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## Ichthyosis vulgaris successfully treated with individualised homoeopathic medicine Dulcamara 200C – An evidence-based case report

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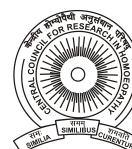
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### Abstract

**Introduction:** Ichthyosis vulgaris (IV) is a hereditary condition that often manifests in infancy but can also exist from birth. It is a recalcitrant disorder relapses often and even shows the least response to various therapeutic options. Extensive literature review have revealed a dearth of appropriate evidence-based documentation on treatment of ichthyosis in Homoeopathy. **Case Summary:** This is a case of IV in a 20-year-old male, manifested as widespread scaling and itching since childhood. Following homoeopathic principles, *Dulcamara* 200C was prescribed. Outcome related to impact on daily living (ORIDL) scale was used to evaluate the patient-reported outcome measure subjectively, and the improvement was assessed on the ORIDL scale (score +3). The improvement in quality of life (QoL) was evaluated using the dermatology life quality index questionnaire, and the QoL improved with a score reduced from '20' to '0'. Photographs are presented as objective evidence. The Modified Naranjo Criteria for Homeopathy (MONARCH) was used to assess potential causal attribution. The overall score (+8) of MONARCH substantiated the possible causal attribution to homoeopathic treatment. In this instance, the case was successfully resolved with *Dulcamara* 200C in just 3 months, with no further recurrence. **Conclusion:** More research with controlled trials is warranted in the future to validate the role of Homoeopathy.

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# Ichthyosis vulgaris successfully treated with individualised homoeopathic medicine *Dulcamara* 200C – An evidence-based case report

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## Abstract

**Introduction:** Ichthyosis vulgaris (IV) is a hereditary condition that often manifests in infancy but can also exist from birth. It is a recalcitrant disorder relapses often and even shows the least response to various therapeutic options. Extensive literature review have revealed a dearth of appropriate evidence-based documentation on treatment of ichthyosis in Homoeopathy. **Case Summary:** This is a case of IV in a 20-year-old male, manifested as widespread scaling and itching since childhood. Following homoeopathic principles, *Dulcamara* 200C was prescribed. Outcome related to impact on daily living (ORIDL) scale was used to evaluate the patient-reported outcome measure subjectively, and the improvement was assessed on the ORIDL scale (score +3). The improvement in quality of life (QoL) was evaluated using the dermatology life quality index questionnaire, and the QoL improved with a score reduced from '20' to '0'. Photographs are presented as objective evidence. The Modified Naranjo Criteria for Homeopathy (MONARCH) was used to assess potential causal attribution. The overall score (+8) of MONARCH substantiated the possible causal attribution to homoeopathic treatment. In this instance, the case was successfully resolved with *Dulcamara* 200C in just 3 months, with no further recurrence. **Conclusion:** More research with controlled trials is warranted in the future to validate the role of Homoeopathy.

**Keywords:** Case report, Dermatology, *Dulcamara*, Homoeopathy, Ichthyosis vulgaris

## INTRODUCTION

Ichthyosis (EC20.00, as per ICD-11) is a genetically based *Mendelian disorder of cornification* (MEDOC), characterised by xerosis and scaling, which usually involves the entire skin surface. It is also known as fish scale disease. Recessive X-linked ichthyosis nearly exclusively affects boys.<sup>[1,2]</sup> Yet, there is also an acquired variety of disorders, which are more frequently inherited genetically. Ichthyosis vulgaris (IV) is the most common one<sup>[2]</sup> with an incidence of 1:250. Diagnosing IV can be challenging due to its wide range of clinical characteristics, from mild cases with minor xerosis to severe cases with apparent scaling and fissure formation.

