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THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Skin diseases and Homoeopathy

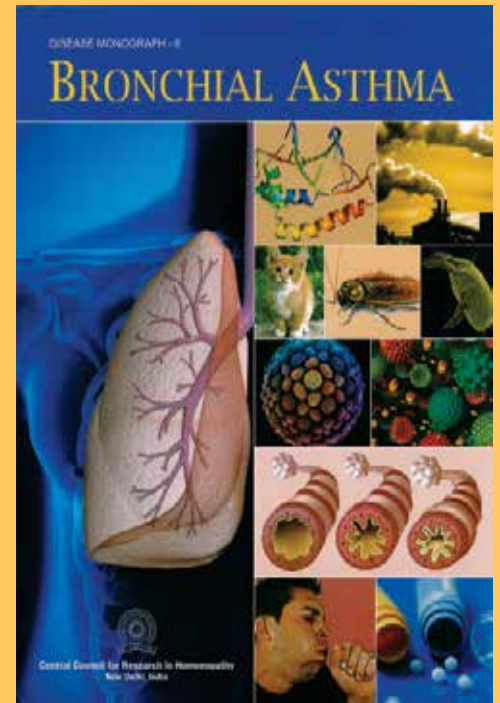
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- Homoeopathy in current pandemic: A legal view point
- Clinical verification of individualised homoeopathic medicine *Lycopodium clavatum* in atopic hand dermatitis: a case study



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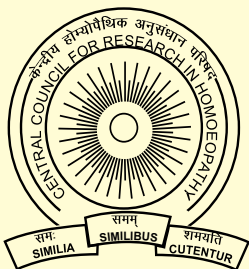
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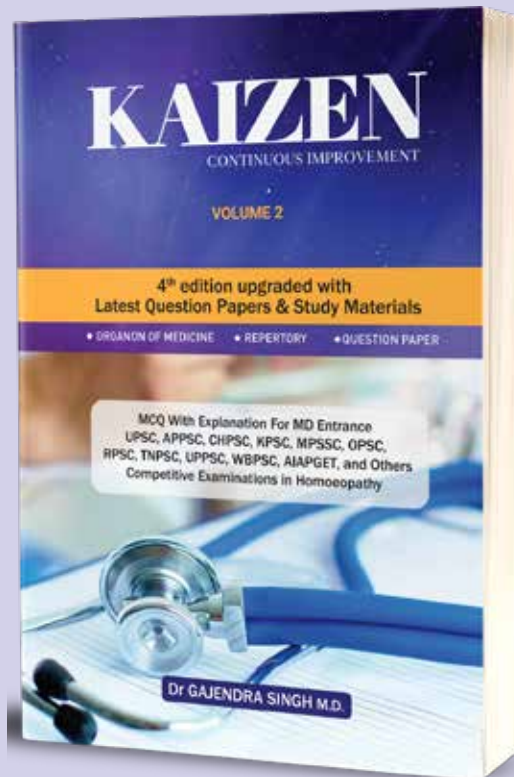
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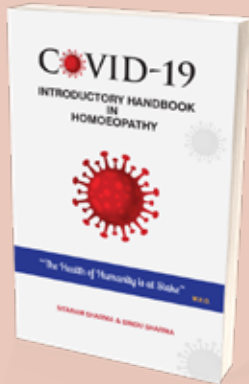
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COVID-19: Introductory handbook in homoeopathy

Dr Sita Ram Sharma and Dr Bindu Sharma

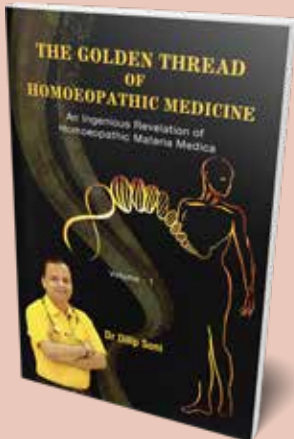


- The book is an outstanding work accommodating latest information about coronavirus pandemic, SARS-CoV-2 and the disease (COVID-19) caused by it in a concise manner to be used by homoeopathic practitioners and students.
- An attempt has been made to incorporate the practical guidelines in concordance with the 'Organon of Medicine' and how these guidelines can be translated in the management of COVID-19 cases.
- Much focus is made on disease-oriented approach to devise management strategy without compromising with the tenets of homoeopathy.
- In the 'applied materia medica' section, each drug is described under these heads: organ affinity, scope of action, pathogenetic simulation, COVID-19 symptom similarity, concomitants, modalities, and salient features.
- A short repertory 'SYMPTOM INDEX' is annexed at the end of the book as a ready reference to assist in the search for a correct remedy in the quickest possible time.

ISBN: 978-81-319-1553-0 | ₹ 249 | 152pp

Homeopathy through Harmony and Totality

Dr Dilip Soni

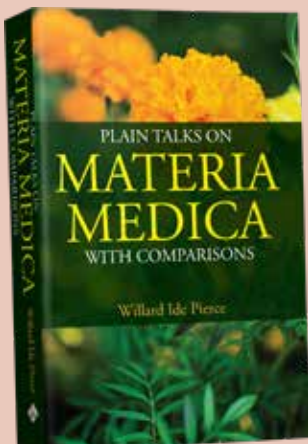


- This book "*The Golden Thread of Homoeopathic Medicine*" is the compilation of the commonly used homoeopathic medicines according to the clinical experience of the author and proves to be an 'illuminant' enlightening the readers with the knowledge of homoeopathic materia medica.
- This book gives a better understanding of the remedies as it connects the remedy with its pathological action on the body, resulting in a variety of symptoms forming a disease picture.
- Each remedy revolves around a GOLDEN THREAD, which explains the pathology of the whole drug through a thread of sequences, holding onto which one could find the link between particular medicine and its specific medicine. Thus, it becomes easier for the reader to grasp the theme of the medicine from the core and relating it to the presenting picture of a case in hand.
- This book gives an innovative insight to memorise materia medica and elaborate the knowledge of homoeopathic remedies proven according to the lines of homoeopathy in a new dimension.

ISBN: 978-81-319-0921-8 | ₹599 | 300 pp

Cracking Homeopathic Codes in Breast Cancer

Dr Sunirmal Sarkar and Dr Shruti Shah



- Gives a combined understanding of the Materia Medica and Repertory with comparisons.
- Includes the preparation and the details of the proving of different drugs.
- Handy for clinical practice to sought and differentiate the symptoms.
- An authentic work compiled from Allen's handbook.
- Acknowledgment given at the end of each symptom to consult the respective authority.

ISBN : 978-81-319-63159 | ₹ 499 | 800pp

Dear Readers,

It is a well-known fact that the holistic approach of homoeopathy and the individualized treatment has the potential to provoke a good response in patient suffering from various skin diseases. As a clinical practitioner, 1 out of every 4 patients comes with a skin disorder, and the psychological, physical and psychosomatic symptoms as well as the effects of chronic skin diseases are inextricable.

The presenting signs and symptoms are expressions that the body is trying to heal itself, thus should not be suppressed. Treating a skin disease by topical applications of steroids and other suppressive topical and internal pharmaceutical medications does not truly address the diseased state at all. Rather, it only prevents its peripheral expression, thereby pushing the disease deeper into the body, as a result, creating side effects. Often, such suppressive therapies provide only short-term relief, and the cessation of such treatments results in a return of the lesions.

Proper diagnosis/assessment plays a critical role in successful treatment, therefore, one must be able to judge what's going on and diagnose the condition with confidence before making any prescription. One needs to figure out if the skin condition is a local disease (requiring an acute remedy) or whether it is due to a constitutional matter.

Knowing where to look in the repertory can be a daunting task. One can crack

the case easily if he can find the relevant rubrics for the presenting skin conditions in the repertory used.

A Quick Word on Issue Content:

It makes me feel so proud to say that this issue of "*The Homoeopathic Heritage*" on skin disorders brought me across so many beautiful articles from numerous authors and I couldn't stop myself to dedicate some extra pages for a few case studies covering maximum skin diseases.

The peer-reviewed articles of this issue include assessment tools for dermatological clinical studies by Dr C.P. Sharma, Arun Kumar and Clinical verification of individualised homoeopathic medicine *Lycopodium clavatum* in atopic hand dermatitis by Dr Neha Mahawer, Dr Bhupendra Arya. The feather in the cap of this issue has been an article on homoeopathy in current pandemic: A legal view point by Dr Himanshu Sekhar Tiwary. The highlighted articles constitute a case report of alopecia areata treated successfully with the help of *Pulsatilla nigricans* by Dr Ashok Yadav, Dr Apurva Dixit, and Dr Kanika Agarwal, healing of skin growth by *Silicea terra* by Dr Mukesh Parewal, a case report of eczema by Dr Ruchi Singh, Dr Anjana Kumari, Dr Rajshree Jangid, role of homoeopathic constitutional medicine in vitiligo- a case report by Dr Priyanka Bharti, impetigo and *Sepia* by Dr Minakshi Das, Dr Maurya Manjurani Sheopal, Dr Partha Pratim Pal, a case of tinea cured with homoeopathy by Dr Uttara Agale, Dr D.G. Bagal, wart and

its homoeopathic management by Dr Md. Salimur Rahman. I felt so happy to go through case studies such as effectiveness of homoeopathic medicine in a case of eczema by Dr Anupam Kumar, Dr Gitanjali Mathur, Dr Shradha Sharma, *Pulsatilla nigricans* as constitutional remedy in case of "tinea corporis" by Dr Shimul Jamatia, guttate psoriasis improved homoeopathically by Dr Dewesh Kumar Dewanshu, Dr Bhaskar Sarkar, Dr Pralay Sharma, homoeopathic treatment of psoriasis by Dr Hozaifa Ayubi as well as role of homoeopathic medicine in management of psoriasis by Dr Manila Kumari. The subjective articles include role of antipsoric medicines in various skin diseases and utility of *Boericke Repertory* by Dr Neha Z Makwana, approach to skin disorder and related rubrics of common skin problem by using clinical repertories by Dr Yogyata Kashyap.

Treating skin ailments is a very challenging task, in fact it can be significantly more difficult to treat them without the aid of homoeopathic remedies. Homoeopathic remedy acts as an effective tool in physician's toolbox for treating skin disorders.

Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora
hheditor@bjain.com

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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February 2021	Lesser known Mother tinctures in Homoeopathy	December 15, 2020
March 2021	Role of Homoeopathy in Joint disorders	January 15, 2021

Skin diseases and homoeopathy



There are hundreds of skin conditions that affect humans. The most common skin conditions can have some similar symptoms, so it is essential to understand the differences between them. Some of the most common skin diseases differentiated by their type are discussed below.

Several skin conditions last a long time. Some may start in childhood and continue into adulthood. In some cases, the disease will not always be present but will flare up at certain times.

Permanent illnesses:

- Eczema
- Lupus
- Melanoma
- Moles
- Psoriasis
- Rosacea
- Seborrhoeic dermatitis
- Vitiligo

Temporary illnesses:

- Acne
- Athlete's foot
- Candidiasis
- Cold sore
- Fungal nail infection

- Hives
- Warts

Internal skin conditions

- Carbuncle
- Cellulitis
- Dermatomyositis
- Hemangiomas
- Impetigo
- Measles

Adults are mostly affected by shingles (herpes zoster), seborrhoeic keratosis, age spots

A case of diabetic carbuncle:

In June 1989, I was called upon to see a case in Breach Candy Hospital of diabetic carbuncle with diabetic nephropathy. The patient was 76 years old and was admitted because he had two large carbuncles, one on the nape of the neck and another on the left big toe. The carbuncle was due to uncontrolled diabetes, for which he was taking anti-diabetic pills regularly, yet his sugar reports were in the range of 200-280 mg/dl fasting and his creatinine level was 4.6 mg/dl. He was advised by the consultant to take antibiotics for ten days and was kept on a strict diet, but unfortunately, his sugar level increased to 320 mg/dl fasting and his creatinine jumped to 6.4 mg/dl. Also, his carbuncle refused to heal, and the relatives heard the doctors discussing to put him on dialysis and perform amputation of the toe with large carbuncle.

The patient and his wife got panicky and asked for discharge against medical advise, hence, on the last day of their stay, a family friend brought me to see the patient.

On observation, an old man with uncontrolled diabetes with two large carbuncles and high creatinine.

Chief complaints:

Severe burning pain++++, abundant discharge of

ichorous, terribly smelling pus +++, and excessive sensitiveness of affected part+++; the dusky appearance of parts surrounding the carbuncle. He had fever which used to become worse in the evening.

Symptoms related to diabetic nephropathy:

- High creatinine
- High urea
- Low appetite
- Exhaustion
- Loss of weight
- Albumin in urine
- Generals
- Chilly patient++
- Mind
- Anxiety for health
- Fear of happening something

Prescription

He was prescribed *Arsenicum album* 1m every four hours for two days and the same day he took discharge from the hospital. Within one day, the wife called me to report that the burning increased after the remedy. Even the fever became a little less that evening. She was immediately given the complementary medicine of *Arsenicum album*, i.e. *Anthracinum* 1m every 3 hours for two days. After 48 hours, the fever became normal, and the discharge in the carbuncle became less by 50%. The medicine was continued three times a day for next ten days, and by then, the carbuncle reduced by almost 80%. There was no antibiotic given during this time nor any painkillers. After 12th day, all the investigations were repeated, the fasting sugar was 166 mg/dl and creatinine 3.2 mg/dl, there was no fever, there was no anxiety.

At this time, the patient was given constitutional treatment.

Rubrics considered:

- MIND - ANXIETY - health; about
- MIND - FEAR - happen, something will

- STOMACH - APPETITE - wanting
- FEVER - SEPTIC FEVER
- SKIN - ERUPTIONS - carbuncle
- GENERALS - DIABETES MELLITUS
- GENERALS - DIABETES MELLITUS - accompanied by - boils
- GENERALS - DIABETES MELLITUS - accompanied by - carbuncles
- GENERALS - HEAT - lack of vital heat
- GENERALS - HISTORY; personal - diabetes
- GENERALS - PAIN - burning - intense and intolerable
- GENERALS - UREMIA
- GENERALS - WEAKNESS - diabetes mellitus, in

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VES Explain Facility for ars.

1. MIND - ANXIETY - health; about
2. MIND - FEAR - happen, something will
3. STOMACH - APPETITE - wanting
4. FEVER - SEPTIC FEVER
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9. GENERALS - HEAT - lack of vital heat
10. GENERALS - UREMIA
11. GENERALS - WEAKNESS - diabetes mellitus, in

VES Explain Facility for anthraci.

1. STOMACH - APPETITE - wanting
2. FEVER - SEPTIC FEVER
3. SKIN - ERUPTIONS - carbuncle
4. GENERALS - DIABETES MELLITUS
5. GENERALS - DIABETES MELLITUS - accompanied by - boils
6. GENERALS - HISTORY; personal - diabetes
7. GENERALS - PAIN - burning - intense and intolerable

Observation (after the carbuncle subsided)

Jeweller by profession

Married, no kids as he had impotency for many years but never investigated for the same. He adopted a young girl but was not at all happy with the girl as she grew older and got married. (big grief)

Very successful in life

Cautious, never takes any risk

Good business sense

Married life, very happy

Extroverted

Smart

Held high position in society

Very social, had an excellent social image

Irritable., usually after waking in the morning

Fear of conflicts and darkness

Final rubric selection

MIND - AILMENTS FROM - grief

MIND - AMBITION - increased

MIND - CAUTIOUS

MIND - EXTROVERTED PERSONALITY

MIND - FEAR - dark; of

MIND - IRRITABILITY - morning

MIND - QUARRELLING - aversion to

MIND - SOCIABILITY

GENERALS - DIABETES MELLITUS

GENERALS - FOOD and DRINKS - cold drink, cold water - aversion

GENERALS - FOOD and DRINKS - sweets - desire

GENERALS - UREMIA

Repertorial analysis

	caust.	nat-m.	phos.	nux-v.	sep.	sulph.	puls.	lyc.	lach.	calc.	verat.	ars.	med
1	2	3	4	5	6	7	8	9	10	11	12	13	
10	10	10	10	9	9	8	8	8	8	8	8	8	7
14	14	14	13	12	12	14	13	12	11	11	10	12	
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1	-	1	1	-	-	-	1	1	1	1	2	-	

Prescription

Based on the above symptoms, *Lycopodium clavatum* LM3/ 1 dose two times a day for seven days.

Follow up

At the end of 7 days, investigations were repeated, the fasting sugar came 144 mg/dl and creatinine came down to 1.6 mg/dl. There was no trace of carbuncle, healing was good. He was asked to taper anti-diabetic tablets from 10mg Daonil (glibenclamide) to half the dose, and take *Lycopodium clavatum* LM6/ 3 times a week for six weeks.

After two months, his sugar came to 152 mg/dl and creatinine 1.5 mg/dl.

He was asked to continue the same protocol for three months and stop tablet daonil, which he was taking for the last seven years. After this, he remained healthy for the next nine years.



Wart and its homoeopathic management

Dr Md. Salimur Rahman

Abstract: Warts come under one sided diseases and are classified as external local maladies. They often have individualistic and immunological basis as well as familial tendencies. They belong to sycosis miasm. Although warts are local diseases, they are treated with internal remedy which is based on comprehensive understanding of the patient. This includes local symptoms, i.e. morphology and location of lesion, mental makeup of the person, and physical characteristics. This is what is called totality of symptoms. A constitutional remedy thus selected, eradicates the complaint locally as well as internally, thereby providing long lasting relief from complaints. Common remedies include *Calcarea carbonica*, *Causticum*, *Dulcamara*, *Natrum muriaticum*, *Nitricum acidum*, and *Thuja occidentalis*. Homoeopathic concept and homoeopathic treatment of warts has been described.

Keywords: homoeopathy, internal medicine, totality of symptoms, Warts.

Introduction

As it is known, skin is the mirror of the soul! This understanding forms the basis of homoeopathic management of skin disorders.

In modern medicine, warts are understood to be caused by an infection with the human papillomavirus. Warts commonly appear on hands, feet, as well as on other areas of skin and mucous membrane.[1]

Warts are categorised on the basis of location, namely, common warts (around nails and fingers), foot warts, and genital warts. They are also understood on the basis of their morphology and texture, namely, soft, hard, flat, smooth, rough, scaly, etc. These are contagious and can spread from direct skin contact.

Warts are of diagnostic value in distinguishing between different stages of disease. The verruca vulgaris is found in children who are suffering with hereditary sycosis; they appear at or about the second dentition. The verruca filiformis comes as a tertiary lesion in an acquired form of sycosis. The verruca plana juvenilis is another hereditary form found more or less upon the back of hands and faces

of children and young people. They are usually pigmented, disseminated, and in irregular, unilateral groups. [2]

Some people are just more likely to get warts than others, just like some people catch colds more easily than others do. Weakened immune system, lack of adequate rest, poor nutrition, increased stress, and close living quarters can also contribute to catching the wart virus. [3]

This denotes that warts too have an individualistic and immunological basis.

Homoeopathic concept

As a principle, homoeopathic treatment is based on understanding of the patient as a whole which includes external signs and symptoms, mental makeup, and general physical state. This is what is called totality of symptoms. Barring types of local diseases such as minor external injuries that require a localised treatment, all other illnesses need an internal medicine which is based on comprehensive understanding of the patient as a whole.

In homoeopathic system, warts are classified under one-sided

disease, i.e. diseases which have very few expressions in terms of symptoms. Under this, they are further categorised under external-local maladies.

Chronic diseases are classified into three main categories of miasms, namely, psora (itch), sycosis (condyloma), and syphilis (chancre or bubo). Warts come under sycosis miasm.

Local malady signifies that a visible change is localised to a particular part of the body. Any disturbance in nature of a dynamic change is never confined to a specific part of the organism in the sense that the body does not participate in the dynamic change produced by any means. [4]

This explains why only some people are affected by the virus, whereas others do not. The homoeopathic science believes that there is an internal propensity to diseases along with external virulence. This can be further reiterated by immunological basis in cases of warts. One commonly witnesses families having propensity for growths, warts, etc. These tendencies are termed miasms, as in this case sycotic.

The founder of homoeopathy, Samuel Hahnemann, has stated that by means of this medicine, employed only internally, the general morbid state of the body is removed along with the local affection and the latter is cured at the same time as the former, proving that the local affection depended solely on a disease of the rest of the body, and should only be regarded as an inseparable part of the whole, as one of the most considerable and striking symptoms of the disease.[5]

He also advises against use of topical application in local disease expressions. Since this often results in disappearance of external disease but internal; disease remains intact, thereby obscuring a complete picture.[6] Suppression, thus caused, is certain to be replacing it by some other disturbance or manifestation of sycosis.

However, in case of warts, if these have existed for some time without treatment, for a perfect cure, external application of their specific medicine as well as their internal use can be done at the same time.[7]

Therapeutics

Homoeopathic treatment of warts is largely through constitutional medicine, i.e. medicine selected on the basis of comprehensive understanding of the patient.

As there are very few or no symptoms, morphology and location of the lesion can be considered in the selection of the medicine.

Treatment is with a single well indicated remedy based on complete totality of symptoms. We often come across patients and practitioners using *Thuja occidentalis* or a combination of various drugs for warts. However, this is not in

accordance to the principles and guidelines laid down.

A Canadian study on the treatment of plantar warts is one such example. This randomised double-blind, placebo-controlled trial with 162 patients prescribed three medicines to each patient (because the trial did not mix the remedies together, it is not completely accurate to call the use of these remedies a combination. It is more precise to consider it “polypharmacy,” the use of several medicines). The remedies used were *Thuja occidentalis* 30c, *Antimonium crudum* 7c, and *Nitricum acidum* 7c. *Thuja occidentalis* was taken once a week and the other two remedies were taken once a day. The trial lasted 6 weeks. The results showed that there was no noticeable difference between those subjects given the homoeopathic medicines and those given a placebo.

Many homoeopaths may be initially surprised at the result of this trial because they consider these remedies commonly effective in the treatment of warts. But while the remedies may be effective for treating warts, they are not necessarily effective for all types of warts or in all people. A recent study of homoeopathic treatment for various types of warts found that 18 of 19 people with plantar warts were cured in, on average, 2.2 months. The most common remedy was *Ruta graveolens*, prescribed to 12 of the 19 patients. *Thuja occidentalis* was prescribed for only 3 patients, and *Antimonium crudum* was prescribed for two patients.

This study teaches us that individualization and the use of well-chosen remedies are necessary for most effective treatment.[8]

Homoeopathic repertory lists a number of drugs for management

of warts, namely, *Calcarea carbonica*, *Causticum*, *Dulcamara*, *Natrum muriaticum*, *Nitricum acidum*, *Thuja occidentalis*, etc.

- *Calcarea carbonica*: *Calcarea carbonica* is indicated in warts which may be fleshy, horny, painful, and offensive. Patient is usually chilly, lazy and indolent, and fearsome.
- *Causticum*: *Causticum* is indicated in old, pedunculated warts, suppurating with great sensitivity to touch. Hard, horny warts that bleed easily. Deep burns and their effects. Patient is sympathetic and anxious.
- *Dulcamara*: *Dulcamara* is indicated in flat and hard warts located on backs of hands and face. Also indicated in Homoeopathic management of large warts. Patient is worse in cold, damp weather, or humidity.
- *Natrum muriaticum*: Warts on palms and fingers. Patient is sensitive, sentimental, reserved, and resentful. They also have marked craving for salt.
- *Nitricum acidum*: *Nitricum acidum* is large, fissured warts that itch and sting or bleed upon washing. This remedy is also indicated for people who are anxious about health and worry about cancer. Often useful for warts that have a horny wall surrounding a central depression or the more common plantar wart.
- *Thuja occidentalis*: The most common homoeopathic remedy for various kinds of warts. *Thuja occidentalis* is indicated in isolated, jagged warts that smell or bleed easily or mosaic warts on the sole of the foot. It is commonly needed for genital warts.[9]

There are number of other drugs apart from those mentioned above. Here are some illustrations.

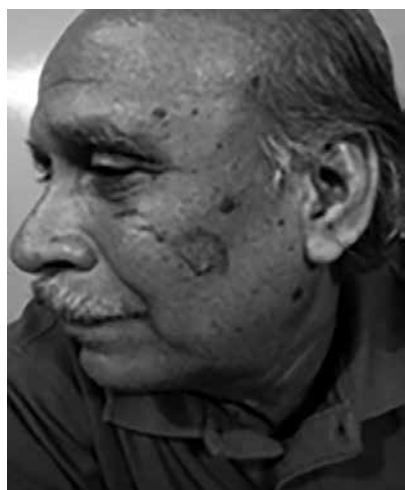
Case 1

A man 65 years old was suffering from multiple black warts in face, neck and throat, larger one in face for 10-12 years. Now a days it causes much itching. Patient is mentally upset for cosmetic deformity.

