

Homeopathy and Polarity Analysis Complex Illness

Module 11 Allergies and Skin Disease

Heiner Frei



Copyright of the Author

2018

Themes

1. Allergies

Special Features of homeopathic treatment concerning

Asthma, hay fever, allergic conjunctivitis

Food allergies

Pseudoallergies

2. Skin disease

Special Features of homeopathic treatment concerning

Atopic eczema

Psoriasis

Furunculosis

Warts

Scleroderma

1. Allergies

Introduction

Allergies are an overreaction of the immune system to some substance that the body should normally tolerate. The trigger, the allergen, can be almost anything that people come into contact with. Depending on the patient, the airways (hay fever and asthma), the eyes (conjunctivitis), the skin (urticaria, eczema, Quincke-oedema) or the gastrointestinal tract (stomatitis, diarrhoea) are affected.

The reaction to a specific allergen is individual so that this could theoretically be used to select a homeopathic remedy. The problem is that most allergens are not recorded in the materia medica, and those that are often only have a few associated remedies. The *modalities of the occurrence of allergens* are not patient symptoms (e.g. < warm weather for pollen allergy), and we therefore should not use them for remedy selection. Below we discuss individual types of allergic disease and show the best way to overcome these difficulties.

Asthma, Hay Fever, Allergic Conjunctivitis

Allergic disease of the airways is caused by sensitization to inhaled allergens. It affects 15 to 25% of the population, most frequently young people (30%). With pollen allergies the symptoms are *seasonal* whereas with dust mite allergy they are *year-round*. Allergens can be identified by specific IgE antibodies in the blood or by a skin test. In *asthma* there is bronchial obstruction, which leads to prolonged exhalation (< *breathing out*). If the lung is severely overinflated, inhalation also becomes difficult, leading to stridor on inspiration (< *breathing in*). Breathing is generally accelerated (*breathing rapid*), and there is often lack of oxygen, leading to *cyanosis*.

Conventional treatment with sympathomimetics and steroids can alleviate the complaints but does not heal them. Healing is only possible with desensitisation to the triggering antigens, which lasts many years, is burdensome for children due to the frequent injections and may lead to dangerous anaphylactic reactions. In contrast, homeopathic treatment in symptom-free intervals is safe and often leads to healing. *Caution*: conventional treatment is preferable to homeopathy during an acute asthma attack. Due to hypoxia, there is usually insufficient time to select the remedy individually.

With the more superficial *allergic rhinoconjunctivitis*, the nasal mucous membranes and the eyes are affected, which can lead to a runny or blocked nose as well as conjunctivitis. Conventional treatment mainly uses antihistamines and occasionally desensitisation. In herbal medicine *Petasites* can successfully be used as a spagyric.

Homeopathic Treatment

Allergic bronchial asthma is generally a one-sided illness with few symptoms, strongly influenced by the presence of allergens in the environment. For successful remedy selection, it is important to recognize and avoid “pseudosymptoms”, which are associated with the occurrence of the allergens.¹ If this is neglected, incorrect prescriptions can result. *Table 1* contains a list of pseudosymptoms, broken down into pollen and house dust mite allergy.

| Table 1: Modalities of Allergen Occurrence ("Pseudosymptoms") | |
|---|--|
| <i>Pollen allergy</i> | < Spring < Summer < Autumn < Open air, > in room < Weather warm, > weather cold < Weather dry, > weather wet < In wind, < draught, < weather windy |
| <i>House dust mite allergy</i> | < Winter (heating period), > summer < In room, > open air < Warmth of room |

Case 1: Asthma

Mr S., 52 years old, suffered for a long time from tonsillitis, triggered by the cold. Homeopathic treatment with several doses of *Silicea* cured this problem and for nine years I saw no more of him. Now he comes with coughing and breathing difficulties, especially at home, in lying position, during movement and physical exertion. An attempt at self-medication with *Silicea* 200 C brought only temporary relief. His GP did an allergy test and found a sensitivity to house dust mite. He prescribed a beta 2 stimulator, which only palliated the symptoms. No additional complaints. Clinically I find slightly accelerated breathing with prolonged expiration. Mr. S. prepares for casetaking with the *Checklist* and notes the following:

- Cough dry
- Breathing: quickened– P
- < Breathing in – P
- < Breathing deeply – P
- < Talking – P
- > Open air – P
- > Cold – P
- < Warm room – P
- < Movement – P
- < Physical exercise – P
- < Pressure – P

- < Lying – P
- < Sitting – P
- > Standing – P
- > Rest – P

The symptoms > *open air*, > *cold* and < *warm room* are modalities of the occurrence or absence of the house dust mite. They should therefore not be used. We repertorise with the remaining polar symptoms.

