



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Psoriasis with its Miasmatic Background

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ABSTRACT:

A healthy skin is a source of happiness not only for its owner but also to the person. There are great social and economic benefits for keeping a good skin. The skin is described as the largest part of the body. It is a strategic interface between the exterior and internal environment, which continuously affect its structure and function. In addition, the positive health of the skin is an insurance against the disease that is the ideal of every medical man with every person.

The skin covers the human frame and covers it to protect the body from innumerable sickness in the environment. No other body tissue is so versatile and widespread. It flakes and fits the total body like a hand for a glove. It can bend and air on every hook and corner; It can stretch and crease when needed. The only and thick on the interior of the limbs. Interestingly, it surprises the palms with specific lines to pursue human destiny.

Skin is not just a protective organ of the body. It is also a mirror of internal health of an organism. Therefore, skin disorders are not disturbances of this protective organ alone, they represent much more than this. A skin disease is sometimes a warning indication as soon as possible for the deteriorating health of the body.

The skin is one of the largest organs in the body. It has a surface area of 1.8 m² and is about 16% of our body weight. Even more importantly, "Skin is a window through which the doctor can see the entire body".

As Allen said, "skin is a refractory of mirrors or internal stress, internal mobility, internal functioning of human machine. Shows deformed life action in the skin organism". Therefore, keeping in mind skin diseases, the presence of internal stress should be dealt with.

Skin disease is a common phenomenon. They are responsible for a large deal of sorrow, pain, disability and economic loss. Also, they are great obstacles because they are visible.

INTRODUCTION:

A skin disease, as seen in practice, often has a reactionary pattern as a result of the effects of various etiological stresses on a particular diathesis.

Psoriasis is a common chronic inflammatory that relieves the papulosquamous skin disorder, causing suffering through disability, discomfort and dissolution. Any rupture in skin continuity acts as a barrier to its functioning. Psoriasis causes this breakdown in many ways.

Due to the above reasons, psoriasis needs to be studied. There is a need to verify the effectiveness of homeopathic drugs in the treatment of psoriasis. The increasing incidence of psoriasis again demands an investigation into various internal and external factors.

Today, physicians have the attraction to use and suppress it on a large scale in raw form for such skin diseases. In addition, patients have become drug resistant or suffer from serious side effects due to topical treatment and continuous use of repressive drugs. Our master Dr. The same thing was happening during the time of the Samuel Hahnemann, where he wrote out in his book chronic illness that it is incredible that the modern physician has sinned against the welfare of humanity. They treat skin diseases through local application, strong washes, etc.

Homeopathy is related to diseases in a holistic approach. Disease is the same disease in different organs, but it appears to be different in different organs and it arises from a basic hereditary pollution-'Miasm', from which the deformity of and vital power gives the body sensitivity to different internal and external thrilling factors, causing different diseases.

Any skin disease represents an attempt to throw 'out' instead of stopping the disease of the human organism. In such cases, trying these diseases as local and in any way trying to 'close the word' the very objective of the important force reverses- to deteriorate the vital organs from deteriorating or destruction.

Therefore, homeopathy sees diseases in an "overall method" and develops a medical plan for its treatment at the same view point. It is obtained through similar drugs, which act in dynamic aircraft. Similia Similibus Curantur (likes to be liked) is the basic principle of homeopathy. This medical law of homeopathy obtained from the law of nature. Treatment is for a diseased person who is not for the disease alone.

Similium not only prevents the progression of pathology, but can re-achieve pathology and thus bring the person back to a healthy state. In chronic diseases, tips should be based not only on the similarity of symptoms, but also in the existing basic Miasm. Thus, the medical approach of homeopathy towards any disease is unique.

The current study is an honest effort to evaluate the role of homeopathic management on these unfortunate victims of psoriasis so that they can avoid as embarrassment and self-conscious as possible. Therefore, an attempt is made to have intensive knowledge of the general course and the behavior of psoriasis to cure it sensible and successfully. For better understanding, an attempt has been made to detect internal homeopathic medicine and develop a scientific line of homeopathic treatment to prove its efficacy and prevent its complexities.

Psoriasis

Definition:

It is a chronic, non-infectious, inflammatory, papulosquamous disease of the skin where the major morphology of the wound is rapidly defined, erythematous papules or large, adherence, silver scales covered with silver.

Event:

Psoriasis occurs in most population between one percent and three percent. It can begin at any age but it is less than ten years less and is often seen between fifteen and forty years. The course of the disease is unexpected, but is usually chronic with exercise and commission. It is not contagious, and its tendency appears to be hereditary in about thirty percent cases. The penis is equally affected.

