Gupta/Manchanda
Textbook of Dermatology for Homoeopaths

Extrait du livre
Textbook of Dermatology for Homoeopaths
de Gupta/Manchanda
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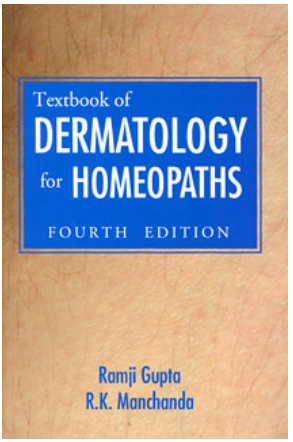

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General Principles of Homoeopathic Treatment

The homoeopathic system of medicine is based on the natural law of cure *similia similibus curenture,* that is 'maladies are cured by similar remedies'. Homoeopathic system treats the patiënt as a whole and not the specifïc disease he is afflicted with. The drugs used in homoeopathy are proved on healthy human beings. The effects of the systemically administered drugs are noted on many healthy individuals. The minutest changes produced b}' the drug(s) are recorded which include changes in the desires, aversions, thermal reaction, appetite, thirst, excretions (stool, urine and sweat), mental state apart from the physical symptoms. On the basis of these obvious signs and symptoms, the drugs are prescribed to patiënt having similar general symptoms. The disease cured/relieved by one particular drug is noted with its specifïc symptomatology which. is further verified on experimental basis. All such signs and symptoms are recorded in the form of drug pictures in the *Materia Medica.The* physician is required to identify and record all the signs and symptoms of the patiënt in detail which include general nature of the patiënt, desires/aversions, thermal reaction, sweat, sleep, appetite, thirst, urine, stool and the morphological appearance of the lesions etc. All the signs and symptoms are evaluated on the basis of the signifïcance and predominance of each one of them. The fïnal selection of the drug depends upon the totality of the symptoms of the individual patiënt. This may vary from patiënt to patiënt with the same disease. Thus several homoeopathic drugs are available for the treatment of a disease.

The selection of drugs in homoeopathic system of medicine depends on many factors which include

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Miasmatic Concept of Skin Diseases

The concept of miasms and theory of chronic diseases was conceived and elaborated by Hahnemann in his book *"The Chronic Diseases"* in 1828. The concept was controversial from the beginning and created a wedge among homoeopaths. The opponents were of the opinion that it is possible to practice homoeopathy successfully without accepting this theory. The basic Hahnemannian concept and its application in the treatment of skin diseases are discussed as under.

During Hahnemann's time, diseases were known only by few names, with no relationship or method of classification. The medical practice was extremely in chaotic conditions and was not free from superstitions. The diseases were considered as work of evil forces and there were little knowledge about causes, clinical manifestations and natural history of the diseases. The humanity was in the grip of various infectious diseases. There were no microscopes and means to clearly identify the causative organism of infections. Inspite of these, Hahnemann could logïcally deduce that the infections were due to the invisible live organisms, having incubation period and were contagious in nature. He analyzed the reasons behind the frequent recurrences of symptoms in patients suffering from chronic diseases even after being treated successfully with Homoeopathy for about 12 years. He observed the close association of these symptoms with the diseases *oï'itch' (voluptuous tickling), gonorrhoea* and *syphilis* which were rampant in those days. He attributed these presentation or group of symptoms of diseases to three miasms i.e *psora, sycosis* and *syphilis* respectively. He

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History and Examination

The process of history taking in dermatology is same as in any other branch of medicine. A careful history is very important and some time may be more revealing. The main aim of history taking is to extract the maximum useful information from the patiënt which the clinician should keep uppermost in mind. In dermatology, it is usually wise to have a look at the lesions first to avoid unnecessary and irrelevant questions addressed to the patiënt. Depending upon the type of lesions and probable diagnosis, further details may be enquired and noted. If the lesions seem to be associated with occupation of the patiënt, questions may be asked regarding improvement or worsening while at work or away from work at weekends or on holidays. In case of drug reactions one should try to find out intake of any drugs of any system of medicine prior to the eruptions. Medicines of all systems, be it allopathy, ayurvedic or homeopathy, are capable of producing drug reactions. Detailed dietary history is taken in cases of diseases due to nutritional deficiency. Similarly, detailed family history including that of maternal uncles and aunts in case of suspected hereditary diseases, must be elicited and recorded.

