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Homoeopathic aggravation in chronic diseases: A case report on eczema

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Abstract

Introduction: Homoeopathic aggravation is a slight exacerbation of symptoms that occurs after the administration of a similar remedy. In chronic cases and with long acting remedies such aggravation can arise even after ten days, several hours or at the end of the treatment. Eczema is a common skin condition characterized by dry, itchy skin, scaly patches, inflammation with oozing and swelling. The case presented here is a chronic case of eczema with the patient coming with the complaints of eruptions with oozing and severe itching. Thus, individualized homoeopathic medicine Graphites in 30C was prescribed and Homoeopathic aggravation occurred two weeks after taking the medicine. This case symbolizes that Homoeopathic aggravation is a valuable factor in understanding and treating the chronic diseases.

Keywords: Case report, chronic, eczema, homoeopathic aggravation, homoeopathy

Introduction

Eczema is one of the most common skin disorders and its prevalence is increasing day by day worldwide. It affects people of all ages but is particularly common in childhood. It is estimated that during their lifetime, 1 in 10 individuals will develop eczema and mostly its onset occurs in approximately 80% cases during the first years of life with frequent remissions in adolescence in approximately 60% cases^[1]. The International Study of Asthma and Allergies in Childhood (ISAAC) study reported 2.7% overall prevalence of current eczema among Indian children aged 6-7 years and 3.6% among Indian children aged 13-14 years^[2]. Eczema is a chronic skin condition characterized by itchy, inflamed papules, vesicles, exudation, dry or scaly skin and lichenification^[3]. Symptoms can range from mild to severe, causing a person's quality of life to suffer depending upon the condition. The commonly affected areas are face, trunk, hands, elbows, knees and feet. It can be caused by genetic or immunological changes, environmental factors or lifestyle modifications. The conventional treatment includes removal of triggers, hydration and emollients, immunosuppressives like azathioprine, topical or systemic steroids, antibiotics, anti-histamines and immune-modulators like tacrolimus ointment or pimecrolimus cream^[3].

In Homoeopathy, skin is said to be the mirror of our body which reflects the internal changes^[4]. When our immune system gets hyper-sensitive or weak, it manifests allergies such as eczema or urticaria. When these skin manifestations are suppressed they lead to more deeper diseases.

Homoeopathic aggravation as stated in the Organon of Medicine aphorism 157-161 is the slight increase in patients existing symptoms similar to the homoeopathic medicine employed without any considerable discomfort to the patient^[5]. Dr Hahnemann in aphorism 161 of Organon of Medicine [5th edition] talks about Homoeopathic aggravation in chronic diseases and said that in medicines of long action where one dose can act for many days and in disease of long standing duration, Homoeopathic aggravations takes place during the first six, eight or ten days and last for several hours. In 6th edition of Organon of Medicine, Dr Hahnemann said that medicines of long action in long standing disease, if chosen accurately in proper small dose produces increase in original symptoms at the end of the treatment when the cure is almost finished^[5].

There are various remedies listed for eczema depending upon the symptom totality and individualization, in homoeopathic literature. Dr. J. H. Allen in his book Diseases and Homoeopathy Therapeutics of the Skin has mentioned a group of remedies like *Alumina*,

Antimonium tartaricum, Arsenicum album, Borax, Bovista, Calcarea carbonicum, Causticum, Dulcamara, Graphites, Hepar Sulphuricum, Juglans, Lycopodium, Lachesis, Mezereum, Natrum muriaticum, Petroleum, Rhus toxicodendron, Sepia, Sulphur, Tellurium, Thuja, Tuberculinum that are found to be effective in the cases of eczema.^[6]

The present case report depicts a case of eczema managed with individualized homoeopathic medicine. This case accentuates the role of Homoeopathic aggravation in chronic cases wherein one must wait and watch until the patient experiences an improvement according to the principles outlined in the Organon of Medicine. It further emphasizes the essential role of the physician as a careful observer, so that he could become a true healer of diseases.

