



Geriatrics skin & homoeopathy

Tridibesh Tripathy¹, Shankar Das², P N Swamy³, Manjushree Kar⁴

¹ Department of Public Health (Community Medicine) Program, Lucknow University, Lucknow, Uttar Pradesh, India

² Dean, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai, Maharashtra, India

³ Skin and VD Specialist, Capital Hospital, Government of Odisha, Bhubaneswar, Odisha, India

⁴ Department of Pharmacy, Dr. Abhin Chandra Homoeopathic Medical College & Hospital, Bhubaneswar, Odisha, India

Abstract

Skin is the largest gland of the body & it is the largest cover of the body. Here, the article deals with the skin of the geriatrics. The skin of the geriatrics is also a special area for Homoeopathy. Skin & Homoeopathy are intricately related as the fundamental cause of diseases as per Homoeopathy is the 'Psoric miasm' which manifest in the skin in the initial stages. Later, under favourable circumstances, it proceeds to affect the physical & mental aspects of the body through functional disturbances. Since the late 2019, the addition of COVID 19 to the plethora of geriatrics skin further emphasises the importance of the current article. The current article examines the contribution of Homoeopathy to deal with the clinical issues related to the geriatrics skin. The article traces the clinical aspects in its major forms & its implications on other aspects of the body. Thereafter, it deals with the subject of the changing face of the pattern of symptoms of geriatrics skin through the dimension of how, why, when, where and whom of these therapeutic patterns. Following that the burden of the geriatric care is explained through the social & economic impacts that it has exerted while perpetuating demographic issues. Taking cue from one of the elaborate & established books in the Homoeopathic world, it deals with what Homoeopathy had offered, is offering & the potential to offer in the future to deal with this important area of geriatric skin in normal times and as well as during the ongoing COVID pandemic.

Keywords: homoeopathy, psora, miasm, geriatrics, NPHCE

Introduction

Skin is an area where the miasmatic angle of Homoeopathy evolved in the mind of Dr. Hahnemann as he gave the concept of Psora, the fundamental cause or itch that manifest not only at physical but also at mental level. The current article through the eyes of the science of geriatrics skin traverses the itch that manifests in scratching both at the physical & mental level [1, 7, 9, 13].

The fundamental itch has been a tee to-teller in the diagnosis of many systemic diseases like diabetes & neurological problems. Here, through the classification of itch as per the practice of medicine, the areas of Homoeopathic interventions are discussed in the application of problems especially in the geriatrics skin.

The demographic transition in India already points to an increase in the geriatrics population in the future. The skin problems are common in this age group & as these are issues that have multi-factorial reasons, Homoeopathy can play an active role while being economical, effective & the science with no side effects while easily covering masses.

Geriatrics population in India [12, 27, 28]

Geriatrics population refers to people more than 60 years of age or 60+ people. As per 2011 census, 8.6% of the population constitute 60+ people & by 2050, it is projected to be 21% of the population. Article 41 of the constitution gives rights to 60+ for employment, education & public assistance rights to be upheld in disability, old age & sickness. On 29.12.2007, the Government of India passed the Maintenance & Welfare of Parents & Senior Citizen's Act, 2007. The act provides more effective provisions for the maintenance & welfare of parents & senior citizens guaranteed & recognised under the constitution & for matters connected there with or incidental there to. There is an amendment bill, 2019 to this act to update & keep up with the changes. The bill amends the 2007 act to expand definition of children, relatives & parents. It removes the upper limit on maintenance amount payable to parents by children & relatives, provide for care homes & other welfare measures for senior citizens.

In 2010, the ministry of health & family welfare launched the National Program for the Health Care of the Elderly (NPHCE) to address various health related problems of elderly people.

As the current article deals with the geriatrics population through their skin ailments, it is essential to introspect what the civil society has in the offing for this vulnerable section of the population.

