

Healing Chronic Atopic Dermatitis Through Individualized Homoeopathic Remedies: A Case Report

Dr. Sandhya Vasant Gharge^{1,2}, Dr. Rashmi Rajendra More^{3,4}

¹Assistant Professor, Department of Gynaecology & Obstetrics, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Pune

²Department of Department of Gynaecology & Obstetrics, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Pune, sandhya.gharge@bharatividyaapeeth.edu

Dr. Rashmi Rajendra More^{2*}

³Assistant Professor, Department of Homoeopathic Repertory and Case Taking, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Pune.

⁴Department of Homoeopathic Repertory and Case Taking, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Pune, rashmi.more@bharatividyaapeeth.edu

Abstract

Background:

Atopic dermatitis (AD) is a chronic inflammatory skin condition characterized by recurrent eczematous lesions, pruritus, and an association with emotional and physical stressors. Conventional treatments often provide symptomatic relief but may fail to address the underlying causes, resulting in relapse. Homoeopathy offers a holistic approach, focusing on the individual's unique symptomatology and emotional state.

Methods:

A 31-year-old male presented with a chronic, non-healing lesion on the left lower limb, initially appearing as erythematous scaly patches with burning and mild itching, later progressing to crust formation with serous discharge. The case was managed with individualized homoeopathic remedies, including Arsenicum album, Lachesis, Psorinum, and Mezereum, along with local applications of Echinacea mother tincture and coconut oil for wound care. Follow-ups were conducted over six months to monitor progress.

Results:

The patient showed significant improvement in symptoms, including reduced burning, itching, and swelling. The lesion healed completely, with skin color gradually returning to normal. Emotional distress and restlessness also subsided, and there was no relapse of symptoms during the follow-up period.

Conclusion:

This case demonstrates the potential of individualized homoeopathic treatment to effectively manage atopic dermatitis, including chronic and non-healing lesions. By addressing both physical and emotional aspects of the condition, homoeopathy provided holistic and sustained relief. This case emphasizes the importance of integrating constitutional remedies with supportive local care for optimal outcomes in AD management.

Keywords:

Atopic dermatitis, homoeopathy, non-healing lesion, individualized treatment, constitutional remedies, holistic care.

INTRODUCTION

Eczema, often synonymous with dermatitis (e.g., atopic eczema or atopic dermatitis [AD]), represents a reaction pattern marked by variable clinical findings and a common histological feature of spongiosis. It manifests as primary lesions like erythematous macules, papules, and vesicles, which may coalesce into patches and plaques. In severe cases, weeping and crusting lesions caused by infection or excoriation often predominate. Chronic conditions may result in lichenification, altering the typical appearance of eczema. AD, a chronic hypersensitive skin condition with predominant itching, significantly impacts quality of life and is often associated with the atopic march. AD is classified into infantile, childhood, and adult phases, though overlapping features can make precise categorization challenging. (1, 2, 3)

Epidemiology

AD is a manifestation of atopy, frequently linked to a family history of asthma, allergic rhinitis, or eczema. The global prevalence of AD is rising, with 50% of cases presenting within the first year of life and 80% by age five. Approximately 80% of affected individuals develop allergic rhinitis or asthma. Clinical presentations vary with age, with infants showing weeping inflammatory patches and crusted plaques, while older children typically exhibit

flexural dermatitis. In adults, localized disease such as hand eczema or lichen simplex chronicus is common. Pruritus, exacerbated by dry skin, is a hallmark in all age groups, and secondary infections, particularly with *Staphylococcus aureus*, may cause exacerbation. (1, 3, 4)

Clinical Features

1. Persistent pruritus and scratching
2. Course marked by exacerbations and remissions
3. Typical eczematous dermatitis lesions, including weeping and crusting
4. Personal or family history of atopy (e.g., asthma, allergic rhinitis, food allergies)
5. Prolonged clinical course (>6 weeks)
6. Skin lichenification (1)

Role of Homoeopathy in Atopic Dermatitis

Homoeopathy offers a personalized approach to managing atopic dermatitis (AD) by focusing on the patient's constitutional state and presenting symptoms. Remedies are selected to address the hypersensitivity of the immune system, aiming to reduce inflammation, itching, and other discomforts associated with AD. Medicines such as Sulphur, Graphites, Mezereum, and *Rhus toxicodendron* are commonly prescribed based on individual symptom patterns, including weeping lesions, lichenification, and chronic relapses. By targeting the root cause, homoeopathy strives to restore balance, minimize exacerbations, and provide long-lasting relief, often improving the overall quality of life in patients with AD.

