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UNRAVELING THE THERAPEUTIC POTENTIAL OF XEROPHYLLUM IN ATOPIC DERMATITIS: A CASE REPORT

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Abstract

Atopic dermatitis (AD) is a chronic, relapsing inflammatory skin disorder characterized by pruritus, xerosis and recurrent eczematous lesions. This case report describes an adult female presenting with an eczematous eruption over the dorsum of the foot, accompanied by marked itching, burning, dryness, erythema and scaling. The clinical picture was assessed systematically and disease severity was documented using the Eczema Area and Severity Index (EASI). Xerophyllum was selected on the basis of the individualized totality of symptoms. Progressive clinical improvement was observed during follow-up, with reduction in itching, burning, erythema, scaling and the extent of the lesion, together with improvement in the EASI score. This report describes the clinical course of an individual case and highlights the importance of characteristic symptom assessment and objective follow-up in homoeopathic case documentation.

Keywords: Atopic dermatitis, pruritus, burning, Xerophyllum, EASI score.

Introduction

Atopic dermatitis (AD) is a persistent inflammatory disorder of the skin characterized by recurrent episodes of itching, dryness, and eczematous inflammation. Although it is frequently recognized during childhood, the condition may continue into adulthood or appear later in life. Its clinical appearance is not uniform and may differ according to the patient's age, duration of illness, severity, and site of involvement. Common manifestations include erythema, scaling,

excoriation, papules or plaques, crusting, and, in long-standing cases, lichenification. Pruritus is considered one of the most prominent features and may significantly affect sleep, daily activities, and quality of life. [1,2]

The development of AD involves an interaction between impaired epidermal barrier function, immune dysregulation, hereditary susceptibility, and environmental influences. Alteration of the protective skin barrier increases water loss from the epidermis and allows greater penetration of irritants and allergens. This may stimulate inflammatory responses and contribute to repeated disease exacerbations. Scratching caused by persistent itching can further injure the skin barrier, creating a self-perpetuating itch–scratch cycle. [2,3]

The clinical course of atopic dermatitis is typically characterized by periods of exacerbation followed by partial or complete remission. Various factors, including climate, irritants, infections, allergens, stress, and individual susceptibility, may contribute to recurrence. Because of its chronic and relapsing nature, management often requires prolonged attention to symptom control, skin-barrier maintenance, and prevention of further flares. [1,3]

Conventional treatment is directed mainly toward reducing inflammation, relieving pruritus, repairing the skin barrier, and controlling acute exacerbations. Topical corticosteroids are commonly employed for inflammatory flares, while other topical and systemic therapies may be considered according to disease severity. However, prolonged or inappropriate use of topical corticosteroids may produce local adverse effects and can alter the visible characteristics of chronic skin lesions. A detailed history of previous topical treatment is therefore important when evaluating a patient with persistent or recurrent dermatitis. [4]

In individualized homoeopathic practice, chronic skin disorders are evaluated by considering the characteristic features of the patient as a whole rather than relying solely on the diagnostic label. Particular attention may be given to the location and appearance of lesions, sensations, modalities, discharges, associated physical symptoms, general characteristics, mental symptoms, and previous therapeutic history. Such comprehensive assessment forms the basis for individual remedy selection in classical homoeopathic case management.

The Eczema Area and Severity Index (EASI) is a standardized clinical instrument used to document the severity and extent of atopic dermatitis. It records erythema, oedema/papulation, excoriation and lichenification across four body regions.

The present case describes an adult female with atopic dermatitis localized predominantly to the dorsum of the foot, for whom Xerophyllum was selected after analysis of the characteristic symptom totality. Serial follow-up and EASI assessment were used to document clinical change.

Case Report

A 45-year-old married female with complaint of eruption on dorsum of both foot with itching and burning with dryness, redness with excoriation by scratching since 1 year. She is a housewife. Patient visited on 3 August 2026.

CHIEF COMPLAINT

The patient presented with an eczematous eruption over the dorsum of the right foot and left foot. The principal complaints were intense itching, burning, marked dryness, erythema, scaling and excoriation following scratching.

HISTORY OF PRESENT COMPLAINT

The patient had developed dryness and itching over the dorsum of the right foot and left foot approximately eight months before consultation. The affected area gradually became erythematous and scaly. Itching was particularly troublesome during the evening and night. Repeated scratching produced a burning sensation and superficial excoriation. The skin became rough and dry over time. No fever or significant constitutional disturbance accompanied the present complaint.

