Atopic Dermatitis – A Case Report

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Abstract

Atopic Dermatitis (AD) is one of the common chronic skin diseases. Its affects infants and children, and persists into childhood. It affects about one fifth of all persons throughout their lifetime, but the prevalence of the disease varies greatly throughout the world. Over the last 40 years, the prevalence of atopic dermatitis has risen, perhaps by 2 folds to 3 folds, in developed or developed nations, and affects 15%–20% of children and 1%–3% of adults worldwide.

Keywords: Fournier gangrene • Candida albicans • Candida tropicalis • Fournier's gangrene • Trauma • Necrotizing fasciitis • Myonecros

Introduction

Atopic dermatitis is sometimes referred to as atopic eczema, and for the purpose of this dissertation the term 'dermatitis' and 'eczema' are used synonymously. It is characterized by acute flare ups of eczematous pruritic lesion above dry skin. Atopic dermatitis generally starts in early childhood and may represent the initial step of the so called 'atopic march' which represents the natural history of atopic manifestations, characterized by a typical sequence of atopic diseases in childhood preceding the progress of other allergic disorders later in life [1, 2].

50% of all those with atopic dermatitis develop additional allergic symptoms within their first year of life and probably as many as 85% of the patients experience an onset below 5 years of age. Patients generally outgrow the disease in late childhood as approximately 70% of the patients with a disease start during childhood have a spontaneous remission before adolescence. On the other hand, early childhood atopic dermatitis is often the early sign that a child may later develop asthma and/or allergic rhinitis (hay fever) [3].

The sensation of itch is the major symptoms of atopic dermatitis. Symptoms of atopic dermatitis consist of patches of skin that are red or brownish, dry, cracked or scaly skin and itchy skin, mostly at night. In infants, eczema generally appear as tiny bumps on the cheeks, while older children and adults often experience rashes on the knees or elbows (often in the folds of the joints), on the scalp and backs of the hands. Atopic dermatitis poses a significant burden on health care resources and patients' quality of life (mainly because of sleep deprivation due to itchiness, employment loss, time to care and financial costs).

As an effect, there has been a heightened interest in the identification of environmental risks and protective factors [4,5].

Overall atopic dermatitis has prevalence of 2.3 %. Significant morbidity may outcome with time of work or study, recurrent hospital admission and disturbance of personal and family life [6].

Epidemiology

Atopic dermatitis affects about one fifth of all persons throughout their lifetime, but the prevalence of the disease varies significantly throughout the world. Over the last 40 years, the incidence of AD has risen, perhaps by 2 folds to 3 folds, in developed or industrialized nations while remaining low in agricultural nations [7]. The incidence also appears to be higher in the urban areas, compared to rural in developed nations and more common amongst those from higher social classes [8].

Case Presentation

Present complaints

A 12-year-old male boy presented with a 6 months–7-months history of eczematous skin lesion in various part of the body. He was also suffering from disturb sleep and irritability for last 1 month-2 month.

Detail of present complaints

A 12-year-old male boy patient presented with eczematous skin eruptions for 6 months-7 months duration in different parts of the body. He was also suffering from disturb sleep, anxiety and irritability for last few months. In past he was treated with allopathic medication for 1 month-2 months by a dermatologist for eczematous dermatitis. He use many ointments and medicine, at that time he got slight relief for 1 week-2 weeks and after that, dermatitis became more vigorous than previous and then parents decided to take homoeopathic treatment.

He was severe itching followed by eczematous eruption predominantly on the mediolateral aspect of shaft of the left leg. Few small lesions on both forearm and both pinna lasting for last 6 months-7 months. The affected parts get excoriated and oozing thin, sticky, glutinous discharge after scratching. There was aggravation at night and amelioration from wrapping up. He also weeps when alone and depressed. He feels tired, less motivated and unable to concentrate in study and forgetful. Uncertain to take any decision. He always feeling tensed. On consolation he feels better. Sleep disturb with restlessness and thought. Constipation with dry, hard stool (Figure 1).

