



# A Homeopathic Approach to Atopic Dermatitis: *Dolichos Pruriens* in Clinical Practice

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**ABSTRACT:** Atopic dermatitis is a chronic, relapsing, inflammatory skin condition characterized by pruritus, erythema, and xerosis. It is most commonly associated with personal or familial atopic conditions like asthma or allergic rhinitis. Globally, it affects approximately 15–20% of children and 2–10% of adults <sup>[1]</sup>. This paper presents a case of atopic dermatitis in an adult female. It explores how homeopathic management led to progressive skin improvement by addressing the underlying susceptibility rather than focusing only on the visible manifestations.

**KEYWORDS:** Atopic dermatitis, seborrheic dermatitis, miasmatic approach, homeopathy, chronic skin condition

## INTRODUCTION

Atopic dermatitis is a chronic inflammatory skin disorder marked by pruritus, eczematous lesions, and relapsing-remitting patterns. The etiology is multifactorial, involving genetic predisposition, environmental triggers, skin barrier dysfunction, and immune dysregulation <sup>[1][3]</sup>. Patients with atopic dermatitis often experience significant discomfort and a reduced quality of life due to persistent itching, cosmetic disfigurement, and sleep disturbances. Seborrheic dermatitis is a superficial inflammatory condition that primarily affects areas with a high density of sebaceous glands. It presents as erythematous plaques with greasy, yellowish scaling and is commonly seen on the scalp, face, ears, and upper chest. Though its exact cause remains unclear, contributing factors include *Malassezia* yeast colonization, hormonal influences, stress, and immunosuppression <sup>[2]</sup>. Both conditions are chronic and prone to recurrence, often requiring long-term management strategies. Conventional treatments include topical corticosteroids, antifungals, and moisturizers, which may offer temporary relief but are not curative. Homeopathy offers an individualized therapeutic model that considers the person as a whole —symptoms, constitution, mental state, and hereditary tendencies. This approach can play a valuable role in managing chronic skin conditions where conventional treatments fall short in preventing recurrences or addressing root causes.

## CASE PROFILE

The patient is a 29-year-old female who has been suffering from a chronic skin condition since 2022. The complaint began with the appearance of reddish plaques, followed by mild scaling, localized on the forehead and neck. Accompanying symptoms include mild itching and a slight burning sensation. There are no

identifiable aggravating or ameliorating factors reported by the patient for the skin symptoms. In addition to the dermatological concerns, the patient has a history of migraine-type headaches, which occur without associated nausea. Her menstrual history reveals menarche at the age of 13 while she was in the 7th grade. Since then, her cycles have remained irregular. She experiences dysmenorrhea, especially on the second-to-last day of her cycle, to the extent that she needs to take medication and is unable to leave the house. The pain is relieved by doubling up. She tends to skip periods twice a year. In August 2022, after skipping a cycle, she consulted an allopathic physician and was prescribed medication for 21 days. She subsequently menstruated after the course, and the allopathic treatment was then stopped. A pelvic ultrasound was planned for follow-up. Her last recorded menstrual cycle was on 20th September.

On physical examination, there are no notable ridges or deformities observed in the nails or fingertips. The chronicity of the skin complaints and associated menstrual irregularities are considered significant in the holistic assessment for homeopathic evaluation and remedy selection.

## PHYSICAL GENERALS

**Diet:** Non-vegetarian

**Appetite:** Good

**Desires:** Potato

**Aversions:** Ripe mango, chapati, foods made of maida, fatty foods

**Thermal reaction:** Chilly

**Thirst:** 3–4 liters per day

**Stools:** Clear

**Urine:** Clear

**Perspiration:** Profuse, especially on soles and hands

**Odor:** Socks smell throughout the year

**Sleep:** Less

**Dreams:** Getting lost in a puzzle

## EXAMINATION

### General Examination

Patient is conscious, cooperative, and oriented to time, place, and person.

Built and nourished: Average, weight 66.5 kg.

Pulse: 75 beats per minute, regular and normal in volume.

Blood pressure: 117/72 mmHg, within normal limits.

Respiratory rate: 16 breaths per minute, unlabored.

Oxygen saturation: 98% on room air.

No pallor, cyanosis, clubbing, or lymphadenopathy observed.

No signs of systemic illness such as fever or malaise.

### Dermatological Examination

Inspection reveals erythematous, well-demarcated plaques with fine scaling located on the forehead and neck regions.

Mild excoriation marks present due to scratching.

Dryness and slight lichenification noted in affected areas.

No oozing or crusting observed at present.

No secondary infection signs such as pustules or honey-colored crusts.

Scales are easily detachable on gentle scratching (positive for scale).

Wood's lamp examination: slight fluorescence noted (GYF pattern) indicating possible secondary colonization or pigment changes.

Skin texture: Rough and dry in affected areas, with mild xerosis elsewhere.

No involvement of other common sites like flexural areas, hands, or feet at this time.

### **Other Relevant Findings**

Nail examination: No ridging, pitting, or onycholysis noted.

Hair: No signs of alopecia or scaling on scalp.

Mucous membranes: Normal, no dryness or lesions observed.

