

Treating skin conditions with antihomotoxic medicines

By the Medical Writer

SUPERFICIAL BACTERIAL SKIN INFECTIONS

Infection of the skin is classified as superficial when the infection is in the skin and subcutaneous tissue, however, when the infection goes deeper, into the muscle and fascial layer, it is a deep “simple” infection. Once the infection spreads into the underlying structures, such as bones and tendons, then you have a deep “complicated” skin and soft tissue infection. Impetigo, folliculitis, furunculosis, carbunculosis, erysipelas and cellulitis are all examples of superficial skin infections. Another superficial skin infection is hidradenitis suppurativa, which affects the apocrine sweat glands.

Treatment with Homotoxicology alone is often possible in these cases, and every case should be assessed individually to determine the need for allopathic therapy.

A special case is impetigo in developing countries where the causative agent can be beta-haemolytic streptococci (GABHS), which bears the risk for glomerulonephritis as a systemic complication.

If there is a positive culture or the suspicion of GABHS, additional antibiotic treatment is necessary. Signs of systemic spread, such as fever, lymphadenopathy and malaise, should also be seen as a progression of the superficial infection, and may trigger the need for additional antibiotic therapy.

Special note: these infections often constitute a part of the vicariation process, where deeper disease shifts to the skin, and should thus not be suppressed. These infections can be classified in the inflammatory (reactive) phase on the six-phase table, and therefore are often treated with combination preparations classically used in this phase, such as Belladonna-Homaccord, Mercurius-Heel and Echinacea compositum. With careful observation and follow-up, Homotoxicology could also be used as a stand-alone therapy in these cases. When these conditions occur in a patient as a chronic recurrent event, it could point to a blocked excretion phase. A simple detoxification over 6-8 weeks with the Detox-Kit could be very helpful here.

1. IMPETIGO

Incidence:

In the US, impetigo is a common skin disease, accounting for 10% of skin diseases treated in pediatric clinics. Peak incidence occurs during summer and fall.

Causes:

Impetigo is a highly contagious gram-positive bacterial infection of the superficial layers of the epidermis. The 2 forms of the disease are bullous impetigo and nonbullous impetigo. Impetigo is caused by *Staphylococcus aureus* and group A beta-hemolytic streptococci (GABHS). GABHS is also known as *Streptococcus pyogenes*. Both organisms may be present at the same time in the affected site. Infection by *S. aureus* may be preceded by a primary infection by GABHS.

Clinical types:

Two clinical types of impetigo exist: non bullous and bullous impetigo. The non bullous type is more common and typically occurs on the face and extremities, initially with vesicles or pustules on reddened skin that eventually rupture to leave the characteristic “honey-colored” (yellow-brown) crust. Bullous impetigo, almost exclusively caused by *S. aureus*, exhibits flaccid bullae with clear yellow fluid that rupture and leave a golden-yellow crust. Diagnosis depends on clinical presentation and confirmation by culture.

Contributing factors:

Impetigo tends to occur in areas of minor breaks in the skin such as insect bites, cuts, or abrasions. Impetigo can also occur in breaks in the skin caused by skin conditions such as eczema, scabies, herpes, chickenpox or contact dermatitis.¹

¹ Reference: Impetigo 2005, Anne E Burdick, MD, MPH Vidya Rajpara, MD, <http://www.emedicine.com/derm/topic195.htm>

Medication	Reason	Dosage
Non-bullous type		
Mercurius-Heel	Anti-bacterial homeopathic	Acute: 1 tablet every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet 3x/day
Traumeel	Inflammation regulation	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day
Echinacea compositum	Contains Streptococcal and Staphylococcal nosodes	10 drops 3x/day or 1 oral vial/day for 5 days
Additional: Graphites-Homaccord	For yellow crusting	Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week
Bullous type		
Mercurius-Heel	Anti-bacterial homeopathic	Acute: 1 tablet every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet 3x/day
Traumeel	Inflammation regulation	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day
Echinacea compositum	Contains Streptococcal and Staphylococcal nosodes	10 drops 3x/day or 1 oral vial/day for up to 10 days
Mezereum-Homaccord	For pus filled vesicles	Acute: 1 oral vial up to 3x/day. Chronic: 1 oral vial 3-7x/week

2. FOLLICULITIS, FURUNCULOSIS (FURUNCLES), AND CARBUNCULOSIS (CARBUNCLES)

Folliculitis is a superficial infection of the hair follicles characterized by erythematous, follicular-based papules and pustules. Severe cases may cause permanent hair loss and scarring, and even mild folliculitis can be uncomfortable and embarrassing.

