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## Exploring the impact of individualized homeopathic approach in treating atopic dermatitis: A case study

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### Abstract

This case study examines the efficacy of an individualized homeopathic approach in treating Atopic Dermatitis, a common form of endogenous eczema which is distressingly pruritic and relapsing in nature. The subject of this case, diagnosed with Atopic Dermatitis, presented with symptoms of severe itching, oedema, papulovesicular oozing lesions, scaly erythematous patches, vesiculation, crusting, and fissuring on the face, scalp. Through careful case analysis, a tailored homeopathic remedy was selected based on the patient's unique symptom profile, medical history, and constitutional characteristics. Over a treatment period, the patient demonstrated significant improvement in both symptom severity and frequency, along with enhanced overall well-being. Follow-up assessments through clinical and diagnostic measures showed a marked reduction in the clinical symptoms. This study suggests that an individualized homeopathic regimen may offer a promising complementary approach for managing Atopic Dermatitis, though further research and controlled studies are recommended to substantiate these findings.

**Keywords:** Atopic dermatitis, case study, severe itching, oedema, papulovesicular oozing lesions, scaly erythematous patches, vesiculation, crusting, and fissuring, constitutional prescribing, holistic approach, symptom-based treatment.

### Introduction

Atopic Dermatitis is the cutaneous expression of the atopic state, characterized by a family history of asthma, allergic rhinitis, or eczema [2].

A characteristic defect in AD that contributes to the pathophysiology is an impaired epidermal barrier. In many patients, a mutation in the gene encoding filaggrin, a structural protein in the stratum corneum, is responsible.

Patients with AD may display a variety of immunoregulatory abnormalities, including increased IgE synthesis; increased serum IgE levels; and impaired, delayed-type hypersensitivity reactions. The clinical presentation often varies with age. Half of patients with AD present within the first year of life, and 80% present by 5 years of age. About 80% ultimately coexpress allergic rhinitis or asthma. The infantile pattern is characterized by weeping inflammatory patches and crusted plaques on the face, neck, and extensor surfaces. The childhood and adolescent patterns are typified by dermatitis of flexural skin, particularly in the antecubital and popliteal fossae. AD may resolve spontaneously, but approximately 40% of all individuals affected as children will have dermatitis in adult life. The distribution of lesions in adults may be similar to those seen in childhood; however, adults frequently have localized disease manifesting as lichen simplex chronicus or hand eczema. In patients with localized disease, AD may be suspected because of a typical personal or family history or the presence of cutaneous stigmata of AD such as perioral pallor, an extra fold of skin beneath the lower eyelid (Dennie-Morgan folds), increased palmar skin markings, and an increased incidence of cutaneous infections, particularly with *Staphylococcus aureus*. Regardless of other manifestations, pruritus is a prominent characteristic of AD in all age groups and is exacerbated by dry skin. Many of the cutaneous findings in affected patients, such as lichenification, are secondary to rubbing and scratching. Therapy for AD should include avoidance of cutaneous irritants, adequate moisturization. Patients should be instructed to bathe no more often than daily, using warm or cool water, and to use only mild bath soap. Immediately after bathing, while the skin is still moist, topical cream or ointment

base should be applied to areas of dermatitis, and all other skin areas should be lubricated with a moisturizer. Approximately 30 g of a topical agent is required to cover the entire body surface of an average adult <sup>[2]</sup>.

Secondary infection of eczematous skin may lead to exacerbation of AD. Crusted and weeping skin lesions may be infected with *S. aureus*. When secondary infection is suspected, eczematous lesions should be cultured and patients treated with systemic antibiotics active against *S. aureus* <sup>[2]</sup>.

### Epidemiology and Prevalence

Only 25% of children diagnosed with AD will continue to experience the disease into adulthood, either as a persistent condition or through a relapse after a symptom-free period. Meanwhile, around 75% of those with childhood-onset AD will see their condition resolve spontaneously before adolescence <sup>[3]</sup>. When both parents are affected by AD,

>80% of their children manifest the disease. When only one parent is affected, the prevalence drops to slightly >50%.<sup>[2]</sup>

### Case Study

#### Case No.1

- **Patient Information:** Name- Sara Age- 25 year Female
- **History of Present Complaints:** Sara, A 25 yr old female. came to my clinic on 26 April 2023 with recurrent episodes of burning after scratching, itching, scaling and fissures with oozing, urge to scratch is must, increased sensitiveness, dryness around the oral orifice which was worse in the morning, in every season i.e in summers (due to heat and perspiration) in winters (due to dryness), in monsoon (due to dampness humidity) and all complaints are better by rubbing and warm application since 2019.



**Past History:** Scaling, Itching and Crusting of skin of nape of the neck in 2006.

Scaling, Itching, Burning over the cubital fossa in 2011.

