

The fact that estrogens are carcinogenic, which I will admit, when given in greater quantities, should give us an exceedingly big lead.

DR. NEISWANDER (*Closing*): I appreciate this discussion. In my experience I have found that a great many of these cases, who have had a lot of estrogens, so many, many times require either venom or spider poison, or something of the sort. If you give them the right remedy they nearly all will respond.

—*The Homœopathic Recorder, October, 1950.*

THE HOMŒOPATHIC TREATMENT OF SKIN DISEASES

A CLINICAL PAPER

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MR. PRESIDENT AND COLLEAGUES,

May I first of all express my sense of the honour bestowed on me by being asked to read a paper to you at this Congress, attended not only by my own nationals, but by many distinguished colleagues from the Continent and America.

Before such a gathering I cannot presume to pose as a teacher, nor will I try to produce an exhaustive, and I hope not an exhausting treatise on the homœopathic treatment of skin diseases. I will rather confine myself to giving an indication of how we have been in the habit of approaching these cases at the Royal London Homœopathic Hospital during the twenty odd years I have been privileged to be in charge of the dermatological department. I also want to keep in mind the possibility that some non-homœopathic colleagues may by some stroke of fortune be tempted to read the transactions of this Congress and to learn how differently we approach our patients from the accepted allopathic attitude.

May I first of all remind you what a very important organ of the body the skin really is because of its various

functions. What a prominent part it plays in the regulation of the general body temperature by means of its vascular and sudorific systems ; again it is a not inconsiderable excretory organ, nor must we forget the role it plays in helping us to become aware of so much that is in our environment through the agency of its nervous components. Does it not also aid us very often in the diagnosis of complaints other than those specifically regarded as skin diseases, and we must not forget the help it can give in combating certain general diseases and so restoring the body as a whole to good health through its local reactions to the injection of vaccines, and the absorption of certain medicaments when rubbed into the skin. All this surely suggests that the skin should not be regarded, as it so often is, as an organ apart from the individual, but as one element in an integrated whole.

Much more attention than is usual should therefore be paid to the treatment of so-called skin diseases by constitutional methods, rather than by merely local treatments as are carried out in most cases in the majority of dermatological clinics.

But one must guard against unreasoning fanaticism in this respect, which would bar all local treatments in every skin case. For example I have observed no harm at all to have been caused to any patient by using mild local antiparasitics and antiseptics in such cases of true scabies, ringworm and impetigo, although I have always accompanied such local treatments with appropriate internal constitutional remedies. Some of you will no doubt ask why not depend entirely upon the latter? My reason is that after trying for some time in my early days to do so, I found the cure was unduly delayed; and when I tentatively resorted to the addition of local treatments and found no harm resulted, it is now my practice to combine the treatments in these infective conditions. I know I am laying myself open to the charge of being a poor homœopathic

prescriber because of my early failures, but I cannot help that: I can tell you only what is my personal experience.

In this connection I was very interested to come across the following only the other day. In Hahnemann's translation of Monro's *Materia Medica*, 1791, he says in a footnote:

"If in a recent case of itch, we make the patient wash himself several times daily with a saturated solution of Sulphuretted Hydrogen and get his linen dipped in the same solution, the affection disappears in a few days and does not return, except with re-infection. But would not it return if it had been caused by acridity of the humours? I have often observed this and agree with those who attribute the disease to a living cause. All insects (among which the itch mite was at that time included) and worms are killed by sulphuretted hydrogen."

Again in a treatise written in 1795 on *Crusta Lactea*, he writes:

"I poured warm water over dry Heper sulphuris and this made a weak solution. I painted the faces of two of my children who had the eruption worst with this every hour for two consecutive days. After the first application the complaint was arrested and gradually got well.

Is not *Crusta Lactea* a cutaneous disease caused solely by infection? Does not the infecting matter contain very small animalcules as a miasm? I hardly expect to meet in practice with such another opportunity of answering these questions positively in the affirmative as this which was so completely within my cognisance. My children got no purgative nor any other medicine as they were otherwise quite well, and they remained well."

Further, in a note Hahnemann states, after describing a case of infective itch:

"If this complaint is produced by insects in the skin, what harm can it do to kill them, provided we do so with medicines that possess no power in themselves to do harm to the body? Physicians have been all too ready to ascribe to the suppression of certain skin diseases, effects which were the result of some cachexia etc., which was co-existent and which remained uncured!"

If I have sinned in thus using local applications in infective skin conditions I am content to be in such good company.

