HOMOEOPATHY AND SKIN DISEASES

DR. DOROTHY SHEPHERD .

On the June 18th, 1935 a working class woman brought her boy aged 7 to the dispensary with mild impetigo of the face. In the background stood a much older girl, whose face was made hideous by being plastered thickly with an objectionable black ointment. I asked whether she had been brought for treatment as well, to which the mother replied that she was attending a well-known skin hospital. Then the floodgates opened, the big girl began to shed tears and the mother joined in.

After a decent interval while they composed themselves, I heard that this skin trouble had first shown itself when she was five menths old and had not abated since. In fact during the thirteen years which had passed by, she had attended all the hospitals in the neighbourhood, she had tried three large teaching hospitals, she had been to two special skin hospitals, she had had sunlight treatment, had been away several times for convalescence for months at a stretch at seaside homes, and only last week the specialist at the skin hospital had shrugged his shoulders and said that she would have this skin trouble all her life, nothing more could be done for her, she would always require treatment, and must always use some ointment. One wonders what for? It did not cure or even remove the skin eruptions and it certainly could not be said to add to her appearance, as this black tar ointment, unpleasant to look at and with an unpleasant odour, had to be applied thickly round the lips and back of the ears.

The child was at an age when she began to take notice of her own appearance and wanted to look her best and disliked being teased by her school friends about the disfigurement of her face. Somewhat rashly perhaps, I offered to cure the child, provided she was kept under treatment for a sufficient length of time. The mother would hardly believe that the girl could ever get rid of her 'skin trouble', but was willing to give the treatment a trial.

The girl was thick set and stoutish, with a pale, pasty complexion, a heaped crusty, scabby cruption round the mouth and a similar scabby cruption in the bends of the elbows and at the back of both knees, with bleeding cracks. A typical graphites rash, so on June 20th, 1935 Graphites 30 was given and all local treatment was forbidden. Seen on June 27th, the remark was made that the cracks of the skin did not bleed any more and that the irritation was much worse at night, due to this. July 4th, elbows clearing, left knee healed—face very clear, has not had a clear skin since November of the year before.

July 11th, lips cracked. Graph. 30.

September 5th. Skin improving since July; no thickening of skin. Mother says she has never had such a good time.

THE PROPERTY OF THE PROPERTY O

September 19th, Return of skin trouble on face. Child is going in for a scholarship.

October 24th. Face clear.

All through the winter until the end of March, 1936, the skin all over the body remained clear, there were no bleeding cracks, as was her usual custom; then the skin round the lips began to thicken again and swell up, so another dose of Graphites 30 was given.

On May 21st, 1936 she had a sharp attack of chicken pox, for which she was given Ant. tart. 30, night and morning, and which cleared up the spots in less than a week.

June 25th. Slight return of dermatitis, on flexures of both forcarms and knees, and very slightly on face. Graph. 30, three doses, one nightly on three consecutive nights.

July 9th. Skin rather worse, probably due to reaction after the Graphites, however, by July 23rd the face and knees were once more clear.

September 3rd, 1936. Very tired, lies about all day, eyes have been swollen, eyelids sore; skin on face and over the elbows and knees cracked and bleeding. Graph, 1000th potency given.

September 12th. Much better, not so tired, eyes not swollen. After this dose of Graphites the skin remained sound and clear until May 27th, 1937 that is for nine whole months, all through the winter, when the face began to crack slightly again, and she had three more doses of Graphites on consecutive nights, on June 25th, 1937. This made the skin break out worse again behind the knees and front of the clows for a couple of weeks. Then the summer holidays came along and for the second year in succession there was no appearance of the trouble during the summer months, always an extra bad time with ber previously.

On September 3rd, 1936 after a stay at the seaside and exposure to the sun and salt spray, cyclids were swollen and red and the elbows and knees red and scurfy and cracked. Graphites 1000th potency.

September 17th. Not so tired, is not lying about any more. Skin better, feels happier and she does not look such a sight.

No further medicine was required until May 27th, 1937, well over eight months later, when there was a slight cracking of the skin round the mouth. No periods yet. The child is nearly sixteen years of age. Graphites 30, three doses on three consecutive nights. Skin cleared within three days after the first repeat of this medicine. And the period came on for the first time at the end of June. (A graphites patient has usually delayed, scanty periods.)

September 9th, 1937. Return of skin trouble, very distressed and weepy because of the appearance of her face. No period since the end of June. Feels cold and miserable and depressed. Graphites 30 (three doses), followed by a rapid improvement. Another period came on at the beginning of November, and after that the periods appeared regularly every three weeks without any pain or discomfort.

