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CLINICAL

Blisters and homeopathy: case reports and differential diagnosis

Gheorghe Jurj[1] and Silvia Waisse[2,*]

[1]Asociaţia Română de Homeopatie Clinică, Timişoara, Romania
[2]Associação Paulista de Homeopatia, São Paulo, Brazil

Blisters are skin lesions characterized by accumulation of fluid between the layers of the skin. Their severity varies from the common blisters caused by friction to severe autoimmune and congenital bullous disorders, some of them currently without treatment in conventional medicine or requiring drugs with potentially severe side-effects. This article reports cases of blistering diseases successfully treated with homeopathic medicines, which represent an alternative for the treatment of such disorders. *Homeopathy* (2011) **100**, 168–174.

Keywords: Homeopathy; Blisters; Pemphigus vulgaris; Atopic dermatitis; Bullous lupus; Toxic blisters; Bullous pemphigoid; Ranunculaceae

Introduction

Blisters are skin lesions characterized by accumulation of fluid between the layers of the epidermis and the dermis. Such disorders are classified as bullous diseases of the skin, which have autoimmune origin (Table 1),[1] and epidermolysis bullosa (EB) – a group of genetic bullous disorders where blisters are triggered by mechanical trauma.[2] Blisters also appear in dyshidrotic eczema and lupus erythematous bullous, besides the common blisters due to friction.[3,4]

Diagnosis usually requires, besides clinical data, skin biopsy and immunologic tests, most commonly direct and indirect immunofluorescence. Any blister-forming condition, by denuding the skin, may be complicated by infection. Treatment for autoimmune forms is based on corticosteroids, and eventually immunosuppressant agents.[5,6]

From a homeopathic standpoint, classifications and physiopathological mechanisms of production of blisters are less significant for the choice of suitable homeopathic medicines than the clinical presentation of the disease together with other factors allowing for the individualization of patients and homeopathic medicines. However, classical sources of homeopathic materia medica do not allow accurate distinctions between potentially useful medicines. The main reason is that most (if not all) works on homeopathic materia medica are discursive texts, while fine distinction between skin signs, in these case blisters, requires skilled examination. As we know from semiotics, verbal (linguistic) and visual semiotic systems are irreducible one to another, translations between them cannot be carried out without losses.[7] The aim of this paper is to report cases of patients with some blister-affections successfully treated with homeopathy and to point to the particular traits that allow distinctions between homeopathic medicines. In a separate paper we will report cases of children suffering from EB.

Case 1: pemphigus vulgaris in an adult

A 38-year-old, female patient, diagnosed with pemphigus vulgaris (PV) 3 months before the first homeopathic consultation. The diagnosis was made at the dermatology department of the local hospital, which refused to release the results of biopsy and laboratory exams. Four weeks before the initial outbreak of PV the patient had herpes labialis, which had been recurred several times in the previous year. Two months before the onset the patient developed itching in the arms. Blisters appeared initially in the hands, extending up the arms. They appeared at the beginning as confluent vesicles, and then became flaccid blisters up to 10 cm diameter, filled with clear, transparent fluid (Figure 1a). Stomatitis appeared concomitantly (Figure 1b). The patient had been treated with several antibiotics and oral prednisone, with

*Correspondence: Silvia Waisse, Rua Diogo de Faria 839, Vila Mariana, São Paulo, SP, CEP 04037-002, Brazil.
E-mail: dr.silvia.waisse@gmail.com, swaisse@pucsp.br
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Table 1 Autoimmune bullous diseases of the skin

Bullous pemphigoid
Pemphigus vulgaris
Pemphigus vegetans
Pemphigus foliaceus
Paraneoplasic pemphigus
Mucous membrane pemphigoid
Linear IgA bullous disease
Dermatitis herpetiformis
Epidermolysis bullosa acquisita

a slight improvement of the blisters, but severe aggravation of stomatitis. Before she first consulted us, the patient had discontinued conventional medicines on her own decision, due to dissatisfaction with the results.