Then there is another problem over which I will unblushingly cross swords with some of my colleagues, and that is over the treatment of chronic ulcers of the legs. There is a fairly prevalent idea amongst homœopaths that these should not be healed as they form a safety valve for getting rid of certain constitutional poisons.

I have never found any more evidence for the truth of this statement than for the more commonly accepted notion that in acute infectious fevers you must keep the bowels well open in order to get rid of the toxins.

Whenever a chronic ulcer is presented to me for treatment I make every endeavour to heal it and in all these years never had reason to regret such action.

Now as to our special approach to our cases.

We, of course, listen to our patient's story of why we are being consulted, and after he has described the condition in his own words, we then amplify our notes by asking questions, not only with reference to the dermatological condition, as to its possible antecedents, progress and previous treatment—I think it is true to say that we seldom get a case that has not had either some self medication or treatment by a private doctor or at another hospital—but also about any other symptoms and especially with regard to the reactions of the patient himself to various components of his environment—in other words we get as com-

plete a picture as possible of our patient as an individual, just as if he consulted us about some internal complaint.

But it has struck me how comparatively seldom do we get any good indications for a constitutional remedy—any marked general symptoms, mental, emotional, or with reference to environment generally in these dermatological cases, and one has perforce to prescribe on pathological grounds alone, which homœopathically speaking is not very satisfactory. One very often has to counteract if possible the results of previous suppressions by unwise local applications. We find in cases that have been treated previously with X-rays—and those are, in my opinion, far too common—it is extremely difficult to stimulate a curative reaction.

In seeking possible causes for the dermatological condition we naturally enquire into the patient's habits as regards feeding, drinking, smoking, etc.

And it is to be noted how exceedingly few people take what I choose to call a "vital" diet. By that I mean taking food in as natural a state as possible e.g. raw fruit and vegetables so as to avoid the loss of salts and vitamins through the ordinary way of cooking. I always advise that vegetables if cooked should be steamed or shredded and boiled in very little water very quickly. Then how small a proportion of the population takes wholemeal bread on account of this stupid craze for "lovely white bread."

Even with these precautions we cannot be sure that the diet is as good and unspoiled as it might be what with the chemical manuring of the ground and the spraying with chemicals of trees, etc. Is it any wonder that we have so much ill-health when we do so many foolish things in the name of science and progressive civilization? Some day we may wake up, and instead of boasting of the fine new enlarged hospitals we are equipping we will be ashamed of the need for them, and set about living naturally and truly scientifically. But I haven't much hope of this

millennium so long as the huge chemical industries wield such power in our economies.

While discussing the diet of our patients may I say that I have tried out a strictly vegetarian and lacto-vegetarian regime in different dermatological conditions and have not been able to satisfy myself of any marked advantage of either of these. I, therefore, now advise my patients to take as varied a diet as possible while stressing the importance of plenty of raw fruit and vegetables, cooking potatoes in their jackets and eating wholemeal bread.

Then as to their other habits, I have gradually gained the impression that the excessive amount of smoking and inhaling of these days, if not actually causing many of the dermatological conditions may be aggravating them or possibly will vitiate the proper reactions to our remedies.

In Clarke's Dictionary of Materia Medica under the skin section of *Tabacum* is given "itching of skin as from flea bites: itching over the whole body: eruption of itching pimples or vesicles with yellow serum and red areola."

I therefore advise all my dermatological patients to stop their smoking, or at any rate cut it down to an absolute minimum, and not to inhale. Some readily comply with usually good results, others are more difficult and generally take longer to get well. I do not object to moderate alcohol.

Of course any unphysiological habit of the patient, such as bolting his food, faulty breathing, etc., should be corrected. And one must not forget that dermatological conditions in the neighbourhood of any of the orifices of the body may be secondary to some pathological condition within that orifice, e.g. perianal irritation or eczema from hæmorrhoids, vulval irritation from vaginitis or cervical erosion, peri-oral dermatitis from excessive salivation or licking of the lips. These primary conditions must, of course, be rectified.

Before discussing the treatment of skin diseases in detail, may I make a few remarks on the question of local applications in general.

As I have already stated I do not hesitate to use mild antiparasitic or antiseptic lotions or ointments in frankly infective conditions: but what is our practice in constitutional dermatoses? In acute inflammatory conditions like acute eczemas, etc., my most usual application is normal saline; if the skin is weeping one must be very careful not to use anything which will dam back the discharge as would astringent applications or calamine lotion.

Sometimes we use *Calendula* or *Urtica urens* lotion.

If the skin is very dry and especially if it is scaling a lot it is very comforting for the patient to have a mild emollient to use such as *Calendula* ointment or an ointment made up of equal quantities of lanoline and olive oil.

