

Atopic Dermatitis Treated with Individualised Homoeopathy: A Case Report

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Abstract: This case report describes a case of 16-year-old male, Hindu, a teenager suffering from atopic dermatitis of the right middle, ring and little finger. After proper case-taking, we analysed and evaluated the case and Graphites 200 was selected after consultation with Kent's repertory. After taking medicine the patient gradually improved and after continuing for two months of treatment the eruption & itch disappeared, as well as mentally and physically patient became healthy. This case report highlights the role of individualised homoeopathic medicine in the case of skin disorders without causing any adverse effects.

Keywords: Atopic dermatitis, Individualised homoeopathic medicine, Graphites, Kent's Repertory

1. Introduction

Atopic dermatitis (AD) is one of the most common diseases of recent times. AD is an endogenous dermatitis triggered by exogenous agents and is characterized by extremely pruritic, recurrent, symmetric eczematous lesions. It is mostly prevalent (10-30 %) in children.^{1,2} AD results from a complex interaction between genetic susceptibility, impaired skin barrier, immunological changes and environmental factors. There are three distinct patterns of AD, depending on the age of the patient.^{1,3} *Infantile Phase* - Onset at 2-3 months of age and lasts up to 2 years of age¹ - *Childhood Phase* - From 2-12 years of age.¹⁻³ *Adult Phase* - Intensely itchy lichenified plaques. It is distributed in cubital and popliteal fossae and sometimes neck. The diagnosis of AD is mainly clinical with very few laboratory tests available for confirmation. Like- IgE levels, Prick test, Atopic PT etc. In the patient suffering from AD, they also have a chance of impetigo.¹ Viral infections like herpes simplex virus (HSV), molluscum contagiosum and human papillomavirus (HPV) infection, fungal infections, erythroderma and also growth retardation due to itching, these children sleep poorly and so grow poorly, psychosocial disturbances.² AD greatly impacts patient's quality of life. In the case of treatment procedures modern medicinal treatment though effective but always not able to provide a permanent cure. Homoeopathy treats these kinds of skin affections are successfully treated without any side effects. The case history is given below.

Patient Information:

A 16-year-old male patient attended in OPD in October 2022, suffering from skin eruption for the past 2 months and previously treated by modern medicine without satisfactory improvement.

Clinical Findings:

Eruptions with intense itching over the right middle, ring & little fingers for 2 months, aggravated especially at night with watery, yellowish discharges which are sticky in nature. Occasionally there was burning with slight pain. On

the basis of symptoms, it was provisionally diagnosed as Atopic Dermatitis.

In this case, the patient was previously treated by a dermatologist for this illness. This was diagnosed by a dermatologist as a case of Atopic Dermatitis. However, modern medicinal treatment could not provide him with a cure for the condition. After 2 months of treatment by modern medicine, a dermatologist patient came to us for treatment on 29th October 2022. He had a past history of chicken pox at the of 12 years and history of skin diseases from his family. His father also suffered from Type 2 Diabetes Mellitus.

The patient had loss of appetite, craving for meat, egg and spicy food and aversion to vegetables. He was thirstless and had hard stool passed with great straining. He was thermally chilly.

He was tall, thin and white complexioned with mild pallor. On examination, his blood pressure was 124/80 mm of Hg, pulse rate was 72 beats/min., respiratory rate was 18/min.

The skin of the right, middle, index and little fingers was red, with slightly swelled-up skin & scales. There was the presence of scratch marks and discharge.

Diagnostic Assessment

Diagnosis: This case was diagnosed as atopic dermatitis. American academy of dermatology Diagnostic Criteria for Atopic Dermatitis⁽⁴⁾

Essential features: must be present for diagnosis

Table -1

Condition	Finding
Chronic or Relapsing history	Yes
Eczema (acute, subacute, chronic)	Chronic Eczema
Pruritus	Yes
Typical morphology and age-specific patterns	Yes

Important features: Support the diagnosis (Observed in most cases)

Table 2

Condition	Finding
Atopic (personal or family history)	Yes
Early age at onset	Yes
Immunoglobulin E reactivity	No
Xerosis	No

Associated features: Suggestive of the diagnosis but nonspecific

Table 3

Condition	Finding
Atypical vascular responses (facial pallor, white dermographism.	No
Keratosis pilaris, pityriasis alba, hyperlinear palms, or ichthyosis Ocular or periorbital changes	No
Perifollicular accentuation, lichenification, or prurigo lesions	No

2. Therapeutic Intervention

The therapeutic intervention consists of analysis of symptoms, miasmatic analysis, totality of symptoms and repertorisation, reference to materia medica⁽⁵⁾ and prescription.

