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CLINICAL

Epidermolysis bullosa: report of three cases treated with homeopathy

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Epidermolysis bullosa (EB) is a group of rare genetic disorders characterized by recurrent blistering as a result of even minor traction of epithelial lined tissues, most remarkably the skin. Associated morbidity is serious for all patients affected due to the presence of large areas of denudated skin thus susceptible to infection. There is currently no available treatment in conventional medicine. This article reports the case of 3 children successfully treated with individualized homeopathic medicines. *Homeopathy* (2011) **100,** 264–269.

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Epidermolysis bullosa (EB) is a group of rare genetic disorders characterized by the presence of recurrent blistering resulting from even minor traction of epithelial lined surfaces, most remarkably the skin.[1] It currently comprises about 30 geno-or phenotypically different diseases, which are classified and subclassified according to the ultrastructural level within which blisters develop in the skin, mode of inheritance and combinations of clinical, electron microscopic, immunohistochemical and genotypic features.[2,3]

The four major types of EB are: 1) EB simplex: (EBS) intraepidermal blistering, further subclassified based on whether blisters arise within the basal or suprabasal layers of the epidermis; 2) Junctional EB (JEB): intra-lamina lucida; 3) Dystrophic EB (DEB): sub-lamina densa; 4) Kindler syndrome: multiple levels. The latter 3 types affect the dermoepidermal junction.[3]

Assuming under-report of the milder cases, the frequency of EB in the United States has been estimated as 50 cases/1 million live births, consistent with data from Norway, whereas in other countries it is as rare as 7.8 cases/1 million living births.[4]

Associated morbidity and mortality are serious problems for patients, since large areas of denuded skin are susceptible to infection; in patients surviving childhood, squamous cell carcinoma is possibility.

Diagnosis is grounded on clinical findings, electron microscopy, immunofluorescent microscopy and DNA mutation analysis. Techniques for prenatal diagnosis in affected families have been developed.[5]

There is currently no specific treatment in conventional medicine, which is limited to support of wounds and prevention and treatment of complications. Expectations are placed on protein and gene therapy.[6]

There are some reports in Internet on the use of homeopathic treatment on EB, but none published in peer-reviewed journals or included in medical databases. This paper reports three cases of children suffering from EB and treated with homeopathy, all with successful outcomes.

Case 1. A 5-year-old boy at the time of the first homeopathic consultation, treated for EB at the dermatology department of a hospital in Timisoara, Romania, with intermittent courses of prednisone and antibiotics for infection.

The characteristics of the lesions were: large-sized blisters on a congestive basis, with hemorrhagic effusions and tendency to converge; discharge of a yellow honey-like fluid; blisters heal forming dark crusts. The patient complains of itch, mostly at night (Figure 1).

The typical distribution of blisters is in the areas of the skin more exposed to mechanical trauma, but in this case they affected mostly the trunk and flexor surfaces; blisters were also present on the palms of the hands, the soles of the feet and the lips.

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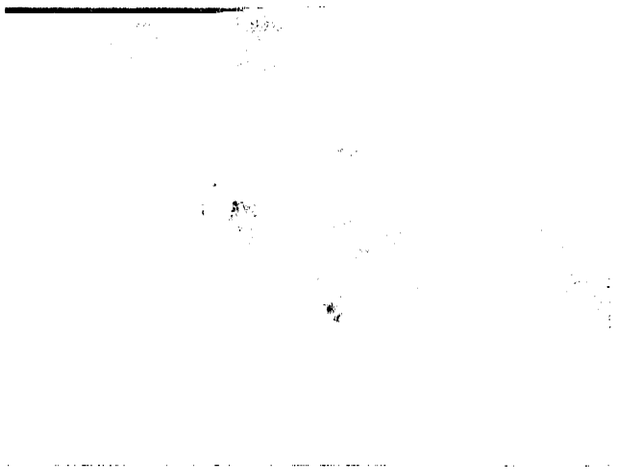

Figure 1 Confluent blisters.

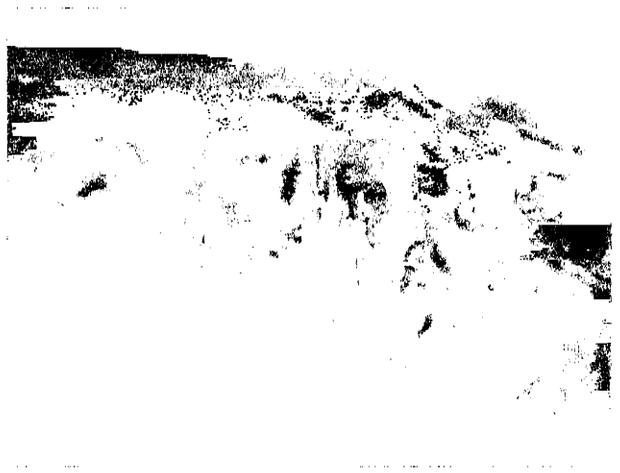

Figure 2 Black-bluish hue of lesions.

