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

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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
 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.”[1-3]

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

Depressive disorder is a psychiatric illness characterized by the core symptoms of low mood, reduced energy, and reduced pleasurability. 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.[5] 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).[6]

The World Health Organization in its International Classification of Diseases-10th 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,[5] 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.[7] 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
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++, impatient++, anxious and tensive++, depression+++ (sad, melancholic), sentimental+, weeping disposition <alone+, desire to company++, consolation gives relief+, confusion of mind+++, forgetfulness+++, and cannot concentrate on anything properly+++.  

**Physical**
The physical generalities were thermal reaction chilly (cannot prefer winter), aversion to bathing, especially in winter+++ desire salty things + and curd++, aversion in sweets+++ milk+++ stool-constipated++, difficult to pass stool (once daily but hard, dry, not clear). Urine-normal, perspiration-normal but offensive++, no staining, sleep-disturbed+++, 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, 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 in Hompath classic M.D. software (Version 8.0) (Dr. Jawahar J Shah, Mind Technologies Pvt. Ltd, Mumbai, India, 2002) 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, 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
domains. He was re-interrogated and re-analyzed for the characteristic symptoms, i.e., mental depression, sympathetic, aggravation from thinking, difficult to concentrate, irritability, restlessness at night, chilly patient, aversion to milk, bathing aggravation, and discharging from eczema after scratching, and constipation with difficult to pass stool were taken into consideration for repertorization. The case was repertorized using Kent’s repertory in Hompath classic M.D. version 8.0 [Figure 4] and Causticum was selected.

Causticum was prescribed with increasing potencies (200-1M) in subsequent follow-up followed by placebo according to the response. On this treatment, (since 01/04/11-05/08/11), both the skin and depressing symptoms showed progressive improvement [Figure 5] and complete remission was achieved after 6 months. The patient continued the follow-up for the next 1 year (since 05/08/11-10/08/12) with no recurrence. Current update over telecommunication, showed completely recovered state [Figure 6]. In the last 2½ years, all his psychosocial stressors got relieved and he did not experience any symptoms either in skin or in psychological domain [Table 1].
DISCUSSION

