



Comfortable in their own

SKIN

BY MIRIAM WHEELER, ND

Willow was just four years old when she started developing “spots” on her legs, face, and ears. Her pediatrician prescribed two courses of oral steroids and a topical steroid cream, but the red, flaky, itchy skin lesions persisted. Willow would cry, telling her mom, “I hate my spots! They itch so bad. Why do I have to have them?” Willow would scratch her skin until it bled at night. Bathing made the spots bright red. Willow’s mom was distressed. Knowing her daughter was about to start school, she worried about the emotional impact it would have on Willow if kids teased or bullied her because of the “spots.”

After five months of diligently following the pediatrician’s instructions, Willow was still suffering, so her mom took her to a dermatologist for further evaluation. The dermatologist suspected psoriasis and confirmed it with a biopsy. He prescribed two new ointments for Willow—a synthetic Vitamin D derivative and a corticosteroid—to be applied twice daily.

The ointments helped clear the skin when used diligently. But if Willow’s mom stopped applying them for even a few days, new spots always appeared and the original ones would reappear, often larger and redder than before.

Running out of options

With each visit to the dermatologist over the next couple of years, more creams, foams, and shampoos were prescribed. These treatments were only mildly effective. Sun exposure seemed to worsen Willow’s skin, even though phototherapy is commonly recommended for psoriasis. And the “spots” had started to spread to Willow’s scalp, buttocks, and trunk, too.

The dermatologist informed Willow’s mom about the autoimmune and inflammatory nature of psoriasis. When the topical treatments weren’t giving Willow enough relief, the dermatologist recommended oral immunosuppressant drugs (which might relieve the psoriasis but increase the risk of infections and cancer) and even methotrexate (a chemotherapy agent that suppresses inflammation but also carries a risk of infertility).

Desperate for safe solutions

Willow’s parents were at a loss for what to do. They wanted to ease the suffering of their now six-year-old daughter, who still cried frequently over the appearance and agonizing itching of her “spots.” But they were afraid of the risks associated with the medications now being recommended. “How could I, as the mother of a



Safe skin solutions
for people with
eczema or psoriasis.

six-year-old little girl, make a decision that might impact her future ability to have a family or not?” Willow’s mother wondered. “How could I choose her fate like that?” That’s what motivated them to seek an alternative approach and how they came to see me.

Desperation to find a safe and effective treatment is so common, especially among patients with dermatological conditions. They often feel ashamed or embarrassed by the appearance of their skin and try to cover up or hide it—but that’s only part of the picture. There’s also the physical discomfort: itching, stinging, burning, bleeding, discharging. The physical and emotional toll that rashes can take on a person and their quality of life can be devastating, socially and professionally. I am so grateful to be able to offer safe, effective homeopathic treatment to people suffering with troubling rashes and skin conditions.

Willow finds homeopathy

Willow was seven years old when she first came to see me in the spring of 2017. Her psoriasis plaques were predominately on her shins, on her scalp, and on and around her ears; she occasionally had them on her buttocks, face, and trunk as well. Examining her skin, I noticed that her lesions seemed worse on the right side, and this tendency was confirmed when reviewing records from her former dermatologist. The plaques appeared red with mild to moderate flaking. The dermatologist’s notes revealed that, prior to treatment with various topical ointments and foams, Willow’s scales had been yellow in appearance, which I found interesting, since psoriatic scales are typically silvery in color.

Willow said that her skin symptoms were worse from becoming warm, including bathing in warm water, having too many layers on when entering a warm room during the winter, and being exposed to the sun for prolonged periods on hot days. She had learned to avoid scratching the spots, even though they were extremely itchy, because it always seemed to make them worse.

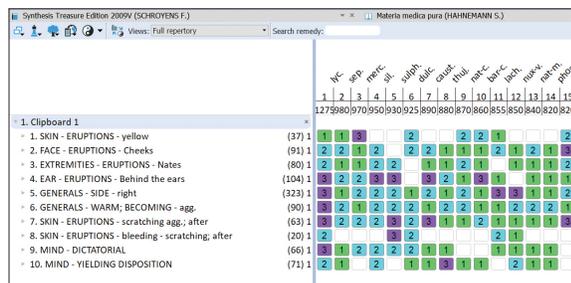
Willow’s mother said that, aside from psoriasis, her daughter was very healthy. Willow was very polite and quiet in my office. Her mom confirmed that Willow was usually mild mannered and obedient with adults, but noted that she had a tendency to be bossy towards younger children.

