



Travel Article Collection

A specially curated Travel Article Collection from past *Homeopathy Today* issues. Articles include tips on how to Travel Worry Free with Homeopathic Cell Salts, the Low Down on Lyme Disease, Save your Skin from Sunburn and a special Poison Ivy Prevention Plan.



TRAVEL ARTICLE Collection

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Your Best Vacation Starts Here-Travel Worry Free with Homeopathic Cell Salts

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Summer 2019

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TODAY

Your Guide to Health through Homeopathy

It's

SUMMERTIME

...and Lyme Time

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Your Best Vacation Starts Here

Travel worry free, with
homeopathic cell salts

Summer 2019 • \$11.95

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YOUR **BES**

T Vacation STARTS HERE

by TANYA RENNER, CCH, RSHom(NA)

It's vacation season! Vacations are a time for revitalizing the mind, body, and spirit. When vacations are going smoothly, we find ourselves fully engaged with life. Cherished memories are created in these joyous moments. Our connections with loved ones and friends deepen. We open ourselves to new discoveries and connect to our special place in the world.

Some of us plan for relaxing vacations, while others plan for adventure. One thing all vacations have in common is change—change from our regular routines. Change keeps us vibrant and healthy *as long as we are able to remain flexible and maintain our inner balance*. This is where the 12 homeopathic cell salts come into play. These homeopathic gems are ideally suited to helping us restore inner peace when we find ourselves tipping out of balance. (If you're wondering, "What are cell salts?" see "The Nuts and Bolts of Cell Salt Remedies" on page 21.)

Plan your next vacation now

Begin by making a list of your common complaints. Which ones tend to pop up when you and the family are traveling? Are there new areas of concern? Are there complaints you would like to

effortlessly manage while away from home?

Typically, vacations have what I call a "vacation-worry list." These worries can limit our choices and ability to fully embrace the excitement and joy of our getaways. Do you have a recurring vacation-worry? You are not alone. Most of us have at least one.

The worry might sound like this:

- "I might pick up a cold or flu. I don't want to ruin my vacation and everyone else's too."
- "My bowels are unpredictable when I travel. How will I manage?"
- "There are three menstruating females in my family. At least one is going to have a painful period during our vacation!"
- "I hope we don't have to deal with cranky children in public. It's so embarrassing when they have a hard time behaving, and we lose our patience."
- "One of my kids always gets a tummy ache, which leads to a change in plans and resentment among family members."

How would your life be different if you were no longer inconvenienced by common vacation complaints? I'm guessing you would feel freer to live a full life. The good news is that all of this is within your reach.

Travel worry free,
with homeopathic
cell salts

QUICK REFERENCE KEY to Cell Salts

Calc fluor calcium fluoride	Suppleness and Elasticity	Blood Vessel Walls; Connective tissue: Tendons and Ligaments, Bones/Teeth	Bone tonic; Weak or strained joints/back; Hemorrhoids; Constipation with difficulty expelling stool due to tissue weakness. Worse dampness and rest.
Calc phos calcium phosphate	Nutritive; Restorative; Convalescence	Blood; Bones/Teeth; Digestion	Bone tonic; Weak or strained joints/back pain; Digestion—Colic; Diarrhea; Heavy menses with fatigue.
Calc sulph calcium sulphate	Blood Cleanser	Liver; Blood; Skin	Yellow discharges with skin conditions; Cold/allergy symptoms.
Ferrum phos iron phosphate	Inflammation: Heat, Redness, Swelling, Pain; Oxygen Carrier	Blood; Circulation	Congestive conditions and inflammation, e.g., colds, earache, fever, sprains, strains. This cell salt is well indicated in many conditions.
Kali mur potassium chloride	Cleanser: White Discharges/Mucus	Skin; Mucous Membranes; Digestion	White discharge from mucous membranes or skin: cough, runny nose, sore throats, burns. Earache with swollen glands and white tongue. Supports slowed digestion accompanied by white-coated tongue, heartburn, gas, diarrhea, or light-colored, firm stool. Digestive headache.
Kali phos potassium phosphate	Nerve and Brain Nutrient	Nerve Tissues	Soothes jangled nerves. Nervous conditions with fatigue, impatience, restlessness, irritability. Headache or tension from tight muscles or nerves. Tension pain may extend down the back.
Kali sulph potassium sulphate	Oxygen Carrier; Lubricant for Sticky "Stuff"	Blood; Lungs; Mucous Membranes; Skin	Yellow sticky discharge, e.g., sinus and ear congestion, diarrhea, nasal discharge. Earache with yellow tongue and ear discharge. Better with fresh air and worse in a stuffy room.
Mag phos magnesium phosphate	Antispasmodic Nerve Tonic	Muscles and Nerves	Well indicated for spasmodic/ nerve pain: abdominal or menstrual cramps, leg cramps, spasmodic coughs. Earache with sharp pain. Neuralgic head pain. Better with heat and pressure.
Nat mur sodium chloride	Water Distributor	Mucous Membranes; Digestion; Body Fluids	Conditions too dry/too wet; both states may exist. Discharge is clear, watery, or whitish like raw egg white. Sore throats; Heartburn; Post nasal drip; Hay fever; Colds; Stools with mucus or dry and hard with ineffectual urging.
Nat phos sodium phosphate	Acid/Alkaline Balancer	Digestion; Tissues; Joints	Acid indigestion; Infant colic; Lactic or uric acid buildup. Sleeplessness from indigestion/heartburn. Achy, swelling joints.
Nat sulph sodium sulphate	Liver Mover	Liver; Digestion; Respiratory Tract	Digestive complaints: sick headache, heartburn, yellow diarrhea, especially with flatulence. Worse rich foods. Respiratory complaints: cold and congestion with yellow mucus, wheezing, chest tightness. Better fresh, warm, dry air.
Silicea silicon dioxide	Tissue Cleanser-Eliminator	Skin; Mucous Membranes; Digestion	Bone tonic; Weak or strained joints/back pain; Congestion; Constipation (large hard stool) or diarrhea. Worse night and early morning. Better with warmth.



Take these 3 easy steps

1. Identify *your* vacation-worries.
2. Buy a cell salt kit (or individual remedies) and a travel-friendly guidebook (e.g., *Homeopathic Cell Salt Remedies* by Nigey Lennon and Lionel Rolfe).
3. Practice using the cell salts at home first. We can start this process together. Put the article down for a moment, and get a pen and paper. Write down your typical vacation complaints. Leave room to write in a few remedy choices.

What follows is a basic index of common complaints with corresponding cell salt remedies—"Indications for cell salt use." Is one of your vacation-worries on the list? Make a note of cell salt remedies that could help you address your complaints, and then read additional information about your choices in the "Quick Reference Key to Cell Salts" table at left. Lastly, choose one to three remedy matches for your complaint, and give the remedy or remedies a try when the complaint arises before your trip.

PRACTICE WITH 10 *true-life* ADVENTURES

Indications for cell salt use

- Bone tonic: *Calc fluor, Calc phos, Sil*
- Cold: *Calc sulph, Ferrum phos, Kali mur, Nat mur, Kali sulph, Sil*
- Constipation: *Nat mur, Nat phos, Sil*
- Cough: *Calc sulph, Ferrum phos, Kali mur, Kali sulph, Nat sulph, Sil*
- Cramps: *Mag phos, Calc phos, Ferrum phos*
- Discharges*:
 - » little or no discharge: *Ferrum phos*
 - » green: *Nat sulph*
 - » lumpy: *Calc sulph*
 - » thick, yellow: *Calc sulph, Kali sulph, Nat phos*
 - » yellow, blood-streaked: *Calc sulph*
 - » watery or like egg white: *Nat mur*
 - » white: *Kali mur*
- Earache: *Calc sulph, Kali mur, Kali sulph, Mag phos, Sil*
- Fever: *Ferrum phos*
- Heartburn: *Nat phos*
- Inflammation of throat or injury: *Ferrum phos*
- Joint or bone bruises/injuries: *Calc phos, Calc fluor, Sil*
- Neuralgia: *Mag phos*
- Nervous exhaustion: *Kali phos*
- Sinus tension: *Kali mur, Sil*
- Stools, loose: *Nat sulph, Nat phos, Nat mur, Calc phos, Kali mur*

For people who are new to using the cell salts, selecting a remedy may feel a little overwhelming. Don't worry about getting the "right" answer. These remedies are forgiving. The cell salts are made in very low potencies (3X, 6X, 12X) from the macro-minerals your body already knows well. Most people quickly find two or three favorites. As your confidence grows, you'll learn additional remedies, and you'll go on to teach your family and friends how to use them, too.

**Discharging is a primary way the body cleanses and rebalances itself, so discharges can be a positive sign. Common over-the-counter drugs are often designed to manage discharges for your better comfort. However, sometimes the drugs actually slow down or interfere with the body's natural process of cleansing and healing. On the other hand, homeopathic cell salts speed up the body's natural healing process. Examples of discharges are: acne; abscesses; wound drainage; nasal, throat, and lung mucus; eye drainage and tears; menstrual flow; sweat; tongue coating; skin flakes; stools; urine.*

The following are all true-life vacation stories. See if you can make a plan for these scenarios by consulting both the "Indications for Cell Salt Use" at left and the "Quick Reference Key to Cell Salts" on page 18. Then check the "Answer Key" for the remedy or remedies that helped. The advanced challenge questions are for those who have been using homeopathy for a while. You may need to access additional resources to come up with a solution.

1. CLASS TRIP. Jenny's mom contacted me after Jenny declined to travel with her classmates on a three-day overnight trip to Washington, DC. Jenny was worried about having debilitating period pain while on the trip. She was used to painful cramping during the first two days of her flow, causing her to curl into a ball on the sofa with a heating pad. Which cell salt(s) might help? Advanced challenge: Can you think of one "non-cell salt" homeopathic remedy to consider?

2. BIKE ADVENTURE. One summer, my husband, oldest son, and I planned a bicycle trip around Lake Champlain in Vermont with a side trip to Montreal to visit my younger son. This would be my first 10-day biking trip, and I was worried about muscle cramps in my neck, upper shoulders, and calves. We planned to carry all our gear and camp along the way. This trip went off without a hitch and exceeded all expectations! There were two cell salt remedies and one other common homeopathic remedy that worked well for the above-mentioned concerns. What would you choose?

3. BIRTHDAY BASH. Heather was accustomed to celebrating her birthday in style! Every year, she planned a vacation around her special day, and she particularly loved celebrating with red roses, fine dining, rich chocolate, and red wine. Over the years, however, she began to recognize a pattern. After the celebration dinner, she needed to use her inhaler several times during the night to calm her reactive airways, and she frequented the bathroom with loose, gassy stools. She called the following days her "off days" when her gastrointestinal tract rumbled,

her energy tanked, and she suffered from mild bronchitis. Find one cell salt remedy that covers her digestive *and* respiratory complaints. Advanced challenge: Which "non-cell salt" homeopathic remedy covers this case and is sometimes referred to as the "hangover remedy"?

4. JULY 4TH BLAST. The most important holiday for the Jefferson family is Fourth of July! In fact, the Jeffersons spend a good part of each year making elaborate plans for their Fourth celebration. As you might imagine, every year at least one of their kids has a meltdown from overexcitement, anticipation, loss of sleep, and nervous system fatigue. Which cell salt could help? Advanced challenge: Can you think of a couple "non-cell salt" homeopathic remedies to consider for the kids or adults?

