

# Evaluating the Efficacy of Homeopathic Treatments in the Management of Eczema: A Comprehensive Review

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## Abstract

**Background:** Eczema, a chronic inflammatory skin condition, significantly affects patients' quality of life. Conventional treatments, while often effective, can have limitations and adverse effects. Homeopathy, an alternative medical system, has been proposed as a complementary approach for eczema management. This review aims to evaluate the efficacy of homoeopathic treatments in managing eczema.

**Methods:** A comprehensive literature review was conducted using online databases. Studies were selected based on predefined inclusion and exclusion criteria, focusing on randomised controlled trials, observational studies, and patient-reported outcomes. Data extraction and quality assessment were performed systematically, and results were synthesised using qualitative and quantitative methods.

**Results:** The review identified diverse studies exploring homoeopathic treatments for eczema. Evidence on the efficacy of homoeopathy in eczema management is mixed, with some studies reporting significant improvements in symptoms and quality of life, while others show limited or no benefit compared to placebo. Comparative analysis with conventional treatments revealed that homoeopathy might offer a complementary benefit, particularly in reducing symptom severity and improving patient satisfaction. Subgroup analyses indicated variations in response based on age, eczema severity, and individual patient characteristics.

**Discussion:** The findings suggest that homoeopathic treatments could play a role in the holistic management of eczema, potentially enhancing patient outcomes when integrated with conventional care. However, the variability in study quality and outcomes highlights the need for more rigorous research to establish definitive conclusions. Potential mechanisms of action and clinical implications are discussed, emphasizing the importance of personalized treatment approaches.

**Conclusion:** While homoeopathy shows promise as a complementary treatment for eczema, further high-quality studies are necessary to validate its efficacy and understand its role within a broader therapeutic context. Future research should focus on standardized methodologies and long-term effects to provide clearer guidance for clinicians and patients.

**Keywords:** Eczema, Homeopathy, Alternative Medicine, Chronic Skin Conditions, Complementary Therapies, Patient Outcomes.

## Introduction

### Definition of Eczema

(EK-zeh-muh)

A set of disorders that cause the skin to become irritated, develop blisters, and harden into a crusty, rough texture. Eczema results in a burning sensation and intense itching and can persist for an extended period. The most common type of eczema is known as atopic dermatitis.<sup>[1]</sup>

**ICD-10-CM-Codes:** L20-L30 <sup>[2]</sup>

### Causes of Eczema:

**Immune system:** If a person encounters certain stimuli in their surroundings, such as minor irritants or substances they are allergic to, their immune system may have an exaggerated response. This implies that the immune system confuses these innocuous triggers for harmful external enemies such as bacteria or viruses, and triggers the body's inherent protective mechanism. This mechanism involves producing inflammation, resulting in eczema symptoms on the skin.

**Genes:** A hereditary inclination towards eczema or dermatitis may exist in a family. Those who have relatives with a history of asthma, hay fever, and allergies are also more susceptible. Substances that commonly cause allergies, such as pollen, animal fur, and specific foods, can initiate an allergic reaction. If an individual has a genetic defect that hinders the skin's protective function, they may be more prone to these ailments.

**Environment:** The skin is susceptible to irritation from a range of external elements, including smoke, air pollution, abrasive cleansers, and fabrics like wool. Insufficient moisture in the air can cause dryness and discomfort, whereas hot and humid conditions can intensify sweating and aggravate itchiness.

**Emotional triggers:** The emotional state of an individual can have a significant effect on their skin's health, potentially worsening the symptoms of eczema. Those who struggle with increased stress, anxiety, or depression are at a higher risk of experiencing repeated outbreaks of eczema symptoms.

