

# Evaluation of the Efficacy of Homeopathic Treatment in Patients with Eczema - A 3 Month Study at Sai Homeopathy Hospital, Sasure Vairag, Tal Barshi, Dist Solapur

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**Abstract:** Eczema is a common, chronic inflammatory skin condition that significantly impacts the quality of life. While conventional treatments provide only temporary relief, many patients seek alternative therapies such as homoeopathy. This study aims to evaluate the efficacy of individualized homoeopathic treatment in 30 patients with eczema over a 3-month period from 1st September to 1st December 2024 at Sai Homoeopathy Hospital, Sasure Vairag, Tal Barshi, and Dist Solapur. Thirty patients clinically diagnosed with eczema were treated with individualized homoeopathic remedies based on their symptoms and constitutional type. The severity of eczema was assessed using the Eczema Area and Severity Index (EASI), and the impact on quality of life was measured with the Dermatology Life Quality Index (DLQI) at baseline and at 1, 2, and 3 months. Statistically significant improvements were observed in both EASI and DLQI scores. After 3 months, 72% of patients showed moderate to significant improvement in symptoms. Adverse effects were minimal, with no serious reactions reported. The study suggests that homoeopathic treatment may be an effective option for managing eczema, offering improvements in both clinical symptoms and quality of life. Larger studies with randomized control groups are needed to confirm these findings.

**Keywords:** Homoeopathy, Eczema, EASI, DLQI, Skin Disorders

## 1. Introduction

Eczema (or atopic dermatitis) is a chronic, inflammatory skin disorder that affects a significant portion of the global population. It is characterized by intense itching, redness, and scaling, which severely impact the physical and emotional well-being of patients. Conventional treatment options, including corticosteroids and immunosuppressants, often provide only short-term relief and can have undesirable side effects with prolonged use.

Homoeopathy, a holistic system of medicine based on treating the individual rather than the disease, has gained attention as a potential treatment for eczema. However, robust clinical evidence supporting its efficacy remains limited. This study, conducted from 1st September to 1st December 2024, evaluates the outcomes of individualized homoeopathic treatment in 30 patients with eczema at Sai Homeopathy Hospital, Sasure Vairag, Tal Barshi, and Dist Solapur.

## 2. Methods

### 2.1 Study Design

This was a prospective, open-label, observational study conducted at Sai Homoeopathy Hospital, sasure-vairag between 1st September and 1st December 2024. Ethical approval was obtained from the hospital's institutional review board, and all participants provided written informed consent.

### 2.2 Participants

A total of 30 patients diagnosed with eczema were enrolled in the study. The inclusion criteria were as follows:

- Age between 18 and 60 years
- A confirmed diagnosis of eczema (atopic dermatitis, contact dermatitis, or seborrheic dermatitis)
- Willingness to participate in the study and comply with the homoeopathic treatment protocol.

Exclusion criteria included:

- Pregnancy or lactation
- Serious comorbid conditions
- Use of systemic medications for eczema within 2 weeks prior to the study.

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**2.3 Intervention**

Each patient was prescribed an individualized homeopathic remedy based on their constitutional type and symptoms. The commonly used remedies included:

- Sulphur
- Rhus toxicodendron
- Graphites
- Arsenicum album

Patients received treatment in the form of oral pellets or liquid doses, adjusted as per their individual responses during follow-up visits.

**2.4 Outcome Measures**

The primary outcome measure was the Eczema Area and Severity Index (EASI) score, which quantifies the severity of eczema.

**Eczema Area and Severity Index (EASI) scoring -**

Component	Scoring	Description
1. Area of Involvement	- 0% (No involvement)	Evaluates the extent of eczema in four body regions.
	- 1-9% (Mild involvement)	Body regions include head & neck, upper limbs, trunk, lower limbs.
	- 10-29% (Moderate involvement)	The areas affected are assigned percentages based on severity.
	- 30-49% (Severe involvement)	
	- 50-100% (Very severe involvement)	
2. Severity of Erythema (Redness)	- 0: No redness	Measures the intensity of redness caused by eczema.
	- 1: Mild redness	
	- 2: Moderate redness	
	- 3: Severe redness	
3. Severity of Infiltration (Thickening)	- 0: No thickening	Measures the degree of skin thickening due to inflammation.
	- 1: Mild thickening	
	- 2: Moderate thickening	
	- 3: Severe thickening	
4. Severity of Excoriation (Scratching)	- 0: No excoriation	Measures the degree of skin damage caused by scratching.
	- 1: Mild excoriation	
	- 2: Moderate excoriation	
	- 3: Severe excoriation	

**EASI Score Calculation -**

- Total Score = Sum of area + erythema + infiltration + excoriation scores for each body region.
- Possible EASI Score Range: 0 to 72.