Repertorisation (Polarity Analysis Software)²

K. S.

Asthma

| | | Ip. | Nat-m. | Arn. | Calc. | Rhus. | Borx. | Bry. | Merc. | Nux-v. | Spig. | Nux-m. | Ign. | |
|----------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|------|
| Hits | | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | |
| Sums | | 25 | 26 | 26 | 25 | 31 | 21 | 31 | 23 | 24 | 21 | 15 | 15 | |
| Polarity Difference | | 17 | 16 | 16 | 15 | 14 | 14 | 13 | 11 | 10 | 6 | 5 | -6 | |
| 92 | breathing, quickened | P | 4 | 3 | 2 | 2 | 3 | 1 | 3 | 2 | 3 | 2 | 1 | 3 |
| 77 | < talking, speaking [worse] | P | 2 | 4 | 3 | 4 | 4 | 2 | 3 | 1 | 2 | 3 | 1 | 2 |
| 126 | < movement, during [worse] | P | 3 | 3 | 3 | 2 | 1 | 2 | 4 | 3 | 4 | 3 | 2 | 1 |
| 70 | < physical effort [worse] | P | 2 | 3 | 4 | 3 | 4 | 1 | 4 | 2 | 3 | 1 | 2 | 1 |
| 93 | < pressure, external [worse] | P | 1 | 3 | 1 | 3 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 125 | < lying position [worse] | P | 1 | 1 | 1 | 1 | 4 | 2 | 1 | 1 | 1 | 1 | 1 | 2 |
| 126 | < sitting [worse] | P | 1 | 1 | 1 | 2 | 4 | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| 71 | > standing [better] | P | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 3 | 2 | 1 | 1 |
| 117 | > resting (not moving) [better] | P | 3 | 3 | 3 | 2 | 1 | 2 | 4 | 3 | 4 | 3 | 2 | 1 |
| 100 | < breathing, in (inspiration) [worse] | P | 3 | 1 | 3 | 3 | 4 | 3 | 4 | 3 | 1 | 2 | 2 | 1 |
| 57 | < breathing, deeply [worse] | P | 2 | 2 | 3 | 1 | 4 | 3 | 4 | 3 | 1 | 2 | 1 | 1 |
| 63 | breathing, slowed | | 3 | | 1 | 1 | 1 | | 3 | 1 | 2 | | 2 | 3 |
| 1 | > talking, speaking [better] | | | | | | | | | | | | | |
| 102 | > movement, during [better] | | | 1 | 1 | 1 | 4/CI | | 1 | 3 | | 1 | 1 | 1 |
| 6 | > physical effort [better] | | | 1 | | | | | | | | | | 3/CI |
| 74 | > pressure, external [better] | | 1 | 1 | 1 | 1 | 3/CI | 3/CI | 2 | 1 | 2 | 2 | 1 | 2 |
| 106 | > lying position [better] | | 2 | 3/CI | 3/CI | 3/CI | 1 | 1 | 4/CI | 2 | 4/CI | 2 | 2 | 1 |
| 101 | > sitting [better] | | 2 | 2 | 2 | 2 | 1 | 2 | 4/CI | 3/CI | 4/CI | 1 | 2 | 1 |
| 107 | < standing [worse] | | | 1 | 1 | 1 | 3/CI | | 2 | 1 | 1 | 1 | 1 | 2 |
| 102 | < resting, while [worse] | | | 1 | 1 | 1 | 4/CI | 1 | 1 | 1 | | 1 | 1 | 1 |
| 33 | > breathing, in (inspiration) [better] | | | | | | | | 1 | | 1 | 4/CI | | 4/CI |
| 18 | > breathing, deeply [better] | | | | | | | | | | 3/CI | | | 3/CI |

Interpretation

Twelve remedies cover all symptoms but only two of these have no contraindications. Ipecacuanha is the favourite due its large polarity difference.

Materia Medica Comparison for Ipecacuanha (GS)³

Breathing short and hurried ... panting; heavy. Difficulty of breathing from least exercise. Attacks of suffocation; > in open air. Urgent dyspnoea, with sense of constriction across chest, accompanied by violent and convulsive cough. Nightly suffocative fits.

Prescription and Progress

Mr S. is given a dose of *Ipecacuanha 200 C*.

At the check-up a week later, the subjective complaints are noticeably better (50%) but the lung function is only slightly improved. We continue with *Ipecacuanha 500 C* and 10 days later *M*, which causes the asthma to completely disappear.

Period of observation: 5 years

Comment

- This case shows that although the success of *Silicea* in the first treatment phase was spectacular, this remedy cannot just be repeated if another disease appears. Individual casetaking is mandatory in every disease.

Case 2: Allergic rhinoconjunctivitis

Linda is a 5-year-old girl who had a transposition of the great vessels as a new-born baby. Thanks to full surgical correction her cardiac health is normal today. Now she comes with hay fever: for the last two weeks she has had a runny nose and a dry cough, bright red conjunctivas and her eyes are sticky in the morning.

