

**HOW CAN
HOMEOPATHIC MEDICINE
BE HELPFUL TO
TODAY'S DERMATOLOGIST?
(LECTURE HANDOUT)**

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AAD FOCUS SESSION - U038

**CAN HOMEOPATHIC MEDICINE BE
OF HELP TO TODAY'S
CLINICAL DERMATOLOGIST?**

**I DO NOT HAVE ANY RELEVANT
RELATIONSHIPS WITH INDUSTRY**

**WE WILL BE DISCUSSING
“OFF-LABEL” USES**

HOMEOPATHIC MEDICINE

- **WHAT IS IT?**
- **IS THERE ANY RESEARCH?**
- **WHAT CAN YOU DO WITH IT?**

WHAT IS HOMEOPATHIC MEDICINE?

- GREEK: *Homoios* – ‘similar’ or ‘like’
Pathos – ‘suffering’
- HOMEOPATHIC MEDICINE - IS A LOW-COST, NON-TOXIC SYSTEM OF MEDICINE USED BY 500 MILLION PEOPLE WORLD-WIDE WHICH USES MICRODOSES OF SUBSTANCES DERIVED FROM PLANTS, MINERALS, OR ANIMALS FOR THE PURPOSE OF STIMULATING THE NATURAL HEALING RESPONSE.

Bellavite P, Signorini A. *The Emerging Science of Homeopathy*, 2002.

British Institute of Homeopathy, *Diploma Course Manual*, 2003.

Goldberg B. *Alternative Medicine: The Definitive Guide*, 1993.

SAMUEL HAHNEMANN, MD (1755-1843)

- While translating a scientific book, Hahnemann wondered at the author's claim that cinchona (Peruvian bark) was effective against malaria because it was bitter.
- Hahnemann knew of other bitter medicines which didn't cure malaria

SAMUEL HAHNEMANN, MD

- He ingests cinchona (Peruvian bark) & experiences malaria-like symptoms
- He hypothesizes cinchona helps malaria patients because it causes similar symptoms in a healthy person
- The LAW OF SIMILARS

3 PRINCIPLES OF HOMEOPATHIC MEDICINE

1. LAW OF SIMILARS - CURE IS ACHIEVED BY GIVING SUBSTANCES WHICH ARE CAPABLE OF INDUCING SIMILAR DISEASE-LIKE SYMPTOMS IN THE HEALTHY PERSON
2. EMPLOY INFINITESIMALLY SMALL, PROPERLY POTENTIZED DOSES
3. ADDRESS THE WHOLE PERSON

HOMEOPATHIC POTENCIES

- 1) DECIMAL DILUTIONS ($Nx = 10^{-N}$)
 - based on 1:10 dilutions
 - e.g. Phosphorus 30x = 10^{-30}
- 2) CENTESIMAL DILUTIONS ($Nc = 10^{-2N}$)
 - based on 1:100 dilutions
 - e.g. Phosphorus 30c = 10^{-60}

Reference: *BIH Diploma Handbook* (Section I), 66-68.

COMMON HOMEOPATHIC POTENCIES

Common Potencies	Dilution Factor	Number of Dilutions	Exponent Designation
1x	1:10	1	10^{-1}
1c	1:100	1	10^{-2}
3x	1:10	3	10^{-3}
3c	1:100	3	10^{-6}
6x	1:10	6	10^{-6}
6c	1:100	6	10^{-12}
12x	1:10	12	10^{-12}
12c	1:100	12	10^{-24}
30x	1:10	30	10^{-30}
30c	1:100	30	10^{-60}
200	1:100	200	10^{-400}
1M	1:100	1,000	$10^{-2,000}$
10M	1:100	10,000	$10^{-20,000}$
50M	1:100	50,000	$10^{-100,000}$
CM	1:100	100,000	$10^{-200,000}$
MM	1:100	1,000,000	$10^{-2,000,000}$

HOW DOES HOMEOPATHIC MEDICINE WORK?

- MODE OF ACTION IS NOT KNOWN
- DILUTIONS NEED TO BE ACCOMPANIED BY VIGOROUS SHAKING
- HOMEOPATHIC MEDICINES DO NOT WORK AFTER BEING HEATED TO 70° C (158° F), FREEZE-THAWED, OR ULTRASONIFIED

HOMEOPATHIC MEDICINES **REGULATION BY FDA**

- **REGULATED BY THE FDA AS DRUGS**
SINCE 1938
- **FOOD, DRUG, & COSMETIC ACT OF 1938**
- **MANUFACTURED IN ACCORDANCE WITH HOMEOPATHIC PHARMACOPOEIA OF THE UNITED STATES (HPUS)**
- **MANUFACTURED ACCORDING TO GOOD MANUFACTURING PRACTICES (GMP)**

Homeopathic treatment of minor aphthous ulcer: a randomized, placebo-controlled clinical trial

Fahimeh Mousavi, Yalda Nozad Mojaver*, Mehdi Asadzadeh and Mustafa Mirzazadeh

Department of Oral Medicine, Tehran University of Medical Sciences, Dental School, Tehran, Iran

Objective: The objectives of this study were to clinically determine the efficacy of individualised homeopathy in the treatment of minor recurrent aphthous ulceration (MiRAU).

Design & intervention: A randomized, single blind, placebo-controlled clinical trial of individualised homeopathy. One hundred patients with minor aphthous ulcer were treated with individualised homeopathic medicines or placebo and followed up for 6 days. Patients received two doses of individualised homeopathic medicines in the 6C potency as oral liquid at baseline and 12 h later. Pain intensity and ulcer size were recorded at baseline during and at the end of the trial (mornings of days 4 and 6).

Result: All 100 patients completed treatment. Between group differences for pain intensity and ulcer size were statistically significant at day 4 and at day 6 ($P < 0.05$). No adverse effects were reported.

Conclusion: The results suggest that homeopathic treatment is an effective and safe method in the treatment of MiRAU. *Homeopathy* (2009) 98, 137–141.

Keywords: Homeopathy; aphthous ulcer; randomized; control clinical trial

APHTHOUS ULCERS - SIZE

Homeopathic treatment of minor aphthous ulcer

F Mousavi et al

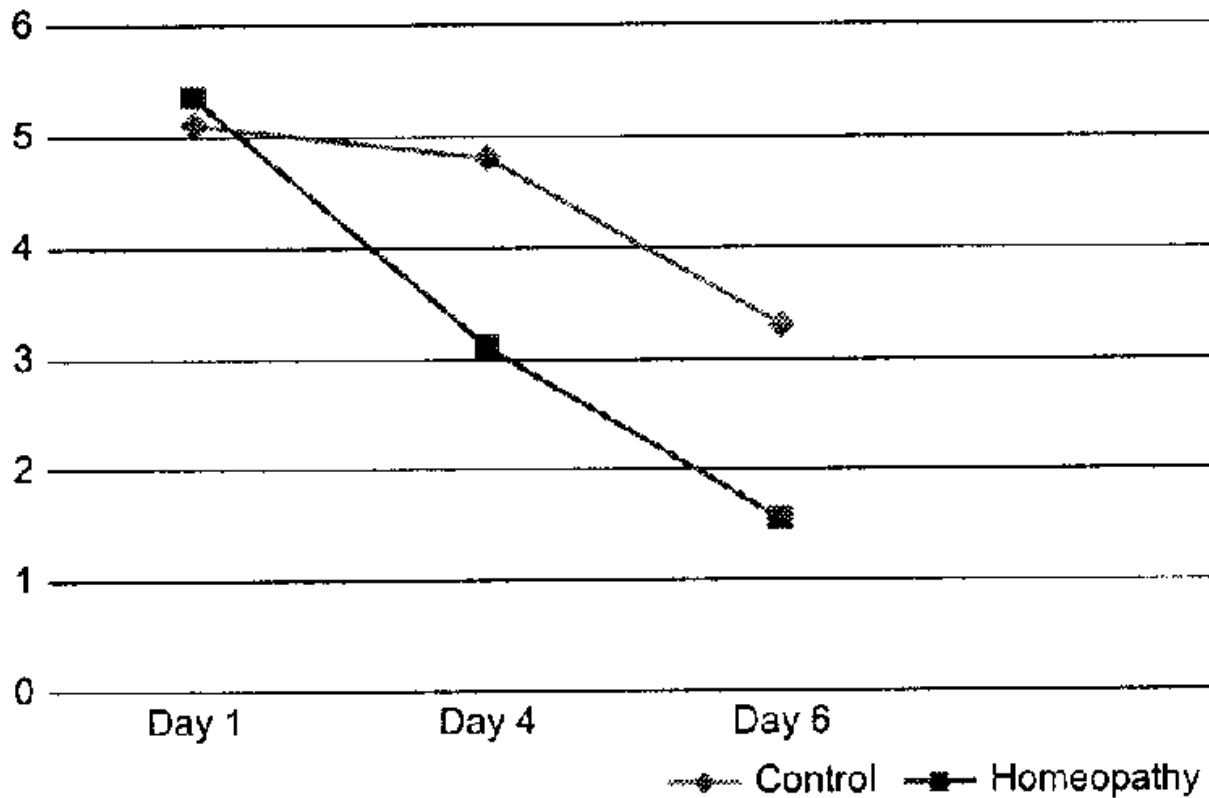


Figure 2 Change in mean size of lesions (longest dimension, mm). $P < 0.05$, days 4 and 6.