Aetiology:

Basic defects are unknown but the following factors are included.

1. Predetermination factor

(A) genetic

Often there is a genetic tendency. A child with an affected parent has a 15% chance of the development of the disease and if both the parents are affected, it increases by 50%. If non-Psoriatic parents have a child with psoriasis, the risk for later children is about 10%. Psoriasis is a genetically complex disease characteristic.

There is a broad clinical and genetic asymmetry. Linkage has been performed for various Loki including chromosome 6P, 17 Q, 4Q and 2Q.

(b) Biochemical

It is not known that biochemical abnormalities are the cause or results of increased epidermal proliferation. Epidermis has increased the levels of prostaglandins, leukotriene and hat acids.

These two can be the cause of both the cellular spread and inflammatory changes seen in the psoriasis. The increased activity of phospholipase A2 appears to be primarily responsible for these changes. Losses in wounds and increased CGMP wounds are found.

(c) Immunopathological

The inflammatory response may be part of a immunological reaction in the form of unknown antigens yet. The immune complex for epidermal antigen in the damaged skin is detected and it can activate the supplement, which can attract neutrophils in the area.

Some interleukin is elevated, and adhesion molecules are expressed or upgraded in psoriasis lesions. Mononuclear infiltration mainly contains helper T lymphocytes and cytotoxic types in epidermis.

2. Factors:

(A) trauma

When the condition is eliminating wounds, scratch or surgical wounds in areas of skin damage are seen in (phenomenon of cobner)

(b) infection

β -haemolytic streptococcal throat infection of ten predecessor guttate psoriasis. Streptococcal suppuratives, from throat, gutt appears to be responsible for activation in psoriasis.

(c) Sunshine: Rarely, ultraviolet radiation can spoil psoriasis.

(d) drugs

Antimalariels, β -adrenopter can spoil the antithesis and lithium psoriasis and can 'rebound' the rash after stopping systemic corticosteroids or powerful local corticosteroids. β -Adrenopter Prapments drugs can increase psoriasis by preventing the formation of the camp.

(e) Bhavna: anxiety misses some exacerbations. Emotional stress can prevent attacks.

Partogenesis:

Psoriatic wound is composed of two clearly different morphological changes.

The first of these belongs to the dermal capillaries, which are clearly long, congested and coil with irregular fusiform spread of their walls. This vascular change leads to erythema.

The second aspect of the psoriatic wound is related to the epidermis.

Excessive division of cells in basal layers causes quick epidermal proliferation.

The transit time of keratinocytes through the epidermis is shortened and the epidermal turnover which usually takes 28 days, ie from the basal cell to the full keratinized horny ELL, psoriasis takes 5 to 6 days in psoriasis and the resulting horn layer is impertinated and paratotic ie with keratinocyte.

It is this parakarosis responsible for silver scaling which is characterized by psoriatic wound. Small collection of neutrophils (Munro Microeubusse) may be present in the stratum corneum. This dense neutrophilic infiltration leads to sterile non-infectious lesions.

Clinical features:

The initial wound of psoriasis is a barely elevated, erythematous pipule that tops the white scale. Sometimes the scales cannot be clear until the surface is stroke or scratched.

Papules can grow or coolase to make plaques. Thus, a fully installed psoriasis consists of well -defined round erythematous plates covered with thick silver scales. When the scales are removed, the pin point bleeding appears on the skin (the indication of Auspitz is because the epidermis is severely thin on the tips of the dermal papilli). When psoriasis is unstable, wounds can be inspired by mechanical or other types of trauma (phenomenon of cobner).

Distribution in morphology and distribution of clinical characteristics of psoriasis:

Stable plaque psoriasis or numerical psoriasis:

This is the most common type of presentation in which round or oval shaped wounds are found. Individual lesions are well demarcated and ranges from a few millimeters to several centimeters of diameter. The wounds are dried, red with silver-white scaling, which can be clear only after scrapping the surface. The sites of the prediction are elbow, knee, lower back, skull, nails, palms and soles, submary and accelery folds.

Some examples with the picture of the wound are shown below:

elbow:

This site is often involved, possibly due to repeated local trauma.

Skull:

Scalp is often involved, possibly due to frequent trauma from brush and comb.

The areas of marked scaling are mixed with normal skin, producing a lump that is easily felt than seen. Important hair loss occurs only when there is gross participation.

