

## Eczema and some other Clinical Cases.

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### CASE I.

Mrs. A. L., age 55, May 15, 1925. Climacteric at 52, periods before, dark, offensive. Since this time severe eczema of both hands, dry, scaly, with deep fissures in palms, hands double in thickness, unable to close for two years in spite of hospital treatment of eight months, ointments and light. There is burning, numbness, stinging, soreness on touch, with former itching worse during the daytime. She is aggravated in general from heat and summer weather, craves air, is depressed and melancholy. *Sulphur* 10M.

May 29. A little improvement. *Sac. lac.*

June 19. Decided improvement. Feels fine, herself. Some return of cracking in palms with itching worse at night. Several movements a day. *Sac. lac.*

July 20. The hands are healed, but now the trouble has returned, worse on rising, or water, cannot sleep with the itching, again depressed. *Sulphur* 50M.

Aug. 18. Improved, can close hands. *Sac. lac.*

Sept. 15. Slight return on one hand but feels well in general. *Sac. lac.*

Dec. 10. Reports herself cured.

No return to date.

### CASE II

G. M., aged 22. Jan. 26, 1930. Eczema of two years' duration on back of hands, both wrists and fingers. Formerly oozing, now dry the year around, with intense burning, and at times itching. Only constitutional symptom obtained < heat in general. *Sulphur* 1M.

Feb. 9. Worse after remedy, with cracking of hands. Prominent today, with itching but less burning. *Sac. lac.*

Mar. 16. Left hand clear but right is worse. *Sac. lac.*

Apr. 27. Improved a week ago. Itching severe. *Sulphur*  
10M.

June 10. Slight scaling. Physically better, he states. Has  
gained weight. No prescription.

Oct. 19. Trouble has returned in last few days. *Sulphur*  
50M.

Dec. 5. Feels fine.

Jan. 15. 1931. No trouble.

Mar. 15. Slight return of eczema base of right thumb.  
*Sac. lac.*

May 7. No eczema seen.

#### CASE III

H. W., age 18. Dry eczema of left armpit, sole of left  
foot, toes and right arm. Of three years' duration, follow-  
ing suppression of an eruption behind the ears. Burning  
and itching, < night.

Chilly type. Fear of thunder storms. Easily offended.  
She craves sweet and is averse to milk and fats. Feet and  
hands perspire easily. Menses two to three months late.  
Nosebleeds, profuse, bright.

May 16, 1930. *Sulphur* 200.

May 27. Armpit oozing, less itching. *Sac. lac.*

June 11. Left axilla raw looking, oozing, less epistaxis,  
some eczema on body. *Sac. lac.*

July 6. Armpit was better, but now worse. As arm  
improves feet are worse. *Sulphur* 1M.

Aug. 4. Armpit clear. Reports period in early June  
late July. *Sac. lac.*

Sept. 28. Looking wonderfully well. Slight patch in  
left axilla, another under hair bob. *Sac. lac.*

Oct. 20. Large area of eczema back of head with offen-  
sive oozing. Disposition less agreeable. *Sulphur* 10M.

Nov. 13. Improving.

Dec. 10. Head nearly clear. Left armpit again slight patch. *Sac. lac.*

Apr. 28, 1931. Has been fine except for left arm which persists. Menses are better. *Sulphur 50M.*

June 1. Came in to say she was in fine condition for graduation.

#### CASE IV

V. S., age 21, Aug. 3, 1930, History of yearly and long protracted eczema since age three. She had been operated for cervical glands when one year old. Her present condition reveals the entire face, neck and scalp, and both arms, to the finger tips, entirely covered with an eczema exuding a thick yellowish discharge with resultant crusts. She cannot close her hands and is kept awake by the burning and itching. < hot sun, < hot water. She is warm blooded; could cry any moment from discouragement; is jealous; fearful of thunder storms, the dark or robbers; sensitive and enjoys sympathy. There is craving for sweets, aversion to vegetables, greens, milk and fats. Her periods are early, scanty, clotted, offensive. She dreams often; these dreams are foolish and repeating. *Sulphur 200.*

Aug. 10. A portion of the face and back of the hands has cleared, Numerous small boils are annoying, Her mother states that there was marked perspiration of the head as a baby, and frequent nosebleeds in the summer even last year. *Sac. lac.*

Aug. 23. Marked > following many boils, can close the hands, face is clear. *Sac. lac.*

Sept. 15. Hands have again broken out, with itching and cracking, but less oozing. *Sulphur 200.*

Sept. 28. Improved.

Oct. 18. Still clear. Will be married this month.

Nov. 18. Has gained five pounds. No eruption.

Jan. 4, 1931. Slight patch between the fingers. Boil on the right arm. *Sac. lac*

Feb. 20. No sign of eczema, feels fine. No medicine.

Apr. 14. In last week eczema is appearing on one hand with oozing. *Sulph. I M.*

June 2. Reports herself fine. Menses now normal.

These cases of eczema all had suppressive treatment, and this may have had a bearing on their working out to *Sulphur*. I am not seeking to emphasize this remedy to the exclusion of others in eczema. It was interesting to note how the 200th potency held over such a long period in the last case. At least two of these cases will probably need further treatment at a later interval.

#### CASE V

Epilepsy. H. H., age 25. March 4, 1925. History of frequent epileptic attacks since childhood. Regular school treatment until now. He is excitable, < excitement, a great worrier, easily tearful, wants no sympathy, is nervous and hurried at his work, wants to go to bed on reaching home, but is often wakeful. He has frequent nosebleed for seven years. Feet perspire in the daytime, summer and winter. Face flushes on least excitement. Warm blooded. < oranges. Frequent cankers in mouth. Craves salt. Dizziness frequent. Not a well-taken totality, but he was given *Natrum mur. I M.*

May 18. No spells. Better in general.

