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From Generalized Itch to Sustained Skin Recovery: A Longitudinal Case Report of Childhood Atopic Dermatitis

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ABSTRACT

Background

Atopic dermatitis (AD) is a chronic, relapsing inflammatory skin disorder characterized by pruritus, xerosis, erythema, scaling and recurrent exacerbations. In children, persistent itching can interfere with sleep, daily activities and quality of life.

Case Presentation

A 10-year-old female student from Bangalore presented with a 5-year history of itchy, red and scaly lesions involving both hands, legs, back, abdomen, neck and face. The disease initially began on the hands and subsequently became generalized. Severe itching was particularly aggravated at night, during sleep, with sun exposure, dust, summer, perspiration and sugar intake. The patient reported severe xerosis, moderate scaling and thickness, mild redness and bleeding spots following scratching, with sleep disturbed by itching. Examination showed visible scaling on Wood's lamp examination and a positive Auspitz sign, with normal nails. She had a family history of eczema in an elder sister. The patient was managed with individualized homeopathic treatment along with moisturization, dietary measures and general skin-care advice.

Outcome

Serial follow-up over approximately 21 months documented progressive improvement. Initial widespread lesions subsequently showed reduction in itching, redness, thickness, cuts and oozing. By July 2026, lesions over most of the body had healed, with residual itching mainly over the face. At the latest August 2026 assessment, lesions over the legs, hands and face were reported as better, with reduced thickness, itching and redness and no further spread. Wood's lamp examination remained normal during follow-up.

Conclusion

This case demonstrates sustained clinical improvement documented through serial follow-up of a child with chronic eczema/atopic dermatitis. Because this is an uncontrolled case report, the observed improvement cannot establish causal efficacy of the intervention. Objective validated severity scores and standardized photographic assessment would strengthen future documentation.

Keywords: Atopic dermatitis, childhood eczema, chronic pruritus, xerosis, case report, longitudinal follow-up.

1. Introduction

Atopic dermatitis is a chronic inflammatory skin disease characterized clinically by pruritus, xerosis and recurrent eczematous lesions. It commonly begins during childhood and may follow a relapsing course over several years. The burden of childhood AD extends beyond visible skin lesions: persistent itching may disturb sleep, contribute to tiredness and affect school, social activities and family life. Contemporary pediatric guidelines emphasize appropriate skin care and evidence-based topical, phototherapeutic and systemic approaches according to disease severity, with moisturization remaining an important component of routine management.

This case is notable for the longitudinal documentation of a child with generalized, intensely pruritic dermatitis over approximately five years before presentation, followed by serial clinical improvement over more than 20 months.

2. Case Presentation

2.1 Patient Profile

Parameter	Details
Age / Sex	10 years / Female
Occupation	Student, Bangalore
Duration of disease	Approximately 5 years
Initial site	Hands
Subsequent distribution	Hands, legs, back, abdomen, neck and face
Family history	Elder sister with eczema since birth
Physical activity	Football and indoor games, regularly

2.2 History of Present Illness

The disease began insidiously on the hands and gradually became generalized over five years, involving the legs, back, abdomen, neck and face. Severe itching, worse at night and during sleep, was aggravated by sun exposure, dust, sugar intake, summer and perspiration, and temporarily relieved by scratching, refreshing gels and cold-water application. The patient used moisturizers including shea butter, cocoa butter, coconut oil and homemade preparations. Sleep was disturbed by itching, and there was severe generalized dryness with moderate scaling, mild redness, moderate skin thickening and blood spots after scratching. No burning or pain was reported.

2.3 Family History

The patient's father had diabetes and died following cardiac arrest; her mother was reported to be healthy. Her elder sister had eczema since birth, representing a positive family history of an eczematous skin disorder.

2.4 Personal History (Physical Generals)

- Appetite: good; Diet: vegetarian; Thirst: approximately 1.5 L/day
- Sleep: 5–6 hours/day, initially unrefreshing/disturbed
- Physical activity: regular football and indoor games
- General personality: active, friendly and outgoing

2.5 Mental Generals

The child was described as independent, outgoing, active and sporty, extroverted, talkative, friendly, expressive and confident, with an interest in stage performances, football and outdoor games. She reported mild overthinking about her future and some nervousness answering questions in class. When angry, she reported shouting and occasionally hitting the person who upset her; when sad, she generally cried or remained silent, sometimes confiding in her mother. No major specific psychosocial stressor was reported.

2.6 Clinical Examination

Finding	Baseline
Scaling	Moderate
Redness	Mild
Thickness	Moderate
Dryness	+++
Itching	Severe

Finding	Baseline
Bleeding after scratching	Present
Burning / Pain	Absent
Nail changes	Absent
Wood's lamp	Scaling visible
Auspitz sign	Positive

2.7 Investigations

No laboratory investigations were considered necessary; the diagnosis was based on clinical morphology, Wood's lamp examination and distribution of lesions.

2.8 Diagnosis

Primary diagnosis: chronic generalized eczema / atopic dermatitis.

