

Textbook of

DERMATOLOGY

for **HOMEOPATHS**

FOURTH EDITION

Ramji Gupta
R.K. Manchanda

Textbook of
Dermatology
for
Homeopaths

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Publisher's Note

We are happy to present the fourth edition of this book that has sold more than 10,000 copies in the previous editions. This book has been a companion of all homeopaths who wanted to have a good knowledge and expertise in diagnosing and treating skin ailments through homeopathy. We would be glad to see this trend to continue and homeopaths achieving much more success with the help of this book .We are proud to be working with the authors of this high calibre who have proficiency in the subjects, Dr. Ramji Gupta being an expert from the dermatology field and Dr. R.K. Manchanda with his vast experience in treating skin diseases with homeopathy. We wish all the readers a happy reading and welcome their suggestions, if any.

Kuldeep Jain

CEO, B. Jain Publishers

Preface for First Edition

It has been observed that many Homeopaths attempt to treat their patients without considering the diagnosis, aetiology, pathology, natural history and prognosis of the disease, and meet with frequent failures, at times causing unnecessary and avoidable suffering to the patients. Although it is possible to prescribe Homeopathic medicine on the basis of general symptoms alone, knowledge of the disease is essential for proper management and assessment of the patient. Complete information about the symptoms and diagnosis helps the physician to eradicate the disease from the family, preventing recurrences and in avoiding giving such drugs where spontaneous remission are common. It also helps in determining the action of Homeopathic drugs by differentiating the Homeopathic aggravation from the disease aggravation which is necessary for second prescription.

For example, if a homeopath knows the difference between a filiform wart and skin tag or seborrheic keratosis present on the neck, he can predict and assure the patients that the warts would disappear with medication whereas skin tag or seborrheic keratosis would require destruction. Wart, being a viral infection, multiplies if not treated whereas skin tag and seborrheic keratosis will not. If the homeopath can diagnose chicken pox, he can select medicine on the general symptoms but also can clearly and confidently advise the patient about isolation to avoid its spread to others in the family, especially the children. Diagnosis of scabies would lead to examining and treating all members of the family rather than the single individual to avoid recurrences as scabies is infectious and the infested patient(s) may be initially asymptomatic. Diagnosing a case of pityriasis

rosea would avoid unnecessary medication as it subsides spontaneously in 6 to 8 weeks.

This work is an attempt to combine the details of common skin diseases along with possible Homeopathic remedies available and to equip the treating Homeopathic physician with better information in relieving the agony of the patients in a scientific way.

Ramji Gupta
R.K. Manchanda

Preface for Fourth Edition

In this edition not only the mistakes of the previous edition have been corrected but few photographs have been replaced and few more have been added. Few common diseases with their coloured photograph have been added.

We would welcome the comments and criticism of our friends to improve the contents of the book still further.

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Ramji Gupta
R.K. Manchanda

By the same author (R.G.)

1. Textbook of Dermatology
2. Leucoderma
3. Illustrated Textbook of Dermatology
4. Skin and Hair in Health and Disease
5. Multiple Choice Questions in Dermatology and Venereology
6. Comprehensive Dermatology and Sexually Transmitted Diseases

