

A HOMŒOPATH LOOKS AT ECZEMA

Dr. T. K. GOKHALE, M.B.B.S., POONA

This is a title given by Dr. Allen D. Sutherland to an article published in *Homœopathic Recorder* (July 1943).

It is a very interesting article and should be read by all.

I shall however give a few extracts from the same and cite one case based on theory of this article.

"the management and ultimate cure of Eczema presents a problem which often taxes the patient and the physician. The solution however is easy—I say in all humility—if the physician and through his influence the patient will rid himself of the idea that he is dealing with a sick skin. He is not dealing with a sick skin but he is dealing with a *sick person*. The physician must rid himself of the notion that in discovering an allergic relationship between a certain substance or substances and the patient's eczematous manifestations he has uncovered the cause of the condition. Such is not the case. Allergy is only a symptom. The question must be asked 'what makes the patient allergic?' The answer to the query lies in a recognition of the deep seated constitutional fault.

"First do not prescribe for the patient at the first interview. This admonition is for the merest Tyro in homœopathy; the skilled Hahnemannian has already learned his lesson through sad experience." Snapshot prescribing has no place in the treatment of chronic disease, least of all in eczema; nothing but the *similimum* will do. There is much potentiality of harm in the apparently indicated remedy as there is potentiality for good in the *similimum*. The thoughtless prescription will so tangle the thread of cure that months may be required to untangle it. I know this to be true.

"Local applications are entirely out of place in the homœopathic management of eczema. Itching may often be relieved by cold normal saline which has no suppressive

action at all. Even calendula ointment may be allowed. I will admit however that according to some criteria the use of this innocuous preparation may be regarded as a mildly heretical deviation from the strictest homœopathic practice.

Finally he cites a case of eczema treated by himself and what a number of remedies he gave and finally consulted a better man than himself. This consultation ended in a prescription of Tuberculinum 20m. Four doses of this remedy at interval of two months clarified the situation so that the true similimum gradually became apparent. Sepia infrequently repeated in ascending potencies has successfully given the patient which she never had before."

The discussion on this is also interesting and I recommend my readers to go through it if they can.

Now I will come to the case that I am treating ;—

Mr. M. Aged 73 is suffering from eczema for the last 8 months. Has had all possible allopathic treatment including X'Ray etc. The parts most affected are face, hands, and legs. The trunk has escaped. The itching is worse during the day alleviated by warmth applied, but warm atmosphere worsens the condition. He has been having this condition right from childhood since he was 8 years old but allopathic treatment used to give him relief every-time. It is only this time that the treatment has failed to relieve him. He now likes a warm bath yet the summer heat is unbearable. Other symptoms from head to foot were practically nil. He said he was better at seaside.

There was a strong family history of T.B.

I began treatment by giving him X'Ray 200 one dose to antidote the effects of X'Ray treatment which he had received allopathically. After a couple of days there was no change. So I gave him a dose Tub. Bov. 1m. one dose and waited for 10 days. There was gradual improvement but not a very satisfactory one as one would expect under Homœopathic treatment. At this time the patient again reminded me of his amelioration at seaside. This made

me think of Medorrhinum. And he was also worse during the day. These two put together were "bankers" for Medorrhinum. But I had already given Tub. Bov. and I had read somewhere. nosodes do not follow well. I thought over the matter but decided to give Med. and gave a dose of 1m. After this the improvement was satisfactory. Here I might recall that Nash has said somewhere that he does not much believe in incompatibility. He would give the drug if the drug is indicated, does not matter what he has given before. Here in my case also Med. acted quite well without any untoward result.

GALLSTONES

DR. W. KARO, M.D. (Würzburg).

The formation of gallstones is the effect of a constitutional disease of middle age, more frequent in women than in men. The formation of the stones is, as a rule, the outcome of an inflammation of the gall-ducts, which interferes with the normal flow of the bile. The stones vary in size from mere sand to a hen's egg, and in number, from one or two to several hundred.

Stones in the gall-bladder itself do not necessarily produce any subjective symptoms at all. It is only when the stones move, especially when they enter the narrow bile-ducts, that the patient is suddenly seized with an agonising colic which radiates from the liver downwards to the thighs and is often accompanied by vomiting jaundice, cold perspiration and collapse.

In such serious cases we give *Atropin* 3x, ten drops in hot tea every 15 minutes, if necessary. At the same time we apply fomentation to the seat of pain, or, if possible, we place the patient in a hot bath or give an enema with warm camomile tea.