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Matricaria recutita



Infantile Dermatitis

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Background

A 28-year-old woman brought her 12-week-old girl to the office with the complaint of skin rash and severe itching over 70% of her daughter's body. The baby had a normal vaginal delivery at 41 weeks, weighing 8 pounds 3 ounces. She is currently breastfeeding with no problems related to nursing or lactation. A mild rash started to appear on the baby's arms and neck, along with signs of cradle cap, at eight weeks of age. Over the last two weeks the condition has significantly worsened. The baby is constantly scratching and is often up at night with discomfort. The mother reports that heat, hot water, and some fabrics appear to make the skin flare. She also reports the rash flaring for no apparent reason. The baby has several normal breast milk stools daily, mild colic on occasion, and is otherwise happy.

Upon examination of the infant's skin, lesions are present on the flexor aspects of the arms and legs bilaterally, abdomen, back, neck and face. There is a thick patch of cradle cap covering 80% of her head. The skin lesions appear to be erythematous, dry, and scaling and vary in size from several mm to 2 cm on the arms, legs, and trunk. On the neck and face it presents in a more confluent pattern. One area on the chin has a yellow serous discharge which dries and crusts over the top of the skin. Vital signs: heart rate 118/ min; temperature 99; respirations 20/min.

Family history

The mother's family history is positive for atopic eczema and asthma. She reports having asthma most of her adult life, with need for prophylactic medications at various times. She reports no use of the asthma medications while pregnant or breastfeeding. She currently uses a prenatal vitamin, vitamin C (500mg daily), 1 tbsp of flax oil daily, and 300mg of freeze-dried nettles twice daily. The mother eats no dairy, red meat, fish, caffeine, or legumes, soy products, fruits, vegetables, nut-butters, nuts and seeds; rarely eggs or poultry. She often has low-grade upper respiratory congestion, reports shortness of breath with exercise or excessive dust, and full blown attacks in areas high in mold and mildew.

The father's history is positive for seasonal allergies in the late fall, mostly with symptoms of itchy eyes and sneezing. He uses vitamin C and nettles for symptomatic relief. Otherwise he is a healthy 27-year-old man.

The baby's skin rash is diagnosed as atopic seborrhoeic infantile eczema with secondary impetigo on the chin.

Therapeutics

Infant's Treatments:

Internal:

• Oral use of flax seed oil 1/4 Tbsp TID, sucked from a dropper.

• Botanical formula containing equal parts of the following tinctures:

Matricaria recutita (chamomile flowers)

Viola tricolor (wild violet)

Lavendula off (lavender flowers)

Fragaria vesca (strawberry leaf)

Mix into a one ounce bottle.

Dose: 12 drops of the mix in 1tbsp warm water, given in teaspoon doses TID

Topical:

• Apply flax oil generously to all affected areas of the body including the head. The head should be covered with a white cotton helmet hat, ties removed. Avoid using it on chin area of face until the impetigo has cleared.

• Avoid over bathing with soaps, dry well after bathing and face washing. These can cause over drying of the skin.

• Avoid use of baby oils or creams.

• Avoid over heating the skin by overdressing, too warm of water, or direct sun.

• Topical Cream for Impetigo

2 oz base of *Stellaria media* (chickweed) cream Add: Essential oil of lavender flowers, *Achilles millefolium* (yarrow) flower, and *Abies balsamea* (balsam fir) and 1/2 tsp of *Hydrastis canadensis* (goldenseal powder). Apply to area after washing with *Calendula off* (calendula) soap two times a day.



Calendula officinalis

Mother's Treatments:

• Full dose of prenatal vitamins

• 1 Tbsp flax seed oil three times a day

• 1 tsp pumpkin, sunflower, and sesame oil mix two times a day

• Freeze-dried *Urtica dioica* (nettles), 300mg four times a day.

• L. acidophilus 5 billion three times a day post food.

• Mixed bioflavoids 1000mg daily

• Tea of *Glycyrrhiza glabra* (licorice root), *Taraxacum* officinalis (dandelion root), *Mentha spicata* (spearmint), and calendula flowers, to use two or three times daily.

Follow-up one month:

At the one month visit the baby had improved about 10% overall, with less itching.

Follow-up three months:

After a full three months of treatment the baby was 80% clear of the rash. She had no new cradle cap but still had the sticky discharge on the head which the mother removed with olive oil.