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CASE REPORT

Individualized Homoeopathic Management of Chronic Dermatitis with Seborrhoea: A Case Report at Dr Batra's

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ABSTRACT

Atopic dermatitis (AD) is a chronic relapsing inflammatory dermatosis characterized by intense pruritus, xerosis, recurrent eczematous lesions, and significant impairment of quality of life. Long-standing disease often results in lichenification, pigmentation, sleep disturbance, and dependence on topical or systemic corticosteroids. This case report describes a 16-year-old male with generalized atopic dermatitis since the age of six months associated with severe itching, generalized xerosis, lichenification, recurrent flare-ups, and seborrhoeic dermatitis of the scalp. The disease had been managed for several years with allopathic and Ayurvedic treatment, including repeated corticosteroid use, without sustained remission. After detailed constitutional evaluation, Silicea 200C was prescribed based on the patient's constitutional characteristics. During follow-up, the patient demonstrated reduction in itching, dryness, steroid dependence, and overall disease activity with improvement in quality of life. This case highlights the potential benefit of individualized homoeopathic management in chronic atopic dermatitis.

Keywords: *Atopic dermatitis, Eczema, Seborrhoeic dermatitis, Silicea, Individualized Homoeopathy, Case Report*

INTRODUCTION

Atopic dermatitis (AD) is a chronic inflammatory skin disorder characterized by recurrent episodes of eczema, intense pruritus, xerosis, erythema, and lichenification. The disease commonly begins during infancy and follows a relapsing-remitting course. Genetic susceptibility, epidermal barrier dysfunction, immune dysregulation, and environmental factors contribute to its pathogenesis.

Persistent itching, sleep disturbance, cosmetic disfigurement, and recurrent infections considerably affect physical, emotional, and social well-being. Conventional treatment primarily focuses on emollients, topical corticosteroids, calcineurin inhibitors, antihistamines, and systemic immunomodulators in severe disease. However, prolonged steroid dependence and frequent relapses remain important clinical challenges.

Individualized homoeopathic treatment aims to address both constitutional susceptibility and clinical manifestations, thereby reducing recurrence and improving overall health. This report describes the successful management of chronic generalized atopic dermatitis with individualized homoeopathic treatment.

CASE PRESENTATION

A 16-year-old male presented with complaints of generalized eczema since the age of six months.

The disease initially appeared over the face during infancy and gradually progressed to involve almost the entire body, including flexural areas, upper and lower limbs, trunk, scalp, hands, and feet.

The patient complained of:

- Severe itching
- Burning sensation after scratching
- Generalized extreme dryness
- Diffuse redness
- Progressive blackish pigmentation following repeated eruptions
- Thickening of skin over hands and feet
- Recurrent watery discharge from lesions over the feet and upper limbs
- Bleeding after scratching
- Painful fissures involving hands and feet
- Generalized body pain and morning weakness
- Disturbed sleep due to intense nocturnal itching

The itching episodes generally lasted 5–10 minutes and were most severe over the back and upper limbs.

The patient also complained of chronic seborrhoeic dermatitis with marked scalp dryness, white scaling, and nocturnal itching.

Following migration from Dubai to India in 2022, the patient experienced increased skin dryness and frequent disease exacerbations.

History of Present Illness

The eczema began during infancy over the face and progressively became generalized.

Over the last five to six years, the patient noticed increasing hyperpigmentation of the skin compared with his previously fair complexion. Frequent flare-ups occurred, particularly after October every year.

Previous treatment included:

- Long-term Ayurvedic treatment (6–7 years)
- Repeated allopathic treatment
- Periodic systemic corticosteroids
- Annual Decadron injections
- Topical corticosteroids

Despite treatment, relapses continued.

Associated Complaints

- Seborrhoeic dermatitis of scalp
- Severe scalp dryness

- White flakes
- Nocturnal scalp itching

Aggravating Factors

- Winter
- Seasonal changes
- Monsoon
- Night
- Heat
- Scratching
- Ayurvedic medications
- Climatic change after shifting to India

Ameliorating Factors

- Scratching temporarily
- Moisturizer application

Past History

- Chronic eczema since infancy
- Long-term corticosteroid therapy
- Repeated Ayurvedic treatment

No major systemic illnesses were reported.

Family History

No significant hereditary illness was reported.

Personal History

Appetite: Increased
Craving: Salty and sweet foods
Thirst: Normal
Stool: Regular
Urine: Normal
Sleep: Disturbed (4–5 hours)
Dreams: Anxious
Thermal reaction: Chilly
Perspiration: Normal, offensive odour
General weakness present.