Patient had hot temperament, anger easily, Hopeless, despair about recovery. History of cracking in corner of mouth, baldness, aggravated by milk. Acrid urine, likes hoarse urine. After repertorisation, the remedy is *Nitricum acid* which is giving in LM potencies daily. Patients larger warts removed by one months.[10]



Before treatment



After treatment

Case 2

A girl age 12 years with warts palm and pulp of fingers, consistency hard. There is no other complaints.

The patient was intolerant to hot climate, desired for bathing, craving for salt, aversion to bread, introverted personality. After repertorisation, the remedy is *Natrum muriaticum* which is giving in LM potencies daily. Patient's larger warts removed by two weeks. [10]

Above illustrations highlight improvement not only in warts but also comorbidities and overall immunity. Thereby, one can see a much more long-lasting relief in warts. Both these cases did not require any external measures.

Declaration of patient consent:

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

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About the author

Dr Md. Salimur Rahman, BHMS
(Dhaka University) MPH (ASAUB).

Lecturer, Govt. Homoeopathic Medical College, Mirpur-14, Dhaka, Bangladesh.



Approach to skin disorder and related rubrics of common skin problem by using clinical repertories

Dr Yogyata Kashyap

Abstract: Treating skin diseases is quite challenging for the practitioner. If one has the right perception or correct knowledge to reach the diagnosis so that it can become an easy task. For a homoeopath, it is significantly difficult to treat skin disorder without any homoeopathic aid. Through this article, the author has allocated one's perception and the approach to such kind of patients so as to provide the best homoeopathic treatment.

Keywords: skin lesions, common skin problems, clinical repertories, related rubrics.

Abbreviations: contact dermatitis(CD), allergic contact dermatitis(ICD), airborne contact dermatitis(ACD), contact urticaria(CU).

Introduction

Skin is a visible organ, therefore any blemish, rash or any kind of eruption or diseases on the face or extensive lesions affect the lives as well as mental health. ^[1] Skin is not only the largest organ but is also an integral component of the body's defence system. ^[2] Nowadays occurring of skin diseases is becoming very common. In practice, every second patient come with the complaint of skin problem. People with skin lesions may suffer the effect of stigma, which affect quality of life of patient. So, it becomes necessary to provide best homoeopathic treatment. Before selecting any medicine, the physician's first aim should be recognising the skin lesions.

How to diagnose skin lesions ^[1]

- History of skin lesions
- Morphological examination of skin lesions
- History of patient

History of skin lesions

For taking history in a skin disorder patient, one needs to look for two types of symptoms^[1]:

1. Subjective symptoms (itching, pain, parenthesis, any other kind of sensation)
2. Objective symptoms (rash, any eruption, ulcer, swelling)

A detailed history of these symptoms is necessary-

- SUBJECTIVE SYMPTOMS – further question about subjective symptoms^[1].
 - Duration
 - Site of onset
 - Seasonal variation – itching < in *winter* : ichthyosis
 - Diurnal variation – itching-*nocturnal* < : scabies
 - Precipitated by exercise – cholinergic itching
 - Associated features – itching with – rash, wheals
- OBJECTIVE SYMPTOMS – further question about objective symptoms^[1].
 - Seasonal aggravation – *winter*: ichthyosis, psoriasis, seborrheic dermatitis.
 - -*Summer/rainy season* – fungal infections, bacterial infections, insect bites.
 - Site of involvement – *extensors, pressure points: psoriasis scalp, naso-labial folds, flexors: seborrheic dermatitis. Face, back* : acne.

Photo-exposed parts : photosensitive eruption.

Morphological examination of skin lesions^{[1][2]}

Morphology of the lesions is far more important than their distribution. There are two types of skin lesions – *primary lesions* and *secondary lesions*^[1].

Primary lesions – Those lesions that are the direct result of a pathologic process^[1].

- *Macule*: Small, flat, non-palpable lesion, no change in skin texture (<1cm)^[1]. For example – freckle.
- *Papule*: Small solid, elevated, palpable lesions (<1cm)^[1]. For example – warts.
- *Patch*: Large, flat, non-palpable lesion (>1cm). For example^[2]: “café-au-lait” spot.
- *Plaque*: Large, elevated, palpable lesion (>1cm). For example: psoriasis^[2].
- *Nodule*: solid lesion, palpable, some nodule are better felt than seen (<1cm)^[1]. For example: enlarged lymph node^[2].
- *Tumour*: Large nodule (>1cm) with deep significant component^[2].
- *Vesicle*: Small, fluid-filled lesion (<1cm)^[1]. Example: Blister.

- **Bulla:** Large, fluid-filled lesion (>1cm)^[1].
- **Pustule:** A pus-filled lesion. Variable sizes^[1].
- **Abscess:** Pus-filled nodule having a thick wall^[1].
- **Burrow:** A thread-like curvilinear papule caused by a burrowing mite^[1].
- **Comedo:** plugged hair follicle. There are two types of comedones- Open comedo (black head) or closed (whitehead)^[2].

Secondary lesions – These are the modified lesions of primary lesions by scratching, rubbing, infection, or other events^[1].

- **Scale:** is a flake of keratin that can be fine or coarse; loose or adherent. Scales are of different types and may be distinct in some diseases.^[1]

Silvery, easily removable – psoriasis

Mica-like, adherent – pityriasis lichenoides chronica

Branny (fine) – pityriasis versicolor

Collarette of scales – pityriasis rosea

- **Crust:** dried remains of serum, blood or pus overlying involved skin^[2].
- **Keratosis:** horn-like thickening of the skin^[1].
- **Erosion:** erosion results from complete or partial loss of epidermis but no loss of dermis^[1].
- **Ulcer:** is a deep open wound destruction extending into the dermis or may involve subcutaneous tissue^[2].
- **Fissure:** triangular slit in the epidermis^[1].
- **Sinus:** is a channel between two spaces^[1].
- **Lichenification:** Is the result of repeated scratching. Which is characterised by three factors – thickening of skin, hyperpigmentation and increased skin marking^[1].

After the identification of primary and secondary lesions has been done, they need to be further classified into:-

- **Colour-** look for the colour of skin lesions like erythematous, yellow, black, hypopigmentation or hyperpigmentation^[1].
- **Shape-** Lesions can have variety of shapes^[1]:
 - Nummular (discoid): nummular dermatitis
 - Annular: tinea corporis
 - Circinate: herpes simplex
 - Arcuate: granuloma annulare
 - Gyrate: some forms of tinea
 - Retiform (reticulate): macular amyloidosis
- **Surface-** papules and nodules have variety of shapes^[1].
 - Dome shaped: molluscum contagiosum
 - Flat topped: plane warts
 - Umblicated: molluscum contagiosum
 - Acuminate: genital warts.
 - Verrucous: verruca vulgaris
 - Pedunculated: skin tags
- **Sharpness of lesions-** look for whether the lesions are well defined or ill defined^[1].
- **Distribution of lesions-** distribution is another aspect of the skin lesions which helps a physician to make a diagnosis^[1].
 - Acne: Face, trunk, deltoid region.
 - Photo dermatitis: exposed area of skin like- face, neck, dorsolateral aspect of the forearms, sparing of covered parts
 - Seborrhoeic dermatitis: scalp, nasolabial folds, folds, front of the chest, axillae, groins.
- **Arrangements:** after identifying the lesions primary or secondary, one must identify the arrangement of the lesions^[1].

- **Grouped:** Gathered together. For example, herpes simplex
- **Linear:** Resembling a straight line. For example, linear epidermal naevus
- **Dermatomal:** distributed along dermatomal. For example, herpes zoster
- **Serpiginous:** wavy or curvy like a serpent. For example, burrow
- **Arcuate:** curved, resembling an arc. For example, granuloma annulare.

History of patient

After completing the history taking about skin lesions, another important part to approach a skin patient is the history of patient. It may sometime assist the physician in reaching a diagnosis. In this part, it includes:-

- **Past history** –we look for- Any past medical, surgical history is important in drug eruption. Any past infection, history of medical disorder like diabetes, Asthma, hay fever, eczema, or any other type of allergy should be noted. History of using any kind of topical application to treating skin problem. Any kind of self-medication. Drug reaction in past^[1].
- **Personal history-** it includes his occupational, social, travel history. There are many such diseases which are caused by exposure to hazards at work^[1].
 - **Chemical hazards-** Irritants, sensitising, photosensitising and acnegenic agents^[3].
 - **Biological hazards-** Bacteria, fungi, viri, to skin parasite.
 - **Physical hazards-** Rubbing, radiations, temperature and mechanical pressure^[3].

The most common occupational skin disorder is contact dermatitis, other are irritant

contact dermatitis(CD) , allergic contact dermatitis(ICD), airborne contact dermatitis(ACD), contact urticaria(CU)^[3].

- **Family history**- especially skin disorder, atopic disorder^[1].
- **Habit**- smoking, alcohol, tobacco chewing, drug intake^[1].

Homoeopathic management of common skin disorders using clinical repertories

Phatak Repertory^[4]:

ACNE- *Hep, Merc*

ERUPTIONS, TENDENCY TO- *Acon, ARS, CALC, Caust, Clem, Dulc, Graph, Lach, LYC, MERC, Mez, Nat-m, Nit-ac, phos, Puls, RHUS-T, SEP, SIL, SULPH.*

ERUPTIONS, TENDENCY TO, ACNE- *Hep, Merc*

ERUPTIONS, TENDENCY TO , PSORIASIS – *Ars-i, Clem, Dulc, Graph, Phos, Ran-b, Sep, Sulph.*

ERUPTIONS, TENDENCY TO, PSORIASIS, scales, shining – iris

ERUPTION, TENDENCY TO, itch-like, scabies- *Carb-v, Caust, MERC, Sel, Sep, SULPH.*

LEUCODERMA- *Sil, Sulph.*

RINGWORM ALL OVER, THE BODY- *psor, ran-b.*

URTICARIA, HIVES, WHEELS – *Apis, CALC, Caust, Dulc, Hep, RHUS-T, Urt-u.*

WARTS, Horny – *ant-c, sil.*

WARTS, flat.- *berb, caust, Dulc, merc-i-f, ruta.*

WARTS, pedunculated – *Thuj.*

Boericke Repertory^[5]

FACE, eruptions on face, acne rosacea – *ARS-BR, Carb-an, Chrysar,*

EUG, KREOS, Psor, Sul-ac, Zinc.

FACE, eruptions on face, acne simplex – *ANT-C, BELL, BERB-A, EUG, JUG-R, LED, NUX-V, SULPH.*

FACE, eruptions on face, comedones- *ABROT, Eug, Jug-r, Nit-ac, SULPH.*

FACE, eruptions on face, eczema – *ANT-C, ARS, CROT-T, GRAPH, MEZ, VINC.*

SKIN, eczema- *AETH-M, ANAC, ANT-C, ARS, BERB, BOX, CALC, CANTH, CARB-AC, CIC, CLEM, CROT-T, GRAPH,HEP, KALI-AR, MANG-AC, MERC, MAG, OLND, PETR, PLB,PSOR, RHUS-T, SEP, SULPH-I, SULPH, VINC, VIOL- T.*

SKIN, furuncle (boil)- *ARN,BELL, BELL-P, CALC-PIC, PERR-I ,HEP, ICHTH, MED, MERC,PH- AC, PHYT, SIL,SULPH, TARENT-C*

SKIN, RECURRENT TENDENCY- *ARN, CALC, CALC-PIC, SULPH.*

SKIN, leucoderma- *ARS-S-F, Nat-m, Nit-ac, Sumb, zinc.*

SKIN, pruritis (itching of skin) – *AGAR, AMBR, ANAC, ANTIP, ARS, CARB-AC, CLEM, CROT-T, DOL, FAGO, GRAPH, HYDRC, LYC, MERC, MEZ, MORPH, PIX, RAD-BR, RHUS-T, RHUS-V, RUMX, SEP, SULPH, URT-U*

SKIN, psoriasis – *ARS, ARS-I, BORX, CARB-AC, CHRYSAR, GRAPH, KKALI-AR, KALI-BR, LYC, MANG-ACT, MERC, PETR, PHOS, SEP, SULPH, THYR.*

SKIN, scabies (itch) – *CROT-T, HEP, PSOR, SEP, SULPH.*

SKIN, tinea favosa, favus – *BROM, KALI-C, LYC, MEZ, SEP.*

SKIN, tinea versicolor (chromophytosis) – *CHRYSAR, NAT-AR, SEP.*

SKIN, ulcers – *ANAN, ANTHRACI, ARS, CALC, CALC-P, CALC-S, CALC-SIL, CAR-AC, CARB-AN, CARB-V, CLEM, ECHI, FL-AC,*

GAUL, GER, HEP, HYDR, KALI-BI, LACH, MERC, PHYT, SIL, SYPH.

SKIN, urticaria (hives, nettle rash) – *ANT-C, APIS, ARS, ASTAC, BOMB-PR, BOV, CAMPH, CHOL, CIMIC, COP, DULC, FRAG, ICHTH, NAT-P, PULS, RHUS-T, SULPH, THIOS, URT-U.*

SKIN, verruca (warts) – *ANT-C, CALC, CAUST, DULC, FERRR-PIC, MAG-S, NAT-C, NIT-AC, SIL, THUJ.*

Conclusion

Skin disorders are the outward reflection of the internal derangement of the body, therefore suppression of skin problems by means of topical solution or by other means isn't the solution or not the right way to treat these problems. In homoeopathy, there are many repertories including clinical as well general, and these repertories contain an entire separate chapter of skin in which many rubrics of skin diseases and medicines related to its has been given. Rubrics of skin disorder can also be found under different chapters depending on the location or part is affected.

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About the author

Dr Yogyata Kashyap, MD Scholar, Dept. of Repertory, Dr. M.P.K Homoeopathic Medical College, Homoeopathy University, Jaipur.



Role of antipsoric medicines in various skin diseases and utility of *Boericke Repertory*

Dr Neha Z Makwana

Abstract: This article emphasises the various clinical skin conditions like boils, pyoderma, dermatitis, erysipelas, tinea capitis, etc. Their aetiology and clinical features are also described which can help to treat by using the antipsoric remedies. There are various rubrics present which prove to be very useful and are found in clinical repertory of W. Boericke.

Keywords: Boils, carbuncles, folliculitis, aetiology, clinical features, medicines, repertory.

Introduction

The skin is the outermost part of human body which cover and protect the body from various external stimuli and from injury. There are various types of skin diseases in which careful examination of the skin lesion and detailed history plays an important role in curing skin disease. Hahnemann's theory of miasms broadly relates to the basic pathology of skin disease and bring cure with the selection of the deep acting anti miasmatic remedies. In any type of skin disease, psora, sycotic and syphitic miasm remain present at any stage of skin disease whether it is simple itch, inflammation, macules, papules to deep ulcers.

Types of skin disease

There are various skin diseases that affect the humans, some diseases show similar sign and symptoms while some show characteristic skin symptoms differentiating each other, thus helping in diagnosis the disease.

Boils

Aetiology and clinical symptoms: Acute painful deep seated infection of hair follicle, cellulitis and suppuration by staphylococcus bacteria. Mostly develop at back of neck, axillae, face, buttocks, thighs and forearms with small red nodules spread deeply within 3-4 days, surrounding skin becomes red and painful on touch. Within 2

weeks, it becomes yellow due to pus formation.⁽¹⁾

Folliculitis: Infection of the hair follicles caused by staphylococcus. Superficial and deep folliculitis mostly present on beard region, neck scalp, legs, arms, pubic region, eyelashes. It develops small pustules, ruptures and discharge is secreted, skin becomes red and swollen.⁽¹⁾

Pyoderm: Skin infections occur due to pyogenic bacteria like staphylococcus pyogens, staphylococcus aureus, poor hygiene, poor general health, trauma, friction, tight clothing, etc. Skin lesion starts superficially in form of bullae contain very purulent sticky and highly contagious material and infect the surrounding skin and produces multiple skin eruptions forms golden colour crust, skin becomes red. It may leads to enlargement of the lymph nodes.⁽¹⁾

Dermatitis: It is the inflammation of the epidermis and superficial layer of the dermis. There are many types of dermatitis present like atopic, contact, photo, seborrheic occurs due to allergic or psychogenic, infected agents, different cosmetic products causes itching, burning, swelling and scratching, exposure to sunlight or photo allergic effect leads to hyperpigmentation of part.⁽¹⁾

Erysipelas: It is the infection of the skin and mucous membranes occur by streptococcus and highly

contagious. Skin becomes red painful, raised margins, swollen, hot, firm and tender with loose and pale skin.⁽¹⁾

Tinea capitis: It is the fungal skin infection of scalp occurs by microsporum audouini divided in three types: ordinary scaly ringworm, black dot ringworm and pustular ringworm. The lesion starts in circular patches of hair loss with dry, thin, greyish scales. Borders of the lesion are limited and slightly raised leads to loosening of the hairs and easily break causes lustreless hair ultimately leads to alopecia.⁽¹⁾

Psoriasis: It is a chronic, recurrent inflammatory skin disease, due to genetic predisposition, stress, suppression of anger, physical trauma, infections, etc. It starts with dry, well defined erythematous papules in coin shaped and silver colour crusts are developed without itching.⁽¹⁾

Acne rosacea: It is the chronic, inflammatory condition of face which affects sebaceous glands due to hormonal changes, constipation, emotional stress, excessive consumption of tea, coffee and alcohol etc. It starts with eruption, erythema, with flushing of face. Formation of papules and pustules appear.⁽¹⁾

Urticaria: It is the condition developed suddenly and transiently due to allergic reaction from insect bite, nettles, bugs, caterpillars, some

food ingestion, medicines, emotional stress, etc. It starts with intense itching, burning and formation of wheals, erythematous red macules which reduced within hour without any spots.⁽¹⁾

Carbuncle: It is a deep infection of a group of contiguous follicles with staphylococcal aureus with intense inflammation in surrounding connective tissues and fat. It is painful, hard, red lump which is smooth and dome shaped and tender than pus discharged from multiple follicles.⁽²⁾

Role of antipsoric remedies

Dr Hahnemann, after 30 years of his practise, found that some diseases reappear again and again due to miasmatic cause and discover the theory of psora. He said, "I. After the various observation he conclude that all the skin eruptions which are suppressed by any treatment was recur in person life either with same or similar symptoms and gave a general name "psora" which means "internal itch disease"."⁽³⁾

There are some remedies which are highly indicated anti-psoric medicines like *Sulphur*, *Natrum muriaticum*, *Arsenicum album*, *Arsenicum iodatum*, *Apis mellifica*, *Hepar sulphuricum*, *Sepia officinalis*, *Lycopodium clavatum*, *Psorinum*, *Lachesis mutus*, *Nitricum acidum*, *Aloe socotrina*, *Kalium sulphuricum*, *Belladonna*, *Calcarea carbonicum*, *Kalium carbonicum*, *Phosphorus*, etc.⁽³⁾

Sulphur: It is the great Hahnemannian antipsoric medicine. Highly indicated and effective in all kind of skin infection where heat, itching and burning is present aggravated by heat. Dry and hard skin, dirty filthy people are prone to skin infection. Pimple like eruptions, pustules, voluptuous itching increased in warmth, washing, scratching and at evening.⁽⁴⁾

Arsenicum album: Itching,

burning and swellings, eruptions, papular, dry, rough, scaly aggravated by cold and scratching. Urticaria with burning and restlessness. Psoriasis. Skin cold blue and wrinkled with cold clammy perspiration like parchment. Black vesicles.⁽⁴⁾

Arsenicum iodatum: Large, scaly skin, dry with itching. Enlarged, scrofulous gland. Acne hard, shotty, indurated base with pustules at apex. Marked exfoliation of skin. Eczema of the beard. Watery oozing from eruption worse by washing.⁽⁴⁾

Sepia officinalis: Itching and burning of skin of various parts and genitalia without relieved by scratching. Herpes circinatus in isolated upper part of body on lips, nose and mouth. Ichthyosis with offensive odour of skin. Urticaria occur in open air. Ringworm eruptions at every springs.⁽⁴⁾

Apis mellifica: Sore, sensitive carbuncles. Hives with intolerable itching. Swelling after bites. Prickling over whole body, back, palms of hands, face, forehead and under eyes, chiefly in circumscribed points. Eruption of red spots, revealed numerous small vesicles exuded a moisture and forming thin or yellowish scales and crusts with intolerable stinging, burning and itching has to scratch still it bleed. Eruption < by slightest breath of air and warmth of room and bed.⁽⁵⁾

Hepar sulphuricum: Acne on youth. Papules and every little injury extends to suppuration very much sensitive to touch and cannot bare to be uncovered want to be wrapped up warmly. Recurring urticaria, ulcers, herpes surrounded by little pimples or pustules spread by coalescing. Burning and itching on body with white vesicles after scratching. Eruption mercurialism. Eruption, very sensitive and sore to touch.⁽⁵⁾

Psorinum: It is especially adapted to psoric constitution.

Herpetic eruptions on scalp and bends of joints, urticaria after every exertion, eczema behind ear, crusty eruptions all over body, pustules near finger nails, with intolerable itching and driven to despair due to that. Worse from warmth of bed. Dry, scaly eruptions, disappear in summer but returns in winter. Skin symptoms appear after suppression of itch and emotions. Dry, scaly or moist, foetid, suppurating eruptions on scalp with oozing a sticky and offensive fluid.⁽⁵⁾

Belladonna: Eruptions are like scarlatina, suddenly spreading. Pustules on face. Skin becomes dry, hot, swollen, and sensitive and burns. Alternate redness and paleness of the skin. Induration after inflammation. Scarlet redness of skin of face and neck, followed second day by peeling off of cuticle. Redness, like scarlatina, of entire surface of body, with a white circle around mouth and nose, and great dryness in throat. Vesicular eruptions with scurf, whitish border and swelling.⁽⁵⁾

Kalium sulphuricum: Nettle rash, eczema discharge, decidedly yellow, slimy, sometimes sticky or watery, mattery. Burning, itching and popular eruptions. Psoriasis, seborrhoea. Ringworm of scalp with abundant scales. Suppressed rash of measles or other eruptive disease, with harsh and dry skin. Abundant scaling of epidermis. Burning, itching, popular eruption exuding pus like moisture. Recurring eruption of fine red pimples running together, red, swollen appearance, fluid oozes out copiously.⁽⁵⁾

Calcarea carbonicum: Nettle rash, warts on hand and face. Skin becomes unhealthy, readily ulcerating, small wounds do not heal readily. Petechial eruptions. Itching on various parts of body < towards morning, in bed. Chronic form of urticaria, mostly disappearing in cold air. Erysipelas in repeated attacks. Milk-white spots on skin

with dark borders. Scurfy pimples on border of free edge of lower lip. After suppressed eruptions or pimples on face, produce Epilepsy, Megrim, Nervous palpitation of heart.⁽⁵⁾

Boericke Repertory:

Acne rosacea: Ars.br, Carb.an, Hydr.c, Sul.i

Acne simplex: Ant.c, Ant.t, Ars.br, Aster, Bell., Berb.,Bov, Cal.pic, Calc.s, Carb. An. Carb.v, Hep, Lyc, Kali.ars, Kali.io, Nux.v, Sulph.

Anidrosis: Aeth, ALiu, Bella, Berb, Graph, kali ars, Kali.c, Nux.m, Petro, Psor, Sulph.

Anthrax, carbuncle, malignant pustules: Anthr, Apis, Ars., Carb.ac, LAch, Led, Sil, Tarent

Blisters, small: Cantharis Vesicatoria, Rhus Toxicodendron

Burning: Aconi, Agar. Musc, Apis Mell, Arse Alb, Bell, Canth, Nux.v, Formica, Ran.b, Rhus.t, Sec, Sulph.

Chilblains: Abrot., Agar, Canth, Hep, Mur.ac, Nit.ac, Petr, Puls., Rhus. T, Sulph, Ter.

Dryness: Acon, Alum, Ars, Bell, Graph, Nux.v, Plumbg, Psor.

Ecchymosis: Arn, Crot.h, Ham, Led, Phos, Sul.ac.

Ecthyma: Ant.t, Ars, Cic, Croto.t, Jug.r, Lach, Merc, Sec, Sil.

Eczema: Ars, Berb, Calc, Canth, Graph, Hep, Kali.ar, Rhus.t, Sep, Psor, Sulph, Mez.

Eruptions: copper-colored; Carb. An
Eruptions: dry, scaly: Ars, Kali.ars, Psor, Petro, Sulph.

Eruptions: humid, moist: Crot.t, Clem, Dulc, Graph, Hep, Psor, Rhus.t

Eruptions: pustular: Ant.c, Ant.t, Berb., Croto, Hep, Kali.bic, MErc, Psor, Sil.

