN - heart - smoking, from	conv.
	PALPITATION heart - smokers, in	lycps-v. tax.
	PULSE - frequent, accelerated, elevated, exalted, fast, innumerable, rapid - smokers, in	lycps-v.
	WEAKNESS - heart - smoking, from	scut.

Conclusion

The prevention of lifestyle diseases is largely dependent on the effort of each individual to tackle the problem. The person should follow regular diet pattern and exercises. Proper documentation of the case along with a suitable homoeopathic constitutional remedy helps in solving the menace of lifestyle diseases to a great extent. People should give much importance to their diet which should be adequate and nutritious rather than satisfying the taste buds. Physical exercises should be a routine for everyone, from children to older people. All should find adequate time for proper rest and relaxation; a healthy life without diseases is much bigger a blessing than money, power and positions. The key factor in treating a lifestyle disease is the early identification of the disease, preventing the disease and managing the disease.¹⁵ Homoeopathy is a system of medicine which treats patients through a holistic approach and considers individual characteristics along with disease symptom. Homoeopathy plays a significant role in preventing the occurrence and establish cure of lifestyle disease if the case is taken well and prescribed on the basis of symptom similarity of the drug and the patient. It is a therapeutic method which augments body's own defense system and their tendency to other diseases is also reduced if a correct simillimum is selected by the physicians. Individualised homoeopathic medicines promote health, preserve health and restore health and minimise the distress of life style diseases.

In other words, prevention and cure of lifestyle diseases with minor changes in lifestyle is the key to a healthy, happy, long life.

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Psoriasis: effectively treated with homoeopathy

By Dr Shashi Bhushan Singh

Abstract: Psoriasis is a typical, persistent, chronic, non-communicable skin disease, with no clear cause or cure. The pessimistic effect of this condition of individuals lives can be monstrous. Psoriasis affects people of all ages, and in all countries. It can have a significant negative impact on the physical, emotional, and, psychosocial wellbeing of affected patients. Psoriasis has an erratic course of side effects, various outside triggers and significant co-morbidities, including arthritis, cardiovascular diseases, metabolic syndrome, inflammatory bowel disease, and depression. In the following paper, the types, symptoms, treatment prescribed, approach towards the disease, myths related and a case study to support the work are being addressed.

Keywords: Psoriasis, skin, dermatology, homoeopathy, cells.

Abbreviations: HIV – human immunodeficiency virus.

Introduction

Psoriasis is a chronic skin condition characterised by erythematous papules or plaques with silvery scales. Being an auto-immune disease, there is no exact known cause for psoriasis. It speeds up the life cycle of skin cells and causes cells to build up rapidly on the surface of the skin. The extra skin cells form scales and red patches that are itchy and sometimes painful. The aetiology of psoriasis remains unclear, although there is evidence for genetic predisposition. The role of the immune system in psoriasis causation is also a major topic of research. Although there is a suggestion that psoriasis could be an autoimmune disease, no autoantigen that could be responsible has been defined yet. Psoriasis can also be provoked by external and internal triggers, including mild trauma, sunburn, infections, systemic drugs and stress. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.43%, making psoriasis a serious global problem with at least 100 million individuals affected worldwide^[1]

TYPES

Different types of psoriasis is

depicted in figure 1^[2]



Figure 1: Types of Psoriasis

Psoriasis vulgaris: Approximately 9 out of 10 people with psoriasis have plaque psoriasis. It typically appears as thick, silvery white scales on one

or more parts of body.

Guttate psoriasis: Small, drop-like lesions appear on the trunk and limbs. It usually appears suddenly, often several weeks after an infection such as streptococcal throat infection.

Erythrodermic psoriasis: This is the least common type of psoriasis and can be quite serious. People with this type of psoriasis become prone to dehydration, infection, and fever requiring hospitalisation.

Inverse psoriasis: Bright red, smooth (not scaly), patches are found in the folds of the skin. The most common areas are under the breasts, in the armpits, near the genitals, under the buttocks, or in the abdominal folds.

Psoriatic arthritis: Around 30% of psoriasis patients develop psoriatic arthritis, a crippling disease of the joint and the bones.

Pustular psoriasis: An uncommon form of psoriasis that is characterised by clearly defined, raised bumps on the skin that are filled with pus.

Nail psoriasis: Psoriasis can affect the finger nail and toe nail. Severe and untreated nail psoriasis can lead to functional and social problems.

Scalp psoriasis: Scalp psoriasis affects at least half of all people who have psoriasis. Raised inflamed lesion covered with silvery white scales will develop on the scalp and particularly along the hair margins.

Palmoplantar psoriasis: It is a chronic, recurring condition that affects the palm of the hands and soles of the feet. It varies in severity, and may limit a person's ability to carry on their daily activities.

SYMPTOMS

- Itching
- Scaly patches of red, inflamed skin
- Rashes (redness, swelling)
- Skin pain
- Fingernail and toenail problems

COMMON CAUSES OF PSORIASIS

- **Genetics/family history:** Some people inherit genes that make them more likely to develop psoriasis. If you have an immediate family member with the skin condition, your risk for developing psoriasis is higher. However, the percentage of people who have psoriasis and a genetic predisposition is small. Approximately 2 to 3 percent of people with the gene develop the condition.
- **Stress:** Outbreaks are more likely to pop up when you are anxious.
- **Injury to skin:** In some people, the tiniest cuts, bruises, and burns can cause an outbreak. Even tattoos and bug bites might trigger a new lesion. You can wear gloves or put on an extra layer of clothes to avoid a break in your skin.
- **Medication:** These include some "beta-blocker" drugs used to treat high blood pressure

and heart disease; lithium, a treatment for bipolar disorder; and pills taken to treat malaria. Tell the doctor if you have psoriasis and are being treated for any of these conditions. (such as anti-depressants, anti-malarial, anti-hypertensive, pain killer)

- **Infection:** There is a short list of infections including strep throat and tonsillitis that can trigger a special kind of psoriasis outbreak. It looks like small drops that show up mainly on your torso and limbs. HIV infection can also make it worse. (streptococcal throat infection can cause outbreaks of psoriasis). Consult your doctor immediately if you have been exposed to someone with these symptoms and causes seen.

DIET

Food cannot cure or even treat psoriasis, but eating better might reduce symptoms. These five lifestyle changes may help ease symptoms of psoriasis and reduce flares [3]:

Lose weight: This would reduce the disease severity and make treatments more effective. Overweight increases your risk of inverse psoriasis and Plaques often appear in skin folds and creases. Also, generally it's good to be in shape and definitely good for overall health.

Eat heart healthy: Reduce your intake of saturated fats, which are found in animal products like meats and dairy foods. Increase your intake of lean proteins that contain omega-3 fatty acids, such as salmon, sardines, and shrimp. Plant sources of omega-3s include walnuts, flaxseeds (alsi), and soybeans.

Avoid trigger foods: Psoriasis causes inflammation. Certain foods

containing arachidonic acid cause inflammation, too. Avoiding those foods might improve symptoms. These foods include red meat, refined sugar, processed foods, and dairy products.

Drink less alcohol: Alcohol consumption can increase your risks of a flare. Cut back or quit entirely.

WHY HOMOEOPATHY?

There are several ways by which treatment of psoriasis can be done. Homoeopathy is not the only one approach but certainly the best among the available ones. But systemic therapy does more damage and less good to patients. People with moderate to severe psoriasis, and those who have not responded well to other treatment types, may need to use oral or injected medications. Many of these medicines have severe side effects, so doctors usually prescribe them for short periods of time.

The medications include methotrexate, cyclosporine, biologics, retinoids [4].

Talking of the side effects, biological class of medications alters the immune system. Retinoids cause hair loss and lip inflammation and birth defects for pregnant ladies. Cyclosporine leads to kidney problems and high blood pressure. Methotrexate have some severe long term side effects such as liver damage and reduced production of red and white blood cells.

So, in nutshell, these medicines are doing no long term good to the patients but comes with bundle of own moderate to severe side effects.

On contrary, homoeopathic medicines are free from these long term side effects. The homoeopathic remedies do not intend to suppress

this inflammation. In fact, they intend to correct the cause that has resulted in this indiscriminate cell division and also the inflammation. Once these two things are set right, the symptoms disappear on their own. The skin lesions clear up and the skin starts looking normal as if nothing had ever happened. When combined with light therapy, it can do wonders. In light therapy, patient is

exposed to artificial ultraviolet light.

HOMOEOPATHIC APPROACH

The principle of management is to understand the expectation of the. To communicate and educate the patient about the case is the next important step. Appropriate skin care, avoidance of aggravating factors, the importance of keeping a good treatment history, cessation of smoking, avoidance of excessive

alcohol drinking, reinforcement of the non-contagious nature and chronicity of the condition and conveying the message that psoriasis is amenable to very good control are the important contents in communication, especially in the first few encounters.

As far as specifics of medicine is concerned, first constitutional medicine for case history with repertorisation has to be given [5].

Table 1: Therapeutics repertorisation (Kent Repertory)

Skin eruption, psoriasis	Ars-i., Calc-s., Canth., Kali-s., Lyc.,
Diffuse	Ars-i., Mez., Thuja
Inveterata	Calc., Sepia, Sil.,
Syphilitic	Ars., Ars-iod., Merc., Phyt.
Pustules	Ant-t., Ars., Staph., Sulph

WHEN PSORIASIS IGNORED, IT MAY LEAD TO:

Large areas of psoriasis can lead to infection, fluid loss, and poor blood circulation.

Psoriasis is also fatally linked to cancer in a new study showing that it could triple the risk of developing a group of cancers the affect the lymph nodes.

Apart from the physical fallout is the emotional consequence as psoriasis patients often experience and exhibit low self-esteem, rejection, and social withdrawal.

HIT AND MYTH

Myth: Psoriasis is contagious.

Fact: Psoriasis is not infectious; it is not passed on through physical content. There is however a heredity factor with children having a 10% chance of being affected when one parent has psoriasis which probability increases to 25% when both parents have it.

Case study Chief complaints:

A 28 years men came with the complaint of dry, scaly eruption of back for last 10 years. There is severe itching with burning sensation, first started in scalp then spread in whole body. Complaints worse in Winter, itching after bathing

History of presenting complaints:

Dry, scaly eruption with slight oozing started 10 years ago, intensity of itching tremendously increased from 3 months weeks. He took conventional medicine for one year, but it relieved for some time and again symptoms reappeared when discontinued the medicine.

Past history:

She suffers from asthma at the age of 12 years, treated with homoeopathy. But after taking conventional medicine for present condition, he had breathing problem for last 3 months.

Family history:

Father suffered from bronchial asthma for last 7 years and took conventional medicine. Mother suffered from allergic rhinitis for last 2 years and took homoeopathic medicine.

Personal history:

He wanted to be alone. His diet was irregular. He had no addiction.

Mental general and physical general:

Bilateral symmetrical (i.e., both side same looking) anger, violent, aggressive desire alone, well maintained, desire watching action movies, voluptuous, itching, religious, fear of dog. He did not want to do anything.

While enquiring her physical general aspects, it was found that he had good appetite but lost her weight. She had desire for sweets but

aversion of meat. Tongue was flabby and cracked on middle. He easily caught cold and could not tolerate it. Her stools were satisfactory, no complaints in urine. All complaints relieved by motion and open air. the patient.

