

## DISEASES OF THE SKIN IN RELATION TO DISEASES OF THE DIGESTIVE SYSTEM\*

DR. SAMUEL H. PETTLER, M.D.

In the practice of pure Homoeopathy, we consider the patient and the total symptoms of his disease.

Regional symptomatology must necessarily then be but part of the picture. However, in these days of streamline, speed, pathology, and vitamins, it is often necessary at least in initial prescription to prescribe on regional symptoms. This is often true in dermatology, where the evidence is frequently only objective, with few or no subjective symptoms. It is my practice to attempt to place the patient into a remedy type, as well as to get a detailed history of the disease as well as the patient. This gives evidence as to the heredity in the case, information about environment, and the economic status of the patient, the latter may give clue as to the patient's mental attitude, as well as his ability to buy adequate food. It is well to study the behaviour of the patient. Much more might be said about this.

Examination of the skin defines the lesion type, and distribution also gives evidence of trauma from scratching. The history tells whether it is seasonal, recurrent, acute or chronic, also whether it is a family characteristic and modalities etc.

The streamline effort, presents a constitutional remedy type, lesion type, distribution, and evidence of sensation if present or lack of it, plus a supporting historical evidence upon which to attempt a prescription of a homoeopathic remedy. Of course, should conditions warrant a more complete study must be made.

Many dermatologic conditions are often associated with the gastro intestinal tract. The more common ones are acne vulgaris, rosacea, seborrhoea, erythema multiforme, angioneurotic oedema, urticaria, drug rashes, pruritus ana, etc. The latter groups may be classified under the general term of allergy.

The gastro intestinal disturbance may be the result of toxæmia due to faulty elimination, bacterial infection or toxæmia from indigestion of spoiled food, imperfectly metabolized food in the digestive tract, hypersensitivity to food or drug. Most of these patients have a disturbance in the vegetative nervous system, and are often subthyroid. They often belong to the constitutional group known as the exudative diathesis of Czerny.

Infantile eczema is a good example of allergy as well as a skin disease with gastro intestinal origin. Since it is the failure or inability of the digestive tract to adequately handle certain foods, that is an important factor in allergy.

Allow me to attempt to present a case, trying to stress the evidence upon

\* Read before the California State Homoeopathic Medical Society, May 16, 1940.

which a homoeopathic remedy might be selected on symptoms of a regional character.

The child is usually a plump blond or red haired child, with a fair skin. The head may be moist, even though the body skin may be dry. The hair is usually dry and sparse. The fontanelles may be open. On the cheeks and in the flexures especially there is a rash, often vesicular in character, however, if it is of some duration there is lichenification, thickening, and evidence of scratch marks. The child is irritable, may have evidence of rickets. The mother tells you a child is a 'colic baby,' appetite variable, digestion erratic, elimination sluggish, perhaps considerable gas, better in hot water, worse out. Worse at night and in heat. The abdomen may be protuberant. The history tells you the child has had this eruption since birth and that the mother or one of the family has had hay fever, asthma, bronchitis, chronic headaches, etc. Many things have been tried, much advice of all kinds given, but still the child suffers.

Such a picture at once brings to mind such drugs as the constitutional remedies. The Calcarea, Graphites, Lycopodium, Nat. mur., Mezereum etc. Of course the general management of the patient is important and must be carried out, such as discovering and eliminating offending foods, application of soothing topical medication etc.

While this is a brief exposition of the subject, it does reflect the reasoning for attempting to prescribe a remedy where regional symptoms are present. Obviously, time would not permit differentiating remedies.

The causes for urticaria, angioneurotic oedema, range from food or drug allergy, toxæmia; menstrual dysfunction, and seemingly psychic and emotional states. It may be acute or chronic. Some cases are due to physical allergy, and the contact with certain plants, and to bites of insects.