About itching & scratching [1, 20, 24]

We scratch when it itches. Itch is an unpleasant sensation that elicits the desire or the reflex to scratch. Scratching can ward off the troubling factor in the skin but pruritus/itch can last longer than six weeks. It is a pathological state with profound effects on the health, physical & mental. It affects one in seven persons & especially affects the geriatric skin. Pruritus actually involves a wide range of underlying mechanisms.

Itch can be classified into 6 types. Itch can be caused by systemic diseases, skin diseases, neuropathic, psychogenic, multiple factors & unknown causes.

Chronic itch can be dermatologic that is related to increase in histamine levels. It can be also neuropathic involving the nervous systems through conditions like shingles, nerve compression, cerebral haemorrhage & neuro-dermatitis. It can be also systemic through conditions like renal insufficiency. It can be also psychogenic through manifestations like Obsessive Compulsive Disorders.

Factors that include itch are called pruritogens and the most sensitive parts of the body to itch are the skin, mucus membranes and the cornea of the eye. The nerve fibres in these tissues or the pruriceptors are stimulated by pruritogens & the resulting signals are carried via itch signalling neurons in the spinal cord to the brain. Besides this, there are several different receptors & channels that respond to pruritogens.

Atopic dermatitis [1, 2, 5, 6, 9, 20]

One of the common occurrence among chronic itch is the atopic dermatitis which is an inflammatory condition showing cracked, itchy skin caused by allergens. It may be triggered by the tiny house dust mite that is 1/3 rd of a millimetre in size. The dust mite feeds on the dead scaly skin that we shed all the time. Its faeces contain a protein which binds to the receptors in the skin & being a potent pruritogen, it causes allergic reactions such as atopic dermatitis or an attack of asthma. Atopic dermatitis is usually seen in individuals who are asthmatic & some patients, the skin symptoms alternate with the asthmatic attacks. This is one area where Homoeopathy plays a key role in giving succour to the patients.

Scratching actually draws body's attention to the itch that invokes an inhibition of itch signalling neurons in the spinal cord. This phenomenon reduces the quantum of itch sensations that reach the brain. It gives a short lived relief & scratching may even trigger reward systems in the brain making it a pleasurable feeling. This is acute itch & another area where homoeopathy excels yet again. In chronic itch, the skin is damaged by further itching thereby aggravating the itch still further.

Phantom Itch [1, 20]

People who have lost a hand or leg often find that their 'phantom limb' itches profusely. Actually, their brain rewires itself over time & signals from another part of the body now map to the region that previously received somato-sensory inputs from the limb. When the phantom limb itches crazily, homoeopathy can bring succour to these people with phantom limbs.

Epidemiology of Geriatrics skin [21, 22, 23, 25, 26].

Nail disorders (48.8%), Degenerative conditions (42.4%) & Eczema (29.2%) were the three common dermatoses among the geriatrics in a study done in South India in 2018 among the geriatrics. Another study done in North India among geriatrics mentions that 56% of the study group complained of pruritus. In an analysis of 100 patients complaining of Itch, in 62 patients pin pointed associated causes included diabetes, hypothyroidism, several cancers & Iron deficiency.

The relationship of pruritus with skin ageing, neuronal ageing & immune ageing is poorly understood. Many treatments have been reported but are poorly effective. This is where the effectiveness of homoeopathy steps in. Management of pruritus especially in elderly will require an individually tailored approach that is guided by patient's general health, severity of symptoms & the potential adverse effects of treatments. A study found that pruritus & xerosis were the most common complains among elderly. The strength of homoeopathy lies in tracking & addressing the individuality of each patient.

Homoeopathic approach- Current situation [16, 18, 29].

The Essential Drug List (EDL) of Homoeopathy mentions the disorders of the geriatric skin under two headings. One is for 'skin diseases' & the other for 'geriatric ailments'. Under these two headings, a list of 233 medicines besides the 12 biochemics, ointments & drops are mentioned on a broad scale. The preferred potencies of the 233 medicines are only color coded with a color index. There is no clarity on the therapeutics for which the medicine is to be given. It is highly vague & broad as it is a guideline only.

