

# Treatment of Atopic Dermatitis in an Infant

## A Case Study

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Atopic dermatitis is an immune-mediated reaction causing inflammation of the skin. The primary symptom is pruritis, leading to redness, swelling, cracking, weeping of clear fluid and, commonly, a crusting and scaling of the affected skin. The skin lesions usually appear first on the face and spread to the neck, scalp, extremities and abdomen.<sup>1</sup> Generally, there are periods of exacerbations when the symptoms flare up significantly, followed by periods of remission.

Atopic dermatitis is one of the most common skin diseases, most often beginning in infancy and childhood. An estimated 20% of infants and young children experience symptoms of the disease. Roughly 60% of these infants continue to have one or more symptoms of atopic dermatitis in adulthood.<sup>2</sup> The exact cause of atopic dermatitis is unknown; however, the disease seems to result from a combination of hereditary and environmental factors.

Symptoms of atopic dermatitis arise when environmental exposures – from food to airborne allergens – trigger immunologic reactions in genetically susceptible individuals.<sup>1</sup> Diagnosis of atopic dermatitis is clinical and can be difficult to differentiate from other dermatoses, but a family history of allergies and the present-

ing symptoms of the skin are helpful. In many children, the symptoms of atopic dermatitis will improve by age 5.<sup>1</sup> Patients with long-standing atopic dermatitis may develop cataracts in their 20s or 30s.<sup>1</sup>

Conventional supplemental treatment for atopic dermatitis involves topical application of moisturizers, vegetable oils, coal tar creams and colloidal oatmeal baths. Antihistamines can temporarily relieve the pruritis; however, the mainstay of therapy for atopic dermatitis is corticosteroid creams or ointments applied topically twice a day.<sup>1</sup>

### About the Patient

The patient's mother called saying she and her husband had tried several interventions without success, mostly naturopathic protocols. I asked about the child's age, and she told me he was 7 months old. I was concerned that at such a young age there wouldn't be enough clear symptoms to help cure the skin issues. I asked if either the mother or her husband had a similar history. She said the boy's father grew up with many of the same symptoms. So I asked her to bring the father to the child's appointment, as well. I was hoping that

with the general issues of the father together with the general symptoms of the child I could find a remedy that would help.

In treating families, I often have found that if a parent and child share similar issues, it can be a pointer. For example, if the father does well on a nightshade remedy, and if the son has similar issues, it turns out that he, too, requires a nightshade. That was my rationale for having the father come in to my office. If I could get enough details from the father to locate the remedy family, I might then be able to use the specifics of



Tyler at about 2 months old; the atopic dermatitis is already visible.



Tyler at about 6 months, just prior to treatment. Note the scratches on his face and head.

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the child to point to the precise remedy he would need.

Tyler, the son, presented with a bright red rash on his cheeks and head. The initial rash began when he was less than one week old and lasted at least 3 months. At the time of our initial visit, Tyler had been experiencing periods when the rash would diminish followed by periods of flare-up.

Tyler's mother described her pregnancy as having gone "really well." She went into labor at 39 weeks, at which time Tyler was turned breech. Initially, labor stalled and he turned, so she was able to have a vaginal delivery. He was 8 lbs 11 oz at birth. He nursed fine from the beginning. At 3 months of age, Tyler developed respiratory syncytial virus (RSV), which caused inflammation of his airways, wheezing and a runny nose. Tyler's mother also noted that during this illness he became very quiet, pushing his head backwards and arching his back as if trying to gulp in air. Although he spit up a bit initially while nursing, his mother described Tyler as a boy who "loves eating" and "loves every new food we give him."

Tyler's father suffered from hay fever as a child during the spring and summer. Often the seasonal allergies were accompanied by asthma. He grew up on a dairy farm, and is allergic to pollens, cat and dog hair, spores and molds. In the last few years he has had a serious allergic reaction to shrimp, causing his fingers to "swell up like sausages." In addition, within the last four years he had been experiencing some asthmatic attacks.

Tyler's father explained that he rarely has allergy symptoms that affect his skin. Most of his symptoms are concentrated in the upper respiratory tract; however, he did recall as an adult having some hives after brushing up against a horse.

### Description of Symptoms

Tyler's chief complaint was the itchy, bright red rash on his cheeks and head, which he would "scratch and claw at" incessantly. His parents described their son's symptoms as usually flaring up once a week. During the flare-ups, Tyler's skin had bright red patches with white pustules on the cheeks, eventually turning into "thick, white, gooey scales" that would not come off. This would lead him to cry and scream consistently throughout the day, especially when left alone or not carried. He also suf-

fered from abscesses on both halluces that would recur about every 2 weeks.

Tyler was also experiencing cracked skin behind his ears, which was inflamed and often bled. During the rash flare-ups, his parents reported that they noticed Tyler scratching his genital region, which also would appear bright, puffy and swollen. In early summer, the rash improved significantly after exposure to the sun and a trip to the beach; however, it had since flared up again. Tyler also had some sores on his toes that were not healing.

