

Homoeopathic Management of Atopic Dermatitis with LM Potency: A Case Report

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Abstract: Atopic dermatitis (AD) is a chronic inflammatory skin condition characterized by pruritus, dry scaly lesions, and recurrent flares. Atopic Dermatitis (AD) is a common condition that causes swelling and irritation of the skin. ¹ It has many causes and often involves itchy, dry skin or a rash. Or it might cause the skin to blister, ooze, crust, or flake. Three common types of this condition are atopic dermatitis, contact dermatitis and seborrheic dermatitis. Atopic dermatitis is also known as eczema. Dermatitis isn't contagious, but it can be very uncomfortable. Moisturizing regularly helps control the symptoms. A rising trend in AD has been observed in India also in last four decades. Psychological stress, exposure to cold or vibration may also trigger skin ailments. **Case Summary:** A 30 - year - old female presented with itching, dry, scaly eruptions on the cleft of toes for three years, worsened by scratching and at night, with burning and watery discharge. Based on the totality of symptoms and repertorisation, Sulphur in LM potency was prescribed. Follow - up showed progressive improvement, with complete relief of symptoms after two months. This case highlights the role of individualized homoeopathic management using LM potencies in chronic dermatological conditions. After homeopathic treatment of atopic dermatitis the eruptions started to dry up slowly, and in a span of month all his eruptions dried up and she started going back to her work properly.

Keywords: Atopic dermatitis, Sulphur, LM potency, Homoeopathy, Eczema

1. Introduction

Dermatitis is a chronic or chronically relapsing hypersensitive manifestation of the skin with itching as a predominant feature. There is a wide range of other associated features that are seen in a proportion of patients. Dermatitis is inflammation of the skin, typically characterized by itchiness, redness and a rash. In cases of short duration, there may be small blisters, while in long - term cases the skin may become thickened. The area of skin involved can vary from small to covering the entire body. ²

Conventional treatment typically involves emollients, topical corticosteroids, and antihistamines, which may provide temporary relief but do not address underlying susceptibility. Homoeopathy offers a holistic and individualized treatment approach. LM potencies, introduced by Hahnemann in his later years, are specifically suitable for chronic conditions due to their gentle, frequent, and flexible administration. This report documents a case managed effectively with Sulphur in LM potency, with consistent follow - up and documented improvement.

Epidemiology

A study from Bihar reported an incidence of 0.38% of the total number of outpatient attendees. AD was the commonest dermatosis in children registered to a pediatric dermatology clinic where it constituted 28.46% of all registered patients. In contrast, only 0.01% (3 out of 2100) children in a South Indian study had AD. This relative rarity has been attributed to different dietary habits and climate. ³

Pathophysiology

Atopic dermatitis patients have a defective skin barrier that is susceptible to xerosis and environmental irritants and allergens that lead to inflammation, pruritus, and the classic clinical findings of atopic dermatitis. The barrier defect may be caused in part by decreased levels of ceramides, which are sphingolipids in the stratum corneum which play a role in the skin's barrier function and prevent trans epidermal water loss. The defective skin barrier allows irritants and allergens to penetrate the skin and cause inflammation via an overactive

Th2 response (with increased IL - 4, IL - 5 cytokines) in acute lesions and Th1 response (with IFN - gamma and IL - 12) in chronic lesions. Scratching of the skin also stimulates keratinocytes to release inflammatory cytokines such as TNF - alpha, IL - 1, and IL - 6. ² Decreased anti - microbial peptides (human beta - defensins, cathelicidins) in the epidermis of atopic patients also contribute to *Staphylococcus aureus* colonization seen in more than 90% of atopic dermatitis patients. *S. aureus* may worsen the inflammation of atopic dermatitis lesions and lead to secondary infection⁴

2. Symptoms

- 1) **Dry, rough, red, itchy skin** is the main sign of Atopic Dermatitis. The itching is mild to intense varying from case to case. Itching is worse at night due to warmth of the bed.
- 2) **Eruptions:** In some persons, papular, vesicular or pustular eruptions appear on the skin. Papular eruptions are raised eruptions on skin, vesicular ones are fluid - filled eruptions and the pustular contains pus in it. When these eruptions start to ooze out fluid or pus, it is termed Weeping Eczema.
- 3) Thickening, Crusting and Scaling of Skin
- 4) **Deep cracks** and fissures with bleeding
- 5) Skin infection from excessive scratching can occur. Red bumps and at times pus formation indicates infection.
- 6) Body parts affected by Atopic Dermatitis are **bends of elbows, behind knees, face and neck**. Other sites of infection may be around eyes and ankles. Scalp and face are the common sites in Infantile Eczema.

