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# HOMOEOPGLEANINGS

QUARTERLY MEDICAL BULLETIN

# SKIN DISORDERS



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Seasons greetings ! The “Pink Season” is here , finally !! The number of new COVID19 patients is declining rapidly. This by no means permits us to be complacent and lower our guard , but it has coincided with the arrival of the Pink season of health . At the college level also the academic, as well as extra- curricular, activities have resumed with full vigour and enthusiasm, albeit with due caution and by following safety protocol. The topic of this Bulletin is “ Skin Disorders “ , which is apt considering the season, as these disorders are very common in this season. So let us welcome this season with a hope that the demons of COVID19 are finally and truly behind us.

- Editorial



**Dr. Dhara Joshi**

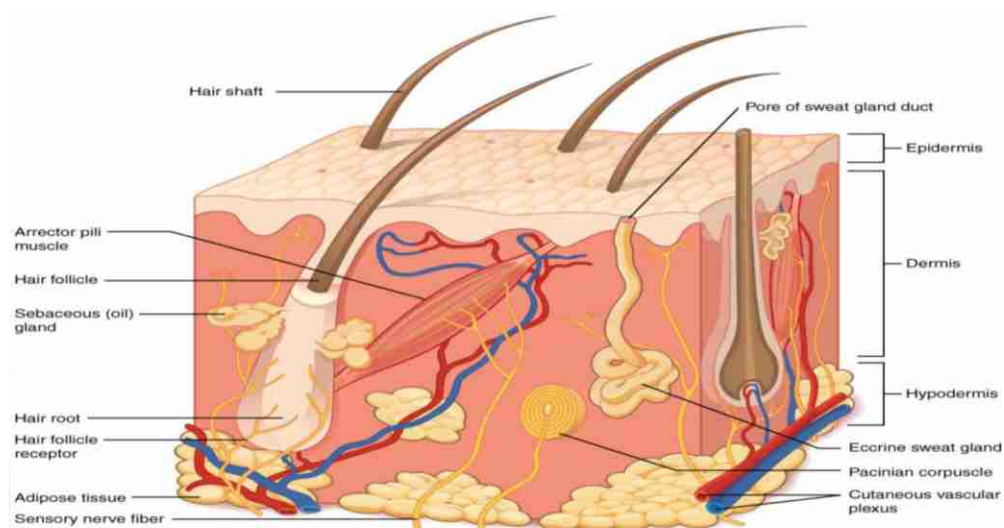
**Assistant Professor**

**( Department of Physiology )**

## **PHYSIOLOGICAL ANATOMY OF SKIN**

### **(Integumentary System)**

The skin is the largest organ of the body, accounting for about 15% of the total adult body weight. It performs many vital functions, including protection against external physical, chemical, and biologic factors, as well as prevention of excess water loss from the body and a role in thermoregulation. The skin is continuous, with the mucous membranes lining the body's surface.



The integumentary system is formed by the skin and its derivative structures. The skin is composed of three layers:

1. The epidermis: It consists of a specific constellation of cells known as *keratinocytes*, which function to synthesize keratin, a long, threadlike protein with a protective role.

2. The dermis: It is fundamentally made up of the fibrillar structural protein known as *collagen*. The dermis lies on the subcutaneous tissue, or *panniculus*, which contains small lobes of fat cells known as *lipocytes*.

