

emergencies. It is an obvious limitation of his earlier teaching, as I have outlined it, that the emphasis has all been on chronic disease. He will now be amazed at the speed of recovery from diphtheria, and other grave infections under the simillimum, but if he is a wise man he will also begin to define to himself the scope and limitations of homœopathy, and he will not withhold other measures when these are needed. By virtue of his skilful use of homœopathy, thus integrated into modern medicine, he will have become a more complete and perfect physician.

—*The British Homœopathic Journal*, October, 1949.

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## DERMATOLOGICAL REMEDIES IN BRIEF

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The homœopathic physician knows that the disease lies beyond the external manifestation, that the micro-organism of any disease is simply a physical expression of a subversive force in which the life force in its predisposed weakness has allowed the disease to enter.

Many skin eruptions are due to external irritants or to internal toxins. A dermatitis develops because the skin cannot tolerate the onslaught from without or from within. If strong local applications are used on the already damaged skin the dermatitis will become more severe and extensive.

Cutaneous infections, whether they are bacterial or idiopathic, will often clear under the use of remedies chosen according to the law of similia.

It has been my experience that numerous skin diseases will yield to one of the following remedies prescribed according to homœopathic rule. It is well to remember

that the *actual skin lesion* is of least importance in arriving at the indicated remedy.

*Psorinum* is our most important skin remedy. It reaches down deeply into the life forces covering every organ, tissue, and mentality. We find it especially indicated in constitutions which are "psoric" (to use Hahnemann's word), that is, in those individuals who are subject to glandular and cutaneous affections and who fail to react to the apparently well-chosen remedy.

The *Psorinum* patient is full of fears, always despairing that he is not going to get well. He is extremely sensitive to cold, and is likewise always hungry and feels better from eating.

All excretions are offensive. There is marked debility and perspiration (odoriferous). Undue weakness after acute disease may indicate *Psorinum*.

*Psorinum* causes an eruption on the skin often of a herpetic character accompanied by great itching. The skin has a dirty, dingy look as if the patient had never washed (which may not be the case). The sebaceous glands secrete in excess. This eruption is especially noted about the scalp and may extend down either side of the face, involving the ears. The eruption is often moist and oozes and offensive matter, but it may just as often be dry. Ulcers may appear on the legs or around the ankles, which are indolent and hard to heal.

The itching eruption of *Psorinum* is more apt to appear in the bends of the joints. Children with the *Psorinum* skin lesions are very apt to have summer intestinal disturbances with very offensive stools.

*Psorinum* is much like *Sulphur* and *Graphites*, in some of its deep-seated manifestations, but, unlike *Sulphur*, the *Psorinum* case is chilly and worse from cold.

*Sulphur* is suited to all types of skin lesions with the general characteristic that the skin is dry, harsh, rough, and pimply, no moisture, never perspires (quite unlike *Psorinum*). Itching is marked. The hands and feet burn

at night. The itching is better from scratching, but followed by smarting and burning. The *Sulphur* case is better in dry, warm weather, but nevertheless he feels the heat and is aggravated by heat in general, and by the warmth of the bed.

The *Sulphur* case is worse from bathing, and purposely avoids a bath for this reason. Standing is the most uncomfortable position for the *Sulphur* patient. He loves fats and sweets. He has a sensation of constant heat on the top of his head. There is often evidence of excoriation in the folds of the skin. All orifices are red and inflamed. He sleeps fitfully. He tends to have that weak, all-gone feeling about 11 A.M.

*Sulphur* typifies inertia and relaxation of fiber, with feebleness of tone. His general appearance is slipshod and unkempt. He is often thin and stooped. He is indifferent to the small amenities of life, having a mind above such mundane matters. When interviewed he is often affable, expansive and discursive. His digressions take the form of philosophical discussion.