**Symptoms of Eczema:** Dry skin, Itchy skin, Skin rash, Bumps on skin  
Thick, leathery patches of skin, Flaky, scaly or crusty skin, Swelling.<sup>[3]</sup>

### Pathophysiology of eczema:

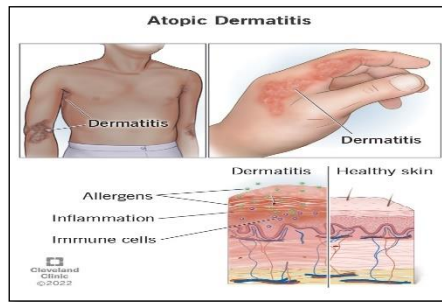
The origins of Eczema are intricate and encompass a range of elements, including problems with the skin's defensive barrier, shifts in immune reactions, allergic responses involving IgE, and external influences. Certain mutations in genes that impact filaggrin may aggravate severe atopic dermatitis by potentially increasing moisture loss through the skin, altering pH levels, and causing dehydration. Other genetic changes have also been associated with disturbances in the skin's barrier function, leading to atopic dermatitis. The imbalance of cytokines (chemical messengers) between Th2 and Th1 cells in atopic dermatitis can result in modifications in immune reactions and encourage IgE-mediated allergies, both of which contribute to the development of this condition. It is crucial to consider the influence of environmental factors on the formation of atopic dermatitis, such as exposure to chemicals like formaldehyde, potent detergents, perfumes, and preservatives. The usage of harsh alkaline products in skincare can also adversely affect the skin's pH levels and activate inflammation by altering enzyme activity. Environmental pollutants can activate both innate and adaptive immune pathways. This section will delve into the intricate causes of atopic dermatitis and potential treatment possibilities by examining

its multifaceted nature. We will also explore existing treatments and their effects on the complex inflammatory and molecular triggers involved in atopic dermatitis.

**Types of Eczema:**

There are 7 different types of eczema:

**Atopic dermatitis:** This type of eczema is a prevalent condition that results in skin inflammation, dryness, and itching. Although it is commonly seen in young children, it can also develop at any stage of life.



**Fig.1 Atopic Dermatitis** [6]

**Contact dermatitis:** This type of eczema, known as allergic contact dermatitis, is caused by environmental stimuli.



**Fig.2 Contact Dermatitis** [7]

**Dyshidrotic eczema:** This form of eczema results in dryness of the skin and can lead to a sensation of burning, as well as the appearance of rashes and blisters.



**Fig.3. Dyshidrotic eczema** [8]

**Neurodermatitis:** This type of eczema, known as discoid eczema, impacts small areas of skin, causing them to become itchy and flaky.



**Fig.4. Neurodermatitis** [9]

**Nummular eczema:** Nummular dermatitis, also known as eczema, causes circular wounds to appear throughout the body, with a particular focus on the arms and legs.



**Fig.5. Nummular eczema** <sup>[10]</sup>

**Seborrheic dermatitis:** This condition is a type of eczema that causes inflammation on your scalp.



**Fig.6. seborrheic dermatitis** <sup>[11]</sup>

**Stasis dermatitis:** this type of eczema presents a skin discolouration on the legs which looks similar to varicose veins. <sup>[5]</sup>



**Fig.7. Stasis dermatitis** <sup>[12]</sup>

**Diagnostic criteria for eczema :**

American Academy of Dermatology

<p>Essential features Must be present</p>	<ul style="list-style-type: none"> <li>• Pruritus</li> <li>• Eczema (acute, subacute, chronic)</li> <li>• Chronic or relapsing history</li> <li>• Typical morphology and age-specific patterns</li> <li>• Facial, neck, and extensor involvement in infants and children</li> <li>• Current or previous flexural lesions at any age</li> <li>• Sparing of the groin and axillary regions</li> </ul>
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<p>Important features are seen in most cases, adding support to the diagnosis.</p>	<ul style="list-style-type: none"> <li>• Early age of onset</li> <li>• Atopy</li> <li>• Personal and/or family history</li> <li>• Raised IgE levels</li> <li>• Xerosis</li> </ul>
<p>Associated features suggest the diagnosis but are too nonspecific to be used for defining or detecting eczema for research studies.</p>	<ul style="list-style-type: none"> <li>• Atypical vascular responses</li> <li>• Facial pallor, white dermatographism (delayed blanch response)</li> <li>• Keratosis pilaris/ pityriasis alba /hyperlinear palms/ ichthyosis.</li> <li>• Ocular /periorbital changes</li> <li>• Other regional findings</li> <li>• Perioral/periauricular lesions</li> <li>• Perifollicular accentuation/lichenification/prurigo lesions</li> </ul>

[13]