Eruptions: scabby: Sulph, Hep, Lyco, Cic., Mez.

Eruptions: better in winter: Kali.bic, Sars

Eruptions: worse in spring: Sars

Eruptions: worse in winter: Alum, Petro, Psori

Erysipelas: Acon, Apis, Arnic, Bella, Canth, Graph, Cinch, Croto.t, Euph, Graph, Lach, R.t,

Erythema: intertrigo: Caust, Cham, Graph, Lyc, Merc, Petr, Sulph

Erythema: erythema nodosum: Apis, Arn, Chi.s, R.T, R.V.

Erythema: erythema simplex: Aco, Antipy, arn, bell, Canth, Eup, MErc, Mez, Rhu.t

Furuncle: Arn, Bella, Bel.p, Cal.pic, Hep., Ichth, Med, Merc, Ph.ac, Phyt, Sil, Sulph, Tare.c

Herpes zoster, zona: Shingles: Ars, Canth, Cau, Dol, Mez, Prun, Rhu.t, Ran.b

Herpes zoster, zona: Neuralgia, persisting: Kalm, Mez.

Lichen planus: Ant.c, Ars, Ars.i, Kali.bich, Sul.i

Lichen simplex: Anan, Ant.c, Bell,Calad, Jug.c, Kreos, Ledu, Lyc, Phyt, Plan, Rumx, Sulph

Molluscum: Brom, Cal.ar, Sil

Pemphigus: Ars, Canth, Jug.c, Lach, Merc.c, Ran.b, Rhu.t

Petechiae: Arn, Phos, Sul.ac.

Pityriasis: Ars, Colch, Fl.ac, Graph, Kali.ar, Mez, Sep, Sul.ac, Sulph.

Prurigo: Ambr, Ars, Ars.i, Chlol, Dol, Lyc, Merc, Mez, Nit.ac, Olnd, Rhust. Rhus.v, Sulph.

Pruritus: Agar, Ambra, Anac, Antipyrin, Ars, Cal.carb, Clem, Cro.t, Dol, Fago, Graph, Lyco, Merc, Mez, Morph, Rhu.t, Rhus.v, Sulph, Sep, Urt.u.

Psoriasis of: Ars., Ars.i, Bor, Carb.ac, Graph, Kali.ars, Ksli.br, Lyc, Mang, Merc, Petr, Puls, Sulph, Sep, Phos.

Purpura: Arn, Ars, Crot.h, Ham, Lach, Phos, Sul.ac.

Scabies: Crot.ti, Hep, Psor, Sep, Sulp

Sycosis: Ant.t, Calc, Graph, Kali.bic, Lyc, Nit.ac, Plat, Staph, Sulp.i, Thuji.

Seborrhoea: Am.m, Ars, Bry, Calc, Iod, Kali.c, Nat.m, Phos, Plmb, Raph, Sel, Vinc.

Tinea favosa, favus: Brom, Kali.c, Lyc, Mez, Sep, Viol.

Tinea versicolor: Nat.ars, Sep.

Trichophytosis: Ringworm: Ars, Baci, Chrys, Graph, Sep, Tell

Unhealthy skin, every scratch festers, or heals with difficulty: Borx, Graph, Hep, Merc, Petro, Pyre-o, Sil, Sulph.

Urticaria: Ant.c, Antipy, Apis, Ars, Bovi, Camph, Cimi, Cop, Dulc, Frag, Puls, Rhus.t, Sulph, Trio, Urti.u

Verucca (warts): Ant.c, Calc. Caust, Dulc, Ferr.pic, Mag.s, Nat.c, Nit.ac, Thuji, Sil.

Conclusion

Hence, there are various clinical skin conditions which can be treated with the help of homeopathic medicines. Various skin diseases can be cured with the help of antipsoric remedies like *Sulphur*, *Arsenicum album*, *Kalium sulphuricum* by using clinical repertory of Boericke. It embraces rubrics of clinical conditions and various common antipsoric remedies which can help in treating patient.

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About the author

Dr Neha Z Makwana, (BHMS,MD, CCH) Assistant professor, Parul Institute of Homeopathy & Research, Parul University.



Healing of skin growth by *Silicea terra*

Dr Mukesh Parewal

Abstract

Background: According to Dr Hahnemann (aphorism 201), it is evident that the vital force, when encumbered with chronic disease, is unable to overcome it by its own powers instinctively, therefore adopts the plan of developing a local malady on some external part (less dangerous) in order to allay the internal ailments. Fig warts continue to worsen till the internal sycosis is not cured.

Material and methods: A case of corn on sole attended in private clinic, diagnosed on the basis of symptoms, a detailed case history was taken and repertorisation was done through homoeopath software.

Results: In order to remove the cause and treat the miasm, and not the symptoms only, an anti-sycotic constitutional simillimum, *Silicea terra* 200 c, was given.

Conclusion: To treat the chronic case, it is essential to know the patient's physical make-up, mental make-up and general make-up, then only one can reverse the chain of illness and bring patient back to normalcy.

Keywords: sycotic miasm, genome, constitutional simillimum

Abbreviations: ICD - International classification of diseases.

Introduction

Human papillomavirus is one of the most common causes for skin growths, whereas corn may occur due to friction and pressure. Though it is self-limiting diseases, but it is not so always and remains on skin for years together. Sometimes, a person may suffer from cosmetic disfigurement which often is associated with pain and remain as potent source of transmission of other skin infection, as well as very disturbed by its appearance and tend to shun the company of others and become quite isolated (though not in corn). These attitudes are known as "leper complex" so need to be treated by holistic approach by homoeopathy. It is known that genome is responsible for body's physical makeup, mental makeup, and general makeup and all these are taken into account while prescribing an individual so as to reach a constitutional simillimum remedy.²

Case history

Mrs. PMP 38 years old female

came on 12/12/2019 with the chief complaint of painful corn on sole of feet.

Mind and life space

The patient was from joint family, working in travel industry since 12 years. She used to work very diligently, wanted to grow in her field, was very anxious about what other will think or say. She was having a fear to approach the things easily, became nervous sometimes due to overthinking about why things were not happening as per her will, in her career. She couldn't understand politics at job level because of which she used to get nervous many a times. Due to this, she wanted to have a good spirit in her life. She felt physically weak for which she used to do yoga and other activities. She usually didn't oppose (timid) the people in discussion though it may be a wrong point, and agreed to other's opinion so as to avoid hurting people. She lost her mother last year after which she became sensitive and nervous. She was good with her family front but always wanted to achieve more

happiness. She wanted to travel, liked the beauty of nature. She had no issues or fights with anyone, except sometimes she used to quarrel with husband when he did not update her regarding his daily issues.

Physical generals

Appetite: good but used to take small quantities

Thirst: thirsty

Stool: constipated, especially during menses

Sleep: sleeplessness due to thoughts of her mother's death

Thermal: could tolerate heat but not cold, used to take cold easily, suffered from dry cough everytime (chilly)

Menses: Normal cycle, irritable during menses

Family history

Mother died due to liver cirrhosis

Father: Hypertension

Diagnosis of the case

ICD10 L84: corns and callosities³

The point of making a diagnosis is to improve the prognosis about the course of disease in a particular patient and its likely response to treatment.⁴

Case analysis

Corn on sole of feet since 4 months, history of application of corn cap, still it did not subside.

Totality of symptoms

1. mind; yielding, timid
2. mind; anxious
3. mind; nervous
4. mind; wants of grit, moral, physical
5. chilly
6. takes cold easily
7. thirsty
8. extremities; warts sole painful
9. constipation during menses

Repertorisation (5)

See *Repertorisation sheet*.

Remedies after reportorial filter

Silicea terra -15/7

Calcarea carbonicum -13/7

Pulsatilla nigricans -12/7

Justification of remedy

Pulsatilla nigricans is **hot and thirstless**, and not covering symptom corn on sole. *Calcarea carbonicum*, though chilly and thirsty, but does not cover **yielding disposition**, and moreover it is fearful remedy not nervous like *Silicea terra*. The patient was **yielding, want of grit physical and moral, chilly, nervous nature, disposition is of yielding character, thirsty and painful corn on sole, considering all these symptoms, she was prescribed *Silicea terra* 200c 3 doses.**

Remedy

12.12.2019: prescribed *Silicea terra* 200c, one dose.

Follow up

20.12.2019: corn shedded along with dead skin (the patient was asked to take photo)

27.12.2019: anxiety decreased, sleep improved, tried to cope up with the situation of her mother loss.

Conclusion

From the above case, it is clear that whatever may be the diagnosis, if proper selection of constitutional remedy is done, cure can be achieved. On the basis of holistic approach, *Silicea terra* helped to remove the corn. The constitutional simillimum helped to reverse the chain of illness and brought the patient back to normalcy².



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About the author

Dr Mukesh Parewal, Associate Professor in Department of Physiology since 19 years, at Smt K.B. Abad Homoeopathic medical college, Chandwad (Nashik). Practicing classical homeopathy since 5 years, running charitable OPD at Nashik.

Remedy Name	Sil	Calc	Puls	Seph	Histam	Phos	Kali.c	Lyo	Hier-v	Sep	Calc-s	Am.c	Bor.c	Ind
Totality	15	13	13	13	12	12	12	12	11	11	11	10	10	10
Symptom Covered	7	8	8	8	8	8	8	8	8	8	4	5	5	5
[C] [Mind]Yielding disposition:	1		3		1	1		3	2	1				1
[C] [Mind]Timidity:	4	3	4	3	2	3	3	3	2	3	3		3	1
[C] [Mind]Anxiety:	2	3	3	3	2	3	3	3	2	2	3	2	2	3
[C] [Stomach]Thirst:	3	3	1	3	3	3	2	1	2	1	3	2	2	3
[C] [Extremities]Corns.Painful:	1	1	1	3	1	1	1	2	1	1	2	2	2	2
[C] [Extremities]Corns.Soles horny.	1	2										3		
[C] [Rectum]Constipation.Menses:Agg. During:	3	1	1	1	3	1	3		2	3		1		1

Repertorisation sheet



Assessment tools for dermatological clinical studies

C. P. Sharma, Arun Kumar

Abstract: Dermatological clinical studies need to be reported in a uniform pattern utilizing various authenticated assessment tools. A lack of knowledge regarding availability of study instruments for the assessment of the various dermatological conditions results in poor quality study reports. Here is a list of dermatological study questionnaires which can aid the researchers to assess the disease condition and the efficacy of treatment appropriately.

Keywords: Dermatological clinical studies, assessment tools, homoeopathy, quality of life questionnaires.

Abbreviations: World Health Organization quality of life scale (WHO-QOL), Visual analog scale- itch (VAS), Short-form 36 health survey (SF-36), EuroQOL dimension (EQ-5D), Marburg skin questionnaire (MHF), Children's dermatology life quality index (CDLQI), Infant dermatology of life quality index (InToDermQoL), Quality of life index for atopic dermatitis (QoLIAD), Childhood atopic dermatitis impact scale (CADIS), Acne-specific quality of life questionnaire (Acne-QoL), Skin cancer index (SCI), Functional assessment of cancer therapy – melanoma (FACT-M), Chronic urticaria quality of life questionnaire (CU-2QoL), Body dysmorphic disorder questionnaire – dermatology version (BDDQDV), Dysmorphic concern questionnaire (DCQ), Body dysmorphic symptom scale (BDSS).

Introduction

Clinical studies are the backbone of evidence based researches in medicine. These studies can range from a single case report to a large sample studies. A case report is the smallest publishable unit in the medical literature consisting of detailed presentation of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Whereas a case-series is an aggregation of several similar cases, consisting of minimum three cases.^[1,2] Dermatological cases are very frequently reported as they are widespread throughout the world and have wide variety of presentation and treatment options available. Homoeopathy as an alternative method of treatment has extensive scope in the treatment of dermatological conditions due to availability of wide range of medicines for the treatment of various dermatological conditions and it also lacks side effects.

Most of the dermatological cases treated with different methods of treatment lack uniformity while reporting. For evidence based and quality reporting of the cases, certain standard quality assessment scales need to be used for the assessment of the case studies. Photographic evidence usually suffice for case reports but cannot be used in larger size case series and other clinical studies. This creates a need for various assessment scales for the quality and standard reporting of the studies.

In the present era of evidence based medicine, a wide range of assessment tools are available depending on the type of study. Lack of information regarding availability of assessment scales leads to poor quality reporting of clinical studies. Here, a range of assessment scales for the reporting of dermatological clinical studies is being presented.

There are 4 types of instruments available for evaluation of the dermatological disorders^[3,4,5]

1. General quality of life questionnaires
2. Dermatology specific quality of life questionnaires
3. Disease-specific quality of life questionnaires
4. Psychiatric effects of dermatological diseases questionnaires

The quality of life scales assesses impact of disease on quality of life of patient and deals with personal problems and need of the patient. General, dermatology specific, disease specific quality of life questionnaires are given under table 1, 2 and 3 respectively. Tools for assessment of psychiatric effects of dermatological disorders are given in table 4.

Table 1. General quality of life questionnaire's^[3,4,5]

Name of questionnaire	Authored by
1. World Health Organization quality of life scale (WHO-QOL)	World Health Organization
2. Visual Analog Scale- Itch (VAS)	Phan NQ et al. 2012, Verwey et al 2019
3. Short-form 36 health survey (SF-36)	Bullinger 1995
4. Nottingham health profile	Hunt et al 1985
5. EuroQOL dimension (EQ-5D)	EuroQoL group, 1990
6. UK sickness impact profile	Salek et al 1996
7. General health questionnaire	Goldberg 1972

Table 2: Dermatology specific Quality of Life Scale^[3,4,5]

Name of the questionnaire	Authored by	Additional information
1. Dermatology life quality index ^[6]	Finlay and Khan 1994	Most frequently used. 110 translations have been done. In patients above 16 years of age. Consists of 10 questions.
2. Dermatology quality of life scales ^[7]	Morgan et al 1997	17 psychosocial items and 12 activities items were assigned five-point scales
3. Dermatology specific quality of life questionnaire ^[8]	Anderson 7 Rajgopalan 1997	--
4. Skindex-29 ^[9]	Chren et al 1996	Original had 62-item which cannot be used. Skindex-29 is a revised 29-items version of Skindex. Skindex-16 is a single-page version of Skindex.
5. Marburg Skin Questionnaire (MHF)	Stangier et al 1997	Marburger Hautfragebogen (MHF)
6. Children's Dermatology Life Quality Index (CDLQI)	Lewis-Jones and Finlay 1995	for children between 5 to 16 years of age
7. Infant Dermatology of Life Quality Index (InToDermQoL)	Lewis Jones et al 2001	from birth to 4 years of age
8. Adjustment of Chronic Skin Disorders	Stangier et al 2003	--
9. Skin Satisfaction Questionnaire	Grolle et al 2003	an instrument for recording attitudes towards the skin in healthy persons and patients
10. Questionnaire on Experience with Skin Complaints	Schmid – Ott et al 1996	especially for psoriasis and atopic dermatitis

Table 3: Disease specific Quality of Scale^[3,4,5]

Name of the questionnaire	Authored by	Disease condition
1. Quality of life index for atopic dermatitis (QoLIAD) ^[10]	Whalley D et al 2004	Atopic dermatitis
2. Childhood atopic dermatitis impact scale (CADIS) ^[11]	Chamlin S et al 2007	Atopic dermatitis in children
3. Cardiff acne disability index	Salek et al 1997	Acne



4. Acne-specific quality of life questionnaire (Acne-QoL) ^[12]	Girman CJ et al 2003	Acne
5. Skin cancer index (SCI) ^[13]	Sanchez S et al 2019	Non melanoma skin cancer
6. Functional assessment of cancer therapy – melanoma (FACT-M) ^[14]	Cormier J et al 2005	Melanoma
7. Psoriasis disability index	Finlay & Kelly 1987	Psoriasis
8. Psoriasis life stress inventory	Gupta and Gupta 1995	Psoriasis
9. Psoriasis specific measure of quality of life	McKenna et al 2003	Psoriasis
10. Scalpdex ^[15]	Chen et al 2002	Scalp disorders like scalp dermatitis, psoriasis, seborrheic dermatitis
11. Chronic urticaria quality of life questionnaire (CU-2QoL) ^[16]	Baiardani I et al 2005	Chronic urticaria
12. Eczema disability index ^[17]	Salek M et al 1993	Eczema
13. Freiburg quality of life assessment ^[18]	Augustin M et al 2010	Wounds
14. Dermatitis family impact scale	Lawsen et al. 1998	Dermatitis
15. Acne disability index	Motley and Finlay 1989	Acne
16. Atopic dermatitis	Herd et al 1997	Atopic dermatitis
17. Itching questionnaire	Yosipovitch et al 2002	Itching
18. Leg ulcer questionnaire	Hyland 1994	Leg ulcer
19. Melasma quality of life scale	Balkrishnan et al 2003	Melasma
20. MIMIC questionnaire	Leu 1985	Multidimensional especially psoriasis
21. MM module for melanoma	Sigurdardotti et al 1993	Melanoma
22. Vespid allergy quality of life questionnaire	Oude Elbrinke et al 2002	For allergies to bee and wasp stings

Table 4: Tools to assess psychiatric effects of dermatological disorders ^[5]

Name of the questionnaire	Authored by
1. Body dysmorphic disorder questionnaire – dermatology version (BDDQDV)	Danesh M et al 2015
2. Dysmorphic concern questionnaire (DCQ)	Danesh M et al 2015
3. Body dysmorphic symptom scale (BDSS)	Danesh M et al 2015

DLQI is the most frequently used questionnaire in dermatological studies. Other scales are used as per the requirement and feasibility of the study. Many other dermatological study instruments are also available but are less frequently used. Choice of the questionnaire depends on the type of study, applicability and availability of scale, requirements of the study, language in which the scale is available and population to

be studied.

Discussion and conclusion

A large number of questionnaires are available to the researchers and clinicians for different types of studies. There are disease specific scales available for different dermatological conditions. In conditions where specific scale for

disease condition is not available, a general questionnaire or dermatology specific scales can be used as per the requirement of the researcher and his study. As most of the dermatological disorders affect the appearance of the patient and hence have an effect on the psychology of the patient, in such cases specific scales for assessing psychological effects of the dermatological condition are also available.



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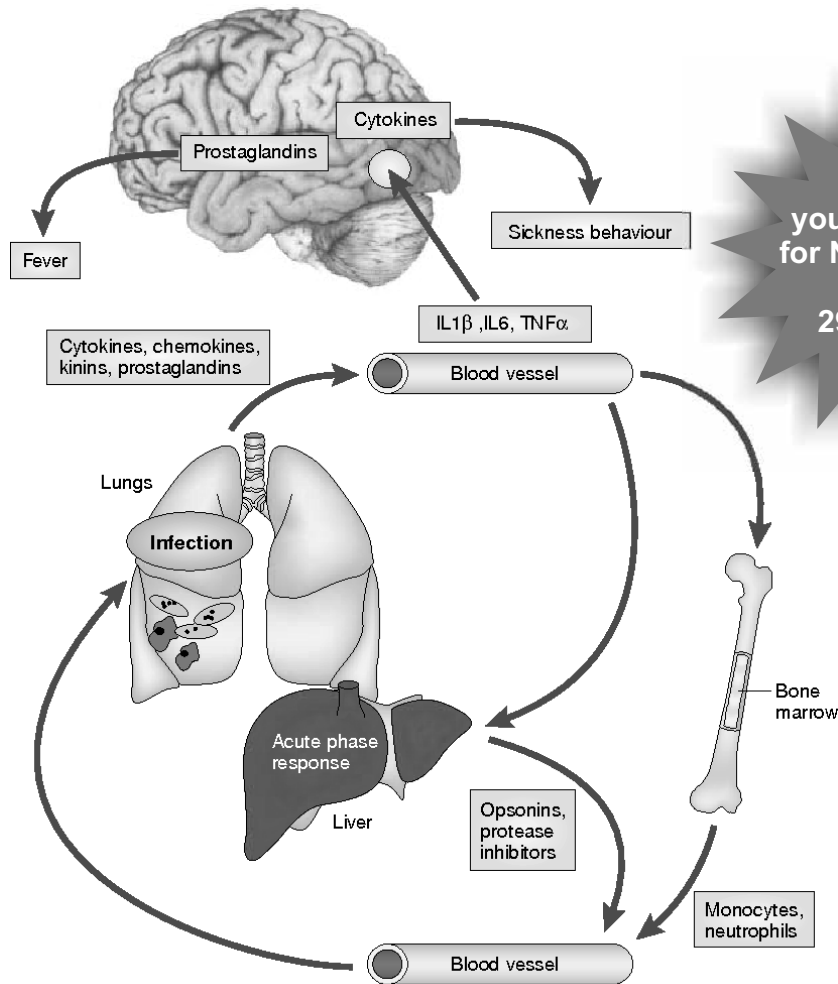
About the author

C. P. Sharma, Principal, Bakson Homoeopathic Medical College & Hospital, Greater Noida.

Arun Kumar, Assistant Professor, Department of Homoeopathic Pharmacy, Bakson Homoeopathic Medical College & Hospital, Greater Noida.



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Case of tinea cured with homoeopathy

Dr Uttara Agale, Dr D.G.Bagal

Abstract : Tinea is common skin fungal infection. It is becoming resistant and occurring recurrently due irrational use of antifungal ointments used by common population. But in Homoeopathic literature there has been mentioned many medicines having good results in Tinea. This case study demonstrates as how effectively and rapidly homoeopathic nosode, *Bacillinum* (a maceration from tubercular lung introduced by Dr Burnett) along with simillimum, *Sulphur* cures the itching and lesion. In this case sulph is used as simillimum and *Bacillinum* is prescribed as an intercurrent.

Keywords: Tinea pedis, eruptions, *Sulphur*, irascibility, trifles.

Abbreviations: TDS: thrice a day

Introduction

Tinea is common skin fungal infection which is caused by keratinophilic fungi which affects skin, nails and hairs^{1,2}. It clinically presents as a patch of various colours having scales and having reddish papules, small vesicles and little pustules on the margin of lesion which progress on periphery and subdue in the center producing ring like shape.^{1,2}

In India, due to tropical environmental conditions, there is higher prevalence of dermatophytosis in India. But incidence of tinea varies in different parts of India because of different environmental conditions in India. The prevalence of tinea has increased since few years due to unhygienic

conditions among people living in crowded damp places, patients having systemic clinical conditions like diabetes mellitus, human immunodeficiency virus, and among patients who irrationally use antifungal drugs directly taking from pharmacy shops without approaching qualified physician which is not only making the condition very common in India, but also making it more difficult to cure also^{1,2,3}.

Adults are more commonly affected age group. Males are more commonly affected than females. The factor which predispose for tinea are sweating, obesity, diabetes mellitus, working in places with high temperature, wearing damp clothes in humid weather, sharing personal clothes with infected person^{1,2,3}.

Distribution

- Tinea cruris- involve upper thigh^{1,2,3}
- Tinea corporis- involves whole body except palms, soles and scalp^{1,2,3}
- Tinea barbae- beard area affected^{1,2,3}
- Tinea capitis- scalp is affected^{1,2,3}
- Tinea manuum- hands are involved^{1,2,3}
- Tinea pedis- feet are affected^{1,2,3}
- Tinea unguinum- nails are affected^{1,2,3}

Preliminary data:

Name: ABC

Age / sex: 42 / female

Marital status: Married

Occupation: Job as a peon in hospital

Date: 15/10/2019

Chief complaints :

Location	Sensation	Modalities	Concomitant
Back (lumbar region) Onset: gradual Duration : 6 months Progressive	Eruption Burning Dryness	>allopathic medicine	-----

Physical generals

Appetite : Feels hungry after every hour

Craving : Fried⁺²Sweets⁺³Fish⁺²

Aversion : Sweet Potatoes

Urine : Normal

Stool : Normal

Perspiration : Profuse at forehead and soles

Sleep : Refreshing

Thermals : Hot⁺³

Local examination:

Macular eruption on lower back (lumbar region)

CASE STUDY

Mind

Get angry when someone not listen to him

Shout at others when angry

Anxiety about trifles

Habits:

Song listening – melody

Movie (love story)

Case processing:

Diagnosis of the case : Taenia^{1,2,3}

Diagnosis of phase : Dynamic chronic disease with fully developed symptoms⁵.