Patient information

A man aged 30 years, visited the OPD of Pt. Jawahar Lal Nehru State Homoeopathic Medical College and Hospital, Kanpur in November, 2022. He complained of eruptions on dorsal surface of his both hands with severe itching and oozing of sticky fluid, since 1 year. He said that the eruptions turn black in color and the skin becomes dry. The patient also said that the itching usually aggravated after bathing and ameliorated by covering up.

The patient was electrician by profession and did not have any significant past history of major illness. Family history was also not significant. He previously took allopathic treatment for the same complaints but he didn't found any substantial relief.

Physical Generals

The patient was of moderate appetite, desires spicy and salty food. He was usually thirstless. The patient could not tolerate hot weather and desires cold in general. The perspiration was offensive and more all over the body. The bowels were regular and urine was clear. Sleep was adequate and refreshing and position of sleep was lying on back.

Mental generals

The patient was mild and sensitive. He was restless due to the intense itching he had because of the eruptions while sitting and working, and being an electrician, he should work properly so that no harm should be caused to other people. He was anxious about his work in future. He has a desire to be alone. He was irritable but timid as he doesn't express his anger on people other than his family. The patient was looking confused and fearful about his complaints.

Clinical findings

The patient was thin build and had a dull complexion. His body temperature was 98.7°F with a pulse rate of 78 beats per min and blood pressure of 120/80 mm Hg, which was normal. Locally, the skin of his hands was also dull, dry and dark with eruptions on the dorsum of both hands. Based on the clinical findings and history, the patient was diagnosed with eczema according to EA80.20 and EA85.20 code of ICD 11 classification.

Therapeutic Intervention

The totality was made after a thorough case-taking, analysis and evaluation of symptoms. Repertorisation was done using Synthesis repertory in RADAR 10.5. The repertorisation chart is given in Figure 1.

The repertorial totality made according to Kent's method was

- Mind-Anxiety-future, about
- Mind- Irritability
- Mind- Carefulness
- Mind- Company-aversion to
- Mind- Fear- disease, of impending
- Mind- Restlessness- sitting, while-work, while at
- Mind- Sensitive
- Mind- Timidity
- Generals-Warm-agg.
- Perspiration- odor-offensive
- Extremities- eruptions- Hands-eczema
- Extremities- eruptions-Hands
- Skin- eruptions- discharging- glutinous
- Skin- Eruptions- blackish
- Skin- Itching- bathing- agg.