The factors involved in erythema multiforme may include most of those for urticaria, as well as effects of bacterial allergy, and infection in the gastrointestinal tract. Lesion types may be wheals, papules, oedema, erythema, dermatographism in urticaria and angioneurotic oedema, while in erythema multiforme, they may be papules, vesicles, bullae, arranged as individual lesions or grouped, and at times in concentric ring formations. The distribution is classically on the arms and legs, and at times in the mouth. The sensations in these conditions are stinging, itching and burning. There is usually a history of indigestion of some particular foodstuff, such as shell fish, spoiled food, possibly some drug, focal infection, constipation and perhaps nausea, vomiting and diarrhoea. This group of symptoms calls to mind Apis mel., Antipyrine, Apium virus, Urtica urens, Arsenicum, Dulcamara, Nat. phos., Ledum etc. Supplementing the remedy, attention must be paid to the removal of known irritants, proper diets, soothing applications, use of calcium in some form when necessary etc. Again the symptoms and observation with good history make it possible to streamline the prescription in average cases.

Among the common and certainly most troublesome diseases of adoles-

cence is acne vulgaris in its various forms. Gastro-intestinal disturbances are often exciting factors in these conditions. The disease is basically one of puberty, with the concomitant endocrine adjustments. It is also a disease of the careless and awkward age, where attention to diet and elimination is at a low ebb. Personal hygiene is commonly neglected. Anaemia is often present in the girls, who also have the new experience of menstruation.

Many nervous and psychic effects are noticed by reason of the disfiguring pimples giving them an inferiority. Often the patients are pale, weak, some are very fat, others lean and sickly looking. Many are definite endocrine and constitutional types. The lesions vary from comedones, papules, pustules, abscesses, cysts and keloids. Seborrhoea is always present.

The distribution is the face, chest, back, and occasionally on the extremities. The commonest location is the face. Some patients present little general information, and one must prescribe largely on lesion types and distribution, plus general constitutional type, and known objective pathology.

A careful study must be made of these patients. Diets can only be prescribed with positive knowledge of personal requirements as shown by laboratory studies and history. Suitable local therapy is necessary. Focal infection must be eliminated. Endocrines must be considered, and most carefully selected.

The homoeopathic remedy is invaluable. From the symptoms outlined above, indicates such remedies, as Ant. crud., Ant. tart., Lycopodium, Nux vomica, Calc. fluor., Pulsatilla, Nat. mur., Sulphur, Berberis aqu., Tuberculinum etc.

Rosacea is a disease of more mature life, seen as hyperaemia with telangiectasis, some hypertrophy even to rhinophyma in the late stages. It is localized to the flush area of the face, the nose and cheeks in particular. The chin and forehead are also commonly involved. Seborrhoea commonly accompanies as does some acne. The condition is commonly associated with gastro-intestinal disturbances, particularly achlorhydria, and constipation. The patients are of the plethoric type and often very emotional, often indulging in stimulating foods and drink. The latter does not have to be alcoholic.

Local astringent, antiseptic therapy is advisable. At times the telangiectasis may have to be destroyed by electro-thermic methods, this applies as well to the hypertrophic elements. Dilute HCl is often indicated and helpful. Proper diet is essential.

The remedies are those with gastro-intestinal as well as nervous symptoms. Among them are Nux vomica, Agaricus, Ars. brom., Pulsatilla, Phos. acid, Carbolic acid etc.

Many other diseases might be discussed. However, those mentioned will suffice, in this brief discussion to show how the symptomatology of the disease can be used in arriving at a homoeopathic prescription, in streamline, regional prescribing as well as diagnosis.

The homoeopathic remedy should always be the dominant treatment,

whether attempted as above or carefully studied; on the other hand rational supplementary treatment must not be neglected.

Briefly, for streamline, regional prescribing in skin diseases with relationship to the gastro-intestinal tract, the following thoughts in résumé may be helpful:

- (1) Take a detailed history.
- (2) Observe the patient carefully for constitutional type.
- (3) Classify the lesion type, and note the distribution of the rash.
- (4) Consider the local pathology.

—*Pacific Coast Journal of Homoeopathy*, July 1940

---

### DIGESTIVE DRUGS

(Continued from page 240)

tion the tongue is liable to become smoother, redder, and looks rather as if the papillae had been flattened out. It is still dry, and the mouth is still hot, but the appearance is quite different from what you see in the acute gastric upsets.

—*Homoeopathy*, July 1940

---