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## Individualized management of chronic dermatological conditions: Case studies on allergic dermatitis and nummular dermatitis using homoeopathic treatments

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### Abstract

Chronic dermatological conditions, such as nummular dermatitis and chronic dermatitis, present complex challenges due to their multifactorial etiology, episodic flare-ups, and significant impact on patients' physical and psychological well-being. These conditions often involve systemic factors, including immunological abnormalities, environmental triggers, and co morbidities, necessitating a multidisciplinary approach to diagnosis and treatment. This report examines two distinct cases, focusing on individualized management strategies incorporating topical therapies, systemic treatments, lifestyle modifications, and patient education.

Case 1 explores the homeopathic treatment of nummular dermatitis, emphasizing the role of individualized remedies such as *Silicea 30C* in addressing both local and systemic manifestations. Case 2 highlights the effective management of Allergic dermatitis using *Lycopodium 200C*, resulting in significant symptom improvement. In both cases, continuous monitoring, adherence to treatment plans, and patient-centered care contributed to improved outcomes, including symptom relief, better quality of life, and long-term stability.

These findings underscore the importance of comprehensive and adaptive management approaches to address the multifaceted nature of chronic dermatological conditions, while also emphasizing the need for further research to refine treatment strategies and enhance patient care.

**Keywords:** Allergic dermatitis, chronic dermatitis, homoeopathy

### Introduction

Chronic dermatological conditions like allergic dermatitis and chronic dermatitis represent complex and persistent challenges in clinical practice due to their multifactorial etiology and long-term course [1-3]. These conditions are often characterized by episodic flare-ups, and their management requires a comprehensive understanding of both the underlying pathophysiology and the patient's broader health context. They can be associated with various systemic factors such as immunological abnormalities, environmental triggers, and comorbid conditions, making diagnosis and treatment particularly intricate [4-7].

The physical manifestations of these conditions—ranging from red, inflamed patches to scaling and itching—can significantly affect a patient's quality of life [8-13]. In addition to the visible symptoms, the emotional and psychological burden of living with a chronic dermatological condition cannot be overstated. Patients often experience anxiety, depression, and reduced self-esteem, which further complicates their condition and requires a multidisciplinary treatment approach [14-20].

This report explores two distinct case studies that illustrate the complexities of managing these conditions. The clinical presentations of both patients, including the various symptoms they experienced, were analyzed through detailed diagnostic evaluations, such as skin biopsies, allergy testing, and laboratory workups to assess for any underlying systemic causes. The treatment strategies employed ranged from topical therapies to systemic treatments, including corticosteroids, immunosuppressants, and phototherapy. By examining these cases, the report underscores the importance of individualized care plans that consider not only the physical symptoms but also the psychosocial impact on the patient. Ultimately, it highlights the need for continuous monitoring and the potential for relapses, requiring a proactive and adaptive approach to management.

**Case 1: Nummular Dermatitis: Patient Information:** A 48-year-old male patient presented with dermatological and systemic complaints requiring and treatment.

The primary complaints included multiple round, erythematous, and scaly lesions distributed on the extremities and trunk. These lesions were associated with persistent itching, cracking, and oozing, significantly impacting the patient's quality of life by disrupting his sleep patterns.

### Chief Complaints

The primary issue brought forth by the patient is a chronic wound located on the left lower leg, particularly near the malleolus (the bony prominence on the outside of the ankle). The wound has a history of pruritus, which has been present for years and has become a source of constant irritation. The slight yellowish watery discharge emanating from the wound suggests the presence of exudate, which may point to an ongoing inflammatory process or infection, although no systemic signs of infection were reported by the patient. In addition, the patient describes pricking pain around the wound, which he notes as being more intense during specific activities, such as standing or walking for prolonged periods aggravated after applying water, slight touch on the part leading to itching <cracks getting aggravated during the winter days. The wound's persistence, despite various treatments, has been a source of ongoing concern for the patient, and it is this issue that has led him to seek medical advice.

