ScientificScholar®
Knowledge is power
Publisher of Scientific Journals

www.jish-mldtrust.com

Journal of Integrated Standardized Homoeopathy

Case Report

Atopic dermatitis in a 2-year-old child treated with individualised homoeopathic medicine: A case report

Sanjukta Mandal[1], Bikash Biswas[2], Jahir Abbas[3]

[1]Department of Materia Medica, [2]Department of Repertory, [3]Department of Surgery, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, India.

***Corresponding author:**
Sanjukta Mandal,
Department of Materia Medica, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, India.

m.sanjukta@yahoo.com

Received : 17 May 2021
Accepted : 30 July 2021
Published : 21 October 2021

DOI
10.25259/JISH_13_2021

Quick Response Code:

ABSTRACT

Atopic dermatitis (AD) is a chronic, relapsing pruritic skin condition which is accompanied by inflammation of the affected parts. It usually develops during early childhood and has a predilection for the skin flexures. Approximately 70% of cases start before the age of 5 years: Only 10% begin in adulthood. Asthma and allergic rhinitis are comorbid in most cases. This is a case report of a 2-year-old child who presented with reddish elevated papular eruptions on the skin with severe itching. After thorough case taking and examination, the diagnosis was AD, based on the Hanifin and Rajka criteria. The patient underwent individualised homoeopathic treatment. In subsequent follow-ups, the patient's improvement was monitored using the PO-SCORAD scale and the subjective symptoms. Marked improvement was noted within a few months. Homoeopathic treatment is effective in these cases to yield rapid improvement without any adverse effects.

Keywords: Atopic dermatitis, PO-SCORAD, Homoeopathy, Individualisation, Repertory

INTRODUCTION

Atopic dermatitis (AD) is an endogenous eczema triggered by an exogenous agent.[1] The word 'atopy' was first used for a group of hereditary disorders in people who tended to develop an urticarial response to foods and inhaled substances.[2] AD comprises extremely pruritic, recurrent and often systemic eczematous lesions. Sites of involvement are characteristic but vary depending on patient age. This condition is a strong genetic predisposition; patients may have a personal or family history of atopic diathesis and an increased ability to form immunoglobulin (Ig)E in response to common environmental allergens. AD is often described as 'runs in the family.' It is hypothesised that AD is inherited through separate but closely related genetic pathways. HLA typing, however, does not support genetic inheritance. The most characteristic investigation findings are elevated IgE levels (more than 80% of patients with AD have IgE levels ≥200 IU/mL); increased IgE levels after exposure to multiple allergens (foods, aeroallergens, microbes and their toxins) and defective control of IgE production by T lymphocytes, reduced delayed hypersensitivity, decreased T-cell activity and increased proportion of B-lymphocytes with surface-bound IgE. AD is seen in 3% of all infants between 3 and 4 months of age. There is increasing worldwide incidence because of increased exposure to pollutants, increased exposure to indoor allergens and decline in breastfeeding.[1]

Three distinct patterns of AD have been recognised, depending on patients' age:

- Infantile phase – Begins after the age of 3 months, which is characterised by intensely itchy papules and vesicles, which soon become exudative. They usually begin on the face but can involve rest of the body but sparing the diaper area. Secondary infection is common, and it runs a chronic course. In 40% of infants, lesions clear by the age of 18 months and in 60% of cases, it changes into childhood pattern[1]
- Childhood phase – Dry leathery and extremely itchy plaques are found mainly on the elbow and knee flexor, often reversed (extensor) pattern is also seen[1]
- Adult phase – Intensely itchy, lichenified plaques are found in cubital and popliteal fossae and sometimes in the neck. A low-grade involvement may be seen on the rest of the body for example, lip lick cheilitis, nipple eczema, hand dermatitis and nummular dermatitis.[1]

Approximately 50% of AD patients have allergic rhinitis and approximately 30% have asthma. Atopic also develops food allergies and urticaria more frequently.[1]

The complications of AD are as follows:

