

FACIAL ECZEMA

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Facial eczema, a disease affecting sheep and cattle, occurs in New Zealand, Australia, and probably the U.S.A. and South Africa. The name is *deceptive as the primary lesions are confined to the liver, gall bladder, bile ducts and urinary bladder.*

Although the disease was first noted in 1897, it was not mentioned in official records until 1908. Fifty more years were to elapse before it was discovered that the disease was caused by ingestion of the saprophytic fungus *Pithomyces Chartarum* which grows on dead litter in pastures. A highly toxic compound, sporidesmin, was subsequently isolated from the fungus and found to be the active principle causing the disease.

Outbreaks of the disease occur when warm rains follow hot dry spells and will be seen from mid-summer to late autumn.

The exact sequence of the disease is more easily followed when experimental animals are given a single dose orally of 0.9 mg/kg of body weight of sporidesmin.

The first disturbance noticed is diarrhoea on the 3rd or 4th day. After the 6th day, the animals improve, but on the 10th day, a marked deterioration becomes evident, and they begin to show lethargy, dullness, anorexia, and discomfort. Sheep move about shaking their heads violently, and stamping their feet, occasionally crouching with partial flexure of the hind limbs. The animals begin to show signs of jaundice and photosensitive dermatitis. All parts of the skin sparsely covered by hair or wool become oedematous, particularly the ears, eyelids, face, lips, vulva, udder, neck, and back. The irritation is so severe that the animals seek the shade and rub themselves actively against any rough surface available. The oedematous surfaces weep with a serous fluid which coagulates to form crusts. They arise as multiple vesicles which develop into pustules by the following day. The pustules coalesce to form a scabby appearance. Infection of abraded areas causes necrosis and scab formation over the whole face and other affected areas; hence the name "facial eczema".

There is a thick nasal discharge which dries around the nostrils and blocks them and there is a discharge from the eyes also.

Often, there is severe dehydration and diarrhoea with a dramatic drop in food intake, and marked loss of body weight, but the first symptom usually noticed is photosensitivity.

Despite its name, facial eczema is primarily a disease of the liver.

Lipid changes in the liver denote acute toxic reactions in the first 2 to 4 days. At the same time necrotizing inflammation and oedema of the bile

ducts and gall-bladder take place, mainly in the medium and large-sized ducts.

After the 4th day, hepatotoxic cell injury is reversed. For several days, there is apparent clinical recovery and the lesions are repaired by the invasion of active granulation tissue. This repair process may continue until fibrous tissue obliterates most of the medium and large-sized bile ducts with consequent retention of bile pigments, and further jaundice and photosensitization between 11 and 21 days after intoxication.

Severely damaged livers are pale over most of the surface whilst mildly damaged livers are mottled with light patches. Heavily damaged livers are bright yellow or green in colour because of retained bile pigments. Body fats also stain yellow and the animal is noticeably jaundiced. The liver becomes hard and distorted with superimposed areas of regeneration. The gall bladder is frequently enlarged and the bile ducts in the liver stand out as thickened white areas.

There is inflammatory oedema in the urinary bladder and ureters. The submucosa often contains small haemorrhages, and ulcers stained with urinary bile pigments will be noticed. The average kidney weight is increased by 25 per cent, despite loss of body weight. This is due to retention of urine in the renal pelvis and tubules, caused by mild hydronephrosis and oedema of the ureters followed by fibrous stenosis.

The adrenal glands enlarge to twice their size and contain large deposits of cholesterol-ester in sheep with long standing photosensitivity.

These notes suggest that sporidesmin may provide a productive field for homoeopathic research in four areas:

- Diseases of the liver, and jaundice
- Affections of the gall bladder and bile ducts
- Inflammation of the bladder
- Eczema

It is interesting to note that 50 years elapsed before the causal organism was discovered to be a fungus. A homoeopathic physician would have quickly noted a similarity to the pathogenesis of *Agaricus muscarius* and *Bovista*. The worst epidemic year, 1938, was also a bumper autumn for mushrooms and large fungi.

There is no known cure for this disease. Thiobenzol has been used as a pasture spray but it only limits spore formation and does not kill the fungus. Recently zinc compounds were tried, but farmers have been advised to desist from using these until more research has been carried out to discover whether toxic residues remain in farm produce. At present the only known control measure is careful, selective grazing of pastures after fungus levels have been determined.

Unquestionably, fungus control is the primary aim as the disease is due to toxic poisoning. However, a study of *Pithomyces Chartarum* and spori-

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three globules every quarter of an hour until the pain eases. If this remedy is not enough, the specific remedy is Acetic acidum 200, once or twice a day for several days. An English doctor reports that this remedy cured an incipient cataract caused by the sting of a jellyfish:

Seasickness can affect swimmers if the sea is too rough. There are two kinds to consider: the kind that starts with cold sweat and a constant desire to swallow his saliva will be healed with Tabacum 30, three globules every hour. The other kind: strong nausea, vertigo, tendency to faint, sudden loss of orientation, will respond to Cocculus 200, every half hour, or three doses before the race.

TETANUS

Tetanus is today a very unusual complication of wounds. From the beginning Arnica 10M if the tetanus manifests, the specific is Stramonium 10M or 200 (opisthotonos), then Tetanotoxin 10M, three doses every twenty-four hours.

—*The Layman Speaks*, September 1977

HINDERANCES TO HOMOEOPATHIC PRESCRIPTION

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cough immediately disappeared, although *Thuja* is not often given for cough. I confess I do not know whether there is special indication for cough in that remedy.

—*The Homoeopathic Recorder*, January 1953

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desmin could be advantageous to Homoeopathy.

Biliary obstruction causes retention of the bile pigments and phylloerythrin, a substance produced as a breakdown product of chlorophyll in the digestive tract of ruminants. Phylloerythrin, which is normally excreted in the bile, is the pigment causing reddening and photosensitivity of the skin, intense itching, swelling and scab formation. This substance could also be proved with profit. A number of substances well known to homoeopathic practitioners also cause photosensitization in animals, viz. Hypericum, Fagopyrum, Trifolium, Medicago, Brassica, Agave, etc., to mention a few.

—*The British Homoeopathic Journal*, July 1976