IV, which accounts for over 95% of cases of ichthyosis, is caused by a heterozygous loss-of-function mutation of the filaggrin gene, increasing the stratum corneum's permeability and fragility.<sup>[3]</sup>

The scales are white and fine and appear to be 'pasted on.' Sites of predilection include the extensor surfaces of the limbs

and the trunk. Its treatment includes<sup>[4,5]</sup> topical applications; however, the clinical lesions recur after discontinuation of the external applications.<sup>[6]</sup> Urea and alpha-hydroxy-acids such as lactic acid and glycolic acid are useful but skin irritation and burning are the side effects of those preparations. The cost burden is also a major concern for the patients<sup>[7]</sup> and a holistic approach is required to efficiently deal with ichthyosis patients.<sup>[5]</sup>

Homoeopathy is mainly based on individualisation, and all the patients are considered as a whole. Homoeopathic medicine successfully managed many stubborn skin disorders;<sup>[8-12]</sup> yet, there is a dearth of appropriate evidence-based documentation on ichthyosis in Homoeopathy. In this case, subjective as well

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as objective evidence with an improved quality of life (QoL) has been systematically documented through validated scales and photographs. The likelihood of improvement attributable to the homoeopathic intervention is also evaluated to establish a causal relationship using the Modified Naranjo Criteria for Homeopathy (MONARCH) inventory. The essence of rapid, gentle and substantial relief of suffering within a plausible time frame by individualised homoeopathy is also thoroughly discussed. Case reporting is done following the HOM-CASE guideline<sup>[13]</sup> (a supplement to the CARE<sup>[14]</sup> guideline).

## PATIENT INFORMATION

A 20-year-old male patient came to the outpatient department of the National Institute of Homoeopathy (NIH), Kolkata, West Bengal, India, with complaints of severe dryness of skin and exfoliation of large whitish scales from the whole body since childhood. Both upper extremities, chest, abdomen, back and face were mostly affected. There was continuous itching of the affected parts of the skin followed by severe burning and profuse scaling after scratching the parts which was further aggravated during cold and rainy weather.

The patient was treated with a conventional mode of treatment but no improvement occurred. There was no significant past history. During the intrauterine life of the patient, his mother worked as a housemaid in the wetland daily for long hours and suffered from prolonged pregnancy and delayed labour. From his mother's statement, it was revealed that the patient's father was diabetic. No other significant family history was found.

## Clinical findings

There was exfoliation of large, whitish scales from the whole body, especially involving both upper extremities, chest, abdomen, back and face. The affected skin surfaces were extremely dry, thick and scaly. The skin of the affected sites was folded outward because it was so thick and dry [Figure 1a-c]. He reported that these generalised scaly eruptions were presented since birth.

The patient was tall, dark and well-built. He was thermally chilly with a good appetite and thirst with overall aggravation

from cold, wet weather. He had a desire for cold drinks and his perspiration was moderate. His stool was slimy and contained mucus; bladder movement was normal, sleep was sound and adequate, with dreams that could not be remembered. He was mentally confused, could not take any decision and was remarkably anxious about his future.

## Diagnostic assessment

Clinical presentation of the patient looked atypical of IV, but the condition was subsequently confirmed by the dermatologist. The presence of IV dermatological sign and symptoms since childhood seemed to have masked the typical presentation of the complaints.

## Therapeutic intervention

### Totality of symptoms

- Confused state of mind
- Cannot make any decision with anxiety about the future
- General aggravation from damp, cold weather
- Desire for cold drinks
- Slimy and mucus stool
- Dry, scaly eruption with desquamation of skin
- Itching and burning sensation of the affected skin lesion which was aggravated by exposure to cold and rainy weather.

After considering the totality of symptoms and repertorisation using Kent's repertory by HOMPAT Classic software, version 8.0, *Dulcamara* obtained the second-highest score (19/8) among the listed drugs [Figure 2]. Finally, after consultation with *Materia Medica*<sup>[15,16]</sup> and considering the anamnesis (significant intrauterine history from the mother), *Dulcamara* 200C was selected and prescribed. The homoeopathic medicine, procured from a GMP-certified pharmaceutical firm, was dispensed from the dispensary of National Institute of Homoeopathy (NIH), Kolkata. The selection of potency and dosage was done following the guidelines of the Organon of Medicine.<sup>[17]</sup>

The first prescription, *Dulcamara* 200C, one dose was prescribed on 31 March 2022. The patient was advised not to apply any ointment.