5. HEALTHY FOOD HIATUS. The García family recognizes the importance of healthy food choices and enjoys a nourishing diet while at home. When travelling, however, the house rules are often left behind. Usually by day three, son Anthony is slouching, rolling his head, and complaining of a tummy ache. He points to his upper abdomen and complains of burning in the stomach, and sometimes burning in the throat with a taste that he describes as sharp and ugly, like salsa. Which cell salt helps Anthony?

6. CAR TRIPS AND IRRITATED EYES. Amy's eyes are sensitive to pollen, particulates, and poor air quality. Her eyes become red, irritated, and bloodshot, particularly on hot summer car trips. She typically soothes her eyes with cold compresses and the cell salt *Ferrum*

phos 6X, taken before the drive and several times during a long ride. Recently, this remedy did not do the trick. When she noticed her eye discharge had turned grey-white, she changed her remedy selection. Which cell salt remedy might help now?

7. GOTTA GO, GOTTA GO. Amber tends to get urinary tract discomfort when she travels. Her symptoms start with a tense, full feeling in the bladder as well as stinging in the urethra on urination. She also finds she has to urinate more frequently. We reviewed sensible self-care including better hydration, a low-sugar diet, alkalizing foods including leafy greens and blueberries, cotton clothing, better rest, and a reduction in coffee. These lifestyle adjustments have been a big help, but she occasionally still has difficulties when traveling. Which cell salt could help Amber quickly regain her balance and avoid a full-blown urinary tract infection?

8. VACATION HEADACHE. Esther was excited to tell me about her upcoming vacation plans. She said that she loves vacations but hates preparing for them. Although she doesn't typically get headaches, she tends to have a mild, annoying one on the first two days of travel. Clearly, leaving for vacation was a stressor for Esther. Leading up to a vacation, she gets very little sleep, she works extra hard at home and at work, and she worries she will forget something important. Which cell salt remedy might help Esther's headaches?

9. RUNDOWN. Travel runs most of us down to some degree. When Josh travels or returns from travel, he often develops a dry, scratchy throat that can turn into a cold or other illness. There is a cell salt remedy that is known to nip a cold in the bud. Which one can help? Would you consider a different cell salt if it seemed that Josh might be getting the flu?

10. WEAK ANKLE. Mateo has recently recovered from a fractured ankle. He gets sore on long walking days and is nervous about his upcoming hike on the Irish Moorlands. Several weeks before vacation and also while vacationing, which three cell salts might he consider taking for ankle strengthening? Advanced challenge: Can you think of a "non-cell salt" homeopathic remedy that might help too?



Answer key

The remedies that acted well for the ten vacation scenarios are listed below. If you came up with a different answer, don't be discouraged. There may be more than one good solution to the case. Practice at home, and see what works well for you and your body.

1. CLASS TRIP SAVED. Jenny's cramps were better from warmth and pressure—a good match for *Mag phos*. The uterus is one big muscle and can be painful when it is cramping. She began taking *Mag phos 6X* the day before her next period and took it three times daily for the next three days. Her cramps were much improved, and this success gave Jenny the confidence to travel to Washington, DC, on her school trip. The remedy also kept her comfortable while we worked on finding a deeper-acting homeopathic remedy to resolve the problem completely. Advanced challenge: *Colocynthis* is indicated when menstrual cramps are better from warmth and *firm* pressure. (Interestingly, the colocynth plant is high in the mineral magnesium.)

2. BIKE EXPEDITION EXCEEDS EXPECTATIONS. With their affinity for muscle cramps, *Mag phos 6X* and *Calc phos 6X*, taken twice daily, helped greatly. Leg cramping during the day wasn't an issue, but calf cramps woke me in the middle of the night when I skipped taking *Mag phos* and *Calc phos*. Also, *Arnica 30c*, twice daily, was a terrific help for the neck and upper shoulder muscle tension during biking. *Arnica* covers muscle pain, especially after exertion. *Arnica* is also used for muscle sprains, strains, bruising, or blunt trauma.

3. CELEBRATING IN STYLE. *Nat sulph 6X* fits both gastrointestinal and respiratory complaints. It might help someone who has overwhelmed their GI tract, resulting in a rumbling abdomen, loose stools, and gas, as well as someone with congestion or restriction in the lungs. Heather took *Nat sulph 6X* before her next celebratory dinner and several times after dinner, including once in the middle of the night. When she followed this regime, she did not have to use her inhaler, and the next days were "on days." Advanced challenge: *Nux vomica* (not a cell salt remedy) is also a good fit, as it covers alternating constipation and diarrhea as well as respiratory complaints. *Nux vomica* is known as the "hangover remedy" and may pair well with *Nat phos 6X* in cases of overindulgence.

4. HAPPY JULY 4TH. *Kali phos 6X* is a nice match for kids who are overexcited, overtired, and overwhelmed. In fact, *Kali phos 6X* works well for overextended adults too! Think of this remedy for jangled nerves. Advanced challenge: The homeopathic remedy *Coffea* is helpful for excitement of the mind and nervous system, as if in a coffee-induced state—"tired and wired." The person might be so overtired from excitement that they cannot sleep. *Chamomilla* may help a person in a similar state, but they tend to be more irritable, indecisive, and hard to please.

5. EATING EASILY. *Nat phos 6X* is an ideal choice for an acid or burning sensation in the stomach or throat and was helpful for Anthony. Think of *Nat phos 6X* as nature's antacid.

6. BRIGHT EYES. *Kali mur 6X* did the trick. This is a remedy for sore eyes, with white or gray discharge, or white



The Lowdown on Lyme Disease

Insights from a homeopathic physician in the heart of Lyme country

by RONALD D. WHITMONT, MD

I've lived in the northeastern United States for most of my life and practiced homeopathic medicine here, in the center of "Lyme Kingdom," for the past 24 years. My experience with Lyme disease, and most of its various manifestations, has shaped a large part of my practice.

I've come to realize that Lyme is not an isolated problem, but a symptom of a much larger issue of how our society uses medicines and treats the environment. My view, bound to be controversial, is grounded in personal, family, and professional experience and is supported by fields of scientific research in the microbiome, the immune system, and environmental ecosystem studies.

In my experience, Lyme disease is much less of a problem when it is treated (from the start) in a responsible, rational, and appropriate manner, using homeopathy and honoring the science of health, the microbiome, and the environment.

Natural history of Lyme disease

Lyme disease appears to have emerged as a clinical entity in Old Lyme Connecticut sometime in the early 1970s. Untreated (by antibiotics), Lyme disease is a self-limited condition in most individuals. Researchers determined that 20% of those who never receive antibiotic treatment for Lyme will remain forever asymptomatic without developing any adverse events. The majority of those who remain untreated will develop symptoms, but most cases (83%) will resolve completely (again, without treatment) over a period that varies between a few months and several years. Only about 17% of "untreated" cases will

develop chronic symptoms including musculoskeletal, neurologic, cardiac, or ocular sequelae [i.e., long-term consequences].

In contrast, populations that receive antibiotic treatment for Lyme still develop musculoskeletal, neurologic, and cognitive problems along with fatigue and poor global health scores, but more than one-third (34%) go on to develop permanent sequelae from Lyme disease, including arthritis, neurocognitive impairment, and neuropathy or myelopathy after antibiotic treatment. These studies show that twice as many antibiotic-treated individuals go on to develop chronic symptoms and complications than those who never received antibiotic treatment.

Laboratory experiments in mice infected with Lyme disease demonstrate that the immune system is capable of reversing both cardiac and musculoskeletal complications of Lyme through an antibody-mediated pathway, and that antibiotics can interfere with this process.

Further research demonstrates that intravenous antibiotics given to those suffering from symptoms of chronic Lyme disease fail to provide long-term improvement.

Intravenous antibiotic treatment of cognitive impairment in Lyme encephalopathy [i.e., brain dysfunction or damage] provides only short-term improvement that relapses soon after antibiotics are discontinued.

It is already known that both microbiome damage and immune system dysfunction (caused by antibiotics) increase the likelihood of developing chronic inflammatory conditions.

Investigators have found that the immune system shifts from an acute inflam-

matory pattern into a chronic inflammatory mode after antibiotics are used to treat Lyme disease. The immune response signature shifts from one typically seen in acute bacterial conditions to the same one seen in rheumatoid arthritis, confirming that antibiotics are associated with a pattern of chronic inflammation.

One thing that is clear from these and other studies is that the antibiotic treatment of Lyme disease does not appear to offer any distinct advantages, and it may even impair long-term recovery and generate chronic inflammation, which is not surprising.

Antibiotic overuse

Antibiotics are the conventional "standard of care" for Lyme disease, and their use is associated with immune system dysfunction, microbiome damage, and "co-infections."

During the same time period as antibiotic treatment for Lyme disease became routine, so did antibiotic treatment of most common infections. For example, in 2011 alone, there were 842 outpatient oral antibiotic prescriptions written for every 1,000 people in the U.S. (which does not include inpatient or intravenous antibiotic prescriptions). Children and the elderly received the lion's share of these prescriptions, and the average child took 15 courses of antibiotics by the time they reached their 18th birthday.

Antibiotic overuse is rampant in the U.S. Even the CDC admits that at least 30% of these prescriptions are unnecessary. The immune system and the microbiome are damaged by antibiotics, and studies sug-

gest that these effects can be long-lasting, predisposing the person to the acquisition of conditions like Lyme disease. By the time that many people become exposed to Lyme disease, they have already received multiple courses of antibiotics, and their immune systems and microbiomes are already significantly suppressed and impaired.

According to the CDC, the recommended course of antibiotic treatment for Lyme disease is from 10 to 21 days, although many “experts” recommend much longer courses. Many of these same experts frequently recommend combinations of intravenous antibiotics along with antivirals, antifungals, and antimalarials, despite the lack of any evidence base of long-term efficacy.

Many antibiotics, in addition to their antibacterial effects, act as anti-inflammatory medicines, which means that people may temporarily *feel* better even though their condition has not improved. Once the anti-inflammatory effects wear off, their condition can be much worse. Temporarily feeling better can lead to a false sense of security, allowing people to believe that they are properly managing their condition, when they are mismanaging it. The anti-inflammatory effects temporarily lower inflammation by turning the immune system off, which may be why the inflammatory pattern shifts from one of an acute bacterial reaction into a pattern of chronic autoimmunity.

Lyme prophylaxis [i.e., antibiotic treatment for anyone with a suspicious tick bite], which estimates suggest may prevent 1 case of Lyme for every 50 people with tick bites who are treated, adds more antibiotics and further compromises immunity.

The phenomenon of antibiotic resistance is well known across the spectrum of all bacterial, viral, fungal, and parasitic organisms. It is the single most predictable event resulting from the use of these medicines in medical and agricultural applications. Once these drugs enter the ecosystem (and the food chain), they tend to affect all living creatures regardless of whether they were the target of treatment.

False premises

The “germ theory” of medicine blames the Lyme spirochete bacteria for developing resistance and evading treatment. But, this explanation avoids laying the blame where it truly belongs: on the allopathic medical approach.

The allopathic system of conventional pharmaceutical medicine is built upon (at least) two false premises: (1) that the natural world is inherently dangerous, and it is a threat that we must fight at every level for our survival, and (2) that the environment is separate and distinct from us, and it can be endlessly “trashed” because it is such a big place where things we throw into it will never come back to haunt us. Both of these assumptions are false.

