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Homeopathy

EFFECTIVENESS OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE IN LM POTENCY: AN EVIDENCE - BASED CASE REPORT OF ATOPIC DERMATITIS

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ABSTRACT **Background:** Atopic Dermatitis is a chronic, non-contagious, itchy inflammatory skin condition with a high global prevalence, affecting over 200 million people worldwide. It is the cutaneous manifestation of the atopic state, which forms part of the Atopic Triad, along with asthma and allergic rhinitis. Atopic dermatitis significantly impacts a patient's life, particularly their social well-being and overall quality of life. **Case Summary:** A 73-year-old female presented at the Materia Medica OPD of NEIAH, Shillong, Meghalaya, with erythematous eruptions, itching, scaling, and dry crust formation on her forehead, scalp, arms, face, behind the ears, and the back of her neck for seven months. After detailed case-taking and repertorization, she was prescribed an individualized homeopathic medicine in LM potency, which led to significant improvement. **Conclusion:** This evidence-based clinical study demonstrates the efficacy of individualized homeopathic treatment in managing Atopic Dermatitis. The use of LM potencies in this case highlights their dual advantage: delivering potent therapeutic effects comparable to higher potencies while maintaining the gentleness of lower potencies. Modified Naranjo Criteria for Homoeopathy scores +10/13 in this case, supporting the causal relationship between AD and homoeopathic intervention when tailored to the patient's unique symptomatology.

KEYWORDS : Atopic Dermatitis, Homeopathic treatment, Individualized medicine, LM potency.

INTRODUCTION

Atopic Dermatitis (AD), the most common subtype of eczema presents as chronic, non-contagious itchy inflammation of the skin. It is the cutaneous expression of the atopic state, characterized by a family history of asthma, allergic rhinitis or eczema. [1] Based on the age of onset AD is divided into early-onset AD(birth to 2years), Late-onset AD (after the onset of puberty) and Senile onset AD (after 60 years) in which early-onset AD is the most common subset and senile-onset AD is the unusual subset.[2]

Prevalence:

Atopic dermatitis affects more than 200 million people worldwide with more than 20% are children and 10% adults.[3]

Etiopathogenesis:

The exact etiology of AD is still unknown, but the involvements of genetic and environmental factors are evident [4] . There are several genes associated with AD are identified, Filaggrin gene (FLG) is the one of the most well-known genes associated with AD. [5] Common environmental factors that trigger AD include exposure to irritants and allergens. And also the factors like stress, changes in temperature and humidity, and infections can also take part in flaring up the disease.

Clinical Features:

The clinical presentation of AD is variable and heterogeneous in relation with the duration, type and age group it affected. Traditionally, clinical lesions are classified as *"acute",* (characterized by oozing, edema, and erythema,) and *"chronic"*(with prevalent xerosis, lichenification, and dyspigmentation). However, these types can coexist in chronic relapsing conditions. Pruritis, is the Hallmark of AD. [6]

Diagnosis:

Atopic dermatitis is diagnosed clinically, with no definitive laboratory tests. The American Academy of Dermatology (AAD) guidelines comprise essential, important, and associated clinical features for a positive diagnosis of AD.[7]

PATIENT INFORMATION

History:

A 73-year-old female reported to the Materia medica OPD, Northeastern institute of Ayurveda and Homoeopathy, Shillong on 08th May 2024. She came with the chief complaints of erythematous eruptions with itching, scaling and dry crust formation on the scalp, forehead, left arm, face, behind ear and back of neck since 7 months. The itching and burning with irresistible desire to scratch disturbed her sleep in almost all nights. The complaint was worse in summer and from warmth of bed and better in winter and from cold .There was acrid, watery, sticky discharge from the eruptions occasionally.

Patient was apparently healthy 7 month back. After that complaint started as small itching eruptions which are red especially over forehead, scalp and face. Gradually it started to appear on arms and ear with intolerable itching and irresistible desire to scratch. The complaint was very gradual in onset and progression. After scratching acrid, sticky watery discharge oozes out. Lesions become dry and scale formation started especially over forehead and face. For the same complaint she already consulted with dermatologist took conventional treatment which include local applicants also. During the treatment the complaint relieved but then it came back more aggressively with more itching and burning. Then she came for the homoeopathic treatment.

Patient had a history of Jaundice and Allergic rhinitis during her childhood from which she got recovered. She also had history of Appendicitis at the age of 30 year for which she had gone through appendectomy. One year back she had Gastritis for which she took homoeopathic treatment and was recovered.

