



ECZEMA

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Abstract

Eczema is a medical condition in which patches of skin becomes rough and inflamed with blisters which cause itching and bleeding. Homoeopathic medicine have effective role in management of eczema.

Key Word- Eczema, Dermatitis, Atopic, Itching.

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Received – 10/10/2021

Revised- 25/11/2021

Accepted – 30/11/2021

INTRODUCTION

Eczema, from the Greek for to boil over, is one of the most common skin diseases. About 30% of patients consulting a dermatologist have eczema. Often the term dermatitis, from the Greek for skin, is used to describe some or all the forms of eczema.

Eczema is a common skin condition with multiple clinical patterns, characterised histologically by a spongiotic tissue reaction pattern.

The terms eczema and dermatitis are often used interchangeably to denote a polymorphic inflammatory reaction pattern involving the epidermis and dermis. However, dermatitis means inflammation

of the skin and is not synonymous with eczematous processes.

Definition -: “Eczema” originates from the Greek word “ekzein” which means to “boil over” or “break out”.

Eczema is a medical condition in which patches of skin becomes rough and inflamed with blisters which cause itching and bleeding. It is an inflammatory condition of skin characterised by redness, itching, and oozing vesicular lesions which becomes scaly, crusted, or hardened.

How to Cite this Article- Pandey A., Eczema. TUJ. Homo & Medi. Sci. 2021;4(4):53-57.



Fig 1 Eczema

It is a descriptive term for a chronic skin condition that usually begins in early childhood. It is most commonly seen in individual who have family members who have asthma and hay fever.

TYPES OF ECZEMA

- Atopic Dermatitis
- Contact Dermatitis
- Stasis Dermatitis
- Nummular Dermatitis
- Lichen Simplex Chronicus
- Seborrheic Dermatitis
- Generalized Exfoliative Dermatitis

Atopic Dermatitis

It begins with acute eczema on the cheeks and scalp. When the child begins to crawl, the flexures are frequently involved. Itching is severe. Even minor irritation of skin causes itching. Scratching adds to the injury. The eczema persists for years with exacerbations and remissions. The uninvolved skin is usually dry and lined.

Contact Dermatitis

It is common. A great many agents cause eczema when applied to the skin. Cosmetics, hair dyes, metal buttons, clips, nickel and other metal, plastic, synthetic rubber, rosin, poison ivy and other plants, drugs, solvents, and pesticide are among its many causes.

Stasis Dermatitis

It is a form of subacute or chronic dermatitis caused by venous stasis in the lower leg. The region affected is erythematous and edematous and often shows scaling, oozing, or crusting.

Nummular Dermatitis

It is a form of subacute eczema in which the lesions are round and fairly well demarcated and are studded with small vesicles or erosions.

Lichen Simplex Chronicus

It is a form of chronic eczema in which there are thick, scaling, erythematous patches in the skin.

Seborrheic Dermatitis

It is a form of chronic eczema that looks macroscopically and microscopically like psoriasis. The lesions are reddish brown, well demarcated, and scaling.

Generalized Exfoliative Dermatitis

Eczema involving much of the skin is called generalized exfoliative dermatitis, from the Latin to strip of leaves, or generalized erythroderma, from the Greek words for red and skin. Microscopically,

the skin show acute, subacute, or chronic eczema.

Pathological Changes

Microscopic Features

Microscopically, acute, sub acute, and chronic forms of the disease are described.

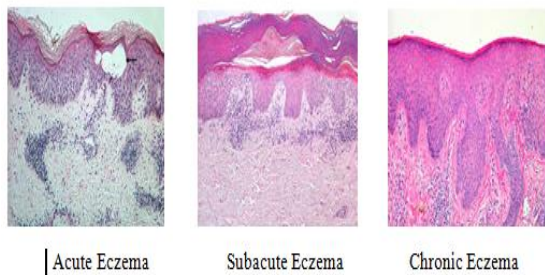


Fig 2

Acute eczema affects principally the epidermis. Fluid accumulates in and between the epidermal cells. Vesicles form in the epidermis as the intercellular edema grows more severe and separates the epidermal cells more widely. Often some of the vesicles fuse to form bullae. Sometimes, all that remains between the vesicles are the thin walls of greatly distended epidermal cells. Often parakeratosis or a scab clotted plasma overlies the lesion. Occasionally, a few lymphocytes or plasma cells are present in the epidermis or in a vesicle. Less often, neutrophils are present in the superficial part of the lesion. The underlying dermis is congested and edematous, with an exudate mainly of lymphocytes and macrophages around the blood vessels.