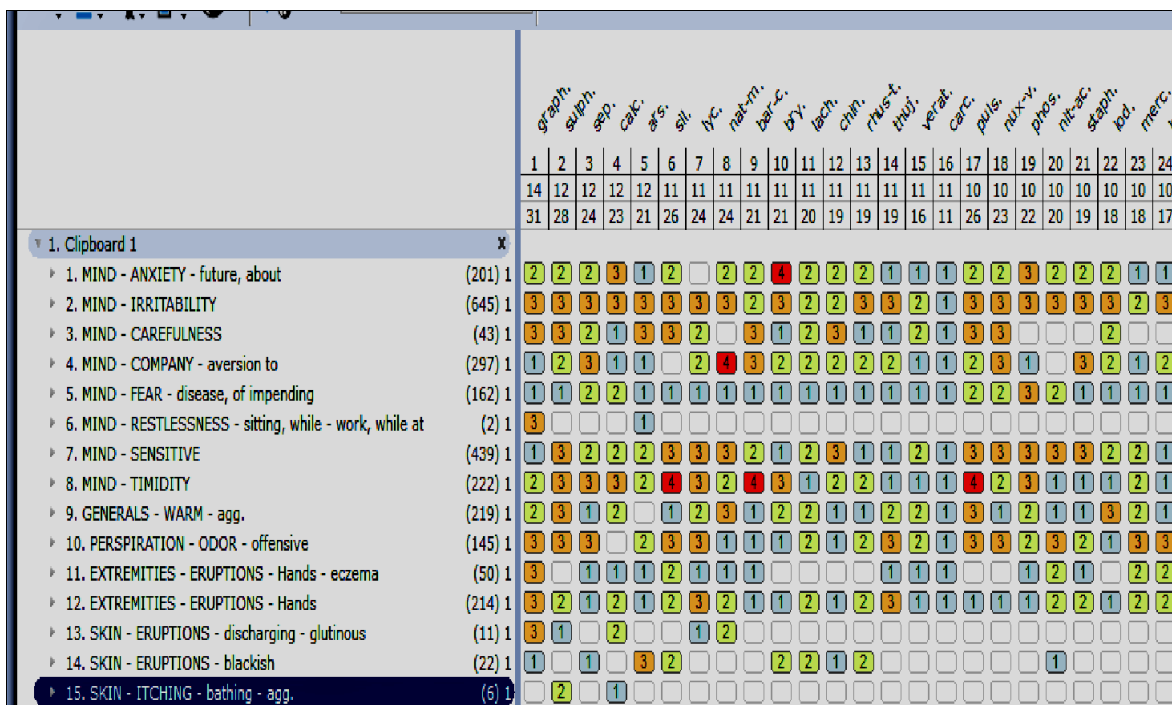


Fig 1: Repertorial Chart

After repertorisation, the top three remedies were *Graphites*, *Arsenicum album* and *Sulphur*. *Graphites* was found to be the most suitable simillimum upon analyzing the repertorial result with the physical and mental generals of the patient with reference to the homoeopathic materia medica. The case predominantly covers psoric miasm in the background. Therefore, an individualized homoeopathic medicine *Graphites* 30C was prescribed in one dose followed by Sac Lac. The patient was advised to refrain from taking any other medicines or applying any medicinal ointments or lotions to the affected parts while also maintain hygiene. The patient was also instructed to use coconut oil on the affected area. The medicine and potency were not changed as long as the improvement continued. The changes in the patient's symptoms were seen during the subsequent follow-ups.

Follow-Up & Outcomes

The patient's follow-up was regularly taken as required. The details of the follow-up with the outcomes upto four months are given in Table 1. The pictures of the patient's hand before treatment are given in Figure 2, on Homoeopathic aggravation in Figure 3 and after aggravation improvement in Figure 4[a, b] respectively. On the initial visit, the patient reported with the complaints of blackish eruptions with

oozing of sticky fluid and severe itching on the dorsal surface of his hands. Based on the totality of symptoms and repertorisation, *Graphites* 30C was prescribed in one dose along with Sac Lac for one week. At the next visit, mild improvements were observed and the patient felt better, so, Sac Lac was prescribed over the course of the week without changing the remedy. As *Graphites* was a long acting remedy and could take some time to effect, so it was not changed.

At the third visit, Homoeopathic aggravation occurred and the dorsum of the right hand had swollen and inflamed, with eruptions that were oozing with fluid and itching. The aggravation may have been due to the smallest possible dose of the remedy or due to the chronic nature of the disease. Thus, the remedy was not changed and Sac Lac was prescribed for a week. In later follow-ups, continuous improvement was seen and only *Graphites* 30C in one dose was repeated as there was no change in the patient's symptoms compared to the previous follow-ups and the case had come to a standstill. Sac Lac was administered as the patient continued to improve eventually leading to the end of his complaints [Figure 5 a, b, c]. After assessing the case with the Modified Naranjo Criteria for Homoeopathy (MONARCH), the causal attribution was established at a score of 09 [Table 2].