### **Mental Generals**

Since around 19 years of age during her second year of B.Sc., the patient experienced significant emotional distress related to academic performance. Her results from the first year did not meet her expectations, which led to feelings of sadness and disappointment. During conversations, she often asks her mother, who tends to interrupt, to remain silent. She describes herself as somewhat lazy and recalls that her teachers in the Christian school were strict. Her parents have been overprotective throughout her life. The patient experiences anxiety, especially when speaking to unfamiliar people for the first time. She fears that she might not express herself correctly or make a good impression. If someone speaks to her rudely, she becomes angry but suppresses her feelings and later discusses the incident at home. These episodes are accompanied by palpitations and sweating in her hands. Before exams, she reports difficulty breathing and increased anxiety. Her father, who used to work in DVC and is now retired, contributed to her childhood stress. She recalls that if she made mistakes, her parents would react with grimaces and phrases like "OMG" or "e babba," which affected her deeply. She feels a persistent sense of being mistrusted, believing her parents think she is incapable and do not have confidence in her abilities. Her speech tends to be hurried, reflecting her inner turmoil. The opinions of her parents and others significantly impact her emotional state and self-esteem.

Past History:

Dust allergy

Bronchial asthma

Developmental milestones:

Talking: 2 years of age

Walking: 1 year 2 months

Family History:

Father: Bronchial asthma, Diabetes Mellitus (DM)

Mother: Hypothyroidism

Maternal grandfather: Eczema

**Case analysis** Reportorial totality

- DREAMS - LOST; being
- GENERALS - FOOD and DRINKS - potatoes - desire
- GENERALS - FOOD and DRINKS - fat - aversion
- MIND - SPEECH - hasty
- MIND - OBSTINATE
- MIND - DEPENDENT of others
- SKIN – EXCORIATION

Repertory screenshot

The screenshot shows a repertory software interface. On the left, a list of symptoms is displayed under the heading '1. Clipboard 1':

- 1. DREAMS - LOST; being (25) 1
- 2. GENERALS - FOOD and DRINKS - potatoe... (40) 1
- 3. GENERALS - FOOD and DRINKS - fat - av... (115) 1
- 4. MIND - SPEECH - hasty (65) 1
- 5. MIND - OBSTINATE (158) 1
- 6. MIND - DENTITION; during (6) 1
- 7. SKIN - EXCORIATION (78) 1

On the right, a grid of remedies is shown with columns labeled: hep., sep., sulph., pulis., merc., Calc., ars., bell., lyc., nat-m., nux-v., rhus-t., bry., kali-t., posicr., cham., chin., ign. The grid contains numerical values representing the frequency of each remedy for the selected symptoms.

Selection of Remedy

**Constitutional Remedy**

Remedy name: Calcarea Carbonica

- Potency: 200
- Dose: 2 doses
- Reasons:
- Obstinate nature
- Anxiety
- Dependency on others
- Difficulty in making decisions independently
- Strict upbringing

Specific Remedy

Remedy names: Dolichos

- Reasons:
- Itching
- Inflammatory skin condition
- Presence of scaling

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Chilly patient, gains weight easily, difficulty in losing weight	Yes	Yes		
Flabby muscles, sweat profusely	Yes	Yes		
Easily catches cold	Yes	Yes		

**MATERIALS AND METHODS**

Synthesis treasure edition 2009W (SCHROYENS F)

## RESULTS

Month	Progress	Prescription
1st Month	Scaling over forehead, occasional itching, dandruff, irregular periods continuing, new round plaques on neck and hands. Taking allopathy for gyne issues.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
2nd Month	Scaling and itching on forehead much better, plaques on hands improving. LMP on 24th Nov.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
3rd Month	Itching on scalp, mild dandruff itching, cystic acne on right cheek and forehead. New job stress reported.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
4th Month	Pustular acne improved, slight lesions remain, itching better, severe hair fall started, period missed this month. Advised blood tests.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
5th Month	Scaling on forehead recurred, acne flare-up after painful, irregular menses. Angular stomatitis better.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
6th Month	Reddish plaques with severe itching reappeared; flaking improved with Cetaphil but worsened with Vaseline. Continuing methylcobalamin and vitamin D. Dandruff positive but itching nil.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
7 <sup>th</sup> month	Facial scaly lesions improved but fluctuated; itching worse in cold conditions.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
8 <sup>th</sup> month	Scaly lesions on forehead totally better, itching improved, pigmentation remains. Sleep difficulty improved. Skin therapy started.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
9 <sup>th</sup> month	Forehead lesions better, macular lesions on left cheek, black pigmentation on left elbow and lower lips.	Sulphur 30C, Dolichos pruriens 30C, Sac-L
10 <sup>th</sup> month	Forehead lesions much better, blackheads on chin unchanged, no itching, diet followed	Sulphur 30C, Dolichos pruriens 30C, Sac-L
11 <sup>th</sup> month	No complaints	SL
12 <sup>th</sup> month	No complaints	SL

## DISCUSSION

The patient presented with chronic skin issues including scaling, itching, and plaques, along with hormonal irregularities and acne. Symptoms showed gradual improvement but fluctuated due to stress, hormonal changes, and environmental factors. The case highlights the complex nature of chronic skin conditions that require addressing both physical and emotional aspects for better control.

## CONCLUSION

The patient's condition improved steadily over time with careful management and lifestyle adjustments. Although relapses occurred, overall progress was achieved by focusing on holistic care and continuous monitoring. This case demonstrates that chronic dermatological problems benefit from a comprehensive and patient-centered approach.

## THE TRANSFORMATION



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## REFERENCES

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