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## Effectiveness of individualized homoeopathic treatment on quality of life and clinical symptoms in eczema – a pilot study

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### Abstract

Eczema, or atopic dermatitis, is a chronic, relapsing inflammatory skin disorder and the most common form of dermatitis. It typically begins in early childhood and persists throughout life, significantly affecting physical, psychological, and social well-being. A single-arm, prospective observational pilot study was conducted to assess the effectiveness and feasibility of individualised homoeopathic treatment in improving the quality of life of patients with Dermatitis. DLQI and EASI scores were recorded before and after treatment. Five out of eight enrolled participants completed the study and were included in the final analysis. Statistical evaluation was performed using paired t-tests. The mean DLQI score reduced from 25.6 to 23.2, showing modest improvement but without statistical significance ( $p = 0.108$ ). In contrast, the EASI score decreased from 29.6 to 24.4 ( $p = 0.0029$ ), indicating meaningful clinical improvement in eczema severity. Individualised homoeopathic treatment demonstrated potential benefits in reducing eczema severity and improving quality of life. These findings support homoeopathy as a complementary therapeutic approach and warrant larger, controlled clinical trials to validate outcomes.

**Keywords:** Eczema Area Severity Index, Dermatology Life Quality Index

### Introduction

Eczema, or atopic dermatitis, is the most common form of dermatitis <sup>[1]</sup>. Eczema has a profound impact on the lives of affected individuals, often manifesting in early childhood and persisting throughout life. Characterized by intense pruritus (itching), Eczema is a relapsing skin disorder that can present acutely, sub acutely, or chronically. The term eczema derives from the Greek word to boil and synonymous with the other descriptive term dermatitis. Eczema describes a clinical and histological pattern, which can be acute or chronic and has several causes. Acutely, epidermal oedema (spongiosis) and intra-epidermal vesiculation (producing multilocular blisters) predominate, whereas with chronicity, there is more epidermal (acanthosis). Vasodilatation and T- cell infiltration of upper dermis also occur <sup>[2]</sup>. A key player in this process is interleukin-4 (IL-4), a cytokine that promotes inflammation and drives the development of Th2 cell-mediated pathways, characteristic of Eczema. The impact of IL-4 extends beyond Eczema, contributing to other atopic conditions such as asthma and allergic rhinitis, and highlighting its central role in the development of atopic comorbidities <sup>[3]</sup>. Genetic mutations, such as filaggrin deficiency, impair skin barrier function, leading to increased penetration of irritants and allergens. Keratinocytes release immune-regulating molecules, activating the immune system and promoting Th2, Th17, and Th22 responses. These 4 responses weaken the skin barrier, exacerbate inflammation, and create a vicious cycle of barrier dysfunction and inflammation <sup>[4]</sup>. The itch-scratch cycle is another key component of Eczema pathophysiology. The release of Th2 cytokines such as TSLP, IL-2, IL-4, IL-13, and IL-31 combined with amplified sensory nerve signals intensifies itching <sup>[5]</sup>. The exact aetiology of eczema is not entirely understood, but it is believed to be a combination of genetic and environmental factors <sup>[6]</sup>. The development and persistence of Dermatitis involve a complex interaction of genetic predisposition, environmental exposures, and immune system responses. Common triggers—including allergens, irritants, and psychological stress—can provoke flare-ups, contributing to the disease's relapsing and remitting course. Dermatitis or eczema is a skin condition that

extends beyond physical symptoms, causing emotional distress, social stigma, and impacts on daily life, including career and personal relationships [7]. This study aims to examine the effectiveness of individualized homoeopathic medicine in improving the quality of life in patients with Eczema and clinical symptoms of eczema. The Dermatology Life Quality Index (DLQI) indicates the impairment in quality of life due to skin condition.<sup>[8]</sup> The Eczema Area and Severity Index (EASI) is a clinical tool which is used to assess the extent and severity of eczema [9, 10].

