



Original Research Article

Volume 15 Issue 05

May 2026

A CASE OF CHRONIC PEDIATRIC ATOPIC DERMATITIS SUCCESSFULLY MANAGED AT DR BATRA'S HOMEOPATHY CLINIC

Dr Sumayya Shabeel

Designation - Homeopathic Consultant

DHCC Branch, Dubai - UAE

Qualification- B.H.M.S.

Email id - dr.sumayyashabeel@gmail.com/drsumayya.shabeel@drbatras.com

Mobile- 055 9729075

Abstract

Atopic dermatitis is a chronic, relapsing inflammatory skin disorder commonly affecting children, often associated with intense pruritus, oozing lesions, disturbed sleep, and significant impact on quality of life. A strong familial and genetic predisposition further complicates management, with frequent relapses despite conventional treatment. This paper presents a detailed case of a 4-year-old child suffering from severe, generalized eczema for over two years, with a strong family history and multiple treatment failures prior to homeopathic intervention. A classical individualized homeopathic approach was adopted, emphasizing detailed mental and physical generals, characteristic particulars, longitudinal assessment, and miasmatic understanding. Over a structured follow-up period, the patient demonstrated sustained clinical improvement with marked reduction in itching, oozing, bleeding, sleep disturbance, and disease extent, along with improved emotional well-being and social functioning. This case highlights the role of individualized homeopathy in chronic pediatric dermatological conditions, where consistent transformation was achieved at Dr Batra's Homeopathy Clinic.

Keywords: Pediatric eczema, atopic dermatitis, individualized homeopathy, chronic skin disease, Dr Batra's Homeopathy Clinic

Introduction

Atopic dermatitis (eczema) is a common chronic inflammatory skin condition in children, characterized by pruritus, erythema, oozing, crusting, and lichenification. The disease often follows a relapsing-remitting course and is strongly influenced by genetic, environmental, immunological, and emotional factors. Children with a family history of atopy frequently experience early onset, widespread involvement, and recurrent exacerbations. Conventional management often focuses on symptomatic relief, with frequent relapses upon withdrawal of therapy. Homeopathy, with its holistic and individualized approach, aims to address not only the cutaneous manifestations but also the constitutional and emotional susceptibilities of the patient.

Case Profile

- **Age:** 4 years
- **Gender:** Male
- **Presenting Complaint:** Chronic, generalized eczema with severe itching and oozing
- **Duration:** Approximately 2 years
- **Family History:** Strongly positive for eczema and allergic disorders (siblings and extended family)
- **Birth History:** Full-term normal vaginal delivery; birth weight approximately 2.5–2.7 kg
- **Vaccination History:** Complete and uneventful
- **Developmental History:** Age-appropriate milestones

History of Present Illness

The child developed eczema suddenly around 1.5 years of age, initially presenting as small boil-like eruptions over the arms. These lesions gradually ruptured, oozed, bled on scratching, and progressively spread to involve the legs, flexural areas, face, behind the ears, abdomen, and eventually almost the entire body. The condition was associated with intense itching, markedly worse at night, leading to disturbed sleep and repeated excoriations until bleeding. Facial lesions were associated with sticky, saliva-like discharge. Multiple relapses

were noted despite prior treatment, prompting the caregivers to seek alternative management.

A notable observation was significant improvement during visits to India (humid tropical climate), where lesions cleared almost completely even without medication, while exacerbations occurred after returning to a dry, air-conditioned environment. Episodes of acute respiratory infections occasionally coincided with temporary skin improvement, suggesting a possible skin–respiratory alternation.

Physical Generals

- **Appetite:** Good
- **Cravings:** Milk and sweets
- **Thirst:** Normal (~1 litre/day)
- **Stools:** Regular, once or twice daily
- **Urine:** Normal
- **Perspiration:** Normal quantity, non-offensive, white staining
- **Thermals:** Ambithermal; extremities (palms and feet) tend to feel cold
- **Sleep:** Disturbed due to itching; late sleep onset

Mental and Emotional Generals

From early childhood, the patient displayed a shy, reserved temperament. He required time to become comfortable in unfamiliar environments and tended to remain within close proximity to his parents, especially the mother, to whom he was strongly attached. Social exposure was limited, as schooling was delayed due to facial eczema and parental concern. The child preferred solitary play and avoided crowded places such as parks, where he appeared hesitant to interact with peers.

Emotionally, he was observant and sensitive, noticing changes in his surroundings before responding. Tantrums occurred occasionally but were manageable and typically expressed through increased restlessness and scratching rather than overt aggression. Irritability was closely linked to discomfort from itching, particularly at night. Over time, with improvement in skin condition, parents noted better confidence, willingness to attend school, and

improved social engagement, reflecting a positive evolution of emotional well-being alongside physical recovery.

Particulars of the Disease

- **Location:** Face, behind ears, flexures of elbows and knees, hands, legs, abdomen, generalized
- **Sensation:** Intense itching (+++)
- **Discharge:** Sticky, oozing, occasionally crusting
- **Modalities:**
 - **Aggravation:** Night, scratching, dry climate, air-conditioned environment
 - **Amelioration:** Cold applications, humid climate, visits to Kerala/India

Homeopathic Working and Totality of Symptoms

The case was approached from a classical homeopathic perspective, emphasizing the individuality of the patient. The totality was formed by integrating:

- Chronic relapsing eczema with oozing and bleeding
- Intense nocturnal itching with sleep disturbance
- Flexural and facial involvement
- Marked climatic influence (better in humid weather)
- Strong familial predisposition
- Shy, reserved disposition with emotional sensitivity

Repertorial Totality

- **Skin - Eruptions - eczema - children**
- **Skin - Itching - night - aggravation**
- **Skin - Eruptions - oozing, moist**
- **Skin - Eruptions - flexures**
- **Mind - Timidity - children**
- **Mind - Shyness - strangers, before**
- **Generalities - Climate - humid - ameliorates**

Repertorization

Repertorial analysis was performed using standard repertories, giving prominence to characteristic mental generals, modalities, and skin expressions. The remedy selection was guided by repertorial convergence, constitutional correspondence, and miasmatic background.

