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CASE REPORT ON ATOPIC DERMATITIS TREATED WITH SINGLE DOSE OF HOMOEOPATHY MEDICINE GRAPHITES

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ABSTRACT

Background: Atopic eczema is a genetically complex, familial disease with a strong maternal influence. AD is the cutaneous expression of the atopic state, characterized by a family history of asthma, allergic rhinitis, or eczema. The prevalence of AD is increasing worldwide.

Method: Individualized homoeopathic medicine was given with the help of repertory.

Result and conclusion: A 56 year old female patient was complaining of red papular eruption on dorsum of both legs, back, abdomen from last 2 years. After generating the totality she was prescribed *Graphites* 30 single dose and kept on *Rubrum* 30 for following follow ups and her complains vanished and no new eruption were observed in subsequent visits. So it was classical example of homoeopathic medicine in treatment of atopic dermatitis with photographic evidence.

Keywords: Atopic Dermatitis, homoeopathy, homoeopathic medicine

INTRODUCTION:

Atopic dermatitis is the dermatitis that develops in individuals with atopy. It usually appears in infancy, is chronic and intensely pruritic with varying clinical patterns at different stages of life. The term atopy implies a tendency to manifest asthma, rhinitis, urticaria, and atopic dermatitis alone or in combination, in association with the presence of allergen-specific IgE. Generalised prolonged hypersensitivity to common environmental antigens, such as pollen and house-dust mite, is the hallmark of atopy, in which there is a genetic predisposition to produce excess IgE. Genetic factors play an important role in all of these conditions, supported by higher concordance of atopic disease in monozygotic twins compared with dizygotic twins.

Etiology: Pathogenesis is not clear but Filaggrin gene mutations increase the risk of developing atopic eczema by more than threefold, emphasising the importance of epidermal barrier impairment in this disease. Other genes are also likely to be implicated, with many other susceptibility loci identified, although these studies require further replication. Decreased skin barrier function may also allow greater penetration of allergens through the epidermis, and thus cause immune stimulation and subsequent inflammation. Eczema is characterised by infiltration of Th2 cells, which are known to play a role in activating mast cells and eosinophils, as well as stimulating IgE production by IgE-producing B cells. The contributing roles of the microbiome are also being explored. Thus, the pathogenesis of atopic eczema is complex and multifactorial, involving interplay of contributing factors

Histological changes include in acute condition are Parakeratosis, spongiosis, perivascular infiltrates while in chronic state Hyperkeratosis, acanthosis, sparse infiltrates.

The clinical presentation often varies with age. Half of patients with AD present within the first year of life, and 80% present by 5 years of age. About 80% ultimately coexpress allergic rhinitis or asthma.

The **infantile pattern** is characterized by weeping inflammatory patches and crusted plaques on the face, neck, and extensor surfaces.

The **childhood and adolescent pattern** is typified by dermatitis of flexural skin, particularly in the antecubital and popliteal fossae.

AD may resolve spontaneously, but approximately 40% of all individuals affected as children will have dermatitis in adult life.

The distribution of lesions in adults may be similar to those seen in childhood; however, adults frequently have localized disease manifesting as lichen simplex chronicus or hand eczema. In patients with localized disease, AD may be suspected because of a typical personal or family history or the presence of cutaneous stigmata of AD such as perioral pallor, an extra fold of skin beneath the lower eyelid (Dennie-Morgan folds), increased palmar skin markings, and an increased incidence of cutaneous infections, particularly with *Staphylococcus aureus*. Regardless of other manifestations, pruritus is a prominent characteristic of AD in all age groups and is exacerbated by dry skin. Many of the cutaneous findings in affected patients, such as lichenification, are secondary to rubbing and scratching. Clinical Features of Atopic Dermatitis

1. Pruritus and scratching
2. Course marked by exacerbations and remissions
3. Lesions typical of eczematous dermatitis
4. Personal or family history of atopy (asthma, allergic rhinitis, food allergies, or eczema)
5. Clinical course lasting >6 weeks
6. Lichenification of skin
7. Presence of dry skin

Types^[3]

extra

The clinical features of atopic dermatitis can be divided into the basic features and the facultative or associated features. There are many diagnostic scoring schemes for atopic dermatitis; if a patient has three major features and three minor features, they are likely to have the disorder.