Susceptibility : High⁵

Pathology : Reversible⁵

Repertory used : Hompath Classic Software

Repertorial Totality⁴ :

Mind: anger: irascibility : tendency⁴

Mind: anxiety: trifles : about⁴

Generalities : food and drinks : sweet : desires⁴

Generalities : food and drinks : fish⁴

Skin : eruption : itching : night⁴

Skin : eruption : dry⁴

Skin : eruption : painful : burning⁴

Remedy Name	Symptom Options		Remedy Options							Norm. Methods				
	Sulph	Arse	Mere	Phos	Sil	Lyo	Causc	Calc	Graph	Kalko				
Totally	14	14	12	11	11	11	10	10	10	10				
Symptoms Covered	6	5	5	6	6	5	6	5	5	5				
[C] [Skin]Eruptions:Painful;Burning:	2	3	3	2	2	2	3	2	3	2				
[C] [Skin]Eruptions:Dry:	2	3	2	3	3	2	1	3	2	2				
[C] [Generalities]Food and drinks:Fish;Desires:				1		1	1							
[C] [Generalities]Food and drinks:Sweets;Desires:	3	3	2	2	1	3		2		2				
[C] [Skin]Itching:Night:	3		2	1	2		2		2	1				
[C] [Mind]Anxiety;Trifles, about:	1	2			2		1	1	1					
[C] [Mind]Anger, irascibility:Tendency:	3	3	3	2	1	3	2	2	2	3				

Repertorization sheet

Repertorisation

See Repertorization sheet.

Repertorial result

- Sulphur- 14/6
- Arsenicum album – 14/5
- Mercurius corrosivus– 12/5
- Phosphorus – 11/6
- Silicea terra – 11/6

Treatment



Eruption during first prescription

Sulphur 200^(6,8,9,10,11) 1 powder Stat

Rubrum 4 pills TDS for 15 days

Justification for selection of remedy

Eruptions are burning and painful

Eruptions are dry

Desire for fishes

Eruptions are itching with night aggravation


Thermally patient is hot





Auxillary mode of treatment

In winter, apply moisturizer, only for soothing the skin

Avoid too much scratching^{1,2,3}.

Follow up

S r. No	Date	Complaints	Remedy	Justification of selection of remedy	Images in subsequent follow ups
1.	21/10/19	Itching decreased Burning decreased Eruption reduced	Rubrum 1 powder stat Rubrum 4 pills TDS x 15 days	-----	

2.	28/10/19	Itching subsides No Burning No Eruption	Rubrum 1 powder stat Rubrum 4 pills TDS x 15 days	-----	-----
3.	4/11/2019	Itching appeared Slight burning and redness Eruptions Ailments from cold	<i>Sulphur</i> 200 1 powder stat Rubrum 4 pills TDS x 15 days	Medicine is repeated again as to stimulate vital force because eruptions again appeared at same place	
4.	15/11/2019	Itching increased Slight burning Eruptions increased and redness also seen Ailments from cold	<i>Bacillinum</i> 1M Rubrum 4 pills TDS x 15 days	It is given as an intercurrent to remove the miasmatic block ⁷	
5.	22/11/2019	Skin eruptions decreased Itching reduced	Rubrum 1 powder stat Rubrum 4 pills TDS x 15 days	-----	
6.	1/12/2019	No itching No burning No eruptions	Rubrum 1 Powder stat Rubrum 4 pills TDS x 15 days	-----	

Discussion

In this case, with the help characteristic mind and physical generals and using the classic homoeopathy repertorisation software, the simillimum selected was *Sulphur*. Considering the nature of disease, susceptibility and general condition of patient, *Sulphur* 200 was prescribed.

But after some days eruptions reappeared and for restoring patient again to normal *Bacillinum* was given as an intercurrent.

Conclusion

This case showed that by selection of correct simillimum based on symptom similarity homoeopathic medicine. *Sulphur* is sufficient to bring the cure in chronic cases.

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About the author

Dr Uttara Agale, Associate Professor, Dept. of Repertory, Y.M.T.H.M.C Navi Mumbai.

Dr D.G.Bagal, Professor, Vice-Principal, Dept. of Repertory, Y.M.T.H.M.C Navi Mumbai.



Effectiveness of homoeopathic medicine in a case of eczema: a case report

Dr Anupam Kumar, Dr Gitanjali Mathur, Dr Shradha Sharma

Abstract: Eczema, also known as atopic dermatitis, is a common skin condition marked by itchy and inflamed patches of skin. It is often seen in babies and young children, appearing on the faces of infants. But eczema can come in a variety of types in children, teens, and adults.

Keywords: Eczema, case report, repertorisation, homoeopathy.

Abbreviations: tds (thrice a day).

Introduction

Eczema comes from the greek word “ekzein”, meaning “to boil”. It is also known as dermatitis, literally meaning inflammation of the skin. It is a condition in which the skin becomes dry, scaly, extremely itchy, red, and crusty and may also bleed in extreme cases.

The main symptom of eczema is itchy, dry, rough, flakey, inflamed, and irritated skin. It can flare up, subside, and then flare up again.

Eczema can occur anywhere but usually affects the arms, inner elbows, backs of the knees, or head (particularly the cheeks and the scalp). It's not contagious, and, in some cases, becomes less severe with age.

Other symptoms include:

- Intense itching

- Red or brownish-gray patches
- Small, raised bumps that ooze fluid when scratched
- Crusty patches of dried yellowish ooze, which can signal infection thickened, scaly skin.^[1,2,3]

Case study

This is a case of 46 years old man who visited for the complaint of itching on both feet.

Chief complaints

- Patient has complaint of itching on both the feet, burning when itching, aggravation in winters, from uncovering, since 3 years.
- Patient also has black patches on the skin.

History of presenting complaints

Patient was apparently healthy,

gradually he developed itching on both feet in winters. Later on, along with itching, black patches were formed along with few cuts on the skin.

Past history: Developed suppuration after vaccination in childhood.

Physical generals

- Extreme coldness of extremities in winter, can not get warm.
- Aversion to draft of cold air
- Aggravation from cold food
- Appetite satisfactory
- Profuse perspiration in axilla, offensive
- Thermal - chilly
- Intolerance of cold, likes covering and warmth

Mental generals: Mild temperament

Analysis:

Mental generals	Physical generals	Particulars
Mild temperament	Extreme coldness of extremities.	Itching on both the feet.
	Aversion to draft of cold air.	Black patches on the skin.
	Aggravation from cold food.	Itching on skin with burning.
	Profuse perspiration in axilla, offensive.	
	Thermal – chilly	
	Intolerance of cold, likes covering and warmth.	

Evaluation

I Grade	II Grade	III Grade
Coldness of hands and feet	Aggravation from draft of air	Profuse perspiration on axillae
Itching on skin with burning	Aggravation from cold food and uncovering	Itching on skin on becoming cold

Repertorial totality

Symptoms	Rubrics
Coldness of feet	Extremities- coldness-feet
Coldness of hands	Extremities – coldness –Hands
Aggravation from draft of air	Generals – air; draft of –agg.
Aggravation from cold food	Generals – food and drinks – cold food – agg.
Aggravation from uncovering	Generals – uncovering – agg.
Profuse perspiration	Perspiration – profuse
Profuse perspiration on axillae	Chest – perspiration – axillae
Itching on skin on becoming cold	Skin- itching – cold agg.; becoming
Itching on skin with burning	Skin – itching – burning

Miasmatic analysis:[4]

Symptoms	Psora	Syphilis	Sycosis
Coldness of hands and feet			
Itching on skin with burning			
Profuse perspiration on axillae			
Aggravation from draft of air			
Aggravation from cold food and from uncovering			

Predominant miasm: Psora

Basis of prescription

- Repertorisation was done on the basis of symptoms from *Synthesis Repertory* by RADAR.[5]

Repertorization Sheet

Investigation window for remedies

Clipboard 1

1. EXTREMITIES - COLDNESS - Feet (297) 1
2. EXTREMITIES - COLDNESS - Hands (283) 1
3. GENERALS - AIR; DRAFT OF - agg. (130) 1
4. GENERALS - FOOD and DRINKS - cold food - agg. (96) 1
5. GENERALS - UNCOVERING - agg. (86) 1
6. PERSPIRATION - PROFUSE (249) 1
7. CHEST - PERSPIRATION - Axillae (77) 1
8. SKIN - ITCHING - cold agg.; becoming (8) 1
9. SKIN - ITCHING - burning (178) 1

	sil	ars	kali-c	lvc	sulph	lach	sep	brv	hep	nat-m	caust	dlc	thul	hyos	plug-t	bell	marc	puls	calc	graph	kali-ar	phac	nu-vr	rhod	kali-ik	nat-c	nha-c	phos
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3	3	2	3	3	3	2	3	2	1	2	1	1	1	3	2	2	3	2	3	2	1	1	1	2	1	1	2	

First prescription

Silicea terra 30/ 1dose and *Rubrum* 30/tds for 7 days on 5/02/2020

Follow up:

Date	Symptoms	Treatment
13/02/2020	Slight itching decreased, rest complaints same	Rubrum 30/tds/ 7 days
20/02/2020	Decrease in cuts and itching	Rubrum 30/tds/ 15 days
04/03/2020	Decrease in black patches and cuts. Also itching decreased.	Rubrum 30/tds/ 15 days
19/03/2020	Due to increased cases of corona virus, patient became very insecure and restless.	Arsenicum album.30/1/dose/stat, Rubrum 30/tds for 15 days
04/04/2020	Slight itching re-appeared. Restlessness and Fear present	Ars. alb. 200/1 dose Rubrum 30/tds/ 28 days
05/05/2020	Itching decreased, but patient still very mentally restless and insecure.	Ars. alb 1M/1dose/stat Phytum 30/tds / 15 days
25/05/2020	Better. No complaint left.	Rubrum 30/tds/ 15 days

Justification of selection of remedy:

Silicea terra covers most of the symptoms in this case and given, because it comes on first number on repertorisation,^[5] and covers maximum marks but because of increased fear, restlessness and sensitivity to cold we have changed the medicine and the patient was completely cured by using *Arsenicum album*.^[6,7] which also comes on second number on repertorisation.^[5]

Relationship: *Silicea terra* and *Arsenicum album* have similar relationship between them.^[8]

Discussion

Eczema is a common, chronic skin disease that starts early in life and can adversely impact the quality of life of patients. From the case study mentioned above, it can be seen that eczema could be effectively addressed with correctly selected homoeopathic remedy.

Management for eczema

- Explanation, reassurance and encouragement.
- Avoidance of contact with irritants.
- Regular use of greasy emollients.



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Author's name:

Dr Anupam Kumar, Ph.D., M.D. (Hom.) Professor, Homoeopathy University, Jaipur.

Dr Gitanjali Mathur, (PG Scholar), M.D. (Hom.) (Part II), Dept. of Homoeopathic Philosophy, Homoeopathy University.

Dr Shradha Sharma, (PG Scholar), M.D. (Hom.) (Part I), Dept. of Homoeopathic Philosophy, Homoeopathy University, Jaipur.



Pulsatilla nigricans as constitutional remedy in case of “tinea corporis”

Dr Shimul Jamatia

Abstract- A male age 24 years diagnosed clinically with tinea corporis cured by homoeopathic prescription *Pulsatilla nigricans* with 50 millesimal potency.

Keywords- Tinea corporis, *Pulsatilla nigricans*, 50 millesimal potency, homoeopathy

Abbreviations- DM2- diabetes mellitus type-2, B.P- blood pressure, mm-hg- millimetre of mercury, amel. – amelioration, agg.- aggravation, QDS- 4 times a day (quater die sumendum), B.Com- Bachelor of commerce.

Introduction

Skin infection by fungus is very common in our country due to warm and humid climate. Dermatophytes are the fungi that digest keratin and infect skin, hair and nails. ⁽¹⁾ Occlusive clothing, frequent skin to skin contact and minor trauma of competitive wrestling create an environment in which dermatophyte flourish. ⁽²⁾ Although any dermatophyte can cause tinea corporis but the most common is *Tinea rubrum*.

Tinea corporis or ringworm is a fungal infection of trunk and extremities characterised by itchy, annular lesion with scale across the entire erythematous border. ⁽²⁾ Lesion are usually asymmetrical and may be single or multiple with well-defined margin and central clearing. ⁽³⁾

Case

Chief complaints

A 24 year old male patient came with the complaints of severe itching and eruptions all over the body with redness and burning, especially at night and while undressing since 1 year.

History of presenting illness

It initially appeared on thigh and gradually appeared on whole body. Patient took external application by himself which reduces the complaints for some period of time but it relapsed again and again.

Past history

Not specific

Family history

Mother is suffering from DM2, hypothyroidism

Personal history

Habits- Tobacco chewing, occasionally used to take beer

Physical and mental generals

Patient was mild and gentle in talking, whatever he was enquired, he replied gently and calmly. He used to suppress his anger and wants always to be consoled while he was angry++. He wanted to be alone always and didn't wish people to be around him. He was afraid of water, drowning as he doesn't know swimming.

While enquiring about the physical generals, it was found that his appetite was good and liked to

take cold food. His tongue was thick, flabby, slight red tip and usually drank 2-3 glasses of water in a day. He desired to take spicy food++ and often took while he returned from his business. He could not bear sunlight which caused severe itching. His stool was satisfactory and 1 time in the morning and urine was also normal. Patient used to sweat profusely on his face and back. He was sensitive to cold. He usually slept 6-7 hours with covering the face and on abdomen. All of his complaints were relieved in open air.

Diagnosis

Diagnosis is based on clinical history and physical examination. ⁽²⁾

Totality of symptoms

- Wants to be alone
- Consolation amelioration
- Undressing aggravation
- Night aggravation
- Open air amelioration
- Thirstlessness
- Desires- Spicy food
- Perspiration- profuse in face and back
- Itching and eruption
- Redness

CASE STUDY

Analysis and evaluation of the case

S.No	Symptoms type	Symptoms	Intensity
1.	Mental general	Wants to be alone	++
2.	Mental general	Consolation amelioration	++
3.	Physical general	Thirstlessness	+++
4.	Physical general	Desires- Spicy food	++
5.	Physical general modality	Undressing aggravation	++
6.	Physical general modality	Night aggravation	+
7.	Physical general modality	Open air amelioration	++
8.	Particular symptoms	Perspiration- profuse in face and back	++
9.	Common symptom	Eruption	+
10.	Common symptom	Itching	++
11.	Common symptom	Redness	+

Repertorial totality

8 symptoms which are prominent mental, physical and particular symptoms are taken into consideration and repertorisation is done with the help of *Complete Repertory in HOMOPATH CLASSIC 8.0*.

Symptoms	Rubrics
Wants to be alone	[C] [Mind] Company:aversion to: agg.:
Consolation amelioration	[C] [Mind] Consolation: amel.:
Undressing aggravation	[C] [Generalities] Undressing:agg.:after:
Open air amelioration	[C] [Generalities] Air:open:amel.:
Thirstlessness	[C] [Stomach] Thirstlessness:
Desire- spicy food	[C] [Generalities] Food and drinks:spices:desires:
Perspiration- profuse in face	[C] [Face] Perspiration:
Perspiration- profuse in back	[C] [Back] Perspiration:

Repertorial sheet ⁽⁴⁾

Remedy Name	Puls	Nux-v	Ars	Phos	Chin	Sep	Sulph	Camph	Lyc	Rhus-t	Hell	Alum	Arg-n	Nat-m
Totality	20	16	15	14	14	13	13	12	12	12	11	10	10	10
Symptom Covered	8	7	8	8	6	7	6	6	6	6	6	5	5	5
[C] [Mind]Company:Aversion to, agg.:	2	3	1	1	2	2	2	1	2	2	2	3	2	4
[C] [Mind]Consolation:Amel.:	3		1	2				3			1			
[C] [Generalities]Undressing:Agg. after:	2	3	3	1		1				3				
[C] [Generalities]Air:Open:Amel.:	3	1	3	2	1	2	2	2	2	3	2	3	3	2
[C] [Stomach]Thirstlessness:	3	1	2	1	3	2	1	2	2	1	3	1	2	1
[C] [Generalities]Food and drinks:Spices, condiments, piquant, highly seasoned food:D	2	2	2	3	3	1	3		1			1	1	1
[C] [Face]Perspiration:	3	3	2	2	2	2	2	3	3	1	2	2	2	2
[C] [Back]Perspiration:	2	3	1	2	3	3	3	1	2	2	1			

Prescription

Prescribed on 15/06/2020

Pulsatilla nigricans LM 1,

1 drop in 100 ml aqua, 5ml of

the above solution repeated 4 times in the top. in a day for 7 days.

On repertorisation, remedies such as *Pulsatilla nigricans*, *Nux vomica*, *Arsenicum album*, *Phosphorus*, *China officinalis*, *Sepia*, *Sulphur* came

Pulsatilla nigricans ⁽⁵⁾ ⁽⁶⁾ was finally selected as per the mental symptoms of the patient as he said he wants to be alone always and does not want anyone around him;

and consolation makes him better while he is an angry and during narration of his complaint he seems so calm and composed which is a characteristic of *Pulsatilla nigricans*.

Selection of dose and repetition

As already mentioned in aphorism 161 and aphorism 248 of 6th edition by Master Hahnemann that there is no apparent increase in original disease

during treatment with renewed dynamisation (50 millesimal potency) and also may be repeated daily for months respectively ⁽⁷⁾, So 50 millesimal potency been selected seeing the intensity of symptoms.

Follow up

Date	Symptoms	Prescription
22/06/2020	Eruptions are better Itching and burning - persist Sleep- Disturbed Thirst- Moderate	<i>Pulsatilla nigricans</i> 0/2/QDS for 7 days
30/07/2020	Blackish discolouration reduced Itching and burning agg. night, sweating Sleep- Disturbed due to itching Thirst- Moderate Appetite - reduced	<i>Pulsatilla nigricans</i> 0/3 / QDS for 7 days
06/07/2020	Eruptions on groin region- better Itching and burning- Slightly better Sleep- Sound sleep Appetite- Good Thirst- Moderate	<i>Pulsatilla nigricans</i> 0/4 / QDS for 7 days
14/07/2020	Eruptions of whole body- better No more burning and Itching Sleep- Sound Appetite- Good	<i>Pulsatilla nigricans</i> 0/5 / QDS for 7 days
22/07/2020	Relief in all complaints	<i>Rubrum</i> 0/6 / QDS for 15 days

Advise

Patient was advised to clean the clothes daily and take nutritious diet.

Before treatment



Figure- 1

After treatment



Figure-2

Conclusion

As a homoeopath, one must rely upon the totality. Homoeopathy is holistic science, so, in order to bring out proper homoeopathic treatment, thorough case taking is essential considering both physical and mental causative factors of the patient. Lastly, in chronic cases, constitutional remedy gives better results.

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About the author

Dr Shimul Jamatia, BHMS, MD-I scholar, Dept. Of Organon of Medicine, Naiminath Homoeopathic Medical College Hospital and Research Centre, Agra



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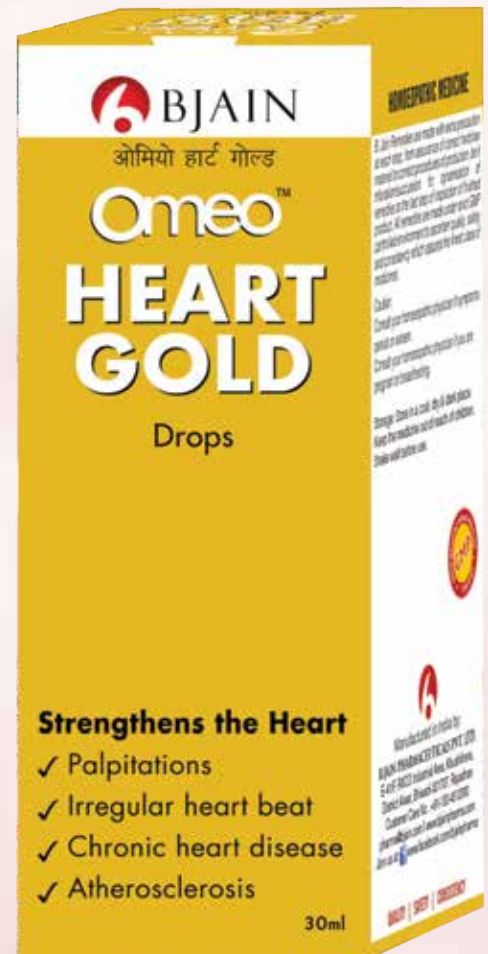
Indications:

- Palpitations
- Irregular heart beat
- Atherosclerosis

Composition :

Cactus grandiflorus	∅	20% v/v
Crataegus oxyacantha	∅	40% v/v
Convallaria majalis	∅	1% v/v
Valeriana officinalis	∅	10% v/v
Strophanthus hispidus	∅	1% v/v
Aurum muriaticum natronatum	4X	1% w/v
Camphora	2X	5% v/v
Excipients		q.s.
Alcohol content		50% v/v

Dosage : 20-30 drops in 1/4th cup of water, 3 times a day for sudden unexpected symptoms - 40 drops advisable or as prescribed by the physician.



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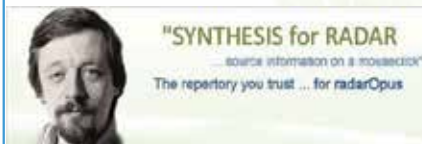
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Homoeopathy in current pandemic: A legal view point

(A short summary of relevant acts and laws for Homoeopathic physicians in the COVID19)

Dr Himanshu Sekhar Tiwary

Since the arrival of SARS-CoV-2 virus into humans, the lives and livelihoods has changed drastically and homoeopathic physicians are no exception. The way we used to practice before the pandemic has changed enormously in last six months and is expected to be so in the near foreseeable future. As every cloud has a silver lining, this pandemic has also made the humans to think afresh on multiple fronts such as its assertiveness vs. vulnerability, economic growth vs. ecological growth, global vs. local etc. One such fascinating thought was recently published in *the Lancet* journal in the form of **Chatham House Commission**¹ to holistically assess this pandemic. In fact they are of this opinion that Covid19 should be seen as global Syndemic and not just pandemic. This means that it's not just the Virus that is killing us but the underlying chronic diseases exposed to the virus and its interplay is the cause behind the mortality. Thus dealing with the chronic diseases with minimum or no immunosuppressant is going to hold the key in current as well as future pandemics. The role and responsibility of Homoeopathic physicians having sound principles and tools to deal with the chronic diseases become very important here. To able to practice freely in this time of crisis one must be aware of the legalities involved here.

Though the author don't claim of having any expertise on this topic, this effort must be seen as an initiative to begin the discourse on such a vital aspect which is ignored by the academia so far. With this goal, let's go through some of the

most vital legalities applicable in the current time-

1. International Health Regulations (IHR) 2005
2. Epidemic Disease act 1897 and its state notifications and amendment
3. Disaster Management Act 2005
4. IPC of 1860 (chapter 14)-Section 269,270 and 271.
5. Article 19 of Constitution of India and civil liberty in the time of Pandemic
6. The Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982 and its amendment 2014
7. Telemedicine Practice Guidelines 2020 -Amendment in Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982

1. International Health Regulations (IHR) 2005²

This regulation was adopted by health assembly of WHO to prevent, control and provide a public health response to the international spread of disease. Under this regulation on 30th January 2020, the DG of WHO declared the COVID-19 outbreak a "public health emergency of international concern (PHEIC)" following advice from the IHR Emergency Committee. On 6th February 2020, UN Development Coordination Office (UNDCO) with WHO introduce the COVID-19

Strategic Preparedness and Response Plan (SPRP).³ The SPRP outlines the public health measures that need to be taken to support countries to prepare for and respond to COVID-19. Each member country (including India) was advised to develop a COVID19 Country Preparedness and Response Plan (CPRP) which is supposed to be monitored using indicators based on those set out in the SPRP. Therefore most of responses adopted in our country are as per the guidelines of SPRP with some country specific variations.

2. Epidemic Disease act 1897

This short but very important act of colonial era to contain the Plague epidemic in Bombay (1897) was advised to invoke by centre to all the states and UTs on 11th March 2020. This act has only four sections .Under **section 2**; it empowers the state to formulate any temporary regulations to contain the epidemic, if ordinary existing laws are not sufficient. Therefore it is very important for each practicing Homoeopath to be well versed with their respective state's notification regarding this act and shall practice according to its scope and limitation. Under **Section 4** it gives protection to all the Officers and officials working in the pandemic from any legal proceedings against them. Therefore this act is meant to protect the health care workers including AYUSH doctors working in the pandemic so that they can implement the public health measures in the larger interest of the society.

Under section 3, we find the provision of penalty for anyone who violates the regulations under this act. It reads-“Any person disobeying any regulation or order made under this Act shall be deemed to have committed an offence punishable under section 188 of the Indian Penal Code (45 of 1860)”. Under section 188 there is provision of penalty of 200 Rs and /or 1 month of imprisonment and if causes danger to human life up to 1000 rupees and /or 6 months of imprisonment.⁴

It will be pertinent to mention here that Govt. of India **amended this act** on 22nd April 2020 through Ordinance to add clause regarding violence against health care worker. Contravention of this provision is punishable with imprisonment between three months and five years, and a fine between Rs 50,000 and two lakh rupees.

