

CASES OF SKIN DISEASES

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G. B., 4 years old, had been under treatment by the homœopathic doctor whom I succeeded. The doctor's death had occurred suddenly. He had kept no detailed records of remedies prescribed, so I had very little information about what had been given. The only thing I knew definitely was that *Baioilinum* had been administered rather frequently in 1M potency.

There was no eruption at all when the case came into my hands. The little girl was milk-white—much too pale. I was sure there had been suppressive action from the remedy or remedies, and that a reappearance of the eruption would occur if curative action could be aroused.

It was very essential that the parents' confidence in my predecessor should not be undermined, yet that they should also not be alarmed, and therefore doubt my skill, by seeing the child break out again. They still are staunch patients of mine, 37 years later, so there was no breach of ethics.

I gave *Sulphur* 1M on September 27, 1919. She almost immediately began to have some eruption on face, around elbows. Small areas would show up, then disappear. After *Sulphur* 10M a month later, larger, crusty areas were present, the worst ones in bends of elbows and knees.

Some two months after I first prescribed, she had a very light attack of scarlet fever that would have gone unnoticed, had not an older sister had a rather severe attack a little later. The eczema almost disappeared after she had scarlet fever. I gave her *Graphites* 10M on December 2, 1919. Out the eruption came again, then it cleared away.

Some new information was now given me: she had had no teeth until eleven months of age; was averse to milk; and now was having attacks of falling, would cry out and grasp back of head as if in pain; and had fear at night. *Calcarea carbonica* 10M on March 20, 1920.

The eruption now reappeared. *Graphites* 50M was given

April 24, 1920. I prescribed for the eczema until November 1921, covering a period of over two years. I would continue with *Sulphur* until no more eruption would appear, then give *Graphites* in ascending potencies, as it came again to the surface and subsided. Then, the next eight years, I treated the girl only occasionally, for one acute condition or another—tonsillitis, bronchitis, jaundice.

Menstruation began in May 1929 and, after two very scanty periods the latter part of that summer, she came for medicine. I gave *Graphites* 10M and did not again prescribe for her at all until four and a half years later, when she had a delayed menstrual period. *Sulphur* 10M was given on January 1934. My notes state: "Has a little acne. No eczema."

She had a normal case of measles in May 1934, but amenorrhœa followed. She had lost weight; the pulse was small and weak, but she was very active, appetite was good, and she said she felt well in general. She wanted to enter Normal School and I permitted it. She cooperated perfectly with me. Various remedies were given in succession. The one that was continued over the longest period was *Senecio aureus*. A slight menstrual flow appeared in January 1936, more than one and a half years after the cessation. It was a number of months before flow became entirely normal. She also regained her usual weight and the healthy color of the skin. Some months later, in February 1937, at age 22, some eczema appeared again on one arm, for which she was given *Calcarea sulphurica* 10M and *Kali sulphuricum* 200. and 10M over a period of two months, when the skin became clear again.

Five years passed, with an occasional prescription for minor conditions. A little eczema broke out in February 1943, after having had some boils. I gave her a number of remedies for eight months, by which time all eruption was gone. Remedies given during those months were *Comocladia*, *Calcarea sulphurica*, *Psorinum*, *Thuja*, *Clematis*, *Calcarea silicata* and *Natrum muriaticum*. Two small, dry spots appeared on one hand in February 1944, for which she received *Paris quadrifolia* 1M; then *Viola tricolor* 10M, after which the skin became clear. She has been in good health since.

Mrs. H. H. K. had psoriasis that failed to be cured by one of our most skilful homœopathic prescribers many years ago, before the patient's marriage. Then, some years later, she came to me at the insistence of her mother-in-law, and I accomplished nothing in two series of treatments, the first for four months, the second for one and a half years. I did not blame her for losing all confidence. But we both like German police dogs, so my interest in a puppy she had, brought the woman to me again, after twelve years.

By this time she had enormous areas of the eruption on her trunk which had appeared in the later years. The largest was at the left of spine, extending to the arm line, and from scapular region down over left ilium. It was deep red, so indurated that it felt board-like to touch, and the patient was conscious of stiffness. Skin of face was paper-white. For months she had been consulting a chiropodist for swelling and constant pain in one left toe. She would be in bed for two weeks at a time because of pain in the spine. She had lost her usual energy and ambition.