With the *checklist* we can only elicit the following symptoms:

Watery cold, red conjunctiva with purulent discharge, cough

- < After waking up – P
- < Warm room – P
- < Physical exercise – P
- < Being alone

Since this is not enough for remedy determination, we try to find out more about the basic modalities:

</> Lying, sitting, standing?

</> In open air?

</> Cold, warmth?

</> Wrapping up warmly / uncovering?

</> Movement?

</> Physical exercise?

Desire / aversion to movement?

Thirst / lack of thirst?

Hunger / lack of hunger?

We can thereby elicit the following additional symptoms:

- < Sitting – P
- < Cold – P
- > Wrapping up warmly – P
- > Open air – P
- Aversion to movement – P

The striking symptom here is the improvement in the open air: with hay fever, we expect the opposite. For repertorisation we use all polar symptoms.

Repertorisation

L. K.

Allergic Rhinoconjunctivitis

| | | | Graph. | Ant-c. | Nat-m. | Puls. | Nat-c. | Acon. | Arn. | Phos. | Mur-ac. |
|----------------------------|--|---|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|
| Hits | | | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Sums | | | 21 | 16 | 18 | 22 | 17 | 18 | 16 | 17 | 12 |
| Polarity Difference | | | 18 | 13 | 12 | 11 | 11 | 9 | 9 | 7 | 7 |
| 111 | < sleep, after waking up [worse] | P | 5 | 3 | 4 | 5 | 4 | 1 | 3 | 4 | 2 |
| 54 | < warmth, of room or stove [worse] | P | 3 | 3 | 2 | 4 | 1 | 2 | 1 | 2 | 1 |
| 68 | movement, aversion to | P | 1 | 1 | 3 | 2 | 2 | 4 | 1 | 2 | 1 |
| 70 | < physical effort [worse] | P | 1 | 1 | 3 | 1 | 2 | 3 | 4 | 2 | 1 |
| 126 | < sitting [worse] | P | 4 | 2 | 1 | 4 | 3 | 1 | 1 | 1 | 3 |
| 90 | < cold in general [worse] | P | 2 | 1 | 1 | 1 | 2 | 3 | 2 | 2 | 2 |
| 56 | > warmly, from wrapping up [better] | P | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 1 |
| 93 | > open air [better] | P | 3 | 3 | 2 | 4 | 1 | 3 | 2 | 3 | 1 |
| 28 | > sleep, after; while waking up [better] | | | | | 2 | 1 | | | 4 | |
| 35 | > warmth, of room or stove [better] | | | | | | | 1 | | | |
| 58 | movement, desire for | | | | | 1 | 1 | 2 | 3/CI | | 1 |
| 6 | > physical effort [better] | | | 1 | | | | | | | |
| 101 | > sitting [better] | | 1 | | 2 | 1 | 1 | 2 | 2 | 2 | |
| 73 | > cold in general [better] | | 1 | 2 | 2 | 4/CI | 1 | 1 | 1 | 1 | 1 |
| 37 | < warmly, from wrapping up [worse] | | | | | 2 | | 3/CI | | 2 | 1 |
| 110 | < open air [worse] | | 1 | 1 | 1 | 1 | 2 | | 1 | 1 | 2 |

Interpretation

The symptoms are covered by 16 remedies, seven without contraindications, and we find the highest polarity difference for Graphites (18), Antimonium crudum (13), Natrium muriaticum (12) and Natrium carbonicum (11). Both Natrium remedies are dropped, however, due to the girl's desire for company. So *Graphites* and *Antimonium crudum* are the leading contenders.

Materia Medica Comparison for Graphites (GS)

Pus-like discharge from eyes. Internal canthi itching, burning, stitches, sore. External canthi: sore and fissured and bleed easily. Periodical attacks of fluent coryza of short duration with continual stoppage and breathing through mouth. Cough, caused by taking a deep inspiration in evening and at night.

Materia Medica Comparison for Antimonium crudum (GS)

Eyes red, inflamed, with itching and nightly agglutination. Stoppage in nose. Coryza: fluent or dry. Frequent dry cough, < in hot sun and on coming into a warm room from cold air.

Prescription and Progress

Due to the larger polarity difference, I choose Graphites, with Antimonium crudum in reserve in case there is no improvement *after four days of good weather*. So Linda is given a dose of *Graphites 200 C*. This has no effect whatsoever, and therefore after four days the mother gives her *Antimonium crudum 200 C*. Now all symptoms disappear overnight and do not return in this season. In the next two years she remains symptom-free.

Period of observation: 2 1/2 years

Comment

- If the parents write down too few symptoms, it is worth asking about the basic modalities: in this way we generally manage to elicit additional information for remedy selection.
- Linda feels better in the open air, which is unusual for a pollen allergy. This symptom is very individual. But aggravation in the open air would be a pollen modality that should not be used for remedy selection.