3. Causes

No cause has been detected behind Atopic Dermatitis, but its appearance is attributed to **dysfunction of immune system**. Due to misguided immune system, there is increase in inflammatory cells causing skin inflammation. ⁵

- 1) Further it is considered that **genetic factors** also play a role in it. This is based on the evidence that the person with Atopic Dermatitis usually gives a **family history** of

Eczema or other atopic disease like asthma, hay fever / nasal allergy or food allergies.

- 2) **Hygiene Hypothesis:** When children who are exposed to microorganisms early in their childhood, it helps build up their immune system and protects them against allergic diseases. So children in less hygienic environment are at less risk of Atopic Dermatitis.
- 3) In some, an excess of **Staphylococcus aureus** bacteria on skin can lead to Atopic Dermatitis

Trigger and Worsening Factors:

Some of the trigger and worsening factors for Atopic Dermatitis include stress, weather changes (cold dry weather), woolens, synthetic clothes, dust mites, sweating, soaps, detergents, bathing with hot water. In some persons, certain food items, including egg, cow's milk, gluten and fish, can worsen the condition.

4. Complications

Persons having Atopic Dermatitis may develop allergic rhinitis, asthma, allergic contact dermatitis and food allergies. Skin may become thick and leathery. Skin infection can occur when skin breaks from repeated scratching, and bacteria or virus enters skin. Itching in the rash may disturb sleep. The affected skin after healing of the rash may become dark or light, named post - inflammatory hyperpigmentation and post - inflammatory hypopigmentation respectively.

5. Lifestyle Management:

- 1) Keep the skin moisturized. Apply moisturizer to the skin soon after the bath when skin is still wet.
- 2) Avoid bathing with hot water, prefer warm water over hot water to take bath. Limit the bathing time to about 10 minutes.
- 3) Use gentle soaps
- 4) Try to avoid trigger factors that would flare or worsen your rash, for example: synthetic clothes, certain soaps, food triggers (cow's milk, eggs etc.), dust mites, animal dander, etc. ⁶

6. Case Report

A 30 - year - old female presented with chronic itching eruptions on the toes of both legs for three years. Initially the itching started on the cleft on the first toe on the right leg, later the itching gradually increasing and it spread to the other toes with oozing of watery discharges from the eruption on both the legs. For this complaint the patient took allopathic medication, the itching got worse at first later on the patient took Ayurvedic medication got some relief but the complaint still persist on & off pattern. The itching worsened at night and on scratching, accompanied by burning and watery discharge. The complaint improved temporarily with oil application.

Negative History:

No signs of bleeding on the affected area, No aggravation during cold season.

Positive History:

Father having the history of eczema.

Past History:

Hypothyroidism - under allopathic treatment for 5 years.

Family History:

- Father: Eczema
- Sister: Asthma

Physical Generals:

- Appetite decreased
- Thirst increased
- Stool constipated passing once in 2 days
- Urine: normal
- Sweat: generalized but offensive
- Sleep: Disturbed sleep due to this complaint

Reaction To:

- Desire sweets
- Desire acidic foods
- Desire cold climate
- Desire cold bathing
- Aversion to covering
- Intolerant to hot climate

Mental Generals:

- Anxiety related to complaint

Systemic Examination:

Examination of skin

Inspection: Blackish discoloration on the cleft of the toes, no visible swelling, watery skin discharge seen on the affected areas, dryness of the skin on the affected area (cleft of the toe)

Evaluation of Symptoms:

- 1) Anxious about health
- 2) Sleep disturbed due to itching
- 3) Desire sweets
- 4) Desire acidic foods
- 5) Stool constipated
- 6) Appetite diminished
- 7) Thirst increased
- 8) Intolerable to hot climate
- 9) Itching night aggravates
- 10) Watery discharge from the eruption
- 11) Burning after scratching
- 12) Thermal: chilly

Totality of Symptoms:

- 1) Anxious about health
- 2) Intolerance to hot climate
- 3) Desire sweets
- 4) Desire acidic foods
- 5) Stool constipated
- 6) Appetite diminished
- 7) Thirst increased
- 8) Itching aggravates night
- 9) Burning after scratching
- 10) Watery discharge from the eruption

Miasmatic Analysis:

According to patient's symptom fundamental miasm psora and dominant miasm is psora - syphilis.