Zeroing in on a remedy

In deciding on a remedy for Willow, I paid close attention to the symptoms that were most “characteristic” of her illness—which means those that were “more striking, singular, uncommon, and peculiar,” as Hahnemann advises in *The Organon*, aphorism 153. I determined the most characteristic symptoms to be: the lesions on her cheeks, ears, and buttocks, since psoriasis plaques are less common in those locations; the tendency for her lesions to be worse on the right side of her body; the yellowish appearance of the scales prior to the dermatologist’s treatments; the aggravation from scratching and becoming warm; and Willow’s yielding versus dictatorial nature when interacting with adults or younger children, respectively.

I repertorized these symptoms, first using the *Synthesis Repertory*, and then again, for comparison purposes, using the *Bönnigshausen Repertory, Therapeutic Pocketbook Method*. (See Charts 1 and 2.) In both repertorizations, the remedy *Lycopodium clavatum* ranked highest. This led me to research *Lycopodium* in Allen’s *Encyclopedia of Pure Materia Medica* and Hering’s *Guiding Symptoms of Our Materia Medica*, to see if Willow’s symptoms matched the proving symptoms of *Lycopodium*. They did, so I prescribed *Lycopodium* LM1 daily.

“Every time the psoriasis starts to come back, I dose her again and it helps!”



Repertorization Charts 1 and 2, for Willow, prepared with RadarOpus software.



I chose *Lycopodium* in an LM potency rather than a centesimal (c) potency because LMs have a reputation for working more gently, with fewer therapeutic aggravations (where symptoms get worse before they get better), and I suspected Willow might be particularly sensitive in her response to the remedy, based on my experience treating her family members. To avoid changing too many variables when initiating homeopathic treatment, I asked Willow and her mom to continue applying all prescribed topical medications for the time being.

At first, it's worse

After a week of daily doses of *Lycopodium* LM1, Willow's mom informed me that several lesions had worsened in severity, becoming redder, larger, and itchier, especially on the face. I suspected that Willow was responding to the remedy but was having a therapeutic aggravation. In my experience, treating rashes can be particularly challenging because any worsening of symptoms like this can be very troubling for the patient; a great deal of patience and reassurance from the homeopathic practitioner is necessary to help patients stick with treatment initially. I instructed Willow's mom to stop dosing for at least one week and then check back with me. When Willow's mom reported the lesions had calmed down, we attempted to resume daily dosing. However, Willow seemed to be quite sensitive to this prescription and had another aggravation of her symptoms, so we stopped the dosing again.

This pattern continued over the next six weeks, with Willow's mom stopping and starting daily doses several times because Willow experienced aggravations with each subsequent dose. I next asked her mom to stop dosing for several weeks and then check in. I did not want to change the prescription because I suspected that Willow was experiencing a prolonged therapeutic aggravation to *Lycopodium* LM1. That turned out to be the right course of action.

Patience rewarded

A month later, Willow's mom reported that since we last spoke, the lesions had all begun to fade and heal. She and Willow had also stopped applying the prescribed topical medications

What is psoriasis?



Psoriasis is a chronic skin condition that can affect children and adults. It is thought to be autoimmune in nature, though the underlying cause is not fully understood. It is characterized by raised, inflamed, scaly patches of skin, known as plaques, which are often itchy or painful. On paler skin, plaques typically appear as red patches covered with silvery, white, dry, flakey scales. On darker skin, plaques usually appear as darker brown or violet patches, with grayish, flakey scales. Psoriasis plaques most commonly appear on the knees, elbows, trunk, and scalp. Diagnosis can be made clinically but is often confirmed via biopsy. (While psoriasis most commonly affects the skin, it can also affect the nails or joints. When joints are involved, it is known as psoriatic arthritis.)

Topical ointments, both steroidal and nonsteroidal, are first-line conventional treatments. Phototherapy and laser treatment may also be used. Next, oral or injected medications are typically recommended, such as steroids, methotrexate, and biologics, each with their own risks and side effects. Conventional medicine views psoriasis as an incurable condition and focuses treatment on symptom relief.

because Willow was no longer complaining about her skin itching. This was amazing progress since the start of Willow's homeopathic treatment 10 weeks earlier, and it showed a very positive reaction to *Lycopodium*. Willow's mom noted that a couple small patches had just recently reappeared on her daughter's right cheek, so I instructed her to give a single dose of *Lycopodium* LM1.