Figure 1(a-c): Photographs taken before treatment (31 March 2022)

Remedy Name	Phos	Dale	Rhus-a	Polo	Ans	Bry	Calc	Merc	Bel	Sul
<b>Totality</b>	20	19	19	18	18	18	18	18	17	17
<b>Symptom Covered</b>	8	8	8	8	7	7	7	7	7	7
[KT] [Generalities]Cold .Becoming:After,agg:	3	3	3	3	3	3	3	3	3	3
[KT] [Stool]Mucous.Slimy:	3	2	2	3	2	2		3	2	
[KT] [Skin]Eruptions.Desquamating:	2	2	2	2	2		1	2	3	
[KT] [Skin]Dry:	3	3	2	2	3	3	3	2	3	
[KT] [Mind]Confusion of mind (see concentration):	2	2	3	2	2	3	3	3	3	
[KT] [Stomach]Desires.Cold drinks:	3	2	2	1	3	3	2	3	2	
[KT] [Mind]Anxiety:Future,about:	3	2	2	2		3	3			
[KT] [Generalities]Wet .Weather:	1	3	3	3	3	1	3	2	1	

Symptoms 8 Remedies 282

Figure 2: Repertorisation sheet showing *Dulcamara* as the second leading medicine

Table 1: Timeline for important milestones related to intervention

Date	Present symptoms/illness	Intervention
31 March 2022	Initial visit: Exfoliation of large whitish plaques from the whole body since birth, both the upper extremities, chest, abdomen, back and face were mostly affected. Skin over the face became so dry and thick that it was folded outward. Continuous itching which leads to scratching. Severe burning and profuse scaling after scratching of the parts which aggravated during cold and rainy weather [Figure 1a-c]. The stool was slimy and contained mucus.	<i>Dulcamara</i> 200C/1 Dose (in sac. lac.) Once in the morning on an empty stomach
15 April 2022	The desquamation of skin and scales remained same. But the itching and burning sensation following itching were somewhat reduced. Stool contained mucus just as before.	No medicine was prescribed as the improvement continued
03 May 2022	The desquamation of skin and scales were moderately (60%) reduced. Itching and burning were much reduced (70% reduced). The character of the stool was somewhat better.	No medicine was prescribed as the improvement continued
19 May 2022	Patient was much better on medication. Itching much reduced. Scaling was less. Stool was less slimy than before.	No medicine was prescribed as the improvement continued
30 June 2022	There were no scales and no itching on the eruptions. The affected skin has almost returned to its normal state [Figure 3a-c]. His bowel movement was clear and passed semi-solid stool every day.	No medicine was prescribed as the improvement continued
05 August 2022	No scaling and no itching were there. Stool was normal, regular and semi-solid. All other generalities were also same as before.	No medicine was prescribed as the improvement continued
09 September 2022	Itching was no more. Scaling was also completely subsided.	No medicine was prescribed as the improvement continued
11 October 2022	None of the complaints recurred. All other generalities same as before.	No medicine was prescribed as the improvement continued
10 November 2022	None of the complaints recurred. All other generalities same as before.	No medicine was prescribed as the improvement continued
15 December 2022	None of the complaints recurred. All other generalities same as before.	No medicine was prescribed as the improvement continued
24 January 2023	None of the complaints recurred. All other generalities same as before.	No medicine was prescribed as the improvement continued

Resolution for this episode of care (28 February 2023)

The patient was doing well when last contacted and his body had not developed any scaly skin lesions, or indications of the desquamation returning. He had a good appetite, regular bowel and urine movements and no sleep difficulties.

**Follow-up and outcome**

The details of the follow-ups are given in Table 1.

