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PARUL INSTITUTE OF HOMOEOPATHY  
& RESEARCH



A QUARTERLY HOMOEOPATHY NEWS BULLETIN

**HOMOEINSIGHT**

**“SKIN DISORDERS &  
HOMOEOPATHY”**

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**Message from the desk of Managing Editor**

**DR. B. P. PANDA, PRINCIPAL  
PROFESSOR- DEPT. OF  
ORGANON OF MEDICINE, PIHR,  
PARUL UNIVERSITY**



We at PIHR PARIVAR are excited and looking forward to publishing our quarterly bulletin under Dr. Ranjita Gupta's editorial guidance. I would like to give a hearty welcome to the readership on behalf of the "Homoeinsight" editorial team. I would want to use this occasion to express my gratitude to our anonymous reviewers, editors, and writers who have all contributed to help the Bulletin succeed. I express my gratitude to the Parul University Management for enabling the Bulletin to become a reality.

Nowadays, the use of cosmetics, radiation exposure, changing environments, changing lifestyles, and other factors have made dermatological issues a pressing concern. It suppresses various mental and physical illnesses, which manifest externally as skin conditions including vitiligo, eczema, and psoriasis, among many others. It is impossible to achieve a radical treatment without considering the underlying cause of the illness.

The topic of this bulletin, "SKIN DISORDERS & HOMOEOPATHY," was chosen by our issue editor, Dr. Ranjita Gupta with consideration for the success of homoeopathy in treating skin problems as evidenced by several research reviews. The writers of the bulletin have also genuinely donated their work, hoping that the readers would find it appreciative.

In addition, this issue covers the various extracurricular and co-curricular activities that our hospital, PG wing, and students are involved in. This bulletin highlights the various honours and prizes that our faculty and students have received. I hope the readers will feel the same way.

**Think before you speak**

**Read before you think**

Wish you all happy reading.

**Message from Issue editor**

**Dr. Ranjita Gupta**

**Asst. Prof., Dep. of Community Medicine**



Dear readers,

Skin disorders can significantly impact an individual's quality of life, ranging from mild discomfort to severe emotional distress. While conventional medicine offers various treatments, homoeopathy stands out as a gentle yet effective alternative in managing these conditions. With its holistic approach and individualized treatment plans, homoeopathy plays a crucial role in addressing skin disorders, providing relief, and promoting long-term well-being. When it comes to skin illnesses, homoeopathy has proven to be effective in treating a variety of ailments, such as urticaria, dermatitis, psoriasis, acne, eczema etc. One of the key advantages of homoeopathy in treating skin disorders lies in its focus on holistic healing. Rather than merely suppressing symptoms, homoeopathic remedies aim to stimulate the body's innate healing mechanisms, addressing the root cause of the condition. This approach not only provides relief from immediate symptoms but also reduces the likelihood of recurrence, fostering lasting improvements in skin health.

**A Brief Note on the Issue Content:**

This edition of "Homoeinsight" aims to elucidate the role of homeopathy in addressing skin disorders via various case studies and subjective writings. It contains three case reports and seven subjective articles- Pityriasis alba in child cured by homoeopathy- a case report by Dr. Akansha Mishra, Treatment of Tinea Corporis with Homoeopathy – a case report by Shailee Joshi, Treatment of Dermatitis with Homoeopathy- a Case Report by Darash Panchal & Vikas Barot. Subjective articles include Exploring the Interconnected Dynamics of Sleep Quality and Dermatological Health Insights from Homoeopathic Perspectives by Hussain, Homoeopathic approach in treatment of warts by Dhruvika, Urticaria & its homoeopathic management by Dr. Priyanka, Insights of Master Hahnemann on suppression of skin disorders by Krushika, Homoeopathic approach for acne by Santosh and Ketul, Investigating the role of homoeopathy in vitiligo treatment by Jhanvi, A gentle approach: eczema & homeopathy by Parth. It also contains activities related to curriculum, co-curriculum, postgraduate, and hospitals, as well as honours and accomplishments from faculty and students.

It is a privilege for me to serve as the editor of this edition, and I extend my gratitude to Principal Dr. B P Panda for entrusting me with this responsibility. We extend our appreciation to all the authors and readers who have contributed to the bulletin. Furthermore, I eagerly anticipate receiving opinions and recommendations.

**Exploring the Interconnected Dynamics of Sleep Quality and Dermatological Health: Insights from Homoeopathic Perspectives.**

**HUSSAIN MUSTANSIR MADHVASWALA**

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**Abstract:-**

This article delves into the intricate interplay between skin health and sleep patterns, elucidating the bidirectional relationship and proposing homoeopathic interventions. It investigates how dermatological conditions impact sleep quality and duration, and conversely, how sleep disturbances can exacerbate skin ailments. Through a scientific lens, this article underscores the potential of homoeopathy in mitigating both skin and sleep disorders, advocating for expanded research efforts to deepen our comprehension and therapeutic strategies in this domain.

**Keywords:-**

Skin-sleep relationship, Bidirectional influence, Homoeopathic intervention, Dermatological conditions, Sleep patterns, Skin barrier function, Inflammatory skin conditions, Sleep disturbances, Case study, Holistic approach, Rubrics, Individualized treatment, Therapeutic outcomes, Sleep hygiene, Integrative medicine, Patient-centered care, Chronic skin eruptions, Irregular sleep cycles, Nux vomica.

**Introduction:-**

In today's fast-paced world, the intricate relationship between skin health and sleep patterns has emerged as a compelling area of research and clinical practice, particularly within the realm of homoeopathy. As individuals strive to maintain optimal health and well-being, understanding the complex interplay between these two physiological processes has become increasingly pertinent. Skin, the body's largest organ, serves as a multifunctional interface between internal homeostasis and external environmental factors. Simultaneously, sleep represents a fundamental biological process essential for restorative functions such as tissue repair, immune regulation, and cognitive consolidation.

Within the discipline of homoeopathy, which emphasizes a holistic approach to health and healing, the connection between skin and sleep holds profound significance, recognizes the interconnectedness of physical, mental, and emotional aspects of health, viewing symptoms as expressions of the body's innate attempt to restore balance. By addressing underlying imbalances at the root cause, rather than merely suppressing symptoms, homoeopathic principles align closely with the integrative perspective necessary for comprehending the intricate dynamics between skin and sleep.<sup>[1]</sup>

In this article, we embark on a journey to unravel the multifaceted interplay between skin healths and sleep patterns through the lens of homoeopathy. By exploring the bidirectional influence between these two vital physiological processes, we aim to provide insights into the pathophysiology of various dermatological conditions and offer innovative therapeutic interventions grounded in homoeopathic principles.

### **The Bidirectional Influence of Sleep on Skin Health:-**

The relationship between sleep and skin health is intricate and bidirectional, with each influencing the other in significant ways. While ample of research has highlighted the effects of sleep on various aspects of health, its impact on skin health is gaining increasing attention. Understanding this interplay is crucial for developing effective interventions, particularly in the realm of homoeopathy.

#### **A) SLEEP AND SKIN BARRIER FUNCTION:-**

The skin barrier serves as the body's frontline defence against external threats, while sleep it plays a crucial role in maintaining overall health and well-being. Understanding the intricate relationship between skin barrier function and sleep is essential for comprehending various skin conditions and developing effective interventions.

#### **IMPORTANCE OF SKIN BARRIER:-**

- **PROTECTIVE ROLE:-**

The skin serves as the body's primary barrier, protecting against external threats such as pathogens, allergens, and environmental toxins.

#### **IMMUNE FUNCTION:-**

In addition to its physical barrier function, the skin plays a crucial role in immune surveillance and defence. Specialized immune cells within the skin, such as Langerhans cells and dendritic cells, detect and respond to invading pathogens, helping to prevent infection and inflammation.<sup>[2]</sup>

### **IMPACT OF SLEEP ON SKIN BARRIER:**

- **REGULATION OF BARRIER FUNCTION:-**

Sleep plays a vital role in regulating the various physiological processes within the skin, including barrier function. During sleep, the body undergoes repair and regeneration processes, including the replenishment of lipids and proteins essential for maintaining skin integrity.<sup>[3]</sup> Disrupted sleep patterns, such as insufficient sleep or poor sleep quality, can compromise the skin barrier, leading to increased transepidermal water loss (TEWL) and decreased hydration levels.

- **INFLAMMATORY RESPONSE: -**

Sleep deprivation has also been associated with increased levels of inflammatory markers in the skin, including cytokines and chemokines. Chronic inflammation can disrupt the skin barrier function, leading to increased permeability and susceptibility to irritants and allergens. This can manifest as skin conditions such as eczema, dermatitis, or psoriasis, characterized by redness, itching, and inflammation.<sup>[4]</sup>

### **B) INFLAMMATORY CONDITIONS AND SLEEP-**

Inflammatory skin conditions encompass a wide range of disorders characterized by inflammation, redness, swelling, and discomfort. These conditions, including acne, eczema, psoriasis, and dermatitis, can significantly impact an individual's quality of life. The relationship between inflammatory skin conditions and sleep is bidirectional, with each influencing the other in complex ways.<sup>[5]</sup>

- **PATHOGENESIS:**

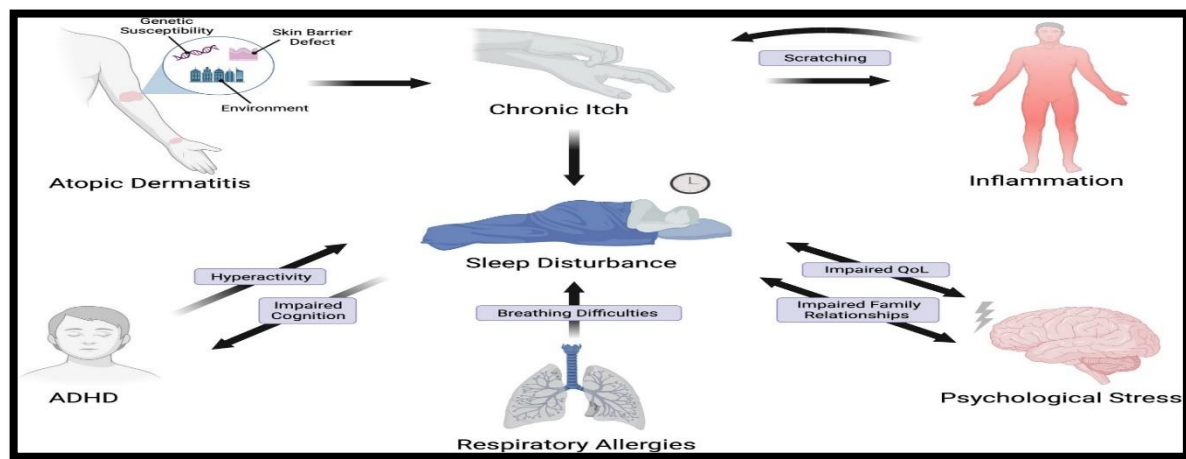
- 1. Inflammatory Response:-**

Disrupted sleep patterns can trigger an inflammatory response in the body, leading to the exacerbation of existing skin conditions or the development of new ones. Inflammatory mediators, such as cytokines and chemokines, play a central role in this process, contributing to skin inflammation and immune dysregulation.

- 2. Stress Response:-**

Sleep disturbances can increase stress levels, triggering the release of stress hormones like cortisol. Elevated cortisol levels can exacerbate inflammation in the skin, worsening symptoms of inflammatory skin conditions.<sup>[6]</sup>

### 3. Skin Barrier Dysfunction:-



Poor sleep quality compromises the skin barrier function, making it more susceptible to environmental irritants, allergens, and microbial invasion. This barrier dysfunction can exacerbate inflammation and contribute to the development of inflammatory skin conditions.

FIG-1.0<sup>[1]</sup> SHOWING THE SLEEP DISTURBANCE CYCLE

### EFFECTS OF INFLAMMATORY CONDITIONS:

- I. **Acne:-** Sleep deprivation can disrupt sebum production and increase inflammation, exacerbating acne symptoms. Inflammatory mediators released during sleep disturbances can stimulate sebaceous glands and promote the development of acne lesions.
- II. **Eczema:-** Sleep disturbances can trigger eczema flares by disrupting the skin barrier function and exacerbating inflammation. Itchiness and discomfort associated with eczema can further disrupt sleep, creating a vicious cycle of inflammation and sleep disturbance.
- III. **Psoriasis:-** Poor sleep quality has been linked to increased severity and frequency of psoriasis flare-ups. Sleep deprivation can trigger systemic inflammation and immune dysregulation, contributing to the pathogenesis of psoriatic lesions.

### MECHANISMS:-

- Sleep regulates neuroendocrine pathways, impacting immune responses in the skin.
- Sleep disturbances alter the skin microbiome, leading to inflammation.
- Sleep deprivation also increases oxidative stress, exacerbating skin damage.