In subacute eczema, the epidermis is less edematous. Vesicles are still present, but are less numerous and are usually small. The epidermis is thickened. Usually, parakeratosis overlies the lesion. Often a scab is present over the lesion. The inflammation in the epidermis and dermis persists.

In chronic eczema, the epidermis is no longer edematous. Vesicles are no longer present. The epidermis is thickened. Often a thick layer of keratin or parakeratosis overlies the lesion. Long rete pegs extend down into the dermis. The blood vessels in the dermis are prominent, but there is no longer congestion or edema. Inflammatory cells are few.

Macroscopic Feature

Eczema begins with papules, macules, or vesicles that enlarge and merge to form ill-defined, erythematous, edematous lesions. In the regions involved, the skin is thickened, crusted, fissured, or scaly. Frequently, plasma oozes from the lesions. The lesions may be few and small or multiple and widespread. Nearly always they are itchy.

Clinical Feature

- Itchiness (Pruritis)
- Early age of onset
- Dry skin (Xerosis)

- A history of atopic dermatitis, allergy, hay fever, and or asthma (atopy)
- Pale facial skin (facial pallor)
- Bumpy skin on the upper arm, thighs, and face
- Dry scaly skin resembling “fish scale” (ichthyosis)
- Goosebump skin (perifollicular accentuation)
- Thickening of the skin (lichenification)
- Increased number of lines on the palms and/or soles (hyperlinearity).

TREATMENT

The main goal of treatment is to eliminate itching, which is uncomfortable and causes or worsens the other symptoms.

- Maintain skin moisture, avoid scratching, and avoid precipitating factors.
 - Treat underlying cause and complication.
 - Avoiding likely sources of irritation (triggers).
 - Using emollients such as special bath oils and moisturisers.
 - Topical steroids.
 - Antihistamine to decrease pruritis and decrease sedation.
 - Proper nutrition to treat hypoalbumenia.
- For psoriasis, phytotherapy and systemic medications are given.
 - Antibiotics can be applied on skin as a cream or taken orally in form of syrup, capsules and tablets.

HOMOEOPATHIC TREATMENT

1. **Graphites:** Graphites is one of the finest homeopathic medicines for treating wet eczema, when there is thick, oozing watery and sticky discharge. In most cases, the patient with this type of eczema suffers from constipation and obesity. He or she might be sensitive towards cold. Their usual skin becomes hard and cold, but the affected area remains dry and rough.
2. **Mezereum:** This homeopathy medicine suitable for patients with eczema, which tends to form a leathery crust on the head. The patient might feel intense itching, especially at night.
3. **Hepar Sulphur:** Effective homeopathic medicine to treat eczema with the formation of pus. The patient is usually too sensitive to cold. Intense itching, sneezing and sensitivity towards cold are the symptoms, which indicate the need for this medicine.
4. **Dulcamara:** This is one of the finest homeopathic medicines for eczema, which aggravates in damp or cold weather. Thick formation of yellowish

crust and intense itching are the symptoms, which clearly indicate the need for this remedy.

5. **Sulphur:** Symptoms usually worsen in summer and the skin feels rough and dry. If Sulphur is a common homeopathic way to treat eczema with burning sensation along with intense itching.

CONCLUSION

Eczema is inflammation of the skin, typically characterized by itchiness, redness and a rash. It was estimated to affect 245 million people globally in 2020, or 3.34% Of the world population. Atopic dermatitis is the most common type and generally starts in early childhood. Contact dermatitis is twice s common in females as males. Allergic contact dermatitis affects about 7% of people at some point in their lives. Irritant contact dermatitis is common, especially among people with

certain occupations; exact rates are unclear.

Differential Diagnosis:

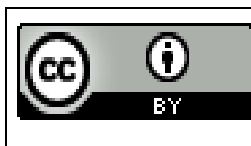
- Scabies
- Psoriasis
- Dermatitis herpetiformis

REFERENCES

1. Boyd’s Textbook of Pathology (10th Edition)
2. Harsh Mohan’s Textbook of Pathology (8th Edition)
3. Clinical Dermatology by Thomas P. Habif (6th Edition)
4. "Allergic contact dermatitis: Patient management and education". Journal of the American Academy of Dermatology.
5. Retrieved 6 November 2010. “Periorificial dermatitis”. DermNet New Zealand Trust. 2017.
6. Article on Homoeopathy For Eczema by Dr. Tarannum Shaikh

Conflict of Interest: None

Source of Support: Nil



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