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A Clinical Evaluation of Antimiasmatic Approaches in Atopic Dermatitis

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ABSTRACT

Background: Atopic dermatitis (AD) is a chronic inflammatory skin disease mainly affecting the children and adults who are having a history of atopy. It is seen throughout the world with a high socio-economic impact and a broad relevance on the quality of life of these patients. Homoeopathy is a system of medicine which treats the patient as a whole. The aim of this study was to systematically assess the effectiveness of anti-miasmatic medicine in treating atopic dermatitis.

Methodology: Thirty cases were randomly selected from the OPD, IPD and Rural Centers of our hospital. Based on the inclusion criteria all the cases are selected for the study and the diagnosis was mainly based on clinical presentations. The improvement criteria were based on the symptomatic relief of the patient according to SCORAD scoring chart.

Results: The result of this study showed that 29 (97%) cases were markedly improved and 1(3%) case showed moderate improvement. Sulphur was found to be mostly used anti-miasmatic medicine followed by Silicea and Natrum muriaticum. The results are based on the statistical analysis of before and after treatment scores.

Conclusion: Based on the results of the study, it is evident that anti-miasmatic medicine is very effective in the treatment of patients with atopic dermatitis and also it definitely brings down the recurrences thereby improving the quality of life of patient.

Keywords: Antimiasmatic medicines; Atopic dermatitis; SCORAD

Introduction

Around 50% of skin diseases are due to some allergic causes. Among those allergic skin diseases, Atopic Dermatitis stands topmost. Atopic Dermatitis is an allergic inflammatory skin disease that starts in the early life and usually persists throughout the end of life. It is an intensively pruritic acute, subacute or chronic relapsing skin disorder that usually begins within the first 6 months of life, though it can begin at any age¹. This

disorder is usually characterized by infantile phase, childhood phase and adult phase².

Atopic dermatitis affects one- fifth of all individuals during their life time. Atopic dermatitis is a common, chronic skin condition that significantly impairs quality of life. It requires a multifaceted treatment approach that addresses both acute flare-ups and long-term disease management³. The prevalence of atopic dermatitis is increasing worldwide, mostly in

industrialized countries and developing countries. Because of the various atopic impact on the population. Atopic dermatitis comes under the ICD (International Classification of Disease) L20. Homoeopathic medicines show effective results in curing many skin diseases, among them the atopic dermatitis.

The concept of “Miasm” in homeopathy refers to a deep-seated predisposition or diathesis underlying various diseases. By identifying and addressing the miasmatic tendencies unique to each individual, aims to not only alleviate the acute symptoms of atopic dermatitis but also to enhance the overall resilience and balance of the patient’s constitutional state. Antimiasmatic treatments aim to address these underlying factors, offering a personalized therapeutic approach⁴.

Any medicine which is capable of producing symptoms similar to a particular miasm and hence when administered to the diseased state can annihilate those symptoms as well as it will eradicate that miasm from the constitution is termed as anti-miasmatic medicine⁵.

Since the prevalence of atopic dermatitis is increasing day by day, there is a need of an anti-miasmatic remedy in correct potency and dose. So, this study mainly focused on the anti-miasmatic treatment of patients with atopic dermatitis, to provide a complete relief by reducing the remissions and relapses of the disease.

Aim & Objective

To assess the effectiveness of anti-miasmatic medicine in treating atopic dermatitis.

Methodology

It is Prospective Observational study, with sample size of 30. Patients with atopic dermatitis visiting the OPD, IPD, Rural Health centres of our hospital were randomly assigned in the study. From the study setup, 30 cases were selected and data was recorded in a pre-structured case record format of Sarada Krishna Homoeopathic Medical College and Hospital.

Based on the inclusion criteria, the patients of age group between 3 months of age to 60 years of age presenting symptoms of Atopic dermatitis was considered and exclusion criteria, the patients having other skin diseases are excluded.

