VOLUME - 15, ISSUE - 03, MARCH - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Homoeopathy

PROSPECTIVE STUDY ON SIGNIFICANCE OF AETIOLOGY IN HOMOEOPATHIC PRESCRIPTION IN CASES OF ATOPIC DERMATITIS IN ADULTS

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ABSTRACT

BACKGROUND: Homoeopathy, among all other medical system, gives great importance to the causation which has a vital role in the process of control and eradication of illness. Intactness of skin is an essential factor because it protects the internal organ of the body from the deleterious environmental influence. AD is an acute, subacute and chronic, relapsing, endogenous eczema characterized by dry skin, pruritis, recurrent and symmetrical dermatic lesions, underlain by impaired skin barrier and aberrant Th2-type and Th-22 cytokine production. SCORAD is a clinical tool for assessing the severity of AD in both parameters - objectively as well as subjectively. **Aim of the Study:** Understanding significance of Aetiology in Homoeopathic prescription in cases of Atopic Dermatitis in the Adults. **Methodology:** The current study attempts to characterize the clinical utility of Aetiology in Homoeopathic prescription in aspect of Adult Atopic Dermatitis in 30 consecutive patients presented to a study centre by using random sampling method. **Result:** Maximum number of cases has an exciting cause as ADMONITION, FREEDOM LOSS OF, SUPPRESSED EMOTION, and VACCINATION AFTER; maintaining cause as a Mental exertion; and fundamental cause as a Psora miasm. **Conclusion:** Aetiology is one of the important and key factors for the finding of the most similar remedy in cases of adult atopic dermatitis.

KEYWORDS : Adult Atopic Dermatitis, Aetiology, Ailments from, Causation, Hanifin and Rajka criteria, Homoeopathy, Miasm, SCORAD Scale.

INTRODUCTION

"There are hundreds of thousands of microbes surrounding us, but they cannot harm us, unless we become weak, until the body is ready and predisposed to receive them"

- Swami Vivekananda.[1]

In day-to-day practice physicians majorly come across the diseases either acute in origin or chronic in nature.[2] In many cases only a few peculiar symptoms other than the disease symptoms are available for selecting a most similar remedy. At that time physician should try to find the aetiology and also give importance to observation, objective signs or symptoms and any keynotes besides the major symptoms.[3] Homoeopathy, among all other medical system, gives great importance to the causation which serves a beneficial role in the remedial diagnosis to cure the case. The word "cause" has been used since ages in the field of medicine because physician of all the systems knew that there cannot be a disease without a cause.

Homoeopathy also has a concept of "Tolle Causum" but with the deep information which says that cause is on the dynamic plane much prior to the invasion of the microbes. In homoeopathy, this dynamic cause which deranges the harmonious vital-force are known as a Miasm which should be removed to cure the sick person.[4] Dr. Hahnemann advice to first remove the cause whenever it is feasible. In any case, causative factor forms the core image of the patient in his illness.[5] Aetiology or causation or ailments from having a very important role in homoeopathic prescription to help in finding the most similar remedy in any emergency, acute or chronic diseases.[3] Aetiology is one of the most important aspects of case taking, so no complain should be passed over without inquiring about the cause – mental, physical or the history of illness, or strong family history of asthma, tuberculosis, cancer, diabetes, heart diseases.[6] A full detailed consideration of the causative factors in the genesis of illness has a vital role in the process of control and eradication of it.[5]

Recent decades have seen a pronounced increase in the prevalence of atopic diseases, among which the first clinical manifestation of atopy is generally considered as atopic dermatitis.[7] Atopic dermatitis has become a significant public health problem because of increasing prevalence, together with increasing evidence that it may progress to other allergic phenotypes and formed a link termed as 'the atopic march'.[8] It is an itchy chronic relapsing inflammatory skin condition which incidence and prevalence are increasing, especially in industrialized countries.

