

A CASE OF ATOPIC DERMATITIS ON FACE TREATED WITH HOMEOPATHY

Dr. Arvind Sharma MD(HOM.)^{1*} and Dr. Tanmay Singh²

Prof. & HOD, Deptt. of Repertory, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India.

PGR, Deptt. of Repertory, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India.

Article Received on
26 June 2024,

Revised on 16 July 2024,
Accepted on 06 August 2024

DOI: 10.20959/wjpr202416-33580



*Corresponding Author

Dr. Arvind Sharma
MD(HOM.)

Prof. & HOD, Deptt. of
Repertory, Swasthya Kalyan
Homoeopathic Medical
College and Research
Center, Jaipur, Rajasthan,
India.

ABSTRACT

Additionally referred to as atopic eczema, atopic dermatitis (AD) is a chronic inflammatory dermatosis that is marked by pruritus and chronicity because of an antigen-antibody reaction that manifests in skin conditions linked to intra- and intercellular cellular deterioration and oedema. Globally, the prevalence of AD is 20% (5%–30% in children and 1%–10% in adults); in Asia-Pacific, the Eastern Mediterranean region, and India, it is 3%–6%. The major complaint of a 17-year-old Hindu girl had dry skin over her body and a little brown-black scab on her right cheek with itching. The case study of a female treated for atopic dermatitis over a two-month period with a homoeopathic similimum chosen based on individualization shows that homoeopathy can be beneficial in the treatment of various skin conditions.

KEYWORDS: Atopic dermatitis (AD), Mental generals (MG), Physical generals (PG).

INTRODUCTION

Atopic dermatitis (AD) is a chronic inflammatory dermatosis that is characterised by pruritus and chronicity due to antigen-antibody reactions manifesting on skin conditions associated with intra- and intercellular crashes and oedema. It is also referred to as atopic eczema or neurodermatitis [(ICD-10, L28.0) & added quality of life, behavioural, emotional, and sleep disturbances, and family functioning].^[1] Excessive immunoglobulin E (IgE) is known as

atopy, and the word "dermatitis" comes from the Greek words "derma," which means skin, and "itis," which means inflammation.^[2] Food allergies, allergic rhinitis, and pruritic skin diseases, they are triggering variables if someone has a family history of these conditions.^[3] The aetiology of atopic dermatitis (AD) may involve primary irritants such as acids, alkalis, etc., or secondary allergies such as penicillin, streptomycin, lipsticks, nail polish, hair dyes, and flowers and plants.^[4] Additional factors include self-awareness, anxiety, depression, missed school days, work and daily activities, an increase in sick days spent in bed, pruritus-induced insomnia, the impact of the condition on a personal relationship, limitations on participation, financial strain, genetics, dietetics (egg and milk), and environmental factors like heat, humidity, and dryness.^[4,5] The clinical manifestations comprise desiccation, papules, pruritus, fissures, serous discharges, peeling, and lichenification—a secondary skin lesion characterised by skin thickness, hyperpigmentation, and dramatic lines on the skin.^[4,5,6] AD affects the face, the body's extensor surfaces, the folds of the arms and legs, the palm, the sole, and the neck. AD is 20% common worldwide (5%–30% in children and 1%–10% in adults); it is 12%–14% in Africa, 6%–10% in Latin America, and 3%–6% in Asia-Pacific, the Eastern Mediterranean region, and India.^[5,6,7] The frequency of AD has increased over the past 40 years; it seems to be more common in urban and semi-urban areas than in rural areas, particularly in industrialised countries relative to less industrialised ones.^[6,7,8] The severity and scope of the condition determine the conventional course of treatment, which involves using moisturisers to improve the skin's barrier function and hydration. antihistamines, antimicrobial, and antifungal treatments. In stubborn or severe cases, systemic immunosuppressants, phototherapy, topical anti-inflammatory drugs (such as topical corticosteroids and topical calcineurin inhibitors), and systemic corticosteroids are advised.^[9,10,11] Although there are several negative effects, these treatments are frequently affordable. The following examples show how constitutionally individualised homeopathic medicine (CIHM) has successfully treated AD after appropriate case taking. They also show how homeopathy can benefit from single and minimum dosages.^[12,13,14,15,16,17]

MATERIAL AND METHODOLOGY

CASE: A 17-year-old girl reported to our opd, Jaipur, Rajasthan on 7 March 2024, came with complaint of dry brown-black scab on right side of face with itching from 6 months, he took allopathic treatment with no outcomes and hence referred to homeopathy via his relative.

