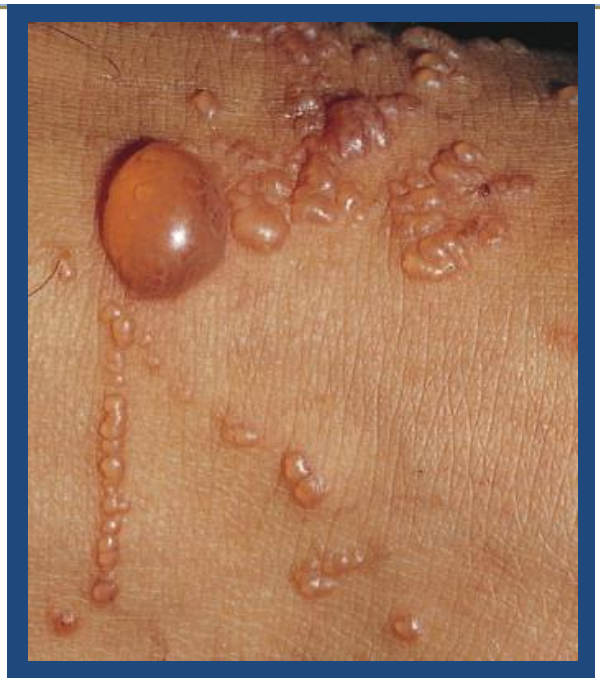

Dermatitis and Homoeopathy

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Dermatitis and Homoeopathy

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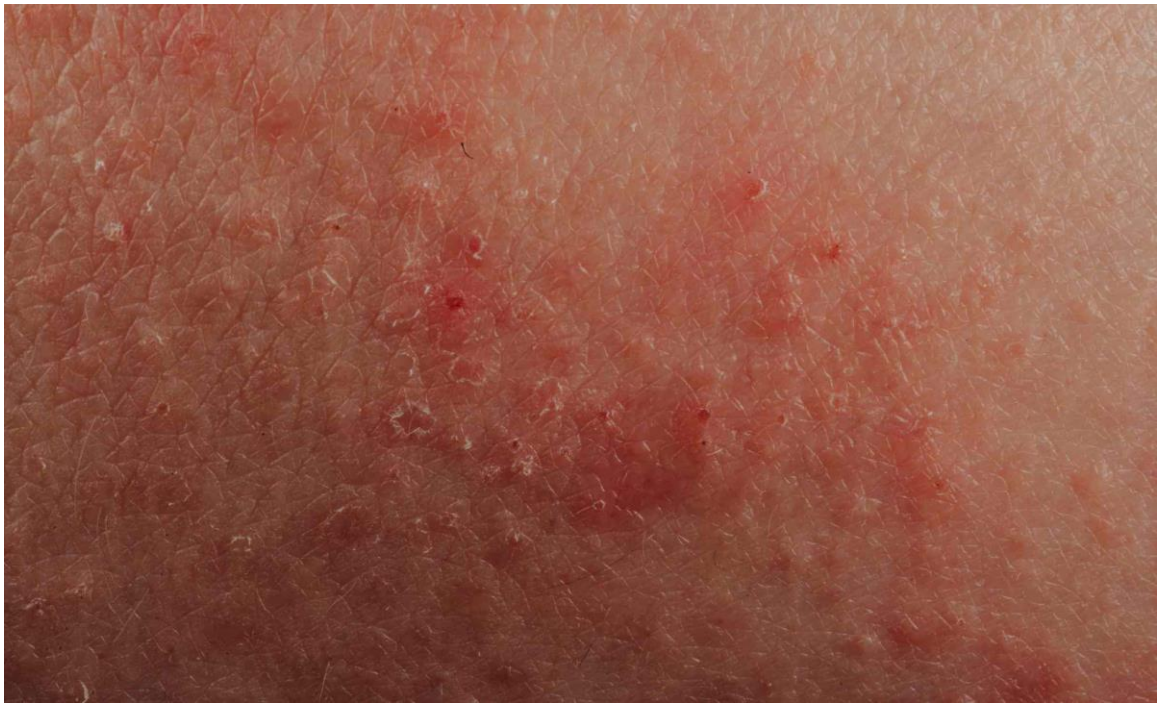
Definition

Dermatitis merely means inflammation of the skin and the word is used interchangeably with "eczema". Dermatitis is defined as an inflammatory process of the skin characterized inconsistently by erythema, edema, vesiculation, scaling, fissuring and lichenification, depending on severity and chronicity.



It is not a single disease entity, but describes a form of inflammatory responses originating in the dermis, which may be acute, subacute or chronic, each representing one stage in the evolution of the inflammatory process.

Dermatitis may practically be divided into endogenous and exogenous types, depending on whether the main precipitating factor of the inflammatory response is within the body or is caused by some external morbific agent. There is no absolute separation, nevertheless, and in many cases, the skin condition may be due to an interface between external agents and individual responses of the body, called as idiosyncrasy or susceptibility. In addition, endogenous and exogenous types may be present in the same patient.

A dermatitis may be entirely endogenous i.e. constitutional or be entirely exogenous i.e. contact induced. The latter consists of irritant and allergic contact reactions.

Commonly, dermatitis has a multifactorial etiology and may be aggravated by the presence of pathogens like staphylococcus aureus. Assessment of the relative importance of the possible factors may be difficult and subjective.

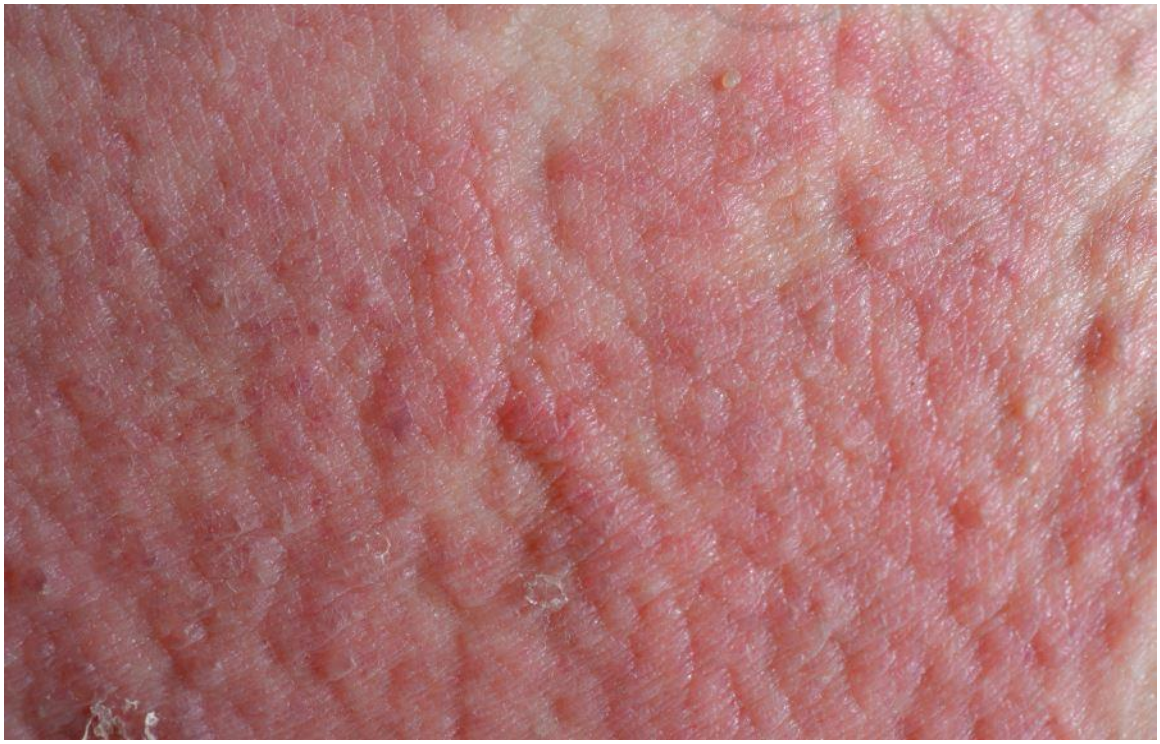
Clinical features

Endogenous eczema

Endogenous eczema is not primarily due to external factors and is mediated by inflammatory processes initiating in the body. Main forms include-

