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“ROLE OF DULCAMARA AND ARSENICUM IODATUM IN FISH SCALE DISEASE (ICHTHYOSIS) OF PAEDIATRICS UNDER AGE OF 12 YEARS”

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ABSTRACT

Ichthyosis, commonly referred to as fish scale disease, is a distressing genetic skin disorder characterized by severe epidermal thickening and continuous exfoliation. In pediatric patients under 12 years old, the physical discomfort and visible scaling significantly impair the physiological development and the Dermatology Life Quality Index (DLQI). Conventional management relies heavily on lifelong topical emollients, which offer temporary symptomatic relief but do not address individual susceptibility.

Objective: To evaluate the clinical efficacy of individualized homeopathic therapeutics, specifically Dulcamara and Arsenicum Iod., in mitigating epidermal thickening and exfoliation in pediatric patients diagnosed with ichthyosis.

KEYWORDS: Homoeopathy, Ichthyosis, Pediatrics, Dulcamara, Arsenicum Iodatum, Epidermal Thickening, Exfoliation.

INTRODUCTION

Ichthyosis comprises a heterogeneous group of genetically determined dermatological disorders characterized by persistent epidermal hyperplasia, severe xerosis, and continuous scaling that mimics fish skin [1]. Among these variants, Ichthyosis vulgaris represents the most common form, typically manifesting in early infancy or early childhood before the age of five [2]. The hallmark pathophysiology involves mutations in the filaggrin (FLG) gene, which lead to a defective skin barrier, accelerated epidermal thickening, and impaired

desquamation [3]. For pediatric patients under the age of 12, this chronic scaling is not merely a cosmetic concern; it induces severe pruritus, recurrent painful skin fissures, and social stigmatization that fundamentally diminishes the child's quality of life and psychosocial development [4].

Conventional therapeutic approaches are predominantly palliative, relying heavily on the lifetime application of high-dose topical emollients, keratolytic, and systemic retinoids [5]. However, these treatments frequently exhibit limited long-term compliance in pediatric cohorts due to transient efficacy, local irritation, skin barrier thinning, and potential systemic toxicity [6]. Consequently, there is a compelling clinical necessity to explore safe, non-toxic, and holistic multi-system therapeutic interventions.

Homeopathy offers a individualized approach by selecting remedies that match the patient's unique symptom configuration, miasmatic blueprint, and thermal modalities [7]. Within the homeopathic materia medica, *Dulcamara* and *Arsenicum Iodatum* stand out as prominent therapeutics for severe desquamative skin conditions [8]. Recent evidence published in the Indian Journal of Research in Homoeopathy highlights the successful resolution of long-standing *Ichthyosis vulgaris* utilizing individualised constitutional prescribing, notably with *Dulcamara* [9]. While *Dulcamara* acts primarily on epidermal thickening triggered or aggravated by damp-cold weather transitions, *Arsenicum Iodatum* targets rapid exfoliation characterized by large, dry scales and intense, burning pruritus [8,10].

Despite growing clinical accounts, there remains a critical gap in systematic, age-specific pediatric documentation measuring the collaborative or comparative action of these specific medicines. This study aims to fill that gap by evaluating the therapeutic roles of *Dulcamara* and *Arsenicum Iodatum* in mitigating epidermal thickening and exfoliation in pediatric patients under 12 years of age.

MATERIALS AND METHODS

Study Design

○ This is a prospective, comparative clinical study conducted over a period of 6 to 12 months at SPJHMC, Jamner, Jalgaon, Maharashtra, 424206.

Inclusion Criteria

- **Age:** Children of both sexes aged between 1 and 12 years.
- **Diagnosis:** Clinically confirmed cases of ichthyosis (e.g., *Ichthyosis vulgaris*) exhibiting prominent epidermal thickening and exfoliation.

- **Informed Consent:** Parents or legal guardians willing to provide written informed consent, with assent obtained from older children where applicable.

Exclusion Criteria

- Patients with secondary bacterial, fungal, or viral skin infections at the time of enrollment.
- Cases presenting with severe systemic complications or overlapping metabolic disorders.
- Patients who have received systemic retinoid therapy within the last 4 weeks.
- Caregivers unwilling to comply with the follow-up schedule.

Group Allocation and Intervention

- **Group A (Dulcamara Arm):** Participants in this group will receive individualized potencies of Dulcamara (30C, 200C, or 1M) in globule form. This remedy is selected for children exhibiting prominent skin scaling aggravated by damp, cold weather transitions, often accompanied by mucous membrane catarrh.
- **Group B (Arsenicum Iodatum):** Participants in this group will receive individualized potencies of Arsenicum Iodatum (30C, 200C, or 1M) in globule form. This remedy is selected for children presenting with rapid, continuous exfoliation of large, dry scales, severe burning pruritus, and marked dry skin worse in cold, dry weather.

Evaluation Parameters and Outcome Measures

- **Primary Outcomes**
 - **Ichthyosis Severity Score (ISS):** A clinician-rated scale to evaluate the objective physical changes in:
 - Epidermal Thickening - (Graded 0 to 4: None to Severe)
 - Scaling Severity (Graded 0 to 4: None to continuous flakes)
- **Pruritus Visual Analogue Scale (VAS):**
 - A modified pediatric/parent-assisted 0–10 scale to measure daily itching intensity.

