

Treatment Of Atopic Dermatitis With Homoeopathy: A Case Report

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ABSTRACT-

Atopic dermatitis is a common, chronic, intensely pruritic, relapsing inflammatory skin disease that affects both children and adults. Atopic dermatitis inherits an increased tendency for irritable skin and of getting sensitized to various antigens present in the atmosphere. It may also be associated with other components of atopy like asthma, urticaria, hay fever or allergic dermatitis & produces a series of allergic disorders, mentioned as the "atopic march". There are numerous risk factors correlated with AD development in which two have always been related, and they are (1) family history of atopy and (2) loss of function mutations in the FLG gene. Here is a case of 8 yrs old boy suffering from Atopic dermatitis of elbows and knees since 2 yrs and a family history of asthma, allergic rhinitis were treated with constitutional homoeopathic medicine. A constitutional treatment thus eliminates the symptoms locally and internally as well as long-lasting relief from complaints.

Keywords: Atopic dermatitis, Family history, Individualized Homoeopathic treatment, repertorisation.

INTRODUCTION-

Atopic dermatitis is predominantly is a chronic relapsing eczematous skin disease characterized by eczema, dry skin, and pruritus and inflammation and accompanied by cutaneous physiological dysfunction. These symptoms are age-dependent but itching is the persistent symptom. This is inherited as a polygenic recessive character. The patient inherits an increased tendency for irritable skin and of getting sensitized to various antigens present in the atmosphere results in the development and clinical manifestations of atrophic dermatitis, which can vary significantly in appearance, intensity, and course. It may also be associated with other components of atopy like asthma, urticaria, hay fever or allergic dermatitis. The definitive diagnosis of AD requires the presence of all three of the following features: pruritus, typical morphology and distribution, and chronic and chronically relapsing course. The latest findings regarding atrophic dermatitis pathogenesis point to a disturbance in the function of the epidermal barrier, a disruption of the immune response, colonization of the skin by microorganisms, an increased tendency toward infection, and certain psychological factors among other causes/triggers.^[1,2,3]

Causes and Pathophysiology:

1. Genetic Predisposition:

o AD is linked to genetic factors, particularly mutations in the *filaggrin* gene, which affects the skin's ability to maintain its protective barrier. Individuals with a family history of atopic diseases are at higher risk.

2. Immune Dysregulation:

o AD involves an imbalance in the immune response, particularly an overactivity of Th2 cells, leading to inflammation and increased levels of IgE, which further promote allergic reactions.

3. Environmental Triggers:

o **Allergens:** Dust mites, pollen, and animal dander.

o **Irritants:** Soaps, detergents, or perfumes.

o **Climate:** Cold, dry weather or excessive heat.

o **Infections:** Bacterial or fungal infections can worsen AD. ^[4,5]

Symptoms:

Infants:

Atopic dermatitis during the period of infancy is called infantile eczema. The lesions in this type may appear at any time between 2-6 months of age and continue to appear during the first two years of life. These consist of severely itchy, erythematous papules that become exudative and crusted especially on the cheeks and subsequently spread to the other parts of the body. Secondary infections with pyogenic organisms and lymphadenopathy are common.

Childhood & Adulthood:

In childhood stage, which starts from two years of age onwards, the lesions tend to involve the cubital and popliteal fossae predominantly. The lesions consist of severely itchy, mildly erythematous papules with mild to moderate lichenification. The skin is dry with no exudation. As the age advances, the lesions tend to become more dry and lichenified and may involve the face, neck and trunk. This is called the adulthood stage of atopic dermatitis. In severe cases the whole body may get involved with lichenification. In the management, it is very important to keep the skin and hair clean by advising daily bath with ordinary toilet soap and shampoo the hair daily to reduce the antigenic challenge. Oil application even on dry skin should be stopped because oil traps more dirt on the skin interfering with the cleaning process.^[6]

Age	Location	Symptoms
Babies (under 2 years)	<ul style="list-style-type: none">• scalp• cheeks	<ul style="list-style-type: none">• rashes may bubble up before leaking fluid• extreme itchiness, which may interfere with sleeping
Children (2–puberty)	<ul style="list-style-type: none">• behind the creases of elbows or knees• neck• wrists• ankles• crease between the buttocks and legs	<ul style="list-style-type: none">• bumpy rashes• rashes may become lighter or darker• skin thickening, also known as lichenification, which can then develop into a permanent itch
Adults (18+)	<ul style="list-style-type: none">• creases of the elbows, knees, or nape of the neck• cover much of the body	<ul style="list-style-type: none">• more scaly rashes• very dry skin on the affected areas• permanently itchy rashes• skin infections

Diagnosis of Atopic Dermatitis:

AD is diagnosed based on clinical symptoms and patient history. Blood tests showing elevated IgE levels may indicate an allergic component.

