

# Role of Homeopathy in Atopic Dermatitis: A Case Series

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## ABSTRACT

Atopic dermatitis (AD) is a persistent skin disorder characterized by itching, dryness, and periodic flare-ups, often influenced by genetic and environmental factors. Traditional treatments typically manage symptoms but frequently do not tackle the underlying causes and may come with side effects. This article examines the effectiveness of homeopathy in treating Atopic dermatitis, highlighting its comprehensive, personalized approach. Homeopathic remedies, which operate on the principle of "like cures like," aim to activate the body's natural healing processes without the side effects associated with conventional treatments. By addressing both physical and emotional aspects, homeopathy can provide lasting relief. A real-life case study illustrates the success of homeopathy in managing AD, presenting it as a safe, natural, and sustainable treatment option. In this context, five patients with atopic dermatitis were treated with homeopathic medicine at the outpatient department of Yenepoya Homeopathic Medical College and Hospital. The details of consultations, treatment, and assessments are summarized. This case series showcases the positive outcomes of homeopathy in managing atopic dermatitis.

**Keywords:** Atopic Dermatitis (AD), Homoeopathic Treatment, Chronic Skin Disorder, Individualized Homoeopathy, Mental State and Skin Disease.

## INTRODUCTION

Atopic dermatitis (AD) is a persistent, recurring inflammatory skin condition characterized by itching, dryness, and eczematous lesions, often linked to a personal or familial history of atopy<sup>1</sup>. Worldwide, Atopic dermatitis affects up to 20% of children and 10% of adults, with an increasing prevalence in India and other developing nations<sup>2,3</sup>. The condition significantly impacts individuals by causing psychological stress, sleep disturbances and

a diminished quality of life<sup>4,5</sup>. Traditional treatments, such as corticosteroids and calcineurin inhibitors, provide symptom relief but may lead to side effects and do not address the underlying predisposition<sup>6</sup>. Homeopathy, with its personalized and holistic approach, aims to address the root cause by considering the complete range of symptoms and miasmatic background<sup>7</sup>. Five cases of Atopic Dermatitis successfully treated in the OPD's of Yenepoya

Homoeopathic Medical College and Hospital are discussed here.

**CASE SUMMARIES**

**CASE 1:**

A 26-year-old male, with known case of autism spectrum disorder, reported at OPD, on 23/01/25 with severe itching, reddish raw eruption with cracks and bleeding on the dorsum of both feet for the last 3 years. Itching especially aggravated at night and on cold exposure, ameliorated by warm water application. The skin surrounding it is dry and hard. (Fig 1) He underwent multiple courses of allopathic treatment, but showed no improvement. No other medical history was remarkable. There was no remarkable family history. Clinical examination revealed no significant changes. It was diagnosed as Atopic Dermatitis. The case predominantly reflects a sycotic- syphilitic miasm, as evidenced by chronicity, suppressed eruptions, fissures, and bleeding.

**Totally of symptoms:**

1. Itching of bilateral feet aggravated at night
2. Itching of bilateral feet aggravated on cold exposure
3. Itching of bilateral feet ameliorated by warm application.
4. Reddish raw eruption on bilateral feet
5. cracks and bleeding on bilateral feet
6. Dry hard skin

**Prescription:**

1. Petroleum 200C – 1 Dose HS
2. Natrum Sulph 6X – 2 tablets TID for 2weeks

**Rationale:**

Petroleum was chosen for its affinity with deep cracks, winter aggravation, and raw bleeding eruptions. Natrum Sulph supported healing and elimination.

**Follow up of the case with the timeline:**

Sr. No.	Date	Follow up	Prescription	Interpretation
1.	06/02/25	Itching persists the same. Raw eruptions are better. Cracks reduced. Bleeding Better. Generals good	1.Petroleum 200C 1 Dose HS 2.Natrum sulph 6X 2 Tablets TID	Symptoms are improving. Same medicine is repeated.
2.	06/03/25	Itching reduced slightly. Eruptions are dry Cracks reduced. Bleeding better. Generals good.	1.Sulphur 30C 1 Dose EMES 2.Natrum sulph 6X 2 Tablets TID	Sulphur is given as an intercurrent because symptoms remain the same.
3.	20/03/25	Itching better Eruptions better. No new eruptions Cracks better. Bleeding better. Generals good.	1. Sac lac 1Dose STAT	Symptoms are better. No medicine prescribed.



Figure 1 - Case 1

**CASE 2:**

A 37-year-old male reported at the OPD on 19/08/24 with itching of bilateral elbow region, with dry, scaly eruptions, for the last 6 years, which is aggravated at night and from warmth, also by eating rich fatty foods. No ameliorating factors have been mentioned by the patient. Despite receiving repeated allopathic treatment, there was no significant improvement. He was afebrile. Clinical examination revealed no significant changes. The patient had no significant past medical history. There was a history of allergic rhinitis in his elder brothers. It was diagnosed as Atopic Dermatitis. The case primarily reflects a psoric miasm, with indications of suppressed eruptions and hypersensitivity.