**Hanifin and Rajka criteria for Eczema:**

<p>Major Criteria [must have 3]</p>	<ol style="list-style-type: none"> <li>1] Pruritus</li> <li>2] Dermatitis affecting flexural surface in adults or face and extensor surfaces in infants</li> <li>3] Chronic or relapsing dermatitis</li> <li>4] Personal or family history of cutaneous or respiratory allergy</li> </ol>
<p>Minor criteria [must have 3]</p>	<ol style="list-style-type: none"> <li>1] Facial features Facial pallor, erythema, hypopigmented patches, infraorbital darkening, cheilitis, infraorbital fold, recurrent conjunctivitis, anterior neck folds</li> <li>2] Triggers: emotional factors, environmental factors, food, skin irritants.</li> <li>3] Complications Susceptibility to skin infections, impaired cell-mediated immunity, predisposition to keratoconus and anterior subcapsular cataracts, immediate skin reactivity.</li> <li>4] Other : Early age of onset, dry skin, ichthyosis, hyperlinear palms, keratosis pilaris, hand and foot dermatitis, nipple eczema, white dermographism, perifollicular accentuation</li> </ol>

[13]

UK working party diagnostic criteria for eczema:

Itchy skin condition

[required]

<p>Three of the following:</p>	<ul style="list-style-type: none"> <li>• Visible flexural eczema eg antecubital and popliteal fossae (or visible dermatitis of the cheeks and extensor surfaces if under 18 months)</li> <li>• Personal history of dermatitis as above</li> <li>• Personal history of dry skin in the last 12 months</li> <li>• Personal history of asthma or allergic rhinitis (or history of eczema in a first-degree relative if 4 years old)</li> <li>• Onset of signs and symptoms under the age of 2 years (this criteria should not be used in children 4 years)</li> </ul>
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[13]

**Differential diagnosis of Eczema**

- A. Other inflammatory dermatoses: seborrhoeic dermatitis, psoriasis, contact allergy or irritation, pompholyx, napkin dermatitis, nummular eczema, lichen simplex, pityriasis lichenoides acuta and chronica, pityriasis alba.
- B. Ichthyoses: ichthyosis vulgaris, autosomal recessive congenital ichthyosis, x-linked ichthyosis, Netherton syndrome
- C. infection and infestations: scabies, tinea corporis, pityriasis versicolor, pityriasis rosea, HIV
- D. immunodeficiencies: severe combined immunodeficiency, common syndrome, hyper-IgE syndrome, Wiskott-Aldrich syndrome, IPEX syndrome.
- E. Immunological disorders: Dermatitis herpetiform, juvenile dermatomyositis, graft-vs-host disease
- F. malignancies: cutaneous T-cell lymphoma [mycosis fungoides]
- G. metabolic disorders: Zinc deficiency, pyridoxine deficiency, biotin deficiency, niacin deficiency, phenylketonuria, cystic fibrosis, neutral lipid storage disease.
- H. other: urticaria pigmentosa, epidermolysis bullosa pruriginosa.<sup>[13]</sup>

**Assessment Eczema**

Requires careful history and physical examination.

Triggers Factors:

1. Irritants items e.g. soaps and detergents, chlorinated swimming pools, sodium lauryl sulphate-containing emollients.
2. skin infections: Staphylococcus aureus, streptococcus pyogenes, molluscum contagiosum, and herpes simplex [eczema herpeticum] are examples of skin infections.
3. Make contact with allergens.
4. Inhalant and food triggers.
5. Emphasise

Eczema is related to a higher likelihood of acute hypersensitivity reactions to dietary proteins. Children with a history of having strong responses to food should be evaluated and managed appropriately.



**Evaluation of prior and ongoing care:**

History must be covered:

- Bathing or showering frequency.
- Use of soap, soap-free cleansers, shampoos
- Use of bath additives
- Emollients moisturiser.
- Topical steroids -types, sites of application, quantity used per week.
- Any adverse reaction to topical agents.
- Antihistamine, antibiotics use.