Major features:

- Pruritus.
- Typical dermatitis
- Chronic or chronic, recurrent course .

- Positive personal or family history for atopy.

Minor features:

- Cradle cap as infant; yellow crusts on scalp.
- Dry skin with ichthyosis vulgaris, hyperlinear palms, keratosis pilaris.
- Thick, fine dry hair. Elevated serum IgE; IgE-mediated skin reactions.
- Predisposition to skin infections (Staphylococcus aureus, herpes simplex virus, human papilloma virus, molluscum contagiosum) because of selective reduced cellular immunity.
- Dermatitis on palms and soles (juvenile plantar dermatosis).
- Nipple dermatitis.
- Cheilitis (dry, inflamed lips).
- Lateral thinning of the eyebrows (Hertoghe sign).
- Double fold of lower lid (Dennie–Morgan fold or line).
- Periorbital hyperpigmentation, obvious facial paleness, or erythema.
- Pityriasis alba.
- White dermatographism.
- Increased pruritus with sweating.
- Diseases flares with emotional changes.
- Unable to tolerate wools or fat solvents.
- Food allergies.
- Recurrent conjunctivitis, keratoconus, anterior and/or posterior subcapsular cataracts.
- Absent or reduced corneal or gag reflex.
- Provocation factors: Irritants, type I allergens, pseudoallergens (citrus fruits; other foods or food additives), bacterial superantigens, hormones, increased sweating, dry air, emotional stress.

CASE PROFILE

PATIENT INFORMATION: a 56 year widow old Hindu vegetarian lady house maker belonging to a middle class socioeconomic family residing in rural area presented herself with the following complaints on 27 December 2019

- itching eruptions all over body since 2 years .
- onset- gradual
- location : especially on dorsum of both legs, back ,abdomen ,firstly seen on ankles
- sensation: Burning sensation++ in eruption
- character of eruption: eruption having red irregular margins
- character of discharge: Thin watery sticky discharge after scratching
- modalities : night, by perspiration, fatty food
- associated complaints: Cracked edges of lips, mouth, hands, feet, frequent

peeling of skin since 2 years

HISTORY OF PRESENTING COMPLAINT: Patient was apparently healthy 2 years back since when all her complaints started with gradual increase of all complaints initiated with itching and burning on eruption firstly appeared on ankles. She took conventional treatment and local applications since 1.5 years which suppressed her eruptions with no significant relief. She also took homoeopathic treatment for 2 months but symptoms reappeared after discontinuing the treatment.

PAST HISTORY: Breathlessness on and off from < dust , flour causes sneezing; since childhood.

PHYSICAL GENERAL: Appetite- 2 meals/day; 3 chapattis/ meal satisfactory , tolerable hunger

Thirst- increased 3-4 L /day, Gen aggravation : fatty and oily food , satisfactory stool, Urine- D₃₋₄, N₁ , yellow ,hot ,Burning urination often, Sweat- Profuse sweating, generalized , Sleep- 5-6 hours, sound sleep, no dreams history , Thermal Reaction- chilly patient.

MENTALS:She stated, she is suffering from family issues, depressed from his son's behaviour after his marriage and since after death of her husband which happened 13 years back when the patient was of 43 years of age. Hence patient is suppressing her emotions, she is always tearful, cries much about all the problems whole day. Feeling of abandoned, humiliation, neglected feeling by own sons and grandson as her daughter in law asked to do so. (*bahu ne manakiahua h ladkeko or potemujsebaatkrne k liyeburalgtahaibsskr to kuchniskte*) she told her complaint weeping.

