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Atopic dermatitis: The lesser indicated homoeopathic medicines

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Abstract
Atopic dermatitis is a commonly presenting chronic inflammatory skin disease in children. It is triggered by a variety of irritative and allergic factors. Both genetics and environmental factors play a significant role in development of atopic dermatitis. Atopic Dermatitis may have association with other atopic diseases (IgE mediated) like bronchial asthma, urticaria, allergic rhinitis, food allergies etc. It affects children (10-20%) as well as adults (1-3%), the incidence being highest in early infancy and childhood. There are many homoeopathic medicines that are very effective in management of atopic dermatitis. The lesser indicated homoeopathic medicines for AD include Chrysarobinum, Croton Tig, Rhus venenata, Copaiva, Oleander, Arsenicum iodatum**,** Primula obconica, Mercurius dulcis and Kali arsenicum.

Keywords: Atopy, allergic rhinitis, inflammatory, dermatitis, childhood, homoeopathy

Introduction
Atopic dermatitis is an inflammatory, chronically relapsing, non-contagious and pruritic skin disease.
Atopic dermatitis usually occurs in people who have an 'atopic tendency," which means they develop any three closely linked conditions, namely, atopic dermatitis, asthma and hay fever (allergic rhinitis). Often these conditions are genetically present. Its family history is useful for the diagnosis of atopic dermatitis.
It is s non-contagious disease arising from complex interaction of genetic and environmental factors which includes skin irritants, weather, temperature and non-specific triggers.

Presentation
Atopic dermatitis (AD) is a disease of unknown origin. It usually begins in early infancy. It is characterized by
- Pruritis,
- Eczematous lesions,
- Xerosis(dry skin) and
- Lichenification (thickening of skin and increased skin markings).

Prevalence and incidence
It affects 10-20% of children and 1-3% adults in industrialized countries.
Sex: Male: female- 1:1.4
Age: In 85% cases, AD occurs in first year of life**.** In 95% cases, AD occurs before 5 years of age.
The incidence of Atopic dermatitis is highest in early infancy and childhood. AD may have periods of complete remission, particularly in adolescence, and may then recur in early adult life.

Pathophysiology
Significant evidence indicates the role of genetics in atopic dermatitis, but the pathophysiology is still poorly understood.

Two hypotheses have been proposed for the inflammatory process
1. Immune dysfunction resulting in IgE sensitization and a secondary epithelial barrier disturbance.

2. Defect in epithelial cells leading to the defective barrier problem, with immunological aspects being epiphenomena.

Causes
1. Genetics-genetic history of atopy is common
2. Infection-skin colonized by S. aureus, clinically it causes flare up in AD patients and it is also proposed as cause of AD by acting as a super antigen
3. Hygiene-hygiene hypothesis is touted as a cause, as this causes decreased exposure to childhood infections and bacterial endotoxins.
4. Climate and environmental factors-AD flares up in extreme climates. Sun exposure improves the lesions but perspiration aggravates. AD is more common in urban as compared to rural areas probably because of industrialization and altered lifestyle.
5. Role of food is controversial, both in prevention of AD and by the withdrawal of foods in persons with established AD, because of the controversy many physicians don't withdraw food from diet. But, acute anaphylactic reactions are seen form certain food reactions.
6. Pro-biotics- role of pro-biotics in AD patients remains controversial
7. Aeroallergens- role of aeroallergens and house dust mites has been proposed.

Spectrum of "triggers" of itch of atopic dermatitis

A. Xerosis irritants
1. Soaps
2. Disinfectants(e.g. chlorine)
3. Juices from fresh fruits, meat vegetables etc.
4. Contact with Occupational chemicals, fumes.

B. Contact/Aero-Allergens
1. House dust mites(contact>aeroallergens)
2. Pets(cats>dogs>birds)
3. Pollen(seasonal)
4. Molds
5. Human dander(dandruff)

C. Microbial Agents
1. Staph aureus (as pathogen or superantigen)
2. Viral infection
3. Mycologic, Pityrosporum, Candida, Dermatophytes (rarely)

D. Others
1. Temperature/ climate
2. Foods(as contact irritant>vasodilator>allergen)
3. Psyche
4. Hormones

Clinical features
1. Erythema
2. Edema
3. Vesicles
4. Eczematous patch
5. Lichenification

Typical presentation

Hanifin and Rajka- developed a criteria for diagnosis in 1980

Major criteria
1. Pruritis
2. Typical morphology and distribution
3. Flexural lichenification or linearity in adults
4. Facial and extensor involvement in infants and children
5. Chronic and chronically- relapsing dermatitis
6. Personal or family history of atopy(asthma, allergic rhinitis, atopic dermatitis)

Minor criteria
1. Xerosis
2. Icthysosis, palmar hyperlinearity or keratosis pilaris
3. Immediate(type 1) skin-test reactivity
4. Raised serum IgE
5. Early age of onset
6. Tendency towards cutaneous infections (especially S. aureus and herpes simplex) or impaired cell-mediated immunity
7. Tendency towards non-specific hand foot dermatitis
8. Nipple eczema
9. Cheilitis
10. Recurrent conjunctivitis
11. Dennie-Morgan fold
12. Keratoconus
13. Anterior subcapsular cataracts
14. Orbital darkening
15. Facial pallor or facial erythema
16. Pityriasis alba
17. Anterior neck fold
18. Itch when sweating
19. Intolerance to wool and lipid solvents
20. Perifollicular accentuation
21. Food intolerance
22. Course influenced by environmental or emotional factors
23. White dermographism delayed blanching

The diagnosis of atopic dermatitis should be suspected if three major criteria and three minor criteria are present.