**Eczema effects:**

**History ought to mention:**

- Psychosocial impact
- Frequency of skin infections
- Frequency of days off school/activities.
- Sleep.
- Physical examination: The examination should comprise the following: A look for eczema-specific diagnostic characteristics or other diagnoses. Evaluation of the eczema's severity and extent. Evaluation for clinical signs of recurrent infection Growth and development: For all children with moderate to severe disease, regular height and weight monitoring is advised.[13]  
tests: To confirm the diagnosis of eczema and rule out other illnesses, tests may be required in some situations.

**Holistic assessment [taken from NICE guidelines 2007]**

Clear	Normal skin, no evidence of active eczema	Clear	No impact on quality of life
Mild	Normal skin, no evidence of active eczema	Mild	Little impact on everyday activities, sleep and psychosocial wellbeing.
Moderate	Area of dry skin, frequent itching, redness[with or without excoriation and localized skin thickening]	Moderate	Moderate impact on everyday activities and psychosocial wellbeing, frequently disturbed sleep.
Severe	Widespread areas of dry skin incessant itching , redness[ with or without excoriation, thickening bleeding, oozing, cracking and alteration of pigmentation	Severe	Severe limitation of everyday activities and psychosocial impact, nightly loss of sleep.

[13]

**There are so many research conduct on Eczema**

**1. Homoeopathic management of eczema : A case report:**

The patient in this case report was treated with Kali.Ars after a personalized approach due to widespread eczema on their hands and legs. They experienced severe itching, burning, and bleeding from scratching. All of their symptoms significantly improved, demonstrating the effectiveness of homeopathic treatments

for eczema, including scaly patches, oozing or crusting, and swelling. This study highlights how homeopathic remedies consider the entire set of symptoms through individualization principles. The results showed statistical significance; however, more research is needed to provide stronger evidence for the efficacy of classical homeopathy in treating eczema.<sup>[14]</sup>

## **2. A case of eczema treated with Homoeopathic medicine**

A case of a 44-year-old male patient with eczema over the face, neck, chest and hands, who was treated with homoeopathic medicines sulphur and graphities without the aid of emollients and steroids. It is apparent from this evidence-based case report that homoeopathy has a positive role in the treatment of eczema. This finding can provide the basis for conducting large-scale studies with different designs for treating eczema with homoeopathy. However, this is a single case report. Further larger studies with different study designs and large sample sizes are required to determine the efficacy of homoeopathic treatment in cases of eczema.<sup>[15]</sup>

## **3. Homoeopathy for eczema: A systematic review of controlled clinical trials.**

The recent analysis revealed the most unexpected outcome of this comprehensive review: only three controlled trials investigating homoeopathy and its effectiveness for eczema have been released. This discovery is disappointing to the author, considering that many homoeopaths firmly believe in the efficacy of their remedies. However, upon further examination, it was determined that none of these studies were conducted rigorously; one was not randomized and may have yielded false positive results due to selection bias, while another was too small to produce reliable and generalizable findings. Therefore, it can be concluded that there is insufficient evidence to support the use of homoeopathy as a treatment for eczema, which aligns with previous assessments. The question then arises as to why many patients report improvements after consulting with a homoeopath. The most logical explanation is that they experience non-specific effects of the treatment, such as a placebo effect. Proponents of homoeopathy may argue that its usefulness should not be dismissed regardless of how it works. However, skeptics would argue that relying on non-specific therapeutic effects is not ideal for treating patients with eczema. It must be acknowledged that the current evidence does not definitively prove the ineffectiveness of homoeopathic remedies; absence of evidence does not equate to evidence of absence. While this may be true, it is still prudent to consider any therapy without solid evidence as unproven in the best interest of patients. This systematic review has several weaknesses, including the possibility that not all relevant studies were identified and publication bias may have skewed the overall results. Moreover, due to the limited number and low quality of studies included in this review, there is no conclusive evidence supporting the use of homoeopathy for eczema treatment.<sup>[16]</sup>

## **4. A curious case report of left foot eczema: through homoeopathic lens**

This case study describes a male patient who was 71 years old and experienced intense itchiness, swelling, and darkening of his left foot. The patient had been dealing with this condition since 1994, but after unsuccessful attempts with modern medicine and ayurvedic treatment, he sought out homoeopathic treatment. After thorough examination and evaluation, the homoeopath prescribed Garphitis and administered it in doses based on the patient's reaction to the medicine. Within 11 months of starting homoeopathic treatment, the patient's condition greatly improved and he was completely cured at his last follow-up appointment.<sup>[17]</sup>