**Totality of symptoms:**

1. Hot patient
2. Itching of bilateral elbow<night
3. Itching of bilateral elbow<warmth
4. Itching of bilateral elbow< eating rich fatty food
5. Dry, scaly eruption over bilateral elbow

**Prescription:**

1. Sulphur 200C – 1 Dose EMES
2. Kali mur 6X – 2 tablets TID for 2 weeks.

**Rationale:**

The symptom totality and miasmatic background clearly indicated Sulphur, with Kali mur aiding in cure.

**Follow up of the case with the timeline:**

Sr. No.	Date	Follow up	Prescription	Interpretation
1.	09/09/24	Itching slightly reduced. Dryness, scaly eruptions persists the same. Generals are good	1.Sulphur 200C 1Dose EMES 2.Kali mur 6X 2 Tablets TID	Symptoms slightly better but persists. Same medicines are repeated.
2.	30/09/24	Itching better Dryness, scaly eruptions slightly reduced Generals are good.	1.Sulphur 200C 1Dose EMES 2.Kali mur 6X 2 tablets TID	Symptoms slightly better but persists. Same medicines are repeated.
3.	25/11/24	No itching. Dryness, scaly eruptions are better. Generals are good	1. Sac lac 1Dose STAT	Symptoms better.

**CASE 3:**

A 74-year-old female reported at the OPD on 21/02/25 with itching in right cubital fossa with blackish rashes for the last 2 years, which is aggravated by sun exposure, perspiration. Ameliorated by cold water application and by scratching for 10 mins. (Fig.2) Known history of Type2 Diabetes mellitus for last 8 years. No significant family history. Clinical examination revealed no significant changes. The case shows a predominance of the sycotic miasm, indicated by localized pigmentation, chronicity, and aggravation from sun and perspiration. It was diagnosed as Atopic Dermatitis. The case predominantly reflects a sycotic miasm, as evidenced by localized blackish pigmentation, aggravation from sun, and perspiration.

2. Itching on right cubital fossa < perspiration
3. Itching on right cubital fossa > Cold water exposure
4. Itching on right cubital fossa > Scratching after 10 minutes
5. Blackish eruption of right cubital fossa

**Prescription:**

1. Ignatia amara 30C – 4 Dose, EMES once weekly.
2. No. ii pills – 3 pills BID for 4 weeks.

**Rationale:**

Ignatia amara was prescribed based on the sycotic miasmatic background and totality of symptoms. No. ii pills were given as supportive placebo to maintain consistency in dosage and enhance patient compliance during the treatment period.

**Totality of symptoms:**

1. Itching on right cubital fossa < sun exposure

**Follow up of the case with the timeline:**

Sr. No.	Date	Follow up	Prescription	Interpretation
1.	01/03/25	Itching slightly reduced. Blackish eruptions persists. Generals are good	1. Ignatia 30C 4 Dose EMES once a week 2. No. ii pills 3 pills BID 4 weeks	Symptoms are improving. Same medicine is repeated.
2.	12/04/25	Itching better. Eruption reduced. Generals are good.	1. No. ii pills 1 drachm 3 Pills BID 4 weeks 2. Sac lac 3P EMES Weekly once	Symptoms better.

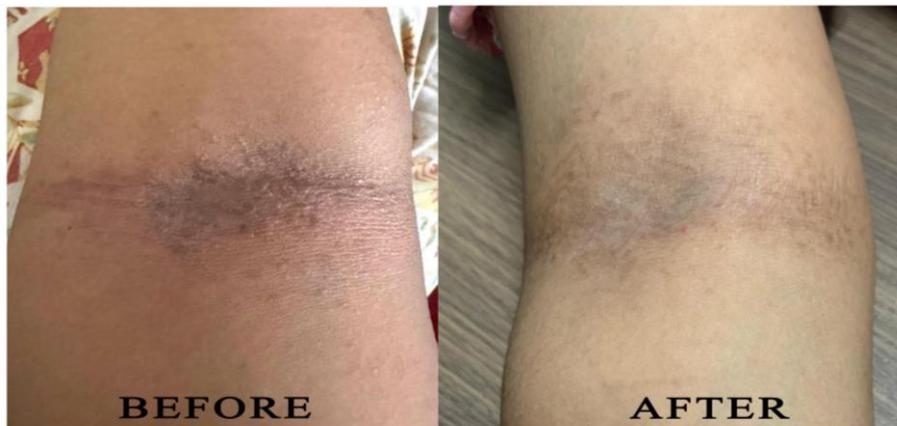


Figure 2 - Case 3

**CASE 4:**

A 23-year-old male reported to the OPD on 23/11/24 with itching on dorsum of palm on

left side for last 1 month, with dryness and blackish discoloration with peeling of skin. (Fig.3) He also has burning sensation of the

area. Itching is aggravated especially in the evening, ameliorated by rubbing and by washing with cold water. No significant history of illness in the family. He has history of recurrent attack asthma in childhood, which was treated by allopathy for a short period, and relieved. Clinical examination revealed no significant changes. It was diagnosed as Atopic Dermatitis. The chronicity of the lesion, along with hyperpigmentation, dryness, and a history of suppressed eruptions, indicates a predominantly sycotic miasmatic background.