Diagnosis:

Diagnosis was based on clinical symptoms, physical examination of

Analysis and evaluation of symptoms:

Sl. No.	Symptom type	Symptom	Intensity	Miasmatic analysis	Totality of symptoms
1.	Mental general	He always desired to be alone	+++	Psora, syphilis	a) He always desire to be alone
2.	Mental general	He had fear of dog	+++	Psora, syphilis	b) He had fear of dog
3.	Mental general	Indifferent, cared for his family	++	Psora	c) Indifferent, does care to his family
4.	Physical general	Tongue was flabby and cracked in middle	+++	Psora	d) Tongue is flabby and cracked in middle
5.	Physical general	Complaints worse in winter	+++	Sycosis	e) Complaints worse in winter
6.	Physical general	Complaints worse before thunderstorm			f) Complaints worse before thunderstrom
7.	Physical general	Desire for sweets	+++	Tubercular	f) Desire for sweet
8.	Particular symptom	Skin eruption	+++	Psora, syphilis	g) Dry, scaly skin eruption
9.	Common symptom	Dry, scaly, severe itching in area where eruptions were present	++		

Repertorial totality:

Symptoms
1. He always desire to be alone
2. He had fear of dog
3. Indifferent, does care to his family
4. Tongue is flabby and cracked in middle
5. Complaints worse in winter
6. Complaints worse before thunderstrom
7. Desire for sweet
8. Dry, scaly Skin eruption

Picture of the patient:**Before****After 6 months****Conclusion**

Shown above is the case (Figure 2) which was treated by me. It can be seen that with proper medication in homoeopathy, we can treat the patients suffering from psoriasis. Psoriasis can affect peoples' lives. It not only makes the patient suffer physically but also reduce his/her confidence. Many a times, patients are socially boycotted. Proper selection of medicines in homoeopathy not just improves the health care but also help the patient's social inclusion among the

population. And medications have no side effects. Certainly, it's a win-win situation.

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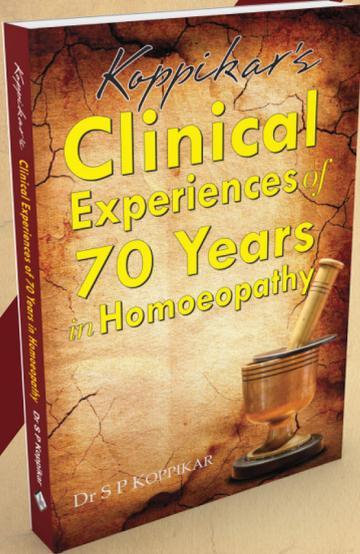
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Psoriasis: homoeopathic management

Dr Madhurima Ved

Abstract: Psoriasis is an autoimmune disease, which can affect any single part such as scalp, nail, trunk, extremities, lips, genitals, etc. or more than one part of body and mind, thereby impacting their quality of life. It predominantly affects the males, chiefly in their third or fourth decades. The diagnosis is mainly clinical and topical therapy is the standard treatment. Many studies have been done and homoeopathy has been found beneficial in treating the disease as well as helps in preventing its recurrence in long run. This article discusses the epidemiology, aetiology, pathophysiology, clinical manifestations, diagnosis, treatment of psoriasis and its homoeopathic management.

Keywords: psoriasis, psychology, homoeopathic management.

Abbreviations: USA – United States of America, UVP - ultrasonic vibration potential, UV – ultraviolet, PUVA - psoralen and ultraviolet A radiation

Introduction

Psoriasis is a group of common, chronic, inflammatory and proliferative conditions of the skin, associated with systemic manifestations in many organ systems. The most characteristic lesions consist of red, scaly, sharply demarcated, indurated plaques, present particularly over the extensor surfaces and scalp. The extent and severity varies enormously over time and between individuals. Other than physical manifestation of the disease, it has many emotional and psychological effects on the person which affect their social functioning and interpersonal relationships. Both genetic and environmental influences have a critical role in the aetiology and pathogenesis.^[1] Normally in our body, there is a process called cell turnover in which skin cells grows deep in skin and then rise to the surface. This process takes a month but in psoriasis, it happens in just few days because cells rise too fast.

EPIDEMIOLOGY

Worldwide prevalence of psoriasis is found more in USA and Canada in comparison to Europe, African

and Asian countries. According to published reports in 2010, prevalence in different populations varies from 0% to 11.8%.

The studies conducted in India are mostly hospital-based which presents the comparative data from various epidemiological studies on psoriasis. In accordance to data collected from various medical colleges, the incidence of psoriasis among total skin patients ranged between 0.44 and 2.2%, with over all incidence of 1.02%. The ratio of male to female is 2.46:1 with highest incidence noted in the age group of 20-39 years in which the mean age of onset in males and females was comparable.^{[2][3]}

QUALITY OF LIFE AND PSYCHOLOGICAL ASPECTS:

Psoriasis does not affect survival but it has negative effect on patient quality of life like many other chronic diseases. In recent studies, it is stated that nearly one third of the patients of psoriasis have pathological worry and anxiety. There is a feeling of disgrace by their skin condition leading to avoidance behaviour and the belief that they are being evaluated on the basis

of their skin disease. Therefore, depression and suicidal tendencies are being found in more than 5% of the patients.

The severity of psoriasis depends upon the physical and psychological factors. In 60% of patients, stress is a key exacerbator of the disease and it is found that psychological stress has the potential to regulate the immune response in which there is an abnormal hypothalamic–adrenal axis response to acute stress, and there are lot of evidences that shows abnormal neuro-endocrine responses to stress which may contribute to the pathogenesis of chronic autoimmune diseases.^[4]

AETIOLOGY:

Psoriasis is genetically complex and a large number of genes are thought to be important in its pathogenesis. Empirical studies suggest that if one parent has psoriasis, then the chance of child being affected is 15-20%, and if both parents are affected, then this chance increases to 50%.

FACTORS CAUSING FLARE-UPS OF PSORIASIS:

Trauma- Lesions appear in areas of skin damage such as scratches

or surgical wounds (Koebner phenomenon) when the condition is erupting.

Infection- β - haemolytic streptococcal throat infection, often precede guttate psoriasis.

Sunlight- UVR rarely

Drugs- Antimalarial, β -adrenoceptor antagonists (β blocker), and lithium.

Rebound after systemic corticosteroids or potent local corticosteroids are stopped.

Emotion- stress, anxiety, suppression.^[5]

PATHOGENESIS:

Psoriasis is characterised by 3 main pathogenic features: Abnormal differentiation; keratinocyte hyperproliferation; and inflammation. Maintenance of psoriatic lesions is considered an ongoing autoreactive immune response.^[5]

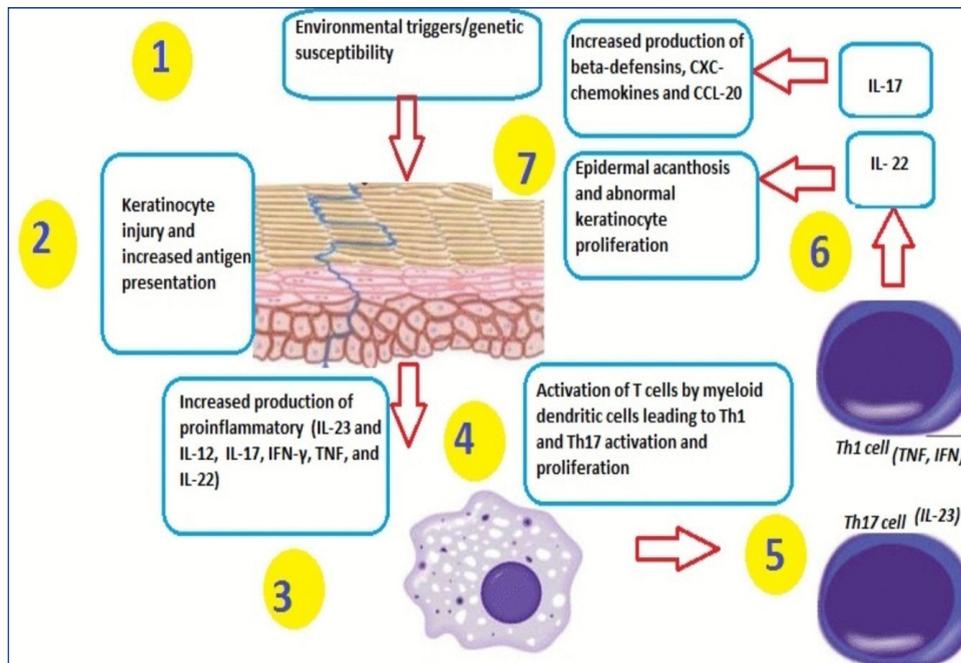


Figure 1: Pathophysiology of psoriasis^[6]

CLINICAL CLASSIFICATION OF PSORIASIS ^[7]	
1.	NON-PUSTULAR PSORIASIS-
	Psoriasis vulgaris/plaque psoriasis
	Guttate psoriasis
	Erythrodermic psoriasis
	Palmo-plantar psoriasis
	Psoriatic arthritis
	Inverse psoriasis
2.	PUSTULAR PSORIASIS-
	Generalised pustular psoriasis (von Zumbusch type)
	Impetigo herpetiformis
	Localised pustular psoriasis
	- Palmoplantar pustular psoriasis (barber type)
	- Acrodermatitis continua of Hallopeau

CLINICAL MANIFESTATION^[5]

Pruritus is reasonably common, especially in scalp and anogenital psoriasis.

Skin lesions- The classic lesion of psoriasis is a sharply marginated erythematous papule with a silvery-white scale.

Scales are lamellar, loose, and easily removed by scratching. Removal of scale results in the appearance of minute blood droplets (auspitz sign). Papules grow to sharply marginated plaques with lamellar scaling that coalesce to form polycyclic or serpiginous patterns.

May occur anywhere on the body but there are classic predilection sites palms and soles, scalp, face, anogenital, nails.

DIAGNOSIS^[7]

Psoriasis is a chronic, multisystem inflammatory disease with predominantly skin and joint involvement. The diagnosis is primarily clinical and a skin biopsy is seldom required. Clinical presentation of various types are as follows-

Psoriasis vulgaris or plaque psoriasis- it is symmetric erythematous plaques with sharp boundaries and covered with pearly squamulae, localised on knees, elbows, scalp, and sacral region.

Guttate psoriasis- Lesions appear like small droplets, or as squamous psoriatic papules, are generally seen on the trunk, proximal part of extremities, face, and scalp.

Erythrodermic psoriasis- erythematous lesions with indistinct desquamation.

Palmoplantar psoriasis- presents as pinkish-yellow erythema, symmetrically over palms and soles, mostly involves thenar than hypothenar regions.

Psoriatic arthritis- arthritic

symptoms with nail involvement are present along with psoriasis.

Inverse psoriasis- Lesions manifest as bright red, symmetric, fissured plaques with sharp contours are diagnostic

Generalised pustular psoriasis- It onsets suddenly on an erythematous, is rarely seen and progresses with pustules.

Impetigo herpetiformis- It is characterised by erythematous lesions covered with pustules, which start and radiate from flexural regions and have tendency to agglomerate.