HISTORY OF CURRENT COMPLAINT: The patient was healthy a year ago, but after using a fairness cream, she started complaining of patch on right side of cheek. She subsequently tried allopathic treatment for a while, but there was no improvement.

PAST HISTORY: The patient first had sinusitis when she was fifteen years old. Her medical history includes the use of allopathic creams and drugs throughout a six-month period.

FAMILY HISTORY: Healthy and alive parents.

PHYSICAL CHARACTERISTICS: The patient is hot in nature. The palms of his hands and the soles of his feet were soaked with perspiration, even in the middle of winter. She drinks six to seven litres of water every day. His bowel and urine habits were normal, and he has a good appetite. Getting 7–8 hours of sleep was rejuvenating.

MENTAL GENERALS: The patient is unwilling to use any mental energy. Sad mood: the more comforted a person feels, the more it affects her.

DIAGNOSIS: ATOPIC DERMATITIS.

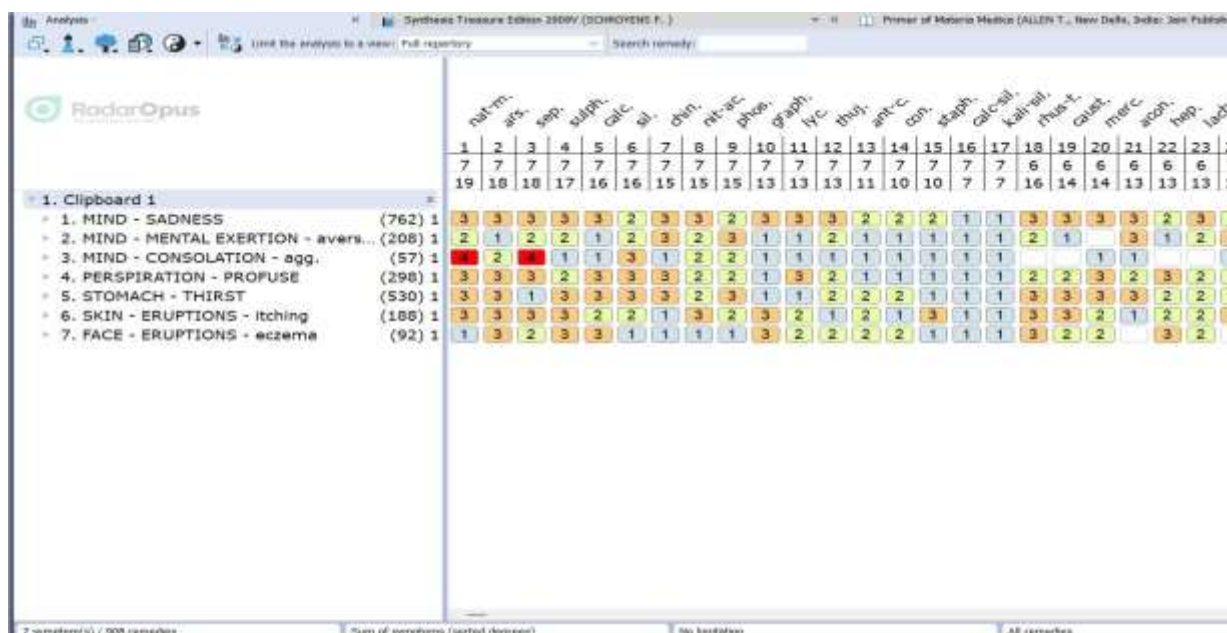
ANALYSIS AND ASSESSMENT OF SYMPTOMS

S.NO.	SYMPTOMS	MG/PG/PARTICULARS	INTENSITY
01	SAD MOOD	MG	+++
02	MENTAL EXERTION	MG	+++
03	CONSOLATION AGGRAVATION	MG	+++
04	PERSPIRATION PROFUSE	PG	++
05	THIRSTY	PG	++
06	ITCHING	PARTICULARS	++++
07	ECZEMA	PARTICULARS	++++