The case was analyzed and the totality was erected. Miasmatic analysis based on the symptomatic presentation of patient with family and personal history along with their mental and physical sphere was considered in the analysis process. Evaluation of the symptoms was done followed by repertorization and a suitable anti miasmatic medicine was selected on the basis of Materia Medica and Miasmatic analysis. Selection of potency and repetition of dose were done based on homeopathic principles.

Assessment was done on subsequent follow-ups for a period of 6-8 months and changes observed in the patient was recorded using SCORAD scale. The statistical technique was carried out through qualitative analysis of cases and the relationship between two scores were compared by Pearson’s correlation method.

Observations and Results

Chart 1: Distribution of Cases According to Age

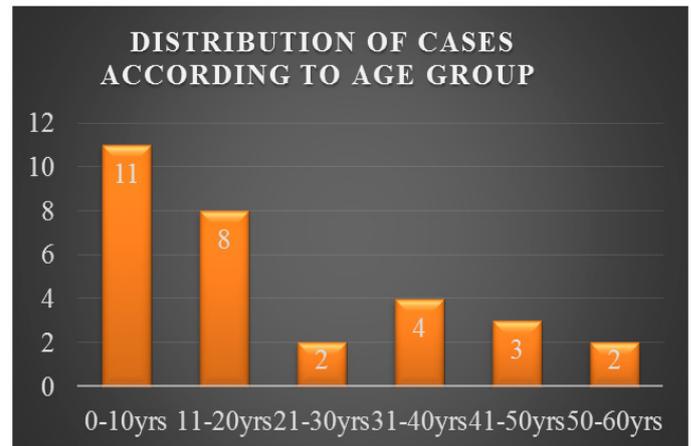


Chart 1: In a sample of 30 cases, maximum number of 11 patients (37%) were between the age group of 0-14 years, 8 patients (26%) were between the age group of 11-20 years, 4 patients (13%) were between the age group of 31-40 years, 3 patients (10%) were between the age group of 41-50 years, 2 patients (7%) between the age group of 21-30 years and 50-60 years.

Chart 2: Distribution of Cases According to Sex

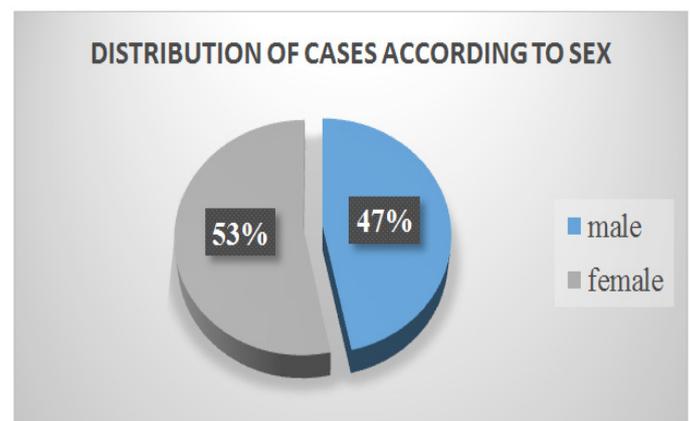


Chart 2: Among 30 cases, 16 patients (53%) were females and 14 patients (47%) were males. According to the study Atopic dermatitis is more prevalent in females.

Chart 3: Distribution of Cases According to Occupation.

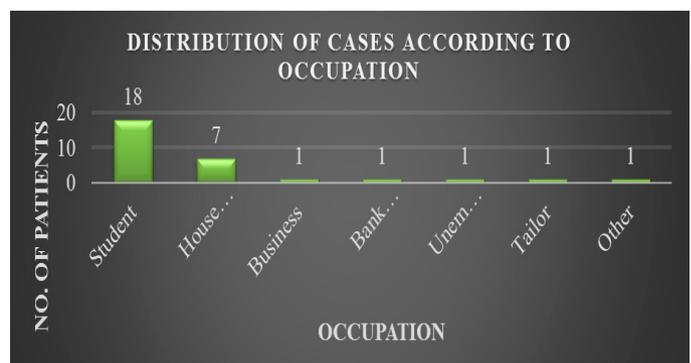


Chart 3: Out of 30 cases, 18 (60%) cases were students, 7 (24%) cases were housewives, 1(3%) case each from business, bank employee, unemployed, tailor and a 2-year-old baby.