**Response to the course of treatment**

The patient was followed up regularly for one year. After taking *Dulcamara* 200C, initially, the exfoliation of the skin and the scales of the lesion remained the same, but the itching

followed by a burning sensation somewhat reduced. Mucus continued to be present in the stool, just as before. Identical looking placebo was prescribed as the patient was partially better. In the next visit, itching of the skin and desquamation of scales caused by ichthyosis markedly improved. The affected areas of the skin also gradually returned to their normal state within 3 months [Figure 3a-c]. Further, bowel habits also



**Figure 3(a-c):** Photographs taken after treatment (30 June 2022)

improved, with the passing of semisolid stools every day. The patient was further followed up for almost 8 months and did not report any episodes of relapse or any other new scaly and desquamated skin lesions. The medicines were prescribed for a limited duration as per the need and were followed by placebo pills for the rest of the period.

Further, utilising the outcome related to the impact on daily living (ORIDL)<sup>[18]</sup> scale, the patient-reported outcome was quantified. The ORIDL scores steadily improved and were confirmed as much better after using the prescribed homoeopathic medications. QoL was measured using the dermatology life quality index (DLQI)<sup>[19]</sup> questionnaire assessed at baseline and every follow-up visit up to 3 months of treatment [Table 2]. As per the criteria, the baseline DLQI score (score “20”) signifies that the disease has a moderate effect on the patient’s life. After 3 months of treatment, the reduced DLQI score (score “0”) indicated that the QoL of the patient was no longer affected by the disease.

## DISCUSSION

IV is a hereditary disease that usually torments the patient throughout their life. Sometimes, if untreated, it may get infected and cause life-threatening complications. In this case report, improvements were documented through different subjective and objective pieces of evidence. In every follow-up visit, improvement in the main complaint, as well as overall well-being, was measured through the ORIDL scale<sup>[18]</sup> and the score was gradually shifted to positive (+3), establishing major improvement. The DLQI questionnaire<sup>[19]</sup> assessed at baseline (Score-20) and after 3 months of treatment (Score-0), provided evidence of improved QoL. His follow-up photographs indicated unbiased proof of recovery. MONARCH<sup>[20]</sup> was utilised to assess the potential causal attributions. In this instance, a stronger likelihood of a causal association between the homoeopathic intervention and the patient’s clinical improvement is shown by the +8 score out of the highest score of +13 [Table 3].

In Homoeopathy, a similitum is to be found in every case. Here, *Dulcamara* 200C was selected based on individualisation

**Table 2: Clinician and patient assessed outcomes (DLQI and ORIDL scores)**

Date of visits	DLQI scores	ORIDL scores	
		Main complaints	Overall well-being
Initial visit (31 March 2022)	20	Not applicable	Not applicable
Follow-up visits			
15 April 2022	16	0	+1
03 May 2022	10	+1	+2
19 May 2022	6	+2	+3
30 June 2022	0	+3	+3
05 August 2022	0	+3	+3
09 September 2022	0	+3	+3
11 October 2022	0	+3	+3
10 November 2022	0	+3	+3
15 December 2022	0	+3	+3
20 January 2023	0	+3	+3
28 February 2023	0	+3	+3

DLQI: Dermatology life quality index, ORIDL: Outcome related to impact on daily living

and significant intrauterine history of the mother who had worked in the wetland daily for long hours and subsequently suffered from prolonged pregnancy and delayed labour. The lesions recovered within three months without any aggravations during the course of treatment, and it has not recurred even after eight months.

The individualised homoeopathic remedies selected from the totality of symptoms not only promote ‘gentle healing but also provide a speedy recovery.<sup>[17]</sup> Here, medicine chosen based on homoeopathic principles proved to be successful. Sahoo *et al.*<sup>[21]</sup> suggested that the right potency is a crucial factor in bringing desired results in skin diseases. In this instance, *Dulcamara* 200C gently recovered the case without worsening the condition during the treatment.