Symptoms taken for the selection of the remedy are described in Table 1. The most remarkable feature was the black hue of the crusts and the black-bluish aspect of the denuded skin, looking like ulcers (Figure 2). When lesions bled, the blood was black-bluish. All this is reminiscent of decubitus ulcers, so the corresponding rubric was included in the analysis.

On these grounds, *Carbo vegetabilis* 30x, twice daily, 5 days/week for one month, once a day 4 days/week the second month was prescribed. Follow up at 2 months showed that the blisters had dramatically decreased in extent and depth; although new blisters had appeared, they were smaller, more superficial and healed faster (Figure 3). The patient still takes *Carb-v* 30x, 1 dose of 3 globules twice a week, which controls the appearance and extent of blisters and appears to speed healing.

Case 2. A girl aged 3 years at first consultation, treated for EB at the University Hospital of Timisoara, Romania, requiring extremely frequent hospitalizations (almost every month) due to infected blisters and/or recurrent respiratory infections (bronchopneumonia) and frequent courses of corticosteroids and antibiotics. She also suffered from amniotic band syndrome with syndactyly, but surgery could not be performed due to the risk of infection.

The child social and developmental skills were underage. Most remarkable was her extreme restlessness that compelled her to be in constant motion, going from one place to another, to periodically lie with her back against the wall, with her arms behind the back, and notably, away from her mother. She wept softly and wailed each time the wounds were undressed for inspection. Physical examination further revealed that the respiratory motions were limited and auscultation revealed bronchial rales. The mother reported that the patient perspired copiously even after mild exercise and during the night. The blisters were extremely itchy, especially at night, and the patient complained of a feeling of 'burning' although the skin was very cold to touch.

Large surfaces of the body were covered by blisters in different stages of evolution, some as large as 15 cm diameter. The preferred affected areas were not the ones most exposed to mechanical trauma, but the back, the proximal parts of the lower limbs and of the neck.

When denuded, the bases of the blisters were bluish-cyanotic, with thick margins, sometimes abundant bleeding of bluish-black blood. Blisters had a strong tendency to super-infection, when the filling became yellow and foul-smelling. Scars were almost black, thick and looking like

Table 1 Repertory analysis

	Carb-v	*Lach*	*Ars*	*Merc*	*Sil*	*Ant-c*	*Bell*	*Kreos*	*Sul-ac*	*Sulph*	*Lyc*
Skin – ulcers – discharges – bloody-black	1	–	–	–	–	–	–	–	–	–	–
Generals – blackness of external parts – moist	2	1	–	–	–	–	–	–	–	–	–
Generals – blackness of external parts – cols	2	2	3	1	1	–	1	–	1	1	–
Generals – blackness of external parts	2	2	3	3	1	2	1	2	1	1	2
Skin – ulcers – black-bluish black	1	1	–	–	–	–	–	–	–	–	–
Skin – ulcers – black	3	3	3	–	2	–	1	–	2	2	3
Skin – swelling – bluish-black	1	3	3	2	1	–	2	–	1	–	–
Skin – eruptions – pimples-black	1	–	–	–	–	–	–	–	–	–	–
Skin – discoloration – blackish	2	2	3	2	–	2	–	2	2	–	–
Extremities – ulcers – lower limbs-black base	3	3	3	–	2	–	–	–	2	–	3
Skin – eruptions – crusty-yellow	1	–	–	2	–	2	–	1	–	1	–
Skin – eruptions – crusty	1	2	3	3	3	3	2	1	1	2	2
Skin – eruptions – crusty – honey colored	1	–	–	–	–	1	–	1	–	–	–
Skin – eruptions – crusty – scratching; after	1	–	1	2	1	1	1	1	–	3	3
Skin – decubitus – children; in	1	–	–	1	1	1	1	1	–	3	2
Skin – decubitus	2	3	1	2	3	1	1	1	2	2	2

