

Classic Homeopathic Medicine and the Treatment of Eczema

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Eczema is a skin disease associated with many cosmetic concerns for patients, including feelings of embarrassment and stigmatization as well as challenges to employment opportunities and interpersonal relationships. Natural treatment of eczema currently is of considerable interest among dermatologists. Classic homeopathic medicine can be used as a holistic natural treatment of atopic dermatitis (AD) and irritant contact eczema. This article describes the treatment regimens and clinical outcomes of 6 patients who underwent homeopathic therapy for AD or irritant contact dermatitis. Potential advantages of incorporating homeopathic medicine in the conventional dermatology practice include low cost, availability, ease of administration, patient acceptability, and reduction in topical steroid use. Additionally, patients also may see improvements in symptoms caused by seemingly unrelated medical conditions when their eczema is treated holistically with homeopathic medicine. *Cosmet Dermatol.* 2011;24:420-425.

Natural treatment of skin diseases currently is of considerable interest among dermatologists.^{1,2} In an article on natural advances in eczema care, Eichenfield et al³ suggested that substances such as avenanthramides, feverfew, and licorice could be used adjunctively in the treatment of atopic dermatitis (AD). Several clinical studies also have been published suggesting that natural homeopathic medicines might be useful as adjunctive treatments in patients with AD.⁴⁻⁶ Atopic dermatitis is a chronic disease characterized by frequent recurrences; therefore, safe, corticosteroid-sparing therapies would be welcomed additions to the dermatologist's therapeutic armamentarium, especially because there is a cosmetic component to this disease.⁷

In a long-term prospective investigation of homeopathic versus conventional treatment of eczema in children, Keil et al⁴ studied 118 patients with atopic eczema; approximately half of the patients were treated by homeopathic physicians while the other half were treated by conventional doctors. Over 12 months, researchers found that both groups demonstrated similar improvements in the severity of eczema symptoms and disease-related quality of life.⁴

Itamura and Hosoya⁵ evaluated 17 patients who presented with AD that was resistant to conventional medical treatments. After undergoing homeopathic medical treatment, all patients reported a more than 50% improvement in the overall impression of their skin condition. Fifteen patients showed a more than 50% reduction in pruritus, and 5 patients (nearly one-third) were able to stop using topical steroids.⁵

At Charité University Medical Center in Berlin, Germany, Witt et al⁶ performed a prospective observational study of 225 children with AD. Participants were allowed to continue conventional dermatology treatments while undergoing a 2-year homeopathic treatment.

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At the end of the study period, the researchers found that the participants' eczema severity scores substantially improved; participants also were able to reduce their use of conventional drugs for their skin disease.⁶

These 3 studies suggest that classic homeopathic medicine could be useful in the treatment of AD. The results indicate that natural remedies could serve as steroid-sparing modalities in the total care of the eczema patient.

Patients with eczema share many cosmetic concerns, as the disease affects the human body's most visible organ—the skin. In addition to functional impairment, patients with severe eczema also may experience feelings of embarrassment and shame. Children with eczema often feel stigmatized at school, especially when affected areas are difficult to cover such as the face and hands. Adults can be met with challenges at work based on their appearance; interpersonal relationships also can be affected.⁸ Skin infections are a frequent complication of AD, including viral (eg, herpes simplex virus, molluscum contagiosum, warts), bacterial (eg, *Staphylococcus aureus*), and superficial fungal infections.⁹ Finally, patients with eczema may experience burning and stinging after application of topical agents, such as topical steroids and calcineurin inhibitors.⁷

Homeopathic medicine is a system of holistic healing that originated in Germany. It was founded by Dr. Samuel Hahnemann, a physician and chemist, in the late 1700s and early 1800s as an alternative to the highly toxic medicines that were commonly used in his time.¹⁰ Homeopathic medicine seeks to stimulate the body's healing ability through small doses of highly diluted and succussed (forcibly shaken) natural substances that, in larger doses, would produce illness or adverse symptoms

(an approach called “like cures like”).¹¹ The key to successful homeopathic treatment is assessing the whole patient through extensive analysis of his/her medical history. Homeopathic medicine is an inexpensive nontoxic system of healing used by hundreds of millions of physicians worldwide. Homeopathic medicines also are recognized by the US Food and Drug Administration, which regulates the manufacturing, labeling, and dispensing of these remedies. Homeopathic medicines also are listed in the Homeopathic Pharmacopoeia of the United States.¹²

The following brief case reports illustrate the incorporation of classic homeopathic medicine into a conventional dermatology practice to treat common types of eczematous dermatitis such as irritant contact dermatitis and AD.