APHTHOUS ULCERS - PAIN

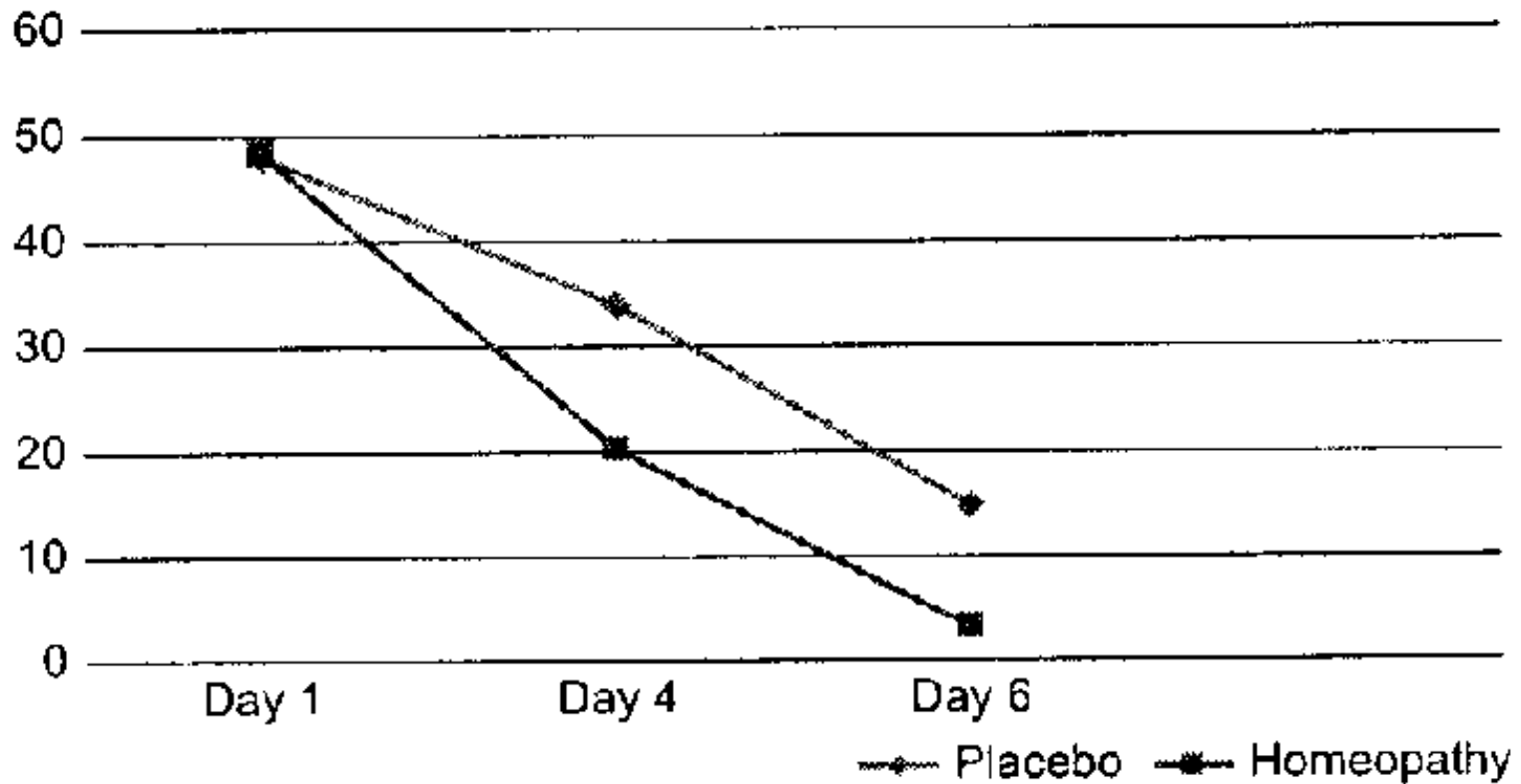


Figure 3 Mean change in pain VAS (100 mm). $P < 0.05$, days 4 and 6.

CONCLUSIONS

- **INDIVIDUALIZED HOMEOPATHY CAN REDUCE PAIN INTENSITY & SIZE OF APHTHOUS ULCER**
- **FIRST PUBLISHED STUDY OF HOMEOPATHY & TX OF APHTHAE**
- **NO ADVERSE EFFECTS SEEN**
- **BORAX & NATRUM MURIATICUM MOST COMMON REMEDIES (WOMEN)**
- **BORAX & MERCURIUS SOLUBILIS MOST COMMON REMEDIES (MEN)**
- **STUDY LIMITATION: SINGLE-BLIND (PT)**

Phase III Randomized Trial of *Calendula Officinalis* Compared With Trolamine for the Prevention of Acute Dermatitis During Irradiation for Breast Cancer

P. Pommier, F. Gomez, M.P. Sunyach, A. D'Hombres, C. Carrie, and X. Montbarbon

A B S T R A C T

Purpose

The effectiveness of nonsteroid topical agents for the prevention of acute dermatitis during adjuvant radiotherapy for breast carcinoma has not been demonstrated. The goal of this study was to compare the effectiveness of calendula (Pommadé au Calendula par Digestion; Boiron Ltd, Levallois-Perret, France) with that of trolamine (Biafine; Genmedix Ltd, France), which is considered in many institutions to be the reference topical agent.

Patients and Methods

Between July 1999 and June 2001, 254 patients who had been operated on for breast cancer and who were to receive postoperative radiation therapy were randomly allocated to application of either trolamine (128 patients) or calendula (126 patients) on the irradiated fields after each session. The primary end point was the occurrence of acute dermatitis of grade 2 or higher. Prognostic factors, including treatment modalities and patient characteristics, were also investigated. Secondary end points were the occurrence of pain, the quantity of topical agent used, and patient satisfaction.

Results

The occurrence of acute dermatitis of grade 2 or higher was significantly lower (41% v 63%; $P < .001$) with the use of calendula than with trolamine. Moreover, patients receiving calendula had less frequent interruption of radiotherapy and significantly reduced radiation-induced pain. Calendula was considered to be more difficult to apply, but self-assessed satisfaction was greater. Body mass index and adjuvant chemotherapy before radiotherapy after lumpectomy were significant prognostic factors for acute dermatitis.

Conclusion

Calendula is highly effective for the prevention of acute dermatitis of grade 2 or higher and should be proposed for patients undergoing postoperative irradiation for breast cancer.

HOMEOPATHIC PREVENTION OF ACUTE RADIATION DERMATITIS

- SINGLE-BLINDED PHASE III RANDOMIZED COMPARISON

	CALENDULA	TROLAMINE
# WOMEN	126	128
ALLERGIC REACTIONS	NONE	4 (PRURITUS URTICARIA)

- RESULTS: CALENDULA OINTMENT WAS SUPERIOR TO TROLAMINE IN ALL CATEGORIES (EXCEPT EASE OF APPLICATION)
- CONCLUSION: CALENDULA IS HIGHLY EFFECTIVE IN PREVENTING ACUTE RADIATION DERMATITIS IN PATIENTS UNDERGOING POST-OP RADIATION TX FOR BREAST CANCER.

HOMEOPATHIC PREVENTION OF ACUTE RADIATION DERMATITIS

Table 1. RTOG Acute Skin Toxicity Grades

Grade				
0	1	2	3	4
No change over baseline	Follicular, faint, or dull erythema; epilation, dry desquamation, or decrease in sweating	Tender, bright erythema; patchy, moist desquamation or moderate edema	Confluent, moist desquamation other than skin folds; pitting edema	Ulceration, hemorrhage, necrosis

Abbreviation: RTOG, Radiation Therapy Oncology Group.

- **CALENDULA OINTMENT WAS STATISTICALLY SIGNIFICANTLY MORE EFFECTIVE THAN TROLAMINE IN PREVENTING ACUTE RADIATION DERMATITIS (GRADE 2 OR HIGHER)**
- **CALENDULA OINTMENT HAD SIGNIFICANTLY BETTER SELF-ASSESSED PT SATISFACTION REGARDING PAIN AND DERMATITIS**

ORIGINAL PAPER

Ignatia in the treatment of oral lichen planus

Fahimeh Mousavi, Safa Sherafati and Yalda Nozad Mojaver*

Department of Oral Medicine, Tehran University of Medical Sciences, Dental school, Tehran, Iran

Objective: To evaluate the effectiveness of *Ignatia* homeopathic 30C in management of oral lichen planus (OLP).