The use of antibiotics, antivirals, antifungals, and antiparasitic medications is part of an escalating “arms race” against the natural world. Medical experts have long warned that we are entering the “post-antibiotic era” because this approach has failed. Microbiome science makes it clear that survival in the world depends upon microbiological life, and that a symbiotic relationship with the natural world is healthiest.

Modern medical care is about *battling* infections, winning the *war* against cancer, *fighting* depression, etc. When everything, and everyone, is your enemy, it’s time to reconsider your own role in the world, since this adversarial approach inevitably ends with a “scorched earth” policy that destroys everything, including your own home. This is where we are today: Lyme disease is simply the strongest organism left standing.

The environment has become littered with garbage drugs, chemicals, radioactive isotopes, and electromagnetic frequencies to such a degree that these toxins are ubiquitous. An intelligent, sustainable, non-polluting system of medicine needs to be adopted. Homeopathy is, by definition, such a system.

The most simple and basic revelation provided by microbiome science is that all life on the planet is connected through the same ecological web of interaction. The human body is linked to the environment through the microbiome. All three of these systems need to be healthy, or none of them will be. These systems cannot be

The problem with Lyme disease is not the illness, it is the treatment approach that is inherently flawed, short-sighted, and dangerous.

divorced from or treated in isolation from each other without disastrous repercussions. Microbiome science expands the definition of *health* to include all three of these provinces. Health requires that the entire body be in balance with the microbiome and the environment. The environment is not the enemy, and neither is Lyme disease.

The conventional allopathic system of medicine is simply “buffing and turfing.” It takes a problem and “kicks the can” down the road or into another specialist’s backyard. It is a brilliant system for generating income because it generates more sickness and ill-health than it cures. It’s a brilliant approach until “the chickens come home to roost.” This is the story of modern medicine, and Lyme disease is the watershed moment announcing the arrival of chickens back home.

Lyme is the result of treating illnesses symptomatically, and in isolation, without regard for the long-term effects on the immune system, the microbiome, or the environment. The problem with Lyme disease is not the illness, it is the treatment approach that is inherently flawed, short-sighted, and dangerous.

Co-infections

Co-infections with various bacterial, viral, and fungal organisms are increasingly complicating the diagnosis and treatment of Lyme disease. Once the immune system is suppressed and the microbiome is damaged, the door opens to these opportunistic infections. Co-infections are, by definition, predictable side-effects of a damaged microbiome. The more antibiotics, antifungals, antivirals,

PRACTICAL STEPS *After Tick Bites*

KEEP CALM AND SUPPORT YOUR IMMUNE SYSTEM

When a patient asks me what to do about a tick bite, I tailor my advice to the individual and their situation. In general, however, I tend to suggest the following:

1. Remove the tick with tweezers.
2. Squeeze the site of attachment until either blood or serum is expressed from the wound.
3. Immediately apply a liberal poultice of raw, unfiltered honey, and cover the site with a generous occlusive bandage. Change the bandage and the honey several times over the next 24-48 hours. The honey has a *drawing* effect on the wound. It also prevents infection at the puncture site through its natural antibiotic properties.
4. Take a single dose of the homeopathic medicine, *Ledum palustre*, preferably in a 200c preparation. *Ledum* has proven to be a good choice in prophylaxis after tick bites. Its materia medica lists: "puncture, stab wounds, animal bites and insect stings, ecchymosis, long discoloration after injuries, red spots and rash." A repertory search reveals that *Ledum* appears prominently with respect to knee and joint swelling, inflammation, pain, stiffness, rheumatism, etc. I do not recommend the simultaneous use of any other medicines or nosodes at this juncture.
5. Keep an eye on the wound over the next week or so. If it becomes red or inflamed, do not panic! Redness is a sign of inflammation. Inflammation is a sign that the immune system is *WORKING!* Acute inflammation protects the body from illness.
6. Optimize diet: eliminate (at least temporarily) all refined sugars and processed foods. Eliminate flour-based products, pastas, and breads. Eat plenty of fruits and vegetables (raw whenever possible). Eat raw garlic and onion, if tolerated. Eat at least one serving of an unsweetened naturally fermented food (e.g., pickles, sauerkraut) every day. Do not overeat.
7. Get enough rest. Do not overexert or overfatigue.
8. Do not smoke. Limit alcohol.
9. Temporarily suspend vitamins and supplements. "Let food be your medicine and medicine be your food." (Hippocrates) A petri dish works to grow micro-organisms by providing a preprocessed vitamin- and nutrient- rich broth in a nice warm dish. When the body is sick or when it defends itself from illness, it sequesters important nutrients (like iron) and removes them from circulation so that there is "no free lunch" for infectious organisms. The body can easily convert complex foods into fuel, but many simple organisms can't. Eating complex foods encourages microbiome complexity, which fights monoculture overgrowth (infections). This is one reason why appetite usually diminishes in acute illnesses.
10. Consider taking a short sauna or hot bath to generate hyperthermia. This rise in body temperature is an "artificial fever" that optimizes the efficiency of the immune system. Do not panic if a fever develops! Fevers are important tools of the innate immune system, which defend the body against illness and injury. Fever raises the core body temperature and provides an environment in which the immune system works more efficiently. Speak to your homeopath or health provider if fevers are persistent or excessively high.
11. Stay well-hydrated, but do not overhydrate. Judge hydration by thirst and the quality and quantity of urine. Dehydrated urine smells strongly, is dark, and burns.
12. Do not overdo any of these instructions. Too much of anything can have the opposite effect. Listen carefully to the body, and pay attention to its symptoms.
13. If other symptoms develop, contact your homeopath for more definitive treatment. Consider taking your homeopathic constitutional medicine, in consultation with your homeopath.

antimalarials, and antiparasitic drugs that are used, the more damaged and dysbiotic the microbiome becomes, and the more likely that co-infections will develop and be identified.

Neither Lyme nor its co-infections are the enemy. They are simply the result of mistreatment that didn't consider the integrity of the environment or the microbiome holistically. The real enemy of health, and a cause of co-infections, is medical treatment that treats the body as isolated organs or ignores the holistic nature of the superorganism. Illness is a product of the rift between the natural environment and the body. Co-infections are natural and predictable results that occur from this rift. This is simply "ecology in motion," and treatment requires that the holistic totality of each case be considered.

An approach to Lyme disease

Lyme is a problem because many who develop this illness have already suffered immune system and microbiome damage after years of unnecessary antibiotic treatments. Most people with "chronic" Lyme disease actually have pre-existing immune system dysfunction, which was a result of early and repeated courses of antibiotics throughout infancy, childhood, adolescence, or adulthood.

In my office, I have found that the most common risk factor for chronic Lyme disease is a prior history of extensive antibiotic use earlier in life. Other medication use may also contribute, particularly anti-inflammatory medications (NSAIDs), steroids, antihistamines, and other immune system suppressing drugs. But the common denominator in these cases is reflected in the extent of antibiotic use. Simply stated, Lyme disease is an iatrogenic disease, made possible by the generous overuse of antibiotics in our society. It is possible that the eradication of childhood illnesses (which help train and strengthen the immune system) have also contributed to this epidemic of immune system dysfunction and susceptibility.

A viable approach to Lyme disease must recognize that it is a symptom of an already vulnerable and damaged immune system and microbiome now susceptible to opportunistic infections. Lyme can

become chronic if individuals have already been made susceptible through antibiotic induced immune system damage. The factors that create this susceptibility, in Lyme disease and co-infections, have been well described and are the result of a national creed that generates: (a) fear of nature and microbiological life, (b) trust in chemical warfare (the paternalistic “white knight in shining armor” of modern medicine) that promises to *defend* us from *evil* micro-organisms, (c) failure to look beyond the immediate quick-fix symptom-relief system toward the long-term effects (and fallout) from conventional treatments in the body, the microbiome, and the environment, and (d) the mistaken belief that we are separate from and above the environment.

Lyme disease treatment begins with consistent, responsible, and holistic care of the body throughout life. Antibiotics should be considered second-line treatments, withheld unless loss of life or limb is an immediate risk. Homeopathy is an excellent first-line therapy, combined with a healthy diet, lifestyle, plenty of sunshine, and time outdoors in the natural world.

Prevention of Lyme disease (and co-infections) begins with the proper management of every single illness that precedes and follows Lyme. The immune system must be trained to deal with simple infections before it can be exposed to complex ones. Regular (immune system) “exercise” takes place through garden-variety acute illnesses, colds, and other childhood illnesses that are managed homeopathically. These illnesses are not “bad.” On the contrary, acute illnesses keep the immune system strong and protect against the development of chronic inflammation, which results when they are suppressed.

For most people who are otherwise healthy, I do not recommend that antibiotic (or anti-inflammatory) treatment be used as first-line treatment for tick bites or suspected Lyme disease. Instead, I suggest endeavoring to support the immune system and the microbiome before resorting to damaging treatments with permanent or long-term sequelae. If antibiotics are

eventually used, there is no evidence that delaying them by a reasonable amount of time worsens the outcome of Lyme disease. Delaying antibiotics may have favorable effects since this allows the immune system to be recruited first, so it may become engaged. If the immune system is not engaged, it cannot develop immunity. Antibiotics are a short-term solution, since they suppress the immune system, damage the microbiome, and prevent the establishment of long-term immunity.

Many people already have permanent immunity to Lyme disease, and this has been demonstrated by random blood sampling of healthy individuals living in Lyme endemic regions of New England. Many patients remain seropositive [i.e., their blood tests show a high level of antibodies] for many months or years after Lyme disease is resolved.

Safe, sustainable, effective

Homeopathy is not only an effective method of preventing and treating Lyme disease, it is one of the safest, most sustainable, efficient, and permanent methods of re-establishing health since it augments the immune response, supports the microbiome, and does not pollute or damage the environment. The most important approach to any infection, particularly Lyme disease, is to get out of the way and allow the immune system and the microbiome to work together, stabilize, and re-establish long-term balance and health of the entire superorganism as an ecological symbiosis.

I strongly recommend using a classical homeopathic approach that individualizes treatment to the specific circumstances and manifestations of this condition in each case, and to do this, individuals should seek the care of a qualified, classically trained homeopath.

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homeopathy

TODAY

Your Guide to Health through Homeopathy

3

Save Your
Skin From
Sunburn



Save Your Skin From Sunburn This Spring and Summer

Can this sunny homeopathic remedy prevent sunburn?

by ROBERT J. SIGNORE, DO

As a clinical dermatologist who has practiced in the Chicago area for 27 years, I have found classical homeopathic medicine useful in helping my patients heal from skin diseases. I like to explain that homeopathy can often help patients reduce their use of steroids and antibiotics (which are frequently employed in the conventional treatment of skin conditions).

The five skin conditions with which I have the greatest success using homeopathic medicine are acne (pimples), warts (common warts and plantar warts), *moluscum contagiosum*, atopic eczema, and hyperhidrosis (excessive sweating). I use the classical homeopathic method, which involves taking a lengthy history and repertorizing the case to find the most similar homeopathic remedy, also known as the *simillimum*. This is the approach used by Dr. Samuel Hahnemann, the founder of homeopathy. Because these five skin diseases are chronic, I usually try to find the patient's constitutional (or "chronic") remedy.

