

## The Treatment of Poison Ivy and Poison Oak: Two Cases

The treatment of poison ivy and oak, though self-limiting illnesses, require all the same skills as constitutional prescribing but in a more limited scope. As such, they serve as ideal case-studies for learning the intricacies of homeopathic treatment. To illustrate this point, I offer two cases. The first is an interesting remedy that is seldom as clearly presented as in this case; the second is an excellent illustration of the efficacy of homeopathy.

**Case One:** Prudence, a 43 year old single women, presented with a severe case of poison ivy. She had developed the same rash twice before in the previous two years. Both times it took more than a month to heal, even with traditional steroidal injections and creams. In both cases, the rash began with redness and itching in her ear that progressed to the right side of her head, face and neck. The rash consisted of blisters that oozed a clear, yellow liquid that became crusty. She complained that it itched a little and was very "annoying." I observed that she was restless. Her sleep was not good, because she was waking frequently. When she showered, it had little effect on the rash.

Prudence was chilly, but the rashes themselves were significantly hot. If she itched them, a line in the form of the scratch appeared on her skin. "Anything that impedes my life, or anything that stands in the way." was difficult for her during while the rash was active. When I probed her about this she said that she gets "anxious and nervous." She used the word "edgy" often.

As with most cases of poison ivy, there isn't a wealth of information available. What is typical of poison ivy cases is that there are both physical and mental/emotional symptoms that the careful homeopath can uncover. The information we have is useful if carefully scrutinized. What struck me most about this case was the right sidedness. I felt this to be characteristic. I also considered the "rash in the line of the scratch" peculiar. I examined a rubric in the repertory of my book, Homeopathic Handbook for Poison Ivy and Poison Oak, for right sidedness. The three remedies listed were Ammonium carbonicum, Bryonia alba, and Sanguinaria canadensis. I looked for the symptom 'vesicles in the line of a scratch,' which I found under Rhus toxicodendron as a key indicator.

The goal of the Handbook is to shorten the time it takes to do a case while improving the results. Armed with the above information, I went to work examining the four remedies for confirmations and rule-outs. Rhus toxicodendron, which I consider a 'Rhus polycrest', is a common poison ivy remedy. With polycrests, one generally expects to see clear confirmations. Typical Rhus toxicodendron confirmations include better with hot Showers or worse with heat of the bed. I asked her how hot applications affected her rash. Her response didn't convince me that Rhus toxicodendron was not the right remedy.

I next considered Bryonia, which, as a plant, is close to Rhus toxicodendron in therapeutic action. I would expect Bryonia, a common remedy, to present its grand keynote "worse with motion". I have seen this often and find it reliable. She did not

have this keynote, so I continued my search. Next I considered Sanguinaria, also a plant. I know Sanguinaria to be a right-sided remedy that centers around the head and neck. Sanguinaria is generally a hot remedy with sensations of burning and heat. This accurately described Prudence's sensations of heat. I ruled Sanguinaria in.

I then evaluated Ammonium carbonicum which is also a right-sided remedy. I found a number of symptoms that did not fit. What I noticed was that Ammonium carbonicum, as a mineral, had swollen glands and was worse cold. I consider these carbon and psoric symptoms. In the final analysis, I felt Prudence's picture was closer to the plant Sanguinaria. I gave her a 30C daily dose of Sanguinaria, but I sent her home with Ammonium carbonicum as a back-up in case Sanguinaria didn't work.

I spoke to Prudence three days later and she told me that her neck was much improved. She now had some blisters on her feet and thoracic area. The New blisters were discharging a clear, yellow liquid. She stated that her anxious feeling was much better overall. She also noted that she had responded immediately, but that she had not felt much improvement in last day or so. I prescribed Sanguinaria 200C once daily for three days.

Prudence continued to feel better over the next three days, but she was still having new blisters sporadically. I prescribed Sanguinaria 1M once. I didn't hear from her until a constitutional visit two months later, at which time she said everything cleared quickly after the 1M Sanguinaria.

She has since done very nicely on Natrum phosphoricum 1M as a constitutional remedy.