*Sepia* is adapted to dark-haired people of rigid fiber. The individual is frequently freckled or may have a crop of warts. Eruptions during pregnancy are characteristic. The *Sepia* face is sallow, with the characteristic yellow saddle across the nose. The patient is chilly, with cold, sweaty hands and feet, and a cold feeling on the vertex. *Sepia* symptoms are definitely aggravated at the seashore. The patient feels generally better from motion and exercise. There is a tendency to ptosis of the organs, with a "ball sensation" of the inner parts. Itching is marked on the hands and flexures, and all humid places. There is often herpes about the mouth and lips. Ringworm-like eruptions.

Characteristically the mentality is indifferent, sad, and indolent. They are irritable and averse to the family and former loved ones. They are easily offended, and dread to be alone.

*Rhus Tox.* The *Rhus* skin case is characterized by suddenly appearing erythema of a raw, red, inflamed, vesicular type. The eruptions burn and itch violently and are moist and humid. This eruption so annoys the patient that he is restless and irritable. He continually changes his position and gets temporary relief from this movement. There is great apprehension of the night, and the patient will not stay in bed, but gets up and wanders around. The patient feels better in warmth and from warm applications. He is worse from cold, damp weather. Poison oak, cellulitis, erysipelas, giant urticaria, are conditions particularly susceptible to *Rhus* action. •

*Rhus* is indicated in eczema. If the face is involved there is edema of the loose cellular tissue about the eyelids, with burning and itching.

*Rhus* often follows *Belladonna* in adynamic scarlet fever with toxemia.

*Graphites.* The typical patient is fair, fat, chilly, costive, sad, full of grief and undue forebodings of evil producing anxiety and restlessness. Apprehensiveness and low-spiritedness are essential for a *Graphites* prescription. The *Graphites* case, although fat, is improperly nourished. There is deficient animal heat due to suboxygenation. Hence these patients are always cold.

The skin is unhealthy. Every injury suppurates. There is a tendency to cracks and fissures—fingers, nipples, mouth, toes, anus. Rawness in the flexures, moist eruptions behind ears, nails brittle and crumbling. Abnormal nail growth, black, brittle, horny deposits.

There is glandular adenopathy of the neck, axilla, and inguinal regions. The eyelids are thickened and covered with scales, agglutinated lids and blepharitis, worse in the angles of the eye. Ingrown eye-lashes and resistant hardened styes. All eruptions tend to ooze out a sticky exudation. In the removal of cicatricial tissue, it tends to cause absorption. Workers in graphite noticed that scars

on their hands disappeared. *Graphites* cerate locally is valuable in these cases.

*Arsenicum*. This great remedy is prescribed on the merits of its five grand characteristics, *i.e.*, restlessness, burning, prostration, midnight aggravation, relief from heat. It is one of our great eczema-asthma medicines; and, like *Nat. mur.* and *Sepia*, there is aggravation at the seaside. An unquenchable thirst is another characteristic of *Arsenic.*

The skin is dry, rough, and scaly. It is often papular in type and worse from scratching and from cold. Urticaria with burning and restlessness. Poisoned wounds and ulcers respond to *Arsenic* when indicated. Sudden inflammations that rapidly take on a malignant look calls for *Arsenicum*. Genital eruptions characterized by burning.

*Petroleum*. We find that workers in the oil industry are subject to eruptions on the skin, therefore the *skin* forms the chief center of action of this remedy.

*Petroleum* is a deep acting drug, throwing the morbid matter to the surface, an antipsoric drug working from within outward. Thus deep seated, long lasting, wasting diseases call for *Petroleum*.

As a forerunner to breaking down, the mental weakness and forgetfulness of *Petroleum* are marked. *Petroleum* will check fetid sweat in the axilla. It will relieve tenderness of the feet when they are given to easy sweating. The tips of fingers are rough, chapped, and fissured. The skin of the hands is fissured and cracked. There is an eczematous eruption within the ear canal with a fetid discharge. The eruption of *Petroleum* is vesicular tending to become pustular. It modifies the lesions of unhealthy skin with a tendency to fester and to ulcerate. All eruptions itch violently. The patient cannot rest until he scratches until the parts become moist, bloody, raw, and inflamed.