Isopathy and the sun

Today, however, I want to share with you a different but related approach that I've used to address one skin condition: the isopathic use of a homeopathically prepared remedy, *Sol*, to help prevent sunburns. *Isopathy* is defined by *Yasgur's Homeopathic Dictionary* as "the employment of homeopathically prepared substances responsible for the disease itself. It is not based on the principle of *similarity* but on *sameness*, on the substance being identical to the etiological agent, e.g. the use of pollens in allergic asthma." The word *sol*

means "sun" in Latin, and this remedy is manufactured by exposing powdered lactose (milk sugar) to concentrated, natural sunlight, and then processing the result as a homeopathic remedy, using the classic homeopathic pharmacy methods of serial dilution and succussion.

I have found *Sol* to be a good remedy for keeping me from becoming sunburned in high-risk situations, such as being at the beach or bicycling on a clear, sunny day. In fact, my family and I take *Sol* 30c—one pellet dissolved in the mouth daily—beginning one day before the start of our summer vacation and throughout our trip. Of course, we still use natural zinc oxide sunscreens, hats, and protective clothing while outdoors.

I have found *Sol* to be a good remedy for keeping me from becoming sunburned in high-risk situations, such as being at the beach or bicycling on a clear, sunny day.

Using the remedy *Sol* to prevent sunburns is similar in principle to using the homeopathic remedy *Rhus toxicodendron* (made from highly diluted tincture of poison ivy leaves) to help prevent poison ivy dermatitis. You may recall the article I wrote on that subject in the Spring 2017 issue of *Homeopathy Today*: "Poison Ivy Prevention, Here's How to Ditch the Itch."

Chance meeting, fascinating insight

Here's how I found out about the sunny *Sol* remedy, which saves skin from summer's scorching sunburns. In 2013, I attended the 8th Annual Joint American Homeopathic

Conference of the National Center for Homeopathy in Reston, Virginia. At the lunch lecture, I had the good fortune to sit next to two experienced homeopathic pharmacists: father and son Steven and Lee Kayne, of Freeman's Homeopathic Pharmacy in Scotland. Upon learning that I was a dermatologist, they suggested I might want to know about the homeopathic remedy *Sol* because it could be useful in my practice. I had never heard of it but was immediately intrigued. They informed me that the remedy was available through their pharmacy.¹

Later, I investigated *Sol* online. In an article on the British Homeopathic Association website, "First Aid for Your Holidays," Steven Kayne explains how *Sol* can be

used preventatively because it is "particularly useful for people who suffer from exposure to the sun."² I also found that in New Zealand, the homeopathic remedy *Sol* is being used to prevent sunburns in fair-skinned people.³ It turns out that New Zealanders even use *Sol* in their pets' drinking water to prevent sunburns in dogs and horses.⁴ In fact, the late British homeopath Andrew Lockie, MD, suggested that homeopathic *Sol* could even be used as a preventative for solar keratoses (precancerous skin lesions). He wrote, "If you are fair-skinned and about to take a holiday in the sun, take *Sol* 30c as a preventative; correct

dosage is three times daily for three weeks out of four while exposed to the sun.”⁵

Personal experience with Sol

Several years ago, my wife, daughter, and I went on vacation to sunny Arizona. For one day prior to our trip and every day while in Arizona, we each dissolved one pellet of Sol 30c under our tongues in addition to applying sunscreen. Happily, none of us got sunburned, despite hiking in the blazing, noontday Arizona sun for one hour at 105°F.

This was one of our first times using Sol 30c, and I mentioned to my family that we couldn't really tell whether it was the Sol or the sunscreen that had prevented us from scorching in the sun. Then, my fair-skinned daughter confessed that she had only applied sunscreen on her face—not on her arms and legs. She was wearing short sleeves and short pants, so it must have been the Sol that kept her from getting painfully sunburned, we reasoned. I thanked her for her honesty. Her experience gave more credence to the theory that homeopathic Sol could be a useful tool for keeping people from getting the ubiquitous pain, redness, and blisters from too much sun exposure that often ruins one's summer fun. After all, dermatologists have always wanted to find a safe, simple pill to prevent sunburns. You could say that finding an "anti-sunburn pill" has been the Holy Grail of dermatology.

A pilot study

Since then, my family and I have continued to use Sol 30c for sunburn prevention every summer vacation with anecdotal



Too Much Sun?

5 FABULOUS WAYS TO SOOTHE YOUR SUNBURN

When you plan to be out in the spring or summer sun for more than a little while, it's best to protect your skin from sunburn by wearing a wide-brimmed hat, protective clothing, and sunscreen with zinc oxide or titanium oxide as active ingredients. But what about those times when you or a loved one is caught off guard by the strength of the sun? Or, you're enjoying yourself so much that you stay outside longer than anticipated?

.....
Sunburn happens! And when it does, consider these top 5 homeopathic remedies to soothe your burnt skin:

- 1. Sol.** The top remedy for sunburn, to soothe it or prevent it.
- 2. Belladonna.** The sunburned skin is red and hot to the touch.
- 3. Cantharis.** Blisters form with the sunburn.
- 4. Apis mellifica.** Stinging is prominent, and sunburned skin may be puffy.
- 5. Sulphur.** The sunburned skin is itchy.

.....
Many thanks to Vikas Sharma, MD, and his excellent website, drhomeo.com, where he recommends the above five remedies for acute sunburn. Visit www.drhomeo.com/homeopathic-treatment/homeopathic-treatment-sunburn for more information.



Because homeopathic *Sol* appeared to help prevent or lessen sunburns in two of our three volunteers, we proposed a larger study to further investigate homeopathic *Sol* for sunburn prevention.

success. But, I wanted to scientifically evaluate our hypothesis that homeopathic *Sol* could prevent or reduce the incidence of sunburns. So, two dermatology colleagues and I decided to evaluate whether taking homeopathic *Sol* by mouth prior to ultraviolet (UV) B exposure would help prevent us from getting sunburned. We used the following method:

1. Determine the baseline UVB amount it would take for each one of us to experience slight sunburn on a tiny area on our backs (prior to taking *Sol*). We used a standard amount of UV exposure, based on established parameters in dermatology for a person's skin tanning type. So, those with darker skin would be given more millijoules of UV light than those with lighter skin.
2. Take homeopathic *Sol* 30c, one pill dissolved in the mouth daily for seven days.
3. Repeat step 1 to see whether taking *Sol* would be associated with a higher amount of UVB required to experience the same slight sunburn. (If so, then it would be suggestive of a protective effect of the homeopathic remedy.)

Here's what we found:

Colleague 1 was able to withstand a higher dose of UVB after she took the remedy *Sol* (interpretation: *protective* effect from homeopathic *Sol*).

Colleague 2 sunburned at the same dose of UVB before and after taking *Sol*. However, after taking *Sol*, he experienced less redness than before (interpretation: *inconclusive* result; it seemed to help a little, but we couldn't be sure).

When my own skin was exposed

to UVB at the established standard for someone with my moderately olive, tanning type III skin, I did not experience a sunburn, so no baseline could be determined. One week later, I repeated the UVB challenge at a higher dose than before. Still, I did not experience any sunburn. So, after two attempts to burn me, we couldn't do it, even at 550 millijoules of narrowband UVB, which is sufficient to burn the average tanning type III person. Then, I realized that seven weeks earlier I had briefly taken homeopathic *Sol* 30c each day during my one-week summer vacation. Could homeopathic *Sol*, taken almost two months before my current UVB experiments, somehow have protected me from burning? We thought it was possible. We decided against any more UVB testing on me at that point.

Note: No one experienced any adverse effects from taking homeopathic *Sol*.

Because homeopathic *Sol* appeared to help prevent or lessen sunburns in two of our three volunteers, we proposed a larger study to further investigate homeopathic *Sol* for sunburn prevention. We applied for institutional review board approval, but our clinical study was denied. We made the suggested revisions, but our larger study was again denied.

The verdict

I cannot say with scientific certainty that homeopathic *Sol* prevents sunburns, but I can say that, based on our small pilot study and six years of personal experience with it, this remedy certainly seems to help prevent sunburns. I've not seen any adverse effects from it, either. Other advantages of *Sol* include its low cost

(about \$12.00 for a 7-gram bottle), convenience (easy to take by mouth), pleasant taste, and ease of packing when traveling. *Note: I believe it is also important to use natural sunscreens containing zinc oxide and/or titanium dioxide and to use sun-protective clothing while outdoors, regardless of whether you are taking homeopathic *Sol* for sunburn prevention.*

It is my hope that this article will encourage other researchers to conduct clinical studies on homeopathic *Sol* for the prevention of sunburn and cutaneous sun damage.

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4

Sun, Sea & Stings

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Sun, Sea,

Turning the tide with homeopathy

by NAZANIN VASSIGHI, ND

After months of planning, anticipating, and counting down the days to your vacation, there is nothing more satisfying than stepping off the airplane and being greeted by the warm sun. You finally made it to your destination! Summer vacation brings the promise of fun, adventure, quality family time, and relaxation after a year's worth of hard work.

In anticipation of creating the perfect experience, we often take great care in packing the essentials for summer fun—swimsuits, sunglasses, sunhats, and beach gear. But how many of us spend as much time anticipating how we would handle acute illness, should it arise while we're away? Because things inevitably go wrong when we least expect or want them to...

Have kit, have confidence

Traveling with a homeopathic remedy kit is one of the easiest ways to tackle our most common first-aid needs when we're on vacation. For simple bruises, *Arnica* is second-to-none. Topical *Calendula* cleans up nasty scrapes. And even a case of too-many-margaritas is no match for *Nux vomica*, known as "the hangover remedy."

Our basic remedy kit is also well-equipped to handle some unlikely vacation nightmares, particularly ones that we may have no experience treating. If we always remember and correctly apply our fundamental homeopathic philosophy—like cures like—then even the most out-of-the-ordinary conditions are easily treated with homeopathy. This is exemplified in the following experiences of a beloved patient of mine, while on her dream vacation last summer.

Traveling with a homeopathic remedy kit is one of the easiest ways to tackle our most common first-aid needs when we're on vacation.



& Stings


Living the dream in Italy

After years of dreaming of a European trip, Mitra, a recent retiree, decided to spend a summer abroad with her husband. Mitra loves the seaside, is an avid swimmer, and yearned to swim in the Adriatic and Mediterranean Seas. With months of meticulous research and planning, booking flights and lodging, and practicing some rudimentary Italian, Mitra and her husband were ready to spend two months in Italy.

Landing in Milan, they boarded a train to The Cinque Terre, a string of five fishing villages perched high on the Italian Riviera, noted for its beauty. They spent their first night in the village of Vernazza and then hiked to the small beach town of Monterosso al Mare. Feeling refreshed after a good night's sleep and a plentiful breakfast, Mitra headed to the shore to spend the afternoon swimming and sunbathing. Soon after she entered the warm ocean waters and was taking in the beauty of her surroundings, she felt something strange brush against her right leg—once, and then twice, as if it had lightly wrapped itself around her calf and shin. Almost instantaneously, Mitra felt an intense, searing pain through her leg, and she swam to shore to seek her husband. Once safe on land, she discovered her lower leg had several areas of slightly reddened and raised skin, akin to thick, large scratches.

Stung in the sea!