Thus, sleep plays a crucial role in supporting skin barrier integrity and function, while disruptions in sleep patterns can compromise the skin barrier and contribute to various skin conditions. By understanding the intricate relationship between sleep and skin health, individuals can take proactive steps to prioritize sleep hygiene and promote skin barrier integrity, ultimately enhancing overall well-being.

### **HOMOEOPATHIC INTERVENTION:-**

Understanding the nuances of sleep disturbances can reveal underlying factors contributing to skin conditions, thereby guiding the selection of appropriate Homoeopathic interventions. Here are some key considerations regarding sleep patterns that should be explored during the case-taking process:

- **Timing and Circumstances:-** Inquire about when and under what circumstances the patient experiences abnormal drowsiness, yawning, or difficulty falling asleep. Assess whether there are specific triggers or environmental factors influencing sleep quality
- **Symptoms Before, During, and After Sleep:-** Explore any symptom / troubles experienced before, during / after sleep, including restlessness, nightmares, disturbances in sleep continuity. Pay attention to the patient's perception of sleep quality and refreshment upon awakening.
- **Frequency and Duration of Awakenings:-** Determine the frequency of awakenings during the night and whether they are associated with any particular discomfort or stressors. Evaluate the restorative nature of sleep and any residual fatigue upon waking.
- **Daytime Sleepiness and Napping:-** Probe into the patient's tendency to take naps or experience daytime sleepiness, as well as their subjective experience of feeling well-rested after daytime sleep. Assess whether daytime sleep patterns influence night-time sleep quality.

By meticulously gathering information about the patient's sleep habits and experiences, homoeopathic physicians can identify potential triggers or contributing factors affecting both sleep and skin health. In the context of understanding the intricate relationship between sleep and skin health, certain rubrics frequently emerge during the homoeopathic case-taking process. These rubrics serve as valuable indicators of underlying disturbances that may manifest in both sleep

patterns and skin conditions. Here are some commonly observed rubrics associated with sleep and skin:

By integrating these rubrics into the case-taking process, homoeopathic practitioners can gain deeper insights into the interconnectedness of sleep and skin health. Utilizing rubrics related to sleep and skin enables a comprehensive and holistic approach to patient care, facilitating optimal treatment outcomes and improved overall well-being

<b>RUBRIC REGARDING SLEEP</b>	<b>MEDICINE</b>
<b>Aggravation —On awaking a. of sufferings.</b>	<i>Bell., Lach.Nux-v.</i>
<b>Anger — Sleepless and restless (after a.)</b>	<i>Coloc</i>
<b>Anxiety.—A. preventing sleep.</b>	<i>Ver-a</i>
<b>Sleep disturbed by excessive a. and restlessness.</b>	<i>Cocc</i>
<b>Sleepless after midnight, with a., restlessness and constant tossing about.</b>	<i>Acon. (Abies-c).</i>
<b>Awakens at four o'clock in morning, lies a. for hours with brain full of thoughts, then falls into a dreamy sleep at daybreak, from which it is hard to arouse; then feels tired and as if had worked all night.</b>	<i>Nux-V.</i>
<b>After awakens once cannot go to sleep again.</b>	<i>Natr-m., Ran-b., Sil.</i>
<b>Activity of mind during sleep; busy with what he had done in business or what he had read previous day.</b>	<i>Bry</i>
<b>Difficulty in going to sleep; lies a. until one o'clock in morning.</b>	<i>Merc-cor</i>
<b>Sleepless, with acuteness of hearing; clocks striking and cocks crowing at a distance keep patient awake</b>	<i>opium</i>
<b>Wants.—Insomnia: ineffectual efforts to sleep; want. to sleep but cannot.</b>	<i>Bell,Opi</i>

<b>Night watching. —Sleepless from long-continued nursing or from night watching. .</b>	<i>Cocc. , Nux- V</i>
<b>Sleep restless; a. about two o'clock in morning and unable to sleep again.</b>	<i>Kali.carb</i>
<b>Great inclination to sleep during day.</b>	<i>Merc</i>
<b>Great sleepiness during day ,mostly in forenoon.</b>	<i>Ant-crud</i>
<b>Difficulty in going to sleep at night; unable to sleep before midnight.</b>	<i>Cor-r. , Lach</i>
<b>Sleep disturbed by itching.</b>	<i>Am-c, Am-m., Bar-c, Berb., Cocc, Kreas., Merc, Mez., Nux-v., Psor., Puis., Sulph., Thuja.</i>
<b>Burning itching over body on becoming Warm in bed, aggravated by scratching; unable to sleep on account of it.</b>	<i>Puls, Sulph</i>
<b>Erysipelas: vesicular eruption with unbearable itching at night so that patient could not sleep.</b>	<i>Mezer.</i>
<b>Intolerable itching over whole body without perceptible eruption (during pregnancy, with constipation) ; worse at night preventing Sleep.</b>	<i>Dolich</i>
<b>Itching all over body preventing s. ; after scratching, a raw sore sur- rounded by blisters appears.</b>	<i>Gels.</i>
<b>Perspiration during s. after midnight and toward morning.</b>	<i>Chelid.</i>
<b>Sleep disturbed by itching caused by ascarides.</b>	<i>Ferrum, cina</i>
<b>Unable to sleep for itching. on head, face, back and shoulders.</b>	<i>Gels</i>
<b>Sleep prevented by perspiration.</b>	<i>Ars</i>
<b>Perspiration during sleep disappears on awaking.</b>	<i>Nux-V , Puls,Thuja</i>

<b>Perspiration offensive, during sleep at night.</b>	<i>Cycl</i>
<b>Perspiration on going to sleep.</b>	<i>Ars, Conium.</i>
<b>Excited.—Insomnia (especially in anaemic and nervous persons, who are e. or irritated).</b>	<i>Kali-brom</i>
<b>Insomnia from mental or physical fatigue.</b>	<i>Chloral</i>
<b>Insomnia after mental strain, or abuse of coffee, wine, or narcotics.</b>	<i>Nux-V</i>
<b>Insomnia From over-excitement of mind and body; ideas force themselves on mind.</b>	<i>Coff.</i>
<b>Insomnia with nervousness.</b>	<i>Camphor</i>

**TABLE 1.0 RUBRICS REGARDING SLEEP AND SKIN** <sup>[11] [12]</sup>

**Case Study:**

**Patient Presentation:** - A patient presented with chronic itching and eruptions on the neck, which had been recurring despite previous allopathic treatment and topical creams. The eruptions persisted, indicating an underlying cause that had not been effectively addressed.

❖ **Case Analysis:-** Upon further inquiry, it was revealed that the patient had irregular sleep cycles. The patient, a NEET aspirant, frequently stayed up late at night and occasionally altered their sleep schedule, leading to disrupted sleep patterns. This irregularity in sleep was identified as a potential exacerbating factor for the skin eruptions.

❖ **Homoeopathic Intervention:-**

Considering the correlation between sleep irregularities and skin manifestations, the patient was administered two doses of *Nux vomica*×200×HS×3days.

## Treatment Outcome



:-

FIGURE 1.1 SHOWS THE TREATMENT OUTCOME IN PATIENT

Remarkably, within two weeks of initiating the Homoeopathic treatment regimen and advising the patient to maintain regular sleep cycles, all eruptions on the neck resolved completely. The patient experienced significant improvement in both the itching and the appearance of the skin.

This case highlights the importance of considering sleep patterns in the management of chronic skin conditions. By addressing the underlying cause of irregular sleep cycles and prescribing an appropriate Homoeopathic remedy, significant improvement in skin health was achieved.

**CONCLUSION:** - In conclusion, by recognizing the intricate relationship between sleep and skin health and integrating this understanding into clinical practice, healthcare professionals can provide more comprehensive and effective care for patients with dermatological conditions. Through interdisciplinary collaboration and a patient-centred approach, we can strive towards optimizing both sleep quality and skin health, ultimately enhancing the overall quality of life for individuals affected by these conditions

## REFERENCES: -

1. Cameron S, Donnelly A, Broderick C, Et al. Mind and skin: Exploring the links between inflammation, Sleep disturbance and neurocognitive function in patients with Atopic dermatitis. *Allergy*. 2024;79:26-36. Doi:10.1111/All.15818 13989995, 2024, 1, Downloaded from <https://onlinelibrary.wiley.com/doi/10.1111/all.15818>, Wiley Online Library on [26/02/2024]. See the Terms and Conditions (<https://onlinelibrary.wiley.com/terms-and-conditions>) on Wiley Online Library for rules of use; OA articles
2. Tamschick R, Navarini A, Strobel W, Müller S. Insomnia and other sleep disorders in dermatology patients: a questionnaire-based study with 634 patients. *Clin Dermatol*. 2021;39(6):996-1004.

3. Kaaz K, Szepietowski JC, Matusiak Ł. Influence of itch and pain on sleep quality in atopic dermatitis and psoriasis. *Acta Derm Venereol.* 2019;99(2):175-180.
4. Legat FJ. Itch in atopic dermatitis—what is new? *Front Med.* 2021;8:644760.
5. Schwendinger-Schreck J, Wilson SR, Bautista DM. Interactions between keratinocytes and somatosensory neurons in itch. *Handb Exp Pharmacol.* 2015;226:177-190.
6. Irwin MR. Why sleep is important for health: a psychoneuroimmuno-Nology perspective. *Annu Rev Psychol.* 2015;66:143.
7. Sanders KM, Akiyama T. The vicious cycle of itch and anxiety. *Neurosci Biobehav Rev.* 2018;87:17-26.
8. Bridgett C. Habit reversal therapy: a behavioural approach to atopic Eczema and other skin conditions. *Practical Psychodermatology.* Wiley-Blackwell; 2014:66-71.
9. Baumeister D, Akhtar R, Ciufolini S, Pariante CM, Mondelli V. Childhood trauma and adulthood inflammation: a meta-analysis of Peripheral C-reactive protein, interleukin-6 and tumour necrosis Factor- $\alpha$ . *Mol Psychiatry.* 2016;21(5):642-649.
10. Irwin MR. Sleep and inflammation: partners in sickness and in Health. *Nat Rev Immunol.* 2019;19(11):702-715.
11. Gentry WD. The Concordance Repertory of the more characteristic symptoms of the Materia Medica. Vol. V. New York: A. L. Chatterton & co; 1890
12. SYNTHESIS Repertorium homoeopathicum syntheticum Edition 2009 Herausgegeben von Frederik Schroyen.

## **Homoeopathic approach in treatment of Warts**



**Dhruvika H Patel, Intern, PIHR**

### **Abstract**

Warts are brought on by viruses belonging to the human papillomavirus (HPV) family. Skin, the interior of the mouth, the genitalia, and the rectal area can all harbor them.<sup>1</sup>

There are various sizes and forms of warts. Anybody can experience it, regardless of age or gender.<sup>1</sup>

### **Keywords**

Homoeopathy, treatment, warts

### **Introduction**

Warts, sometimes called a verruca, is usually a small, rough tumor that resembles a solid blister. It is usually caused by an HPV (Human Papilloma Virus) infection and frequently appears on the hands and feet but can also occur in other places.<sup>1,2</sup>

This prevalent skin condition is brought on by DNA viruses, which thrive in the epidermis and prefer to develop in warm, humid environments when there is a break in the skin's layer, which allows the virus to proliferate.<sup>3,4</sup>

### **Causes**

Some strains of the human papilloma virus are responsible for warts (HPV). There are numerous HPV strains that can create various kinds of warts.