Another document in the public domain is the 7th training module of ASHAs where a few homoeopathic medicines are mentioned against the skin therapeutic uses for the dissemination of the information by ASHAs at the community level. The drug kit supplied to ASHA by the states does not have homoeopathic medicines.

Besides this, the ministry of AYUSH had suggested 'Arsenic Album' as the medicine for COVID 19 back in January 2020. This medicine also applies for any geriatrics skin complaints that are related to acute or long COVID infections. Thereafter, the virus has undergone so many changes along with the preventive & curative

approaches in modern medicine but as of today, the January 2020 press release remains the only directive to the geriatrics public as well.

Homoeopathic treatment protocol [2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15, 19]

There is much better treatment for the geriatrics in Homoeopathy. As already mentioned above from a literature review, the modern medicine is poorly effective in the field of geriatrics skin. Homoeopathy has well proved & established medicines which are already more than two centuries old.

The current article does not try to repeat the Materia Medica related to multi systems affected therapeutics as the affection of the geriatrics skin is related to affections in the multi systems of the body. Instead, it approaches Homoeopathy through the eyes of the evolving methodical approach or the casual approach based on epidemiology of geriatrics skin as mentioned above. Similarly, it also deals with therapeutics for geriatrics skin holistically.

As the geriatrics skin is dependent upon the multi system of the human body, prescriptions need to be tailored made for each of the causes described above. All the prescriptions for all cases are to be in repeated doses at least for a period of 3 months as the skin has less immunity in the elderly. The following treatment protocol is based on the causes mentioned above.

1. Itch in the geriatrics skin because of dermatologic reasons like high histamine levels- prescribe 'Histamine in potencies'.
2. Involvement of nervous system as in Shingles or Herpes Zoster- 'Mezereum' & 'Hypericum' in potencies. If the neuralgic pain is accompanied by vomiting, prescribe 'Aranea Diadema' in potencies.
3. In case of Itching due to nerve compression, prescribe 'Ruta', 'Plantago' & 'Mentha Piperata' in potencies.
4. Itching due to cerebral haemorrhage will need 'Echinacea' along with medicines for cerebral haemorrhage.
5. In case of Neuro dermatitis, prescribe 'Argentum Metallicum' in potencies.
6. Itching due to renal insufficiency will need 'Urea', 'Creatinine' & 'Creatine' in potencies along with 'Cuprum Ars' in potencies.
7. Itching due to OCDs will need 'Oxytropis' in potencies.
8. Diabetic related itching- if all over the body without eruptions, prescribe 'Mucuna' in potencies. If all over the body with eruptions, prescribe 'Crotalus Horridus' in potencies. If female genitalia is affected in diabetics, prescribe 'Ambra Grisea' & in case of male genitalia, prescribe 'Croton Tiglium' in potencies. All these patients should be prescribed 'Alloxan' in potencies.
9. Cases of pleasurable itching as mentioned above will need 'Croton Tiglium' in potencies.
10. Cases of Atopic Dermatitis will need 'Caladium' & 'Mutabile' in potencies as these cases have asthma alternating with itch. These drugs are to be given along with the indicated drugs for asthma in these patients.
11. Cases of Phantom Itch need 'Allium Cepa' in high potencies.

The common prescription for all these cases will be the bowel nosode 'Coccal Co' & 'Clematis' as a Bach Flower remedy. 'Oleum Jec' in potencies are to be prescribed in all other seasons except winter & in winter, 'Oleum Jec-3X' is to be prescribed in all cases. Vitamin A is very critical for the skin & Oleum Jec is the Vitamin A in Homoeopathy. The preparation of Vitamin A started with the oil of the Jecoris fish.