After overcoming the initial shock, Mitra washed her rash with fresh water and found the local pharmacy. European pharmacists often serve as first-line health practitioners, similar to our “minute clinics” in the US, providing quick consults and medicine. The pharmacist identified Mitra's rash as a jellyfish sting and prescribed an oral antihistamine, assuring her that the rash would resolve in 24 to 48 hours. She warned Mitra to stay out of the sea for the time being, as many jellyfish sightings had been reported since the start of tourist season, but not to worry, as it was a common injury. Mitra was relieved to learn



Though quite beautiful and graceful in their movement, jellyfish range from harmless to very poisonous.



Stings & Bites

5 remedies in your kit

Five remedies found in homeopathic first-aid kits will take care of most bites and stings you encounter this summer:

Apis mellifica. Rosy, red, rapid, warm swelling (allergic swelling). Sore and sensitive after bite. Stinging, burning pain. Worse for warmth, touch, pressure. Better for cold and uncovering.

Cantharis. Violent burning and irritation. Better with rubbing, yet worse with touch. Blisters may develop.

Hypericum. Punctures. Severe or shooting pain moving upward (in legs, arms). Tingling, numbness. Better with rubbing. Worse in cold and from pressure.

Ledum. Puncture wounds. Area may be blue or purplish; may feel cold but be better from cold. Worse from heat and at night.

Urtica urens. Itching, burning, pricking, blotchy eruptions (like the stinging nettle rash, which is the source of this remedy). Better with rubbing and lying down. Worse nighttime, water, heat.

Mitra loves the seaside, is an avid swimmer, and yearned to swim in the Adriatic and Mediterranean Seas.

that this would be only a minor setback.

Jellyfish, known as *medusa* in Greek, are named after their likeness to the mythological figure of Medusa, a winged monster with living venomous snakes as her hair. Though quite beautiful and graceful in their movement, jellyfish range from harmless to very poisonous. When they sting people, some species create no more than a mild skin irritation that fades on its own within a few days. But others, such as the Portuguese Man-of-War, can be deadly, inducing symptoms of shock and cardiovascular arrest in susceptible individuals, similar to an anaphylactic (extreme allergic) reaction. Jellyfish use their stingers, located on their many tentacles, for self-defense. The sting begins first with the insertion of the stingers, which are shaped like a harpoon and designed to stay embedded in the victim, and second with the injection of venom, which causes a local skin rash, itching, and pain.

First steps, first aid

There are many types of treatments for jellyfish stings, some highly researched and some folklore or word of mouth. You may have heard that vinegar or ammonia on the affected area will degrade the venom quicker, reducing the pain and intensity of the rash. You may have even heard people suggest that urine, whose primary ingredient is ammonia, is the best antidote to a jellyfish sting! While vinegar or ammonia-based liquid may work for the stings of certain jellyfish species, it can actually aggravate the stings from others. Given the myriad variety of species, scientists no longer recommend vinegar or ammonia as a first-line treatment unless the species is known. The first treatment they now recommend is washing the area with *salt water*, not tap or fresh water, and if possible, mixing the sea water with baking soda.

Conventional treatment typically

includes topical applications, such as lidocaine to control pain and steroid cream to address swelling, in addition to oral antihistamines to control the allergic reaction. Depending on the jellyfish species, a rash from a sting may fade within several days or weeks, or it can even leave a permanent mark—all bad news for anyone looking to enjoy their vacation!

Mitra took her prescribed antihistamines, and over the next 24 hours, what had been at first a minimally painful sting became extremely painful—and the itching became relentless! The next day, she and her husband traveled to the nearby town of Lucca to get a second opinion from another pharmacist. This pharmacist agreed that Mitra had been stung by a jellyfish and prescribed a topical steroid cream.

Unbearable itching, sleepless nights

Unfortunately, this treatment also proved unsuccessful, and the pain, itching, and sensitivity of her rash continued to worsen. Mitra rated the severity of her symptoms as “eight out of ten” in intensity (with ten being the highest) and noted a lot of burning and stinging. The rash itself felt very hot to touch and was aggravated from showering with hot or warm water. She had resorted to wearing long pants to avoid any sun exposure, which would cause her rash to burn intensely. Mitra even had difficulty sleeping because of unbearable itching that started in the evening; and she could not cover herself with the bedspread as her leg was quite sensitive to touch and made worse by the heat of the covers.

These symptoms continued for three additional days before she sought a third pharmacist’s opinion. He concluded that since the rash was not responding to treatment as expected, Mitra should expect a very slow resolution of symptoms along



with permanent scarring, especially if she had any additional sun exposure. What terrible news, as now she could not enjoy the summer sunshine or even enter the water—not only for fear of another sting, but for delay of healing! She felt miserable, constantly hiding in the shade, lamenting that she was missing out on the fun of her vacation, and thinking about the unsightly scar that would remain on her leg as a reminder of how things had taken a turn for the worse.

What about homeopathy?

At this point, Mitra wondered if homeopathy could help and emailed me. We set a time to talk by phone so I could better collect her symptoms. She also sent me a few photos of her leg so I could get a visual inspection of her rash, as this is indispensable for precise, acute homeopathic treatment (Figures 1, 2).

I determined that the most characteristic (or unique) symptoms of her case included the following:

- Purple-reddish elevated rash, appearing much like hives (urticaria)
- Burning, stinging pains, worse from sun exposure, hot applications, or bathing in hot water
- Very itchy at night, aggravated by the heat of the bed
- General amelioration of symptoms from cold water, cold applications, ice
- Sensitive to touch.

3 remedy choices

Based on these symptoms, I considered homeopathic *Urtica urens*, *Lachesis*, and

Soon after she entered the warm ocean waters ... she felt something strange brush against her right leg ...

Apis as my top remedies. Given the rash's slightly purplish hue, aggravation from heat and sun, and subsequent amelioration from cold, *Lachesis* seemed like a possibility. However, it did not fit the *type* of rash—the raised, hive-like presentation is not consistent with *Lachesis* skin disorders, which are typically characterized by ulcers and fluid-filled vesicles, and they are usually deeper bluish-purple or black. This left *Urtica urens* and *Apis*.

Urtica urens fit Mitra's itching, red blotches of hives with burning heat and stinging sensation, aggravated from bathing and heat—in fact, this remedy sounded like a perfect match! Yet, two important *Urtica urens* modalities did not fit Mitra's case well: amelioration of the itching/burning from rubbing and from lying down. In contrast, Mitra could hardly touch her rash without pain and felt much worse at night when she was trying to sleep, regardless of whether she was moving or lying still.

This left *Apis*, which appeared to be the best fit, as it matched Mitra's intensely deep, red, large hive-like rash; burning and stinging pains with hot, dry skin; itching worse at night preventing sleep; great sensitivity to touch and heat; and amelioration from cool air and cold bathing. I advised Mitra to take *Apis* in

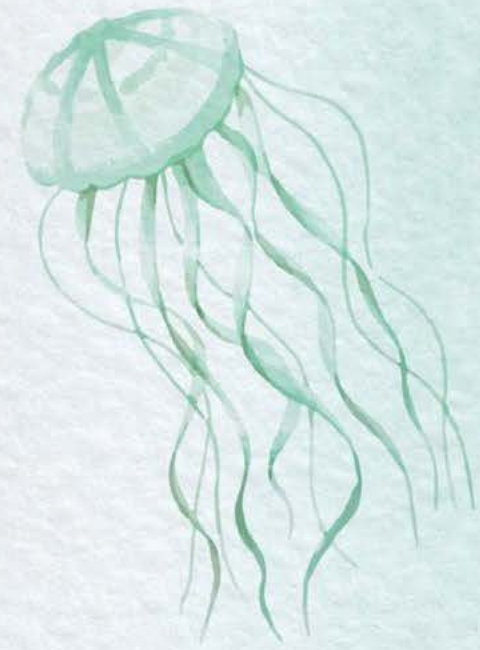
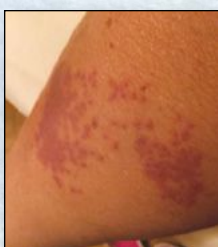


FIGURE 1

FIGURE 2



Mitra felt an intense, searing pain through her leg, and she swam to shore to seek her husband.

**She felt miserable,
constantly hiding in
the shade ...**



a high potency. (My dosing philosophy aligns with Drs. Douglas Borland, Stephen Messer, and others, who recommend higher potency remedies for acute symptoms, so that the potency strength matches the intensity of the condition.)

Start with *Apis* ...

By now, Mitra and her husband were in Florence, with greater access to pharmacies that carried homeopathic remedies. She was able to pick up *Apis* 200c, as well as *Urtica urens* 200c to have on hand as a back-up remedy. I recommended she begin with *Apis* 200c, three pellets dosed four times per day, and asked her to email me an update the next day.

Immediate relief

I opened my email the following day to find a cheerful message from Mitra: in just 24 hours, the itching and burning pains that had plagued her for nearly a week were completely gone! She noticed improvements after her first dose. She also noted a change in the appearance of the rash, with the purple-red discoloration fading somewhat. She decided to continue to avoid direct sun exposure just to be safe. I assured Mitra that she was on the right track and to continue taking the remedy.

Two days later, Mitra emailed me with even better news about how well she was feeling, and she included some photos to back that up. The pictures

speak for themselves and show the power of homeopathy; after four days of consistent treatment with *Apis* 200c, the rashes and distressing physical symptoms had improved by approximately 90%! (Figures 3, 4)

Vacation saved

So much for permanent scarring! Now settled in Lecce near the Adriatic Sea, Mitra was able to return to sunbathing and swimming in both the pool and the sea, with no worsening of her rash. She no longer felt great sensitivity to touch, and she was amazed with how much the rash had resolved.

Although she was nervous about returning to the ocean, she felt empowered by having the right tools to help her, should “lightning strike twice.” Another few days later, only a trace amount of the rash remained. Mitra was overjoyed and so thankful for homeopathic treatment, which succeeded where conventional medicine had failed her. She went on to enjoy the rest of her time in Italy, her European dreams becoming a reality.

Everyday remedies, unusual events

We are most familiar with using the common first-aid remedies *Apis* and *Urtica urens* to treat insect stings, bee stings, or first-degree burns. So it may come as a surprise to realize that even a jellyfish sting can be treated with these same rem-

In just 24 hours, the itching and burning pains that had plagued her for nearly a week were gone!

FIGURE 3



FIGURE 4



Mitra was able to return to sunbathing and swimming in both the pool and the sea, with no worsening of her rash.

edies! As long as the person's acute symptoms match as closely as possible with the symptom picture of the homeopathic remedy, many common remedies in our first-aid kits are well equipped to treat nearly any acute illness! *Please remember, however, that with particularly alarming or life-threatening symptoms—such as difficulty breathing, swelling of the lips, mouth, or throat, dizziness, fainting, head injuries, or shock—it is imperative to seek emergency medical treatment immediately.*

Good-enough remedies ...

Apis worked beautifully for Mitra, but what would have happened if she had taken *Urtica urens* instead? Because these two remedies share many indications and were a good fit for Mitra's symptoms, she likely would have gained some benefit from *Urtica urens* as well. In fact, we are often faced with such a choice, where two remedies possess comparable or identical symptoms that fit the person's illness. Although the remedies may be differentiated by modalities or general symptoms, sometimes it's hard to discern these differences. Fortunately for us, choosing either remedy will likely create some positive change because each remedy's symptom picture is similar to the disease process. Just be sure to pay attention to any new symptoms that arise soon after beginning homeopathic treatment; the body's natural healing ability is wise, and if the remedy you chose isn't the best fit (i.e., a *simile* rather than the *simillimum*), the body will provide you with new, clear symptoms that will indicate the next best remedy for healing.