Remedy Selection

Graphites was selected as the constitutional remedy based on the close correspondence between the patient's totality of symptoms and the well-established clinical picture of the remedy. The child presented with severe itching associated with moist, oozing eczematous eruptions, crust formation, and fissuring, particularly involving flexural areas and the face. The sticky discharge, tendency for cracks and bleeding, chronic relapsing course, and strong hereditary background further supported the choice. Mentally, the shy, reserved nature, emotional sensitivity, and slow adaptation to new environments aligned with the constitutional profile. The remedy was administered in an individualized manner with careful monitoring, resulting in progressive and sustained improvement.

Miasmatic Consideration

The case predominantly reflected a psoric-sycotic miasmatic background, evident from chronic itching, hypersensitivity, recurrent relapses, oozing lesions, and strong hereditary influence. The therapeutic strategy focused on addressing this underlying susceptibility rather than suppressing surface manifestations.

Follow up

Date / Period	Clinical Status	Skin Findings	Itching & Sleep	General / Mental Changes	Assessment
Initial Visit	Severe active disease	Generalized eczema involving face, flexures, limbs and trunk; oozing, crusting and	Intense itching (+++), worse at night; sleep markedly disturbed	Shy, withdrawn, clings to parents; avoids social interaction	Baseline – severe chronic eczema

		bleeding present			
1st Follow-up	Mild early response	Slight reduction in oozing; no new large lesions	Itching reduced slightly; sleep marginally improved	Less restlessness; still reserved	Initial response noted
2nd-3rd Follow-up	Gradual improvement	Bleeding reduced; lesions drying; flexural areas still active	Itching moderate; night aggravation reduced	More active during day	Steady improvement
Mid-term Follow-up	Clear clinical change	Facial lesions almost cleared; flexures improving	Itching occasional; sleep largely undisturbed	Improved confidence; playful at home	~40-50% improvement
Subsequent Follow-up	Sustained progress	Only mild dryness over elbow/knee folds	Rare itching episodes	Better emotional stability	~60-70% improvement
Later Follow-up	Marked recovery	No active eczema; minimal residual dryness	No night itching; normal sleep	Started school; improved social interaction	~80% improvement
Latest Follow-up	Stable remission	Skin clear except occasional dryness in flexures	Itching absent or rare	Confident, active, emotionally settled	Maintained improvement

Transformation Table

Parameter	Before Treatment	After Treatment
Extent of eczema	Generalized, full body	Minimal residual dryness

Itching	Severe (+++), nocturnal	Mild, occasional
Oozing/Bleeding	Frequent	Absent
Sleep	Disturbed	Restful
Facial involvement	Severe, discharging	Completely cleared
Emotional state	Shy, withdrawn	Confident, school-going
Quality of life	Poor	Markedly improved



Discussion

This case illustrates the effectiveness of an individualized classical homeopathic approach in managing chronic pediatric atopic dermatitis with strong hereditary predisposition. The long-standing nature of the disease, early onset, recurrent relapses, and climatic sensitivity posed significant therapeutic challenges. Rather than focusing solely on skin lesions, the treatment emphasized the child's constitutional makeup, emotional profile, and environmental responses. Gradual yet sustained improvement without suppression highlights the importance of patience and continuity in chronic cases. The parallel improvement in emotional and social development reinforces the holistic scope of homeopathy. Climatic modalities and family history played a crucial role in remedy selection and follow-up assessment. This case also demonstrates how homeopathy can restore balance, reduce relapse frequency, and improve overall quality of life in pediatric patients.

Conclusion

Chronic pediatric eczema with strong familial background requires an individualized, holistic, and long-term approach. This case demonstrates that classical homeopathy, when applied with careful case-taking, repertorization, miasmatic understanding, and structured follow-up, can lead to sustained clinical and emotional transformation. The marked reduction in disease severity, improved sleep, emotional confidence, and social reintegration of the child underscore the role of homeopathy beyond symptomatic relief. Such outcomes reinforce the relevance of individualized homeopathic care in chronic dermatological conditions, with this case clearly reflecting successful transformation achieved at Dr Batra's Homeopathy Clinic.

References

1. Williams HC. Atopic dermatitis. *N Engl J Med.* 2005;352(22):2314–2324.
2. Bieber T. Atopic dermatitis. *Ann Dermatol.* 2010;22(2):125–137.
3. Linde K, et al. Are the clinical effects of Homeopathy placebo effects? *Lancet.* 1997;350:834–843.
4. Kent JT. *Lectures on Homeopathic Philosophy.* New Delhi: B Jain Publishers; 2001.
5. Hahnemann S. *Organon of Medicine.* 6th ed. New Delhi: B Jain Publishers; 2002.
6. Allen HC. *Keynotes and Characteristics.* New Delhi: B Jain Publishers; 2005.
7. Boericke W. *Pocket Manual of Hom*