- Bacterial infections: Impetigo[1]
- Viral infections: Herpes simplex, molluscum contagiosum and HPV[1]
- Fungal infections[1]
- Miscellaneous: Due to poor sleep, growth is poorer than normal, side effects of steroids and social and psychological disturbances.[1]

Hanifin and Rajka criteria for AD[3]

- Pruritus[3]
- Typical morphology and distribution[3]
- Flexural lichenification in adults[3]
- Facial and extensor involvement in infants and children[3]
- Dermatitis – Chronically or chronically relapsing[3]
- Personal or family history of atopy[3]

PO-SCORAD for AD

PO-SCORAD is the most widely used disease severity scale in AD. It was developed in 1993 by the European Task Force on AD.[4] The SCORAD index uses [Table 1] the rule of nines to assess disease extent and evaluates five clinical characteristics to determine disease severity: (1) Erythema, (2) oedema/papulation, (3) oozing/crusts, (4) excoriation and (5) lichenification. It also assesses subjective symptoms of pruritus and sleep loss with visual analogue scales. These three aspects – extent of the disease, disease severity and subjective symptoms – combine to give a maximum possible score of 103 [Figures 1-3 score 60.2] [Figures 4-7 score 53.4] [Figures 8-11 score 13.2] [Figures 12-15 score 06.2] [Figures 16-19 score 04.4] [Figures 20-23 improved]. Of all the severity scales used in AD, it is the most widely validated disease severity instrument.[5] It has been found to be valid and reliable, and it has shown excellent agreement with global assessments of disease severity.[6]

Management

Avoid scratching, avoid woollen, synthetic clothes and avoid excessive degreasing of the skin.[1] Avoid milk and eggs.[1] Patients should not be inoculated against influenza, measles and yellow fever.[1] Avoid cosmetics.[1]

Role of Homoeopathy in AD

In a German prospective observational study with 225 children, results revealed strong improvement for the first 3 months that continued for the full observation period after homeopathic treatment.[7]

Another prospective study including 42 patients with AD treated with homoeopathic medicines showed positive results.[8]

A study on Japanese patients with intractable AD showed 50% improvement in overall impression after treatment with homoeopathy.[9]

An RCT held at D.N. De Homoeopathic Medical College and Hospital (Govt. of WB) under the STSH scheme of CCRH showed that improvement after homoeopathic treatment was greater than after placebo, but the between-group differences were mostly non-significant over 3 months of intervention.[10]

CASE REPORT

A 2-year-old male child was brought to the outpatient department (OPD) of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital. He was well nourished and weighed 12 kg.

Chief complaint

Reddish elevated papular eruption on skin associated with severe itching. The child was in an irritable state due to the intolerable itching. He was scratching the parts continuously, which led to some bleeding points. The itching was greatly aggravated at night and from heat of the bed. During examination, when we asked his mother to undress him, the intensity of itching increased.

Medical history

The child had suffered from measles when he was 2 months old.

Family history

His father, grandmother and one of his paternal uncles suffered from bronchial asthma. His elder sister also suffers from breathing distress when exposed to dust and cold weather.

Physical generals

The child was very chilly and always wanted to be covered. His sweat was offensive especially of palms and soles. The child had ravenous appetite and liked to have sweet things and eggs. His stools were regular but offensive. His sleep was greatly disturbed due to the itching.

Clinical findings

- Reddish elevated papular eruptions all over body and face
- Intolerable itching
- Family history of bronchial asthma.

Evaluation of symptoms for homoeopathic prescription

- Extremely irritable child
- Child unable to sleep at night
- Sleepless; he must be carried
- Chilly patient
- Ravenous appetite
- Offensive perspiration of palms and soles
- Intolerable itching aggravated at night and in bed
- Aggravation from undressing.

Repertorial Anaysis was done with Kent's Repertory using Zomeo software by, Hompath.[11]

Timeline

The patient visited the OPD on 28 January 2021. Medicine was prescribed on the same day. The patient was followed up at regular intervals. Medicine was repeated on the 3rd visit – 11 February 2021. Placebo was given at the 2nd, 4th, 5th and 6th visit.