If an act of violence against healthcare service personnel causes grievous harm, the person committing the offence will be punishable with imprisonment between six months and seven years, and a fine between one lakh rupees and five lakh rupees. These **offences are cognisable and non-bailable**.⁵

3. Disaster Management Act 200

Since Epidemic disease act does not have provision for uniformity across the country, The Disaster Management Act was for the first time invoked by centre to implement nationwide lockdown as well as coordinated response to deal with the covid19 pandemic as disaster. This act is quite a big act to read having 11 chapters and 79 sections. This came into existence for the effective management of disasters all over the country. The Act calls

for the establishment of National Disaster Management Authority (NDMA), with the Prime Minister of India as chairperson. The NDMA is responsible for laying down the policies, plans and guidelines for disaster management and to ensure timely and effective response to disaster. Under section 6 of the Act, it is responsible for laying down guidelines to be followed by the State Authorities in drawing up the State Plans and under section 10 to act as coordinating and monitoring body for disaster management. All State Governments are mandated under Section 14 of this act to establish a State Disaster Management Authority (SDMA) with Chief Minister as their chairperson. The SDMA is mandated under section 28 to ensure that all the departments of the State prepare disaster management plans as prescribed by the National and State Authorities. In a similar fashion in the chain the District Disaster Management Authority (DDMA) will be headed by Collector or District Magistrate for smooth implementation of the regulations.

It will be noteworthy to mention that this law provides a wide range of powers to the NDMA (as well as SDMA) to seek any **“men or material resources”** for the purposes of emergency response across the entire country or any specific part of the country.⁶

4. IPC of 1860 (chapter 14)-Section 268,269,270 and 271.

The Indian penal Code of 1860 has following provisions regarding public health which every practicing doctor may find helpful in their practice – (Bold done by Author)

268-Public nuisance.—A person is guilty of a public nuisance who

does any act or is guilty of an illegal omission **which causes any common injury, danger or annoyance to the public or to the people in general who dwell or occupy property in the vicinity**, or which must necessarily cause injury, obstruction, danger or annoyance to persons who may have occasion to use any public right. A common nuisance is not excused on the ground that it causes some convenience or advantage.

269. Negligent act likely to spread infection of disease dangerous to life.—Whoever unlawfully or negligently does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with **imprisonment of either description for a term which may extend to six months, or with fine, or with both.**

270. Malignant act likely to spread infection of disease dangerous to life.—Whoever malignantly does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which **may extend to two years, or with fine, or with both.**

271. Disobedience to quarantine rule.—Whoever knowingly disobeys any rule made and promulgated by the Government for putting any vessel into a state of quarantine, or for regulating the intercourse of vessels in a state of quarantine with the shore or with other vessels, or for regulating the intercourse between places where an infectious disease prevails and other places, shall be **punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.**⁷

5. Article 19 of Constitution of India and civil liberty in the time of Pandemic

It will be worth going through our constitutional position in present time and the status of civil liberty enjoyed by the doctors as common citizens of the country. Here I would like to cite two points one from the article 19 of Constitution of India and other from a Landmark judgment from Honorable Supreme Court of India which is not only relevant but important to know.

A. **Article 19 of Constitution of India**- Every citizen enjoys the fundamental rights under article 19 of Constitution of India **which says-**

- (1) All citizens shall have the right
 - (a) To freedom of speech and expression;
 - (b) To assemble peaceably and without arms;
 - (c) To form associations or unions;
 - (d) To move freely throughout the territory of India;
 - (e) To reside and settle in any part of the territory of India; and
 - (f) Omitted
 - (g) To practice any profession, or to carry on any occupation, trade or business"

But under article 19 only in the **Para 5**, State is empowered to impose reasonable restriction in the interest of general public. It reads-

"(5) **Nothing** in sub clauses (d) and (e) of the said clause shall affect the operation of any existing law in so far as it imposes, **or prevent**

the State from making any law imposing, reasonable restrictions on the exercise of any of the rights conferred by the said sub clauses either in the interests of the general public or for the protection of the interests of any Scheduled Tribe"⁸

B. **Landmark Judgment of Honorable Supreme Court** –In one of its landmark Judgment, the Honorable Supreme Court in a famous case of Mr. X vs. Hospital Z⁹ observed that **"right to live"** is over and above the **"right to Privacy"** among the competing fundamental rights. Therefore even the right to privacy can be subsumed in some exceptional circumstances if it threatens the "right to live" of any other individual in the current pandemic.

6. The Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982¹⁰ and its amendment 2014¹¹

In CCH Gazette notification of 1982 as well as its amendment in 2014, it very well mentions the role of Homoeopathic Physician in the time of pandemic. This will be worth reading by one and all to remind ourselves regarding our responsibility in current time. Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982 reads in section VI (P-36) as following-

"Practitioner of Homoeopathy engaged in public health work shall enlighten the public concerning **quarantine regulations** and measures for the prevention of epidemic and communicable

diseases. At all time the practitioners shall notify the constituted public health authorities of every case of communicable disease under their care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, practitioner of Homoeopathy shall **continue his labors without regard to the risk to his own health.**"

It is very important to note the last line esp. those who are engaged in public health directly as under this section we find fear of contracting the disease cannot be an excuse to refuse or not to treat the patient. Now, If we see the CCH professional conduct, etiquette & code of ethics (1982)-2014 **amendment** we find the following as mentioned in point 12. A subsection C-

"Homoeopathic doctor shall act in aid of sanitary laws and regulations in interest of Public Health."

7. Telemedicine Practice Guidelines 2020 -Amendment in Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982¹²

Since after the Judgment by Bombay High Court in 2018, the Tele consultation lost its impetus among the clinicians. But since the arrival of this pandemic, CCH formed a guideline for the same to give it a statutory basis. This amendment is well into circulation and most of us have gone through it. But before taking up Tele consultation following points are worth highlighting for day to day clinical practice:

1. One most important point that I would like to draw the attention of all my fellow physicians is that the very purpose of the guideline is to combat the pandemic. Therefore wherever the state regulations allows, homoeopathic physicians must give their best clinical service possible in this pandemic. At the very outset it reads-

“These guidelines have been prepared to combat the current need in the wake of COVID19 outbreak but the overarching principles would remain common to all future reference.”

2. During Tele consultation we must keep in mind that Homoeopathic practice is also governed by IT Act 2000, and the information technology (reasonable security practices and procedure and sensitive personal data or information) rules 2011. Therefore we must ensure the safety and privacy of the data.

3. Regarding Prescribing Medicines (3.7.4)

- Registered Homoeopathic Practitioner may prescribe medicines via telemedicine **ONLY** when the Registered Homoeopathic Practitioner is satisfied that he/ she has gathered adequate and relevant information about the patient's medical condition and the prescribed medicines are in the best interest of the patient.
- Prescribing Medicines **without an appropriate diagnosis/provisional diagnosis** will amount to **professional misconduct**.

4. It is the responsibility of the Registered Homoeopathic Practitioner to be cognizant of

the current Data Protection and Privacy laws. (Note to- 3.8.1).

5. Maintain Digital Trail/ Documentation of Consultation (3.8.2)

6. Misconduct-

- Registered Homoeopathic Practitioners insisting on Telemedicine, when the patient is willing to travel to a facility and/or requests an in-person consultation
- Registered Homoeopathic Practitioners misusing patient images and data, especially private and sensitive in nature (e.g. Registered Homoeopathic Practitioner uploads an explicit picture of patient on social media etc.)
- Registered Homoeopathic Practitioners are not permitted to solicit patients for telemedicine through any advertisements or inducements.

7. Patient Consent-Patient consent is necessary for any telemedicine consultation. The consent can be Implied or explicit depending on the following situations:

3.4.1 If the patient initiates the telemedicine consultation, then the consent is implied

3.4.2 An explicit patient consent is needed if: A Health worker, Registered Homoeopathic practitioner or a Caregiver initiates a Telemedicine consultation.

8. Patient's Information-(3.5.1)-Registered Homoeopathic Practitioners shall maintain all patient records including case history, investigation reports, images, etc. as appropriate.

Disclaimer

This is a short summary of all the acts as an introduction to the subject, it is advisable that each practitioner should read the relevant acts/law himself.

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About the author

Dr Himanshu Sekhar Tiwary, M.D (Hom.) NIH, Medical Officer, CGHS New Delhi, Govt. of India.



A case report of alopecia areata treated successfully with the help of *Pulsatilla nigricans*

Dr Ashok Yadav, Dr Apurva Dixit, and Dr Kanika Agarwal

Abstract: Alopecia areata (AA) is an autoimmune disease characterised by localised, non-inflammatory, non-scarring hair loss. The disease usually affects hair on the head but may involve other parts of body. A case of a woman with alopecia areata treated successfully with Homoeopathy is reported here. She presented with single bald spot on scalp with hairfall and itching without any concomitant organ-specific autoimmune disorder. She was treated with homoeopathic medicines following holistic concepts of homoeopathy. *Pulsatilla nigricans* was given and the potency was selected and repeated as per the response of the medicine upon patient. The result was full recovery in period of treatment of approximately 5 months.

Keywords: Alopecia areata, homoeopathy, *Pulsatilla nigricans*, simillimum

Abbreviations: Alopecia areata (AA), outpatient department (OPD), three times a day (TDS).

Introduction

Alopecia areata is a common autoimmune disorder which is presented as well-defined, localised, non-inflammatory, non-scarring patches of alopecia, usually on the scalp. Extensive involvement may lead to total scalp hair loss (alopecia totalis), total body hair loss (alopecia universalis) or localised hair loss along the scalp margin (ophiasis). Pathognomonic 'exclamation mark' hairs are seen during active hair loss. These characteristic hairs break at their distal point as they taper and lose pigment proximally, giving them the appearance of an exclamation mark and occur at the periphery of patches of alopecia. Nail abnormalities, predominantly pitting or roughening, may occur in association with this condition. Other organ-specific autoimmune disorders such as vitiligo, thyroid disease and down's syndrome are occasionally associated with AA.^[1,2]

The prognosis of the disease is unpredictable. Family history of AA, young age at onset, nail dystrophy, extensive hair loss, ophiasis, a history of atopy, or the presence of other autoimmune

diseases are associated with a poor prognosis.^[3] It is clearly evident through published case report that homoeopathic treatment is useful in cases of AA.^[4] This case report of AA is another effort in this regard.

Case profile

A 45year female came in our OPD on 31st January 2019 with the complaint of hair fall along with root in the patch on scalp which lead to a single bald spot on scalp gradually increasing in size and falling of hair with itching on scalp, worse during sweating.

History of present complaints and treatment history

Patient was apparently well 3 year back when she gradually developed hair fall along with roots in the patch on scalp. Initially, it was a small patch which gradually increased in size.

Physical generals: Thirst decreased. Perspiration profuse on scalp. Desire open air. Thermal reaction hot.

Mental generals: Anxiety when going in public places and crowded

areas. Start weeping at trifles and on arguments. Feels better on consolation. Cannot remain alone, want someone to be with her.

General examination:

Appearance – endomorphic, height – 5'1"; weight – 70 kilograms. Other general and systematic examination findings suggest no abnormal sign.

Local examination:

On inspection of scalp, a single, smooth, sharply demarcated, round patches of hair loss without atrophy with "exclamation point hairs" observed on the periphery of the patches.

Totally of case

1. Desire company can't remain alone.
2. Anxiety in crowded areas
3. Weeping at trifles
4. Better on consolation.
5. Desire for open air
6. Perspiration profuse on scalp.
7. Falling of hair in patches.
8. Itching of scalp.

1. Clipboard 1

1. MIND - WEEPING - trifles, at
2. MIND - ANXIETY - crowd; in a
3. MIND - CONSOLATION - amel.
4. MIND - COMPANY - desire for
5. GENERALS - AIR - open air - desire for
6. HEAD - PERSPIRATION of scalp
7. HEAD - HAIR - falling - spots, in
8. HEAD - ITCHING of scalp

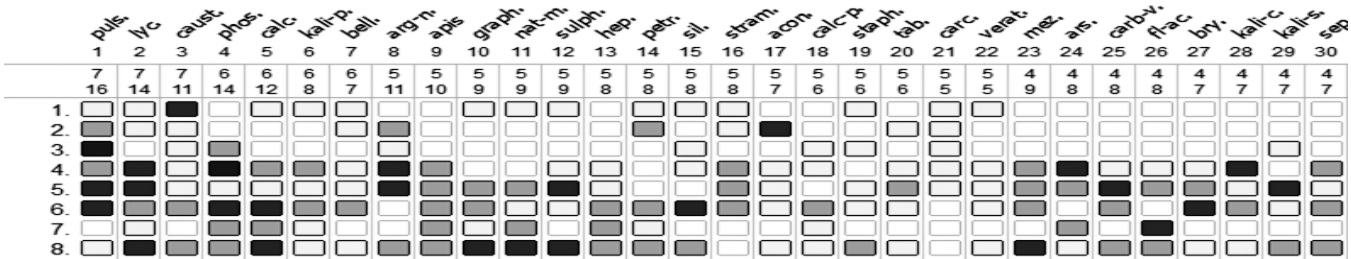


Figure 1: Repertorisation of case from Kent Repertory using RADAR OPUS Pro 1.41.16 software.

On reportorial analysis *Pulsatilla nigricans* have scored highest marks (16/7), while *Lycopodium clavatum* covering (14/7), *Causticum* covering (11/7) and *Phosphorus* covering (14/6).

First prescription with justification: *Pulsatilla nigricans* 200 one dose was prescribed after repertorisation on the basis of totality of symptoms and 200 potency prescribed according to

susceptibility of patient and nature of medicine and disease. 200CH potency was selected and single dose was given to avoid any unwanted aggravation. Along with it Rubrum was given placebo for 15 days.

Date	Symptoms	Prescription
30.01.2019	Falling of hairs in patches along with roots and with itching on scalp.(Figure 2)	<i>Pulsatilla nigricans</i> 200/1 dose Rubrum 30/TDS for 15 days
16.02.2019	Itching of scalp decreased, hairfall same	Rubrum1M/1dose Placebo 30/TDS for 20 days
13.03.2019	Hair fall and itching of scalp decreased. New hair growth seen in bald area. (Figure 3)	Rubrum1M/1dose Placebo 30/TDS for 10 days
25.03.2019	Dry cough, headache and fever(100°F) since yesterday with increased thirst. Circumference of bald spot is decreasing.	Placebo 30/TDS for 10 days
10.04.2019	Improvement in cough, headache and itching of scalp improved. Circumference of bald spot is decreasing.	Rubrum1M/1dose Placebo 30/TDS for 10 days
24.04.2019	Mild headache again, Hairfall is increasing. (Figure 4)	<i>Pulsatilla nigricans</i> 1M/1dose Rubrum 30/TDS for 20 days
20.05.2019	Hair fall decreased. Circumference of bald spot in decreasing with hair growth (Figure 5)	Rubrum1M/1dose Placebo 30/TDS for 10 days
29.05.2019	Marked decrease in bald spot	Rubrum1M/1dose Placebo 30/TDS for 20 days
17.06.2019	Improvement in all complaints	Rubrum1M/1dose Placebo 30/TDS for 20 days

Table 1: Follow ups with prescription and justification



Figure 2 -30/1/2019



Figure 5 - 20/5/2019



Figure 3 – 13/3/2019



Figure 4 – 24/4/2019

Conclusion and justification

Physical appearance related issues have become almost important for individuals in this modern era. This was a case of Alopecia areata in a 45 year old female in which complete hair re-growth without any recurrence of bald patch and without any external application was achieved along with documentary evidence. This case shows positive role of homoeopathy in treating alopecia areata and confirms significance of prescription on the basis of reportorial approach and on the basis of totality of symptoms. Homoeopathy believes in holistic individualized approach. The outcome of this case report will improve the knowledge of the clinicians, which will benefit patients suffering from alopecia areata. However, a prospective research study with randomised control trial (RCT) study design with larger sample size is suggested for scientific validation as this was a single case report.

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 understands that his name and initial will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Conflict of Interest

None.

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About the author

Dr Ashok Yadav MD(HOM), Professor (HOD), Dept. of Practice of medicine at Dr.MPKHMCH&RC, Homoeopathy University, Jaipur, Rajasthan, India.

Dr Apurva Dixit, PG Scholar, Dept. of Practice of medicine at Dr.MPKHMCH&RC, Homoeopathy University, Jaipur, Rajasthan, India.

Dr Kanika Agarwal, PG Scholar, Dept. of Practice of medicine at Dr.MPKHMCH&RC, Homoeopathy University, Jaipur, Rajasthan, India.





Clinical verification of individualised homoeopathic medicine *Lycopodium clavatum* in atopic hand dermatitis: a case study

Dr Neha Mahawer, Dr Bhupendra Arya

Abstract: Atopic dermatitis (AD) is a chronic, inflammatory skin condition typically affecting the face, neck, arms and legs. AD is usually associated with elevated levels of immunoglobulin E (IgE) and common in children. Although it usually appears during early childhood, it does not always disappear before adulthood, or often suppressed or began in adulthood. Hence called adult onset atopic dermatitis. This case represents a case of adult onset atopic dermatitis treated with homoeopathic remedy *Lycopodium*. A 40 year old male patient visited OPD on 14/10/2019. He was complaining of eczematous eruption on fingers of both hands with itching and burning with black discoloration since last 5 years. This patient improved with *Lycopodium 200*, single dose. Firstly offensive discharge and itching disappear then eruptions have cured.

Keywords: Atopic dermatitis, adult onset atopic dermatitis, homoeopathy, *Lycopodium clavatum*.

Abbreviations: Atopic dermatitis (AD), immunoglobulin E (IgE), outpatient department (OPD).

Introduction

Atopic dermatitis is a common, chronic, relapsing, inflammatory skin disease that primarily affects young children. 'Atopy' is defined as an inherited tendency to produce immunoglobulin E (IgE) antibodies in response to minute amounts of common environmental proteins such as pollen, house dust mites, and food allergens. Dermatitis derives from the greek 'derma', which means *skin*, and 'itis' which means *inflammation*.¹ The term adult-onset atopic dermatitis (onset >18 years) was introduced by Bannister and Freeman.² AD in adults involves chronic, dark colored, thick, lichenified plaques and sometimes isolated pruritic papules. These patients experience vesicular, oozing discharges and intense itching. In adults, the disease affects different areas of the body compared to infantile manifestations. The hands, face and especially the eyelids are most often involved.²

AD affects about one-fifth of all individuals during their lifetime¹.

A rising trend in AD has also been observed in India in last four decades. The reported prevalence among dermatology outpatient department attendees being 0.42% and 0.55%.³ The prevalence in south India was only 2.8%. Family history has varied in ranging from 36% to 42%.⁴ With the two- to threefold increase in prevalence of AD over the past few decades, the prevalence of adult-onset AD has also increased and its prevalence ranged from 1-3% in different populations.⁵

Aetiology includes genetic predisposition, immune system dysfunction, epidermal barrier dysfunction, certain skin infections, allergies to food, chemicals, pollens, mites, etc.⁶ The pathophysiology of AD is complex and multifactorial, involving elements of barrier dysfunction, alterations in cell mediated immune responses, IgE mediated hypersensitivity, and environmental factors. Loss of function mutations in filaggrin have been implicated in severe atopic dermatitis due to a potential increase in trans-epidermal water loss, pH alterations, and

dehydration.⁷ Diagnostic criteria is usually clinical based upon the pattern of lesions. Pruritus and least three of the following are required: history of itching in skin.

Case profile

A 40 years old male came in our OPD on 14/10/2019 with the complaints of eczematous eruption on fingers of both hands and black discoloration of fingers with itching which get aggravated at night and cold temperature. There is burning all over the affected part with offensive discharges.

History of present complaints and treatment history

Patient was apparently well 5 years back then eruption appear on finger of right hand. gradually eruptions increased, after that itching and burning started. Thereafter eruptions started appearing on fingers of left hand. Two months later offensive discharge started from affected area. Patient took allopathic and ayurvedic treatment for last 4 years but got no permanent



relief, so they visited our OPD.

Associated symptoms: Patient also suffered from flatulence and pain abdomen which increase after eating. Flatus was offensive.

Past history: In childhood there was history of allergic rhinitis during harvesting season and change of weather, and various sorts of dermatitis on different parts, which were more often subsided by

allopathic medications.

Family history: Son suffers from allergic rhinitis.

Physical generals: The patient has normal appetite has meals twice daily with sweet desire and flatulence after meal, Thermal Reaction was Hot. Perspiration normal, non offensive, non staining. Drink 1.5 - 2 litres of water per day.

Mental generals: The patient was restless. He used to get irritated and angry very often. Desired for company always. he wanted to someone near him always.

Clinical findings: Appearance was ectomorphic, height- 5'6", weight- 72 kilograms. Other general and systematic examination findings were normal.

Analysis and evaluation of symptoms

Table 1: Analysis and evaluation of symptoms

Mental general	Physical general	Particular
Irascibility	Flatulence after eating	Eczematous eruption
Desire company	Offensive flatus	Black discolouration of fingers
Restless		Itching < night
		Itching < cold
		Offensive discharge from affected area
		Burning Abdominal pain due to flatulence
		Heaviness in abdomen

Miasmatic analysis of symptoms

Table 2: Miasmatic analysis of symptoms. [8][9][10][11][12]

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
Irascibility	✓		
Desire company	✓		
Restless	✓		
Eczematous eruption	✓		
Black discolouration of fingers	✓	✓	
Itching < night	✓	✓	
Itching < cold	✓		
Burning	✓		
Offensive discharge from affected area	✓	✓	✓
Flatulence after eating	✓		
Offensive flatus	✓	✓	
Abdominal pain due to flatulence	✓	✓	
Heaviness in abdomen	✓		

Dominant miasm: PSORA

Fundamental miasm: PSORA



Repertorial totality

The following rubrics were selected from RADAR 10.0:^[13]

- Mind - IRRITABILITY, general
- Mind - COMPANY, general - desire for
- Mind - RESTLESSNESS
- Hands - ECZEMA - eczema, fingers
- Hands - DISCOLORATION, of hands - discoloration, fingers - black
- Hands - ITCHING, hands - night
- Skin - ERUPTIONS - burning
- Skin - ULCERS, general - discharges, from ulcers - offensive
- Intestines - FLATUS, intestinal

- eating, after

- Rectum - FLATUS, rectal - offensive
- Abdomen - PAIN, abdomen - flatus, incarcerated, as from
- Abdomen - HEAVINESS, sensation, as from a load, etc.

Justification of selection of remedy and potency

Lycopodium clavatum 200/1dose/ stat followed by *Phytum* for 10 days was first prescription because it covered maximum rubrics with maximum marks after repertorisation. *Lycopodium clavatum* covered 10 symptoms out of 12, those are irritability, desire

company, restlessness, eczema on fingers, burning in eruption, offensive discharge from ulcers, flatulence after eating, offensive flatus, pain abdomen due to increase flatulence, heaviness in abdomen. After comparison of symptoms from various books of materia medica, *Lycopodium clavatum* appears simillimum to the totality of symptoms of the patient. Moderate susceptibility (according to his work and habit) and the medicine covered maximum symptoms, hence 200 potency was selected.^[14]

Prescription

Lycopodium clavatum 200/1dose
Phytum 30/TDS 10 days

Table 3: Follow-ups with prescription and justification

Date	Follow Up Interpretation	Prescription	Justification
14/10/2019 (1 st visit, case taking done)	Eczematous eruption on fingers of both hands. Black discoloration of fingers. Itching < night, cold Burning+++ Offensive discharge from affected area. Flatulence after eating, offensive flatus. Abdominal pain and heaviness due to flatulence.	<i>Lycopodium clavatum</i> 200/1dose <i>Phytum</i> 30/TDS/10 days	After repertorisation and comparison of symptoms from various books of materia medica, <i>Lycopodium clavatum</i> is simillimum
24/10/2019	Discharge absent but itching and burning still present. No new eruptions. Slight relief in flatulence and pain abdomen.	<i>Phytum</i> 30/TDS/15 days	Improvement in patient's symptoms.