Food Intolerance

Food intolerance may be caused by toxic reactions to certain substances, by immunological processes (food allergies or celiac disease), enzyme defects such as lactase deficiency, pharmacological reactions like the formation of tyramine after cheese and red wine, as well as by intolerance to food additives. Subjectively 10 to 20% of the population suffers of food intolerance, but only in 1-2% they can be verified by lab-tests.

The symptoms vary from itching, flushing, eczema, urticaria and Quincke oedema to rhino-conjunctivitis, cough and asthma. From the intestinal tract we observe nausea,

vomiting, colic and diarrhoea. In extreme cases the patient may suffer of a circulatory collapse.

Special Features of Homeopathic Treatment

Certain foods are listed in our materia medica and can be used for repertorisation because the tolerance is individual. The prerequisite is that the foods have sufficient remedies listed (10-20 or more).

- Alcoholic drinks 51
- Beer 28
- Spirits 26
- Wine 35
- Bread 29
- Butter 32
- Fat 43
- Meat 13
- Pork 20
- Pulses / legumes 15
- Milk 36
- Fruit 22
- Sauerkraut 14

You can see a case report in the presentation for Module 11.

Pseudo-allergies due to noxious physical agents

Physical forms of urticaria are triggered by pressure, heat, cold or sunlight. They are pseudo-allergies in which a malfunction of the histaminergic system leads to an excessive release of histamine. They can generally well be treated with homeopathy.

Case 3: Cold urticaria with circulatory collapse

Frederique is a slightly overweight 12-year-old blond girl who has been suffering from cold urticaria for the last two years. Bathing in cold water and draughts trigger itching, oedematous swellings on the hands and forearms, and sometimes fainting. This first happened at the seaside and it was only thanks to the rapid intervention of

her father, an anaesthetist, that she did not drown. The paediatrician started her on antihistamines, which somewhat palliated the condition. Frederique has a past history of eczema, overreactions to mosquito bites, and recurrent vulvitis. The physical examination is normal.

On the *Checklist for reliable symptoms* we aim to elicit as many inner modalities as possible. The use of skin symptoms leads to figuratively “superficial” and unsatisfactory results. Parents and child mark the following symptoms:

Cold urticaria

- Urticaria, oedematous swelling, unconsciousness
- < Cold bathing
- < Draught
- < Getting cold, body – P
- < Cold – P
- > Room, in – P
- > Lying position – P

Additional complaints

- Nosebleed (bright red) – P
- Cough with yellow phlegm
- < Cold – P
- < Getting cold – P
- > Room, in – P
- > Lying position – P
- Muscles, tense – P
- Knee pain, night
- Vulvitis, slimy vaginal discharge

For repertorisation we again use only the polar physical symptoms.

Repertorisation

F. H.

Cold Urticaria with Circulatory Collapse

| | | Bell. | Dulc. | Ars. | Rhus. | Phos. | Arn. | Carb-v. | Zinc. | Sep. | Chin. | Nat-c. | Graph. | Sulph. | Nux-v. | |
|----------------------------|------------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|------|
| Hits | | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | |
| Sums | | 15 | 15 | 13 | 16 | 14 | 14 | 11 | 7 | 12 | 10 | 9 | 10 | 8 | 20 | |
| Polarity Difference | | 10 | 8 | 8 | 7 | 6 | 6 | 4 | 4 | 3 | 3 | 1 | 0 | -6 | 12 | |
| 78 | < getting cold [worse] | P | 2 | 3 | 4 | 4 | 3 | 3 | 1 | 1 | 3 | 2 | 2 | 3 | 2 | 4 |
| 90 | < cold in general [worse] | P | 3 | 4 | 4 | 4 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 4 |
| 107 | > room [better] | P | 2 | 1 | 1 | 2 | 1 | 1 | 3 | 1 | 1 | 3 | 2 | 1 | 1 | 4 |
| 106 | > lying position [better] | P | 3 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 2 | 1 | 4 | |
| 34 | muscles, tense | P | 1 | 2 | 2 | 2 | 4 | 2 | 2 | 1 | 4 | 1 | 1 | 1 | 2 | 4 |
| 39 | nose, bleeding, bright red blood | P | 4 | 4 | 1 | 3 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | |
| 74 | > cold, when getting cold [better] | | 1 | 2 | | 1 | 1 | 1 | 2 | | 1 | 1 | 1 | 2 | 3/CI | 1 |
| 73 | > cold in general [better] | | 1 | 1 | | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 | 2 | 1 |
| 93 | < room [worse] | | 1 | 1 | 1 | 3/CI | 4/CI | 2 | 1 | 2 | 1 | | 1 | 4/CI | 2 | 1 |
| 125 | < lying position [worse] | | 1 | 3/CI | 4/CI | 4/CI | 1 | 1 | 2 | 1 | 3/CI | 1 | 3/CI | 1 | 2 | 1 |
| 53 | muscles, flabbiness | | | | | | 1 | | | | | 2 | 2 | 1 | 3/CI | |
| 41 | nose, bleeding, dark blood | | 1 | | | | 1 | 2 | 1 | | 3/CI | 2 | | 1 | 2 | 4/CI |

Interpretation

All symptoms are covered by 13 remedies, five of which have no contraindications. Due to the polarity difference, Belladonna is the first choice, Arnica most likely the second.