LOCAL EXAMINATION: Red coloured inflamed eruption on abdomen back, Dry papular eruption having blackish pigmentation on ankles, Shape_irregular, Discharge is thin watery. Character glutinous , Itching present markedly on dry scaly eruptions

TOTALITY OF SYMPTOMS:

1. Neglected abandoned feeling
2. Weeping while telling her complaints
3. Weeping disposition

4. Aggravation fatty & oily food
5. Profuse perspiration
6. Red irregular eruptions with itching, eruptions thin watery
7. sticky (glutinous) discharge on scratching
8. Itching agg in night
9. Itching agg by perspiration

Repertorial totality

- MIND - FORSAKEN feeling
- MIND - WEEPING
- MIND - WEEPING - telling - sickness; when telling of her
- GENERALS - FOOD and DRINKS - fat - agg.
- PERSPIRATION - PROFUSE
- SKIN - ERUPTIONS - eczema
- SKIN - ERUPTIONS - itching night
- SKIN - ERUPTIONS - discharging - scratching; after
- SKIN - ERUPTIONS - - discharging - glutinous
- SKIN - ITCHING - perspiration - agg

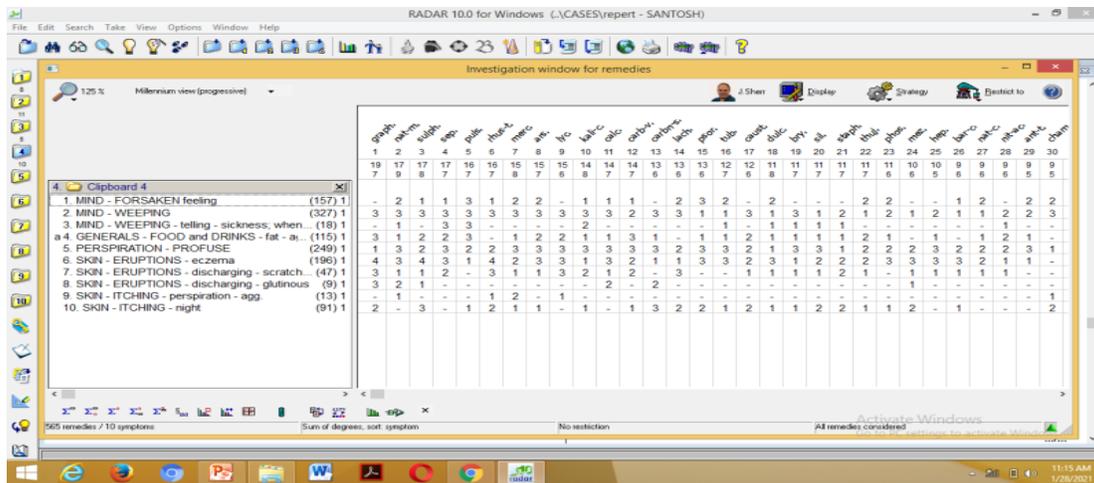


Figure 1: Repertorization of case from synthesis repertory using RADAR 10.0 software

REPERTORIAL RESULT: on repertorial analysis *Graphites* gets the highest marks 18/7 covering 7 rubrics with highest marks, followed by *NatrumMuraticum* and Sulphur 16/8, while *PulsatillaRhustox* and *Sepia* all 16/7.

FIRST PRESCRIPTION WITH JUSTIFICATION: *Graphites* 30 single stat dose was prescribed after repertorization on the basis of totality of symptoms and 30 potency was selected according to the susceptibility of the patient and nature of medicine & disease. 30CH

potency was selected and single dose was given to avoid any unwanted aggravation. After that patient was given placebo until next follow up.