Diagnostic assessment

The diagnosis was made based on the Hanifin and Rajka criteria. PO-SCORAD was calculated during each visit to evaluate the condition of the patient [Table 1]. AD may be confused with psoriasis, seborrheic dermatitis or pityriasis. Therefore, the particular distribution, medical history and family history should be considered for the diagnosis of AD.

The prognosis of this disease is mostly favourable as it is automatically cured by the time of early adolescence. However, patients with severe disease and concomitant atopic conditions have poor prognosis.[12]

Therapeutic intervention

After thorough case taking, repertorisation [Figure 1][11] using Kent's method, and Materia Medica differentiation,[13] Psorinum was selected. Single medicine was prescribed as per law of similia and only one dose of medicine was administered to the patient in centesimal potency and advised to be taken in empty stomach on early morning the next day as per law of minimum. The PO-SCORAD on the 1st prescription day was 60.2 [Table 1]. The patient was asked to report after 7 days.

Table 1: PO-SCORAD score shhet

No. of visits	Date of visit	Symptoms	PO-SCORAD	Prescription
1	28 January 2021	Excessive itching with dry, red eruptions on upper part of body aggravated on undressing and at night. Extreme irritability, constant crying and unable to sleep	60.2	Psorinum 200C 1 dose followed by placebo for next 6 days
2	4 February 2021	Itching slightly reduced. Eruptions same as before	53.4	Placebo for 14 days
3	11 February 2021	Itching better than before. Eruptions reduced. Child is less irritable and can sleep at night	33.2	Psorinum 200c 1 dose followed by placebo for next 21 days
4	4 March 2021	Itching occasional. Eruptions very much reduced. Child is no more irritable and sleeps well at night	13.2	Placebo for 21 days
5	25 March 2021	Itching and eruptions are negligible. Child is doing well	06.2	Placebo for 21 days
6	15 April 2021	Eruptions slightly seen. No itching. Child is doing very well no other symptoms	04.4	Placebo for 1 month

Repertorisation

Filters Applied: Sort by Totality

Symptoms: 10 Remedies: 203

Remedy Name	Ars	Merc	Nit-ac	Sil	Psor
Totality / Symptoms Covered	11 / 6	11 / 5	11 / 5	11 / 5	11 / 4
[Kent] [Mind]Contrary (see obstinate,irritable): (48)	1	2	2	1	
[Kent] [Generalities]Heat:Vital,lack of: (108)	3	2	3	3	3
[Kent] [Stomach]Appetite:Ravenous,canine,exces...	3	2	2	3	3
[Kent] [Extremities]Perspiration:Hand:Offensive: (4)			1		
[Kent] [Extremities]Perspiration:Foot:Offensive: (...	1		3	3	2
[Kent] [Sleep]Sleeplessness:Child must be carried: (1)					
[Kent] [Sleep]Sleeplessness:Itching,from: (14)		2			3
[Kent] [Skin]Eruptions:Itching:Night: (18)	2	3			
[Kent] [Skin]Itching:Undressing agg: (25)	1			1	
[Kent] [Skin]Eruptions:Itching:Undressing,when: (4)					

Patient Repertory Books Remedy All

Figure 1: Repertorial analysis.

During follow-up, every change in the symptoms was noted [Figures 2-4]. Repetition of the same medicine in the same potency was done during the 3rd visit [Figures 9-12] as there was no marked improvement. Medicine was not repeated as long as improvement continued [Figures 13-24].[14]

Follow-ups and outcomes

No. of visit date of visit symptoms PO-SCORAD prescription

1 28th January, 2021 Excessive itching with dry, red eruptions on upper part of body aggravated on undressing and at night. Extreme irritability, constant crying and unable to sleep. [Figures 2-4] PO-SCORAD - 60.2 *Psorinum* **200C** 1 dose followed by placebo for next 6 days.