The symptoms and their analysis considered for the homeopathic medicine are shown in Tables 2 and 3.

Rhus toxicodendron was prescribed: 200cH, 3 globules every morning 3 consecutive days of the week followed by 4 days without medication, repeated for 1 month. The high dilution was chosen due to the similarity of symptoms. Periods free of medication were included because of the risk of homeopathic aggravation and to observe the progression and eventually adjust the posology.

After the first 3 doses, the stomatitis improved, no new blisters appeared and those already present began to heal, and the tongue was cleaner. Three weeks later, the patient exhibited complete dermatological recovery, together with improvement of morning stiffness and pain in the joints. At 1-year follow-up, she had no dermatological complaints, including herpes.

Case 2: atopic dermatitis in a child

The presence of blisters was also the sign that allowed us to find the right medicine in a 12-month infant suffering from extensive atopic dermatitis (AD) from age 8 months (SCORing Atopic Dermatitis [SCORAD] score at onset = 77.6), treated with dexametasone and anti-histamine drugs without improvement. She also had constant upper airway catarrhal symptoms. On first consultation (24 June 2008), the skin was generally dry and rough; the most characteristic signs were the countless blisters affecting the nipples, palms and soles, which desquamated and were intensely itchy (Figure 2a, b). The patient would start to scratch immediately on being undressed. The itching was also worse around 03:00. The patient was extremely restless and agitated, as general symptoms.

