



E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2020; 4(2): 46-51
Received: 28-02-2020
Accepted: 30-03-2020

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A case report for successful treatment of atopic dermatitis (AD) with a Constitutional homoeopathic medicine *Natrum muriaticum*

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Abstract

Atopic Dermatitis (AD) is a long-term (chronic) pruritic skin condition affecting 15-25% of children, 30% or more it will persist into adulthood. AD is very common, particularly in the developed countries and among people who have a tendency to develop allergies. The Rationale of this case report is to demonstrate the AD associated with psychical complaints in a patient, and better improvement of AD occurs when homoeopathic treatment focuses on psychical symptoms. Here, A 28 year old female diagnosed with AD, presented with complaints of Eczematous lesions on face and genitalia with associated symptoms of sadness and depression for 2 years. Patient was taking allopathic medications for the same, but there was only temporarily relief of the complaints. So, patient approached for homoeopathic intervention for permanent cure. After the detailed case taking, repertorization and final consultation with *materia medica*, a constitutional medicine *Natrum muriaticum* 200C was prescribed. It showed improvement in all complaints, but there was standstill of all complaints after sometime, this too leads to increase the potency of *Natrum muriaticum* 1M as per Homoeopathic principles. There was significant improvement in eczematous lesions with all associated complaints, along with marked improvements in SCORAD Index following 06 months of treatment. These findings conclude that AD treated with individualized homeopathy, the cure was achieved. It is believed that homeopathy may be effective in treatment of AD with careful selection of medicine(s) as per the totality of the symptoms of the patient.

Keywords: Atopic dermatitis, case report, homoeopathy, *Natrum muriaticum*, SCORAD index

Introduction

Atopic dermatitis (AD) also known as atopic eczema is a chronic inflammatory skin condition associated with epithelial, immune and environmental factors [1]. *Atopy* is defined as an inherited tendency to produce immunoglobulin E (IgE) antibodies in response to minute amounts of common environmental proteins such as pollen, house dust mites and food allergens. *Dermatitis* derives from the Greek “derma” which means skin and “itis” which means inflammation [2]. The disorder results in significant morbidity and adversely affects quality of life [3]. Not only patients are affected by the social stigma of a visible skin condition, but the intense itching characteristic of the disease often leads to skin trauma and significant sleep disturbances [4]. AD mostly starts during childhood with a chronic remitting, relapsing course the disease can persist into adulthood in about one fifth of patients [5].

While most cases of paediatric AD do not resolve a significant proportion and in fact a small percentage of patients may first develop symptoms in adulthood [6]. Adult AD can present differently than in children and may require different strategies in part because patients tend to have thicker more lichenified skin [7]. AD can be severely problematic for adult patients particularly when the exposed areas of body are involved such as the hands and face and due to significant effects on overall quality of life [8]. According to the International asthma and allergies in childhood (ISSAC) the prevalence of AD is 10% to 20% in children and 1% to 3% in adult's worldwide [9].

AD arises due to interactions between a leaky skin barrier and the immune response that occurs both in the skin and the systemic circulation therefore conventional system treatments aim to reduce inflammation and repair the skin barrier at sites of inflamed or dry skin [10]. The disease is characterized by the presence of dry and scaly patches on skin of the scalp, forehead and face particularly the cheeks, flexor surfaces of arms, torso etc [11]. The diagnosis of AD can be done in patients commonly present during acute flares with intense pruritis, xerosis, erosions, excoriations and ill-defined patches of erythema with a distribution that varies with the age [12].

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Therefore it is difficult to devise diagnostic criteria that cover the entire spectrum of AD patients^[13].

Associated laboratory abnormalities include high levels of immunoglobulin E (IgE) and circulating eosinophils but pathological biomarkers have not been identified so diagnosis is based on personal/family history of atopy and physical examination to exclude other condition^[14].

The management strategy of AD relies heavily on current and past disease severity along with comorbidities. The epidermal barrier plays an important role in AD irritation. Initiation management includes patient education, emollient therapy and trigger avoidance. Emollients have proven to reduce the incidence of AD and can be equally effective as topical corticosteroid (TCS) of low potency^[15].

