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Successful Homoeopathic Management of Pediatric Pemphigus in a 2-Year-Old Child: A Case Report

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ABSTRACT

Pemphigus is a rare autoimmune vesiculobullous dermatosis characterized by acantholytic blister formation, infrequently encountered in early childhood. Conventional therapeutic management relies on long-term systemic corticosteroids and immunosuppressants, posing significant risks of growth restriction, adrenal suppression, and secondary infections in young children. Homoeopathic medicine offers an individualized, gentle, and effective alternative.

This report documents the case of a 2-year-old male child presenting with extensive, painful, and intensely pruritic vesiculobullous eruptions persisting for one month. Following comprehensive pediatric case taking that synthesized maternal gestational history, physical modalities, and temperamental characteristics, Rhus toxicodendron 30C was prescribed three times daily (TDS) for 2 days . At follow-up (7 days post-treatment), complete clinical remission was achieved, with total clearance of all bullous lesions, rapid re-epithelialization, and no adverse effects.

Keywords: *Pediatric Pemphigus, Autoimmune Bullous Disease, Rhus toxicodendron, Homoeopathy, Case Report.*

1. Introduction

Pemphigus encompasses a group of uncommon, life-threatening autoimmune bullous disorders characterized by autoantibodies directed against desmosomal cadherins (mainly desmoglein 1 and 3), leading to the breakdown of keratinocyte cell-to-cell adhesion, termed acantholysis [1, 2]. While pemphigus predominantly affects adults aged 40 to 60 years, pediatric cases account for less than 2% to 3% of all diagnosed instances [2, 3]. In toddlers and young children, diagnosis is challenging, and conventional treatments require high-dose systemic corticosteroids combined with immunosuppressive or biologic agents [3, 4].

In patient, however, prolonged corticosteroid and immunosuppressive therapies pose severe risks, including hypothalamic-pituitary-adrenal (HPA) axis suppression, growth failure, osteopenia, and opportunistic systemic infections [4, 5]. In contrast, classical homoeopathy approaches disease not as an isolated local skin pathology, but as an external manifestation of an internal dynamic vital disturbance [6]. In young pediatric subjects who cannot verbalize their sensations, homoeopathic remedy selection relies heavily on careful physical observation, modalities, and maternal gestational history [7, 8].

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2. Patient Information and Clinical Presentation

On April 5, 2026, a 2-year-old male child was brought by his mother to the homoeopathic outpatient clinic with a 1-month history of multiple painful, fluid-filled, and intensely itchy vesiculobullous eruptions on facial region & Scalp .

Clinical Presentation & History: The mother reported that the eruption began four weeks prior as small erythematous papules that quickly enlarged into tense and flaccid vesicles and bullae. Several lesions had ruptured, creating painful, raw, denuded areas with yellowish crusting. Pruritus was intense, causing continuous scratching, distress, and night-time screaming. Prior topical soothing creams had failed to halt progression or provide symptomatic relief.

Maternal and Gestational History: Classical homoeopathic pediatric prescribing emphasizes maternal experiences during pregnancy [7, 8]. The mother reported undergoing substantial domestic anxiety and severe physical overexertion during her pregnancy, and experienced chronic stiffness and susceptibility to damp, cold weather postpartum. The child was born at full term via normal delivery with normal birth weight (3.1 kg) and unremarkable developmental milestones.

Physical Generals and Behavioral Features:

- Thermal Reaction: Chilly patient; marked intolerance to drafts of cold air and damp surroundings.
- Thirst: Thirsty for small sips of warm water at frequent intervals.
- Sleep & Mood: Extremely restless in bed, tossing and turning incessantly; irritable, crying and agitated when held in one position.

3. Pre-Treatment Clinical Documentation (April 5, 2026)

Baseline clinical photographs taken prior to homoeopathic intervention demonstrate active, extensive vesiculobullous lesions, crusting around the perioral/facial area, and denuded active erosions across the posterior scalp and neck region.