**Totality of symptoms:**

1. Itching on dorsum of left palm < evening
2. Itching on dorsum of left palm > rubbing
3. Itching on dorsum of left palm > washing with cold water
4. Blackish eruption on the dorsum of left palm

5. Burning sensation in the dorsum of left palm
6. Blackish discoloration of dorsum of left palm
7. Peeling of skin dorsum of left palm

**Prescription:**

1. 1 Apis mellifica 30C – 4 pills TID. for 1 week

**Rationale:**

Apis mellifica was prescribed based on the sycotic miasmatic background and totality of symptoms, including burning, dryness, peeling, and relief from cold applications and rubbing.

The remedy covers evening aggravation and hyperpigmented, itchy eruptions, making it suitable for this acute phase of atopic dermatitis.

**Follow up of the case with the timeline:**

Sr. No.	Date	Follow up	Prescription	Interpretation
1.	16/12/24	Itching slightly reduced. Blackish eruptions persists. Burning persists. Peeling of skin slightly reduced. Generals are good	1.Natrum mur 200C 1Dose stat	Symptoms are improving. Natrum mur is prescribed as complementary to Apis mellifica.
2.	01/03/25	Itching better Blackish Eruption reduced. Burning better. Peeling of skin better. Generals are good.	No medication	Symptoms better. No medication.



Figure 3 - Case 4

**CASE 5:**

A 60-year-old female reported to the OPD on 4/10/24 with itching of right dorsum of foot with watery discharge and blackish eruption, dryness and crust formation for last 2 months Itching aggravates at night. No significant ameliorating factors had been mentioned. Has a history of fibroid uterus which had been removed surgically 1 year ago. Father passed away due to coronary artery disease. Clinical examination revealed no significant changes. It was diagnosed as Atopic dermatitis. The chronic nature of the condition, along with pigmentation, crust formation, and absence of clear ameliorating factors, points toward a dominant sycotic miasm in this case.

**Totality of symptoms:**

1. Itching of right dorsum of foot < night
2. Blackish discoloration of right dorsum of foot

3. Crust formation.
4. Watery discharge right dorsum of foot
5. Dryness of right dorsum of foot
6. H/O Fibroid uterus
7. Family H/O Coronary artery disease

**Prescription:**

1. Chrysarobinum 200C – 4 pills TID
2. Hydrocotyle asiatica Q 5 drops in aqua TID for 1 week.

**Rationale:**

Chrysarobinum was prescribed based on the sycotic miasmatic background and totality of symptoms. Hydrocotyle asiatica Q was added as a supportive remedy for its known affinity in skin conditions with dryness and eruptions, aiding tissue repair and reducing inflammation

**Follow up of the case with the timeline:**

Sr. No.	Date	Follow up	Prescription	Interpretation
1.	07/10/24	Itching reduced. Blackish eruption persists. Watery discharge Persists. Crust formation Persists Dryness persists. Burning sensation reduced. Generals good.	1.Carcinocin 1M 1Dose EMES	Symptoms persist. Carcinocin is given as a miasmatic intercurrent.
2.	24/10/24	Itching reduced. Blackish eruption reduced. Watery discharge reduced. Crust formation reduced. Dryness reduced. Burning sensation reduced. Generals good.	1, Sac lac 7Dose 1 week	Symptoms are better. No new medicines.

**DISCUSSION**

In this case series, five cases with atopic dermatitis were treated with homeopathic medicine. Each case was studied based on all symptoms, conditions, and background. The treatments were chosen using

traditional homeopathic methods, focusing on personal treatment. All five patients showed significant improvements in skin symptoms, like less itching, rashes, dryness, and colour changes. Factors like getting worse from cold, night, sweat, and

emotions, and getting better from warmth or cold treatments, were important in choosing the treatment. Remedies like Petroleum, Sulphur, Ignatia amara, Natrum muriaticum, Apis mellifica, and Chrysarobinum were chosen after checking homeopathic repertory and materia medica. Biochemic remedies and mother tinctures were used to help healing, showing the gentle and healing power of homeopathy. Most patients had long-term issues and had not succeeded with regular treatments before. 200C potency was frequently repeated, suggesting its suitability in the treatment of atopic dermatitis. However, the variation in remedies prescribed highlights the effectiveness of individualized homeopathic treatment based on the totality of symptoms.

## CONCLUSION

This case series demonstrates that homeopathic treatment can help manage long-term atopic dermatitis. All five patients got better without their symptoms coming back or having side effects. This supports the idea that homeopathic remedies, individualized to each person's symptoms and background, are capable of producing consistent therapeutic responses. The study stresses the need for a holistic approach that treats both the skin and the underlying causes. Remedies helped with both immediate symptom relief and long-term care. However, to scientifically validate these results, more studies with larger groups, clear evaluation methods, and randomized controlled trials are needed.

### Declaration by Authors

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