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Case Report

Management of Chronic Atopic Dermatitis with Bioregulatory Medicine: A Case Report

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ABSTRACT

Unconventional management of atopic dermatitis is underexplored, and the use of natural medicines may offer a new approach to treating this condition.

Objective: This report is to describe the management and response of a patient with atopic dermatitis to intervention with bioregulatory medicine using multi-component, multitarget medications at low doses.

Intervention: This case involves a 28-year-old female patient with chronic atopic dermatitis associated with various non-cutaneous symptoms exacerbated by hormonal changes. The severity of the condition was assessed using the Severity Scoring of Atopic Dermatitis (SCORAD) and Eczema Area and Severity Index (EASI) scales, and the patient had shown a poor response to conventional treatments. She underwent holistic therapy with bioregulatory medicine over a period of 4 months, which included immunomodulatory support, drainage, and organic support.

Results: The patient's symptoms decreased, and there was an improvement in severity scores. Some non-cutaneous symptoms resolved, and there was no exacerbation of symptoms during hormonal fluctuations.

Conclusion: This case demonstrates how a multifactorial chronic condition can be addressed using bioregulatory medicine, emphasizing the need for comprehensive approaches that consider the body as a whole. This approach offers a new perspective on interventions beyond conventional treatments.

Keywords: Atopic dermatitis; Bioregulated medicine; Homeopatic

INTRODUCTION

Atopic dermatitis is a chronic inflammatory skin disease characterized by itching with alternating periods of exacerbation and improvement [1]. It has a high prevalence and predominantly affects children, although it can persist into adulthood. Studies have shown that it has a multifactorial and heterogeneous molecular and cellular phenotype, closely related to environmental factors, the microbiome, compromised skin barrier function, and immune dysregulation. The identification of immune subsets, including Th17, Th22, and Th9, demonstrates its complexity beyond the classical Th1/Th2 paradigm, highlighting its multifaceted nature [2]. Furthermore, the often underestimated gut-skin axis has shown in recent years how it establishes bodily homeostasis, proper barrier function, and immune and endocrine regulation. Factors such as the microbiota play a crucial role in the development and expression of various skin conditions. Traditionally, atopic dermatitis is pharmacologically managed with various types of medications, including oral and systemic corticosteroids, calcineurin inhibitors, methotrexate, mycophenolate, azathioprine, selective interleukin-4 and 13 inhibitors, and, in acute cases, antihistamines [3,4].

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Unconventional management of atopic dermatitis is scarcely described in the literature. This case report demonstrates how the use of natural medicines could play a new role in the treatment of this condition through bioregulatory medicine using multi-component, multitarget medications at low doses, impacting all cellular intervention points comprehensively [5].

CASE PRESENTATION

The case of a 28-year-old female patient with a clinical picture of atopic dermatitis since childhood is documented, presenting in the last 12 months with large areas of scaly, pruritic skin lesions, with episodes of epidermal bleeding, burning sensation and intolerance to contact with water and different personal hygiene products, the predominance of lesions was central (neck and thoracoabdominal) and skin folds; described exacerbation of pruritic symptoms with the menstrual cycle, signs of hyperestrogenism given by, changes in the characteristics of vaginal discharge, dysmenorrhea and mastalgia, variability in gastrointestinal symptoms, weight loss, constant fatigue, poor sleep pattern, significant alteration in quality of life and low self-esteem (Figure 1).

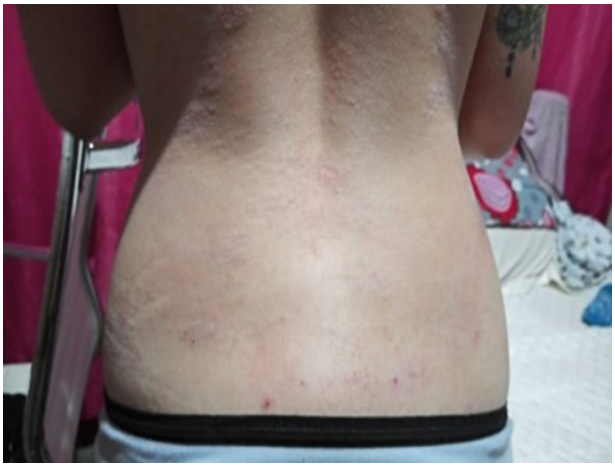

Figure 1: The figure shows skin with eczema, eíythema, edema and lichenification.

