

# A Case of Neurodermatitis

Spring Beat, MD, Switzerland

Reprinted from *Homoeopathic Links*, 1/92,  
*International Journal for Classical Homoeopathy*

A 14 months old girl, first seen in October, 1988 with severe neurodermatitis.

Since the age of 6-7 month eczema behind the ears, which spread all over the body except for the face.

She was hospitalised several times due to febrile superinfections with *Staphylococcus aureus*, subsequent stomatitis aphthosa and generalised eczema herpeticatum, predominantly of the lower body.

The treatment consisted of steroids and for the complications antibiotics (Dalacin, Ceclor), Zovirax intravenous and antihistamines. Due to relapses at every attempt to withdraw the medication Ceclor was given daily for 6 months. Once after withdrawal of antibiotics 'circulatory collapse' (August 1988). According to the mother, the doctor in the university hospital stated that she was one of their most difficult cases and due to the problems of treating this disease in children, they should be glad if she developed an asthma, which would be easier to treat!

Urticaria after some fruits and broccoli, and aggravation of the eczema from tomatoes, nuts, and raw apples. RAST-test positive on chicken protein.

Eczema moistening. Copious sticky secretion - the pyjamas had to be loosened with water in the morning. Discharge smelled offensive, rotten, especially during superinfection.

Extreme itching, worse at night. Parents had to bind her hands during night. Itching worse heat, better from firm rubbing and washing with cool water (used to take showers in the night). Dry scaly, red skin. Swollen lymph nodes, cervical and nuchal. Sticky perspiration with sweetish odour.

**Family history:** Father asthma. Grandmother eczema.

**Personal history:** Chronic recurrent inflammation of the respiratory tract. Usual vaccinations. Prolonged local reaction after BCG vaccination. No tuberculosis in the family.

**Character:** According to the mother she is vivid and has tantrums. She is



Abb. 1+2: Patient after withdrawal of medication.

bossy, tyrannizes the whole family. Often discontent - always wants something different. Mother is often despairing about what to do with her.

### Observation:

Child doesn't sit quietly, opens and investigates all the drawers in the consulting room.

### Generals:

Warm blooded, but likes the sun.

**Desires:** ice-cream, sweets, sausages.

Strong aversion to milk.

Eats large quantities, without gaining weight.

Fear of all animals (even the barking of a dog in front of the house causes panic).

Fear of dark.

### Analysis:

My prescription is based on the following symptoms<sup>1</sup>:

1. Fear of animals
2. Eats much, without gaining weight
3. Aversion Milk
4. Desire ice-cream
5. Desire sausages/smoked meat
6. Tendency to get cold
7. Itching during night
8. Discharge rotten
9. Sticky perspiration

<sup>1</sup> Symptoms selected according to homoeopathic value, i.e. symptoms representing the mind and the whole person = above local symptoms; characteristics of the individuality of the patient (i.e. symptoms in which the individual character of the response of the organism is expressed) = above common symptoms (i.e. symptoms explainable by the pathology itself).

10. Swelling lymph nodes.

**Repertorisation:** see Figure 1

The repertorisation together with the character of the child (discontent, restless, tyrannizing) and the strong reaction to the BCG vaccine led me to prescribe *Tuberculinum*.

Due to the expected aggravation a low potency was selected. Previously the antibiotics and the corticosteroids were withdrawn.

**Prescription** (4.12.1988):  
*Tuberculinum* 30.

**Follow-up** (FU 14.12): For two days after the remedy increased itching "like never before". Ate less than usual for a short period. Mother says, that she can now make telephone calls without the child disturbing her. Eczema itching distinctly less (no Fenistil used). The rhinitis which she has before the remedy is now better.

FU 18.1.1989: Much less itching, ve skin only slightly red, less dry. No secretion. Amelioration despite her not following the eliminative diet anymore. Has gained some weight, despite eating less.



Abb. 2

**Development until now** (April 1992):

In 1989 *Tuberculinum* had to be repeated 7 times, raising the potency from 30 to 10M. Criteria for repetition was a lasting relapse of the eczema together with constitutional symptoms (i.e. restlessness, fear of dogs). There was always a short aggravation of the itching and of the putrid secretion lasting 5-10 days.