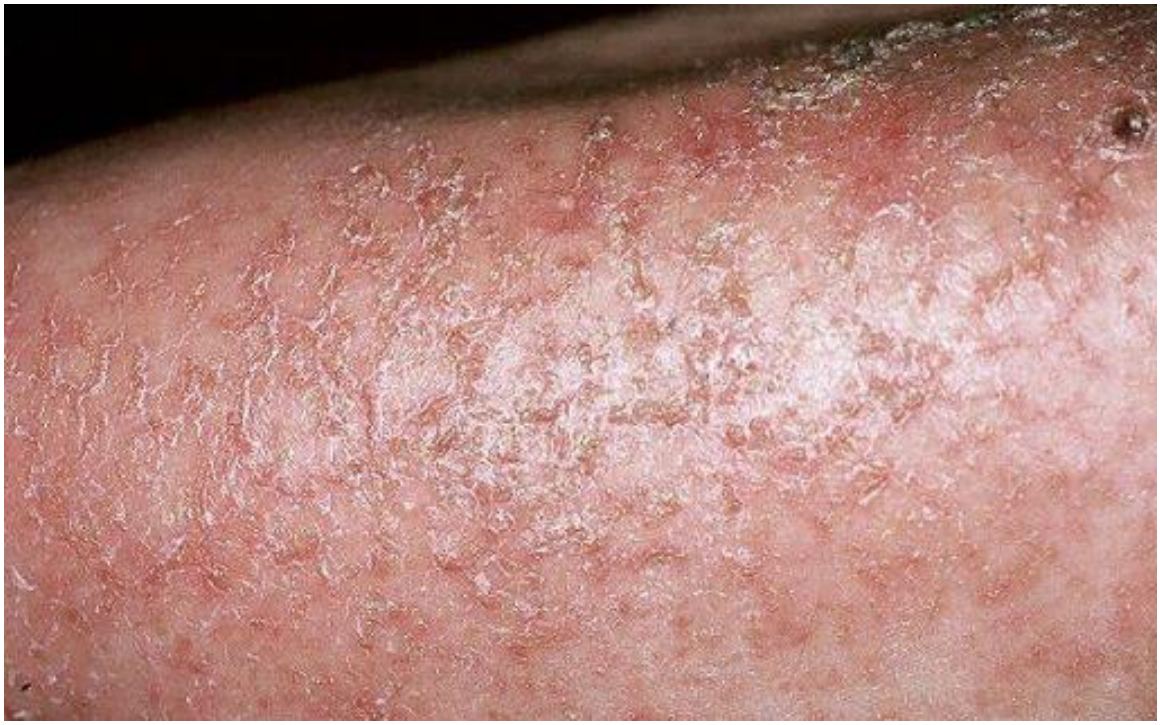
Atopic eczema

It is particularly common in children, but may occur at all ages. It may happen all over the body but especially affects the flexures, appearing as areas of red and scaly skin which may become lichenified. It tends to be associated with intense itching and, consequently, the prevention of scratching is a major problem. Atopic hand eczema is a common expression of adult atopic dermatitis.



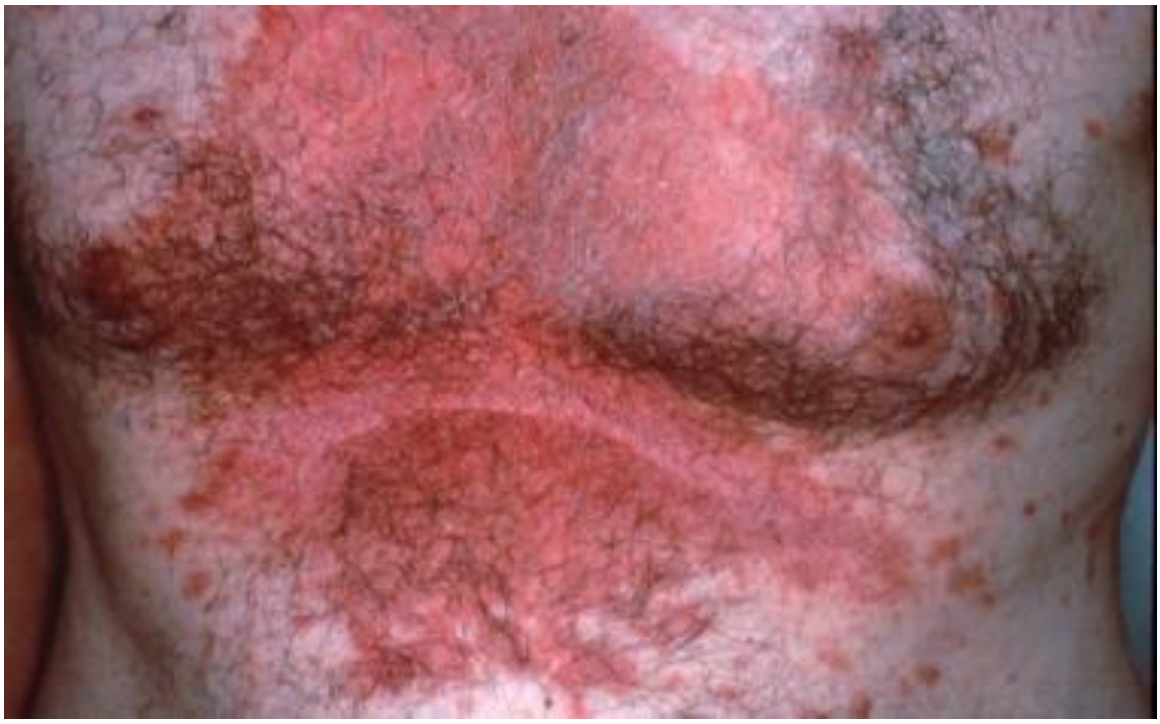
Asteatotic eczema (eczema craquele)

It appears when there is excessive drying of the skin. It is most commonly seen on the front and side of the legs, which become dry and scaly. If there is further drying accompanied by scratching, red plaques appear with long horizontal fissures. If the condition worsens, the horizontal fissures are joined together by shorter vertical fissures and the whole area resembles cracked porcelain.



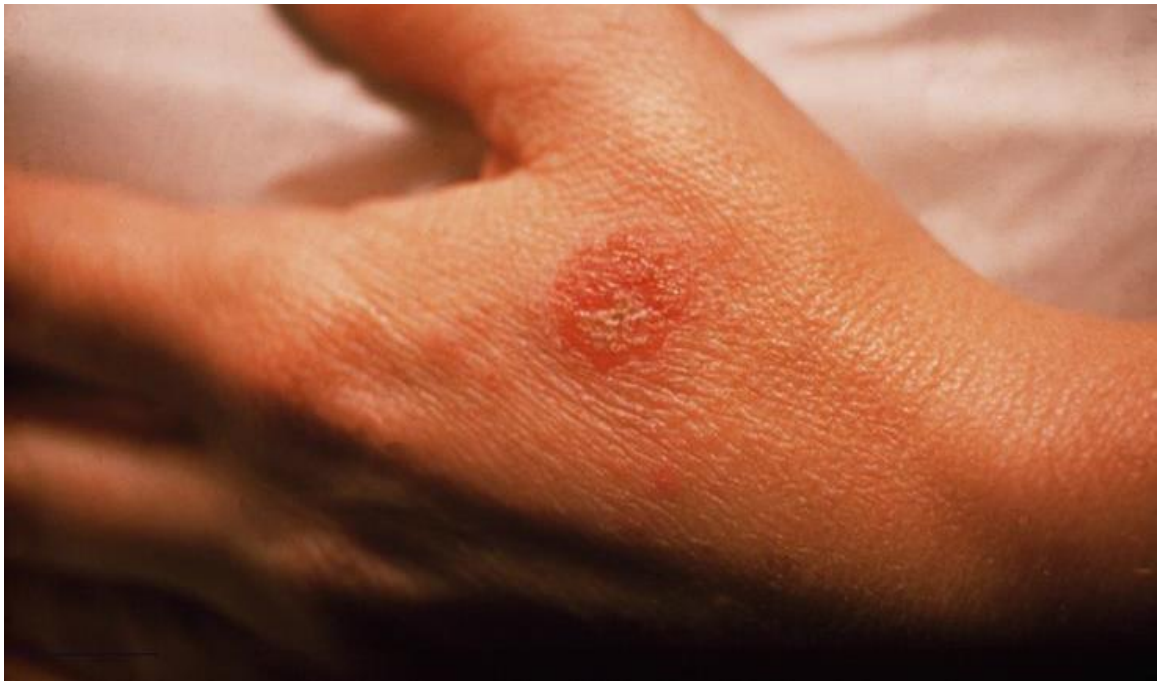
Seborrheic dermatitis

It is most commonly occurs on the scalp, face, especially the nasolabial folds and eyebrows, and pre-sternal areas. Dandruff may be considered a ordinary and minor form of the condition. In more severe forms it is characterized by dull or yellowish greasy scales.