- **Family History- Father-**Normal

- **Mother:** Normal

- **Brother:** Normal

**Drug History** - Has taken allopathic medicines in 2019

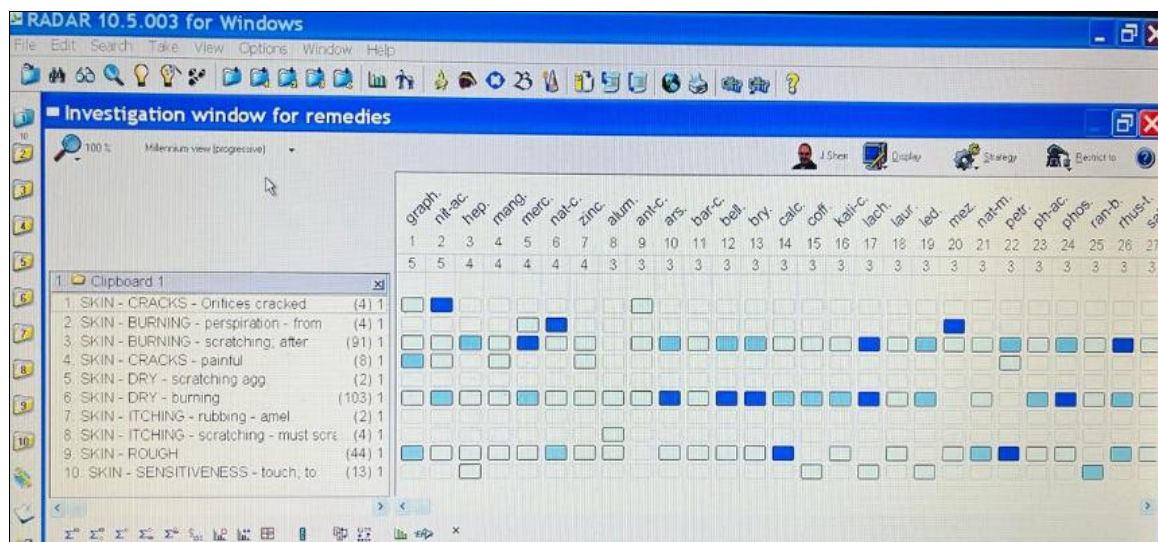
(topical steroids and moisturisers) but no relief

- **Vital Sign: Temperature-** Normal
- **Pulse:** 70/min.
- **Respiratory rate:** 14/min
- **BP:** 120/70 mm/hg
- **Appearance: Weight-** 70 kg.
- **Built:** Well built
- **Physical General**
- **Appetite:** Normal
- **Thirst:** Normal
- **Desire:** Spicy things
- **Aversion:** Nothing Specific
- **Stool:** Once satisfactory
- **Urine:** 4/1 D/N
- **Perspiration:** around oral orifice sson axilla, back of neck, forehead, on exertion
- **Sleep:** Sound, Refreshing
- **Dreams:** About daily routine
- **Thermal:** Ambithermal

- **Systemic Examination**
- **Head:** NAD
- **Eye:** NAD
- **ENT:** NAD
- **Teeth/Gums:** NAD
- **GIT:** NAD
- **Respiratory:** NAD
- **Urinary:** NAD
- **Extremities:** NAD


#### Totality of Symptom's




1. Burning from scratching and perspiration
2. Scaling and fissures with oozing
3. Skin sensitive to touch
4. Dryness and painful cracks around the oral orifice
5. The urge to scratch is must
6. **Aggravation:** morning, weather change
7. **Amelioraion:** rubbing




**Prescription: 26 April 2023**  
**Rx, Graphitis 200/ 2 doses**

**SL x 30 for 3 days**  
**Follow Up**

Date	Symptoms	Remedy
1 May 2023	<p>Burning better by 40%</p> <p>Itching better by 20%</p> <p>Redness on and off better</p> <p>Scaling and cracks ++</p> <p>Oozing persistent</p> <p>Skin texture - improved a bit</p> 	<p><b>Rx</b></p> <p>Graphitis.- 200</p> <p>SL x 30</p> <p>TDS for 1 month.</p>

1 June 2023	<p>Burning better by 50%          Itching - same improvement          Redness better by 10%          Scaling and cracks better, but on and off episode appears,          Oozing better by 20%          Skin texture - worse</p> 	<p>Graphitis - 200 (2 Doses)          SL x 30          TDS for 1 month.</p>
1 July 2023	<p>Burning better by 60%          Itching better by 50%          Redness better by 60%          Scaling and cracks better by 70%          Oozing better by 50%          Skin texture - better</p> 	<p>Graphitis - 200 (2 Doses)          SL x 30          TDS for 1 month.</p>
1 Sept 2023	<p>Burning better by 80%          Itching better by 70%          Redness better by 70%          Scaling and cracks better by 90%          Oozing better by 60%          Skin texture better than before</p> 	<p>Graphitis - 200 (2 Doses)          SL x 30          TDS for 1 month.</p>
1 Nov 2023	<p>Burning better by 90%          Itching completely relieved          Redness better by 100%</p>	<p>Graphitis - 200 (2 Doses)          SL x 30          TDS for 1 month.</p>



	<p>Scaling and cracks completely relieved Skin texture - a bit dry</p> 	
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### Conclusion

In this case study, the "Exploring the Impact of Individualized Homeopathic Approach in Treating Atopic Dermatitis," the patient was treated with individualized homeopathic protocols. The patient showed notable improvement in symptoms and overall well-being, indicating that a personalized approach may positively impact Atopic Dermatitis management.

While this case provide encouraging insights, this represents a limited scope. Future studies with larger, diverse samples and extended follow-up periods are recommended to further assess the effectiveness and consistency of individualized homeopathic treatments for this condition.

### References

1. API Textbook of Medicine. 11<sup>th</sup> ed. Mumbai: Association of Physicians of India.
2. Nutten S. The epidemiology and global burden of atopic dermatitis: A narrative review. *Ann Nutr Metab.* 2015;66(Suppl 1):08-16. DOI: 10.1159/000370220
3. (Assuming you're referring to the widely cited article by Sandra Nutten; please confirm or provide full author details if different.)
4. Loscalzo J, Fauci AS, Kasper DL, Hauser SL, Longo DL, Jameson JL. *Harrison's Principles of Internal Medicine.* 21<sup>st</sup> ed. Vol 1. New York: McGraw Hill Education; c2022.
5. Duplicate of #2 — removed to avoid redundancy. If it refers to a different source, please provide full details.
6. Radar 10.5.003, Synthesis 8.IV [Software].

#### How to Cite This Article

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