I have found it very necessary to give most patients some innocuous local treatment as if one did not they would almost certainly get some medicated proprietary article from their local chemist.

Let us now consider in some detail some actual skin conditions and let us take eczema to begin with. This is a very definite entity characterized clinically by the development in very early stages of clusters of tiny vesicles and histologically by inter and intra-cellular oedema. It may be of either endogenous or exogenous origin; but even when it is primarily due to some external irritant one has always to consider the individual as not all people exposed to the same irritant will develop eczema or any other dermatological condition. In other words the person who develops eczema from some external irritant has some particular sensitivity which has to be considered in treatment.

What about the origin of infantile eczema? This is still very much in dispute and it is very interesting to note that even when babies are, by testing, found to be allergic to this or that food very often the elimination of that article

of diet has no influence on the course of the eczema. For many years now I have therefore given up testing these cases in this manner, as not being of any marked practical value.

Let us now consider the details of the treatment of a few cases of eczema.

J. W., aged 15 months. Baby had had dry eczema on scalp when *æt.* 3 months. This cleared after some months but for the last six months had had eczema of the body which is very irritating. No definite modalities were elicited. Baby was a fat well-nourished child with dry eczema of face and trunk. As he had had many local applications, a preliminary dose of *Sulphur* 200 was given with very slight improvement in a fortnight's time. *Graph 12x* t.d.s. was then given, chiefly because of the fatness of the child and the dryness and infiltration of the skin. In a month's time the trunk was clear but the face and forehead were very erythematous, so *Sulphur* 3 t.d.s. was given with a marked improvement in another two weeks; but during the following week the condition was not quite so well again. It was then brought to my notice that the child had been vaccinated just before the first appearance of the eczema, so a dose of *Thuja* 200 was given with again improvement until the child was taken to the seaside when there was a slight setback. *Rhus tox* 200 was then given which apparently affected a cure, as the next time the child went to the seaside the skin was not affected and so far as I know the child has remained well. This is an instance of more or less pathological prescribing. May I now give you some particulars of a case treated along constitutional lines.

J.T., aged 3. When aged 3 weeks the boy is said to have had seborrhœa all over the head. He weighed nine pounds at birth, development was fairly normal, but teething and talking were slightly delayed. The head remained bad for six months in spite of many local treatments. When just about a year old he had a generalized crusting

and weeping eczema including the scalp. This cleared quickly with ointments except for a slight flexural eczema, till it flared up badly a few days before being seen. He walks with stiff knees owing to the eczema in the popliteal spaces. He still has occasional nocturnal enuresis and suffers with cold hands. He is very fond of cheese and sweets, used to be allergic to eggs, but not during the last twelve months; he has some fear of thunder.

O.E., rather pale, somewhat overweighted child, though not flabby, cryptorchid, and left ring and middle fingers completely webbed together; some flexural eczema on all four limbs, the skin being dry, erythematous and infiltrated. He was given a dose of *Calc. carb.* 200, 1m. and 10m. at twenty-four hour intervals. In six weeks he was very much better, the skin in the flexures being much less infiltrated, thus enabling him to walk more naturally and comfortably. In a further six weeks there was a slight recurrence so the *Calc. carb.* 200, 1m. and 10m. were repeated as before. His skin became quite normal very quickly after these doses and remained well for just on five months, when he was operated on for dividing the webbed fingers. This apparently caused a slight recurrence of his eczema, which called for a further repetition of the *Calc. carb.* potencies. On reporting in a month's time there was still a little eczema present and I was told that his nervousness had somewhat increased. He was therefore given a dose of *Phos.* 200 which completely cleared the eczema in a very short time.

Whilst on this subject of eczema I would like to refer to a child who was brought to me when she was fourteen, with a history of infantile eczema and asthma which developed two weeks after vaccination as a baby.

When I first saw her she had some dry cracking eczema in both retro-auricular grooves and in the axillae for which she was given *Thuja* 10m. one dose, and because of the tendency still present to asthma breathing exercises were also recommended. The *Thuja* produced a slight aggravation of the eczema, which persisted for nearly two

months. Then as she had been immunized against diphtheria I gave her a dose of *Diphtherinum* 10m. followed in a fortnight by *Graphites* 200 because of the retro-auricular condition which had persisted. In a month's time after this her tendency to asthma was very much less marked, but the skin condition was still hanging fire. Because of her great longing for eggs and fairly strong desire for milk and sweets I gave her *Calc. carb.* 200, 1m. and 10m., a dose of each at twenty-four hour intervals—a technique suggested by the late Dr. Margaret Tyler so as to avoid aggravations. To my great surprise this child had a terrific aggravation of her eczema which spread over her cheeks and down the sides of her neck. This however, subsided within a fortnight and she remained well for a long time. This is the only case in which I have seen an aggravation when giving the remedies in this manner.