Materia Medica Comparison for Belladonna (GS)

Universal redness of skin with or without rash. Swelling of arms and hands. Fainting fits. Blood mounts to head, which becomes heavy as if giddy. Draught: takes cold easily.

Materia Medica Comparison for Arnica (GS)

Intense pricking or itching on entire body. Hot, hard, shining swelling, from insect-sting. Great weakness.

Prescription and Progress

The antihistamine is stopped and Frederique is given a dose of *Belladonna 200 C*. In the next two months she twice has mild urticaria when bathing in a lake. The cough and vulvitis disappear completely. We continue with *Belladonna (M, XM, LM, CM)*. Ten months after the start of treatment the child is fully healed.

Period of observation: 5 years

Comment

- Here we are lucky that the skin modalities also fit the inner symptoms. If there is no such correlation, or if there are contradictions between the modalities of the inner organs and those of the skin, the inner organs take priority.
- This is one of the cases where we had to include a symptom of low reliability to get a sufficient differentiation of remedies.

2. Skin Disease

Special Features of Homeopathic Treatment

Skin disease is often an early manifestation of inner disease. *Atopic dermatitis* is an example – it is the initial manifestation of an allergy that can develop into hay fever and asthma. *Psoriasis* can mark the beginning of rheumatism, and *lupus erythematoses* can be the skin manifestation of severe autoimmune disease affecting the inner organs. Even infectious skin diseases may proceed to internal disease (like *borreliosis*, *syphilis*, *HIV*, etc.). Exceptions to this are exogenous skin changes of toxic origin (e.g. *toxic dermatitis*, induced by certain plants such as poison ivy), or damage caused by heat, radiation, or insect bites.

Significance of Hering's Law

Hering's law states that healing is complete when the symptoms of illness disappear in the opposite sequence to their appearance. Since many illnesses begin on the body surface and spread internally with time, *the inner symptoms should be addressed with priority in remedy determination for skin disease.*⁴ If there are no inner symptoms, the *modalities of the skin manifestation* are the next level, although a bit less reliable. The skin manifestation itself is also in figurative terms superficial and should therefore only be used when no other symptoms can be elicited.

In the Swiss Association of Homeopathic Physicians we did a study in which one group of doctors selected remedies for patients with atopic dermatitis using the skin symptoms, a second group prescribed according to the patients' inner symptoms. The hit rate of the first group was 27% and the second group 63% (unpublished results). Apart from worse results, selecting a remedy via skin symptoms runs the risk of suppressing the rash, displacing the symptoms to the inner organs.

Skin manifestations of infectious disease

With skin manifestations of bacterial infectious disease, the infectious agent must be treated to ensure the long-term success of homeopathic treatment. Antibiotics are obligatory for syphilis or borreliosis (ORG §3: “The physician must know the obstacles to recovery in each case and be aware of how to clear them away so that the restoration of health may be permanent”).⁵

Lack of inner symptoms, approved indications

The treatment of skin disease with patients who only display skin symptoms is difficult. This is very common in babies with atopic dermatitis. If there are no modalities and no additional complaints, we give a trial dose of *Belladonna 200 C*, and, if this does not improve within ten days a dose of *Sulfur 30 C*. In approximately one third of patients this cures the skin problem. Vaccinations in babies can occasionally trigger or aggravate eczema. In such cases it often helps to administer a dose of the nosode of the vaccine, such as *Iso-Pentavac 200 C* or *Iso-Prévenar 13 200 C*.

Dosage of homeopathic remedies in skin disease

Due to the often high degree of suffering, we recommend to test the patient’s reaction with a 30 C potency of the optimal remedy. If there is no severe aggravation, a 200 C can be administered two weeks later. With a severe initial aggravation before improvement, it is recommended to dilute subsequent doses in three to five glasses of water. For details, see:

www.heinerfrei.ch → Resources → Dilution of Single Doses.⁶

Atopic Dermatitis

Atopic dermatitis is one of the most common skin diseases: 5-20% of children and 1-3% of adults are affected. The skin changes occur episodically, with affected patches appearing red, flaky, sometimes also weeping, with itchy lumps and blisters. Conventional treatment concentrates on combating the dryness of the skin, using topical or even systemic anti-inflammatories, but usually cannot heal it. Genetic

factors and immunological changes are held responsible for this complaint, as well as allergies and psychosomatic factors.