Localised pustular psoriasis

1. Pustular psoriasis of the barber type: it is 2–4 mm-sized pustules localised on palmoplantar region, especially erythematous thenar and hypothenar regions.
2. Acrodermatitis continua: It is a sterile pustular eruption involving fingers and toes.

MANAGEMENT

Many effective treatment options are available for psoriasis. For initial treatment of mild to moderate cases of the disease topical therapy is the standard option. If diseases do not respond to such treatment then dermatological assessment should be done where systemic therapy with topical adjunct might be suitable.^[8]

Conventional treatment

Conventional treatment includes : topical agents like emollients, corticosteroids, vitamin D agonists, weak tar or preparations; UV therapies like UVP or PUVA; and systemic agents like immunosuppressives^[5]

Homoeopathic management

Organon of Medicine

Dr Hahnemann states (aphorism 5), homoeopathy treats the patient as

a whole and constitution is taken into consideration, while selection of remedy. Constitutional diagnosis is done by proper case taking of a patient and following points should be considered physical makeup, temperament, thermals, physical generals, miasm, diathesis, susceptibility, etc.

In his writings, Dr Hahnemann (aphorisms 224,225) mentioned about mental and emotional diseases which are one-sided in nature and can lead to physical symptoms due mental causes like stress or vice-versa.^[9] The main cause of such diseases which act as an obstacle to cure is fundamental cause or psora.

Psoriasis is a tri-miasmatic disease covering all the three miasms, namely psora, sycosis, and syphilis but predominantly psoro-sycotic^[10]

Psoric skin lesions are dry, rough, dirty, unhealthy skin with or without pus and blood, voluptuous itching and burning, eruptions are papular in form with intense itching, the scales and crusts are thin, light, fine and small. Itching is more frequent, unbearable, late in the evening, before midnight, heat of bed, cracks in the hands and feet.^{[10][11]}

Sycotic skin lesions are localised or in circumscribed spots, skin is oily which peels off and scaly in character. Psoriasis has the gouty element^{[10][11]}

Syphilitic skin lesions are oily and greasy, eruptions are observed about joints, flexures surface of the body or arranged in circular group, scales and crusts are very thick and heavy, and on scalp they are patchy or in circumscribed spots, fish like scales.^[12]

Rubrics related to psoriasis

Some rubrics indicative of psoriasis are mainly found in skin, head, back and extremities chapter in synthesis

repertory. These are-

SKIN,eruption,psoriasis

HEAD,eruptions,psoriasis

BACK,eruptions,psoriasis,patches

EXTREMITIES,joints,psoriatic

Some other rubrics in synthesis repertory are found in different chapters of face, ear, abdomen, chest under sub-rubric eruptions, and sub-sub-rubric scales^[13]

Homoeopathic medicines for psoriasis-

According to some studies most affective drugs in cases of psoriasis are *Arsenicum album*, *Calcarea carbonicum*, *Hydrocotyle asiatica*, *Ignatia amara*, *Kalium arsenicosum*, *Lycopodium clavatum*, *Natrum muriaticum*, *Nux vomica*, *Opium*, *Petroleum*, *Psorinum*, *Sepia officinalis*, *Sulphur*, *Thyroidinum*, *Tuberculinum*.^[12]

Indication of some medicines^[14]

Arsenicum iodatum- it is preferred in persistently irritating, corrosive discharges with debilitating night sweats. Lesions are dry, scaly, itching with marked exfoliation of skin in large scales, leaving a raw exuding surface beneath.

Chrysarobinum- it is used successfully in skin diseases especially in ringworm, psoriasis, herpes, acne rosacea. Vesicular or squamous lesions, associated with foul smelling discharge and crust formation, tending to become confluent and to give the appearance of a single crust covering the entire area. There is violent itching on thighs, legs and ears. Presence of dry, scaly eruption, especially around eyes and ears, scabs with pus underneath.

Graphites- Skin is rough, hard, persistent dryness unaffected by eczema. Eruptions which ooze out a sticky exudation with rawness in bend of limbs, groins, neck, behind

ears. Ulcers discharging a glutinous fluid which is thin and sticky. Skin is unhealthy and every little injury suppurates.

Kalium arsenicosum- Intolerable itching, worse while undressing. Dry, scaly, wilted. Acne; pustules worse during menses. Chronic eczema; itching worse from warmth, walking, undressing. Psoriasis, lichen. Phagedenic ulcers. Fissures in bends of arms and knees. Worse on change of weather.

Kalium bromatum- Itching in lesions which are worse on chest, shoulders, and face. There is anaesthesia of skin along with profound melancholic delusion, religious depression and night terrors.

Manganum aceticum- Suppuration of skin around joints with red, elevated spots with itching better by scratching. There are deep cracks in bends of elbows with burning.

Petroleum- Itching at night. Skin is dry, constricted, very sensitive, rough and cracked, leathery, thick, greenish crusts, with burning, itching and cracks that bleed easily.

Thyroidinum- very dry skin without eruptions, psoriasis with adiposity and peeling of skin of lower limbs.

Conclusion

Psoriasis is not just a skin disease, but it results from faulty functioning of the immune system. Certain genetic predisposition makes one prone to psoriasis. It also affects the psychology of the individual affecting the quality of their life. Homoeopathy treats the individual as a whole not only the bodily configuration of the individual but also the intellectual and emotional attributes as revealed to us through his reaction to environment. Homoeopathic medicines have the potential to stimulate the body's natural healing capacity and restore

its normal functioning. Psoriasis cases can be managed effectively by well-selected homoeopathic medicines which are selected by thorough case taking on the basis of totality of medicine.

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Suppression of skin diseases, an inaccurate practise: a homoeopathic overview

By Divya Verma, Niharika Gupta

Abstract: The term suppression is ordinarily understood to mean the forcible removal of some symptom by external measures, regardless of the welfare of the patient. Suppression relocates the disease to more important organ and never cures the disease. Likewise, suppression of skin diseases by any means give rise to innumerable stronger diseases which affect the more vital organs and make the individual unamenable to cure. According to homoeopathic principles, suppressed eruptions always lead to deeper diseases; therefore, such eruptions should be treated with homoeopathic individualized medicine to obtain complete cure.

Keywords: Homoeopathy, suppression, skin diseases, chronic disease, miasm

Abbreviations: german new medicine (GNM), ultraviolet (UV0, computed tomography (CT)

Introduction

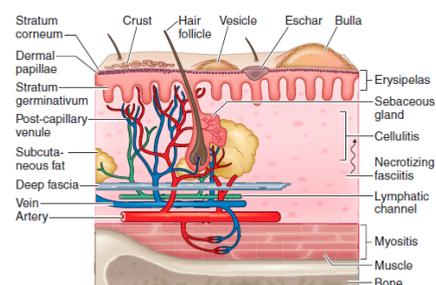
Suppression of a disease, is mere removal of the external manifestation by external, mechanical, chemical or topical treatment or by strong heroic medicines [1]. In Homoeopathy it is very important to distinguish between a curative and a suppressive effect because the goal of treatment is the healing of the entire person at the deepest possible level. Hahnemann concluded that psora being manifested primarily as disease, any skin manifestation should not be taken into consideration with the skin only [2]. As the human skin does not evolve itself, without the co-operation of the rest of the living whole, it is irrational and thoughtless to consider any skin disease as merely the disease of the skin alone in which the internal portion of the organism takes no part. Therefore, any external treatment to remove the skin manifestation is detrimental to the patient and should be avoided. Hahnemann also observed interestingly, the origin of most of the non-venereal chronic diseases lying in a peculiar type of skin eruption, frequently suppressed by

a faulty practice. Many of the ideas about suppression are more likely to be myths rather than realities and the subject suffers from a general lack of clear understanding [3].

Anatomy and physiology of skin

Skin is the largest organ in the body and covers the body's entire external surface. It is made up of three layers, the epidermis, dermis, and the hypodermis, all three of which vary significantly in their anatomy and function.

- The epidermis, the outermost layer of skin, provides a waterproof barrier and creates our skin tone.



Source: J.L. Jameson, A.S. Fauci, D.L. Kasper, S.L. Hauser, D.L. Longo, J. Loscalzo: Harrison's Principles of Internal Medicine, 20th Edition Copyright © McGraw-Hill Education. All rights reserved.

Figure 1: Anatomy of skin [5]

- The dermis, beneath the epidermis, contains tough

connective tissue, hair follicles, and sweat glands.

- The deeper subcutaneous tissue (hypodermis) is made of fat and connective tissue [4].

Function of skin is to provide a protective barrier against mechanical, thermal and physical injury and noxious agents, it preserves the bodies homoeostasis by regulating temperature and water loss, reduces the harmful effect of UV radiation, acts as a sensory organ, plays a role in immunological surveillance, synthesises vitamin D3, has cosmetic, social and sexual associations [4].

German New Medicine (GNM) concept of cause of skin diseases

According to German New Medicine (GNM) given by Dr Ryke Geerd Hamer, severe diseases originate from a shock event which is experienced by the individual as very difficult, highly acute, dramatic and isolating. The shock's psychological conflict content determines the location of the appearance of a focus of activity in the brain that can be seen in a CT scan as a set of concentric rings, called «Hamer foci», which correspond to the location of the disease in the body. The subsequent development of the

conflict determines the development of both the brain focus and the disease. The biological conflict linked to the epidermis is a *separation conflict* experienced as a loss of physical contact and the biological conflict linked to the corium skin (dermis) is an *attack conflict* ^[6].

Stalwart's view on suppression of skin diseases

Many stalwarts in Homoeopathy have given their views regarding suppression, especially suppression in skin diseases and how to treat them to attain complete cure.

H. A. Roberts, in his book, "*The Principles and Art of cure by Homoeopathy*", discusses about vital energy, and says that "it was this force which was the expression of life itself", and has the quality to develop and control itself and maintain a peaceful state in the body which is "perfect health". He further illustrates that there are certain external influences which suppress the normal function of vital force hence derange the perfect health, few examples like fright, fear, excessive joy, etc. which not only affect the concerned individual but also the offspring via nursing mother. Few important methods of skin disease suppression discussed by him in his philosophy are:

- Use of external applications for skin symptoms like those in eczema, are external manifestations of internal chronic miasms, and by external application it was not cured at all rather pushed into some deeper or more vital organ. If such murderous method is continued, the patient is rendered incurable and lastly develops mental diseases.
- Nowadays most common technique of suppression is by suppressing the natural secretions of your body, like

sweat in axillae and that of feet by medicinal powders. Since the natural routes are blocked, these waste materials remain inside the body to create havoc. Your body makes effort to excrete it via different routes and in this way harming the vital organs.

H. A. Roberts' summarises that it is a crime to suppress symptoms because it is the major cause of many constitutional diseases. It is only under the domain of a homoeopathic physician to treat such conditions if he or she abides by the nature's law and follows homoeopathic principles sincerely. Thus, perfect health and harmony can be maintained ^[7].

Stuart Close, in his great contribution to homoeopathy, his book, *The Genius of Homoeopathy*, has explained the suppression or palliation of a disease, is mere removal of the external manifestation by external, mechanical, chemical or topical treatment or by strong heroic medicines given orally which are harmful instead. The case that has been thus suppressed goes hay way not even near to cure.