Furuncles are deeper infections of the hair follicle characterized by inflammatory nodules with pustular drainage, which may coalesce to form larger draining nodules when it is called a carbuncle. The prevalence of folliculitis is unknown. This is mostly caused by streptococcal or staphylococcal bacteria.

Treatment of furuncles and carbuncles

Surgical drainage is sometimes necessary and even beneficial as it constitutes excretion and thus is often, in a homotoxicological sense, preferred to antibiotic therapy, which is more suppressive.

Medication	Reason	Dosage
Belladonna-Homaccord	For red throbbing skin lesions	Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day for 5 days. Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week
Mercurius-Heel If severe, use Arnica-Heel instead	Antiseptic	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day
Lymphomyosot / Lyphosot	Lymph drainage, also clears the terrain. Can be used for several days after infection has cleared	1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week
Traumeel	Inflammation regulation	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week
If severe: Echinacea compositum	Contains Staphylococcal nosode	10 drops 3x/day or 1 oral vial/day for up to 10 days

3. ERYSIPELAS AND CELLULITIS

Erysipelas is a superficial streptococcal infection of the skin. Cellulitis is a deeper process that extends to the subcutis. Erysipelas has a predilection for young children and the elderly. This disease has been traced back to the Middle Ages where it was referred to as "St. Anthony's Fire," named after an Egyptian healer who was known for successfully treating the infection. Historically, this infection occurred on the face and was caused by *Streptococcus pyogenes*. However, a shift in the distribution and etiology of the disease has occurred, with most erysipelas infections now occurring on the legs and with non-group A streptococci sometimes being identified as the etiologic agents.

Classically, erysipelas is a tender, well-defined, erythematous, indurated plaque. Cellulitis refers to an infection involving the skin's deeper layers; the dermis and subcutaneous tissue. The main bacteria involved in cellulitis are Staphylococcus, but occasionally, other bacteria may cause cellulitis as well. Cellulitis is a warm, tender, erythematous, and edematous plaque with ill-defined borders that expands rapidly. It is often accompanied by constitutional symptoms, regional lymphadenopathy, and, occasionally, bacteremia.

The decision to treat these more severe infections with Homotoxicology as primary or secondary therapy should be made on an individual basis, depending on the severity and the systemic symptoms in the patient. If antibiotics are to be used, the patient should undergo a detoxification regimen for six weeks afterwards as a well as a probiotic replacement.

Medication	Reason	Dosage
Arnica-Heel	Severe infective processes	Acute: 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 10 drops 3x/day
Apis-Homaccord	Redness and swelling	Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week
Echinacea compositum or Echinacea compositum forte SN	Anti-suppurative, contains Streptococcinum nosode	Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 10 drops or 1 3x/day oral vial 3-7x/week
Traumeel	Inflammation regulation	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week
Lymphomyosot/ Lyphosot	Lymph drainage, also clears the terrain. Can be used for several days after infection has cleared	1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week

HIDRADENITIS SUPPURATIVA

Hidradenitis suppurativa is a chronic, scarring disease that affects the apocrine, or sweat glands. It is a common skin condition that is frequently misdiagnosed. Hidradenitis suppurativa does not occur before puberty. Most people are between 20 to 40 years old when they develop hidradenitis suppurativa. It can be a disabling and distressing skin condition.

Apocrine glands are formed from the same structure as the hair follicle and sebaceous glands. They produce a highly individual sexual scent, the production of which is dependent on the presence of sex hormones. The apocrine glands become very active with the onset of puberty. They are found particularly in the armpit and the genital area. When the plugged gland or follicle becomes larger, ruptures, and becomes infected, the typical picture of hidradenitis suppurativa emerges.