Nails

Nail matrix or nail beds include nails for affection. The nail plate has the most common manifestations of nail psoriasis like several pits such as a thimbal (thimble pits) and subgile hyperkeratosis (accumulation of soft keratin under the nail plate).

Other characteristics of nail psoriasis include the separation of nail beds (oancholisis), oil spots and a nail plate that becomes thick, yellow and delicate.

Innocent

This version is common in children and young adults and is the best disease diagnosis. Guttate (drop like) papules tops with a diameter less than 1 cm with white scale, which appears particularly the trunk throughout the body.

Such attacks often follow 2-3 weeks after an acute tonsillitis.

Pustular pesoriasis

The generalized form of pustular psoriasis is a threat to life. The beginning is suddenly, small sterile pustules spread on an erythematous base with innumerable pustules.

The patient is ill with a swinging pyrexia, a coincidence of the presence of new puusules, and requires admission to the hospital.

The local form of pustular psoriasis is more common.

It often includes palms and soles.

There are many small sterile in the explosion

Pustules lying on an erythematous base that leaves

Brown marks or scaling in their waking up.

Some consider it as a separate disease unit.

Complications:

1. Psoriatic arthritis

It is a seronegative inflammatory arthritis found in patients with psoriasis, with a past or family history or specific changes in nails.

An inflammatory arthritis affecting distal interphalangeal joints that is not usually involved in rheumatism is the most typical form of seronegative arthropathy and is almost always associated with changes in nails including pits, onycholysis, subungual hyperkeratosis, and decaying crying.

There is heterogeneous, terminal interphalangeal joint partnership and relatively low periarticular osteoporosis is observed.

2. Erythroderma

Psoriasis can cause erythroderma in about 40% of cases. Clinically spread and generalized erythema, edema and scaling are observed. Erythroderma can broadly, especially in the elderly, if not immediately and properly managed. This is due to many medical complications that result in a serious compromise in the function of the skin, increasing peripheral blood flow and the loss of protein and the essential elements from the skin.

Test:

Some indications are given. Biopsy is rarely necessary because the clinical picture is usually characteristic. For β -hemolytic streptococci, throat swabbing should be performed in gutt psoriasis and an ASO can be a Titre or DNase B help.

Skin scraping and nail clipping can be examined to exclude tinea.

Radiology and testing are important for rheumatoid factor in assessing arthritis.

Treatment: According to modern therapy.

Treatment of psoriasis depends on the type, location and range of the disease. All patients should be instructed to avoid drying or irritation of their skin and maintain sufficient dermal hydration. Localized, most patients with psoriasis of plaque-type can be managed with mid-potential glucocorticoids, although their long-term use is often accompanied by effectiveness (tachyphylaxis) and skin atrophy.

An topical vitamin D analog (calcipotriol) and a retinoid (tazarotene) are also effective in the treatment of psoriasis and are largely an effective therapy for other topical agents such as coal tar, salicylic acid, and anthralin. Ultraviolet light, natural or artificial, natural or artificial, vasopressors.

Ultraviolet B (UV-B) light is effective alone, or can be paired with coal tar or anthralin. The spectrum with either oral or topical psoralen (PUVA) with ultraviolet A (UV-A) spectrum is also extremely effective for the treatment of psoriasis, but squamous cell can be associated with an increased phenomenon for cancer. Psoriatic disordered glucocorticoids should not be used for the treatment of psoriasis, when due to the ability to develop life-threatening pustular psoriasis when therapy is discontinued.

Methotrexate is an effective agent, especially in patients with psoriatic arthritis; However, liver toxicity and bone marrow suppression limits its use.

Synthetic retinoids, acitretin, are effective in some patients with severe psoriasis. It is a powerful teratogen and should not be used in women with the child's birth capacity.

Evidence reflecting psoriasis as a T cell-mediated disorder has directed therapeutic efforts for immunoregulation. Cyclosporin is highly effective in selected patients with severe disease, but nephrotoxicity and hypertension complicate its use. Currently too much attention is directed with more selective immunosuppressive properties and better-supportive supporters towards the development of organic agents. Etanercept, a tumor necrosis (TNF)

The inhibitor is now approved for psoriatic arthritis and is in clinical trials for psoriasis.

Other agents in clinical trials target TNF and other primary proinflammatory cytokines, T cell activation and lymphocyte trafficking in an attempt to suppress the inflammatory feature of psoriasis.

Homeopathic review of literature

There is no line that can be drawn between physical and mental or emotional

Processes. They are unbreakable and cannot be separated.

When fear causes a white face, how can the body and mind be different, 'Anger causes a red face' and 'sadness causes a wet face'? Even the common man, seeing the person's face, comes to know that something is causing turmoil within this person.

