Chapter 1

Dermatology

As homoeopaths we do not require a dermatologist's knowledge of the clinical signs and symptoms of skin disease. The information given in this chapter is presented in the knowledge that much of it is not essential to the homoeopathic approach. However, an understanding of the details of the signs and symptoms of the skin can have a part to play in individualising treatment. Also, to quote James Tyler Kent in *New Remedies and Lesser Writings,* 'If you do not know sickness you are apt to think all things strange and unique.'

THE ALLOPATHIC VERSUS THE HOMOEOPATHIC VIEW

The allopathic dermatologist's view of skin disease is that there are basically two broad classifications of skin lesion:

1) Symptoms that are physiologically related to internal disease processes, e.g. erythema nodosum in leukaemia, tuberculosis or Crohn's disease.
2) Conditions considered to be 'purely dermatological', e.g. acne, eczema or psoriasis.

The difference between these classifications is that in the first group, although the skin symptoms can be an important monitor of the activity of the underlying disease, they would be of secondary importance in the evaluation of the patient. In the second group, treatment is aimed directly at the skin lesion, which is usually seen as being a purely local affection. There are exceptions to this simplification as the idea of treating disease holistically gains acceptance in the medical profession. Some skin conditions are treated with systemic medication - for example, acne with hormones. Terms such as neurodermatitis and angioneurotic oedema exist in dermatology but are not widely popular, because the connection between the mind and the skin cannot be

measured and is therefore subjective. Even where the influence of the psyche in skin disease is recognised, the common approach is to treat the skin symptoms directly.

Clearly this view differs from the homoeopathic one in which almost all symptoms, however superficial, are considered to be manifestations of some sort of inner disorder. The disorder may be psychological, inherited, 'miasmatic', or multi-factorial and multi-faceted, in which case it may be described as 'constitutional'. In treating the skin we are always concerned, either simultaneously or subsequently, with treating the underlying disorder.

The concept of suppression, as homoeopaths see it, does not exist in dermatology. The homoeopathic view is that the removal of peripheral symptoms by mechanical, topical or chemical means, without addressing the underlying energetic imbalance, forces the organism's defence mechanism to re-establish a state of balance. With repeated or continual suppression, the new symptoms - or imbalance - occurs on a deeper level than originally, thus affecting more important vital organs and systems in the body. Thus exterior, peripheral symptoms, when removed without addressing the underlying cause, can lead to internal, systemic disease. In allopathic medicine, the effective suppression of skin symptoms would be seen as a satisfactory outcome of treatment rather than having possibly grave consequences. The 'Law of Cure', as it is understood by alternative health practitioners, is not recognised.

Hering's Law of Cure states that cure takes place in an orderly manner and direction. Symptoms disappear from above downward, from within outward, and in the reverse order in which they occured. It is likely that the main reason why this is not acknowledged is because of conventional medicine's reluctance to make connections where there is no physiological basis for such a connection. For example, there would be no way of showing a physical connection between the suppression of an eruption and, say, mental illness or epilepsy. A homoeopath would have no difficulty in making such a connection based on our understanding of Hering's Law of Cure: that disease needs to be cured from within outwards, that during the process of cure symptoms move from more important organs to less important organs, and that the reverse of this would indicate that a harmful suppression has occurred. We model the human organism as an energetic whole, allowing for the possibility of relationships between any type of symptoms, regardless of the physiological systems in which they may arise.

There may be other factors influencing a reluctance to make

connections. One example is conventional medicine's view of the relationship between vaccination and chronic disease. The possible consequences of suggesting such relationships are profound and wide ranging.

It is assumed that any homoeopath using this book to improve their skills in the treatment of eczema is well aware of the philosophical basis of homoeopathy as promulgated by Samuel Hahnemann. Those who wish to study what he had to say about the suppression of symptoms, and of skin disease generally, should refer to paragraphs 187 to 203 of the *Organon* and the chapter entitled 'Psora' in his *Chronic Diseases.*

As already stated, the minutiae of medical classification and terminology are not of primary significance for the homoeopath. It is one of the wonders of homoeopathy that so much can be done with so little knowledge of the anatomy and physiology of the affected organ. However, it is useful and sometimes important to know exactly what you are looking at. In Paragraph 153 of the *Organon,* Hahnemann directs us to find the 'more striking, strange, unusual, peculiar symptoms in the case'. From that point of view it is important to know what is common to any disease process. The quotation from Kent's *Lesser Writings* at the beginning of this chapter can usefully be reiterated here.

Whilst it may be most important to help patients to understand their inner processes and the significance of their condition, many of them will also be familiar with the conventional medical labels relating to it. It is therefore necessary that the relevant terms are known to the non-medical homoeopath. These are referred to in the following pages.

CLINICAL FEATURES AND REPERTORY RUBRICS

Butterworths' *Medical Dictionary* defines eczema as 'A non-contagious inflammatory disease of the skin with much itching and burning. It may be acute, subacute or chronic, and takes the form of erythema with papules, vesicles or pustules that may develop into scales and crusts. It may occur at any age and may be caused by a variety of internal and external factors.'

