

# HOMOEOPATHIC APPROACH TO SKIN DISEASE\*

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## Preface

Skin disease, like any other disease, is a widespread one. In spite of this fact, it is not given due importance as it deserves since it does not pose a threat to the life of the afflicted person.

Although skin is the most superficial, centrifugal and less complicated organ of human being, yet it has a number of diseases, the nature of which, one may not be able to comprehend, even if one spends his entire life after it.

This paper aims to make an attempt to simplify the Homoeopathic way and approach to the problems of skin diseases. In order to perceive their exact nature so that the cure is affected, many attempts have been made to integrate different phenomena of skin diseases such that the whole totality is appreciated thoroughly. There, the whole essence of this paper lies; it is a proposition which is open to further investigation.

## Introduction

Skin is one of the determinants in expressing the beauty, appearance and personality of a man. For instance, a mole on the cheek of a woman adds to her beauty, whereas a scar would mar her beauty atrociously; happiness is experienced by a gentle touch when wrinkles and furrows reflect worry. All these subtle functions of the skin have been greatly valued by men to such an extent that the slightly changing feature in the appearance provokes an immediate response to its correction. They resort to any means like ointments, lotions, creams etc. to revert back to normal, not realising the adverse effects of the same. The manufacturers of the so called medical measures take advantage of this ever-present weakness of man. Beauty parlours are also mushrooming up all over. Infact, what man must realise is that nature always tries to express the internal disharmony

\*Paper presented at the Seminar-cum-Workshop on Skin Diseases on 24th & 25th February, 1987, New Delhi, organised by Central Council for Research in Homoeopathy.

on the most peripheral and the least vital part of the body i.e. the skin. Any measure to inhibit this process leads to INTERNALIZATION of the disharmony, which is more dangerous. Therefore man must be educated in this direction so that he will be aware of what harm he is doing to himself by just looking nice.

The Homoeopathic concept and treatment is totally in accordance with the nature to accelerate its process of cure. As said earlier, the internal disharmony is always expressed on the least vital part of the body, and hence while treating any case, if the expressions appear on the skin correcting the internal disharmony, it is considered as a good sign and is not treated as a separate entity. It is what we call as EXTERIORIZATION. If any other mode of treatment follows this pattern, it is welcome. But experience affirms that only Homoeopathy can do so if cases are handled properly. For this it is necessary to know the language of nature which in turn demands an accurate observation of a long with correct relationship and right interpretation of phenomena of health, disease and the cure; i.e. perfect understanding of life as a whole.

The skin represents a whole psycho-dynamic process of man and therefore requires an adequate understanding of its structure, function and form. Integration of this study demands logical understanding of psycho, neuro-endo, reticulo influence over skin and its function.

We will not take this part of the study.

## Anatomy And Physiology

Skin is an elastic membrane covering the body. It is composed of two layers, the epidermis and the dermis, or the corium. The appendages of the skin are the hair, the nails, the sebaceous glands and the sweat glands. It is also supplied with

- 1) Two horizontal and parallel plexuses of blood vessels.
- 2) Two corresponding sets of lymphatic vessels.
- 3) Two similarly distributed supplies of nerve tissues

consisting of medullated and non-medullated fibres. The nerve mechanism also consists of motor and vasomotor nerves.

#### **Epidermis:**

There are five layers of epidermis which may be taken as the five stages of the development of the epidermal cell. They are:

1. The basal layer (Stratum germinativum). This is the lowest layer consisting of a single layer of columnar cells. They constantly undergo the changes and form appendages and further layers of the epidermis.
2. The prickle cell layer (Stratum Malpighi). This layer lies upon the basal layer. The cells of these layers have central nucleus, and radiating spines of prickles, hence the term "prickle cells"
3. The granular layer (Stratum granulosum). It lies on the top of the prickle cell layer. It consists of the three rows of flattened rhombic granular cells. It also has semi-solid substance known as keratohyalin.
4. The Stratum lucidum is the next layer above the granular layer and consists of a thin layer of glistening, clear layer of translucent flattened cells without granular particles or nuclei.
5. Horny layer (Stratum corneum). It consists of several rows of flattened cells with completely cornified horn cells containing a fatty or waxy substance, but no nucleus. The surface row of the cells appears as thin, dry scales.

The epidermis is a purely cellular structure without blood vessels or nerves and it is on the subjacent dermis or corium that it relies for nutrition.

