

Study Of Pyoderma In Its Acute Dimensions With Respect To Causation, Pathogenesis And Miasmatic Co-Relation In The Paediatric Age Group

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Abstract: Background: Hahnemann was always at great pains to emphasize the importance of causative factors in the environment-both physical & emotional which could be held responsible for development of illness. According to homoeopathy, mind, body and soul are trinity of life. So along with exciting and maintaining causes, there is need of studying the psycho - somatic correlations. As in many clinical cases, the state of mother during pregnancy leading to skin condition in child is noted. Aim and Objective: To study the various clinical presentations of Pyoderma. To examine time of occurrence & observe whether it is in antecedence with the onset of pyoderma i.e. .to establishes the precipitating factors of pyoderma. To observe the socio-economical scenario of the patient's life to establish the maintaining causes of pyoderma. To understand the susceptibility and to establish the role of miasms. Material And Methods: Detailed case study to understand patient as a person & the focus will be on the life space of the child, the parents' mental state before conception, mother's state during pregnancy, his interactions with people around him both inside & outside family; possible causative events and classifying them into precipitating, exciting & maintaining causes. Result: In all the 30 cases no psychological cause has been found. So we can postulate that pyoderma is predominantly a physical disease where the predisposing maintaining and precipitating causes play a vital role. Conclusion: As prescription was based mainly on the symptoms exhibited, recurrence and understanding of susceptibility, the most frequently used potency, were moderate, in frequent repetition (80%). [Joshi H Natl J Integr Res Med, 2022; 13(6): 18-21 , Published on Dated: 15/11/2022]

Key Words: Homoeopathy, Skin, Pediatric, Constitutional Medicine

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Introduction: Skin lesions are one of the commonest conditions, which a paediatrician encounters, in his clinical practice.

It is also a cause of concern for the parents, as well as, for the child. Approximately 20-30% of the children in general Pediatric OPD complain of skin lesions.

Out of it Pyoderma alone accounting for 17% of all clinic visits.

Keeping in mind the contradicting beliefs about the role of psychological factors in development of pyoderma the present study aims at exploring the causes of pyoderma in each case; mainly the role of predisposing cause, exciting cause, maintaining cause. Without which the all efforts taken for treatment will be in vain.

Aim And Object: To study the various clinical presentations of Pyoderma. To examine time of occurrence & observe whether it is in antecedence with the onset of pyoderma i.e. .to establishes the precipitating factors of pyoderma.

To observe the socio-economical scenario of the patient's life to establish the maintaining causes of pyoderma.

To understand the susceptibility and to establish the role of miasms.

Material & Methods: Detailed information about onset, duration and progress, analysis and evaluation, totality of symptoms, follow up study with remedy response evaluation form.

Inclusive Criteria: Cases fulfilling the diagnostic criteria. Patients up to age of 18 and both sex.

Exclusion Criteria: Age > 18 years, Pemphigus Complicated cases such as staphylococcal scalded skin syndrome.

Results: The study carried out in the 30 cases of Pyoderma in its acute manifestations had 20 Male cases representing 66.66% of the group and 10 Female cases representing 33.33% of the group.

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Table 1: Out Of 30 Cases Studied The Age Group Observations

Age	No. Of Cases	Percentage
0-2 Years	6	20%
2-4 Years	3	10%
4-6 Years	6	20%
6-8 Years	7	23.33%
8-10 Years	4	13.33%
10-12 Years	1	3.33%
12-14 Years	3	10%

Table 2: The Observed Forms Of Pyoderma

Clinical Condition	No. Of Cases	Percentage
Abscesses	6	20 %
Furuncle:	5	16.66%
Pyoderma	5	16.66%
Recurrent Boils	4	13.33 %
Scabies With Secondary Infection	4	13.33%
Cellulitis:	2	6.66%
Impetigo	2	6.66%
Injury With Secondary Infection	2	6.66%

Table 3: The Predisposing Causes Were Further Classified And The Observations

Psora	15	50%
Sycosis	5	16.66%
Tubercular	9	30 %
Syphilis	1	%

Symptoms Observed: Characteristic symptoms only: 11 case, Pathological symptoms only: 13 case, both: 6 cases

Table 4: In The 30 Cases Studied, Following Suitable – Approaches Were

Boger	11 cases
Boenninghausen	13 cases
Others	Cases

The 30 cases were approached with six distinct Therapeutic Approaches: Only Acute Remedies: 4 cases, Only Chronic Remedies-5 cases, Acute followed by chronic Remedies: 14 cases, Acute followed by chronic followed by Intercurrent - 3 cases, Acute followed by Intercurrent-1 cases.