Now for a few cases of Lichen planus: this is a condition characterized by the appearance of intensely irritating flat topped polygonal and violaceous hued papules, often with a linear distribution and not infrequently located under a constricting band of clothing. It is one of the most irritating skin conditions imaginable. Its origin is still wrapped in mystery, though some authorities ascribe it to a virus infection.

I give you the first case because it illustrates the value of *Merc. cor.* in acute cases. This remedy is not mentioned in Clarke's *Materia Medica* nor in Kent's *Repertory* as being useful in itching eruptions though in Dearborn's *Diseases of the Skin* it is so recommended; and I have proved its value many times, but only in acute cases.

L.S., aged 32. For five weeks has had a terribly irritating rash on trunk and limbs. Has used sulphur baths and ointment which naturally did not help. On examination there were typical lichen planus papules on the left breast and both arms. He was given one dose of *Merc. Cor.* 30. When I saw him next in a month's time he was very much better both subjectively and objectively. In another six

weeks' time he needed one more dose of *Merc. Cor.* 30 because he was still getting an occasional fresh spot erupting with slight irritation. That dose finished the case.

R.R., aged 14. This boy gave a history of six months duration of irritating spots about the left ankle, the irritation being worse for touch. He was a nervous rather effeminate type of lad, who had a general heat aggravation. In addition to the lichen planus lesions about his left ankle, he had a typical Chinese white patch on the mucous surface of his right cheek. He was given one dose of *Pulsatilla* 10m. In a month's time he was very much better. He did not return for another two months when all the lesions had disappeared. There was however, a slight recurrence after another four weeks, so he was given another dose of *Pulsatilla* c.m. for another very slight recurrence. This apparently effected a permanent cure.

A.R., aged 36. This woman complained of an irritating rash on her right leg for six months, the irritation being worse for warmth and at night. Her menses were regular, rather profuse but comfortable. She was very nervous, very sensitive to noises and thunder storms, which produced trembling, slight headaches and diarrhoea. She was a chilly mortal. On examination there was an irregular patch of lichen planus on the right leg and small Chinese white patches inside and near the angles of the mouth. She was given one dose of *Phosphorus* 200. In a month's time the lesions were definitely improving, but the irritation was still bad at night. She was given one dose of *Sulphur* 200. I did not see her for three months after this when all the lesions were very much smaller and less noticeable and the irritation was not troubling her. She disappeared for just on five months when she reported that she had been steadily improving until she was quite clear, but that a few days previously to this visit a couple of small spots appeared on her arms. She was given one dose of *Phosphorus* 1m. After two and a half months she

reported that she had been quite well since about ten days after her last visit.

S.C., aged 39. This man reported that he had a rash all over his body for about a month. It was very irritating. He had had bad headaches behind the eyes and ears on waking; prefers sour to sweet food, bowels costive. On examination almost confluent and universal lichen planus. He was given one dose of *Sulphur* 200. In a week's time there was no change so he was given *Merc. cor.* 3x three times a day, with the result that he immediately started improving. In six weeks' time there was only a little mottled redness of the skin left with no irritation. No medicine was given. On reporting in a month's time he was still free of irritation, but there was a little erythema about the waist. One dose of *Sulphur* 200 was given; this completed the cure.

I hesitated for quite a while before deciding to place before you some psoriasis cases, as all know this most elusive complaint is one of the most obstinate skin conditions; while at the same time it takes sudden turns for better or for worse without any apparent reason. And one has not infrequently seen cases clear up remarkably quickly after being given a Homœopathic remedy, and remain clear for quite a long time. Then on a recurrence when the patient comes for a repetition of that "wonderful medicine" and after carefully taking the case again the same remedy is still indicated, what do we sometimes find? Not a disappearance of the eruption as before, but an obstinate persistence. However, I hope that when you have heard these cases reported you will agree with me that we have quite good grounds for believing that the remedies given had some influence on the favourable course of the eruption.

W.K., aged 20. This patient gave the history of having had an irritating rash above the left elbow with some scaling for about a year. The condition had persisted in spite of many local treatments. A few weeks previous to

the consultation a small patch appeared on the right side. Her general health was quite good, although she was somewhat constipated. She loved company and craved sympathy. She was a very quiet spoken, dark, attractive young woman, with psoriatic patches as described above. She was given one dose of *Pulsatilla* 10m. She was not seen again for just over three months when she reported a steady improvement, the patch on the side having almost completely disappeared, and the elbow was steadily improving. No further medicine was given. When she reported again—but not for five months, she said she had been quite clear for quite a long time.