Homoeopathic literature review revealed a case study done on atopic dermatitis and depressive disorder on a 38 year old male patient through *Graphites* 1M and *Causticum* 1M. The condition of patient was stable after 6 months and follow up of the patient for next one year with no recurrence of skin symptoms^[16].

Homoeopathy is a treatment based on ‘like cures like’ principle. Homeopaths usually employed highly diluted remedies in order to stimulate the self-healing properties of bodies^[17]. Thus, homoeopathy is a holistic approach used for many, if not most, chronic conditions including AD^[18].

Case report

A diagnosed case of Atopic Dermatitis (AD), 28 years old female patient visited to the OPD of Dr D.P Rastogi Central Research Institute for Homoeopathy, Noida on 16.05.2019 presented with the complaints of redness of face with severe itching and burning on the face and genital area with mild lichenification and dryness of skin since 2 years (Figure1). The itching⁺⁺ and burning of skin was aggravated by heat, perspiration and mental exertion > cold bathing. Along with this she also complaints of involuntary passing of urine which was aggravated during coughing and laughing and ameliorated during urination for last 1 year. She also complaints of offensive flatulence and constipation for last 4 months. The patient was diagnosed with AD by dermatologist 2 years before and she was treated with allopathic medication (antihistamine, antifungal and steroid ointment) but her complaints were becoming vigorous day by day then she opted homoeopathic treatment for AD.

There was a history of Dengue fever 1 year before. She took allopathic treatment and recovered completely. In her family history, father had bronchial asthma and mother has hypothyroidism, she is on allopathic treatment for last 2 years.

The patient was plethoric with fair complexion. Her facial expression was depressed with irritability and nervousness. On local skin examination of the skin there was reddish patches on whole face and genital area with mild crusting. The skin was dry with rough cracks on b/l palms and soles. There was no significant finding present in other systematic and general examinations.

Homoeopathic Generalities

Mental Generals

Patient did not have any child after her marriage. She was married for 5 years and wanted to have a baby. She

conceived 3 years before but when she was 6 months pregnant, she suddenly had miscarriage without any reason after that she became very sad, irritable, nervous and depressed. She wanted to be alone, cry all the time and gradually consolation from others extremely aggravates her complaints. She also had fear of misfortune. This incident affected her life so much that she became pessimistic, anxious and dreams daily of ghost in her dreams⁺. She always thinks about the death of her child and thinking of this incident always makes her cry and during the case taking patient doesn't want to answer anything as she was completely lost in her own world.

Physical Generals

The appetite of patient was adequate and her thermal reaction was hot. She has desire for salty things⁺⁺ and thirst is of moderate amount with profuse sweat on armpits. Bowel movements were irregular with hard stool, but there was offensive flatulence. Her sleep was disturbed due to excessive itching on face and genitals, which makes her very irritable and depressed. Her menses was irregular and scanty lasting only for one day. Overall, she was restless and full of disappointment.

Particulars

The patient had involuntary urination which was aggravated during coughing and laughing and ameliorated during urination.

Analysis of the case and repertorization

After analyzing the symptoms of the case, the characteristic mental, physical generals and particulars were considered for framing the totality. The case was repertorised with the help of RADAR 10.0 Synthesis 8.1 V (English) software.¹⁹ The reportorial results are shown in Figure 2.

Totality of symptoms

1. Redness of face with severe itching and burning on the face and genital area
2. The itching⁺⁺ and burning of skin < by heat, perspiration and mental exertion > cold bathing
3. Dryness of skin
4. Involuntary passing of urine < coughing and laughing > during urination
5. Constipation and offensive flatulence
6. Desire for salty things⁺
7. Irregular and scanty menses
8. Consolation from others < her complaints
9. Fear of misfortune
10. Dreams of ghost in her dreams⁺
11. Sad, irritable, nervous and depressed
12. Disturbed sleep
13. Restlessness
14. Full of disappointment.
15. Brooding over past trifles

Clinical diagnosis: Atopic Dermatitis (AD)