Case Report:

A 31-year-old male, an assistant professor by profession, initially developed an eruption with a burning sensation aggravated by touch on the medial aspect of his left lower limb. The eruption appeared as a group of red, slightly scaly patches, accompanied by mild itching and no discharge. After a week, the condition progressed into a non-healing wound. The patient tried allopathic treatment for a week, but there was no improvement. He has a past history of allergic rhinitis, for which he underwent homeopathic treatment six years ago. The current issue began in January 2023, coinciding with a period of emotional distress. At the time, he was feeling irritable due to the complaint and was emotionally disturbed over marital concerns, as he was struggling to find a suitable partner. Additionally, his mother was in poor health, and he is very close to her. He was also experiencing significant stress related to his work, particularly his strong interest in research and innovation, leading to mental and physical restlessness.

Build: ectomorph

- Weight: 60 kg
- Pulse: 74 bpm
- Blood Pressure: 130/80 mmHg
- Temperature: 97.3°F (afebrile)
- Oedema: absent

Systemic examination was normal; the patient was conscious and well-oriented

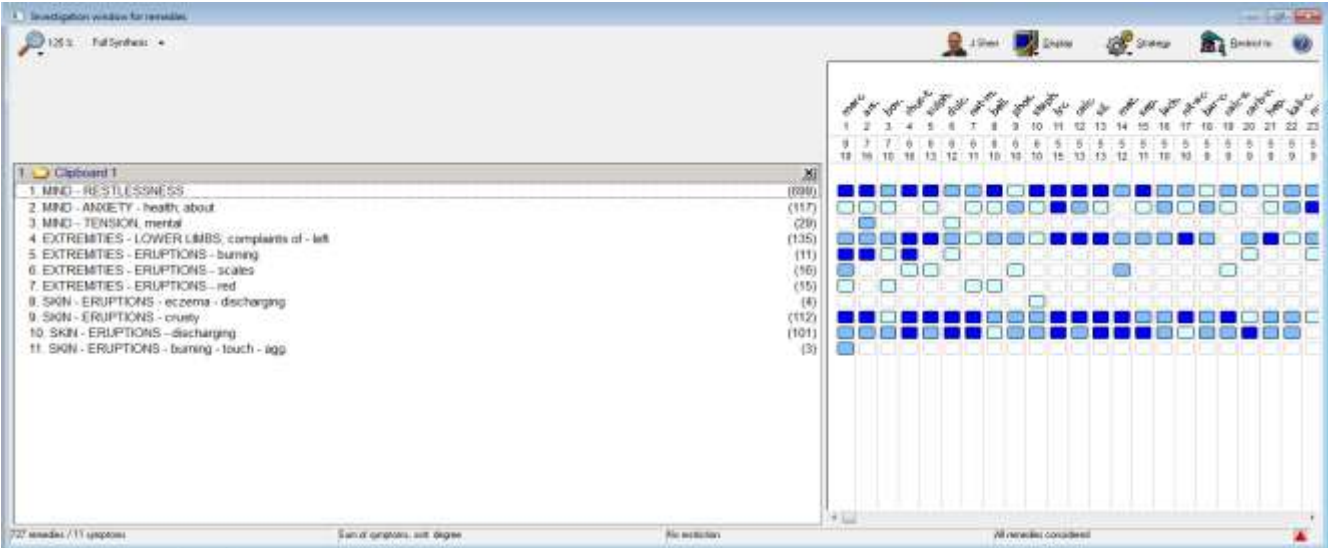
Local Examination of Lower Limbs:

- Inspection- Skin-eruption in groups with redness, scaly on left medial aspect of lower limb.
- Palpation: No pitting oedema, no blanching observed.