### Objectives

- To assess the baseline quality of life and clinical symptoms in patients diagnosed with eczema.
- To evaluate changes in quality of life using validated tools (Dermatology Life Quality Index - DLQI) during and after treatment.
- To monitor and document the changes in clinical signs and symptoms of eczema over the study period.
- To determine the correlation between improvement in clinical symptoms and quality of life scores.

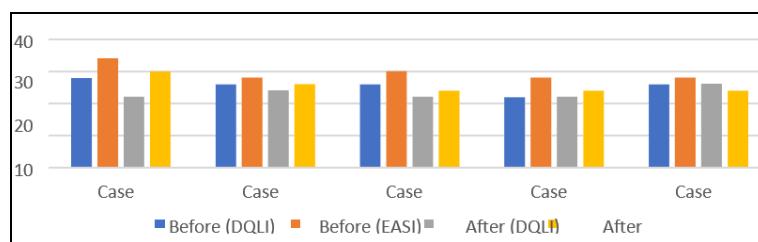
### Material and Method

This prospective observational study included patients consecutively at their first consultation with the physician. Each participant was followed using standardized and validated questionnaires. The study protocol received

approval from the Institutional Ethics Committee of Sarada Krishna Homoeopathic Medical College and Hospital, Government of Tamil Nadu, India. Individuals aged 16 to 65 years, both sexes, and from all socioeconomic backgrounds were eligible for inclusion. Participants with systemic illnesses, as well as pregnant or lactating women, were excluded. The study was conducted over a one-month period for each patient. At baseline, disease severity was assessed using the Eczema Area and Severity Index (EASI), and health-related quality of life was evaluated using the Dermatology Life Quality Index (DLQI). All enrolled participants were included in the final statistical analysis following the intention-to-treat principle.

### Observation

All participants showed slight improvement in both scales, suggesting a positive correlation between reduced disease activity and enhanced quality of life. DLQI assessed the impact of the disease on the patient's daily life and overall well-being, whereas EASI measured the clinical severity of the condition. The use of DLQI provided a patient-centred perspective, supporting the holistic approach of homoeopathy in addressing not only the physical symptoms but also the psychological and social dimensions of the disease. This pilot study demonstrates the feasibility and potential efficacy of homoeopathic management in Eczema and sets the groundwork for a larger trial.



**Fig 1:** Changes in eczema outcome parameters

In all cases, DLQI scores improved post-intervention, with Case 1 showing the largest increase. These preliminary findings suggest a positive effect of the intervention on eczema-related quality of life.

### Result

Among 8 participants were enrolled in the pilot study. Of these, 5 participants completed the treatment protocol and follow-up assessments, and were therefore included in the final analysis. The remaining three participants were excluded due to loss to follow-up and incomplete data. A paired t-test was performed to compare pre-treatment and post-treatment DLQI and EASI scores among five participants. The mean DLQI score decreased from 25.6 to 23.2, reflecting an average improvement of 2.4 points; however, this change did not reach statistical significance ( $t(4) = 2.06$ ,  $p = 0.108$ ). In contrast, the EASI score demonstrated a statistically significant reduction, with the mean score decreasing from 29.6 to 24.4, corresponding to an average improvement of 5.2 points ( $t(4) = 6.50$ ,  $p = 0.0029$ ). These findings indicate that individualized homoeopathic treatment produced meaningful clinical improvement in eczema severity, with a positive trend toward improved quality of life. The results support the feasibility and potential value of conducting a larger,

adequately powered clinical trial.

