

## Individualized Homoeopathic Treatment of Atopic Dermatitis in A Child- A Case Report

Patranu Parui,<sup>1\*</sup> Ayan Midya,<sup>2</sup> Neelavna Dey<sup>3</sup>

<sup>1</sup>Junior Research Fellow, Regional Research Institute for Homoeopathy, Siliguri, WB. India.

<sup>2</sup>PGT, Dept of Homoeopathic Repertory, D.N. De Homoeopathic Medical College & Hospital, Kolkata, WB, India.

<sup>3</sup>PGT, Dept of Practice of Medicine, The Calcutta Homoeopathic Medical College & Hospital, Kolkata, WB, India.

### ABSTRACT:

Atopic Dermatitis (AD) is a very common dermatological disorder in children. It is chronic, intensely pruritic, and of a relapsing nature. There are several risk factors related to AD. However, family history and filaggrin (FLG) genes are leading among them. As per available data, Homoeopathy is very effective for the management of AD. This case is of a child 8 years of age who was suffering from AD for almost 7 months. He presented with pruritus with eczematous lesions and redness in the right axilla. There was oozing of sticky discharge from the affected area. After proper case-taking and repertorization, *Graphites* 30 was prescribed, followed by *Graphites* 200. After a few follow-ups gradual improvement was observed. This case study reveals a positive role of homoeopathic treatment in atopic dermatitis.

**KEYWORDS:** Atopic Dermatitis, Graphites, Individualized homoeopathic medicine.

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### \*Corresponding Author:

**Dr. Patranu Parui**

Junior Research Fellow, Regional Research Institute for Homoeopathy, Siliguri, West Bengal, India

Email: [patranuparui@gmail.com](mailto:patranuparui@gmail.com)

### INTRODUCTION:

Atopic Dermatitis (AD) is a chronic, relapsing skin disease accompanied by dry skin and intense itch.<sup>[1,2]</sup> Atopy is defined as an inherited tendency to produce immunoglobulin E (IgE) antibodies in response to different allergens such as house dust, pollen, and food allergens. Dermatitis comes from the word 'derma' which means skin and 'itis' which means inflammation.<sup>[3]</sup>

AD remains one of the most frequently reported dermatological disorders in homoeopathy outpatients,<sup>[4]</sup> especially in classical homoeopathic medical practices in Germany and Switzerland,<sup>[5]</sup> and also in India.<sup>[6]</sup>

The pathophysiology of Atopic Dermatitis is complex and multifactorial.<sup>[7]</sup> It involves genetic, immunologic, and environmental factors.<sup>[8]</sup> The theory of skin barrier defect is

more recent. One of the most important functions of the skin is to act as a barrier between the internal and external environment of the body. Skin barrier dysfunction has been the first step to developing atopic dermatitis.<sup>[9]</sup> The theory of immunological imbalance argues that atopic dermatitis results from an imbalance of T cells, particularly T helper cell types 1, 2, 17, and 22, and regulatory T cells.<sup>[10]</sup>

Usually, patients present with severe itching and erythematous lesions around the affected area. The risk factors include a family history of AD, asthma, allergic rhinitis, and overproduction of immunoglobulin E (IgE).<sup>[11]</sup> Additionally, the environmental aspects, increased exposure to airborne or food allergens, pollutions, infections, diet, duration of breastfeeding, use of antibiotics, should be considered as risk factors.<sup>[7]</sup> There are various methods of treatment available in modern medicine. However, the adverse effects like dermatitis after using dupilumab, psoriasis, some adverse ocular events, and alopecia are also high in those treatments. Sometimes seronegative inflammatory arthritis is also reported.<sup>[12]</sup> Some known adverse effects of azathioprine are nausea, malaise, fatigue, lymphopenia, and neutropenia.<sup>[13]</sup> Topical corticosteroids, which are used in AD, have multiple adverse effects like telangiectasia, skin atrophy, hypertrichosis, hyperpigmentation, etc.<sup>[14]</sup> Here homoeopathy has a great scope to flourish. Few control trials show promising results in the treatment of AD by homoeopathy.<sup>[15,16]</sup> The Hanifin and Rajka criteria and the American Academy of Dermatology Consensus Criteria are useful diagnostic tools based on features of AD.<sup>[17,18]</sup> AD severity can be assessed by using validated methods such as Scoring Atopic Dermatitis or the Eczema Area and Severity Index.<sup>[19]</sup>