## **5. Eczema treated with individualised homoeopathic medicine: a case report**

A male patient, aged 40, presented with a complaint of eczema on his right foot and above the lateral malleolus. After a thorough case assessment and proper use of Kent repertory with the Zomoeo Elite



software, the remedy Sulphur was chosen. A single dose of Sulphur 30, consisting of one medicated globule (number 20) in 15ml of distilled water, was dispensed to be taken once in the morning on an empty stomach. This was followed by a placebo liquid twice daily (in the morning and evening) for one month. After three months of treatment, a higher potency of Sulphur (200) was prescribed with the same dose as before. Follow-up appointments were conducted every month. Significant improvements were noted at the end of the treatment period. The treatment approach consisted of using only one medicine, Sulphur 30, in accordance with Kentian philosophy and repeating it accordingly (2nd prescription). However, after three months, there was no further progress and thus the same medicine in a higher potency (200) was prescribed based on the intensity of symptoms. Gradual improvement was observed over four months with no new eruptions and reduced itching. The treatment continued for more than six months to prevent any recurrence or new complaints. The effectiveness of the medicine was confirmed through modified Naranjo criteria. This study has demonstrated that prescribing a homeopathic remedy based on the totality of symptoms can yield positive results for patients with eczema and that homeopathy plays an important role in its treatment according to observed statistics. <sup>[18]</sup>

#### **6. Homeopathic Management of Eczema: A case report**

The approach used in this case study involved using traditional Homeopathic methods to ensure that the prescribed medicine was carefully chosen based on a thorough assessment of the individual's overall health. In this particular case, Kali.Ars was administered to an elderly woman with widespread eczema on her hands and legs. The patient experienced intense itching, burning, and bleeding after scratching. According to Homeopathy principles, external diseases are a result of underlying internal issues and thus should be treated internally rather than locally. The patient presented with patchy eruptions on her hands and feet, along with severe itching and burning that caused bleeding when scratched. She also had a chilly thermal reaction, poor appetite with a preference for warm foods, normal bowel habits, a personal history of asthma, and a family history of tuberculosis. The patient was very anxious about her health and had marked restlessness that affected her sleep. Kent's repertory was used to analyze the symptoms, and Kali.Ars in 200ch potency was selected as the appropriate remedy. After three visits, there was significant improvement in the patient's condition; the eruptions decreased in size, there was relief from itching and burning, and there was no longer any bleeding. Not only did her physical symptoms improve, but her anxiety also decreased significantly. She continued to receive placebo treatment for several weeks until a slight increase in itching prompted a repetition of the same remedy. The patient is still being monitored and is showing improvement under treatment. The MONARCH causality score for this case was 10, indicating promising results; however, more controlled studies are necessary to establish the effectiveness of Homeopathic interventions for eczema treatment. This study showed that Homeopathic medicines can be effective in treating eczema when prescribed based on the totality of symptoms according to individualization principles. The results were statistically significant; however, further research is needed to provide stronger evidence for the efficacy of classical Homeopathy in eczema cases. <sup>[19]</sup>

#### **7. Treatment of Eczema by Homeopathic Medicine-A case report.**

A male patient, aged 48, experienced eruptions on his hands and feet with severe itching for a period of 6 months. The skin was primarily dry and would often burn after scratching. There was also thin watery discharge and sometimes yellow pus. Symptoms worsened in dry weather or when the foot was dry, but improved with moisturizing. Based on an evaluation of all symptoms and repertorial results, two doses of Hepar Sulphur 30 were chosen for the initial prescription. The potency was selected based on the patient's sensitivity and susceptibility. After no improvement, the remedy was repeated once in a higher potency

(200C). Follow-up appointments were scheduled every 15 days due to the patient's age and susceptibility. This treatment led to significant improvement in the skin complaints and overall condition of the patient. Burning and pain decreased, as well as discharge. Using the modified Naranjo Criteria Score for Homoeopathy, it was determined that there was a probable casual attribution score of 08 for this treatment. Before and after treatment photos show significant improvement in the skin lesions, as well as a reduction in anger and irritability. This highlights the effectiveness of individualized homoeopathic treatment in reducing suffering in a safe and gentle manner. It is also worth noting that through a holistic approach, homoeopathy not only improved physical symptoms but also had a positive impact on mental wellbeing. There is great potential for individualized homoeopathic treatment to effectively manage skin diseases. [20]