#### **Dermis or Corium:**

The corium (dermis, cutis vera) is composed chiefly of fibrous tissue which is dense in its upper portion (pars papillaris) while in the lower part (pars reticularis) it is of looser muscles, and contains blood vessels, nerves, hair, sweat glands and sebaceous glands and nerve. The three normal connective tissue cells are:

1. The fibroplast.
2. The histiocyte, and
3. The mastocyte.

**Blood Supply:** There are two horizontal and parallel systems of plexuses which supply the skin. Arteriovenous anastomoses are an outstanding feature of the skin of the extremities.

**Muscles:** Attached to the hair follicle is the arrector pili muscle which is of the non-striped type, special sense organs called the terminal corpuscles, Pacinian corpuscles, Meissner tactile corpuscles and the end bulbs of the Krause mark the termination of the nerves. The so called "appendages" of the skin, the hair follicles, the sebaceous glands, sweat glands, hair, and nails may be modified depressions.

The subcutaneous tissue of the skin or the hypoderm resembles in its upper portion the reticular of the corium form, of which there is no line of demarkation, the lipocytes form and store fat.

**Embryology:** The epidermis is developed from the epiderm and that the corium with the underlying subcutaneous tissue finds its origin in the mesoderm. A clear embryological difference is thus made between the epidermis and epidermal structure, hairs, nails, epiderm, and the sweat glands, which have their origin in the epiderm and the corium and the subcutaneous tissue which originate from the mesoderm.

**Functions of the Skin:** The skin has many important functions of which the principle ones are:

1. Protection of the underlying structure.
2. Appreciation of tactile and thermal sensations.
3. Elimination of waste products through the perspiration.
4. A respiratory organ assisting water balance.
5. Regulation of body temperature.
6. Secretion.
7. An immunologic agent.
8. An agent for the supply of Vitamin D through sunlight.

Besides these skin plays a great role in giving complexion and cosmetic value to the human being.

#### **Aetiology**

Aetiology of most of the skin disease is unknown. There are very few conditions where bacilli or parasites affecting skin are known.

Aetiology of skin diseases depends upon its own structure and function and on the basis of this it can be viewed as under.

**A) Fundamental Cause:** This cause is responsible to develop certain type of structure and function of skin having potentiality to react according to the predominantly occurring of this cause. There are mainly three fundamental causes:

- 1) Psora
- 2) Sycosis
- 3) Syphilis

The fourth one is the combination of Psora and Syphilis termed as Tubercular. Each one has its own peculiarity as follows:

**Psora:** This produces hypersensitive, allergic and inflammatory state of the skin where macules, papules and vesicular eruptions occur with voluptuous itching. Skin is dry. Scaling occurs with watery discharge. Almost all allergic conditions are included under Psora.

**Sycosis:** Skin hard, indurating with tendency to new growth. Atrophy, hypertrophy, malignancy, and exudation of thick, yellowish greenish staining discharge with fishy odour. Warts, lichens, corns, etc. are examples.

**Syphilis:** Skin of ulcerative, degenerating tendency, malignancy, gangrene, putrefaction etc. with offensive discharges. Syphilis ulcers have punched out edges.

**Tubercular:** Tendency for infection, haemorrhage, ulcers account for this miasmatic cause. Ulcers punched out.

The above causes may be singularly dominant or in combination. The peculiar dominancy will decide the basic structure and function with tendencies of the individual skin. This in turn will attract the proper environmental factors to trigger the disease potentiality.

Besides these factors, the following predisposing causes are also responsible for the skin diseases.

- 1) Heredity
- 2) Age
- 3) Sex
- 4) Race
- 5) Season

1. **Heredity:** Miasmatic predominancy is also decided by hereditary factors from which the individual derived its tendencies. Atopic dermatitis is an example of classic type.

2. **Age:** Disease like impetigo occur mainly in children; acne in adults, epithelioma in old.

3. **Sex:** Females are prone to Lupus Erythematosus, males are prone to Industrial Dermatitis.

4. **Race:** Negroes have a tendency to keloid.

5. **Season:** Winter-Acrocyanosis, Pruritis. Summer-Prickly heat, Impetigo.