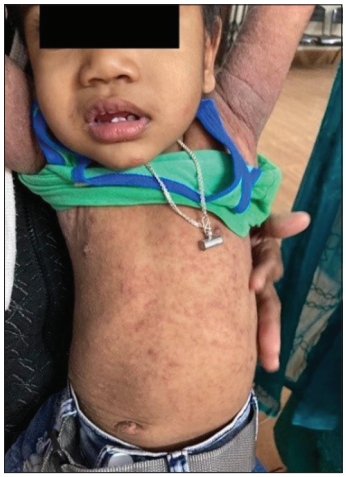

Figure 2: 1st visit.

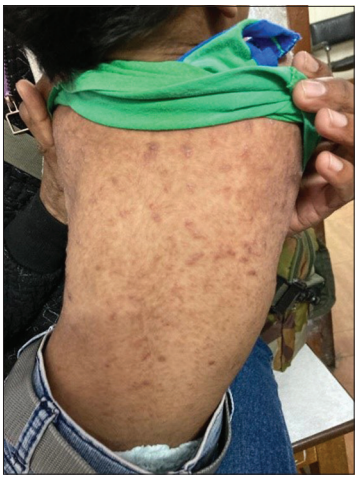

Figure 3: 1st.

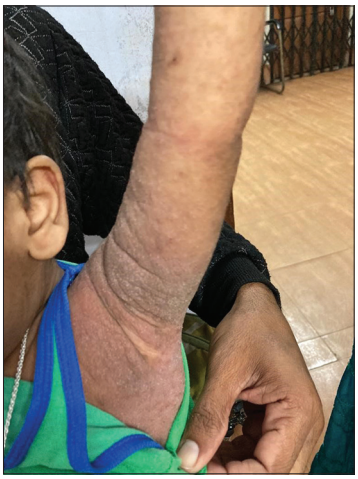

Figure 4: 1st visit.

2 4th February, 2021 Itching slightly reduced. Eruptions same as before. [Figures 5-8] PO-SCORAD 53.4 Placebo for 14 days.

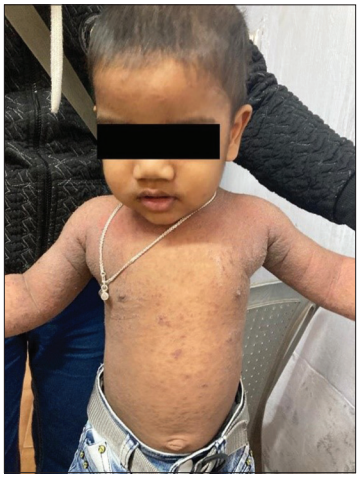

Figure 5: 2nd visit

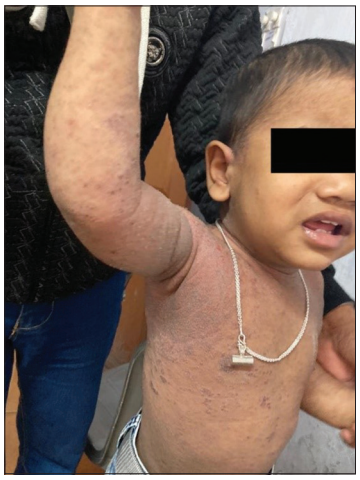

Figure 6: 2nd visit

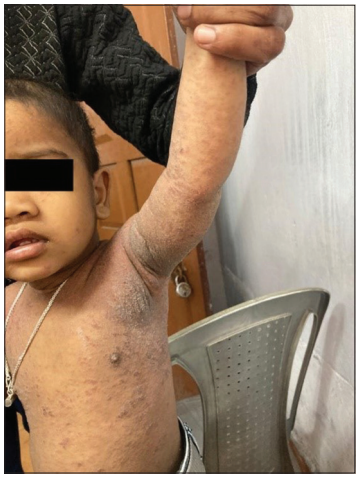

Figure 7: 2nd visit.

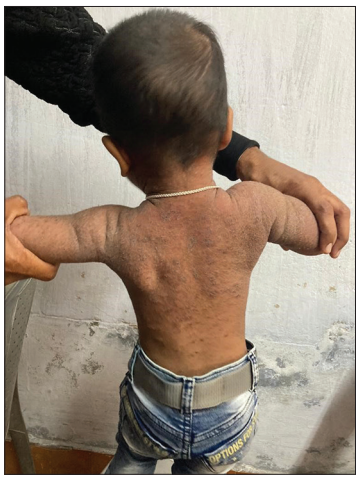

Figure 8: 2nd visit.