Skin features associated with atopic dermatitis
1. Atopic pleat (Dennie- Morgan fold) – an extra fold of skin under the eye
2. Chelitis- inflammation of skin on and around the lips
3. Hyperlinear palms- increased creases on skin
4. Hyperpigmented eyelids- eyelids become dark due to inflammation or hay fever
5. Ichthyosis- dry, rectangular scales on the skin
6. Keratosis pilaris- small rough bums, generally on the face, upper arm and thighs
7. Lichenification- thick leathery skin resulting from constant scratching and rubbing
8. Papules when scratched may open and crusty and infected.
9. Urticaria- hives after exposure to allergen, at the beginning of flares or after exercise or a hot bath.

Table 1: Differential diagnosis

Disease	Distinguishing Feature
Seborrheic dermatitis	Greasy scaly lesion, absence of family history
Psoriasis	Localized patches on extensor surface, scalp buttocks, pitted nails
Neurodermatitis	Usually, a single patch in an area accessible to itching, absence of family history
Contact dermatitis	Positive expsosure history with rash, absence of family history
Scabies	Papules, fingers web incolvement, positive skin scrapping
Systemic	Findings on complete history and physical examination vary by disease
Dermatitis herptiform	Vesicles over extensor areas and associated enteropathy
Dermatophyte infection	Serpiginous plaques with central clearing, positive postassium hydroxide preparation
Immunodeficiency disorder	History of recurrent infection

How to assess atopic dermatitis in follow-ups?

Protocols to assess AD patient follow ups:

1. Itching
2. Soreness or pain
3. Sleep disturbance
4. Redness of skin
5. Bleeding
6. Weeping or oozing of the skin
7. Dryness or roughness of the skin
8. Flaking of the skin
9. Cracking of the skin

Lifestyle Management

1. Soak and seal- dry skin makes itching worst, therefore moisture must be protected. Bathing once a day. Warm shower but no hot bath. Use gentle cleansing bar or wash and avoid scrubbing. Pat away excess water and immediately apply moisturizer or the medicine prescribed by the doctor.
2. Soap should be used only for removal of dirt and no excessive use.

Investigations

1. IgE levels- elevated in Ad and useful in conforming AD status of suspected cases
2. Prick skin test-to find common allergens
3. RAST TEST with ELISA in-vitro test, these diagnostic methods identify serum IgE directed towards specific allergens(allergen-specific IgE)

Prescribing the right remedy

On Acute totality:

1. Ailments from, if any
2. The look of the eczema
3. Itching with modalities
4. Concomitants, if any, associated with it
5. Any other PQR symptom available

Once the Acute Eczema gets better, do not forget to work upon a Constitutional remedy.

Some rarely indicated medicines for general eczema are:

1. Chrysarobinum [Chrysar]

Acts as a powerful irritant of the skin and used successfully in skin diseases especially in RINGWORM, PSORIASIS, herpes tonsurans, acne rosacea. Vesicular or squamous lesions, associated with foul smelling discharge and crust formation, tending to become confluent and to give the appearance of a single crust covering the entire area. (Bernstein.) VIOLENT ITCHING, thighs, legs and EARS. Dry, scaly eruption, especially around eyes and ears, scabs with pus underneath. [MEZER.].

2. Croton Tig

Feels hide-bound. Intense itching; but scratching is painful. Pustular eruption, especially on face and GENITALS, with fearful itching, followed by painful burning. Vesicles; confluent oozing. Vesicular erysipelas, itching exceedingly. Herpes zoster; stinging, smarting pains of the eruption.

3. Rhus Venenata [Rhus-V]

Itching; relieved by hot water. VESICLES. ERYSIPELAS; SKIN DARK RED. Erythema nodosum, with nightly itching and pains in long bones.

4. Copaiva [Cop]

HIVES, with fever and constipation. Roseola. Erysipelatous inflammation, especially around abdomen. Circumscribed, lenticular patches, with itching; mottled appearance. Chronic urticaria in children. Bullous eruptions.

5. **Arsenicum Iodatum [Ars-I]**

Dry, scaly, itching. Marked exfoliation of skin in large scales, leaving a raw exuding surface beneath. Ichthyosis. Enlarged scrofulous glands. Venereal bubo. Debilitating night- sweats. Eczema of the beard; watery, oozing, itching; worse, washing. Emaciation. S Psoriasis. Acne hard, shotty, indurated base with pustule at apex.

6. Oleander [Ol]

Itching, scurfy pimples; herpes; sensitive and numb. Nocturnal burning. Very Sensitive Skin; slightest friction causes soreness and chapping. Violent Itching Eruption, Bleeding, Oozing; want of perspiration. Pruritus, especially of scalp, which is sensitive.

7. Primula Obconica [Prim-O]

Great Itching, worse at night, red and swollen like erysipelas. Tumefied. SMALL PAPULES ON A RAISED BASE. Skin symptoms accompanied by febrile symptoms.

8. Mercurius Dulcis [Merc-D]

Flabby And Ill Nourished. Swollen glands, Phagedenic ulcers. Copper-colored eruptions.

9. Kali Arsenicum [Kali-AR]

Intolerable itching, worse undressing. DRY, scaly, wilted. Acne; pustules worse during menses. Chronic eczema; itching worse FROM WARMTH, walking, undressing. PSORIASIS, lichen. Phagedaenic ulcers. Fissures in bends of arms and knees. Gouty nodosities; worse, change of weather. Skin cancer, where suddenly an alarming malignancy without any external signs sets in. Numerous small nodules under skin.

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