### **8. Double-Blind, Randomized, placebo-controlled trial of Individualized Homoeopathic Medicines in Atopic Dermatitis in Adults: A Replication Trial with 6 months follow-up**

In this study, which lasted for 6 months and was conducted on adult patients [n=60], a double-blind, randomized, placebo-controlled method was used. The participants were divided into two groups: one receiving IHMs [n=30] and the other receiving visually identical placebos [n=30]. Along with this treatment, all participants also received conventional care consisting of applying olive oil and maintaining local hygiene. The primary measure of the study was the severity of atopic dermatitis, as assessed by the patient-oriented scoring of atopic dermatitis (PO-SCORAD) scale. Secondary measures included the Atopic Dermatitis Burden Scale for Adults (ADBSA) and the Dermatological Life Quality Index (DLQI), which were measured at baseline and every month for 6 months. The data from all participants was analyzed using an intention-to-treat approach. Results showed that IHMs had a significant positive effect on reducing the severity of AD in adults over the 6-month period in comparison to the placebo group. Although there were no significant overall effects of IHMs on secondary measures, there was an improvement in DLQI after 5 months. [21]

### **9. Homoeopathic treatment of Eczema- A Case Report**

This is a case study of a 60-year-old man who has been suffering from eczema for the past decade. Despite trying multiple homeopathic remedies, he did not experience any relief until he received *Argentum Nitricum* in the potency of 200 to 10 M. This case highlights the importance of finding the correct homeopathic remedy for a patient, known as the *similimum*, which can greatly alleviate their symptoms. The patient experienced intense itching, burning, and cracked skin with yellowish discharge that was sticky in nature. The lesions were present on his hands, belly, back, and legs for ten years. His symptoms worsened after consuming sweets, being bitten by mosquitoes, experiencing constipation, using mobile and laptop excessively, and during the summer season. Hot water provided temporary relief from itching and burning. The patient also had severe constipation for ten years with no desire for stool. After analyzing all his symptoms through miasmatic analysis and comparing them to chronic miasms, it was determined that his condition was predominantly psoric. Following the principles stated in aphorisms 272 to 274 of the *Organon of Medicine*, only one simple medicine (*Argentum Nitricum*) was prescribed at a time. This remedy contains silver and nitrate as its main components, which represent performance and feeling sudden danger respectively. By combining these two themes in *Argentum Nitricum*, its main theme becomes "performance in sudden danger or crisis." The patient was prescribed *Argentum Nitricum* 200 on 19/11/2020 and continued to follow up for one year with increasing potencies (200 and 10 M). Initially, there was an improvement in his skin condition and constipation symptoms with *Argentum Nitricum* treatment; however, this progress eventually stopped and his condition remained stable. According to

homeopathic philosophy, repetition and increasing potencies should be based on the patient's response to the remedy. In hopes of further improvement, a higher potency of the same remedy was prescribed on 10/01/2021, in accordance with Kent's second prescription: "if a remedy has benefitted the patient, never leave it until one or more doses of a higher potency have been given." After six months of this treatment, there was a significant improvement in both eczema and constipation, and the patient achieved complete remission in all areas. The patient continued to follow up and detailed responses were recorded. To sum up, when the patient initially consulted me, he had lost all hope for his recovery. However, after administering a suitable homeopathic remedy, we achieved excellent results despite the apparent difficulty of the case. The duration of treatment varied depending on the affected area, the chronicity of the disease, and the patient's individual response. The beauty of homeopathy lies in the fact that he is now free from both steroids and eczema. Furthermore, homeopathic medicines are cost-effective and have no adverse effects. The recurrence rate for eczema after homeopathic treatment is significantly low. By considering the totality of symptoms and tailoring the treatment to fit the patient's unique miasmatic background, we can effectively cure them at a deeper level and achieve long-term health restoration. The fact that there have been no recurring skin issues in the past year is a testament to the successful treatment of eczema through personalized homeopathy. <sup>[22]</sup>

## Homeopathy Medicine for Eczema

### 1. Arsenicum album:

Individuals requiring this treatment typically experience nervousness, agitation, and a strong desire for cleanliness and organisation. They may also have dry, itchy skin accompanied by intense burning sensations. Scratching can exacerbate the itching, but applying heat can provide some relief. People who would benefit from Arsenicum often experience indigestion with a burning sensation and a general sensation of being cold.

