

Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 67

Materia Medica Studies & Additional Therapeutic Pointers for Week 11

Eczema - A Homeopathic Approach Notes by Dr Peter Fisher



Points to look for in history

Precipitating factors - life events

Present phase acute/plateau Emotional trauma acute/chronic Work stress Menarche/menopause/pre-menstrual Specific allergens/contact Alternation with other atopic features or apparently unrelated illness.

Distribution

Flexor/large areas Specific areas: hands, finger tips, knuckles, nails in or behind ears, eyelids, hair margin, perioral, nipples, genitalia, perianal.

Туре

How itchy? Maddening/voluptuous, must scratch until bleeds, burning after scratching When itchy? After bath, in bed, stress Cracking - where? Desquamation - how much? Exudation - colour Vesiculation Associated urticaria, angioedema, erythroderma

Modalities

Season Time of day Local temperature Local applications Bathing Menstrual

Associated features

Rhinitis/conjunctivitis Asthma Others

Some Important Homeopathic Medicines for Eczema

Graphites

Flexor distribution, behind ears, eyelids, sometimes genitalia. Exudation ++, at least when bad, typically yellowish, but may be clear, sticky Cracking ++, sides of finger joints, angles Nail problems - transverse ridging, corrugation Association with events of female reproductive cycle Typically no strong seasonal modality often no strong mentals, but may resemble Puls Constipation Alternation with other complaints



<u>Petroleum</u>

May resemble Grap - hands, perianal and genital, cracking Chapped knuckles << winter Often local vaseline > Various digestive problems, travel sickness, diarrhoea May be forgetful, confused

<u>Sulphur</u>

Non-flexor distribution, itchy +++ voluptuous, burns after scratching Scratches until bleeds, then > < heat < bed < bathing (but may be > cool bath with emollients, often < again on drying) Alternation or association with other complaints especially asthma Perennial dry rhinitis < winter Typical mentals, strong-willed, argumentative, opinionated, enjoys debate, not afraid of rows. Disorder/untidy. May be scruffy, dishevelled or smelly, or flamboyantly dressed Hot, hot feet Food: fat, spice, alcohol Typical appearance large dry, excoriated patches

<u>Psorinum</u>

"Chilly sulphur" Indicated remedy fails to act (especially Sul), no clear picture Vesiculation around finger webs

Arsenicum album

Non-flexor distribution often patchy, guttate Itchy ++, burns after scratching, restless Dry, desquamation ++ < winter Itching > heat, but maybe < in bed at night Associated with asthma, hayfever Anxious +++, uptight, worrier, neat, fastidious, houseproud Chilly ++

Arsenicum iodatum

Similar to Ars alb, desquamation +++ Less chilly, may not be chilly at all Mentals similar, but less marked Often severe hayfever, conjunctivitis ++

Natrum muriaticum

Dry crusty eruption, or generalised erythema Hair margin or perioral Eczema associated with herpes simplex < winter Eats salt ++ Emotional stress related Typical mentals depressed, never cried, or only in private Sympathetic ++ to others, can't ask for help, copers

Calcarea carbonica

Eczema associated with chronic urticaria, dermographism < winter, cold Chilly, but sweats ++ especially on head Fat, flabby Anxious, wakes at night worrying

Lycopodium

Sebhorreic dermatitis Digestive problems Shy, awkward, anticipation ++

Croton tiglium

Itchy eczema of genitals, nappy rash Itchy scleroderma Diarrhoea



Acute dermatitis, including aggravations

Belladonna

Acute erythroderma, skin dry, red, hot, glowing Not itchy Pupils may be dilated Patient feels chilly, but skin < heat

Rhus venenata

Skin dusky red, hot, itchy +++ May be fine vesiculation >> local heat

Anacardium orientale

Acute urticaria, itchy ++ May be precipitated by work stress Irritable ++, violent temper Indigestion > eating

Apis mellifica

Acute angioedema Lips, eyelids, tongue swollen ++ Sometimes precipitated by emotional shock << heat > local ice



AGGRAVATIONS

Common in skin problems

Precautions:

Low potency for most remedies, in plateau phase

Distinguish from steroid withdrawal

Identify infection early (common in Graph aggravations), treat with antibiotic

Counsel patient (in advance!)

Steroid withdrawal:

Can be tricky

Counsel patient

- Not to stop steroids abruptly
- To continue previous regime until definite improvement (2-4 weeks)
- Then alternate steroid with suitable bland preparation
 - eg Calendula cream (contains Lanolin) Yellow Soft Paraffin for very dry, cracked skin (Petroleum cases) Graphites cream/ointment Hamamellis for varicose eczema Emulsifying ointment, E45, Nivea, etc



- Evening primrose oil (orally) in heavy or long term dependency