Prescription

16.05.2019 - *Natrum muriaticum* 200/1dose, *Sac lac* 30 / TDS x 7 days

Follow up

Table 1: Timeline including follow-up of the case

Date	Symptoms	Remedy
23.05.2019	Redness of face- same Itching on face and genital area- slight better, but crusting/dryness - same Burning on face and genital area- same Constipation slight better But remaining complaints same	<i>Sac lac</i> 30 TDS x 15 days
07.06.2019	Redness of face- slight better Itching on face and genital area- better Burning on face and genital area- slight better, but crusting/dryness - same Constipation - better Sleep disturbance-same Irritability & Nervousness - same	<i>Sac lac</i> 30 TDS x 15 days
22.06.2019	Redness of face- reappear again crusting/dryness – status quo Itching on face reappear again but it was reduced on genital area. Burning on face and genital area- reappear again Sleep disturbance- same Irritability- same Nervousness - same	<i>Natrum mur</i> 200/1dose <i>Sac lac</i> 30 / TDS x 15 days
08.07.2019	Redness & Itching on face and genital area- better Improvement starts in crusting, dryness of face decreased Burning on face and genital area- better Sleep disturbance- slight improved Irritability- better Nervousness - same	<i>Sac lac</i> 30 TDS x 15 days
24.07.2019	Redness, itching & burning on face & genitalia – better Crusting slight better Constipation - better Sleep disturbance- slight improved Nervousness - same	<i>Sac lac</i> 30 TDS x 30 days
25.08.2019	Improvement was standstill compared with last follow up, she did not feel better	<i>Natrum mur</i> 1 M/1 dose <i>Sac lac</i> 30 TDS x 30 days
26.09.2019	All complaints were improving	<i>Sac lac</i> 30 TDS x 15 days
10.10.2019	Eczema (AD) – Nor erythema/redness, No itching & burning, Crusting and dryness of skin reduced, (Figure 1) Sleep – better Restlessness – better	<i>Sac lac</i> 30 BD x 15 days
25.10.2019	Improvement stable in all domain with No recurrence	<i>Sac lac</i> 30 OD x 15 days

Table 2: Assessment by Modified Naranjo Criteria Score

S. No.	Criteria	Yes	No	Not Sure or N/A know
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	0	0
3	Was there an initial aggravation of symptom?	0	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 wellbeing improve?	+1	0	0
6	Did the course of improvement follow Hering's Rule?	0	0	0
7	Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)?	0	+1	0
9	Was the effect confirmed by objective evidence as measured by external observation(s)?	+2	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Total Score = 9



