

**ATOPIC DERMATITIS TREATED WITH INDIVIDIZED
HOMEOPATHIC MEDICINE: A CASE REPORT**

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ABSTRACT

Atopic dermatitis (AD) is one of the several types of eczema. This article deals with a case of 12 year old male patient with atopic dermatitis of 2 years standing. After detailed case taking and repertorisation from Kent repertory, *Sulphur* was prescribed on the basis of repertorisation. The patient responded well and within 2 months got relived from the complaints. This case study demonstrates the value of individualised homoeopathic treatment in AD.

KEYWORDS: Atopic dermatitis, Repertorisation, Kent Repertory, *Sulphur*.

INTRODUCTION

Atopic dermatitis is one of the commonest inflammatory skin disease. It is usually presented in infancy and present clinically with symptoms such as dry skin, eczematous eruptions and lichenification. It is assumed that AD is related with other IgE mediated diseases such as

allergic rhinitis, food allergies, asthma.

It is estimated that if one parent is atopic there is more than 50% chance of their offspring being affected. But in case both parents are affected as much as 80% of offspring will be affected.

AD has complex etiology depending on both genetic and environmental factors which results in abnormalities in the immune system and epidermis.

In upto 30% of patients genetic alterations includes loss of function of filaggrin (Filament Aggregating Protein) which is found in epidermis. It is a protein that acts as natural moisturization factor.

In AD the skin barrier are defective which permits allergens and irritants to penetrate the skin and cause inflammation. The patients are susceptible to xerosis and environmental irritants and allergens which lead to classic findings of AD i.e. inflammation and itching.

The way the disease appears varies depending on the age group. In infants, it manifests as edematous papules and plaques with possible vesicles or crusts on the scalp, face, and extensor extremities. In children intensity of exudation is less and present as patches and plaques on antecubital and popliteal fossae. Adults tend to experience chronic lichenified eruptionss that occur commonly on the hands.

Treatment includes avoidance of trigger factors, daily skin care, anti inflammatory therapy, and other complementary modalities.^[1]

Patient information

Presenting illnesses

A 12 year old male patient came to the OPD on 22/06/2023 with complaints of pruritic vesiculo-papular skin eruptions all over body especially on torso and bilateral arms. There was intense itching which aggravated in evening and scratching was followed by burning. There was temporary amelioration after scratching.

History of presenting complaints- Patient was apparently well 2 years ago and then gradually developed vesiculo-papular skin eruptions. He took allopathic treatment but complaints relapsed on stopping topical application.

Physical generals - Patient's appetite was good took 3 meals per day. Thirst was moderate. There was normal bowel movement. The patient was thermally hot and has desire for sweets. Perspiration was present all over body and was offensive yellow staining.

Mental general - Nothing significant

Family history - Father- Allergic rhinitis

General Examination and Observations - On examination there were erythematous vesiculo-papular eruptions on whole body but especially on arms, abdomen and back. The skin appeared dry.

Analysis of the case and repertorisation

After analysis and evaluation of the symptoms, the totality of symptoms was constructed and the case was repertorised with with Kent repertory with help of HOMPAT software² considering above symptomatology The repertorial results are shown in Figure 1. The following symptoms were considered for repertorisation:

1. Papular eruptions
2. Itching aggravates at night
3. Scratches until excoriates
4. Burning after scratching
5. Profuse sweat
6. Offensive sweat
7. Desires sweets

