

## Review Article

### Eczema and its Homoeopathic Management

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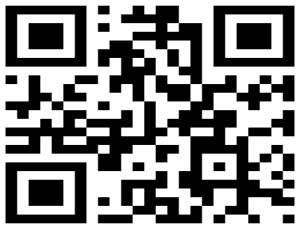
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#### ABSTRACT

Eczema, also known as atopic dermatitis, is a chronic inflammatory skin condition characterized by red, itchy, and inflamed patches of skin. While conventional medicine offers various treatment options such as topical steroids, moisturizers, and antihistamines, some individuals seek alternative approaches like homeopathy for managing eczema. Homeopathy is a holistic system of medicine that aims to stimulate the body's natural healing mechanisms.

**Keywords:** Eczema, Homoeopathy, treatment



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#### INTRODUCTION

The term eczema means to boil out, because it seems that the skin is “boiling out” or “oozing out” in eczema.

Boil out: ec = out; zema = boil.

Eczema is a reaction pattern that has two components:

Clinical component

Histological component

Clinical Component:

Eczema, clinically manifests as pruritus, erythema, edema, papules, vesicles, scaling, and lichenification. The feature that predominates depends on the stage—acute eczema is exudative, while chronic eczema is dry, scaly, and often lichenified.

Histological Component:

Histologically, the hallmark of eczema is spongiosis but the exact histological appearance depends on the stage of the disease, i.e., on the clinical appearance. In the chronic stage, the lesion shows hyperkeratosis.

#### DERMATITIS

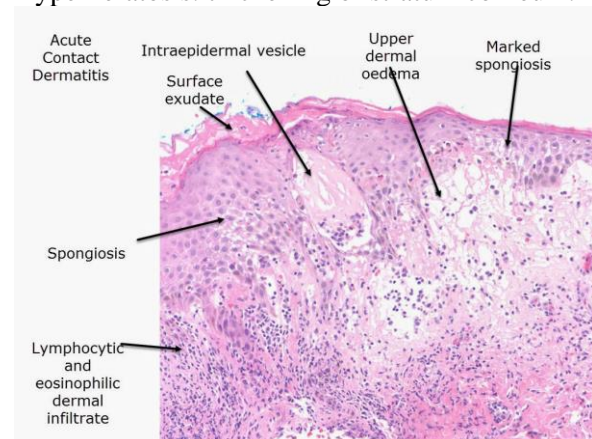
Lichenification: skin change due to scratching.

Manifests as thickening and hyperpigmentation of skin with increased skin markings.

Spongiosis: sponge-like; this occurs due to

intercellular (in between cells) edema, which gives epidermis a sponge-like appearance.

Hyperkeratosis: thickening of stratum corneum.



#### Difference between Eczema and Dermatitis

The terms eczema and dermatitis are used with different connotations by different people.

Dermatitis: Superficial inflammation of skin.

#### Classification of Eczema

According to etiology is:

Endogenous eczema: Where constitutional factors predispose the patient to developing an eczema.

Exogenous eczema: Where external stimuli trigger development of eczema, e.g., irritant dermatitis.

Combined eczema: When a combination of constitutional factors and extrinsic triggers are responsible for the development of eczema e.g., atopic dermatitis

ENDOGENOUS	EXOGENOUS	COMBINED
Seborrheic dermatitis	Irritant dermatitis	Atopic dermatitis
Nummular dermatitis (discoid)	Allergic dermatitis	<u>Pompholyx</u>
<u>Lichen simplex chronicus</u>	<u>Photodermatitis</u>	
Pityriasis alba	Radiation dermatitis	
Stasis dermatitis	Infective dermatitis	

**Patterns of eczema**

**Atopic dermatitis**

The word “atopy” was first used for a group of hereditary disorders in people who had a tendency to develop an urticarial response to foods and inhaled substances.



AD is an endogenous eczema triggered by exogenous agents (interaction between genetic and environmental factors) and characterized by: Extremely pruritic, recurrent, symmetric eczematous lesions.

Personal or family history of atopic diathesis. Increased ability to form IgE to common environmental allergens.

**Etiology and Pathogenesis**

Genetic

Genetic predisposition: Common within families

Immunological changes

IgE levels

Abnormalities of IgE : Include

Elevated IgE levels (more than 80% of patients with AD have levels of >200 IU/ml of IgE).

Increased specific IgE to multiple allergens

(foods, aeroallergens, microbes, and their toxins).

Increased expression of IgE receptors on B cells.

Abnormalities of lymphocytes:

Abnormalities of lymphocytes detected include:

Reduced delayed hypersensitivity.

Decreased number of circulating T-lymphocytes, especially suppressor T-cells resulting in decrease in T-cell activity.

Increased proportion of B-lymphocytes with surface-bound IgE.

**Epidemiology**

Seen in 3% of all infants.

Begins between 3 and 6 months of age.

Increasing worldwide incidence because of:

Increased exposure to pollutants.

Increased exposure to indoor allergens (especially house dust mite).

Decline in breast feeding.

**Clinical Features**

Three distinct patterns of AD have been recognized, depending on the age of the patient.