The top layer of skin, known as the epidermis, becomes overly thick with hard protein called keratin due to HPV. The hard, uneven texture of a wart is caused by excess keratin.<sup>5</sup>

Microscopic or tiny wounds allow the virus to penetrate the skin. Clinically, the lesions show no symptoms, can take many various forms, have a surface that is unevenly verrucous, and continue to grow slowly.<sup>3</sup>

A wart or verruca may weeks or even months to emerge following viral infection.<sup>5</sup>

**Risk Factors:** Skin related injuries, infection that rupture the epidermis, frequently getting the hands wet, hyperhidrosis, swimming in public pools, nail biting, direct contact with other people’s warts, self-scratching or self-shaving warts, as this might disperse the infection to other body parts.<sup>6</sup>

**Mode of Spread:** Direct or close touch, skin-to-skin contact with a person who has warts, or indirect contact with an object contaminated with the human papillomavirus are the ways in which the disease is transmitted.<sup>2,3</sup>

This include: - towels, shoes, areas surrounding swimming pools, the floors of communal changing areas.<sup>5</sup>

It can be also spread to other parts of the body through scratch, knock or bite a wart, bite your nails or suck your fingers (if they have warts on them), shave your face or legs.<sup>5</sup>

**Symptoms**

- Fleshy skin growth that is either painful or painless.
- There could be a little or elevated lump on the skin.
- One to ten millimeters is the possible range for the average size.
- The surface of a wart might be smooth or rough.
- It may manifest alone or in groups.
- The wart may occasionally itch.
- The most often affected areas are the hands, feet, knees, and face.<sup>6</sup>

**Types-** <sup>[3,4,5,7,8]</sup>

Type	Location	Character
<b>Common Warts (Verruca Vulgaris)</b>	Any parts of the body but are most commonly present on the dorsum of the hands and fingers, knuckles and knees.	<ul style="list-style-type: none"> <li>• It can be round or oval-shaped.</li> <li>• Firm and raised</li> <li>• Have a rough, irregular surface vary in size, from less than 1mm to more than 10 mm (1cm) in diameter.</li> </ul>



<b>Flat warts</b>	Face, arms, knees or hands	<ul style="list-style-type: none"> <li>• round or oval-shaped</li> <li>• can also appear in clusters</li> </ul>
<b>Filiform warts (verruca filiformis)</b>	Neck, face, near eyelid or lips and scalp.	<ul style="list-style-type: none"> <li>• Long and slender, finger like projections with irregular surface.</li> </ul>
<b>Plane warts( Verruca Plana)</b>	Dorsum of hand, face, legs	<ul style="list-style-type: none"> <li>• A yellowish colour</li> <li>• Smooth, skin colored, round, slightly raised flat-topped papules.</li> <li>• 2 to 4mm in diameter.</li> </ul>
<b>Plantar warts(Verrucas)</b>	Soles of the feet	<ul style="list-style-type: none"> <li>• Occasionally painful</li> <li>• Characterized by horny collar surrounding roughened surface</li> <li>• skin colored well defined areas, irregular surface</li> <li>• white, often with a black dot (blood vessel) in the centre</li> <li>• flat rather than raised</li> </ul>
<b>Genital warts</b>	<ul style="list-style-type: none"> <li>• Glans penis,</li> <li>• Corona,</li> <li>• Mucosal surface of prepuce</li> <li>• Occasionally on urinary meatus in males</li> <li>• The vulva and vaginal openings in females.</li> </ul>	<ul style="list-style-type: none"> <li>• usually transmitted through sexual contact</li> <li>• Small swellings in the genital area that may be skin-colored or a different color.</li> <li>• A cauliflower-like shape caused by a few warts close together.</li> <li>• Itching or discomfort in genital area.</li> <li>• Bleeding with sex.</li> </ul>
<b>Periungual warts</b>	Fingernails or toenails	<ul style="list-style-type: none"> <li>• Have a rough surface</li> <li>• Can affect the shape of the nail.</li> </ul>

Other types are:-

1. Mosaic warts
2. Molluscum Contagiosum
3. Facial warts
4. Oral warts

### **Treatment and Management**

Preventive measures

- Keep your feet dry and change socks daily
- Use caution when shaving because cuts can readily transmit the infection
- If you have warts on hand, wear gloves when utilizing shared exercise equipment
- In public showers and changing areas, wear slippers or flip flops or pool slippers
- For swimming or physical education classes at school, cover the warts with a waterproof plaster or a verruca sock.<sup>5</sup>

Treatment

- About 65% of warts vanish on their own without the need for medical intervention in two years.
- Topical application- Salicylic acid
- Immune system stimulator – such as imiquimod
- cryotherapy
- Chemical treatments
- Curretage and electrocautery
- Laser therapy<sup>5,6,8</sup>

### **Homoeopathy Scope for warts**

Since the alternative traditional treatment simply suppresses the local illness, result in pain, discomfort and scarring. However, homoeopathy treats warts in a healing manner that is curative as opposed to suppressive<sup>2</sup>. Since homeopathy addresses the patient as a whole, both the patient's pathological state and person are the main focus of the treatment. The choice of homeopathic

medications is made following a thorough individualizing examination and case analysis that takes into account the patient's physical and mental constitution, medical history, and other factors.<sup>1,2</sup> When treating chronic diseases, a miasmatic propensity (predisposition/susceptibility) is sometimes taken into consideration. The following list of homeopathic treatments for warts demonstrates their therapeutic affinity; nonetheless, it is by no means an exhaustive and definitive guide to treating this problem.<sup>1</sup>

After a thorough evaluation of the patient and taking into account their medical history, homoeopathic medicine is chosen.<sup>1</sup> Few of the indicated medicines are:-<sup>[9,10]</sup>

Sr.no	Medicine	Site	Symptom
1	Thuja occidentalis	wart arising on any body part, mainly ano-genital region	<ul style="list-style-type: none"> <li>• Warts that are seedy, large or pedunculated</li> <li>• Skin is dry and sensitive to touch</li> <li>• Warts and eruptions on covered part, burn after scratching</li> <li>• Agg- scratching, heat of bed, cold, 3am &amp; 3pm</li> <li>• Amel- left side, wrapping, rubbing</li> </ul>
2	Causticum	warts arising on face, lips, nose and eyelids, fingernails, fingertips	<ul style="list-style-type: none"> <li>• Warts that are old, large and jagged, painful and pedunculated warts, that bleeds easily, exuding moisture</li> <li>• Agg- clear, fine weather, cold air, getting wet or bathing</li> <li>• Amel- damp, wet weather, warm air</li> </ul>
3	Antimonium Crud	Warts on Soles of Feet (plantar warts)	<ul style="list-style-type: none"> <li>• Horny warts on soles with tender on touch</li> <li>• Agg- cold bath, after eating, after heat of sun or fire</li> <li>• Amel- open air, rest, after warm bath</li> </ul>
4	Graphites	Periungual, palms or soles of the feet	<ul style="list-style-type: none"> <li>• Warts are rough, hard with burning and stinging pain.</li> <li>• Eruption oozes a watery, transparent, sticky fluid.</li> <li>• Agg- night, warmth</li> </ul>

			<ul style="list-style-type: none"> <li>• Amel- in dark, wrapping up</li> </ul>
5	Dulcamara	Warts appearing on the face, fingers, palmar surface of hands	<ul style="list-style-type: none"> <li>• Large, fleshy, flat or smooth in nature</li> <li>• Skin is delicate, sensitive to cold</li> <li>• Eruptions which bleed on touch</li> <li>• Agg- night, cold, damp rainh weather</li> <li>• Amel- external warmth, moving about</li> </ul>
6	Nitric acid	Warts on eyelid, any part of the body	<ul style="list-style-type: none"> <li>• Warts are large, jagged, pedunculated that bleed easily from touching or washing</li> <li>• Warts with moist, ozzing and having stitching, splinter like or stinging pain</li> <li>• Agg- evening, night, cold climate</li> <li>• Amel- riding in carriage</li> </ul>

**Conclusion**

Homoeopathic medications are far more effective in treating and curing warts, a skin problem caused by HPV that can appear in varied sizes and forms on different body parts and is repressed by alternate traditional techniques.

**References**

1. Viral Warts and Its Solution with Homeopathy - By Dr. Naitik Shah. Lybrate. [Cited 2024 Feb 28]. Available from: <https://www.lybrate.com/topic/viral-warts-and-its-solution-with-homeopathy/65f1f89f639c760fa42cede8059f7108>
2. Homeopathic Medicine for warts - Homeopathy Treatment. Homeopathy at DrHomeo.com. 2019 [cited 2024 Feb 28]. Available from: <https://www.drhomeo.com/warts/homeopathic-medicines-for-warts/>
3. Warts | Department of Homeopathy. homeopathy.delhi.gov.in. [cited 2024 Feb 28]. Available from: <https://homeopathy.delhi.gov.in/homeopathy/warts>
4. Homeopathic Treatment for Warts | HomoeoCARE. www.homoeocare.co.in. [cited 2024 Feb 28]. Available from: <https://www.homoeocare.co.in/service/homeopathic-treatment-for-warts>
5. Warts. NHS inform. Available from: <https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/warts-and-verruucas/>

6. Warts - Better Health Channel. [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au). Available from:  
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/warts>
7. Mayo Clinic. HPV infection - Symptoms and causes. Mayo Clinic. 2021. Available from:  
<https://www.mayoclinic.org/diseases-conditions/hpv-infection/symptoms-causes/syc-20351596>
8. Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Davidson's principles and practice of medicine. 23rd ed. Edinburgh: Churchill Livingstone/Elsevier; 2018.
9. Allen HC. Allens Keynotes Rearranged and classified with leading Remedies of the Materia Medica and Bowel Nosodes including Repertorial Index. 10<sup>th</sup> ed. Noida, U.P., India: B. Jain Publishers (P) Ltd; 2017.
10. Boericke W. Pocket Manual of Homoeopathic Materia Medica with Indian Medicine and Repertory. Reprint Edition. Published by Indian Book and Periodicals Publishers. 2016

## **PITYRIASIS ALBA IN CHILD CURED BY HOMOEOPATHY- A CASE REPORT**

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### **ABSTRACT**

Pityriasis Alba is a common benign disease. These are two uncommon variants that exist, like a pigmenting type and an extensive type. Extensive pityriasis in Alba is rare. A pigmenting type more persistent, more generalized, more symmetrical, and more persistent, more generalized, more symmetrical, and more frequently seen over the face, cheeks, and trunks. This case report highlights the improvement of a case of pityriasis alba in one month of homoeopathic treatment.

### **KEYWORDS**

Pityriasis Alba, Hypo pigmentation, Homoeopathy, Tinea Alba

### **INTRODUCTION**

It is a common disease usually seen in children. The morphology of Pityriasis Alba is characterized by scaly hypo pigmented macule<sup>1</sup>. It is a common cutaneous disorder usually asymptomatic, hypo-pigmented macule with or without mild scaling are its presenting lesions<sup>2</sup>. It occurs on face as a rounded scaly patch of 0.5 to 2 cm in diameter having red or pink colour with loss of natural skin colour. Later the colour starts fading and there is loss of pigmentation within the patch<sup>3</sup>. There is minute scaling. This hypo pigmented patch is more evident in dark skins. The patches are, and mainly limited to the face, though the neck, chest and forearms may also be involved<sup>4</sup>.

### **CAUSES OF TINEA (PITYRASIS) ALBA<sup>5,6</sup>**

There is no known cause for Tinea Alba. Triggering factors: Humid climate, heat, detergent and soaps, stress, dry skin, deficiency of vitamins and calcium, worms and parasites.

## **RISK FACTOR PITYRASIS (TINEA ALBA)<sup>7, 8, 9</sup>**

Age- Pityriasis Alba is most common in children and adolescents. It occurs in approximately 2 to 5 percent of children. It's most frequently seen in children between the ages of 6 and 12 years. It's also very common in children with atopic dermatitis, an itchy inflammation of the skin.

Heat-Pityriasis Alba often appears in children who take hot baths frequently or who are exposed to the sun without sunscreen. However, it's unclear if these factors cause the skin condition.

Humid climate – precipitates dryness of the skins

Skin soaps – without knowing, children and young adults may have acute reactions to skin soaps which they are not usually using

Asthma – skin asthma has manifestations similar to the symptoms of pityriasis Alba

Clothing detergents – some products are not hypoallergenic that it can result to skin irritation thus leading skin disorders

## **CASE HISTORY**

It is a case of 7-11-2023, a fair skinned complexion child 6 years of age presented with white spot patchy like eruption on left side cheeks for last 4 month. He is intelligent, craving sweets, fats, meats, and pickles. Thirst excessive, Constipation alternate days, frequent urination, sometimes very anxious about study. No other symptoms marked or noticeable.

**MEDICAL HISTORY**-A moisturising cream may improve the dry appearance. Some allopathic physician prescribed calamine lotion & light liquid paraffin lotion (Moisturex calm lotion)

## **PHYSICAL GENERALS SYMPTOMS**

**APPEARANCE** - fair complexion, white patches (spot) left side cheeks (face).

**APPETITE** – good

**DESIRE** – craving pickles, sweets, meat

**THERMAL** –hot

**THIRST**-normal

**SLEEP**- good sleep

DREAM - no significant

PERSPIRATION – profuse no smell

STOOL- constipated alternate days, sometimes to be hard, no strain

URINE – after drink of water frequent urination

MENTAL GENERALS SYMPTOMS - anxious about study

MIASMATIC ANALYSIS – psora, sycosis, syphilis, tuberculosis

FAMILY HISTORY – No history pityriasis in family member

**TOTALITY OF SYMPTOMS**

- Fair complexion, white patches (spot) left side cheeks (face).
- face eruption skin Dryness
- Eruption on face white burning and itching
- face discolouration of skin white spot
- Stomach desires candy sweet
- Stomach desires meat
- Stomach desires pickles
- Stool constipation alternate day

DIAGNOSIS – PITYRIASIS (tinea Alba)

**REPERTORIAL ANALYSIS**

The image shows two screenshots of a repertorisation software interface. The top screenshot displays a table with the following data:

Symptoms: 8 Remedies: 67	Sulph	Ars	Calc	Merc	Mag-c	Am-c
[Kent] [Face]Eruptions (see skin):Dry: (6)		3				
[Kent] [Face]Dryness (see skin): (9)	1	3				
[Boerhing] [Stool]Constipation:On alternate days: (20)	3		4	2	3	
[Kent] [Skin]Discoloration:White:Spots: (2)	2	3	2	2		1

The bottom screenshot displays a table with the following data:

Symptoms: 8 Remedies: 67	Sulph	Ars	Calc	Merc	Mag-c	Am-c
[Kent] [Skin]Eruptions:Rash (see granular):Close,white,with burning:An... (Special)	1					
[Obesity]Stomach:Desires:Candies, s...	1					3
[Kent] [Stomach]Desires:Pickles: (10)	2					
[Kent] [Stomach]Desires:Meat: (20)	1			1	2	



### **Prescription-**

First Prescription (07-1-2024)

Rx,

Sulphur 200/ 2 doses followed by placebo for 1 month

FOLLOW UP- (12-02-2024)

Marked improvement.