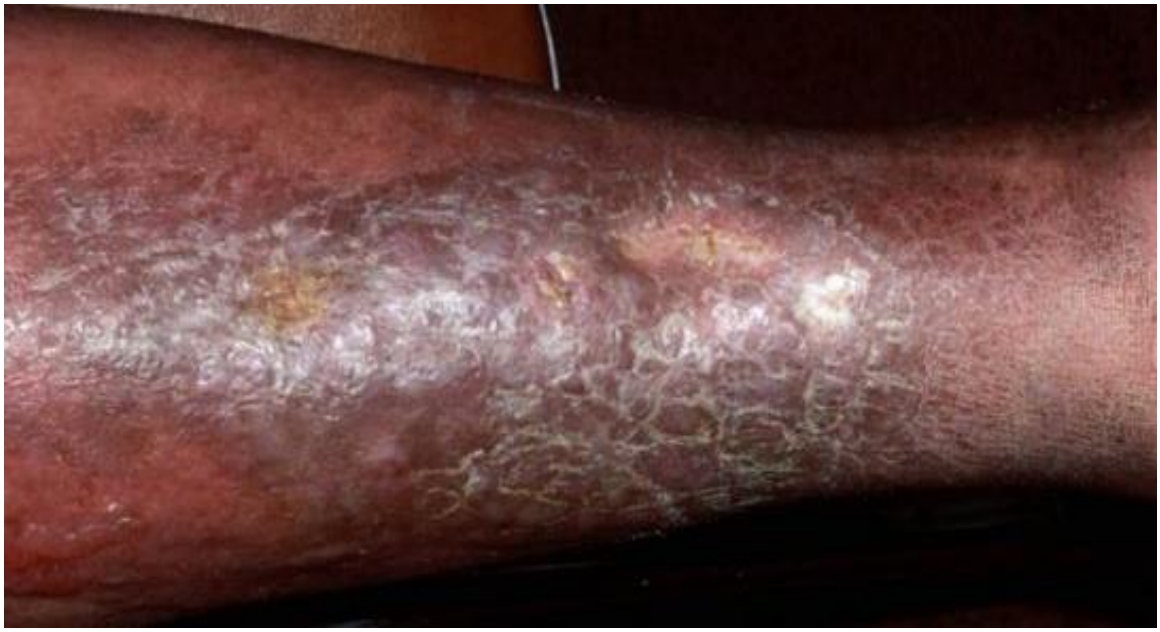
Nummular (or discoid) eczema

It most commonly occurs in middle-age. The itchy coin-like lesions are red and are usually 1-5 cm across. Lesions typically occur on the limbs, but may be widespread.



Stasis (gravitational) dermatitis

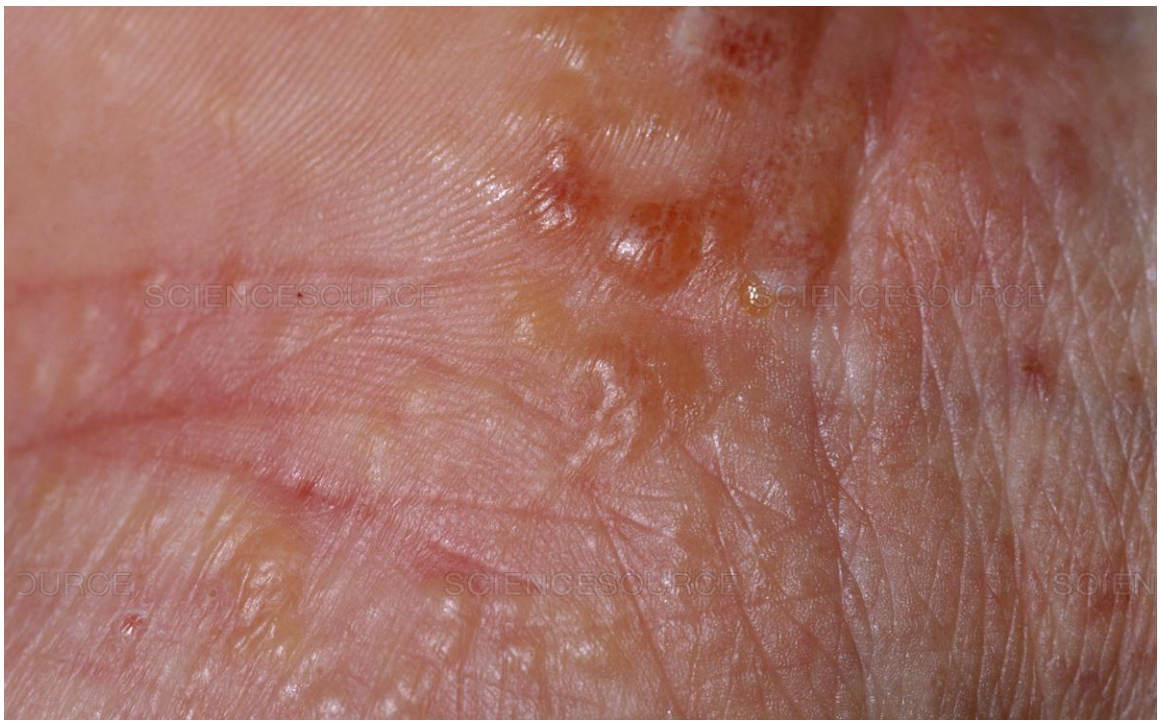
It is characterized by eczematous changes in the skin of the lower legs which occurs in some patients with venous insufficiency. It may be accompanied by ulceration. Edema is commonly present. Fat necrosis and subcutaneous fibrosis may follow thrombosis of small veins. A range of changes may occur as a result of thrombosis of larger veins. These are known as post-phlebitis syndromes.



Endogenous vesicular hand and foot eczema

For this, pompholyx and dyshidrotic eczema are archaic terms. It is a dermatitis occurring primarily on the palmar surfaces of the hands, sides of the fingers and feet consisting mainly of intensely itchy

vesicles. These normally improve over a 3-4 week period with some scaling. It may develop into a chronic eczematous process.

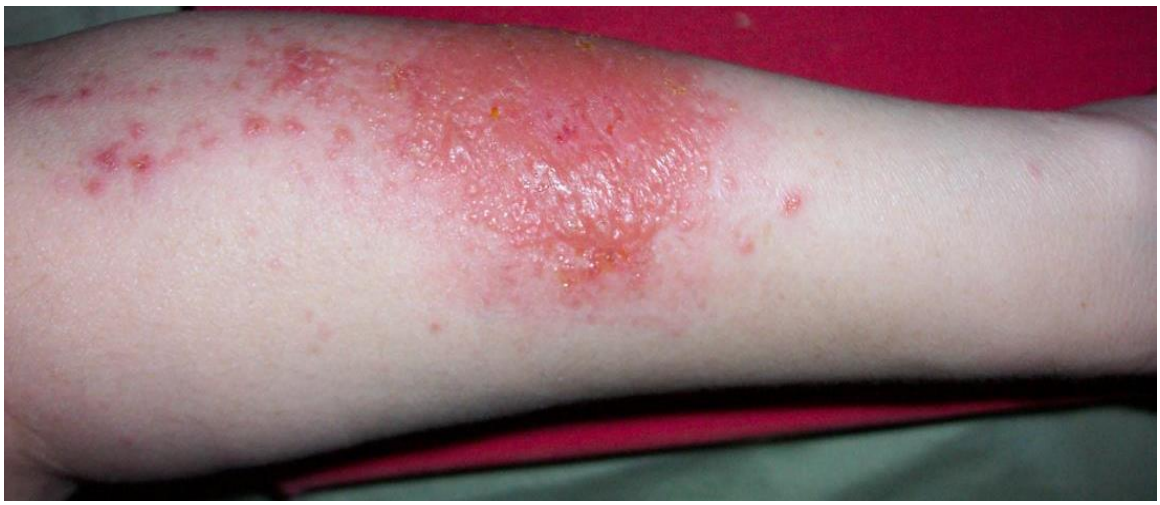


Exogenous eczema

Exogenous eczema has well-defined external triggers, and a congenital tendency plays only a small part.