At the next month's visit, Willow's mom was both relieved and excited, telling me: "Every time the psoriasis starts to come back, I dose her again and it helps! She has no spots on her legs now and only a few areas of flaking on her scalp. She just got a small patch on her ear lobe again—where it first started years ago. She doesn't complain about any of it itching, and it's been over a month since I've had to apply any creams or foams to her skin!" We were all thrilled with Willow's progress! I told Willow's mom that the return of psoriasis to her earlobe, where it had first appeared years earlier, was a good indication that healing was taking place because, during the healing process, symptoms often disappear in the reverse order of their appearance. I instructed them to continue dosing only if new lesions appeared and if it was obvious that Willow was experiencing either a plateau or relapse in her progress.



What is eczema?

Eczema is a common acute or chronic skin condition that affects children as well as adults. While there are many types of eczema, the most typical is “atopic dermatitis,” where “atopic” means an inherited tendency towards developing allergic reactions—such as asthma, hay fever, skin rashes—to environmental triggers. For people with light skin tones, the rash is typically red, itchy, and irritated, with patches of red bumps, sometimes with dry flaking. For people of color, the eczema rash may appear more ashen, brown, or grey than red. The outbreaks can be painful, especially when scratched or rubbed, and may discharge fluid. Secondary infections can develop over the affected areas, too.

Infants with eczema typically have outbreaks on their cheeks, forehead, or scalp, sometimes spreading to their trunk, knees, or elbows. Older kids and adults usually get eczema rashes in the creases of the elbows, behind the knees, on the neck, on the inner wrists and ankles, and in the eye area.

While the cause of eczema is not fully understood, contributing factors may include: stress; genetics; exposure to allergic or chemical irritants; damage to the skin barrier from environmental triggers; or poor circulation due to weakened blood vessels. Removal of the trigger, if identified, can be helpful.

Diagnosis is often made based on the appearance of the skin and description of the symptoms. Conventional medicine offers no cure but focuses on symptom management, with treatments such as topical moisturizers, steroid creams, and anti-inflammatory creams; oral antihistamines, corticosteroids, and immunosuppressant drugs for more troublesome cases; and antibiotics for infected rashes.

Goodbye spots!

The following month, Willow’s mom reported that Willow’s skin had been a bit worse over the past week, and that a repeated dose of *Lycopodium* LM1 did not seem to help. I suspected Willow was no longer responding to this potency, so I increased the potency to *Lycopodium* LM4.* While I have had success prescribing LM remedies in sequential potencies (e.g., LM1, LM2, LM3, LM4, etc.), I have also found that some patients respond better when skipping two or three potencies. Since Willow had been so sensitive at the beginning of homeopathic treatment, I instructed her mom to continue dosing only at times of obvious plateau or relapse. A couple weeks later, her mom sent me a quick update: “All of Willow’s spots are nearly gone again. They’re drying up!”

Two months later, only the flaking on Willow’s scalp was present. Her mom had given her a couple of doses of *Lycopodium* LM4, but the scales on her head were stubbornly staying put. We decided to increase the potency to *Lycopodium* LM7. That change did the trick! Within a few weeks, Willow’s psoriasis was in complete remission.

Over the next three years, Willow’s mother observed that her daughter would get some mild flaking on her scalp only when she had a cold. She would then take another dose of *Lycopodium* LM7, and the skin would clear again, and her cold would also resolve quickly.

A triple win

When I followed up with Willow in early 2020 after she had a mild concussion, which *Arnica montana* 200c treated very effectively, Willow’s skin was completely clear, and she had not taken *Lycopodium* LM7 in over a year. Her mom told me that anytime Willow sees a drug commercial for psoriasis on TV, she talks back to the announcer, saying: “Or you could go see Dr. Wheeler!”

Willow had suffered with unremitting psoriasis for more than three years before her parents searched for and found safe, effective relief, thanks to homeopathic treatment. I am beyond thrilled that this 11-year-old girl is no longer afflicted by her psoriasis “spots.” She never had to endure teasing by her peers because of her rashes, and she doesn’t suffer the side effects and serious health risks related to conventional medications for psoriasis.

Being able to help young people like Willow—physically, mentally, and emotionally—is one of my favorite parts of using homeopathy in practice. What follows is the story of another girl with a skin condition who benefited on all levels from homeopathic treatment.