3 11th February, 2021 Itching better than before. Eruptions reduced. Child is less irritable and can sleep at night. [Figures 9-12] 33.2 *Psorinum* **200C** 1 dose followed by placebo for next 21 days.

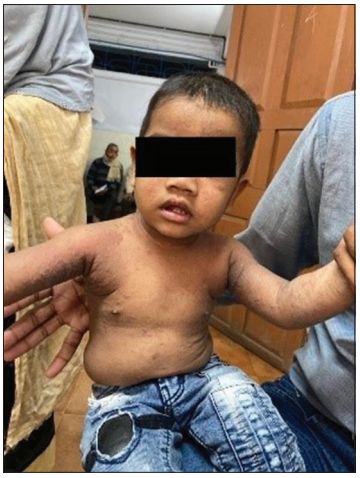

Figure 9: 3rd visit.

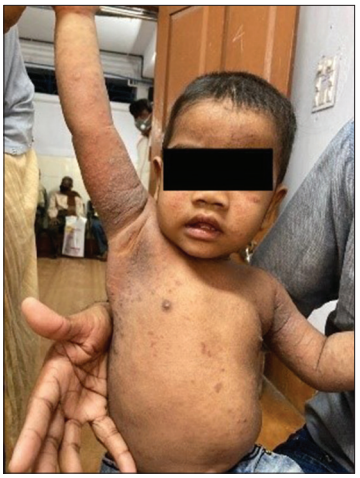

Figure 10: 3rd visit.

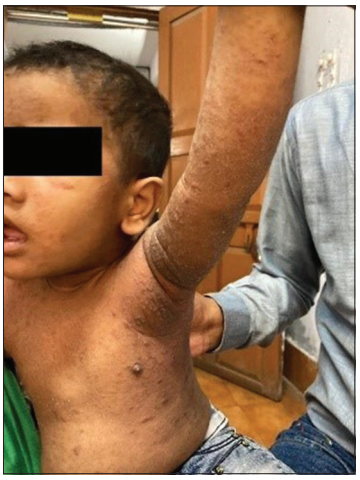

Figure 11: 3rd visit.

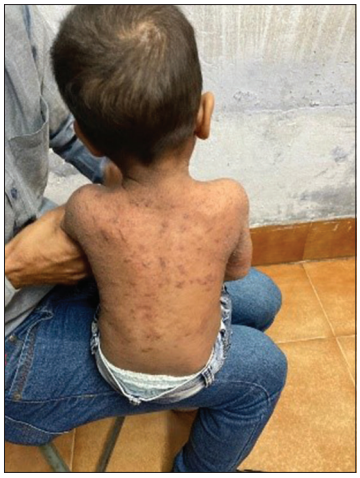

Figure 12: 3rd visit

4 4th March, 2021 Itching occasional. Eruptions very much reduced. Child is no more irritable and sleeps well at night. [Figures 13-16] PO-SCORAD - 13.2 Placebo for 21 days.

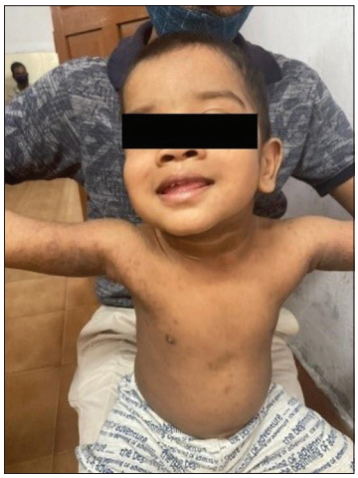

Figure 13: 4th visit.

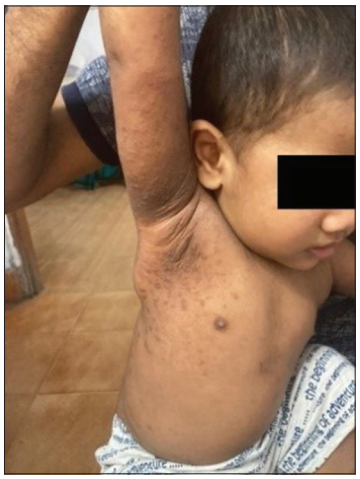

Figure 14: 4th visit.