Case 4: Atopic dermatitis

Eleven months old Sina comes from an atopic family. Since the age of two months she has a generalised eczema, partly dry and partly weeping. At the age of ten months chickenpox leads to an aggravation of the skin. In addition, she has trouble sleeping through the night and is very irritable. Sina has not been vaccinated so far. I find a severe skin rash with patches of reddening and flakiness, which is weeping in some places (fig. 1 and 2).



Fig. 1 and 2: Sina at 11 months, before starting homeopathic treatment.

The parents prepare for casetaking with the *Checklist* and report the following:

Atopic dermatitis

- > Open air – P
- < Getting warm in bed – P
- < Touch – P
- < While waking up – P
- < While falling asleep – P
- Thirst – P
- Irritability – P

Sleep disturbance

- Frequent waking at night
- > Rubbing – P

- > Darkness – P
- > Food warm – P (milk)
- > Pressure – P
- < Teething
- < Cold (i.e. head cold)
- < Full moon
- < Anger

Additional complaints

- Fluent coryza

The polar symptoms of the sleep disturbance do not enable a sufficient differentiation of remedies, and we include the polar modalities of the skin disease. The non-polar modalities are unreliable and therefore omitted.

First Repertorisation

S. L.

Atopic Dermatitis

| | | Sulph. | Ign. | Ant-c. | Nux-v. | Nat-c. | Bry. | Ph-ac. | Calc. | Caust. | Rhus. | Merc. |
|----------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|-----------|
| Hits | | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 10 | 10 |
| Sums | | 36 | 26 | 21 | 30 | 24 | 26 | 24 | 29 | 21 | 28 | 29 |
| Polarity Difference | | 24 | 17 | 16 | 15 | 15 | 12 | 10 | 9 | 5 | 17 | 16 |
| 74 | > rubbing [better] | P 3 | 3 | 2 | 1 | 4 | 2 | 2 | 4 | 1 | 2 | 3 |
| 74 | > darkness [better] | P 3 | 3 | 3 | 3 | 3 | 1 | 3 | 4 | 2 | 1 | 3 |
| 42 | > food and drink, warm things [better] | P 3 | 2 | 2 | 4 | 1 | 1 | 1 | 1 | 1 | 4 | |
| 74 | > pressure, external [better] | P 2 | 2 | 1 | 2 | 4 | 2 | 3 | 1 | 3 | 3 | 1 |
| 93 | > open air [better] | P 2 | 1 | 3 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 1 |
| 67 | < warm, becoming heated in bed [wor: | P 4 | 1 | 1 | 2 | 1 | 1 | 3 | 2 | 2 | 2 | 4 |
| 121 | < touch [worse] | P 4 | 1 | 1 | 4 | 1 | 3 | 3 | 1 | 1 | 3 | 2 |
| 111 | < sleep, after waking up [worse] | P 5 | 4 | 3 | 4 | 4 | 2 | 3 | 4 | 4 | 4 | 4 |
| 99 | < sleep, before; while falling asleep [w | P 3 | 3 | 1 | 2 | 2 | 5 | 2 | 5 | 2 | 5 | 5 |
| 99 | thirst | P 4 | 2 | 3 | 3 | 2 | 4 | 1 | 4 | 2 | 3 | 4 |
| 64 | irritability (anger, aggression) | P 3 | 4 | 1 | 4 | 1 | 3 | 1 | 2 | 1 | | 2 |
| 44 | < rubbing [worse] | 1 | | | | 1 | | 1 | 2 | 3/CI | | 2 |
| 20 | < darkness [worse] | | | | | | | | 5(CI) | | 2 | |
| 52 | < food and drink, warm things [worse] | 1 | | | 1 | | 4/CI | 3/CI | 2 | 2 | 1 | 2 |
| 93 | < pressure, external [worse] | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 3/CI | 1 | 1 | 2 |
| 110 | < open air [worse] | 1 | 3/CI | 1 | 4/CI | 2 | 1 | 2 | 2 | 1 | 2 | 3/CI |
| 38 | > warm, becoming heated in bed [better] | 1 | | | 4/CI | | 4/CI | 2 | | 5/CI | 2 | |
| 42 | > touch [better] | 2 | | 1 | | 2 | 2 | 1 | 4/CI | 2 | | |
| 28 | > sleep, after; while waking up [better] | | 1 | | 3 | 1 | 1 | 1 | 1 | | | |
| 1 | > sleep, before; while falling asleep [better] | | | | | | | | | | | 3 |
| 86 | thirst, absent | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 1 |
| 37 | mildness | 3 | 3 | | | 1 | | 1 | | 1 | 1 | |

Interpretation

The symptoms are covered by nine remedies, three of which have no contraindications. Sulfur is the favourite with the highest polarity difference, followed at a distance by Antimonium crudum and Natrium carbonicum.