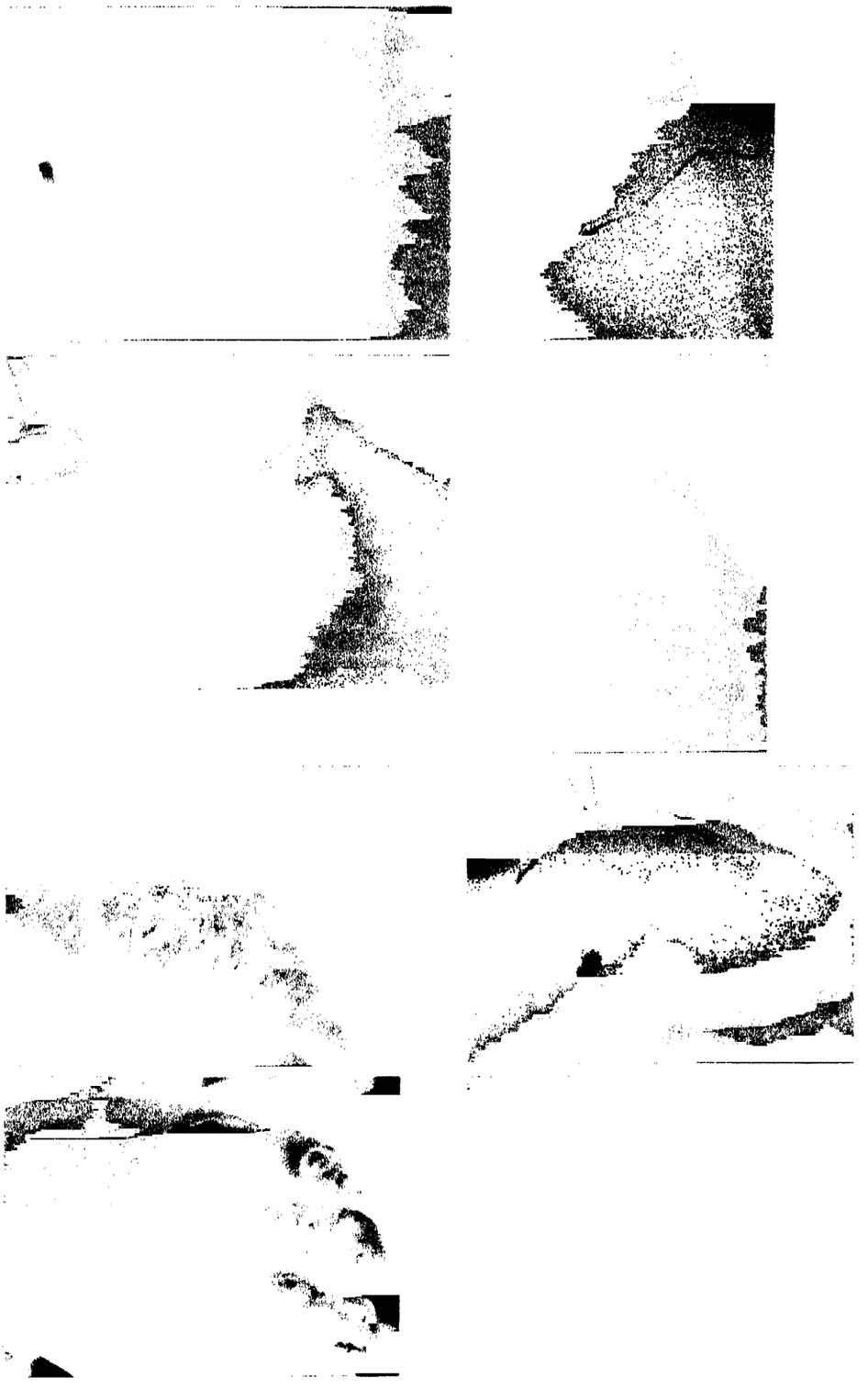

Figure 3 Extent of lesions, before (left) and after (right) 2 months of treatment.

decubitus lesions (Figure 4). Conversely, on unaffected areas the skin was extremely thin, almost transparent resembling parchment.

This patient had been treated by another homeopathic physician who referred her to us. The remedy prescribed initially had been *Arsenicum album*, mostly on the grounds of the mental picture of anxiety, without results also on the respiratory syndrome.

