

## CASE REPORT

# Homoeopathic treatment in a case of co-morbid atopic dermatitis and depressive disorder

Suraia Parveen\*

### ABSTRACT

Atopic dermatitis (AD) is a skin disease characterized by itching, typical morphology, and distribution of rash, chronic relapsing course, and personal or family history of “atopic diathesis.” Stress is an important precipitating factor of AD. Stress has also some causal link with depression. Rationale of this case report is to demonstrate the co-occurrence of AD and depression in a patient, and better improvement of AD occurs when homoeopathic treatment focuses on psychological symptoms. Here, a 38-year-old male presented with a 6-month history of eczematous skin lesions with associated symptoms of depression in the background of chronic ongoing stress. A diagnosis of AD with comorbid depression was made. He initially did not show stable improvement on homoeopathic medicine selected on the basis of totality of symptoms and miasmatic background. On changing the medicine giving more priority to psychological symptoms, he gradually showed stable improvement on both the domain of symptoms and reached remission by 3 months. Remission maintained without any recurrence over the next 3½ years. Hence, the main lesson from this case is the demonstration of importance of mental symptoms over other physical symptoms in homoeopathic treatment.

**Keywords:** Atopic-dermatitis, *Causticum*, Depression, *Graphites*, Homoeopathy

### INTRODUCTION

Atopic dermatitis (AD) or atopic eczema is an inflammatory non-contagious skin disease characterized by itching, typical morphology, and distribution of rash, chronic relapsing course, and personal or family history of “atopic diathesis.” However, it varies widely in clinical presentation at different ages and places. Itching must be a constant feature which usually precedes the rash (“itch that rashes”) and it may be severe, especially at night. It is followed by inflammatory red to brownish gray-colored patches with small, raised bumps, which may leak fluid and crust over when scratched. Although the patches can occur

anywhere, they most often appear on the flexural surfaces of the joints (“flexural eczema”) such as inner sides of elbows, knees, and ankles. In general, the skin is dry, scaly with cracks making it vulnerable to environmental allergens. Majority of patients have personal or family history of allergic

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Dr. Anjali Chatterjee Regional  
Research Institute for Homoeopathy,  
Kolkata, West Bengal, India

**\*Address for correspondence:**

Dr. Suraia Parveen,  
Dr. Anjali Chatterjee Regional  
Research Institute for Homoeopathy,  
Kolkata, West Bengal, India.  
E-mail: [drsuraia@gmail.com](mailto:drsuraia@gmail.com)

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rhinitis, conjunctivitis, and bronchial asthma giving rise to the term “atopy” or vulnerability to allergy. AD has been divided into infantile, childhood, and adulthood phases based on some characteristic clinical features. However, exact categorization may be difficult at times due to overlapping features and they often do not follow the sequential evolution. There are certain factors which worsen the course and presentation of AD. Apart from environmental factors such as staphylococcal skin infection, low humidity, high pollution, exposure to detergents, stress plays an important role as a precipitating factor. Psychological and behavioral symptoms often co-occur with AD, thus called “neurodermatitis.”<sup>[1-3]</sup>

Final etiology behind AD is thought to be epidermal barrier destruction by immune system dysregulation caused out of gene–environmental interaction.<sup>[4]</sup>

Depressive disorder is a psychiatric illness characterized by the core symptoms of low mood, reduced energy, and reduced pleurability. There are associated symptoms of negative thoughts such as worthlessness, helplessness, hopelessness; reduced confidence, disturbed sleep with nightmares, disturbed appetite, and sexual function. All symptoms last for few weeks to months. Fourth to fifth decade of life is the most common period of occurrence of depression.<sup>[5]</sup> Stress plays a very important causative role in depression. Recently, an immune system dysregulation-based hypothesis has also been proposed for neurobiology of depression (the immune-cytokine model of depression).<sup>[6]</sup>

The World Health Organization in its International Classification of Diseases-10<sup>th</sup> revision (ICD-10) has kept dermatitis and eczema in a group of conditions (F 54), which are associated with psychological and behavioral factors, along with other conditions such as asthma and urticaria,<sup>[5]</sup> all having immune dysregulation in their background.

Literature review revealed a previous study on homoeopathic treatment of AD. In that study, prospective observation of 42 patients of AD treated with homoeopathic medicines showed a significant improvement in the percentage of skin affected areas and visual analog scales.<sup>[7]</sup> No case report or study was found on the homoeopathic treatment of comorbid AD and depression.