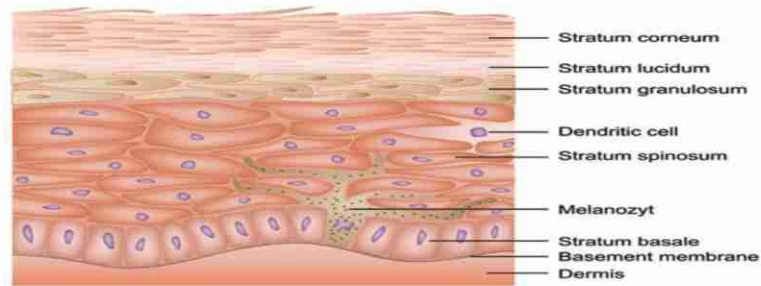
3. Subcutaneous tissue

#### EPIDERMIS:

The epidermis is a stratified, squamous epithelium layer that is composed primarily of two types of cells: keratinocytes and dendritic cells. The keratinocytes differ from the "clear" dendritic cells by possessing intercellular bridges and ample amounts of stainable cytoplasm. The epidermis harbors a number of other cell populations, such as melanocytes, Langerhans cells, and Merkel cells, but the keratinocyte cell type comprises the majority of the cells by far. The epidermis commonly is divided into four layers according to keratinocyte morphology and position as they differentiate into horny cells, including the basal cell layer (stratum germinativum), the squamous cell layer (stratum spinosum), the granular cell layer (stratum granulosum), and the cornified or horny cell layer (stratum corneum).

The epidermis is a continually renewing layer and gives rise to derivative structures, such as pilo-sebaceous apparatuses, nails, and sweat glands.

## Structure of the Epidermis



The basal cells of the epidermis undergo proliferation cycles that provide for the renewal of the outer epidermis. The epidermis is a dynamic tissue in which cells are constantly in unsynchronized motion, as differing individual cell populations pass not only one another but also melanocytes and Langerhans cells as they move toward the surface of the skin .

## THE DERMAL-EPIDERMAL JUNCTION

The interface between the epidermis and dermis is formed by a porous basement membrane zone that allows the exchange of cells and fluid and holds the two layers together. Basal keratinocytes are the most important components of structures of the dermal-epidermal junction; dermal fibroblasts are also involved but to a lesser extent.

## THE DERMIS

The *dermis* is an integrated system of fibrous, filamentous, and amorphous connective tissue that accommodates stimulus-induced entry by nerve and vascular networks, epidermally derived appendages, fibroblasts, macrophages, and mast cells. Other blood-borne cells, including lymphocytes, plasma cells, and other leukocytes, enter the dermis in response to various stimuli as well. The dermis comprises the bulk of the skin and provides its pliability, elasticity, and tensile strength.

It protects the body from mechanical injury, binds water, aids in thermal regulation, and includes receptors of sensory stimuli. The dermis interacts with the epidermis in maintaining the properties of both tissues.

The principal component of the dermis is *collagen*, a fibrous family of proteins with at least 15 genetically distinct types in human skin. A major structural protein for the entire body, collagen is found in tendons, ligaments, the lining of bones, and the dermis.

### Appendages

The skin *also contain* ectodermally derived appendages, including eccrine and apocrine glands, ducts, and pilo-sebaceous units that originate as down growths from the epidermis during development.

### SUBCUTANEOUS FAT

Embryologically, toward the end of the fifth month fat cells begin to develop in the subcutaneous tissue. These lobules of fat cells or lipocytes are separated by fibrous septa made up of large blood vessels and collagen. The panniculus varies in thickness depending on the skin site.



**Dr. Amola Chadha**

Associate Professor

( Department of Pathology )

### **THE MIND – SKIN CONNECTIONS**

The interaction between mind and skin is the marriage between 2 disciplines of PSYCHIATRY and DERMATOLOGY , uniting both an internal focus on non-visible disease as well as as external focus on visible disease.

The tight interconnection between mind and skin is maintained at embryological level of ECTODERM throughout life.

Management of PSYCHODERMATOLOGIC DISORDERS requires evaluation of skin manifestation and social, familial and occupational issues underlying the problem. It includes PSYCHOTROPIC MEDICATIONS, STRESS MANAGEMENT COURSES and referral to a PSYCHIATRIST.

These disorders known as “ PSYCHODERMATOLOGICAL DISORDERS “ can be broadly classified into 3 categories –

1. Psycho-physiologic disorders – Skin problems which have physiological basis but can be aggravated by stress and other emotional factors e.g. ECZEMA, PSORIASIS.
2. Primary physiologic disorders – Individuals with these conditions require both dermatologic assessment and psychosocial support.
3. Secondary physiologic disorders – Skin conditions like acne, alopecia, psoriasis can be aggravated by stress or other emotional factors.