Rx,

Sulphur 200/ 1 dose followed by placebo for 1 month.

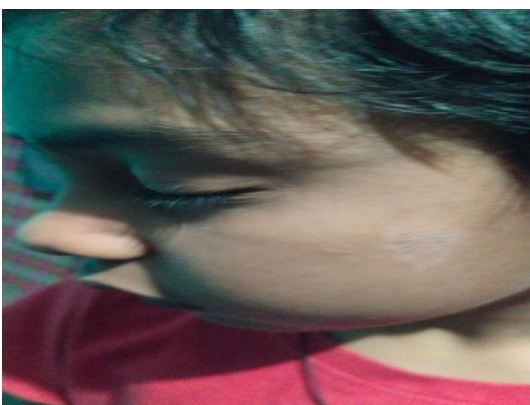
### **Result-**

Repertorisation was done by using the software Hompath software mobile app, using Kent's Repertory giving priority to mental generals followed by particular symptoms.

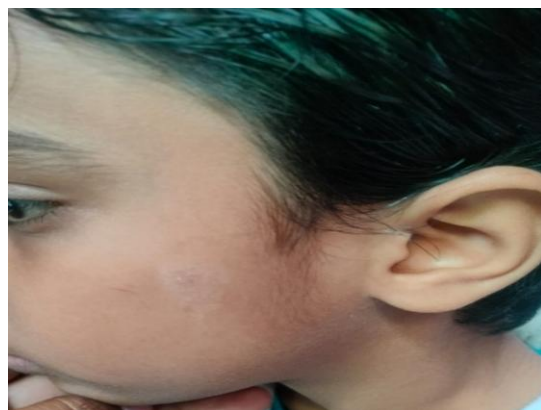
After reportorial analysis, sulphur covered maximum marks i.e. 11/7. Sulphur was prescribed after consultation with Materia Medica.

Hypo- pigmented patch on the left cheek face partially disappeared within a period of 1 months of homoeopathic treatment.

### **AFTER TREATMENT PATIENT PICTURE –**



Before prescription patient picture



After 1<sup>st</sup> follow-up

## **DISCUSSION**<sup>10, 11, 12</sup>

The patient presented with hypo-pigmented patch on left side cheeks. There was no family history of Pityriasis Alba or other benign skin disease in the family. This case treated with individualized homoeopathic medicine showed resolution of pigmentation of skin of left side cheeks.

As there is no effective treatment in conventional medicine, a substantial number of Pityriasis Alba patients resort to Complementary and alternative medicine (CAM). Patient's choice of treatment gave positive response through homoeopathic treatment.

## **CONCLUSION**

This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. This case shows a positive role of Homoeopathy in treating Pityriasis Alba. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

## **REFERENCES**

1. Al-Refu K. Dermoscopy is a new diagnostic tool in diagnosis of common hypo pigmented macular disease: A descriptive study. *Dermatology Reports*. 2018; 11(1):7916. doi:10.4081/dr.2018.7916. Pub Med
2. Miazek N, Michalek I, Pawlowska-Kisiel M, Olszewska M, Rudnicka L. Pityriasis alba--common disease, enigmatic entity: up-to-date review of the literature. *Pediatr Dermatology*. 2015;32(6):786–91. doi:10.1111/pde.12683. Pub Med
3. Karanfilian KM, Behbahani S, Lambert MW, et al. The path physiology of pityriasis alba: time-dependent histologic changes. *Clin Dermatology*. 2020;38(3):354–6. doi:10.1016/j.clindermatol.2019.07.002. Pub Med
4. Jadotte YT, Janniger CK. Pityriasis alba revisited: perspectives on an enigmatic disorder of childhood. *Cutis*. 2011;87(2):66–72. Pub Med
5. S. Swami, alternative medical management of localized skin hypo-pigmentation by homeopathic medicine – a breakthrough in medical management, *World Journal of Pharmaceutical Research*, 2016, 699-704.
6. Boon A, College NR, Walker BR. *Davidson's Principles & Practice of Medicine* Churchill Livingstone Elsevier, 21st ed 2010.

7. Vinod S, Singh G, Dash K, Grover S. Clinic epidemiological study of Pityriasis Alba, Indian J Dermatology Venereal Leprol. 2002; 68:338-340.
8. Khanna N. Illustrated synopsis of dermatology and sexually transmitted diseases, 5th ed., Elsevier Relx India Private Limited, New Delhi, 2006.
9. Jassim HM. Pityriasis Alba: An Epidemiological and Clinical Study, International Journal of Advance Research, 2020, 875-880.
10. Dey S. Essentials of Practice and Practice of Homoeopathy. 3rd ed. Kolkata: Smt. Parana Bhattacharya, 2009.
11. Dewan D, Taneja D, Singh U, Mittal R, Khurana A. Homoeopathic research in vitiligo: Current scenario, Indian J Res Homoeopathy. 2017; 11:226-36
12. Hahnemann S. Organ on of Medicine, 26th impression, B. Jain Publishers LTD., New Delhi, 2011, 53.

## URTICARIA & ITS HOMOEOPATHIC MANAGEMENT

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**ABSTRACT:** Urticaria, is a skin disease sometimes known as "hives" or "nettle rash," is an illness that is brought on by external factors. The skin becomes red, swollen, erythematous, and blanching in urticaria, a condition characterized by round or oval, pale, elevated centres (wheals) on the skin that can occasionally be linked to allergies and inflammation. Control and therapy of urticaria, which can yield long-lasting and fulfilling outcomes. To treat a patient with homeopathy, follow the "law of similar," keeping in mind the importance of "individualization."

**KEYWORD:** Urticaria, Nettle rash or Hives, Skin disease, Homeopathy remedies, Homoeopathic management

### INTRODUCTION:

Hippocrates was the first to describe urticaria<sup>[1]</sup>, a skin illness with a lifetime prevalence of 8.8% and a chronic hives prevalence of 1.8%<sup>[2]</sup>. Urticaria is a persistent presenting complaint. It is a condition where angioedema, wheals (hives), or both may appear. The wheels of giant urticaria are enormous and originate from the subcutaneous tissue that produces confined swellings<sup>[3]</sup>. Urticaria can be either acute or chronic in nature. An acute episode can begin with fever, minor gastrointestinal symptoms, or other constitutional symptoms.<sup>[3]</sup> Rarely do constitutional symptoms accompany chronic forms of urticaria. Wheals that fluctuate daily or almost daily for six weeks or longer<sup>[4]</sup>, show signs of episodic urticaria, or reoccur at short intervals, sometimes at the same hour each day, for months & years<sup>[3]</sup> chronic urticaria. Approximately 20% of people have this illness at least once in their lifetime<sup>[5]</sup>. Prevalent in young adults (males > females)<sup>[3]</sup>. In young ones, usually connected to infection<sup>[6]</sup>. Fever, headache, dizziness, feeling like there's a lump in the throat, shortness of breath, hoarseness, wheezing, stomach pain, nausea, vomiting, diarrhoea, and arthralgia's are all signs of urticaria/angioedema.<sup>[7]</sup>

Treating skin conditions holistically and according to the essential principles of homeopathy means that they shouldn't be viewed as local illnesses. These illnesses are caused by an interior disruption o

f vital force. External application to the skin is to be completely avoided. Internal medicine offers whole alleviation and aids in the creation of vital force. Homeopathy treat the patient with using the "law of similar," keeping in mind the "individualization" principle.

### DEFINITION:

There are several causes of Urticaria (hives). The 18th-century word Urticaria refers to a rash brought on by nettles, a plant belonging to the genus *Urtica*. Its root is the Latin word *urtica*, which translates to "nettle." Another word that is linked to "nettle" is the Latin verb *urere*, which meaning "to burn."<sup>[8]</sup> A common, persistent, and frequently repeated skin condition, urticaria is characterized by the rapid emergence of pale, oedematous plaques with erythematous Just the outermost layer of the dermis is affected by urticaria, which manifests as well-defined, elevated, serpiginous borders with pale centres that may combine to form enormous wheals.

**CLASSIFICATION:** Urticaria is often classified by duration, acute and chronic, with a time division chosen at six weeks to three months.



**Fig.2. - Acute urticaria** <sup>[9]</sup>



**Fig.3- Chronic urticaria** <sup>[10]</sup>

### ETIOLOGY <sup>[7]</sup>.

- a. Drugs:** Penicillin and Other Antibiotics, Aspirin, NSAIDs, Codeine, Morphine, Quinine.
- b. Food additives:** Tartrazine, Hydroxybenzoates, Sulphites, Salicylates
- c. Foods:** Milk and Milk Products, Eggs, Nuts, Chocolates, Tomato, Pork, Yeast, Strawberries, Shellfish.
- d. Inhalants:** Grass Pollens, Mould Spores, Animal Danders, House Dust.
- e. Systemic Disorders:** SLE, Autoimmune Thyroid Disorders.
- f. Infections**

**g. Psychogenic**

**h. Physical:** Friction, Pressure, Cold, Vibration, Sweating, Sun Exposure.

**i. Idiopathic:** Chronic spontaneous urticaria.

**CLINICAL MANIFESTATION** <sup>[11]:</sup>

**Intense Itching:** Stinging and Burning Sensations.

**MANIFESTATION OF URTICARIA:**

Transient, elevated, erythematous or pale papules, plaques, linear streaks, generally surrounded by a halo or flare, edematous lesions (wheals)

**Size:** lesions vary in size from few Millimetres to several Centimetres

**TRIGGERING FACTOR:** emotions, heat, exercise, change in temperature

**INVESTIGATIONS** <sup>[7]</sup>

Establishing the cause of urticaria is difficult. In about 70% of cases, no clear-cut reason can be detected. Full blood count, erythrocyte sedimentation rate (ESR), urea and electrolytes, thyroid and LFT, iron studies, total IGe and specific IGe to possible allergens may be appropriate to detect such cases

**HOMOEOPATHIC MANAGEMENT** <sup>[12, 13, 14]</sup>

1. **APIS MELLIFICA:** Incompletely formed and recurrence of suppressed urticaria comes under this medicine. Symptoms worse, especially in a closed or warm room. There is a great burning sensation after itching, and the area becomes very sensitive to touch
2. **URTICA URENS:** A characteristic feature of Urtica in the case of urticaria is violent itching and burning with a tingling sensation. The returning of symptoms occurs at the same time every year
3. **ARSENICUM ALBUM:** The appearance of the skin is parchment-like and dry with cold sweat & fire like burning sensation on the affected part. Symptoms are worse at midnight and after midnight.
4. **DULCAMARA:** There are many varieties of rashes found in this medicine, especially humid, pale, scaly, which oozes after scratching. The main indication of dulcamara is that symptoms get worse in cold and damp weather. The patient is susceptible to cold because

that whenever the patient takes a cold or is exposure to cold for a long time, eruptions of urticaria appears on the skin.

5. **CALCAREA CARBONICA:** Skin of Calcarea carb is very flabby. The clear shuddering of the skin, along with loss of balance or vertigo, is well marked in this medicine. Most commonly, nettle rash is found, which gets better in cold air. Small wounds do not heal easily, and it takes time to heal.
6. **NATRIUM MURIATICUM:** Eruptions appear, especially in the bends of limbs, a margin of the scalp, and behind the ears. These eruptions are mainly of crusty type-any exertion worse the itching. The patient found Great weakness and tiredness. The condition of hangnails is very marked in this medicine. Around the nails, the skin is dry and cracked.
7. **RHUS TOXICODENDRON:** In the case of urticaria, the skin is red, swollen along with extreme itching. Extreme fear of dying by poisoning, especially at night found in the patients. The patient cannot remain in one position due to restlessness. Getting wet after being overheated has very harmful effects.
8. **SULPHUR:** In the case of urticaria, skin becomes dry and scaly, were itching with a great burning sensation, which worse after scratching and washing. If the patient has any kind of skin affections after local medication, so the sulphur has great results in these types of cases. The patient does not like to be wash/bath.
9. **COPAIVA OFFICINALIS:** Large and red-colored patches all over the body, which is associated with constipation and fever, are mainly found in this medicine. The shape of the patches is lenticular, along with itching. Chronic urticaria of children chiefly comes under this medicine.
10. **ANTIMONIUM CRUDUM:** scaling skin, which is rough and horny spots found in this medicine. An eruption mainly comes in the evening, chiefly on limbs, chest, back, and neck region. Itching of eruptions occurs, especially by the heat of the bed. In this medicine, characteristics of urticaria are white urticaria with a red circumference. The patient dislikes bathing from cold water.
11. **ACONITUM NAPELLUS:** The main features of aconite are the acute, sudden, and violent appearance of symptoms, including fever. Skin appears red, hot, dry with a burning sensation. Rashes are especially measles-like. The patient cannot tolerate music because it makes him sad. Urticaria becomes worse when the patient is rising from bed.