### Treatment

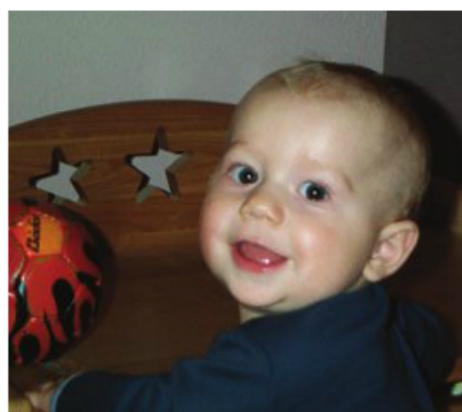
After listening to the information pertaining to both the father and the son, I thought the remedy family could be one of the sea remedies. Given that there are more than 3,000, it was essential to shrink the differen-

tial as soon as possible. My suspicion of a sea remedy was supported by the following observations:

- The father's *very* strong allergic reaction to shrimp; typical for patients needing sea remedies
- The shared history of hives, allergies and lung complaints; a typical affinity for several sea remedies
- The boy's clingy nature; typical of sea remedies that tend to require a lot of support
- The boy's allergic reaction to milk (he would often get diarrhea); this too is a "tell" for many sea remedies
- His mother noted that he did seem somewhat better after a trip to the beach; typical of sea remedy patients is either improvement or exacerbation at being by the ocean



Tyler after one dose of the remedy.



Tyler 2 months after initial dosing.



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- Cradle cap is a common symptom for either *Astacus* (crayfish) or *Homarus* (lobster). In this particular case I thought the differential was most likely between

several years ago about remedies from the sea. In his differential, he noted that most of his cases of *Homarus* tended to have more upper respiratory symptoms, while *Astacus* had greater weakness in

entiating factors, I decided that *Astacus* might be a better prescription for Tyler.

**Prescription:** In cases with skin reactions, and also in young children, I often give a very light dose to avoid excessive flare-ups. So I gave him a few doses of a low potency. The dose was given to the parents at the initial intake.

**SIG:** *Astacus fluviatilis* 6C: 4 doses of 2-3 pellets each, to be taken 12 hours apart. The parents were told that if there was a marked negative reaction after any of the doses to hold off on the remaining doses. They only gave 3 doses, given some exacerbation of symptoms.

### Results of Treatment

**1-week follow-up (Tyler's mother called in):** A week after his initial treatment with *Astacus fluviatilis*, Tyler experienced an extreme flare-up of symptoms. His cheeks

became red, itchy and puffy, but the symptoms improved 80%-90% within one day. It was unusual for him to have resolution of his symptoms so quickly. Similarly, he had a slight flare-up of cradle cap, which quickly resolved. Tyler also "popped a tooth out" the day following the doses. The infected sores on his toes healed as well. Tyler's parents also noticed that he was able to sit by himself for longer periods of time, and all around seemed calmer.

### Plan: Watch and wait

**1-month follow-up:** About three weeks following the remedy, Tyler came down with roseola infantum. He had a high fever, cervical lymphadenopathy and a rash, "worse than before." The rash seemed to be worse when Tyler became overheated. He'd become very red and itchy. It looked similar to a sunburn. He would cry and scratch his face and head. If he would chew on things and get saliva on his cheeks, it would seem to irritate the skin even further. His mother also noted that she had a similar rash on her breast where Tyler nursed. Tyler still had a great appetite, but his mother reported that he seemed to be suspicious of foods. She described him as being "suspicious of everything except the first couple of bites." His parents noticed a recent change behaviorally, as well. He seemed sleepy when with other kids, and once he would hear his mother's voice, he would cry, wanting her attention. Although Tyler was still experiencing skin symptoms, the exacerbations continued to clear up quicker than before the remedy was given. Before the remedy, a flare-up would last several days. Now, the flare-ups would only last a few hours. In addition, the sores on Tyler's toes had not returned.

**Plan:** Repeat 4 doses *Astacus* 6C every 12 hours.

**2-month follow-up:** Tyler's mother canceled the 2-month follow-up appointment because Tyler was doing so well. In addition, she reported that he had reached many developmental milestones within the last month.

**15-month follow-up:** Since the remedy, Tyler's parents report that his symptoms are 80% improved. His skin is "perfectly clear." Tyler also had infections on his toenails and fingernails which never returned after his first dose of the remedy. At two years old, he is doing very well. Every so often, when Tyler gets overheated, he gets a slight rash, which quickly self arrests. He has had no upper respiratory complaints within the last year as well. His parents note that it is "very encouraging that we got it treated early ... the remedy really shifted everything." ■



**Tim Shannon, MD** is in private practice in Portland. He specializes in the treatment of mental, emotional and behavioral health. He uses classical homeopathy to treat a wide range of mental health complaints: ADHD, OCD, PMS, autistic spectrum, depression, anxiety, eating disorders, PTSD, bi-polar, schizophrenia, etc. Dr. Shannon lectures at NCMN as well as to the local community on a variety of mental health complaints.

## typical of sea remedy patients is either improvement or exacerbation at being by the ocean

*Astacus* and *Homarus*. The differential between these two sea remedies is not easy given a dearth of good information.

Fortunately, I attended a week-long training with Massimo Mangialavori

the stomach. Also, the cradle cap is better known for *Astacus* than *Homarus*. In addition, more often *Homarus* was less physically active, while *Astacus* tended to be more restless. Given these differ-



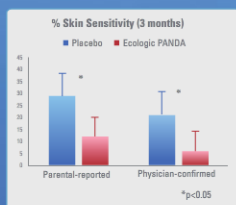
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## REFERENCES

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