

REPORT OF A DERMATOLOGICAL CASE — SUCCESSFULLY TREATED WITH SULPHUR*

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This is hardly the work of an essayist, it is only the report of a clinical case seen at Huron Road Hospital which was treated by homoeopathic medication only.

This report means very little, because it is only a report of one case; it is not meant to be entirely instructive but merely, I would say, to illustrate some things that are pertinent in the study of the action of drugs.

In that reference, coloured photography can be utilized to show results more accurately than mere words could record the effect of the drugs.† If nothing else comes from this short presentation other than to stimulate one or two of you to acquire a colour film and a camera which is somewhat accurate in lens structure and record the visual evidence of disease both before you treat and after you treat your cases, I think it will be worth the time.

The thing that interested me about this case, after I had looked at it a little while and studied the progress of it, was that it seemed to follow in the effect of the drug, all of the theories of Hahnemann in regard to chronic disease, and its treatment with attenuated drugs.

I feel entirely unqualified to speak of the role of sulphur in the body and the part that it plays in the function of cellular structure.

In reference to the dermatological condition and sulphur, the common conception is that the content of hair and skin is of direct relationship of course to the sulphur metabolism of the body, but other than that, sulphur in many instances is not recognized as being of particular value, if taken internally. Of course grandmother used it in the form of a concoction of molasses to purify the blood in Spring. Today we are using sulphur internally in the form of injections in the treatment of many things other than those mentioned in this paper. For instance, arthritis, with which you are all familiar.

Quoting a brief comment from Sutton and Sutton *Introduction To Dermatology*: There is mention made in this book in regard to the action of sulphur and dermatological conditions; they say that, "Aside from its laxative effect and possibly very slight stimulating action on the epithelial

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† Editor's note: This paper was accompanied by slides illustrating the progress of the case which gave a very obvious view of the gradual improvement of the case and added much to the value of the paper. These illustrations were not procurable for the Journal.

layers of the integument its therapeutic properties are problematic."

Not quoting directly, they mention in this book also that locally the sulph-hydryl radical is a definite stimulant possibly to cell division, although they are not sure about that.

With little other discussion as an introduction to this case, and why I am presenting it, I will proceed to give you the clinical history of this condition which you will see shortly on the screen.

This case presented itself on February 7th of this year; the age of the patient is 37; she is a white female, single, whose occupation was that of a typist. Her weight was approximately 116 pounds, height approximately 5 feet 3 inches. You will recognize this condition by viewing this slide.

(Slide 1): She had been referred by a member of our staff to the dispensary, his tentative diagnosis at that time was possible psoriasis. The condition started first in November of 1939.

The past history of this case is essentially uninteresting because there are no salient points with the exception that this woman has a history of having had a little thyroid trouble, as she called it, two years before, but as far as I can determine it consisted mainly of a tachycardia with very little loss of weight, and mainly in addition to that a little bit of nervousness, as she said, but internal medicine and sedation on the part of her family physician apparently controlled the condition.

The homoeopathic history of this case is not exceedingly complicated because the symptoms and the objective picture is clear-cut and the modalities consisted mainly of being worse at night in bed, worse from any local medication which she had previously tried on her own initiative. These local things that she had tried were really not of any consequence, because they consisted of cuticura soap, mentholatum, hand lotions, and simple things like that, at home.

She had had in her past history—if of any value, two attacks of painfully swollen shoulders, four or five years ago. She had complained also of a little dizziness in the last nine months, but it was not of great import.

She was prone to perspire under her arms (at the armpits) and was inclined to be restless and nervous. She is emotional, and easily upset from external stimuli. She had had a little neuralgia from time to time.

Her father died of tuberculosis and a terminal malignant condition; her mother had an intestinal malignancy also. The history of her brothers and sisters was essentially negative.

I sent this woman to our dermatologist of Huron Road Hospital for consultation, Dr. H. G. Miskjian, who also teaches at Western Reserve School of Medicine. The report of the dermatologist is as follows:

"This is a psoriasiformis Parakeratosis. I consider this case quite typical of this condition, the variety being of the type involving the articular folds. The cause is unknown; it is not allergic. This name is unknown to American dermatologists. (Dr. M. was trained in a French school). They call this

eruption Seborrheic dermatitis in this country which is quite unsatisfactory. It seems to have improved a great deal recently."

By-the-day he saw this case about one week or ten days after it had been treated.

This picture was taken, as you see, before anything had been done. I merely took a shot in the dark, and thought I would take a coloured picture before treatment, and if we had good luck we would have a record which is essential if you are going to do any photographic recording, I think.

Another thing that must be emphasized in trying to record results of work, I would like to bring this point out, and that is that all work should have proper controls. This case, of course, didn't, for which I am sorry.

In that point, I mean this, that this case should have been given placebo first before anything had been given. If I had done that, and still had obtained the results there could hardly have been a question that it was due to the psychological effect of the drug upon the patient.

I want to call attention to the symmetry of the lesions. Whether that has anything to do with the action of Sulphur or its pharmacodynamics is something that I would like to hear discussed afterwards.

We will proceed with the pictures as they came in sequence.

Slide 2 is a little dark and doesn't show much.

(Slide 3): This picture was taken on February 15. In other words about one week after the administration of Sulphur internally. Just a few doses were given, and you can notice already that there is beginning to be a considerable change in the condition and colour of the skin.

There is one point that I want to call to your attention and that is this: that the lesions first appeared on the left arm of this woman and if you will observe the picture closely, you can see that the left arm is fading a little faster than the right. Also you will notice the redness is fading from the periphery, which is of interest.