INFANTILE PHASE

CHILDHOOD PHASE

ADULT PHASE

**Complications**

Infections

Bacterial infections: Staphylococcal and streptococcal

Viral infections: Herpes simplex, molluscum contagiosum and human papilloma virus infection due to impairment of cell mediated immunity. In the presence of active eczema, herpes simplex infection may become generalized (eczema herpeticum or Kaposi’s varicelliform eruption), manifesting as generalized grouped vesicles which rapidly evolve into polycyclic erosions.

Fungal infections.

**Investigations**

The diagnosis of AD is mainly clinical with very few laboratory tests available for confirmation.

Prick test: Value of prick test in diagnosis of AD debatable. Has been replaced by RAST to measure antigen specific IgE and this also has a doubtful value.

IgE levels:

Elevated total serum IgE (normal: <200 IU/ml) and IgE antibodies specific to antigens may be useful in diagnosing atopic state.

**Diagnosis**

Presence of an itchy skin condition (or parental report of scratching or rubbing in a child).

Plus 3 or > of the following:

Onset <2 years of age.

History of skin crease involvement (including cheeks) in children under 10 years.

History of a generally dry skin.

Personal history of other atopic disease in a first degree relative in a children under 4 years.

Visible flexural dermatitis (or dermatitis of cheeks/forehead and outer limbs in children under 4 years)

**General measures:**

Explain the disease, its chronicity and course.

Reassuring parents (who usually need more!!) and child.

Avoid triggers: which precipitate itching

Irritants: Like woolen and synthetic clothes. And chemicals (occupational, recreational). Avoid environments which trigger sweating.

Excessive degreasing of skin: By using mild soaps or cleansers.

House dust mite avoidance

Cosmetics: Moisturizers used should not contain fragrances which are potent sensitizers. Avoid alcohol based cosmetics e.g., astringents.

Contact dermatitis is reaction of skin to contactants and is of two types:

Irritant CD

Allergic CD

**HOMOEOPATHY**

Acute: chnicum sulphuricum, crot-t, rhus-t, bell, sep

Bathing in the sea: manganum

At the seaside: nat-m

With burning: anthracinum, ars

Since childhood: carc, med, tub

In children: calc, calc-s, carc, dulc, psor, sep, stap

Discharging (moist) – ambra, ars, sil, grap, hep, sulp,mez

After vaccination: malandrinum, thuj, mez

Dry: calc-s, dul, sep

Eczema from licking: merc

With hard horny scales: tub

Commonly used homeopathic remedies for eczema and their indications:

Graphites: Useful for thick, cracked, and oozing eczematous eruptions, especially behind the ears, in the folds of the skin, or on the hands. There may be a tendency for the skin to be dry and rough.

Sulphur: Often indicated for eczema with intense itching, burning, and redness. The affected skin may feel worse from warmth and washing, and scratching can worsen symptoms. Sulphur is also beneficial for individuals who tend to have a dirty or unhealthy appearance of the skin.

Rhus toxicodendron: Suitable for eczema with intense itching that worsens at night and from cold air or dampness. The skin may be red, swollen, and blistered, and scratching provides

temporary relief.

Petroleum: Helpful for eczema with dry, cracked, and rough skin that tends to worsen in the winter. There may be deep cracks that bleed or ooze, and the affected skin may feel better from warm applications.

Mezereum: Indicated for eczema with thick, crusty eruptions that ooze a sticky fluid. The skin may be extremely itchy and sensitive to touch, and scratching can lead to the formation of thick scabs.

Natrum muriaticum: Suitable for eczema with dry, cracked, and rough skin, especially in the bends of joints, around the mouth, or on the scalp. There may be a history of grief or emotional suppression.

It's important to note that homeopathy is a highly individualized form of medicine, and the selection of the most appropriate remedy depends on the totality of symptoms, including the individual's physical, mental, and emotional state. Therefore, it's recommended to consult with a qualified homeopathic practitioner for personalized treatment.

In addition to homeopathic remedies, individuals with eczema can also benefit from maintaining good skincare practices, avoiding triggers such as certain foods or environmental allergens, and managing stress effectively. As with any medical condition, it's important to seek professional advice and guidance for proper diagnosis and treatment.

**REFERENCES**

1. Kalaghatagi N. Homoeopathic Management of Seborrheic Eczema in Males (Doctoral dissertation, Rajiv Gandhi University of Health Sciences (India)).
2. Ray AS, PHARM B, Ray SP. A case of eczema and its homoeopathic treatment.
3. Rana DK, Pritam PD. The Homoeopathic Management of Bipolar Affective Disorder with Comorbid Eczema-A Case Report. International Journal of AYUSH Case Reports. 2022 Mar 17;6(1):113-20.
4. Opperman C. The effect of homoeopathic similimum treatment on Atopic Eczema (Doctoral dissertation).
5. Keil T, Witt CM, Roll S, Vance W, Weber K, Wegscheider K, Willich SN. Homoeopathic versus conventional treatment of children with eczema: a comparative cohort study. Complementary therapies in medicine. 2008 Feb 1;16(1):15-21.