Clonidine (Neurodermitis)		12.4.1992																										
Analyse Options: Toxicity, Strains, Baza & Patches, All Remedies																												
%		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
% of Total		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
% of Rubrics		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
1	Mind, FEAR, animals, of	3																										
2	Stomach, APPETITE, ravenous, orientation...	2	2	1	3	2	3	2	3	1	2																	
3	Stomach, AVERSION to, milk	1	2	2	2	2	1	2																				
4	Stomach, DESIRES, too green	1	3	2	2	1																						
5	Stomach, DESIRES, meat, smoked	3																										
6	Generalities, COLD, tendency to take	3	2	3	3	2	1	2	2	3	2	1	3	1	3	1	2	3	3									
7	Skin, ITCHING, night	1	1	2			3			1	1	1																
8	Respiration, ODOR, fetid	2	3	3			1		3	2	3	1																
9	Respiration, STICKY		1					1																				
10	External Throat, SWELLING, Cervical Glands	2	2	3	3	3	2	2	3	3	3																	
11	Back, SWELLING of, Cervical region		2					2																				

Figure 1: Computeraided Repertorisation (MacRepertory)

The occurrence of the eczema became milder and less frequent, and since October, 1990 hasn't returned. In 1990 *Tuberculinum M* was repeated 2 times, in 1991 until now once. After the disappearance of the eruption, the criteria for repetition has been solely the returning fear of dogs and the restlessness. Since December, 1991 no medication was needed.

Despite eating chicken protein and milk-products and having holidays at the seaside no relapse occurred. The girl lost her difficult behaviour and is loved by everyone.

The improvement of general well-being and immunological resistance shows in the decrease of infectious diseases.

**Discussion:**

**1. Causation**

In this patient the family history of allergies (father with moderate asthma; Grandmother with eczema) suggested a predisposition towards allergic diseases. However, neither the family — nor the personal history give reason for such a sudden onset and such a malignant course of disease. The only exciting cause, strong enough to effect the balance of the organism, could be found in the BCG vaccination.

It is a common experience in homoeopathy that these kind of long term effects of vaccinations can be diagnosed. A homoeopath finds the proof for the causative effect of a vaccination in the following criteria:

1. Onset of symptoms after the vaccination (the interval can be shorter or longer).
2. Local or systemic reaction to the vaccination (short interval; not compulsory).
3. New symptoms after vaccination correspond to remedy picture of the nosode<sup>2</sup> (or indicated remedy).

4. The corresponding nosode (in a certain way the "antidote") clears up the symptoms and cures the disease. In the above case all these criteria were fulfilled.



Abb 3 Patient, 18 months after treatment

**2. Course of treatment**

Due to the severity of the disease and the worries of the parents, well justified by the past experiences, a placebo has been given in moments of relapse. (Particularly in the treatment of children, placebo can help the parents to deal with the period of waiting). If the relapse was mild or of short duration, the parents didn't have to call. If after the placebo the aggravation continued, *Tuberculinum* was repeated. After *Tuberculinum* (never after the placebo) a short aggravation of the itching and a putrid secretion of the fingers occurred.

In congruence with the law of Hering, the restlessness first improved, followed by an improvement of the itching and finally the disappearance of the eruption itself.

This law of healing states that the disease has to be cured from inside to

outside, i.e. the psychological derangement and the symptoms disturbing the person as a whole disappear before the local ones.

This case, despite being difficult in allopathic treatment, was from the homoeopathic point of view a rather easy case. (The exact opposite is as often true, e.g. when in a minor disease the correct remedy can be difficult to find due to a lack of leading symptoms). The 'welcome' syndrome shift into asthma however, is from our point of view a deepening of the disease process, which would prolong the time of cure (in many cases after the correct homoeopathic treatment for asthma) a pre-existing eruption reappears!).

**COMPLEMENTARY MEDICINE**

**New Approaches to Good Practice**

Published by The British Medical Association

This book represents the views of the BMA Board of Science and Education. It set up a Working Party, chaired by Professor J.P. Payne, who also chaired the Working Party which reported on Alternative Therapies in 1986. As many will remember, that report was highly critical and patronising towards alternative medicine. It was, therefore, with great interest that I awaited the result of this Working Party, to see if the leopard had really changed its spots.