Every physical disagreement is accompanied by changes in mental or emotional field and vice versa i.e. any mental or emotional state, especially if A capable of physical sick health and any physical cause for intensive or long periods

The disease is bound to change mental/emotional state, it is true in both Acute and chronic disease.

Creature

Probably an account for its very initial recognition as an important somatic sounding board for emotions. As the organ system is most visible for inspection, the skin acts as a mirror of emotional states. Due to its rich settlement with the sensation receptors for pain, touch and temperature sensations, the skin becomes a matrix for the body's ego.

The science of homeopathy sees any skin disorder as an external manifestation of internal disagreement. In other words, it is understood that due to some internal system disorders, wounds are manifested as a result. With this appreciation, it is emphasized that the treatment of these local lesions must inevitably be mandatory to normalize internal disorders rather than treating skin explosions with any local applications.

Psoriasis manifests as a local disease presentation that is not only topical, but it is a part of the expression of an internal diseased person.

§ 187

But those affection, changes and diseases visible on the outer parts, which do not arise from any external injury or have only a few minor exterior lesions for an immediate cause, are produced in a quite another way; Their source lies in some internal maliciousness. To consider them only as local affection, and at the same time only to treat them, or only, with surgery, with topical applications - as the old school has done from the remote age - it is as absurd as it is disgusting in its consequences.

§ 189

And yet very little reflection would be enough to explain to us that no external malnutrition (without any significant injuries) without cooperation of the entire organism, without some internal causes, can not be without any significant injury, may or even worse, resulting in a disease-based condition. It cannot create its appearance without the consent of the rest of the health, and without the participation of the rest of the living whole (significant force that is prevalent in all other sensitive and irritable parts of the organism); In fact, it is impossible to imagine its production without the means of the whole (deranged) life; So intimately all parts of the organism are connected together to create an inseparable whole in sensations and functions. No explosion on the lips, no whitlo can be the last and simultaneously without internal sick-health.

According to Hahnemann, the master of the above sexual arousal, no local disease of the human organism can be strictly speaking. All parts of the organism are connected together to create an inseparable whole in sensations and functions.

Any disturbance in the nature of a dynamic change is never limited to a specific part of the organism, in the sense that the rest of the body does not participate in that dynamic change. Therefore, external local diseases cannot be seen at all without the consent of the whole health, and without the participation of the living whole.

Those external local diseases that do not arise from any external injury, of which only have some minor exterior wounds for their immediate exciting cause, are produced in a quite another way. Their reason lies in some internal maliciousness. They are absurd and dangerous, only as local affection and only to treat them in some time, or only with surgery, with topical application.

Therefore, Master Hahnemann concluded that no external maliciousness (from no significant injuries without any significant injuries) can remain, or even worse without some internal causes, without the cooperation of the entire organism that should be in a resulting disease. All local affection, whether acute or chronic, is only an inseparable part of the whole disease.

Miasmatic evaluation of psoriasis

Along with the literature of allopathy, both homeopathy have enough evidence, which states that skin disorders are nothing but a sense of disturbances in internal mobility. The cause of this disturbance is actually a miasm, as Hahnemann has put forward it in 'chronic diseases'.

Alan confirmed, "We have already said that all skin explosions are either secondary or tertiary actions. The skin is an internal stress mirror or refractor, internal mobility is the internal functioning of the human machine. Miraculous variations that are in a torrential study in eczema, which is a great problem for them.

In the pseudo-psora, this eczema is extended to such diseases in the form of fish and itching of the skin. Skin's personalis is always a Psoric symptom. Psoric skin disease has very little suppression; They are suitable for being dried, scary suppression, serreo-perulant and sometimes bloody. Quite the explosion is papular, with intensive itching. Sometimes explosions are papulo-pavishya in form with acute itching. If pustular or vesicular, they are nowhere as marked in their suppression process, as we find in pseudo Psoric. Syphilitic explosions are found about body joints, flexors or arranged in segments of circular groups, rings or circles. The color is important, copper color or raw-hiem color or very red at their base ". Peaceoric explosions are in the form of a skin color, until an inflammatory process exists.

There is no itching in syphilitic and very low agony, itching is a perfectly a crossoric symptom, the vesicle is also a piece when found in non-cleetic cases. The scales and crusts of syphilis are always thick and heavy, while the people of the piece are thin, light, fine and small and are usually quite common on the affected area; For example, if the skull is affected in PSORA, the crust condition is quite universal, while in other conditions such as chaturya or syphilis, it is in patchy or circulating spots. Often the skin loses all moisture and is excessive dry and free from oil or sebaceous secretion; We recognize it by touch in PSORA. If it is oily or smooth, then we will find a sycophantic element or pseudo-psora.