Aug. 9, 1926. He is amazed to have gone so long without an attack. Nervous and hurried. *Natr. mur. I M.*

Oct. 27. Very tired, no ambition, nervous and shaky, face flushes, fearful of spell. *Nat. mur. 10M*

Mar. 14, 1927. Some return of nosebleed, cannot sleep, hurries his work, is irritable. *Nat. mur. 50M.*

Aug. 24. Had epileptic attack four days ago. Vomiting followed, which >.

One week later repeated *Natr. mur.* 50m.

Oct. 18. Jumps in sleep, easily offended, sensitive, consolation aggravated at first but now ameliorates. Strong in his likes and dislikes; noise or talking prevent concentration. He has become suspicious, and is fearful of a spell after eating a little at supper time. While symptoms have altered it was thought well to wait longer before giving a remedy.

Jan. 8, 1928. Encouraged and better in general. No remedy.

Mar. 1. Constipated badly. *Sac. lac.*

Sept. 3, 1928. Series of boils and carbuncles, much depressed, with hot flushes. *Calc, sulph.* 10m.

Dec. 21. Old feeling returned last night, but he was able to fight it off. He is tired, exhausted, jumps in his sleep, has cankers in his mouth, and pain in the region of the frontal sinus. He was now given *Sulphur* 1m.

May 12, 1929. Better in all ways. Declares he never felt better. No attacks since August, 1927.

Nov. 13, 1930. Reports condition still good,

Apr. 10, 1931. Feels fine. No fear of spells, and is enjoying life.

#### CASE VI

A case of asthma. M. O., age 56. June 26, 1929. Venereal history 30 years ago, followed by rheumatic fever. He then had asthma over a period of 18 years, but was relieved after an attack of pneumonia three years ago. The asthma has returned and is severe. He is nervous, fearful of suffocation. Open air, which he craves, relieves the attack. Hot drinks ameliorate. He is worse during humidity or in damp, rainy weather. Dread of suffocation in a crowd.

Cannot walk or do any exertion. He is of the chilly type, irritable in nature, flies off the handle, is abusive and then over it. Rushes after his work. Fearful it is not done right, or soon enough. He looks for trouble. Craves sweets and fats. Grinds teeth at night and talks about work in his sleep. *Kali carb.* 10M gave relief.

Sept. 15. Similar attack. *Kali carb.* 10M again benefited.

March 20, 1930. General improvement has ceased *Kali carb.* 50M. An aggravation of asthma followed immediately, but after ten days of *Sac. lac.* this subsided. He now walks to work, has no great amount of worry, and his wife reports his disposition as exceptional.

There have been no further asthmatic attacks to date, but with his history I rather expect we have not seen the last of his troubles.

#### CASE VII

The following case is of a girl, age 15, in high school. She has reached such a nervous state she must be kept at home. She worries constantly over her studies although an honor pupil. Her eyes are wild and staring. She awakens at three in the morning and cannot sleep. She dislikes restraint, is impatient, critical and obstinate, easily hysterical, and fond of argument. She wants to be let alone and feels better at night. As a child she was sad and melancholy, talked to imaginary dolls and of attending her own funeral. She was a fat, heavy baby, walking late. Menses protracted, preceded by irritability and weeping. Dreams are crazy and mixed. She awakens unrefreshed. Sensitive to music. < hot rooms, if stuffy. Averse to meat. Chilly type. She received *Sepia* 10M on Oct. 1, 1930.

Nov. 18. Says she hates family at menstrual period.  
*Sac. lac.*

Dec. 22. Sensitive, easily tearful, self centered, feels she is nagged, annoyed by what others are saying or doing. *Sepia* 50m.

Feb. 21, 1931. A different child. She is taking interest in things and is happy. *Sac lac.*

May. 31, 1931. Improvement holds.

#### CASE VIII

The last case is L. D., a salesman, age 33, who despairs of recovery. He gives a history of nausea and vomiting for the past five years, worse in the last two. At present, Dec. 24, 1930, he has vomiting daily about two hours after eating. He has consulted specialists, had x-rays, been three times to prominent hospitals for observation, finally having an exploratory operation in May 1930, which was negative. He is taking narcotics to sleep and comes to homœopathy without much hope. He talks of suicide, if no help can be had, in order to relieve his family, but still loves life. He has lost 25 pounds. During the attack he is irritable. Some > hot drinks. Vomiting at first ameliorates then becomes bitter and aggravates. Sleep ameliorates.

He dislikes consolation or a crowd. He is fearful in severe storms. Craves acids. Must have tobacco. Is averse to cheese. Must have air. hot stuffy room aggravates. Frequent nasal catarrh, thick, greenish-brown, with post pharyngeal dropping. Wet weather aggravates the catarrh. He had taken so many drugs that a dose of *Nux vom.* 200 was given.

Jan. 10, 1931, he was given *Natrum mur.* 10m. This held him without attacks until April 15, when nausea returned. He was then given *Natr. mur.* 50m. He has had no attacks to date, is able to attend to duties, and has a very wholesome respect for homœopathy.

—Homœopathic Recorder.

Proprietor, Printer & Publisher—Prasulla Chandra Bhar.

Printed at the Sree Ram Press, 162, Bowbazar Street, Calcutta.