3. Analysis and Evaluation of Symptoms

Mental general symptoms:

- The patient was irritable.
- He had a weakness of memory.

Physical general symptoms:

- Loss of appetite,
- Craving for meat, egg and spicy food.
- Aversion to vegetables.
- The patient thirsts less.
- Hard, stool.
- The patient was thermally chilly.

Particular symptoms:

- Eruptions with intense itching over the right middle, ring & little fingers which was aggravated especially at night.
- Watery, yellowish discharges which are sticky in nature.
- There was burning pain.

Miasmatic Analysis

Miasmatic evaluation of all the presenting symptom, which showed the predominance of *Psoric miasm*

Table 4

Symptoms/ rubrics	Miasm
1) Irritable.	Psoric.
2) Weak memory.	Syphilis.
3) Craving for meat.	Psoric.
4) Craving for egg.	Sycosis.
5) Craving for spicy food.	Psoric.
6) Aversion to vegetables.	Psoric.
7) Thirstless.	Sycosis.
8) Hard stool.	Psoric.
9) Chilly patient.	Psoric.
10) Eruption with itching.	Psoric.
11) Watery, sticky, yellowish discharges.	Syphilis.
12) There was burning pain.	Psoric.
ANALYSIS	It was a tri miasmatic case and psoricmiasm was predominant

Totality of Symptoms:

- Loss of appetite
- Craving for meat, egg and spicy food.
- Thirst less.
- Hard stool.
- Chilly patient.
- Eruption with intense itching over right middle, ring & little fingers which were aggravated especially at night.
- Watery, yellowish discharges which are sticky in nature.
- There was burning pain.
- Irritable.
- Weakness of memory.

Repertorial Totality:⁽⁶⁾

Considering the above-mentioned totality of symptoms, repertorial analysis was done using Hompath (ZomeoElitesoftware) and Kent's repertory was preferred. The repertorisation chart is given in fig-1⁽⁷⁾

- MIND, IRRITABILITY
- MIND, FORGETFUL
- STOMACH, DESIRE, Meat
- STOMACH, DESIRE, Eggs
- STOMACH, AVERSION, Vegetables
- STOMACH, THIRSTLESS
- STOOL, HARD
- GENERALITIES, COLD in general agg.
- SKIN, ERUPTIONS, Itching, Night
- SKIN, ERUPTIONS, Discharging, yellow
- SKIN, ERUPTIONS, Burning

Remedy	Graph	Lye	Phos	Merc	Sulph	Calc	Arn	Puls	Rhus-t	Sep	Carbon-s	Nat-m	Am-c	Caust
Totally	18	18	18	17	17	17	16	16	16	16	16	15	15	15
Symptoms Covered	8	7	7	8	8	7	8	7	7	7	6	8	7	7
Kingdom														
(Kent) (Mind) (IRRITABILITY (SEE ANGER); (245)	3	3	3	2	3	3	2	3	3	3	3	3	3	3
(Kent) (Mind) (FORGETFUL (SEE MEMORY); (153)	2	3	3	3	2	2	1	1	2	1	3	2		2
(Kent) (Stomach) (DESIRES Meat; (20)	1			1	1							1		
(Kent) (Stomach) (DESIRES Eggs; (4)						2								
(Kent) (Stomach) (AVERSION Vegetables; (5)														
(Kent) (Stomach) (THRISTLESS; (87)		2	1		1		2	3		2		1	2	1
(Kent) (Stool) (HARD; (164)	3	3	3	2	3	3	2	2	1	3	3	3	3	2
(Kent) (Generalities) (COLD in general age; (134)	3	3	3	2	2	3	3	2	3	3	2	2	2	3
(Kent) (Skin) (ERUPTIONS) (itching) (Night; (18)	1			3			2		2				1	

Figure 1

Selection of Medicine:

Here, we adopted Dr. Kent’s method as the patient displayed characteristic mental as well as physical general symptoms. Considering the above symptomatology and miasmatic background of the case, the medicine was selected Graphites 200 and it was also consulted with Kent’s repertory by using Homopath software (ZomeoElite).

Rx,

Graphites 200/4dose
in aqua dist 30ml
add 4 drops of RS
Mft mist
put 4 marks
OD x 4 days

To be taken on an empty stomach, early in the morning.

