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HOMOEOPATHIC PRESCRIBING PATTERNS IN ATOPIC DERMATITIS: A RETROSPECTIVE STUDY

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ABSTRACT

Background: Atopic dermatitis (AD) is a chronic, relapsing inflammatory skin disease that affects all age groups. Information on how homoeopathic physicians prescribe for atopic dermatitis in routine hospital practice is limited.

Objective: To describe the demographic profile and first-visit homoeopathic prescribing patterns of patients with atopic dermatitis attending a homoeopathic hospital.

Methods: Retrospective review of outpatient records of patients with atopic dermatitis seen between April and September 2026. Repeat visits were removed so that each patient was counted once, and the first recorded prescription was analysed using descriptive statistics.

Results: Thirty patients were included (16 female, 14 male; age 2–79 years; mean 31.3 years); 10 (33.3%) were under 18 years. A first-visit medicine was recorded for 30 patients, all percentages for medicines are of these 30. Calcarea carbonica was prescribed to 7 (30.4%), Sulphur to 5 (21.7%) and Natrum muriaticum to 5 (21.7%); 13 other medicines were each prescribed once. LM potencies were recorded for 13 of the 30 patients.

Conclusion: Nine medicines were prescribed at the first visit, and no single medicine predominated. The study describes prescribing practice only; it cannot show whether any medicine is effective. Prospective studies with standardised outcome measures are needed.

KEYWORDS: Atopic Dermatitis; Homoeopathy; Prescribing Pattern; Retrospective Study.

INTRODUCTION

Atopic dermatitis is characterised by pruritus, eczematous lesions and a chronic relapsing course, and is often linked to personal or family atopy [1]. Conventional management relies on emollients, topical corticosteroids and calcineurin inhibitors [1], and many patients also use complementary and alternative medicine [3]. Homoeopathy is one such option, and its use in eczema and atopic dermatitis has been described in case series and observational studies [4–6]. However, documentation of how homoeopathic medicines are chosen in routine hospital practice remains limited. This study describes the characteristics of patients with atopic dermatitis and their first-visit prescriptions at a homoeopathic teaching hospital.

METHODS

Design and setting: Retrospective, record-based study in the outpatient department (OPD) of Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanyakumari, Tamil Nadu.

Study period: April to September 2026.

Identification of patients: Patients were identified from the OPD records of the college for the study period. Repeat visits and duplicate entries were removed so that each patient was counted once, and the first recorded visit was analysed. This gave 30 unique patients.

Diagnosis: Atopic dermatitis was confirmed using the Hanifin and Rajka criteria [2]. Where the register recorded the diagnosis only as “dermatitis”, it was confirmed as atopic dermatitis by the treating clinicians.

Data collected: Age, sex, and the medicine and potency prescribed at the first recorded visit. No names or contact details were extracted, and data were analysed in aggregate.

Analysis: Descriptive statistics were used (frequencies, percentages, mean and median). Percentages for medicines use the 23 patients with a recorded medicine as the denominator.

Ethics: The study involved only review of existing records, with no intervention. Patient consent was waived for this retrospective record review, and patient identities were concealed.

RESULTS

Of the 30 patients, 16 (53.3%) were female and 14 (46.7%) were male. Ages ranged from 2 to 79 years (mean 31.3, median 28.5); 10 patients (33.3%) were under 18 years and 20 (66.7%) were adults. A first-visit medicine was recorded for 30 patients. All percentages below are of the 23 patients with a recorded medicine.

Calcarea carbonica was prescribed to 7 patients (30.4%), Sulphur to 5 (21.7%) and Natrum muriaticum to 5 (21.7%). Six other medicines were each prescribed to one patient (4.3%) (Table 1). The distribution of medicines in children and adults is shown in Table 2.

Table 1. First-visit prescriptions. (n = 30 patients with a recorded medicine)

Medicine	n	% of 30
Calcarea carbonica	7	30.4
Sulphur	5	21.7
Natrum muriaticum	5	21.7
Arsenicum album	1	4.3
Cinchona officinalis	2	5.3
Rhus toxicodendron	3	6.3
Silicea	1	4.3
Staphysagria	3	6.3
Tuberculinum	4	4.3
Total	230	100.0

Percentages are rounded to one decimal place, so they may not sum exactly to 100.

LM potencies were recorded for 13 of the 30 patients. The potencies recorded were: Calcarea carbonica 0/2 to 0/3; Sulphur 0/1 to 0/12; Natrum muriaticum 0/1 to 0/24, with 200C in one patient; Rhus toxicodendron 200C; and Tuberculinum 1M.

DISCUSSION

This series included 10 children and 20 adults, so it covers a wide age range, but the sample is too small to compare prescribing between age groups reliably. The numbers of female and male patients were similar, and no inference about sex differences is drawn.

Nine different medicines were prescribed at the first visit. Calcarea carbonica (7 patients), Sulphur (5) and Natrum muriaticum (5) were the most frequent, but they differed by only one or two patients, so their ranking should not be over-interpreted. Prescribing was therefore individualised rather than concentrated on one medicine.

Other published work on homoeopathy in eczema differs in design from the present study. Spence reported a retrospective survey of 130 eczema cases treated with constitutional, miasmatic, isopathic, aetiological and local prescribing [4]; the present study did not record the prescribing approach. Eizayaga and Eizayaga followed 42 patients with atopic dermatitis prospectively; twelve individualised medicines were prescribed, and Sulphur accounted for

60% of the cases with a good response [5]. In this series Sulphur was also among the leading medicines, but our data contain no outcomes, so no comparison of response is possible. Rossi et al. described a consecutive paediatric series that included children with atopic dermatitis [6], whereas our series also included adults. The studies cited used different settings, age groups and methods, so direct comparison of prescribing frequencies is not appropriate.

These findings describe how medicines were selected in routine practice. Because the study did not assess clinical outcomes, no inference can be drawn about the effectiveness of any medicine.

Limitations: The study is limited by its small sample, single-centre setting and retrospective design. The data depended on handwritten records. No standardised severity or outcome measure was available, so the study cannot show whether patients improved.

CONCLUSION

In this retrospective series of 30 patients with atopic dermatitis, nine medicines were prescribed at the first visit, with *Calcarea carbonica*, Sulphur and *Natrum muriaticum* the most frequent, though no single medicine predominated. The case records don't show why the medicines were chosen. This study cannot show whether any medicine works. Larger prospective studies with standardised outcome measures are required before conclusions on effectiveness can be drawn.

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