Methods and materials: In this single blind randomized control clinical trial, 30 consecutive patients with oral lesions consistent clinically and histologically with erosive and/or atrophic OLP were recruited. The patients were randomly divided into two groups to receive *Ignatia* or placebo. They were treated for 4 months.

Results: Mean lesion sizes and mean pain measures differed between control and treatment groups favouring *Ignatia* ($p < 0.05$).

Conclusion: Our results suggest that *Ignatia* has a beneficial effect in treatment of OLP in selected patients. *Homeopathy* (2009) 98, 40–44.

Keywords: Oral lichen planus; *Ignatia*; Single blind randomized controlled trial; Oral disease; Homeopathy

IGNATIA – TX ORAL LICHEN PLANUS

- SINGLE-BLIND RANDOMIZED CONTROLLED CLINICAL TRIAL
- 30 CONSECUTIVE PTS WITH ORAL LICHEN PLANUS
- 15 – TX WITH **IGNATIA**
- 15 – TX WITH **PLACEBO**
- TX DURATION: 4 MONTHS

LESION SIZE

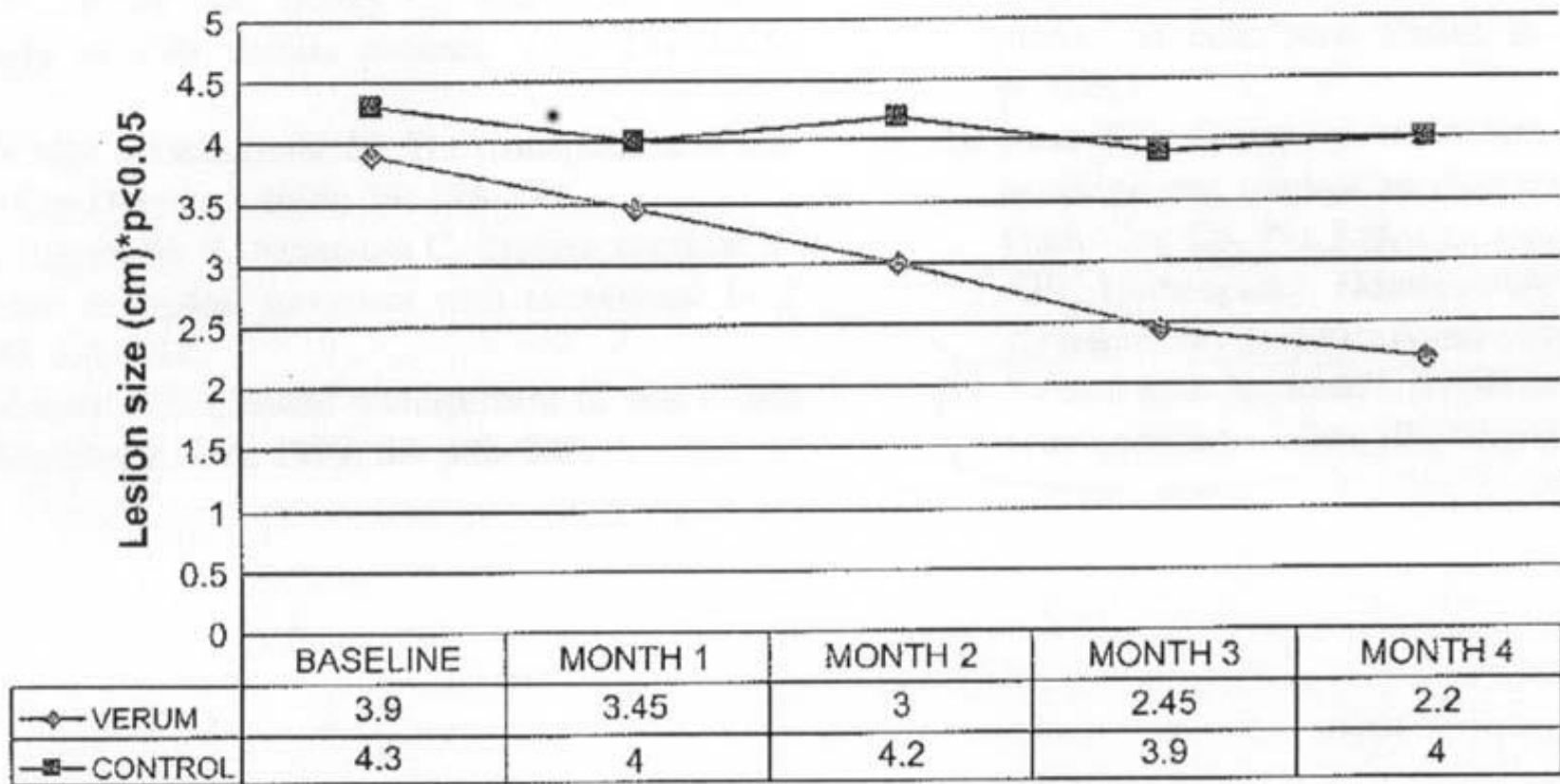
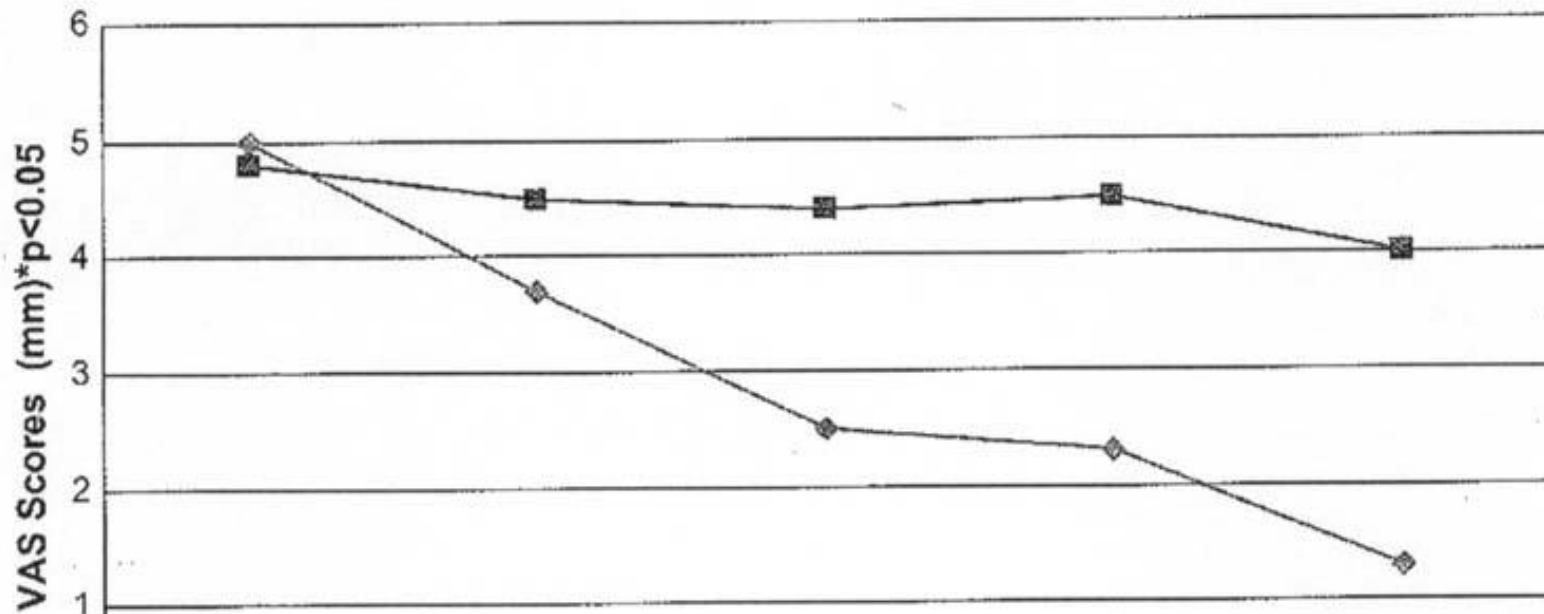


Figure 2 Change in mean size of lesion (the longest dimension) ($*p < 0.05$).

PAIN



	BASELINE	MONTH 1	MONTH 2	MONTH 3	MONTH 4
—◇— VERUM	5	3.7	2.5	2.3	1.3
—■— CONTROL	4.8	4.5	4.4	4.5	4

Figure 3 Change in mean VAS scores for pain (* $p < 0.05$).