## CONCLUSION

For urticaria, homoeopathy is a great treatment. Skin disorders are not seen as local diseases under a holistic interpretation of the homoeopathic medical system. The course of treatment for urticaria depends not only on the patient's characteristics but also on times of exacerbation, generals, and particulars. The homoeopathic management of urticaria has been guided by numerous luminaries. For the greatest outcomes, urticaria patients are typically treated with the aforementioned medications. Similimum and other customized homoeopathic medications may also provide notable relief from urticaria.

## REFERENCES

1. Jeong-Hun Seo and Jae-Woo Kwon, Epidemiology of Urticaria Including Physical Urticaria and Angioedema in Korea, Pubmed. 2019; 34(2):418–425.F, Doi: 10.3904/Kjim.2017.203
2. Zuberbier T, Balke M, Worm M, Edenharter G, Maurer M. Epidemiology of Urticaria: A Representative CrossSectional Population Survey. Clin Exp Dermatol. 2010; 35(8):869-73. Doi: 10.1111/J.1365- 2230.2010.03840.X. PMID: 2045638
3. Warner EC, Savill's System of Clinical Medicine, 14th Edition, Arnold-Heinemann, CBS Publisher & Distributors, Delhi, 1964, 958p
4. Yadav S, Bajaj AK. Management of Difficult Urticaria. Indian Journal of Dermatology, 54(3), 275– 279. <https://doi.org/10.4103/0019-5154.55641>
5. Sachdeva S, Gupta V, Amin SS, Tahseen M. Chronic Urticaria. Indian J Dermatol. 2011; 56(6):622-8. DOI: 10.4103/0019-5154.91817. PMID: 22345759; PMCID: PMC3276885
6. Shin M, Lee S. Prevalence and Causes of Childhood Urticaria. Allergy, Asthma & Immunology Research. 2017; 9(3):189-190. <https://doi.org/10.4168/aair.2017.9.3.189>
7. Sainani GS, Abraham, Dastur FD, Abraham P, Dastur FD, Joshi VR et al. API. Text Book of Medicine. 6th Edition. Association of Physicians of India Mumbai, 1999. Chapter: Hypersensitivity Disorders by Rg Valia
8. Merriam Webster Dictionary, Available From <https://www.merriam-webster.com/dictionary/urticaria>.
9. Available from:  
[https://www.bing.com/images/search?view=detailV2&ccid=fiAr3y3C&id=0AB80B0F3CEAB4B85E15EF05F7FBF93CA76D8EC4&thid=OIP.fiAr3y3Cr8s6pjFCdIDuvAHaD\\_&mediaurl=https%3a%2f%2fcdnintech.com%2fmedia%2fchapter%2f54611%2f1512345123%2f](https://www.bing.com/images/search?view=detailV2&ccid=fiAr3y3C&id=0AB80B0F3CEAB4B85E15EF05F7FBF93CA76D8EC4&thid=OIP.fiAr3y3Cr8s6pjFCdIDuvAHaD_&mediaurl=https%3a%2f%2fcdnintech.com%2fmedia%2fchapter%2f54611%2f1512345123%2f)



[media%2fF1.png&exph=319&expw=591&q=urtiaria+type+classification&simid=607998418649876447&FORM=IRPRST&ck=76B5F428BEB22909995BB3F6E6CE5E23&selectedIndex=18&itb=0&ajaxhist=0&ajaxserp=0](#)

10. Available from: <https://healthjade.net/chronic-urticaria/>
11. Shah SJ, Anand MP, Sainani GS., Mehta A, Vishwanathan M, Shah SN, Vr et al. API. Text Book of Medicine. 4th Edition. Association of Physicians of India Mumbai, 1986, 1141p.
12. Clarke JH. A Dictionary of Practical Materia Medica, Vol. 1, B. Jain Publishers (P) Ltd. 121,126179, 350, 594,686, 690p
13. Allen HC. Allen's Key Notes, Rearranged and Classified with Leading Remedies of The Materia Medica And Bowel Nosodes, 10th Edition, B Jain Publisher (P) Ltd, New Delhi. 04, 05, 29, 33-34,43, 44, 127, 214, 259, 296p
14. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica With Repertory, Third Revised & Augmented Edition, 2008, B. Jain Publisher Pvt. Ltd, New Delhi. 10, 132, 206,408, 410, 491, 548, 580, 581p

## **Insights of Master Hahnemann on suppression of skin disorders**



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### **Abstract:**

This article delves into the profound insights of Master Samuel Hahnemann, the founder of homeopathy, regarding the suppression of skin disorders. Examining Hahnemann's views on the vital force, miasms, and the holistic principles of homeopathy, the article explores how his teachings provide a unique perspective on addressing skin ailments without merely suppressing symptoms. With a focus on preventing deeper issues and chronic conditions, Hahnemann's approach advocates for a holistic understanding of the individual and the dynamic interplay between the vital force and skin disorders.

### **Introduction:**

Skin disorders pose a persistent challenge to individuals worldwide, impacting physical health, emotional well-being, and social interactions. Master Samuel Hahnemann, the visionary behind homeopathy, left an indelible mark on medical history by providing profound insights into the suppression of skin disorders. This article aims to unravel Hahnemann's perspectives on the vital force, miasms, and the holistic principles of homeopathy, shedding light on his timeless wisdom in addressing skin ailments.

### **Understanding the vital force:**

At the core of Hahnemann's philosophy lies the concept of the vital force, an unseen life force governing the body's functions. Hahnemann posited that symptoms of diseases, including skin disorders, are manifestations of an imbalance in the vital force. Unlike conventional medicine that often focuses on symptom suppression, homeopathy seeks to restore balance to the vital force, addressing the root cause of the ailment rather than its superficial manifestations.<sup>1</sup>

Miasms and chronic diseases:

Hahnemann introduced the concept of miasms, deep-seated disease tendencies that can be inherited or acquired. These miasms, such as psora, sycosis, and syphilis, exert dynamic influences shaping the course of chronic diseases, including various skin conditions. According to Hahnemann, suppressing skin disorders through conventional treatments may lead to the disease's deeper entrenchment within the system, potentially resulting in more complex and chronic manifestations associated with miasms.<sup>2</sup>

**Homeopathy's Holistic Approach:** <sup>1</sup>

Homeopathy operates on the fundamental principle of "like cures like," employing highly diluted substances that, in larger doses, would produce symptoms akin to those being treated. This individualized and holistic approach aligns with Hahnemann's emphasis on treating the entire person rather than isolated symptoms. By addressing the underlying imbalances in the vital force, homeopathy seeks to stimulate the body's inherent healing mechanisms.

**Preventing Suppression:**

Master Hahnemann's teachings underscore the importance of allowing skin disorders to express themselves naturally during the healing process. Suppression, he argued, might offer temporary relief but can lead to deeper-seated issues and the development of chronic conditions. Homeopathic remedies, carefully selected based on the totality of symptoms and the individual's unique constitution, aim to stimulate the vital force, facilitating the restoration of balance and promoting genuine healing.

**Effect of suppression on different temperament:**

Ludwig Christian Juncker's observations<sup>3</sup>, as summarized in the table, highlight the diverse and serious consequences associated with the suppression of itch based on the individual's temperament. It is crucial to recognize the potential complications that may arise from such suppression, emphasizing the importance of a holistic approach to health and the consideration of individual constitutions in medical practices.

<b>Temperament</b>	<b>Consequences of Itch Suppression</b>
Sanguine	- Young people: Phthisis
	- General population: Piles, Hemorrhoidal Colic, Renal Gravel
Sanguino-Choleric	- Swellings of Inguinal Glands, Stiffening of Joints, Malignant Ulcers (Todenbrüche)
Fat	- Suffocating Catarrh, Mucous Consumption, Inflammatory Fever, Acute

	Pleurisy, Lung Inflammation
Phlegmatic	- Dropsy, Delayed Menses", Monthly Haemoptysis (if itch suppressed during menses)
Melancholic	- Insanity, Foetus Death in Pregnant Individuals (usually)

In Hahnemann's "Chronic Diseases," he notes that the primary expressions of psora, such as skin eruptions, may be occasionally suppressed due to natural environmental factors. Consequently, these primary manifestations can transform into latent psora or secondary manifestations, triggered by environmental changes like exposure to extreme cold or heat. Emotional factors are also recognized as influential in such instances of suppression.<sup>4</sup>

Artificial suppression, on the other hand, results from deliberate intervention and can manifest in various forms:

**External Application:<sup>4</sup>**

Seen frequently in everyday medical practices. Example: Allopathic physicians often use ointments and liniments to suppress skin manifestations of eczema.

This approach forces the miasm to shift internally, hindering the possibility of a cure.

The suppressed miasm tends to develop secondary manifestations under different nosological names.

**Harmful Internal Treatments:<sup>4</sup>**

Involves artificial suppression through internal treatments that may be detrimental.

Specific examples and interventions can vary but often contribute to the development of secondary symptoms.

**Suppression of Natural Body Secretions:<sup>4</sup>**

Involves interventions that artificially suppress the body's natural secretions.

Such interference can lead to adverse effects and the emergence of secondary manifestations of the underlying miasm.

**Alteration of Natural Secretions:<sup>4</sup>**

Similar to the previous point, this involves interfering with the natural secretions of the body.

The consequences may result in the development of secondary manifestations of the miasm, presenting as different clinical conditions.

In the context of external applications, the common practice of using ointments and liniments by allopathic physicians to suppress skin manifestations illustrates a crucial point made by Hahnemann. By robbing the miasm of its external expressions, a shift towards internal manifestations occurs,

complicating the path to a genuine cure.

Understanding the implications of artificial suppression is essential in navigating medical treatments to promote holistic healing rather than masking symptoms.

Some examples: <sup>3</sup>

Example 1:

A guy, aged 30 to 40, had an itchy skin problem for a long time. He used creams to make it go away, but instead, he started having trouble breathing, especially when he wasn't moving. His breathing was short, sounded like a hiss, and he didn't cough much. The doctor told him to use a bit of squill medicine as an injection and swallow some squill pills. However, he accidentally swallowed the squill meant for the injection. This made him really sick, with a terrible feeling in his stomach. After this mistake, his skin problem (itch) came back a lot on his hands, feet, and the rest of his body. Strangely, this actually made his breathing better, and he got rid of the breathing trouble.

Example 2:

A student got an itchy skin problem just before he was about to dance. To get rid of it, he used a sulphur ointment. But then, he got a really bad asthma attack. Breathing became so hard that he had to throw his head back to get some air, and it felt like he might suffocate. This went on for an hour, and he would cough up small cartilaginous piece that gave him a bit of relief for a short time. He kept suffering from this asthma for two years, having around ten attacks every day. Even with the help of his doctor, Beireis, the problem didn't get much better

Example 3:

A seven-month-old baby had a seizure, and the parents didn't want to admit that he had the itch. However, when the doctor asked more questions, the mother admitted that the baby had some itch blisters on the sole of his foot. These blisters were treated with lead ointment, and the mother thought the baby didn't show any other signs of itch. The doctor understood that this was the only reason for the baby's seizures.

Example 4:

A 14-year-old had the itch in June 1761. He used a gray ointment, and the itch went away, but then the glands behind both his ears swelled up. The swelling on the left side went away on its own, but the right one became very large and started hurting around August. All the glands in his neck were swollen. On the outside, the big gland had hard knots, but it didn't hurt when touched. Inside, he

felt a dull pain, especially at night. He also had trouble breathing and swallowing. Trying to make it burst didn't work, and it got so big that he couldn't breathe, and sadly, he passed away in 1762

### **Conclusion: Master Hahnemann's Wise Advice**

In wrapping up Master Hahnemann's thoughts on skin issues, let's keep it simple. Hahnemann, the homeopathy expert, tells us that skin troubles need careful attention. Instead of just hiding the signs, he encourages us to understand our body's inner balance, known as the "vital force." Hahnemann warns against quick fixes, as suppressing skin problems might lead to deeper troubles. He believes in personalized care, treating the whole person, not just symptoms. The effects of suppression vary for each person, as shown by Ludwig Juncker. Remember, what works for one might not for another. Hahnemann's timeless advice reminds us to prioritize true healing over temporary solution

### References:

1. Dudgeon R.E, Organon of Medicine by Samuel Hahnemann. 5<sup>th</sup> ed. B Jain publisher Pvt. Ltd; 2013
2. Kent J.T, Lectures on homoeopathic philosophy. Noida: B Jain publisher (P) LTD; 2013
3. Hahnemann S, The Chronic Diseases their peculiar nature and their Homoeopathic Cure Vol. 1. 17<sup>th</sup> impression. New Delhi: B Jainpublisher Pvt Ltd; 2019
4. Robert H A. The principles and Art of Cure by homoeopathy. New Delhi: B Jain publisher Ltd.