Alan further states that he saw that the skin never exploded himself (out of painful or chemical causes); Do not obey a sick state until some previous distorted changes or abnormal activity in the organism. Ripping again, as a rule, will cause the entire disappearance of the original trouble. Not only was it true of an explosive disease, but it was equally true to all the elimination processes of all the body's organs.

Homeopathic medicine

The following remedies show the wounds similar to psoriasis

Clarke J.H. The following measures show signs

Phosphorus

Desquamation of the skin. skin irritation. Expedient spots on the skin with cracks and firing. Drought Furfaces Tater. Small ulcers are small.

The ulcers shed bleeding at the presence of menstruation. Skin tingling. Natal-rash. Lips dry and covered. Torn between the lower lips. Ulcers of the corners of the mouth.

Black brom.

Moist eczema of the feet with pitiasis of the skull. Hives. Itching in bed at night and high temperatures; Appear in winter. Small boils in gradual crops, mostly on the face and trunk.

Vinca Minor

Great sensitivity of the skin with redness or agony even with little irritation. Corrosive itching, itching. Moist spots on the upper part of the right ankle.

Firington E.A. Gives the following treatment:

Sarsaparilla

There is an fickle explosion that contains small spots above the skin, often smaller, itching, itching more in spring. The explosion causes inflammation on the scalp pus that touches the moist explosion.

Boericke W. shared his views on treatment:

Arsenic album

Care, sorrow, sick effects of fear; To dissect wounds.

Skin dry, rough, crushed, dirty, shrunk; Worse scratches. 3+

Worse than cold and touch, better than heat and lying with the head. 3+

Skin seems to be sending. 3+ skin like parchment.

Itching, irritation, swelling, edema, explosion, popular, dry, rough, rough:

Hives with irritation and restlessness. The body's icy coldness. Burn

Relief from heat. The smell of discharge is the pupil. Complaints that return annually.

Thick skin with itching, irritation and inflammation. 2+ free desquamation.

Skin symptoms are optional with internal affection.

Skull itching unbearably; Circular patches of bare spots; Rough, dirty, sensitive

And cover with dried scales; Burning and itching at night.

Allied complaints:

Restlessness. Fear of 3+ death. Great tiredness after a little bit of talk labor. Burning pain; The affected part burns like fire, the heat was relieved.

Acute, undisputed, burning thirst; Drinks a little more often; Hars the cold of snow

Water, which disturbs the stomach and vomits immediately. 3+

Sorinam

Drought, dirty look. Unbearable itching. Sebacious glands highly secrete; Oily skin. Crusty explosion throughout the body.

Netrum Mur

Drought, dirty look. Unbearable itching. Sebacious glands highly secrete; oily skin. Crusty explosion throughout the body.

Black bromotum

Psoriasis, pustules, itching; Worse on chest, shoulder and face. Anesthesia of Skin.

Lycopodium:

Sick effects of fear, fear, lamp, anger, anxiety.

Psoriasis with urine, gastric or liver disorders. 2+

Skin dry, raw in folds. The skin becomes thick and induced.

Skin dry, shrunk, especially palms. Drought, rough explosion.

Regarding ears and back wounds.

Allied complaints:

Symptoms mostly affect the right part of the body.

Most of the complaints are worse between 4-8 pm.

Red sand in urine, worse before urination. Everything is hot.

Black arsenicum:

One of the most chili patients developing psoriasis

Skin dry, crushed, dissolved. 2+ psoriasis better in monsoon and worse in winter.

Unbearable itching, worse warmth, walking, sensation of irritation with blinding.

Fisher in bending arms and knees. Many small nodules under the skin.

Worse touch, noise, night, 1-3 A.M.; Better rainy day.

Excessive concern about the disease.

Allied complaints:

Suddenly noise or touch throws the entire body into shivering.

Cold and sensitive to cold, may not be too hot even in summer.

Restless, nervous, anemic.

Phosphorus

Diseases, moist weather, loss of critical fluids from strong emotions, 3+ scaling, bleeding- bright red 3+.

It is extremely overseasative but better to touch the skin.

Psoriasis with great itching. Explosions are dried and crushed.

The wounds flow a lot of bleeding and even if they fix they break the open again.

Psoriasis of knees, elbows, legs and eyebrows.

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