In conventional therapy, there are various external applications, as well as ointments,<sup>[4-6]</sup> but skin irritation and burning are the side effects of those preparations and the treatment costs are a growing burden for society,<sup>[7]</sup> whereas homoeopathic

**Table 3: Modified Naranjo Criteria for Homeopathy (MONARCH)**

Domains	Yes	No	Not sure/NA
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3. Was there a homeopathic aggravation of symptoms?		0	
4. 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		
5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1		
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B. Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance? - from deeper to more superficial aspects of the individual? - from the top downwards?			0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0
Total score (Maximum +13, Minimum -6)		+8	

management is non-invasive, holistic, considering the person’s overall health in addition to local manifestations, and is also affordable and gentle in nature. Dr. Hahnemann clearly mentioned in aphorism 187 of *Organon of Medicine*<sup>[17]</sup> that ‘such external cutaneous conditions are derangements of the internal *vital force* and an efficient cure of such maladies can be done by medicines prescribed on the totality.’ According to aphorism 203 of *Organon of medicine*,<sup>[17]</sup> ‘external mode of treatments is the most criminal procedure.’ Hence, no external applications were used in this particular instance.

Only with the internal administration of a single homeopathic intervention (*Dulcamara* 200C), the affected skin lesions progressively regained their normal state within just 3 months and after over a year, skin lesions are reported to never relapse. The patient reported adherence to the instructions given to him regarding the dosage and time of taking the medicine and complete avoidance of using ointments or any other medications from any other system of medicine.

We can infer from this case report that in some stubborn cases, a carefully chosen medicine is required for an effective outcome. Due to the lack of control groups, a small number of reported cases on this condition, and prior author’s experiences or beliefs, there could be some inadvertent bias in reporting this case. Nonetheless, in the field of evidence-based medicine, every degree of evidence has made a major and concrete contribution to the development of clinical science. No untoward or adverse event was reported by the patient throughout the treatment.

## CONCLUSION

This was an obstinate case of IV where the patient was suffering since childhood. A single dose of homeopathically selected medicine, *Dulcamara* 200C resulted in gentle and speedy

improvement of the case, without any recurrence. Further rigorous studies are warranted to generalise the efficacy of homeopathic treatment in the cases of IV.

## Declaration of patient consent

Written informed consent has been obtained from the patient to use the data including photographs (with hidden identity) for publication of the case report in the medical journal.

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Nil.

## Conflicts of interest

None declared.

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## Ichtyose vulgaire traitée avec succès par le médicament homéopathique individualisé *Dulcamara* 200C - Un rapport de cas fondé sur des preuves

**Introduction:** L'ichtyose vulgaire (IV) est une maladie héréditaire qui se manifeste souvent dans la petite enfance mais peut également exister dès la naissance. Il s'agit d'un trouble récalcitrant qui récidive souvent et montre même la moindre réponse aux différentes options thérapeutiques. Une analyse approfondie de la littérature a révélé une pénurie de documentation appropriée fondée sur des preuves concernant le traitement de l'ichtyose en homéopathie. **Résumé du cas:** Il s'agit d'un cas d'IV chez un homme de 20 ans, qui s'est manifesté par une desquamation et des démangeaisons généralisées depuis l'enfance. Conformément aux principes homéopathiques, *Dulcamara* 200C a été prescrit. L'échelle ORIDL (Outcome Related to Impact on Daily Living) a été utilisée pour évaluer subjectivement la mesure des résultats rapportés par le patient, et l'amélioration a été évaluée sur l'échelle ORIDL (score +3). L'amélioration de la qualité de vie (QdV) a été évaluée à l'aide du questionnaire sur l'indice de qualité de vie en dermatologie, et la QdV s'est améliorée avec un score réduit de « 20 » à « 0 ». Les photographies sont présentées comme preuve objective. Les critères Naranjo modifiés pour l'homéopathie (MONARCH) ont été utilisés pour évaluer l'attribution causale potentielle. Le score global (+8) de MONARCH a confirmé l'attribution causale possible au traitement homéopathique. Dans ce cas, le cas a été résolu avec succès avec *Dulcamara* 200C en seulement 3 mois, sans autre récurrence. D'autres recherches avec des essais contrôlés sont nécessaires à l'avenir pour valider le rôle de l'homéopathie.