Chart 4: Distribution of Cases According to Personal History.

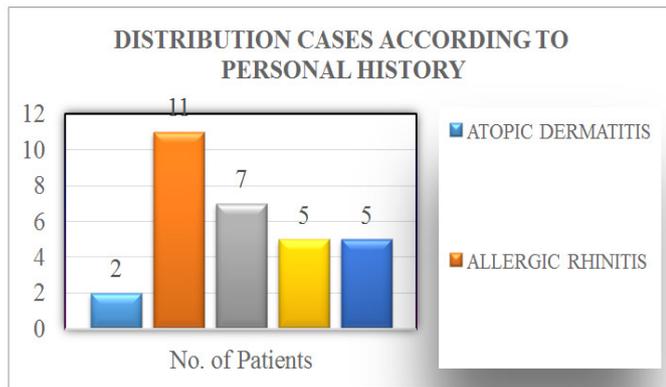


Chart 4: The study regarding personal history of patients shows that, out of 30 cases, 11 (36%) patients had a personal history of allergic rhinitis, 7 (23%) patients had a personal history of bronchial asthma, 5 (17%) patient each had a personal history of bronchitis and both allergic rhinitis and bronchial asthma, 2 (7%) patients had a personal history of atopic dermatitis.

Chart 5: Distribution of Cases According to Family History.

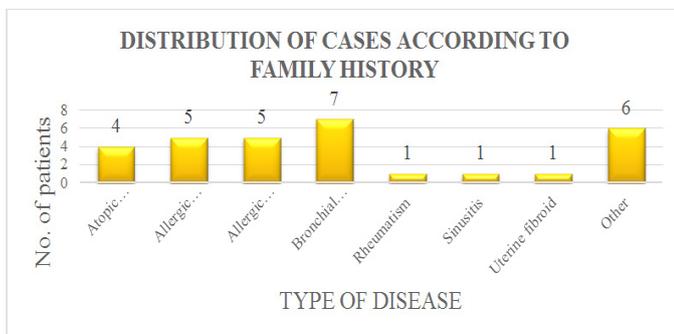


Chart 5: The study with respect to family history out of 30 cases, 4 (13%) patients had a family history of atopic dermatitis, 5 (17%) patients had a family history of allergic dermatitis, another 5 (17%) had a family history of allergic rhinitis, 7 (23%) patients had a family history of bronchial asthma, 1 (3%) patients each had a family history of rheumatism, uterine fibroid and sinusitis, 6 (20%) patients who are not aware of their family history is categorized as other.

Chart 6: Distribution of Cases According to Miasm Based on Physical, Mental and Particular Symptoms.

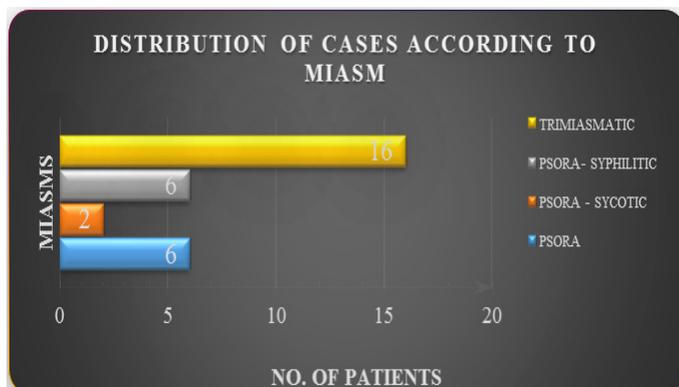


Chart 6: According to this study, 16 (53%) cases were trimiasmatic (Psora-Sycosis-Syphilis), 6 (20%) cases have Psora as miasm and 6 (20%) cases have Psora-Syphilis as miasm, 2 (7%) cases as Psora-Sycosis as miasm.

