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A clinical study on the efficacy of homoeopathic medicines in the treatment of contact dermatitis in children

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Abstract

Contact dermatits is the most frequent disorder, as well as the most common skin condition commonly seen in pediatric age group due to tight clothing and long stay of diapers other irritants and soft skin of children. It is frequently occurring condition in most of the children. The paper discusses the clinical features of contact dermatitis and the homeopathic medicines which were given to patient after complete case taking.

Keywords: Contact dermatitis, homoeopathy, apis, alumina, belladonna sulphur

Introduction

Contact dermatitis

It is called contact dermatitis when dermatitis is caused by contact with an external agent. The resulting eruption is referred to as irritant contact dermatitis (ICD) when an internal agent directly damages the skin. This is different from allergic contact dermatitis (ACD), which is caused by an allergic immunological reaction that comes into contact with the skin. It is not known the precise prevalence of contact dermatitis, but previous studies indicate that a substantial percentage of occupation-related disease (nearly 50 percent) is due to work-related skin injury, and the hand is the most frequently involved location. Contact eczema is also often seen in older adults due to age-related susceptibility variations, changes in the role of the epidermal barrier and changes in immune reactivity [1, 2]. Photo dermatitis or plant dermatitis are the most frequently known type of ACD. Members of the Rhus family, including poison ivy, poison oak, and poison sumae, cause erythema, vesicularization, and serious pruritus allergic reaction [3].

Objectives of the study

- 1. To study in detail about contact dermatitis in children.
- 2. To see the effectiveness of homoeopathic medicines in the treatment of contact dermatitis in children.

Materials and Methods

This study has been conducted on the children who were suffering from contact dermatitis to assess the effectiveness of homoeopathic medicines in the treatment of it.

Research design

Non-controlled experimental study design.

Sample design

Total 30 cases were selected by purposive sampling method.

All cases were selected according to inclusion criteria and excluded according to exclusion criteria.

Inclusion criteria

- Children between 0-4yrs of age group of both genders.
- All clinically diagnosed cases of contact dermatitis in children, irrespective of their sex, socioeconomic status, ethnic group and occupation were considered.

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Exclusion criteria

- Cases without regular follow up.
- Cases with complications.

Source of data

- The data was collected from patients reported to the outpatient department, of kulsum clinic, from January 2013-2017 Akola Maharashtra.
- Data was collected from patient's parents/attenders, by interviewing the patient's history in detail and after thorough physical examination.

Analysis of data

All the collected symptoms of each patient were analysed & totality of symptoms was obtained in each case by taking into consideration the homoeopathic principles.

The potency selection was done based on the demand of the case, taking into consideration the criteria of susceptibility, vitality, changes in the structural and functional level as per need of the case. These cases were followed for a period of 6 months duration.

During the follow up each case was evaluated keenly including the intensity of symptoms before during and after treatment. No controls were considered during the study. All cases were treated after taking case, in which the complete symptomatology of patients (clinical presentation and individual symptoms) was recorded. Selection of remedy in each case was based on the totality of symptoms.

Follow ups

Cases were reviewed for every 7 days, 15 days basis to assess the subjective and objective changes. Each case was followed for a minimum period of 6 months from the commencement of treatment for the study.

Assessment of effectiveness

Effectiveness of the medicines was assessed on the basis of clinical improvement and the disappearance or relief of symptoms, improvement in general health.

After competition of treatment, the post – treatment disease intensity was compared taking into consideration the general well-being of the patient and symptoms of contact dermatitis.

Plan and data analysis

Data was analysed using descriptive statistics and the results were presented by using tables, percentages, diagrams and graphs as per need. The significance of the treatment before and after using homoeopathic medicine was tested by using appropriate test.

Results

Table 1: Showing age group of patients

0-1yr	1-2yrs	2-3yrs	3-4yrs
16	8	5	1

Table 2: Showing sex of patient in all age groups

Ages	Male	Female
0-1yrs	10	6
1-2yrs	6	2
2-3yrs	4	1
3-4yrs	1	0
Total	21	09

Table 3: Showing sign of erythema in contact dermatitis before treatment and after treatment

Itching	Before treatment	After treatment	Significance
Absent	00	17	X^2: 38.05
Mild	03	09	Df:3
Moderate	17	04	P value: <0.0000001
Severe	10	0	sig (< 0.05)
Total	30	30	

Table 4: Showing symptom of pustules in contact dermatitis before treatment and after treatment

Burning	Before treatment	After treatment	Significance
Absent	05	18	X^2: 12.93
Mild	10	07	Df:3
Moderate	10	03	P value: 0.004786
Severe	05	02	sig (< 0.05)
Total	30	30	