**Table 1:** Demographic status of study sample

Variable	Category	Number
Age	16-25	1
	26-40	1
	41-55	2
	56-65	1
Sex	Male	1
	Female	4
Duration of Eczema	1-5 years	3
	<5 years	2

### Discussion

The psychosocial burden of dermatological diseases is profound and often underestimated in clinical practice. Modern research exploring the connection between psychopathology and dermatology points out the intimate mind-skin relationship. Eczema, in particular, is not merely a superficial or cutaneous disorder; it deeply affects both the physiological and psychological spheres of an individual. Long-standing physical suffering—such as persistent itching, inflamed lesions, sleep loss, and recurrent flare-ups—gradually contributes to emotional disturbances, including anxiety, irritability, poor self-confidence, social

withdrawal, and heightened stress. Over time, the ongoing physical discomfort evolves into emotional distress, as explained in psychodermatology, in which the psychological, neurological, immune, endocrine, and cutaneous systems constantly interact. Stress worsens eczema, and eczema increases stress, forming a vicious cycle that significantly reduces the patient's quality of life. From the homoeopathic standpoint, this interplay between body and mind is central. Hahnemann clearly states that mind and body are not two separate entities but form an inseparable whole. In §210–§212, he emphasises that every bodily disease involves an alteration in the mental and emotional state, and that the disposition of the patient often becomes the most characteristic feature guiding remedy selection [11]. He further explains that every potent medicinal substance also produces distinctive mental and emotional symptoms during proving, which must be matched to the patient's mental state for true cure. Thus, eczema—though appearing as a skin disease—is understood homoeopathically as an expression of a deeper internal imbalance, often rooted in psoric miasm. The emotional consequences of visible lesions and chronic itching, combined with the close anatomical and physiological links between the skin and nervous system, explain the high frequency of psychological comorbidities in dermatological patients. This is consistent with §215–§217, where Hahnemann describes how corporeal diseases can become one-sided, predominantly manifesting through mental or emotional disturbances, while the physical symptoms may appear diminished or obscured. Homoeopathic management, therefore, aims at addressing the totality of symptoms—physical, emotional, behavioural, and constitutional. Remedies are selected by considering not only the skin manifestations and modalities, but also stress triggers, emotional reactions, temperament, and personality traits. By prescribing a remedy whose pathogenic effects mirror both the somatic and psychological symptoms of the patient, homoeopathy seeks to restore equilibrium across the entire psycho-neuro-immunological axis. As §213–§220 emphasise, a truly curative remedy must reproduce the mental state of the disorder as faithfully as the physical symptoms, particularly in chronic or psoric conditions. As the appropriate remedy reduces itching, inflammation, and recurrence of lesions, patients experience improvement in sleep, emotional resilience, self-esteem, and overall social functioning. Relief from the somatic burden directly alleviates psychological stress, thereby breaking the somatopsychic vicious cycle described in psychodermatology. The patient experiences a comprehensive improvement—physically, mentally, and socially—reflecting the holistic nature of homoeopathic treatment. Furthermore, Hahnemann's aphorisms §221–§230 clarify that emotional disturbances arising from or associated with corporeal diseases must be treated with carefully chosen antipsoric remedies and supported by appropriate mental and environmental management. He stresses that such conditions often revert to normal only when the underlying psora is addressed, and warns that neglect of the miasmatic foundation predisposes patients to severe recurrent episodes. Correct homoeopathic treatment, on the other hand, offers profound improvement even in long standing psychosomatic or psychodermatological conditions, often with results surpassing allopathic approaches. Therefore, integrating the principles of

psychodermatology, the somatopsychic model, and Hahnemann's teachings in §210–230 illustrates that homoeopathic treatment of eczema has immense potential to enhance quality of life. By recognising the unity of mind and body and addressing both visible skin pathology and the hidden emotional burden, homoeopathy provides a comprehensive, person-centred approach that supports long-term healing and psychological well-being.

## Conclusion

This pilot study indicates that individualised homoeopathic treatment may contribute to both clinical improvement and better quality of life in patients with eczema, as reflected by reductions in EASI and DLQI scores. The positive treatment response observed in all participants, combined with the absence of adverse effects, supports the feasibility and potential value of individualized homoeopathy as a complementary approach in eczema management. While the findings are encouraging, larger and controlled studies are needed to confirm these results and further establish the therapeutic role of homoeopathy in chronic skin conditions.

## Conflict of Interest

Not available

## Financial Support

Not available

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