**B) Precipitating Causes:-** Can be 1) Internal; 2) External.

1) **Internal Cause-**

- a) Peculiar manner of metabolic changes of proteins, leading to atopic dermatitis. This is inborn.
- b) Psychological cause:- Somatization of stress and strain, anxiety, fear, fright etc. on skin in terms

of dermatitis, exfoliations etc.

c) Systemic disorders—Endocrine diseases of supra-renal, anterior pituitary giving rise to varieties of skin diseases from allergic to ulcerative type, pruritis, carbuncle in Diabetes etc. This cause primarily does not affect the skin but secondarily produces skin diseases. Therefore, skin disease of this type cannot be cured until the cause has been removed.

2) **External-**

- a) Environmental—Dust, fumes, odours stimulating skin disease.
- b) Food and Drinks—Eggs, milk, fish aggravate urticaria.
- c) Drug allergy producers-like sulphur, aspirin etc.
- d) Clothing—Covering-wool, nylon, etc.
- e) Vegetables—Grass, etc.
- f) Bacteria, viral parasites, fungus, producing diseases like boils, furuncles, tinea, scabies, etc.

## Symptomatology

The effective function of skin depends upon the structure and this in turn depends on the miasmatic influence. The form or expression which skin shows will be the result of the interaction with the environmental factor. It is this form which we see whether in health, disease or cure. In disease we call symptom. The following symptoms we commonly see in skin disease.

1) Eruption, 2) Itching, 3) Scaling, Exfoliation, 4) Crusts and Scabs, 5) Cracks, fissures, ulcers, 6) Scar, Cicatrix. 7) Dyschromia, 8) Hyperesthesia, Hypoesthesia or Anaesthesia, 9) Burning, Coldness. Clinically these symptoms are divided into primary and secondary lesion. Eruption is primary lesion and all other expressions are secondary.

**Eruption:** There are different types of eruptions as follows:

- a) Macules:- They are non-elevated discolorations of the skin, in different sizes, shape and colour. e.g. the roseola of syphilis, pityriasis rosea.
- b) Papules:- They are small, solid, circumscribed elevations of the skin. Round, oval, flat or umbilicated in red, white, yellow, brown, black colour. e.g. Lichen planus, Papular eczema.
- c) Vesicles/Bullae:- A small collection of fluid in upper layer of epidermis found in Herpes simplex, eczema. Bullae are larger than vesicles.
- d) Pustules:- They are circumscribed elevation of skin containing pus resulting from a secondary

- infection of papule. e.g. Impetigo, Carbuncle.
- e) Nodules- They are larger than papules.
- f) Wheals, pemphi:- They are irregular transitory flat elevations. e.g. Urticaria.
- Diseases showing mixed type of eruptions.
- 1) Acne—papules, vesicles and pustules.
  - 2) Syphilis all types at different stages.
  - 3) Eczema—papules, vesicles and pustules.

**Itching:** Desire to scratch—this appears in all the allergic conditions. This symptom has great value in homoeopathic prescribing, if associated with the following modality, aggravated by a) cold or warm application. b) cold or warm air. c) covering or uncovering.

Indications of a drug is largely based on this. e.g. in Rhus tox itching is better by warm application and air and in Kali ars. itching is worse by warm but patient is chilly.

- 3) **Scaling, Exfoliation:** It is hyperkeratanization occurring in epidermis e.g. Psoriasis, Pityriasis rosea.
- 4) **Crust & Scabs:** Irregular masses of exudate mixed with epithelia and bacterial debris e.g. Impetigo.
- 5) **Cracks, Fissures, Ulcers:** Linear cracks in skin due to injury, or on palms & soles due to skin disease is called Fissure. Irregular circumscribed lesion of corium, subcutaneous tissue is called Ulcer. e.g. Varicose ulcers. gumma in syphilis.
- 6) **Scar, Cicatrix:** New formation of connective tissue.

#### 7) **Dyschromia:**

- a) **Hyperpigmentation:-** i) Local—due to collection of melanin or blood pigmentation after injury. ii) General—due to diseases like Scleroderma, Hypermelanocytis.
- b) **Hypopigmentation:-** i) Local—after injury ii) General—lack of melanin as in Albinism & Vitiligo.

8) **Hyperesthesia, Hypoesthesia, Anaesthesia:** Skin becomes hypersensitive as in neuritis, inflammation, loss of sensation in leprosy.

9) **Burning, Coldness:** A subjective symptom occurring in diseases like Gangrene, Diabetes etc.

