

Importance of Hering's of Law of Cure in the Treatment of Eczema

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Abstract: Eczema, also known as dermatitis is a very common skin complaint. Atopic dermatitis is the most common form of eczema. Eczema is characterized by redness and inflammation of skin either with only red, dry rash or with eruptions of popular or vesicular in nature along with discharges of varying nature. The exact cause behind eczema is not fully known yet. Genetic and environmental factors conjointly contribute to cause eczema. The objective of the study is to analyze the role of Homoeopathy in managing cases of Eczema and thereby understanding the importance of the Hering's law of cure in treatment of eczema through individualization and symptom similarity. **Result:** Out of 50 cases 76% (38 cases) showed marked/moderate improvement. Only a small proportion of cases i. e., 24% (12 cases) showed mild/no improvement after prescribing Homoeopathic medicine. **Affectability of Homoeopathy in managing cases of Eczema is found statistically significant using Paired T - test at confidence level 95%. Conclusion:** This study has shown the efficacy of Homoeopathy in managing cases of Eczema, in accordance with the Hering's Law of Cure and a significant improvement has been observed in patient's health.

Keywords: Eczema, Individualization, Homoeopathic management

1. Introduction

Eczema is a common skin condition with increased prevalence in children and young adults. The aetiopathogenesis is complex and not clearly understood. It is however attributed to overly active immune system which when triggered by a substance inside or outside the body, responds by inflammation. Eczema is non - contagious. However, a positive family history of eczema or any other allergy like hay fever, urticaria, and asthma puts a person at a high risk in developing eczema.

Epidemiology

In the U. S., 31.6 million people have at least one form of eczema. It is estimated that 1 in 10 individuals will develop eczema during their lifetime, with prevalence peaking in early childhood.

Pathophysiology

- Disturbance of epidermal barrier A profoundly disturbed epidermal barrier leads to dry skin as a consequence of a high transepidermal water loss on one hand and to enhance penetration of irritant substances and allergens into the skin on the other side. The disruption of the epidermal barrier may be caused by genetic alterations such as null mutations in the gene *filaggrin* that strongly predispose to development of eczema or ichthyosis.
- Irritants and psychoneuroimmunology the dry skin with reduced epidermal barrier function causes a non - specific hypersensitivity of the skin towards all kinds of irritant factors.
- Psychology greatly influences eczema, and most patients report stress results in aggravation of the disease.
- Increased IgE production IgE antibodies and positive Atopy Patch Test have been found in the majority of adult patients with atopic eczema.
- Skin barrier The clinical appearance of inflamed lesions emerging on dry, scaling skin is suggestive of an impairment of skin barrier function. An enhanced Transepidermal water loss (TEWL) and reduced skin

surface water content are physical parameters that directly reflect this impaired barrier function.

Clinical features:

The signs and symptoms vary widely from person to person and from individual type which include: (3)

- Dry skin
- Itching, which may be severe, especially at night
- Red to brownish - gray patches, especially on the hands, feet, ankles, wrists, neck, upper chest, eyelids, inside the bend of the elbows and knees, and in infants, the face and the scalp.
- Small, raised bumps, which may leak fluid and crust over when scratched
- Thickened, cracked, scaly skin
- Raw, sensitive, swollen skin from scratching (3)

Diagnosis

Examination: Pruritus is the hallmark of this disease.

- a) The clinical presentation of eczema varies with age.
- b) The stage of lesion can be determined based on how it appears.
 - Acute - crusted, oozing, eroded vesicles, erythematous plaques, or papules.
 - Subacute - erythematous scaly plaques or papules.
 - Chronic - slight pigmented, lichenified plaques or excoriations. (4)

Investigations:

Medical history and physical examination are of paramount importance. Additionally, blood tests such as Total eosinophil count and total serum IgE levels are found to be elevated.

2. Methods and Materials

The study has been conducted on the patients of OPD of Sri Guru Nanak Dev Homoeopathic College & Hospital.

Inclusion criteria:

- Diagnosed cases of Eczema
- Patients who are opting for Homoeopathic treatment
- Patients who will strictly follow the guidelines
- Patients who are willing to participate in the study
- Patients complying with regular follow ups.