G.R., aged 8. This child was brought to see me with a history of having had some spots on the abdomen since two years of age. These had recently spread to the back and limbs. He had been treated when three years old for "nerve trouble". He was still a nervous child, afraid of the dark, very fond of beef and sweets, and disliking sour food and fats. He was a very thin pale child, with long fine eyelashes. He had a profuse eruption of small psoriatic spots on trunk and limbs. He was given a dose of *Phosphorus* 200, and was completely clear of all eruptions in six weeks' time.

A.R., aged 19. This young man had had psoriasis of the shins, which had been present since he was quite a child, and was generally worse in the winter. The rash had recently spread to the trunk where it was very profuse. His general health was good, although his bowels were open only on alternate days. He was tall, thin and pale. I found it very difficult to decide on a remedy for this lad, but remembering that an elder brother also suffering from psoriasis had done very well on *Nat. mur.*, for which he showed very clear indications, I gave this present patient a dose of *Nat. mur.* 10m, with the result that in a month's time all the lesions were very much less evident. In five weeks' time he reported again when there was a slight retrogression evident. I gave him a dose of *Nat. mur. cm* with the

gratifying result that steady improvement resulted until he was quite clear in four months' time, without any further medication.

I would not advocate this method of prescribing as a general rule, and have in fact at times found it quite useless; but when in difficulties it may on occasions prove useful.

G.H.B., aged 45. This man gave a history of having had an eruption on the limbs chiefly for sixteen or seventeen years. It is extremely irritating, worse towards evening, but no food or weather modality noticed. He had lived in fear all his life, so he told us, as his home life as a child had been very unhappy. As there were no very marked characteristics on which to prescribe beyond his constant fear, I thought I was justified in prescribing *Ars. alb.* in the 3x potency, three times a day. I think the best way in which to bring home to you the effect of the remedy is to quote from his letter written to me after he had had it for a month. "I wish to thank you for the great help you have given me. Will you please realize that this is the first month for sixteen years that I have not torn my flesh with my nails, and I did this nearly every day during those years. During my thirty years of working life I have never been away one day with illness, and I am resolved that if illness should be my lot then it is Homœopathy for me." He also reported that all the lesions were steadily improving in appearance.

Another case of psoriasis I wish to report to you is that of a very precise little woman who had had a mild psoriatic eruption for very many years. She was the typical "gold cane" arsenical patient. I tried many potencies of *Arsenic* for her ranging from 3x up to the 10m, but got only temporary improvement. It was not until I gave her for a short while, four minim doses of *Liquor arsenicalis* that I got a permanent result.

A similar phenomenon appeared when treating a case of pemphigus some years ago.

Just one more interesting case of psoriasis to complete this section.

M.M., aged 37: Ten years before being seen, all her nails became affected and fell off during the course of a year. About three months previously to this consultation the condition of her nails recurred. There was no rash on the skin generally. There were no general symptoms or characteristics to be elicited on which to base a prescription. The nails were examined to make sure that there was no fungus infection. They were all more or less thickened, deformed and blackened in appearance. She was given *Chrysophanic acid* 3, three times a day before meals, with the extraordinary effect that in three weeks' time all the nails were almost normal in colour and much less deformed. No remedy was prescribed at this consultation. She was not seen again until four months had elapsed when all her nails were perfectly normal in appearance.

I should like to have been able to report a series of cases of secondary syphilis treated homœopathically, but since the passing of the Venereal Diseases Act, 1917 which practically relegated such cases to the special clinics associated with medical schools we see hardly any such cases. But although one swallow does not make a summer, I should like to report one case which demonstrates the possibilities of homœopathic treatment in secondary syphilis.