The secondary outcome was the Dermatology Life Quality Index (DLQI), assessing the impact of eczema on patients' quality of life.

**Interpretation of EASI Scores:**

EASI Score	Severity
0	No eczema
1-7	Mild eczema
8-16	Moderate eczema
17-72	Severe eczema

**Structure of DLQI -**

The DLQI is divided into 10 questions, each representing a different domain that might be impacted by eczema. Each question is scored on a scale of 0 to 3, with the total score ranging from 0 to 30. A higher score indicates a greater impact on the patient's quality of life.

**DLQI Questions and Scoring -**

Domain	Question	Score
1. Symptoms and Feelings	"Over the last week, how itchy, sore, painful or stinging has your skin condition been?"	0: Not at all 1: A little 2: A lot 3: Very much
2. Daily Activities	"Over the last week, how much has your skin condition interfered with your daily activities (e.g., shopping, cleaning, gardening, etc.)?"	0: Not at all 1: A little 2: A lot 3: Very much
3. Leisure	"Over the last week, how much has your skin condition affected your leisure activities (e.g., sports, hobbies, etc.)?"	0: Not at all 1: A little 2: A lot 3: Very much
4. Work and School	"Over the last week, how much has your skin condition affected your ability to work or study?"	0: Not at all 1: A little 2: A lot 3: Very much
5. Personal Relationships	"Over the last week, how much has your skin condition affected your personal relationships with people (e.g., family, friends, partners)?"	0: Not at all 1: A little 2: A lot 3: Very much
6. Treatment	"Over the last week, how much have you felt that your skin condition has been difficult to treat?"	0: Not at all 1: A little

		2: A lot 3: Very much
7. Clothing	"Over the last week, how much has your skin condition affected what you wear?"	0: Not at all 1: A little 2: A lot 3: Very much
8. Social Life	"Over the last week, how much has your skin condition affected your social life?"	0: Not at all 1: A little 2: A lot 3: Very much
9. Sexual Life	"Over the last week, how much has your skin condition affected your sexual life?"	0: Not at all 1: A little 2: A lot 3: Very much
10. Sleep	"Over the last week, how much has your skin condition affected your sleep?"	0: Not at all 1: A little 2: A lot 3: Very much

**Scoring of DLQI -**

**Total Score:** The score for each question is summed up, giving a total score between 0 and 30.

**Interpretation:**

- 0–1: No effect on quality of life.
- 2–5: Small effect.
- 6–10: Moderate effect.
- 11–20: Very large effect.
- 21–30: Extremely large effect.

**Patients were evaluated at the following time points:**

- Baseline (1st September 2024)
- 1 Month (1st October 2024)
- 2 Months (1st November 2024)
- 3 Months (1st December 2024)

**2.5 Statistical Analysis**

Data were analyzed using SPSS (version 25). Descriptive statistics were used to summarize baseline characteristics, and paired t-tests were used to compare changes in EASI and DLQI scores from baseline to follow-up.

**3. Results**

**3.1 Patient Demographics**

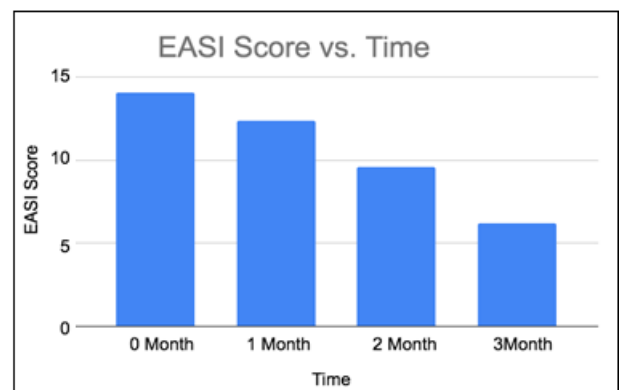
A total of 30 patients were enrolled, with a mean age of 33.5 years. The gender distribution was 70% male and 30% female. The most common subtype of eczema was Atopic Dermatitis (70%), followed by Contact Dermatitis (20%) and Seborrheic Dermatitis (10%).

**3.2 Eczema Severity (EASI Scores)**

At baseline, the average EASI score was  $14.1 \pm 5.8$ , indicating moderate to severe eczema. After 3 months of individualized homeopathic treatment, the average EASI score decreased to  $6.2 \pm 3.3$ , reflecting a significant improvement ( $p < 0.001$ ).