Exclusion criteria

- Cases without proper follow up.
- Patients who will not follow the guidelines strictly and are not willing to participate in the study
- Patients who have skin diseases other than eczema like dermatophytosis Psoriasis, scabies will be excluded from the study.

Research technique

The study was randomized exploratory study undertaken upon 50 patients at OPD of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana, Punjab. Following screening using inclusion criteria and exclusion criteria, eligible patients were recruited into the study. With proper case taking, the totality of the symptoms was constructed for individualization of the cases. Evaluation of symptoms has been done according to Dr. Kent’s method. Appropriate homoeopathic medicine was selected upon the symptom similarity. A specially designed spreadsheet (master chart) has been used for data extraction and inference was subjected to statistical analysis. Paired T - test was performed to show the efficacy in post treatment results.

3. Result

Findings of the study were based on the 50 cases that participated in the study. It was observed that the incidence of eczema is more common amongst young adults followed by children. It was found that most of the patients involved in the study belong to age group of young adults i. e. (17 - 39) which was 48%, followed by the age group of children between (0 - 16), (40 - 55) & (56 and above) which was 22%, 18% & 12% respectively.

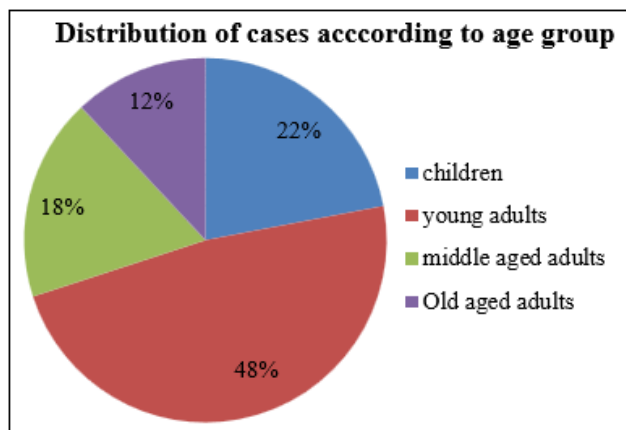


Figure: Graphical representation in the form of pie diagram for distribution of cases according to age group

Incidence of cases based on the aggravating factors: It was found that warmth is the most common aggravating factor (28%), followed by aggravation at night, (16%), aggravation

from scratching (10%) and aggravation in morning (10%). Other aggravating factors found to be were aggravation in changing clothes, monsoon, covering, touch, soap/detergent, water and sweating/moisture with 6%, 4%, 2%, 2%, 2%, 2% and 2% respectively.

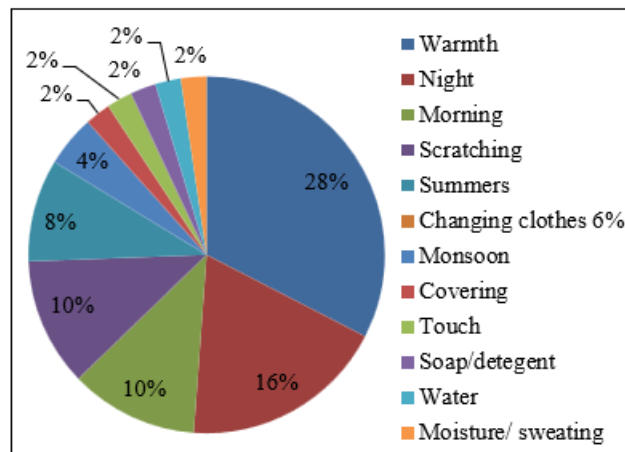
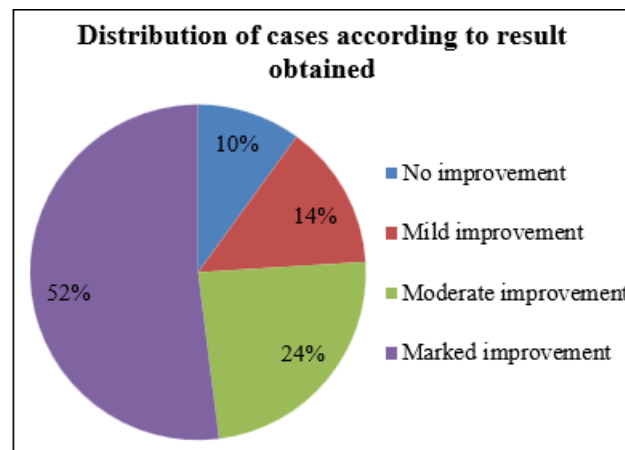