IGNATIA – TX ORAL LICHEN PLANUS

CONCLUSIONS

- IGNATIA HAS BENEFICIAL EFFECT
IN TX OF ORAL LICHEN PLANUS
- DECREASED PAIN &
DISCOMFORT OF LESIONS
- REDUCED SIZE OF LESIONS
- STATISTICALLY SIGNIFICANT
OVER PLACEBO ($p < 0.05$)

Homoeopathic versus conventional treatment of children with eczema: A comparative cohort study

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Available online 27 December 2006

KEYWORDS

Atopic dermatitis;
Atopic eczema;
Cohort study;
Homoeopathy

Summary

Objectives: To assess, over a period of 12 months, whether homoeopathic treatment could influence eczema signs/symptoms and quality of life (QoL) compared with conventional treatment.

Design: Prospective multi-centre cohort study.

Setting: Children with eczema aged 1–16 years were recruited from primary care practices.

Interventions: Conventional versus homoeopathic treatment.

Outcome measures: Patients (or parents) assessed eczema symptoms by numerical rating scales as well as disease-specific *Atopie Lebensqualitäts-Fragebogen* (ALF) and general quality of life (KINDL, KITA) at 0, 6 and 12 months.

Results: A total of 118 children were included: 54 from homoeopathic (mean age \pm S.D. was 5.1 ± 3.3 years; 56% boys) and 64 from conventional practices (6.2 ± 3.8 years; 61% boys). Eczema symptoms (assessed by patients or their parents) improved from 0 to 12 months for both treatment options, but did not differ between the two groups: 3.5–2.5 versus 3.4–2.1; $p=0.447$ (adjusted). Disease-related quality of life improved in both groups similarly. In the subgroup of children aged 8–16 years the general quality of life showed a better trend for conventional treatment compared with homoeopathic treatment ($p=0.030$).

Conclusions: This observational study is the first long-term prospective investigation to compare homoeopathic and conventional treatment of eczema in children. Over a period of 12 months, both therapy groups improved similarly regarding perception of eczema symptoms (assessed by patients or parents) and disease-related quality of life.

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“HOMEOPATHIC VS. CONVENTIONAL TX OF CHILDREN WITH ECZEMA: A COMPARATIVE COHORT STUDY”

- KEIL T, et al. *COMPLEMENT THER MED.* 2008 FEB; 16(1): 15-21.
- INSTITUTE FOR SOCIAL MEDICINE, EPIDEMIOLOGY & HEALTH ECONOMICS, CHARITÉ UNIVERSITY MED CENTER, BERLIN, GERMANY
- FIRST LONG-TERM, PROSPECTIVE, MULTI-CENTER COHORT STUDY TO COMPARE HOMEOPATHIC VS. CONVENTIONAL TX OF ECZEMA IN CHILDREN
- SIGNS / SYMPTOMS & QUALITY OF LIFE

“HOMEOPATHIC VS. CONVENTIONAL TX OF CHILDREN WITH ECZEMA: A COMPARATIVE COHORT STUDY”

- (N = 118 CHILDREN)
(54 HOMEOPATHIC & 64 TRAD TX)
- FOLLOW-UP PERIOD: 12 MONTHS
- **IMPROVEMENT OF ECZEMA (OBSERVED BY DRS.) WAS SIGNIFICANTLY GREATER IN HOMEOPATHIC GROUP ($p < 0.001$)**
- ECZEMA SYMPTOMS IMPROVED IN BOTH GROUPS (NO STATISTICAL DIFF)
- DISEASE-RELATED QUALITY OF LIFE IMPROVED EQUALLY IN BOTH GROUPS

CLINICAL CASE HISTORIES

Homeopathic treatment of Japanese patients with intractable atopic dermatitis

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² *Hosoya Skin Clinic, Tokyo, Japan*

The objective of the study was to evaluate the efficacy of homeopathic treatment of intractable atopic dermatitis (IAD). Seventeen IAD patients were given individualized homeopathic treatment in addition to conventional dermatological therapy from 6 months to 2 years and 7 months. Although all of the patients had previously been treated with conventional medicine and various psychological approaches, they had had severe conditions and shown no significant sign of improvement. The efficacy of homeopathic treatment was measured by objective assessments of the skin condition and the patients' own assessments, using a 9 point scale similar to the Glasgow Homeopathic Outcome Scale, was used. Over 50% improvement was reported in overall impression and in their skin conditions by all patients, in itchiness by 15 of the patients, in sleep disturbance by 10 out of 13 patients, in satisfaction in daily life by nine out of 12, in fulfillment at work by seven out of 11 and in satisfaction with human relations by 10 out of 14. Two detailed case histories are reported. *Homeopathy* (2003) 92, 108-114.

Keywords: intractable atopic dermatitis; individualized homeopathic treatment; efficacy of homeopathic treatment; patients' own assessments

INTRACTABLE ATOPIC DERMATITIS

- **CASE SERIES (N = 17)**
- **JAPANESE ATOPIC ECZEMA PTS**
- **ALL WERE USING TOPICAL STEROIDS**
- **POORLY-CONTROLLED WITH CONVENTIONAL TX**
- **+/- ANXIOLYTICS & SLEEPING PILLS**
- **+/- TRADITIONAL CHINESE MEDICINE**

ITAMURA R, HOSOYA R. *HOMEOPATHY*. 2003: 92,108-114.

SEVERITY (RAJKA & LANGELAND CRITERIA)

- 13 SEVERE ECZEMA PATIENTS
- 4 MODERATE ECZEMA PATIENTS

INTERVENTION

- **INDIVIDUALIZED HOMEOPATHIC TX**
IN ADDITION TO CONVENTIONAL TX

OUTCOME MEASUREMENT

- 9 POINT OUTCOME SCALE
- ASKED 7 PATIENT QUESTIONS
- PRE-TX AND Q 3 MONTHS

DURATION TX & FOLLOW-UP

- 6 – 31 MONTHS

RESULTS

- 1 - COMPLETE CLEARING
- 7 - PARTIAL (80% BETTER)
- 9 - PARTIAL (50% BETTER)

HOMEOPATHIC TREATMENT OF JAPANESE PATIENTS WITH INTRACTABLE ATOPIC DERMATITIS

Table 3 Patients' own assessments and objective assessment of skin

<i>Patients' own assessments</i>									
<i>Case no.</i>	<i>Overall impression</i>	<i>Skin condition</i>	<i>Itchiness</i>	<i>Sleep</i>	<i>Daily life</i>	<i>Work</i>	<i>Human relations</i>	<i>Objective improvement of skin</i>	<i>Steroid ointment</i>
1	2	2	3	1	2	1	2	1	
2	3	3	3	1	0	1	-1	3	
3	2	2	1	0	1	0	0	2	
4	2	2	2	0	2	0	1	2	
5	3	3	3	3	4	2	3	3	Stopped
6	2	2	2	3	3	3	3	1	
7	2	3	3	3	0	-1	-2	3	Stopped
8	3	3	3	4	4	4	4	4	Stopped
9	3	3	3	3	3	0	3	3	
10	2	2	1	1	0	0	0	2	
11	2	2	2	0	0	-1	1	2	
12	2	2	2	3	3	2	3	2	
13	3	2	2	2	3	4	3	3	Stopped
14	3	2	3	2	1	3	3	2	
15	3	2	3	2	1	3	3	3	
16	2	2	2	2	0	0	0	2	
17	4	4	4	0	4	0	4	4	Stopped

Itamura R, Hosoya R. *Homeopathy*. 2003; 92: 108-114.
Dept. of Dermatology, Obitsu Sankei Hospital.

CLASSICAL
HOMEOPATHIC MEDICINE
CAN BE HELPFUL
AS A
“STEROID - SPARING” AGENT
& AS AN
“ANTIBIOTIC - SPARING AGENT”

Homeopathic Treatment of Children with Atopic Eczema: A Prospective Observational Study with Two Years Follow-up

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Accepted August 28, 2008.

HOMEOPATHIC TX – ATOPIC ECZEMA

- **OBSERVATIONAL STUDY**
- **N = 3981 CONSECUTIVE PATIENTS**
- **N = 225**
- **CHILDREN WITH ATOPIC ECZEMA**
- **ALLOWED TO USE CONVENTIONAL TX**
- **FOLLOW-UP: 24 MONTHS**

Witt CM, et.al. Homeopathic Tx of Children with Atopic Eczema. A Prospective Observational Study with Two Years Follow-up. *ADV.* 2009: 89(2); 182-183.