The prevalence of Atopic dermatitis in adults is estimated as 1-3% of the general population and can present as persists infantile or childhood Atopic dermatitis or as recurs in adulthood, or as adult- onset Atopic dermatitis.[9]

It was predominantly considered as a disorder of infancy and childhood which reports as an adult Atopic dermatitis, mostly attributed to early-onset Atopic dermatitis extending into adult life.[10] According to the guidelines of the American Academy of Dermatology (AAD), atopic dermatitis is a chronic, pruritic, inflammatory skin disease that occurs most frequently in children but can affect adults also.[11]

There has not been much literature on adult-onset Atopic dermatitis available until Bannister and Freeman from Australia described a subgroup and coined a term adult-onset Atopic dermatitis in 2000. Since then, many reports of adult-onset Atopic dermatitis have been reported from all over the world.[10] They observed that 10% among all cases in hospital was belong to adults. The prevalence rate is 1-3% of adults worldwide. Approximately 40% of childhood Acute dermatitis persist till adulthood. Adult-onset Atopic dermatitis ranges from 18 years to 71 years with the prevalence of 1 out of 4 adults. About 9% of the cases seen at a contact dermatitis clinic had first onset at 20 years and above while an additional 8% had both adult-onset and contact dermatitis.[12] Although, few studies from Asian countries have reported about the prevalence of Atopic dermatitis which having a later age at onset before the term "adult-onset Atopic dermatitis" given by them.

Adult-onset Atopic dermatitis has a broad range of age group at the onset with a peak at 20-40 years of age with a female preponderance which reported by most studies. However, Atopic dermatitis can have an onset as late as after the fifth decade which known as the senile onset Atopic dermatitis with a male preponderance. These observations are in contrast to childhood Atopic dermatitis which have no gender predilection.[10] Study by the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh. Shows 18% incidence rate among adults.[12] Studies conducted in the countries like, Singapore, Malaysia and Japan have a prevalence rate 13,6%, 13% and 24.2% respectively.

In today's scenario, adult-onset AD is an under-recognized eczematous condition which have a prevalence rate ranging from 13% to 47%.[10]

Study of atopic dermatitis in adult are important because usually it runs a prolong course impairing quality of life, relationships, sex life, and occupation and also produce the burden from direct and indirect costs (approximately $37.7 billion in out-of-pocket costs) which is shared by the families and caregivers of patients with Atopic dermatitis.[13,14,15]

This article is a study of the significant role of aetiology in cases of adult atopic dermatitis at the level of homoeopathic prescription

MATERIAL AND METHODS

Selection of Sample & Design & Size: Random Sampling & Experimental, Prospective study of 30 patient.

Inclusion criteria	Exclusion Criteria
Age Group: Between 20 to 40 years. Both genders. Diagnostic Criteria: Hanifin and Rajka criteria. Aetiological factor in cases of Atopic dermatitis	Acute emergency condition. Any comorbidity.

Outcome Assessment:

The results were analysed according to following criteria:

1. Significant improvement: The significant decrease in the intensity and frequency of the presenting and associated complaints with sense of well - being at least for 6 months of study period.
2. Moderate Improvement: Decrease in the intensity and frequency of presenting complaints and associated complaints with slight sense of well - being for 3 to 6 months of period.
3. Status quo: No chance after initial decrease of the symptom in the presenting and associated complaints.

RESULTS & DISCUSSION

In this study Random sampling with 30 sample size were taken and analysed.

- Maximum number of patients were seen from the age group 26 to 30
- The study reveals that male outnumbered females
- Maximum number of cases have an exciting cause as ADMONITION, FREEDOM LOSS OF, SUPPRESSED EMOTION, and VACCINATION AFTER.
- Maximum number of cases have a mental exertion as a maintaining cause
- Psora as fundamental cause.
- Pruritus was a most common major diagnostic criteria and Course influenced by environmental and emotional factors was a most common minor diagnostic critaria.
- Family history of asthma was seen mostly in the cases.
- Past history of recurrent conjunctivitis was seen mostly in cases.
- Remedy prescription according to number of cases.
- LYCOPODIUM CLAVATUM> NATRUM MURIATICUM > NUX VOMICA> CALCAREA CARBONICA, CAUSTICUM, PHOSPHORUS, SULPHUR > ARSENICUM ALBUM, PHOSPHORIC ACID, PULSATILLA NIGRICANS, SEPIA OFFICINALIS, SILICIA, VERATRUM ALBUM.
- 200 potency was prescribed in majority of cases.
- According to SCORAD scale pre score, 2 cases were severe, 26 cases were moderate and 2 cases were mild atopic dermatitis.
- Result shows that 25 cases have a significant improvement, 4 cases have moderate improvement, and 1 case shows no significant improvement.

CONCLUSION

These study shows the role of aetiologies including exciting, maintaining causes in homoeopathic prescription in Adult AD. It also shows the past and family history as a factor which help to find fundamental cause.

Further Recommendations

- Adult origin Atopic Dermatitis is increasing in today's time so further detail research by using large sample is beneficial for the future.

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