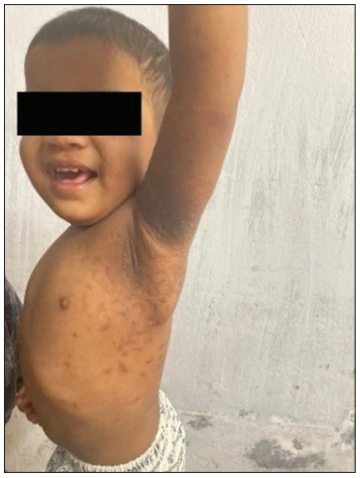

Figure 15: 4th visit.

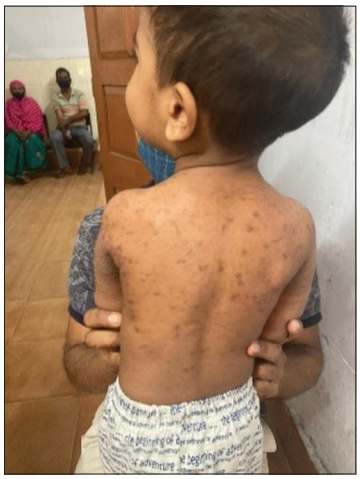

Figure 16: 4th visit.

5 25th March, 2021 Itching and eruptions are negligible. Child is doing well. [Figures 17-20] PO-SCORAD - 06.2 Placebo for 21 days.

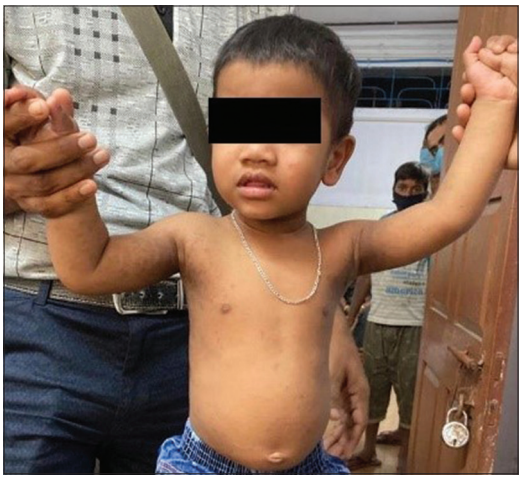

Figure 17: 5th.

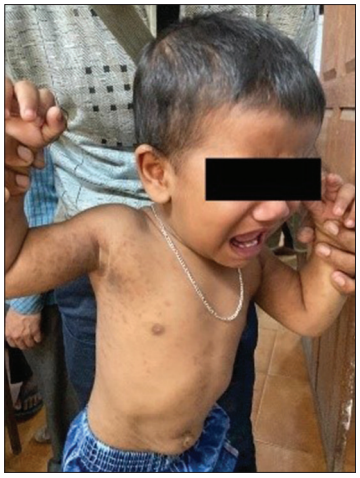

Figure 18: 5th visit.

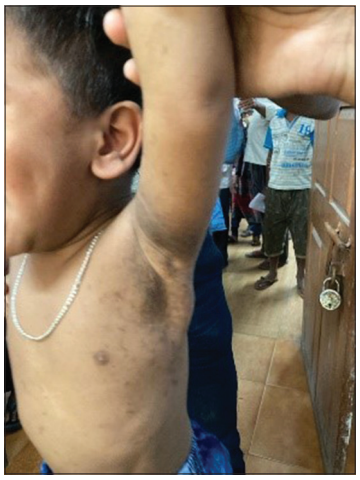

Figure 19: 5th visit.

