



EFFICACY OF INDIVIDUALIZED HOMOEOPATHIC TREATMENT IN PSYCHOSOMATIC ATOPIC DERMATITIS USING NATRUM MURIATICUM: CASE REPORT

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ARTICLE INFO:

Article History:

Received On: 17/05/2026

Accepted On: 21/05/2026

Published On: 29/06/2026

eISSN No: 3048-6270

DOI:

<https://doi.org/10.59939/3048-6270.2026.v4.i2.5>

Website:

<https://www.homoeopathicchronicles.com/archives/volume-iv-issue-ii>

Keywords: Homoeopathy,
Atopic Dermatitis,
Psychosomatic, Natrum
Mur, Modified Naranjo
Criteria

ABSTRACT: Atopic dermatitis is a chronic, relapsing, inflammatory skin condition with significantly psychosomatic components. However, family history and filaggrin (FLG) genes are leading among them. This study investigates the efficacy of individualized homoeopathic medicines in managing both cutaneous manifestations and psychological aspects of atopic dermatitis. This paper reports the case of 49 years old female women presented with chronically, A Dry, scaly brownish patches in the right ankle region. For 25 years. After a proper case taking and Repertorization Natrum Mur was prescribed. This case report suggests that individually prescribed homoeopathic medicines may offer a complementary therapeutic approach for atopic dermatitis that address both cutaneous and psychological aspects of this condition. The progress of disease was assessed through clinical evaluation, photography, Modified Naranjo Criteria. The patient is improved both physically and mentally within a 6 month of homoeopathic treatment..



INTRODUCTION

Atopic dermatitis (atopic eczema, AE, neurodermatitis) is among the more common skin diseases. Atopic dermatitis is a common, chronic, relapsing, inflammatory skin disease. ^[3] Atopy is defined as an inherited tendency to produce immunoglobulin E (IgE) antibodies in response to minute amounts of common environmental proteins such as pollen, house dust mites, and food allergens. Dermatitis derives from the Greek “derma,” which means skin, and “itis,” which means inflammation. Dermatitis and eczema are often used synonymously, Although the term eczema is sometimes reserved for the acute manifestation of the disease. Atopic dermatitis, often referred to as eczema, is a chronic (long-lasting) disease that causes inflammation, redness, and irritation of the skin. It is a common condition that usually begins in childhood; however, anyone can get the disease at any age. Atopic dermatitis is not contagious, so it cannot be spread from person to person ^[3]. The chance of developing atopic dermatitis is higher if there is a family history of the disease, which suggests that genetics may play a role in the cause.

Atopic dermatitis causes the skin to become extremely itchy. Scratching leads to further redness, swelling, cracking, “weeping” clear fluid, crusting, and scaling. In most cases, there are periods of time when the disease is worse, called flares, followed by periods when the skin improves or clears up entirely, called remissions. In addition, people with atopic dermatitis often have other conditions, such as: Asthma and allergies, including food allergies. Other skin diseases, such as ichthyosis, which causes dry, thickened skin. Depression or anxiety ^[1]. Sleep loss, Atopic dermatitis affects about one-fifth of all individuals

Anxiety about health during their lifetime, but the prevalence of the disease varies greatly throughout the world. Topical corticosteroids (also called topical steroids) are the mainstay of therapy for AD, there are multiple approved options for systemic treatment of AD ^[4] refractory to, at least, topical therapy. Such patients will often have moderate-severe disease. These therapies include biologics, small molecules (mostly immunosuppressants), and UV light therapy (phototherapy) ^[4].

Atopic dermatitis (AD) is a chronic inflammatory skin condition that has been increasing in prevalence over the years. In India, studies suggest that the prevalence of AD ranges from 10%



to 15.6% among children. The condition is influenced by genetic, environmental, and socio-economic factors, with urbanization and changing lifestyles contributing to its rise ^[1].