### Classification Of Skin Disease

There are many ways in which skin disease is classified. Some authors have classified according to aetiology e.g. bacterial infection, chemical, systemic disorders of skin etc. Some others have classified according to pathology i.e. hyperaemia, infections,

new growth or degenerative disease of skin. However, clinical classification accepted is as under:

- I. Disease of appendages of skin e.g. Nails, Hair etc.
- II. Malformation—congenital dyschromia, scleroderma.
- III. Tumors.
- IV. Inflammatory.

For Homoeopathic purpose we have classified skin diseases as under.

- I. **Miasmatic—**Skin disease occurring as a result of miasmatic influence like recurrent allergic dermatitis or infective eczema, gangrene etc.
- II. **Psychosomatic—**Where mind plays important role in the development of skin disease like urticaria due to stress, strain, anxiety, fear etc.
- III. **Exteriorising—**When a person is treated for some internal problem and skin disorder crop up alleviating the internal malady then this process is called as Exteriorisation. The internal disorder is corrected and disease is thrown out through skin. However, it should be kept in mind that skin disease occurring, is not a complication of internal disorder.
- IV. **Non-Miasmatic—**Due to bad hygiene and dirty living, skin diseases occur like fungus or parasites—scabies etc.
- V. **Malnutrition or Deficiency Disease—**Lack of vitamin B complex giving rise to skin disease like Beri Beri.
- VI. **Clinical Classification—**(1) **Acute—**Severe itching, burning requiring acute treatment. This may be also an exacerbation e.g. Psoriasis, Eczema. Acute can be febrile or non-febrile. This part is discussed in detail in management part of this paper. (2) **Chronic** a) Silent, progressive skin disease due to suppression of acute skin disease. (b) Systemic disorder reflecting on skin. (c) Due to maintaining cause like bad hygiene, stress, strain etc. For practice purpose this classification is very important.

### Miasmatic Evolution Of Skin

Most of the skin diseases as it is understood come under Psora but this is not true. Although all the skin diseases have their origin in Psora. Depending upon the degree of activity of other miasms, the course of the skin disease takes place.

**Psoric manifestation:** of skin disease is as under:

- I. Eruptions: Macular, Papular, Vesicular.
- II. Itching: Voluptuous, occurring due to stress

and strain, error in food and drink etc. Aggravated at night, by different allergens, periodically, moon phases etc.

- III. Discharge: Thin, non-offensive, non-staining, bland.
- IV. Dryness: Skin is dry and scaling.
- V. Hyperpigmentation: Functional type.
- VI. Hyperesthesia: Skin sensitive to touch.

There are two views about the origin of Psora.

1. Hahnemannian—Purely based on medical history of the diseases and clinical observations of skin diseases, he concluded that all the diseases are the result of suppression of above types of eruptions by local application.
2. Kent—Psora is the result of oversensitivity and desire of worldly pleasure expressing itself as an ITCH. The suppression of this itch leads to various diseases of the internal organs.

Suppression of skin disease of Psoric origin leads to internalization of the disease to mucus membrane, nerves, glands etc. Initially all these expressions remain functional. The continuous suppression of this leads to structural disorder of the organs, which may be sycotic or syphilitic or tubercular type. The course of this expression will depend upon dominancy of any one of this miasm in a patient.

Local application of steroids accelerate the evolution of the disease. Recurrent skin diseases occur as a result of this. In fact, this produces a drug induced miasm. We can term it as *CORTISONE MIASM*. In short any skin disease which has only allergic and inflammatory state is classified under Psora.

**Sycotic Manifestation:** All the secondary lesion occur as a result of sycotic and syphilitic miasm. In sycosis exudation, thickening and overgrowth of the skin takes place. The induration and infection also occur in this miasm. The discharge of these skin diseases is thick, greenish, yellowish, staining, fishy odour. The skin lesion of this miasm are aggravated in rainy season. The skin disease of this type is slow in healing, progress of the disease is also slow and spreads from one place to another.

Lichenification, warts, corns, moles, etc. are the examples of this miasm.

Mezereum, Graphites, Sulphur are common drugs for allergic dermatitis of sycotic type.

Calcaria flouricum, Nitric acid, Silicea, Thuja for the overgrowth of sycotic type. Antimonium crudum for painful sensitive new growth i.e. warts.