Etiopathologically, both AD and depression may have a common causal link through stress and immune system dysregulation.\textsuperscript{[4,6]} In this case, there was also a role of an ongoing stress relating to professional life. \textit{Graphites} was primarily selected as first prescription on the basis of totality of symptom in 30 potency on 10/12/10. \textit{Graphites} with increasing potencies (30, 200, 1M) was prescribed following homoeopathic philosophy for 4 months since 10/12/10–31/03/11 and some improvement was found on only AD but not on any depression symptoms. Discharges of eczema and
<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Medicine</th>
<th>Doses X days</th>
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<tbody>
<tr>
<td>December 10, 2010</td>
<td>Baseline presentation [Figure 1]</td>
<td>Graphites 30</td>
<td>OD × 3</td>
</tr>
<tr>
<td>December 20, 2010</td>
<td>No new symptoms, no aggravation, skin and mental symptoms (depressing symptoms) were same</td>
<td>Placebo 30</td>
<td>OD × 7</td>
</tr>
<tr>
<td>December 27, 2010</td>
<td>No change in eczema and depression symptoms</td>
<td>Graphites 30</td>
<td>OD × 3</td>
</tr>
<tr>
<td>January 10, 2011</td>
<td>Eczema - discharges less, itching persist</td>
<td>Placebo 30</td>
<td>BD × 10</td>
</tr>
<tr>
<td>January 20, 2011</td>
<td>No further improvement of eczema (AD)</td>
<td>Graphites 200</td>
<td>OD × 2</td>
</tr>
<tr>
<td>February 01, 2011</td>
<td>Eczema- itching and discharges less than earlier, no improvement in depression symptoms</td>
<td>Placebo 200</td>
<td>BD × 10</td>
</tr>
<tr>
<td>February 18, 2011</td>
<td>Itching and discharges still prominent, no further improvement, improving stopped. Depression symptoms- no change</td>
<td>Graphites 200</td>
<td>OD × 3</td>
</tr>
<tr>
<td>February 28, 2011</td>
<td>Eczema - discharges less than earlier, with drying of eczema</td>
<td>Placebo 200</td>
<td>BD × 7</td>
</tr>
<tr>
<td>March 07, 2011</td>
<td>Dry eczema again worsened with exudation, crusting. Itching - more, no any further improvement in depression symptoms</td>
<td>Graphites 1M</td>
<td>OD × 1</td>
</tr>
<tr>
<td>March 17, 2011</td>
<td>Eczema - exudation, crusting same, itching - less</td>
<td>Placebo 1M</td>
<td>OD × 10</td>
</tr>
<tr>
<td>April 01, 2011</td>
<td>Eczema - itching and discharges again worsened, with more exudation and more crusting. [Figure 3]</td>
<td>Causticum 200</td>
<td>OD × 2</td>
</tr>
<tr>
<td>April 11, 2011</td>
<td>Eczema - discharges less, less exudation, but crusting present</td>
<td>Placebo 200</td>
<td>OD × 7</td>
</tr>
<tr>
<td>April 18, 2011</td>
<td>Depression symptoms- same as earlier. Sleep, restlessness – reduced, but appetite-mildly better. Symptoms were improving</td>
<td>Placebo 200</td>
<td>BD × 10</td>
</tr>
<tr>
<td>April 28, 2011</td>
<td>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</td>
<td>Causticum 200</td>
<td>OD × 2</td>
</tr>
<tr>
<td>May 09, 2011</td>
<td>Mild improvement was found on skin symptoms than earlier, eczema - drying more but crusting, itching persist, but no further improvement on depression symptoms</td>
<td>Placebo 200</td>
<td>OD × 10</td>
</tr>
<tr>
<td>May 19, 2011</td>
<td>Improvement was standstill compared to last follow-up on eczema and depression symptoms and as a whole, he did not feel better</td>
<td>Causticum 1M</td>
<td>OD × 1</td>
</tr>
<tr>
<td>June 08, 2011</td>
<td>Eczema - more drying, crusting-reduced, looking better than earlier</td>
<td>Placebo 1M</td>
<td>BD × 10</td>
</tr>
<tr>
<td>June 20, 2011</td>
<td>Depression symptoms - sleep better and restlessness reduced, low mood- better, other symptoms were same</td>
<td>Placebo 1M</td>
<td>BD × 10</td>
</tr>
<tr>
<td>June 28, 2011</td>
<td>Appearance - better, feeling better in general</td>
<td>Placebo 1M</td>
<td>BD × 10</td>
</tr>
<tr>
<td>July 08, 2011</td>
<td>All symptoms were improving</td>
<td>Placebo 1M</td>
<td>BD × 7</td>
</tr>
<tr>
<td>August 05, 2011</td>
<td>Eczema - no rash and itching in skin, area looks flat, but blackish with hyperpigmentation [Figure 5]</td>
<td>Placebo 1M</td>
<td>BD × 15</td>
</tr>
<tr>
<td>September 09, 2011</td>
<td>Improvement stable in all domains with no relapse</td>
<td>Placebo 1M</td>
<td>OD × 30</td>
</tr>
<tr>
<td>February 10, 2012</td>
<td>Both AD and depression - remitted</td>
<td>Placebo 1M</td>
<td>OD × 30</td>
</tr>
<tr>
<td>August 10, 2012</td>
<td>No recurrence</td>
<td>Placebo 1M</td>
<td>OD × 30</td>
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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.”

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.”[13]

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.”[14]

**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 homoeopathic miasmatic treatment.

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Conflicts of Interest
There are no conflicts of interest.

REFERENCES


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 “diástesis 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.