A study conducted in Karnataka assessed the clinico-epidemiological profile of children with AD and found a prevalence rate of 8.12% among children aged 3 months to 16 years. The study highlighted that 42% of patients had a personal history of atopy, while 52.5% had a family history of allergic conditions. The severity of AD varied, with 49.5% of cases classified as mild, 40.5% as moderate, and 10% as severe ^[5]. the case report highlights that, the psychosomatic diseases shows a marked improvement of both physical and mental illness through individualized homoeopathic medicines.

CASE REPORT

CASE DESCRIPTION

A 49-year-old female Muslim presenting atopic dermatitis followed up from sept 2022 to April 2023. Homoeopathic prescription was based on the correlation of the clinical homoeopathic diagnosis, and the clinical, repertory, and pathogenetic picture presented by the patient.

Main complaints were Dry, scaly brownish patches in the right ankle region. for 25 years. Complaints started gradually, which is burning type of pain. initially the affected skin was reddish eruptions, gradually it becomes thick, large dry hard scaly patches which turned into brownish discoloration after scratching and itching continuously with no oozing was noted. complaints agg by Modality: < warm weather++, warm bathing++, mental exertion++, salty food, after meal, amel by > cold weather++, cold bathing+, open air+, empty stomach, allopathic ointments No associated complaints were noted. Ailments from- stress, warm weather was notified by patients. Took allopathic treatment clobestol ointment, but recurrence was noted.

PAST HISTORY

History of fever blisters in the last 3 years (on & off). History of acidity in the last 28 years. On allopathic treatment Rx: Omeprazole-D Ailment from skipped breakfast. History of constant grief, visual hallucinations and depression noted and diagnosed recently in the last 5 years. On psychiatric treatment Rx anxit 0.5mg.



Family history: associated to family her Husband is hypertensive and cervical spondylosis on allopathic RX., Mother- diabetic neuropathy, Father- hypothyroidism, atopic dermatitis

Physical generals:

History of reduced appetite, early satiety, thirsty (, drinks plenty of water in larger quantities), Desire for non-veg, sweets/ dairy products, craves for tea, drinks daily 4-5 times in a day, Aversion to sour things, History of sound and refreshing sleep (10:30pm to 5:30 am), Thermally patient is Hot (prefers for fan all the time, she prefers cold bath even in cold weather.), She has Intolerance to heat weather

Life space history:

She born and brought up in a middle-class family. She has 3 siblings, she was the youngest female child. Studied up to 7th class as she was an average student, no further educational support was given by her family. She's just neglected child by her parents, her parents gave more preference to other 3 children's. After her menarche, she got married in a joint family when she was just 13 years old. After the marriage her in laws, husband side family took a very much care towards her. After one and half year she gave birth to son (which weighs 3 kgs).

Again after 2 years she gave birth to another son. She lost her first son in jeep accident when her son was just 3 years old. So, she got this news while she was doing breakfast, after that she took an oath that she would never eat breakfast in her life. From that time onwards, her acidity complaints were noted. So, the constant grief, sadness, stress was noted. She used to get a visual hallucination about her lost child, so these things were noted by her in laws and thought to separate her and shift her into new home by giving support to her by being with her. After some years again, she gave birth to next two daughters. So, she was happy but she used to have visual hallucinations on the birth month (June) of her first lost son. So, all these conditions were noted by her husband and he took her to psychiatrist and diagnosed as schizophrenic form disease i.e. depression. So, the constant weeping, sadness, negative thoughts and wrong perceptions on anything was noted when she used to speak to her closest people, family and friends

LOCAL EXAMINATION OF UPPER LIMBS

Examination of Skin: Lower limb: Right ankle region, Inspection: dry, hard, scaly patches with brownish discoloration on right ankle region

Skin type/Texture of skin: Thickness, Oozing– no oozing was noted,

Itchiness: continuous and constant itching and scratching Pain- no pain was noted

TIMELINE:



Fig 1 to Fig 4 Shows the Timeline of the improvement seen in the affected Patient (Before, during and after the treatment). Fig-1 Date of visit (28/03/2023), Fig-2 during 1st follow-up (17/04/2023), Fig-3 during second follow-up (27/05/2023), Fig-4 during third follow-up (18/06/2023).