Mental Generals

The patient was described as timid, shy, emotionally sensitive, and easily affected by criticism. He possessed a strong sense of responsibility despite his young age. He preferred to avoid confrontation and generally remained reserved in social interactions.

Persistent itching and disturbed sleep had produced considerable irritability, daytime fatigue, restlessness, and reduced quality of life.

Clinical Examination

General examination showed an adolescent male with widespread xerosis and chronic eczematous skin changes.

Cutaneous examination revealed:

- Generalized erythema
- Diffuse xerosis
- Lichenification
- Hyperpigmentation
- Thickened skin over hands and feet
- Scaling
- Excoriations
- Fissuring
- Evidence of scratching
- Seborrhoeic scaling over scalp
- Mild periorbital swelling

Wood's lamp examination demonstrated prominent scaling without depigmented lesions.

DIAGNOSIS

Chronic Generalized Atopic Dermatitis with Seborrhoeic Dermatitis

CASE ANALYSIS

This was a long-standing case of severe generalized atopic dermatitis beginning during infancy with chronic relapsing disease, generalized xerosis, intense nocturnal itching, lichenification, pigmentation, fissuring, and seborrhoeic dermatitis of the scalp.

The constitutional profile was characterized by timidity, shyness, sensitivity to criticism, responsibility, chilly thermal reaction, disturbed sleep, poor vitality, and chronic recurrent skin disease requiring repeated steroid therapy.

The totality of mental characteristics, physical generals, and local skin manifestations closely corresponded to Silicea, which was selected as the constitutional remedy. The management plan also emphasized gradual steroid withdrawal, intensive emollient therapy, avoidance of known aggravating factors, dietary guidance, and regular follow-up to monitor disease activity and quality of life.

TOTALITY OF SYMPTOMS

Mental Generals

- Timid and shy
- Sensitive to criticism
- Responsible nature
- Reserved personality
- Restlessness due to persistent itching
- Sleep disturbed because of itching

Physical Generals

- Chilly patient
- Increased appetite
- Desire for salty and sweet foods
- Offensive perspiration
- Disturbed, unrefreshing sleep (4–5 hours)
- Generalized weakness on waking

Particular Symptoms

- Generalized eczema since infancy
- Severe itching, worse at night
- Burning after scratching
- Generalized extreme dryness
- Thickened skin over hands and feet
- Lichenification
- Hyperpigmentation after repeated eruptions
- Bleeding after scratching
- Watery discharge from lesions
- Cracks over hands and feet
- Seborrhoeic dermatitis with profuse white scales
- Recurrent flare-ups
- Aggravation during winter, monsoon, weather changes, heat and after scratching
- Amelioration after moisturizer and temporarily after scratching

REPERTORIAL TOTALITY

Rubric	Symptom
Mind	Timidity
Mind	Sensitive to criticism
Mind	Responsibility, increased sense of
Generalities	Chilly patient
Skin	Eczema
Skin	Dryness
Skin	Itching, night
Skin	Lichenification
Skin	Cracks in skin
Scalp	Seborrhoeic dermatitis
Skin	Thickened skin
Skin	Bleeding after scratching

Final Constitutional Remedy: Silicea 200C

REMEDY DIFFERENTIATION

Silicea

Selected because of:

- Chronic recurrent eczema since infancy
- Chilly constitution
- Timid, shy personality
- Sensitive to criticism
- Poor vitality with generalized weakness
- Chronic suppurative tendency with fissures and recurrent skin lesions
- Dry skin with thickening and scaling

Graphites

Considered because of chronic eczema with fissures and discharge but rejected because the constitutional features, obesity, and Graphites personality were absent.

Petroleum

Considered due to severe dryness, fissuring, winter aggravation and bleeding after scratching. However, the constitutional picture was less characteristic than Silicea.

Sulphur

Considered because of generalized eczema with itching and chronicity but rejected because the patient was chilly rather than hot and lacked the typical Sulphur mental characteristics.

PRESCRIPTION

Silicea 200C: Constitutional remedy
Saccharum lactis: Placebo during observation
Supportive measures included:

- Regular emollient application
- Gradual withdrawal of steroid medication
- Avoidance of excessive heat and known aggravating factors
- Skin hydration
- Dietary counselling

MIASMATIC ANALYSIS

The case predominantly represented the Psoric miasm, characterized by chronic itching, dryness, hypersensitivity, recurrent inflammatory skin eruptions, and functional disturbances.

Sycotic features included:

- Skin thickening (lichenification)
- Chronic recurrent disease
- Hyperpigmentation

Long-standing chronicity and steroid dependence also suggested a tubercular background.

Dominant miasm: Psora with Sycotic predominance.