Repertorisation and Prescription:

Based on the characteristic modalities (itching < night, < scratching, burning after scratching, oozing discharge, and relief from oil), Sulphur was selected. LM potency was

chosen for its mild action and adaptability to chronic skin conditions.

Patient's Name	Sulph	Sep	Lach	Bry	Sil	Caust	Kali-c	Merc	Calc	Phos	Arg-n	Nat-m
Totally	21	15	14	13	13	13	12	12	12	12	11	11
Symptoms Covered	9	7	7	6	6	5	8	7	6	6	6	6
Kingdom	*	*	*	*	*	*	*	*	*	*	*	*
[Kent] [Mind]Anxiety:Health, about: (33)	1	2	1	1	1		1		2	2	1	
[Kent] [Stomach]Desires:Sweets: (36)	3	2		2			2	1	2		3	1
[Kent] [Stomach]Desires:Sour,acids,etc.: (77)	2	2	2	2			2		2	2	1	2
[Kent] [Rectum]Constipation (see inactivity):Difficult stool (see i...	3	3	3	3	3	3	2	2	2	2		3
[Kent] [Stomach]Appetite:Diminished: (112)	1	1	2		1	2	1	1		1	2	1
[Kent] [Stomach]Thirst:Extreme: (187)	3	2	1	3	3	3	2	3	3	3	3	3
[Kent] [Skin]Itching:Night: (44)	3		2		2	2		1			1	
[Kent] [Skin]Burning:Scratching,after: (82)	3	3	3	2	3	3	1	3	1	2		1
[Kent] [Skin]Eruptions:Vesicular:Watery: (20)	2						1	1				

Follow Up and Summary:

Follow Up and Date	Indications for Prescription	Medicine with Doses
17/01/2025	Dry and scaly eruptions Itching< night <scratching Watery discharge	Rx SULPHUR 0/3/ 3 dose BT (1 - 1 - 1)
04/02/2025	Slight improvement	Rx SULPHUR 0/3/ 1 DOSE BT (1 - 1 - 1)
17/02/2025	itching occasionally persist	Rx SULPHUR 0/6/ 2DOSE
30/03/2025	Dryness and Scaling > No itching Generals good	Rx SAC LAC/4 DOSE BT (1 - 1 - 1)

Before Treatment:



After Treatment:



7. Discussion

After considering the totality of the symptoms and the symptoms similarity of the patient, Sulphur was prescribed. LM potency was selected to prevent unnecessary aggravation of the symptoms. After 1 week the itching was partially reduced, passed stool everyday without any trouble, her appetite was about to be normal but the burning and the watery discharge from the eruption was present as same as before the treatment, so Sulphur 0/3 /1 dose was given

After a week the patient complaint was stand still there was no improvement seen. So, the potency was increased to 0/6 i. e Sulphur 0/6/1 dose was given. After 1 week the patient was completely normal, her itching was better but slightly persist, burning and watery discharges from the eruption were stopped, passed stool everyday and her appetite was completely normal, so the patient was prescribed placebo for the next one week. The patient was continuously followed up for 1 month for any recurrence of the symptoms but there was no recurrence found.

8. Conclusion

Homeopathy is a holistic mode of medicine that considers man as a whole. The presented case underscores the potential of homeopathic medicine in treating Atopic Dermatitis effectively without resorting to surgical intervention. This case illustrates the effectiveness of individualized homeopathic treatment using LM potency in managing chronic atopic dermatitis. A consistent improvement was observed in both local and general symptoms, reinforcing the clinical utility of LM potencies in practice. It reduces the intensity, severity, and frequency of the disease. This outcome suggests that homeopathy not only addresses symptoms but also improves quality of life by preventing recurrence.

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