As these glands are controlled by the sex hormones, hormonal regulation is also helpful in these cases. Sweat is also a way to get rid of toxins, and too many toxic substances will block the opening of the sweat gland. Also in these cases it makes sense to do a detox, as it often has a chronic course.

Medication	Reason	Dosage
Cruroheel	Suppurations	1 tablet 3x/day
Lymphomyosot/ Lyphosot	Improving the drainage of the area	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week
Hormeel	Hormonal balance	10 drops 3x/day or 1 oral vial 3-7x/week
Echinacea compositum or Echinacea compositum forte SN in severe cases	Stimulate the non specific defense mechanisms	10 drops 3x/day or 1 oral vial/day for up to 10 days

ACNE

The pilosebaceous unit (the sebaceous follicle, sebaceous glands, and sebaceous ducts) is where acne occurs. Pilosebaceous units are concentrated in body sites that are prone to acne – the face, back, and chest. The pathogenesis of acne is complex and multifactorial. Although the etiology of acne is not clear, or why acne remits or resolves in most individuals but not in others — the central pathogenic factors have been delineated. These are:

Note: in acne patients, the skin may take the brunt when the liver cannot detoxify properly. A detoxification regime, both advanced and also basic is always good in these patients.

1. Excessive sebum production secondary to androgen stimulation
2. Altered follicular keratinization and desquamation, resulting in follicular plugging
3. Proliferation of *Propionibacterium acnes*, an anaerobic organism normally resident in the follicle
4. Inflammation following chemotaxis and the release of proinflammatory mediators, such as IL-1

Acne is a disease that can have considerable effects on self-image and psychological well-being, which may be even more profound in adult patients than in their teenage counterparts. From a homotoxicological view point, acne is approached on four levels: reduce sebum formation, reduce inflammation, normalize hormonal environment and combat “super” infection of the comedo.

Medication	Reason	Dosage
Hormeel	Hormonal balance. This medication is also effective in males	10 drops 3x/day or 1 oral vial/day
Traumeel	Inflammation regulation (reduce IL -1)	Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week
Echinacea compositum or Echinacea compositum forte SN	Combat “super” infection of the comedo	10 drops 3x/day or 1 oral vial/day for up to 10 days. Can be repeated once a month
Cutis compositum + Lymphomyosot/ Lyphosot or Galium-Heel	Reduce sebum formation and normalize skin	10 drops 3x/day or 1 oral vial 3x/week

ECZEMA

EczeMa is a general term for many types of skin inflammation (dermatitis). Atopic dermatitis is the most common of the many types of eczema. Several other forms have very similar symptoms. The diverse types of eczema are listed and briefly described below.

EczeMa is often part of a wider immunological dysregulation, and especially atopic eczema can be the result of a shift into a Th2 predominant state. Due to the fact that chronic psychological stress as well as parasites such as worms and also fungi (Candida) are well known to shift the immune state further in a Th2 predominant response, these are often also triggering factors for the eczema and the condition should not only be treated symptomatically, but the underlying immune dysregulation should also be addressed. Engystol and products containing “Suis” organs are very good immunoregulators to restore a Th1/Th2 balance.

With all patients with eczema, a general detoxification should be done; however, this should be a late event, once the Th1/Th2 balance is restored. Some patients with eczema will experience a relapse when detoxification is started; this is milder when the condition is first brought under control.

In some cases of neurodermatitis and severe atopic eczema, severe breakouts should be avoided, as the sloughing of skin can lead to protein loss and require hospitalization. To avoid this, patients who have been on chronic steroid treatment should also be weaned slowly over weeks. The general regime should be done first with support under Glandula suprarenalis suis-Injeel and/or Berberis-Homaccord at the same time as weaning the steroid. Detoxification should be a late event in these patients.