We have heard about effect of stress on our physiological health but study shows that it affects not only our internal organs, but also our skin, as both are essentially formed from the same group of cells – ECTODERM which establishes a fundamental physiological connection between them.

Research shows that chronic stress can interfere with the immune system, affecting the skin's healing ability. The skin's immune cells are influenced by the brain and nervous system through NEUROPEPTIDES.


One dead giveaway that a skin disorder maybe revealed to mental health is that you can identify a psychological factor.

Another sign is when a prescription medicine or other treatment which was once working well to control the condition stops working.

As the manifestations of psycho-dermatologic conditions vary from person to person, treatment also differs. Some patients need more emphasis of psychiatry, while others need more emphasis on dermatological treatment.

The treatment of these conditions should include empathic, collaborative, multidisciplinary team approach with a treatment plan





focused on overall functioning. In short, behavioural management approaches plus prescription medication are necessary.

Treating skin conditions may start with treating the FLARE-UPS , but researchers on the cutting edge of psycho-dermatology are finding success treating the PERSON AS A WHOLE.

‘TREATING THE PERSON AS A WHOLE’ is the basis on which HOMOEOPATHY works. Can’t we, as Homoeopaths , make PSYCHO-DERMATOLOGY our domain then ?



**Dr. Ami Shah**

**Assistant Professor**

**( Department of Materia Medica )**

## **CASE OF PSORIASIS**

### **PRELIMINARY DATA**

**Name: Mr. Y**

**Age: 40 years**

**Sex: Male**

**Marital Status: Married**

### **PRESENTING COMPLAINT:**

A 40 year old male patient reported with erythematous, scaly, papular lesions with itching on lower area of face at mandibular region on both sides of his face since 5-6 months.

### **HISTORY OF PRESENTING ILLNESS:**

A dry lesion started slowly on his face during change of weather, i.e from cold to warm in March 2019. It appeared on the right side and gradually increased in size. The lesion developed fine scales and gradually another lesion also appeared on the left side. Other scaly lesions also appeared on

his face gradually during the course of time and he presented in OPD in September 2019.

**TREATMENT HISTORY:**

Applied skin ointments but of not much use.

**PAST HISTORY:** No history of any significant illness.

**FAMILY HISTORY:** No significant family history present.

**PERSONAL HISTORY:** No addition of any kind. Vegetarian.

**PHYSICAL GENERALS:**

**Thermal reaction:** Hot patient

**Appetite:** Adequate

**Thirst:** Adequate

**Desire:** Sweets

**Aversion:** Nothing significant

**Stool:** Constipated, feels as if there is narrowing of anal opening and so he has to strain to expel stool.

**Urine:** Regular, no associated complaint. D4-5N0

**Perspiration:** Normal

**Sleep:** Sound sleep

**Intolerance to coverings,** unable to cover face while sleeping, feels as if suffocated.

**MENTAL GENERALS:**

In the OPD he was constantly talking and was describing his complaints too much. For answering a simple question, he was telling long stories.

**GENERAL PHYSICAL EXAMINATION:**

**Build:** Mesomorphic

Pulse: 80 beats/minute

B.P. 130/80 mm Hg

Temperature: Afebrile

Nails: No clubbing noticed

**SYSTEMIC EXAMINATION:**

G.I.T/C.V.S/C.N.S/Musculoskeletal system: No abnormality detected.

**DIAGNOSIS:** Psoriasis (on basis of clinical presentation of lesions – erythematous papular lesion with characteristic scales)

**Medicine selected:** Lachesis 200

**BASIS OF PRESCRIPTION:**

In this case the prescription was done on basis of “Keynote symptoms” of the case. In this case the following keynotes of the case were taken into consideration:

- Loquacity, theorizing (as stated in mental generals, constantly talking, telling long stories for to answer a question)
- Discomfort on covering his face
- Complaint started at change of weather from cold to warm

These selected keynotes were matched with the symptomatology in Allen’s keynotes. In Lachesis the following symptoms are found:

- Great loquacity; wants to talk all the time, one world often leads into another story.