Among mother tinctures, 'Echinacea-Q' & 'Azadirachta Indica-Q' are to be prescribed for all geriatrics skin cases. If the cases need the essential body salts to tone up their skin, 'Bio-chemic combination number 20' can be prescribed in repeated doses. The cases of renal insufficiency will need this medicine to maintain their electrolyte balance.

Taking cue from the clinical experiences of the lead author, the above prescriptions are based on 'Sarcodes, Nosodes & Key Note' method of prescription in homoeopathy. These medicines will also prevent the population from spreading the disease as well as reduce morbidity & mortality. These medicines are immune boosters, excellent modulators & pave the way for the body to respond to treatment positively. The importance of the issue of underlying inflammation is critical as co-morbid patients are more prone to repeated infections.

Conclusion

Homoeopaths have to see the concept mentioned above through a dynamic eye. The point is that targeted & treatment protocol homoeopathic approaches have to be followed in dealing with issues of public health especially in geriatrics. This approach aims to reduce mortality & morbidity & homoeopathy will lag behind if it does not address morbidity in this section of population. The homoeopathic fraternity has to adhere to the emerging challenges of geriatrics diseases to allow homoeopathy to come to the limelight. Conventional homoeopathy is OK in private practice & in educational institutions but when you want to address masses; homoeopathy has to complement the existing treatment protocol guidelines that are in use. This geriatrics skin phenomenon is here to stay especially in the COVID era. The geriatrics issue will be severe if the cases take emergency use drugs as these are to exacerbate the cases only & are poorly effective. Homoeopathy has a big role to play to prepare the masses especially the old to deal with multi factorial health problems while strengthening their various systems. Adhering to the new approach through a standardized treatment protocol will only strengthen homoeopathic system of therapeutics in the long run thereby enabling it to deal with emerging challenges in geriatrics issues in future.

These Corona viruses won't go from the lives of geriatrics even if they are vaccinated & these fears are suggested by epidemiologists. The virus will continue to mutate & new variants will continue to emerge in the geriatrics skin. It is not possible for the man kind to wait for specific medicine for each complains as these are eventually multi-factorial. No system of therapeutics can be a panacea for the emerging challenges in geriatrics skin. It is here that the cost effectiveness & clinical effectiveness of Homoeopathy will come handy for the public, private, corporate, charitable health systems while dealing with the geriatrics masses which are bulging every year in our country as mentioned above.

Declaration

The authors declare that there was no funding received for this article. Dr. P.N.Swamy, a co-author of this article guided the lead author as an intern at capital hospital, Bhubaneswar during 92-93 when the lead author was pursuing his BHMS at Bhubaneswar. All the knowledge gained by the lead author about the therapeutics of skin was at the OPD of the capital hospital.

Professor Shankar Das, a co-author of this article was the Ph.D. guide of the lead author of this article at Tata Institute of Social Sciences, Mumbai.

The lead author thanks Dr. Manjushree for her inputs in the homoeopathic section & the other co-authors for their input in the non-homoeopathic section of the article. The lead author declares that the homoeopathic section is only suggestive in nature.

Conflict of interest

There is no conflict of interest regarding this article.