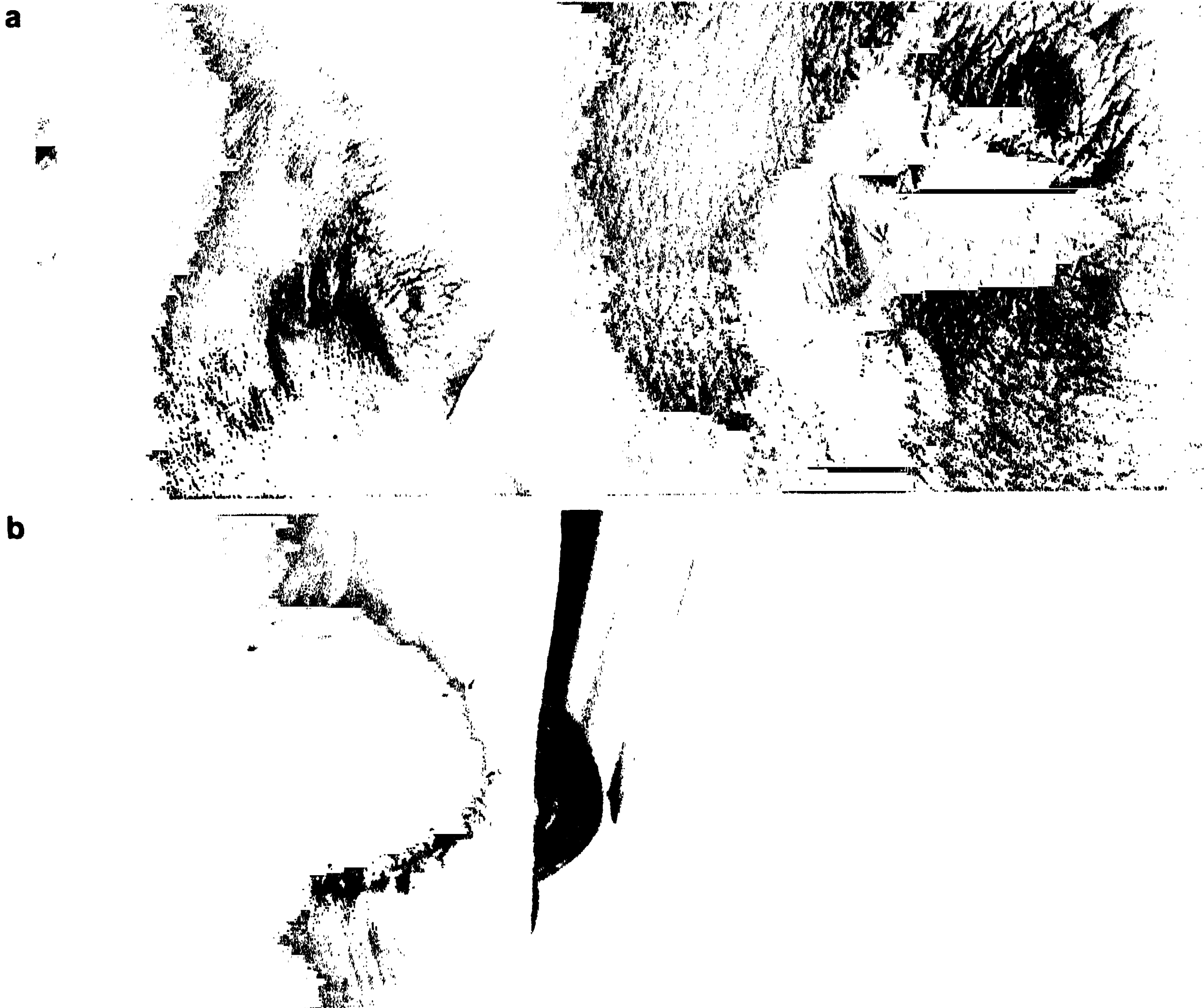

Figure 1 a. Flaccid confluent blisters. b. Stomatitis.

Table 2 Case 1: signs and symptoms

1. Sensitiveness to changes of weather; aggravation in cold rainy weather, of pain (stitching) in the joints of hands and feet.
2. Morning stiffness, ameliorated by motion.
3. Stiffness of the back, objectively assessed during physical examination through limitation of movement and muscular contraction.
4. Insipid taste in the mouth.
5. Feeling of burning and pain in the mouth. Intense thirst, the mouth felt very dry and painful while eating. The lips were dry and looked like burned, with white and brown scales. The patient could only stand cold drinks.
6. Ulcers in the oral mucosa.
7. Tongue heavily coated, whitish, on the base, but clean at the tip and edges.
8. Before the outbreak of blisters, feeling of heat, stitching and itch, worse in the night; blisters appeared the following day after scratching.
9. A large horn-like wart on one finger, which the patient had noticed 3 months earlier.

Table 3 Case 2: symptom analysis

	Rhus-t	*Nat-m*	*Ars*	*Sulph*	*Dulc*	*Lach*	*Ran-b*	*Sep*	*Merc*	*Phos*
Skin – eruptions – herpetic – burning	3	1	3	2	1	1	1	1	3	1
Skin – eruptions – pemphigus	2	2	2	2	2	3	1	2	2	1
Skin – eruptions – burning – night	3	–	1	–	–	–	–	–	2	–
Skin – eruptions – vesicular – burning	1	1	1	1	1	1	2	1	1	
Skin – eruptions – vesicular – painful	3	–	–	–	–	–	–	–	–	1
Skin – eruptions – vesicular – scratching; after	3	1	1	2	1	3	2	1	1	2
Skin – eruptions – blisters	3	1	2	2	2	1	2	2	2	1
Skin – eruptions – blisters – burning	1	–	–	–	–	–	1	–	–	–
Skin – eruptions – blisters – itching	1	2	–	–	–	–	1	–	–	–
Generals – stiffness – joints	1	–	–	–	–	–	–	–	–	–
Generals – weather – change of weather – agg.	4	1	1	2	4	1	3	1	2	3
Generals – weather – cold weather – wet – agg.	3	1	3	2	3	2	2	1	2	1
Generals – weather – rainy – agg.	2	–	1	2	1	1	1	–	1	–
Face – eruptions – herpes – lips	2	3	2	–	1	–	–	1	–	1
Face – eruptions – herpes – lips – about	3	3	2	1	2	1	–	3	–	–
Face – eruptions – crusty, scabby – lips	2	1	2	1	–	–	–	1	2	2
Mouth – discoloration – tongue – white	2	2	3	3	1	2	1	2	3	2
Mouth – inflammation – follicular, ulcerative	2	1	–	1	–	–	–	–	–	–
Extremities – stiffness – morning – bed agg.; in	3	–	–	–	–	2	–	–	–	–
Extremities – warts – fingers	2	2	–	1	2	1	1	2	–	–