- The least thing coming near mouth or nose interferes with breathing.
- Spring aggravation

These three symptoms and considering the thermal reaction as a hot patient, the most appropriate remedy came out to be LACHESIS.

Follow up	Totality of symptoms	Prescription
2nd	No improvement	S.L 3 pills TDS x 15 days
3rd	No improvement	Lachesis 1M one dose S.L 3 pills TDS x 15 days
4th	c/o scaling and itching slightly reduced	S.L 3 pills TDS x 15 days
5th	No new lesions appeared. The existing lesions slightly reduced in size	S.L 3 pills TDS x 15 days
6th	No further improvement	Lachesis 1m one dose S.L 3 pills TDS x 15 days
7th	Much improvement. c/o scaling and itching decreased	S.L 3 pills TDS x 15 days
8th	Lesions reduced in size further. c/o scaling decreased.	S.L 3 pills TDS x 15 days
9 <sup>th</sup>	Much improvement	S.L 3 pills TDS x 15 days
10th	No further improvement	Lachesis 10M one

		dose S.L 3 pills TDS x 15 days
11th	Much improvement	S.L 3 pills TDS x 15 days
12th	Lesions almost disappeared	S.L 3 pills TDS x 15 days
13th	No complaints Better in general.	S.L 3 pills TDS x 15 days

### **Therapeutics of Psoriasis -**

#### **Arsenicum album**

People likely to respond to this remedy usually are anxious, restless, and compulsively neat and orderly. They are often deeply chilly, experience burning pains with many physical complaints, and become exhausted easily. The skin is dry and scaly and may tend to get infected. Scratching can make the itching worse, and applying heat brings relief.

#### **Graphites**

People needing this remedy often have a long-term history of skin disorders. The skin looks tough or leathery skin with cracks and soreness. Itching is often worse from getting warm, and the person may scratch the irritated places till they bleed. Trouble concentrating, especially in the morning, is also often seen when this remedy is needed.

#### **Petroleum**

This remedy is often indicated for people whose physical problems are aggravated by stressful emotional experiences. It is especially suited to individuals with extremely dry skin, and problems that involve the palms and fingertips. The person may feel a cold sensation after scratching, and the skin is easily infected and may look tough and leathery. Itching will

be worse at night, and from getting warm in bed. People who need this remedy may also have a tendency toward motion sickness.

### **Sepia**

This remedy may be helpful to a person who feels dragged out and irritable, often with little enthusiasm for work or family life. The person's skin may be look dry and stiff. Psoriasis may appear in many places on the body, including the nails and genitals. Signs of hormonal imbalance are often seen (in either sex), and problems with circulation are common. Exercise often helps this person's energy and mood.

### **Sulphur**

Intensely burning, itching, inflamed eruptions that are worse from warmth and bathing suggest a need for this remedy. Affected areas often look bright red and irritated, with scaling skin that gets inflamed from scratching. This remedy is sometimes helpful to people who have repeatedly used medications to suppress psoriasis (without success).

### **Other Remedies**

#### **Calcarea carbonica**

This remedy is suited to people who are easily fatigued by exertion, sluggish physically, chilly with clammy hands and feet, and often overweight. Skin problems tend to be worse in winter. Typically solid and responsible, these people can be overwhelmed by too much work and stress. Anxiety, claustrophobia, and fear of heights are common. Cravings for sweets and eggs are often also seen when *Calcarea* is needed.

#### **Mercurius solubilis**

People who seem introverted and formal—but are very intense internally, with strong emotions and impulses—may benefit from this remedy. They tend to have swollen lymph nodes and moist or greasy-looking skin, and are very sensitive to changes in temperature. The areas affected by psoriasis may become infected easily.

