



**FROM STEROID DEPENDENCE TO SUSTAINED REMISSION:
HOMEOPATHIC MANAGEMENT OF INFANTILE ATOPIC DERMATITIS AT
DR BATRA'S HOMEOPATHY CLINIC**

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Abstract

Atopic dermatitis is a chronic inflammatory skin disorder commonly presenting in infancy, characterized by dryness, erythema, intense itching, and recurrent relapses. Conventional management often provides temporary suppression, with frequent recurrences upon withdrawal of topical or systemic steroids. This case study documents the long-term homeopathic management of an infant diagnosed with atopic dermatitis, who had recurrent, steroid-dependent flare-ups involving the face and body, associated with gastrointestinal disturbances and strong familial predisposition. Despite repeated conventional interventions, the condition showed frequent relapses. Individualized classical homeopathic treatment was instituted following a detailed assessment of physical generals, mental characteristics, family history, totality of symptoms, and miasmatic background. Over a sustained follow-up period, there was a gradual reduction in severity, frequency, and extent of skin lesions, improved sleep, better gastrointestinal stability, and overall constitutional strengthening. This case highlights the role of individualized homeopathy in chronic pediatric dermatological conditions and demonstrates a sustained transformation achieved at **Dr Batra's Homeopathy Clinic**.

Keywords

Atopic dermatitis, Infantile eczema, Classical homeopathy, Constitutional remedy, Miasmatic approach, Dr Batra's Homeopathy Clinic

Introduction

Atopic dermatitis (AD) is one of the most common chronic inflammatory skin disorders of infancy and early childhood, often associated with intense pruritus, xerosis, recurrent infections, and strong familial predisposition to atopy or autoimmune skin disorders. The disease typically follows a relapsing–remitting course and significantly affects sleep, feeding, and quality of life of both the child and caregivers. Long-term use of topical or systemic corticosteroids may lead to suppression, rebound flare-ups, and parental concern regarding safety.

Homeopathy, with its individualized and holistic approach, aims not only at symptomatic relief but also at strengthening the child's constitution and immune response. This case study presents the long-term homeopathic management of an infant with severe, recurrent atopic dermatitis who had inadequate and temporary response to conventional treatment.

Case Profile

- **Age:** Infant (5 months at first presentation)
- **Gender:** Male
- **Diagnosis:** Atopic Dermatitis
- **Family History:** Father suffering from psoriasis
- **Birth History:** Full-term caesarean delivery, birth weight 3.0 kg
- **Vaccination History:** Not vaccinated at initial presentation
- **Feeding History:** Exclusive feeding initially; complementary feeds introduced later

Presenting Complaints

The infant presented with dryness, redness, and severe itching involving both cheeks, ears, limbs, abdomen, and arms. The condition initially started on the cheeks and gradually spread to other areas. Itching was severe (+++), disturbing sleep and leading to scratching, bleeding, oozing, crust formation, and secondary infection at times.

Associated complaints included recurrent episodes of watery diarrhea with mucus, offensive stools during acute phases, recurrent cold and cough with nasal discharge, and disturbed sleep due to itching.

Mental

From early infancy, the child was observed to be generally cheerful, smiling, playful, and affectionate. However, during flare-ups of skin complaints, marked irritability was noted, primarily due to intense itching and dryness. Sleep was frequently disturbed, leading to increased restlessness and crying at night. Despite discomfort, the child remained responsive, socially engaging, and developmentally appropriate for age, indicating good baseline vitality. The emotional disturbances were reactive and directly correlated with physical suffering rather than intrinsic temperament changes.

Physical Generals

- **Thermal Reaction:** Chilly, prefers covering
- **Perspiration:** Normal, non-offensive
- **Thirst:** Normal
- **Appetite:** Normal for age
- **Stool:** Recurrent watery stools with mucus during acute episodes
- **Sleep:** Disturbed during itching episodes; otherwise restful

Particulars

- **Skin:** Severe dryness, erythema, crusting, oozing, and scab formation over cheeks and ears; later involving limbs and flexural areas
- **Itching:** Severe, worse at night, leading to scratching and bleeding
- **Aggravation:** Night, weather change, certain foods (e.g., fish), withdrawal of steroids
- **Associated Complaints:** Recurrent cold, cough, nasal discharge

Totality of Symptoms

- Infantile eczema with severe itching and dryness
- Night aggravation of itching
- Recurrent oozing and crust formation
- Chilly constitution
- Recurrent loose stools with mucus

- Family history of chronic skin disease (psoriasis)
- Steroid dependency with rebound relapses

Repertorial Rubrics (Indicative)

- SKIN – ECZEMA – INFANTS
- SKIN – ITCHING – NIGHT
- SKIN – ERUPTIONS – CRUSTS
- RECTUM – DIARRHOEA – MUCUS
- GENERALS – CHILLY
- GENERALS – FAMILY HISTORY – SKIN DISEASES

Repertorization Result

The repertorial analysis indicated **Calcarea carbonica** as the constitutional remedy, supported by the child's flabby build, chilly nature, recurrent infections, and strong familial predisposition. Acute intercurrent remedies were selected based on symptom presentation during flare-ups.