CASE REPORTS

Patient 1

A 56-year-old woman presented with irritant contact eczema of the bilateral fingertips of 5 years' duration. The patient reported painful fissures that were controlled but not completely cleared with potent topical steroids, including triamcinolone acetonide cream 0.1%, halcinonide cream 0.1%, and halcinonide ointment 0.1% (Figure 1A).¹³ Her medical history also was remarkable for constipation; hard stool; knee pain when walking up stairs; headaches from hot weather; and feelings of anxiety, sadness, and guilt. With consideration of these clinical signs and symptoms, topical steroids were stopped and the patient began a homeopathic treatment of sodium chloride 200 centesimal (2 pellets orally) every other day for 4 weeks. The patient was allowed to continue use of an over-the-counter emollient (Lubriderm, Johnson & Johnson Consumer Companies, Inc). At

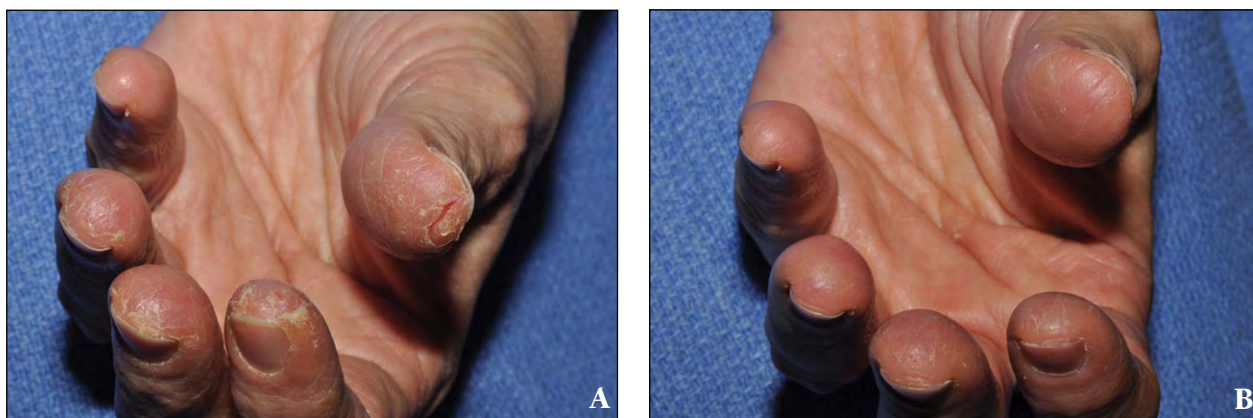


Figure 1. Irritant contact eczema of the bilateral fingertips with painful fissures before (A) and 4 weeks after homeopathic sodium chloride 200 centesimal taken every other day (B). At 4 weeks, irritant contact eczema on the fingertips was completely clear. Reprinted with permission from the American Osteopathic College of Dermatology.¹³

week 4, treatment was reduced to sodium chloride 200 centesimal (2 pellets each week). During the first week of homeopathic treatment, the patient reported worsening of the eczema on her fingertips; however, at 4 weeks, her irritant contact eczema was completely clear (Figure 1B).¹³ Notably, the patient also reported that her stool was softer and her knees no longer hurt when walking up stairs. She also reported feeling calmer with less guilt; however, her headaches persisted throughout treatment.

Patient 2

A 42-year-old woman presented with irritant contact dermatitis of 4 years' duration that appeared on her hands each winter. She experienced deep painful fissures and marked xerosis that did not respond to treatment with bland emollients or topical preparations of polymyxin B sulfate, bacitracin, and neomycin (Figure 2A). The patient began a homeopathic treatment of petroleum 30 centesimal (2 mL orally) 3 times daily. She was

allowed to use bland emollients, but no topical steroids were administered. After 9 days of treatment, the deep fissures had almost completely reepithelialized, and after 1 month of treatment, she experienced complete healing of her eczema (Figure 2B).

Patient 3

A 49-year-old woman presented with irritant contact dermatitis of 9 years' duration that appeared on her hands each winter. The patient initially was started on a homeopathic treatment of sulfur 200 centesimal (2 pellets orally) daily, which cleared approximately 90% of her eczema; however, it recurred shortly after the remedy was discontinued. The patient was then switched to a treatment of staphysagria 30 centesimal (2 pellets orally) twice daily. No topical steroids were administered before or after treatment. After 3 days of treatment, the patient's eczema resolved. Although homeopathic staphysagria typically is thought to be effective in treating suppressed