Initial perusal of the book is encouraging. It would appear that the BMA has finally listened to public opinion and to voices within the medical profession itself. It also appears to have been influenced to a great extent by the development of working practices within Europe and within the EEC in particular. It has now come to accept that, whether it likes it or not, complementary therapies are here to stay, and has therefore taken the position that the public should be protected from unscrupulous and poorly trained practitioners. This viewpoint is highly laudable and is very similar to the stance taken by The Faculty of Homoeopathy's Working Party on Non-Medically Qualified Practitioners, which reported back some months before the BMA's Report.

The main recommendations for good practice of complementary therapies are directed towards the non-medically qualified practitioners. All these recommendations are sensible, and will no doubt be implemented by one political party or another in due course. What is not clear at present is exactly what the relationship should be between medically qualified and non-medically qualified homoeopaths. Indeed, there seems to be some confusion in the report, as it recommends that "a single regulating body

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<sup>2</sup> Nosode: A disease or the vaccination for this particular disease can cause a derangement in the patients organism. This can be removed by the indicated nosode, which is a homoeopathic preparation of the disease (e.g. tubercular pus) or the vaccination itself

# A Case of Acute Pulmonary Oedema and Anoxic Encephalopathy

George Guess, MD

Reprinted from *Homoeopathic Links*, 1/92,  
International Journal for Classical Homoeopathy

A 67 year-old male, while out camping, developed acute dyspnoea, orthopnoea, cyanosis, and diaphoresis. He went into ventricular fibrillation in the ambulance. Cardiopulmonary resuscitation and defibrillation led to conversion to normal sinus rhythm. However he remained comatose, with severely depressed respiration. He was admitted to the coronary care unit and put on a respirator. He had a past history of two previous episodes of acute pulmonary oedema.

Medical status at admission: see box

## Medical Status

BP 110/70 T 100 8°F (38.2°C) rectal. Pupils were unresponsive to light, no spontaneous motion of limbs; no pathological reflexes. Coarse rales in chest. Regular cardiac rhythm, without murmur. EKG showed Left Bundle Branch Block with ectopic atrial rhythm. Two days after admission EKG showed no QRS, ST or T wave changes to suggest myocardial infarction. Chest X-Ray: bilateral pulmonary oedema, mild cardiac enlargement consistent with congestive heart failure. By 9 days after admission chest X-Ray showed almost complete resolution of oedema. Arterial blood gases during admission showed lowering of pO<sub>2</sub> despite 100% oxygen administration. Two hours after resuscitation pO<sub>2</sub> was 53. Gradually it elevated. Elevated white cell count (17,000).

While in the hospital he was treated initially during CPR with the usual drugs, e.g. atropine, epinephrine, NaHCO<sub>3</sub>, lidocaine, ventilator; later he received Decadron for cerebral oedema prophylaxis; a bout of supraventricular tachycardia was treated with digoxin and quinidine. Diuretics were prescribed for the pulmonary oedema.

Echocardiogram: sclerotic, nonstenotic aortic valve, calcified mitral annulus, minimal pericardial effusion; moderately reduced left ventricular function; moderate mitral regurgitation and mild tricuspid regurgitation.

**Diagnostic impression:** Global cardiac hypokinesia due to severe triple vessel coronary heart disease, causing acute pulmonary edema and ventricular fibrillation. Anoxic encephalopathy; severe respiratory acidosis.

This patient remained comatose for 8 days despite treatment and improved vital organ functioning, though pulmonary oedema was still present. I was called on the 8th day and asked if I might help. He was still on the respirator. With the aid of an astute observer at the scene in the coronary care unit the following information was obtained: comatose and unresponsive; cold to touch; eyes open but vacant and unresponsive; slow side-to-side constant nystagmus; periodic jerking of head and head tremor; lies with head and neck hyperextended. No other unusual data was available.

**Prescription:** *Benzinum nitricum* 30C, three times a day, as needed.

(Kent's Repertory: Eye, motions, pendulum-like, from side to side: Agar, amyg, Ars, benz-n, Carb-h, cic, Cupr, Gels, sabad, sulph).

Clarke's description of *Benzinum nitricum* reads:

"It produces faintness, sinking... stupor. It slows the respiration until death occurs. Rolling of the eyeballs in their vertical axis is a prominent feature, and the pupils are dilated... Head drawn backward and to the left side in spasms... Paralysis of all the limbs... Heart: pulse rapid, weak, irregular."

The choice seemed to lie between *Benzinum nitricum* and *Carboneum hydrogenisatum*, another coma remedy noted for the oscillating motions of the eyes.