For physical examination the patiënt should be properly exposed in adequate natural light, however, undue exposure for prolonged period should be avoided. A female attendant or nurse should always be present during examination of the female patiënt. After general examination for built, state of nutrition, anaemia, jaundice, cyanosis, oedema, lymph nodes, teeth, tonsils, pulse rate, blood pressure and temperature, one should concentrate on the examination of the cutaneous system which include examination of skin, mucous membranes, nails **and** hair. Over the years a method

Treatment

The child should be treated with emollient. However, those having photophobias may also be given Nat-c. or Bell. Patients having corneal dystrophies may be benefïted with Aur., Calc-f., Platan., Sil. and Zinc-s.

Epidermolytic Hyperkeratosis

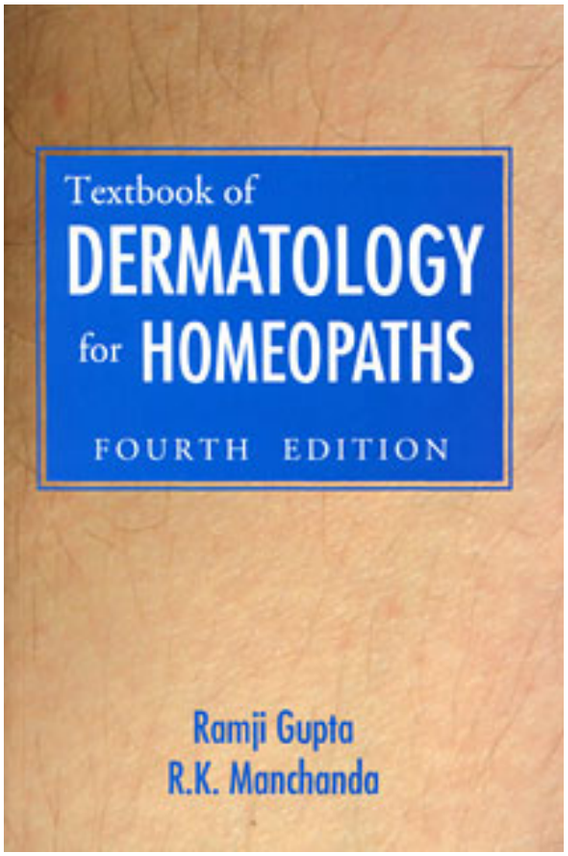
It is also known as bullous variety of ichthyosiform erythroderma and is transmitted by an autosomal dominant gene. The affected children develop crops of bullae and occasionally erythema and also desquamation within a few hours to a week after birth. Bullae are foliowed by hyperkeratotic lesions which usually start appearing from third month onwards. Irregular even linear warty lesions are seen specially on flexors like axillae, cubital and popliteal fossae, groins and sometime even on neck, dorsum of the hands and feet. These lesions may emit foul smell due to secondary infection in some cases. Palmo-plantar keratoderma may be seen in some patients. Skin is generally dry.

Treatment

When the lesions are infected, the patiënt should be treated with oral medicines mentioned for the skin infection. In the later stage of the disease, local emollient is useful. Alum., Sal-ac, Calc-f., Thyr. are indicated for keratotic lesions

Neurofibromatosis

It is inherited through an autosomal dominant gene which occurs frequently by mutation. Clinically several types of lesions occur which include soft sessile dome-shaped to pedunculated lesions called neurofïbroma (Fig. 4). These are present in hundreds, usually on trunk and limbs ranging from a few millimeters to several centimeters in diameter. When fïbroma is diffuse, elongated and present along the



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