Materia Medica Comparison for Sulfur (GS)

Eruption on face, neck and arms, yellow scabs thickly cover diseased surface ... there is much itching. Child thrusts off bedcovers at night. Yawning and sleepiness during day, wakeful at night. Tossing, nervous excitement. Difficult falling asleep, with itching on skin. Wakes up at 3, 4 or 5 a.m., and cannot fall asleep again.

Prescription and Progress

Sina is given a dose of *Sulfur 30 C*. In the following days there is no reaction, then she suddenly starts sleeping through the night and her skin becomes almost completely normal. After two weeks the skin again starts to show symptoms and we give her *Sulfur 200 C*. This leads to an improvement in both skin (fig. 3) and sleep, and the child has a developmental spurt. With *Sulfur M* and *XM* at monthly intervals the improvement is maintained but without any further progress. We therefore seek a new remedy.



Fig. 3: Sina, 13 months, after Sulfur 200 C.

A review of the remaining symptoms results in the following:

- > Darkness – P
- > Food, warm – P
- > Open air – P
- < Touch – P
- < After waking up – P
- < Before falling asleep – P
- Irritability – P
- Thirst – P

We repertorise them all.

Second Repertorisation

S. L.

Atopic Dermatitis

| | | Sulph. | Lyc. | Nux-v. | Nat-m. | Nit-ac. | Ant-c. | Ars. | Verat. | Bry. |
|----------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Hits | | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Sums | | 27 | 26 | 25 | 19 | 17 | 17 | 24 | 18 | 21 |
| Polarity Difference | | 18 | 17 | 15 | 14 | 14 | 14 | 13 | 13 | 12 |
| 74 | > darkness [better] P | 3 | 3 | 3 | 1 | 2 | 3 | 2 | 1 | 1 |
| 42 | > food and drink, warm things [better] P | 3 | 4 | 4 | 2 | 1 | 2 | 4 | 3 | 1 |
| 93 | > open air [better] P | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 | 2 |
| 121 | < touch [worse] P | 4 | 4 | 4 | 2 | 3 | 1 | 2 | 3 | 3 |
| 111 | < sleep, after waking up [worse] P | 5 | 4 | 4 | 4 | 5 | 3 | 5 | 2 | 2 |
| 99 | < sleep, before; while falling asleep [w P | 3 | 5 | 2 | 2 | 1 | 1 | 4 | 1 | 5 |
| 99 | thirst P | 4 | 1 | 3 | 3 | 3 | 3 | 4 | 3 | 4 |
| 64 | irritability (anger, aggression) P | 3 | 3 | 4 | 3 | 1 | 1 | 2 | 3 | 3 |
| 20 | < darkness [worse] | | 3 | | 1 | | | 2 | | |
| 52 | < food and drink, warm things [worse] | 1 | | 1 | 1 | | | 1 | 1 | 4/CI |
| 110 | < open air [worse] | 1 | 1 | 4/CI | 1 | 2 | 1 | 1 | 1 | 1 |
| 42 | > touch [better] | 2 | 1 | | 1 | | 1 | 1 | | 2 |
| 28 | > sleep, after; while waking up [better] | | | 3 | | | | 3 | | 1 |
| 1 | > sleep, before; while falling asleep [better] | | | | | | | | | |
| 86 | thirst, absent | 2 | 1 | 2 | | 1 | 1 | 3 | 2 | 1 |
| 37 | mildness | 3 | 3 | | 1 | | | | 1 | |

Interpretation

The symptoms are covered by seventeen remedies, nine of which have no contraindications. Sulfur and Lycopodium have the highest polarity difference, followed by Ant-c, Nat-m, Nit-a, Ars-a, Ver-a.

Materia Medica Comparison for Lycopodium (GS)

Unhealthiness of skin; dry, hot, burning, itching when warm. Eruption: first vesicular, then dry.

Prescription and Progress

Sina receives now *Lycopodium 200 C*, and the skin reaches a 90% improvement. With *Lycopodium M, XM, LM, CM* at monthly intervals this increases to 95%. The modalities are unchanged and we now prescribe *Sulfur* again (*C200, M, XM, LM CM*), which leads the eczema to completely clear. *Period of observation: 6 years.*

Comment

- The dual action of the primary and secondary remedies (Sulf and Lyc) in Sina's case is striking. Boenninghausen often used such a combination at short intervals, achieving very rapid healing.
- The last 10% of a homeopathic cure are often the most difficult to achieve.