Irritant contact dermatitis

Irritant contact dermatitis is the most common type of eczema seen affecting the hand. It is typically seen in those engaged in 'wet work' and people whose occupations involve them in repeated wetting of the hands or exposure to irritant chemicals. The initial changes are dryness, chapping and redness.

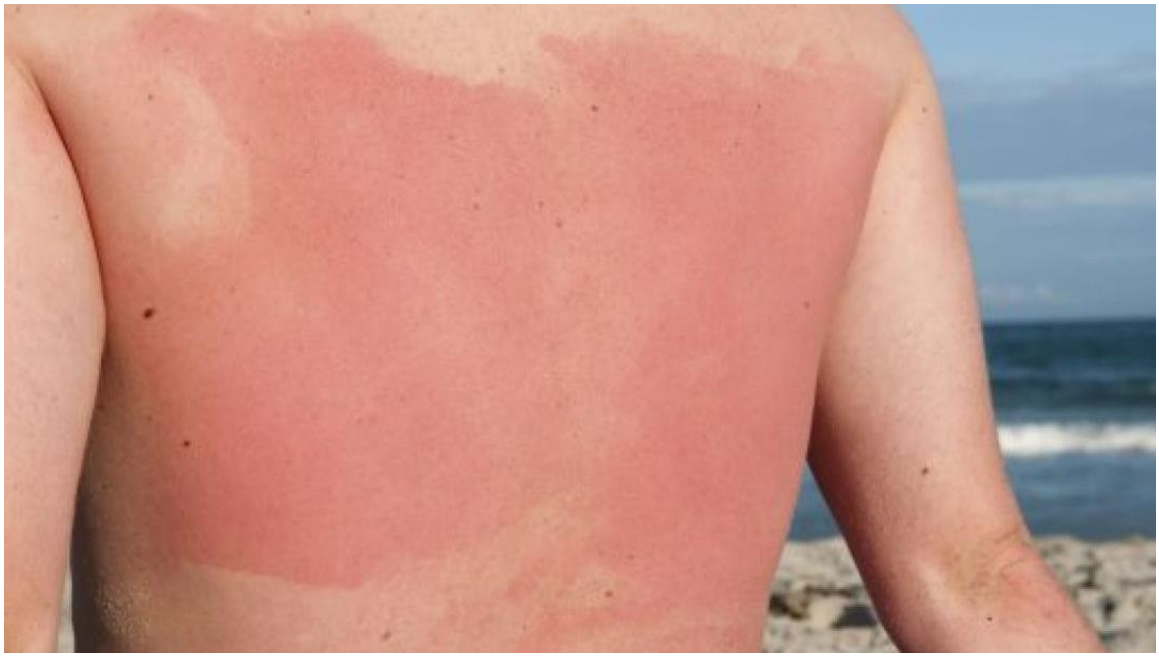


Cracking and fissuring may then occur. The changes at this stage are subacute. If there is further irritation, the itching intensifies and excoriation occurs. Super-added infection may be present.

Allergic contact dermatitis occurs when a specific allergy develops to some substance with which the skin is in contact. As with any type of eczema, the condition can be aggravated by exposure to washing, scratching, further irritants, and infection, or even by medication.

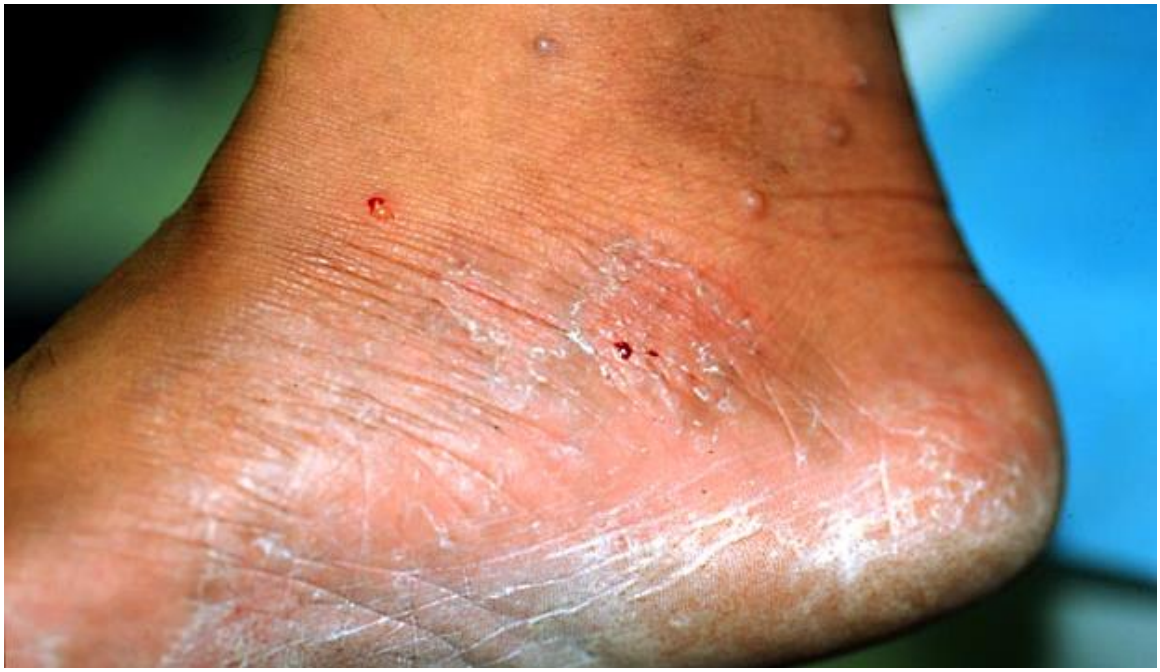
Photo contact dermatitis

Photo contact dermatitis occurs when exposure to ultra violet light results in the transformation of a substance on the skin into an allergen, causing photo allergic dermatitis or an irritant causing phototoxic dermatitis.



Id reaction (dermatophytide)

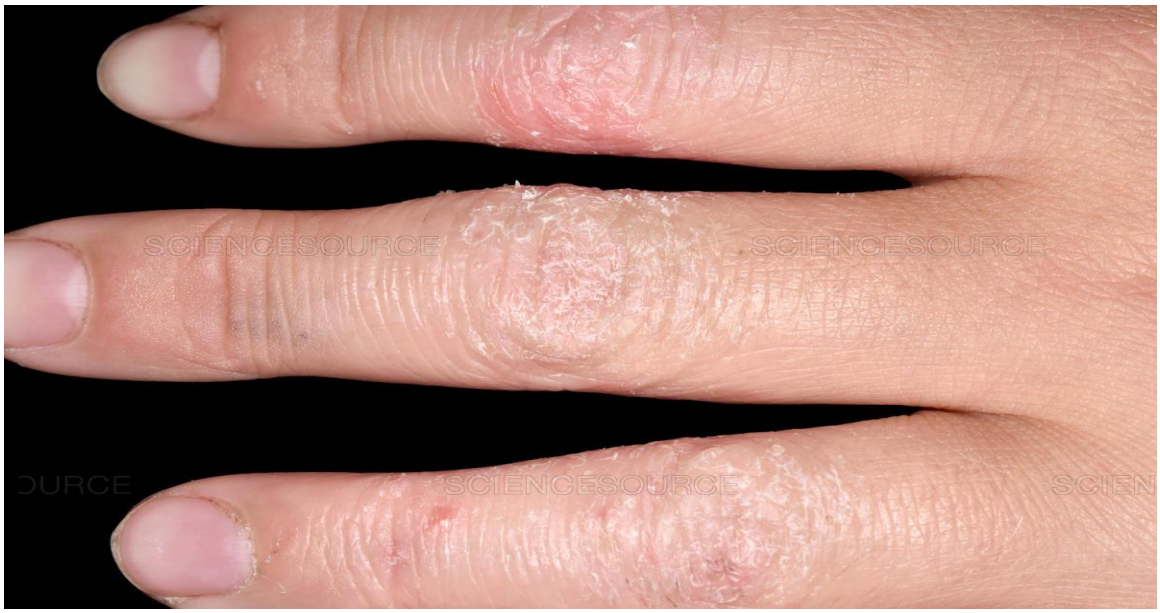
Disseminated eczema," and "generalized eczema are the name given to this intensely itchy vesicular eruption occurring most commonly on the sides of the fingers but also on the palmar aspects of the hands and feet as a result of a fungus infection.