REPERTORIAL TOTALITY

S.NO.	SYMPTOMS	CHAPTER/RUBRICS
1.	SAD MOOD	MIND-SADNESS
2.	MENTAL EXERTION	MIND-MENTAL EXERTION-AVERSION TO
3.	CONSOLATION AGGRAVATION	MIND-CONSOLATION-AGG.
4.	PERSPIRATION PROFUSE	PERSPIRATION-PROFUSE
5.	THIRSTY	STOMACH-THIRST
6.	ITCHING	SKIN-ERUPTIONS-ITCHING
7.	ECZEMA	FACE-ERUPTIONS-ECZEMA

REPERTORIAL SHEET



REPERTORIAL ANALYSIS^[18]

S.NO.	REMEDIES AND THEIR RELATIVE VALUES
1.	NATRUM MURATICUM -19/7
2.	ARSENICUM ALBUM -18/7
3.	SEPIA OFFICINALIS -18/7
4.	SULPHUR -17/7
5.	CALCAREA CARBONICUM -16/7
6.	SILICEA TERRA -16/7

THE REMEDY: NATRUM MURATICUM 1M -single dose followed by rubrum.

A drug was selected by thoroughly examining the patient's case history and accounting for all their symptoms using the RADAR version 10 programme. It was finally decided that natrum muraticum was the most appropriate remedy for this case, spanning the entire spectrum, including the overall physical, mental, and thermal picture, because it met most of the criteria and was graded higher than sepia, arsenicum album, sulphur, calcarea carbonicum, and silicea. Once more, the remedy is verified by reference to the Materia medica.

The following elements were considered when confirming the remedy from several texts:

- Eruption-like nettle rash during intense activity.^[19]
- Eruption with ringworm-like itching and agglutinating warmth.^[19]
- arid eruptions^[20]
- Eczema: raw, red, and irritated; worst when salt is consumed near the coast.^[20]

Considering the patient's vulnerability, the potency was selected. One dose of NATRUM MURATICUM is given to avoid undue aggravation, in accordance with the aphorism 278 that only actual experience is the best guide for a doctor to know how tiny an amount should be to bring about a cure without needlessly exacerbating the condition.^[21]

FOLLOW UP

DATE	SYMPTOMS	REMEDY
07/03/2024	Dry, blakish-brown patch on right cheek	Natrum Muraticum 1m/Stat Phytum 30/tds*15days
22/03/2024	Patch decreased	Phytum 30/tds*15days
08//03/2024	Skin clear, patch cleared	Phytum 30/tds*15days

PICTURES



RESULT AND DISCUSSION

Individualised homoeopathic intervention may be a good substitute for more study utilising a more effective method in the treatment of atopic dermatitis.

CONCLUSION

In homoeopathy, physicians treat a wide range of skin and hair conditions daily, selecting the most appropriate drug based on individualization and reportorial analysis. Potency selection is based on susceptibility, as mentioned in the Organon of Medicine, Fifth and Sixth Editions, Aphorism 270-Foot Note.^[22]