A "hair of the dog"...

Another approach some people might have taken in Mitra's case would be to prescribe based on isopathic rather than homeopathic principles. In other words, "same cures same" vs. "like cures like."

With isopathy, the causative agent of a disease (diluted according to homeopathic pharmaceutical standards) is given as treatment. *Medusa* is a homeopathic remedy created from jellyfish, and this remedy could have been a contender in Mitra's case. However, its indications are fairly nonspecific (burning sensation with redness and prickling heat), and in my clinical experience, the isopathic remedy is not as effective as a homeopathic remedy that matches the exact symptom picture of the illness. Besides, *Medusa* is not a remedy easily found in first-aid kits or local pharmacies!

Be prepared for a great trip!

As you can see, our homeopathic remedies have a robust and rich breadth of use. That's why it's important to take the time to collect detailed symptoms of a person's first-aid or acute condition—including a description of the sensation, the location of the problem, and conditions or actions that make the problem better or worse. Doing so will result in successful outcomes like Mitra's.

Precise homeopathic prescriptions in acute conditions bear positive results. This greatly impacts a person's life so they can live up to their fullest potential—especially while on vacation!

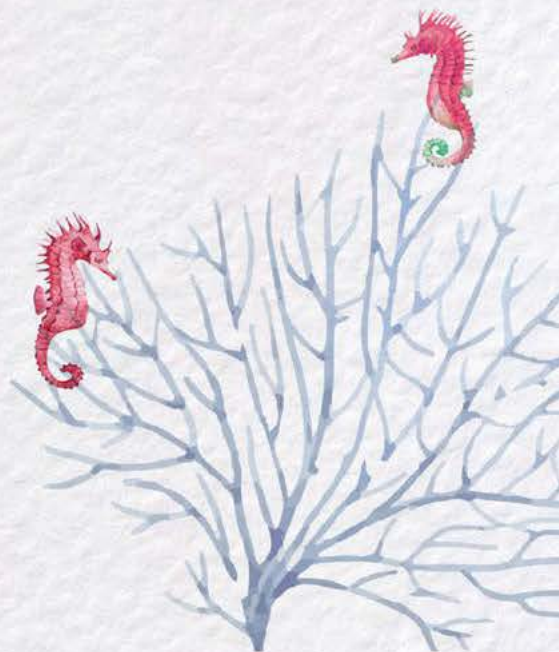
ABOUT THE AUTHOR



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Mitra was so thankful for homeopathic treatment, which succeeded where conventional medicine had failed her.





Too Much Colorado Sun

How to prevent and soothe sunburn

by LISA AMERINE, ND, DHANP

Each time the burning or itching started up again, she took another dose...

Lynnette, a native of Denver, Colorado, was out on a warm spring day doing what most people do on a warm Colorado spring day—yard work. She eats a diet high in fruits and vegetables and remembered to apply sunscreen that day. Even for people who take precautions, however, the mile-high altitude brings sunrays that often burn.

Lynnette had been outside for three hours and was in and out of the sun, so she thought she'd avoided any burning. But by evening when she took a shower, her skin began to burn and itch so violently that she had to stop the shower early. Her shoulders, back, and arms were bright red.

Having experienced sunburn like this many times, Lynnette knew how to help herself. She took a few pellets of the homeopathic remedy *Urtica urens* 200c—and within minutes, the itching and burning decreased. After about a half-hour of relief, her symptoms began to return, so she took another dose of the remedy, and again her symptoms subsided. She continued to monitor her symptoms. Each time the burning or itching started up again, she took another dose of *Urtica urens* for a total of three doses that evening. Lynnette was able to sleep all night long, and she woke the next morning feeling fine, with no evidence of the previous day's sunburn.

Sneaky sunburn

Sunburn occurs when skin is burned by ultraviolet radiation after being in the sun too long. More than 30 percent of adults and 70 percent of children and teens report having at least one sunburn each year, according to statistics. Although most sunburns are not severe, a lifetime of sun exposure and/or frequent sunburns significantly increases your risk of developing skin cancer, wrinkles, cataracts, and various cosmetic concerns.

Sunburn can sneak up on you. Unlike

other types of burns, symptoms from sunburn often don't develop for three to five hours after sun exposure. Then you may notice reddened skin that is hot to the touch, skin pain, skin itching, and increased sensitivity to skin pressure and heat (e.g., hot water). A more severe sunburn will cause skin swelling and blistering. An average sunburn left untreated by homeopathy will typically last about 72 hours, with redness peaking 12 to 24 hours after sun exposure.

Eat your sunscreen!

Many factors increase our susceptibility to sunburn: proximity to the equator, high altitude, being in or near water (which can mask heat and reflect sun), a fair complexion, most over-the-counter and prescription medications, and a poor diet.

What does a poor diet have to do with our susceptibility to sunburn? When the sun hits our skin, it causes free-radical damage. And if we eat mostly processed foods—which also cause free-radical damage—our skin will burn more quickly and severely in the sun. That's because free radicals eat up the antioxidants the body naturally makes to protect itself from the sun. Not only will we burn more easily, but our risk for other serious diseases, such as melanoma, increases. Can a good diet reduce our susceptibility to sunburn? Yes! Research shows that a diet high in antioxidant-rich foods can reduce the redness of sunburn by 40 percent—and thus all the pain that comes with it.^{1,2} When we eat a good diet, the antioxidants move from our bloodstream to our tissues and skin, where they protect our body against the sun's rays.

What foods are high in antioxidants? Plant foods, of course, with berries at the top of the list.³ However, any fruits and vegetables with a deep color will provide you with protection. Yellow and orange fruits and vegetables such as carrots, tomatoes,

When you “eat your sunscreen,” you change your body’s susceptibility to sunburn.

squash...green vegetables such as spinach, kale, swiss chard, arugula...When you “eat your sunscreen,” you change your body’s susceptibility to sunburn.

Top two remedies

Prevention is always best, but when sunburns happen, what can we do? Thankfully, homeopathy can save the day. The right remedy will take away much of the burn and pain and will stimulate the body to heal safely, effectively, and quickly.

In my clinical experience, the two homeopathic remedies that help in most cases of sunburn are *Urtica urens* and *Cantharis vesicatoria*. The indications for both remedies include burning, but a person needing *Urtica urens* will also have some itching. Here are more details:

***Urtica urens*.** This remedy is invaluable in cases of sunburn. Symptoms include a distressing, burning heat with sensations of crawling, numbness, and violent itching. The skin itches and burns as if scorched, and the burned area is much worse if it is touched with anything.

***Cantharis vesicatoria*.** A person who needs *Cantharis* may have an extremely acute sunburn, with bright redness and violent burning. The pain feels as if an ulcer is present or as if blisters will form. Often, blisters *will* form because of the severity of the burn. There may also be swelling and a lot of heat radiating from the burn.

Six more to consider

Remember, we choose a homeopathic remedy based on the totality of the most characteristic symptoms. If *Urtica urens* or *Cantharis vesicatoria* doesn’t seem to be a good fit for your sunburn, consider the following six homeopathic remedies and their brief descriptions. Remember,

this list is not exhaustive, so if none of the remedies mentioned seem to fit, keep looking in other references.

***Arsenicum album*.** The person needing this remedy will appear quite restless. Of course, they will have burning, but their skin will be dry and appear to be scaly. Perhaps the most characteristic symptom pointing to an *Arsenicum* prescription is that applying heat will relieve the person’s burning pains.

***Rhus toxicodendron*.** A person needing this remedy may feel like their skin is stiff, thick, dry, hot, itching, and burning. They are more likely to feel this in the face. They will be worse with warmth; however, their skin will also be painful when exposed to cold air. There could be swelling in the face with violent burning, blistering, bright redness, and radiating heat.

***Natrum carbonicum*.** A person who may need this remedy will often have a headache along with the burning heat and redness. They may also be markedly debilitated from this burn, particularly on a hot and sunny day.

***Camphor*.** This remedy’s symptoms look much like that of other remedies that might be indicated when someone has sunburn with redness. A key difference is that the person needing this remedy will be very chilly and will want to cover up. They are likely to have a violent headache that borders on that of sunstroke.

***Apis mellifica*.** This burn will form very large fluid-filled blisters and will have a stinging sensation along with the burning pain. The skin will be shiny, swollen, and very tender to the touch. This burn is better from ice-cold applications and worse from heat of any kind, be it locally applied heat or the heat of the air.

***Belladonna*.** If you develop a high fever with a sunburn, the remedy to think

of is *Belladonna*. The burn will be bright red, dry with no blisters, very painful, and throbbing.

How to take a remedy

Choose the homeopathic medicine that best matches your symptoms. If you are getting the remedy at a health food store, you will likely have access to a 30c potency only. (In first-aid situations, I prefer the higher potency 200c, but use whichever you can easily access.) Take one pellet of your chosen remedy; if you have no change in symptoms after 30 minutes, take one more pellet. If your symptoms improve, take another dose only if you are no longer improving (i.e., if the burning pain returns). In some cases, you may find you need to take the remedy fairly frequently at first, but as you heal you will need to take it less and less often. If you have taken two doses and have seen no relief, then the remedy is likely not a good fit and you should try a different remedy.

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ABOUT THE AUTHOR



Lisa Amerine, ND, DHANP, has had a private practice in Lafayette, Colorado, since 2004. Dedicated to homeopathy, Dr. Amerine often takes challenging cases including patients with a variety of serious chronic illnesses. With a reputation for excellence in

homeopathic medicine, Dr. Amerine uses her passion and expertise to help her patients recover their health. Outside of naturopathic medicine and homeopathy, Dr. Amerine enjoys spending quality family time with her husband and two young girls. For more information visit: www.purehomeopathy.com

She woke the next morning feeling fine, with no evidence of the previous day's sunburn.

5

Poison Ivy Prevention

Here's how to ditch the itch

by ROBERT J. SIGNORE, DO, DiHom

Ahhh ... springtime! After a cold Midwestern winter, it's a joy to hear the morning songbirds chirping again, feel the warm sunshine on our skin after months of hiding under heavy layers, and see the landscape change from drab greys to vibrant greens. With all the flowers and plants pushing up through the ground, it's as if the earth is waking up from a long winter's nap!

As we eagerly venture forth into the great outdoors again, it's important to remember that a few of those pretty plants can present us with big problems. If you've ever had a case of poison ivy, poison oak, or poison sumac, you know what I'm talking about. The red skin rash, often with swelling and fluid-filled blisters, is bad enough—but it's the *incessant itching* that can drive you crazy!

Plan



It's estimated that 85% of people are allergic to urushiol oil, a chemical in the sticky sap of the leaves, stems, and roots of these plants.



Strong sap

Contact with poison ivy, oak, or sumac plants is the most common cause of allergic rash from plants in the United States. It's estimated that 85% of people are allergic to urushiol oil, a chemical in the sticky sap of the leaves, stems, and roots of these plants, and some 50 million people in the country suffer with reactions each year. The plants can be found in every state except Alaska and Hawaii.