## Treatment of Tinea Corporis with Homoeopathy – a case report



**Shailee Joshi, Intern, PIHR**

### **Keywords**

Tinea Corporis, Homoeopathy, Similimum

### **Abstract**

Tinea Corporis is erythematous, scaly and angular lesions with well-defined edges, lesions are usually single or multiple in quantity, here is case of 22-year-old female and have complain of multiple lesions on abdomen area since age of 14 years; after using Morden medicine for years yet no relief in condition of patient but she got relief by homoeopathic similimum.

### **Introduction**

Tinea corporis are red, scaly rash, typically lesions are erythematous, annular and scaly, there may be pustules at the active edge, lesions are usually asymmetrical and may be single or multiple. The degree of inflammation is depended on the organism involved and the host immune response. *Microsporum canis* (from dogs) and *Trichophyton verrucosum* (from cats) are common culprits.<sup>1</sup>

Tinea corporis is found in most part of the world but particularly in hot humid climates. It is commonly seen in children and young adults, however all age groups can be infected including new-born.<sup>2</sup> All people do not have equal susceptibility to fungal infection, and there are familial and genetic predispositions, some other predisposing factors include underlying diseases such as diabetes mellitus, lymphomas, immunocompromised status, Cushing syndrome, excess sweating, or old age<sup>3</sup>. In Morden medicine topical and oral antifungal medication advised. Ill-advised use of topical glucocorticoids can modify the clinical presentation and increase disease extension (Tinea incognito)<sup>1</sup>

## **Case**

It is a case of 22 year old female who came with complain of patch and scaling of multiple lesion on abdomen with severe itching ,itching are aggravated at night and itching increase after perspiration, perspiration is offensive and viscid ,patient feel immense thirst for cold water even in winter and frequent urge of urination at after every 15-20 minutes but with scanty urine, she also told about saliva drop from mouth at night while she is sleeping, she is hurried in speech ,restless as constant change poses, memory is weak forgets about past incidence for example she cannot remember places she visited during past vacations ,she forgot about fights and contradiction occur with friends in past ,thinks time pass slowly and violent horrid impulses are presented in her

## **Medical history**

Allopathic medicine taken for almost about 2 years with temporary relief.

## **Family history**

There is no significant medical history of her mother but her father has same scaly eruptions of back and abdomen with severe itching along with complain of glycoma, her maternal grandfather have carcinoma of prostate and maternal grandmother have complain of diabetes, paternal grandfather have complain of arthritis.

## **Physical generals**

Appearance-yellow skin with fair complexion

Appetite-ravenous hunger

Desire-sweet, milk

Aversion-ghee, oil

Thermal - feel too much cold in winter and feel too much heat in summer.

Thirst-intense thirst for cold water, take water to frequently- 3-4 L/day

Sleep-sound sleep

Perspiration-profuse, offensive, viscid

Dream-not specific



Stool-usually constipated

Urine-frequent urination but scanty urine

Menses-at regular interval, red blood of menses

Mental generals

She is smart girl, but with weak memory cannot remember past incidence cannot recall places visited by her in past, cannot remember fights with friends and family, hurried and restless constant change poses, violent in nature, violent impulses, comes from strict family where she get controlled over things by family, thinks time pass too slowly.

### **Diagnosis**

Tinea Corporis

### **Miasmatic Analysis**

The case has predominantly Syphilitic miasm

### **Totality of symptom**

Mind-weak memory

Mind-violent nature and impulses

Mind-hurried, restlessness

PG-Thermal – hot and cold

PG-Desire –sweet things, milk

PG-Aversion-oily thing

PG-Thirst-profuse thirst for cold water

PG-Perspiration-profuse, offensive, viscid

PG-Urine-frequent urge for urinate but scanty urine

PP-Multiple Eruption with scaling on abdomen with itching sensation

Aggravation -at night, after perspiration

### Prescription

15/10/23 -MERCURIS SOLUBILIS 200 -Two dose

### Follow-up

16/11/23-After one month- scaling of eruptions is decreased, but itching on abdomen still persistent, perspiration present with thirst increase and with scanty but frequent urge for urination.

16/12/23- scaling and pigmentation decreased, itching of abdomen also decreased, perspiration still offensive and complain aggravated at night and by perspiration, frequent urge of urine slightly decreased.

18/1/24-complaine of scaling persistent, ching are persist with increase thirst and violent impulses are lowered down restlessness, patient is calm comparatively,

18/2/24-complain of scaling and eruption of abdomen with severe itching is relived, thirst get moderated, frequency of urination also decreased, patient feel relief now.

16/11/23



16/12/23



18/01/24



18/02/24



## **Conclusion**

When we give medicine according to homoeopathic laws, we will observe nothing but pure effects of remedy as Master Hahnemann mentioned in aphorism 3 and 22 of Organon of Medicine <sup>4</sup> and can make patient free from disease. It shows effectiveness of homoeopathic similimum.

## **References**

1. Ralston S, Penman I, Strachan M, Hobson R [Editor]. Davidson's Principles and Practice of Medicine. 23<sup>rd</sup> ed. China: Elsevier; 2018
2. Available from: <https://dermnetnz.org/topics/tinea-corporis>
3. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK544360/>
4. Dudgeon R.E, Organon of medicine by Samuel Hanemann. 5<sup>th</sup> ed. New Delhi: B Jain publisher Pvt. Ltd; 2013

## HOMOEOPATHIC APPROACH FOR ACNE



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### **Abstract:**

The acne is a very prevalent skin abnormality characterised by inflammatory skin eruption which may or may not contain pus. It is very common in adult people. The article reviews general aspect of acne along with its homoeopathic treatment which is holistic and considers the individual as whole. It heals the patient quickly, gently and safely.

### **Introduction:**

Acne is a common inflammatory skin condition that occurs when hair follicles plug with oil, pus and dead skin cells. It predominantly affects young people between 12 to 30. Above the age of 40 years 1% of men and 5% women still have this condition. It affects the quality of life of young people. It occurs most commonly because of hormonal origin, dietary factors and environmental factors. The modern medicine treatment of acne includes ointment, external applications, antibiotics etc. But, this method of treatment suppresses the skin disease while Homoeopathic medicine gives wonderful results in the treatment of acne.<sup>1,2</sup>

### **Aetiology:**<sup>1,2</sup>

- Hormonal changes may be due to puberty, menstruation, pregnancy, steroidal contraception and stress.
- Dietary factors like oily food, spicy food and digestive disturbance
- Hereditary factors
- Bacterial Infections such as staphylococcus
- Excessive use of beauty aids such as make up, creams
- Dandruff and hair products

- Certain drugs
- Environmental factors like pollution, dust
- Excess of Exposure to UV rays
- Excessive perspiration
- Repeated touching and rubbing of skin

**Pathogenesis:**

Due to any etiological factors such as hormonal factors there is increase in the level of androgen which causes sebaceous hyperplasia results in increased production of sebum which leads to formation of acne.

**Clinical features:** <sup>1,2</sup>

Most commonly seen in puberty. Face is a common site of involvement. The patient of acne presents with oily skin, black head, white head, and tender eruptions with redness and itching. Eruptions may contains pus. Skin pigmentation and scarring can be seen on affected area.

**Diagnosis:** <sup>1,2</sup>

Diagnosis can be made on the basis of history taking, sign and symptoms and clinical examination. Skin analysis, bacterial culture, hormonal test, allergy testing should done if needed.

**Homoeopathic approach:** <sup>3,4,5</sup>

Acne is a common skin abnormality which affects so many people, especially young adults and teenagers. Many conventional treatments for acne, such as antibiotics, retinoid, or hormonal therapies, have side effects or limitations. That is why some people turn to homoeopathy, a system of natural medicine that treats the whole person, not just the symptoms. Homoeopathy believes that acne is a manifestation of an underlying imbalance in the body, and that by stimulating the body's own healing power, it can restore harmony and health. Homoeopathy uses highly diluted substances, derived from plants, minerals, or animals, that match the individual's symptoms and personality. By taking these remedies, the person can experience gradual and lasting improvement in their acne, as well as their overall well-being. Many people who have tried homoeopathy for acne have expressed their appreciation for its gentle, effective, and holistic approach. Here is list of medicines which are indicated for acne.

**1. Hepar sulph:** Hepar sulph is indicated medicine for pus filled acne in youth. Pimples which easily bleeds with pricking type of pain. Putrid ulcer surrounded by little pimples and great

sensitivity to slight touch. patient is chilly and very sensitive to cold cannot bear to be uncovered. Patient wants to be wrapped up warmly. Papules are prone to suppurate and extend.

**2. Belladonna:** Belladonna is indicated medicine for acne with redness or initial stage of acne. Eruptions like scarlatina which suddenly spread. It is also indicated for acne rosacea. There is alternate redness and paleness of the skin. Medicine for induration after inflammation. Pimples on the face become red and shiny. Indicated medicine for Pimples on face, on chin around corner of mouth. Burning pain with sensitivity to touch of affected part.

**3. Silicea:** Silicea is indicated medicine for pus-filled and cystic acne. Patient is highly chilly and wants to cover the body even in the warm weather. It is indicated medicine for pimples of infectious origin which blocks the pore of skin which results in inflammation and pus formation. Silicea promotes expulsion of the foreign body from tissue hence it is known as surgeon's knife. Every little injury suppurates and produces offensive pus. Eruptions itch only in day time and evening.

**4. Kali brom:** Kali brom is indicated medicine for pimples on face, chest and shoulder. Pimples with itching. It is also an excellent remedy for acne which leaves scars.

**5. Sulphur:** Sulphur is indicated medicine for itchy acne especially at night. Indicated medicine for skin affection after any type of local applications or ointment. Itching of skin especially from warmth in springtime and damp weather. This medicine having centrifugal action inward to outward. One boil succeeded after another. Suited to Patients who have dirty and unhealthy skin. Patient is hot yet does not want to bath.

**6. Pulsatilla:** Pulsatilla is indicated medicine for pimples in young girls or at the time of puberty. It is indicated Medicine for painful pimples. There is thick greenish yellowish discharge from acne. Indicated medicine for acne which are hormonal in origin at the time of puberty. Complaints are aggravated by warmth in general.

**7. Berberis aquifolium:** Berberis aquifolium is indicated medicine for dry, rough and scaly skin. Indicated medicine for eruptions on scalp extending to face and neck. It can also be used as an external application which gives wonderful effects.

**8. Graphites:** Graphites is indicated medicine for itching pimples which oozes out sticky, transparent and watery discharge. There is rawness in the bend of joints, neck and behind the ears. Patient having unhealthy skin. There is sensation of cobweb especially on the forehead and the patient tries constantly to brush it out.

**9. Thuja Occidentalis:** Thuja Occidentalis is indicated medicine for eruptions only on covered parts with perspiration on uncovered parts except head. There is greasy skin on the face. Thuja is sycotic medicine used for the proliferative diseases such as Acne, pimples, warts, condylomata etc.

**10. Natrum muriaticum:** Natrum mur is indicated medicine for dry eruptions especially on margins of the hairy scalp. Indicated medicine for Greasy and oily skin of the patient. There is eruptions and itching on the face and forehead. Complaints are in general aggravated by warmth.

**References:**

1. Munjal YP [Editor]. API textbook of medicine. 9<sup>th</sup> ed. New Delhi: Jaypee Brothers Publishers; 2012.
2. Ralston S, Penman I, Strachan M, Hobson R [Editor]. Davidson's Principles and Practice of Medicine. 23<sup>rd</sup> ed. China: Elsevier; 2018
3. Boericke W. Pocket Manual of homoeopathic Materia Medica comprising the characteristics and guiding symptoms of all remedies (clinical and pathogenetic) including Indian drugs. 9<sup>th</sup> edition. New Delhi: B. Jain publishers.
4. Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of Materia Medica. New Delhi: IBPP; Reprint ed. 2014
5. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: IBPP; R

## INVESTIGATING THE ROLE OF HOMOEOPATHY IN VITILIGO TREATMENT



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**ABSTRACT** – Vitiligo is a chronic autoimmune skin disorder characterized by the loss of pigmentation, resulting in white patches on the skin. This article provides an overview of the current understanding of vitiligo, including its causes, symptoms, and treatment options. The article also discusses the psychosocial impact of vitiligo on individuals and explores the importance of raising awareness and promoting acceptance of this condition. Additionally, the article highlights ongoing research efforts aimed at developing new therapies and improving the quality of life for individuals living with vitiligo.