(Slide 4): This shows the lesions as rather large, and at this time considerably improved.

This is from a film taken at the same time; it gives you a little better idea of the fading action from the periphery of the lesions.

(Slide 5): Was taken March 7, 1940. About one month from the time that the drug had been given.

I want to call your attention to the fact that *no local medication was used in any way*. This woman's *habits were not changed*. She was not requested to do a thing. In fact *we instructed her to continue doing everything that she had been doing* in the way of diet and environment.

Slide 6 was taken at the same date as slide 5.

(Slide 7): This is a picture taken at a later date, March 28, which would be about seven weeks.

We notice a slight recurrence occurring in the left antecubital fossa, the lesions appearing more red again. This is the thing that interested me parti-

cularly, that there would be recurrence starting at the original site of the first lesion. After that occurred another dose of medicine was given.

(Slide 8): She was given repeated doses of the same drug, Sulphur, (probably four doses) and the picture was taken the latter part of April, I think the 28th or 29th. You see that again there is a complete disappearance of the lesions.

(Slide 9): In this slide she was perfectly well, as the picture shows, the arms were clear, and the last time this woman was seen she was entirely free of any sign of her skin disease.

I think that that is all that I have to say about this case, and I would like it to be opened for discussion at this time. (Applause) The photography was done by Dr. Edward Goodsett and Dr. John O. Newton to whom I am deeply indebted.

DISCUSSION

Question: What potency did you give?

Dr. Thomas: I will tell you after the meeting: I don't like to bring up the problem of potency, it is the action of Sulphur we would like to know. However, if so many of you wish to know, it was the 500x.

Dr. Boericke: How did you administer it?

Dr. Thomas: The first time she received 7 powders; I have a theory that 1 or 2 powders may be wasted as the mouth may be contaminated with foreign substance, possibly the patient has eaten something—and if you want to give one good dose you may have to give more than one powder.

I might say every week she came in she was given placebo in the form of powders of the same type so she couldn't tell the difference, and when the recurrence started to come I repeated the sulphur in the same potency.

Dr. Moyer: It took me 27 years to become acquainted with Sulphur. At first I used to think there was nothing to it. I worked up on the colloidal sulphur intravenously, with the idea that I would cure acne vulgaris in that way. Finally one day I had a rather bad case of acne vulgaris. I had just read a paper written by Dr. Besson, and it certainly did correspond with all the symptomatology and I had the 50M. That was way up from colloidal sulphur. I started with the 50M and to my great surprise I got wonderful results. I have had quite a number (I say quite a number, in my estimation quite a number is eight or ten for private practice) of these patients in which there was abscess formation. If a lance is pushed through the abscess a lot of pus is found. That is acne vulgaris. I have had cases of that kind get well without anything but Sulphur alone in which I used the ultra violet ray once a week, or until all the exfoliation was gone, then I would repeat the dose, but my dosage, if things were all right, is a powder a week, without repeating until the time comes when you should have a dose.

I never could do half as well with the lower potencies, the 6th, the 12th,

the 30th, or even the 200th, as I could with the 50M. It seems peculiar, but that is the case.

Dr. Junkermann: The most important point of this paper and in the handling of this case is this: that in this patient he had a single variable, that is rare in private practice. Of course when we are called upon to see a patient we are very anxious to get results, relief, and we are likely to use several different things in treatment. We will change the diet, we will use something locally, and we will give medicine internally, and so forth, and as a result, since we have numerous factors it is absolutely impossible to tell which one or to which group, or which combination our results might be attributed.

In this case, however, the doctor proceeded on the truly scientific method, by maintaining in the patient's diet and habits and otherwise, a constant condition, a single variable was introduced into the case, namely the administration of a single drug, consequently he is really justified in attributing the results to the administration of this drug.

It is this type of thing, multiplied by a series of such cases that will give us some data which will be of value in showing from a scientific standpoint, the fact that Homoeopathy does work.

Chairman Boericke: Is there any further discussion?

The Chair would like to ask Dr. Thomas why Sulphur was chosen as the indicated similimum in lieu of Psorinum in that case? My understanding of Psorinum has been that very characteristic—lesions in the flexure, indicating a psoric diathesis. I personally would have thought of Psorinum.

Another point I would like to make that in the treatment of symmetrical dermatological lesions, nicotinic acid, one of the factors of vitamin B has come into considerable use and I have found it very helpful, if not actually reinforcing the action of homoeopathic medicine.

Another remedy which I would have thought of for a similar case, and which I consider in a case of eczema to be unqualifiedly the most valuable dermatologic medicine in eczema is Kali arsenicum. I don't think there is any question but when you come to infantile eczema that Kali arsenicum has given the best results.

Is there any further discussion? If not I shall ask Dr. Thomas to close.

Dr. Thomas: In closing, I might say in answer to the doctor's question, this one thing only, and that is: that certainly in treating skin conditions homoeopathically you must use your powers of observation and see the objective signs of the lesion as well as thinking of the constitutional diathesis, and other factors involved.

It seemed to me objectively this skin lesion had the appearance of what we were taught might be a sulphur lesion; it was very dry, it was very scaly; there were no exudations of moisture, no pustules involved, and in other

words it conformed to many things of sulphur plus the modality—to be worse at night and worse from heat and particularly heat of the bed, which probably helped in the selection of the drug.

In addition to that I might say in reference to the vitamins, we have there a question of course, but the case didn't look to me to be one of an outright avitaminosis, that is the reason I didn't use it; in addition to that, I had been looking for a case that would make a good visual record of the action of a drug used homoeopathically. I thought this would be a good one, so I didn't experiment with vitamins.

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