 Table 5: Showing symptom of scaling in contact dermatitis before treatment and after treatment

Scaling	Before treatment	After treatment	Significance
Absent	6	18	X^2: 10.1
Mild	10	5	Df:3
Moderate	9	5	P value: 0.01777
Severe	5	2	sig (< 0.05)
Total	30	30	

Table 5: Showing symptom of weeping in contact dermatitis before treatment and after treatment

Weeping	Before treatment	After treatment	Significance
Absent	03	09	X^2: 8.174
Mild	08	12	Df:3
Moderate	14	05	P value: 0.04254
Severe	5	04	sig (< 0.05)
Total	30	30	

Table 6: Showing medicine given in the cases

Medicine	No of patients
Alumina	4
Apis	6
Arsenic Alb	4
Belladonna	4
Bovista	2
Causticum	1
Rhus tox	3
Silicia	3
Sulphur	3
Total:9	30

Table 7: Showing follow up of cases after 6 month of treatment

Cases	Nos of patient before treatment	Nos of patient after treatment	Significance
Not improved	30	8	X^2: 34.74 Df:2
Improved	0	16	P value
Drop out	0	6	:<0.0000001 sig (< 0.05)
Total	30	30	

Discussion

For the final outcome cases after 6 month of regular follow up where categorized into three groups. Not improved where those cases which showed no improvement in the sign and symptoms of contact dermatitis. Improved where those cases which showed relieved in the symptoms of contact dermatitis. Drop out where those cases which did not completed a regular follow up of 6 months. Medicines where prescribed after complete case taking.

Alumina

According to WM.H BURT Alumina have Unbearable whole-body itching especially when it gets warm in bed; scratches until the skin bleeds. Dry, tettery, itching eruption in elderly, withered-up people, on arms, hands, and head; both dry and wet eruptions [4].

Skin of Alumina have Unbearable itching of the entire body, particularly when it gets warm and in bed; scratches until the skin bleeds, which is painful afterwards.

Humid eruptions, scabby, sore, ringing. Ulcerated base, yellow-brown secretes, pus badly smells ^[5].

Apis

Apis according to Richards: the area easily swells up and appears to be more or less red painful with itching and burning of higher degree. Dr Guernesy says that in Apis, perspiration alternates with dryness ^[6].

Arsenic album

Scaly eruptions, chronic eczema, and leprosy; stinging, burning pains; malignant carbuncles ^[4]. Pustules and vesicles with aggressive burning-itching; erysipelagic eruption of blister forming on the face and ears; the skin grows rough and scaly ^[8] Skin that looks really white and pasty, then dark, scaly. Dry and scaly skin. Black skin patches ^[5].

Belladonna

According to WM.H BURT Belladonna have sudden eruptions appear and suddenly vanish. Highly congested skin, warm, bright red and smooth surface, as seen in boils, scarlatina, and erysipelas [4].

According to Dr. Med Carl Skin experiences increased pressure and warmth; persistent or transient scratching, emergence of small, red papulae and vesicles, larger red spots, pustules [6].

Bovista

The main action is on skin where it produces itching and irritation after washing [7].

Causticum

In folds of skin, behind ears, in between thighs soreness is seen. Complaints aggravated by dry cold winds, amelioration in wet weather warmth [8].

Rhus tox

According to WM.H BURT Vesicular eruption on any part of the body; burning and redness on large skin surfaces that soon swell and become coated with watery vesicles, with almost unbearable itching, appearing to invade large surfaces rather than penetrate deep into tissues; itching intolerably [4].

According to Dr. Med Carl Violent itching anywhere, particularly on the hairy scalp and genitals, erysipelatoid eruption with swelling of the subcutaneous tissue and violent itching, scarlet exanthema throughout the body with swelling of the hands and feet and oedema of the face, red spots and reddish places of a larger size with vesicular

eruption, petechise, red papulous eruption desquamating [6].

Sulphur

It is recommended when the skin is dirty and unhealthy. Dry skin with dry scales on the scalp. Intolerable itching and scratching of scalp especially at night. Severe burning sensation from itching and scratching [5].

Silicia

According to WM.H BURT, Silicia causes Small skin wounds heal with difficulty, and suppurate quickly. Pustular eruptions appear on the skin [4].

According to Dr. Med Carl Hypersensitivity of the whole skin to touch; violent cutaneous itching throughout, not smoothed by scratching, flat pustules, pustular eruption on the forehead, occiput, face, back and arms ^[6].

Conclusion

After receiving homoeopathic medicines 16 patient showed relief and improvement in the symptoms of itching, burning weeping and scaling. Apis alumina belladonna Sulphur, where the medicine which were used commonly in treating the patients. Homoeopathic medicines were effective in treating the cases of contact dermatitis.

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