Figure 1. Before Treatment

Itching / Eruption

Mode of onset : Insidious Probable causative factor: Duration : 6 months-7 months
Location: Mediolateral aspect of shaft of let leg Both Pinna. Both Forearm.
Any other (specify),Progressive in intensity: Over days/months/Years
Preceded by: Burning and Pain Followed by: Scratching, Discharge: thin, sticky, and glutinous
Character of Eruption: Colour: reddish brown patch. Shape:
Dry or Greasy: greasy Diurnal variation: Aggravation at night. Amelioration from wrapping up. Seasonal variation: no
Modalities: (if any). Not specified
Possible aggravating / Precipitating factors for above symptoms: not sure
Psychological Stress precipitates: Yes

Personal History

Thermal relation: – chilly (winter not like)
Desire / Craving: - desire salty things and curd
Aversion /Dislike: - aversion to sweets and milk
Appetite (Loss of /decrease/increase/voracious): Normal
Thirst,(absent/decreased/increased/small quantity/large quantity/short interval /log interval): - Normal
Tongue: Normal
Taste (loss of /bad/bitter/saltish / sweetish/ if any other specify: not known
Stool (character & frequency) :- difficult to pass stool (once daily) hard , dry,
Urine (character & frequency):- Normal

Perspiration,(scanty/normal/profuse): Normal and offensive Sleep (position and character(disturbed/light/deep/refreshing):- disturbed
Dream: - None

Past History: History of similar skin eruption. But less itching and crusting two year back. There was a recurrent apthae , malaria 6 month back , and history of typhoid fever and jaundice. Additional information including Menstrual /obstetric history: N/A

Family history

Father- Eczema

Grandfather - Eczema and asthma.

Mother- NAD

Mental general

The mental generalities were irritability, anxious , sentimental, weep ing disposition alone, desire to company, consolation gives relief, confusion of mind, and cannot concentrate on any things properly (Table 1).

Table 1. General physical examination.

Respiratory Rate: 24 breath/M	Temperature: 98˚F
Appearance : fair complexion	Weight 22 k.g.
Eyes: Normal	Sclera:
Tongue: clear	Teeth: Normal
Lips/Pallor /Cyanosis / Icterus:Normal	Lymph nodes: NO
Height: 121 cm	Hair: black
Nails: Normal	Build: Normal

Systematic Examination: Other systematic examination were normal Investigations.
Differential diagnosis:
Diagnosis : Atopic dermatitis
Miasmatic Analysis: Miasmatic analysis of all the presenting symptoms which shows the mixed miasmatic with predominance of psora.

Evaluation of symptoms: after analysis and evaluation, the characteristic symptoms were converted to relevant rubrics for repertorization as follows:

- Sadness Confusion of mind
- Concentration: Difficult Irritability
- Aversion: sweets Bathing: Aggravation
- Perspiration: Odor: Offensive Constipation: Stool hard Eruption: Eczema
- Eruption: Discharging, after Eruption: Scratching Discharging glutinous Itching: night

Reportorial analysis: Repertorization was done by radar software (Tables 2 and 3).

Table 2. Rubrics selected.

1	1234	1	Mind-sadness	591
2	1234	1	Mind-confusion of mind	411
3	1234	1	Mind-concentration - difficult	356
4	1234	1	Mind-irritability	545
5	1234	1	Rectum-constipation	367
6	1234	1	Perspiration-odor-offensive	124
7	1234	1	Skin-eruptions-eczema	166
8	1234	1	Skin-eruptions-discharging-scratching; after	45
9	1234	1	Skin-eruptions - discharging - glutinous	7
10	1234	1	Skin–itching-night	69

Table 3. Repertorial result.

	Graphites	Sulphur	Lycopodium	Sepia	Carboniumsulf	Lachesis	Silicea	Natrummuraticum	Thuja	Causticum
	29-Oct	25-Oct	24-Sep	24-Sep	23-Sep	22-Sep	22-Sep	21-Sep	20-Sep	19-Sep
1	3	3	3	3	3	3	2	3	3	3
2	2	2	2	3	2	3	3	3	2	1
3	3	2	3	3	3	3	3	2	2	3
4	3	3	3	3	3	2	3	3	3	3
5	3	3	3	3	3	3	3	3	3	3
6	3	3	3	3	3	2	3	1	3	1
7	4	4	3	3	1	1	2	3	2	2
8	3	1	3	2	-	3	1	1	1	1
9	3	1	-	-	2	-	-	2	-	-
10	2	3	1	1	3	2	2	-	1	2

Treatment

After Repertorial totality, miasmatic analysis and with the consultation of materia medica Graphities was selected as the first prescription (Figure 2).