### 2. Calcarea Carbonica:

This treatment is appropriate for individuals who feel cold with moist hands and feet and have a tendency to experience eczema and dry skin that worsens during the winter season. They become easily tired from physical activity and experience anxiety and stress when ill or overburdened. A desire for sugary foods and eggs, a slow metabolism, and a propensity for weight issues are additional signs that suggest the use of Calcarea.

### 3. Graphites:

Individuals who are prone to react positively to this treatment typically have resilient or tough skin that is cracked and painful. They may also have a prolonged background of skin conditions such as impetigo or herpes. The affected areas, such as behind the ears, around the mouth, or on the hands, often exhibit cracks and a discharge that turns into crusts. Itching intensifies when warm in bed and the person may scratch the irritated areas until they bleed. A person requiring Graphites may experience difficulty focusing, particularly in the morning.

### 4. Hepar sulphuris calcareum

This treatment could be beneficial for individuals who are highly sensitive and prone to feeling cold. It can be especially useful for those with severe eczema that is easily infected. The affected skin, particularly on the hands and feet, appears dry and deeply fissured and has a slow healing process. The individual may also experience feelings of vulnerability and irritability, along with a weakened immune system making them more susceptible to illness and infection.

## 5. Mezereum

Individuals who require this treatment commonly experience intense distress, particularly in the stomach area. Severe rashes that cause itching begin as blisters, then secrete fluid and develop into thick scabs. Scratching can result in the skin becoming thicker. Cold compresses are often effective in relieving the itchiness (despite the person generally feeling cold). A desire for fatty foods and a preference for being outdoors are also signs that Mezereum may be beneficial.

## 6. Rhus Toxicodendron

Someone with eczema characterized by red, swollen blisters that cause intense itching and are alleviated by heat may find relief with this treatment. This individual may also experience restlessness and irritability due to discomfort, as well as stiffness in their muscles which can be eased by warmth and movement. Additionally, a craving for cold milk is common among those who require Rhus tox.

## 7. Sulphur

Severe and painful rashes that are aggravated by heat and bathing indicate a requirement for this treatment. The affected areas may appear red, with flaky or scabbed skin. The eruptions can be either dry or moist. This remedy has shown to be beneficial for individuals who have repeatedly tried medicines and creams for their eczema but have not seen improvement.

## 8. Antimonium crudum

Those who are susceptible to this treatment are those who suffer from eczema characterized by thick, cracked skin and are also prone to digestive issues. They tend to be sensitive and emotional, enjoy eating (with a preference for pickles, vinegar, and other acidic foods), and may struggle with weight. Children may display shyness and irritability, requesting not to be touched or observed. Itching is exacerbated by warmth and exposure to the sun. Antimonium crudum is frequently recommended for impetigo, plantar warts, calluses, as well as eczema.

## 9. Arum triphyllum

This treatment may be beneficial for cases of skin allergies that primarily affect the lower face region, particularly the mouth area. The chin may appear dry and uncomfortable with a hot and agitated sensation. The person's lips may be cracked (likely from picking at them) and the nostrils could be painful. Those who require this remedy often experience throat irritation and a raspy voice.

## 10. Calendula

Using this solution in a homeopathic form has the potential to aid irritated skin prone to infection. Applying the herb directly in its original form, whether through lotion, gel, or tincture, can provide relief for irritated skin and potentially reduce inflammation and infection without suppressing it artificially.

