Eczematous Lesion of Nipple and Areola Treated with Individualised Homoeopathic Treatment

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Homœopathic Links

Abstract

Breast and nipple–areolar complex has its own functional, sexual and cosmetic values. The skin around nipple and areola is prone to develop several kinds of infections during different stages of life ranging from mild-to-moderate dermatitis to neoplastic growths. Lack of knowledge of the patients about breast hygiene and the spectrum of the breast diseases among medical practitioners renders prompt diagnosis; hence, it develops several complications from its own array. Apparently, an uncommon presentation of dermatitis sometimes causes several complications at different stages of life and mostly during the period of lactation where the newborn suffers as a consequence of mother's illness. In this case, a female patient approached our outpatient department with complaints of itching and burning of nipple and areola with occasional discharge, which was diagnosed as eczema of nipple and areola after clinical examination. Initially, we started our treatment with *Sulphur* 30 and from then patient showed gradual improvement. Within a period of 1 month, patient showed promising improvement and it took 2 more months to subside other residual complaints. This case report not only portrays effectiveness of individualised homeopathy but also focuses on the cost-effectiveness of homeopathic treatments.

Keywords
- atopic dermatitis
- nipple and areola
- eczema of breast
- individualisation
- homoeopathy

Introduction

Atopic dermatitis is one of the commonest relapsing, pruritic disorders of skin globally. In India only, the incidence varies from 11 to 21% depending upon age and region.[1] Surprisingly with advancement of lifestyle, the burden of atopic dermatitis is also increasing in developed countries as compared with developing countries. Initially, it was thought to get triggered by environmental factors and allergens, but recently epidemiologists are not quiet agreed with the fact because Iceland, the place with least number of trees and pollutions, showed highest prevalence of atopic dermatitis (27%) in the world.[2] Though eczema of nipple and areola is a very common presentation of atopic dermatitis of breast, it comes under minor criteria among Hanfin and Rajka criteria (►**Table 1**), commonly used for the diagnosis of atopic dermatitis.[3] This rare presentation of atopic dermatitis is very rare among males, and it is mostly due to local irritation caused by the garments mostly seen in Jogger's nipple, or sometime due asymmetric size of the breast. Eczema of nipple is not always confined to areola, sometimes it can go beyond that. Clinically, the condition presents with burning itching lesions with or without scaling, weeping, erythema, itchiness, fissures, vesiculations and excoriations.[4,5] Positive family history is often associated with bilateral infections, but unilateral infections are also seen.[6] In lactating mothers, chance of infection is very high, secondary to feeding action of infant. Application of topical antibiotics and

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Table 1 Major and minor criteria of Hanifin and Rajka for diagnosis of atopic dermatitis

Major criteria (3 or more required)	Minor criteria (3 or more required)
Pruritus xerosis Typical morphology and distribution Flexural lichenification or linearity in adults Facial and extensor involvement in infants and children ichthyosis, palmar hyper-linearity or keratosis pilaris Chronic or chronically relapsing dermatitis Personal or family history of atopy (asthma, allergic rhinitis, atopic dermatitis)	Ichthyosis Palmar hyper-linearity, or keratosis pilaris Immediate (type 1) skin-test reactivity Raised serum immunoglobulin E Early age of onset tendency toward cutaneous infections (especially *Staphylococcus aureus* and herpes simplex) or impaired cell-mediated immunity Tendency toward non-specific hand or foot dermatitis nipple eczema cheilitis Recurrent conjunctivitis Dennie–Morgan infraorbital fold Keratoconus Anterior subcapsular cataracts Orbital darkening Facial pallor or facial erythema Pityriasis alba anterior neck folds itch when sweating intolerance to wool and lipid solvents Perifollicular accentuation Food intolerance Course influenced by environmental or emotional factors White dermographism or delayed blanch

lubricants is strictly avoided except certain corticosteroids, as it may cause infection in the child. In last few years, many studies have shown that breast milk are associated with several childhood diseases like asthma, atopy and atopic dermatitis.[7–12] Homoeopathy has a significant role to play here as the mode of application and cure is completely different and it can also bring down the complications of the lactating babies. In other age groups, individualistic homoeopathic treatment can be adopted as an alternative to the antibiotics and corticosteroids to avoid unnecessary drug-induced complications.

Case Presentation and Diagnosis

A 22 years old, unmarried, female patient presented with complaints of severe itching with sticky yellowish discharge from nipple and areola of right breast (►**Fig. 1**). Her complaints were getting ameliorated by scratching, application of cold water and in open air. Further enquiry led us to know that initially there was an eruption came around nipple and it was itching occasionally. Later, it gradually involved nipple and areola within 1 month. As the disease progressed, discharge accompanied the severe itching and at times it became intolerable. Though she got treated with allopathic medicines, unfortunately it was not beneficial for her. History of past sufferings led us to know that she has suffered from chicken pox at the age of 12 years and typhoid at the age of 16 years. No positive family history of dermatitis or allergic diseases was found on further enquiry. Among generals, her appetite was good and could not tolerate hunger. She prefers sweet, sour food, chicken, fried food and cold food. Her thirst is moderate, but she must drink while eating. She always prefers winter season. Her palms and soles are hot and always has a feeling of burning sensation which gets relieved by cold water. She has to rush for stool once daily early morning. She is introvert and prefers selected company.