Table 1: Follow-up & Outcomes

Date	Symptoms	Prescription	Justification
23 November 2022	Eruptions on dorsum of both hands that turns black with oozing of sticky fluid and severe itching.	<i>Graphites</i> 30C one dose and Sac Lac for 1 week	Based on presentation of complaints and totality of symptoms and repertorisation.
30 November 2022	Itching and oozing slightly decreased, no new eruptions, patient was feeling somewhat better.	Sac Lac for 1 week	Patient was feeling better, there was little improvement in symptoms, the complaints were chronic and the medicine was also a deep acting remedy.
07 December 2022	Eruptions increased with swelling and oozing of fluid and pus in dorsum of right hand with severe itching.	Sac Lac for 1 week	Patient was relaxed and feeling better. There was aggravation of the patient's symptoms. The remedy was not changed.
21 December 2022	All the eruptions decreased, no oozing was present and the skin was dry. Itching was present.	Sac Lac for 1 week	The aggravation subsided and patient was better than before. The complaints were reduced.
28 December 2022	Eruptions were dry and reduced, no oozing but itching was present.	Sac Lac for 1 week	Patient was overall better.
04 January 2023	Eruptions were dry and itching was present.	<i>Graphites</i> 30C in 1 dose and Sac Lac for 2 weeks	There was no change in the complaints compared to previous two follow-ups, so the remedy was repeated.
18 January 2023	All the eruptions were much reduced. Itching also decreased.	Sac Lac for 2 weeks	There was improvement in the complaints.
01 February 2023	Very few eruptions were present and there was black discoloration of skin where the eruptions were present. Itching was also less.	Sac Lac for 2 weeks	There was a good improvement in the complaints.
15 February 2023	There were no eruptions in the left hand. In right hand, the eruptions subsided and the black discoloration was also less. Mild itching was present.	Sac Lac for 2 weeks	There was marked improvement in all the complaints of the patient.
17 March 2023	Both the hands were clear.	Sac Lac for 2 weeks	The complaints of the patient were fully improved.

Table 2: Assessment of Outcome with Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+3	0	0
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0
3. Was there a homoeopathic aggravation of symptoms?	+2	-1	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or	+1	0	0

changed)?			
5. Did overall well-being improve? (suggest using validated scale)	+1	0	0
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6B. Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	+1	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e. g. laboratory test, clinical observation, etc.)	+1	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Discussion

This case report demonstrates the importance of Homoeopathic aggravation as a part of homoeopathic treatment in chronic cases. It is only when the appropriately selected medicine is administered to the patient that produces a slight increase in the symptoms. In this case, *Graphites* was given in lower potency due to the sensitivity and susceptibility of the patient and as smaller the dose of the homoeopathic remedy, slighter is the homoeopathic aggravation and shorter its duration. The aggravation

occurred after two weeks of the first dose of *Graphites* and the remedy was neither altered nor antidoted following aphorism 161 of Organon of Medicine. The aggravation was short and dissipated within a week. Following several subsequent follow-ups, the patient experienced full recovery. The Modified Naranjo Criteria (MONARCH) were applied to ascertain the causal attribution between the homeopathic medicine and the changes in the patient's symptoms/signs, in which the outcome score was 09, that suggests a definite association.



Fig 2: Before Treatment



Fig 3: On Aggravation



Fig 4 a): After Aggravation Improvement Fig 4 b): After Aggravation Improvement

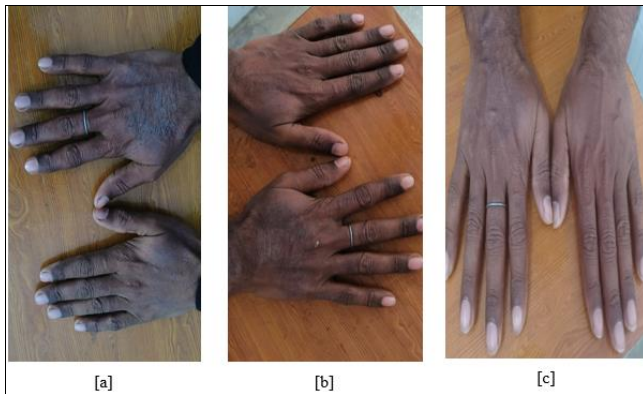


Fig 5 [a, b, c]: At the End of Treatment

Conclusion

Homoeopathic aggravation is an interesting phenomenon that occurs within the realm of Homoeopathy. The concept of Homoeopathic aggravation highlights the uniqueness of Homoeopathy as a holistic system of medicine that aims to stimulate the body's innate healing abilities that is concealed in chronic diseases. Therefore, it is essential for a homoeopathic physician to exercise careful observation and the remedy should not be suddenly discontinued or changed while the patient is making progress. This can help the patients as well as the practitioners steer through the healing journey with confidence and easement. The case also amplifies the role of individualized homoeopathic medicine in chronic skin diseases as an alternative treatment rather than the conventional mode of treatment.

Informed Consent

The patient's consent is obtained regarding the publication of his clinical information in a research journal. The patient knows that his identity will not be revealed and full efforts are made to keep it enclosed.

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Conflicts of interest: None

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