### **Mezereum**

A person who needs this remedy usually is serious, and often feels strong anxiety in the region of the stomach. Scaly plaques may itch intensely, thickening or crusting over if the person scratches them too much. Cold applications relieve the itching (although the person feels generally chilly and improves with warmth). People who need this remedy often have a craving for fat, and feel best in open air.

### **Rhus toxicodendron**

When this remedy is indicated for a person with psoriasis, the skin eruptions are red and swollen, and often itch intensely. Hot applications or baths will soothe the itching—and also muscle stiffness, toward which these people often have a tendency. The person is restless, and may pace or constantly move around. A craving for cold milk is often seen when a person needs this remedy.

### **Staphysagria**

This remedy may be helpful to individuals whose psoriasis has developed after grief or suppressed emotions. Any part of the body can be involved but the scalp is often affected. People who need this remedy often seem sentimental, meek and quiet, and easily embarrassed — but often have a strong internal anger or deeply-buried hurt

Eruptions- psoriasis –tendency to-(phatak rep)

Ars-iod, berb a, borax, clem, dulc, graph, kali mur, mang, merc, phos, phyt, psor, rad br, ran-b, sepia, sulph, thyroidinum, tuberculinum,

From boericke-

Ant t , ars, ars-i., aster, aur-m ,berb-a, borax ,carb-ac, chrysar, cic cup-ac, fl-a, graph, hep , iris, kali ars, kali br, kali s, lyc, mang ac., natrum ars, natrum mur, petro, phos, plat, sep, sulph, thyro., tub, ustilago. Psorinum.





**Dr. Charmi Thakkar**

**Assistant Professor**

**( Department of Organon of Medicine )**

### **CHRONIC CASE OF RINGWORM**

Female patient aged 49 years working as teacher came to me on 5/4/2021 with the complaints of

1. Eruption and itching in axilla, fold of breast, inner side of thigh, and gluteal region  
< Evening, summer, raw garlic, mango, perspiration , since 3 years  
Eruption are in circles , at edges, with black pigmentation at centre and they are **symmetrical at both sides**
2. Hot flushes 2-3 times in day since menopause which is since 7 years. Even if she is sitting below fan she start perspiring at that time.
3. Headache – Unilateral – since 20-25 years – Pulsating type - < eating sour, spicy, green chillies > pressure, lying on painful side, sleep.

**P/H** : Accident before 12 years with Vertebral injury at L4-5 level with nerve compression

Still have pain of same on physical exertion or by sitting for long

**F/H** : Diabetes in mother, father and both sister.

**Physical Generals:**

App: eat less, Craves chickoo, grapes but it aggravates, sour food like curd cause headache.

Perspiration profuse in whole body, thermal – HOT, sleep position on left side, sound sleep, thirst for large quantity of water at less frequent intervals.

Bowel urine normal and no allergy history found.

**Mind :**

Want work with perfection. Place around should be neat and clean.

Gets angry when things are not done according to her but cant express anger. Keep it to herself.

Cant mix easily to new person. Fear of drowning in water.

She is govt teacher and do job in village and kids are in hostel and husband has job in other city so since many years she is living alone .

Cries easily on small matters and don't like quarrelling . She avoids falling into arguments and yielding to the authority in family or job.