References

1. Davidson. Principles & Practice of Medicine, ELBS 16th Edition, Longman Group (FE) Limited, ISBN- 0-443-04482-1.
2. Murphy R. Lotus Materia Medica, 3rd edition, B. Jain publishers (P) Ltd, 2017. ISBN-978-81-319-0859-4.
3. Murphy R. Homoeopathic Medical Repertory, 3rd edition, B. Jain publishers (p) Ltd, 2017. ISBN-978-81-319-0858-7.
4. Phatak SR. A Concise Repertory of Homoeopathic Medicines, B. Jain publishers (P) Ltd, 2002. Reprint edition, ISBN-81-7021-757-1.
5. Allen HC. Key notes and characteristics with comparisons of some of the leading remedies of the Homoeopathic Materia Medica with Bowel Nosodes, Reprint edition, B. Jain publishers Pvt. Ltd, 1993, ISBN-81-7021-187-5, book code, B, 2001.
6. Boericke William. New Manual of Homoeopathic Materia Medica with Repertory, reprint edition, 2008, B. Jain publishers private limited, New Delhi,362-366, ISBN- 978-81-319-0184-7.
7. Hobhouse Rosa Waugh. Life of Christian Samuel Hahnemann, B. Jain Publishers Private Ltd, Delhi, Reprint Edition, 2001, ISBN- 81-7021-685-0.
8. Paterson J. Introduction to bowel Nosodes, Paper presented at International Homoeopathic League council, Lyons, France, 1949: as an addendum in H.C. Allen Key Notes, Reprint Edition, 1993.
9. Sarkar B K. Organon of Medicine by Hahnemann, M. Bhattacharya & Co. 1st edition 1955, 8th edition, 1984.
10. Phatak D S. Phatak S R, Repertory of the Bio-chemic medicines, B. Jain Publishers (p) Ltd, 2006 edition, 1st edition, 1986. ISBN- 81-7021-723-7.
11. Boedler CR. applying Bach flower therapy to the healing profession of Homoeopathy, B. Jain publishers (p) Ltd, reprint edition, 1998. 1st edition 1996. ISBN-81-7021-786-5.
12. GOI, RGI, Census of India, 2011.
13. Venkat Homoeo. A review on epidemic success of Homoeopathy, venkathomeo.org/archives/vhmcarticles/article-006, 2021.
14. Tripathy *Tet.al.* Homoeopathy in COVID-19, A treatment protocol for second and third wave, *Sch Int J Tradit Complement Med*,4(6):86-90.
15. Tripathy *Tet.al.* Homoeopathy in COVID 19, a multi stage & multi-dimensional approach, *ejbps*,7(5):263-266, ISSN: 2349-8870.
16. GOI AYUSH, Essential Drug List, Homoeopathy, Department of AYUSH, Drug control cell, MOHFW, 2013, www.indianmedicine.nic.in
17. Pew Research Centre report on poverty in India because of COVID 19, Washington DC, USA, 2021.
18. PIB, Ministry of AYUSH, advisory for corona virus, 2020.
19. Tripathy *Tet.al.* Homoeopathy against VOC of COVID 19- Omicron strain, *Cross Current International Journal of Medical & Biosciences*,2021:3(9):93-95.
20. Bala D, Chandani S. When it itches, you scratch, Science & Technology section, *The Hindu*, Sunday, 16th January, 2022.
21. Manickam M *et al.* A study of common dermatoses among the geriatrics patients in Salem, a region of south India, *Journal of the Indian Academy of Geriatrics*,2019:14(1):14-25.
22. Agrawal R *et al.* A cross sectional observational study of geriatric dermatoses in a tertiary care hospital of North India, *Indian Dermatology Online Journal*,2019:10(5):524-529.

23. Saka S *et al.* Evaluation of pruritus in 100 patients, Indian Journal of Clinical & Experimental Dermatology,2019;5(2):130-132.
24. Chung BY *et al.* pathophysiology & treatment of pruritus in elderly, International Journal of Molecular Sciences,2021;22(1):174.
25. Misery Let *al.* a literature review of senile pruritus: from diagnosis to treatment, advances in dermatology & venerology,2017;97:20-20.
26. Garibyan L *et al.* advanced ageing skin & itch: addressing an unmet need, Dermatology therapeutics, March-April,2013;26(2):92-103.
27. GOI, Ministry of Social Justice & Empowerment, Maintenance & Welfare of Parents & Senior Citizens Act, 2007 & amendment bill, 2019. www.socialjustice.nic.in
28. GOI, Ministry of Health & Family Welfare, NHM, NPHCE, 2010. www.nhm.gov.in
29. GOI, NHSRC, ASHA training modules, 2005.