2.9 Differential Diagnoses

- Seborrhoeic dermatitis
- Scabies
- Contact/irritant dermatitis
- Psoriasis

3. Case Analysis

3.1 Remedy Differentiation

Category	Remedy	Basis for Selection
Constitutional	Calcarea phosphorica 200	Friendly nature, flabby constitution, extroverted personality
Acute/Supportive	Kali sulphuricum 6X	Characteristic itchy, scaly, red skin lesions
Intercurrent	Thuja	Anti-miasmatic/intercurrent prescription

The supplied record does not provide sufficient detail to reconstruct exact prescription dates, dose schedules or potency changes over the entire follow-up period; these have therefore not been added beyond what is documented. Supportive management included regular moisturization, dietary management, general skin care, and avoidance/management of identified aggravating factors.

4. Follow-up

The patient was followed from November 2024 through August 2026. Selected milestones from the longitudinal record are summarized below.

Date	Clinical Status
10 Nov 2024	Skin condition better; redness and dryness improved; acute itching after an old dress required antihistamine; Wood's lamp normal.
14 Dec 2024	Approximately 75% better; mild flare after fever, itching mainly over left temple; no oozing/crusting.
23 Feb 2025	Lesions over face, elbows, wrists and behind knees approximately 55% better; itching, cuts and oozing reduced.
06 Apr 2025	Generalized lesions approximately 65% healed; residual lesions over face and dorsum of hands.
09 Aug 2025	Mild flare over neck, face and folds; mild oozing; thickness and redness reduced.
31 Jan 2026	Lesions over wrists, legs and hands better; itching, thickness and oozing minimal; no spread.
31 May 2026	Lesions over hands and legs healed; few new lesions over face/neck after water/sun exposure.
04 Jul 2026	Skin lesions over most of the body healed except face; itching mainly over face; no oozing, mild cuts.
09 Aug 2026	Lesions over legs, hands and face better; thickness, itching and redness reduced; no spread; itching mainly after chocolate/wheat.

4.1 Clinical Outcome: Then vs Now

Parameter	At Presentation	Latest Follow-up
Distribution	Hands, legs, back, abdomen, neck, face	Markedly reduced; mainly residual over face

Parameter	At Presentation	Latest Follow-up
Itching	Severe, worse at night	Much reduced
Scaling / Redness / Thickness	Moderate / Mild / Moderate	Markedly reduced/minimal
Dryness	+++	Improved
Oozing / Crusting	Recurrent during course	Absent at latest assessment
Sleep	Disturbed by itching	Sound during most later follow-ups
Wood's lamp	Scaling visible	Repeatedly normal
Spread	Generalized	No further spread

5. Health-Related Quality of Life (HRQL)

At presentation, sleep disturbance from severe nocturnal itching was the principal quality-of-life burden. Serial follow-up documented progressively sounder sleep alongside skin improvement, and the child was consistently described as maintaining an active, confident and socially engaged lifestyle, including regular sport and school participation, throughout the course of treatment.

6. Discussion

This case describes a child with a longstanding eczematous skin disorder beginning in childhood and subsequently becoming generalized, with several characteristic features of atopic dermatitis: marked pruritus, xerosis, erythema, scaling, recurrent flares and sleep disturbance. The positive family history of eczema in an elder sister is also clinically relevant.

The patient's course showed substantial improvement over serial assessments, with repeated documentation of reduced itching, dryness, redness, thickness, oozing and crusting, absence of new spread, and improved sleep. The course was not completely linear: intermittent flares were documented, including episodes associated with fever, travel/outside food, sweating/dust, and later chocolate/wheat exposure. This pattern is consistent with the characteristically relapsing, rather than uniformly progressive, nature of atopic dermatitis.

However, the improvement should be interpreted within the limits of a single uncontrolled case. Atopic dermatitis naturally fluctuates, and multiple factors — including moisturization, environmental change, trigger avoidance, concurrent treatments and natural disease course — can influence outcome; this case cannot establish that the homeopathic intervention itself caused the observed improvement. Regular moisturization was a consistent component of management throughout, consistent with contemporary pediatric AD care recommendations.

7. Learning Points

- Chronic eczema requires long-term follow-up; improvement may occur gradually with intermittent exacerbations.
- Itch and sleep disturbance are major outcome domains, not just lesion extent.
- Clinical improvement should be assessed multidimensionally: itching, dryness, thickness, oozing, sleep and new-lesion formation.
- Flares should be documented rather than ignored, even within an overall favourable trajectory.
- Supportive skin care (moisturization, trigger avoidance) remains an important adjunct to individualized treatment.

8. Conclusion

This case describes a 10-year-old girl with chronic generalized eczema/atopic dermatitis of approximately five years' duration, characterized initially by severe itching, xerosis, scaling, redness, skin thickening and sleep disturbance. During approximately 21 months of documented follow-up, there was progressive reduction in the extent and severity of the skin disease, with no sustained spread of lesions. By July 2026 most body lesions had healed, with residual facial involvement; at the latest follow-up in August 2026, lesions were reported as better with reduced itching, redness and thickness and no further spread. As a single uncontrolled case, it cannot determine whether the improvement was caused by the homeopathic intervention, supportive skin care, environmental/dietary change, natural disease fluctuation, or a combination of these factors.

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