Atopic Dermatitis affects about one-fifth of all individuals during their lifetime but the prevalence of the disease varies greatly throughout the world.<sup>[20]</sup> According to the WHO Global Burden of Diseases Initiative's data, it is estimated that AD affects at least 230 million people worldwide, being the leading cause of the non-fatal disease burden within skin conditions.<sup>[21]</sup> The onset of AD occurs during the first years of life and remission in adolescence is approximately 80% and 60% respectively.<sup>[22]</sup> According to the International Asthma and Allergies in Childhood (ISSAC), the prevalence of AD is 10% to 20% in children and 1% to 3% in adults worldwide.<sup>[23]</sup>

#### **CASE REPORT:**

An 8-year-old male child was brought by his parents to the outpatient department of a Homoeopathy Research Centre in Siliguri with recurrent itching, discharge, eczematous eruption, and redness in the right axilla for 7 months. He was taking allopathic medicine and ointment for the itching for 4 months which gives him no relief whatsoever. Then he sought Homoeopathy for relief. In this case, the onset was gradual over the 7 months. The margin of the eruption was well-defined. There was oozing of sticky discharge from the affected area. There was no significant history. A strong family history of skin disease was present. His grandfather and father both had a skin disease which was suppressed by allopathic ointments. Mentally the patient was irritable and restless. He had a weakness of memory. His appetite and thirst were decreased. No desire present but aversion for vegetables. The stool was very hard and constipated. He was thermally a chilly patient.

**Clinical Findings**

The patient presented with recurrent itching, discharge, and eczematous eruption. After a physical examination, a red discolouration was found on the affected area. There was oozing of transparent, sticky discharge also present.

**Diagnosis**

This case was diagnosed as atopic dermatitis as per the American Academy of Dermatology Diagnostic Criteria for Atopic Dermatitis.<sup>[24]</sup>

**Analysis of Symptoms**

**Table- 1: Miasmatic Analysis<sup>[25]</sup>**

Symptoms	Miasm
Restless, Irritable	Psora
Weak memory	Syphilis
Aversion to vegetables	Psora
Hard, constipated stool	Psora
Thermally Chilly	Psora
Itching eruption	Psora
Oozing to sticky discharge	Syphilis
<b>Analysis</b>	This was a mixed Miasmatic case with Psora predominant.

**Repertorial Totality<sup>[26]</sup>**

Remedy	Graph	Phos	Ars	Nit-ac	Sep	Sulph	Lyc	Mez	Rhus-t	Sil
<b>Totality</b>	22	19	18	18	18	18	17	17	17	17
<b>Symptoms Covered</b>	8	7	7	7	7	7	7	7	7	7
<b>Kingdom</b>	Minerals	Minerals	Minerals	Minerals	Animals, Sarcodes	Minerals	Plants	Plants	Plants	Minerals
[Kent ] [Skin]ERUPTIONS:Itching: (109)	3	2	3	3	3	3	2	3	3	2
[Kent ] [Skin]ERUPTIONS:Discharging:Moist: (83)	3	2	2	1	3	2	3	3	3	3
[Kent ] [Skin]ERUPTIONS:Itching,oozing: (1)	3									
[Kent ] [Skin]ERUPTIONS:Red: (54)	2	3	2	2	1	3	1	2	2	1
[Kent ] [Generalities]HEAT:Vital,lack of: (108)	3	3	3	3	2	2	2	2	3	3
[Kent ] [Rectum]CONSTIPATION (SEE INACTIVITY): (213)	3	3	3	3	3	3	3	3	1	3
[Kent ] [Stomach]AVERSION:Vegetables: (5)										
[Kent ] [Mind]MEMORY :Weakness of (see Mistakes): (168)	2	3	3	3	3	2	3	2	2	2
[Kent ] [Mind]IRRITABILITY (SEE ANGER): (245)	3	3	2	3	3	3	3	2	3	3