HOMEOPATHIC TX – ATOPIC ECZEMA

RESULTS

- SEVERITY OF **ECZEMA** IMPROVED
- CHANGE IN SEVERITY ASSESSMENT WERE OF **LARGE EFFECT SIZE:**
MONTHS 0-24 (COHEN'S $d = 1.76$)
- **REDUCTIONS** IN USE OF DERMATOLOGY DRUGS WERE OBSERVED

Witt CM, et.al. Homeopathic Tx of Children with Atopic Eczema. A Prospective Observational Study with Two Years Follow-up. ADV. 2009; 89(2) 182-183.

Effect size, often measured as Cohen's d , is defined as the difference between two means divided by a standard deviation for the data. An effect size of 0.8 is considered large. <http://www.leeds.ac.uk/educol/documents/00002182.htm>

Classic Homeopathic Medicine and the Treatment of Eczema

Robert J. Signore, DO

Eczema is a skin disease associated with many cosmetic concerns for patients, including feelings of embarrassment and stigmatization as well as challenges to employment opportunities and interpersonal relationships. Natural treatment of eczema currently is of considerable interest among dermatologists. Classic homeopathic medicine can be used as a holistic natural treatment of atopic dermatitis (AD) and irritant contact eczema. This article describes the treatment regimens and clinical outcomes of 6 patients who underwent homeopathic therapy for AD or irritant contact dermatitis. Potential advantages of incorporating homeopathic medicine in the conventional dermatology practice include low cost, availability, ease of administration, patient acceptability, and reduction in topical steroid use. Additionally, patients also may see improvements in symptoms caused by seemingly unrelated medical conditions when their eczema is treated holistically with homeopathic medicine. *Cosmet Dermatol.* 2011;24:420-425.

CASE SERIES (N = 6)

- IRRITANT CONTACT DERMATITIS (3)
- ATOPIC ECZEMA (3)
- ICD APPEARS TO RESPOND FASTER & MORE READILY THAN ATOPIC ECZEMA
- 4 / 6 PTS: NON-DERM ISSUES IMPROVED

**Nwabudike LC. Atopic Dermatitis and Homeopathy.
Our Dermatol Online. 2012; 3(3); 217-220.**

- **CASE SERIES (N = 3)**
- **REFRACTORY ATOPIC DERMATITIS**
- **AGES: 10 MONTH OLD, 11 MONTH OLD,
& 22 YEAR OLD**
- **FOLLOW-UP: 3 – 12 MONTHS**
- **ALL 3 PATIENTS OBTAINED CLEARING
OF ATOPIC DERMATITIS LESIONS**
- **ONE PATIENT (22 Y/O) ALSO HAD
MARKED IMPROVEMENT IN MIGRAINE
HEADACHES**

Effects of homeopathic treatment on pruritus of haemodialysis patients: a randomised placebo-controlled double-blind trial

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Pruritus is a frequent and difficult to treat problem in haemodialysis. This double-blind placebo-controlled randomised clinical trial assessed the role of homeopathic treatment in this situation. The code was held by the pharmacist who dispensed the medications. Pruritus was evaluated using a previously published scale. Only patients with initial values above 25% of maximum pruritus score were entered. Data were analysed after partial code break, separating the two groups of patients, but with no awareness of which one received verum or placebo. Patients were classified as responders if they had >50% reduction of pruritus score.

Twenty-eight patients (16M/12F, 51±11 years of age) were entered and 20 (12M/8F, 52±8 years of age) remained for final analysis: 11 in the verum group, 9 in placebo. At entry, the mean pruritus score was 65±25% for the treated patients and 70±27% for placebo. After 15, 30, 45, and 60 days of follow-up, pruritus score were respectively: 46±29, 41±30, 42±29, and 38±33 for the treated patients and 61±29, 67±31, 64±35, and 57±39 for placebo. Reduction was statistically significant ($P < 0.05$) at every point of observation. According to the patients' own assessment, at the end of the study period, the homeopathic treatment reduced the pruritus score by ~49%. Responders were more frequent in the treated group with statistical significance at 30 days (0% vs 45%, $P = 0.038$).

Homeopathic treatment may represent a worthwhile alternative to relieve pruritus in patients undergoing haemodialysis. *Homeopathy* (2003) 92, 177–181.

Keywords: uraemia; haemodialysis; uraemic pruritus; homeopathy; efficacy

TREATMENT OF PRURITUS IN HEMODIALYSIS PATIENTS

- RANDOMIZED, DOUBLE-BLIND
- PLACEBO-CONTROLLED TRIAL
- PROSPECTIVE, MULTI-CENTER
- (N = 28)
- EACH PATIENT RECEIVED
“INDIVIDUALIZED” TX WITH 1 OR
MORE HOMEOPATHIC MEDICINES
- FOLLOW-UP: UP TO 60 DAYS

HOMEOPATHIC TX – PRURITUS OF HEMODIALYSIS

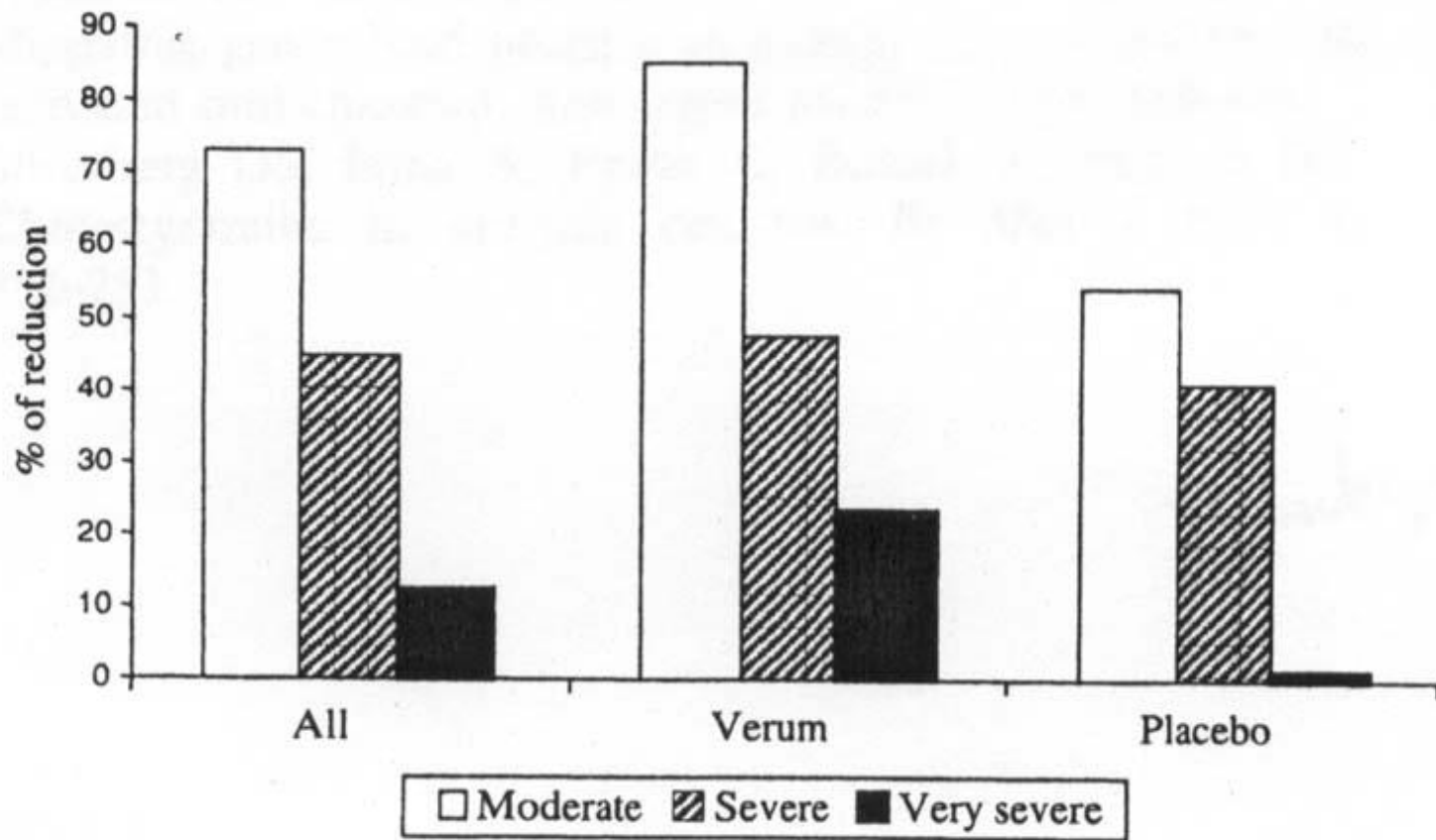


Figure 1 Percentage reduction of pruritus score according to intensity.