Stages of eczema

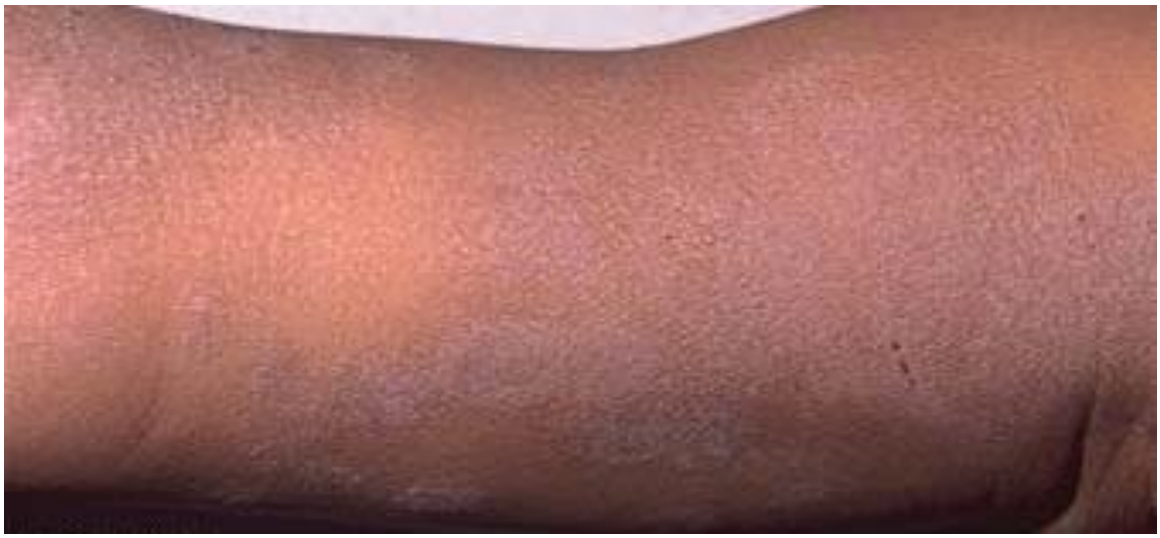
Acute eczema

Acute eczema is characterized by erythema and a moderate to intense degree of inflammation. There is intense itching accompanied by an extreme desire to scratch. In all but very mild cases, some vesicle creation and blistering occurs. If no further exposure occurs, acute eczema improves spontaneously, passing through the subacute stage as it resolves.



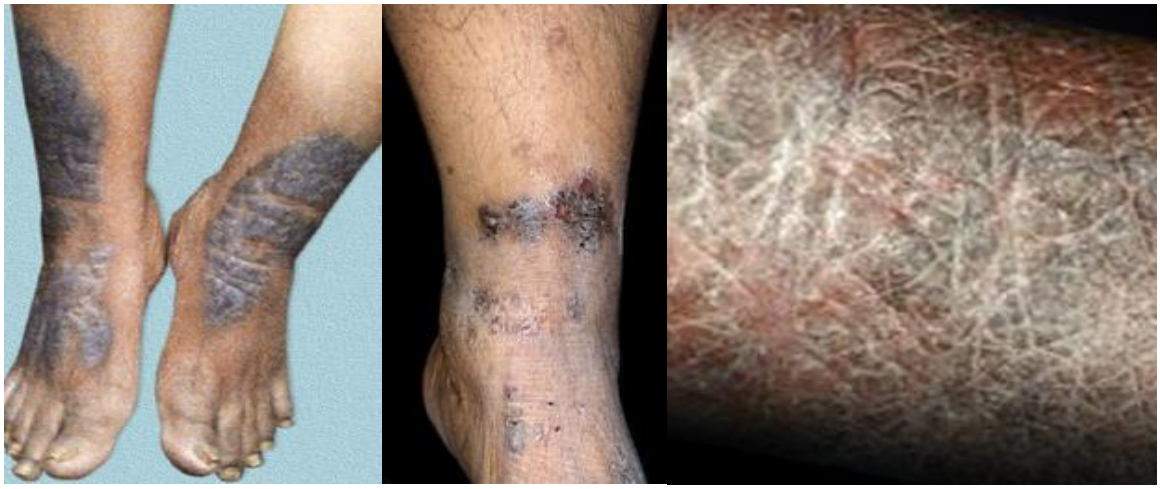
Subacute eczema

Subacute eczema is characterized primarily by erythema and scaling, usually with indistinct borders. The intensity of itching varies greatly. Subacute inflammation may be the first sign of eczema, or it may follow acute eczema. Equally, acute eczema may follow the subacute form if it becomes infected or irritated. Subacute eczema will resolve wholly without scarring if the causes are removed. If external irritation or excoriation continues, this stage may evolve into chronic eczema. Subacute eczema is seen in conditions such as allergic contact dermatitis, asteatotic eczema, atopic dermatitis, and nappy rash, exposure to chemicals, irritant contact dermatitis, nummular eczema and stasis dermatitis.



Chronic eczema

Chronic eczema results from uncontrolled scratching and/or continuing irritation. There is thickening and fissuring of the inflamed area, most frequently seen in the areas of the body which are easily reached. The itching is always at least moderate in intensity. Scratching, which often occurs during sleep as well as during waking hours, causes excoriation. The condition may become self-perpetuating since, as it becomes worse, the itching becomes more intense.



Some of the dermatological signs of certain drug reactions are eczematous in type. This is uncommon.

Traumatic dermatoses are not infrequent. They result from repeated scratching or picking of the skin surface and may be very difficult to diagnose if the possibility does not come to mind that the condition may be induced in this way. Common examples are lichen simplex chronicus, red scrotum syndrome, prurigo nodularis and neurotic excoriations.

Etiology

Endogenous Eczema

Atopic eczema is genetically determined but may be exacerbated by exposure to irritant chemicals and by scratching.

Asteatotic eczema usually happens on the shins of the elderly where the protective functions are compromised and excess drying occurs.

Seborrheic dermatitis is caused by infection of the skin with the yeast Malassezia furfur.

Stasis dermatitis perhaps has a number of different causes. The basic cause is always related to excess hydrostatic pressure in the venous system. The variants depend on local anatomical and physiological factors.

Exogenous eczema

Irritant contact dermatitis

The most common irritants are solvents and detergents. Dermatitis occurs more often in people who wash and dry their hands frequently e.g. hairdressers, health care workers, catering staff. The stratum corneum of the skin normally acts to prevent external agents entering the skin and water

escaping from it. Any influences which damage the stratum corneum interfere with its protective ability. Organic solvents, alkaline soaps, and chemicals are particularly powerful in this respect.

Allergic contact dermatitis

It can be caused by exposure to many different agents. It is manifestation of a delayed hypersensitivity reaction occurring on the skin of a previously sensitized individual.

Photo allergic contact dermatitis

It occurs as a result of exposure to photosensitizers, but the exact mechanisms are not well understood.

Id reactions

Id reactions occur in link with an acute inflammatory process, often a fungal infection, at a distant site, and may be allergic reactions to fungal or other antigens created or released by the inflammatory process.

Occupational dermatitis

It is a skin condition which may originate from occupational exposure, but is often predisposed by many other factors. There can be a constitutional predisposition such as previous childhood eczema, previous sensitization to specific allergens, and development of allergic reactions to topical medicaments used to treat the condition. Diagnosis depends on very careful history taking, physical examination, and patch tests. It is often difficult to attribute causation with certainty. An enormous range of substances may be concerned, but there is comprehensive information available.8 Occupational dermatitis is seen commonly in hairdressers (dyes, persulphates, nickel, perfumes, rubber chemicals, formaldehyde, resorcinol), health workers (rubber chemicals), cooks (rubber chemicals, formaldehyde) and industrial workers exposed to a variety of agents (chromate, rubber chemicals, resins, preservatives).

Photo allergic and phototoxic contact dermatitides

These require exposure to light after topical application of certain chemicals. Photo allergic and phototoxic contact dermatitides must be differentiated from photosensitivity reactions to systemic drugs.

Diagnosis

Diagnosis in dermatology are made with a combination of clinical and histopathological criteria, using observation and biopsy. The severity of dermatitis varies up from extremely mild. In anything other than very mild forms it can cause considerable social difficulty.

Although skin diseases are perhaps not directly caused by psychological disturbances, they may cause considerable psychological upset.

