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Prevention of poison ivy dermatitis with oral homeopathic *Rhus toxicodendron*

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Abstract

Acute allergic contact dermatitis to poison ivy is a common and miserable dermatosis which affects millions of Americans each year. Preventative measures, such as avoidance, protective clothing, barrier creams, soaps, and solvents often fail despite our patients' best attempts. Severe allergic reactions to poison ivy are a significant source of decreased employee productivity owing to inability to work and a major health care expenditure. Patients may have to leave their jobs and discontinue favorite outdoor recreational activities as a result of severe urushiol sensitivity. Thus, a simple and effective method of preventing poison ivy dermatitis would be of great benefit to clinical dermatologists and their patients. Complementary and alternative medical practitioners commonly prescribe homeopathic poison ivy products by mouth for the prevention of poison ivy dermatitis. Yet, conventional dermatologists are mostly unaware of this little known clinical pearl. The author discusses two open studies and anecdotal experience with administration of homeopathic poison ivy in the prevention of acute allergic contact dermatitis related to poison ivy exposure. Potential advantages could include patient acceptability, ease of administration, affordability, and availability. Randomized clinical trials are needed to further evaluate the safety and efficacy of this interesting and promising clinical tip.

Keywords: poison ivy; Toxicodendron radicans; urushiol; dermatitis; contact dermatitis; prevention

Acute allergic contact dermatitis owing to poison ivy, poison oak, or poison sumac affects up to 50 million

Americans each year and is the most common allergic reaction in the U.S [1, 2]. Protective measures e.g. clothing, barrier creams, soaps, and solvents are often unsuccessful. The prophylactic oral administration of over-the-counter homeopathic poison ivy (HPI) to prevent allergic contact dermatitis from poison ivy is widely practiced among alternative medicine practitioners [3, 4]. Nevertheless, this clinical tip is not commonly known by conventional dermatologists.

HPI is manufactured by preparing an alcohol extract from poison ivy leaves, which is then serially diluted and shaken to the desired strength (e.g. 1 x 10⁻⁶⁰). Homeopathic medicines are regulated by the FDA as drugs as specified by the U.S. Food, Drug, and Cosmetic Act of 1938. They are prepared according to the homeopathic pharmacopoeia of the United States using good manufacturing practices [5]. HH

In 1958, Gross studied oral HPI in the prevention of poison ivy dermatitis [6]. He evaluated 455 patients, including 177 tree service workers, all with a history of poison ivy sensitivity. Adults took Oral Ivy®3X Solution (Boericke and Tafel) five drops before breakfast for at least six weeks beginning the start of March and then three times weekly until the end of poison ivy season. Children under six years took three drops.

During the season following prophylaxis, Gross found 76.9% of subjects were either free of ivy dermatitis or experienced milder attacks [6]. Two subjects had adverse reactions: "nausea and gastrointestinal discomfort" and "intolerance or gastrointestinal side effect." Two patients were patch tested to urushiol before and after administration of HPI. Both demonstrated robust patch test positivity

before treatment. Six weeks after HPI, both showed negative patch testing results, confirming successful hyposensitization to poison ivy [7]. Both patients reported no poison ivy dermatitis during the summer of treatment, despite frequent outdoor activity.

In 2003, Stein and Parsons published an open pilot study [8] of HPI solution in the prevention of poison ivy dermatitis. They investigated 56 subjects ages 12 through 75. Subjects received compounded HPI 6X/12X solution (NuCara Pharmacy) as follows: 3 ml P.O. weekly for 3 weeks, then 3 ml P.O. monthly for 7 months. Twenty-seven (48%) patients had less severe or fewer episodes of poison ivy dermatitis. Twenty five (45%) patients experienced no episodes of poison ivy dermatitis. One of 56 subjects (2%) reported mild facial flushing.

In my dermatology office, five adult patients with previous histories of poison ivy sensitivity who received HPI (*Rhus toxicodendron* 30C Pellets®, Boiron USA) as follows were monitored: one pellet P.O. monthly during poison ivy season. These patients were followed for over 20 years including a landscaper with frequent unavoidable occupational contact to poison ivy. From 1994 to 2004, he was treated on five separate occasions for severe poison ivy allergic contact dermatitis necessitating systemic corticosteroids. Between these office visits, he reported numerous, less severe cases of poison ivy dermatitis each year. During the next 10 1/2 years, he began prophylactic HPI pellets 30C. For the first nine years after beginning prophylaxis, he was completely free of poison ivy dermatitis, despite known occupational exposure. In the following 1 1/2 years, he then experienced two episodes of poison

PREVENTION OF POISON IVY DERMATITIS:
AVAILABLE HOMEOPATHIC RHUS TOXICODENDRON PRODUCTS

<u>Manufacturer</u>	<u>Potency</u>	<u>Product Name</u> (Type)	<u>Dosing</u> <u>Schedule</u>	<u>Quantity</u> <u>Dispensed</u>
Boiron USA	30C	Rhus toxicodendron (Pellets)	1 Pellet Sublingually Each Month (March to November)	1 Tube (=80 Pellets)
Boericke & Tafel	3X	Oral Ivy™ (Alcohol Solution)	Put 5 gtts in 2 oz. water & take before breakfast daily (for 6 weeks), then take 3 times per week (until end of poison ivy season)	1 Ounce Bottle
NuCara Compounding Pharmacy	6X / 12X	Rhus toxicodendron (Alcohol Solution)	3 ml p.o. weekly (for 3 weeks) then 3 ml p.o. monthly (for 7 months)	As Requested
Washington Homeopathic Products	4X	Be Gone™ Poison Ivy Rhus tox 4X (Pills)	1 Pill Sublingually Daily (for 6 weeks) Then 3 Times/Week	1 Ounce Bottle (=300 Pills)

ivy: on one occasion, he forgot to take a monthly dose and on the other, he ran out of medication. The other four patients treated with HPI experienced either partial or complete protection from poison ivy dermatitis. Three of 5 patients who experienced protection from poison ivy each went on to forget a monthly prophylactic HPI dose. All three then developed poison ivy dermatitis during the month of non-compliance. No adverse effects were observed.

For best results prophylactic treatment should begin one month prior to poison ivy exposure. It appears that the protective effect of HPI is lost about one month after discontinuation. Thus, protection does not appear to be permanent.

In summary, over-the-counter HPI is commonly prescribed by homeopathic practitioners to prevent poison ivy dermatitis. Yet, dermatologists are unaware of this potentially helpful clinical pearl. HPI appears to be helpful for preventing severe, recurrent poison ivy dermatitis, although clinical studies are needed.

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