The aim of this article is to report the co-occurrence of these two conditions, AD and depression in a middle-aged male person in the background of ongoing stress and improvement of both the conditions on homoeopathic treatment after giving more priority to the mental symptoms.

## CASE REPORT

A 38-year-old male patient presented at the Central Research Institute (H), Noida, with eczematous skin diseases for 6–7 months duration in various parts of the body. He was also suffering from disturbed sleep, low mood, anxiety, and irritability for last few months. Before coming to the institute, he was treated with allopathic medication (anti-fungal with steroidal ointment) for 1 month by a dermatologist for infectious eczematous dermatitis, at that time he got little relief for 10–15 days and after that, eczema became more vigorous than earlier and he decided to take homoeopathic treatment.

There was severe itching followed by eczematous eruptions predominantly on the mediolateral aspect of shaft of the left leg [Figure 1] and some minor lesions on both pinna and both forearm for last 6 months. After scratching, the affected parts got excoriated and ooze thin, sticky, glutinous, discharges. There was aggravation at night and amelioration from wrapping up. During this same period, he used to remain depressed, worried about his future, and weep when alone. He used to feel tired, less motivated, and unable to concentrate in professional work and forgetful and hesitant to take any decision. He was not finding pleasure



Figure 1: Before treatment on 10.12.2010

even during his leisure and always feeling tensed and having reduced sexual desire. He used to feel better on consolation. His sleep was disturbed with restlessness and thoughts. He had constipation with dry, hard stool.

Both the conditions preceded by ongoing stress in professional life for last 1 year.

There was a past history of similar skin eruptions with less itching and crusting intermittently during his early school and college days. There were recurrent gingivitis and dental caries from school days, hepatitis (2006), recurrent typhoid (1992, 2006), paratyphoid (1987), chicken pox (1989), and measles (2001).

He had no addiction and was not on any ongoing allopathic medicine.

In family history, father and paternal-grandfather had hypertension and bronchial asthma. Mother had hysterectomy for dysfunctional uterine bleeding and cholecystectomy.

The patient had short stature, fair complexion, and rough skin. His facies was depressed with anxiety and nervousness.

On examination of the skin, there were reddish brown patches with exudation, crusting, and intermittent brown bumps over wide areas on the flexor and medial aspects of the left leg back and minor rashes on lateral side of both the pinna and both the forearm. The skin was dry with rough cracks on both soles.

Other systemic examinations were normal.

Provisional diagnosis of AD was made based on itching, characteristic morphology, and distribution of eruptions, past history of similar rashes, and family history of bronchial asthma, following the guidelines of ICD-10, code L-20. A comorbid diagnosis of depressive disorder is also made based on psychological symptoms and signs.

### Homoeopathic Generalities

#### Mental

The mental generalities were irritability<sup>++</sup>, impatient<sup>++</sup>, anxious and tensive<sup>++</sup>, depression<sup>+++</sup> (sad, melancholic), sentimental<sup>+</sup>, weeping disposition <alone<sup>+</sup>, desire to company<sup>++</sup>, consolation gives relief<sup>+</sup>, confusion of mind<sup>+++</sup>, forgetfulness<sup>++</sup>, and cannot concentrate on anything properly<sup>+++</sup>.

#### Physical

The physical generalities were thermal reaction chilly (cannot prefer winter), aversion to bathing, especially in winter<sup>+++</sup>, desire salty things + and curd<sup>+</sup>, aversion in sweets<sup>+++</sup>, milk<sup>+++</sup>, stool-constipated<sup>+++</sup>, difficult to pass stool (once daily but hard, dry, not clear). Urine-normal, perspiration-normal but offensive<sup>++</sup>, no staining, sleep-disturbed<sup>+++</sup>, delayed initiation with different thoughts and restlessness.

#### Miasmatic Analysis

Miasmatic analysis of all the presenting symptoms were processed with the help of comparison of the chronic miasms,<sup>[8]</sup> which shows the mixed miasmatic with predominance of psora.

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

- Sadness, mental depression
- Confusion of mind
- Concentration: Difficult
- Irritability
- Heat: Vital lack of
- Aversion: Sweets
- Bathing: Agg.
- Perspiration: Odor: Offensive
- Eruption: Eczema
- Eruption: Discharging, scratching after
- Eruption: Discharging: Moist
- Eruption: Discharging glutinous
- Itching: Night
- Constipation: Difficult stool.