Hand eczema is very common and may interfere with normal daily activities. Irritant contact dermatitis affecting the hands is particularly common in occupations where ‘wet work’ is involved. The prevalence is between 5-6% of the population and it is twice as common in women as in men. Hand dermatitis is a significant factor as a cause of sick leave and change of employment.3 Predictive factors include previous childhood eczema, asthma or hay fever, occupational exposure to certain substances, and type of occupation. The differential diagnosis of hand eczema is hard because there is poor association between the clinical presentation and the type or stage of eczema. Patterns of

distribution vary and there are other conditions such as psoriasis which may appear eczematous. Disease of the hands can affect dexterity to the extent that normal activities become impossible.

Prognosis

The prognosis in all forms of exogenous dermatitis depends on avoidance of, or protection from, the causative agents. Psychological suffering may occur.

Endogenous eczema

Atopic eczema

Although this type of dermatitis is not caused by irritants, it is aggravated by them, and prognosis is partly related to adequate protection.

Asteatotic eczema

It tends to improve in the summer months. The course is variable. Some patients have a severe form, with oozing, infection and crusting. Topical steroids may be useful, but the pillar of treatment is the regular use of lubricants and prevention of any agent which dries the skin.

Seborrheic dermatitis

It may be very persistent in adults. However, it can generally be kept under control with regular use of antifungal agents and intermittent applications of topical steroids. Infantile seborrheic dermatitis usually clears up completely before the baby is six months old and rarely persists after one year.

Nummular eczema

It may be resistant to treatment. The course is generally fluctuating, and many cases become inactive after some months, but lesions may reappear, usually at previous sites, at any time.

Stasis dermatitis

Stasis dermatitis always has venous insufficiency as its root cause, and this must be addressed in all cases if the condition is to improve. Some patients will require surgical ligation of perforating veins. Infection must be properly treated, and edema prevented. Emollients and local steroid creams may be useful in many patients. Active treatment of the condition at an early stage will prevent avoidable progression of the dermatitis.

Exogenous eczema

Irritant contact dermatitis

Adequate protection by appropriate barrier creams is the best. Use of emulsion skin cleansers other than alkaline soaps prevents drying, and emollients help to maintain skin hydration.

Allergic contact dermatitis

The prognosis in this condition can be radically improved by identifying and avoiding the liable allergens.

Photo allergic contact dermatitis

It can be controlled by withdrawing the sensitizer and protecting the skin from exposure to light.

Endogenous vesicular hand eczema

The prognosis in endogenous vesicular hand eczema is variable. Various treatments are available, including local and oral corticosteroids, PUVA (phototherapy following sensitizers), and cyclosporine.

Id reactions

Id reactions resolve completely when the acute inflammation or fungal infection at the distant site is controlled.

Traumatic dermatoses

The prognosis of traumatic dermatoses depends entirely on whether the patient is able to change their underlying behavior. In severe cases, antidepressive or antipsychotic medication may be necessary. For the time being, treatment with topical steroids and emollients according to the type of lesion may be helpful.

Management

Endogenous dermatitis

A complete medical history including past history, family history and genetics is needed to find out the best similimum remedy to cure the endogenous dermatitis.

Exogenous dermatitis

An understanding of the patient's occupation is vital. The history and anatomical distribution of the dermatitis may provide clues as to the etiology.

Irritant contact dermatitis may occur as 'epidemics' in a workplace if hygiene has failed. Allergic contact dermatitis is usually sporadic in a workplace.

The evaluation of irritant factors is always subjective.

A competent assessment requires all of the above followed by recommendations on reducing or stopping exposure to the offending agents and similar ones.

The diagnosis of an occupational dermatitis should describe thoroughly the nature of the condition with due regard to any endogenous or aggravating factors.

Delays in diagnosis resulting in continued exposure to relevant irritants or allergens can adversely affect the prognosis.

Treatment

The major cause of failure in curing dermatitis is failure of the consultant in diagnosing the condition well. The endogenous forms require a true constitutional remedy to eradicate the morbidity completely and to prevent the remissions.

Exogenous variety needs more workouts. First, the constitutional remedy is needed to cure the condition, second, the cause is to be found out and removed, and finally, the remissions are to be prevented by modifying the life style and teaching the patient to protect himself by attacks of the causative ailments.

Only a perfect Homoeopath can treat and finally cure these type of conditions, otherwise spoiled and difficult to cure cases of dermatitis are abundant in surroundings.

Homoeopathic treatment

abies-c. Acon. aeth. aethi-a. Aethi-m. Agar. agn. allox. aln. alum-p. alum-sil. Alum. Alumn. am-c. am-m. ambr. Anac. anag. Anil. Ant-c. Ant-t. ANTHRACI. anthraco. Apis aq-mar. arb. arg-n. arist-cl. Arn. ARS-I. ars-s-f. ars-s-r. ARS. arum-t. arund. Asaf. astac. asthm-r. aur-ar. aur-i. Aur-m-n. Aur-m. aur-s. Aur. bac. bad. BAR-C. BAR-M. bar-s. bell-p. bell. berb-a. berb. beryl. Borx. bougv. BOV. brom. bros-gau. BRY. bufo Calad. calc-ar. Calc-p. CALC-S. calc-sil. CALC. camph. cann-s. Canth. caps. carb-ac. Carb-an. Carb-v. CARBN-S. carc. cardios-h. cassia-s. castor-eq. Caust. cere-b. CHAM. Chel. chin. chir-fl. chlol. chrysar. Cic. cina Cist. Clem. cob-n. coca-c. Cocc. cod. colch. coloc. com. Con. cop. cor-r. corn-a. corn. cortico. cortiso. croc. crot-h. crot-t. cund. cupr. cur. cycl. cypra-eg. dros. DULC. dys. elaps enterob-v. euph. fago. falco-pe. ferr-i. ferr-s. Fl-ac. frax. fuli. fum. Gels. ger-i. GRAPH. grat. hell. HEP. hippoz. hom-xyz. Hydr. Hydrc. hyos. hyper. ign. ins. iodof. ip. Iris JUG-C. JUG-R. Kali-ar. Kali-bi. kali-br. kali-c. Kali-chl. kali-i. kali-m. Kali-s. kali-sil. Kreos. lac-ac. lac-d. lac-f. Lach. LAPPA lec. led. Lith-c. lob. loxo-lae. LYC. m-arct. mag-m. maland. manc. mand. Mang-act. mang. MED. melit. Merc-c. merc-d. merc-i-r. Merc-pr-r. MERC. MEZ. moni. morg-p. morg. Mur-ac. musca-d. myris. naphtin. nat-ar. Nat-c. nat-hp. NAT-M. nat-p. Nat-s. NIT-AC. nux-v. oci-sa. OLND. op. osm. ox-ac. oxyte-chl. parth. ped. penic. petr-ra. PETR. ph-ac. PHOS. physala-p. Phyt. pilo. pip-m. Pix plb-i. Plb. podo. polyg-xyz. positr. pot-e. prim-o. prim-v. prot. PSOR. PULS. pyrog. rad-br. Ran-b. rhus-d. RHUS-T. rhus-v. ruta sabal sanic. SARS. Scroph-n. Sec. sedi. sel. SEP. SIL. skook. solid. spira. spiros-af. Staph. still. streptoc. stront-n. strych-g. sul-ac. SUL-I. SULPH. sumb. syc. Syph. tarent-c. tarent. tell. ter. THUJ. thyr. thyroiod. titan. trichom. tub-d. TUB. ur-ac. urea urt-u. ust. v-a-b. vac. vario. verat. Vinc. viol-o. Viol-t. visc. x-ray xero. ZINC.

Short repertory of dermatitis

BACK - ERUPTIONS – eczema arn. merc. Sil.

BLADDER - URINATION - involuntary - night - accompanied by - eczema; history of psor.

CHEST - ERUPTIONS - Axillae – eczema Carb-an. elaps Hep. jug-r. LYC. merc. moni. Nat-m. petr. PSOR. sep.

CHEST - ERUPTIONS – eczema anac. ars. aur-i. calc-s. Calc. Carb-v. cycl. GRAPH. hep. kali-s. moni. Petr. PSOR. staph. SULPH.

CHEST - ERUPTIONS - Mammae – eczema anac. Caust. dulc.

CHEST - ERUPTIONS - Mammae - Nipples – eczema Graph. morg-p. sars. sulph.

CHEST - ERUPTIONS - Mammae - Under – eczema lac-ac. moni.

CHEST - ERUPTIONS - Sternum – eczema carc.

CHEST - LUNGS; complaints of the - eczema; after suppressed ars. Cupr. Graph. kali-ar. Mez. moni. nat-c. PSOR. sulph.