TREATMENT OF PRURITUS IN HEMODIALYSIS PATIENTS

- REDUCTION IN PRURITUS SCORE
STATISTICALLY SIGNIFICANT AT
EVERY POINT OF OBSERVATION
- (P < 0.05)
- AUTHORS CONCLUDED:
HOMEOPATHIC TX MAY BE A
WORTHWHILE ALTERNATIVE TO
RELIEVE PRURITUS OF
HEMODIALYSIS PATIENTS

Therapeutic and pathogenetic animal models for *Dolichos pruriens*

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⁴Laboratório de Erros Inatos de Metabolismo, Universidade Federal de São Paulo, Brazil

The therapeutic and pathogenetic effects of *Dolichos pruriens* were evaluated using experimental models in rats. In the therapeutic experiment Wistar rats were housed in a heated environment ($25 \pm 3^\circ\text{C}$) to induce itch, and treated with ascending potencies *D. pruriens* (6cH, 9cH, 12cH and 30cH), each for 10 days. The positive control group received vehicle (ethanol 30% in water). The negative control group received no treatment and were kept at a standard temperature.

In the pathogenetic experiment, all animals were kept at a temperature of $20 \pm 3^\circ\text{C}$ and treated for 30 consecutive days with *D. pruriens* 6 or 30cH, or ethanol vehicle, or no treatment. The experiments were performed blind.

The statistical analysis used Bartlett's test, followed by ANOVA/Tuckey-Kramer or Kruskal-Wallis/Dunn. The results point to the existence of therapeutic effects, with inhibition of the itching, skin lesions and fur thinning produced by heat, more evident in later observations, with the 9, 12, and 30cH potencies (Kruskal-Wallis/Dunn; $P = 0.001$). No changes were observed in the other parameters, such as open field activity and laterality of the itching. In the pathogenetic experiment, no changes were observed in any parameters examined. We conclude that the proposed experimental model demonstrates the therapeutic effect of *D. pruriens*, but not its pathogenetic effects. *Homeopathy* (2006) 95, 136–143.

Keywords: homeopathy; *Dolichos pruriens*; animal model; itch; open field; grooming; pathogenesis

DOLICHOS PRURIENS (6C)

SOURCE: PLANT (COW HAGE, COW-ITCH)

KEYNOTES:



Dinesh Valke©-Wikipedia

- GENERALIZED PRURITUS WITHOUT ERUPTION
- JAUNDICE
- CONSTIPATION
- ABDOMINAL BLOATING
- PAIN IN THROAT, WORSE WITH SWALLOWING (“FEELS LIKE SPLINTER”)

WORSE: AT NIGHT, SCRATCHING, WARMTH, & RIGHT SIDE

“THERAPEUTIC & PATHOGENETIC ANIMAL MODELS FOR DOLICHOS PRURIENS”

3 GROUPS OF WISTAR RATS (N = 45) BLINDED:

- 1) HEATED TO 25°C & TX WITH ASCENDING POTENCIES OF DOLICHOS PRURIENS 6C, THEN 9C, 12C, 30C (10 DAYS EACH)
- 2) HEATED TO 25°C & TX WITH VEHICLE ONLY (ETOH 30% IN WATER) - POSITIVE CONTROL GROUP
- 3) STANDARD TEMPERATURE & NO TX - NEGATIVE CONTROL GROUP

“THERAPEUTIC & PATHOGENETIC ANIMAL MODELS FOR DOLICHOS PRURIENS”

RESULTS

- DEMONSTRATED THERAPEUTIC EFFECTS OF HOMEOPATHIC DOLICHOS PRURIENS IN RATS WITH HEAT-INDUCED PRURITUS:
- INHIBITION OF ITCHING
- INHIBITION OF SKIN LESIONS
- INHIBITION OF FUR THINNING
- (Kruskal-Wallis/Dunn, $P=0.001$)
- NO ADVERSE EFFECTS

Homeopathic treatment of patients with psoriasis – a prospective observational study with 2 years follow-up

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Abstract

Design Prospective multicentre observational study.

Objective To evaluate details and effects of homeopathic treatment in patients with psoriasis in usual medical care.

Methods Primary care patients were evaluated over 2 years using standardized questionnaires, recording diagnoses and complaints severity, health-related quality of life (QoL), medical history, consultations, all treatments, and use of other health services.

Results Forty-five physicians treated 82 adults, 51.2% women, aged 41.6 ± 12.2 (mean \pm SD) years. Patients had psoriasis for 14.7 ± 11.9 years; 96.3% had been treated before. Initial case taking took 127 ± 47 min. The 7.4 ± 7.4 subsequent consultations (duration: 19.4 ± 10.5 min) cumulated to 169.0 ± 138.8 min. Patients received 6.0 ± 4.9 homeopathic prescriptions. Diagnoses and complaints severity improved markedly with large effect sizes (Cohen's $d = 1.02$ – 2.09). In addition, QoL improved (SF-36 physical component score $d = 0.26$, mental component score $d = 0.49$), while conventional treatment and health service use were considerably reduced.

Conclusions Under classical homeopathic treatment, patients with psoriasis improved in symptoms and QoL.

Received: 26 June 2008; Accepted 24 September 2008

HOMEOPATHIC TX - PSORIASIS

- PROSPECTIVE MULTICENTER OBSERVATIONAL STUDY
- n = 3981 CONSECUTIVE HOMEOPATHY PTS
- n = 82 **ADULTS PSORIASIS PTS**
- FOLLOW – UP: 24 MONTHS
- STANDARDIZED QUESTIONNAIRES
- ALLOWED TO USE CONVENTIONAL TX

Witt CM, *et.al.* “Homeopathic Tx of Patients with Psoriasis – A Prospective Observational Study with 2 Years Follow-up.” *JEADV*. 2009; 23; 538-543.

HOMEOPATHIC TX - PSORIASIS

- SEVERITY OF **PSORIASIS** IMPROVED
- PTS. ABLE TO **REDUCE** AMOUNT OF DERMATOLOGICAL DRUGS USED
- SEVERITY OF CO-MORBID DZS. IMPROVED
- QUALITY OF LIFE IMPROVED
- HEALTH SERVICES UTILIZATION
DECREASED MARKEDLY

Witt CM, *et.al.* "Homeopathic Tx of Patients with Psoriasis – A Prospective Observational Study with 2 Years Follow-up." *JEADV*. 2009; 23; 538-543.

IN VIVO STUDY OF ANTI-INFLAMMATORY EFFECT OF HOMEOPATHIC RHUS TOX

- *IN VIVO* STUDY IN RATS
- CARRAGEENAN-INDUCED PAW EDEMA
- HOMEOPATHIC RHUS TOX TREATED RATS SHOWED STATISTICALLY SIGNIFICANT INHIBITION OF PAW EDEMA ($P < 0.05$)
- 6C POTENCY SHOWED STRONGEST EFFECT
- EFFECT SIMILAR TO INDOMETHACIN (THE POSITIVE CONTROL)