Prescription Strategy

Remedy	Potency	Indication
Calcarea carbonica	200C	Constitutional remedy
Natrum sulphuricum	200C	Acute episodes with diarrhea and skin aggravation
Rhus toxicodendron	200C	Intercurrent remedy for itching, restlessness, and skin inflammation

Follow-Up Summary

Date / Period	Clinical Status & Changes	Assessment	Prescription
Feb 2023 (First visit)	Extensive eczema on both cheeks, ears, limbs, abdomen; severe itching (+++), oozing, crusts, bleeding due to scratching; disturbed sleep; watery stools	Active infantile atopic dermatitis with GI involvement; strong	Calcarea carbonica 200C – 2 doses (constitutional) Supportive skin soothing measures

	with mucus; recurrent cold & cough; steroid-dependent	hereditary predisposition	
Mar 2023	Oozing reduced slightly; crust formation persists on cheeks; redness and dryness on hands & legs; itching worse at night; stools improving	Initial response; disease still active	Calcarea carbonica 200C – single dose (repeat) Local soothing applications
Apr 2023	Increased itching and dryness; scab formation on both cheeks; sleep disturbed; mild cold & running nose	Acute flare due to weather & infection	Rhus toxicodendron 200C – 2 doses (intercurrent) Continue constitutional support
May 2023	Suppression with steroids externally; lesions cleared temporarily but relapsed on face after withdrawal; oozing & redness on cheeks only	Steroid rebound; disease pushed to face	Calcarea carbonica 200C – single dose Advice for gradual steroid taper
Jun-Jul 2023	Oozing stopped; dryness & redness persist; itching reduced; stools normal; sleep improving	Improvement in intensity; localization phase	Calcarea carbonica 200C – single dose (watchful waiting)
Aug-Sep 2023	Lesions localized to cheeks & ears; mild itching; no infection; appetite & activity normal	Stable phase	Natrum sulphuricum 200C – single dose (acute digestive/skin tendency)
Oct-Dec 2023	Marked reduction in flare frequency; no oozing; dryness occasional; sleep mostly undisturbed	Sustained improvement	Calcarea carbonica 200C – single dose as needed
Jan-Mar 2024	Occasional itching; no discharge; GI upset once after antibiotics; scalp itching noted	Minor acute episodes	Natrum sulphuricum 200C – single dose Supportive care
Apr-Jun 2024	Skin stable; only mild food-related facial eruptions; no body involvement	Maintenance phase	Calcarea carbonica 200C – single dose
Jul-Sep 2024	Minimal eruptions; better tolerance to weather changes; reduced allergic colds	Improved immunity	Observation; no repetition

Oct-Dec 2024	Mild cheek eruptions after allergenic food intake; resolved quickly	Functional hypersensitivity only	Rhus toxicodendron 200C – single dose if itching
Jan-Mar 2025	Skin largely clear; no oozing or crusts; normal sleep & digestion	Remission phase	Calcarea carbonica 200C – single dose
Aug 2025 (Last follow-up)	Few small facial eruptions only; no relapse elsewhere; overall health stable	Sustained remission	Observation only

**Transformation Table**

Parameter	Before Treatment	After Homeopathic Treatment
Skin lesions	Extensive, oozing, crusted	Limited, mild, non-oozing
Itching	Severe, disturbing sleep	Mild, occasional
Steroid dependence	Frequent	Completely withdrawn
Sleep	Disturbed nightly	Restful
GI symptoms	Recurrent diarrhea	Stable digestion
Overall health	Recurrent relapses	Sustained improvement

Miasmatic Analysis

The case predominantly reflected a **psoric miasm**, evidenced by hypersensitivity, itching, eczema, and functional disturbances, with a **sycotic component** suggested by recurrent infections and mucus involvement. Treatment focused on addressing the underlying miasmatic susceptibility rather than symptomatic suppression.

Discussion

This case illustrates the effectiveness of classical homeopathy in managing chronic infantile atopic dermatitis resistant to conventional therapy. The repeated suppression with corticosteroids led to rebound exacerbations and localization of disease to the face. Individualized homeopathic treatment addressed the child's constitutional weakness, immune dysregulation, and hereditary predisposition. Gradual withdrawal of steroids under supervision, combined with appropriate constitutional and intercurrent remedies, resulted in sustained improvement without adverse effects. The long-term follow-up demonstrates that homeopathy can offer a safe, effective, and holistic alternative in pediatric dermatological conditions.

Conclusion

The successful management of this chronic, relapsing case of infantile atopic dermatitis highlights the strength of individualized homeopathic treatment. By addressing the totality of symptoms, constitutional makeup, and miasmatic background, sustained improvement was achieved without dependency on steroids. This case reinforces the role of homeopathy in chronic pediatric skin disorders and clearly demonstrates a **lasting transformation achieved at Dr Batra's Homeopathy Clinic**.

References

1. Williams HC. Atopic dermatitis. *N Engl J Med*. 2005;352:2314-24.
2. Bieber T. Atopic dermatitis. *Ann Dermatol*. 2010;22(2):125-37.
3. Linde K, et al. Homeopathy for eczema. *Cochrane Database Syst Rev*. 2013.
4. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain; 2003.
5. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B Jain; 2002.
6. Allen HC. *The Chronic Miasms*. New Delhi: B Jain; 2005.

7. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. New Delhi: B Jain; 2007.
8. Banerjea SK. *Miasmatic Diagnosis*. New Delhi: B Jain; 2003.
9. Vithoulkas G. *The Science of Homeopathy*. New York: Grove Press; 1980.
10. Golden I. Homeopathy in pediatric eczema. *Homeopathy*. 2008;97(2):93-98