Previously, the patient received conventional medical management with systemic and topical therapy with the use of corticosteroids, master formulas, and phototherapy sessions without noticing important changes and a sensation of progression and worsening of the disease. At the time of the evaluation, he had a score on the SCORAD scale of 65.8 points (>50 points severe disease) and on the EASI scale of 20 points (12-20 points moderate disease). The skin showed signs of chronic dehydration, rough, rugged, with multiple areas of patchy eczema with scaling, edema, erythema, excoriation, exudation, crusted lesions and scratching stigmata distributed over 30% of the neck circumference, 70% of thoracoabdominal circumference in Figures 1 and 2, in skin folds of the armpits, elbows and popliteal region, their Body Mass Index (BMI) was calculated at 17.7 (underweight). Paraclinical tests with allergen tests showed high IgE titers for different substances such as dermatophagoidesfarinae, dog epithelium, cat epithelium, mites, grasses and *Blomia tropicalis*.

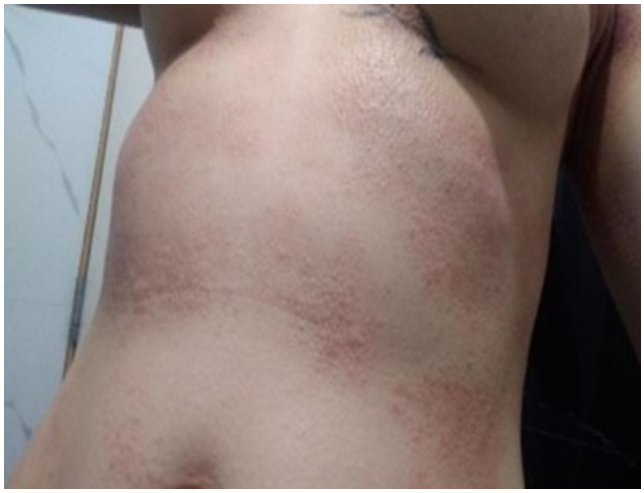

Figure 2: Symptomatic exacerbation associated with a physiological response to the treatment.

RESULTS AND DISCUSSION

The intervention spanned 4 months and began with a 21-day elimination diet, oral vitamin D supplementation, and probiotics. This was followed by an oral detoxification and drainage protocol using nuxeel-homaccord, berberis-homaccord, and lymphomyosot. After completing the oral phase, intravenous therapy was initiated with traumeel as an immunomodulator to address the Mucosal-Associated Lymphoid Tissue (MALT) and gut-skin axis [6]. This was combined with flamosin compositum, hepar compositum, ubichinon compositum, and coenzyme compositum. It's worth noting that there was a symptomatic exacerbation associated with a physiological response to the treatment. Due to this partial and mild improvement, hormeel and ovarium compositum were added to the treatment to address the hyperestrogenic component. Subsequently, the treatment route was altered, and the medications were administered at Ren acupuncture points (Figure 3).

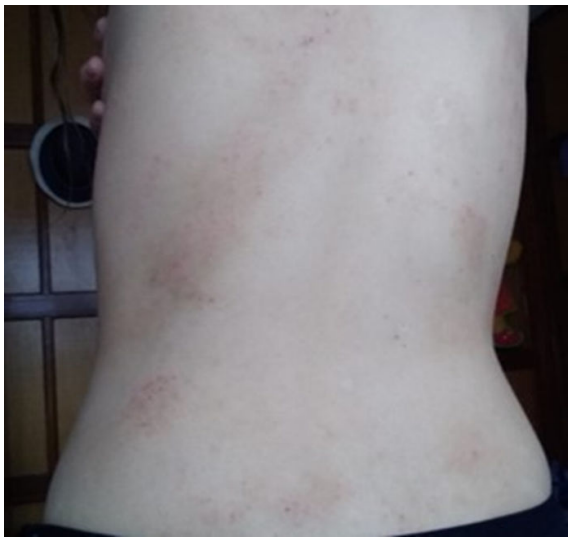

Figure 3: Start of administered at Ren acupuncture points.

Given the documented emotional stress component in the patient, immunomodulation was extended, flamosin compositum, hepar, and hormeel were discontinued, and thyreoidea compositum, suprarenalis suis injeel, ovarium compositum, and cutis compositum were initiated. Additionally, midway through the treatment (Figure 4), a nature retreat session was conducted for emotional release and mood modulation, resulting in significant improvement in the patient's outlook on her circumstances [7]. After 4 months of treatment (Figure 5), the patient's SCORAD score was reduced to 12 points (<25 points indicating mild disease), and her EASI score was 1.6 points (<7 points indicating mild disease). Her skin did not react to hormonal changes, her vaginal discharge normalized, estrogen-related symptoms decreased, she gained weight through low-intensity physical exercise, and her self-esteem and overall relationship with herself and her environment improved (Figure 6) [8].

