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Atopic Dermatitis in Children: A Pediatric and Homeopathic Perspective



Atopic dermatitis in childhood: Dry plaques in the flexures

Abstract-Atopic dermatitis is a chronic, relapsing inflammatory skin disorder commonly affecting children, with onset frequently occurring in infancy or early childhood. It is characterized by intense pruritus, eczematous lesions, and a strong association with other atopic conditions such as allergic rhinitis and bronchial asthma[1]. The disease significantly impacts the quality of life of affected children and their families. Conventional pediatric management focuses on symptomatic relief and control of inflammation, often requiring prolonged topical therapy[2]. Homeopathy, with its holistic and individualized approach, offers a complementary perspective by addressing constitutional susceptibility and underlying predisposition. This article reviews atopic dermatitis from pediatric and homeopathic viewpoints.

Introduction-Atopic dermatitis (AD) is one of the most common chronic dermatological disorders in the pediatric age group, affecting approximately 7.21% in India & 10–20% of children worldwide[3]. Nearly 60% of cases present during the first year of life, and up to 85% develop symptoms before five years of age[2]. Chronic pruritus, sleep disturbance, and recurrent flares cause significant physical discomfort and psychological stress to affected children and their caregivers[5]. From a homeopathic perspective, atopic dermatitis is considered an external manifestation of internal constitutional imbalance and inherited susceptibility.

Epidemiology-

- Prevalence in children ranges from 10–20% globally[3]
- Rising incidence linked to urbanization, pollution, dietary changes, and reduced microbial exposure[3]
- Strong familial association with other atopic disorders such as asthma and allergic rhinitis[5]

Etiology and Pathogenesis-Atopic dermatitis has a multifactorial etiology involving genetic, immunological, and environmental factors[2,6].

Genetic predisposition-Mutations affecting skin barrier proteins such as filaggrin increase disease susceptibility[4].

Skin barrier dysfunction-Defective epidermal barrier leads to increased transepidermal water loss and penetration of allergens.

Immune dysregulation-A predominance of Th2-mediated immune response results in elevated IgE levels and hypersensitivity reactions.

Environmental triggers-Exposure to dust mites, food allergens, soaps, climatic changes, and irritants can precipitate flares.

Clinical Features[6]-Age-wise Distribution

• **Infantile phase (0–2 years):** Erythematous, oozing, crusted lesions over cheeks, scalp, and extensor surfaces.

• **Childhood phase (2–12 years):** Dry, lichenified plaques involving flexural areas such as elbows, knees, neck, and wrists

• **Adolescent phase:** Persistent lichenification with excoriations and chronic pruritus.

Associated Features

- Intense itching, often worse at night
- Xerosis (dry skin)
- Secondary bacterial infections
- Sleep disturbance and irritability

Diagnosis[2,6]-Diagnosis is primarily clinical and based on typical morphology, characteristic distribution, chronic relapsing course, and personal or family history of atopy. Laboratory investigations are not routinely required.

Conventional Pediatric Management-

Conventional management includes regular use of emollients, topical corticosteroids for inflammation, antihistamines for pruritus, and avoidance of known triggers¹. While effective in symptom control, relapses are common, and long-term dependency on topical therapy is frequently observed[2].

Homeopathic Perspective-From a homeopathic standpoint, atopic dermatitis is viewed as a chronic miasmatic disease, predominantly psoric in origin, with possible syctic or syphilitic influences in prolonged cases[7,8]. Suppression of cutaneous eruptions is believed to drive pathology inward, predisposing the child to respiratory or allergic

disorders[5].

Principles of Management-Individualization based on totality of symptoms

- Constitutional treatment targeting inherited susceptibility
- Miasmatic approach to reduce recurrence
- Dietary and lifestyle guidance as supportive care

Commonly Indicated Homeopathic Remedies-

• **Calcarea Carbonica:** Calcarea carbonica is useful in atopic dermatitis associated with delayed growth and poor immunity. Eruptions are dry and scaly, sometimes oozing, with slow healing. Profuse sweating of the head and neck is characteristic. Indicated in fair, flabby children with delayed dentition, delayed walking, cold sensitivity, and recurrent infections[9].

• **Graphites:** Graphites is indicated in chronic eczema with thick, sticky, honey-like discharge and fissuring of the skin. Flexural areas and skin folds are commonly affected. The skin appears rough, thickened, and unhealthy, with slow healing. Symptoms are aggravated in cold weather. Constitutionally suited to fair, plump, flabby children with delayed development and constipation[9].

• **Natrum Muriaticum:** Natrum muriaticum is indicated in dry, scaly eczema with little discharge. Lesions commonly involve hair margins, behind the ears, and flexures. Itching is aggravated by heat and sun exposure. Emotional stress plays an important role. Constitutionally suited to thin, sensitive, introverted children with suppressed emotions[9].

• **Rhus Toxicodendron:** Rhus toxicodendron is mainly indicated in acute exacerbations of atopic dermatitis. Eruptions are vesicular with intense itching and burning. Symptoms are worse at night and during rest but relieved by warmth and motion. Children are restless and irritable, with aggravation from cold and damp weather[9].

• **Sulphur:** Sulphur is a leading constitutional remedy in chronic atopic dermatitis with recurrent eruptions. It is indicated in children with dry, unhealthy skin and intense pruritus,

aggravated by warmth, bathing, and at night. Scratching often leads to excoriation and burning. Eruptions tend to relapse after suppression, indicating a psoric miasmatic background. Constitutionally, children are lean, heat-intolerant, and restless during sleep[9].

Case Discussion-A 6-year-old male child presented with recurrent itchy skin eruptions since infancy. The lesions were dry, erythematous, and lichenified, predominantly affecting the flexural aspects of the elbows and knees, with frequent winter aggravation. Intense itching was worse at night and after bathing, resulting in disturbed sleep. A positive family history of allergic rhinitis was present.

The child was thermally warm, disliked covering during sleep, and had dry, unhealthy skin with excoriation marks. Mentally, he was active and inquisitive but became irritable during periods of severe itching. Previous treatment included intermittent topical corticosteroids with temporary relief and frequent relapses.

Based on the totality of symptoms-chronic relapsing eczema, intense pruritus aggravated by warmth and bathing, unhealthy skin, heat intolerance, and nocturnal aggravation-Sulphur was selected as the constitutional remedy.

After reportorialisation Sulphur 200C was prescribed as a single dose, followed by placebo. On First follow-up (2 weeks) there was marked reduction in intensity of itching; sleep improved. Mild dryness persisted. No new eruptions. Placebo continued. On Second follow-up (4 weeks) there was significant improvement in skin texture with healing of lesions. Frequency of scratching markedly reduced. No requirement for topical steroids. On Third follow-up (8 weeks) the skin largely clear with occasional mild dryness. No fresh exacerbations. General well-being and sleep pattern improved. No repetition of remedy required.

Conclusion-Atopic dermatitis in children is a chronic inflammatory condition with significant physical and psychosocial implications. While conventional pediatrics

provides effective symptomatic relief, homeopathy offers a holistic, individualized approach targeting constitutional susceptibility.

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