Dani's story

Dani came to see me when she was 16. She had been suffering from eczema since early childhood, which she had been able to partially control with steroid creams prescribed by her dermatologist. But she had recently stopped the creams, as she no longer wanted to use them. Over the next few months, her eczema had flared up and was the worst she remembered it.

Scratching the itch

Dani's eczema eruptions were mostly localized to her abdomen, backs of her hands, and tops of her feet. She had recently developed eruptions behind her ears, too. "It feels really good to scratch or rub the itch," she told me. But this often resulted in bleeding, discharge of clear fluid from the bumps, or intense burning pain. The eczema patches were particularly itchy at night, which is common for people with eczema. Dani also reported fatigue, saying she needed to nap when she came home from school most days.

Dani had seasonal allergies, and her symptoms included sneezing, coughing, runny nose, and a hoarse voice. When her allergies were at their worst, she would cough up clear-to-yellow phlegm.

Dani joked that she was addicted to spicy foods saying, "I add seasoning or hot sauce to nearly everything I eat."

Significant symptoms

In choosing a homeopathic remedy for Dani, I paid special attention to the symptoms that were most characteristic of

"Once I started taking the little pills again, the itching stopped again."

Synthesis Repertory (SCHROENIGS F.) - Materia medica pura (HAEHNEL S.)

Clipboard 4

- 1. SKIN - BURNING - scratching; after (98) 1
- 2. SKIN - ITCHING - voluptuous (22) 1
- 3. SKIN - ERUPTIONS - discharging - scratching; after (49) 1
- 4. ABDOMEN - ERUPTIONS - itching (11) 1
- 5. EAR - ERUPTIONS - Behind the ears (104) 1
- 6. SLEEP - SLEEPINESS - afternoon (233) 1
- 7. EXPECTORATION - YELLOW (202) 1
- 8. GENERALS - FOOD AND DRINKS - spices - desire (136) 1

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
110	7	8	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64			

Bönninghausen Repertory - Therapeutic Pocketbook Method (second edition) [Edited by ...] - Materia medica pura (HAEHNEL S.)

Clipboard 3

- 1. General - Generals - Skin & externals - Itching - Itching (pruritus), in general 1522 - amel. (relieved), whilst scratching 1524 (81) 1
- 2. General - Generals - Skin & externals - Itching - Burning 1527 (104) 1
- 3. General - Generals - Skin & externals - Eruptions - Moist (any moist eruption, including eczema) 1478 (45) 1
- 4. Regional - Trunk (torso) - Abdomen - External abdomen, in general 237 (98) 1
- 5. Regional - Head - Ears - Behind (dorsal to) the ears 94 (76) 1
- 6. Systemic - Respiratory - Airway secretions (nasal & sputa) - Colour - yellow - sputa 610 (66) 1
- 7. General - Sleep - Sleepiness - Afternoon, in the 832 (71) 1

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
110	7	8	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64			

Repertorization Charts 3 and 4, for Dani, prepared with RadarOpus software.

her illness (i.e., striking, singular, uncommon, peculiar) in order to repertorize them. Those symptoms were: the discharging eczema eruptions on her abdomen and behind her ears (since those are less common locations for eczema in teens and adults); the good feeling that came from itching her eruptions (known as "voluptuous itching"); the burning sensation or bleeding she experienced after scratching the eruptions; her afternoon sleepiness; her yellow expectoration with her seasonal allergies; and her strong desire for spicy foods. I repertorized these symptoms, first using the *Synthesis Repertory*, and then again, for comparison purposes, using the *Bönninghausen Repertory, Therapeutic Pocketbook Method*. (See Charts 3 and 4.) In both repertorizations, *Sulphur* ranked highest, so I checked Allen's *Encyclopedia* and Hering's *Guiding Symptoms* to see if Willow's symptoms matched the materia medica of *Sulphur*. They did, so I prescribed a daily dose of *Sulphur 30c* for Dani.

Immediate results

At Dani's one-month follow-up visit, she happily told me: "My itching stopped almost right away, once I started taking the remedy you gave me. ... I forgot to take it for a few days though, and the itching came back. But once I started taking the little pills again, the itching stopped again. That's how I know the stuff is helping!" Since her skin was itching less, she tended to scratch it less; but when she did scratch her eruptions, they still burned and/or bled. Dani said she felt more confident overall, now that her skin was improving and bothering her less. Since Dani was making good progress with her daily dose of *Sulphur 30c*, I asked her to continue it.