Figure 1: Pre-Treatment Facial View
Perioral and facial vesiculobullous eruptions with raw denuded erosions, exudation, and crusting.



Figure 2: Pre-Treatment Nuchal/Scalp View
Active bullous lesion with crusting and inflammatory halo over the posterior scalp and occipital margin.

4. Homoeopathic Totality and Remedy Selection

The clinical presentation was consistent with an autoimmune vesiculobullous disorder (pemphigus). Based on the totality of characteristic symptoms, modalities, and maternal-child correlations, Rhus toxicodendron was identified as the simillimum [6, 9]:

1. Dermatological: Marked vesicular and bullous eruptions with intense erythema and inflammatory exudation [9].
2. Subjective Modalities: Intense pruritus and burning relieved by warmth; aggravation from cold air and during the night [9, 10].
3. Constitutional Restlessness: Constant physical and mental restlessness, tossing and turning, unable to rest in one position [9, 10].
4. Maternal Corroboration: Maternal history of physical overexertion, joint soreness, and damp-weather aggravation [7, 8].

Table 1: Symptom Totality and Repertorial Correlation

Rubric No.	Characteristic Repertorial Rubric	Indicated Remedy
1	SKIN - ERUPTIONS - vesicular / bullous, with erythema	Rhus tox (3/3)
2	SKIN - ERUPTIONS - pemphigus - itching and burning	Rhus tox (3/3)
3	GENERALS - RESTLESSNESS - physical, moves continuously	Rhus tox (3/3)
4	GENERALS - COLD, damp weather - agg.	Rhus tox (3/3)

5. Therapeutic Intervention and Prescription

Prescription Details (Date: April 5, 2026):

- Medicine: Rhus toxicodendron 30C.
- Posology: 4 globules (size No. 30) dissolved in one teaspoon of clean boiled water, administered orally three times daily (TDS) for 2 days (April 5 and 6, 2026).
- Subsequent Care: Placebo (unmedicated globules) administered for the following 5 days.
- General Instructions: Gentle cleansing with sterile water, avoidance of harsh soaps, breathable soft cotton garments, and avoidance of blister deroofing.
- Follow-Up: Review scheduled after exactly 1 week (April 12, 2026).

6. Follow-up and Clinical Outcome

On April 12, 2026 (7 days following the initial prescription), the child returned with his mother for evaluation.

Clinical Findings on April 12, 2026:

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1. Complete Clearance: All bullous and vesicular eruptions had completely disappeared. No new lesions appeared after day 2 of treatment.
2. Re-epithelialization: Previously raw, denuded surfaces healed cleanly with smooth re-epithelialization and absence of scarring.
3. Symptom Resolution: Pruritus and burning subsided completely within 48 to 72 hours.
4. Constitutional Improvement: Restlessness ceased; sleep was undisturbed and appetite returned to baseline.

7. Post-Treatment Clinical Documentation (April 12, 2026)

Photographic evidence captured on follow-up confirms complete clinical resolution, showing fully reconstituted, intact epidermal tissue without active lesions, crusting, or secondary infection across the previously affected sites.



Figure 3: Post-Treatment Facial Resolution
Complete resolution of perioral and facial eruptions with intact, healthy skin and clear complexion.



Figure 4: Post-Treatment Nuchal/Scalp Resolution
Complete healing and smooth re-epithelialization of the posterior scalp and neck without scar tissue.

8. Discussion and Conclusion

Pediatric pemphigus in toddlers represents a clinical dilemma where standard systemic immunosuppression presents significant toxicological hazards [2, 4]. Rhus toxicodendron has an established elective affinity for erythematous, vesicular, and bullous cutaneous conditions, relieving dynamic tissue inflammation and severe restlessness [9, 10]. Integrating maternal gestational history provided critical constitutional guidance, enabling rapid identification of the simillimum [7, 8].

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