The combination of recurrent and severe lung affections, attended with dyspnea and rales, the characteristic cyanosis of the deeper layers of the skin and the black, decubitus-like aspect of the scars suggested, again, the prescription of *Carb-v.*

Since the patient had consulted short after an episode of pneumonia, the 10x dilution was chosen, three times a day for the first week, then 15x twice daily the next 2 weeks and

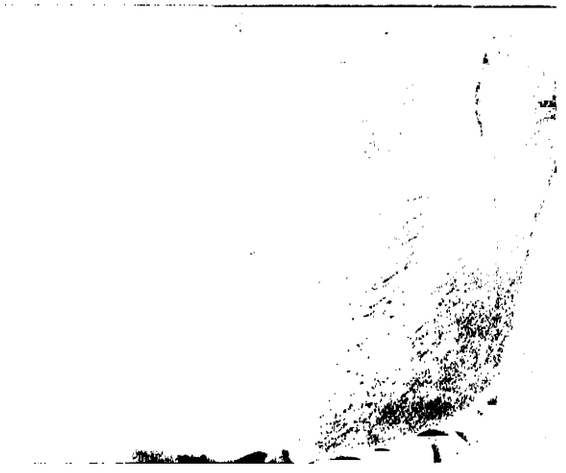

Figure 4 Blisters resembling decubitus lesions.

finally, 30x once a day for further 2 weeks. Respiratory affections ceased and to the time of writing, the patient has not again been hospitalized. The mother reported that the dilution that had best controlled the blisters, their appearance and the itch was 15x, therefore, it was prescribed once a day, 5 days/week for the following year.

In this case, the evolution was not as spectacular as in Case 1, but the affected surface of the skin decreased progressively in extent, the depth of the blisters also diminished and blisters healed in a shorter time; the itch improved dramatically allowing for long periods of quiet sleep (Figure 5).

Case 3. We had noted the odd association between *Carb-v* and EB, when the following patient consulted, this time in Brazil. Also a 3-year-old girl at the time of first consultation, she had been treated at the Children's Institute of the hospital of University of São Paulo for hereditary EB. Unfortunately, the biopsy was taken from an blister, and the report was inconclusive.

Differences from Case 2 were obvious and remarkable: the child was dramatically irritable, would not stop crying and screaming until exhaustion. She would cling to her mother in terror and would not leave her lap for physical examination.

Inspection showed large surfaces of denuded skin in areas exposed to mechanical trauma – different from both cases above – looking like 2nd degree burns: although the extensive, the blisters were extremely superficial, with peeling (Figure 6).

Characteristically, the blisters did not itch nor provoke pain. The initial lesions were very small, looking like pimples; then, they grew in size and together to break and leave large areas of red congestive denudated skin, looking like a burn.

Repertory analysis was performed, but the result was unsatisfactory: the remedies indicated – *Mercurius solubilis*, *Nitricum acidum* – are more characteristically associated with deep ulcers than superficial epidermal blisters. For this reason, we attempted a different approach and considered one by one the 'blister-making remedies': snake-derived remedies were discarded due to the toxic microthrombotic origin of blisters[7]; the lack of itch – and restlessness in the case of *Rhus-t* – made us rule out most of the remaining remedies usually prescribed for blisters, which left with the *Ranunculus* genus. The repertory did not afford any assistance in identifying the pattern of blisters of this group, nor did the materia medica. For this reason we ran a real-time search in the published literature and found a case report of a skin burn by *Ranunculus arvensis*,[8] whose description, and more importantly, its appearance looked like the lesions of our patient and thus could be considered as a source to apply the principle of similarity. The picture illustrating a toxic ('pathogenetic') burn by *Ranunculus* cannot be reproduced here due to copyright reasons, but we encourage readers to view it at http://www.e-ijd.org/text.asp?2009/54/5/19/45435. A study of the homeopathic materia medica suggested that the most indicated species, according to the patient's lesions was *Ranunculus bulbosus*.

Treatment was, therefore, initiated with *Ran-b* 10x, 1 drop in 1 liter of water, 1 teaspoon daily, with dramatic improvement. Very few new blisters appeared and the existent ones healed fast, initially through the development of thick crusts (Figure 7).

Although the child was remarkably less irritable, she still clung to her mother and exhibited active refusal of