Analysis & repertorization:

- Restlessness
- Anxiety about health
- Stressed due to complaints
- Burning sensation over left lower limb aggravated by touch
- Red, scaly eruptions over the leg
- Serous discharging wound with crust formation

Figure 1: Repertorization sheet







Intervention:



The patient was initially prescribed Arsenicum album 30 for a week, considering restlessness, burning pain, and serous discharge. Echinacea mother tincture was used for crust cleaning, followed by coconut oil application. As the lesion spread with dark pigmentation, Lachesis 1M was administered. With recurrence, increased sensitivity, and brown crust formation, Psorinum 1M was given. As healing progressed, Mezereum 30 was prescribed. The eruption gradually resolved, with no relapse. Coconut oil application continued for skin repair.

The follow-up is summarized in Table 1

Table 1: Follow-up & intervention

Date	Observation	Intervention	Photo
03/02/2024	- The lesion is covered with crust and there is thin serous discharge present, pain while walking and mild oedema at local site - Mental restlessness present	- Arsenicum album 30 for 1 week - Echinacea Q	
08/02/2024	- The lesion is covered with crust and there is thin serous discharge present, pain while walking and mild oedema at local site - Mental restlessness present	- Arsenicum album 30 1 week - Echinacea Q	

08/03/2024	<ul style="list-style-type: none"> - The lesion started spreading towards ant aspect of the leg, crust present also slight blood present, pain is reduced, swelling also reduced. - But the affected part become dark pigmented 	Lachesis 1M	
04/05/24	<ul style="list-style-type: none"> - The patient exhibited fastidiousness and insecurity, with burning eruptions aggravated by touch, crusty brown lesions, pain worsened by scratching, swelling on the affected part, and thirst relieved by cold drinks. - Relapse of complaint occurred 	Psorinum 1M	
15/05/2024	<ul style="list-style-type: none"> - The skin eruption, previously aggravated by touch, showed reduction, with crusty brown lesions beginning to heal, pain from scratching decreasing, and swelling subsiding. 	Mezerium 30 for 7 Days	

29/05/2024	- The skin eruption began healing, with the color changing from dark to red, and both swelling and pain reduced.	Mezerium 30 2 pills TDS For 7 Days	
13/07/24	The eruption completely healed, with no relapse of the complaint, and both swelling and pain were fully resolved.	Sac Lac 30	

DISCUSSION

This case illustrates the effectiveness of homoeopathy in treating a chronic, non-healing skin condition influenced by emotional and physical factors. The patient's history of allergic rhinitis and the emotional stress caused by personal and professional challenges played a crucial role in the development and progression of the lesion. The failure of prior allopathic treatment highlights the need for a holistic approach. The lesion evolved from erythematous scaly patches to a non-healing wound with serous discharge and swelling, demonstrating the importance of individualized treatment. Remedies such as Arsenicum album, Lachesis, Psorinum, and Mezereum were prescribed based on the totality of symptoms, addressing both acute exacerbations and underlying chronic issues. Local application of Echinacea mother tincture aided in wound cleaning, while coconut oil helped maintain skin hydration and prevent crusting.

CONCLUSION

This case of atopic dermatitis showcases the role of homoeopathy in achieving complete healing of a chronic lesion while addressing associated symptoms like burning, itching, and swelling. Individualized remedies, guided by the patient's physical and emotional state, effectively managed both acute exacerbations and chronic phases, ensuring recovery without relapse.

Declaration of patient consent:

Written consent was obtained from the patient, with the assurance that his anonymity would be maintained throughout the case report.

Financial support and sponsorship:

Nil.

Conflicts of interest:

The authors declare that they have no conflicts of interest.

REFERENCES:

1. Kasper DL, Fauci AS, Hauser SL, Longo DL, J. Larry Jameson, Loscalzo J. Harrison's Principles of Internal Medicine 19/E (Vol.1 & Vol.2) (ebook). McGraw Hill Professional; 2015.
2. Kanwar AJ, De D: Epidemiology and Clinical Features of Atopic Dermatitis in India. Indian J Dermatol. 2011; 56: 471- 475.
3. Spergel J. Atopic dermatitis and the atopic march. Journal of Allergy and Clinical Immunology. 2003 Dec;112(6):S118-27.
4. Nwabudike LC. Atopic dermatitis and homeopathy. Our Dermatology Online [Internet]. 2012 Jul 2;3(3):217-20. Available from: <https://doi.org/10.7241/ourd.20123.50>