Again I floundered around, this time for four months. But she stayed with me. And then the simillimum came through, *Anacardium orientale*, which she has received at intervals since September 1947, in 10M and 50M. All inflammation of foot disappeared, back did not pain, general strength improved, and all eruptive areas were much smaller or had disappeared. It will require a long time yet to cure this patient, but it is very probable that it can be done, now that the proper remedy is known.

Mr. W. B., twenty years before he came to me for treatment, had had a slight accident whereby the tip of the metal nose-piece of his spectacles punctured the skin of the left side of nose, near the eye. Finally, some tiny ulcers appeared there; he went to a physician who cauterized the area with the electric needle. Crusts immediately began to form, and the ulcer gradually enlarged. Eleven years after that treatment, which so discouraged him that he did not again consult a doctor, he came to me, at somebody's suggestion.

The ulcer was diamond-shaped, extending on upper part of

the left naris, about one and a quarter inches long by one-half inch wide. The left caruncula was almost destroyed, and tears from the eye and mucous exudate from the ulcer interchanged continuously. The skin of cheek below eye, and eyelid were swollen, dull red. The area was sore to touch. Crusts formed on the ulcer. As the patient removed them, the area burned and itched.

I gave *Thuja*, *Kali bichromicum*, *Fluoric acid*, *Symphytum*, *Nitric acid*, *Calcarea sulphurica* over a period of two and a half months. Gradual improvement occurred, so that the crust became smaller, less thick, was more easily removed. Redness and swelling of the surrounding tissues was reduced, and discharge did not accumulate enough to overflow often into the conjunctival sac.

Then *Sulphuric acid* was indicated. He received that in varying potencies from 10M to CM, from May 1940 to February 1947, when ulcer had completely healed.

Mr. F. F., a man about 35 years of age, was employed in a factory where he ground steel, using a thin oil in the process. Ever since he began the work two years before, he had had itching vesicles on his hands, and now he told his employers that he would have to quit the work because of the itching and pain, which were especially severe after he took a shower bath at the end of his day's work. For years he had had much acne on the trunk, and enlarged glands in the axillae. He had had scarlet fever in babyhood, with smallpox a few weeks later. Army tests disclosed defective hearing. There was much catarrh of the sinuses.

The eruption on the hands was the first case of lichen planus that I had ever seen, but a typical one, easily diagnosed. *Caladium* began immediate improvement. He reported regularly for two months, then I prescribed once several weeks later, and once more about a year later. Condition of hands was entirely cured in a short time, and the other unhealthy conditions of skin and glands improved markedly. He did not miss a day of work.

Mr. W. M. L. was employed at the same factory as the former patient, but not in the same department, and they did

not know one another. Each had been advised to consult me by another employe there, who himself had never been a patient of mine. Mr. L.'s work was such that oil dropped on one foot. He had worked there for three years, and this was the third summer that the foot had become affected. The toes and dorsum of foot would begin to itch and swell, then become very red, and then the itching would cease. He applied ointments and the swelling would decrease to be followed by desquamation. Later, the cycle recurred.

The foot looked as if all the skin had been removed, leaving the bloody muscle structure. It was hard to believe that there was no particular pain. He was subject to stomach distress, had to avoid some kinds of food. His tongue was covered with a thick, yellow coating.

He was given *Staphisagria* 10M on August 5, 1943. He didn't return to work the next day. He reported at my office four days after his first call. The foot was much better. Swelling and redness were gone, skin was rather dry. He began to itch all over, and there was a fine rash over much of his body, including his face.

I was a stranger to this patient, and my medicines were even more unfamiliar. I saw that I practically had to handcuff the man to keep him in tow, so I told him I didn't know how much he'd be subjected to, and to cooperate by reporting every day. For four more days that eruption poured out of him like an exploding volcano. It was even inside his mouth. Lips became dry and fissured. On his back it was like a nutmeg greater. On his face, it looked as if eruptions were heaped upon eruptions. But his stomach and his foot improved, even in those few days. The fifth day the eruption began to disappear, and he was back at work two days later, after an absence of a little more than one week.