This was the case of a man aged 36, who gave a history of a primary infection three months previous to his consultation with me and now had a well-marked roseola of the abdominal wall, slightly on the back with flat plaques on the scrotum and an angry red pharyngitis. His supra-trochlear glands were slightly enlarged and his Wassermann reaction ++++. He was given *Merc. sol.* 1x, three times a day. In a week's time his back was clear and the other lesions were less marked. The remedy was continued. After another fortnight all the skin lesions and the scrotum

were quite clear, but his pharynx, though much less injected showed a very small superficial ulcer on the right side. Remedy repeated. In a further two weeks the skin was still quite clear, the pharynx no longer injected, but the soft palate was slightly swollen and there were some white mucous patches upon it. He was now given *Merc. biniod.* 3x, three times a day, which was continued until I saw him again in five weeks' time. His throat was now quite well. He said he felt quite well in himself, but complained of a good deal of catarrh and some rheumatism for which he was given a dose of *Nat. mur.* 200. In another six weeks he reported a slight return of some spots on the scrotum, for which he was given *Merc. sol.* 1x three times a day. Although these papules cleared in ten days' time, the *Merc. sol.* was repeated for another month. I did not see him after this for just on two months when he reported he had been perfectly well all the time and there were no lesions to be seen. He was now given a dose of *Lueticum* 200. A month after this a Wassermann test was made and proved to be completely negative. This was repeated in six months and was still negative. I think you will agree with me that this was a very satisfactory result in a case of this sort treated on homœopathic lines. I am sorry I have not had the opportunity of repeating such a proceeding.

May I now report another rather interesting case of an old lady aged 70, who had had, ten months before she saw me, a skin graft taken from her right thigh to cover a raw surface after a radical mastectomy. Strange to relate this raw surface on the thigh which was about 2½ inches square had not yet healed. She was given a dose of *Calendula* 200 and *Calendula* fomentations locally, with hardly any improvement at all, and moreover the raw area had become somewhat eczematized. This was three weeks after the first consultation. She was given *Sulphur* 3, b.d., for three days and some Viscopaste applied. There was still no improvement after another three weeks. I then remembered that *Natrum carb.* was sometimes very effective in

cases which displayed very little reaction, especially in elderly people. She was therefore given three doses of *Natrum carb.* 30, at twenty-four hour intervals. To my delight in a month's time the patch was almost completely healed.

Now for what I consider my most dramatic skin case.

Mrs. M., aged 82. This old lady consulted me for a swelling on her left ring finger which had been present for a year, and had become very painful and tender during the previous few months. It had been treated with corn paint and other local applications without any benefit. She said she was quite well in herself and had never had any illness worth mentioning. She told me she had been taking lately on her own initiative some *Calc. carb.* and *Dulcamara* in low potencies for the last six weeks again without any benefit. She was an excitable but very healthy looking old lady with rather rheumatoid type of fingers. She had a sessile papilloma, quarter-inch in diameter on the dorsum of the left ring finger. There were some dilated veins running into the base of the tumour, which was very tender to the touch. In order to protect the tumour it was covered with a Dalmas dressing and she was given *Phos.* 200 one dose. She returned in three weeks' time without any improvement being noticeable, and she was still very nervous. She was now given *Cham.* 30, night and morning for a fortnight, still without result. It then struck me how extremely worried and almost hysterical she became the moment she entered the consulting room. I thought surely this is an anticipatory anxiety, so prescribed *Argent. nit.* 30 b.d. At the end of a fortnight she reported that the finger had been very painful all the time. On examination the tumour was seen to be definitely smaller and softer. *Argent. nit.* repeated. Two weeks after this she came in much calmer, and the tumour was found to be still smaller. In another fourteen days she reported the finger had been perfectly comfortable. She was quite calm in herself and the tumour had almost disappeared. In another fortnight,

that is two months after she started the *Argent. nit.* the tumour had completely disappeared. No remedy prescribed this time. She came up to report again in seven months' time and everything was quite satisfactory.

DISCUSSION

DR. JAMES HAMILTON said, in the time at his disposal, Dr. Benjamin has given as full an account as possible of his practice in the treatment of skin diseases. From my own experience, I can confirm that the principles enunciated by Dr. Benjamin are valuable in treatment and I have no criticism to make of these. However, I feel that there are certain points on which he has not laid sufficient emphasis and I wish to discuss these further so that there may be a more complete picture of our practice in this hospital in the treatment of skin diseases.

There are several main factors which I wish to mention. These are (1) psychosomatic disturbances, (2) constitutional health of the patient, and (3) smoking.

(1) *Psychosomatic Disturbances.* It is well known among dermatologists that psychological disturbances do play a part in the production of certain disorders of the skin. This can be appreciated when it is realized that the skin has a rich nerve supply derived from the sympathetic nervous system. This association of emotional disturbance with the onset or aggravation of skin disorders is so common and also so important that it is our practice to make detailed enquiry for evidence of such disturbances in all cases. It is also in accordance with Hahnemannian teaching which regards mental symptoms of the highest grading in determining the remedy for the patient. In addition, it also assists in finding the remedy, in that certain remedies are associated with definite temperamental disturbances in the patient.