RHUS TOX ANTI-INFLAMMATORY STUDY

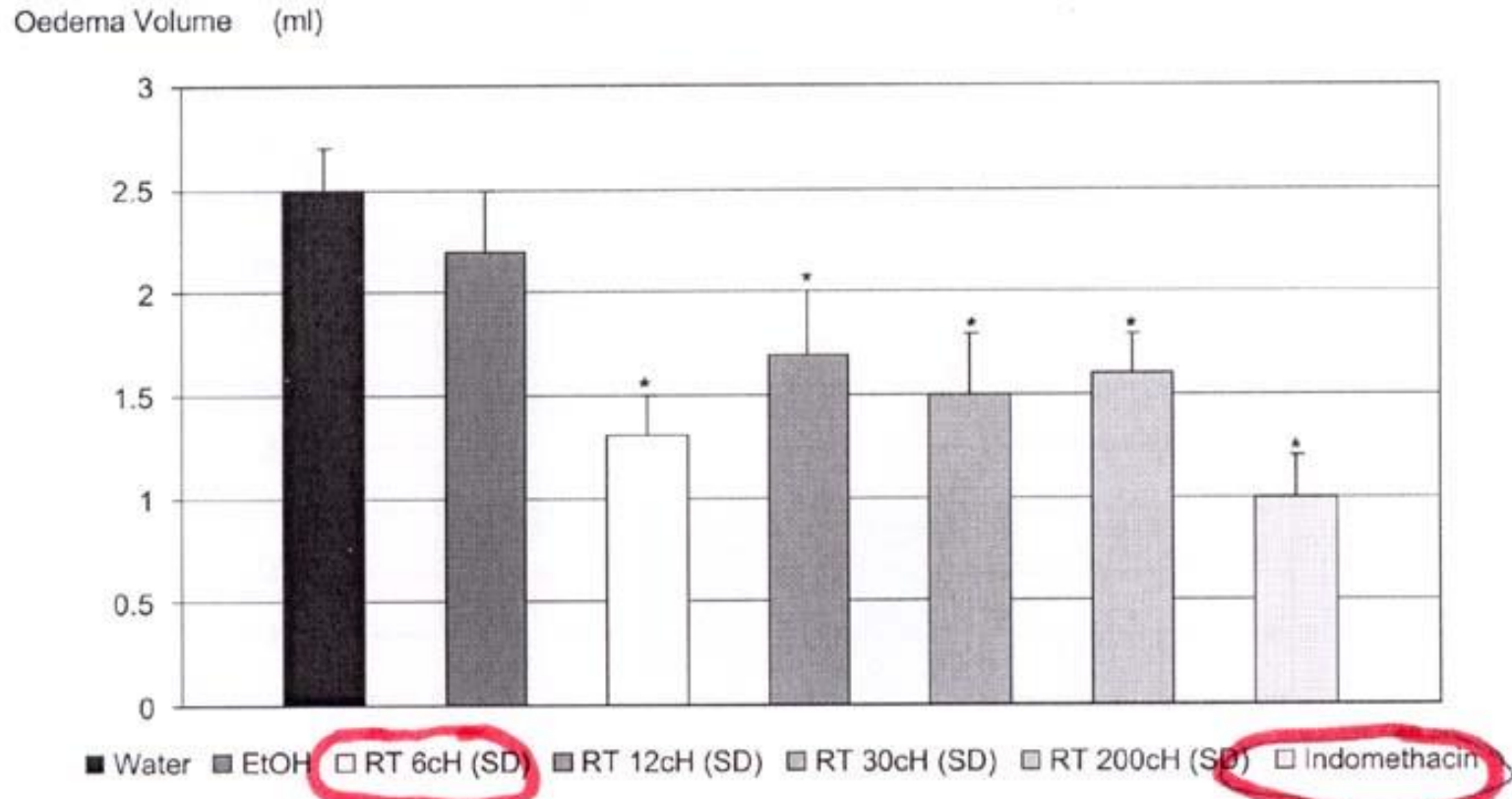


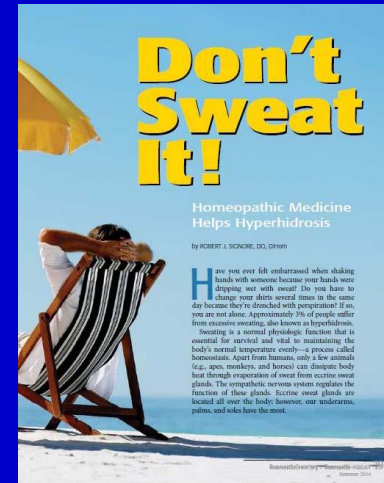
Figure 1 Effect of oral administration of distilled water (0.5 ml), succussed ethanol 30% (0.5 ml, EtOH) and *Rhus tox* (RT) 6, 12, 30, 200 cH (SD, 0.5 ml), and indomethacin (10 mg/kg), 30 min before the application of carrageenan (* $P < 0.05$).

Dos Santos AL, et al. Homeopathy. 2007; 96: 95-101.

HOMEOPATHIC TX & HYPERHIDROSIS

RESEARCH QUESTION:

WHAT % OF HYPERHIDROSIS PATIENTS GET *MEANINGFUL IMPROVEMENT IN SWEATING?



* (“Noticeable & clinically important improvement in sweating by the patient & by the physician”)

- PROSPECTIVE CASE SERIES (N=9)
(JULY, 2012 – AUGUST, 2013)

HYPERHIDROSIS & HOMEOPATHIC TX

- 6 OF 9 (67%) RESPONDED
 - ALL 6 NOTICED IMPROVEMENT IN OTHER MEDICAL ISSUES:
ANXIETY, OBSESSIVE THOUGHTS,
PREMENSTRUAL CRAMPS, FATIGUE,
ECZEMA, & DIETARY INTOLERANCE
- 3 OF 9 (33%) NONRESPONDERS
 - ALL THREE HAD IMPROVEMENT OF OTHER MEDICAL ISSUES:
BROMHIDROSIS, CONSTIPATION, &
MENSTRUAL CRAMPS

HYPERHIDROSIS CASE SERIES (n=9)

<u>AGE</u>	<u>S</u>	<u>FHx</u>	<u>LOCATION</u>	<u>DUR (Y)</u>	<u>REMEDY</u>	<u>IMPROVE</u>
1. 20	M	NO	A, P, S	14	SULFUR	YES
2. 19	M	YES	A, P, S	9	IGNATIA	YES
3. 20	M	YES	P, S	11	SULFUR	YES
4. 71	F	NO	H, A, T, G	MANY YRS	SULFUR	YES
5. 17	M	YES	A, P	4	SULFUR	YES
6. 19	M	NO	P, S	9	SULF, SIL	NO
7. 30	F	YES	P, S	23	SIL, SULF	NO
8. 14	F	YES	A, P, S	3	SEPIA	NO
9. 17	F	NO	A	1	NaCl	YES

TWO HELPFUL HOMEOPATHIC
CLINICAL PEARLS
FOR DERMATOLOGISTS

1. BACH FLOWER ESSENCES
RESCUE REMEDY®

2. HOMEOPATHIC RHUS
TOXICODENRON 30C PELLETS

(Available OTC: Whole Foods, Vitamin Shoppe, www.vitacost.com)

TIP #1 – Rescue Remedy®



- OVER-THE-COUNTER
- “HOMEOPATHIC-LIKE”
- NATURAL PRODUCT
- FOR STRESS RELIEF
- CONTAINS ESSENCES OF FIVE FLOWERS:

Star of Bethlehem (*Orithogalum umbellatum*)

Rock Rose (*Helianthemum*)

Cherry Plum (*Prunus cerasifera*)

Impatiens (*Impatiens glandulifera*)

Clematis (*Clematis vitalba*)

ORIGINAL: 27% Grape Based Brandy or
CHILDREN’S: Sunflower Based Glycerin
(as preservative)

DOSE:

4 DROPS p.o.

QID & prn stress

(Less than \$15.00)

- DILUTED TO 1×10^{-5}

Rescue Remedy® & Anxiety Study:

- RANDOMIZED DOUBLE-BLIND
CLINICAL TRIAL
- RESCUE REMEDY VS. PLACEBO
- NURSING STUDENTS (n=111)
- 18 – 49 YEARS OLD
- TREATMENT GROUP (N=53)
- PLACEBO GROUP (N=58)
- SPIELBERGER STATE-TRAIT ANXIETY
INVENTORY (STAI)
- HIGH-STATE ANXIETY SUBGROUP:
+SIGNIFICANT DIFFERENCE BETWEEN
PRETEST & POSTTEST SCORES ($p < .03$)

Conclusion: Rescue Remedy may be effective
in reducing high levels of situational anxiety

ANXIETY STUDY:

RESCUE REMEDY® – IS EFFECTIVE AGAINST HIGH ANXIETY STATES

TABLE 3. ANOVA Analysis of Categorized Pre- Versus Posttest State-Anxiety Levels

Category	<i>n</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>	<i>es</i>
<i>High S-Anxiety</i>						
Control	22	2.38	.59	4.98	.03*	.12
Treatment	17	1.99	.49			
<i>Medium S-Anxiety</i>						
Control	34	1.65	.42	0.41	.53	.01
Treatment	32	1.71	.38			
<i>Low S-Anxiety</i>						
Control	2	1.15	.21	0.23	.66	.06
Treatment	4	1.26	.29			

* $p < .05$.

HIGH-STATE ANXIETY SUBGROUP:
+SIGNIFICANT DIFFERENCE BETWEEN
PRETEST & POSTTEST SCORES ($p=.03$)

Skin Diseases Which Flare with Stress:

- Acne Vulgaris
- Acne Rosacea
- Perioral Dermatitis
- Atopic Eczema
- Nummular Dermatitis
- Psoriasis
- Herpes Simplex

→ May consider adjunct treatment
of these dermatology diseases
with RESCUE REMEDY®

TIP #2 – PREVENTION OF POISON IVY
CONTACT DERMATITIS WITH OTC
HOMEOPATHIC Rhus Tox 30c PELLETS



PROTOCOL



HOMEOPATHIC RHUS TOX 30C
ONE PELLETT P.O. EACH MONTH
(MARCH – NOVEMBER)
(MUST BEGIN ONE MONTH PRIOR TO EXPOSURE)

ACKNOWLEDGEMENT: HELEN TOROK, MD – 2004 AAD Meeting

Available: Over-The-Counter - \$10.00 (= 8 year supply!)