- **Examination:** Eczematous eruption with sticky yellowish Breast discharge with scratch marks at sides of eruption. No palpable mass, or lymph nodes were found on general examination.
- **Diagnosis:** As because no clinically detectable markers are available for atopic dermatitis, so by co-relating history and clinical presentation it was diagnosed as eczema of breast affecting nipple and areola.

Analysis of the Case

With the help of characteristic mental and physical symptoms, we formed the totality of symptoms and individualisation of the case. Her particular complaint and modifying factors, desire for sweet, sour food, cold food, fried food and thirst during eating, preference of winter season and heat and burning of palms and

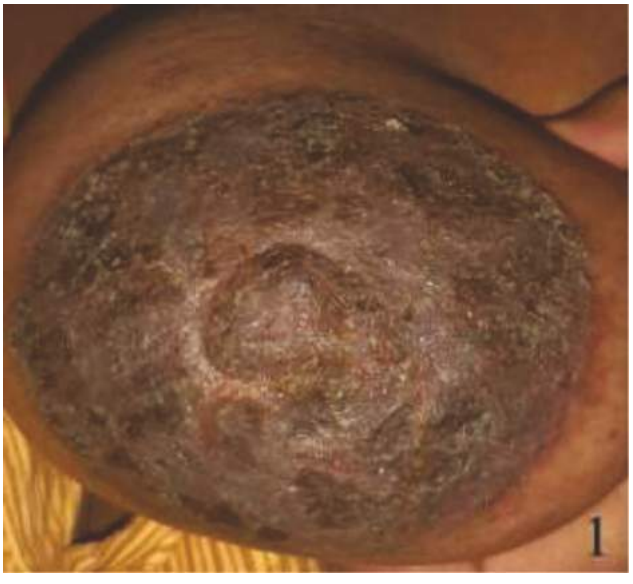

Fig. 1 Appearance of nipple and areola at the beginning.

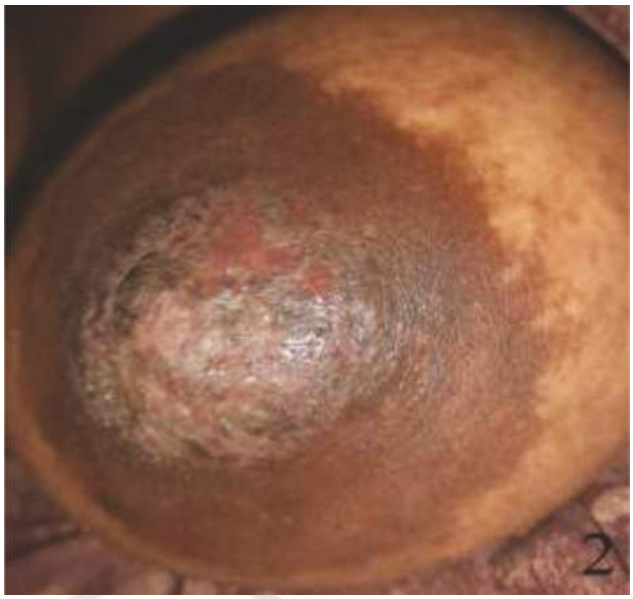

Fig. 2 Marked improvement after administration of medicine.

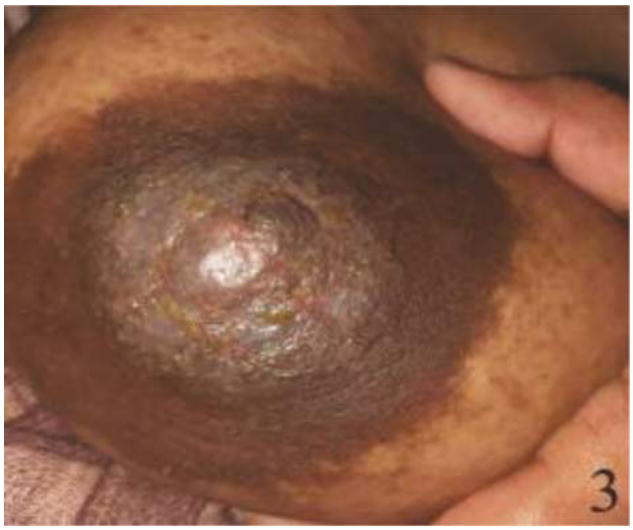

Fig. 3 Marked reduction in the affected area.