**Table 1: Changes in EASI Scores**

Time	Mean EASI Score	± SD
Baseline	14.1	5.8
1 Month	12.4	4.5
2 Months	9.6	3.8
3 Months	6.2	3.3



**Figure 1: Bar Graph Showing EASI Score Improvement**  
X-axis: Duration in month  
Y-axis: EASI Score

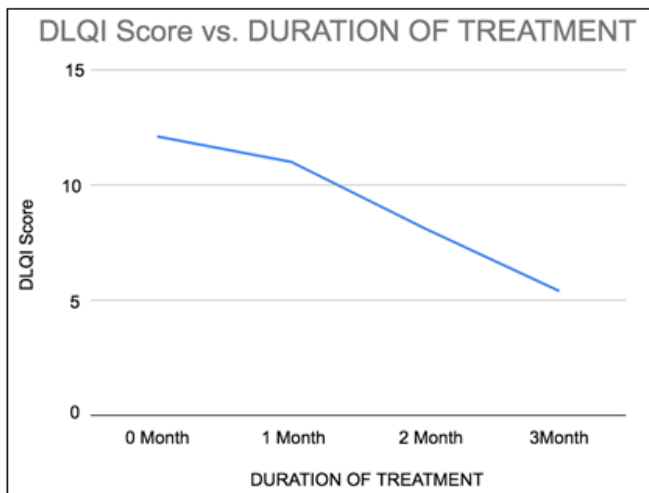
- Baseline:  $14.1 \pm 5.8$
- 1 Month:  $12.4 \pm 4.5$
- 2 Months:  $9.6 \pm 3.8$
- 3 Months:  $6.2 \pm 3.3$

**3.3 Quality of Life (DLQI Scores)**

The mean DLQI score at baseline was  $12.7 \pm 3.9$ , reflecting a significant impact of eczema on the patients' daily lives. After 3 months of treatment, the average DLQI score decreased to  $5.4 \pm 2.3$ , indicating a substantial improvement ( $p < 0.001$ ).

**Table 2: Changes in DLQI Scores**

Time	Mean DLQI Score	± SD
Baseline	12.7	3.9
1 Month	11.0	3.5
2 Months	8.1	3.2
3 Months	5.4	2.3

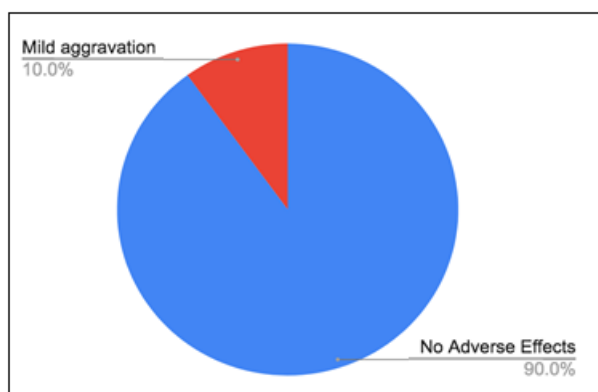


**Figure 2:** Line Graph Showing DLQI Score Improvement  
X-axis: Duration in Months  
Y-axis: DLQI Score

- Baseline:  $12.7 \pm 3.9$
- 1 Month:  $11.0 \pm 3.5$
- 2 Months:  $8.1 \pm 3.2$
- 3 Months:  $5.4 \pm 2.3$

### 3.4 Adverse Events

Adverse effects were minimal, with 3 patients (10%) reporting mild aggravation of symptoms during the first two weeks of treatment. These symptoms resolved spontaneously without requiring any additional intervention.



**Figure 3:** Pie Chart Showing Adverse Events Distribution

- No Adverse Effects: 90%
- Mild Aggravation: 10%

## 4. Discussion

The results of this study suggest that homeopathic treatment can be effective in reducing the severity of eczema, as indicated by the significant improvement in EASI scores. Additionally, the improvement in DLQI scores highlights the positive impact of homeopathy on patients' quality of life.

While the study provides promising evidence for the effectiveness of homeopathy in eczema treatment, the small sample size and the absence of a control group are limitations. Larger, randomized controlled trials with longer follow-up periods are needed to confirm these results and

evaluate the long-term safety and efficacy of homeopathic treatments.

## 5. Conclusion

This study provides initial evidence that individualized homeopathic treatment may offer significant benefits in managing eczema, as demonstrated by improvements in both clinical symptoms and quality of life. Future studies with larger sample sizes and more rigorous designs are required to validate these findings.

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