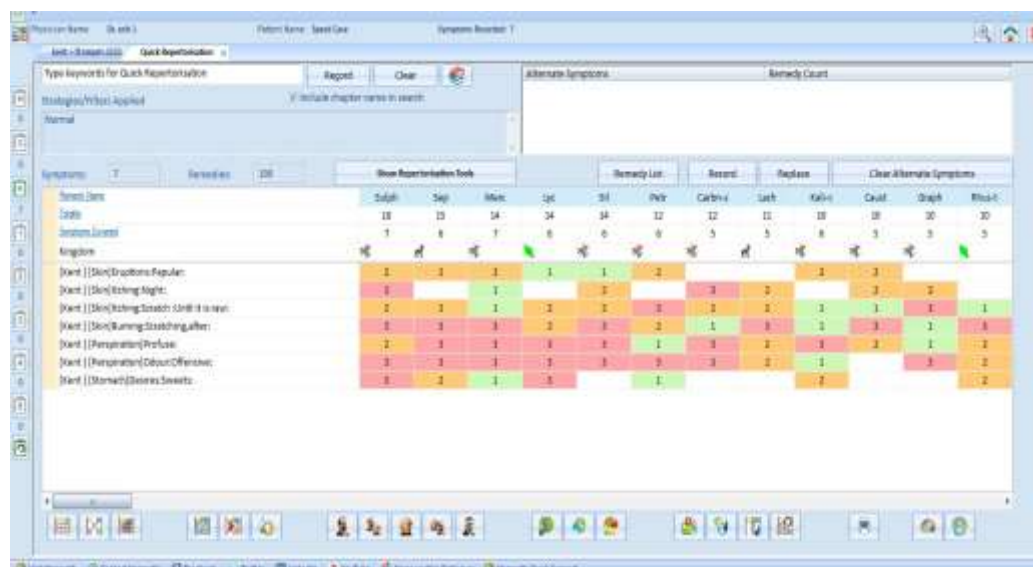


Figure 1: Repertorisation chart.

Therapeutic intervention with follow Ups and Outcome

Based on totality, individualization, miasmatic evaluation, repertorial analysis and consultation with materia medica^[3, 4, 5], *Sulphur* was selected as the similimum. On the first visit (22/06/2023) *Sulphur* 30C/BD was prescribed in globules and local application of coconut oil was advised to alleviate dryness and itching. Clinical follow-up of the patient was done as per requirement for the next 3 months.

During the follow-ups, changes in potency and repetitions of doses were done, as per guidelines of the homoeopathic philosophy.^[6] The medicine administered in increasing potencies (200C) improved the skin symptoms.

Outcome assessment

The case was documented photographically at onset and during treatment [Figures 1-3].



Figure 1: Eruptions as on 22/06/2023



Figure 2: Eruptions as on 20/07/2023



Figure 3: Eruptions as on 31/08/2023

RESULTS

The patient improved slowly, but the marked change was evident in subsequent follow-ups [Table 1] without any other complications of the patient.

Table 1: Follow-up.

Date of follow-up	Medicine with doses, Repetition	Justification
06/07/2023	Sulphur 30/ BD /14 days	There was no change therefore the treatment was repeated
20/07/2023	Sulphur 30/ BD /14 days	Improvement was noted with respect to decreased itching and fading of eruptions therefore treatment was continued
03/08/2023	Sulphur 30/ BD /14 days	Improvement was noted with respect to size therefore treatment was continued
17/08/2023	Sulphur 200 / OD Placebo 30/BD /14 days	There was no further improvement, therefore potency was raised
31/08/2023	Sulphur 200 / OD Placebo 30/BD /1 month	Eruptions resolved completely and there was no itching, therefore no change was done in prescription. The patient's parents were advised for further follow up in next few months to confirm complete resolution and no further recurrence
05/10/2023	Placebo 30/BD /1 month	There was no recurrence therefore placebo was prescribed
09/11/2023	Placebo 30/BD /1 month	There was no recurrence therefore placebo was prescribed with advice to discontinue the treatment and report back in case of any complaints

DISCUSSION

Atopic dermatitis is chronic inflammatory disease characterized by itch and is responsible for

impairment in quality of life. It frequently presents in infants of age less than 2 years and is also frequently persists into adulthood. Clinical symptoms include ill defined, papular erythema with fine scale, with common involvement of flexures. The severity and chronicity of disease may alter and skin findings reveal exudate, vesicles, fissures, lichenification and excoriations.

The treatment according to the modern system of medicine includes avoiding of causative irritants, emollients to prevent dryness and repair skin. Additionally topical corticosteroids, topical calcineurin inhibitors are used. In case all topical treatment fails phototherapy and lastly immunosuppressant treatment is used.

In this case oral administration of homeopathic medicine was given along with application of coconut oil to decrease dryness. The eruptions decreased gradually with significant reduction in itching over time. The treatment was stopped yet no recurrence occurred. *Sulphur* cured the case and restored skin to normal. This case shows the importance of individualized homeopathic medicine and repertorization.^[7]

CONCLUSION

Homoeopathic medicine *Sulphur* was found useful in treating AD. More such documented cases and scientific trials could throw more light on this front.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent for using his images and other clinical information reporting in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

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