**Tubercular Manifestation:** Skin of this miasm is sensitive, easily prone to infection, suppurating easily, bleeding tendency, ulcerates very fast and spreads easily. Ulcers are unhealthy, non-healing and bleed easily. Discharges are thick, yellowish, greenish, offensive, bloody, acrid and excoriating. Skin scales very fast. The systemic disorders like Diabetes, T.B., S.L.E. etc. manifest on skin as macular, papular, and vesicular eruptions. Psoriasis, Scleroderma, Raynaud's disease are the other examples. The skin eruption occurring in eruptive fevers like measles, chickenpox are classified under tubercular miasm. All the infective diseases of skin are under this miasm.

Nitric acid, Hepar sulphuricum, Calcaria sulphuricum, Kali sulphuricum, Pulsatilla, Mercurius solubilis, Gun powder etc. are the common drugs of this miasm.

**Syphilitic Manifestation:** All the degenerative diseases of skin are included in this miasm. Skin is dirty, unhealthy, easily suppurating, putrifying and even necroses very easily. There is severe itching, burning, scratching, infecting very easily. Eruptions are macular, papular, vesicular and pustular. Ulcers are unhealthy with lardaceous base, punched out edges. Non-healing with thick greenish, yellowish, offensive, excoriating, acrid discharge with necrotic tissues of internal organs. Pains are severe, aggravated at night, in summer.

Gangrene, Scleroderma, Raynaud's disease, Neurofibroma are the examples of this miasm. Effect of radiation, ultra violet rays producing cancer of the skin is also considered as due to syphilitic miasm.

From the above it is clear that different miasms are known through the different signs and symptoms of the skin diseases. There is no miasm playing role in the development of disease, but out of all this one may be predominantly active. In order to obtain total cure the skin disease must show Psoric manifestation. It becomes very tedious and time consuming process to achieve this result. However, it is inevitable.

### The Homoeopathic Concept Of Skin Disease

The aetiology, symptomatology and the classification permit us to derive the following concept.

- 1) Skin disease is a constitutional disorder.
- 2) Internal disharmony is expressed on skin which is most centripetal and peripheral.
- 3) Skin disorder is primary if it is due to internal disorder and is secondary, if it is a complication or a part of internal disorder.
- 4) Inhibition of this expression leads to internaliza-

tion of the disease.

- 5) Skin disorder expresses either as a single miasm or in combination, predominancy is determined through the evolution of symptoms.
- 6) Skin disease of deeper origin e.g. Syphilitic miasm, gangrene when treated produces asthma where as when gangrene is improved, it is a good sign. The treatment of asthma then may again bring out allergic state on skin which is of psoric nature. Thus we find syphilitic expression of skin brings about syctic expression in lungs which in turn brings psoric state on skin back. This is called EXTERIORIZATION of the disease. This also occurs when any internal disorder is treated and after it is alleviated skin disease crop up.
- 7) Finally skin illness occurs first and is cured the last.

### Homoeopathic Approach To Skin Disease

The Homoeopathic concept of skin disease directs us to approach a case of skin disease as follows. After diagnosing a case with the help of proper case history, clinical examination, investigation, and laboratory findings, follow the following steps.

- A) Find out whether the case is acute or chronic,
- B) Localised or Generalised,
- C) Primary or Secondary,
- D) Influence of psychological factors,
- E) Speed and the progress of the disease,
- F) Recurrent or periodical or has occurred for the first time.

If it is *Febrile* find out whether it is due to secondary infection or eruptive fever. In latter condition respiratory concomitant is usually found, particularly in children. In case of skin disease with secondary infection and fever select deep acting suppurative drugs like Mercurius solubilis, Hepar sulph, Silicea etc.

Skin disease in eruptive fever will require acute drugs like Belladonna, Aconite, Bryonia, Gelsemium etc.

The *Afebrile* skin diseases like Urticaria, Allergic dermatitis require acute drugs like Ferrum phos., Urtica urens, Belladonna, etc.

In acute condition of chronic disorders like Psoriasis, Atopic dermatitis, Eczema etc. deep acting drugs like Psorinum, Sulphur, Graphites etc. are required.

Acute skin troubles in constitutional diseases like Diabetes, Jaundice require constitutional drugs.

In acute syphilitic expression like Gangrene, Raynaud's disease acute drugs like Secale cor.,

Arsenic album, etc, are required.