FOLLOW-UP

Follow-up	Clinical Progress
Baseline	Generalized eczema with severe itching, dryness, erythema, fissures, scalp scaling, disturbed sleep, steroid dependence.
1 Month	Dryness reduced. Overall condition stable. Itching reduced except at night. Appetite good. No steroid use for one month.
2 Months	Significant reduction in dryness. Overall improvement maintained. Mild itching after weather change mainly over feet and back. No steroid use for two months. Sleep still disturbed due to occasional itching.

OUTCOME

Following individualized constitutional treatment:

- Generalized dryness markedly reduced
- Frequency and intensity of itching decreased
- Night-time itching became less severe
- Erythema reduced
- No requirement for systemic steroids during follow-up
- Scalp scaling improved
- Overall skin condition became stable
- Disease activity reduced despite seasonal changes

Overall clinical improvement was estimated at approximately 65–70% during the observation period.

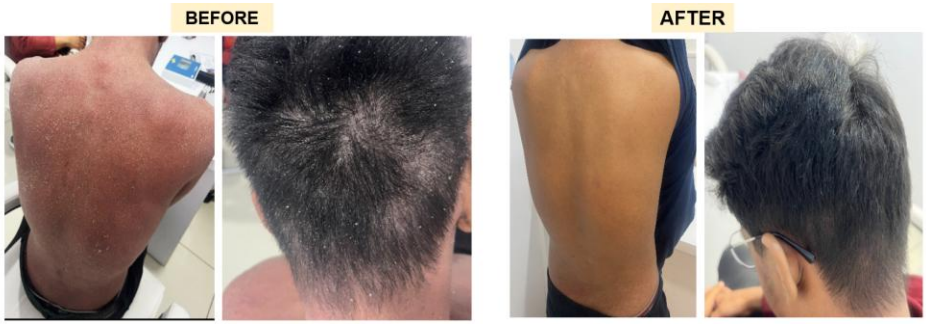

Figure 1. Back and scalp appearance before and after individualized homoeopathic treatment.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

Before treatment, continuous itching, generalized skin involvement, disturbed sleep, recurrent flare-ups, and dependence on corticosteroids severely affected the patient's daily activities and emotional well-being.

Following treatment, the patient experienced:

- Improved sleep quality
- Reduced itching
- Better skin hydration
- Greater comfort in daily activities

- Reduced dependence on corticosteroids
- Improved confidence due to better skin appearance

PATIENT PERSPECTIVE

> *"Earlier my whole body used to itch continuously, especially at night, and I depended on steroid medicines. Now the itching and dryness have reduced, my skin feels better, and I have not required steroids for the last two months. I can sleep better and feel much more comfortable."*

LEARNING POINTS

- Chronic atopic dermatitis requires constitutional assessment in addition to evaluation of local skin lesions.
- Long-term corticosteroid dependence can often be reduced with careful integrative management and close follow-up.
- Mental and constitutional characteristics play an important role in individualized homoeopathic remedy selection.
- Regular moisturization and avoidance of aggravating environmental factors remain essential components of management.
- Early constitutional treatment may improve long-term disease control and quality of life in chronic eczema.

DISCUSSION

Atopic dermatitis is a chronic inflammatory disorder associated with epidermal barrier dysfunction, immune dysregulation, and environmental triggers. Severe childhood-onset disease often persists into adolescence and is characterized by recurrent flares, intense pruritus, xerosis, sleep disturbance, and lichenification.

This patient had several indicators of severe disease, including onset during infancy, generalized body involvement, long-term corticosteroid use, recurrent exacerbations, profound xerosis, fissuring, and associated seborrhoeic dermatitis. Climatic changes following relocation from Dubai to India appeared to aggravate the condition.

Constitutional analysis revealed a characteristic Silicea picture, including timidity, sensitivity to criticism, responsibility, chilly constitution, and poor vitality. Along with supportive skin care and gradual steroid withdrawal, individualized homoeopathic treatment resulted in progressive reduction of itching, xerosis, and disease activity while eliminating the need for systemic corticosteroids during follow-up.

CONCLUSION

This case demonstrates the successful management of chronic generalized atopic dermatitis with associated seborrhoeic dermatitis using individualized homoeopathic treatment. Constitutional prescribing with Silicea 200C, combined with appropriate skin care, gradual steroid withdrawal, and lifestyle advice, resulted in reduction of itching, xerosis, recurrent flare-ups, and corticosteroid dependence, with a corresponding improvement in the patient's quality of life. Further controlled clinical studies are warranted to evaluate the role of individualized homoeopathy in chronic atopic dermatitis.