Whenever you aim your treatment towards the external signs, you do not consider the whole picture hence your result will be a failure, because you have not given any importance to the causation, you have actually broken the link, the chain and it shows the lack of intelligence and knowledge about the disease ^[1].

Hahnemann, in his *Organon of Medicine*, has mentioned at various places citing various examples and situations that suppression of disease is not the correct method of treatment.

In §46, it is mentioned that suppression of scald head lead to development of amaurosis. Further

in §59, Hahnemann says that valuable symptoms of prolonged diseases can never be cured by palliative or antagonistic remedies, instead they aggravate the situation. §185 is about one-sided diseases-local maladies, where changes or symptoms appear on the external surface, doctors previously presumed them to be affections of that single part and not a part of the whole. But those external symptoms that are not caused due to an external injury have a more serious internal cause and it is harmful to treat it locally. It is obvious that any external disease cannot appear, persist or become worse without an internal cause.

Detailed illustration about local diseases and why they should not be treated by topical applications is given from §189- §200. Hahnemann says that no eruption or whitlow can occur without an internal disease hence the treatment should also be focussed on the internal derangement. You know that whenever a medicine is ingested it brings alterations internally and externally, hence for treatment also you should select a medicine based on totality. For such selection symptoms that were present before a remedy was taken are also to be considered, along with clear picture of local symptoms and general health derangement. Such medicine when ingested removes ill health and local symptoms quickly even with first dose if the disease was acute. It is unwise to apply such medicine locally as homoeopathic medicine will bring quicker result when ingested, but if they are not cured completely, it reflects latent psora and antipsoric treatment is required. It is incorrect if you use homoeopathic medicine internally and externally, as the local symptom will go first and you will not be sure about the presence of internal

disease. The striking symptom goes away and you are now left with vague general symptoms to select a remedy.

Homoeopathic physicians treat dynamically considering both primary and secondary symptoms of chronic miasm, but old school practitioners removed the primary symptoms by external remedy hence you are left to treat the secondary ones, those developed due to breaking forth of internal psora [8].

J. H. Allen says that modern doctors understood that a psoric eruption was due to an internal miasmatic disease and tried to treat it constitutionally and not locally but they do not know how to apply medicines internally and unwillingly only to alleviate the sufferings of patients use expedients. If they understood our method, they would use them but after leaving behind their materialistic thinking. They have no name against which they are fighting hence they have given different names to different secondary and tertiary symptoms also coupling a lot of them. When the acute symptoms are gone, they think that the disease has been removed, but it relapses as they do not understand the "causa morbi", the miasms which are the true causative factors.

Force of nature can be explained if you know the laws of nature and suppression can be explained as deflection of law. Like life even the disease is inside us and external signs are just expressions. Hahnemann in the Chronic Disease says suppression of skin disease like scabies, eczema and others is harmful as it produces new disease which is harmful and more difficult to treat. Commonly used were ointments, lotions and mineral

baths. Suppression cause disease to move internally to vital parts thus worsening and progressing. He observed that when diseased if an eruption broke out it would relieve the patient, also abnormal discharges like diarrhoea and dysuria. Actual cautery was used to remove ulcers. X Ray is a very modern method of suppression, skin disease expressions like eczema, lupus, psoriasis have been removed. This should be used homoeopathically as proving of the same has been done in all potencies and published in journals.

All skin expressions are to relieve the patient, this is as normal as the expulsion of sweat or urine, by suppressing them you are going against the nature. If the action of chronic miasm is suppressed it affects not only the patient but his family, weakens them, transmitted hereditarily. When a disease is suppressed, it keeps reverting back in same form, same locality or in different localities. If skin diseases like tinea, verucca, alopecia, sycopsoric mostly sycotic in nature are suppressed they bring forth disease manifestation in physical and mental spheres, likewise suppression of tinea causes rheumatism, throat affection or ringworm in a different locality. J.H.Allen has discussed a case of tibial ulcer, in a male patient of 53 years, who was treating it locally with a mercury ointment, he was better for a while but later developed Bright's disease, thus he proved the great truth [9].

Kent in his Lesser writings told not to apply externally the indicated remedy. If it does no good there is no use in using it. If it cures it does so by healing up the external disease before the internal one is cured and thereby leaving no opportunity for the internal disease to come out. He

further says that the healthier the patient becomes the more likelihood there is for an eruption upon the skin. The vital energies must be sufficient for this. He stated, "a cure progresses from within outward. It would seem that the most natural thing to do is to remove external obstructions, but I warn you, anything that comes from within must be treated from within" [10].

According to Dr Prafull Vijayakar in his book "Theory of suppression", human being has essentially seven layers of suppression, in order of importance from down upwards based on embryological origin that is from skin to nervous tissues. Seven layers of suppression from least to most important layers are as follows:

- First layer: Ectoderm
- Second layer: Endoderm
- Third layer: Mesenchyme derived mesodermal tissues that is connective tissue
- Fourth layer: Endothelium and mesodermal derivatives
- Fifth layer: Neuroendocrine system and amine precursor uptake and decarboxylation system (A.P.U.D)
- Sixth layer: Nervous system
- Seventh layer: Mind

There are three main germinal layers that is ectoderm, endoderm and mesoderm. The fourth is a specialised ectoderm called neuroderm or neuroectoderm. Ectoderm give rise to all the organs which are in connection or exposed to the external environment. Ectoderm is least important when it forms skin and most important when it forms brain and neural tissues. The least important 'skin' epidermis arising from ectoderm is at the bottom of the chart followed by more and more important levels above. The disease is transferred from lesser important organ to more important organ when

it is suppressed. When a skin disease is suppressed that is at ectodermal layer then the disease travels from ectoderm to endoderm. Opposite to it the disease is cured in right direction either from neuroderm to mesoderm to endoderm to ectoderm in clockwise manner or neuroderm to ectoderm in anticlockwise manner. Thus, disease is cured by the body itself in either of this direction ^[11].

There are various drugs in homoeopathy which are well known for their action after suppression of skin diseases as well as various rubrics in our repertory which indicate that suppression of skin diseases leads to many other more severe affections in our body.

Rubrics in *Synthesis Repertory* for suppression of skin diseases are: ^[12]

- Mind-Anxiety-eruptions; after suppressed
- Mind-Dullness-eruptions; from suppression
- Mind-Eruption; mental symptoms after suppressed
- Mind-Hypochondriasis-eruption; after suppression of
- Mind-Insanity-eruptions; after suppressed
- Mind-Mania-eruptions; after suppressed
- Mind-Restlessness-eruptions-suppressed; from
- Mind-Sadness-eruptions-suppressed eruptions; with
- Mind-Stupefaction-eruptions; from suppressed
- Mind-Insanity-eruptions; after suppressed
- Mind-Unconsciousness-eruptions-suppression of eruptions; after
- Vertigo-Eruptions-suppressed
- Head-Pain-suppressed eruptions
- Eye-Amblyopia-eruptions; after suppressed
- Eye-Eruptions-suppressed
- Eye-Eruptions-suppressed-after
- Eye-Eversion of lids- eruptions; after suppressed
- Vision-Dim-eruptions; after suppressed
- Ear-Eruptions-suppressed eruptions; after
- Hearing-Impaired-eczema; after a suppressed
- Hearing-Lost-eruptions; after suppressed
- Hearing-Lost-measles after suppressed
- Nose-Ozena-itch; after suppressed
- Face-Discolouration-black-spots-acne; from suppressed
- Face-Discolouration-brown-spots-acne; from suppressed
- Face-Discolouration-bluish-eruption; suppressed
- Face-Pain-eruptions; after suppressed
- Face-Pain-eruptions; after suppressed-neuralgic
- Mouth-Ulcers-painless-eruptions on face; after suppressed brown herpetic
- Throat-Ulcers-eruptions; after suppressed
- Stomach-Vomiting-eruptions-suppressed eruptions; after
- Stomach-Vomiting-urticaria-suppression of; from
- Rectum-Constipation-eruptions; after suppressed
- Rectum-Diarrhea-eruptions-suppressed eruptions; after
- Bladder-Retention of urine-discharges; from suppressed- or eruptions
- Urinary organs-Eruptions; after suppressed
- Male Genitalia/Sex-Hydrocele-eruptions; after suppressed
- Respiration-Asthmatic-eruptions; after suppressed
- Respiration-Asthmatic-rash; after suppressed of acute
- Respiration-Difficult-eruptions-suppressed eruptions; after
- Chest-Palpitation of heart-eruptions; after suppressed
- Extremities-Itching-upper limbs-eruptions-suppressed eruptions; after
- Extremities-Pain-rheumatic-eruptions; after acute-suppressed
- Extremities-Pain-knees-eruptions; after suppressed
- Extremities-Pain-upper limb-eruptions; after suppressed
- Sleep-Comatose-eruptions; after suppressed
- Skin-Anesthesia-eruptions; after suppressed
- Skin-Complaints of skin-eruptions; after suppressed
- Skin-Discolouration-suppression of eruption; after
- Skin-Eruptions-herpetic-suppressed
- Skin-Eruptions-measles-suppressed
- Skin-Eruptions-rash-suppressed
- Skin-Eruptions-rubella-suppressed
- Skin-Eruptions-scabies-suppressed
- Skin-Eruptions-scarlatina-suppressed
- Skin-eruption-suppressed
- Skin-Eruptions-tetters-suppressed
- Skin-Eruptions-urticaria-suppressed
- Skin-Itching-eruptions-suppressed eruptions; after
- Skin-Ulcer-suppressed
- Skin-Warts-suppressed
- Generals-Chorea-eruptions; after suppressed

- Generals-Convulsions-epileptic-eruptions; after suppressed
- Generals-Convulsions-eruptions-suppressed eruptions; after
- Generals-Dropsy-general; in-eruptions-suppressed eruptions; after
- Generals-Exostosis-eruptions; after suppressed
- Generals-History; personal-eruptions; of-suppressed
- Generals-Neurological complaints-eruptions; after suppressed
- Generals-Pain-eruptions-suppressed eruptions; after
- Generals-Paralysis-eruptions; after suppressed
- Generals-Weakness-eruptions; after suppressed

Most common drugs of our materia medica indicating specific symptoms for suppression of skin diseases are:^[13]

- *Zincum metallicum*: Chorea: from suppressed eruption.
- *Graphites*: Diarrhoea: stools brown, fluid, mixed with undigested substances, and of intolerable odor; often caused by suppressed eruptions (*Psorinum*).
- *Apis mellifica*: Diarrhoea: of drunkards; in eruptive diseases, especially if eruption be suppressed.
- *Causticum*: Ailments from suppressed eruptions.
- *Psorinum*; Ailments: from suppressed itch or other skin diseases, when Sulphur fails to relieve. Headache from suppressed eruptions. Cough after suppressed itch, or eczema.
- *Sulphur*: Scrofulous, psoric, chronic diseases that result from suppressed eruptions (*Causticum*, *Psorinum*).

- *Agaricus muscarius*: Epilepsy from suppressed eruptions (*Psorinum*, *Sulphur*).
- *Cicuta virosa*: Brain disease from suppressed eruption.
- *Dulcamara*: Dropsy: after suppressed eruptions.