Fig 1: Pre, during and post - treatment atopic dermatitis of face

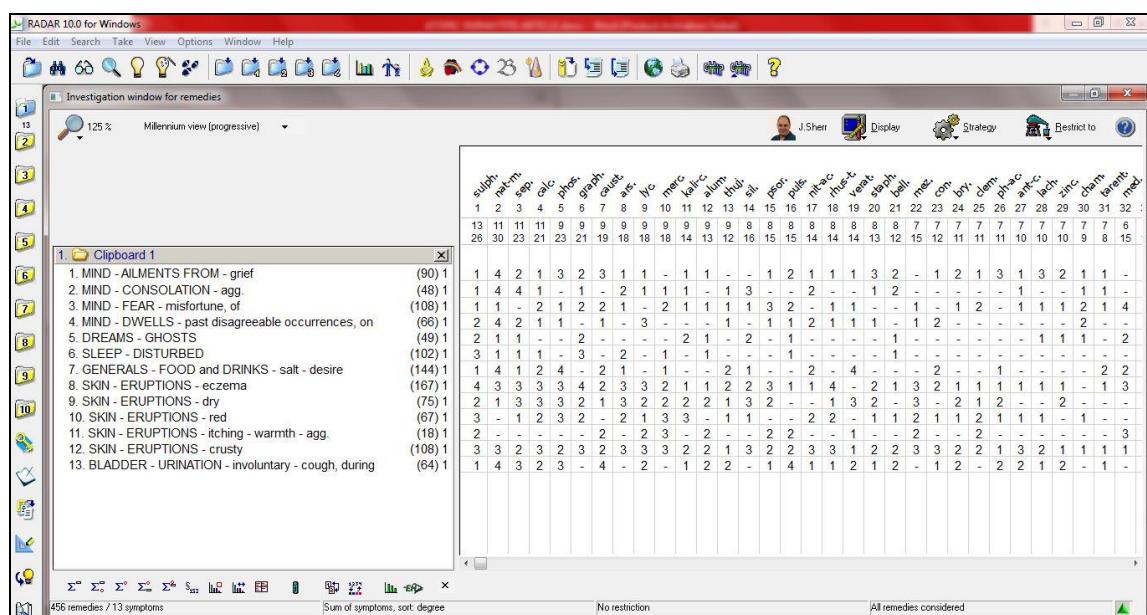


Fig 2: Repertorization from synthesis repertory using RADAR software

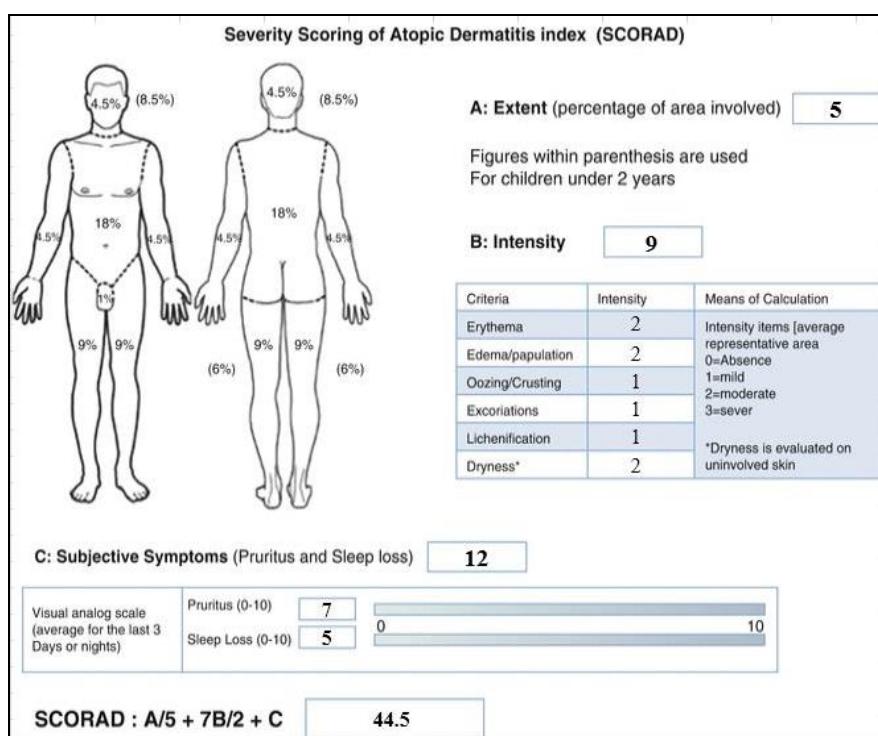
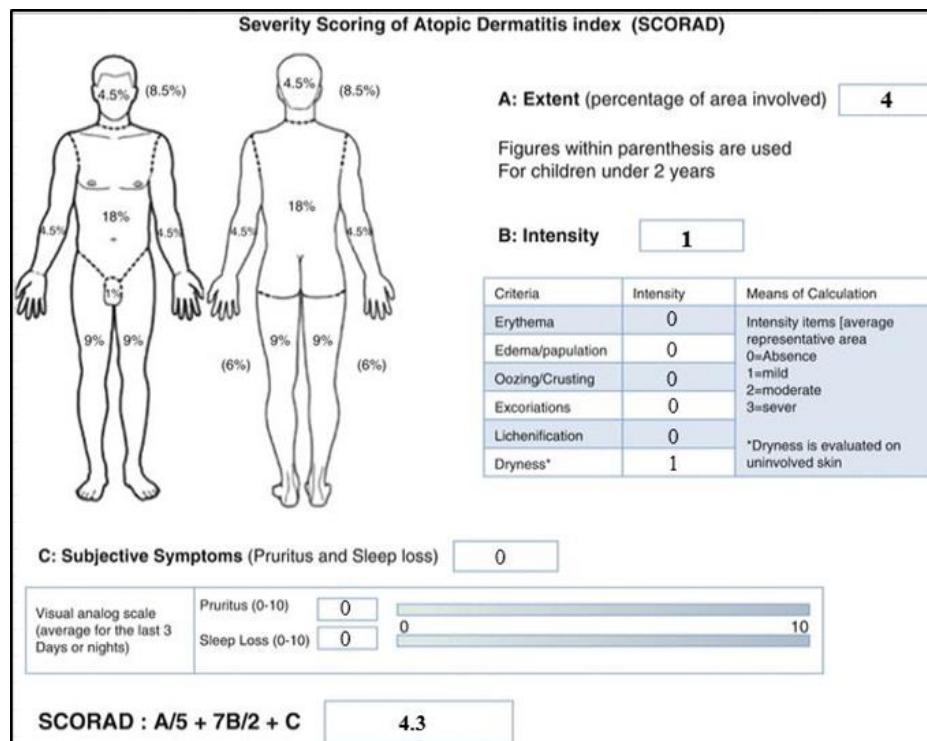