Chart 7: Distribution of Cases According to Medicine.

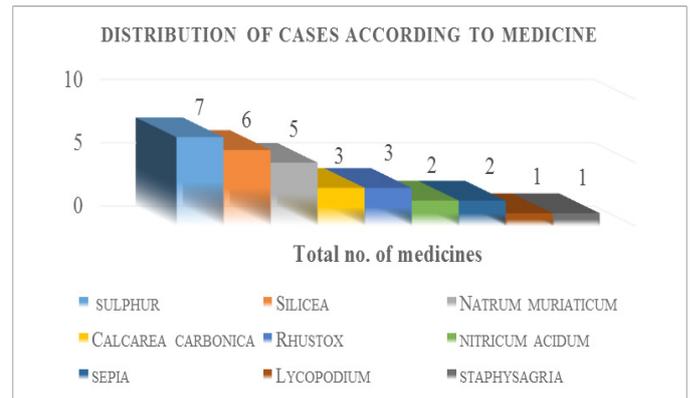


Chart 7: According to this study, Sulphur was given for 7 cases (23%), Silicea was given for 6 cases (20%), Natrum muriaticum was given for 5 cases (17%), Calcarea carbonica and Rhustox, each, were given for 3 cases (10%), Nitricum acidum and Sepia, each, were given for 2 cases (7%), 1 (3%) patient each was given with Lycopodium and Staphysagria.

Chart 8: Distribution of Cases According to Potency.

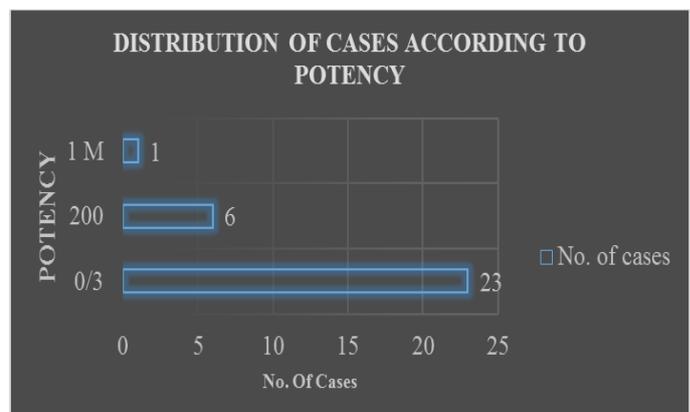


Chart 8: Out of 30 cases, 23 (77%) cases were prescribed with 0/3 potency, 6 (20%) cases were prescribed with 200 potency, 1 (3%) case were prescribed with 1M potency.

Chart 9: Distribution of Cases According to Scorad Score.

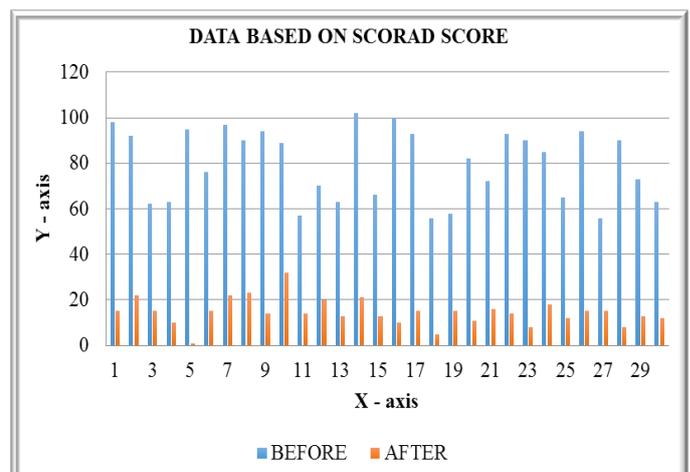


Chart 9: From the above chart, it is inferred that Homoeopathic treatment shows significant results in all cases of atopic dermatitis, by reducing its remissions.