On the basis of repertory analysis of signs and symptoms, we successively prescribed *Kalium carbonicum* LM6 twice daily, and *Calcarea sulphurica* 10x once a day (1 July 2008). The latter was associated with improvement of the face and the trunk, but remarkable worsening of the blisters on the hands and the feet. This sign and the striking restlessness led to the prescription of Rhus-t 30x once a day (15 July 2008), with immediate improvement of all the signs and symptoms (22 July 2008). The dilution was changed to 30cH daily (5 August 2008), which was associated with a return of the symptoms (restlessness and blisters), we interpreted this as a pathogenetic effect due to excessive medication (18 August 2008). We prescribed *Rhus-t* 30cH weekly with immediate improvement (26 August 2008) and then monthly until full recovery, when treatment was discontinued. The patient was followed for the following year and did not exhibit any further flare of AD.

Case 3: pathogenetic blisters in an adult

A 35-year-old female physician became infected with scabies, and secondary bacterial infection. She self-prescribed *Sulphur* 1000c in a single dose, and applied sulphur ointment topically. Immediately she developed large and extensive blisters (Figure 3a).

In this case, the configuration of signs and symptoms pointed to *Ranunculus sceleratus*, mainly due to the appearance of the blisters which were yellowish, fast spreading, with ichorous discharge, and watery secretions, associated with concomitant signs including: sensation of a cobweb on the face, sensation of trembling in the lips, especially the lower one, sensation "*as if a plug was in every blister*", and a particularly characteristic sign, fever after walking in open air, preceded by great chilliness (Table 4).

Ran-s 30x, 3 globules diluted in 15 ml of distilled water three times daily for the first 5 days, then 3 globules in diluted in 10 ml of water twice daily was prescribed. Full healing was achieved within 1 week.

Case 4: bullous lupus in an adult

This 46-year-old female patient was diagnosed with mixed connective tissue disease 7 years before the first homeopathic consultation. The first symptom, Raynaud's phenomenon, appeared immediately after giving birth to her only child. Around the time of the onset she had moved from the capital to a small town in the country a situation involving detachment. She was prescribed hydrochloroquine, which she had taken continuously since the initial diagnosis. Six months before the first homeopathic consultation she was also started methotrexate and prednisone. However, the pain did not improve and blisters began to form on the skin. She tested positive for antinuclear factors and with the family history of a half-sister suffering from systemic lupus erythematosus (SLE), the diagnosis of SLE was made.

Figure 2 a. Eczema on the nipples. b. Blisters on the hands.

Figure 3 Blisters after *Sulphur* 1000c.

On first consultation, the patient looked depressed and discouraged; however, she was loquacious and spoke fast. She said that she felt constantly under much pressure, having to carry her whole family on her shoulders. Her pain was episodic, and associated with weakness of the arms, she was unable to raise them even to comb the hair. The pain migrated from one joint to another, the joints swelled up and felt as if beaten. The pain was aggravated by motion and improved with rest and heat. During acute crises, she shed hair.

On physical examination: there were aphthae in the mouth; the tongue was large, flat and indented; the hands showed scars of old blisters; the skin was thickened on the knuckles. On the elbow there were large areas of raw skin (Figure 4a) and countless blisters in different stages of evolution. At their origin, the blisters were very small, but then they grew and became tense and filled with a yellowish fluid (Figure 4b).

These lesions were similar to those produced by plants of the genus *Ranunculus*: due to the similarity of lesions and the lack of itch or pain in the blisters we prescribed *Ranunculus bulbosus* LM 3 and 5, each to be taken for 15 days, 1 drop dissolved in 15 ml of water, with 10 previous succussions, 1 teaspoon in the morning on rising.