The day the eruption was worst, he had gone back to the factory to consult the company doctor, who told him he'd be sent to a hospital for six weeks. That was really what influenced him to stick with my treatment. He asked me whether I wasn't scared about him. I told him the only thing I was afraid of was that he would not stay with me until I could cure

him. He did, though, for ten months, and has had a few prescriptions since then. After that, his wife came in for four successive autumns, for hay fever treatment. She had almost no trouble last year, and has not been to the office this year, so I presume she thinks she is well.

Mr. D. C., immediately after having worked in his garden, developed swelling of the hands. The trouble had been present two or three weeks before he came to me. By that time the hands were swollen enormously, and were covered with large vesicles that appeared to be deep in the skin. The vesicles would burst open, necessitating continuous mopping with a cloth. There was no itching and no pain.

I gave *Sulphur* 30., and the patient thought there was slight improvement. Then I gave *Sulphur* 10M. The hands continued in the same condition; vesicles began to appear on the feet. The patient, who had taken a lot of alcoholic liquor in his lifetime, became weak and tremulous during this skin affliction.

Urtica urens 200. started immediate improvement. Serous oozing decreased, and swelling reduced. Within two weeks after *Urtica urens* was first given, the skin was desquamating. Even the new skin was dry, and became fissured in places. The old skin was like a thick crust. The largest vesicles suppurred before healing. I gave *Urtica urens* 10M before dismissing the case.

About four years later, hard papules appeared on the hands. Again, there was no itching or pain. *Urtica urens* 10M cured very promptly.

For two years or more I had several cases of lichen, which a skin specialist at Decatur, Illinois, said was particularly numerous during that period. Various remedies cleared up the different cases that I had. One, as described formerly in this paper, was a *Caladium* case. One recovered speedily after *Arsenicum album*. Another responded to *Sulphur*. Then I got a young lady whose husband was in the army overseas. She was associating with some questionable friends, so refrained from consulting me until the condition had been present for several weeks, and had become extensive. Also, she had used

treatments of her own devising, and the disease was practically in a state of fixation.

This case, Mrs. V. W., had lichen squamosum. It proved to be one of those difficult problems where the doctor crawls ahead one inch, and slides back four. *Clematis erecta* finally aroused some aggravation. *Lac vaccinum defloratum* did something. *Graphites* did something, and was the concluding remedy. I don't think I ever had a simillimum. But the trouble was cured in a little more than a year. Although the discolorations left from the eruption, which had been worse from knees to ankles, would appear for another year, when skin was cool. *Sulphur* was then the remedy.

Three years later, long after this patient had been cured, her husband suddenly developed lichen squamosum. He had been overseas all the time his wife was in the active stage of the condition. He was cured in a few days with *Clematis erecta* 10M.

L. W., a young man who had been in the marine corps, came to me for an eruption on the anterior trunk. The spots were roughly circular, macular in center with slightly elevated, slightly scaly circumference, had appeared two weeks previously, and he had applied an ointment with no result. I gave *Syphilinum* 200. without result. *Thuja* 1M was then given and eruption began to fade. *Graphites* 1M finished the job.

Last week a man came in because of an eruption having the same appearance as that just described. He was an older man, and had not been in the army. These spots had shown up a few days before he consulted me. They, also, were on the anterior trunk. There was mild itching. *Anacardium orientale* 10M caused them to fade in a few days.

Mr. D. N. had been in the army in the southwest Pacific area. He had had "jungle rot" while there and was treated with frequent, thorough bathing. The present eruption did not immediately follow the "jungle rot," but it had been on trunk, arms, and legs for the past three years. Usually there was no sensation, but sometimes slight itching. There were small, pink areas, that looked a little like psoriasis from which the scales had been removed. *Sulphur* 10M was given and ten days later

the spots could hardly be seen. It was gone so quickly that I didn't even give it a medical name.

Just this evening, before the typing of this article was finished, a new patient came from Decatur. She was a woman of middle age who had been employed in a war production factory for two years where she dipped sheet metal into a bath of molten nickel, wearing rubber gloves, but being exposed to the fumes. She worked there a year before an eruption began to appear. She continued the same work for a year longer. It had been three years since the factory discontinued that line, and the patient had been engaged in innocuous duties since, but the eruption continued. It began in bends of the elbows, but those areas were "cured" by a doctor in Decatur, she said, and none had been there for a long time. Now the forearms have an eruption on them that gives the skin the consistency of a thin crust. Where spots had "healed," under one local application or another, dark areas were present. The eruption came and went on face and neck. Her face had frequently swelled, with eyelids closed by the œdema. She had at times had defective vision, even temporary blindness, so that she could not be satisfactorily fitted with glasses, which she requires. But she now has properly fitting lenses.