Clinical Findings:

The Patient weighed 64 kg, with a height of 152 cm. Her body mass index was 27.7kg/m^2 Patient is fair complexioned and overweight.

On dermatological examination, the lesions on arms, neck and ear were of subacute type and more erythematous. The lesions on the forehead, face and scalp were of chronic type and showed the signs of lichenification. Distribution was asymmetrical and there was no signs of secondary infection.

Family history:

Her mother had same type of skin lesions. In her 5 siblings youngest brother had Diabetes. Patient is married and had 2 sons, in which eldest son had Hypertension.

Generalities:

The patient was anxious about her son. Most of the time she suppress her emotions. She desired to sing which ameliorated her complaints. She also had hobbies like gardening, knitting, baking cakes as she was very fond of sweets. Even though she was from an upper middle class family and she was a retired govt employee, her dressing style and hygiene was poor. She had good appetite and had desire for cakes, sweets and boiled foods with aversion to spicy foods. She was very thirsty and had desire for warm drinks. Bowels were regular and satisfactory except for occasional loose stools. The urine and sweat were very offensive. Patient was thermally hot. Patient also attained her menopause at 47years.

Diagnostic Assessment:

Case was diagnosed and verified clinically from the clinical

presentation, dermatological examination, past history of allergic rhinitis and family history of eczema.

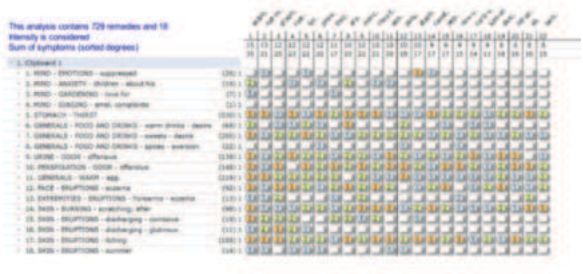
Case Analysis And Repertorisation:

After complete case taking according to Homoeopathic principles, Dermatological and physical examination of the patient, the following characteristic symptoms are taken for repertorisation after proper analysis and evaluation.

- Anxious about children
- Suppression of emotions
- Love for gardening
- Singing ameliorates complaints
- Thirsty, desire for warm drinks
- Desire for sweets and boiled foods
- Aversion to spicy foods
- Offensive urine
- Offensive perspiration
- Thermally hot patient
- Eczematous eruptions on face, arms and scalp
- Itching eruptions causes burning after scratching
- Acrid, glutinous discharge from the eruptions
- Eruptions worse in summer.

Above symptoms are converted into rubrics for homoeopathic repertorisation and it is done by RADAR software using synthesis repertory.[Figure 1]

After assessing the characteristic symptoms for miasmatic background, the case is found to be predominantly a psoric case.



[Figure 1] Repertorisation chart

Interventions

First Prescription:

14 doses of Sulphur 0/1 potency medicine was prescribed on 08th May 2024 after confirming the genuineness of the medicine. The medicine is dispensed in purified water in 30 ml bottle and advised to take 1 dose every day morning on empty stomach and give 10 succession just before taking the dose from the second day onwards.

The patient was advice to avoid irritants like harsh soaps, irritant and unbreathable fabrics, foods that might trigger the complaints, and avoid frequent contact with water. Also instructed to use mild cleansers, lukewarm baths and humidifiers.

Basis Of Prescription:

After analyzing the reportorial results and consulting with the materia medica, the close running remedies are differentiated and Sulphur is selected as the most suitable, most similar medicine for the condition in this particular case. Sulphur is known as the king of antipsoric and this case under discussion is also predominantly psoric background. Sulphur has a sphere of action and greater affinity towards skin more than any other remedy. It covers the constitutional peculiarities, mental, physical generals and the characteristic symptoms of the skin lesions present in this case.[8]

Follow up and outcomes

Patient's symptoms are assessed in 2 weeks. The dose and repetition of the medicine is decided after considering the patient's totality during every visit. The complete details of the follow up and details are given in TABLE 1. Collected the picture in every follow up for the evidence-based treatment.[Figure 2&3 - before and after treatment]