To illustrate this, I shall quote a few examples showing the association of certain skin disorders with marked emotional disturbance. This list is by no means exhaustive.

(a) The mild, gentle patient often given to weeping or suffering acute grief. This type of patient often suffers from acne vulgaris or eczema. *Pulsatilla*, *Natrum muriaticum* and *Sepia* are some of the remedies which come to mind for this type.

(b) The second type which I have in mind is aggressive in nature and often suffers from anxiety, fears and frustrations of many kinds. In this type, the skin disorders found include neurodermatitis, psoriasis, prurigo and pruritus, especially pruritus ani or vulvae, particularly when there is no other lesion which may give rise to irritation. The remedies for these

patients include *Sulphur*, *Lycopodium*, *Arsenicum*, *Staphisagria* and *Mezereum*.

(c) A third type which I wish to mention suffers from acute mental depression and melancholia and in extreme cases may have suicidal impulses. The skin disorders include eczema and neurodermatitis, and they may be cured by *Aurum metallicum* or *Natrum sulphuricum*.

(2) *Constitutional health of the Patient.* As Dr. Benjamin has mentioned, we always consider the constitutional health of the patient an important factor in the causation or aggravation of skin disease. We, therefore, make enquiries to find evidence of previous ill health in the patient or his near relatives, and try to relate this to his present disease. There is often revealed a history of vaccination, tubercular diathesis, V.D., allergic disorder such as asthma or disease of the gastro-intestinal tract. A history demonstrating one or more of these diseases gives a clue to the constitutional background in the patient and this acts as a guide to subsequent treatment.

(3) *Smoking.* I do not consider that smoking enters into the ætiology of skin disorders as much as Dr. Benjamin believes. I agree that tobacco is a noxious agent and may give rise to a skin eruption and also that many patients suffering from skin disorders smoke excessively. At the same time, on careful enquiry one often finds that these patients are under severe emotional strain such as anxiety, worry, fear, etc. Although all these patients indulge in smoking, it is difficult to imagine that they all suffer from the ill effects of tobacco. What I believe to be more likely is that the skin disorder is associated with the psychological disturbance rather than the over indulgence in tobacco.

Treatment of Skin Diseases. I do not differ from Dr. Benjamin on the principles of treatment. We find our best results by following the Hahnemannian principle *Similia similibus curentur*. As regards local treatment, it is our practice, as Dr. Benjamin has said, to use soothing applications only, except in the parasitic diseases such as scabies, pediculosis and diseases caused by fungi. In these, we use the appropriate anti-parasitic remedies. However, it has been our experience that if the patient is also given the remedy according to the totality of his symptoms then the cure is much more rapid and complete.

With your permission, I now propose to quote briefly four cases from my own experience to illustrate the points I have discussed. The first three are cases of eczema and the fourth is a case of epidermolysis bullosa.

Case 1. An old lady, æt. 70. Complained of flexural eczema affecting both arms. Previous history showed that she had nursed her husband during his last prolonged illness. She had a mild and gentle disposition and on enquiry gave evidence of deep grief. She also had a very great desire for salt. She was given *Natrum muriaticum* on several occasions

according to the progress of her condition and she made a complete recovery from the eczema and also from the effects of her grief.

Case 2. Child, 1 year old. Suffered from infantile eczema. The child showed no symptoms on which a prescription could be made. It was found that the mother had suffered acute grief during the pregnancy. As it is recognized that the health of the fœtus is affected by the health of the mother during pregnancy, it was decided to give the child *Natrum muriaticum* on the guiding symptom "acute grief of the mother". After periods of improvement and aggravation of the eczema the child subsequently settled down to make good progress towards recovery. The sceptic may doubt that the good progress was caused or influenced in any way by the administration of the *Natrum muriaticum*, but I feel that the case is worth recording.

Case 3. An old lady, æt. 70. Generalized eczema, resulting from sensitization from myocrisin. Before coming under my care, she had had two prolonged courses of myocrisin for the treatment of rheumatoid arthritis. Each course of treatment was followed by the development of eczema, which became generalized. I saw her first after the onset of the second attack of eczema. Acute remedies such as *Rhus tox.* and Sulphur were given with slight but no lasting effect. The patient gradually became more and more depressed and melancholic and expressed a desire to end her earthly existence. At this stage I reconsidered the symptomatology and decided to give *Aurum metallicum*. There was no marked response to the remedy at first, but later there was a marked aggravation of the skin condition. This was controlled by giving *Rhus. tox.* in a low (6) potency. Thereafter she gradually recovered in all ways. The eczema after a few "ups and downs" gradually cleared and finally healed, although occasionally she still has a very slight recurrence. She has become bright and cheerful in her disposition and has lost the extreme melancholia from which she suffered. Incidentally, the arthritic condition is also very much relieved and she has less pain and greater freedom in moving the joints. She now contemplates beginning to walk again—the first time for two to three years.