## Ichthyosis vulgaris erfolgreich mit individualisiertem homöopathischen Arzneimittel *Dulcamara* 200C behandelt - Ein evidenzbasierter Fallbericht

**Einleitung:** Ichthyosis vulgaris (IV) ist eine Erbkrankheit, die sich oft im Kindesalter manifestiert, aber auch von Geburt an bestehen kann. Es handelt sich um eine hartnäckige Erkrankung, die häufig wiederkehrt und auf verschiedene Therapieoptionen nur sehr bedingt anspricht. Eine umfassende Literaturrecherche hat einen Mangel an geeigneter evidenzbasierter Dokumentation zur Behandlung von Ichthyose in der Homöopathie ergeben. **Fallzusammenfassung:** Dies ist ein Fall von IV bei einem 20-jährigen Mann, der sich seit seiner Kindheit als weit verbreitete Schuppung und Juckreiz manifestierte. Gemäß homöopathischen Grundsätzen wurde *Dulcamara* 200C verschrieben. Die vom Patienten berichtete Ergebnismessung wurde anhand der ORIDL-Skala (Outcome related to impact on daily living) subjektiv bewertet, und die Verbesserung wurde anhand der ORIDL-Skala (Score +3) beurteilt. Die Verbesserung der Lebensqualität (QoL) wurde mithilfe des Dermatology Life Quality Index Questionnaire bewertet, und die QoL verbesserte sich mit einem von '20' auf '0' reduzierten Wert. Fotografien werden als objektive Beweise vorgelegt. Die modifizierten Naranjo-Kriterien für Homöopathie (MONARCH) wurden verwendet, um eine mögliche kausale Zuordnung zu bewerten. Der Gesamtwert (+8) von MONARCH untermauerte die mögliche kausale Zuordnung zur homöopathischen Behandlung. In diesem Fall wurde der Fall mit *Dulcamara* 200C in nur 3 Monaten erfolgreich gelöst, ohne dass es zu einem erneuten Auftreten kam. Weitere Forschung mit kontrollierten Studien ist in der Zukunft erforderlich, um die Rolle der Homöopathie zu bestätigen.

## इकथियोसिस वल्गेरिस का सफलतापूर्वक व्यक्तिगत होम्योपैथिक दवा *डलकामारा* 200सी से इलाज किया गया - एक साक्ष्य-आधारित केस रिपोर्ट

**परिचय:** इकथियोसिस वल्गेरिस (IV) एक वंशानुगत स्थिति है जो अक्सर बचपन में ही प्रकट होती है, लेकिन जन्म से भी हो सकती है। यह एक अडियल विकार है जो अक्सर फिर से उभर आता है और यहाँ तक कि विभिन्न उपचार विकल्पों के प्रति सबसे कम प्रतिक्रिया दिखाता है। व्यापक साहित्य समीक्षा ने होम्योपैथी में इकथियोसिस के उपचार पर उचित साक्ष्य-आधारित प्रलेखन की कमी का खुलासा किया। **केस सारांश:** यह 20 वर्षीय पुरुष में IV का मामला है, जो बचपन से ही व्यापक स्केलिंग और खुजली के रूप में प्रकट हुआ। होम्योपैथिक सिद्धांतों का पालन करते हुए, *डलकामारा* 200सी निर्धारित की गई। दैनिक जीवन पर प्रभाव से संबंधित परिणाम (ORIDL) पैमाने का उपयोग रोगी द्वारा रिपोर्ट किए गए परिणाम माप का व्यक्तिपरक मूल्यांकन करने के लिए किया गया, और सुधार का मूल्यांकन ORIDL पैमाने (स्कोर +3) पर किया गया। जीवन की गुणवत्ता में सुधार (QoL) का मूल्यांकन त्वचाविज्ञान जीवन गुणवत्ता सूचकांक प्रश्नावली का उपयोग करके किया गया, और QoL में सुधार हुआ जिसमें स्कोर '20' से घटकर '0' हो गया। तस्वीरों को वस्तुनिष्ठ साक्ष्य के रूप में प्रस्तुत किया गया है। होम्योपैथी के लिए संशोधित नारंजो मानदंड (MONARCH) का उपयोग संभावित कारणात्मक आरोपण का आकलन करने के लिए किया गया। MONARCH के समग्र स्कोर (+8) ने होम्योपैथिक उपचार के लिए संभावित कारणात्मक आरोपण की पुष्टि की। इस उदाहरण में, मामले को बिना किसी पुनरावृत्ति के, केवल 3 महीनों में *डलकामारा* 200सी के साथ सफलतापूर्वक हल किया गया।