27/12/2019: *Graphites* 30/1 dose, *Placebo* 30/tds for 14 days

FOLLOW UPS:

Date	Symptoms	Treatment
10/01/2020	<ul style="list-style-type: none"> Red papular patch on abdomen and back cleared up and Itching slightly ameliorated. Eruptions started to gain the red erythematous look from hyperpigmentation black color Discharge was also better. Burning micturition as it is IGE : 261 	<i>Placebo</i> 30/TDS for 14 days
04/02/2020	<ul style="list-style-type: none"> Red papular patch on abdomen and back much cleared up and Itching ameliorated. Eruptions: watery discharge was also better. Burning micturition slightly relieved Reports came normal so no significant infection diagnosed 	<i>Placebo</i> 30/TDS for 14 days
28/02/2020	<ul style="list-style-type: none"> Red papular patch on abdomen and back completely cleared up and Itching much ameliorated . Eruptions: watery discharge was also better Eruption on left leg much clear lichenification on eruption better , scaling much better. 	<i>Placebo</i> 30/TDS for 14 days
06/04/2020	<ul style="list-style-type: none"> Eruptions: itching slightly increased Eruption on left leg much clear but eruptions on ankle as it is 	<i>Placebo</i> 30/TDS for 14 days
11.5.2020	<ul style="list-style-type: none"> Eruption becoming more scaly and lichenification increases in ankle. 	<i>Placebo</i> 30/TDS for 14 days
15.6.2020	<ul style="list-style-type: none"> Itching- increased from before Eruptions seems to be the exudation and lichenification aggravated Discharge was also reappeared The eruptions only present in ankle as follows the Kent's 11th observation. 	<i>Graphites</i> 30/TDS for 14 days
16/07/2020	<ul style="list-style-type: none"> Eruptions: itching slightly BETTER Eruption DISCHARGE BETTER The lichenification was better Dryness increased due to change of weather No new complaint 	<i>Placebo</i> 30/TDS for 14 days
17/08/2020	<ul style="list-style-type: none"> Eruptions: itching much BETTER Eruption DISCHARGE absent 	<i>Placebo</i> 30/TDS for 14 days

	<ul style="list-style-type: none"> • The lichenification was better the eruptions started getting clear up • Dryness of skin better • No new complaint 	
17/09/2020	<ul style="list-style-type: none"> • Itching- much better • Eruptions seems to clear up and the patches started getting smaller • In size and there is no exudative pathology present • Discharge was also reappeared 	<i>Placebo</i> 30/TDS for 14 days
15/10/2020	<ul style="list-style-type: none"> • itching - absent • Discharge - absent • Skin surface completely clear 	<i>Placebo</i> 30/TDS for 14 days



DISCUSSION: Allopathic treatment plan attempts nullifying the eruptions and reducing the itching using immunosuppressive drugs, as well as external application on diseased parts, and patient is relieved until the medication is continued.

Homoeopathically, on the other hand, treats the patient as a whole, treating the person not particularly the disease, selection of medicine on the basis of individualization and symptoms similarity by using holistic approach. Considering the law of similar and action of *Graphites* in skin conditions, made it the best suitable medicine in such case to cure. Along with the best similimum, the most important thing to note here is that initially when we gave medicine to the patient the came with continuous relief in symptoms and the action of medicine followed the Hering's law of cure and Kent's 11 observation as the old symptoms starts reappearing and The eruption on abdomen back leg got completely clean just the ankle eruptions was remaining which also gradually vanished giving us the clear skin. There are many medicines given in homoeopathic literature and clinically proved for treatment of dermatitis like *Sulphur*, *RhusTox*, *Natrum Mur*, *Sepia*, etc. but for better results, one should prescribe homoeopathic medicine on the basis of individualization of the case. By removing all sign and symptoms from which patient is suffering is the only way the state of complete health can be regained.

MANAGEMENT: Use clean washed clothes every day, Change clothes if wet by perspiration, Try to keep affected areas dry, Use coconut oil for lubricant, Do not use any medicated ointment on affected parts.

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