Repertorization was done using Kent's repertory<sup>[9]</sup> in Hompath classic M.D. software (Version 8.0) (Dr. Jawahar J Shah, Mind Technologies Pvt. Ltd, Mumbai, India, 2002).<sup>[10]</sup> and a group of medicines were found [Figure 2].

#### Treatment and Follow-up

After repertorial totality, miasmatic analysis and with the consultation of *Materia Medica*,<sup>[11,12]</sup> *Graphites* was selected as the first prescription. After prescribing *Graphites* with higher subsequent potencies (30, 200, 1M), the skin symptoms improved for a while, but did not stabilize with no improvement in depressing symptoms for 4 months. On further relapse of skin symptoms [Figure 3] and no improvement of depressing symptoms, there was a need for a fresh case taking to achieve a new similimum for the expectation of complete cure on all





**Table 1: Prescription and follow-ups**

<b>Date</b>	<b>Symptoms</b>	<b>Medicine</b>	<b>Doses X days</b>
December 10, 2010	Baseline presentation [Figure 1]	<i>Graphites</i> 30	OD × 3
December 20, 2010	No new symptoms, no aggravation, skin and mental symptoms (depressing symptoms) were same	<i>Placebo</i> 30	OD × 7
December 27, 2010	No change in eczema and depression symptoms	<i>Graphites</i> 30 <i>Placebo</i> 30	OD × 3 BD × 10
January 10, 2011	Eczema - discharges less, itching persist No change on depressing symptoms, i.e., sadness, irritability, difficult concentration, sleeplessness, and restlessness	<i>Placebo</i> 30	BD × 10
January 20, 2011	No further improvement of eczema (AD) No any change of depression symptoms	<i>Graphites</i> 200 <i>Placebo</i> 200	OD × 2 BD × 10
February 01, 2011	Eczema- itching and discharges less than earlier, no improvement in depression symptoms	<i>Placebo</i> 30	BD × 10
February 18, 2011	Itching and discharges still prominent, no further improvement, improving stopped. Depression symptoms- no change	<i>Graphites</i> 200 <i>Placebo</i> 200	OD × 3 BD × 7
February 28, 2011	Eczema - discharges less than earlier, with drying of eczema Restlessness at night - less no any other improvement in depressive symptoms	<i>Placebo</i> 200	BD × 10
March 07, 2011	Dry eczema again worsened with exudation, crusting. Itching - more, no any further improvement in depression symptoms	<i>Graphites</i> 1M <i>Placebo</i> 200	OD × 1 BD × 10
March 17, 2011	Eczema - exudation, crusting same, itching - less Mental depression symptoms - no improvement	<i>Placebo</i> 1M	OD × 10
April 01, 2011	Eczema - itching and discharges again worsened, with more exudation and more crusting. [Figure 3] No improvement in depression, even he became more depressed, more irritable. Sleeplessness and restlessness increased Difficult to concentrate to normal work Appetite less had no desire to eat and no desire to work	<i>Causticum</i> 200 <i>Placebo</i> 200	OD × 2 BD × 10
April 11, 2011	Eczema - discharges less, less exudation, but crusting present Itching - less, mild better in depression symptoms, i.e., sleep little better, restlessness at night - reduced appetite - better	<i>Placebo</i> 200	OD × 7
April 18, 2011	Eczema showed drying more, looking better Depression symptoms - same as earlier. Sleep, restlessness – reduced, but appetite-mildly better. Symptoms were improving	<i>Placebo</i> 200	BD × 10
April 28, 2011	No further improvement on eczema and depression symptoms as compared to last follow-up, he was not feeling well, the case has come to a standstill	<i>Causticum</i> 200 <i>Placebo</i> 200	OD × 2 BD × 7
May 09, 2011	Mild improvement was found on skin symptoms than earlier, eczema - drying more but crusting, itching persist, but no further improvement on depression symptoms	<i>Placebo</i> 200	OD × 10
May 19, 2011	Improvement was standstill compared to last follow-up on eczema and depression symptoms and as a whole, he did not feel better	<i>Causticum</i> 1M <i>Placebo</i> 1M	OD×1 BD×10
June 08, 2011	Eczema - more drying, crusting-reduced, looking better than earlier Depression symptoms - sleep better and restlessness reduced, low mood- better, other symptoms were same Appearance - better, feeling better in general	<i>Placebo</i> 1M	BD × 10
June 20, 2011	Eczema - no more oozing and crusting with no more brown bumps Itching - less depression symptoms showing improvementssuch as low mood was better, inattention and concentration difficulty-reduced, irritability and confusion- reduced Sleep - better, restlessness- reduced	<i>Placebo</i> 1M	BD × 10
June 28, 2011	No further improvement in eczema and depressing symptoms. Still he is not feeling completely well and not improving further, the case has come to a standstill	<i>Causticum</i> 1M <i>Placebo</i> 1M	OD × 1 BD × 10
July 08, 2011	All symptoms were improving	<i>Placebo</i> 1M	BD × 7
August 05, 2011	Eczema - no rash and itching in skin, area looks flat, but blackish with hyperpigmentation [Figure 5] No more depression, sleep, mood, and performance.Better concentration improved	<i>Placebo</i> 1M	BD × 15
September 09, 2011	Improvement stable in all domains with no relapse	<i>Placebo</i> 1M	OD × 30
February 10, 2012	Both AD and depression - remitted	<i>Placebo</i> 1M	OD × 30
August 10, 2012	No recurrence	<i>Placebo</i> 1M	OD × 30