Table 1 – Date With The Follow Ups

Date	Complaints/ symptoms	Intervention
08th May2024 Baseline visit	First visit symptoms described in patient information	Sulphur 0/1(14 doses) OD 10 succession from 2nd day onwards
29th May 2024 1st follow up	Eruptions on the scalp, forehead, left arm, face, behind ear and back of neck are reduced but still present. Erythematous eruption on arms reduced but still persist. Itching, burning sensation reduced. No more discharges Urine and perspiration normal	Sulphur 0/2(16 doses) OD 10 succession from 2nd day onwards
16th June 2024 2nd follow up	Eruptions only on the forehead and elbow are only remaining. Eruptions on the other parts are cleared No itching and no burning sensation No more discharges, No new complaints Generals and vitals are normal	Sulphur 0/3(16 doses) OD 10 succession from 2nd day onwards
06th July 2024 3rd follow up	Eruptions on the forehead and elbow are reduced. No new complaints. Generals and vitals are normal	Sulphur 0/4(16 doses)/OD/ 10 succession from 2nd day onwards
27th July 2024 4th follow up	All Eruptions are cleared. No new complaints Generals and vitals are normal.	Placebo / 16 DOSE / OD/ 10 succession from second day onwards.

RESULT: [Figure 2&3- before and after treatment].

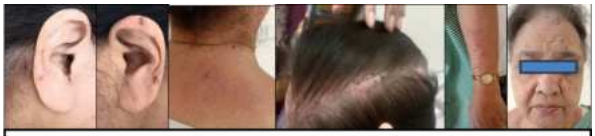


Figure 2: Before the treatment (Eruptions on Right ear, Left ear, Back, Scalp, Arm and Face)

Figure 3: After the treatment (Right ear, Left ear, Back, Scalp, Arm and Face)

DISCUSSION

Atopic Dermatitis is chronic relapsing skin disease, which is also the first disease to develop in the triad of "Atopic march" which followed by Allergic rhinitis and Asthma in the subsequent decades. AD can develop in any age group from infancy to elderly, so can be called as lifelong disease. If untreated it can succumb to the complications like secondary infections, and increased susceptibility to allergens and irritants. It has also impact on life and health of patient. Especially in sleep cycle, academics, carrier, social life and thus negatively affect the quality of life.

The conventional treatments available in India suggests the moisturizers as the mainstay of therapy. First line of treatment is topical corticosteroids and topical calcineurin inhibitors. Among systemic therapies, cyclosporin considered first line, followed by azathioprine, methotrexate, and mycophenolate mofetil.[9] Even though these treatments are proved effective in acute flare ups, but use of these medications and topical applications have adverse and rebound effect in long term use.

So, Homoeopathy can be suggested for cases especially chronic relapsing types, as this is a system of medicine deals with the patient as a whole and treating with similar medicines in minimum dose leaving few chances of adverse effects.

In this case patient had taken conventional treatment and got temporary relief of the symptoms, but the condition relapsed with more aggravated symptoms which compelled the patient to take homoeopathic treatment. After taking homoeopathic treatment for a few months patient got healed completely. And the patient is observed for a few more months without any medications for any recurrence. Thus homoeopathy can be a possible option for the acute as well as chronic skin lesions, though this is a study of single case report and more studies are needed to corroborate the findings. So this evidence based clinical practice proved the causal relationship between Atopic dermatitis and individualized homoeopathic medicine in LM potency which is assessed using Modified Naranjo Criteria for Homoeopathy (MONARCH), and score obtained was 9 out of 13, indicates the positive result.[10] TABLE 2

Table 2 Assessment By Modified Naranjo Criteria For Homoeopathy

SL NO	Domains	Yes	No	Not sure /NA
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3	Was there an initial aggravation of symptoms?		0	
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5	Did overall well-being improve?	+1		
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B	Direction of cure: did at least two 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		
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	
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)		+1	
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?			0
Total score = 10 (maximum score =+13, minimum score = -6)				

CONCLUSION

The case of atopic dermatitis under discussion confirms that after giving individualized homoeopathic medicine not only the skin lesions are cleared, but also the skin texture of the patient is improved and the skin changed from dry skin to smooth shiny skin which prevents further recurrence of the complaint. Here, individualized medicine is given in LM potency (50 millesimal potency). LM potencies specifically invented to lessen the aggravation by the centesimal potencies even though it may be very feeble and unnoticed. Studies shows that LM potencies will work as powerful as higher potencies and as gentle as low potencies and in treatment. It also cut shot the time taken for cure.

Declaration Of Patient Consent

Patient consent was obtained prior to case taking to ensure confidentiality of her identity.

Conflict Of Interest

Not available.

Financial Support

None available.

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