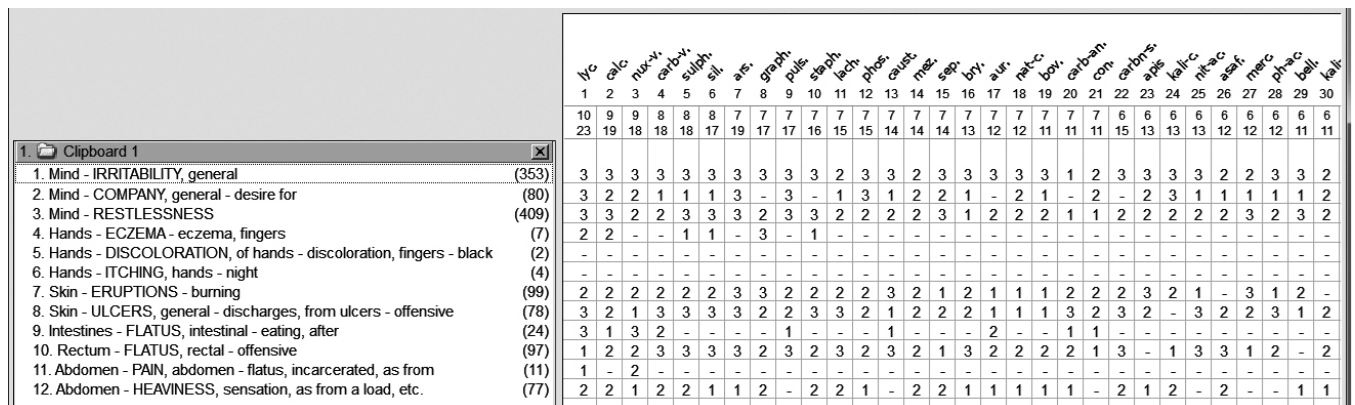


Figure 1: Repertorisation of case from Murphy's Repertory using RADAR software.^[13]

08/11/2019	No discharge, no burning and relief in itching. No new eruptions. No heaviness and pain in abdomen and flatulence decrease	<i>Phytum</i> 30/TDS/20days	Improvement in patient's symptoms.
29/11/2019	Relief in almost all symptoms. No new eruptions. On and off episodes of flatulence.	<i>Phytum</i> 30/TDS/20days. <i>Lycopodium</i> 200/ 1dose/SOS	Improvement in patient's symptoms.
20/12/2019	General amelioration in all symptoms. Patient didn't feel the need to take <i>Lycopodium clavatum</i> which was prescribed when required	<i>Phytum</i> 30/TDS/20days	Improvement in patient's symptoms.



Figure 2



Figure 5,6: Patient after taking homoeopathic treatment. Follow up on 08.11.2019



Figure 2,3: Patient before taking homoeopathic treatment



Figure 4: Follow up on 24.10.2019



Figure 5

Discussion and conclusion:

Physical appearance related issues have become almost important for young individuals in this modern era and competitive world. Homoeopathic medicines have a positive effect on various skin disorders. This case confirms significance of single dose and repertorial approach on the basis of totality of symptoms.

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About the authors

Dr Neha Mahawer , MD Scholar, Department of Materia Medica (Hom.), Dr. M.P.K Homoeopathic Medical College, a constituent college of Homoeopathy University, Jaipur

Dr Bhupendra Arya , MD Scholar, Department of Practice of Medicine (Hom.), Dr. M.P.K Homoeopathic Medical College, a constituent college of Homoeopathy University, Jaipur.



A case report - eczema

Dr Ruchi Singh, Dr Anjana Kumari, Dr Rajshree Jangid

Abstract-Eczema is a common, chronic, non-infectious skin condition and is the most common form of dermatitis. It is also known as atopic dermatitis and is a relapsing, inflammatory skin disease. In this case report a 70-year-old male patient was diagnosed with eczema treated with homoeopathy.

Keywords – Eczema, homoeopathy, dermatitis

Abbreviations: immunoglobulin E (IgE), World Allergy Organization (WAO), outpatient department(OPD), aggravated by (<), ameliorated by (>).

Introduction

Eczema is a common, chronic, non-infectious skin condition and is the most common form of dermatitis. It is also known as atopic dermatitis and is a relapsing, inflammatory skin disease that primarily affects young children. *Atopy* is described as an inherited tendency that produce immunoglobulin E (IgE) antibodies in response to tiny amounts of common environmental proteins such as house dust mites, food allergens and pollens. The word dermatitis derives from the Greek “derma,” means *skin*, and “itis,” which means *inflammation*. Dermatitis and *eczema* are frequently used synonymously, however the term eczema is sometimes taken for the acute presentation of the disease (from Greek, *ekzema*, *to boil over*); here, no distinction is made.¹ According to the World Allergy Organization (WAO) revised nomenclature in 2003, in the acute stage, eczematous lesions are characterised by poorly defined erythema with surface change (oedema, vesicles, and weeping). In the chronic stage, lesions are marked by skin thickening (lichenification). However, lesions can occur anywhere on the body, infants often have eczematous lesions on their cheeks and outer

limbs before they develop eczema in the typical flexural areas such as behind the knees and in the folds of the elbow and neck. About 50% of people suffering from eczema also become sensitised to environmental allergens, such as house dust mite.²

Prevalence of atopic dermatitis is about 2-10% in adults and 15-30% in children. About 60% of cases will develop within the first year of life. Atopic dermatitis is a part of the triad known as the ‘Atopic march.’ This relates to the association between patients with atopic dermatitis, asthma, and allergic rhinitis. About 50% of patients with severe atopic dermatitis will develop asthma, and 75% will develop allergic rhinitis.³

Symptoms

Symptoms of acute eczema includes

- Red and itchy skin
- Sometimes presents with blisters that easily break and weep (discharge liquid).
- The skin may become dry, cracked and thicken.
- Its structure may also change, making it rougher.
- The main symptom is itching, which can often become

unbearable.

Eczema usually comes and goes in bouts or “flare-ups”: At times it will get worse (flare up) and at other times it will get better. It may also clear up completely for a short interval. The inflammation is only rarely constant.⁴

Causes

In people with eczema, the corneal layer doesn’t provide enough protection because it is damaged by the inflammatory response occurring in the skin.

Another possible cause is a mutated gene that affects the production of the protein filaggrin, which the body needs to make the skin’s outer layer. The balance of fats in the skin changes, causing the skin to lose a lot of moisture, because filaggrin isn’t enough. The damaged skin also provides less protection from irritants, allergens (substances that can trigger allergies) and germs that might cause infections.

People who have eczema about 30-40% of them have an allergic type. They often have more severe skin problems, furthermore hay fever or allergic asthma. Their immune system reacts to allergens by releasing antibodies, which

causes inflammation. Tests can detect these antibodies in the blood. Allergens that sometimes play a role in eczema include dust mites, pollen and foods such as milk, eggs, nuts or fish.

Environmental factors or other substances that are not allergens may also irritate the skin. Examples include rough fabrics in contact with the skin such as scratchy wool, cigarette smoke and extreme heat or cold.⁴

Complications

Patients are at increased risk for infection from bacterial, viral, and fungal pathogens due to the dysfunctional skin barrier seen in atopic dermatitis.⁵ About 10% of healthy individuals are colonized with staphylococcus aureus compared to over 90% of atopic dermatitis patients.⁶ The density of staphylococcus aureus colonisation correlates with the severity of dermatitis.⁷ Infection with staphylococcus aureus may cause furuncles, impetigo or cellulitis. Patients with atopic dermatitis are also more susceptible to viral infections. Eczema herpeticum is a life-threatening infection caused by herpes simplex virus-1. Patients present with widespread blisters, fever, and fatigue. The blisters appear in clusters and can cover a large area of the body. Eczema herpeticum is a medical emergency with complications including keratoconjunctivitis, meningitis, encephalitis or secondary bacterial sepsis.⁸

Diagnosis

Several number of diseases present with skin rashes that resembles atopic dermatitis. However, careful evaluation of the morphology

and localization of the rash combined with information about the individual patient usually leads to a diagnosis. Diseases that sometimes resemble atopic dermatitis are scabies, seborrheic dermatitis, and contact dermatitis.⁸

Case report

A 70-year-old male visited to the OPD on 21/1/2019 at Dr Girendra Pal Homoeopathic Hospital & Research Centre, (Collegiate Hospital of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre,) Homoeopathic University Saipura, Sanganer Jaipur, presented with skin eruptions on face and right hand since 6 month. Skin was dry, scaly and unhealthy. Itching and burning on eruptions <open air, scratching and washing, night >warm weather.

History of presenting complaints

Patient was apparently well before 6 months back, gradually he started having complaint of skin eruptions on face and right hand.

Mental generals

- Irritability
- anger violent
- Desire company
- Very forgetful
- Difficult thinking

Physical generals

- Thermal reaction: sensitive to both heat and cold
- Craving: spicy food

- Thirst - decreased, 2 glass/day

Particulars

- **Location:** face and right hand
- **Sensation:** eruptions since 6 months
- Itching and burning
- **Modalities:** <open air, scratching and washing, night

>warm weather

Past history

He had suffered from tuberculosis in the past roughly 15 years back, took allopathic treatment

Clinical findings

Body image: Ectomorph;
Consciousness: Conscious, well oriented about person, place, time

Height: 169 cm

Weight: 59 kg

Blood pressure- 118/76 mm of Hg

Temperature- Afebrile 97.4F (auxiliary)

Pulse- 76/minute

Respiration Rate-22/minute

Other general and systemic examination: Nothing specific

Local Examination: site-face and right hand

Character- red eruptions

Number- multiple

Itching- present

Burning /any other sensation- present

Discharges- absent

Analysis and evaluation of symptoms

	Symptoms	Intensity
Mental generals	<ul style="list-style-type: none"> • Anger violent • Very forgetful • Irritability • Desire company • Difficult thinking 	(+3) (+2) (+2) (+1) (+1)
Physical generals	<ul style="list-style-type: none"> • Thermal reaction: sensitive to both heat and cold • Craving for spicy food • Thirst decreased 	(+1) (+3) (+1)
Particulars	<ul style="list-style-type: none"> • Eruptions on face and right hand • Itching on eruptions • burning on eruptions • <open air • <scratching • <washing • <night • >warm weather 	(+3) (+3) (+3) (+1) (+3) (+1) (+3) (+1)
Uncommon	Nothing specific found in patient	-
Common	dry, scaly and unhealthy skin	-

Miasmatic analysis of symptoms^{9,10,11,12}

S.No.	Symptoms	Psora	Sycosis	Syphilis	Latent psora
1	Anger irascibility – violent.	12	4	e	4
2	Forgetful	2	34	E	
3	Irritability	12e	234		
4	Desires pungent things				
5	Eruptions on face – itching – night agg.	129			
6	Eruption on face – burning –scratched	19			
7	Eruption on hand	12			
8	Eruption on hand – itching	12			

Predominant miasm: Psora

Totality of symptoms

- Anger violent
- Very forgetful
- Irritability
- Desire for spicy food
- Eruptions on face – itching < night
- Eruption on face – burning when scratched
- Eruption on hand
- Eruption on hand - itching

Fig 1: Figure showing Repertorisation (repertory sheet) of case from Kent’s Repertory using RADAR software¹³

Selection of remedy and its potency with justification^{14,15,16,17}—

Sulphur was selected as first prescription because First of all it covers maximum marks with maximum rubrics after

repertorisation. After comparison of symptoms from various books of materia medica, sulphur appears to be most similar remedy to the totality of symptoms of the patient. General constitutional and mental picture of the patient is also similar to sulphur as described in different material medica in miasmatic

prescribing sulphur covers psoric (+++) and sycotic (++) miasms. so, on the basis of totality and miasm ,sulphur was selected . 30C potency was selected and prescribed in this case as per Hahnemann’s guidelines.

First prescription – Sulphur 30/1dose and Phytum 30 thrice a day for 7 days.

Table 1: Follow ups of the case

Date	Symptomatology	Prescription	Justification
28/1/19	Itching and burning in skin eruptions-better	Placebo 30/tds for 7day	As there was improvement
4/2/19	Itching and burning in skin eruptions-aggravated(reappear)	Sulphur 30 /1 dose, stat Placebo 30/TDS for 12 days	Repetition of medicine because Symptoms were aggravated(reappear) ^{14,18}
21/2/19	Itching and burning in skin eruptions-better	Placebo 30 / TDS for 10 days	As there was marked improvement
1/3/19	Itching and burning in skin eruptions-better	Placebo 30 / TDS for 10 days	As there was marked improvement
9/3/19	Itching and burning in skin eruptions-better	Placebo 30 / TDS for 10 days	As there was marked improvement
25/3/19	Itching and burning in skin eruptions-better	Placebo 30 / TDS for 10 days	As there was marked improvement
4/4/19	Itching and burning in skin eruptions-better	Placebo 30 / TDS for 10 days	As there was marked improvement



BEFORE



AFTER

Fig.2: Pre and Post treatment photographs

Discussion and conclusion

Case was treated with *Sulphur 30c*, prescribed on basis of reportorial totality. Pre and Post treatment photographs were assessed, which showed significant improvement in post treatment photographs along with relief of symptoms.

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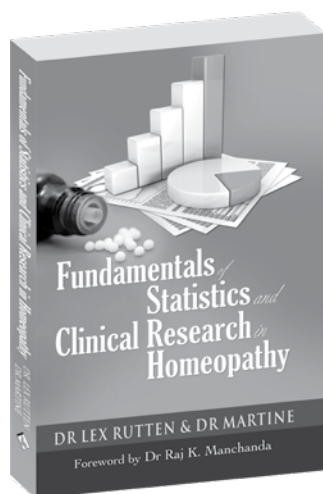
About the authors

Dr Ruchi Singh, MD (Associate professor, Department of Organon of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University), Saipura, Sanganer, Jaipur, Rajasthan, India.)

Dr Anjana Kumari, MD Part I (PGR, Department of Organon of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University), Saipura, Sanganer, Jaipur, Rajasthan, India.)

Dr Rajshree Jangid, MD Part II (PGR, Department of Organon of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University), Saipura, Sanganer, Jaipur, Rajasthan, India.)

Fundamentals of Statistics and Clinical Research in Homeopathy Dr Lex Rutten and Dr Martine



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Role of homoeopathic constitutional medicine in vitiligo- a case report

Dr Priyanka Bharti

Abstract: A case of vitiligo is being discussed in the following article which was cured by individualised remedy, *Sulphur*.

Keywords: Vitiligo, *Sulphur*.

Abbreviations: OPD: outpatient department, No.: number, agg.: aggravation, OD: once a day, BD: twice a day

Introduction

Vitiligo is a common dermatological disorder of chronic depigmentation which phenotypically characterised by white macules on the skin caused as a result of a systemic destruction of functional melanocytes. Though it affects 1% of population worldwide but having a significant psychosocial impact on the quality of patient's lives since their symptoms are visible. Vitiligo doesn't cause notable physical impairment but affects human self-esteem in various ways: predisposes social isolation, depression, difficulties in sexual relationship and suitability for marriage. Some studies have stressed psychiatric comorbidity in patients with vitiligo with the prevalence of 25-35% in Europe and India.

However, treatment and control of vitiligo remain major challenges worldwide and currently, the available treatment options for patients with vitiligo have limited effectiveness but homoeopathic constitutional medicine is said to be effective in treating vitiligo. A constitutional prescription should be based on the totality of the mental and physical reactions which should also be able to cover the level of susceptibility, the tendencies, the behavioural pattern and underlying miasm.

Identification of the patient

Miss ABC, 13-year old girl, OPD registration No.: C00956/ 5238, of Sakara, Muzaffarpur, visited in R.B.T.S. OPD on 02/08/19.

Presenting complaints

Extensive and generalised white discoloration of skin all over body except few regions for 5 years.

Location- all over body except some areas in the body.

Sensation- itching and burning when exposed to heat.

Modalities- <heat in any form, scratching, sunlight, cosmetics, mustard oil

History of presenting complaints

Duration- since 5 years.

Mode of onset- gradual

Probable cause- not known

Treatment taken- homoeopathic medicine taken followed by some relief.

Past history

Nothing significant found.

Family history

Paternal side- Grandfather- had tu-

berculosis.

Maternal side- mother suffering from gall stone.

Own side- younger brother suffering from vitiligo.

Personal history

Occupation- student

Accommodation- pakka house; well ventilated.

Relation with family members- good.

History of vaccination – done at proper age.

Generalities

Physical generals

- General modalities- most of the complaints aggravated by heat in any form, cosmetics, mustard oil.
- Thermal reaction- extremely hot patient.3+
- Appetite- good, rumbling in abdomen if not taken meal at proper time.
- Thirst- moderate; 3-4 litres/day
- Desire/Craving- sweet 3+ (craves)
- Aversion- meat 1+
- Intolerance- mustard oil 3+, heat in any form 3+, cosmetics 3+, color 3+
- Tongue- moist, posteriorly slight coated.
- Salivation- moderate

CLINICAL

- Taste of mouth- no perverted taste of mouth.
- Bowel/ stool- regular, clear stool. Sometimes loose.
- Urine- clear, sometimes burning if less water is consumed.
- Perspiration- more on head; palm moist & hot.
- Sleep- sound, 8-9 hours.
- Dream- not remembered; sometimes of ghost.
- Abnormal discharge (if any)- nothing.
- Menstrual history- menarche not yet.
- Others- burning palm and sole.
-On examination, thin nails.

Mental generals-

- Mild generally; get angry when brother teases her.
- Non-communicative 2+

General examination

- Built- thin

- Appearance- normal, broad forehead and increased space between two eyes.
- Pulse rate-74/minute
- Pallor- mild present
- Respiratory rate- 18/minute

Analysis and evaluation of symptoms

Mental generals

- Non-communicative 2+

Physical generals

- Desire- sweets 3+
- Aversion- meat 1+
- Thermal reaction- hot 3+

Particulars

- Allergic to mustard oil, colour, and cosmetics. 3+
- Burning palm and sole.
- Extensive and generalised white discoloration of skin. 3+

- Itching all over body; <scratching 3+, heated when 3+
- Broad forehead and increased space between two eyes.
- On examination, thin nails

Miasmatic analysis

From presenting symptoms, characteristic mental generals, physical generals and characteristic particulars along with family history, it was evident that the case is multi-miasmatic with syphilitic predominance.

Totality of symptoms

- Craving –sweet.
- Allergic to mustard oil, colour and cosmetics.
- Thermal reaction- hot patient.
- Itching <heat, scratching.
- Extensive white discoloration of skin.

Conversion of symptoms into rubrics

SYMPTOMS	CHAPTER	RUBRICS
Desire- sweets	Generalities	Food and drinks-sweet- desire
Allergic to colour, mustard oil, cosmetic products	Generalities	Allergic constitution
Thermal – hot	Generalities	Heat- sensation of
Itching of skin <heated when	Skin	Itching-warm becoming on
Itching of skin< scratching	Skin	Itching-scratching –agg.
Extensive white discoloration of skin	Skin	Discoloration- white spots

Repertorisation

Working method- computer method

Software used- RADAR

Repertorisation method- synthesis repertory used.

(See Repertoization Sheet)

Repertorial analysis

Sulphur- 15/6

Phosphorus- 9/6

Pulsatilla nigricans- 11/5

Mercurius solubilis- 10/5

Repertorial selection

As *Sulphur* covers maximum numbers of rubrics and scored maximum points, therefore *Sulphur* was the repertorial selection.

Final selection of the medicine

After considering the whole case and consulting with materia Medica, *Sulphur* was found to be the final selection for prescription.

Clipboard 1		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. GENERALS - FOOD and DRINKS - sweets- desire	(198)	1																							
2. GENERALS - ALLERGIC constitution	(63)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. GENERALS - HEAT - sensation of	(210)	1	3	2	3	2	1	1	3	3	2	2	2	2	3	1	2	1	1	1	1	1	1	1	3
4. SKIN - ITCHING - warm - becoming, on	(30)	1	3	1	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. SKIN - ITCHING - scratching - agg.	(83)	1	3	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. SKIN - DISCOLORATION - white - spots	(26)	1	2	2	2	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Repertoization Sheet

Prescription

1. Sulphur 1M/1dose

1 globule no. 30; aqua dist. 10 ml; 1 dose.

To be taken in the morning empty stomach

2. Rubrum 30/ 1 dram

BD for 15 days.

General management advised

- Do not use any cosmetics and cream.
- Do not get exposed much into sun.

Follow up

Date	Change in symptoms	Medicine prescribed	Assessment	Remarks
21/8/19	Slight brown pigmentation appeared in forehead region.	Rubrum 30/1 dram; OD(M) Saclac 30/ 1 dram; OD(N)	2	Slight Improvement.
09/09/19	Marked brown pigmentation appeared; itching reduced .	Rubrum 30/1 dram; BD	2	Improving.
18/09/19	Improvement still going on; itching lessened	Saclac30/1 dram; OD(M) Phytum 30/1 dram; OD(N)	2	Improving.
10/1/20	Skin of forehead regained its normal colour; normal skin colour appeared in palm and face.	Rubrum 30/ 1dram BD	4	Improving.
24/1/20	Normal skin colour appeared in shoulder and forearm and neck.	Rubrum 30/1 dram;BD	3	Improving.
07/02/20	No significant change	Rubrum 30/1 dram; BD	0	Standstill.
26/02/20	Normal skin colour appeared in feet and face region. No marked amelioration.	Sulphur 1M/1 dose; OD(M) Rubrum 30/1dram;BD	2	Slow improvement.
13/06/20	Medicine discontinued. Condition stand still.	Sulphur 1M/1 dose; OD(M) Rubrum 30/1 dram; BD	0	Standstill

Conclusion

Patients suffering much ameliorated after taking homoeopathic constitutional medicine prescribed maintaining strict individuality which has shown the efficacy of homoeopathic constitutional medicine in case of vitiligo. The case is still under treatment and is doing well.

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Figure: Before treatment



Figure: Before treatment

About the author

Dr Priyanka Bharti, PGT, 2017
Batch, RBTS Govt. Homoeopathic

Medical College Hospital, Muzaffarpur
(Bihar).

Impetigo and *Sepia*

Dr Minakshi Das, Dr Maurya Manjurani Sheopal, Dr Partha Pratim Pal

Abstract: Skin is the mirror of the internal milieu of the body. Hence, treatment of any superficial or isolated symptoms actually requires methodical consultation, a constitutional prescription and proper management regarding diet and regimen. The present article deals with a child suffering from contagious variety of impetigo who was relieved from her papulo-pustular eruptions within 3 weeks time by 4 doses of *Sepia officinalis* 200.

Keywords: Contagious impetigo, *Sepia officinalis*, children.

Abbreviations: OPD: outpatient department, BD: twice a day, ICD: International Classification of diseases, ORIDL: outcome related to impact on daily living, cm: centimetre.

Introduction

Impetigo is a common cutaneous infection that is especially prevalent in children. The most frequently isolated pathogen is staphylococcus aureus¹. It is highly contagious superficial bacterial skin infection. The face, scalp and limbs are commonly affected but other sites can also be involved, particularly if there are predisposing factors such as eczema. All ages can be affected but non-bullous disease particularly affects young children, often in late summer. There are two main presentations: bullous impetigo, caused by a staphylococcal epidermolytic toxin, and non-bullous impetigo, which can be caused by either staphylococcus aureus or streptococci, or both together. Predisposing factors are minor skin abrasions and the existence of other skin conditions, such as infestations or eczema².

It manifests as very thin walled vesicles which rupture rapidly leaving behind ulcers covered with bright yellow crusts and pus³. The lesion spreads peripherally without central healing and many lesions may coalesce to form polycyclic plaques. On drying, the crust shed of leaving erythema which fades without scarring⁴. In severe

cases regional lymph nodes may be involved with fever and other constitutional symptoms³.

Case history

A female child aged 7 years came to OPD with her mother having multiple papulo-pustular eruptions on face, mainly over nose and forehead area since one week. It started as small isolated vesicles which enlarged into blebs (bullae) and became pustular. The blebs ruptured with discharge of turbid content. Now, the blebs had become flat and depressed in the centre.

Generalities: The child has excessive desire for sour things. Her appetite and thirst was moderate. Stool was semisolid and unsatisfactory along with sometime pain in abdomen which was relieved by passing flatus. There was flatulence after eating bread at most of the time as said by her mother. On slight exertion, she sweats profusely, having no offensive odour. Thermal reaction of the patient was chilly. Mentally, she was very calm and quiet in nature.

On local examination, there were multiple small reddish eruptions with excessive itching on nose and forehead area of face. There was accumulation of pus with

slight oozing of blood on scratching. The eruption was suppurating in nature.

Diagnosis

The case was likely to be diagnose has impetigo contagiosa, as the eruption was multiple papular-pustular on face, which initially started as vesicles. Impetigo contagiosa can be diagnose by the following points - very thin walled vesicles which rupture rapidly leaving behind ulcers covered with bright yellow crusts and pus. As per ICD -10 versions the code of impetigo contagiosa is L01.0⁵.