The patient returned 1 month later without aphthae and commenting that "*before this treatment, my mouth was always sore*". She had no pain, she felt better and calmer, indeed, she was no longer loquacious. Although the last month had been chilly, for the first time she did not have to wear gloves, she could warm up the hands quickly by merely rubbing them together.

On physical examination, the hands were no longer swollen; the blisters had healed, some of them growing thick crusts (Figure 4c); blisters that had not yet ruptured, did not do so, but became flaccid while the skin regenerated (Figure 4d). A few new blisters appeared in areas of mechanical trauma.

Treatment was continued with LM dilutions increasing by 2 degrees every 15 days for 3 months, with steady improvement in every respect – mental, general and local. Metothrexate and prednisone were discontinued.

Inexplicably, in the face of this positive evolution, the conventional doctor advised pulse therapy with high doses of corticosteroids, under threat of suspending all assistance if the patient refused. The patient accepted and withdrew from homeopathic treatment. We chose to include this case anyway because it shows the signs pointing to *Ran-b.*

Case 5: bullous pemphigoid in an adult

A 36-year-old woman, consulted in June 2009 with diagnosis of bullous pemphigoid (BP) made at the local hospital. Treated with oral prednisone for 3 months, initially with very high doses (50 mg/day) and then gradually decreasing to 20 mg/d. The disease had appeared after the stress of having to work abroad; it started with a period

Table 4 Case 3: symptom analysis

	Ran-s	*Rhus-t*	*Sulph*	*Bry*	*Con*	*Hep*	*Phos*	*Ran-b*	*Vip*
Skin – eruptions – blisters	2	3	2	1	–	1	1	2	1
Skin – eruptions – discharging – ichorous	1	2	–	–	–	–	–	–	–
Skin – eruptions – vesicular – humid	1	3	1	–	–	–	–	1	1
Skin – eruptions – vesicular – yellow	1	3	1	–	1	1	1	1	1
Skin – eruptions – vesicular – suppurating	1	1	1	–	–	–	1	1	1
Face – cobweb – sensation of	2	–	1	1	1	–	1	–	–
Face – trembling – lips – lower – sensation of trembling in lower lip	2	–	–	1	1	–	–	–	–
Generals – plug, sensation of	2	–	1	–	–	1	–	–	–
Fever – walking – air; in open – after – agg.	3	1	–	1	1	1	–	–	–

Figure 4 a. Raw skin. b. Progression of blisters. c. Thick dark crusts. d. Blisters become flaccid on healing.

Figure 5 a. Blister. b. Vesicle-like blister.

of fever followed by the outbreak of blisters. It was initially thought to be smallpox, but biopsy showed it to be BP. The reason for homeopathic consultation was the need to reduce prednisone as she also had a prolactinoma diagnosed 4 years earlier and treated with cabergoline. Prednisone made the serum prolactin rise.

She described herself as a rather calm person, but nervous when facing new situations. She was chilly, the skin felt cold to touch, but the hands and feet were hot during the night.

The skin showed small blisters of a few millimeters to 3 centimeters diameter, on a slightly congested base, filled with transparent yellowish glutinous fluid, the blisters were not tense and burst quickly, they were moderately itchy. The blister stage was so short that the patient usually discovered new lesions after they had ruptured; a long period of crusting followed (Figure 5a). Crusts were brown and left pigmented scars.

Concomitant signs included fissures on the corners of the mouth and discrete hirsutism; she had some keloid scars and soft nails that broke easily, with transverse ridges and white lines.

Symptoms analysis and previous experience led to the prescription of *Sulphur*, prescribed in dilutions LM 1 and LM 2 each for 2 weeks. Simultaneously the patient was weaned off prednisone. However new blisters continued to appear. The appearances of the blisters were taken as the grounds for the next prescription. Associated with the presence of dark rings around the eyes, hirsutism and her quiet demeanor this suggested *Graphites*. This indication was strengthened by the tendency to form keloids, however, the presence of hot hands and feet and the lack of digestive complaints were against this medicine. We sought for a medicine sharing common features with *Graphites* and *Sulphur* and that also matched the disease signs, and it was found in *Carboneum sulphuratum* (Table 5).