Conclusion

In suppression of skin diseases, external symptom is removed by some means, relocating the disease to more important organ and never cures the disease. Behind every external symptom on skin some internal disease is lurking so a true Homoeopathic physician should understand the whole constitution of the patient in totality and prescribe internal homoeopathic medicine in other to cure the patient and never suppress the surface disease which will lead to innumerable stronger disease conditions and make patient more difficult to cure. Suppression of skin diseases is an inaccurate practice as mentioned by stalwarts of homoeopathy as murderous method and crime.

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Urticaria- corresponding rubrics and materia medica

By Tina Anand

Abstract: The prejudices for scope of homoeopathic treatment limited to certain type of diseases is now not as prevalent as it used to be in earlier days. Yet there still is population that understands and limits its scope to only those diseases which are beyond the scope of conventional medicine. One such group being chronic allergic conditions. This article aims at guiding young students and physicians about a general approach towards one such common ailment frequently encountered in homoeopathic set ups- urticaria- a type of hypersensitivity reaction. The article includes rubrics, selected from *Kent's repertory*, based upon their similarity to disease classification. However, students must understand the importance of holistic approach in making a successful homoeopathic prescription in chronic disorders, an attempt thus has been made to add materia medica (including mentals and generals) of few indicated polycrests so that students avoid prescribing based on single or few similar symptoms.

Keywords: Urticaria, common rubrics, materia medica, dermographism, cholinergic urticaria, chronic urticarial.

Abbreviations: IgE – immunoglobulin E, SLE - systemic lupus erythematosus, NSAIDS - nonsteroidal anti-inflammatory drugs

Introduction

Urticaria (hives) is a vascular reaction of the skin marked by the transient appearance of smooth, slightly elevated papules or plaques (wheals) that are erythematous and that are often attended by severe pruritus. It is one of the most common skin diseases, and patients may present with a wide spectrum

of symptoms.

Urticaria is classified as acute or chronic form based on the duration of illness. Acute urticaria are hives that last less than six weeks. Chronic urticaria is diagnosed when disease has been continuously or intermittently present for at least 6 weeks. Chronic urticaria has a significant impact on quality-of-

life due to the constant sensation of itching, regular recurrence, and unknown etiology.^[1]

An estimated 15% to 23% of adults have experienced at least 1 episode of acute urticaria at some time in their lives, and the prevalence of chronic urticaria in adults is estimated at 0.5% to 5%.^[2]

Table 1: Classification of urticaria based on course and aetiology^[3]

Group	Example
Chronic	Idiopathic
Acute	IgE mediated e.g. food allergy, drug reaction
Physical	Dermographism, cholinergic, cold, heat, delayed pressure
Contact	Immune e.g. animal saliva, non-immune e.g. nettle sting
Pharmacological	Aspirin, NSAIDS, food additives
Systemic cause	SLE, thyrotoxicosis, infection, infestation
Inherited	Hereditary angioedema
Other	Urticarial vasculitis, popular (Insect bites, mastocytosis, pregnancy).

Aetiopathogenesis^[4]

Urticaria is both immune mediated as well as non immune mediated. Lesions are produced from activation of mast cells and release of biologically active substances, particularly histamine which produces vasodilatation and increased vascular permeability resulting in formation of itchy raised red papules.

Following pathways of pathogenesis of lesions are recognised:

- *IgE-mediated type 1 hypersensitivity-* Antigen cross links IgE molecules on surface of mast cells, resulting in degranulation with release of vasoactive substances.
- *Complement activation* can produce dermal oedema or urticaria associated with circulating immune complexes.
- *Direct release of histamine from mast cells in a non-immune manner,* is caused by some drugs e.g. opiates
- *Blocking of prostaglandin pathway* from arachdonic acid by some drugs like Aspirin, NSAIDs causes urticaria by accumulating vasoactive leukotrienes
- *A serum histamine releasing factor* has been suggested in chronic urticaria although the exact mechanism causing chronic and physical urticaria is poorly understood.

Clinical presentation of different types along with their corresponding rubrics from Kent's Repertory:

CHRONIC IDIOPATHIC URTICARIA

Itchy pink papules or wheals appear anywhere on the skin surface and last for less than 24 hours. They can be round, annular or polycyclic ranging in size from few mm to several cms and can be few to many in number depending on the severity of the condition. They disappear spontaneously without a trace. Angioedema with swelling of face or tongue may be associated. Pharmacological agents act as provoking factors. The condition resolves spontaneously in many but may last for years for some.

Table 2: Corresponding rubrics of chronic urticaria^[5]

CHAPTER	RUBRIC	SUB RUBRIC	MEDICINES	Page No
SKIN	ERRUPTIONS	URTICARIA	<i>Aco.,ant-c.,Apis,Ars, ars-iod.,Astac.,bov.,bry.,calen.,Calc.,Calc-sulph.,Chin-sulph.,carbo-veg.,Carb-s.,Causticum,chlol.,cimci.,conium,Cop.,cup.,Dulc.,graph.,Hep.,ign.,Led.,Nat-mur,nux-vom,phos.,puls.,Rhus-t.,sep.,staph.,sulph.,urt-uren.</i>	1321
		morning	<i>Bell.</i>	
		evening	<i>Kreosote,nux-vom.</i>	
		night	<i>Apis,cop.,nux-vom,puls.</i>	

ACUTE URTICARIA

It is characterised by sudden onset of urticaria which may or may not be associated with angioedema. The patient often (not always) can identify the offending agent which commonly is a food item or a drug.

Table 3: Corresponding Rubrics for acute urticaria^[5]

RUBRIC	SUB-RUBRIC	MEDICINES	Pg No
Urticaria	Fever, during	<i>Apis,cop.,Ign.,Rhus-tox,rhus-v.,sulph</i>	1321
	meat,after	<i>Ant-c.</i>	1321
	wine,from	<i>Chlol.</i>	1322

PHYSICAL URTICARIAS

Cold, heat, sun exposure, pressure and even water can all induce urticaria at the stimulated site.

Table 4: Corresponding rubrics for physical urticaria^[5]

RUBRIC	SUBRUBRIC	MEDICINES	Pg No
Urticaria	Bathing,after	Phos.,urtica-uren.	1321
	Change of air and weather	<i>Apis</i>	
	Chill,before,after	<i>Hep.,</i>	
	Chill,during	<i>Apis,ars,ign.,Nat-mur.Rhus-tox</i>	
	Cold air,in	<i>Caust.,kali-brom-natsulph.,nit acid,Rhus tox,sep</i>	
	Cold air,amel.	<i>Calc.,dulc.</i>	
	Cold bath,after	<i>Calc-phos</i>	
	from taking	Dulc.	
	Walking in cold air while	<i>Sepia</i>	

DERMOGRAPHISM

Describes whealing by firm stroking of skin present at site of stroking. Affects 5% of the population and is exaggerated and symptomatic in a few.

Table 5: Corresponding rubric for dermographism^[5]

RUBRIC	SUB RUBRIC	MEDICINES
Urticaria	Scratching after	<i>Alum.,calc.,caust.,Dulc.,graph.,hep.,Lach.,lyco.,Mez.,pet.,puls.,</i> <i>Rhus tox.,Staph.</i>

CHOLINERGIC URTICARIA

The wheals are small intensely itchy papules that appear in response to sweating, exercise, heat, emotion or spicy food.

Table 6: Corresponding rubric for cholinergic urticaria^[5]

RUBRIC	SUB RUBRIC	MEDICINES
Urticaria	Exercise,violent,after	<i>Con.,nat-mur.,psor.,urt-urens</i>
	Perspiration,during	Apis,rhustox
	Warmth and exercise	<i>Apis,bov.,con.,dulc.,kali-iod.,led.,lyc.,Nat-mur,psor.,puls.,sulph,urtica urenes</i>

URTICARIAL VASCULITIS

This type often has an acute onset with widespread urticarial lesions that last for more than 24 hours and fade leaving purpura.

Table 7: Rubric for urticaria vasculitis^[5]

RUBRIC	SUB RUBRIC	MEDICINES
Urticaria	livid	Apis

For systemic and others category corresponding rubrics are alternating with asthma, asthma after, with rheumatism, menses during, after, nodular, rosy.

Differential Diagnosis

Pemphegoid or dermatitis herpetiformis, toxic erythema and erythema multiformae may present with urticarial rash first but when lesions last for more than 48 hours then urticaria can be ruled out.

Investigations

Careful history and examination help reach diagnosis, however, few laboratory tests to rule out systemic conditions can be performed. A full blood count, liver function tests, anti-nuclear antibodies and urine analysis can be performed. Dermographism can be demonstrated by stroking the skin and cold urticaria by placing an ice cube over the skin. To rule out hereditary angioedema C1 esterase inhibitor is assayed.

MATERIA MEDICA OF COMMON POLYCRESTS FOR URTICARIA^[6]

The homoeopathic approach to any condition especially chronic conditions is holistic. An attempt has thus been made to present common medicinal constitutions that find frequent place in prescriptions of homoeopaths treating Urticaria.

ACONITUM NAPELLUS
Aconitum napellus can be prescribed for urticaria based on following symptoms/constitution:

Mind: Extreme RESTLESSNESS; FEAR OF DEATH, DISEASE

CROWD; PRESENTIMENT OF DEATH; ATTACKS OF PANIC; TOSSING; SEQUELA OF FEAR, FRIGHT; DESIRE LIGHT

Generals:

- SUDDENNESS AND ACUTENESS OF COMPLAINTS;
- AILMENTS AFTER EXPOSURE TO DRY COLD WINDS, SUPPRESSED PERSPIRATION, EMOTIONS, FEAR;
- THIRST: UNQUENCHABLE;
- FOOD: DESIRE: BEAR, COLD DRINKS, WINE; AVERSION: TOBACCO; WORSE: WINE, BEAR, FAT; BETTER: WINE, COLD DRINKS
- PERSPIRATION AND URINE-PROFUSE
- AGGRAVATION: NIGHT

ALUMINA

Mind: CONFUSION OF MIND AS TO HIS IDENTITY; INTERNAL HASTINESS-TIME PASSES TOO SLOWLY; FEAR POINTED THINGS, KNIVES, SIGHT OF BLOOD

Generals:

- DRYNESS OF BODY AND MIND; CONSTIPATION WITH GREAT STRAINING EVEN FOR SOFT STOOLS; SKIN SYMPTOMS AGGRAVATE IN WARM WEATHER AND AMELIORATE IN WINTERS;
- AGGRAVATION: MORNING WAKING ON; WHEN HUNGRY; BETTER: OPEN AIR

- FOOD: POTATOES, COLD MILK, SALT; AGG: DRINK,
- AMEL.: WARM DRINKS
- THERMALS: CHILLY

ANTIMONIUM CRUDUM

Mind: SULKY, AVERSION TO AND AGGRAVATION FROM BEING LOOKED AT OR TOUCHED (ATTENTION); ROMANTIC, SENTIMENTAL, <MOONLIGHT, MAKING VERSUS; HYSTERICAL GIRLS

Generals:

- COMPLAINTS FROM OVERHEATING, SUN, OVEREATING
- SKIN: URTICARIA MEAT AFTER
- GROSS FEEDERS; THICKLY COATED WHITE TONGUE; STRONG DESIRE FOR ACIDS, CUCUMBERS, PICKLES, VINEGER
- AVERSION: DRINKS, VINEGER, BREAD, PORK
- AGG: BITTER, SOUR, VINEGER, BREAD, PASTERIES, COLD DRINK, COLD FOOD, FRUIT, SOUR FRUIT, SWEETS, PORK
- BETTER: HOT FOOD