Fig 3: Pre Treatment SCORAD Index

**Fig 4:** Post treatment SCORAD Index

Discussion

Homoeopathy is a system of therapeutics which treats the patient not the disease. It also aims at a rapid, gentle and permanent restoration of health [20]. In this case report homoeopathic medicine *Natrum muriaticum* was selected on the basis of individualization and this medicine was successful in the treatment of AD as well as recovered the accessory complaints of the patient. After repertorization many medicines were competing with each other namely *Sulphur*, *Natrum mur*, *Sepia*, *Calc carb* etc. (Figure 2), but after consultation with Materia Medica *Natrum mur* with subsequent higher potencies from 200C to 1M was prescribed according to response of medicine which follows the principles of homoeopathy. Initial improvement on dermatological and psychical complaints were found effective with treatment by *Natrum mur* 200C and then improvement was stopped and the condition became standstill. After that, *Natrum mur* with increasing potency (1M) was prescribed on 25/08/19 following the homoeopathic philosophy. The patient improved in all aspects and she did not complain for any side effects or negative consequences. After 6 months of this treatment, stable improvement was found in AD and accessory complaints and also complete remission was achieved in all domains. The patient continued the follow-up for next 4 months with no recurrence of skin symptoms and psychical symptoms. Treatment and follow-ups with responses are given in detail in Table 1. The conclusive fact is also derived on the basis of SCORAD Index. The SCORAD Index consists of the interpretation of the extent of the disorder that is the intensity composed of six items (erythema, oedema/papules, effect of scratching, oozing/crust formation, lichenification and dryness). Each item can be graded on a scale 0-3. The two subjective items (itch and sleeplessness). Both subjective items can be graded on a 10-cm visual analogue scale. The maximum subjective score is 20. The maximum SCORAD Index score is 103. [21] In this case report the SCORAD Index of the

patient at baseline was 44.5 (Figure 3) and it was reduced to 4.3 (Figure 4) after the continuous follow ups for 6 months. This SCORAD Index shows marked improvement in overall condition of patient. The modified Naranjo criteria score of the patient after treatment was 9, which indicates there is a definite relationship between the result observed and the prescribed medication (Table 2). [22] It has been well known that conventional treatment can help to relieve the complaints associated with AD and there are chances of recurrence, scarring etc., whereas in this case report it is proved that Constitutional homoeopathic medicine helps the body to heal itself and hence serve as a possible treatment option for AD.

Conclusion

Homeopathy is a cheap, mild form of treatment with almost no known adverse effects, which has been found useful in a number of cutaneous disorders. This case report of AD with Psychical complaints that responded to Homeopathic constitutional medicine *Natrum muriaticum* and remained in remission after cessation of treatment. Homeopathy may be a useful new treatment modality for AD and further studies and clinical trials are required to establish whether it may be efficacious in the therapy of this disorder.

Acknowledgements

The author's expresses profound gratitude to Dr B. S Arya, Officer In charge Dr D.P. Rastogi Central Research Institute of Homoeopathy, Noida for his constant support and guidance. Cooperation of the patient is also gratefully acknowledged who came for regular follow-ups during the treatment. The authors are also obliged to pharmacists for their selfless contribution to the case report.

Declaration of patient consent

The authors certify that they have obtained appropriate patient consent form. In the form the patient has given her consent for her images and other clinical information to be

reported in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity.

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