

SKIN

Homeopathic Approach to DERMATOLOGY

Second Revised Edition



Includes
Colour Photographs

Dr Farokh J. Master

Preface to the Second Edition

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HOMEOPATHIC APPROACH

to

DERMATOLOGY

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Preface to the Second Edition

The birth of this book was in the year 1993 (first edition). Subsequently, with support and encouragement from my colleagues in India and abroad, there was a reprint of my book in the year 1994. It has since then been acclaimed all over the world as a standard therapeutic book of dermatology.

I stress the fact, especially to younger generation, that recognition and treatment of skin disease is an important part of everybody's practice, since diseases of the skin covers 25% of the practice.

I also recommend to read more standard and reference books on dermatology like for example: Andrews' Diseases of Skin – Clinical dermatology.

This second edition has been completely re-written in light of the present day knowledge. Many chapters where homeopathic therapeutics was incomplete or not mentioned in the earlier editions have been completed or included. Many new conditions like Tuberculosis of skin, Hansen's disease, Disorders of pigmentation, Ichthyosis, Chicken pox, etc. have been included in the present edition. New cases have also been added. The peculiar symptoms of the homeopathic remedies has been described elaborately.

I sincerely acknowledge my thanks to all my extremely loving colleagues Dr. Vanmala Shroff, Dr. Jayesh Dhingreja and Dr. Trupti Pradhan who have so kindly and willingly worked for me. Their contribution has enhanced the prestige of this book.

I also thank Miss Sunita Shah for using digital camera and incorporating the photographs in Synthesis and Radar, helping me to search precise information from reference books and for her extra forbearance during my busy practice.

Finally my sincere thanks to Dr. Nandkishor Sonawane and Dr. Saudamini Suryawanshi who helped me in preparing therapeutics for this book.

Finally I thank Almighty for giving me good health, my wife Dilnavaz and my daughters Rukhshin and Mahaziver who have supported me all throughout.

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Certain Dermatological Terms (Special Lesions)

ALOPECIA

It implies loss of hair resulting in a bald patch. Defluvium capillorum means fall or thinning of hair without areas of complete baldness. It must be remembered that hair occurs in three stages-growing, stationary and falling. The last stage comprises a very small percentage for causes of baldness.

ATROPHY

Wasting away of skin, which appears thin with loss of elasticity, wrinkling with diminished or complete loss of hair, sweat and sebum. All destructive disease processes of the corium with intact epidermis (i.e. without ulceration) leave behind atrophy. An atrophic patch may or may not be accompanied by scaling, pigmentation and telangiectasia.

BURROW

It is a straight or tortuous, slightly elevated, flesh colour or slightly darker line found on the wrist or hand or genitals – scabies. It represents the part or tunnel of the *Acarus scabies* in the stratum corneum of the skin. At the deeper end of the burrow an acarus can be demonstrated.

CYST

Circumscribed collection of fluid or semi-solid substances in the skin surrounded by well-defined walls. Its size, shape, consistency, translucency, depth and whether or not it is adherent to the skin and underlined structure should be studied.

Common examples of cysts:

Sebaceous Cyst, Implantation Cyst, Dermoid Cyst, Pilonidal Cyst, Milca, Mucous Cyst, Benign Cystic Epithelium, Hydrocystoma.

COMEDONE (BLACK HEADS)

Plug at the pilo-sebaceous opening. It consists of dried sebum and epithelial debris. To begin with it is white. With the passage of time, the Sulphur of sebum is converted into sulphide and the color becomes black. Comedones are usually found on the face, shoulder, sternal region and back in acne vulgaris and acneiform eruptions due to iodides and bromides. Tar, chlorine and oils by contact, produce comedones on exposed parts like the face, arms and legs.

CIRCINATA

Circular lesions shaped like a coin or disc. If there is central clearing and spreading at the periphery the lesions are called annular.

Common examples of circinata:

Tinea circinata, Psoriasis, Impetigo, Infective eczema, Discoid dermatitis, Erythema multiforme, Lupus erythematosus, Granuloma annulare, Syphilides, Seborrhea corporis, Leprosy, Drug-eruptions, Lichen planus annularis and Pityriasis rosea.

Further special configurations may occur in different skin diseases viz half circle (arciform), multiple circles joined together (polycyclic) or circular with central dots (iris). The latter is typically seen in erythema multiforme.

ERYTHEMA

Redness of the skin due to dilatation of blood vessels. It is a common early sign of most cutaneous diseases, but may be difficult to make out in dark people.

ERYTHRODERMA

Generalized redness and infiltration of the integument as is evident in pityriasis rubra pilaris, generalized dermatitis due to drugs and reticuloses. When accompanied by scaling and exfoliation of the skin, the term exfoliation dermatitis is employed. In reality both terms mean more or less the same thing.

ERYTHEMATO-SQUAMOUS

Combination of erythema and scaling for example, psoriasis, tinea, syphilis, lichen planus, pityriasis rosea and exfoliative dermatitis.

ELEPHANTIASIS

Clinical term signifying elephant like swelling due to extreme lymphedema and fibrous hypertrophy of a part of the body. The common causes are Filariasis, Streptococcal lymphangitis and congenital lymphedema. The parts commonly affected are the feet, legs and the genitalia.

GRANULOMA

Chronic swelling usually in the form of a well-defined deep seated dermic nodule. Clinically it is marked by chronic induration and scarring; histologically histiocyte infiltration in the corium is its special feature. They are very common in tropics.

There are several causes of granuloma:

Infective: Tuberculosis, Syphilis, Granuloma inguinale and lymphogranuloma inguinale, Leprosy, Yaws, Leishmaniasis, Septic, deep fugi like actinomycosis etc., Sarcoid.

Drugs: Bromides and iodides.

Neoplastic: Epitheliomas, Secondary metastasis, Reticuloses like mycosis, Fungoides, Hodgkin's disease, etc.

KERATOSIS

Circumscribed hyperplasia of the stratum corneum (horny layer) of skin of senile keratosis, arsenical keratosis and seborrheic keratosis. Keratoses have predisposition to malignancy. Follicular keratosis are seen in lichen spinulosus, keratosis follicularis, Vit. A, C, or fatty acid deficiencies, pityriasis rubra pilaris, Darie's disease, lichen planopilaris, lichen scrofulorum, etc.

KERATODERMA

It signifies diffuse plaques of hyperplasia of the stratum corneum especially of hands and feet for example tylosis, congenital, arsenical, menopausal, chronic eczema, syphilis, psoriasis, avitaminosis, pityriasis rubra pilaris, etc.

KOEBNER PHENOMENON

Linear lesions produced by scratching a primary lesion which results in new lesions developing along the line of the scratch, for example lichen planus, warts and psoriasis.

LICHENOID

Violaceous or purplish, solid, firm papules resembling lichen planus but not due to it. This term is loosely used till a proper diagnosis is established. Similarly terms like pemphigoid, leucodermoid and psoriasiform have been coined to describe cutaneous lesions morphologically.

TELANGIECTASIA

It represents groups of the fine dilated capillaries. Common causes are rosacea, spider naevus, alcoholism, and liver disorder, X - ray burns.