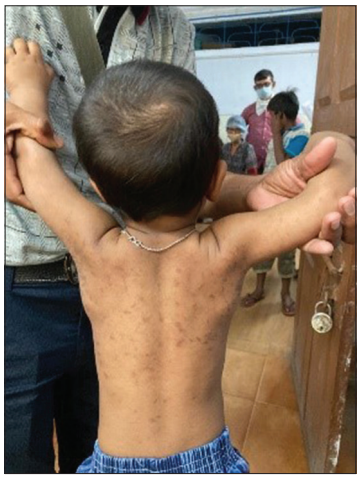

Figure 20: 5th visit.

6 15th April, 2021 Eruptions slightly seen. No itching. Child is doing very well no other symptoms. [Figures 21-24] PO-SCORAD - 04.4 Placebo for 1 month.

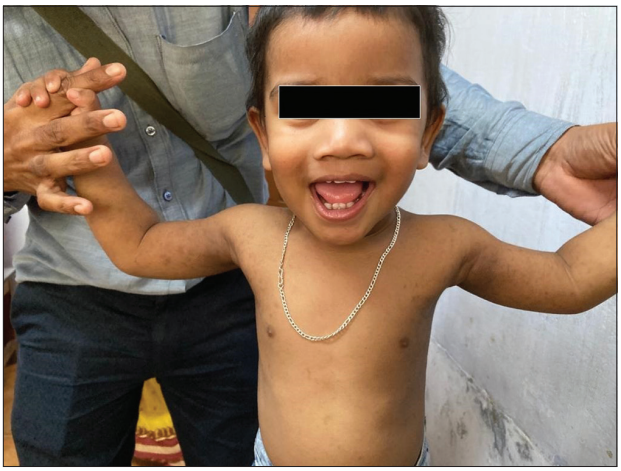

Figure 21: 6th visit.

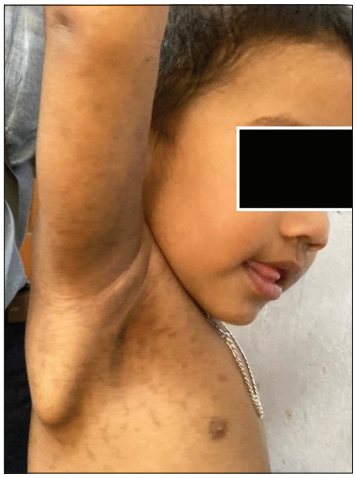

Figure 22: 6th visit.

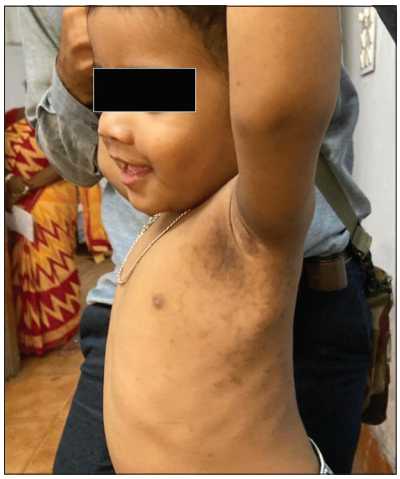

Figure 23: 6th visit.

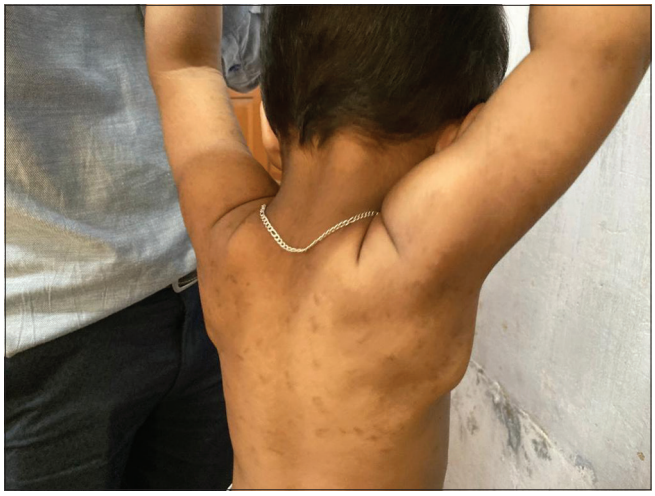

Figure 24: 6th visit.