DIAGNOSTIC ASSESSMENT:

The diagnosis was primarily established through a Through a clinical history and Physical examination of skin of lower limb of right ankle region: inspection under proper light and as examination shows dry, hard scaly patches with burning sensation where the skin patch shows a brownish discolouration after scratching and itching continuously. And no oozing was noted. To monitor progress modified Naranjo criteria questionnaire was used. additionally, life space history was taking to identify the psychosomatic triggers of the patient.



FINAL DIAGNOSIS:

Atopic Dermatitis

ICD-11: EA80 – Atopic eczema

THERAPEUTIC INTERVENTION:

Totality of the Symptoms:

Constant grief++

Sadness, depressive mood++

Constant negative thoughts and wrong perceptions.

Wants everything neat and clean

Anxiety about health

Weeping when being asked about past event, while praying namaz++.

Irritability ++

Excessive forgetfulness and weakness of memory

Thirst – thirsty, drinks plenty of water in larger quantities

Desire- non-veg, sweets/ dairy products

Craving – tea, drinks daily 4-5 times in a day

Aversion – sour things

Hot patient

Dry, scaly brownish patches in the right ankle region

< warm weather, warm bathing, mental exertion, salty food, after meal

> cold weather, cold bathing, open air, empty stomach

Analysis of the case:

After analyzing the case the peculiar mental, physical and particular disease symptoms were considered. Constant grief++, Sadness, depressive mood++, Constant negative thoughts and wrong perceptions., fastidiousness, weeping when being asked about past event, Excessive forgetfulness and weakness of memory Thirst – thirsty Dry, scaly brownish patches in the right ankle region, were considered as particular disease symptoms. Reportorial analysis was done with complete repertory using Hompath classic version 8 [Fig-5]. Considering the reportorial result and Materia Medica differentiation similimum was selected.



Reportorial totality:

Constant grief++
Sadness, depressive mood++
Wants everything neat and clean
Weeping when being asked about past,
Irritability++
Excessive forgetfulness and weakness of memory
Thirsty for large quantity of water
Desire for nonveg and sweets
Aversion to sour things
Hot patient
Dry, scaly patches in right ankle region
<warm weather++, mental exertion++,
>cold weather++, open air, cold bathing++

REPERTORIAL RESULT:

Remedy Name	Nat-m	Sulph	Ars	Lyc	Puls	Arg-n	Phos	Nux-v	Calc	Sep
Totality	37	37	31	30	29	26	26	25	25	25
Symptom Covered	18	17	15	15	13	14	14	15	14	12
[C] [Mind]Grief:	3	2	2	2	3		1	2	1	2
[C] [Mind]Sadness, despondency, depression, melancholy:	3	3	3	3	3	2	2	2	3	3
[C] [Mind]Weeping, tearful mood:Tendency:Past events, thinking of:	2			1						
[C] [Mind]Anxiety:Health, about:	1	1	1	2	2	1	2	1	2	2
[C] [Mind]Fastidious:	2	1	2		3	1	1	2		1
[C] [Mind]Forgetfulness:Words while speaking, of, word hunting:	2	1	1	2	1	2		2	1	
[C] [Mind]Memory:Weakness, loss of:Words, for:	2	2		2	1	2		2	1	
[C] [Mind]Mental exertion:Agg.:	3	2	1	3	2	3	2	3	3	3
[C] [Stomach]Thirst:Large quantities, for:	3	3	3				3			
[C] [Generalities]Food and drinks:Sweets:Desires:	1	3	3	3	2	3	2	1	2	2
[C] [Generalities]Food and drinks:Meat:Desires:	1	2	1			1	1	2	1	
[C] [Generalities]Food and drinks:Sour, acids:Aversion:	1	2		1		1		1		
[C] [Generalities]Warmth:Agg.:	3	3	1	2	3	3	2	1	2	1
[C] [Generalities]Cold:Amel.:	2	2	1	2	3	2	2	1	1	1
[C] [Generalities]Air:Open:Amel.:	2	2	3	2	3	3	2	1	1	2
[C] [Skin]Eruptions:Itching:	3	3	3	2	2		2	3	2	3
[C] [Skin]Eruptions:Scaly:	2	2	3	1	1	1	3		2	3
[C] [Skin]Eruptions:Eczema:	1	3	3	2		1	1	1	3	2
◀ ▶										
Symptoms	18									
Remedies	655									