**KEYWORDS** – Vitiligo, Skin Disorder, Psychosocial Impact, Pigmentation Loss, Autoimmune Disorder, White Patches, Homoeopathy, Therapeutics

**INTRODUCTION** – Vitiligo is a skin disorder characterized by the loss of pigmentation, resulting in white patches on the skin. This condition is believed to be autoimmune in nature, where the body's immune system mistakenly attacks and destroys melanocytes, the cells responsible for producing skin pigment. Vitiligo can have significant psychosocial impacts on individuals, affecting their self-esteem and quality of life. In this article, we will explore the causes, symptoms, treatment options, and the latest research developments in the field of vitiligo. Additionally, we will discuss the importance of awareness, acceptance, and support for individuals living with this condition.<sup>1,2</sup>

### **TYPES OF VITILIGO** –<sup>1,2</sup>

1. **Non-segmental Vitiligo:** This is the most common type of vitiligo and is characterized by depigmentation patches that are symmetrical and typically appear on both sides of the body. Non-segmental vitiligo can occur on any part of the body, including the face, hands, arms, and feet.
2. **Segmental Vitiligo:** This type of vitiligo typically affects only one side or segment of the body and is characterized by depigmentation patches that are localized to a specific area.



Segmental vitiligo usually develops at a younger age and may progress more rapidly than non-segmental vitiligo.

3. **Mixed Vitiligo:** Mixed vitiligo is a combination of non-segmental and segmental vitiligo, where depigmentation patches appear on both symmetrical areas of the body as well as localized segments.
4. **Universal Vitiligo:** Universal vitiligo is a rare and severe form of the condition where depigmentation patches cover a large portion of the body, including more than 80% of the skin surface. Universal vitiligo can have a significant impact on a person's physical appearance and quality of life.
5. **Acrofacial Vitiligo:** This type of vitiligo primarily affects the extremities (hands and feet) as well as the face, including areas around the eyes, nose, and mouth. Acrofacial vitiligo may be more challenging to treat due to the delicate nature of the skin in these areas.
6. **Mucosal Vitiligo:** Mucosal vitiligo involves depigmentation patches that develop on mucous membranes, such as the lips, mouth, nostrils, and genital area. Mucosal vitiligo can cause discomfort and may require specialized treatment approaches.

It is important to note that vitiligo can vary in severity and extent from person to person, and individuals may exhibit characteristics of more than one type of vitiligo

**CLINICAL FEATURES** – Clinical features of Vitiligo are as follows: <sup>1,2</sup>

- Depigmented or Hypo pigmented Patches: The primary characteristic of vitiligo is the presence of well-defined, white or light-coloured patches on the skin.
- Symmetrical Distribution
- Marginal Depigmentation
- Koebner Phenomenon: Some individuals with vitiligo may experience the Koebner phenomenon, where new depigmentation patches develop at sites of skin trauma or injury. This phenomenon can be triggered by friction, pressure, or other forms of skin trauma.
- Hair Depigmentation
- Sun Sensitivity
- Emotional Impact

It can also be remember by mnemonic:

- V - Visible
- I - Irregular
- T - Total loss of pigment
- I - Inconsistent

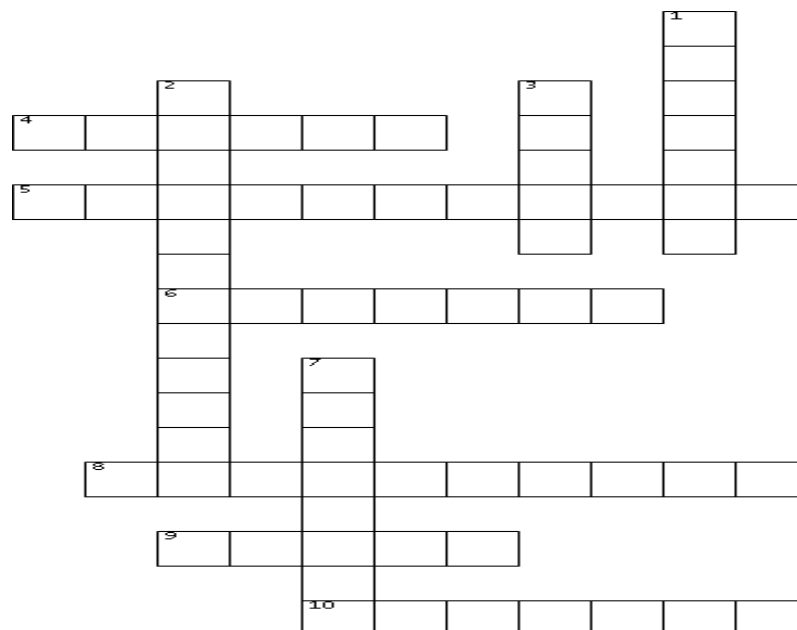
- L - Light patches
- I - In skin
- G -Gradual onset
- O - Often on face

**HOMOEOPATHIC APPROACH<sup>3, 4</sup>** – When it comes to treatment, many people prefer homeopathy over conventional treatments and medications because of being natural with negligible or no side effects.

Some of the most useful medicine for vitiligo are as follows:

- Silicea Terra
- Arsenic Album
- Calcarea Carb
- Sepia Officinalis
- Nitric Acid
- Psoralea Coryl
- Staphysagria
- Borax
- Sulphur
- Syphillinum
- Carcinosisin
- Hydrocotyl Asiatica
- Phosphorus

**CROSSWORD –**



**QUESTIONS:**

**Across:-**

4. An acid - Great anxiety about his disease, anguish from loss dearest friend, ulcer of zig zag margin and base as if raw fresh granulation, white spots at mouth, nipples, mucous junctions
5. A nosode - feels as if going insane or being paralyzed, arithmetical calculations are difficult, symptoms worsening at night, from sunset to sunrise.
6. Delicate, pale waxy skin, slow healing of wounds, patches or spots are not typically white but slightly rose coloured. Intense sweating on hands and feet, crippled nails on fingers and toes.
8. A nosode- brownish “café au lait” complexion with blue sclerotics, family history of cancer, suicidal tendency, desire to lie on chest or knee-elbow position, air is important modality.
9. Dread of downward motion, patches are smooth with well-defined borders, slight injury suppurates, tips of hair are tangled.
10. Milky white spots on dry, rough skin, fear of death, anxious, fearful, restless and full of anguish. Asthma associated with white patches. Worse from cold.

**Down:-**

1. Dry, scaly, unhealthy skin, intense burning and itching, happy dreams wake him up singing at night, and worse in the morning at 11 am.
2. Patches of vitiligo appear after emotional trauma or suppressed emotions, ailments from onanism, sexual excess, discoloration of skin with well-defined borders and irregular shapes, worse from anger and indignation.
3. Distance themselves from family and loved ones, itching not relieved by scratching, worse in forenoon and evening, washing, laundry work and better by exercise, pressure.
7. Milky white patches with weakness in bones, open fontanelles, and sutures, head sweats profusely while sleeping, worse in cold air, wet weather and better by lying on the painful side.

**REFERENCES –**

1. Mohan S. Textbook of Pathology. 8<sup>th</sup> ed. Jaypee Brothers Medical Publishers: 2019
2. Vitiligo overview. Available from: <https://www.aad.org/public/diseases/a-z/vitiligo-overview>
3. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. B. Jain Publisher, New Delhi: Reprint ed. 2020
4. Murphy R. Lotus Materia Medica. 3<sup>rd</sup> ed. B. Jain Publisher, New Delhi: 2010

## Treatment of Dermatitis with Homoeopathy- a Case Report



**Darash Panchal, 3<sup>rd</sup> year student**



**Vikas Barot, 3<sup>rd</sup> year student**

### **Keywords:**

Dermatitis, Eczema, Homoeopathy, Similimum

### **Abstract:**

Dermatitis is an inflammation of the skin characterized by itchiness, redness and rash. In short duration cases there may be presence of small blisters while in the long duration cases there may be thickened skin. Dermatitis is often called eczema and the difference between these two terms is not standardized. Here is a case of 19 year old boy who has small eruptions around the side of the abdomen specifically to the right side. After using modern medicine for years with no results he got relief by homoeopathic similimum.

### **Introduction:**<sup>1,2</sup>

Dermatitis is a word used to describe a no of skin irritations and rashes caused by genetics, an overactive immune system, infections and allergies. Common symptom includes itchiness, redness and dry skin.

The location of dermatitis depends upon the type. In teens and adults it is typically seen on the hands, inner elbows, necks, knees, ankles, and feet and around the eyes.

Some type of dermatitis is very common while others less common. Atopic dermatitis affects 2 to 3 % of adults and 25% children. Contact dermatitis happens at some point to 20 to 30 % people.

### **Case:**

It is a case of 19 year old boy who came to the peripheral OPD of PIHRH, Vadodara along with his friend, had small eruptions on the right side of the abdomen. It is a case of dermatitis, leaving small

eruptions on the side. He is fond of spicy things. He is very worried about his health. He is having a excessive perspiration all over the body. His complaints get aggravated if someone touches the eruption.

**Medical History:**

Allopathic medications like ointments used for a week for temporary relief.

Family history- There is no significant medical history of his father and mother.

**Physical Generals:**

Appearance: Lean Thin with fair complexion.

Appetite: Good, no significant changes

Desire: Spicy food

Thermal: Hot

Thirst: 2-3 litre/day

Dream: Normal

Sleep: Nothing specific

Perspiration: Profuse, all over the body

Urine: Nothing specific

Stool: 2 times a day.

**MENTAL GENERALS:**

He has fear of health as well as he is very anxious about his health.

**Diagnosis:**

Dermatitis

**Miasmatic Analysis:**

The case is of psoric miasm.

**Totality of symptoms:**

Mind- Fear of Health

Mind- Worried about Health

Thermal- Hot

Desire- Spicy Food

Perspiration- Profuse, all over the body

Small eruptions around the right side of the abdomen

Aggravation: On touching the eruption.

**Prescription:**

13/10/2023- Nux Vomica 200 single dose followed by Rhus Tox 200 B.D for 5 days.

**Follow up:** complaints are relieved.

**Before and after treatment pictures of patient**



**Before Treatment**



**After Treatment**

**Conclusion:** When we give medicine according to homeopathic laws we will observe nothing but the pure effects of remedy and can make a patient free from disease as you all seen in the above case. We can cure many more cases with homoeopathic similimum and can serve suffering humanity.

**References:**

1. Available from: Wikipedia, Dermatitis, <https://en.wikipedia.org/wiki/Dermatitis>
2. Available from: Cleveland Clinic, Dermatitis, <https://my.clevelandclinic.org/health/diseases/4089-dermatitis>

## A GENTLE APPROACH: ECZEMA & HOMEOPATHY



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### Abstract:

Eczema, also known as atopic dermatitis, is a chronic skin condition characterized by dry, itchy, and inflamed skin. It affects people of all ages and can have a significant impact on their quality of life.

The following article gives a brief approach of homoeopathic treatment of eczema.

**Key Words:** Eczema, dermatitis, Homoeopathy

### Introduction:

- It's a pesky chronic skin condition that can really put a damper on your day. From relentless itching and redness to dry, flaky skin, eczema can be a real pain.
- Classifying eczematous dermatoses can be challenging due to unclear aetiology, multiple possible causes within individual patients, and the fact that different morphological patterns of eczema can have various underlying factors, such as irritant or allergic contact dermatitis, with acute presentations characterized by swelling and oozing, while chronic cases exhibit dryness,



thickening of the skin, and lichenification.

### Epidemiology:

#### INCIDENCE AND PREVALENCE

Eczematous dermatoses account for a large proportion of all skin disease. There have been numerous studies of the prevalence of atopic eczema, but fewer in other types of eczema.



### **AGE AND SEX**

Different types of eczema are more common in specific age groups, with atopic eczema being the most prevalent in infants and young children, while discoid (nummular) and ‘dyshidrotic’ eczema are less frequent at that age.

As people get older, the types of eczema that are less common in the elderly include pompholyx and atopic eczema, while other forms of eczema become more important. For example, nummular dermatitis is more prevalent in elderly males during winter, and asteatotic eczema of the legs is also commonly seen. In older factory workers, irritant hand eczema can be quite bothersome, although allergic contact dermatitis becomes less common with age.

### **Classification of the principal forms of eczema:**

#### **EXOGENOUS ECZEMAS**

- Allergic contact eczema
- Dermatophyte
- Eczematous polymorphic light eruption
- Infective dermatitis
- Irritant eczema
- Post-traumatic eczema

#### **ENDOGENOUS ECZEMAS**

- Asteatotic eczema
- Atopic eczema
- Chronic superficial scaly dermatitis
- Eyelid eczema
- Hand eczema
- Juvenile plantar dermatosis
- Nummular dermatitis
- Pityriasis alba
- Metabolic eczema or eczema associated with systemic disease
- Seborrhoeic eczema
- Venous eczema

### **Aetiology:**

- Immune System: When you have eczema, your immune system goes into overdrive in response to triggers in your environment. It mistakenly sees these triggers as harmful

invaders and activates your body's defence system, which leads to inflammation and the symptoms of eczema on your skin.

