

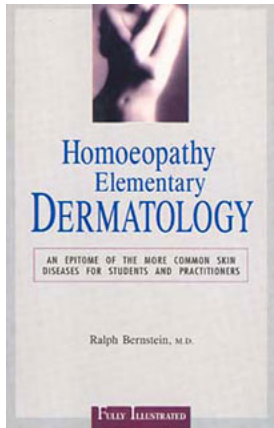
Ralph Bernstein

Homoeopathy elementary dermatology

Leseprobe

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von [Ralph Bernstein](#)



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PART-I

DERMATOLOGIC HISTORY TAKING

Name	Age	No.
Address	Sex	S. M.W.
Race	Birthplace	Occupation

DERMATOLOGY

Diagnosis	Predominant Complaint (Subjjective)		
History Taken by	Location		
Worse or better when	Complexion		
Duration	Tobacco		
Habits	Alcohol	Drugs	
Syphilis	Initial Lesion	Miscarriages	
Children	Living	Dead	
Tuberculosis	Rheumatism		Cancer
Family cutaneous history			
Previous cutaneous history			
Character of onset			

Primary Lesions — Types of

Discrete	Confluent	Grouped	Color	Shape
Size	Superficial	Deep	Moist	Dry
Bilateral	Unilateral			

Secondary Lesions — Types of

Color	Thick	Thin	Moist	Dry
Superficial		Deep	Mucous Membranes	
Contagion, history of		Axillary	Epitrochlear	Inguinal
Glands	Cervical	Tongue	Digestion	Bowels
Gastro-Enteric System				
Nervous System			Fever	Pulse Malaise
Prodromal Symptoms —			Albumen	Sugar Indican
Urine —	Sp. G.	Reaction		
Microscopic Examination of Lesion:				
Treatment				
Internal				
Topical				

PART-II

DERMATOLOGIC REASONING

Presuming that the patient has given the predominant complaint as one of itching, then the student must naturally think only of itching dermatoses; and he at once, therefore, eliminates those which are characterized by pain or lack of any sensation. (See list of dermatoses under Subjective Dermatology. Thinking, then, of itching dermatoses, he presumes that the condition may be eczema, or it could be scabies, or perhaps seborrhoeic dermatitis. Further, knowing when the itching sensation is worse, the student will naturally think of scabies if the itching is worse at night; he will think of eczema if the itching is constant, and he would think of seborrhoeic dermatitis if the itching was worse when over-heated.

The knowledge of the *location* of the existing condition will as well materially assist in proper reasoning. (See list of dermatoses under Regional Dermatology). For instance, if the location were upon the face, then the student would not think of scabies, but would rather be inclined to think of either seborrhoeic dermatitis or possibly eczema, perhaps in the case of infants where possibly scabies might exist from infection from the mother's breasts.

The knowledge of *duration* of time during which the skin condition has existed as well helps materially in proper reasoning. (See list of dermatoses under Durational Dermatology). For instance, in a dermatose of years' duration the student would hardly think of

PART-XVI

INTERNAL CUTANEOUS THERAPY

"There can be no question, in this modern age of ours, of the ability of the properly selected homoeopathic remedies to bring about the desired results in the treatment of cutaneous affections. The differentiation of the remedies upon the finer and minuter symptoms is often difficult, but if once found there is absolutely and unalterably no reason why the dermatose in question should not be relieved and ultimately cured."

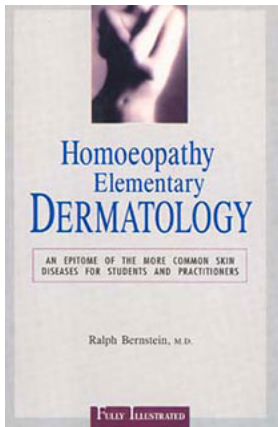
The savants of all Europe, and the world in fact, are crying aloud to-day and scrambling eagerly and anxiously to acclaim that the homoeopathic law is a true law of scientific achievement. The testimony of the laboratory and research workers, not only of our own school, but of the dominant school as well, are likewise showing definitely and proving conclusively beyond the shadow of a doubt that Samuel Hahnemann, over one hundred years ago, was right.

It certainly has been proven scientifically by hosts of laboratory workers that a physiological dosage of any drug if given persistently will reduce the opsonic index; it will decrease the antibodies, if you please; it will destroy the very antagonistic serums which nature is striving on her own part so heroically to manufacture in order to combat disease. And it has just as scientifically been proven that the sub-physiological or homoeopathic dosage increases the opsonic index, increases the antibodies, increases and assists in the making of antagonistic serums, so that the body is more enabled to combat disease.

PART-XVII

LIST OF DERMATOLOGIC REMEDIES WITH INDICATED POTENCIES (Alphabetically Arranged)

- Aconitum Napellus — 6x-30x.
Aethusa Cynapium — 3x-6x-30x.
Agaricus Muscarius — 3x-6x.
Aloes — 3x-6x-12x.
Alumen — 1x-30x.
Alumina — 6x-30x.
Ammonium Carbonicum — 1x-6x.
Ammonium Muriaticum — 1x-6x.
Anacardium — 1x-6x.
Anthracinum — 30x.
Anthrakokali — 3x-6x.
Antimonium Crudum — 1x-12x.
Antimonium Tartaricum — 3x-6x.
Antipyrine — 2x-6x.
Apis Mellifica — 3x-12x-30x.
Argentum Nitricum — 1x-6x.
Arnica Montana — 1x-30x.
Arsenicum Album — 3x-12x.
Arsenicum Iodatum — 1x-3x.
Arundo Murit — 3x-6x.
Astacus Fluv. — 3x-30x.
Asterias Rubens — 1x-6x-30x.
Aurum — 2x-6x.
Baryta Carbonica — 3x-6x.
Baryta Muriatica — 3x-12x.
Belladonna — 1x-6x-30x.
Benzoic Acid — 2x-12x.
Berberis — 1x-6x.
Borax — 1x-3x.
Bovista — 3x-12x.
Bromine — 1x-3x.
Bryonia — 6x.
Bufo — 6x.
Cadmium Sulfuratum — 3x-6x.
Caladium — 3x-6x.
Calcarea Carbonica — 6x-30x.
Calcarea Fluorica — 6x-30x.
Calcarea Posphorica — 6x-30x.
Calcarea Sulphurica — 6x-30x.
Camphora — 6x-12x.
Cantharis — 3x-6x.
Carbo Animalis — 6x.
Carbo Vegetabilis — 3x-6x.
Carbolic Acid — 3x-6x-30x.
Causticum — 1x-6x.
Chamomilla — 3x-6x-30x.
Chelidonium — 1x-3x-6x.
Chininum Sulphuricum — 3x-6x.
Chloralum — 3x-6x.
Chrysarobin — 3x-6x.
Cicuta — 6x-30x.
Clematis Erecta — 2x-6x.
Coca — 1x-2x.
Cocculus Indicus — 1x-3x.
Colchicum — 3x-6x.
Colchicine — 2x-6x.
Comocladia Dentata — 3x-6x-30x.
Conium — 1x-6x.
Copaiva — 1x-3x.
Cornus Circinata — 3x-6x.
Cosmoline — 3x-6x.
Crotalus Horridus — 3x-6x.
Croton Tiglium — 6x-12x-30x.
Cundurango — 3x-6x.
Cuprum Arsenicosum — 3x-6x-
12x.
Cuprum Metallicum — 6x-12x-
30x.
Curare — 6x-30x.
Cyclamen — 3x-6x.
Dolichos — 6x.
Dulcamara — 1x-3x.



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