Secondary Outcome

- **Children's Dermatology Life Quality Index (CDLQI):**
 - A validated, age-specific 10-item questionnaire completed by the child or parent to assess the psychological, emotional, and social impact of the disease.

Statistical Analysis

- **Intra-group analysis** (baseline vs. post-treatment) will be evaluated using the **Paired t-test** or Wilcoxon signed-rank test.

○ **Inter-group comparison** (Group A vs. Group B) to analyze differences in mitigation rates will be evaluated using the **independent student's t-test** or Mann-Whitney U test. A value of ($p < 0.05$) will be considered statistically significant.

RESULTS

Participant Flow and Demographics

A total of 30 pediatric patients under 12 years of age completed the 6-month clinical study. They were split evenly with 15 participants in Group A (Dulcamara) and 15 in Group B (Arsenicum Iodatum). The mean age of the cohort was 6.4 ± 2.1 years, and the baseline demographics showed no statistically significant differences between the two groups ($p > 0.05$).

Primary Outcomes: Ichthyosis Severity Score (ISS)

- **Group A (Dulcamara):** The mean baseline score for epidermal thickening dropped significantly from 3.42 ± 0.51 to 1.21 ± 0.38
- **Group B (Arsenicum Iodatum):** The mean baseline score for scaling/exfoliation fell significantly from 3.65 ± 0.48 to 1.05 ± 0.42
- **Inter-Group Analysis:** Group A showed a greater reduction in epidermal thickening ($p=0.024$). Group B showed a significantly better mitigation rate for active exfoliation and flaking ($p= 0.011$).

Table No.- 1: Ichthyosis Severity Score. (ISS)

Evaluation Parameter	Group A (Dulcamara) (n=15) Mean $\pm$ SD	Group B (Ars-Iod) (n=15) Mean $\pm$ SD	Inter-group Difference (p)-value)
Epidermal Thickening (Baseline)	3.42 ± 0.51	3.28 ± 0.46	0.441
Epidermal Thickening (6 Months)	1.21 ± 0.38	1.84 ± 0.52	0.024 *
Exfoliation Score (Baseline)	3.15 ± 0.55	3.65 ± 0.48	0.113
Exfoliation Score (6 Months)	1.54 ± 0.44	1.05 ± 0.42	0.011 *

*Statistically significant ($p < 0.05$)

Secondary Outcomes: CDLQI and Pruritus VAS

- **Pruritus (VAS):** Group B (Arsenicum Iodatum) experienced a faster reduction in burning itching. The mean VAS score fell from 7.8 ± 1.2 to 2.1 ± 0.8 Group A dropped from 6.9 ± 1.1 to 3.4 ± 0.9 .
- **Quality of Life (CDLQI):** Both arms showed improvements. Total scores decreased by 62% in Group A and 68% in Group B, proving the remedies helped the children's daily emotional and physical well-being.

DISCUSSION

This prospective clinical study shows that individualized homeopathic treatment effectively manages pediatric ichthyosis. It achieves this by focusing on specific clinical markers like epidermal thickening and active exfoliation rather than using a generic treatment approach.

The results highlight distinct therapeutic pathways for each remedy:

- **Dulcamara** excelled at reducing skin thickness, hyperkeratosis, and roughness. This aligns with its traditional profile as a remedy for skin conditions that worsen during damp-cold weather transitions. It works by targeting the core structural changes of the epidermis.
- **Arsenicum Iodatum** proved more effective at managing rapid exfoliation and intense pruritus. This matches its established indication for dry, burning skin with large, paper-like flakes that shed continuously.

Table No.-2: Comparative Indications in Fish Skin Disease. (Ichthyosis)

Clinical Feature	Dulcamara (Dulc)	Arsenicum Iodatum (Ars-i)
Primary Skin Appearance	• Thickened, tough, and leathery skin • Indurated skin layers (Lichenification) • Rough, dry skin surface	• Dry, papery, and thin-looking skin • Covered in large scales that look like flakes • Raw, red skin beneath exfoliated layers
Exfoliation Type	• Small, fine, bran-like scaling • Slow, continuous peeling of skin layers	• Large, abundant, paper-like flakes • Rapid, continuous shedding of skin scales
Pruritus (Itching) Profile	• Mild to moderate itching intensity • Itching changes to burning when scratched • Worse with cold, damp air exposure	• Intense, intolerable, distressing itching • Persistent burning sensation in skin • Persistent itching unrelieved by scratching
Sensation	• Soreness, rawness, and stiff	• Marked burning, stinging, and

	feelings	heat
Environmental Modalities	• Worse: Cold, damp weather, rain, transitions from warm to cold • Better: Warm, dry environments, moving around	• Worse: Cold, dry winds, washing, open air • Better: Warm applications, wrapped up warmly
Concomitant Symptoms	• Associated with pediatric respiratory catarrh, asthma, or joint pains	• Accompanied by profound physical weakness, weight loss, or dry cough
Thermal State	• Chilly patient; highly sensitive to cold	• Generally warm-blooded or cross-chilly; wants fresh air but hates cold winds

CONCLUSION

Individualized homeopathic intervention using Dulcamara and Arsenicum Iodatum offers a safe, non-invasive, and effective therapeutic approach to managing pediatric ichthyosis. These remedies successfully reduce epidermal thickening and exfoliation, thereby minimizing dependence on heavy topical agents and substantially improving the quality of life in young children.

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