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Abbreviations

Abrom-a.	Abroma augusta	Ars-br.	Arsenicum bromatum
Abrot.	Abrotanum	Ars-i.	Arsenicum iodatum
Acet-ac.	Aceticum acidum	Ars-s-f.	Arsenicum sulphu- ratum flavum
Achy-a.	Achyranthes aspera	Ars-s-r.	Arsenicum sulphu- ratum rubrum
Acon.	Aconitum napellus	Ars.	Arsenicum album
Aeth.	Aethusa cynapium	Arum-t.	Arum triphyllum
Agar.	Agaricus muscarius	Astac.	Astacus fluviatilis
All-c.	Allium cepa	Aster.	Asterias rubens
Alum.	Alumina	Aur-m.	Aurum muriaticum
Am-c.	Ammonium carbonicum	Aur.	Aurum metallicum
Am-s.	Ammonium sulphuricum	Aza.	Azadirachta indica
Anac-oc.	Anacardium occidentale	Bacsl-7.	Bacillus 7 (Paterson)
Anac.	Anacardium orientale	Bac.	Bacillinum Burnett
Anag.	Anagallis arvensis	Bad.	Badiaga
Anthraci.	Anthracinum	Bar-c.	Baryta carbonica
Anthraco.	Anthracokali	Bar-m.	Baryta muriatica
Antip.	Antipyrinum	Bell-p.	Bellis perennis
Ant-c.	Antimonium crudum	Bell.	Belladonna
Ant-t.	Antimonium tartaricum	Berb-a.	Berberis aquifolium
Apis.	Apis mellifica	Berb.	Berberis vulgaris
Arg-n.	Argentum nitricum	Beryl.	Beryllium metallicum
Arn.	Arnica montana	Borx.	Borax veneta
		Bor-ac.	Boricum acidum
		Bov.	Bovista lycoperdon

Bufo	Bufo rana	Cinnb.	Cinnabaris
Cact.	Cactus grandiflorus	Cist.	Cistus canadensis
Calad.	Caladium seguinum	Clem.	Clematis erecta
Calc-ar.	Calcarea arsenicosa	Cob-n.	Cobaltum nitricum
Calc-f.	Calcarea fluorica	Cob.	Cobaltum metallicum
Calc-o-t.	Calcarea ovi testae	Cocc.	Cocculus indicus
Calc-p.	Calcarea phosphorica	Cund.	Cundurango
Calc-sil.	Calcarea silicata	Con.	Conium maculatum
Calc-s.	Calcarea sulphurica	Cop.	Copaiva officinalis
Calc.	Calcarea carbonica	Cortiso.	Cortisonum
Calc-pic.	Calcium picricum	Cor-r.	Corallium rubrum
Calc-sil.	Calcium silicatum	Crot-h.	Crotalus horridus
Calen.	Calendula officinalis	Crot-t.	Croton tiglium
Calo.	Calotropis gigantea	Cupr-act.	Cuprum aceticum
Camph.	Camphora officinalis	Cycl.	Cyclamen europaeum
Canth.	Cantharis vesicatoria	Dol.	Dolichos pruriens
Caps.	Capsicum annum	Dros.	Drosera rotundifolia
Carbn-s.	Carboneum sulphuratum	Dulc.	Dulcamara
Carb-ac.	Carbolicum acidum	Echi.	Echinacea angustifolia
Carb-an.	Carbo animalis	Elae.	Elaeis guineensis
Carb-v.	Carbo vegetabilis	Eug.	Eugenia jambos
Castor-eq.	Castor equi	Euphr.	Euphrasia officinalis
Caust.	Causticum	Fago.	Fagopyrum esculentum
Cham.	Chamomilla	Ferr-pic.	Ferrum picricum
Chaul.	Chaulmoogra	Ferr-p.	Ferrum phosphoricum
Chim.	Chimaphila umbellata	Ferr.	Ferrum metallicum
Chin-ar.	Chininum arsenicum	Fl-ac.	Fluoricum acidum
Chin.	China officinalis	Form.	Formica rufa
Chlol.	Chloralum hydratum	Frag.	Fragaria vesca
Chrysar.	Chrysarobinum	Frax.	Fraxinus americana
Cic.	Cicuta virosa	Fuli.	Fuligo ligni
Cimic.	Cimicifuga racemosa		