Dermatitis is the term used for a reaction of the skin to external injury, as in 'contact dermatitis'. It is of a localised nature with a uniform appearance and usually disappears after removal of the external stimulus. The term eczema is used more often for endogenous or constitutional dermatitis. That is, dermatitis which in conventional

terms has its origin within the organism. The methods of treatment described in this book can be applied to either type of skin condition, although the most common type encountered by homoeopaths is atopic eczema. Atopy is defined as the constitutional inherited tendency of some individuals to allergic hypersensitivity states, with asthma, hayfever and eczema being the principal manifestations.

There are several types of eczema defined in dermatology and for information they are discussed briefly in this chapter.

The repertory rubrics under each heading are those most closely related to that condition. They are listed mainly for the purpose of familiarising the reader with some of the useful rubrics in the skin section of the repertory. They are, however, not all complete nor very reliable rubrics. The repertory contains many descriptions and very few disease labels. For example, I have listed the rubric 'milk-crust' as the one describing cradle-cap, although there are many descriptions in the repertory that fit the complaint and which I have not listed, e.g. 'HEAD; ERUPTIONS; crusts, scabs'. Some of the rubrics have sub-rubrics that can easily be found in the repertory - for example, the rubric 'Eruptions; discharging, moist' has fourteen sub-rubrics.

Asteatotic Eczema

This has the appearance of 'crazy paving' with fissures and fine scaling and is associated with drying out of the skin. It is prevalent in old age as a result of impaired function of the sebaceous glands and less effective skin barrier.

Rubrics

SKIN; CHAPPING SKIN;
CRACKS, fissures SKIN; DRY
SKIN; ERUPTIONS; desquamating
SKIN; ERUPTIONS; dry SKIN;
ERUPTIONS; scaly

Atopic Eczema

This disorder affects between one and three per cent of the population. There is a genetically predisposed tendency in families and in fifty per cent of cases it is accompanied by allergic respiratory disease. Seventy percent of patients are aware of other family members with eczema. Most theories suggest that atopic disease is a defect in immunology,

probably depressed T-cell function and consequent lack of suppression of some aspects of antibody production. Patients with eczema usually show high reaginic (IgE) antibody levels which suggests an underlying allergic state. About eighty per cent of atopic cases react to certain foods and house dust. The following rubrics express this connection:

Rubrics

CHEST; ALTERNATING with; skin symptoms
GENERALITIES; ALLERGY
RESPIRATION; ASTHMATIC; alternating with; eruptions
SKIN; ERUPTIONS; ALTERNATING with; asthma
SKIN; ERUPTIONS; ALTERNATING with; respiratory symptoms

Contact Dermatitis

This is usually the result of long-term exposure to an allergen, although sensitisation can occur immediately after initial contact with a potent substance. Once sensitised, dermatitis typically appears within 48 hours of re-exposure. The most common contact dermatitis sensitisers are:

- Cosmetics. This is relatively rare now because of the lengths to which cosmetic manufacturers have gone to eliminate allergens. Hairdressers sometimes experience dermatitis caused by shampoos, conditioners and other products that they use frequently.
- Clothing. Some dyes and metal clips and buttons.
- Foods. The handling of certain foods such as some fruits, garlic and shellfish.
- Plastics, acrylic and epoxy resins.
- Plants - for example chrysanthemum, lichens and moss.
- Metals - for example, beryllium, chrome, nickel and cobalt.
- Cement dermatitis is common in builders. Calcium hydroxide is highly irritant.
- Light (eczema solare).

Rubrics

GENERALITIES; ALLERGY SKIN; ERUPTIONS;
friction; clothing, of; agg. SKIN; ERUPTIONS;
sun, from
SKIN; ERUPTIONS; vesicular; sun, from exposure to
SKIN; SENSITIVENESS; sun, to

Eczema Papulosum

Characterised by the formation of small red papules.

Rubric SKIN; ERUPTIONS;
papular

Ec/ema Pustulosum

Characterised by the formation of pustules.

Rubric SKIN; ERUPTIONS; pustules (many sub-rubrics)

Eczema Rubrum

This is a stage of eczema characterised by redness, swelling and infiltration. If it is red and oozing it is called eczema madidans, although this is a somewhat outdated term.

Rubrics
SKIN; ERUPTIONS; discharging, moist
SKIN; ERUPTIONS; eczema; madidans
SKIN; ERUPTIONS; eczema; rubrum
SKIN; ERUPTIONS; eczema; suppurating
SKIN; ERUPTIONS; swelling, with

Eczema Sclerosum

The most chronic and advanced but least inflammatory eczema characterised by thickening, infiltration and lichenification.

Rubrics
SKIN; ERUPTIONS; crusty; thick
SKIN; HARD
SKIN; HARD; parchment, like; dry
SKIN; HARD; thickening, with

Eczema Siccum

Dry, scaly eczema.

Rubrics SKIN; DRY SKIN; ERUPTIONS;
crusty; dry

SKIN; ERUPTIONS; desquamating; scales, white
SKIN; ERUPTIONS; dry
SKIN; ERUPTIONS; eczema; dry
SKIN; ERUPTIONS; scaly