When we followed up the next month, Dani seemed to be relapsing slightly, as she told me of new eczema eruptions on her hands and feet. She also reported increased menstrual pain with her most recent cycle. In my assessment, she'd had an excellent response to daily doses of *Sulphur 30c* for about six weeks, but these small relapses in the past few weeks indicated that she was no longer responding as well and that we needed to increase the potency of the remedy. So I changed Dani's prescription to *Sulphur 200c*, dosed daily.

A new outlook on life

At our next visit, four months into homeopathic treatment, Dani reported increased energy. She also said, "My personality is better." When asked to clarify, she said she felt more



confident and interested in opening up to new people. She was enjoying school more and learning new subjects. Regarding her eczema, she said her skin felt better and smoother. The eruptions were healing—their texture was less rough and puffy, and they no longer bled or discharged. The itching had diminished, especially at night. She had fewer eruptions overall, and those behind her ears had completely cleared. Her last two periods had not been painful or otherwise troublesome. Since she was still improving, I asked her to continue with the daily doses of *Sulphur 200c*.

Five months into treatment, Dani reported steady improvements, so I asked her to continue the treatment plan.

By the six-month follow-up visit, Dani told me, “I stopped dosing a few weeks ago because I felt like the remedy wasn’t helping anymore. When I started taking it again a week later, I didn’t see any change either.” A few new eruptions on her hands had appeared, too, and they were quite itchy. I determined that her response to *Sulphur 200c* had plateaued, and we needed to increase the remedy’s potency. So I asked her to begin taking a daily dose of *Sulphur 1M*.

At the seven-month follow-up visit, Dani’s eczema was nearly resolved. She was only experiencing mild itching about once a week, and the reddened, irritated areas were fading away. Her energy and mood remained improved, and she had no recent allergy symptoms. Since she was responding well to treatment, I asked her to continue taking *Sulphur 1M* daily.

Real relief, real improvement

At the nine-month mark, Dani stated that her skin was continuing to heal—it was almost completely clear—and she had no new lesions. She said she felt even more confident now and was very pleased with her progress. Dani stopped checking in with me at this point, as she didn’t feel the need to continue.

About eight months later, I received an update that Dani was still “doing well,” with no complaints of eczema.

This teenage girl had suffered with eczema outbreaks, inflamed skin, and incessant itching ever since she was a small child. She had endured conventional treatments that sometimes gave relief but never sustained improvement, and they came with risks and unwelcome side effects. Now, with homeopathic treatment, Dani finally experienced real improvement in her skin, as well as in her seasonal allergies, menstrual cycle, and emotional outlook. Dani not only became more comfortable physically, but she gained a new perspective on life and all its opportunities.

Safe skin alternative

I am so grateful to be able to offer patients a safe, effective, affordable alternative to the various topical steroids and oral or injectable immunosuppressive drugs that are prescribed conventionally for eczema and psoriasis. Homeopathy helps patients feel comfortable in their own skin again, literally. It not only provides relief physically from the discomfort and incessant itching or pain, but it also alleviates any mental or emotional strain that results from the rashes. A person’s entire quality of life improves with the use of homeopathic medicine. 💧

* The idea of skipping 2-3 potencies when prescribing LM potencies was introduced to me in the following paper by Heiner Frei. Frei H: Attention Deficit / Hyperactivity Disorder and Polarity Analysis: Features, Cases, Results, *Simillimum* 2014. <http://www.heinerfrei.ch/publications>

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A Note on Dosing and Follow up: In chronic cases, such as the ones in this article, I typically prescribe a low potency, such as 30c, to start. I generally recommend following up every four to six weeks for the first several months of treatment. Once it is clear that the patient is on track and steadily improving, I will often begin to space follow-up visits out a bit further. I expect to see slow, gradual improvement over time with the possibility of slight plateaus or relapses. When progress plateaus or relapses, I will increase the potency, as long as the original medicine still covers their symptoms. This method of posology is rooted in the work of Samuel Hahnemann (*Organon of Medicine*, 6th edition, especially aphorism 246, footnote a), Francisco Eizayaga (*Treatise on Homeopathic Medicine*), and Douglas M. Borland (*Pneumonias*), and was introduced to me by Stephen Messer, ND, DHANP, at Southwest College of Naturopathic Medicine.

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