The eruptive condition was that of eczema. The remedy was *Graphites*, which she received in the 10M potency. The condition was soon cured. After four years of treatment in the hands of numerous doctors, she sought me out at the suggestion of a former patient, who had been employed at the same war plant. He told her that I had cured a severe eruption that he had had, which she understood had been an occupational dermatitis. But nothing in my record of the case indicates that. Maybe the condition was made worse while he was employed at that factory, but the eruption was of long-standing previous to his employment there.

Mr. R. L., about forty years old, had had an accident eight years before, whereby he sustained fractures of the skull, shoulder, arm. He had been unconscious for several days. After recovery, he resumed work, then "bold hives" appeared over extensive areas. He took magnesium sulphate and they

cleared away. Every summer since, he had broken out on parts exposed to the sun, that is, on head, face, neck, hands, arm, trunk. If he wore a colored shirt, parts beneath the cloth were not affected, but any bare area, or one covered with a *white* shirt, would almost immediately become very red, much swollen. The eruption would subside by the next day, but there were areas involved all the time, and complete cessation did not occur until frost. Only the previous summer of 1942, when he was in Kentucky for awhile, then returned to Illinois, was he almost free of trouble.

When he consulted me, in April, 1943, his face, neck and hands were very œdematous. It was not possible for me to know what his actual facial appearance was like. There was diffuse redness down to the collar of his shirt. At later times, I saw the redness and œdema of arms and trunk that appeared from direct exposure to sun's rays. The skin was dry, as is common in urticaria.

Ledum 10M was given April 21, 1943. The diffuse œdema ceased, but large, individual hives came and went. That continued for five weeks, with gradual subsidence of the general swelling, decrease in extent of areas involved, reduction of hives to small ones. No more medicine was given until May 26, when *Ledum* 10M was repeated. A few days later he reported that he had worked in the sun the previous two days and had had a brief, slight recurrence.

On July 3, 1943, I gave him *Urtica urens* 10M, and on July 17, *Caladium* 10M was administered. There was still eruption on neck, especially around ears, and on dorsa of hands. *Natrum muriaticum* 10M was given on July 26, 1943.

He reported again on September 7, 1943. He had had no urticaria, but a new eruption had appeared on fingers, hands and arms. This consisted of small, conical, hard papules that itched a little. I gave *Silica* 10M; later, *Viola tricolor* 10M which cleared up the condition.

He came again in May 1944. He had had only a few hives. He sat in the sun the day before coming to my office, and a papular eruption appeared on the back of the neck. Also, there was a scaly, oozing, itching eruption behind the left ear. Un-

doubtedly it was eczema. *Graphites* 10M was given on May 11, 1944.

On May 24, 1944, the eruption on the neck was somewhat less, but aggravated on arms, hands, chest with much itching. *Staphisagria* 10M was given, with improvement rapidly following. He reported every two weeks for two months, when there was still some eruption, increasing a little during the past few days. He was given *Staphisagria* 50M. I have not seen him since, but he told the new patient in 1948, "She cured me. Go to her."

This completes the recounting of cases of eczema, psoriasis, epithelioma, lichen, urticarial œdema, tinea versicolor, and two cases to which I have never applied a diagnosis. *Graphites* was the most outstanding for eczema; *Sulphur*, secondarily. *Anacardium orientale* has been effective in psoriasis after numerous remedies had previously failed. *Sulphuric acid* for the ulcerating epithelioma. *Caladium*, *Clematis*, *Graphites* were leaders in lichen; *Urtica urens* and *Ledum* in urticaria, *Graphites* and *Anacardium orientale* in tinea versicolor. *Staphisagria* for general dermatitis in the form of itching papules that appeared in response to homœopathic medication. And *Staphisagria* was the final remedy for the eczema that was underlying in the severe urticarial case.

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LAW OF SIMILARS AND CHARACTERISTIC SYMPTOMS

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Dr. Samuel Hahnemann, the founder of the Homœopathic Science, made a proving of Cinchona bark and observed that Cinchona bark could create a disease similar to the malarial fever. Cinchona is the principal medicine for the malarial fever. The power of Cinchona bark to create a fever similar to the