Carbn-s was prescribed in dilution 1MK, 3 drops/day, for 4 days/week. After 2 months of treatment, the blistering had completely stopped, the older lesions had healed faster than usual. The patient became less sensitive to temperature factors, except in the evening when she felt chilly, and the hands and feet became less warm. Two months later the picture was stable, a few blisters appeared at long intervals, and the itch was minimal. The levels of prolactin decreased to normal values, the patient remained on cabergoline. Scars remained pigmented for a while but eventually reverted to the normal skin color. The new blisters were small vesicles and healed very fast (Figure 5b). The biopsy scar lost its keloid appearance.

Discussion

Although the rubric 'blisters' in Synthesis Repertory is quite large (62 homeopathic medicines),[8] it does not distinguish between the occasional blisters from traumatic causes and chronic bullous diseases, nor between the acute and chronic stages of the latter, nor between pathogenetic, toxicological and clinical sources of the materia medica.

The principle of similarity calls for us to take into account the ability to make blisters of the original substance of the homeopathic medicine prescribed. Although homeopathic prescriptions must be grounded

Table 5 Case 5: symptom analysis

	Carbn-s	*Graph*	*Sulph*	*Ars*	*Dulc*	*Merc*	*Mez*	*Phos*	*Sep*
Skin – coldness	3	2	3	3	1	2	2	2	3
Skin – discoloration – brown – liver spots	2	1	3	2	2	3	2	2	3
Skin – eruptions – blisters	1	2	2	2	2	2	–	1	2
Skin – eruptions – boils	1	2	3	2	1	3	1	2	2
Skin – eruptions – crusty – moist	3	3	3	3	1	3	3	1	1
Skin – eruptions – crusty – scratching; after	1	2	3	1	2	2	1	1	1
Skin – eruptions – discharging – glutinous	2	3	1	–	–	–	1	–	–
Skin – eruptions – discharging – yellow	3	2	3	1	1	1	1	3	3
Skin – itching – night	2	2	3	1	1	1	2	1	1

on the characteristic totality of signs and symptoms as exhibited by each individual patient, the pathogenetic ability of the original substance must also be a part of the image of the medicine prescribed. All cases in which homeopathic medicines of the *Ranunculus* genus were prescribed, illustrate this 'local similarity': the similarity between the aspect of the patients' lesions and the appearance of the blisters provoked by the substance in healthy individuals.

For this reason, a thorough examination of the patient must aim to detect the most characteristic features of the physical lesions and particularize them in a semiologic manner. The cases presented here prove that "*not all blisters look the same*", and the apparently minor differences – such as the degree of tension, depth of the skin affection, the characteristics of the filling, the pattern of spreading, the aspect of the skin around, crusts and scars, etc. – may point to one or another homeopathic medicine. The physiopathological mechanism of blister-production can also be a relevant factor to take into account. For instance, poison-ivy and the *Ranunculus* genus cause detachment of the superficial layers of the skin, whereas snake poisons produce very deep lesions which may ulcerate, due to microthrombosis.[9]

It must be emphasized, however, that the appearance of lesions has only high indicative value when such peculiarities are found and correlate with the remainder of peculiar signs and symptoms exhibited by the patient. Some of the cases reported here show that the choice of homeopathic medicines without taking into account the specific particularities of the blisters but grounded on the general image of the patient and/or repertory analysis was useless. It must be acknowledged that not all homeopathic medicines are effective in blistering diseases, even when they apparently match the 'characteristic totality of symptoms' of the patient.

A further point we want to stress is the importance of the chronology of the progression of the lesions: the 'archeology of lesions'. These are data generally lacking in the homeopathic materia medica, but are important since they allow one to recognize individualizing signs in the early stages of diseases and to prescribe the suitable homeopathic medicine before they progress into more severe forms, which in the case of blistering diseases is important, due to the risk of infection.

Conflict of interests

The authors declare there is no conflict of interests.

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