Contd...

**Table 1: Contd...**

Date	Symptoms	Medicine	Doses (X days)
February 01, 2015 Update over telecommunication	No recurrence  No recurrence [Figure 6] in last 2½ years with stable psychosocial background		

AD: Atopic dermatitis, OD: Once a day, BD: Twice a day

itching were reduced and gradually eczema became dry, looking better for a time being in early 3 months and relapse the skin symptoms such as eczema again worsened, itching and discharges increased with more exudation and crusting, and became more depressed. The patient's dermatological symptoms were initially showing incomplete remission and relapse on treatment with *Graphites* despite having given sufficient time to act. It was necessary to change the medicine which was selected on the existing totality which for curing the patient in both domains, skin symptoms (AD) as well as depression.

For selection of a new similimum, a fresh case taking was done to reconstruct the totality of symptoms. On re-interrogation, it was found that two important symptoms, "sympathetic" and "aggravation from thinking complaints" were left out in the earlier repertorization, although those symptoms were present in the patient since beginning. After evaluating the symptoms, giving the more priority to mental generals than particular skin symptoms revealed a new similimum *Causticum*.

*Causticum* 200 was prescribed on 01/04/11 and follow-up was continuing for 1.6 years which is given in detail in Table 1. Treatment with *Causticum* with increasing potencies (200, 1M) was continued from 01/04/11 for the next 6 months. Initial improvement on dermatological and depression symptoms was found with treatment by *Causticum* 200 and then improvement was stopped and the condition became standstill. The repetition and increasing the potencies were done according to the response following the homoeopathic philosophy. For the expectation of further improvement, the higher potency of same remedy (*Causticum* 1M) was prescribed on 19/05/12. It supports Kent's second prescription "if a remedy has benefitted the patient, never leave it until one or more doses of higher potency has been given." After 6 months of this treatment, stable improvement was found in AD and depression and also complete remission was achieved in all domains. The patient continued the follow-up for next 1 year with no recurrence of skin symptoms and depression

symptoms. Treatment and follow-ups with responses are given in detail in Table 1.

This corroborates the concept of Organon of Medicine by Master Samuel Hahnemann that as per §183 - "Whenever, therefore, the dose of the first medicine ceases to have a beneficial effect, a new examination of the disease must be instituted, the status morbi as it now is must be noted down, and a second homoeopathic remedy selected in accordance with it, which shall exactly suit the present state, and one which shall be all the more appropriate can then be found, as the group of symptoms has become larger and more complete."<sup>[13]</sup>

Further in §184 - "In like manner, after each new dose of medicine has exhausted its action, ("when it is no longer suitable and helpful," in the sixth edition) the state of the disease that still remains is to be noted anew with respect to its remaining symptoms, and another homoeopathic remedy sought for, as suitable as possible for the group of symptoms now observed, and so on until the recovery is complete."<sup>[13]</sup>

It is to be noted that *Causticum* is the complementary medicine of *Graphites*. This too corroborates the concept of second prescription of Dr. Kent in his book "Lectures on Homoeopathic Philosophy."<sup>[14]</sup>

## CONCLUSION

Medicine, selected on the basis of totality of characteristic symptoms and through individualization which covers the patient's miasmatic background, has the capability to cure the patient at the deeper level which leads to permanent restoration of health. Successful treatment of comorbid AD and depression by *Graphites* followed by *Causticum*, proves beyond doubt of the importance of mental symptoms than other physical symptoms in the selection of medicine and the concept by Dr. Kent's Philosophy's second prescription.