Figure: Graphical representation in the form of pie diagram for distribution of cases based on the aggravating factors

It is significant to note the distribution of cases according to result obtained in the statistical study was that, 26 cases (52%) showed marked improvement whereas & 12 cases (24%) showed moderate improvement. It is interesting to note that only a small proportion of cases i. e. 7 cases (14%) & 5 cases (10%) showed mild or no improvement respectively.



Statistical analysis is performed with the help of paired T - test to study the role of Homoeopathy in managing cases of Eczema using number of symptoms present before and after treatment.

Paired t - test was conducted to study the role of Homoeopathy in cases of Eczema. The result showed that the value of critical t (13.35) is greater than the tabulated value in t - table at df=49 with confidence level 95% at 0.05 i. e., 2.0096, which is statistically significant. Hence, the p value for the null hypothesis will be less than 0.05 and so we can reject it. Thus, the Null Hypothesis (H₀) is being rejected and the Alternate Hypothesis (H₁) that Homoeopathy is able to manage cases of eczema is being accepted.

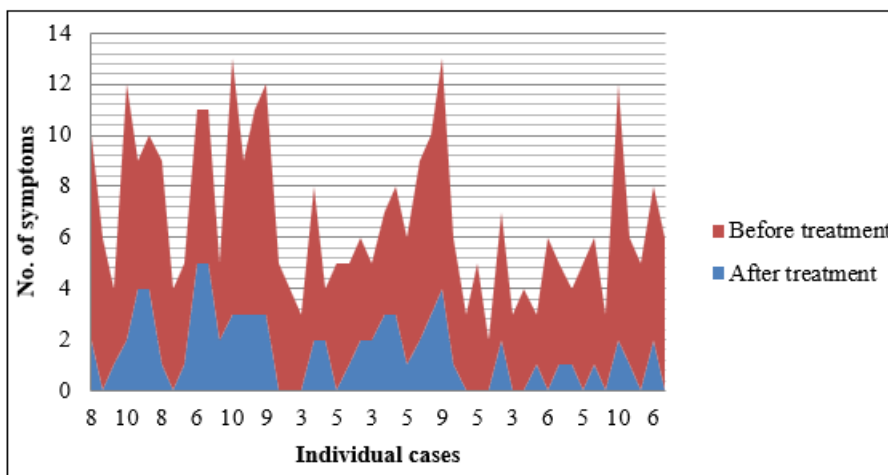


Figure: Graphical representation in the form of area chart to elucidate role of Homoeopathy in cases of Eczema

4. Discussion

It was found that most of the patients involved in the study belong to age group of young adults i. e. (17 - 39) which was 48%, followed by the age group of children between (0 - 16), (40 - 55) & (56 and above) which was 22%, 18% & 12% respectively. It is evident from the study that young adults and children are more prone to eczema.

Aggravating factors: It was observed that warmth is the most common aggravating factor (28%), followed by aggravation at night, (16%) followed by aggravation from scratching (10%) and aggravation in morning (10%). Other aggravating factors found to be were aggravation in changing clothes, monsoon, covering, touch, soap/detergent, water and sweating/moisture with 6%, 4%, 2%, 2%, 2%, 2% and 2% respectively.

It is significant to note that 26 cases (52%) & 12 cases (24%) showed marked or moderate improvement, whereas only 7cases (14%) & 5cases (10%) showed mild or no improvement respectively.

5. Conclusion

Paired t - test was conducted to study the role of Homoeopathy in cases of Eczema.

Thus, the Null Hypothesis (H_0) stated as, 'Homoeopathy is not able to manage cases of eczema', is being rejected and the Alternate Hypothesis (H_1) that, 'Homoeopathy is able to manage cases of eczema is being accepted'. This study has shown that homoeopathic treatment is effective in treating cases of eczema.

Conflict of interest

The author has no conflict of interest to declare.

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