Case 4. Child 5 years old. Suffers from epidermolysis bullosa. The child began to suffer from the condition soon after birth and the bullae appeared on both hands and feet and fingers and toes. The disease in this child is typical and normally it is found that the condition continues until adult life is reached—or longer. Our dermatological confrères have not yet found a cure nor can they offer advice in the treatment of the condition, beyond the care of the bullae as they arise.

In this case the child is generally of good physique, growing and developing normally. There is no retardation of growth in any way, either physical or mental. He has not suffered from any serious illness. There were few symptoms on which a remedy could be prescribed. The only

important fact in his history was a slight tendency to suffer from a mild nasal catarrh. There was a sensitiveness to hot weather, in summer and a doubtful amelioration from being at the seaside. On these few symptoms, I decided to give him first *Tuberculinum bov.* and later *Medorrhinum*. The result, so far is favourable. Although he has not had treatment for a prolonged period yet, his mother is satisfied that there is a definite amelioration during the present summer compared with previous years. I am hopeful that with further treatment, complete cure may be obtained in this case.

I have mentioned this last case as an example of treatment according to the constitutional health of the patient, since there were no other outstanding symptoms of ill health of the patient, on which a prescription could be based.

Dr. JOHN PATERSON agreed with Dr. Benjamin that in infantile eczema, elaborate skin investigations were of no value. But he was still of opinion that there was a disturbance in the intestinal tract, in assimilation. These cases required a nosode, the common nosode being *Morgan*. From his experience at the Glasgow Children's Hospital, a few cases of infantile eczema required local treatment. Only a few cases of skin eczema responded to constitutional treatment alone. One often had to combine the two. He gave a deep constitutional remedy like *Morgan*. But one must relieve the itching, and for this he gave *Sulphur 3x*, t.i.d. This often controlled the itch, but it was not sufficient in all cases, and when one realized the state which these children got themselves into—covering themselves with blood—one appreciated the reason why nurses and others looking after them applied something "to relieve the itch." He had found a proprietary preparation of *Sulphur* in solution, a few drops of which he put into olive oil and allowed matron and nurses to anoint with this the skin where there was itching. With children one might remove the cause of the itch, but there remained a reflex action and the mere movement of the clothes would make the child automatically do what he did before—scratch. If one anointed the skin, one prevented the child doing this.

In Dr. Paterson's experience two things were necessary in local applications. Firstly, the local application must bear some resemblance to the constitutional remedy. (In this case *Morgan* or *Sulphur* constitutionally and crude *Sulphur* as the local application.) Secondly, the base in which the ointment was made must be something which would not close the pores of the skin.

Speaking of Dr. Foubister's reference to the failure of the nosode, Dr. Paterson said that the nosode did not act in itself but prepared the ground for the remedy; therefore, if the nosode failed, try the remedy.

With regard to Mongols, Dr. Paterson confirmed that one could do something for these children with *Medorrhinum*.

Dr. SCHEPPENS said that aluminium was a cause of disease of the skin which it was easy to suppress. Foods such as fat, egg, chocolate and mushroom might cause diseases of the skin and were easy to suppress. A Belgian doctor had potentized these foods, and had used potency 3x with good effect.

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VALUABLE HOMEOPATHIC REMEDIES IN THE TREATMENT OF PULMONARY TUBERCULOSIS

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Perhaps in no other sickness does homeopathic prescribing meet such difficulty as in pulmonary tuberculosis, and this in spite of the considerable number of remedies which have direct organotrope relation to the lungs. Often it happens that the diagnosis has been made, but the individual symptoms elicited are so indefinite that they hardly point to a good remedy choice. There are also many cases of tuberculosis which present only scant clinical symptoms, so that the real disease is only discovered by accident. Hence an exact anamnesis is all important in pulmonary tuberculosis. Often even apparently unimportant symptoms may point to the remedy-choice. But also the patient's constitution must be well observed which often leads to the goal; I remind only of the calcarea, phosphorus and sulphur constitutions, etc.

The homeopathic literature offers many splendid works on the treatment of pulmonary tuberculosis, like those of *Bähr, Kafka, Goullon* and *Clotar Mueller*. But it is hardly superfluous when I mention especially approved homeopathic remedies for the treatment of this disease, and quote some cases from the actual practice, especially since I took care of patients at a sanatorium for consumptives. This