DISCUSSION

AD is mostly an inherited disease. Local treatments provide very short-lasting results, hence, it needs to be managed with internal medication. Homoeopathic medicines are prescribed on the basis of holistic concept. Studies have proved the effectiveness of this mode of treatment.

The above-discussed case has been diagnosed on the basis of the Hanifin and Rajka criteria. We used the PO-SCORAD clinical scoring to evaluate the patient's condition in each visit. From the etiopathogenesis and clinical picture of AD, we cannot have any idea of predominant miasmatic background. A very careful history of every individual patient, extensive clinical examination, relevant and supportive investigation available and individualisation of the case on the basis of homoeopathic philosophy help us select the similimum remedy. Thus, the above-discussed case was managed successfully with the classically selected homoeopathic medicine.

CONCLUSION

AD is a chronic skin condition that manifest itself physically and psycho-socially in the patients. It demands chronic care. Alongwith medications, attention should be given to personal hygiene and avoidance of any triggering factors. .

Acknowledgments

Department of Surgery (OPD), Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, India.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent. Since Patient is a Minor, the consent of the parents was taken.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Khanna N. Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases. 4th ed. Netherlands: Elsevier; 2011. p. 91-5.
2. Justiz Vaillant AA, Modi P, Atopy JA. StatPearls. Treasure Island, FL: StatPearls Publishing; 2021. Available from: https://www.ncbi.nlm.nih.gov/books/NBK542187. [Last accessed on 2021 Jul 10].
3. Akan A, Dibek-Mısırlıoğlu E, Civelek E, Vezir E, Kocabaş CN. Diagnosis of atopic dermatitis in children: Comparison of the Hanifin-Rajka and the United Kingdom Working Party criteria. Allergol Immunopathol 2020;48:175-81.
4. Kunz B, Oranje AP, Labrèze L, Stalder JF, Ring J, Taïeb A. Clinical validation and guidelines for the SCORAD index: Consensus report of the European task force on atopic dermatitis. Dermatology 1997;195:10-9.
5. Charman C, Williams H. Outcome measures of disease severity in atopic eczema. Arch Dermatol 2000;136:763-9.
6. Rehal B, Armstrong AW. Health outcome measures in atopic dermatitis: A systematic review of trends in disease severity and quality-of-life instruments 1985-2010. PLoS One 2011;6:e1752.
7. Witt CM, Lüdtke R, Willich SN. Homeopathic treatment of children with atopic eczema: A prospective observational study with two years follow-up. Acta Derm Venereol 2009;89:182-3.
8. Eizayaga JE, Eizayaga JI. Prospective observational study of 42 patients with atopic dermatitis treated with homeopathic medicines. Homeopathy 2012;101:21-7.
9. Itamura R, Hosoya R. Homeopathic treatment of Japanese patients with intractable atopic dermatitis. Homeopathy 2003;92:108-14.
10. Rahaman SA, Dey S. Efficacy of Individualized Homeopathic Medicines in Treatment of Atopic Dermatitis in Adults: A Double-blind, Randomized, Placebo-controlled Trial, Project Report STSH180111; CCRH STSH scheme, 2018. New Delhi: CCRH; 2019.
11. Zomeo, Hompath. Using Kent's Repertory, 2019 Version. Maharashtra: Mind Technologies Private Limited; 2019.
12. Bieber T. Mechanisms of disease: Atopic dermatitis. N Engl J Med 2008;358:1483-94.
13. Boericke W. In: Boericke OE, editor. Pocket Manual of Homoeopathic Materia Medica Comprising the Characteristic and Guiding Symptoms of all Remedies. 9th ed. Mumbai: Modern Homoeopathic Publication; 2003. p. 533-4.
14. Hahnemann S, Boericke W, Krauss J. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers Pvt Ltd.; 2003.

How to cite this article: Mandal S, Biswas B, Abbas J. Atopic dermatitis in a 2-year-old child treated with individualised homoeopathic medicine: A case report. J Intgr Stand Homoeopathy 2021;4:86-93.