REFERENCES

1. Agrawal E, Gautam AK, Shaikh AR, Dutta S, Dey S, Mukherjee SK. Factor structure of the Bengali version of atopic dermatitis burden scale for adults: A cross-sectional study. *J Dermatol Dermatol Surg.*, 2021; 25(2): 102–13.
2. Sahani KM. Atopic dermatitis. A Homoeopathic Review. *Journal of Medical and Pharmaceutical Innovation*, 2020(35).
3. Fatani MI, Sheikh A, Alajlan AA, Alharithy MA, Binamer RS, Albarakati Y. National Saudi Consensus Statement on the Management of Atopic Dermatitis. *Dermatol Ther* [Internet], 2022; 12(7): 1551–75. Available from: <http://dx.doi.org/10.1007/s13555-022-00762-6>
4. Bieber T. Atopic dermatitis: An expanding therapeutic pipeline for a complex disease. *Nat Rev Drug Discov* [Internet], 2021; 21(1): 21–40. Available from: <http://dx.doi.org/10.1038/s41573-021-00266-6>
5. Bosma AL, Ascott A, Iskandar R, Farquhar K, Matthewman J, Langendam MW. Classifying atopic dermatitis: A systematic review of phenotypes and associated characteristics. *Journal of the European Academy of Dermatology and Venereology*, 2022; 36(6): 807–19.
6. Arents BWM, van Zuuren EJ, Vermeulen S, Schoones JW, Fedorowicz Z. Global Guidelines in Dermatology Mapping Project (GUIDEMAP), a systematic review of atopic dermatitis clinical practice guidelines: are they clear, unbiased, trustworthy and evidence based (CUTE)? *Br J Dermatol* [Internet], 2022; 186(5): 792–802. Available from: <http://dx.doi.org/10.1111/bjd.20972>
7. Griffiths C, De Bruin-Weller M, Deleuran M, Fargnoli MC, Staumont-Sallé D, Hong CH. Dupilumab in Adults with Moderate-to-Severe Atopic Dermatitis and Prior Use of Systemic Non-Steroidal Immunosuppressants: Analysis of Four Phase 3 Trials. *Dermatol Ther (Heidelb)*, 2021; 11: 1357–72. Available from: <http://dx.doi.org/10.1007/s13555-021-00558-0.Epub>
8. Darsow U, Wollenberg A, Simon D, Taïeb A, Werfel T, Oranje A, et al. Difficult to control atopic dermatitis. *World Allergy Organ J* [Internet], 2013; 6(6): 6. Available from: <http://dx.doi.org/10.1186/1939-4551-6-6>
9. Schmidt SAJ, Olsen M, Schmidt M, Vestergaard C, Langan SM, Deleuran MS, et al. Atopic dermatitis and risk of atrial fibrillation or flutter: A 35-year follow-up study. *J Am Acad Dermatol* [Internet], 2020; 83(6): 1616–24. Available from: <http://dx.doi.org/10.1016/j.jaad.2019.08.039>

10. Kim J, Kim BE, Leung DY. Pathophysiology of atopic dermatitis: Clinical implications. In: Allergy and asthma proceedings. Ocean Side Publications, 2019.
11. Navita B, Hanuman C. A case report for successful treatment of atopic dermatitis (AD) with a Constitutional homoeopathic medicine Natrum muriaticum, 2020; 4: 46–51.
12. Parveen S. Homoeopathic treatment in a case of co-morbid atopic dermatitis and depressive disorder. Ind J Res Homeopat [Internet], 2016; 10(1): 75. Available from: <http://dx.doi.org/10.4103/0974-7168.179145>
13. Rossi E, Bartoli P, Bianchi A, Da Frè M. Homeopathy in paediatric atopic diseases: long-term results in children with atopic dermatitis. Homeopathy, 2012; 101(01): 13–20.
14. Das M. Atopic dermatitis: Case series of Individualized Homoeopathic treatment. Int J Health Sci Res [Internet], 2021; 11(11): 115–23. Available from: <http://dx.doi.org/10.52403/ijhsr.20211114>
15. Vp DS, As DSS, Mp DP. Homoeopathic cure in a case of atopic dermatitis. Int J Homoeopathic Sci [Internet], 2022; 6(3): 76–8. Available from: <http://dx.doi.org/10.33545/26164485.2022.v6.i3b.599>
16. Roll S, Reinhold T, Pach D, Brinkhaus B, Icke K, Staab D, et al. Comparative effectiveness of homoeopathic vs. Conventional therapy in usual care of atopic eczema in children: Long-term medical and economic outcomes. PLoS One [Internet], 2013; 8(1): e54973. Available from: <http://dx.doi.org/10.1371/journal.pone.0054973>
17. Gill DGK, Sharda DS. Atopic dermatitis: The lesser indicated homoeopathic medicines. Int J Homoeopathic Sci [Internet], 2021; 5(4): 255–8. Available from: <http://dx.doi.org/10.33545/26164485.2021.v5.i4d.482>
18. Schroyens F. 1: English Edition. Synthesis, 2021; 9.
19. Allen HC. Key notes and characteristics with comparisons of some of the leading remedies of the materia medica with nosodes. New Delhi, India: B Jain, 2002.
20. Boericke W, Boericke OE. Homoeopathic materia medica with repertory comprising the characteristic and guiding symptoms of the remedies. 2nd ed. Savage RB, editor. Sittingbourne, England: Homoeopathic Book Service, 1990.
21. Hahnemann S. Organon of medicine. New Delhi, India: B Jain, 2023.
22. Hahnemann S, Dudgeon RE, Boericke W. Organon of homoeopathic medicine: The classic guidebook for understanding homeopathy - the fifth and sixth edition texts, with notes (hardcover). Morrisville, NC: Lulu.com; 2019.