APIS MELLIFICA

Mind: JEALOUS, AWKWARD-LETting THINGS FALL FROM HANDS, FIDGETY, FRUITLESSLY BUSY, INSANE LOQUACITY, UNDERTAKES MANY THINGS PERSEVERES IN NOTHING, CLUMPSY

Generals:

- URTICARIA, OEDEMATOUS SWELLING, SERIOUS EFFUSIONS- SUDDEN

APPEARANCE

- WORSE IN WARM, CLOSED ROOM
- BURNING AND STINGING IN COMPLAINTS
- THIRSTLESSNESS- WITH DRY MOUTH, THROAT
- RIGHT SIDED COMPLAINTS
- FOOD: AVERSION: DRINKS, WATER
- DESIRE: MILK, SOUR, OYESTERS, VINEGER
- WORSE; COLD DRINKS, HOT FOOD
- BETTER: MILK
- SLEEP: DREAMS OF FLYING
- THERMALS: HOT
- DULCAMARA
- *Mind:* DOMINEERING, STONG MINDED, POSSESSIVE

Generals:

- SUCCEPTIBILITY TO COLD, CHILLINESS, COLD WET WEATHER, DAMPNESS
- AILMENTS FROM: SUDDEN CHANGE OF TEMPERATURE FROM WARM TO COLD; WEATHER WARM TO WET; AMEL.: MOTION
- URTICARIA: MENSES BEFORE, MENSES DURING, AGG: WASHING, WINTERS
- FOOD: AVERSION COFFEE; DESIRE: COLD DRINKS; WORSE:COLD FOOD
- **HEPAR SULPHURICUM***Mind:*
- VULNERABILITY AT ALL LEVELS; INSECURITY with constant need for "security, money, position, comfort"
- OVERSENSITIVE TO PAIN, TOUCH, COLD
- INTENSE REACTIONS; VIOLENT AT TRIFLES, THREATENING, ABUSIVE,

VERBAL RUDENESS

- HURRIED- EATING, SPEECH, DRINKING
- DELUSIONS: WORLD IS ON FIRE, WANTS TO SET THINGS ON FIRE
- Generals:
- EXTREME CHILLINESS- FEELS THE AIR IN OTHER ROOM, < ANYTHING COLD>WARM BED, PRESSURE, TOUCH, CLEAR DRY WEATHER
- SOUR SECRETIONS AND STINGING PAINS
- FOOD: DESIRE: SOUR, VINEGER, ALCOHOL, HIGHLY SEASONED FOOD, PUNGENT THINGS
- WORSE: COFFEE; BETTER: TOBACCO

IGNATIA AMARA

Mind: AILMENTS FROM: ANGER, SILENT GRIEF, DIAPPOINTED LOVE, FRIGHT;HIGH IDEALS AND EXPECTATIONS, SILENT GRIEF AND BROODING, CONSOLATION AGGRAVATES, ALTERNATING AND CONTRADICTORY STATES, EMOTIONAL OUTBURSTS

Generals:

- FOOD: AVERSION- FRUIT, SMOKING, TOBACCO SMOKE-ODOUR, MILK, MEAT
- DESIRE: FRUIT, SOUR
- WORSE: COFFEE, SWEETS, COLD DRINKS, ONIONS, RICE
- BETTER: COFFEE, HOT FOOD
- PERSPIRATION OF FACE, TWITCHING AROUND MOUTH
- INVOLUNTARY SIGHING, SENSATION OF LUMP IN THROAT

- >PHYSICAL EXERTION, RUNNING, WALKING FAST

LACHESIS MUTUS

Mind: SHARP TONGUED, WITTY, LOQUACIOUS, INTENSE, SUSPICIOUS, JEALOUS, HAUGHTY, FANATIC WITH VIVID IMAGINATION, HAS A STRONG SEX DRIVE

Generals:

- SLEEPS INTO AGGRAVATION; <OPRESSIVE WEATHER,<BEFORE MENSES
- LEFT SIDED COMPLAINTS
- DISCHARGES AMELIORATE ESP. MENSES
- THERMALS- HOT
- FOOD: DESIRE ALCOHOL,FARINACEOUS FOOD, OYESTERS; WORSE COLD FOOD, SPOILED MEAT

NUX VOMICA

Mind: AMBITIOUS, ANGER++, AVERSION TO RESTRICTIONS, C O N T R A D I C T I O N S , FASTIDIOUS, FAULT FINDING, QUARRELSOME, OVERSENSITIVE TO EXTERNAL IMPRESSIONS, HIGH SEX DRIVE

Generals:

- AILMENTS FROM LOSS OF SLEEP; WAKES AT 3-4 AM
- CRAVES STIMULANTS, INEFFECTUAL URGE TO PASS STOOL, VERY CHILLY;BETTER BY FREE DISCHARGES
- FOOD: DESIRES ALCOHOLIC DRINKS, COFFEE, FAT, BEAR,HIGHLY SEASONED FOOD AND ALSO AVERSION AND GETTING WORSE FROM SAME.

RHUS TOXICODENDRON

Mind: INTERNAL RESTLESSNESS, MIDNIGHT APPREHENSION, DWELLS ON PAST DIAGREEABLE OCCURENSES, STIFF-HOLDS ON FEELINGS

Generals:

- TREMENDOUS RESTLESSNESS, SLEEP DISTURBED-DREAMS OF EXERTION, FIRE
- >CONTINUED MOTION ALSO <PHYSICAL EXERTION
- <COLD, DAMP; > HEAT AND WARM DRINKS
- URTICARIA- RHEUMATISM DURING; BECOMING WET FROM

- DESIRES MILK, COLD MILK AND BETTER BY TAKING HOT FOOD AND WARM DRINKS

• DESIRE TO STRECH

Other most frequently indicated polycrests are Pulsatilla, Sepia, Staphysagria and Phosphorous

Conclusion

Urticaria is extremely common and homoeopathic treatment for the same is very effective especially in children when parents start with homoeopathic treatment from the very beginning without taking conventional treatment for prolonged periods.

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Vitiligo and its homoeopathic treatment

By Dr Vaidehi Kumari Gupta

Abstract: Vitiligo, also known as leucoderma, is an autoimmune skin condition that results in the loss of melanin pigment, difficult to treat and is associated with psychological distress. This article stresses upon the different characteristics of vitiligo and its aetiology, types, precipitating factors, symptomatology, investigations in concise manner as well as emphasises how homoeopathy can treat such cases by its holistic approach of treatment

Keywords: vitiligo, homoeopathy, autoimmune, simillimum, melanocyte

Abbreviations: psoralen and ultraviolet A radiation, UVB - ultraviolet B radiation

Introduction

Vitiligo is an acquired condition in which circumscribed depigmented patches develop. It is a long-term skin condition that involves focal areas of melanocyte loss, leading to white patch that is not contagious⁽¹⁾⁽²⁾⁽³⁾.

ETYMOLOGY

Vitiligo is derived from word "vitium" that means defect or blemish⁽⁴⁾.

TYPES⁽¹⁾

AETIOLOGY

- Idiopathic
- There may be a positive family history of the disorder in those with generalised vitiligo⁽¹⁾.

EPIDEMIOLOGY

- **INCIDENCE** - It affects 1% of the population world-wide.
- **SEX** - Males and females are equally affected.
- **AGE** - About half show the disorder before age 20 and most develop it before age 40.

Vitiligo is generally associated with autoimmune diseases such as – diabetes, thyroid disorders, adrenal disorders, pernicious anaemia, and alopecia areata⁽¹⁾⁽²⁾.

PATHOGENESIS

Melanocytes are the target of a cell - mediated autoimmune attack. But why only focal areas are affected remains unexplained⁽¹⁾⁽²⁾.

PRECIPITATING FACTORS

Trauma, Sunburn⁽¹⁾

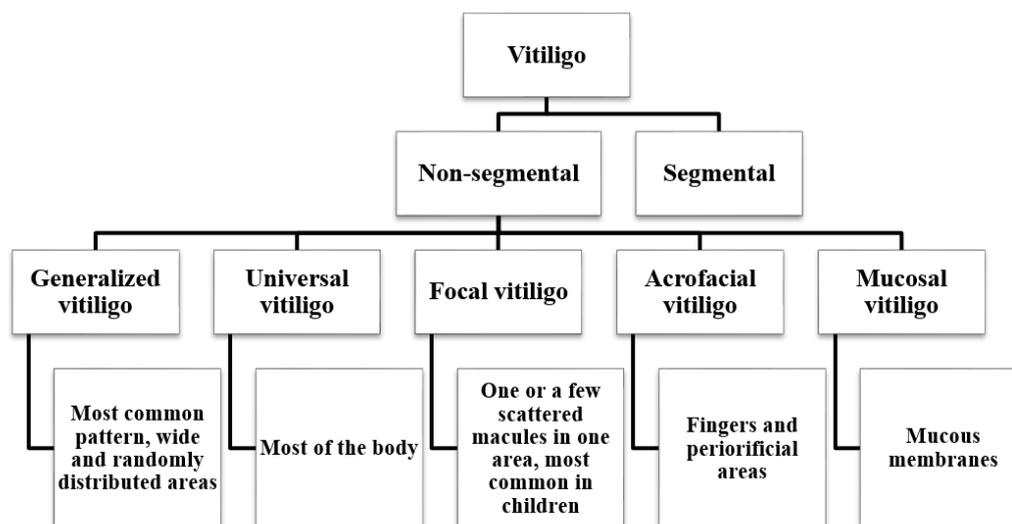


Figure No. 1

Table no. 1

Non –segmental	Segmental
More common	Less common
90% of cases	10% of cases
Affect both sides	Mostly involve one side of the body
Affected area of the skin expands with time	Affected area of the skin does not expand with time

CLINICAL ASSESSMENT -

- Some people may experience itching before a new patch occurs.
- The patches are initially small, but often grow and change shape.
- Segmental vitiligo is restricted to one part of the body but not necessarily a dermatome.
- The hair of the scalp and beard may also be depigmented.
- The inside of the mouth and nose may also be involved.
- It is more noticeable in people with dark skin.
- Vitiligo may result in psychological stress and those affected are sometimes stigmatised ⁽¹⁾⁽²⁾⁽³⁾.

GENERALISED VITILIGO (VITILIGO VULGARIS)

- Symmetrical
- More noticeable in summer when the surrounding skin is sunburn.
- Often starts in childhood and either spreads, ultimately causing total depigmentation, or persists, with irregular remissions and relapses.
- **DISTRIBUTION OF LESION** – hands, wrists, knees, neck, area around the body orifices (mouth, eyes, nostrils, genitalia, umbilicus)

- **CHARACTERISTIC OF LESION** – depigmentation, sharply defined
- **CAFÉ AU LAIT** - In Caucasians, may be surrounded by light brown hyperpigmentation.
- The name is French for “coffee with milk” and refers to their light-brown color.
- **FIRST SIGN OF REPIGMENTATION** - Some spotty perifollicular pigment may be seen within the depigmented patches.
- **HALO NAEVUS** –
 - Also called leucoderma acquisitum centrifugum, perinevoid vitiligo, sutton nevus
 - It is a mole that is surrounded by a depigmented ring or ‘halo’.
 - The depigmentation of vitiligo begins around one or a few compound naevi
- Sensation in the depigmented patches – normal
- The course of vitiligo is unpredictable but most patches – remain static, enlarge, a few repigments spontaneously ⁽¹⁾⁽²⁾⁽³⁾.