**Management Of Chronic Skin Diseases:** Skin illness if recurrent, draw out graphically the manner of its expressions. This allows us to understand the frequency and intensity of the illness with seasonal or any other modality. It seldom happens, (practically it is not possible) that chronic illness would totally be eradicated at one stroke. The predisposing and precipitating cause must be taken into account. The obstacles in terms of a) Habits, b) Mode of living, be taken care of. Plan out the administration of drugs according to the phases. It is essential that we make note of our expectations after administering the drug and try to compare it with the actuality that would occur in due course of time.

Most of the chronic cases of skin require deep acting and/or constitutional drug in first prescription. All the conditions pertaining to Hyper/hypopigmentation, Hyper/Hypoesthesia, new growth, ulcer, gangrene are considered chronic.

**Dynamic Or Adynamic?** If there is any injury to local part and no further complication or involvement of the MIASM, then local application with first-aid will suffice. This is termed as ADYNAMIC. However, if we know the history of the patient in detail and would expect the influence of MIASMATIC FORCE, THEN PROPER INTERNAL MEDICATION will help to ABORT THE FOLLOWING DEVELOPMENT OF COMPLICATION. However, if local injury has produced intense symptoms internal medication is essential.

Influence of psychological factors:—MIND of man plays a great role in modifying the type of skin disease. Emotional stress producing or aggravating skin disease is a known fact. In certain cases therefore, if aetiology is of MENTAL ORIGIN and is very strong and predominant, coincides with skin disease whether ACUTE/CHRONIC, the drug selected on the basis of this aetiology (which may not cover local skin symptoms) will remove the whole episode, e.g. Ignatia, Natrum muriaticum, Staphisagria.

Non-hygienic condition recurrently producing skin disease may require external as well as internal medicine. Patient may be educated in this area.

Progress and speed of disease:- Depends on MIASMATIC INFLUENCE as explained earlier. This part of the history is useful in the final differentiation of the drugs which may show similar symptoms but different speed e.g. Bryonia and Sulphur in eruptions, Calcarea sulphuricum and Hepar sulph. in boils, Arsenic album and Rhus Tox in itching.

For selection of remedy following factors must be asked for or observed—aggravation of itching by air, application, covering and uncovering, burning or coldness; better by warm or cold, covering and uncovering. Other symptoms which require attention are scratching, bleeding, scaling, and sensitivity to touch, the complexion of the skin, dryness or greasy feeling of the skin etc. Mental concomitant along with the skin symptoms must be also taken into account. Besides this different types of eruptions, and discharges must be given due importance. In the evaluation of the skin disease in acute condition following totality must be made:-

- 1) Ailments from i.e. exciting or maintaining cause.
- 2) Location of the symptoms.
- 3) Sensation and pathology i.e. itching, eruption, discharges etc.
- 4) Modality pertaining to all the symptoms of skin.
- 5) Concomitant—associated symptoms with the chief complaints.

In chronic disease, however, a classical type of totality of symptoms must be evolved i.e.

- 1) Cause: fundamental, predisposing or precipitating.
- 2) General modality.
- 3) Physical general.
- 4) Mentals.
- 5) Physical particulars.

### Management

After having gone through the above exercise, while managing the case we take into account whether case is Acute/Chronic.

1. (A) If acute, afebrile and if there is hypersensitivity i.e. itching, burning, hot feeling and pain with strong miasmatic influence behind, select proper remedy which depends on exciting cause. e.g. Urticaria following fish or eggs, give indicated drug in high potency often repeated four hourly till patient feels better. Stop medicine if he is eighty percent better otherwise there will be an aggravation.  
(B) Acute condition occurring in atopic, contact dermatitis etc. DEEP ACTING DRUG in single dose with high or medium potency. Wait and watch for at least twenty to fortyeight hours. If there is no change repeat the same potency again. If patient is better do not repeat till he comes back with the same condition. If the case has predominancy of Psora

few doses will cure the condition. In spite of favourable result with the indicated drug, if the condition recurs a dose of THUJA OR SYPHILINUM OR MEDORRHINUM helps to cure permanently (Ref. Kent on Pg. 986-7) particularly true when patient is relieved with Sulphur. This is because of latent state of these Miasms. During the treatment, the frequency and the intensity in past is put on paper in a graphical manner and compared with the present episode, which allows us to understand the difference in the same i.e. recurrence is there but the frequency & intensity reduces every time. The erratic graph of Tubercular Miasm will gradually convert into periodic or prolonged obtuse expression, terminating into a sharp graph & finally to the down stream.