Signore RJ. Accepted for publication. January, 2017

An Oral Antigen Preparation in the Prevention of Poison Ivy Dermatitis

—RESULTS IN 455 CASES OF IVY SENSITIVITY—

ELMER R. GROSS, M.D., Wilmington, Delaware

POISON IVY dermatitis, commonly thought of as one of the vacation and holiday dermatoses, may also be regarded as an occupational disease affecting outdoor workers. The poison ivy plant and its allies are major occupational hazards to tree service workers, telephone and electric power line men, pipeline layers, woodsmen, farmers, and large numbers of men in the armed services. In some occupations, ivy poisoning is one of the chief causes of lost man-hours.

Tree service workers, because of their frequent contact with poison ivy year after year, make excellent subjects for studies of desensitization methods. Employees of a tree service company,¹ as well as private patients, were sub-

and on conditions affecting dosage. If the total amount of antigen in all the doses is too small, the patient is not desensitized. Presumably there is an insufficient build-up of antibodies. On the other hand, if the dose at any one time is too large, the patient may experience undesirable side effects such as pruritus and gastrointestinal disturbances. One of the important advantages of oral administration is that small doses can be taken daily over an extended period of time so that the total amount of desensitizing agent has an accumulative effect sufficient for safe prophylaxis.

Parenteral administration of poison ivy antigen is objectionable for several reasons: (1) the

An Oral Antigen Preparation in the Prevention of Poison Ivy Dermatitis; Results
in 455 Cases of Ivy Sensitivity

TABLE III.
**SUMMARY OF STUDIES ON PROPHYLAXIS WITH
ORAL ANTIGEN**

Study	Number of Subjects in Study	Improvement*	
		Number	%
Tree service workers (1955)	100	84	84.0
Tree service workers (1956)	77	59	76.6
Private patients (Philadelphia, 1953-1955)	161	120	74.5
Private patients (Wilmington, 1956-1957)	100	75	75.0
Dr. Charles R. Rein's patients (1954)	17	12	70.6
Total	455	350	76.9

*Attacks of poison ivy dermatitis milder or absent during season following prophylaxis.

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HOMEOPATHIC “CONSTITUTIONAL TYPE”:

encompasses an individual patient's mental / emotional, & physical characteristics, as well as his / her likes, dislikes, and unique ways of reacting to stresses of daily living.

*THE FOUR MOST COMMON
CLASSICAL HOMEOPATHIC
CLINICAL TYPES

- SODIUM CHLORIDE
- PULSATILLA
- SULPHUR
- CALCIUM CARBONATE

(Which type are you?)

* There are over 3000 homeopathic remedies!

1. HOMEOPATHIC SODIUM CHLORIDE

- RESERVED, HIDE THEIR EMOTIONS
- FASTIDIOUS, METICULOUS
- FEEL RESPONSIBLE FOR EVERYONE ELSE
- SADNESS
- GUILT
- WORSE WITH CONSOLATION
- HIGHLY ETHICAL, HONEST
- DESIRE REVENGE (IF BETRAYED)
- OILY SKIN (esp. FACE)
- ECZEMA
- HERPES SIMPLEX
- INTOLERANCE TO SUNLIGHT!
(PHOTOPHOBIA, HEADACHES)
- CRAVE SALTY FOODS

2. HOMEOPATHIC PULSATILLA

- gentle, mild personality type
- initially shy (later becomes more talkative)
- warm-blooded (worse in warm room)
- better in open air (outdoors, open window)
- better with consolation!
- desire creamy food, butter
- worse with heavy foods (nausea)
- Tend to weep / become tearful (when painful surgical procedures are discussed)

3. HOMEOPATHIC SULPHUR

- WARM-BLOODED
- WORSE IN WARM ROOM
- HYPERHIDROSIS (SWEAT IS WARM)
- DESIRE SWEETS, CHEESE, SPICY FOODS
- DISLIKE EGGS
- EXTROVERTED
- GET ANGRY (BUT, NOT FOR LONG)
- SLOPPY, UNTIDY
- LOOSE STOOLS (DIARRHEA IN A.M.)
- ORIFICES ARE VERY RED (LIPS, ANUS)

4. HOMEOPATHIC CALCIUM CARBONATE

- 40% BABIES & INFANTS
NEED CALC CARB
- CHUBBY
- CRAVE EGGS, MILK, CHEESE
- CONSTIPATED
- SWEATY HEAD & NECK
(DURING NAPS & NIGHT)
- COLD SWEATY FEET
- “SOUR SMELL”
- STUBBORN
- CHILLY
- WORSE WITH COLD
- BETTER WITH WARMTH

HOMEOPATHIC MEDICINE

- WHAT IS IT?

A NON-TOXIC, LOW COST NATURAL SYSTEM OF HEALING USED BY 500 MILLION PEOPLE WORLD-WIDE

- IS THERE ANY RESEARCH?

YES, THERE ARE SOME DATA

- WHAT CAN YOU DO WITH IT?

IT CAN BE VERY HELPFUL IN TX OF COMMON DERMATOSES & MAY ALLOW REDUCED DEPENDENCE ON ANTIBIOTICS & TOPICAL STEROIDS

CONCLUSIONS

CLASSICAL HOMEOPATHIC MEDICINE CAN BE HELPFUL TO TODAY'S CLINICAL DERMATOLOGIST:

- IF ENOUGH TIME & EFFORT IS PUT INTO STUDY (To get reproducible clinical results, you must do a 3 to 5 year course in classical homeopathic medicine):

<http://www.bihint.com/courses.php>

<http://www.homeopathy.ca/livecourses.shtml>

- IF COMPLETE CASE HISTORY & REPERTORIZATION ARE PERFORMED

CONCLUSIONS

- EVEN WITHOUT EXTENSIVE STUDY, HOMEOPATHIC MEDICINE COULD BE QUITE HELPFUL TO TODAY'S DERMATOLOGIST...

CONCLUSIONS -- PEARLS

- USE 30C POTENCIES (SAFEST)
- HOMEOPATHIC Rhus Toxicodendron 30C -
TAKE 1 PELLETT (sublingually) EACH MONTH
during poison ivy season
TO HELP PREVENT OR DECREASE
SEVERITY OF ACUTE ALLERGIC
CONTACT DERMATITIS FROM POISON IVY
(begin taking one month prior to exposure
to poison ivy!)

CONCLUSIONS -- PEARLS

- KNOW 3 HELPFUL HOMEOPATHIC REMEDIES FOR TX OF PAIN IN ACUTE HERPES ZOSTER PATIENTS:
 - 1) RHUS TOXICODENDRON 30C
(If pain is worse with initial movement, but better with continued movement and better with warmth!)
 - 2) MEZEREUM 30C
(If pain is worse at night!)
 - 3) RANUNCULUS BULBOSUS 30C
(Esp. in Left thoracic location of zoster!)
(Works esp. well in alcoholic patients or patients who get adverse effects from drinking alcohol)

Homeopathic TX of: POST-HERPETIC NEURALGIA:

- 1) Kalmia latifolia (Mountain laurel)
(If RIGHT-SIDED orbital / eye pain)
 - Pain shoots downward, with numbness
- 2) Magnesia phosphorica
(If RIGHT-SIDED face / eye pain)
 - Pain BETTER with Heat!
- 3) Spigelia (Pinkroot)
(If LEFT-SIDED face / eye pain)
 - Worse with touch, motion, noise
- 4) Prunus spinosa (Black-thorn)
(If FACE OR EYE pain)
(Esp. when “bursting pain” of eye)

CONCLUSIONS -- PEARLS

- KNOW 3 MOST COMMONLY HELPFUL HOMEOPATHIC REMEDIES FOR TX OF RECURRENT HERPES SIMPLEX OF LIPS (“HERPES LABIALIS”):

- 1) SEPIA
- 2) RHUS TOXICODENDRON
- 3) SODIUM CHLORIDE

CONCLUSIONS – PEARLS

- KNOW 3 MOST COMMONLY HELPFUL HOMEOPATHIC REMEDIES FOR TX OF ACUTE URTICARIA:

1) URTICA URENS

2) APIS MELLIFICA

3) SODIUM CHLORIDE

Homeopathic Tx - PEARLS

- REMEMBER: 40% OF BABIES NEED CALCIUM CARBONATE
- FOR ANTIBIOTIC-INDUCED DIARRHEA: ARSENICUM ALBUM
- FOR “AIRPLANE SICKNESS”: HOMEOPATHIC BORAX
- DERMATOLOGY MEDICAL MISSIONS:
 - 1) TRAVELER’S DIARRHEA -
- ARSENICUM ALBUM 30C
 - 2) ACUTE FEAR, HYSTERIA -
(Disasters: Earthquakes, Hurricanes)
- ACONITUM NAPELLUS 30C
 - 3) ACUTE PHYSICAL TRAUMA -
- ARNICA MONTANA 30C

HOW CAN
HOMEOPATHIC MEDICINE
BE HELPFUL TO
TODAY'S DERMATOLOGIST?
(LECTURE HANDOUT)

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