DREAMS - KNEE - eczema; wet coca-c.

EAR - DISCHARGES - purulent - eczema; with Calc. Hep. Lyc. Merc. Sulph.

EAR - ERUPTIONS - About the ears – eczema Ars. arund. bov. chrysar. Clem. crot-t. Graph. hep. kali-m. Mez. olnd. petr. psor. Rhus-t. sanic. scroph-n. tell.

EAR - ERUPTIONS - Behind the ears – eczema ars. arund. aur-m. bac. bov. CALC. chrysar. GRAPH. Hep. jug-r. kali-m. LYC. med. Mez. Olnd. Petr. PSOR. rhus-t. sanic. scroph-n. sep. staph. stront-n. sulph. tell. tub.

EAR - ERUPTIONS – eczema Bov. Hydr. Kali-bi. Kali-s. LYC. petr. Psor. sars. Scroph-n.

EAR - ERUPTIONS - Lobes, on – eczema graph.

EAR - ERUPTIONS - Meatus – eczema bac. borx. graph. kreos. morg-p. nit-ac. petr. Psor.

EXTREMITIES - ERUPTIONS - Ankles – eczema Chel. nat-p. Psor. syc.

EXTREMITIES - ERUPTIONS – eczema Anil. arn. ars-i. Ars. ger-i. graph. kali-br. merc. positr. Psor. tarent.

EXTREMITIES - ERUPTIONS - Elbows - Bends of elbow - eczema

EXTREMITIES - ERUPTIONS - Elbows – eczema brom. calc. cupr. lac-ac. merc. phos. sep. staph. thuj.

EXTREMITIES - ERUPTIONS - Feet - Back of feet – eczema merc. Psor.

EXTREMITIES - ERUPTIONS - Feet – eczema moni. petr-ra.

EXTREMITIES - ERUPTIONS - Fingers – eczema ambr. borx. Calc. caust. cypra-eg. Graph. Lyc. merc. NIT-AC. ran-b. sep. sil. staph. thuj.

EXTREMITIES - ERUPTIONS - Fingers - Tips – eczema cupr. Graph. nat-c. petr. sanic.

EXTREMITIES - ERUPTIONS - Forearms – eczema Alum. aur-i. Con. Graph. mang. Merc. Mez. moni. nat-m. nux-v. Sil. sulph. thuj.
EXTREMITIES - ERUPTIONS - Hands - Back of hands – eczema borx. bov. cortiso. cypra-eg. Graph. Jug-c. kreos. Merc. MEZ. mur-ac. nat-c. phos. Sep. syc.
EXTREMITIES - ERUPTIONS - Hands - Between the fingers – eczema moni. tell.
EXTREMITIES - ERUPTIONS - Hands – eczema abies-c. ambr. anag. ars. aur-m-n. bar-c. berb. borx. Bov. calc. Canth. carb-v. carc. clem. cob-n. cor-r. cortiso. DULC. GRAPH. Hep. hyper. ip. Jug-c. kreos. lyc. maland. Merc. Mez. moni. musca-d. nat-c. nat-m. Nit-ac. Petr. phos. Pix plb. rhus-v. sabal sanic. sars. sel. sep. Sil. staph. still. thuj. verat. ZINC.
EXTREMITIES - ERUPTIONS - Hands - Palms – eczema sulph. vario.
EXTREMITIES - ERUPTIONS - Joints - Bends of – eczema Aeth. am-c. aur-m-n. caust. cupr. GRAPH. hep. kali-ar. led. lyc. mang-act. merc. Nat-m. psor. Sep. Sulph.
EXTREMITIES - ERUPTIONS - Joints – eczema led. phos.
EXTREMITIES - ERUPTIONS - Knees - eczema rubrum anil. arn. rhus-t.
EXTREMITIES - ERUPTIONS - Knees - Hollow of knees – eczema Graph. lac-ac. moni. sulph.
EXTREMITIES - ERUPTIONS - Legs - Calves – eczema Graph.
EXTREMITIES - ERUPTIONS - Legs – eczema Apis ARS. carb-v. GRAPH. kali-br. Lach. led. Lyc. Merc. Nat-m. PETR. Rhus-t. Sars. SULPH.
EXTREMITIES - ERUPTIONS - Lower limbs – eczema Anil. apis arn. ars. Bov. chel. chrysar. jug-r. kali-br. merc. Petr. Psor. Rhus-t.
EXTREMITIES - ERUPTIONS - Shoulders – eczema petr.
EXTREMITIES - ERUPTIONS - Thighs – eczema bros-gau. graph. petr. Rhus-t.
EXTREMITIES - ERUPTIONS - Toes - Between – eczema moni.
EXTREMITIES - ERUPTIONS - Upper arms – eczema grat. kali-c. mang. nat-m. sulph. syc.
EXTREMITIES - ERUPTIONS - Upper limbs – eczema bougv. BOV. calc. Canth. caust. Con. DULC. ger-i. graph. hell. kali-c. Merc. mez. moni. nat-c. nat-m. petr. phos. Psor. sep. Sil. trichom.
EXTREMITIES - ERUPTIONS - Upper limbs - Joints – eczema sep.
EXTREMITIES - ERUPTIONS - Wrists – eczema Jug-c. lac-ac. Mez. moni. Psor.
EXTREMITIES - PAIN - Joints - gouty - accompanied by – eczema alum. arb. lac-ac. Rhus-t. ur-ac. urea
EXTREMITIES - PAIN - rheumatic - accompanied by – eczema alum. arb. lac-ac. Rhus-t. ur-ac. urea
EXTREMITIES - SWELLING - Hands - eczema, with psor.
EYE - ERUPTIONS - About the eyes – eczema kali-sil.
EYE - ERUPTIONS – eczema Bry. petr-ra. sep.
EYE - ERUPTIONS - Lids – eczema bac. borx. BRY. chrysar. clem. GRAPH. Hep. kreos. Mez. Petr. psor. rhus-t. sep. sil. staph. sulph. tell. THUJ. tub. v-a-b.
FACE - ERUPTIONS – eczema alum-p. alum. Anac. Ant-c. arist-cl. ars-i. ARS. Aur-m-n. bac. bar-c. bar-s. bell-p. Borx. calc-ar. Calc-s. calc-sil. CALC. Carb-ac. Carb-an. carb-v. cassia-s. Caust. Chel. chin. CIC. cist. clem. coloc. Con. corn. CROT-T. cur. cycl. dros. DULC. ferr-i. Fl-ac. GRAPH. HEP. hom-xyz. hyper. Iris Kali-ar. kali-sil. Kreos. lac-d. Lach. lec. led. Lyc. merc-i-r. merc-pr-r. Merc. Mez. mur-ac. nat-m. nat-s. oci-sa. oxyte-chl. parth. Petr. Ph-ac. phos. podo. PSOR. ran-b. RHUS-T. SARS. Sep. sil. staph. sul-ac. Sul-i. SULPH. syc. Syph. vinc. Viol-t. x-ray
FACE - ERUPTIONS - Eyebrows - About – eczema kali-sil.
FEMALE GENITALIA/SEX - ERUPTIONS – eczema borx. caust. Dulc. morg-p. petr. rhus-t.
FEMALE GENITALIA/SEX - ERUPTIONS - Labia – eczema rhus-t.
FEMALE GENITALIA/SEX - ERUPTIONS - Pudendum – eczema am-c. ant-c. ars. canth. Crot-t. hep. plb. rhus-t. sanic. sep.
FEMALE GENITALIA/SEX - ERUPTIONS - Vagina; in - eczema; watery arist-cl.
FEMALE GENITALIA/SEX - ERUPTIONS - Vulva – eczema graph. rhus-t.
GENERALS - COMPLAINTS - internal complaints - alternating with – eczema Graph.
GENERALS - CONVALESCENCE; ailments during - eczema; after suppressed mez. sulph.
GENERALS - DIABETES MELLITUS - accompanied by – eczema ins.
GENERALS - FAMILY HISTORY of – eczema lyc. psor. sulph. thuj. tub.
GENERALS - HISTORY; personal – eczema com. streptoc.
GENERALS - VARICOSE veins – eczema allox. arist-cl. morg-p. tub.