Table 2 Timeline of the treatment with detailed follow-up with medicines

Date	Presenting complaint	Medicine
First visit	Eczematous eruption of nipple and areola of right breast with severe itching and yellowish discharge	*Sulphur* 30/2 doses, followed by placebo 21 doses
Second visit	Itching reduced and eruption slightly dried up	*Placebo* 21 doses
third visit	Area of eruption reduced but itching slightly increased	*Sulphur* 30/2 doses, followed by placebo 21 doses
Fourth visit	Cough and running nose with headache	*Bryonia alba* 30/4 doses
Fifth visit	Itching subsided but eruption was stand still	*Sulphur* 30/2 doses, followed by placebo 21 doses
Sixth visit	No eruption, no itching at breast	*Placebo* 21 doses

soles, habit of regular early morning evacuation helped us to choose a medicine by considering the patient as a whole. Considering the miasm after forming the totality, the patient was prescribed *Sulphur* 30CH, 2 doses, and was instructed to take once in early morning in empty stomach followed by placebo for next 21 days in the similar way. After taking medicine, patient was improving and itching reduced so the patient continued homoeopathic treatment (►**Figs. 2** and **3**). Patient also received *Bryonia alba* during this treatment period for her intercurrent symptoms such as cough, running nose & headache. After treatment of 3 months, the patient cured and the skin of her breast was clear and normal (►**Fig. 4**). The complete timeline is mentioned in ►**Table 2**.

Discussion

Homeopathic treatment claims its because of individualistic approach. Here in this case, a rare presentation of atopic dermatitis in the form of eczema of nipple and areola has

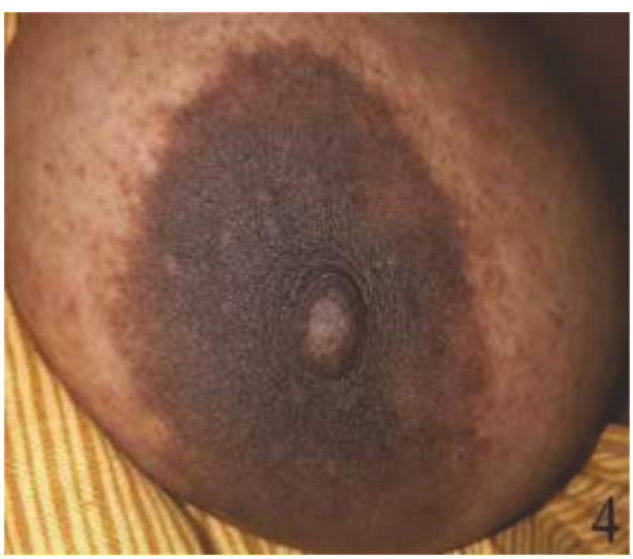

Fig. 4 Condition of the nipple and areola after healing of the eczema.

been cured successfully with ultra-diluted homeopathic medicines. Previous idea in 1990s was that it is due to increased histamine and leukotriene along with release of Th2 cells, due to hyperactive basophils and mast cells, following decreased intracellular cyclic adenosine monophosphate. However, in the last decade detailed molecular pathology has been explored, and it was found that it is mainly due to impairment of differentiation of T helper cells, and their cytokine secretion profiles, particularly remarkable differences, are found with interleukin-6 (IL-6), IL-10, IL-29 and transforming growth factor beta, which are markedly increased in this condition. There are other factors associated with atopic dermatitis which lead to recruitment of different cytokines(IL-4, IL-13, interferon etc.) in acute and chronic stage via Th2 cells.[13,14] Homoeopathic medicines can alter the activity of human immune system and elicit immune response.[15] It is true that exact mechanism of action is still unknown but that does not interfere with the acceptance of homeopathy among patients. A study conducted in Northern India on atopic dermatitis, revealed shocking facts and showed the treatment for atopic dermatitis costs almost as similar as cost of treatment of diabetes mellitus.[16] Available treatments in modern medicines like phototherapy, topical antibiotics, immunosuppressive drugs and antiallergic are not only costly but they also have adverse effect on the human body; on the contrary homeopathic medicines are less prone to develop adverse drug reactions due to ultra-diluted medicinal preparations. In developing countries like India, disease complications are also associated with escalation in the cost of treatment, where homeopathy can play a crucial role to cut down the cost of treatment as well.

Conclusion

Atopic dermatitis should be differentiated from irritant contact dermatitis and allergic contact dermatitis. Allergic contact dermatitis is usually bilateral and mainly affects peri-areolar skin. Lack of awareness among the patients and lack of availability make use of homeopathy difficult for the patients across the map. The cases which are being cured by clinicians are not coming under light due to lack of awareness among the practitioners. This case not only puts lights on the effectiveness of homeopathic medicines but also raises a strong question in favour of its use.

Conflict of Interest

No conflict of interest among the authors.

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