**Case Two:** Margaret, a 30 year old female, had recently moved to New York City. Her former homeopath had told her to take Rhus toxicodendron 30C for a severe case of poison ivy, but it had little effect. She was referred to me. Margaret was significantly stressed about her rash. It had begun on her right hand with vesicles and a clear discharge. It had then moved to her face, her left hand, the ears and, when she came to me, it was on her abdomen. The rash presented as pink bumps that itched. What really bothered her was the rash on her left upper leg and right calf. She said these rashes were "weeping," and were "raw and bloody." The skin had become extremely sensitive to touch. The leg had welts on it that were open and oozing a mucousy discharge that was thicker than the discharge on the upper torso, face and hands.

Margaret had a fever and walking caused much pain to the rashes on her legs. The pain was better when she elevated her limbs, but it worse at night. The itching was worse with activity and better when she awoke in the morning. She wanted to "scream and pull out my hair" from the itching. She used the terms "burning" and "stinging".

The severity of the rash on her legs with its pain and bloody discharge Was a cause for concern, as was the fever which could indicate systemic infection. I considered the symptom that the pain in her limbs was better with elevation to be peculiar.

Sulphur often presents with rashes that end up bleeding and have a thick discharge. Graphites also has a thick discharge. The repertory in the Handbook lists Agaricus, Ammonium carbonicum, Apis, Arnica, Arsenicum album, Bryonia, Croton tiglium, Kali sulphuricum, Graphites, Ledum, Plantago, Rhus toxicodendron, Sepia, Sulphur and Zinc for rashes on the lower limbs. The strong remedies were Arsenicum album, Croton tiglium, Graphites, Rhus toxicodendron, Sepia, and Sulphur. I considered the Rhus polycrests first. Croton tiglium contains, word for word, her mental/ emotional state, but I couldn't find symptoms of systemic infection. Graphites had many symptoms in common so I ruled it in. I looked at Rhus toxicodendron next but found none of the modalities. Sulphur is so overused that I like to see very clear indications before I consider it. Margaret was not warm or worse from the heat of the bed. Even so, one must never rule Sulphur out. So, with Graphites and Sulphur in mind, I looked back at the case.

This time I followed the peculiar symptom, better elevating the limb. I turned to the Complete Repertory for this symptom and I found it to be a symptom of Graphites. I asked what happens to the discharge and she told me that it dries into a amber-colored crust. With this confirmation, I prescribed Graphites 200C every twelve hours for three doses. I told her that if the infection continued, she should contact a medical doctor. I considered Echinacea (in potency), for the infection, as my second choice. I told her to call me in two days.

When I spoke to Margaret two days later, she still had poison ivy, but her legs were much better. There were no signs of inflammation. I had her continue the remedy once daily and the entire rash resolved quickly over the next five days.

As with so much of homeopathic treatment, pattern recognition requires a good working knowledge of the remedies. I generally look for both characteristic and peculiar symptoms. I use the repertory as a primary tool that leads me to the materia medica. I then write the specific materia medica for each remedy in my book, circumventing the need to use multiple materia medicas.

The potency of the remedy must match the severity of the case. In the Case of Prudence I should have given her a 1M initially, but my lack of experience with the remedy caused me to begin more conservatively. Clearly she had a severe case, as it is uncommon for poison ivy not to respond to steroids. In the case of Margaret, the potency of 200C was appropriate to her condition.

I always send the patient home with two remedies so that if the first doesn't work within two days, I can prescribe the second.

In the case of acutes, such as poison ivy, I always prescribe a remedy that is available. If I want to prescribe a smaller remedy that may take a while to locate, I give an available one first rather than wait.

If the remedy is correct, one will see a response within forty-eight hours. If the remedy is too low there may only be a slight response. In this case, consider a higher dose. If there is no appreciable change from the remedy, move to a new remedy choice.

I very rarely see aggravations except for the misuse of Sulphur in high potencies. It seems that in the acute poison ivy rash there is little room for an aggravation. (I see plenty of aggravations in chronic skin conditions, so in those cases I usually prescribe low potencies.)

Currently I treat twenty to thirty poison ivy cases a year. In more Than 90% of the cases, I am able to find the correct remedy within two prescriptions. Most seasoned practitioners will also be able to attain this rate of cure using the tools currently available and through familiarizing themselves with the appropriate rubrics and remedies.

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