Although direct contact with the sap must take place for a reaction to occur, it's tenacious stuff, easily sticking to clothing, skin, or tools, and it remains potent for up to five years! That's why people sometimes swear they got a poison ivy rash without exposure to the plant, and they're probably right; they got it secondhand from contact with the sap, such as handling an old rake or weed-whacker or cuddling a dog or cat that touched the plant. (Animals do not appear to suffer from poison ivy sensitivity.) Proximity to a lawnmower that's cutting poison ivy plants or to a fire that's burning the ivy can be another avenue for exposure to

the sap, this time via airborne particles. Although poison ivy sap can spread in these insidious ways, the skin rash, itself, is not contagious to others.

The allergic reaction typically begins 12 to 48 hours after exposure to the sap and lasts at least two or three weeks. Severe reactions—especially when the rash covers large parts of the body and/or affects sensitive skin areas such as the face—can lead to missed work and school, lost sleep and wages, and significant health care expenditures. I've heard of people describing severe reactions as “the worst experience of my life.”

An ounce of prevention ...

If you're reading this, you probably know that certain homeopathic remedies have a reputation for helping to soothe acute poison ivy reactions. [See “5 Remedies to Intercept the Itch” on page 28.] But once a strong allergic reaction gets going, it can be difficult to quell it, even with the best of care.

And what about people who are extremely allergic to poison ivy and/or who cannot avoid contact with the plants because of where they work, live, or play? These are the unfortunate folks who suffer with recurrent severe reactions every year. Did you know that there is a time-honored approach that homeopaths use *preventively*—to help these people avoid allergic reactions from happening in the first place?

I didn't used to know this, but I do now. And I want to share this very helpful clinical information with as many people as possible. That's why I published an article about preventing poison ivy dermatitis in the January 2017 issue of *Dermatology Online Journal*.⁽¹⁾ I want to raise awareness with my dermatology colleagues of the potential value, cost-effectiveness, and safety of homeopathic medicine with regard to poison ivy allergic patients. I also like that the *Derma-*

tology Online Journal's medical articles can be easily accessed online 24/7, free of cost, by both laypersons and medical professionals worldwide.

So, how did I, a specialist in conventional dermatology in Tinley Park, Illinois, ever get involved in studying and writing about homeopathy for the prevention of poison ivy?

A patient's misery

Here's what happened: back in 2004 (before I knew about homeopathy), I had a patient who was highly allergic to poison ivy. Byron* ran his own professional landscaping and lawn care service. Each spring and summer, he suffered terribly from poison ivy and would come to me in agony with itching and inflammation on large areas of his skin. Sometimes, his poison ivy rash was so severe that I had to give him shots of Kenalog® (a cortisone-like steroid) to help him heal. After ten years of this, Byron finally asked, “Come on Doc, isn't there anything you can do to *prevent* poison ivy in the first place?”

Byron had a good point—we had tried every conventional method we knew to keep him from getting poison ivy. Still, here he was, suffering miserably with itchy blisters from those pesky plants.

Leaves of three, let them be ...

In dermatology, our first step is to educate patients about what poison ivy plants look like, so they can avoid contact with them. In Byron's case, he knew what they looked like, yet because of his occupation, it was almost impossible for him to avoid them.

We advise people not to touch poison ivy, but if they must, we have them wear protective clothing. We also advise them to use vinyl gloves or blue nitrile gloves when pulling out poison ivy plants; the trouble is, these gloves can easily get punctured by weeds and brush in the process of weed-pulling. (A little known fact: poison ivy oil has the ability to pass through latex rubber gloves.)

Until very recently, we also advised people to apply barrier protectant creams to help prevent the poison ivy oil from contacting the skin. While patients some-

They got it secondhand from contact with the sap, such as handling an old rake or weed-whacker or cuddling a dog or cat that touched the plant.

times complained that the creams were inconvenient to apply or failed in stopping a rash, barrier creams at least offered some protection. Unfortunately, the product I always recommended, IvyBlock, has been discontinued recently, and I know of no others with the same active ingredient.

Finally, if patients do have skin contact with poison ivy, oak, or sumac, we have them scrub it off as quickly as possible with Tecnu® or rubbing alcohol, in hopes of dissolving the oily urushiol off their skin before their immune systems recognize it and start producing itchy blisters. Often, however, by the time hikers and mountain bikers get back to their cars to get the solvents to wash off the poison ivy oil, too much time has passed for the solvents to be effective! So, you can see why conventional methods for preventing poison ivy don't always work so well.

In search of solutions

My patient Byron had tried all these preventive techniques, but to no avail. Moved by his plight, I wanted to help him somehow. "I'm going to the annual Academy of Dermatology meeting soon," I told him, "and I've signed up for a lecture on alternative medicine and dermatology. Maybe I can learn something to help you prevent your poison ivy dermatitis."

So, I eagerly attended the two-hour lecture. At the end of it, I realized that the dermatology professor had taught us a lot of interesting facts about alternative medicine and skin diseases, but, unfortunately, he hadn't mentioned anything that could keep my patient Byron's skin from breaking out again from poison ivy.

Just then, a dermatologist in the audience stood up and asked the presenter a very insightful question. I could tell immediately that she was well-versed in complementary and integrative medicine, so after the lecture, I asked if she knew of anything to prevent poison ivy contact dermatitis. Dr. Helen Torok replied that her husband, Len Torok, was a homeopathic physician and that his patients seemed to have good success with a homeopathic remedy called *Rhus toxicodendron* 30c (which is actually made from highly diluted poison ivy leaf tincture). He

That's why I published an article about preventing poison ivy dermatitis in the January 2017 issue of *Dermatology Online Journal*.

instructed his patients who wished to avoid getting poison ivy to dissolve one pellet by mouth each month during poison ivy season (e.g., from March to November in my area) as a natural preventative measure. I thanked Dr. Torok for her advice and was glad to have something to take home that might benefit my patient.

A very successful trial

Shortly after returning from the meeting, I happened to see Byron's wife

in my office and told her what I had learned. She assured me that she would tell her husband about the homeopathic *Rhus tox* protocol for preventing poison ivy. For the next six months, I didn't hear anything back from them. Did the homeopathic remedy not work? Did he decide not to try it? I couldn't tell. Finally, I saw Byron's wife in my office a year later. "So, did the homeopathic remedy work? Did it help his poison ivy any?" I asked. "Oh, yes, my husband hasn't had

In Praise of Poison Ivy

Rhus tox, a remedy for rheumatic complaints

As a dermatologist, I had become accustomed to thinking of poison ivy and poison oak as truly evil plants that were good for nothing but tormenting my itchy patients! Little did I know, before I started studying homeopathic medicine, that these plants could be used to manufacture a wonderful homeopathic remedy—known as *Rhus toxicodendron*. In fact, in addition to its ability to soothe poison ivy dermatitis and other skin eruptions such as shingles, homeopathically prepared (and highly diluted) *Rhus tox* is one of the best remedies for rheumatologic pain! Now I know that out of such "bad" plants can come some very "good" healing effects.

H.C. Allen's *Keynotes and Characteristics* states that the homeopathic remedy *Rhus toxicodendron* can help patients with "ailments from spraining or straining a single part, muscle or tendon; overlifting..." Allen also mentions that *Rhus tox* corresponds well to persons who experience lameness, stiffness and pain upon initial movement, or upon awakening, but who experience improvement of pain by walking or continued motion. (That's why *Rhus tox* is nicknamed "the rusty hinge remedy," since it tends to help people whose joint pain and stiffness improve with limbering up.) Along with the pain, they tend to have great restlessness, anxiety, and apprehension. They cannot remain in bed and must change position often to obtain relief from their pain. Also, their pains are worse during rest and are improved by continued motion and warmth or heat.

So, it's no wonder that *Rhus tox* is a remedy found in most homeopathic first-aid kits, as it can be very helpful for people with acute joint, back, and musculoskeletal injuries.

Byron ran his own professional landscaping and lawn care service. Each spring and summer, he suffered terribly from poison ivy.

another case of poison ivy since he began taking it!” she said.

It’s now been more than a decade that I’ve been following Byron, my professional landscaping patient, as he uses homeopathic *Rhus tox* to prevent poison ivy dermatitis. For his first nine years on the protocol, he never got another case of poison ivy rash, despite frequent

known occupational exposures to the plant. (This is remarkable, considering that during the previous ten years, he had suffered many debilitating outbreaks each and every year!) During the following year and a half, he had two cases of poison ivy: once when he forgot to take his *Rhus tox*, and once when he ran out of it. Byron has been so thankful that we

both learned about homeopathic medicine from Dr. Torok!

On a mission to learn

That 2004 trial of *Rhus tox* 30c with my landscaper patient was my first experience prescribing homeopathic medicine. It sparked my interest, to say the least, and in 2007, I enrolled in the British Institute of Homeopathy’s introductory course and later completed their diploma course. I have been studying classical homeopathic medicine ever since.

Wanting to learn more about the role of homeopathy in the prevention of poison ivy, oak, and sumac dermatitis, I

Overpowering Poison Ivy

5 Remedies to Intercept the Itch

There are many homeopathic remedies that can help soothe the awful itching of poison ivy, oak, and sumac dermatitis. But, for maximum relief, you have to choose the right one—by closely matching the remedy’s indications to the characteristic symptoms of the person with poison ivy. The closer the remedy matches that individual, the better the relief. Below are some of the most commonly used homeopathic remedies for acute allergic contact dermatitis from poison ivy. (For further reading and more remedy choices, be sure to read Dr. Joel Kreisberg’s helpful manual: *Homeopathic Handbook for Poison Ivy and Poison Oak*.)

For best results, you can usually start with the indicated remedy in a 30c potency. When treating an “acute” condition such as poison ivy, you may need to repeat the remedy frequently (e.g., 3 or 4 times a day, or even more frequently depending on the severity of symptoms). If the itching or other symptoms do not improve after several doses, then it’s time to try another remedy. If you are still not successful, then see a professional homeopath for further care. (Visit the National Center for Homeopathy’s website www.homeopathycenter.org to find a homeopathic practitioner near you.)

Note: If you develop a fever, trouble breathing or swallowing, swelling of eyelids shut, rash on the face or genitals, or severe itching that interferes with sleep, then you must see a dermatologist or qualified healthcare professional immediately.

1. *Rhus toxicodendron* – For many poison ivy patients, the itching is worse with heat. But, in people needing *Rhus tox*, their itching really gets better with very hot showers! So, a rash that stops itching when the person is in a hot shower often indicates that *Rhus tox* will help. Other indications include: Great restlessness, anxiety, apprehension. Must change position often to obtain relief. Yellow blisters; much swelling, inflammation, burning, itching, stinging. Worse during rest and better with motion. Better with warmth or hot applications.

2. *Croton tiglium* – Intolerable itching of skin, but so tender or sensitive that the patient is unable to scratch! The itching is better by gentle rubbing. Intense itching of genitals may occur. (For this reason, Massimo Mangialavori, MD’s helpful mnemonic is: “*Scrotum*” *tiglium*.)

Sensation “as if the skin were hide-bound.” (Dr. Mangialavori explains that this means the patient’s skin is so swollen that it is difficult to move the affected area; the skin has swelled so much, that it feels like it would explode.) *Croton tiglium* patients may also have a copious watery diarrhea, and they may develop an acute eczema over the whole body.