(C) In acute skin illness occurring due to metabolic disorder like Diabetes or AIDS deep acting drug or constitutional drug is given.

In a case of Diabetes with skin disease, Zincum sulphuricum is preferable to Sulphur. In such cases repeated doses of the drug are required to be administered in low potency. If itching increases but patient as a whole is better, then stop the medicine, wait and watch. This is definitely a good sign but vice-versa is not true.

(D) In a severe acute condition of Tubercular or Syphilitic origin example Gangrene, Raynaud's disease etc. acute deep acting drug having affinity for the specific locations and pathology should be given e.g. refer Kent's Repertory page 1009 under Extremities—Gangrene, following drugs are given with marks.

Ars.<sup>3</sup>, Lach.<sup>3</sup>, Sec. cor.<sup>3</sup>, Carbo a<sup>2</sup>, Carbo v.<sup>2</sup>, China<sup>2</sup>, Croc. h.<sup>2</sup>, Phos.<sup>2</sup>, Plumbum<sup>2</sup>, Verat<sup>1</sup>, Vipera<sup>1</sup>.

Upper limbs—Ars.<sup>3</sup>, Croc. h.<sup>2</sup>, Sec.<sup>2</sup>.  
Shoulder—Croc. horr.<sup>2</sup>.

Hands, fingers—Sec. cor.<sup>2</sup>.

Lower limb—Ars.<sup>2</sup>, Cort. h. i.e. Not indicated

Thigh, legs, foot, toes—Sec. cor.<sup>2,3</sup>

Hand, foot—Lach.<sup>2</sup>.

Toes senile gangrene—Carbo v.<sup>2</sup>, Carbo an.<sup>2</sup>

Leg—Anth.<sup>2</sup>, although not marked in general. This is true only if different modalities are not available.

Myristica is the drug of choice because of

pathology, Fungus-Fingers, Thighs—Phos.<sup>2</sup>  
only drug.

2. Acute Febrile Skin Disease: Occurs due to a)  
VIRAL b) BACTERIAL INFECTION.

In eruptive fevers of VIRAL origin. e.g. Measles, Chickenpox, indicated drug is administered but if there is any delay in the development of eruption or eruption fails to occur—drugs like Sulphur, Psorinum, Tuberculinum, Bryonia etc. will in a single dose of high potency facilitate the process. These drugs would also help to abort the SECONDARY INFECTION or COMPLICATION. DO NOT REPEAT DRUG OFTEN, one or two doses are sufficient to act. Secondary infection occurring in the allergic state requires acute suppurative drugs like Mercurius solubilis, Calcarea sulphuricum, Mezereum, Graphites. However, this must be followed by the constitutional drugs.

3. Chronic Skin Disease: Atopic Dermatitis, Contact Dermatitis, Recurrent Urticaria, Infective Dermatitis, Eczema, Hyper/Hypopigmentation, Hyper/Hypoesthesia, Fungus, Gangrene and Skin Expression due to S.L.E., R.A., Varicose veins or Endocrinal disorder, Metabolic disorders are all considered as chronic diseases which would require a total understanding of the patients both mentally and physically MENTAL SYMPTOMS occurring here are also the CONSTITUTIONAL SYMPTOMS. The graphical representation of the disease before prescription must be time and again compared during course of prescription. However, the frequency and intensity of the symptoms should reduce. But if the intensity of skin symptoms increases but mental state and general condition improves it is a good sign.

Following points must be kept in mind.

- 1) Identify the MIASMATIC ORIGIN OF PRESENT SKIN COMPLAINT.
- 2) Make clear the past history of patient including the skin disease.
- 3) If during the prescription, the present skin complaints are better but give rise to diseases of INTERNAL ORGANS, then prognosis is bad, but if the internal disorder which appears now was also present in the past and of LESSER MIASMATIC VALUE THEN PROGNOSIS IS GOOD e.g. during prescription of Eczema, diarrhoea recurring or asthma recurring, which is of sycotic or psoric origin. In such cases after the asthma is further treated it is possible that skin disease of PSORIC nature may appear, which is also a good sign.

SKIN DISEASES of psychological origin unless not well treated would never get cured. There will be only relief of the symptoms.

Multiple drugs will be required at different times and circumstances for final cure.