Diagnosis : Ringworm, Migraine

Miasm : Dominant – Psora

Fundamental - sycotic

Remedy Name	Sep	Nat-m	Puls	Ars	Calc	lyc	Sulph	Bell
<b>Totally</b>	26	26	25	21	21	20	20	18
<b>Symptoms Covered</b>	9	8	8	7	6	7	6	5
Kingdom								
[Complete] [Mind]Washing, bathing:Desire for:	1	3	1	1			3	
[Complete] [Mind]Anger:Ailments from, agg:	4	4	4	4	4	4	4	4
[Complete] [Mind]Anger:Ailments from, agg:Mental and emotional co..	1		1	1				
[Complete] [Generalities]Food and drinks:Sour, acid:Agg:	3	4	3	4	3	3	3	3
[Complete] [Generalities]Summer:Agg:	3	3	4	4	3	3	3	4
[Complete] [Generalities]Perspiration:During:	4	4	4	4	4	4	4	4
[Complete] [Skin]Eruptions:Symmetrical:								
[Complete] [Skin]Eruptions:Herpes:Circinate, ringworm:	4	4		3	4	1	3	
[Complete] [Mind]Weeping, tearful mood:Easily:	3	3	4		3	1		3
[Complete] [Mind]Yielding disposition:	3	1	4			4		

**Prescription: Pulsatilla 200 OD for 15 days**

Pulsatilla was selected due to her mild and yielding nature with suppression of anger and she was hot patient.

**Follow Up :**

20 -4 – 21 : Eruption and itching better by 50% . Headache much better.

12- 5- 21 : Eruption better by 80% . No episode of headache in a month.

2-6-21 : Eruption better by 95 % . No episode of headache. Hot flushes decreased.

Than patient had not came for further follow up.

Learning from case : Ringworm cases relapse if we give local remedies like tellurium but we get permanent result with constitutional treatment .



**Dr. Jigisha Panchal**

**Associate Professor**

**( Department of Practice of Medicine )**

### **POST COVID HAIRFALL- TELOGEN EFFLUVIUM**



**POST- COVID-** a lot many people experienced hairfall, and even dermatologists say they have seen a surge in cases. If anything- it is the stress, and more stress means more hair fall. By stress we mean the physiological stress that remains during disease recovery phase, as well as the psychological impact of COVID 19. It is still the matter of concern. Some people experienced severe phobia of getting bald- “Phalacrophobia”

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the causative pathogen of coronavirus disease 2019 (COVID-19), which has rapidly spread across the globe from December 2019 until today, causing the current pandemic. Though the most common symptoms are fever,

dark green leafy vegetables, lentils; or oral supplements- as per the need.

- ❖ Counseling support to manage stress or anxiety. Practicing Meditation, Yoga, and/or other relaxation techniques- are easy and very effective methods to manage stress and increase physical stamina.
- ❖ Avoiding hair colors, heat styling, or other hair products that might worsen the problem.

**Homoeopathy has a good scope and treatment for Telogen effluvium. Homoeopathic medications can boost immune system- preventing further hair loss; and can also help re-growth. Homoeopathy treats the person as a whole. Homeopathically selected constitutional medicine; considering patient's physical symptoms, along with the mental picture- helps to treat such problems. Some Homoeopathic medicines proven effective to deal with hairfall, based on symptoms correspondence are- Acid phosphoricum, Silicea, Natrum Muriaticum, Sepia, Vinca Minor, Acid Flour., Phosphorus, Petroleum, Carbo Veg, Arnica and others. Moreover, commercially available Homoeopathic medicated shampoos and hair oils- can be used to get added on benefit in managing the case of hairfall.**

malaise, dry cough, and pneumonia, clinicians have focused on the recognition of cutaneous involvement in the course of COVID-19. Cutaneous signs, including chilblain-like, maculopapular, and vesicular lesions, urticaria, livedoid/necrotic lesions, are frequently reported. Current pandemic goes with # “expect the unexpected”. However hairfall – is not that unexpected.

**Telogen effluvium** is a form of temporary hair loss that usually happens after stress, a shock, or a traumatic event. ... **Large amounts of a person's hair might fall out, but it is often temporary, and the hair usually grows back.**

Telogen effluvium (TE), first described by Kligman in 1961, is a diffuse Hairfall, non-scarring shedding of hairs, resulting from the early entry of the hair into the telogen phase. Classic TE is self-limited and acute, defined as lasting less than 6 months, and occurs approximately 3–4 months after a triggering event. Moreover, a chronic form of TE is reported, exceeding 6 months of duration. Several agents have been associated with TE, including drugs, physiological stress (surgery and high fever), emotional stress, chronic infections, dietary and iron deficiency, and smoking.