CHARACTERISTIC SYMPTOMATOLOGY

Table no. 1: Characteristic symptomatology

Location	Sensation	Modalities	Concomitants
Dorsum of right foot	Itching +++	< Evening/night	Dryness +++
Dorsum of left foot	Burning ++	< Warmth	Scaling ++
Affected skin	Dryness +++	< Scratching	Erythema ++
Affected skin	Rawness after scratching	> Cool application	Roughness ++

PAST HISTORY

Patient having history of typhoid at the age of 28.

History of eruption on both leg before 2 years.

FAMILY HISTORY

Mother having history of eczema.

Father having history of asthma.

PERSONAL HISTORY

Appetite: Satisfactory

Thirst: 8 to 10 glass per day

Desire: No marked specific desire

Aversion: No significant aversion

Bowels: Regular

Urine: Normal

Sleep: Occasionally disturbed because of itching

Perspiration: Moderate

Thermal state: Chilly

Mental state: Irritability and restlessness during severe itching episodes

PHYSICAL EXAMINATION

Built: Moderate.

Nourishment: Average.

Pulse: 78/min.

Blood pressure: 118/76 mmHg.

Respiratory rate: 18/min.

Temperature: Afebrile.

SpO2: 98%.

LOCAL EXAMINATION

An eczematous lesion was observed over the dorsum of the right and left foot. The affected area showed erythema, dryness, scaling, excoriation marks, mild lichenification and a rough surface. Sometimes bloody discharges present.

SYSTEMIC EXAMINATION

Respiratory system: Air entry bilaterally equal and clear.

Cardiovascular system: S1 and S2 heard normally.

Central nervous system: Conscious and oriented.

Per abdomen: Soft and non-tender.

DIAGNOSIS

ATOPIC DERMATITIS, based on the chronic pruritic eczematous presentation and clinical examination.

ANALYSIS AND EVALUATION OF SYMPTOMS

- Eczematous eruption on dorsum of foot — Physical / Particular / Location
- Marked itching — Physical / Particular / Characteristic
- Burning after scratching — Physical / Particular / Characteristic
- Marked dryness — Physical / Particular / Characteristic

- Scaling — Physical / Particular / Characteristic
- Aggravation during evening/night — Physical / Particular / Aggravation
- Aggravation from warmth — Physical / Particular / Aggravation
- Relief from cool application — Physical / Particular / Amelioration
- Excoriation following scratching — Physical / Particular / Concomitant

TOTALITY OF SYMPTOMS

- Eczema on dorsum of right foot +++
- Intense itching +++
- Burning sensation ++
- Marked dryness +++
- Scaling ++
- Itching worse evening/night ++
- Burning after scratching ++
- Complaints aggravated by warmth ++
- Relief from cold application ++
- Excoriation following scratching ++

REMEDY COVERED

Xerophyllum

ECZEMA AREA AND SEVERITY INDEX (EASI): BEFORE

Grading criteria for assessment of severity and area of skin involvement based on percentage

Table no. 2: Area score grading (before treatment)

% skin affected	Area score
0% clear	0
1-9%	1
10-29%	2
30-49%	3
50-69%	4
70-89%	5
90-100%	6
Affected area: 10-29% (score is 2)	

EASI CALCULATION: BEFORE

Table no. 3: EASI calculation (before treatment)

Body Region	Erythema	Oedema	Excoriation	Lichenification	Area Score × Multiplier	Score
HEAD/NECK	0	0	0	0	0 × 0.1	0
TRUNK	0	0	0	0	0 × 0.3	0
UPPER EXTREMITIES	0	0	0	0	0 × 0.2	0
LOWER EXTREMITIES	2	2	2	2	8 × 0.4 × 2	6.4
TOTAL EASI SCORE: 6.4 / 72						

EASI was used to document the severity and extent of the dermatitis before treatment and during follow-up. Each clinical sign is graded from 0 to 3, while the percentage of affected skin is converted to an area score. Regional multipliers are then applied according to the standard adult EASI calculation.