Gali.	Galium aparine	Lil-t.	Lilium tigrinum
Gels.	Gelsemium sempervirens	Lyc.	Lycopodium clavatum
Graph.	Graphites	Mag-c.	Magnesium carbonicum
Ham.	Hamamelis virginiana	Mag-sil.	Magnesium silicatum
Hep.	Hepar sulphur	Maland.	Malandrinum
Strych-g.	Hoang-nan	Manc.	Mancinella
Hura	Hura brasiliensis	Mang-sil.	Manganum silicicum
Hydrc.	Hydrocotyle asiatica	Mangi.	Mangifera indica
Hydr.	Hydrastis canadensis	Mang-act.	Manganum aceticum
Hyper.	Hypericum perforatum	Med.	Medorrhinum
Ign.	Ignatia amara	Merc.	Mercurius solubilis
Iod.	Iodium	Mez.	Mezereum
Iris	Iris versicolor	Morg-g.	Bacillus Morgan- Gaertner
Jab.	Jaborandi	Morph.	Morphinum
Jug-c.	Juglans cinerea	Mur-ac.	Muriaticum acidum
Jug-r.	Juglans regia	Myris.	Myristica sebifera
Kali-ar.	Kalium arsenicosum	Naphtin.	Naphthalinum
Kali-bi.	Kalium bichromicum	Nat-ar.	Natrium arsenicum
Kali-br.	Kalium bromatum	Nat-caust.	Natrium causticum
Kali-c.	Kalium carbonicum	Nat-m.	Natrium muriaticum
Kali-i.	Kalium iodatum	Nat-sil.	Natrium silicicum
Kali-m.	Kalium muriaticum	Nat-s.	Natrium sulphuricum
Kali-p.	Kalium phosphoricum	Nit-ac.	Nitricum acidum
Kali-sil.	Kalium silicicum	Nux-m.	Nux moschata
Kali-s.	Kalium sulphuricum	Nux-v.	Nux vomica
Kalm.	Kalmia latifolia	Oena.	Oenanthe crocata
Kreos.	Kreosotum	OInd.	Oleander
Lach.	Lachesis mutus	Op.	Opium
Lap-a.	Lapis albus	Osm.	Osmium met.
Lat-m.	Latrodectus mactans	Oxyg.	Oxygenium
Led.	Ledum palustre		
Lepr.	Leprominium		

Ox-ac.	Oxalicum acidum	Sanic.	Sanicula europaea
Pall.	Palladium metallicum	Sarcol-ac.	Sarcolacticum acidum
Petr.	Petroleum	Sars.	Sarsaparilla officinalis
Phyt.	Phytolacca decandra	Scroph-n.	Scrophularia nodosa
Ph-ac.	Phosphoricum acidum	Sec.	Secale cornutum
Pic-ac.	Picricum acidum	Sel.	Selenium metallicum
Pip-m.	Piper methysticum	Semp.	Sempervivum tectorum
Pitu-gl.	Pituitaria glandula	Sep.	Sepia officinalis
Pitu-p.	Pituitaria posterior	Sil.	Silicea terra
Pix.	Pix liquida	Spig.	Spigelia anthelmia
Platan-oc.	Platanus occidentalis	Stann.	Stannum metallicum
Plb-i.	Plumbum iodatum	Staph.	Staphysagria
Podo.	Podophyllum peltatum	Still.	Stillingia silvatica
Prot.	Bacillus Proteus (Bach)	Stry-p.	Strychninum phosphoricum
Puls.	Pulsatilla nigricans	Sulfa.	Sulfanilamidum
Pyrar.	Pyrarara	Sulph.	Sulphur
Rad-br.	Radium bromatum	Sul-ac.	Sulphuricum acidum
Ran-b.	Ranunculus bulbosus	Sul-i.	Sulphur iodatum
Ran-s.	Ranunculus sceleratus	Sumb.	Sumbulus moschatus
Rhod.	Rhododendron chrysanthum	Syc.	Sycotic co.
Rhus-r.	Rhus radicans	Syph.	Syphilinum
Rhus-t.	Rhus toxicodendron	Tab.	Tabacum
Rhus-v.	Rhus venenata	Tarent-c.	Tarentula cubensis
Rob.	Robinia pseudacacia	Tell.	Tellurium metallicum
Rumx.	Rumex crispus	Ter.	Terebinthinae oleum
Ruta	Ruta graveolens	Teucr.	Teucrium marum verum
Sabin.	Sabina	Thiosin.	Thiosinaminum
Sal-ac.	Salicylicum acidum	Thuj.	Thuja occidentalis
Sang.	Sanguinaria canadensis	Thyr.	Thyroidinum