Table 5: The Different Acute Remedies Were Prescribed Depending On Their Indications In 30 Cases During Acute Pyoderma

Merc sol	- 17 cases
Hepar sulph	- 4 cases
Sulphur	- 3 cases
Nitric acid	- 1 case

Table 6: The 1st Prescription: Acute Remedies: 25 Cases And Chronic Remedies: 5 Cases The Chronic Remedies Used

Remedies	Cases	Percentage
Sulphur	7	23.33 %
Calc. Carb	5	16.66%
Calc. Phos	5	16.66%
Calc. Iod	2	6.66 %
Calc. Sulph	2	6.66 %
Ars. Alb	1	3.33 %
Calc. Sil	1	3.33 %
Lach	1	3.33 %
Lyco	1	3.33 %
Nat. Mur	1	3.33%
Tub	1	3.33 %

Table 7: The Rate Of Cure In 30 Observed Cases

Cure Rate	Cases	Percentage
Complete Cure	25	83.33%
Partial Cure	4	13.33 %
Patient Did Not Follow Up	1	3.34%

Intercurrent remedies used – Tub – 7 cases. 23 cases no Intercurrent were used.

Conclusion: After studying the 30 cases the pyoderma appears to be prevalent in the age group of 6 year – 8 years (23.33%). The pyoderma appears to be more prevalent in boys (66.66%) then girls (33.34%). Amongst the various clinical presentations of pyoderma, the abscesses (20%)

are the commonly found presentation, which is followed by the furuncle and pyoderma. The secondary infection in an already existing disease state (13.33%) than injury (6.66%) appears to be common. The other forms of pyoderma are as follows in the order of their prevalence: a. Recurrent boils (13.33%) b. Cellulitis (6.6%) c. Impetigo (6.6%). The pathological symptom appears to be easily available (43.33%) than the characteristics one.

The characteristic symptoms available are mostly in the form of causative modalities (36.6%). The approach selected for the acute totality is mainly Boger (36.66%) and Boenninghausen (43.33%).

The pathological symptoms and the causative modalities were easily available than the characteristic mentals. Hence in cases of pyoderma the approaches best used are Boger and Boenninghausen.

As we have considered Psora to be in the background of each and every disease, all the 30 cases appear to be having fundamental cause in the form of miasm.

From the study of 30 cases only in 4 cases maintaining cause can be identified. The maintaining causes identified were poor hygiene, poor nutrition and proximity with the diseased individuals. Hence in our case taking the data should be properly investigated to identify the maintaining cause. all the 30 cases, only 7 cases could be identified of having precipitating cause.

The causes identified are Injury (10 %), Summer (6.6%), Maternal Infection (3.3%), Playing in dirty water (3.3 %). Hence in our case taking the precipitating cause especially injury is to be inquired for. The climatic changes like summer are identified only in 6.66% times.

Most predominantly observed fundamental miasm in 30 case studies is Psora. The children having psoric miasm as fundamental load are more commonly observed hence Psora- the Itch miasm is confirmed. The children with tubercular miasm have shown the rapid progression or the recurrence more often.

Hence the rapid progression of the pathology in tubercular miasm can be confirmed. In all the 30 cases, the common approach that was observed in the management was the acute prescription

followed by the chronic one. This approach was followed in 46.66% of the cases- Acute Intercurrent was used only in 3.33 % of the cases, Hence for management of pyoderma the best selected approach is acute constitutional, Chronic remedies were used when the chronic remedy also covered the acute picture.

20 Most frequently used acute remedies are Merc. Sol, HeparSulph and Sulphur. The least used one is Nitric acid. The most commonly observed constitutional remedies are Sulph, and Calcarea group. So it can be postulated that the Sulphur and Calc. constitutions are seen to be more prone to suffer from pyoderma.

In only 23.33% of the cases the Intercurrent were used the only observed Intercurrent is tub. In the 30 studied cases the susceptibility assessments was in moderate to high zone (33.33%) Hence we can say that though the symptoms exhibited were only pathological or characteristic modalities, the susceptibility is predominately high in pyoderma.

As prescription were based mainly on the symptoms exhibited, recurrence and understanding of susceptibility, the most frequently used potency, were moderate, in frequent repetition (80%).

The days of recovery seen in all the 30 cases observed were between 6 days to 20 days and almost no recurrence seen. The cure rate observed in 30 cases was 83.33%. The partial cure was seen in 13.33% cases where the cause was fundamental and maintaining. Hence it confirms Hahnemann's observation that the obstacles to cure needs to be removed. In all the 30 cases no psychological cause has been found.

So we can postulate that pyoderma is predominantly a physical disease where the predisposing maintaining and precipitating causes play a vital role.

In the 30 observed cases the cases where the Psora was the fundamental cause the rate of recovery was faster while the sycotic load has taken a pretty long time. Hence the role of miasm in the disease can be stressed upon.

The fundamental (tubercular) miasm has shown the extensive pathology Cellulitis (6.6) and recurrence (13.33%). This focuses the role of

fundamental cause in the progression of the pathology. The boils were commonly seen in the summer season which was against the book where the season mentioned is rainy.

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