Furunculosis

Furuncles arise from infections of the hair follicles, which spread into the surrounding tissue, fusing and forming abscess-like pockets. The infectious agent is mostly *Staphylococcus aureus*. Recurrent furuncles are termed *furunculosis*, and several furuncles fusing together are a *carbuncle*. Conventional treatment consists of warm compresses plus occasionally antibiotics.

Preventive measures include frequent hand-washing with disinfectants and regular changes of bedclothes and towels. But such suggestions mask only the therapeutic powerlessness by conventional means. On the contrary, with homeopathy we are often successful.



Furuncle



Carbuncle

Case 5: Furunculosis

15-year-old Gregory has been suffering from furunculosis on the right thigh for a year, with episodes of large, painful furuncles, and antibiotic treatment had no effect on the course of the illness. Otherwise he is fully healthy. With the *Checklist* he marks the following symptoms:

- < Touch
- < Pressure
- < Movement
- < Lying on the painful side
- < Cold

All modalities concern the furuncle – we cannot find any inner symptoms, so we use all available symptoms for repertorisation – that is, all modalities and the clinical finding *furuncle*.

Repertorisation

G. U.

Furunculosis

| | | | Hep. | Nit-ac. | Hyos. | Lyc. | Phos. |
|----------------------------|-----------------------------------|---|-----------|-----------|----------|----------|----------|
| Hits | | | 7 | 7 | 7 | 7 | 7 |
| Sums | | | 23 | 18 | 16 | 20 | 15 |
| Polarity Difference | | | 16 | 10 | 7 | 5 | 5 |
| 121 | < touch [worse] | P | 4 | 3 | 4 | 4 | 1 |
| 93 | < pressure, external [worse] | P | 4 | 3 | 2 | 4 | 2 |
| 80 | < lying, on painful side [worse] | P | 4 | 3 | 1 | 3 | 3 |
| 126 | < movement, during [worse] | P | 3 | 2 | 1 | 1 | 3 |
| 90 | < cold in general [worse] | P | 4 | 1 | 3 | 1 | 2 |
| 52 | skin, eruption, boils | | 3 | 3 | 3 | 4 | 3 |
| 7 | skin, eruption, boils, large | | 1 | 3 | 2 | 3 | 1 |
| 42 | > touch [better] | | 1 | | | 1 | 3/CI |
| 74 | > pressure, external [better] | | | | | | 1 |
| 24 | > lying, on painful side [better] | | | | | 1 | |
| 102 | > movement, during [better] | | 1 | 1 | 1 | 4/CI | 1 |
| 73 | > cold in general [better] | | 1 | 1 | 3 | 2 | 1 |

If we only enter the modalities and the symptom *furuncle/boils* the result is a large number of remedies for differential diagnosis. With the help of the symptom *boils large* we can restrict the shortlist to five remedies, three of which have no contraindications.

Materia Medica Comparison for Hepar sulfur (GS)

Unhealthy suppurating skin; every cut or hurt suppurates. Great sensitiveness of skin to touch and to slightest cold. Suppuration of long inflamed boils on body, or on

limbs. Ulcers very sensitive to contact, easily bleeding, burning or stinging, with corrosive pains.

Materia Medica Comparison for Nitricum acidum (GS)

Large boils on scapulæ, nape of neck, thighs and legs. [Pain] as if splinters were running through carbuncles.

Prescription and Progress

Due to the large polarity difference and the materia medica comparison, Gregory is given *Hepar sulfuris 200 C*, with *Nitricum acidum 200 C* in reserve, in case *Hepar* does not help within four days.

With *Hepar sulfuris* the pain and inflammation stops so quickly that Gregory does not need to use the reserve remedy. Yet four weeks later he has a relapse which now heals quickly with *Nitricum acidum*. With two further doses of *Nitricum acidum (500 C and M)* at monthly intervals, the furunculosis heals completely.

Period of observation: 3 years

Comment

In this case the correct remedy was only found with the problematic rubric *boils large*, which lists seven remedies. In general, it is best to avoid rubrics with less than ten remedies because they severely restrict the choice of remedy via a single symptom. With a lack of symptoms, however, this procedure is the only way to select a remedy.

Bibliography

1. Frei H, Hay Fever and Polarity Analysis, Spectrum of Homeopathy, III 2013
2. Polarity Analysis Software, see <http://polarity-analysis.com>
3. Constantine Hering [1879]. The Guiding Symptoms of our Materia Medica (reprint), B. Jain Publishers, New Delhi, 1991
4. Hering C, Hahnemann's Three Rules Concerning the Rank of Symptoms, Hahnemannian Monthly, Aug 1865, pp. 5-12
5. Samuel Hahnemann [1842]. The Organon of the Medical Art, 6th ed. Transl. S. Decker, ed. W.B. O'Reilly. Redmond, WA: Birdcage Books, 1996
6. Frei H, Hautkrankheiten und Polaritätsanalyse, AHZ 2014; 259 (4):1-10 (German)