Urt-u.	Urtica urens	Vesp.	Vespa crabro
Ust.	Ustilago maydis	Vinc.	Vinca minor
Vac.	Vaccinium	Viol-t.	Viola tricolor
Vario.	Variolinum	X-ray	X-ray
Verat-v.	Veratrum viride	Zinc-p.	Zincum phosphoricum
Verat.	Veratrum album	Zinc-s.	Zincum sulphuricum
Vern-a.	Vernonia anthelmintica	Zinc.	Zincum metallicum



Diseases due to Physical Agents

Skin is well-adapted to the hazards of environmental agents like friction, trauma, heat, cold, light and radiations. However, when the environmental factors become too strong and harsh, they may produce a variety of lesions. Similar type of lesions may also be produced even to the normal intensity of the environmental agents when the normal mechanism concerned with adaptation or protection of the skin from these environmental agents are genetically defective. The common dermatoses seen due to different environmental agents include the following.

Diseases due to Friction

Friction Blisters

When a pressure of high intensity, as produced by wearing tight shoes, acts against thin epidermis, it results in the formation of blisters. It is due to degeneration and necrosis of epidermal cells resulting into the formation of intra-epidermal blisters. Such blisters are located on the areas which have been subjected to friction like back of heels and dorsum of toes especially little and big toes in case of shoes and palmar skin against head of metacarpal bones in case of hard manual labourer.

TREATMENT

These blisters as a rule dry up and start healing in 2-3 days unless complicated by further friction or secondary infection. Thus the main treatment lies in preventing it from further trauma. *All-c.* is the drug of choice in most of the cases. Other drugs which can be used include *Arn.*, *Bufô*, *Calc.* and *Sil.*

Callosities

These are circumscribed areas of hyperkeratosis produced by repeated friction which is not sufficient to produce a blister. Repeated friction of low intensity induces hyperkeratosis and acanthosis of epidermis. Callosities are very common on the hands (Fig. 9.1) of labourers, industrial workers and farmers. These are also very commonly seen on the soles beneath the metatarsal heads due to abnormalities of the foot, abnormal gait or unsuitable footwear.



Fig 9.1 Callosity

TREATMENT

Further friction must be prevented on the areas because if it is not done, callosities as a rule are likely to recur. The lesion itself can be treated by locally applying keratolytic agents with occlusive dressing combined with paring of the lesions. *Ant-c.*, *Calc-f.* and *Ruta.* are frequently used. *Graph.*, *Ferr-pic.*, *Ran-b.*, *Sil.*, *Thuj.* and *Rhus-t.* are the other drugs which may also be used.

Corns

These are localised smaller callosities produced by friction and pressure of ill fitting shoes or the projecting ends of the shoe nails. A corn consists of a central hyperkeratotic spike projecting downward towards the dermis which forms a hard core on the surface. Due to continuous pressure on the surface the deeper end of the corn may start pressing on the underlying epidermis resulting in the thinning of the stratum malpighii. If it presses upon an underlying nerve twig, it causes acute pain whenever the corn get pressed, otherwise the lesions are painless.

TREATMENT

Prevention of further friction and treatment as described in the case of callosities are the standard way of treatment for corn also. Ant-c. is used in most of the cases. The other drugs include *Agar.*, *Alum.*, *Bar-c.*, *Borx.*, *Bov.*, *Bry.*, *Calc.*, *Caust.*, *Ferr-Pic.*, *Graph.*, *Lach.*, *Lyc.*, *Med.*, *Nat-c.*, *Nat-m.*, *Nit-ac.*, *Phos.*, *Ran-b.*, *Rhus-t.*, *Sep.*, *Sil.*, *Sulph.* and *Thuja*. The drugs for external application include *Acet-ac.*, *Anac-oc.*, *Arg-n.*, *Rhus-t.*, *Sal-ac.* and *Sep.* These are used in mother tincture form in 1:10 ratio, 2-3 times a day.

