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"ECZEMA AND SOME LESSER KNOWN HOMOEOPATHIC REMEDIES"

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ABSTRACT:

Eczema, a non- contagious inflammation of the skin is among the most common dermatological problem worldwide accounting approximately 230 million people globally, with an incidence rate of around 2.5 % - 3.5% of population with dermatological complains[1].

In the conventional management there is generally use of streoidal and non-steroidal medications which usually results in frequent relapses or further complication of the condition, implicating a poor quality of life in long standing cases.In homoeopathy, the holistic management not only addresses the cutaneous lesions, but also treats the underlying miasmatic background of the disease with proper individualized homeopathic medicines.

This article discusses the definition, etiology, pathogenesis, clinical features, lifestyle management and homoeopathic management of eczema.

By integration of classical literature with proper clinical insights, the article highlights homoeopathy as a safe, individualized and potentially effective medicine in the long term management of eczema.

INTRODUCTION:

The term eczema is derived from a Greek word *Ekzein* meaning 'to boil over" , "to boil out". The Indian term for eczema is *Chambal.* It is a non-contagious inflammation of the skin , characterized by erythema, scaling, oedema, vesiculation and oozing[1]. It is characterized by burning, itching with more or less infiltration terminating either as desquamation of the affected dermis or discharge of fluid, later forming crusts[2]. Itching may vary from mild to severe

paroxysms which might interfere with daily activities like working hours or during sleep , thus causing a disturbed quality of life.

CLASSIFICATION:

Eczema can be classified as Acute, Sub-acute and Chronic depending upon the duration of the condition and this morpho-clinical classification helps us to decide about the proper prognosis and proper line of treatment of the presenting symptoms[1].

The acute form is usually of short duration characterized by itchy erythematous lesions, followed by oedema, papules, vesiculation , weeping/oozing and crusting. These lesions heals within a couple of weeks leaving little to no scars[1].

If these lesions persist for months or years due to persistence of the triggering factors they take the chronic form. In such cases, the affected area gets thickened and pigmented with prominent criss-cross markings also called as lichenification. This is the most common end result of all types of long standing eczemas[1].

In case of sub-acute eczema, all these skin lesions persist for a considerable amount of time, healing and flaring up from time to time which later turns into chronic form if mal-treated or left untreated.

ETIOLOGY OF ECZEMA:

The general predisposing causes include-

- Age.
- Familial predisposition (eczema, asthma, allergic rhinitis etc)
- Climatic conditions (extremes of cold, dry weather or hot weather)
- Exposure to irritants or allergens (soaps, dust, pollens, molds, food allergens etc)
- Psychological factors (constant stress, anxiety may trigger eczema via neuro-immuno-cutaneous pathway)
- Immunological factors (immune system hyper-reactivity causing exaggerated inflammatory response, over production of IgE antibodies etc)

PATHOPHYSIOLOGY:

It has got multiple pathophysiological factors, involving genetic, immunological, environmental, and skin barrier factors.

1. Genetic Predisposition

• Filaggrin gene mutation (FLG): One of the most important genetic factors. Filaggrin is a key protein that helps form the skin barrier by maintaining hydration and preventing allergen entry.

Mutation leads to a defective barrier, increased transepidermal water loss, and easier penetration of allergens and microbes.

• Family history: Children of atopic parents (asthma, rhinitis, eczema) have a higher risk due to inherited immune tendencies.

2. Skin Barrier Dysfunction

In eczema, reduced ceramides, filaggrin, and natural moisturizing factors weaken the stratum corneum barrier, leading to dryness, increased water loss, and easy entry of allergens and irritants.

3. Immune System Dysregulation

• Early (acute) phase: Dominated by Th2 immune response (IL-4, IL-5, IL-13, IgE) → allergic inflammation.

• Chronic phase: Shift to Th1 and Th17 responses → chronic inflammation and lichenification.

• IgE-mediated hypersensitivity: Elevated total serum IgE and positive allergen skin tests are common.

4. Microbial Colonization

Staphylococcus aureus colonization releases toxins (superantigens) that aggravate inflammation and reduce protective skin microbiota.

5. Environmental and Triggering Factors

Common triggers include soaps, detergents, allergens (dust, pollen, animal dander), climate changes, stress, and dietary factors. These factors aggravate inflammation and dryness.

6. Neuro-Immune Interaction

The itch-scratch cycle: Itching stimulates scratching → skin damage → inflammation → more itching, perpetuating the chronic course.

CLINICAL FEATURES:

The affected areas may be anywhere from scalp, face, ears, limbs etc. It usually starts as an erythematous lesions with more or less itching, followed by maculopapular eruption, oedema and vesicle formation. Later these vesicles ruptures, oozing fluid which later gets dried up into crusts. The affected area then becomes scaly, peeling of dry, scaly skin may be present then disappearing with or without a scar or hyperpigmented area. In chronic, long standing cases the affected area becomes hard, pigmented called as lichenification of the lesions. All these are hence divided into three stages – 1st stage, 2nd stage and 3rd stage[2].