## 11. Petroleum

This treatment is suitable for those with very dry skin that is prone to cracking, particularly on the fingertips and palms. In the winter, eczema becomes more severe, causing deep and painful cracks that may bleed. Scratching leads to a cold sensation, and the itching intensifies at night and when the person warms up in bed. The skin is susceptible to infections and can become tough and leathery due to constant irritation.<sup>[23]</sup>

## Organon concept of Eczema :

The concept of the "miasmatic approach" can be described as a way of categorizing skin conditions based on their underlying cause. One such category is known as "psora," which is characterized by itching without any pus or discharge. The affected skin may appear dirty, dry, and rough, and becomes even drier

when washed. It cannot tolerate water and often has an unwashed, unhealthy appearance. This may lead to the presence of thin, light, fine, and small crusts on the skin. Other symptoms of psora include small, sensitive, painful boils that do not produce pus and may result in the shedding of scaly skin. Additionally, there may be a scanty amount of sour-smelling sweat on the forehead and during sleep.

Another category within the miasmatic approach is "sycosis," which is associated with exfoliating eczemas. This includes small, reddish, flat blisters that heal slowly and are accompanied by red acne spots with an oily appearance. People with sycosis tend to have thick and copious perspiration.

The third category is "syphilitic," which presents with threatening (ulcerative and destructive) features. This can manifest as eruptions that are copper or raw ham-coloured in appearance and have a putrid smell. These eruptions often result in ugly-looking ulcers with a cadaverous base. They tend to be patchy and always have thick crusts. Additionally, people with syphilitic miasms may experience offensive sweating. The final category is "tubercular," which includes skin conditions that appear angry-looking and may ooze blood. Lesions in this category are red and may resemble haemorrhages. Tubercular miasms can also lead to eczema or ringworm infections, especially if there is a history of these conditions or if they have been suppressed in the past.<sup>[24]</sup>

### Repertorial Approach of Skin

#### KENT REPERTORY

- CHAPTER: SKIN
- RUBRIC: ERUPTIONS
- SUB RUBRIC: ECZEMA
- ARS; ARS.I; CALC; CALC.S; CIC; CROT.T; DULC; GRAPH; HEP; JUG.C; JUG.R; LAP.M; MEZ; OLND; PETR; PSOR; TOX; SULPH; SUL.I

#### BOERICKE'S REPERTORY

- CHAPTER: SKIN
- RUBRIC: ECZEMA
- AETHIOPS; ANAC; ANT.C; ARS; BERB.V; BOV; CALC; CANTH; CARB.AC; CIC; CLEM; CROT.T; GRAPH; HEP; KALI.ARS; MANG.AC; MERC.C; MERC.S; MEZ; OLEAND; PETROL; PLUMB; PSOR; RHUS.T; SUL; SUL.IOD; VINCA.

#### MURPHY'S REPERTORY

- CHAPTER: SKIN
- RUBRIC: ECZEMA
- ARS; ARS-I; BAR-M; CALC; CALC-S; CIC; CROT-T; DULC; GRAPH; HEP; JUG-C; JUG-R; LAPP-A-M; MEZ; OLND; PETR; PSOR; RHUS-TOX; SUL; SUL-I<sup>[24]</sup>

### Conclusion:

The thorough evaluation of the effectiveness of homoeopathic medicine for treating eczema provides a detailed understanding of its potential role in treatment. Homoeopathy approach to improve patient outcomes, particularly in terms of symptom relief and overall quality of life. The results from various studies are inconclusive, indicating that while some patients experience significant benefits from homoeopathic treatments, others do not show much improvement compared to a placebo. This variability emphasizes the need for personalized treatment plans and suggests that homoeopathy may be more effective for certain groups of patients based on factors such as age, severity of eczema, and individual



health profiles. Further investigation is needed to determine how exactly homoeopathy works, such as through immune modulation and reduction of inflammation. Homoeopathy could offer a more comprehensive approach to managing eczema by addressing both physical symptoms and mental well-being. However, the review also points out significant gaps in current research, including small sample sizes, lack of standardization, and short follow-up periods. To reach more definitive conclusions, future studies should focus on large-scale, high-quality randomized controlled trials with standardized treatment protocols and long-term follow-up. In conclusion, while homoeopathy is beneficial for eczema management, plan based on individual patient needs. Healthcare providers should consider homoeopathy where appropriate based on the best available evidence and patient preferences. Continuous research and clinical trials are crucial in fully understanding and optimizing the role of homoeopathic medicine in managing eczema.

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