- **Genes:** If there's a history of eczema or dermatitis in your family, or if you have a history of asthma, hay fever, or allergies, your chances of developing eczema are higher.
- **Environment:** Exposure to smoke, air pollutants, harsh soaps, fabrics like wool, and certain skincare products can all contribute to skin irritation. Low humidity, or dry air, can also make your skin dry and itchy. On the other hand, heat and high humidity can cause sweating, which can make your itchiness even worse.
- **Emotional Triggers:** When you experience high levels of stress, anxiety, or depression, it can lead to more frequent flare-ups of eczema symptoms.

#### **Causative organism:**

Most types of eczema aren't primarily caused by infection, but they can be complicated by secondary bacterial or viral infections. Infective dermatitis is the exception, another important thing to consider is the colonization of the skin by staphylococcal bacteria in atopic eczema, which can make eczema worse due to the presence of staphylococcal toxin super antigens.

#### **Pathophysiology:**

In most types of eczema, the interaction between trigger factors, keratinocytes (the predominant cells in the outer layer of the skin), and T lymphocytes (a type of white blood cell) plays a crucial role. These interactions contribute to the development and progression of eczema symptoms.

Allergic contact dermatitis occurs when the skin comes into contact with a specific allergen, triggering an immune response and leading to eczema symptoms.

On the other hand, irritant contact dermatitis can provoke eczema in a non-allergic manner. This type of eczema is caused by exposure to irritants, such as chemicals or physical agents, which disrupt the skin's barrier function. This disruption, along with changes in epidermal cells and the release of inflammatory mediators and cytokines, contributes to the development of irritant contact dermatitis.

#### **Clinical Features:**

- Dry skin.
- Itchy skin.
- Skin rash.
- Thick, leathery patches of skin.
- Flaky, scaly, or crusty skin.
- Swelling

- Eczema rashes can appear differently on each person. If you have a darker skin tone, the rash may look purple, brown, or grey. And if you have a lighter skin tone, it may appear pink, red, or purple. The colour variations are due to differences in pigmentation.

### **Diagnosis & investigation:**

To diagnose eczema, a healthcare provider will closely examine your skin during a physical examination. Eczema is commonly diagnosed in childhood, but it can occur at any age. Sometimes, the symptoms of eczema can resemble those of other conditions.

In such cases, might suggest additional tests like an

- Allergy test,
- Blood tests, or
- Skin biopsy - To confirm the diagnosis and rule out other possibilities.

### **Management:**

- Keeping your skin hydrated is key to managing dryness. Remember to use gentle or sensitive skin moisturizers throughout the day and apply them when your skin is damp after bathing or showering. This helps to lock in moisture and keep your skin nourished.
- It's important to steer clear of anything that can trigger your eczema symptoms.
- Using moisturizers multiple times throughout the day, especially during diaper changes, is highly beneficial for infants with eczema.

### **Homoeopathic Management:**

1. Graphites: Wet eczema. There is a thick, sticky, oozing discharge. Women with menstrual issues and can help with constipation, obesity, and sensitivity to cold.  
The affected area may be dry and rough, even though the rest of the skin is hard and cold.
2. Mezereum: eczema with a leathery crust on the head, > intense itching, especially at night.  
Eczema; intolerable itching; chilliness with pruritus; worse in bed.
3. Sulphur: Eczema symptoms tend to get worse during the summer, with the skin feeling rough and dry, burning sensation and intense itching, dry, scaly, unhealthy; every little injury suppurates. Itching, burning; worse scratching and washing.
4. Hepar Sulph: eczema with pus formation. Patients who are sensitive to cold, experience intense itching, sneezing, and have a sensitivity to cold. Great sensitiveness to slightest touch with having tendency to chronic and recurring urticaria.
5. Dulcamara: eczema that gets worse in damp or cold weather. There is a thick formation of yellowish crust and intense itching. Little boils. Red spots, urticaria, brought on by exposure, or sour stomach. Humid eruptions on face, genitals, hands, etc.

Conclusion:

To sum it up, eczema is a complex skin condition that can be influenced by various factors. From allergic contact dermatitis to irritant contact dermatitis and atopic eczema, understanding the different types and underlying mechanisms is crucial. Homeopathic remedies like Sulphur, Graphites, Hepar sulphur, and Dulcamara can offer relief for specific symptoms. Remember to keep your skin hydrated and protected with gentle moisturizers, especially during the summer when symptoms may worsen. It's important to work closely with healthcare professionals to find the best treatment plan for your unique needs.

References:

1. Blackwell W. Rook's Textbook of Dermatology. 4<sup>th</sup> Vol.
2. Boericke W. Pocket Manual of homoeopathic Materia Medica comprising the characteristics and guiding symptoms of all remedies (clinical and pathogenetic) including Indian drugs. 9<sup>th</sup> edition. New Delhi: B. Jain publishers.
3. Ralston S, Penman I, Strachan M, Hobson R [Editor]. Davidson's Principles and Practice of Medicine. 18<sup>th</sup> ed. China: Elsevier; 1999. 835-841.
4. Available from: <https://www.healthline.com/health/homeopathic-remedies-for-eczema>

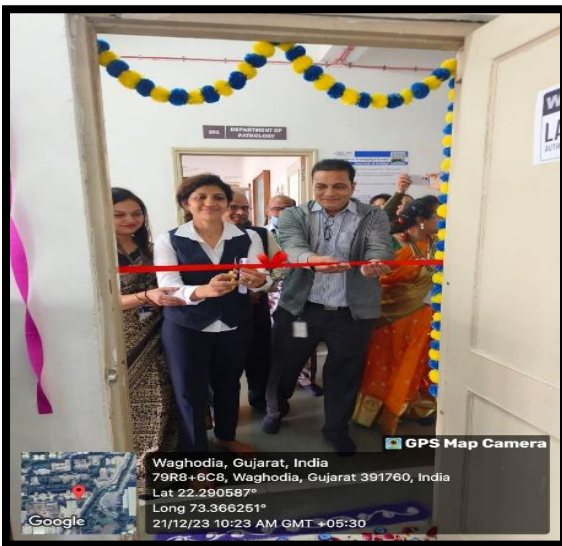
**CURRICULAR ACTIVITIES**



Session on Research Methodology for PG and PhD Scholars by Dr. R. K. Manchanda, Former D.G. CCRH, Ministry of Ayush, Govt. of India



Session on Homoeopathic softwares for the students of PIHR by Dr. Jawahar Shah, founder of Hompath.



Inauguration of Om Research unit (21.12.2023)



Library orientation of 1<sup>st</sup> BHMS students (28.02.2024)



Campus placement drive by NAMMA  
homoeopathy organized by PIHR for  
alumni and interns (22.02.2024)

**PG ACTIVITIES**



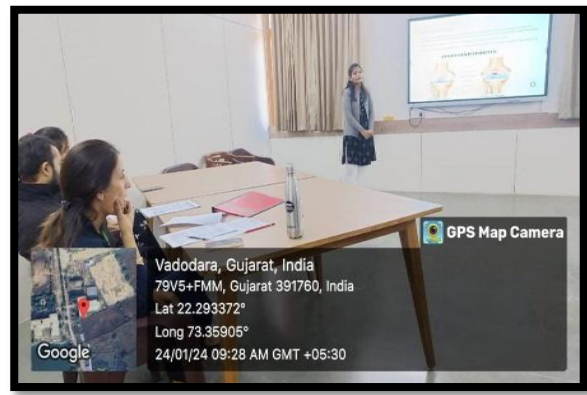
Anaemia screening of female students by PG wing of PIHR. (13.03.24)



Training session of PG scholars at simulation lab- PRAGYA (06.03.24)



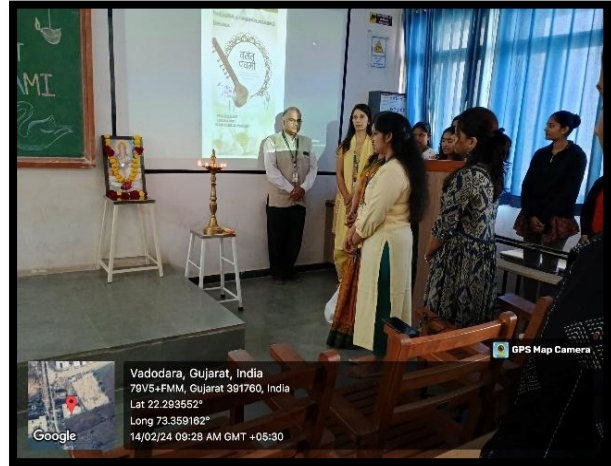
Seminar & journal club presentation by PG scholars



**CO-CURRICULAR ACTIVITIES**



Rally organized by NSS unit of PIHR for environment awareness on the theme “LOVE MOTHER EARTH” (13.02.24)



Vasant Panchami celebration organized by Event cell, PIHR (14.02.24)



PU-fablab visit of 1<sup>st</sup> BHMS students organized by IIC, PIHR (30.01.24)



International Women's Day celebration organized by WDC (03.05.24)



Celebration of National Youth Day organized by Event cell (12.01.24)



Celebration of Haldi-kumkum organized by WDC (25.01.24)



**AWARDS & ACHIEVEMENTS- FACULTIES**



Outstanding achievement award conferred to Dr. B. P. Panda, Principal, PIHR



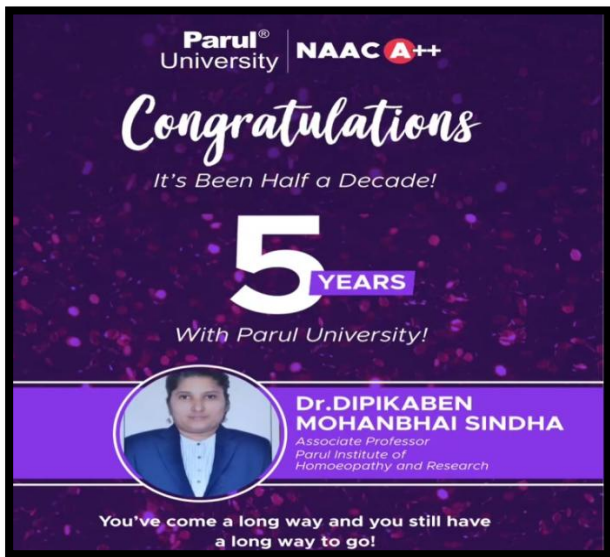
Long service award conferred to Dr. Poonam G, Prof. & HOD Dept. of Physiology



Scientific Paper presentation and felicitation of best article to Dr. Preeti Jha, Asst. Prof. Dept. of FMT at 3<sup>rd</sup> International Homoeopathic Conference, Lucknow



Scientific paper presentation by Dr. Suraj Bhadoria, Asst. Prof. Dept. of Hom. Pharmacy in National Seminar held by Central Medicinal Plants Research in Homoeopathy, Emerald



Long Service award conferred to Dr. Dipika Sindha, Assoc. Prof. Dept. of Hom. Materia Medica

Felicitation of Dr. Jayshree Rathwa for delivering an expert talk at CHC, Panchmal, Gujarat



Best WDC coordinator award conferred to Dr. Kosmika Makwana, Assoc. Prof. Dept. of Hom. Pharmacy on International Women's Day

Nari Shakti Samman conferred to Dr. Akansha Mishra, Asst. Prof. Dept. of OBGY by Arogya Guru, a monthly Hindi health news publication

AWARDS & ACHIEVEMENTS- STUDENTS



Dhara Makwana & Sarika Vasava, winners of All India Quiz Marathon organized by B Jain Publishers



Shortlisted research proposals of students of PIHR for STSH held by CCRH, Govt. of India

**HOSPITAL ACTIVITIES**



**FREE MEDICAL CAMP AT PRIMARY SCHOOL NATHKUA, HALOL (26.12.24)**



**FREE MEDICAL CAMP AT GURUDWARA CHANNI JAKATNAKA (17.01.24)**



**FREE MEDICAL CAMP JOINTLY ORGANIZED BY PIHRH & LIONS CLUB OF KANHA VADODARA AT SARDAR VALLABHBHAI PUBLIC HOSPITAL, BORSAD (09.02.24)**



**FREE MEDICAL CAMP HELD AT PRIMARY SCHOOL RAMPURA (17.02.24)**



**CANCER AWARENESS SESSION ON THE OCCASION OF WORLD CANCER DAY FOR THE PATIENTS OF HOSPITAL (05.02.24)**



**AWARENESS SESSION HELD BY THE DEPT. OF COMMUNITY MEDICINE ALONG WITH PIHRH ON NATIONAL NO SMOKING DAY (13.03.24)**

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