Fig-5 Repertorisation showing the Repertorial Result



Type of intervention:

The primary intervention was pharmacological, specifically employing an individualized homoeopathic approach. This served as holistic alternative to the previous allopathic antihistamines and corticosteroids, which has failed and resulted in localized flareup of complaints. the treatment focused on internal medicine to act constitutionally on both mental and physical level (psychosomatic origin) rather than topical application.

Type of homoeopathy:

The treatment utilized individualized homoeopathy based on the patient's unique totality of symptoms. the remedies were single constitutional medicines selected to match the patient's constitutional temperament and emotional state

Medication Details:

After a thorough case taking, case anamnesis and reportorial analysis Natrum mur, Sulphur, Arsenicum album covered similar symptoms of the patient.

In Natrum mur, a deeply acting constitutional right sided remedy.known for its silent grief, dwelling on past offences, emotionally hurt from disappointment, weeping alone. Its action on skin and mucus membranes making it a powerful chronic condition particularly after a suppressed emotion. Dry eruptions and fever blisters.

Sulphur: Referred as king of antipsoric deep acting polycrest left sided remedy.sphere of action includes chronic skin affections, with tendency of dry scaly burning eruptions with intense itching which are slow to heal worse from warmth and scratching. Forgetfulness and absent mindedness esp. during conversations, with irritability.

Arsenicum album profoundly a deep acting remedy, suited to chronic, progressive conditions with mental restlessness. Marked by intense anxiety about health, death and security with fastidiousness and prone to despair and chilly. Chiefly a right sided remedy with the skin complaints shows as burning, itching,dry eruptions with scales, which are worse at night, scratching, cold.



Administration of intervention:

NATRUM MURIATICUM was administered as the core constitutional treatment considering patients both mental and physical level. With frequency of repetition was adjusted according to the patient's follow-up response and symptomatic improvement.

Changes in intervention:

The intervention strategy evolved from active medicinal repetition to a minimal dose and placebo as the patient's condition improved. By April 2023 Brownish patches, scaly skin is reduced along with itching. Skin thickness is reduced completely. history of fever blisters was not noted; no recurrence was seen. The dose was reduced to a "minimal dose" or placebo to maintain stability. At physical and mental level patient was feeling better, as it was assessed through modified Naranjo criteria (MONARCH).

FOLLOWUP AND OUTCOMES:

SL NO	DATE OF VISIT	OBSERVATIONS	PRESCRIPTION
1	03/09/2022(first visit)	Thickened, Dry, hard scaly brownish patches in the right ankle region. Followed by burning**, itching** and scratching continuously** Eructation & nauseating sensations in morning. Reduced appetite and early satiety	NATRUM MUR 200C (4 Pills OD) for one week. PL BD 15 DAYS.
2	22/10/2023 (first follow-up)	O/E: of right ankle region INSPECTION: Scaly, brownish patches reduced by 50% Itching was reduced by 50%	NATRUM MUR 200C (4 pills OD) for 3 days. PL BD 15 DAYS