Chart 10: Distribution of Cases According to Improvement Status.

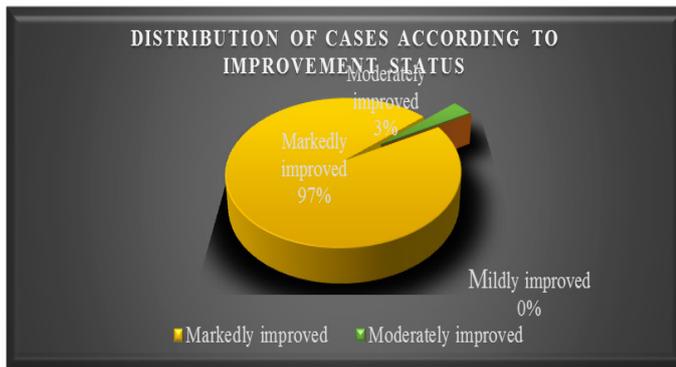


Chart 10: In my study, out of 30 cases of atopic dermatitis, 29 cases (97%) showed marked improvement and only 1 case (3%) showed moderate improvement.

Statistical Analysis

The critical value of t is -23.03 , which is higher than table value 2.045 . The value of p is $< .00001$. Therefore, the null hypothesis is rejected at 99.99% significance. Pearson's correlation coefficient, $r = 0.208$. The pre and post treatment values are weakly correlated, the improvement among all patients were seen, but the magnitude of improvement varies from one individual to another. This is attributed by correlation with value of $+0.2$. Thus, the data, outcomes measurements show weak positive correlation.

Results

The study reveals significant reduction in the disease intensity scores after the Homoeopathic treatment. Therefore, this study shows that antimiasmatic treatment is very effective in managing atopic dermatitis.

Discussion

Based on the analysis of the 30 cases of atopic dermatitis, the following observations are made by comparing with the available literature. Age: Among the 30 cases, the majority fell within the age range of 0-14 years, mirroring trends observed in previous studies. Notably, homeopathic therapy has shown positive long-term effects in pediatric cases of atopic diseases, corroborating our findings. Gender: Data analysis revealed a higher prevalence of atopic dermatitis among females, consistent with prior research highlighting gender-specific differences in disease susceptibility. Occupation: A significant proportion of cases were students, underscoring the impact of environmental factors, particularly in school-aged children. This aligns with previous studies indicating a higher prevalence of atopic dermatitis in this demographic. Personal and family history: The prevalence of allergic rhinitis and bronchial asthma among patients emphasizes the interconnectedness of allergic conditions. These findings support existing research linking atopic dermatitis with other allergic diseases. Miasmatic background: Miasmatic analysis provided valuable insights into disease etiology and treatment selection. Understanding the miasmatic background aids in predicting disease progression and guiding therapeutic interventions, as emphasized by Hahnemann's principles. Medicines prescribed: Sulphur emerged as a frequently prescribed remedy, consistent with its efficacy reported in previous studies. Tailored anti-miasmatic treatments were essential in managing chronic

miasmatic conditions, contributing to favorable treatment outcomes. Potency & repetition of doses: The majority of cases were prescribed with lower potencies, reflecting adherence to Hahnemannian principles and individualized patient care. Repetition of doses was guided by Hahnemann's instructions, ensuring optimal therapeutic response.

Conclusion

Genetic predisposition and allergic conditions due to increased pollution and other existing factors predominates atopic dermatitis. The disease is more prevalent among children and patients having personal or family history of any allergic condition especially allergic rhinitis and bronchial asthma. The miasmatic dominance highlights the Psoric inheritance in allergic diseases. So, there is a need of an antimiasmatic mode of treatment especially antipsoric medicines will effectively show the improvement in predisposing conditions and proves to be good in reducing the remission of disease.

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