Nonrecurrence of skin complaints [Figure 5] and mental depression in past 3½ years suggests that AD with mental depression can be treated successfully

through individualized homeopathic miasmatic treatment.

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## Conflicts of Interest

There are no conflicts of interest.

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## होम्योपैथी से उपचारित रुग्णता सह-अवसाद के साथ एटॉपिक त्वचाशोथ का एक मामला

### सार

एटॉपिक त्वचाशोथ एक त्वचा रोग है, जिसकी विशेषता है – खुजली, प्ररूपी आकृति विज्ञान और दाने का वितरण, चिरकारी पुनरावृत्ति प्रकार और 'एटॉपिक प्रवणता' का व्यक्तिगत या पारिवारिक इतिहास। तनाव एटॉपिक त्वचाशोथ का एक महत्वपूर्ण भागीदारी कारक है। तनाव का अवसाद के साथ भी कुछ जुड़ाव है। इस मामले की रिपोर्ट एक मरीज के रोग सह-एटॉपिक त्वचाशोथ और अवसाद की घटनाओं के आधार को प्रदर्शित करती है और होम्योपैथिक उपचार को मनोवैज्ञानिक लक्षणों पर केंद्रित करने पर त्वचाशोथ पर बेहतर असर होता है। यहां, एक 38 वर्षीय पुरुष पुराने तनाव की पृष्ठभूमि में अवसाद के लक्षणों के साथ संबंधित त्वचा के एक्जिमा युक्त घावों के 6 महीने के इतिहास के साथ प्रस्तुत किया गया। अवसाद के साथ त्वचा शोथ का निदान किया गया था। शुरू में उस पर लक्षण और रोगकर दूषित पृष्ठभूमि की समग्रता के आधार पर चयनित होम्योपैथिक चिकित्सा का कोई स्थायी सुधार नहीं दिखाई दिया। मनोवैज्ञानिक लक्षणों को अधिक प्राथमिकता देकर दवाओं को बदलने पर धीरे-धीरे दोनों लक्षणों में स्थायी सुधार दिखा और 3 महीने में वह ठीक हो गया। अगले साढ़े तीन वर्षों से किसी की भी पुनरावृत्ति नहीं हुई है। इस मामले का मुख्य विषय होम्योपैथिक उपचार में अन्य शारीरिक लक्षणों पर मानसिक लक्षणों के महत्व को प्रदर्शित करना है।

## Tratamiento homeopático en un caso de dermatitis atópica y trastorno depresivo comórbido

### RESUMEN

La dermatitis atópica (DA) es una enfermedad cutánea caracterizada por prurito, morfología y distribución típica de la erupción, curso crónico recurrente e historia personal o familiar de "diátesis atópica". El estrés es un factor precipitante importante de la DA. El estrés también tiene una relación causal con la depresión. El fundamento de este informe de caso clínico es demostrar la manifestación concomitante de la DA y la depresión en un paciente y la mayor mejora de la DA cuando el tratamiento homeopático se centra en los síntomas psicológicos. En este caso, se presenta un hombre de 35 años de edad con una historia de 6 meses de lesiones cutáneas eccematosas y síntomas asociados de depresión a causa de una situación de estrés crónico. Se estableció un diagnóstico de DA con depresión comórbida. En principio, no mostró ninguna mejoría estable con los medicamentos homeopáticos seleccionados a partir de la totalidad de los síntomas y la base miasmática. Al cambiar el medicamento dando mayor prioridad a los síntomas psicológicos, fue desarrollando gradualmente una mejora estable en el dominio de los síntomas. Al cabo de 3 meses, los síntomas habían remitido. Dicha remisión se ha mantenido sin recurrencias a lo largo de 3 ½ años. Por lo tanto, la principal lección de este caso es demostrar la importancia de los síntomas mentales frente a los síntomas físicos en el tratamiento homeopático.