On the next day, within 24 hours, the patient very rapidly regained consciousness; all the above symptoms vanished and his vital functioning improved considerably. He was removed from the coronary care unit the following day. His physicians commented that his recovery seemed remarkably rapid.

Subsequently this patient was transferred to a custodial facility and later home. Despite normalized cardiac functioning and no localizing neurologic findings, he experienced very slowly resolving weakness of the arms and a peculiar lack of strength of speech; I am told that he still suffers from a neurologic impairment of his speech. He has moved and been unavailable for further prescribing.

*His response to the homoeopathic remedy was dramatic and rapid; those observers who were close had no doubt as to its efficacy. This case reveals how homoeopathy, administered in concert with allopathic medications, can greatly facilitate clinical response in dire circumstances.*

## IMPORTANT NOTICE TO ALL MEMBERS AND CUSTOMERS OF THE BHA

In line with many other charities, the BHA is setting up a separate trading company. From 1st April, 1993 all cheques for purchases of books, teatowels, cards and other promotional items should be made out to:

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# News from Homoeopathic Groups

## **NORTH LONDON HOMOEOPATHIC GROUP**

Meetings are held on every 3rd Monday of the month at 7.30pm at St. Stephen's Church Hall, corner of Village Road and Park Avenue, Enfield (Buses 329 and W2 Car Parking). Entrance £1 including refreshments.

*September 20th:* Ms. Jenny Glew, Joint Editor of Health & Homoeopathy on her experience in the World of Medical Journalism.

*October 18th:* Dr. Peter Fisher, Consultant Physician at The Royal London Homoeopathic Hospital, will discuss Skin Problems.

*November 15th:* Dr. Julie Allen on Hypnotherapy and its clinical use.

*December:* Closed.

*January 17th, 1994:* An Introduction to Homoeopathy.

All are welcome from Patients to Practitioner.  
Enquiries: Tel. 081-455-2107

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## **EPSOM & LEATHERHEAD HOMOEOPATHY AND HEALING GROUP**

The Group has recently moved from Leatherhead and made the appropriate change in its name. Meetings are held on the fourth Thursday of each month except August and December at the St. John's Ambulance Hall, Hook Road, Epsom. Talks are given not only on homoeopathy but a variety of aspects of complementary medicine. Remedies, Tissue Salts, Bach medicines are available plus a stall of wholefoods. Members of the Committee are available to give free advice.

The annual subscription is £6 for individuals, £8 for couples, £4 for the unwaged. Entrance at the door, £1.50.

The Autumn programme is:

*Thursday, September 23rd:* John Veasey on the Osteopathic Treatment of Children.

*Thursday, October 28th:* Marilyn Connolly on the Bach Remedies.

*Thursday, November 25th:* Joan Muddyman on Aromatherapy.

\* \* \* \* \*

## **NORTH COTSWOLD HOMOEOPATHIC GROUP**

*Wednesday, 25th August:* A.G.M.

*Wednesday, 22nd September:* Robert Nichols, Coping with Stress – the Homoeopathic Way.

Contact: Hazel Walker, 32 Church Lane, Toddington, Winchcombe, Cheltenham, Glos. GL54 5DQ.

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## **COMPLEMENTARY MEDICINE**

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should be established for each therapy," and further on it states that "medically qualified practitioners wishing to practice any form of non-conventional therapy should undertake recognised training in that field, approved by the appropriate regulatory body, and should only practice the therapy after registration". Does this mean that members of the Society of Homoeopaths should take the M.F. Hom., or that medically qualified homoeopaths should take an examination set up by the Society, and how are the Society and Faculty to become one body? I also wonder whether enough thought had been given to the idea behind establishing bounds of clinical competence for each therapy. This is a statement that is very easy to make, but as we found in The Faculty Working Party, in practice it may be a lot more difficult to achieve.

In conclusion, despite my reservations regarding the motivation behind the report and the difficulties of establishing statutory bounds of competence for non-medically qualified practitioners and other possible areas of contention, I think we will look back on this report as being the turning point at which the BMA finally grew up and realised that it needed friends, not enemies, in order to tackle the immense problems facing health care delivery as we come towards the end of the twentieth century.



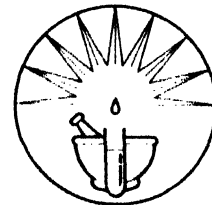
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