Prognosis:

While AD is a chronic condition, many children outgrow it by adolescence, though some may continue to experience symptoms into adulthood. Long-term management focuses on minimizing flare-ups and maintaining skin health

Case Report:

A 8 yrs old name YZ male child come to my OPD on May 10, 2023 with complaint of severe itching, redness, and inflammation of the skin primarily on the elbows and knees since 2 years. Complaints gets Aggravated with exposure to dust and during the winter season and get relief by application of emollients and in warm, humid conditions. There is a significant discomfort and sleep disturbances due to the symptoms especially itching also the itching and rashes affects his daily activities, including school attendance and playtime.

Associated Complaints:

- Dry, scaly skin; occasional secondary bacterial infections due to scratching.

Family History:

- Mother has a history of asthma; father has no significant medical history. No family history of atopic dermatitis.

Previously Diagnostic Tests/Therapy:

- Previously treated with topical corticosteroids and emollients. No significant improvement noted with conventional treatments.

Personal History:

- **Thermal:** Prefers warm weather; feels better in moderate temperatures.
- **Thirst:** Average thirst; drinks fluids regularly.

- **Desire:** Craves sweets and fruits.
 - **Aversion/Aggravation:** Aversion to cold weather; aggravation of symptoms in cold, dry climates.
 - **Bowel:** Regular bowel movements.
 - **Urine:** Normal urinary pattern.
 - **Perspiration:** Normal perspiration; no excessive sweating.
 - **Sleep:** Disturbed sleep due to itching.
 - **Dream:** No significant dreams reported
- Menstrual History:**
- Not applicable (prepubescent).

Obstetric History:

- Not applicable (prepubescent).

Mind:

- **Origin of Cause/Any Triggering Factor:** Stress and environmental allergens.
- **Childhood History/Impression:** Generally active and cheerful; has a history of skin problems since infancy.
- **Family Issue:** No significant family issues reported.
- **Company:** Prefers company of close friends; somewhat shy around strangers.
- **Extrovert/Introvert:** Introverted, prefers solitary activities.
- **Anger:** Tends to internalize anger; not prone to outbursts.
- **Memory:** Good memory; but some time get confusion
- **Weeping:** Occasionally weeps due to frustration with skin condition.
- **Fear:** Fear of scratching and worsening the condition.
- **Others:** Affectionate , generally anxious about health issues.

General Examination:

- **Height:** 120 cm
- **Weight:** 25 kg
- **Temperature:** 98.6°F (37°C)
- **Pulse Rate:** 88 bpm
- **Blood Pressure:** 100/65 mmHg
- **Respiratory Rate:** 18 bpm
- **Lymphadenopathy:** No significant lymphadenopathy.
- **Others:** No pallor, icterus, cyanosis, clubbing, or edema observed.

Local Examination:

- Erythematous, scaly patches on elbows and knees. No secondary infections observed.

Diagnosis: Atopic dermatitis.