		Skin thickness gradually reduced on one side of the patch c/o: Eructation / nauseating sensation in the morning is been reduced. Appetite – good	
3	03/01/2023 (second follow-up)	O/E: Of right ankle region INSPECTION: Dry, scaly brownish patches been reduced by 90% Skin thickness is reduced** Itching is completely reduced** eructation in the morning but no nausea as the patient said that, she's feeling better on mental state level, her irritability is reduced, that constant episodic grief is not seen. No other fresh complaints seen	PL BD 1 MONTH
4	18/04/2023 (third follow-up)	No history of itching No other fresh complaints seen Brownish patches, scaly skin is reduced by 95%. Skin thickness is reduced completely. No history of fever blisters	PL BD was continued.

Table no-1: Showing the symptomatic improvement in this Follow-up Table.



Modified Naranjo criteria:

Criteria	yes	no	Not sure or N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		
Was there a homoeopathic aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition, i.e, were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
Did overall wellbeing improve?	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?		0	
Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (e.g. Known course of disease, other forms of treatment and other clinically relevant intervention)?		+1	
Was the health improvement confirmed by any objective evidence as measured by external observations?	+2		

Table no-2: Assessment of outcome with modified Naranjo criteria



Discussion:

In aphorism 215 of organon of medicine (6th edition), Dr Samuel Hahnemann emphasizes the importance of the patients mental and emotional disposition in every case of illness (I.e. psychosomatic connection). He states that the psychological state is an essential part of the disease picture, and must be carefully observed to select the correct homoeopathic remedy. This aphorism reflects the importance of treating the whole person (body and mind) as a single, indivisible unit^[7].

As the Dr. Samuel Hahnemann's view point Natrum muriaticum as a remedy acting deeply on the chronic miasm of psora, which often includes emotional and mental disturbances. He clearly considered it effective in cases with marked mental –emotional suffering. as overall Natrum mur is an antipsychotic, right sided remedy^[8].

So, the case shows as the patient Constant grief++, Sadness, depressive mood++, Anxiety about health, weeping when being asked about past even, Excessive forgetfulness and weakness of memory, with a desire for sweets. With right sided skin complaints. After one and half month of the first follow-up the pathogenicity of skin complaints reduced by 50%, again next successive 3 follow-ups were taken, skin complaints were reduced almost with the general feeling of wellbeing.

The case report describes the utility of individualised homoeopathic treatment in atopic dermatitis (a psychosomatic case). Outcome was assessed by photographic evidences taken on every follow-up with modified Naranjo criteria. After assessing the case with modified Naranjo criteria, the total score was 9. It suggests a definite association between the medicine and outcome.

As per the modified Naranjo Criteria, there was an improvement in the primary symptom (+2); within a plausible timeframe after the intake of medicine (+1); with an improvement in other symptoms (+1) and overall well-being (+1); with no other alternative causes that could have caused the improvement (+1).



Conclusion:

This case demonstrates the role of individualized homoeopathic medicines in the treatment of atopic dermatitis. It also portrays significant reduction in the thickened, hard scaly, brownish discoloured patchy area of skin at right ankle region with an individualised homoeopathic medicine administered persistently for last eight months, which was chronic, inflammatory, relapsing condition.

Marked improvement was found in the reduction of thickened dry hard scaly patches of skin complaints, evidenced photographically. The modified Naranjo criteria score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment. This evidence-based case report suggests a beneficial role of homoeopathy in the treatment of psychosomatic cases, as the case of atopic dermatitis.

Conflict of interest: Not available

Financial support: Not available

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How to cite this Article: Mestri SR. Efficacy of individualized homoeopathic treatment in psychosomatic atopic dermatitis using Natrum muriaticum: Case report. International Journal for Fundamental and Interdisciplinary Research in Homoeopathy. 2026 Jun 29;4(2):51–63. doi:10.59939/3048-6270.2026.v4.i2.5