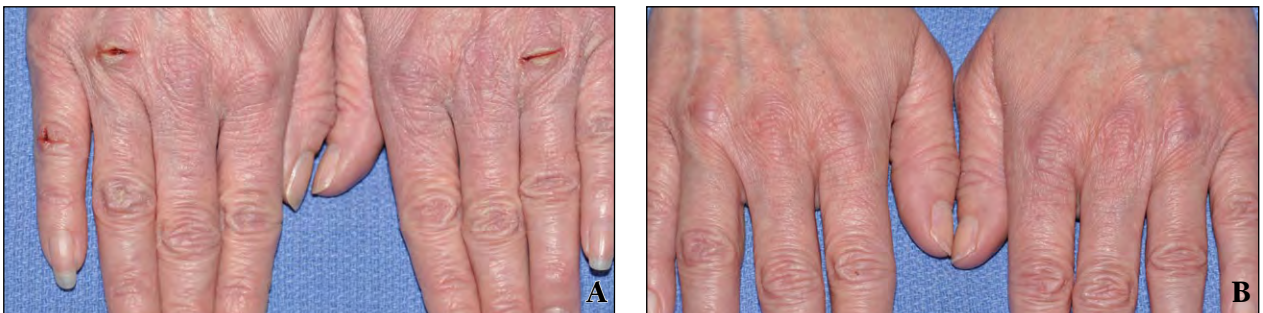


Figure 2. Irritant contact dermatitis of the dorsal hands with deep painful fissures before (A) and 1 month after treatment with homeopathic petroleum 30 centesimal taken orally 3 times daily (B). Eczema on the hands had completely resolved after 1 month of treatment. No topical steroids were used.

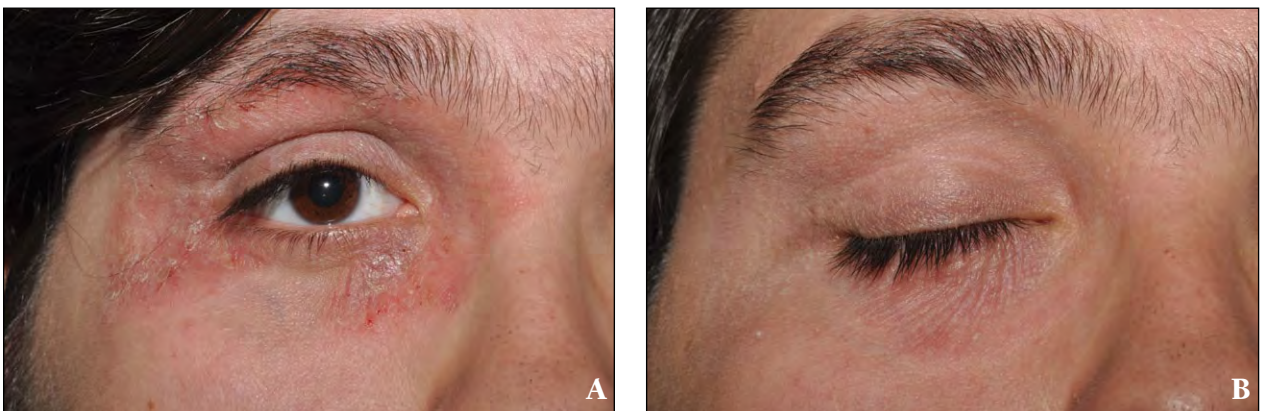


Figure 3. Eczema of the right eyelid and periorbital skin before (A) and 11 weeks after treatment with homeopathic phosphorus (B). Eczema of the right eyelid improved by approximately 90% after 11 weeks. No topical steroids were used.



Figure 4. Atopic dermatitis on the left dorsal wrist before (A) and 7 weeks after sequential treatment with homeopathic pulsatilla 30 centesimal and sulfur 30 centesimal (B). Atopic dermatitis on the wrist showed 50% improvement at 7 weeks.

anger, the patient's mood became transiently angry and irritable shortly after beginning treatment; after finishing the treatment (treated with *staphysagria* for 3 days), the patient's anger abated and she felt much happier.

Patient 4

A 21-year-old male college student presented with eczema of the right upper and lower eyelids and right periorbital skin of 9 months' duration (Figure 3A). His medical history was remarkable for childhood asthma and wheezing upon exposure to dogs and cats. The patient also experienced several sleep interruptions each night and often felt tired after lunch. A potassium hydroxide preparation of the right eyelid area was negative for fungal hyphae, and a 28-allergen, thin-layer, rapid-use epicutaneous test (T.R.U.E. Test, Allerderm) was negative at 48 and 96 hours. The patient was started on a homeopathic treatment of phosphorus 30 centesimal (2 pellets orally) each morning and 1 teaspoon orally twice during the day. At 3 weeks, the potency was increased to phosphorus 200 centesimal (2 pellets orally) each morning and 1 teaspoon orally twice during the day. At 7 weeks, phosphorus 1000 centesimal was begun. At 11 weeks, the right eyelid eczema was approximately 90% improved (Figure 3B).

The patient did not utilize topical steroids before or during the treatment period. Interestingly, the patient noticed that he did not experience any wheezing upon spending a weekend at a friend's house with a golden retriever, which normally would have caused an allergic reaction. He also noted that his nightly sleep had improved, with only 1 awakening per night. Also, he was not as tired in the afternoon. The patient then left to return to college.