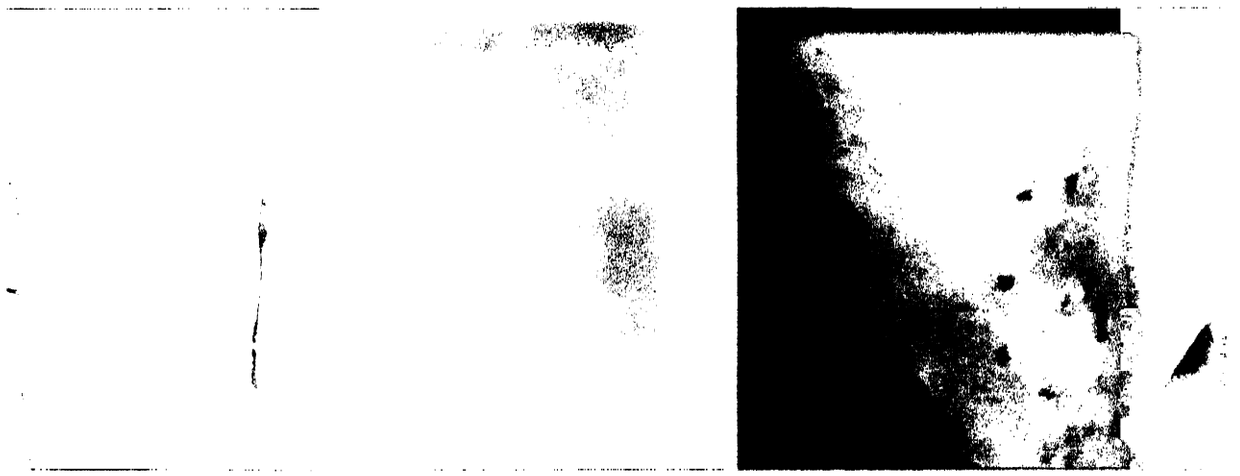

Figure 5 Lesions on the back and buttocks, at first consultation (left), 2 months of treatment (center) and 1 year of follow up.

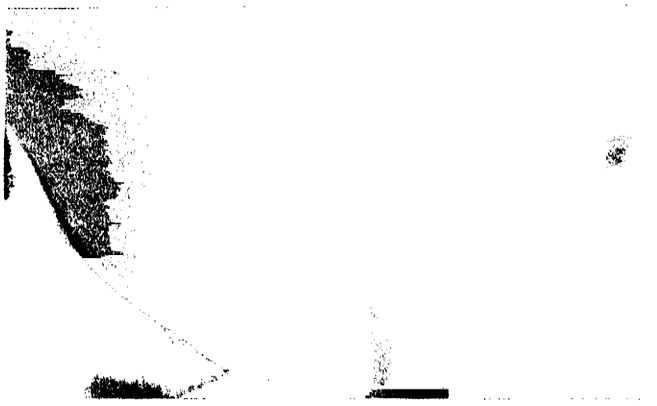

Figure 6 Blisters are large, but superficial, looking like a burn.

contact with other people, like hiding the face behind the hands; autism-like behaviors (rocking, etc.) were also observed.

After the third month of treatment, the blisters were virtually healed and no new blisters were observed. The child's behavior had changed dramatically: she could tolerate separation from her mother, and made eye contact with and accepted objects from us.

This patient is still under our care, treatment continues with *Ran-b* 10x daily, now dissolved in 200 ml of water, 1 drop daily, and she was also referred for psychiatric assistance to deal with the secondary psychological damage.

Final remarks

EB is a rare disease and the therapeutic conventional means are reduced to support existing wounds and to try to control the physiopathological process when it becomes too disruptive through immunosuppressants or corticoids. On the other hand, as these 3 cases show, homeopathy might be an effective therapeutic means, with low cost and lack of adverse systemic reactions. Furthermore, the quality of life improved dramatically in all our 3 cases, together with the reduction of extension, depth and the potential consequences of the blisters, showing a clear positive evolutionary tendency.

Figure 7 After one month of treatment, fast healing of blisters.

In this series, the homeopathic medicine chosen was the same in 2 cases and different in the third. The difference in prescription emerged directly from the aspect of the blisters, according to the homeopathic principle of individualization. Therefore, it is expectable that other patients will require also different remedies.

Since EB is an extremely rare disease, literature is not extensive. For instance, one single article was found on the psychological aspects related to EB, and mostly dealing with parental issues.[9] For this reason, it is extraordinary that we were able to report on 3 cases treated with homeopathy. Besides all having satisfactory outcomes – with decrease in the appearance of new blisters, faster healing of the existing ones and absence of complications such as infection, this series shows that even the appearance of the blisters need to be individualized semiologically in order to find the fitting remedy.

As comparison of cases 2 and 3 shows, the psychological profile can also be very different, influencing the configurations of symptoms required to choose the remedy. It should be noted, however, that the mental picture of genus *Ranunculus* in the homeopathic materia medica and repertories is poorly described. For this reason, accurate case reports are an important contribution to the extension and reliability of the homeopathic materia medica. This is even more significant, when the psychological picture is objectively assessed through observation, rather than discursively described symptoms, which are liable to distortion,[10] especially in the case of children, where information may be distorted by parental interpretation.

Finally, these cases indicate once again that homeopathy can be useful as a complementary and integrative therapeutic in diseases where conventional medicine has few or no resources to offer to patients.

Conflict of interest

The authors declare there is no conflict of interests.

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