Patient complaints like- hair loss in parts, hair sheds, thinning of hairs, hairs comes out gently pulling on it, increase hair on hairbrush, or shedding of hairs in bathroom, towel/ pillows. Diagnosis of this condition is based on history. Usually self-treatable, and usually no treatment is required. Hair often comes back when the stress goes away.

**Treatment option includes:**

- ❖ Addressing nutritional deficiencies through diet- including adding protein and iron. Sources like- eggs, meat, fish, beans, grains, nuts,

13.08.2021

A training module for 'prevention of 3<sup>rd</sup> wave of COVID-19' was conducted in SMMHMC on Friday, 13<sup>th</sup> August 2021, for the Teaching, non-teaching, hospital staff, interns and students by Dr Jigisha Panchal and Dr Krusha Panjwani.



15.08.2021

The 75<sup>th</sup> Independence day was celebrated in SMMHMC with great patriotic fervor on 15<sup>th</sup> August 2021. The staff and students enthusiastically participated in the event to make it an occasion to remember for a long time.



28.08.2021

The festive event of 'Dahi-handi' was celebrated with much zeal and enthusiasm by the students of SMMHMC in the college campus on Saturday, 28<sup>th</sup> August, 2021.



03.09.2021

An awareness drive for AYUSH system of medicine, in general, and Homoeopathic system of medicine, in particular, was conducted by the Teaching staff of SMMHMC in the following schools of Vadodara, by the respective staff, under the 'AYUSH Awareness Week' organised by the ministry of AYUSH, Govt of India as a part of 'Azadi ka Amrit Mahotsav' celebrations.

1. New era high school – Dr Jigisha panchal
2. Bhayali kanya shala – Dr Hina shah
3. Shree pragati vidhyalaya – Dr Jigisha panchal
4. H.S.Patel high school- Dr Jigisha panchal
5. Rameshwar vidhyalaya – Dr Krusha panjwani
6. Kavi dayaram primary school – Dr Hina shah
7. Dr sarvapalli kumar shala – Dr Dhara joshi



04.09.2021

An awareness drive for AYUSH system of medicine, in general, and Homoeopathic system of medicine, in particular, was conducted by the Teaching staff of SMMHMC in the following schools of Vadodara, by



Chhappan bhog a customary festive and culinary delicacy was prepared at SMMHMC Hostel on 15<sup>th</sup> September, 2021 as a past of ganpati festivities.



08.10.2021

A gala ‘ Garba ni Ramjhat’ garba mahostav event was organised by SMMHMC at Hotel ‘ Grand mercure surya palace’, in the evening of Friday, 8<sup>th</sup> October 2021. The management, staff and students enthusiastically participated in the event.



25.10.2021

the respective staff, under the 'AYUSH Awareness Week' organised by the ministry of AYUSH, Govt of India as a part of 'Azadi ka Amrit Mahotsav' celebrations.

1. C.K. Prajapati primary school – Dr Hina shah
2. C.K. Prajapati secondary school – Dr Hina shah
3. C.K. Prajapati higher secondary school – Dr Hina shah
4. Baroda high school – Dr Amola
5. Swami shri krishnanandji vidhya vihar school – Dr Krusha panjwani



06.09.2021

Appreciation certificates being awarded to the members of the teaching staff, non teaching staff and hospital staff, who won the 'Employee of the month' award for the month of august 2021 in their respective categories, by the management.



15.09.2021

The students of SMMHMC visited an exhibition organised by Vadodara police department for providing information regarding firearms to women of Vadodara city. This exhibition was arranged near nyay mandir on 25<sup>th</sup> October 2021.



25.10.2021

The students of 1<sup>st</sup> BHMS of our college visited Healwell Homoeopathic Pharmacy Kadi Kalol on 25<sup>th</sup> October 2021, as a part of 1<sup>st</sup> year syllabus, along with the staff of pharmacy department.



TO



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