**Fig- 1: Repertorial Sheet**

**Table- 2: Follow-Ups**

Date	Symptoms/Outcome	Prescription
06/01/2022	The intensity of itching decreased but still redness and oozing were present.	Placebo 100/28 dose/ BD
21/01/2022	The itching decreased but persists. Oozing of discharge slightly decreased.	Placebo 100/28 dose/ BD
03/02/2022	The itching decreased but persists. Oozing of discharge and redness were still the same as before.	Placebo 100/28 dose/ BD
18/02/2022	Itching and sticky discharge were the same. Redness slightly decreased.	<i>Graphites</i> 200/4/ BD
07/03/2022	Itching, discharge of sticky fluid and redness all were decreased.	Placebo 100/28 dose/ BD
30/03/2022	No eruption was found with complete recovery (Fig- 3)	Placebo 100/28 dose/ BD
04/05/2022	No eruption was found with complete recovery	Placebo 100/28 dose/ BD

**Table- 3: Modified Naranjo Criteria**<sup>[27,28]</sup>

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2 ✓	-1	0
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1 ✓	-2	0
3. Was there an initial aggravation of symptoms?	+1	0✓	0
4. Did the effect compass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1 ✓	0	0
5. Did overall well-being improve? (suggest using a validated scale)	+1 ✓	0	0
6A <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1 ✓	0	0

6B <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	+1	0	0 ✓
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0 ✓	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	–3	+1 ✓	0
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2 ✓	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0✓
Total score	<b>09</b>		



**Fig- 2: Before treatment**



**Fig- 3: After treatment**

**THERAPEUTIC INTERVENTION:****Selection of Medicine**

After repertorisation, a group of medicines like *Graphites*, *Phosphorus*, *Arsenicum Album*, and *Sepia* were indicated. After consulting with various Materia medica *Graphites* 30/4 dose, manufactured by SBL PVT. LTD. Once Daily for 4 days was prescribed as the eruption, characterized by transparent and sticky discharge with constipation more indicative of this medicine. The prescribed medicine also covered the maximum number of rubrics and got the highest score.

**DISCUSSION:**

This was a case of Atopic Dermatitis. Usually, AD is a chronic, relapsing skin disease accompanied by dry skin and intense itch. It is very common in early age groups, children, and adolescents. The risk factors include a family history of AD, asthma, allergic rhinitis, and overproduction of immunoglobulin E (IgE). In this case, the 8-year-old patient came with eruptive itching and redness in the right axilla (Fig- 2). Along with this, there was a sticky discharge of pus. There are various methods of treatment available in modern medicine. However, the adverse effects are also high in those treatments. The patient was applying ointment but there was no relief. In this case, homoeopathy not only helped to stop the frequent long-term administration of allopathic drugs but also controlled the itching, and sticky discharge of pus from the affected area. Also, irritation and redness were completely relieved.

Homoeopathy is a holistic mode of treatment, where all the patients are treated as a whole, not by the name of the disease. The patient's symptoms are considered here to find a perfect similimum to cure the case

considering the totality of symptoms of the case of disease. In this case, *Graphites* 30 was prescribed on the first visit after repertorisation (Fig- 1). In the next 3 consecutive follow-ups (Table- 2) placebo was prescribed as the medicine acted perfectly and the patient was improving. On 5<sup>th</sup> visit, *Graphites* 200 was prescribed. By the end of three months, there was a positive response as the dermatitis was completely recovered (Fig- 3). The complete follow-up is mentioned in Table- 2. The recovery and causal attribution are also established by the Modified NARANJO score of 9 (Table- 3). A case report by Dr. Bhattacharjee shows a homoeopathy cure for AD in an infant.<sup>[2]</sup> Few control trials show promising results in the treatment of AD by homoeopathy.<sup>[17,18]</sup>

**CONCLUSION:**

Homoeopathic medicines are effective in the treatment of AD, which has been demonstrated in different studies and case reports. This case report highlights the importance of individualized homoeopathic medicines in atopic dermatitis. *Graphites* is a well-known homoeopathic medicine for skin disease and can treat diseases like atopic dermatitis. Further research and RCTs are required on a large scale for generating solid prove on efficacy of Homoeopathy in treating atopic dermatitis.

**Declaration of Patient Consent:**

The authors confirm that they have obtained the patient's approval on patient consent forms. As the patient is a minor, his guardian has given consent for his clinical information to be reported in the journal.

**Limitations of this study:**

This is a single case study. To scientifically validate this intervention, further trials involving more cases are necessary.

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