The differential diagnosis of impetigo contagiosa may be as follows: bullous erythema multiforme (vesicles arise from a portion of red plaques, 1 to 5 cm in diameter, on the extensor surfaces of extremities), bullous lupus erythematosus (widespread vesiculobullous eruption that may be pruritic, tends to favour the upper part of the trunk and proximal upper extremities), bullous pemphigoid (vesicles and bullae appear rapidly on widespread pruritic, urticarial plaques), herpes simplex virus (grouped vesicles on an erythematous base that rupture to become erosions covered by

crusts, usually on the lips and skin; may have prodromal symptoms), insect bites (bullae seen with pruritic papules grouped in areas in which bites occur), pemphigus vulgaris (non pruritic bullae, varying in size from one to several centimetres, appear gradually and become generalised, with hyperpigmentation, but no scarring occurs), Stevens-Johnson syndrome (vesiculo-bullous disease of the skin, mouth, eyes, and genitalia; ulcerative stomatitis with haemorrhagic crusting), thermal burns (history of burn with blistering in second-degree burns), toxic epidermal necrolysis (Stevens-Johnson-like mucous membrane disease followed by diffuse generalised detachment of the epidermis) and varicella (thin-walled vesicles on an erythematous base that start on trunk and spread to face and extremities; vesicles break and crusts form) ⁶.

Case analysis

After proper case taking and diagnosis, the case is analysed properly to make the totality of symptoms. Pustular, itching eruption, desire sour things, intolerance to bread, tendency to take cold easily, easily tired on exertion are the keynote symptoms for prescriptions.

Evaluation of symptoms

- **Mental general** - patient was very calm and quiet.
- **Physical general** - excessive desire for sour things, intolerance to bread, profuse perspiration, and thermal reaction is chilly.
- **Particular symptoms** - multiple papulo-pustular eruptions on face, mainly over nose and forehead area, which when ruptured with discharge of turbid content.




Repertorisation

Remedy Name	Sep	Gnath	Bread	App	Hyp	Sweat	Hicc	Calc	Lyc	Aloe
Totality	20	19	16	10	10	10	10	10	10	10
Symptom Covered	9	7	7	7	7	7	6	7	7	7
[KT] [Face]Eruptions (see skin)Impetigo:	1	2	2	1	2		2	1	2	2
[KT] [Skin]Eruptions:Itching,oozing:		3								
[KT] [Skin]Eruptions:Itching:	3	3	3	3	2	3	3	2	2	2
[KT] [Skin]Eruptions:Pustules:	2		3	3	2	3	2	2		2
[KT] [Skin]Eruptions:Suppurating:	3	3	3	2	2	2	3	2	3	3
[KT] [Stomach]Desires:Sour,acids,etc.:	2		1	2	3	2		2		
[KT] [Stomach]Disordered:Bread,after:	2								1	2
[KT] [Abdomen]Pain:Aching,dull pain (see Boring,Gnawing,etc.):Flatus,passing:Amel:	2	2				1			2	
[KT] [Perspiration]Exertion:During slight (see walking):	3	3	3	2	2	3	3	3	3	2
[KT] [Generatives]Heat:Vital,lack of:	2	3	3	3	3	2	3	3	2	2

Finally, *Kent Repertory* was preferred for systemic repertorisation by using HOMPETH software ⁶. The repertorisation chart is given as follows:

Table 1

Follow ups

Date	Indications for prescription	Medicine
1 st visit 02.04.2018		<i>Sepia officinalis</i> 200 BD x 2 days Followed with placebo for one week
2 nd visit 11.04.2018		Since, patient was improving (ORIDL = 3), placebo was continued for one more week
3 rd visit 19.04.2017		Placebo was continued as face was almost cleared. Only, the discoloration due to the eruptions was visible as small circumscribed macular spots over nose and face, for which <i>Berberis aquifolium</i> ointment was given. The final picture couldn't be obtained as patient didn't come back to OPD

Discussion

Impetigo, a highly contagious skin condition, usually occurs on the face, neck and hands of young children and infants. There are various literature authenticities that prove, *Sepia officinalis* is one of the frequently used remedy in different variety of skin disease condition including impetigo. Vesicular eruptions in the axilla, upon the tips of the elbows; eruptions that pile up in great crusts on the elbows; thick crusts form upon the joints; eruptions between the fingers; moist eruptions that pour out a watery fluid, or thick, yellow, purulent fluid are the therapeutic characteristics of *Sepia officinalis* regarding the sphere of skin⁶. Itching which often changes to burning when scratched. Painful eruptions on tip of nose⁷ are few more indications which are also elicited in the above case report.

From the database of published articles on impetigo it was found that in a case of 82 years of male patient suffering from impetigo having co-morbidity of type 2 diabetes mellitus was cured completely with *Hepar sulphuricum* 30^s. In another case of female child 3 yrs of age suffering from impetigo contagiosa had responded well to *Hepar sulphuricum* 200 prescribed on basis of totality of symptoms within 2 weeks⁹. Finally, in a documented case of a young unmarried girl of 22 years of age suffering from contagious impetigo having symptoms of pustular eruption of skin over her neck and face along with unbearable pain, fever, stiffness of neck, swelling of both eye, feet and intense itching was healed by *Mezereum* 200C with *Staphylococcinum* 200C given as an intercurrent remedy¹⁰.

Conclusion

Homoeopathy, in most instances, has documented evidences to remove infections of skin and in the present era of ever-increasing microbial resistance to pharmaceuticals, homoeopathic medicines hold a unique position in their ability to provide safe and effective solution, especially in cases of impetigo. The above illustrated case with evidence based photography is such an example.

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About the authors

Dr Minakshi Das, PGT, Department of Materia Medica, R.B.T.S Govt. Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar.

Dr Maurya Manjurani Sheopal, Senior Research Fellow (H), Dr Anjali Chatterji Regional Research Institute (H) of Kolkata, Under Central Council for Research in Homoeopathy Ministry of AYUSH, Govt. of India.

Dr Partha Pratim Pal, Research Officer (H)/ Scientist-I , Dr Anjali Chatterji Regional Research Institute (H) of Kolkata, Under Central Council for Research in Homoeopathy, Ministry of AYUSH, Govt. of India.



Guttate psoriasis improved homoeopathically: a case report

Dr Dewesh Kumar Dewanshu, Dr Bhaskar Sarkar, Dr Pralay Sharma

Abstract: Psoriasis is a common, immune-mediated skin disorder that can manifest as multiple clinical phenotypes. Psoriasis affecting most commonly the scalp, face, nails, palms, soles, extremities and intertriginous regions. The plaque psoriasis is the commonly found in the population but there are many types of psoriasis can affect the human population. Among them psoriasis guttate is a form of psoriasis that often starts at an early age (childhood to young adulthood). This is the second most common type of psoriasis, after plaque psoriasis and about 8 percent of people with psoriasis develop guttate psoriasis. Treatment are various and complicated in modern medicine with a low success rate. But in homoeopathy cure can take place by simple means as it is based on the similia similibus curentur. Here a case of guttate psoriasis of three years long improved homoeopathically has been discussed.

Keywords: Guttate psoriasis; homoeopathy; individualisation; *Arsenicum iodatum*, LM potency

Abbreviation- *Arsenicum iodatum* (Ars iod), fifty millesimal potency (LM potency), thymus cell (T cell), human leucocyte antigen (HLA), oculus dexter(OD), International classification of diseases (ICD), antistreptolysin O titer (ASO), United States Homoeopathic Pharmacopoeia (HPUS).

Introduction

Psoriasis is a common, immune-mediated skin disorder that can manifest as multiple clinical phenotypes affecting most commonly the scalp, face, nails, palms, soles, extremities and intertriginous regions.¹ Guttate psoriasis precipitated by acute streptococcal infection and physical trauma (koebner's phenomenon) is a major factor in eliciting lesions of psoriasis.^{2,3} Psoriasis can be classified on the basis of onset, evolution and morphology such as chronic plaque psoriasis (commonest), acute guttate psoriasis and pustular psoriasis.⁴ The plaque psoriasis is most commonly found in the population but there are many types of psoriasis can affect the human population. Among them guttate is a variety of psoriasis that often starts at an early age (childhood to young adulthood). This is the second most common type of psoriasis, after plaque psoriasis and about 8 percent of people with psoriasis develop guttate psoriasis.⁵ Guttate psoriasis is a distinctive acute form

of psoriasis in which a shower of small erythematous plaques appears in widespread distribution over the body. It develops within 2-4 weeks after an episodic tonsillitis or pharyngitis, mostly due to beta-hemolytic streptococci and up to 33% of the patients can progress to the chronic plaque form in 10 years.^{6,7,8} The diagnosis of psoriasis is primarily clinical and hallmark of classic plaque psoriasis is well-demarcated, symmetric, and erythematous plaques with overlying silvery scale. Removal of scale results in appearance of minute blood droplets (Auspitz' sign).³ Plaques are typically located on the scalp, trunk, buttocks, and extremities but can occur anywhere on the body. Laboratory findings are not constant when uncomplicated. Increased ASO titre in acute guttate psoriasis with antecedent streptococcal infection is seen.³ The ESR is unaffected, modest hyperuricaemic and occasional low folate level may present.⁹ The guttate psoriasis can be diagnosed by the following features¹⁰

- Acute eruption of "dew-drop," salmon-pink, fine-scaled, small papules on the trunk or limbs.
- Can follow history of group A streptococcal pharyngitis or perianal group A streptococcus dermatitis

The guttate psoriasis has a better prognosis than the other types though it has a tendency to become chronic plaque psoriasis in the later life³. Treatment of psoriasis in conventional treatment is many, like application of topical agents, corticosteroids, and immunosuppressive agents like cyclosporine, acitretin, methotrexate, retinoid analogue tazarotene etc. which have many side effects.^{1,7,8} Recurrences and remission are very common in the treatment of psoriasis. In homoeopathy we consider skin diseases as external manifestations of internal disorders. The disease conditions have developed as an expression of the inward turmoil and distress under which the whole individual suffers.¹¹ Dr. Samuel Hahnemann says in his Organon of

Medicine that the disease is not local although there may be local clinical expression predominantly and he also mentioned that to remove the external malady, internal medicine corresponding to the totality of symptoms should be administered to the patients¹². So, when we consider this one should consider administering internal remedy to remove this type of skin disease. One such case, which improved satisfactorily by Homoeopathic treatment, is presented here.

Case history

A male patient named DK aged 9 years came for consultation with skin eruption, exfoliation and crust on legs, abdomen, back. The eruption is too much itchy in nature without any discharge. Silvery White scales were present with raw surface and after scratching scales were coming off. Initially eruption was not spread much but restricted on upper part of the body. He took various local medicines including modern medicine without much benefit. After sometime the patient left the allopathic mode of treatment and switch on to the Homoeopathic mode. Family history – Father-Tuberculosis. Physical generals- Thermal reaction- Hot patient, he can't tolerate hot weather. His appetite is too much and can't tolerate hunger; thirst was profuse taking 4-5 lit per day. He had desire for sweets and aversion to brinjal. Tongue was clean and stool was constipated and not satisfactory. Urine was normal. Sleep was disturbed because of fearful dream. Patient had a tendency for catches cold with slight change of weather. Mental general- Irritable, Changeable mood, Fearful, Aversion to answering. Local and systemic examination- on examination it was found that the Auspitz's Sign is positive. The patient was moderate

in built. His vital parameters were all within normal limits.

Diagnosis

The diagnosis of psoriasis is primarily clinical and hallmark of the guttate psoriasis: increased ASO titer in acute condition with streptococcal infection.³ The guttate psoriasis can be diagnosed by the following features¹⁰ - Acute eruption of "dew-drop," salmon-pink, fine-scaled, small papules on the trunk or limbs. ICD Code of Guttate Psoriasis is L40.4.¹³

Analysis

After analysing the case with consideration of mental generals, physical generals and particular symptoms we make the totality of symptom which is the heart of the prescription of Homoeopathic system of medicine. Nature and character of the eruption and itching, thermal reaction of the patients, thirst for large quantity of water, increased appetite, irritability, mood changeability, fear, aversion to answer and tendency to catch cold are the guiding symptoms for prescription.

Evaluation of symptoms

1. Mental general- Irritable, changeable mood, aversion to answering.
2. Physical generals- Thermal

reaction- hot patient, he can't tolerate hot weather. His appetite is too much and can't tolerate hunger; thirst was profuse taking 4-5 litres per day. He had desire for sweets and aversion to brinjal. Sleep was disturbed because of fearful dream. Patient had a tendency for catches cold with slight change of weather.

3. Particular general – Itching eruption with exfoliation and crust on legs, abdomen, back without any discharge.

Miasmatic interpretation

All skin eruptions are either secondary or tertiary manifestations of miasmatic action. The skin is the mirror or the reflector of the internal stress, the internal dynamics, the internal workings of this human nature¹⁴. Master Hahnemann mentioned that 7/8th of all the chronic maladies are from psora while remaining are from syphilis and sycosis or from a complication of two of these three miasmatic chronic diseases or from a complication of all three of them.¹⁵ H.A.Roberts mentioned psoriasis as marriage of all the miasms or stigmata, but its characteristics are predominantly psoric and sycotic¹¹.

Repertorisation¹⁶

See figure: 1

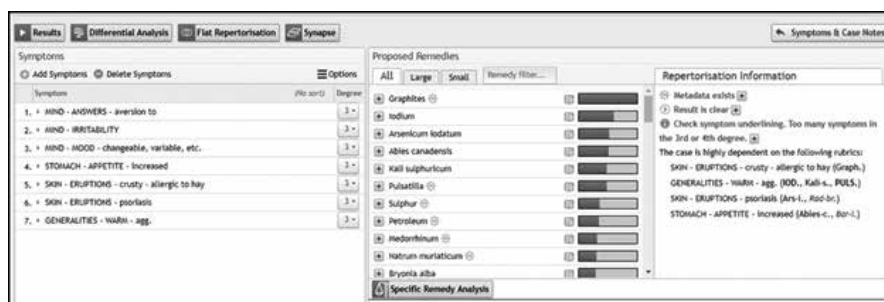







Figure: 1

After considering above present totality repertorisation done from software version of Vithoulkas compass indicating following medicines for the case shown in fig- 1. The score from highest to lowest are as follows: *Graphites*>

Iodum > *Arsenicum iodatum*> *Abies canadensis*> *Kalium sulphuricum*> *Pulsatilla nigricans*> *Sulphur* etc. After consulting with materia medica finally *Arsenicum iodatum* in LM potency was given. The selection of LM potency was done

as because the case is chronic one and chances of aggravation is more, so to reduce these possibilities, the LM potency is the best as per rule of posology mentioned in *Organon of medicine*.

Table -2: Follow ups: are presented in a tabular format along with the photograph as follows.

Visit	Present condition	Photograph	Prescription
18/01/2020	Skin eruption with exfoliation and crust formation with itching.		<i>Arsenicum iodatum</i> 0/2 ODX16 DAYS, followed by <i>Arsenicum iodatum</i> 0/4 ODX16 DAYS
08/02/2020	Healing continue with exfoliation and less crust. Itching reduced.		Placebo 200/100ml OD
21/02/2020	Exfoliation of skin less with no crust and reduced itching.		<i>Arsenicum iodatum</i> 0/6 ODX16DAYS, Followed by <i>Arsenic Iodatum</i> 0/8 ODX16 DAYS
20/03/2020	Exfoliation of skin very less with no itching but spot of white patches persists.		<i>Arsenicum iodatum</i> 0/10 OD X 16 DAYS, followed by <i>Arsenicum iodatum</i> 0/12 ODX16 DAYS
05/06/2020	No more exfoliation of skin, no crust, no itching but white patches still persist. Patient still under treatment.		<i>Arsenicum iodatum</i> 0/14 ODX16 DAYS, followed by <i>Arsenicum iodatum</i> 0/16 ODX16 DAYS

Discussion

Arsenicum iodatum was originally used by H. Nankivell, on analogical grounds, in cases of phthisis. It has had a short, independent proving and symptoms observed on patients have increased pathogenesis. The conditions resemble more closely

those of *Arsenicum iodatum* than those of *Iodum* ¹⁷. The selection of *Arsenicum iodatum* is based on the totality of mental general, physical general and particular general of the case. The reason for selection of LM potency is due to chronic condition of the case and the chances of aggravation is least. Further it is easy

to modified the doses of LM potency. The patient improved gradually through *Arsenicum iodatum* in LM potency with proper repetition as per the Hahnemannian guidelines. The assessment of improvement is done by modified Naranjo criteria. Assessment by modified Naranjo criteria

SN.	ITEMS	YES	NO	NOT SURE
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 time frame relative to the drug intake?	+1		
3.	Was there an initial aggravation of symptom?		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?	+1		
6.	Did the course of improvement follow Herring's Rule?	+1		
7.	Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			
8.	Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
9.	Was the effect confirmed by objective evidence as measured by external observation(s)?		+1	
10.	Did repeat dosing, if conducted, create similar clinical improvement?			0

The final score in this case was obtained using the modified Naranjo criteria, as proposed by the HPUS clinical data Working Group.¹⁸ The total score was 8 and this score suggesting a probable association between the medicine and outcome [definite: ≥ 9; probable 5-8; possible 1-4; and doubtful ≤ 0].

Conclusion

Homoeopathy is the holistic system of medicine which treats the patient not the disease. In this system of treatment, a constitutional medicine like *Arsenicum iodatum* which prescribed on the basis of totality of symptom that improve the advance pathological condition like psoriasis. Psoriasis is a psychosomatic disorder in which disease is developed as because of mental trauma and stress. The fifty millesimal potency is the advanced form of potency which is developed by Hahnemann in 6th edition of organon of medicine after the so many years of work and it is the finest work of entire life of master. In this

potency the chances of aggravation and modulation of doses is very much easy so in this case we use the fifty millesimal potency. After the proper homoeopathicity the case was improved satisfactorily and the is still under treatment as the chances of recurrences are always there.

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About the author

Dr Dewesh Kumar Dewanshu, MD (Hom- Hom. Pharmacy), Assistant professor, Dept. of Homoeopathic pharmacy, Govt. Homoeopathic Medical College & Hospital, Paraspani, Godda, Jharkhand

Dr Bhaskar Sarkar, MD (Hom-Materia Medica), Assistant Professor, Obs & Gynae, Govt. Homoeopathic Medical College & Hospital, Paraspani, Godda, Jharkhand

Dr Pralay Sharma, MD (Hom), Deputy Hospital Superintendent, National Institute of Homoeopathy, Kolkata, WB.



Homoeopathic treatment of psoriasis: a case report

Dr Hozaifa Ayubi

Abstract- Psoriasis is one of the most common skin disease nowadays, as in the most of the cases, the exact cause is unknown. Psoriasis is a auto-immune disorder which is very difficult to cure as after treatment its recurrence rate is very high as it recur after 5-6 months of treatment but by homoeopathic treatment, one cannot only cure the disease but can control the recurrence rate. Homoeopathy, however, provides a better response in such condition, one such case report is presented below. Patient attended outdoor patient department (OPD) for complaints of severe itching of scalp, dandruff, scaling and shinning of scalp. She was suffering from scalp psoriasis for 2 years. After unsatisfactory outcome from modern medicine and ayurvedic, patient turned to homoeopathic treatment. After case taking, repertorisation, and miasmatic point of view, *Sulphur* was prescribed, and gradually, the potency was increased as per response of medicine upon patient. Within 1.5 year of homoeopathic treatment, the patient started improving, and continued to be free from his complaint at the time of last follow-up visit in OPD.

Keywords- Psoriasis, auto-immune disorder, recurring, *Sulphur*, homoeopathy, miasmatic treatment.

Abbreviations- quality of life (QoL), outdoor patient department (OPD), non-communicable diseases (NCDs).

Introduction

Psoriasis is a chronic, non-communicable, painful, disfiguring and disabling disease for which there is no cure and with great negative impact on patients' quality of life (QoL). It can occur at any age, and is most common in the age group 50–69. The reported prevalence of psoriasis in countries ranges between 0.09% and 11.4%, making psoriasis a serious global problem. The etiology 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 auto-antigen 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⁽¹⁾. Psoriasis involves the skin and nails, and is associated with a number of co-morbidities. Skin lesions are localised or generalised, mostly symmetrical, sharply demarcated, red papules and plaques, and usually

covered with white or silver scales. Lesions cause itching, stinging and pain⁽²⁾. Between 1.3% and 34.7% of individuals with psoriasis develop chronic, inflammatory arthritis (psoriatic arthritis) that leads to joint deformations and disability. Between 42% and 69% of all patients suffering from psoriasis develops nail changes. Individuals with psoriasis are reported to be at increased risk of developing other serious clinical conditions such as cardiovascular and other non-communicable diseases (NCDs). Psoriasis causes great physical, emotional and social burden. There is also a significant cost to mental well-being, such as higher rates of depression, leading to negative impact for individuals and society. The treatment of psoriasis is still based on controlling the symptoms. Topical and systemic therapies as well as phototherapy are available. In practice, a combination of these methods is often used. The need for treatment is usually lifelong and is aimed at remission with so many side-effects on body by these treatment. So far, there is no therapy that would give hope for a complete cure of psoriasis.

Clinical Presentation

The onset of scalp psoriasis is often with seborrhoeic dermatitis. Dandruff tends to itch more and it has a greasy appearing yellow scale. Scalp psoriasis may itch and become easily irritated during a flake, however, it may also affect your hairline or creep down onto your forehead, nape of neck or ears.

Psoriasis is common on scalp at least 50% of the people have plaque psoriasis.

- red skin covered with flakes and shiny scales.
- skin flakes (dandruff) that may attach to the hair shaft.
- patchy shiny scales or thick crust on the scalp that may bleed when removed.
- patches that may extend beyond hairline or appear on other parts of the body.

Itching and irritation will be there.

Inflammatory, red, sharp, demarcated, raised, dry, differently sized plaques, usually covered by silvery or white scales. Involves the scalp and the area behind the ear,

CASE STUDY

the exterior surface of the forearm, skin on bends⁽³⁾.

Investigation

Diagnosis of psoriasis is typically made by a physical examination, medical history and relevant family history. Some laboratory test including microscopic examination of skin biopsy and x-ray may be useful.

As in modern medicine they use tropical treatment and tropical corticosteroid but these drugs are having side-effects which affect the body in several ways. The harms liver, kidney, causes acne, burning, dilated blood vessel, irritation and loss of skin colour. Loss of effectiveness- after some time the patient become used to this type of treatment and these will not work on patient anymore⁽⁴⁾.

Case report

A 20 years old female patient attended out-patient department in December 2018 with the following complaints:

Scaling with severe itching of scalp since 2 years especially in cold weather, or on becoming cold. Severe itchy eruptions and falling of dandruff and hair since 2 years with burning on itching with watery discharge after scratching especially in cold weather.

History of present complaints-

She was under treatment on both allopathic and ayurvedic system of medicine but it gives temporary relief after 2 years of suffering she visited our OPD in December 2018.

Personal history-

Addiction- nil

Occupation- student

Past history- patient suffered from chicken pox 3 years ago.

Family history- Both mother and father suffered from Diabetes. And brother suffers from dandruff.

Generals

Her appetite was good but cannot remain empty stomach for prolonged period. She had desire for sour food, acid, bitter, and warm food and thirst is moderate amount with scanty perspiration. Bowel movement was regular and has to go in early in the morning. Thermal reaction of patient was hot (preferred winter and cannot tolerate heat) and always irritable in morning with religious affection. A general feeling of weakness accompanies the patient most of the time.

Local and systemic examination-

Tongue was clean and moist.

Aanemia- mild.

Diagnosis – By accessing the sign and symptom clinically it probably a case of plaque psoriasis (scalp).

Analysis of symptoms-

After analysing the symptoms of the case, the following characteristic

mental, physical and particular symptoms were considered for framing totality:

Morning irritability with religious affection

Lassitude in general

Desire for sour food and acid with early morning diarrhoea

Miasmatic evaluation using “The Chronic Diseases” by Dr Samuel Hahnemann showed the predominance of psoric miasm.⁽⁵⁾

Considering the above mentioned symptoms, *Kent’s Repertory* was preferred and done by RADAR software systemic repertorisation⁽⁶⁾. Repertorisation sheet is given below.

(See Repertorisation sheet)

Sulphur 200, 1 dose was prescribed along with *Rubrum* 200 on first visit on 18 december 2018 considering the reportorial totality and miasmatic background. The patient was improved symptomatically as compared to before on 12/01/2019.