MANAGEMENT

- Get exposure to the early morning sun rays for 15-20 minutes daily.
- If you want to go out in the sun

- between 10 am to 4 pm, use a good sunscreen.
- Avoid using unnecessary cosmetics and external applications without consulting a doctor.
- Avoid injury or tattooing your skin.
- Learn about your disease and make others aware of it.
- Protecting the patches from excessive **sun exposure** –
 - with clothing
 - Sunscreen may be helpful in reducing episodes of burning and potential skin cancer.
- **Camouflage cosmetics** may also be helpful, particularly in those with dark skin, as can potent topical corticosteroids.
- Phototherapy with **PUVA** (psoralen + UVA) or more recently narrow band UVB has been used but evidence is limited.
- When repigmentation occurs, it is frequently seen as small foci of dark areas of skin surrounding hair follicles within the vitiliginous area.
- **GOOD PROGNOSTIC FEATURE** - The absence of whiteness of the hairs in the area of vitiligo
- **TRANSPLANTATION** - using a range of techniques including split-skin grafts and blister roof

grafts, is occasionally used on to dermabraded recipient skin.

- Depigmentation is also seen in leprosy, which means that individuals with vitiligo are often stigmatised ⁽¹⁾ ⁽²⁾ ⁽³⁾.

DIAGNOSIS

- ULTRAVIOLET LIGHT - can be used in the early phase of this disease for identification and to determine the effectiveness of treatment.
- WOOD'S LIGHT - skin will

change colour (fluoresce) when it is affected by certain bacteria, fungi, and changes to pigmentation of the skin.

- Enhances the contrast between the pigmented and non-pigmented skin ⁽¹⁾ ⁽²⁾.

DIFFERENTIAL DIAGNOSIS ⁽³⁾

Table no. 2

Disorder	Comment
Vitiligo	Destruction of melanocytes; common; acquired; multiple, sharply defined, non-pigmented patches anywhere
Pityriasis versicolor	Superficial yeast infection (<i>malassezia furfur</i>) leading to disturbance in pigment production; common; multiple, pale, scaling patches on trunk
Pityriasis alba	Mild, patchy eczema of the face in children causing a disturbance in pigment production
Leprosy	One or several paler macules on trunk or limbs that are hypoaesthetic
White macules of tuberous sclerosis	Uncommon developmental anomaly affecting central nervous system, connective tissue and skin; several 'maple leaf'-shaped, hypopigmented macules
Naevus anaemicus	Rare, developmental, solitary white patch, usually on trunk; thought to have a vascular basis
Chemical toxicity	May look like vitiligo; seen in workers in the rubber industry exposed to paratertiary benzyltoluene

MIASMATIC ANALYSIS

- The lesions show that it involves destruction of melanocytes which indicate syphilitic miasm underlying.
- The absence of itching in these lesions further enhances about effect of syphilitic miasm.
- In chronic local maladies that are obviously venerably the internal antipsoric treatment is alone requisite suggests that it is psoric in nature, sycosis disturbs the pigment metabolism and

produces hyperpigmentation and depigmentation in patches or diffuse in different parts ⁽⁵⁾.

THERAPEUTICS

Homoeopathy is able to give wonderful and miraculous cures in many cases of vitiligo. This is due to the fact that the treatment enhances the natural production of pigments. According to philosophy, being a skin disease, vitiligo not a disease in itself but an expression of an inner disturbed state of the body. Thus, the

cure should occur at a level where things have gone wrong. In order to archive this, the patient is analyzed on various aspects of mental and physical and familial attributes and also a complete study is done on the psychological-environment that the patient has gone through in his life.

1. *Arsenicum sulphuratum flavum*

This is one of the specific remedies used for the homoeopathic treatment for

vitiligo. It has discoloration of the skin in blotches that are pale or white in color. It is also a good remedy for eczematous lesions that are moist and have intense itching with corrosive discharge.

2. *Calcarea carbonicum*

Calcarea carbonicum is a top grade constitutional medicine for Vitiligo. It is prescribed to patients of vitiligo with milky white spots on skin. These white spots can appear anywhere on the body. In homoeopathy, constitutional symptoms are given extreme importance in while selecting medicine in any given case.

3. *Arsenicum album*

Arsenicum album is yet another useful remedy for vitiligo in persons prone to dry, rough skin. The skin shows whitish spots and skin is dry, dirty and rough. The skin complaint alternating with respiratory complaints like

asthma is a strong pointer for using Arsenic Album. In general sphere warmth is a relieving factor for persons needing Arsenic album. Warm applications over skin and warm drinks are highly desirable. Burning sensations in varying body parts may also be noticed. Extreme exhaustion may also be present.

4. *Sepia officinalis*

Sepia officinalis is another important remedy in the list that is selected constitutionally in vitiligo treatment. If the constitutional picture of Sepia matches with that of a person suffering with vitiligo, it possesses a great ability to completely eradicate the disease. Constitutional symptoms that indicate the use of sepia are – having an indifferent approach towards life and family.

5. *Silicea terra*

Silicea terra carries a good scope

to treat vitiligo when selected as per the constitutional makeup of the person. The set of symptoms that indicate the use of Silicea are - pale and waxy skin; tendency to excessive perspiration on hands and feet; tendency to eruptions with pus formation in various body parts; tendency to catch cold on frequent basis; lean, thin physical makeup.

6. *Sulphur*

Although *Sulphur* is mentioned quite low down in the list for treating vitiligo but its worth is equivalent to above narrated medicines. *Sulphur* is a deep acting medicine used frequently in treatment of varying skin diseases including vitiligo. It goes deep inside the basic root cause to annihilate the disease in its complete extent. The persons requiring *Sulphur* usually show a philosophical mindset. They are popularly referred as ‘ragged philosophers’⁽⁶⁾⁽⁷⁾.

RUBRICS RELATED TO VITILIGO IN SYNTHESIS REPERTORY⁽⁸⁾

Table no. 3

Location	Medicine
In spot on ankle	<i>Calcarea carbonica</i>
In spot on forearm	<i>Berberis vulgaris</i>
In spot on arm	<i>Apis mellifica</i>
In spot in centre of nipple	<i>Nux vomica</i>
On ears	<i>Graphites</i>
On face in spot	<i>Arsenicum album, Mercurius solubilis</i>

Of nostrils	<i>Stramonium</i>
Of soles in spots	<i>Natrum muriaticum, Apis mellifica</i>
Between toes after bleached	<i>Baryta carbonicum, Plumbum metallicum</i>
At tip of finger	<i>Alumina, Acidum flouricum, Derris pinnata</i>
On finger	<i>Lachesis mutus, Vipera berus</i>
On thumb	<i>Vipera berus</i>
On thumb in spot	<i>Sulphur</i>
On lower extremities in spots	<i>Calcarea carbonicum</i>
On thighs in spots	<i>Calcarea carbonicum</i>
On scrotum in spots	<i>Mercurius solubilis, Thuja occidentalis</i>
On neck in spots	<i>Natrum carbonicum</i>
Red discolouration of face followed by white spot	<i>Histaminum hydrochloride</i>
On upper limb in spots	<i>Berberis aquifolium, Kreosotum</i>
On face with itching	<i>Sulphur</i>

Conclusion

Homoeopathy excels in the treatment of vitiligo, beyond the doubts. It plays a vital role in vitiligo because to cure the patient would be to cure the vitiligo, and in order to cure the patient it is necessary to get the symptoms that represent the patient and by administrating similimum it can be cured as per the condition of patient. Therefore, homoeopathy is a good choice of treatment for vitiligo.

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Focal vitiligo treated using RADAR software

By Dr N.K. Singh, Dr Alok Nath Shaw, Dr Sheetal Mishra

Abstract: Vitiligo is a common disease of skin with no definite known aetiology and often difficult to treat. Homoeopathy with its holistic approach to each case of disease helps in suitable treatment of such diseases. A child presented with vitiligo on right forearm and back of hand. After detailed case taking, analysis and evaluation was done and Radar Software 10.0 was used for repertorisation. The indicated medicine was prescribed in single dose and improvement soon followed and case was cured in about 5 months. No repetition of the medicine was required.

Keywords: Vitiligo, homoeopathy, individualisation, repertorisation, homoeopathic treatment.

Abbreviations: ICD – International Classification of Diseases

Introduction

Vitiligo is a specific, common, often heritable, acquired disorder characterised by well-circumscribed, milky-white, cutaneous macules devoid of identifiable melanocytes^[1]. Various theories have been suggested for the aetiology of vitiligo; it may occur due to combination of neurogenic, immunologic, oxidative stress, genetic factors, and viral causes, however the same mechanism may not apply to all cases. Patient often can attribute the onset of their disease to a specific life event, crisis, illness or severe systemic diseases.

There is a marked absence of melanocytes and melanin in the epidermis. Histochemical studies show a lack of dopa-positive melanocytes in the basal layer of the epidermis. Electron microscopy studies confirm the loss of melanocytes, which appear to be replaced by Langerhans' cells^[2].

The most characteristic patterns of vitiligo are **focal** (isolated or few macules scattered); **segmental** (tends to affect areas of skin that are associated with dorsal roots from the spine and is most often

unilateral and not associated with auto-immune diseases); **generalised** (the most common pattern, wide and randomly distributed areas of depigmentation); **universal** (depigmentation encompasses most of the body).^[1]

A number of conditions occur in association with vitiligo like thyroid disease (hyperthyroidism and hypothyroidism), pernicious anaemia, Addison's disease, diabetes mellitus, hypoparathyroidism, myasthenia gravis, alopecia areata, morphea and lichen sclerosus, halo naevus, malignant melanoma.^[2]

The most notable symptom is depigmentation of patches of skin. Patches are initially small, they often enlarge and change shape. Damage to the normal skin frequently results in an area of depigmentation—an isomorphic or Koebner phenomenon. Patients usually experience depression. A black light (also referred to as a UVA light, wood's lamp, or simply ultraviolet light) can be used in the early phase of this disease for identification and to determine effectiveness of treatment.

The natural course of vitiligo is unpredictable, however, total

spontaneous regression is rare. The most common course is one of gradual evolution of existing macules and periodic development of new ones^[1].

Homoeopathic view point:

Homoeopathy is a perfectly simple system of medicine, remaining always fixed in its principle as in its practice, which, like the doctrine where on it is based, if rightly apprehended will be found to be complete and therefore serviceable^[3].

Homoeopathic healing art follows the law of **similia similibus curentur**, and perceives the natural diseases as a derangement of the whole organism, it individualise every case before prescribing the medicine. Individuality is not merely an aspect of the organism. It constitutes an essential characteristic of each component of the organism including mind, body, physical reaction, ancestral tendencies, etc., as well as the part affected.

All local affections whether acute or chronic (excepting those that arise from accident or injuries) are only an inseparable part of the whole disease. Medicine should be

administered for curing the whole disease of which local affections are but a part of external manifestations of it. This is only possible when a medicine homoeopathic to the totality of the case is administered internally [3].