Types of eczema

- **Atopic dermatitis:** a chronic skin disease characterized by itchy, inflamed skin.
- **Contact eczema:** a localized reaction that includes redness, itching, and burning where the skin has come into contact with an allergen (an allergy-causing substance) or with an irritant such as an acid, a cleaning agent or other chemical.
- **Allergic contact eczema:** a red, itchy, weepy reaction where the skin has come into contact with a substance that the immune system recognizes as foreign, such as poison ivy or certain preservatives in creams and lotions.
- **Seborrheic eczema:** a form of skin inflammation of unknown cause that presents as yellowish, oily, scaly patches of skin on the scalp, face, and occasionally other parts of the body.
- **Nummular eczema:** coin-shaped patches of irritated skin which are most commonly seen on the arms, back, buttocks, and lower legs and may be crusted, scaling and extremely itchy.
- **Neurodermatitis:** scaly patches of skin on the head, lower legs, wrists, or forearms with a localized itch that becomes intensely irritated when scratched. This is often combined with emotional disturbance.
- **Stasis dermatitis:** a skin irritation on the lower legs, generally related to circulatory problems.
- **Dyshidrotic eczema:** irritation of the skin on the palms of hands and soles of the feet characterized by clear, deep blisters that itch and burn.

Medication	Reason	Dosage
General treatment		
Engystol	Th1/Th2 balance. Has an adrenergic effect which helps the itch	1 tablet 3x/day or 1 oral vial/day for 5 days, then 5 days rest, 5 days again in this fashion, for 1 month
Cutis compositum or Funiculus umbilicalis suis-Injeel with Glandula suprarenalis suis-Injeel	Tissue support, as well as immunomodulation with the suis organs	1 oral vial 3x/week for 6 weeks
Hepeel	Support for the liver functions (breakdown of histamine)	1 tablet 3x/day or 1 oral vial/day
General detoxification (advanced and basic Detox-Kit)	Clear the terrain, support the excretory organs	See issue Spring 2005 (p. 5) <i>Journal of Biomedical Therapy</i>
Specific treatment		
Atopic dermatitis		
Sulfur-Heel	For mixed forms of eczema	1 tablet 3x/day
Contact eczema		
Apis-Homaccord	For redness and burning	Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week
Allergic contact eczema		
Mezereum-Homaccord or Schwef-Heel	For vesicular eczema and pruritis	10 drops 3x/day or 1 oral vial 3-7x/week
Seborrheic eczema		
Graphites-Homaccord	Oily patches on the face and scalp	10 drops 3x/day or 1 oral vial 3x/day
Nummular eczema		
Schwef-Heel or Graphites-Homaccord	Extremely itchy eczema/or when crusted a lot	10 drops 3x/day or 1 oral vial 3x/day
Neurodermatitis		
Schwef-Heel	Highly irritated eczema, patient scratches until it bleeds	10 drops 3x/day
Nervoheel/Nereel	Emotional disturbance	1 tablet 3x/day
Tonico-Heel	Emotional disturbance	1 oral vial 3-7x/week
Stasis dermatitis		
Cruroheel	For venous stasis	1 tablet 3x/day
Placenta compositum or Funiculus umbilicalis suis-Injeel	Increase in venous strength	1 oral vial 3x/week
Dyshidrotic eczema		
Mezereum-Homaccord	Vesicular eczema	1 oral vial 3-7x/week

PRIMARY HYPERHIDROSIS

Primary hidrosis is a condition that afflicts women more than men, occurs in about 1% of the population and starts before or at puberty. It is an autosomal dominant condition and should be distinguished from organic causes of increased sweating, such as menopause, hyperthyroidism, diabetes and deep infections such as tuberculosis, where the underlying cause must be elucidated and treated. It is a condition where sweating is experienced in excess of what is needed to regulate body temperature. The condition can have psychological consequences in as much as the patient will experience increase nervousness when sweating in social situations which in turn makes the sweating worse. It mainly occurs on the hands and the feet, but can occur on any part of the body. Treatment solutions include Botulinum toxin injections and sympathectomy. Mild to moderate cases are often helped by antihomotoxic treatment.

Medication	Reason	Dosage
Abropernol or Schwef-Heel	Symptomatic support	1 tablet or 10 drops 3x/day
Nervoheel/Nereel	Nervousness	1 tablet 3x/day
Berberis-Homaccord and Glandula suprarenalis suis-Injeel	Adrenal/sympathetic, parasympathetic balance	10 drops 3x/day plus 1 oral vial 3x/week
Hepeel	Liver support	1 tablet 3x/day or 1 oral vial 3x/week