## Ictiosis vulgar tratada con éxito con el medicamento homeopático individualizado *Dulcamara* 200C - Informe de un caso basado en la evidencia

**Introducción:** La ictiosis vulgar (IV) es una afección hereditaria que a menudo se manifiesta en la infancia, pero también puede existir desde el nacimiento. Es un trastorno recalcitrante que recae con frecuencia e incluso muestra la menor respuesta a varias opciones terapéuticas. Una revisión exhaustiva de la literatura ha revelado una escasez de documentación adecuada basada en la evidencia sobre el tratamiento de la ictiosis en homeopatía. **Resumen del caso:** Este es un caso de IV en un hombre de 20 años, que se manifestó como descamación generalizada y picazón desde la infancia. Siguiendo los principios homeopáticos, se prescribió *Dulcamara* 200C. Se utilizó la escala de resultados relacionados con el impacto en la vida diaria (ORIDL) para evaluar subjetivamente la medida del resultado informado por el paciente, y la mejoría se evaluó en la escala ORIDL (puntuación +3). La mejoría en la calidad de vida (CdV) se evaluó utilizando el cuestionario del índice de calidad de vida en dermatología, y la CdV mejoró con una puntuación reducida de '20' a '0'. Las fotografías se presentan como evidencia objetiva. Los Criterios de Naranjo Modificados para la Homeopatía (MONARCH) se utilizaron para evaluar la posible atribución causal. La puntuación general (+8) de MONARCH corroboró la posible atribución causal al tratamiento homeopático. En este caso, el caso se resolvió con éxito con *Dulcamara* 200C en solo 3 meses, sin recurrencia adicional. Se justifica más investigación con ensayos controlados en el futuro para validar el papel de la homeopatía.

### 个性化 势 法 物 *Dulcamara* 200C 成功治 常 病 - 循 病例报告

**介:** 常 病 ( IV ) 是一种 性 疾病, 通常在 儿 期 出 , 但也可能从出生起就存在。这是一种 固 性 疾 病, 常 复 , 甚至对各种治 方案的反 最小。广泛的文献 述表明, 势 法治 病 缺乏适当的循 文献。

**病例摘要:** 这是一名 20 男性的 IV 病例, 表 从儿童时期 始出 广泛的脱屑和瘙痒。根据 势 法原 , 医生 了 *Dulcamara* 200C。使用与对日常生活的影响相 的 果 ( ORIDL ) 量表主 估患者报告的 果 量, 并根据 ORIDL 量表 ( 分 +3 ) 估改善情况。使用皮肤病生活 量指数 卷 估生活 量 (QoL) 的改善, QoL 得分从“20”降至“0”, 有所改善。照片作 客 据呈 。使用改良的 Naranjo 势 法 准 (MONARCH) 估潜在的因果 系。MONARCH 的 分 (+8) 实了 势 法治 的可能因果 系。在本例中, 仅用 3 个月就使用 *Dulcamara* 200C 成功解决了 病例, 没有再复 。未来有必要 行更多对照 研究, 以 势 法的作用。