March 9th, 1938. Face well, skin soft and smooth all over body.

June 16th, 1938. Skin round mouth cracked and chafed. No M. P. since February. Graphites 30.

September 8th, 1938. Skin round mouth thickened and bleeding. Graphites 30. No real 'breaking out' on skin for the last twelve months. The period showed itself again within a week of medicine.

October 29th, 1938. Irritating eruptions at bends of elbows due to wollen jumper. "Three years since she had a bad arm." Graphites 30 (three doses).

November 3rd, 1938. Arm worse, lips swollen and split, very upset and worried about it. Graphites 30 (three doses).

March 2nd, 1939. Slight roughness on face and cracking after using a theatrical make-up. Graphites 30.

July 13th, 1939. No trouble with periods. Some patches of skin trouble on the elbows. Graphites 30 (three doses in 24 hours).

Since that date ten months ago the skin has remained quite clear and smooth and this young girl has remained well and happy.

What she has been saved! No local treatment, no horrible disfiguring salves and ointments for five years, only occasional few doses of homoeopathic medicine. She is now nearly nineteen years of age and busy and happy at her job.

Skin diseases are to the average person loathsome, and how unpleasant the usual treatment is, and how much more pleasant our way of tackling this job is. Skin diseases are due to something wrong inside the body, metabolic errors, the soil is wrong; therefore skin cruptions should not be treated by applying lotions or ointments or pastes, which would only suppress the actual trouble and drive it underground, there to cause further and more serious interference with the normal functions of the cells. This is said to be an antiquated idea according to some doctors; but one has proved the truth of this statement so many times to one's own satisfaction that in spite of the opinions of distinguished doctors I repeat it. Skin troubles, skin cruptions, should be treated from within by suitable medicines. It can be done; it may take a long time; and it is always worth while to make the attempt. Now don't run away with the idea that Graphites is always necessary to cure skin troubles. You may need any one medicine, according to the nature and character of the eruptions, the reactions of the skin to temperatures, to water; whether there is any bleeding, any discharge; whether there is any itehing, any irritation. And it is frequently very difficult to find the right medicine.

Impetigo of the face is a common occurrence among the school population in the poorer quarters of the citics and villages, and it takes weeks sometimes to cure it, as I know to my cost after years of experience at a dispensary.

I find that Antimonium tart, in the 6th potency, or even higher in the 30th potency, without any local applications—except powdering with some starch powder, will clear up the crusts and sores rapidly. Do not attempt to remove the crusts, leave them dry and exposed to the air without any dress-

ings, and many times I have managed to clear and remove the impetigo within a week and certainly within less than a fortnight. One does see some very bad cases where the impetigo has spread all over the face and ears. I find Antimonium tart, much better for impetigo than Sulphur. And that reminds me Sulphur ointment should not be applied to skin eruptions ever; it produces an eruption of its own, and is therefore homoeopathie or similar to many skin diseases.

This recalls the cure of another skin case of several years' standing. A lady developed dhobi rash, a disease of the tropics, and ever since well over 2½ years previously had an eruption all over the palms of both hands, for which she had prolonged treatment at a London hospital, mainly by ultraviolet ray. This suppressed or removed the eruption on the hands and brought out nasty erops of boils. So it went on, boils alternating with the eruption on the palms. The skin burnt and there were deep bleeding cracks on both hands and irritation and burning of the groins as well, a badly disfigured nail of the right index finger—this finger always and continually shedding its nail. Also scaling and itehing at the back of the ears. Petroleum 30 given, No local treatment advised except olive oil.

A week later there were deep cracks on the hand and much itching at night in bed. Rheumatism of the left ankle. Sulph, 30 ordered,

The following week, slight improvement of the hands, itching slightly more bearable at night. Sulph. 30.

Two weeks later a boil developed on right shoulder, which cleared up after half a dozen doses of Tarantula cubensis 30, without opening or discharging.

A work after this acute rheumatism and stiffness and pains of both legs and ankles: has to walk with a stick. Rhus tox. 6 alternately with Bryonia 30, four hourly, ordered.

A month later, when seen, the palms of hands were clear and had been for nearly three weeks, and the rheumatism had also disappeared.

A skin cruption which had lasted for $2\frac{1}{2}$ years in spite of expert treatment, or because of it?—was eured from within by a few doses of the appropriate medicines, in six weeks!!!