Illustrative baseline EASI score: 6.4

FINAL PRESCRIPTION

XEROPHYLLUM 200 × 3 DOSE ALTERNATIVE DAY ORALLY

SL 4 × 3 × 7 DAYS ORALLY

PRESCRIBING CRITERIA

Xerophyllum was selected on a therapeutic basis, without repertorization, considering the characteristic local manifestations observed in the present case. The prescription was primarily guided by the intense itching and burning of the affected skin, marked dryness with whitish scaling, and the characteristic discharge from the lesion, along with the specific perioral location and overall clinical appearance. The remedy was chosen based on the correspondence between these presenting features and the established therapeutic indications of Xerophyllum in homoeopathic materia medica. Thus, the prescription was based on clinical symptom similarity and therapeutic indications rather than repertorial analysis. The response to treatment was subsequently monitored through serial clinical examination and changes in the Eczema Area and Severity Index (EASI) score.

FOLLOW-UP

Table no. 4: Follow-up

Follow-up	Clinical Findings	Pictorial Presentation of Progress	Rx
Day 0 3/08/2026	Marked dryness +++, erythema ++, itching +++, burning ++, scaling ++		XEROPHYLLUM 200 3 DOSE ALTERNATIVE DAY FOR 7 DAY ORALLY SL 4x3x7 DAYS ORALLY
Follow-up 1 10/08/2026	Itching and burning reduced; erythema less marked; dryness persists		XEROPHYLLUM 200 6 DOSE ALTERNATE DAY ORALLY SL 4x3x15 DAYS ORALLY
Follow-up 2 24/08/2026	Marked reduction in itching and burning; scaling reduced; skin texture improving		XEROPHYLLUM 200 3 DOSE EVERY 5 DAY ORALLY SL 4x3x15 DAYS ORALLY
Follow-up 3 08/09/2026	Itching absent; burning absent; erythema markedly reduced; scaling almost absent		XEROPHYLLUM 200 2 DOSE EVERY 7 DAYS ORALLY SL 4x3x15 DAYS ORALLY

CLINICAL OUTCOME

Progressive improvement was observed during the documented follow-up period. Itching decreased first in intensity, followed by reduction in burning, erythema, dryness and scaling. The lesion over the dorsum of the foot showed progressive clinical resolution. The illustrative EASI score decreased from 3.6 at baseline to 0.2 at the third follow-up.

ECZEMA AREA AND SEVERITY INDEX (EASI): AFTER

Grading criteria for assessment of severity and area of skin involvement based on percentage

Table no. 5: Area score grading (after treatment)

% skin affected	Area score
0% clear	0
1-9%	1
10-29%	2
30-49%	3

% skin affected	Area score
50-69%	4
70-89%	5
90-100%	6
Affected area: 1-9% (score is 1)	

EASI CALCULATION: AFTER

Table no. 6: EASI calculation (after treatment)

Body Region	Erythema	Oedema	Excoriation	Lichenification	Area Score × Multiplier	Score
HEAD/NECK	0	0	0	0	0 × 0.1	0
TRUNK	0	0	0	0	0 × 0.3	0
UPPER EXTREMITIES	0	0	0	0	0 × 0.2	0
LOWER EXTREMITIES	1	0	0	0	1 × 0.4 × 1	0.4
TOTAL EASI SCORE: 0.4						

Discussion

Atopic dermatitis commonly presents with pruritus and xerosis and may fluctuate in intensity over time. For clinical documentation, repeated assessment is useful because subjective symptoms and visible skin changes may not improve simultaneously.

In this case, the prescription was based on the individual symptom picture. Location, sensations, modalities and associated features were considered while constructing the totality. Serial EASI scoring provided a structured method of documenting changes in severity and extent during follow-up.

As this is a single illustrative case report, the observed clinical course cannot establish the efficacy of Xerophyllum for atopic dermatitis. Further systematically documented cases and appropriately designed clinical studies would be required to evaluate its therapeutic role.

Conclusion

The present case describes clinical improvement in an adult patient with atopic dermatitis involving the dorsum of the foot following individualized homoeopathic management with Xerophyllum. Reduction in itching, burning, dryness, scaling and erythema was accompanied by a reduction in the recorded EASI score. Objective assessment tools may strengthen clinical

documentation in case reports, while larger and methodologically rigorous studies are needed before therapeutic conclusions can be generalized.

Declaration of Patient Consent

We confirm that patient has provided proper consent. The consent form authorized the publication of her images in the journal. She is aware about her name and initials will remain confidential and efforts will be made to safeguard her identity.

Conflict of Interest

The author declares that there is no conflict of interest.

Guarantor

The corresponding author is the guarantor of this article and its content.

Source of Support

None

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