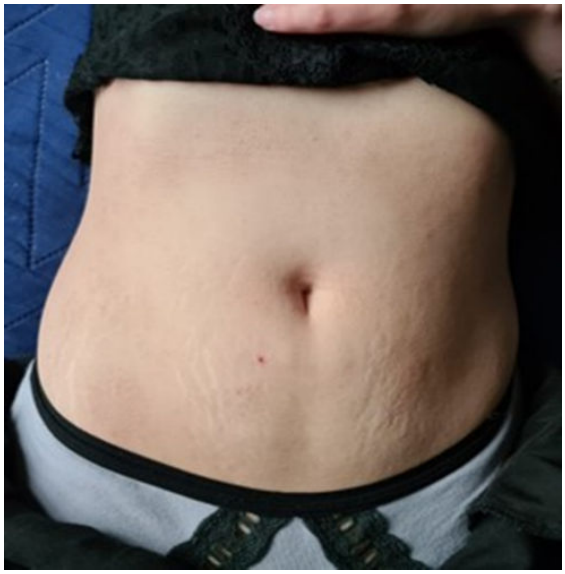

Figure 4: Better looking skin after 3 months of treatment.

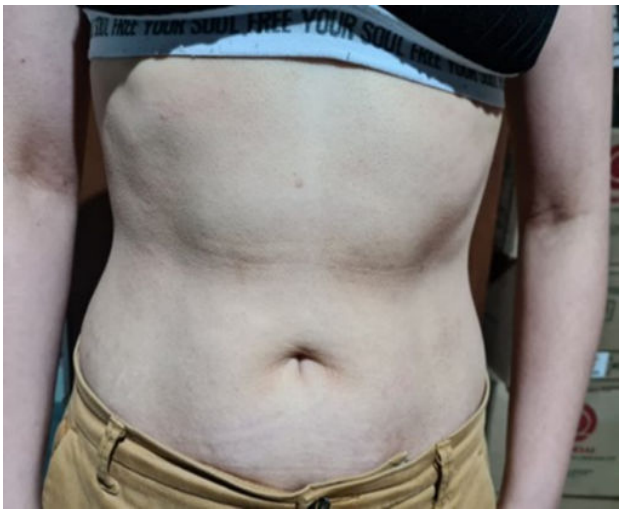

Figure 5: Skin with 95% reduction in lesions compared to the initial presentation.

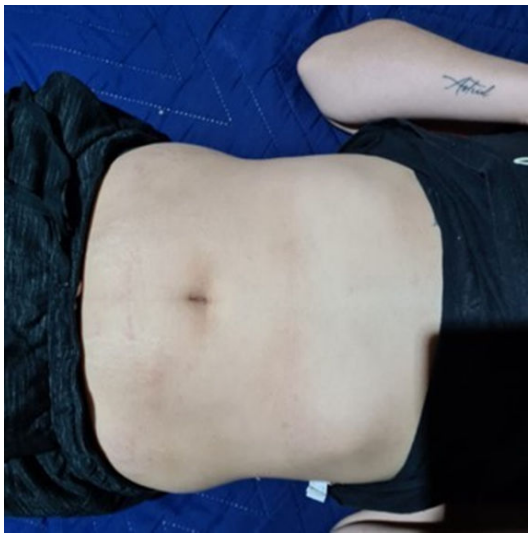

Figure 6: The figure shows skin after the treatment.

CONCLUSION

To date, there is no single therapy in conventional allopathic medicine that offers an ideal and sustainable outcome for patients with chronic atopic dermatitis. This case demonstrates how a multifactorial chronic condition can be addressed using bioregulatory medicine, combined with dietary interventions, micronutrient supplementation, and probiotics. It highlights the potential to influence various hormonal axes and bodily interactions, emphasizing the need for comprehensive management approaches that consider the body as a whole. The patient's skin condition improved significantly, with a 95% reduction in lesions compared to the initial presentation, non-cutaneous response to monthly hormonal fluctuations, enhanced quality of life, and increased self-esteem. The bioregulatory approach presents promising foundations that may provide a new perspective on intervening in such complex pathologies and their multifactorial nature. While this intervention was personalized, the theoretical basis could potentially allow for broader application to larger population groups, with positive impacts beyond the currently known management strategies.

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