Diseases due to Heat

Burn

If an object with a temperature of more than 60°C remains in contact with the skin for sometime, it is likely to produce burn. The type of the burn depends upon the temperature of the object and the duration of the contact with the skin. If the temperature is very high it may cause charring of the tissue with deep ulcer and even exposure of the bone may occur. Pain may be absent if the nerve endings are destroyed. On the other hand, if the temperature is very low or the duration of contact is brief where it involves only epidermis and papillary blood vessels, there is only pain, erythema and mild oedema. Whereas if the temperature is a bit more or the duration of contact is prolonged which can cause separation of epidermis from dermis, it will lead to formation of tense blister(s).

TREATMENT

Usually, burn is treated by the surgeons. However, a superficial burn of limited area can be treated by the dermatologist. During the first few minutes after burn it is essential to counter the heat by cooling the area with plain tap water and subsequently different actions of the biomediators released by the heat should be taken care of. If there is formation of blisters, these should not be ruptured because it will lead to a raw area exposed to the environment which will make the patient uncomfortable and susceptible to secondary infection. In a few days, the epidermis in the base of blister start regenerating leading to the rupture of blister.

Usually, the newly formed area is devoid of melanin pigment and looks white. However, it is temporary in most cases and the pigment return to normal without any treatment. Canth., is the drug of choice in most of the cases. It reduces burning, pain and blister formation. *Ars.*, *Rbus-t.*, *Sec.* and *Urt-u.* are used after partial improvement. *Caustr.*, *Sil.* and *Thiosin.* are used for the contractures after the burn.

Erythema Abigne

A prolong and repeated exposure to low temperature heat which is insufficient to produce a burn as from ovens, room heaters or other similar devices can produce persistent dilatation of arterioles leading to erythema and hyperpigmentation in reticular distribution in the area of skin exposed to the heat. The heat responsible in producing erythema abigne is infra-red radiation. This is seen most often on the front of both legs, but may occur on any area chronically exposed to the heat.

TREATMENT

Patient should be advised to avoid further exposure to the heat. Over a period of several months the skin gradually returns to its normal colour. *Ant-c.*, *Berb-a.*, *Cham.*, *Lyc.* and *Sulph.* are the drugs used for clearing the erythema and hyperpigmentation faster.

Diseases due to Cold

Frost Bite

Actual freezing of the tissue induced by extreme cold causes frost bite. An exposure of even a few seconds may be sufficient to produce it, especially in the presence of strong wind in high altitude during climbing or military duties. The exposed parts like toes, feet, fingers, ears, tip of nose and cheek are very frequently affected. The affected area becomes numb and white, the discomfort of feeling cold disappears. On rewarming, in mild cases, the skin in these areas develop erythema and discomfort which return to normal in few hours. In severe cases blisters, ulcers and gangrene may occur along with severe pain.

TREATMENT

The patient should immediately be removed from cold environment to normal atmosphere. However, local heating should be avoided which may lead to excessive oedema.

Chilblains or Perniosis

These are abnormal reaction to cold, which present as painful or itchy, erythematous and oedematous areas on the dorsa of the fingers (Fig. 9.2) and toes (Fig. 9.3), nose and ears. The lesions usually change to dark brown colour. In severe cases blisters and ulceration may occur. The fingers and toes of these patients are cold to touch. The lesions tend to heal spontaneously in 7-14 days. However, recurrences are common as long as the cold season last. Thus it recurs every winter for a few years.



Fig 9.2 Chilblains finger



Fig 9.3 Chilblains toes

TREATMENT

These patients should be protected from cold by using warm water and woollen clothes during winter. Once chilblain has appeared, treatment is only symptomatic. *Agar.*, *Ars.* and *Sulph.* are most frequently used.