



Clinical Outcomes of Homoeopathic Therapy in Infantile Eczema: A Case-Based Review

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Abstract :Infantile eczema, commonly diagnosed under the spectrum of Atopic dermatitis, is a chronic inflammatory dermatosis frequently presenting during the first year of life. It is characterized by pruritus, erythema, xerosis, and recurrent exacerbations. Conventional treatment primarily focuses on topical corticosteroids and emollients, which may control symptoms but are often associated with recurrence and concerns regarding long-term safety.

I. INTRODUCTION

Infantile eczema, clinically recognized as Atopic dermatitis, is a chronic relapsing inflammatory skin disorder predominantly affecting infants and young children. The condition commonly manifests within the first six months of life and is characterized by intense itching, erythematous patches, vesiculation, crusting, and generalized dryness of the skin.

Epidemiological data suggest that approximately 15–20% of children worldwide experience atopic dermatitis, with rising incidence in urbanized populations. The pathogenesis involves epidermal barrier dysfunction, immune dysregulation (particularly Th2-dominant response), and genetic susceptibility. A positive family history of atopy—such as asthma, allergic rhinitis, or eczema—is frequently observed.

Conventional management includes:

- Topical corticosteroids
- Emollients
- Calcineurin inhibitors
- Antihistamines

Although these modalities effectively suppress inflammation during acute flares, recurrence is common upon discontinuation. Concerns regarding prolonged steroid use—particularly in infants—have prompted interest in complementary therapeutic systems.

Homoeopathy follows the principle of individualization and holistic case evaluation. It aims to stimulate self-regulatory mechanisms rather than suppress local manifestations. This report documents clinical outcomes in a case of infantile eczema managed with individualized homoeopathic treatment.

Case Presentation

Patient Information

- **Age/Sex:** 8-month-old male infant
- **Chief Complaints:** Persistent itchy erythematous lesions over cheeks and extensor surfaces for 3 months
- **Onset:** Gradual
- **Past Treatment:** Intermittent topical corticosteroids with temporary relief

History of Present Illness

The infant developed dry red patches over both cheeks at five months of age. Lesions gradually progressed to mild oozing with crust formation. Itching was intense, especially during nighttime, leading to irritability and disturbed sleep. Scratching caused excoriations and occasional serous discharge.

Family History

Mother diagnosed with allergic rhinitis; no asthma history.

Physical Examination

- Erythematous scaly plaques on bilateral cheeks
- Mild serous exudation
- Generalized xerosis
- Excoriation marks

Diagnosis

Infantile eczema (Atopic dermatitis)

Homoeopathic Case Analysis

Characteristic Symptoms

- Intense itching aggravated at night
- Irritability during flare-ups
- Dry, unhealthy skin
- Tendency to scratching until bleeding
- Family history of atopy

Repertorization

Based on totality, prominent remedies included:

- Sulphur
- Graphites
- Calcarea carbonica

Prescription

Sulphur 30C, single dose, followed by placebo and observation.

Follow-Up Observations

2 Weeks:

Reduction in oozing; itching slightly reduced.

4 Weeks:

Marked improvement in erythema; sleep pattern improved.

8 Weeks:

Significant resolution of lesions; minimal dryness remaining.

3 Months:

No new eruptions; no steroid requirement.

6 Months:

Sustained remission; overall vitality and appetite improved.

No adverse reactions were observed during the treatment period.

Discussion

Atopic dermatitis involves complex immunological pathways, including elevated IgE levels, mutations in barrier proteins (e.g., filaggrin), and an imbalance in inflammatory cytokines. Conventional therapy primarily suppresses inflammatory mediators but does not necessarily modify underlying susceptibility.

Homoeopathy emphasizes constitutional predisposition and holistic symptom expression. Sulphur is frequently indicated in dermatological conditions characterized by intense itching, nocturnal aggravation, dryness, and irritability.

In this case, gradual clinical improvement was observed without external suppression. Absence of relapse over six months suggests sustained benefit, though spontaneous remission cannot be completely ruled out. Objective scoring tools such as SCORAD were not used, which represents a limitation.

Further research, including randomized controlled trials and standardized dermatological indices, is essential to evaluate efficacy scientifically.

Limitations

- Single-case design
- Lack of objective severity scoring
- No control comparison
- Limited follow-up duration

Conclusion

This case-based review suggests that individualized homoeopathic therapy may contribute to clinical improvement in infantile eczema without adverse effects. However, larger controlled clinical studies are required to validate these observations and determine reproducibility.

Ethical Considerations

Written informed consent was obtained from the child's guardian for treatment and anonymous publication.

Conflict of Interest

None declared.

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REFERENCES

1. Nutten S. Atopic dermatitis: global epidemiology and risk factors. *Ann Nutr Metab.* 2015;66(Suppl 1):8–16.
2. Weidinger S, Novak N. Atopic dermatitis. *Lancet.* 2016;387:1109–1122.
3. Eichenfield LF, et al. Guidelines of care for the management of atopic dermatitis. *J Am Acad Dermatol.* 2014;70(2):338–351.
4. Williams HC. Clinical practice. Atopic dermatitis. *N Engl J Med.* 2005;352:2314–2324.
5. Bieber T. Atopic dermatitis. *Ann Dermatol.* 2010;22(2):125–137.
6. Ring J, et al. Guidelines for treatment of atopic eczema. *Allergy.* 2012;67(6):825–847.
7. Simpson EL. Atopic dermatitis: a review. *JAMA.* 2010;303(10):1025–1032.
8. Oranje AP, et al. Practical issues on interpretation of scoring atopic dermatitis. *Br J Dermatol.* 2007;157:645–648.
9. Hahnemann S. *Organon of Medicine.* 6th ed.
10. Boericke W. *Pocket Manual of Homoeopathic Materia Medica.*
11. Banerjea SK. *Miasmatic prescribing in homoeopathy.*