This happened nine months ago and there has been no recurrence so far, even the nail on the index finger has remained sound. Indeed, my patient was very alarmed when the acute rheumatism appeared and talked of going for spa treatment at Buxton or Droitwich, I can't recall which now; but there was no need even for that, Rhus tox, and Bryonia took care of it and Homocopathy had conquered again. She had also asked for a pathological examination of the cruption on the hands, but before this could be carried out, the rash had disappeared! So I do not know whether it was the result of the tropical disease or not, or what the diagnosis really was. The result was satisfactory both to the patient and to me, that is all that matters, don't you think?

Isn't our method of treating 'skins', as the medical student calls it, much

more attractive than messy local applications? And aren't the results gratifying as well? Would it not revolutionize the orthodox treatment if they would allow us to show them what our medicines can do, prescribed according to our laws.

Let me repeat. A girl suffering for thirteen years from a disfiguring skin disease, told by a leading specialist that nothing more could be done for her, "she would have to put up with it", improved rapidly from the moment she received trentment on Hahnemannian lines. Graphites which is black lead as used for drawing pencils, produces tetters and eczema, if taken in large doses and cures it if a similar eruption is found in sick people, rapidly and painlessly. My patient was kept under observation for five years and only showed slight recurrences after months of being free from any blemish and always rapidly controlled by a few doses of her remedy. And again, in impetigo, which requires months of treatment and months of exclusion from school sometimes as it is so contagious; this can be controlled and cured with very little bother with tartar emetic in little over a week.

Chicken-pox, which has a similar encrusted pustular eruption, disappears in a few days without leaving sears or pitting due to the irritation of the rash and the scratching and picking of the sufferer. Chicken-pox is said to be a mild disease, not needing medical attention. How disastrous the consequences can be, if chicken-pox is neglected! A nice little girl died has week of the after-effects of chicken-pox; she had never been well since her attack in February and had been continually under medical treatment after the pocks had disappeared, as she felt and looked so ill. She was never 'diagnosed', only iron tonics and malt were given, and when she landed in hospital she died after two days. When a post-mortem examination was made she was found to be suffering from tubercular meningitis. She was undoubtedly a victim of the war and the evacuation scheme; for while she was under homoeopathic treatment until last summer, she was thin and she had been delicate and slow at first in putting on weight, getting on satisfactorily. She had gained on Tuberculinum and in June, 1939, she was given Drosera and had done very nicely by the end of July. Then her parents sent her to Devon in September and she was only seen once early in December, when she had done remarkably well. Back again to the West of England, chicken-pox and then tubercular disease and demise. It shows, alas, that Drosera, as already stated by Hahnemann, is closely related to tuberculosis and the disease was held at bay while the child was under its influence; when removed from homoeopathic treatment, she died from the disease, though until chicken-pox developed, she appeared to be well, and was gaining.

Quel dommage! I recall a similar case of severe chicken-pox, the child looked collapsed and alarmingly ill; he had had high fever round 103°-104° for ten days under allopathic treatment, and looked when I saw him, ready for (Continued on page 184)

HOMOEOPATHIC NEWS

GRANTS TO UNDER-GRADUATE COLLEGES OF HOMOEOPATHY

In order to further improve the standard of under-graduate education in Homoeopathy and with a view to bring more and more such colleges up to the desired standard, the Government of India have now decided to provide financial assistance for non-recurring expenditure to the extent of Rs. 1.60 lakh per college during the period of Sixth Plan to selected under-graduate colleges of Homoeopathy run by the voluntary organisations. The assistance will be admissible for the purposes of (i) purchase of laboratory equipment, and (ii) setting up of book banks.

The applications for assistance will be considered provided that the following conditions are fulfilled by the under-graduate colleges:

- (i) Should have been in existence for the last five years on the date of making application for the grant-in-aid and conducting the courses leading to the award of a degree/diploma recognised by the Central Council of Homoeopathy.
- (ii) Should give an undertaking that they will adopt the standards recommended by the Central Council of Homocopathy.
- (iii) Should have sufficient qualified staff who know the use of equipment and will be able to train the students about the use of such equipment as will be kept in the laboratory.
 - (iv) Should possess a properly equipped library for reference of students.
- (v) Should have adequate space for housing the physiology and pathology departments' laboratories so that the equipment purchased under this scheme can be properly utilised by the students.

The applications should be routed through the State Government concerned and the State Government must recommend their cases for grant-in-aid under this scheme.

HOMOEOPATHY & SKIN DISEASES

(Continued from page 178)

the undertaker. He was given Silica and a week later Droscra, and he flourished after that.

'Skins' do well on homocopathic treatment, though on occasions the process of curing may severely tax the patience of the sufferer and demand the greatest skill and knowledge on the part of the doctor.

-Heal Thyself, June, 1940