Prescription: Graphites.30. Once a day for 3 days.
Follow up:
7/09/2021: No new symptoms, no aggravation, skin and mental symptoms (irritability symptoms) were same.
Placebo 30. Twice a day for 15 days
21/09/2021: No change in eczema and mental symptoms. Graphites 30. Once a day for 3 days
Placebo 30. Twice a day for 15 days
6/10/2021: Atopic dermatitis - discharges less, itching persist.
No change on mental symptoms, i.e., sadness, irritability, difficult concentration and confusion.
Placebo 30. Twice a day for 15 days
20/10/2021: No further improvement of atopic dermatitis.
Graphites 200. Once a day for 3 days
Placebo 200. Twice a day for 15 days
3/11/2021: Atopic dermatitis- itching and discharges less than earlier, no improvement in mental symptoms.
Placebo 200. Twice a day for 15 days
17/11/2021: Itching and discharges still prominent, no further improvement, improving stopped.
Mental symptom symptoms- no change.
Perspiration normal.
1/12/2021: No further improvement of atopic dermatitis.
Graphites 200. Once a day for 3 days.
Placebo 200. Twice a day for 15 days
12/12/2021: Atopic dermatitis-discharges less than earlier, with drying of eczema.
Restlessness at night-less no any other improvement in depressive symptoms
Placebo 200. Twice a day for 15 days
28/12/2021: Atopic dermatitis-exudation, crusting same, itching-less Mild better in mental symptoms.
Placebo 200. Twice a day for 15 days
6/1/2022: Atopic dermatitis looking better and showed more drying. Sleep, restlessness – reduced.
Other mental Symptoms were improving.
Placebo 200. Twice a day for 15 days
20/01/2022: Atopic dermatitis - more drying, crusting- reduced and looking better than earlier Sleep and restlessness reduced, Appearance - better, feeling better in general.
Placebo 200. Twice a day for 15 days.
03/02/2012: Atopic dermatitis - no more oozing, crusting and Itching.
Depression symptoms showing improvements such as low mood was better.Concentration difficulty- less, irritability and confusion- reduced Sleep and restlessness- better.
Placebo 200. Twice a day for 15 days
17/02/2022: Atopic dermatitis - no oozing, crusting and Itching.
Depression symptoms better.
Concentration difficulty- normal, Irritability and confusion- normal Sleep and restlessness- normal.
Placebo 200. Twice a day for 15 days
09/03/2022: No recurrence.
Placebo 200. Twice a day for 15 days
24/03/2022: No recurrence.
Placebo 200. Twice a day for 15 days
Comments: Diagnosed case of atopic dermatitis and prescribed with graphites initially in 30 potency and due to mild response and 200 potency afterward. Case shows gradual improvement and all symptoms relived.

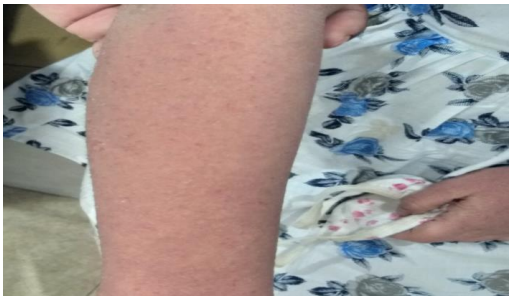

Figure 2. After treatment.

Discussion

In this case of atopic dermatitis role of mental symptoms are very important. after case taking and on the basis of totality of symptoms and Repertorization through RADAR Graphitic was choose as first prescription and given in 30 potency. After taking medicine with increasing potency was prescribed followed by the homoeopathic philosophy. Minor improvement was seen in atopic dermatitis but there is no change in mental symptoms. Itching and discharge in dermatitis were reducing in early 3 month of medication. Eruptions dry gradually and better. After six month of this treatment improvement was good both in dermatitis and mental symptoms. The patients continue follow up to next seven month with no recurrent of skin symptoms and mental symptoms.

Conclusion

In homoeopathy selection of medicine was based on the totality of symptoms, which covers the patients miasmatic background has ability to treat the patients at the deeper level and it become restores the health permanent. Homoeopathy appears to have been clearly effective in atopic dermatitis. With homoeopathic treatment almost no known adverse effects which has been found useful in number of atopic dermatitis cases.

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