3. *Anacardium orientale* – Blistering eruptions discharging yellow liquid and forming crusts, which change to wart-like growths. Burning, stinging, and unbearable itching of the skin. Burning sensation changes to an extremely painful itching, combined with pricking, like stings of insects. Warts on palms of hands. Great and urgent desire for stool, but with effort the desire passes away, without an evacuation; rectum seems powerless, with sensation as if plugged up. Irresistible desire to curse and swear.

4. *Graphites* – A prominent finding in poison ivy patients needing *Graphites* is that their ruptured blisters ooze a sticky clear fluid. Features may include: swelling of both ears, with moist eruption behind ears, with fissures, scabs, and itching. Moist eczema on face. Itching blotches on various parts of body, from which oozes a watery, sticky, transparent fluid. Nails brittle, crumbling, deformed, painful, and sore, as if ulcerated. *Graphites* patients may have eyelid eczema (eruption moist and fissured), constipation (with large, knotty stools), and obesity.

5. *Sulphur* – Itchy eruptions, which are relieved by scratching—it feels good to scratch. Scratching may also cause burning. The person may feel worse from the heat of the bed. All discharges are acrid and excoriating, wherever they touch. In general, *Sulphur* patients are warm-blooded and feel worse in a warm room. They often have dry, itchy, burning, and scaly skin. People who need *Sulphur* tend to have hot feet—they often uncover their feet at night. They can be sloppy and untidy, extroverted, and sometimes egotistical. They may desire sweets, spicy foods, and cheese. They tend to have loose stools and diarrhea in the morning.

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3. Nash’s *Leaders in Homeopathic Therapeutics*
4. Kreisberg’s *Homeopathic Handbook for Poison Ivy and Poison Oak*



searched the National Center for Homeopathy's website. A nice summary of acute poison ivy treatment and prevention appeared in the May 2000 issue of *Homeopathy Today*, written by Dr. Timothy Dooley.(2) He included an anecdote about a conventional medical colleague with extreme sensitivity to poison ivy who was treated with homeopathy 40 years earlier—and the colleague never had another poison ivy reaction.

In the same issue of *Homeopathy Today* was a reproduction of a 1956 article on poison ivy desensitization in the *Medical Times* by Dr. Elmer Gross of the Department of Dermatology at Temple University School of Medicine, who prescribed a daily dose of *Rhus tox* 3X for six weeks beginning in March, followed by thrice weekly doses until the end of the poison ivy season.(3) Of 161 patients on this prophylactic regimen, 120 patients had a reduction in the severity and frequency of recurrent poison ivy episodes. Later, I obtained a report on a larger clinical study conducted by Dr. Gross that was published in a 1958 issue of *Industrial Medicine and Surgery*.(4) In it, he evaluated 455 patients on the same *Rhus tox* 3X regimen, including 177 tree service workers, and found that 77% were either free of poison ivy dermatitis or experienced milder attacks.

Interestingly, Dr. Gross was a conventional dermatologist, not a homeopath. Yet, he used Boericke & Tafel's homeopathic product called Oral Ivy™ (*Rhus tox* 3X solution) with good success in preventing poison ivy dermatitis! After more research via Google Books online, I discovered that other conventional dermatologists in the late 1950s also used *Rhus tox* 3X solution to prevent poison ivy with similar success.

In the July/August 2003 issue of the *International Journal of Pharmaceutical Compounding*, I found a clinical study by Michael Stein and Eric Parsons that examined the use of homeopathic *Rhus tox* 6X and 12X solutions for preventing poison ivy dermatitis in 56 patients. A dose was given on day 0, day 7, day 14, and then at monthly intervals from March through September. They reported that 45% of patients had no poison ivy reac-

tion that year, and 48% had fewer or less severe reactions. Also, 96% of patients said they would be willing to use the regimen again.(5)

In speaking with my homeopathic colleagues at the National Center for Homeopathy annual meetings, I learned that many homeopaths already knew how to prevent poison ivy and oak with *Rhus tox*. Yet, most of my dermatology colleagues did not seem to know about this very helpful clinical tip. That's why I published my article, "Prevention of poison ivy dermatitis with oral homeopathic *Rhus toxicodendron*," in the *Dermatology Online Journal*.(1) The article describes the extent of the problem of poison ivy allergies and then offers clinical experiences from the previously mentioned journals, as well as my own clinical experiences using homeopathy to prevent poison ivy dermatitis. In addition to spreading the word about homeopathy for prevention of poison ivy dermatitis, the article could serve as an introduction for newcomers to homeopathic medicine.

In the great outdoors again

So, who would benefit most from taking homeopathic *Rhus tox* to prevent poison ivy? I think it's people who experience severe, recurrent poison ivy, oak, or sumac dermatitis despite their best efforts at prevention—including those who get bouts of poison ivy every summer even while wearing protective clothing and using barrier creams. These folks generally fall into two categories: outdoor workers who can't easily avoid exposure to the plants (firefighters, forest workers, tree service company workers, employees of electric, telephone, and cable services) and outdoor enthusiasts (mountain bikers, hikers, campers, gardeners) who love their activities so much that they won't let itchy blisters curtail their enjoyment.

One of my patients who has benefited greatly from *Rhus tox* prevention is employed as a cellular phone tower technician. He routinely climbs cell towers that are 100 feet or higher, with absolutely no fear of heights! But he does fear the poison ivy and oak that often infest the grounds surrounding cell towers. In the past, he would get severe, recurrent bouts of poi-

You can see why conventional methods for preventing poison ivy don't always work so well.

son ivy dermatitis that "drove him crazy" and could only be soothed with shots of systemic steroids to reduce the inflammation and itching. Nowadays, however, a single monthly pellet of homeopathic *Rhus tox* 30c keeps him climbing those cell towers free of blisters! He still occasionally gets a few mildly itchy bumps—but nothing like the severe poison ivy attacks that used to plague him. And he no longer has to be treated with systemic steroids with their attendant side effects—another big advantage.

In fact, I like to think of homeopathic medicine in the prevention of poison ivy rash as a "steroid-sparing" therapy. If we prevent poison ivy dermatitis by offering the *Rhus tox* protocol to those who are most at risk, many people will not have to take systemic steroids!

The method

With my patients who are prone to poison ivy rash, I have continued to recommend the protocol suggested by Dr. Torok: one pellet of *Rhus tox* 30c by mouth, once a month from the beginning to the end of poison ivy season, which is March to November in my area of the Midwest. Based on clinical experience, I think the beneficial hypo-sensitization effects of one pellet of *Rhus tox* 30c last only about a month, which is why a dose needs to be taken monthly.

It's worth noting, however, that different potencies and dosing schedules of *Rhus tox* have been recommended in some of the clinical studies mentioned earlier in this article—typically lower potencies, taken more frequently. The homeopathic companies that sell products aimed at preventing poison ivy also offer *Rhus tox* in a lower potency, such as Boericke & Tafel's Oral Ivy™ in a 3X alcohol solution and Washington Homeopathic Product's Be Gone™ Poison Ivy in 4X pills. I do

I like to think of homeopathic medicine in the prevention of poison ivy rash as a “steroid-sparing” therapy.

not have personal experience using these methods, but many other homeopaths and poison ivy sufferers have found them to work well.

A classical perspective

The prevention of poison ivy, oak, and sumac dermatitis by taking oral doses of the homeopathic remedy *Rhus toxicodendron* is a very simple clinical tip that has helped thousands of people.(1, 4) I don't think Dr. Samuel Hahnemann, the founder of homeopathic medicine, would object to this technique. In fact, in the *Organon* (6th Edition), Dr. Hahnemann wrote in the footnote of paragraph 33 about his successful administration of the homeopathic remedy *Belladonna* to prevent children from getting scarlet fever in the terrible epidemic of Koenig-

slutter. He stated that “...all the children who took a very small dose of *Belladonna* early enough remained free of this highly contagious childhood disease.” So, Hahnemann clearly endorsed the use of homeopathic remedies to prevent diseases in healthy people!

Since the hypo-sensitization effect of a dose of *Rhus tox* 30c only seems to last for about a month, it is clear that this method of prevention does not cure a person's underlying allergy to poison ivy, however. For this reason, many classical homeopaths would probably start by treating patients like Byron with an individualized homeopathic remedy (i.e., a “chronic” or “constitutional” remedy) before poison ivy season—a remedy that matches the totality of the patient's individualized expression of illness—rather than using the *Rhus tox* prevention protocol described in this article. The goal would be to greatly reduce the person's susceptibility to poison ivy outbreaks in the future, as well as to heal the person on a much deeper level.

I have heard anecdotal reports from homeopathic colleagues who attest to having reduced or eliminated a person's sensitivity to poison ivy with classical homeopathic prescribing alone. I would

greatly encourage them to gather and publish their successful cases of patients “cured” of their poison ivy sensitivity by homeopathic treatment. It would be most important to demonstrate this to our conventional medical colleagues, because a cure for poison ivy sensitivity has remained elusive in dermatology. As the noted scientific researcher and dermatologist Dr. Anthony Gaspari has said, “Immune tolerance is the holy grail of immunology.”(6)

End the misery

So, if you suffer from recurrent severe bouts of poison ivy dermatitis, you might want to try the *Rhus tox* protocol described in this article to see if it helps. Let us know if it does! (If you are already under the care of a homeopath, however, please check with them first.) For potentially deeper healing, you will also want to schedule a consultation with a professional homeopath for constitutional treatment. You can go to the National Center for Homeopathy's website to find a homeopathic practitioner near you: www.homeopathycenter.org.

* *The individual's name has been changed to protect patient confidentiality.*

FOOTNOTES:

- 1) Signore RJ. Prevention of poison ivy dermatitis with oral homeopathic *Rhus toxicodendron*. *Dermatology Online Journal*. 2017; 23 (1), January 2017 (letter). <http://escholarship.org/uc/item/3rm4r9hk>
- 2) Dooley, T. Healing and preventing poison ivy/oak. *Homeopathy Today*. May 2000. www.homeopathycenter.org/homeopathy-today/beyond-flat-earth-medicine-healing-and-preventing-poison-ivy/oak
- 3) What ever happened to ... Desensitization to Poison Ivy. *Homeopathy Today*. May 2000. <http://www.homeopathycenter.org/homeopathy-today/what-ever-happened-desensitization-poison-ivy>
- 4) Gross, ER. An oral antigen preparation in the prevention of poison ivy dermatitis: results in 455 cases of ivy sensitivity. *Industrial Medicine and Surgery*. 1958; 27 (3), 142-144. [PMID:13513172]
- 5) Stein MF, Parsons E. Effectiveness in Oral *Rhus tox* Solution for Poison Ivy Prevention. *Int J Pharm Comp*. 2003;7(4): 273-275. [PMID:23979697]
- 6) Gaspari A. *National Public Radio* Interview, August 14, 2008. (Accessed 1/27/2017: <http://www.npr.org/templates/transcript/transcript.php?storyId=93564476>)

Know your foe!

Both poison ivy and poison oak grow as vines (twining up and around trees or across the ground) and as bushes. There are different varieties of poison ivy and oak, too, so it's a good idea to become familiar with how they look and where they grow. To see many photos and maps, visit: www.poison-ivy.org. Poison sumac, which is less common, grows as a shrub in wetland areas of the eastern U.S.



Poison Ivy



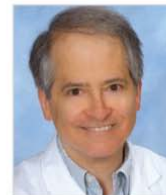
Poison Oak



Poison Sumac



ABOUT THE AUTHOR



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