Eczema is usually due to a faulty innervation, causing rapid cellular proliferation and capillary congestion, where the principle seat of action is the papillary layer. From the congested vessels exudes a serum which floats the over supply of rapidly proliferated cells. It is never attended by

the neuralgic pain of herpes zoster, and the erythematous vesicular eruptions does not follow and involve the nerves.

DIAGNOSIS:

Eczema is typically diagnosed with a clinical history, where the patient comes with a pruritic eruption. A physical examination usually confirms the diagnosis, although some tests may be done to rule out other systemic diseases which mimics similar lesions.

The main symptoms which is diagnostic of eczema are :

- Pruritus.
- Age of onset.
- Family history of eczema or other atopic conditions.
- Triggers – soaps, stress, change in weather, food items, fabrics etc.
- Course- acute/ sub acute / chronic and relapsing.
- Dry, scaly skin.
- Erythematous skin lesions and pustules which dries up into scabs.
- Lichenification- thick, leathery skin surface due to chronic scratching.
- Distribution of the lesions- face, scalp, extensor surface is involved mostly in infants and young children, flexural areas like elbows, knees, neck, wrist in older children / adults.

Diagnostic criteria : Hanifin and Rajka criteria[3] :

❖ Major criteria [Atleast 3 criteria]

- Pruritus
- Dermatitis of chronic or relapsing type
- Past history or family history of cutaneous allergies or respiratory allergy.
- Dermatitis affecting face or extensor surface in infants or flexor surface in adults.

❖ Minor criteria [Atleast 3 criteria]

- Facial pallor, erythema, scaly hypopigmented patchy areas.
- Dry ,scaly skin (Xerosis).
- Early age of onset.
- Raised serum IgE levels.

- Ichthyosis – palmar hyperlinearity or keratosis pilariasis.
- Cheilitis.
- Nipple eczema.
- Recurrent skin infections (S.aureus and Herpes simplex).
- Dennie-morgan infraorbital fold.
- Keratoconus.
- Tendency towards non- specific hand or foot dermatitis.
- Anterior subcapsular cataracts.
- Orbital darkening.
- Anterior neck folds.

DIFFERENTIAL DIAGNOSIS:

- Psoriasis.
- Contact Dermatitis.
- Scabies.
- Tinea Corporis / Tinea Cruris etc.
- Lichen Simplex Chronicus.
- Pityriasis Rosea.
- Impetigo.

TREATMENT:

CONVENTIONAL TREATENT:

- General Measures: Avoidance of triggers, Moisturization of skin, Proper bathing practices, Lifestyle management etc[3].
- Topical therapy : Tropical corticosteroids like hydrocortisone, betamethasone etc. Oral or tropical anti-histamines,Topical calcineurin inhibitors etc.
- Systemic therapy: Systemic corticosteroids for severe cases, Immunosuppressants for chronic, unresponsive cases, antibiotics to prevent secondary infections[3].

SOME LESSER KNOWN HOMOEOPATHIC REMEDIES FOR ECZEMA:

- ANTHRAKOKALI (Anthracite Coal) [4],[5]: Chronic cracks and ulcerations of nostrils. Papular-like eruptions with a vesicular tendency, specially on hands, shoulders, tibia, scrotum and soles. There is decrease in eruption during full moon. Intense itching and urticaria like eruptions , usually increased at night.

- CHRYSAROBINUM (Goa Powder) [4],[5] : There is violent itching of eyes, ears, thighs , legs. Eczema behind ears, with scab and pus underneath. Lesions are squamous or vesicular, with crust formation and a foul smelling discharge. There is dry, scaly eruption with formation of scabs which tend to become confluent and all the affected surrounding appears to become one single crust.

- COMOCLADIA DENTATA (Guao) [4],[5] : Skin is red all over like a scarlatina. Recurrent eczema. Pustular type of eczema with redness and itching, which gets worse by warmth and at night. Eczema of the trunk and limbs with red stripes.

- CURARE WOORARI (Arrow Poison) [4],[5] : Suited to scrofulous people, with scrofulous eruption on skin, moist eczema specially of the face, behind ears. Dirty looking skin, with liver spots. Intense itching with hunger, worse in evening and at night.

- JUGLANS CINEREA (Butternut) [4],[5] : Eczema affecting mainly the lower limbs, hands and sacral area. Pustule formation with intense itching and pricking when heated. Scarlatina like red and flushed appearance of the skin. Digestive disorders with headache, which develop into chronic skin affections.

- MANCINELLA VENENATA (Manganeel Apple) [4],[5]: Dermatitis with blister formation, a sticky fluid oozing that turns into crust. Erythematous eruption with heavy, brownish crust formation. The eruptions forms large blisters like scalds formation. Complains worse from cold, cold drinks, puberty, menopause, anger etc.

- MANGANUM ACETICUM (Manganese Acetate) [4],[5]: Intense itching with red, elevated spots. Chronic eczema associated with amenorrhoea , worse during menses or menopause. Psoriasis , with deep cracked skin, roughness and suppuration around joints. For syphilitic and chlorotic patients with general anaemia and paralytic symptoms.

- XEROPHYLLUM (Basket Grass Flower) [4],[5]: Erythematous eruptions with intense itching, stinging and burning. Eczema of the knees, with inflammation resembling poison oak. The skin is very rough like leather with cracks and blisters.

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