Chronic skin disease secondary to systemic disorder will get reduced along with the symptoms of systemic disorders. If it disappears leaving behind the systemic illness it is a bad sign, in such cases repeated doses of higher potency drugs are given.

Finally, if skin disease appear during the prescription of systemic disorder, it should not be interrupted but allowed. Do not repeat the drug or give an acute related drug. This is called *Exteriorization* of disease.

Direction of the potency and repetition in different conditions is as follows:

- 1) In a sensitive skin with itching, burning, scratching in chronic skin disease one or two doses in a medium to high potency (200/1M) may be given, if cautiously repeated 10M can be given if mentals are predominant.
- 2) In case of hypopigmentation and anaesthetic condition of skin give medium to low potency with repeated doses till sensitivity is increased.
- 3) In hyperpigmentation and hyperesthesia repeated high potency to the point of amelioration is administered.
- 4) In suppurating state high potency to the point of amelioration.
- 5) In degenerative process as in gangrene low potency, frequently repeated to the point of amelioration.
- 6) In a skin condition of a secondary type the potency or repetition, will depend upon the primary lesion.
- 7) In infants and children a single dose with high potency and minimum repetition must be administered.
- 8) Local application in Homoeopathic Treatment:

There has been a controversy regarding the local application during the time of Hahnemann himself. We try to follow the following manner of treatment logically derived through clinical experience.

- a) Local application can be allowed provided external manifestation is not of dynamic order e.g. in injury Calendula
- b) Local application of non-medicated substance can be allowed for soothing effect e.g. linoleum, coconut oil, Vaseline, etc. for Eczema, Exfoliative Dermatitis.



- c) In case of skin diseases occurring due to unhygienic conditions, we may think of internal as well as external medication of the same drug.
- d) In case where physiological function are hampered, like urethral stricture, condylomata in the vicinity of genitalia, rectum, nasal polyp etc., to facilitate the function local application hastens the cure.

**Diet and Regimen During Skin Treatment:**

1. In hyper-sensitive state of skin avoid, a) spicy food, b) high protein diet, c) excessive salt, d) oily food, e) stimulants like coffee, alcohol, tea etc.
2. Patient must be educated about the hygienic care as a) To keep skin dry, to avoid lipsticks, perfumes, powders and other cosmetic applications. b) If skin is moist and infected—keep it dry and aseptic by local application of homoeopathic drug.
3. Avoid rays, radiation and other investigations affecting the skin.
4. Exposure of skin to sun, if it is photo-sensitive.
5. Itching and scratching be controlled.
6. Loose and cotton clothes must be used.
7. Use of soaps or washing with detergents must be avoided, however glycerine soap can be allowed.
8. In case of contagious infection of skin like scabies, Lupus, separate clothing, washing, cleaning must be observed.
9. In case of suppurative diseases, proper dressing with calendula once or twice a day is necessary.
10. Exposure of the affected part to the polluted

air, dust, dirty water must be avoided.

11. In fungus infection of the skin moisture must be avoided.
12. If any allergy due to food or drink it must be detected and avoided till cured. However, during the treatment gradual cautious ingestion of the same is allowed to desensitise the patient.

**Scope Of Homoeopathy In Skin Diseases**

Homoeopathic system offers high and efficient cure in many diseases. This is true for skin diseases also. However, efficient care must be taken and nature of the diseases must be perceived. Skin illness must be treated as constitutional disease. Allergic dermatitis, exfoliative dermatitis etc. can be cured very well. No other system of medicine can ever cure skin diseases. They can only relieve symptoms at the cost of internal disturbance. Although cause of most of the skin diseases are not known but homoeopathic consent make it possible to understand the same. Thus, homoeopathy has a wider scope to treat and cure skin disease of any type.

**Summary**

Skin diseases are constitutional disorders. It requires to be paid the same respect as to other diseases. In fact skin diseases help internal organ to remain normal and thus play a real role of protector even in the disease state. Skin diseases are evolved from psora to sycosis to tubercular to syphilitic miasm. Skin diseases occur as primary or secondary lesion. Different lesions have different phases. Every phase must be treated accordingly. Local application has, but a little value in homoeopathic treatment. Skin diseases appears first but gets cured the last.

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“Iron rusts from disuse; stagnant water loses its purity and in cold weather becomes frozen; even so does inaction sap the vigor of the mind”.

*Leonardo da Vinci  
Codice Atlantico, 289*

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