Discussion

After repertorisation, many medicines, namely, *Sulphur*, *Arsenicum album*, *Lycopodium clavatum*, *Rhus toxicodendron*, *Sepia officinalis*, *Hepar sulphuricum*, *Lachesis mutus*, etc. came up but after

untitled
This analysis contains 269 remedies and 9 symptoms.
Intensity is considered

		1	2	3	4	5	6	7	8	9	
	Sum of symptoms (sort:deg)	9 15	7 13	6 12	6 10	6 10	5 10	5 9	5 9	5 8	
01. MIND - IRRITABILITY - morning	1	88	1	-	-	-	1	2	2	3	1
02. MIND - RELIGIOUS AFFECTIONS	1	11	2	2	-	2	-	2	-	-	-
03. HEAD - ERUPTIONS - itching	1	37	3	1	1	2	2	-	-	1	1
04. HEAD - ERUPTIONS - Scalp	1	13	2	3	3	2	-	-	2	-	-
05. HEAD - ITCHING of scalp - cold agg.; becoming	1	2	1	1	-	-	-	-	-	-	-
06. MOUTH - CLEAN Tongue	1	27	1	3	3	-	2	-	-	-	-
07. DREAMS - BUSINESS - day, of the	1	54	1	-	3	2	1	3	1	1	3
08. GENERALS - FOOD and DRINKS - milk - aversion	1	92	2	1	1	1	2	1	2	3	1
09. GENERALS - FOOD and DRINKS - sour food, acids - desire	1	153	2	2	1	1	2	2	2	1	2

Repertorisation sheet

consulting materia medica,⁽⁷⁾ *Sulphur* was prescribed which remain unchanged in the subsequent follow up and patient was responding well to medicine. *Sulphur* also covered the miasmatic background of the case.

Time including follow up-up of the case:

Follow-up date	Indication for prescription	Medicine with dose
18.02.2019	Scaling was better, itching was better, pain in abdomen since 1 week < night, after eating; > in empty stomach, thirst- moderate, tongue- clean	<i>Rubrum</i> / 2 weeks
On 04.03.2019	Scaling better, itching better, pain in abdomen better, thirst- moderate. Tongue- clean	<i>Rubrum</i> / 2 weeks
On 15.04.2019	Itching was better, scaling was better, loss of appetite was better, irritable in morning was better Thirst- moderate Tongue- clean	<i>Rubrum</i> / 2 weeks
On 15.05.2019	Itching aggravated than before, scaling aggravated than before, loss of appetite was better, irritable in morning was better Thirst- moderate Tongue- clean	<i>Rubrum</i> / 2 weeks
On 27.05.2019	Itching aggravated, scaling aggravated, loss of appetite was better, irritable in morning was better, thirst- moderate. Tongue- clean	<i>Sulphur</i> 1M/1 dose <i>Rubrum</i> / 2 weeks
On 24.06.2019	Itching was better, scaling was better Loss of appetite was better, thirst moderate. Tongue- clean	<i>Rubrum</i> / 2 weeks
On 31.07.2019	Itching was better, scaling was better, loss of appetite was better, cough and cold Thirst- moderate Tongue- clean	<i>Rubrum</i> / 2 weeks
5.09.2019	Itching was better, scaling was better, loss of appetite was better, cough and cold was better, thirst- moderate, tongue- clean, stool- satisfactory, urine- clear	<i>Rubrum</i> / 2 weeks
05.03.2020	There was no itching, no scaling, no lesion found, thirst- moderate, tongue - clean, urine clear, stool- satisfactory, appetite was good.	<i>Rubrum</i> / 2 weeks
08.04.2020	Better	<i>Rubrum</i> / 2 weeks

Conclusion

Homoeopathy treats the person as a whole, it eliminates the exciting and fundamentals cause by annihilating the disease manifestation (sign and symptoms). As psoriasis is an auto-immune disease It is very difficult to treat as its recurrence rate is very high, homoeopathy by taking the totality of symptom annihilate the sign and symptoms with no recurrence rate.

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About the author

Dr Hozaifa Ayubi, PG Scholar, Department Of Practice Of Medicine R.B.T.S Government Homoeopathic Medical College And Hospital, Muzaffarpur, Bihar



Role of homoeopathic medicine in management of psoriasis – a case study

Dr Manila Kumari

Abstract: Psoriasis, an immune mediated genetically determined common dermatological condition which affects skin, nails, joints and has various systemic associations. It's a common disorder in India with prevalence and epidemiological characteristics similar to the presentation of diseases. This case report highlights potential of homoeopathic management in psoriasis. A 43-year old female came to the outpatient department with presenting complaints of severe itching and scaling off of skin on abdomen, back and thighs for 5 years. She was treated with allopathic for the same but complaints were relapsed within a month after quitting of medicines. After case taking, she was treated *Mercurius solubilis*. She was completely recovered symptomatically from skin lesion, itching. This is the documentary evidence about the effectiveness of homoeopathic medicines for psoriasis.

Keywords: Psoriasis, totality of symptoms, homoeopathy.

Abbreviations: human leukocyte antigen (HLA), outpatient department (OPD), International Classification of diseases (ICD)

Introduction

Psoriasis is a common, chronic, non-communicable skin disease with no clear cause or cure. It is a papulo-squamous disorder of the skin characterised by sharply defined erythematous-squamous lesion. They vary in size from pinpoint to large plaques, may manifest as localised or generalised pustular eruption. It affects people of all ages, and in all countries.¹

It is chronic, inflammatory, immune-mediated, proliferated skin disorder that predominantly involves skin, nails and joints.² Psoriasis is a disfiguring and disabling disease with great negative impact on patient's quality of life. Numerous studies have reported the coexistence of psoriasis and other systemic diseases like cardiovascular disease, hypertension, dyslipidaemia. Diabetes mellitus and many more.³

Robert Willan, the father of modern dermatology, is credited with first detailed, clinical description of psoriasis and hence, it is also termed as *Willan's lepra*. The association between arthritis and psoriasis was first described by

Alibert in 1818, and the American Rheumatology Association recognised it as a separate entity in 1964.²

"Psora" is derived from a greek word meaning "to itch". Galen identified psoriasis as a skin disease through clinical observation and was the first to call it psoriasis.⁴

Epidemiology

According to an article published in 2016; the world wide prevalence of psoriasis is estimated to be approximately 2-3%, with higher prevalence in polar regions of world. In tropical/sub-tropical countries like India, the prevalence of psoriasis may vary from region to region due to variable environmental and genetic factors.²

The reported prevalence of psoriasis in countries ranges between 0.09% and 11.43%, making psoriasis a global problem with at least 100 million individuals affected world wide.³

Pathogenesis and risk factors

The pathogenesis of psoriasis is debatable. But the probable may be as follows:

1. Genetic, when a child with one affected parent has 14% chance of developing the disease and if both parents are affected this rise to 41%. HLA are regarded as the most important genetic marker for psoriasis and HLA-Cw6 is most strongly associated.⁵
2. Hyperproliferation- Time necessary for psoriatic epidermal cells to travel from basal cell layer to the surface and be cast off is 3-4 days, in contrast to the normal 26-28 days. Similarly, cell cycle time reduces from 163 hours to 37 hours. This accelerated epidermopoiesis does not allow normal events of cell maturation and keratinisation.
3. Decrease in T-cells due to absence of clones of T suppressor cells.

The disease may be precipitated by factors like- trauma, infection, climate, emotional stress etc.¹

Psoriasis is not only a disease having highly visible symptoms rather also associated with a multitude of psychological impairments. It causes embarrassment, lack of self esteem, anxiety and increased prevalence of

depression leading to higher rate of suicidal ideation than other patient.³

According to Hamer theory, psoriasis involves two separation conflicts: one is conflict active phase, causing a flaky skin; other is healing phase, showing an inflammation. Both phases overlap at the same area, presenting as silvery scales on thick red surface. Location reveals which part of the body was associated with the conflict. Appearance of the condition is determined by which one of the two conflict is active or healing at the time.

Classification; clinical presentation and diagnosis

There has been different basis of classification:

Epidemiological classification – type I and type II

On the basis of morphology – stable, unstable

Size of lesion – thin /thick

Disease severity – mild, moderate and severe.

Guinot et al. have classified psoriasis in six phenotypes on basis of age of onset, course of disease, extent of lesion and association.²

Psoriasis is characterised by well circumscribed sharply demarcated erythematous papule and/ or plaques. Woronoff's ring is found; if removed candle grease sign is seen ;on further grattage Barkley's membrane is seen which comes off as a whole. when this membrane is removed, a wet surface with multiple pin point bleeding is revealed called as auspitz's sign. Typical nail changes are seen like-thick, brittle, pitting of nail plate, distal onycholysis.¹

Diagnosis is clinical; based on recognising the cardinal morphological lesions of psoriasis.

Case history

A female patient aged 43 came to OPD of R.B.T.S. Govt. Homoeopathic Medical College and Hospital, Muzaffarpur in the month of September 2019 with OPD Reg no –A08221/4020. She complained of severe itching with scaling off of skin. The case was diagnosed as psoriasis and referred to the Research OPD, Dermatology in the hospital premises enrolled with number RD-123. Her complaints included itching with scaling off of skin on abdomen, back and thigh for last 5 years. Itching aggravated at night during sleeping hours, winter season, on perspiring, on sun exposure while it ameliorated on application of oil. Scratching of skin caused burning. Her symptoms confirmed the ICD-10 criteria of L40.9 for psoriasis and psoriasis like symptoms.

She also complained of prolapse of uterus for past one year which she felt more while passing stool especially on straining.

Patient was a housewife belonging to middle class socio-economic group with normal built and of was of mild nature. The progression of the disease was gradual with onset in infra mammary region. She already had taken allopathic treatment 2 years back.

Past history—Filariasis - 6-7 years back.

Family history—Maternal side—Mother had Koch's disease previously and suffering from Diabetes mellitus. Own side—Sister and brother both had suffered from Koch's disease.

Personal history and physical generals— She was a married woman having two children with history of two abortions. Her

appetite was good and she couldn't tolerate hunger; her food habits were marked with desire for sour, spicy food and warm food; aversion to milk and sweet. The stool used to be clear; but there were burning in urination with frequency and itching of the genital parts after urination. She suffered from sleeplessness because of severe itching at night. There used to be profuse perspiration which was offensive. Her tongue was examined and found to be flabby and moist with much salivation especially at night; thermal reaction- ambithermic. Her menstrual cycle was regular with scanty discharge.

Mental generals—Sensitive to noise which cause anger; want to be alone; contradiction causes anger.

On examination, skin appeared pink in colour with well defined margin with watery discharge after scratching.

Based on these complaints and examination, the case was diagnosed as psoriasis, the case was analysed and symptoms were classified to find out the indicated simillimum.

Analysis of symptoms

Mental generals- contradiction causes anger; sensitive to noise; wants to be alone.

Physical generals- aversion to sweet, milk; desire for sour, spicy; tongue- flabby; perspiration profuse and offensive; salivation much; urine- burning while urination, with itching of the parts, aggravates after urination; thermal- ambithermic

Particulars - Itching and scaling of skin; itching aggravated at night and with perspiration; prolapse of uterus.

Totality of symptoms was made and was also cross checked by repertorisation with RADAR Opus software.

Conversion of symptoms into rubrics⁶

SYMPTOMS	CHAPTER	RUBRIC
Sensitive to noise	MIND	Sensitive- noise, to
Contradiction causes anger	MIND	Anger- contradiction, from
Aversion to sweet	GENERALS	Food and drinks- sweet- aversion
Aversion to milk	GENERALS	Food and drinks-milk- aversion
Desire for sour	GENERALS	Food and drinks- sour food, acids, desire
Flabby tongue	MOUTH	Flabby tongue
Perspiration- offensive	PERSPRATION	Profuse
Perspiration-profuse	PERSPIRATION	Odour-offensive
Scaly skin eruption	SKIN	Eruptions- scaly
Itching aggravates at night	SKIN	Itching- night
Prolapse of uterus	FEMALE GENITALIA/SEX	Prolapsus- uterus

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	11	11	10	10	10	10	10	10	9	9	9	9	9	9	9	9
	27	18	21	19	19	18	17	15	20	19	18	17	16	16	16	16
	<div style="display: flex; justify-content: space-between; font-size: small;"> sep. ars. sulph. lyc. merc. bry. rhust. staph. sil. puls. phos. nit-ac. carb-v. chin. kali-c. nu </div>															
1. Clipboard 1	x															
▶ 1. MIND - SENSITIVE - noise, to (255) 1	3	2	1	2	2	2	1	1	3	2	2	3	2	3	3	3
▶ 2. MIND - ANGER - contradiction; from (80) 1	3	1	1	3	1	2		1	2			1				2
▶ 3. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1	2	1	3	3	2	2	2	2	1	2	2	2	2	3	2	1
▶ 4. GENERALS - FOOD AND DRINKS - sour food, acids - desire (185) 1	2	2	2	1		2	1	1		2	2		2	1	2	
▶ 5. GENERALS - FOOD AND DRINKS - milk - aversion (130) 1	2	1	2	1	1	2	1	3	2	2	2	1	2	1	1	1
▶ 6. MOUTH - FLABBY TONGUE (41) 1	2	1			3		1					1				1
▶ 7. PERSPIRATION - PROFUSE (298) 1	3	3	2	3	3	3	2	1	3	2	2	2	3	3	3	2
▶ 8. PERSPIRATION - ODOR - offensive (145) 1	3	2	3	3	3	1	2	2	3	3	2	3	2	1	1	3
▶ 9. SKIN - ERUPTIONS - scaly (149) 1	3	3	2	1	2	1	2	1	2	2	3	2	1	1	1	
▶ 10. SKIN - ITCHING - night (96) 1	1	1	3	1	1	1	2	2	2	1	1		1	1	1	1
▶ 11. FEMALE GENITALIA/SEX - PROLAPSUS - Uterus (139) 1	3	1	2	1	1	2	3	1	2	3	2	2	1	2	2	2

Repertorial analysis—

- Sepia officinalis* - 27/11
- Arsenicum album* - 18/11
- Sulphur* - 21/10
- Lycopodium clavatum* - 19/10
- Mercurius solubilis* - 19/10

Remedy differentiation—

After reportorial analysis, *Sepia* was found to be in highest grade but after consulting materia medica , *Mercurius solubilis* was found to be the indicated remedy.

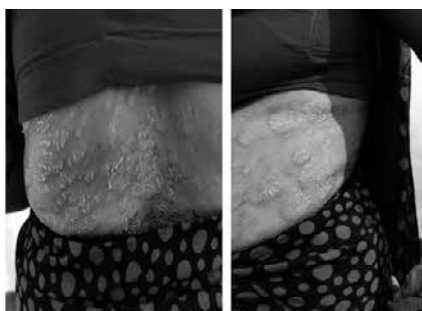
Mercurius solubilis affects every organ and tissues of the body.

Lesions produced by mercury are very similar to those of syphilis. It acts more especially upon the mucous and serous membrane and glandular system. It penetrates the entire organism and permeates every tissue. Skin looks dirty and constantly moist; itching all over body worse at night. There are eruptions of watery vesicles. There

is viscid perspiration but patient is not relieved. There is vesicular and pustular eruption, yellowish brown crusts are found. There is hastiness in all motion, offensiveness of breath and whole body. Ambithermal.⁷

Remedy prescribed (18/9/2019)

Mercurius solubilis 30/3 doses, once a day for 3 days, followed by placebo.



Follow up

1st Follow up- (9/10/2019)- Itching with scaling of skin- ameliorated by 50%, now itching is there for sometimes only; now scratching causes no burning; prolapse of uterus ameliorated .

Remedy prescribed- Rubrum for 1 month



2nd Follow up- (27/11/2019)– Itching with scaling of skin – ameliorated by 70%; itching reduced; now no burning; prolapse of uterus by 25%

Remedy prescribed- Rubrum for 1 month.



Follow up-(11/12/2019)- Itching of skin was markedly reduced; slight burning in whole body for last 4-5 days; scaling off of skin not there; Frequency of urination – decreased.

Remedy prescribed- Rubrum for 1 month.



Follow up (8/1/2020)- Now, there was no itching of skin; scaling off of skin was also not there; burning in whole body which was present in last visit also reduced gradually.

Remedy prescribed—Rubrum for 1 month.

Follow up (22/1/2020) – Patients condition was stable; no itching, scaling and burning sensation in whole body. Her generals were normal and she was feeling perfectly good.

Discussion

Psoriasis is a long-term (chronic) disorder that causes skin cells to grow too quickly, resulting in thick, white, silvery or red patches of skin. The homoeopathic medicines for psoriasis need to be specific to every individual person. That

is the reason a detailed history is required to customise the treatment for psoriasis. The Homeopathic treatment for psoriasis is chalked out after a detailed analysis and review of the past treatment for psoriasis and medicines taken for psoriasis.

In the present case, the patient had symptoms of psoriasis with scaling off of skin in the region of abdomen, back and thighs. Totality of symptoms and the reportorial analysis on the basis of these symptoms presented the picture of *Mercurius solubilis* which is characterised by vesicular and pustular eruption with yellowish brown crusts accompanied with a foul smelling emission. On the basis of these symptoms, *Mercurius solubilis* was prescribed to the patient and the patient gradually improved with the medicine.

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About the author

Dr Manila Kumari, PGT, R.B.T.S. Govt. Hom. Med. , College & Hospital, Bihar



Homeopathy Through Harmony And Totality

Author: Dr Ajit Kulkarni

Reviewed by Dr Alexander Martushev, M.D. Ph.D. M.F. Hom. Moscow, Russia

Over the years, I have seen a sad tendency that there is decrease in the quality of homeopathic profession due to lack of clinical understanding, lack of materia medica knowledge, drawbacks in miasmatic coverage, deviations from genuine homeopathic methodology, attempts to “rediscover”, “revolutionise”, “renovate” homeopathy (as if something necessitates the ‘modern revolutionists’ in homeopathy and that too without scientific approach). Of course, this tendency is a function of many social trends and drifts which is turning medical profession into an industrial factory, degradation of medical (classical, clinical, not algorithmic) education, the evolution of consumer society and so forth. But also, there is one more reason of this tendency, i.e. the shortage of deep homeopathic literature that remains within the truly classical homeopathic methodology but considers all contemporary changes in medical, pharmacological, psychological, social and even technological life. The literature that is interesting to read inspires deep thinking, needs to be referred to during practical work, touches the mind of laymen, medical (homeopathic) students and serious medical (homeopathic) professionals. The other aim of this high-quality literature is to connect past and present, to follow insights and thoughts of late homeopathic stalwarts into modern events and transformations that were seen from their experience and practice. This aim is often neglected nowadays,

but only this concept forms the real continuity - of understanding, methodology, education, practise and results.

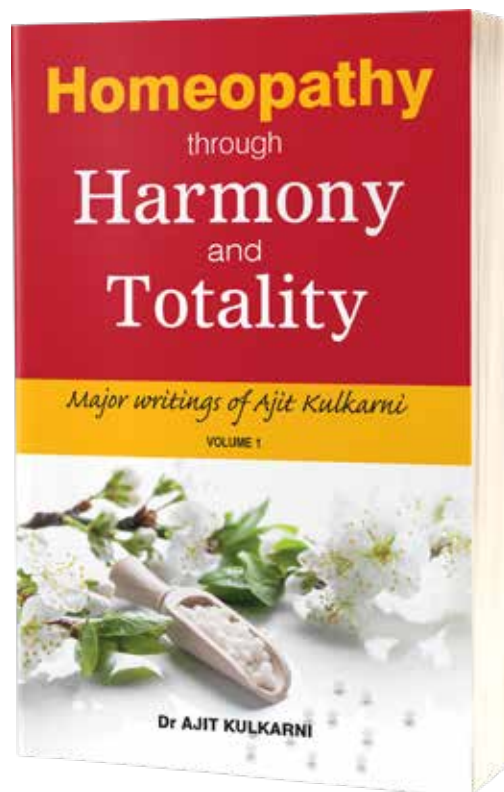
This book “HOMEOPATHY THROUGH HARMONY AND TOTALITY” by Dr Ajit Kulkarni breaks this sad tendency. His literature covers many empty spaces that remain now in homeopathic training and education, in homeopathic practise, as well as in the better understanding of homeopathic philosophy and methodology. The evidence is that nearly no aspect of importance and vital homeopathic moments escape from the penetrating and attentive eye of Dr Ajit Kulkarni. It’s amazing, if we note that he does these efforts in his inimitable style in spite of his busy homeopathic practice in India and outside, as well as his time-consuming travels for domestic and international seminars in Bulgaria, Russia, Italy, Turkey, Israel, Ukraine, and other countries, along with his scrupulous work on scientific heritage of Dr Tarkas and on *Absolute Homeopaathic Materia Medica* and the repertory based on it, as well as his unique contribution of ‘*Body Language and Homeopathy*’. I am happy that his precious invaluable treasure has not gone into oblivion.

Compendium of articles on various aspects of homeopathy is much more preferable than a monograph for many reasons. The monograph

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is attached to some concept, theme, sphere or at least way or method of understanding the point of view. On the contrary, his collection of articles is not obliged to follow these rules: they can be eclectic, comprise multiple viewpoints and emphasise different aspects of the whole. Really valuable about Dr Ajit Kulkarni’s articles is that they are truly colourful, multidimensional, deep and they combine various approaches and angles. This is a pure gem for everyone who is interested in understanding actual practical homeopathy from working everyday experience.

VOLUME ONE includes ‘an

exegesis of Dr Kulkarni's philosophical writings' and 'mind and above'.

HOMEOPATHIC PHILOSOPHY is the most difficult and deep subject. Regrettably, this subject is improperly taught in colleges and basic homeopathic courses. As a result, homeopathic philosophy appears groundless and separated from everyday practise and homeopathic methodology seems to be based on some occult, accidental, illogical or even metaphysical, mystical and magical rules.

Homeopathy, an integrated system and Homeopathy ahead are the best specimens to introduce homeopathy to the readers and they combine the basic ideas and modern insights. Through the **Law of Similars in medical science**, Dr Ajit Kulkarni has positioned the salubrious value of homeopathy in a convincing manner, by appraising the curative principle of similia as followed in several medical disciplines. Ajit's assertion that the law of similars stands as a connecting thread between all medical therapies is a worthy note.

Homeopathy as a holistic medicine cannot avoid touching the philosophic sphere through methodologic aspects, understanding the complexity of humannature and disease processes. We all know the healing method originated in India, ayurveda and it's holistic philosophy which follows human life processes in connection with homeopathic principles and methodology, ways of integration of natural sciences with homeopathy, all of these matters blend homeopathy with the real wisdom of life, of science, of traditional philosophic views and Ajit has vividly brought them out through **Perceiving life processes**

and **Ayurveda and Homeopathy and Yoga and Holism**.

With '**Trinity in Holism**', Ajit brings onto the fore, the magnitude of three as spontaneously crafted by nature and designed by the human artists. The searching mind of Ajit covers a wide spectrum of trinity.

Miasmatic understanding remains among the most difficult points in homeopathic training and practical work. Dr Ajit Kulkarni, a well-known teacher, demonstrates a unique ability to explain difficult matters in scientific, practical and intellectually comprehensible way, with analytical thinking giving readers educational and clinical insights. His unique chart on miasms based on the energy pattern precisely summarises, what the concept is, in its true spirit.

Psychology nowadays has become not only an additional instrument for homeopathy, along with materia medica and repertory but also as a cornerstone in clinical homeopathic work. New and old psychological techniques, psychoanalytical methods become more and more familiar and are widely used by homeopaths. Thus, **study of dispositions and personality types** is truly essential and thoroughly covered in articles of Dr Ajit Kulkarni who works as an experienced clinical counsellor, by the way.

Integration of clinical approach and homeopathy is receiving more attention today. Articles like '**Stress and Homeopathy**', reconnoitre many clinical entities in homeopathic perspective. Ajit's in-depth study of **basic emotions** like **anger, anxiety, conscience, grief**, etc. renders a well-organized effort and lays the path to make the future generation aware of creating new rubrics essential in practise.

Teachings of Dr Ajit Kulkarni have case-taking and interview skills as an essential integral part, along with body language that was made extremely popular because of Ajit's recent contribution "**Body language and Homeopathy**". Needless to repeat, but all instruments of understanding human nature are of great benefit to homeopathy, for the sake of remedy selection and other parts of homeopathic practise. The three mighty articles elaborating these instruments include **inter-personal relationship, excess in hoarding and dreams**.

Failures are, however, a sad part of medical practice, even of experienced doctors. Analysing sources of failures demonstrates personal and professional maturity, an ability to learn, to rectify and to go beyond. '**Causes of failure in practice**' is one of the genuine attempts of the author, to be honest with himself, with colleagues and with patients.

Describing a book, we have to keep in mind the reader to whom this book could be addressed, for whom it is designed, who can get most benefits from this book, whose questions the author anticipated in the articles. The circle of such readers is extremely wide: homeopathic (and generally medical, psychology) students, postgraduate homeopathic (medical) doctors, all practitioners in homeopathic, medical, psychological sphere, philosophers and all non-professionals, whereas intellectual individuals truly interested in human nature and human medicine, will find a way to fathom the intricacies of health, disease and cure as expounded in these large volumes of the book. ■■



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*Dr. Niraj Parikh, Dr. Devang Parikh; Role of Homoeopathy in Covid-19 management – A Clinical experience; Article in World Journal of Pharmaceutical Research • May 2020 DOI: 10.20959/wjpr20205-17504

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