Prescription:

Follow Up (Table-5)

Follow up visits	Indications for prescription/ totality	Medicine with repetition and dose
16/11/2022	The patient has no discharge with no itching. No complaints during this period.	Rubrum for 30 days.
04/01/2023	The patient has no discharge with no itching. He was absolutely free from this condition.	Rubrum for 30 days.



Before Treatment

Figure 2 (A)



After Treatment

Figure 2 (B)

Before and after score of SCORing Atopic Dermatitis (SCORAD):

SCORing Atopic Dermatitis (SCORAD) Calculator

<http://passi.cortilii/scorad> © Matteo & Michela Corti 2015

Date: 2023-01-28

SCORAD: 51.95

Area

Head	0
Upper limbs (left)	0
Upper limbs (right)	25
Lower limbs (left)	0
Lower limbs (right)	0
Back	0
Genitals	0
Trunk	0

Intensity

Redness	3
Swelling	2
Oozing / Crusting	2
Scratch marks	1
Skin thickening (lichenification)	1
Dryness	2

Subjective symptoms

Itch	7
Sleeplessness	6

Before

Figure 3 (A)

SCORing Atopic Dermatitis (SCORAD) Calculator

http://psicortilij/scoread © Matteo & Michela Corti 2015

Error: please complete the form

Area
 Head 0
 Upper limbs (left) 0
 Upper limbs (right) 0
 Lower limbs (left) 0
 Lower limbs (right) 0
 Back 0
 Genitals 0
 Trunk 0

Intensity
 Redness 0
 Swelling 0
 Crusting / Crusting 0
 Scratch marks 0
 Skin thickening (lichenification) 0
 Dryness 0

Subjective symptoms
 Itch 0
 Sleeplessness 0

After
Figure 3 (B)

Table 6: Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic 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 encompass 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 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	08		

4. Discussion

In homoeopathy, we treat the patient as a whole, not by the name of the disease. We consider the patient symptoms above that those of the disease symptoms where to find a perfect similimum to cure the case considering the totality of symptoms and miasmatic background of the case of disease. We have to treat every case on the basis of the individuality of the patient. After the selection of the medicine, we should consider the dose and potency of the selected medicine based on laws and principles of Homoeopathy as given by our Masters. Above all

homoeopathy can cure these kinds of dermatological disorders naturally, permanently, gently and also rapidly. The patient presented eruptions with intense itching over the right hand with a watery yellowish discharge. Occasionally, there was burning pain, especially at night. He was mentally very irritable from all sorts of treatment. He had a history of chicken pox at the age of 12 years. This case was treated with individualised homoeopathic medicines and showed a complete disappearance of eruptions overhand. In this case, after very careful history recording, repertorisation and consultation with homoeopathic materia medica, *Graphites* was prescribed based on homoeopathic principles. After that

patient showed magical improvement which proved the beauty of homoeopathy. He was very much satisfied with the treatment. He felt very happy both mentally and physically. SCORing Atopic Dermatitis (SCORAD) Score was improved after treatment is given in Fig.-3A & Fig.-3B. Possible causal attribution was calculated by the Modified Naranjo Criteria assessment (MONARCH) (**Table - 6**). In the field of homoeopathy, many physicians treated many cases of AD by prescribing constitutional medicines. In the different types of journals in homoeopathy, I found several medicines that show marvellous results in AD. The medicines are *Sulphur*, *Natrium muriaticum*, *Sepia officinalis*, *Calcarea carbonica*, *Causticum* etc. Dr. Mousumi Das, PGT, Department of Paediatrics, National Institute of Homoeopathy, Kolkata has successfully treated 4 cases of AD by given *Mercuriussolubiils* in 3 cases & *Sulphur* in 1 case.⁽⁸⁾Dr. Navita Bagdi and Dr. Hanuman Ram, SRF, CCRH had been successfully treated 1 case of AD by given *Natrium Muriaticum*.⁽⁹⁾Dr. Suraia Parveen Research Officer, Dr. Anjali Chaterjee, Regional Research of Homoeopathy, Kolkata has been successfully treated of comorbid AD and depression by *Graphites* followed by *Causticum*.⁽¹⁰⁾

5. Conclusion

Graphites is a well-known homoeopathic medicine for skin disease prescribed on the basis of the totality of symptoms. It is capable of treating even inveterate types of skin diseases like AD. Further research required to establish the role of graphites in AD. The symptoms available in this case are useful and can be utilised for in such cases in future.

Declaration of patient consent

The authors certify that they have obtained appropriate patient consent form. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that his name and initials will not be published and due efforts will be made to conceal his identity.

Conflict of Interest: None.

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