The repertory, whatever be its structure or its approach, aims at simplifying the work of the seeker [4] to reach the simillimum. Computer repertories enables us to find a patient's symptoms anywhere they may be in the material medica books, repertories or therapeutic books. RADAR is a homoeopathic software program designed to ease the finding information and helps in quick repertorisation. In RADAR software, *Synthesis Repertory 9.0* (english) was used for repertorisation. RADAR

software and *Synthesis Repertory* are being frequently used in today's homoeopathic world. The student of homoeopathy who has mastered *Kent's Repertory* in his classes can without much difficulty understand the plan and construction of *Synthesis Repertory* which has been further numerous additions and modification of the *Kent's Repertory*. *Synthesis Repertory* has been prime feature of RADAR software. RADAR software program gives ample scope and possibilities to students' and practitioner of homoeopathy and makes every available information of homoeopathy at fingertips.

Case study

A male, muslim child of Nabagram, Murshidabad, West Bengal came

to OPD. The child developed gradually multiple, depigmented spots on the right forearm and a single spot on dorsum of right hand since last 1 year. Child had history of mild jaundice one and half year back treated by local doctors. Father was addicted to alcohol. Other symptoms included very good appetite, he liked sweet foods, thirstless, preferred winter season (hot patient), bowel habits were irregular and usually constipated. Mentally intelligent, fear of being alone and easily angered.

Diagnosis

On the basis of clinical presentation the case was diagnosed as focal vitiligo. (ICD – ED63.0) [5]

Analysis of symptoms:

Characteristic	Common
Right sided affection ++	Good appetite +
Prefers sweet ++	Thirstless +
Hot patient +++	Bowel constipated +
Mentally intelligent +++	Easily angered +
Fear of being alone +++	

Evaluation of symptoms:

Sl. No.	Symptoms	Intensity
1.	Fear of being alone.	+++
2.	Mentally intelligent	+++
3.	Hot patient	+++
4.	Prefers sweet	++
5.	Right sided vitiligo	++

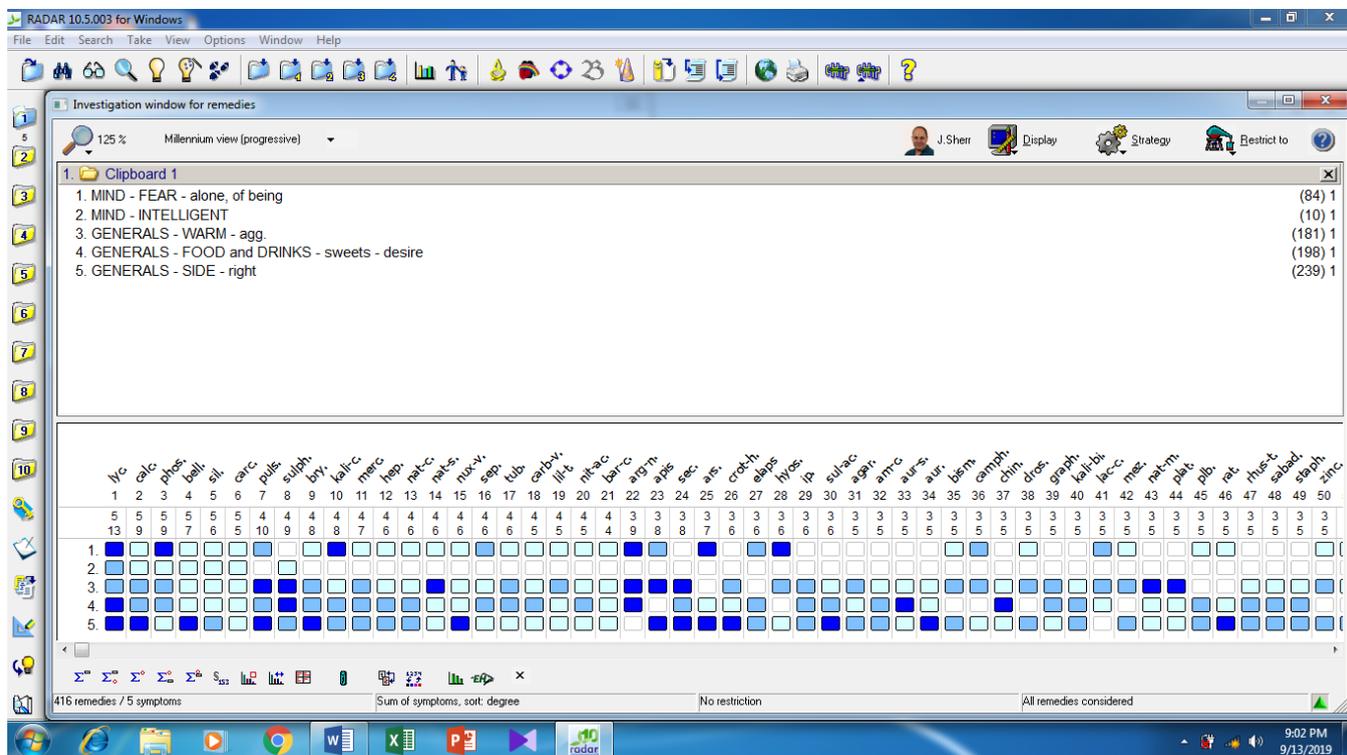
Miasmatic analysis: The characteristic symptom of the case, i.e. fear of being alone, mentally intelligent, prefer sweet points to psoric miasm. Hot patient points to syphilitic miasm. [6]

Hence, this case is mixed miasmatic, i.e. psora with syphilis, however, psoric symptoms are dominant.

CASE STUDY

Repertorisation (RADAR 10.0) [7]

Sl. No.	Symptom	Chapter	Rubric
1.	Fear of being alone	MIND	FEAR, alone of being
2.	Mentally intelligent	MIND	INTELLIGENT
3.	Hot patient	GENERALS	WARM, agg
4.	Preferred sweets	GENERALS	FOOD and DRINKS, sweet desire
5.	Right sided vitiligo	GENERALS	SIDE Right



Prescription:

Lycopodium clavatum 1 M/ 1 dose was prescribed with placebo for 2 months on 12/07/2013.

Patient was advised not to use any external applications and avoid raw onion in diet.

The picture of the patients was taken

as indicating in Fig. 1 and 2.

Selection of dose and potency: In the choice of potency, the following points are considered:

Susceptibility is greatest in children and young	Requires medium or higher potencies [8]
Seat of the disease is skin, no organic pathology	Requires higher potencies [8]
Mentally child is intelligent	Higher potencies are best adapted for intellectuals. [8]
Dose	Single dose was given as susceptibility was high, child is intelligent and higher potency is used.

Follow up

Date	Symptoms	Prescription	Justification
04/09/2013	Size of the macules markedly diminish. No new symptoms. Bowel habit was regular. Generally, child was better. (As shown in Fig.3, 4 and 5)	Placebo for 2 months	As patient is improving so no repetition of medicine was done – vide § 245. [3]
04/12/2013	Macules were mostly reduced, normal skin colour. (As shown in Fig. 6, 7 & 8)	Placebo for 2 months	Almost all the macules disappear and no new symptom raised so no repetition of medicine was done – vide § 245. [3]

Conclusion

Vitiligo is not uncommon skin disease which not only affects the skin of individual but also a social stigma in the society. Homoeopathy offers treatment of such diseases with its individualistic – holistic approach. Repertorisation is the process of *logical* elimination of non-indicated medicines and narrowing the field of apparently similar medicines from which simillimum can be find out after consultation with materia medica. Proper documentation helps to show the efficacy of homoeopathy in treatment in such cases.

Date: 12/07/2013 at 12.20 p.m.



Fig: 1



Fig: 2



Fig: 4

Date: 04/09/2013 at 1.55 pm



Fig: 3



Fig: 5

DATE: 04/12/2013 AT 10.35 AM



Fig: 6



Fig: 7



Fig: 8

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Review of dictionary of organon

By Dr R.R Joardar

Reviewed by: Dr N. C. Chatterjee

Dr R.R. Joardar, a beacon, proved his mantle by handing the *Dictionary of Organon* over to the fraternity.

This book may not be of much use in the hands of 'old' practitioners but will be of immense use in the hands of future practitioners. Students and teachers of both the periods – before and after publication of this book – will be benefited. This 265 page book is packed with information, each of which can be suitably amplified, indicating that it is enough expansible to be a good sized text book. Dr Joardar has a physical limitation. Probably because of that the volume of this book is not increasing. Dr R.R. Joardar has rightly qualified himself with the intricacies of German language that stood him in good stead.

The associates of Dr Joardar need to be more vigilant while reading through the proof. Some well-known words like 'fragments' should have been 'fragmenta' (p. 103) and likewise.

In all, this is a very good attempt. For sure, this book will be adored by the readers of homoeopathic system.

I wish the author a good physical health, mentally he is still very much alert and agile than many of us. I wish a good future of this book as well.

Team Joardar really deserves a kudo.

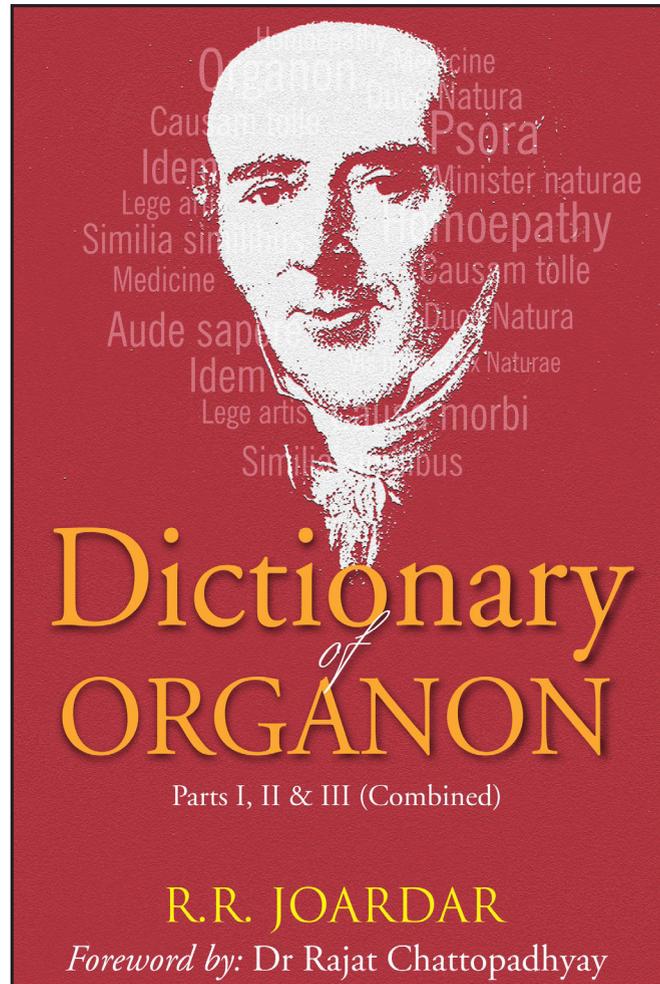
B. Jain Publisher did a worthwhile job by publishing this book.

Reviewed by Dr N. C. Chatterjee, HOD, N. C. Chattopadhyay Dept. of Organon of Medicine and Homœopathic Philosophy

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