Patient 5

A 5-year-old boy with widespread atopic eczema since 3 months of age presented for treatment of molluscum contagiosum of the right axilla and right lateral thorax. Eczema on the patient's arms and trunk were being treated with prednicarbate ointment 0.1% and desonide ointment 0.05%. Topical steroid application was stopped when his eczematous plaques cleared; however, he still experienced widespread xerosis and pruritus. He was started on homeopathic calcium carbonate 30 centesimal (2 pellets orally) twice daily. At 4 weeks, the molluscum lesions had completely resolved, but the plaques on the arms and trunk had flared after topical steroids were stopped. The patient's father, a pharmacist, noted that his son's skin was less itchy and he scratched less while

being treated with calcium carbonate; therefore, the homeopathic remedy was continued for an additional 4 weeks and the patient remained off topical steroids. At 8 weeks, the eczema was nearly all clear and the molluscum lesions remained resolved.

Patient 6

A 2-year-old girl presented with AD on the dorsal hands, arms, inner thighs, and legs of 4 months' duration (Figure 4A). Her medical history was remarkable for constipation. The patient's pediatrician had attempted to treat her with triamcinolone acetonide cream 0.1%, but the patient began crying as soon as it was applied, presumably because of irritation, and it had to be discontinued after 2 days. A previous dermatologist then attempted to treat her with hydrocortisone ointment 2.5%, but it also had to be stopped because of intolerance. The patient was started on homeopathic pulsatilla 30 centesimal (2 pellets orally) twice daily. At 4 weeks, her eczema showed 25% improvement. She then was switched to homeopathic sulfur 30 centesimal (2 pellets orally) twice daily, and at 7 weeks, her eczema had improved by 50% (Figure 4B). Her constipation also had improved. The patient was then switched to homeopathic calcium carbonate 200 centesimal (2 pellets orally) once daily. Desonide ointment 0.05% also was given for usage for acute flare-ups. At 12 weeks, the patient's constipation was almost completely resolved, but her AD had flared. At this point, her mother wished to return to conventional dermatologic therapy only and the patient was lost to follow-up.

COMMENT

A benefit of a holistic homeopathic approach in the treatment of eczema is improvement of seemingly unrelated clinical signs and symptoms, as illustrated in the case reports presented here. Additionally, natural homeopathic remedies often have a pleasant taste and are available in pellet form, which readily dissolves in the mouth; hence they are ideal for children who cannot swallow pills. For treatment of infants, pellets may be crushed into a powder or dissolved in a teaspoon of drinking water prior to administration. One unique aspect of homeopathic treatment of eczema is that patients are treated with oral remedies rather than ointments and creams. This convenient approach appeals to patients who feel topical treatments may be too messy or greasy. Homeopathic remedies in pellet form do not require refrigeration, which benefits patients in remote locations where electricity is unreliable or nonexistent (eg, medical missions abroad). Homeopathic medicines also are inexpensive (\$10 or less in the United States for a container of 80 pellets), making them an affordable option for patients and healthcare workers

in developing nations. Production costs for homeopathic remedies also are low, and the manufacturing process is not time consuming.¹⁴

One disadvantage of incorporating homeopathic medicine into an existing dermatology practice is that there is a steep learning curve. Courses on classic homeopathic medicine are available both in person and through distance learning.^{15,16} Generally, these courses are interesting and enjoyable; however, training typically takes 2 to 4 years to complete and requires many hours of additional textbook readings, including the original works of Dr. Hahnemann. Nevertheless, many physicians find that enrolling in a comprehensive homeopathic medical course offers a fascinating firsthand glimpse into both the medical history and medical botany of the 1800s. Another disadvantage of homeopathic medicine is that it is not always 100% effective. In some cases, natural treatments may only result in partial clearance of eczematous lesions. Even so, homeopathic medicine may still be useful as an adjunctive treatment. The most common adverse effect observed in patients who receive properly selected homeopathic remedies is an initial worsening of eczematous signs and symptoms, which is referred to in the literature as aggravation.¹⁷ Aggravation is to be expected because it actually is part of the healing process in homeopathic treatment. It is prudent to advise AD patients and their families of this occurrence in advance, as you would warn nodular acne patients prior to starting a course of systemic isotretinoin that his/her acne initially may flare upon treatment.

CONCLUSION

In summary, the clinical observations presented in this article coupled with results from recent studies in the literature suggest that classic homeopathic medicine could be beneficial in the total care of patients with eczema. Advantages of incorporating homeopathic medicine into the treatment of eczema include low cost, availability, ease of administration, patient acceptability, and reduction in topical steroid use. An additional benefit of holistic treatment with homeopathic medicine is the simultaneous improvement of seemingly unrelated medical conditions during the treatment of the dermatologic patient. Further studies evaluating the efficacy of this natural system of healing are needed.

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