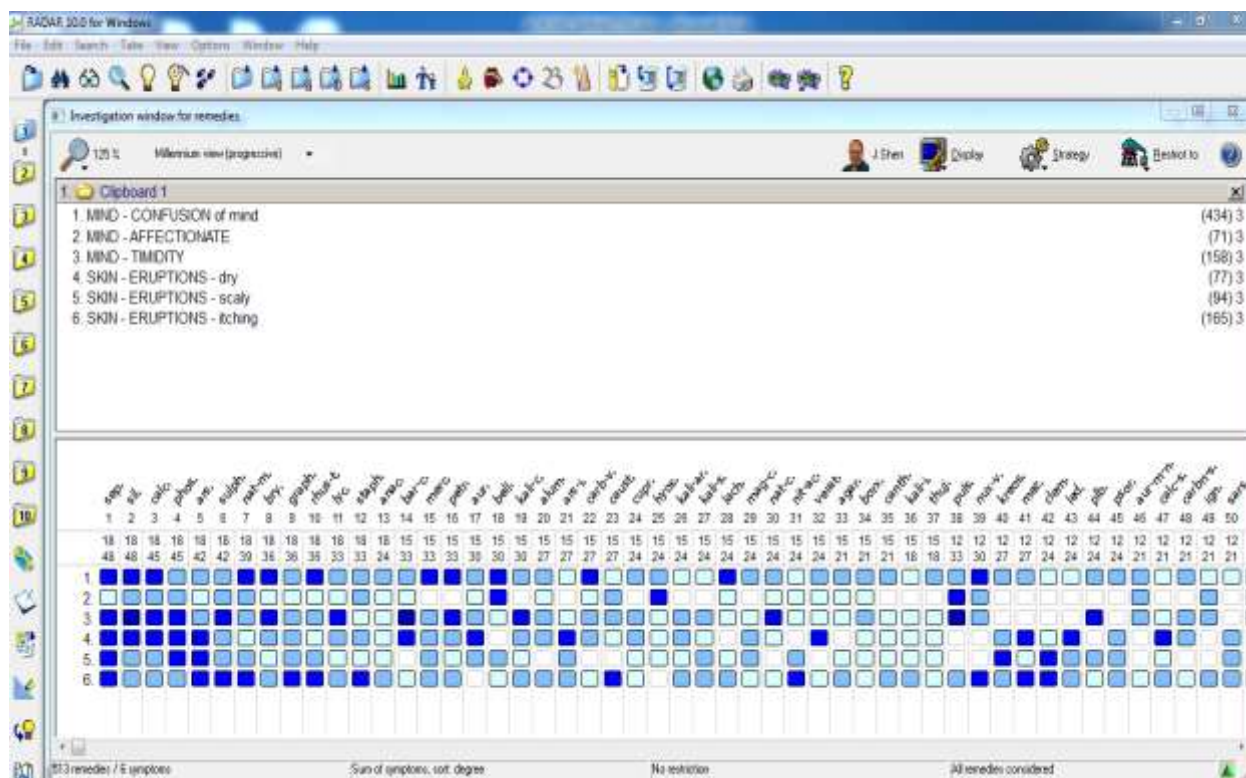
Repertorial Totality:

- Affectionate
- Confusion of Mind
- Timidity
- Itching worse in winter and from dust.
- Dry, scaly skin.
- Improved with warmth and emollients.

Miasmatic Diagnosis:

- Psoric miasm due to chronic skin issues and environmental triggers.

REPERTORIAL ANALYSIS:



Final Remedy:
CalcareaCarbonica 200C

20. Prescription:
Calcarea Carbonica 200 x1 dose
Placebo 200 tds x 6 hourly x 15 days

21. Follow-Up:

Date	Symptoms	Prescription
26/5/2023	Slight relief in itching and redness G C- fair	Rx Placebo 200 Tds 6 hourly x 15days
12/5/2023	Redness relieved Dryness of skin improved Itching present GC- good	Rx Calcarea Carbonica 200 1 dose Placebo 30 Tds 6 hourly x 15 days
27/5/2023	No redness and inflammation present Dryness of skin improved Relief in itching GC- good	Rx Placebo 30 Tds 6 hourly x 15 days
15/6/2023	Dryness of skin is much improved Improvement in complaints G.C is good	Rx Placebo 30 Tds 6 hourly x 15 days
31/6/2023	Improvement Patient feels much better	Rx Placebo 30 Tds 6 hourly x 15 days

DISCUSSION AND CONCLUSION

This case report shows the efficacy of homoeopathic medicines in the case of Atopic Dermatitis. No local application was used during the homoeopathic treatment. On the basis of the patient's chief complaint symptoms and on referring to the repertorization by RADAR Calcarea carb were selected, as it covers maximum symptoms. Also it covers the PDF symptoms as well. Administration of remedy in the correct order yielded marked improvement in the follow-up. However, this is a single case report and further larger studies with different study designs and large sample sizes are required for determining the efficacy of homoeopathic treatment in cases of Atopic Dermatitis.

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