HEAD - ERUPTIONS – eczema Agar. alum. Ant-t. ars-i. ars-s-f. ARS. Arum-t. astac. Aur. bac. bad. Bar-c. Bar-m. brom. calc-ar. calc-p. calc-s. calc-sil. CALC. carb-an. carb-v. CARBN-S. Caust. Cic. clem. Cocc. Dulc. Fl-ac. GRAPH. HEP. hydr. iris kali-ar. Kali-bi. kali-m. Kali-s. kali-sil. Kreos. Lappa LYC. mag-m. melit. merc. Mez. nat-c. nat-m. nat-p. nat-s. Olnd. PETR. Phyt. PSOR. Rhus-t. Sars. sel. sep. Sil. staph. sul-i. SULPH. tell. tub. ust. Vinc. viol-o. Viol-t.
HEARING - IMPAIRED - eczema; after a suppressed lob. mez.
MALE GENITALIA/SEX - ERUPTIONS – eczema alumn. ant-c. arg-n. ars. aur. canth. caust. chel. Crot-t. Dulc. Graph. hep. Lyc. merc. morg-p. nat-m. nit-ac. olnd. petr. Ph-ac. rhus-t. sanic. sars. sep. sil. sulph. thuj.
MALE GENITALIA/SEX - ERUPTIONS - Penis - Prepuce – eczema aur. Caust. dulc. graph. Hep. merc. nit-ac. ph-ac. sars. Sep. sil. sulph.
MALE GENITALIA/SEX - ERUPTIONS - Scrotum – eczema alumn. calc. Crot-t. Graph. nat-m. Petr. ph-ac.
MIND - ANXIETY - eczema; with chronic asthm-r.
RECTUM - ERUPTIONS - Anus; about – eczema aethi-a. ars. bac. berb. enterob-v. graph. ign. Merc-pr-r. moni. nat-m. petr.
RECTUM - ERUPTIONS - Perineum – eczema petr.
RESPIRATION - ASTHMATIC - accompanied by – eczema med. petr. rhus-t.
RESPIRATION - ASTHMATIC - alternating with – eczema ars. cupr. Psor.
RESPIRATION - ASTHMATIC - eczema; after suppressed ars.
SKIN - DISCOLORATION - brown - pigmentation following eczematous inflammation berb. lach. Lyc. med. merc-d. merc. Nit-ac. sil. sulph. ust.
SKIN - ERUPTIONS – eczema acon. aeth. aethi-a. Aethi-m. aln. alum-p. alum-sil. alum. Alumn. am-c. am-m. anac. ant-c. ant-t. ANTHRACI. anthraco. aq-mar. arb. arg-n. arn. ARS-I. ars-s-f. ars-s-r. ARS. arum-t. astac. aur-ar. Aur-m-n. Aur-m. aur-s. aur. BAR-C. BAR-M. bell. berb-a. Berb. borx. BOV. brom. bry. bufo Calad. Calc-p. CALC-S. calc-sil. CALC. canth. caps. carb-ac. Carb-v. carbn-s. carc. cardios-h. castor-eq. Caust. cere-b. Chel. chin. chrysar. CIC. Cist. clem. cod. colch. com. Con. cop. corn-a. corn. CROT-T. cund. cur. cycl. DULC. dys. euph. fago. falco-pe. ferr-i. ferr-s. fl-ac. frax. fuli. fum. ger-i. GRAPH. HEP. hippoz. hom-xyz. hydr. Hydrc. ins. iodof. Iris JUG-C. JUG-R. Kali-ar. kali-bi. kali-br. kali-c. Kali-chl. kali-i. kali-m. Kali-s. kali-sil. Kreos. lac-f. lach. LAPPA led. Lith-c. LYC. Mang-act. mang. MED. Merc-c. merc-d. merc-i-r. merc-pr-r. Merc. MEZ. moni. morg-p. morg. Mur-ac. naphtin. nat-ar. Nat-c. nat-hp. NAT-M. nat-p. Nat-s. nit-ac. nux-v. OLND. op. osm. ox-ac. penic. PETR. ph-ac. PHOS. Phyt. pilo. pip-m. pix Plb. podo. polyg-xyz. positr. pot-e. prim-o. prim-v. PSOR. puls. pyrog. rad-br. Ran-b. rhus-d. RHUS-T. rhus-v. sanic. Sars. scroph-n. SEP. Sil. skook. solid. spira. Staph. streptoc. strych-g. sul-ac. SUL-I. SULPH. sumb. Syph. tarent-c. tarent. tell. ter. Thuj. thyr. thyroiod. titan. tub-d. TUB. urt-u. ust. vac. Vinc. Viol-t. visc. x-ray xero. zinc.
SKIN – INFLAMMATION Acon. agn. alum. Anac. ant-c. Apis arist-cl. Arn. ars-s-f. ars-s-r. Ars. Asaf. Aur. bad. bar-c. Bar-m. bell-p. bell. beryl. borx. bov. bry. bufo Calc. camph. cann-s. canth. caust. CHAM. chin. chir-fl. chlol. cina cocc. colch. com. con. cortico. croc. crot-h. crot-t. Dulc. euph. falco-pe. Gels. graph. HEP. hyos. Kali-s. kreos. lach. loxo-lae. lyc. m-arct. manc. mand. mang. MERC. mez. moni. myris. nat-c. nat-m. Nit-ac. ped. petr. ph-ac. phos. physala-p. plb-i. Plb. positr. prot. psor. PULS. ran-b. RHUS-T. ruta Sec. sedi. sep. SIL. spiros-af. Staph. Sulph. tarent-c. verat. x-ray zinc.
STOMACH - COMPLAINTS of the stomach - accompanied by – eczema ant-c. iris lyc.
URINARY ORGANS - COMPLAINTS of urinary organs - accompanied by – eczema lyc.

Bibliography

Atopic Dermatitis Book: Clinical Genomics: Practical Applications in Adult Patient Care

Contact Dermatitis > 1. Acute weeping dermatitis Book: Current Medical Diagnosis and Treatment 2020 ...–60 minutes several times a day. High-potency topical corticosteroids in gel or cream form (eg, fluocinonide, clobetasol, or halobetasol) may help suppress acute contact dermatitis and relieve itching. This treatment should be followed by tapering of the number of applications per day or use of a mid...

Contact Dermatitis > 2. Subacute dermatitis (subsiding) Book: Current Medical Diagnosis and Treatment 2020

Dermatitis, Atopic > Treatment by pattern and stage of dermatitis Book: Quick Medical Diagnosis & Treatment 2020

Dermatologic Emergencies > CONTACT DERMATITIS AND RHUS DERMATITIS Book: CURRENT Diagnosis & Treatment: Emergency Medicine, 8e... ESSENTIALS OF DIAGNOSIS Rhus dermatitis Intense itching. Erythema with vesicles. Linear distribution. Lesions appear 8–48 hours after exposure to poison ivy, poison oak, or poison sumac. ...

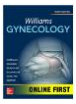
Opus

Skin > 3. Primary Irritant Contact Dermatitis (Diaper Dermatitis) Book: Current Diagnosis & Treatment: Pediatrics, 25e ... Contact dermatitis is of two types: primary irritant and allergic. Primary irritant dermatitis develops within a few hours, reaches peak severity at 24 hours, and then disappears. Allergic contact dermatitis (described in the next section) has a delayed onset of 18 hours, peaks at 48–72 hours...

Skin > 3. Primary Irritant Contact Dermatitis (Diaper Dermatitis) Book: Current Diagnosis & Treatment: Pediatrics, 24e ... Contact dermatitis is of two types: primary irritant and allergic. Primary irritant dermatitis develops within a few hours, reaches peak severity at 24 hours, and then disappears. Allergic contact dermatitis (described in the next section) has a delayed onset of 18 hours, peaks at 48–72 hours...

Skin > 4. Allergic Contact Dermatitis (Poison Ivy Dermatitis) Book: Current Diagnosis & Treatment: Pediatrics, 24e

Skin Disorders: Trunk > ECZEMA/ATOPIC DERMATITIS/CONTACT DERMATITIS Book: Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9e ... FIGURE 251-10. Atopic dermatitis. Lichenification, excoriations, and ill-defined scaling erythema. [Photo contributed by University of North Carolina Department of Dermatology.] A photograph depicts lichenification, excoriations, and ill-defined scaling erythema on the trunk...



Benign Disorders of the Lower Reproductive Tract > Contact Dermatitis Book: Williams Gynecology, 4e ... TABLE 4-4 Treatment of Vulvar Contact Dermatitis Stop offending agents and/or practices Correct vulvar skin barrier function Sitz bath twice daily with plain water Application of plain petrolatum Treat any underlying infection Oral antifungal...

Encyclopedia Homoeopathica


Radar 10