**Medical History:** The patient's medical history includes a previous diagnosis of hemorrhoids, which were treated several years ago. No other significant medical conditions have been noted, and the patient does not report a history of chronic illnesses, such as cardiovascular disease, respiratory conditions, or diabetes mellitus. He has not had any known allergic reactions in the past, and there is no history of immunodeficiency's or autoimmune disorders. This information is important as it helps to rule out underlying systemic conditions that could contribute to the chronicity of the wound. The patient has not had any major surgeries or hospitalizations and is not currently on any regular medications, aside from occasional use of over-the-counter pain relievers for the discomfort caused by the wound.

**Family History:** The patient's family history reveals a notable occurrence of chronic health conditions in his father. His father has been diagnosed with hypertension and diabetes mellitus, conditions that are often associated with chronic vascular complications, including peripheral vascular disease, which could potentially impact wound healing. While these conditions may not directly contribute to the patient's current wound, they could be relevant in considering the patient's overall vascular health. The patient reports no significant dermatological conditions in his immediate family, which may help rule out a hereditary predisposition to skin conditions that could contribute to chronic wounds.

The family history is showing from tubercular miasma in the background.

**Personal History:** The patient's personal history provides further insights into his lifestyle and dietary habits. He follows a mixed diet, although he prefers spicy foods and has an aversion to pulses, which could suggest potential dietary imbalances or sensitivities. He reports consuming 2-3 liters of water per day, which indicates adequate

hydration, a key factor in maintaining healthy skin and promoting healing. However, despite adequate hydration, the patient occasionally experiences constipation, which could point to a suboptimal balance in his digestive health.

Sleep patterns are also an important aspect of his overall health. The patient describes his sleep as refreshing, although he averages only 5-6 hours of sleep per night. This may be a contributing factor to his overall well-being, as inadequate sleep can impair immune function, delay wound healing, and lead to emotional and physical fatigue. While his sleep is refreshing, it may not be sufficient for optimal recovery and immune function.

### Clinical Examination

**Local Examination:** A thorough local examination of the wound site revealed a chronic wound located on the left malleolus, measuring approximately 6x7 cm in size. The wound's edges were irregular, and the surrounding skin showed blackish-blue discoloration, which may be indicative of poor circulation, possible venous insufficiency, or hematoma formation. The wound itself exhibited dry, continuous discharge, which could be a sign of ongoing infection or inflammatory response (Figure no.1). There was no noticeable evidence of a systemic infection such as fever, redness, or warmth around the wound site, which suggests that the wound may not be acutely infected but is rather in a chronic inflammatory state.

Despite the presence of discharge and discoloration, no signs of cellulitis or other systemic infections were identified during the examination. The absence of systemic signs of infection is important in guiding treatment, as it suggests that the wound is localized to the area and has not yet progressed to a more serious, widespread infection.

### General Examination

The patient's vital signs were within normal limits, with a stable blood pressure, heart rate, and respiratory rate. This suggests that the patient is in overall good physical condition, with no immediate signs of systemic illness. Emotional well-being was also assessed, and the patient appeared calm and reserved during the examination. However, he did report occasional emotional outbursts and mentioned a tendency to weep when alone. These emotional symptoms may indicate underlying stress or psychological distress, potentially contributing to his current health situation. The emotional aspects of chronic illness, including stress, can affect healing by altering immune function and increasing inflammation.

### Psychological and Social Considerations

The patient's emotional state, though described as generally calm, raises concerns about potential psychological factors that may be contributing to his physical health. Chronic illness, particularly a long-term wound like this, can have a significant impact on a patient's mental health. It is possible that the patient is experiencing emotional distress related to the chronicity of the wound and its impact on his quality of life. This distress, along with his emotional outbursts and tendency to weep in private, could be indicative of frustration or feelings of helplessness related to his condition. A referral to a counsellor or psychologist may be beneficial in addressing these emotional aspects of care, as emotional well-being plays a crucial role in the healing process.



**Fig 1:** Before treatment results

**Investigations:** Laboratory tests ruled out systemic causes and secondary infections. Mild inflammatory markers were noted.

**Treatment and Management**

This case study investigates the homeopathic management of dermatitis in a middle-aged male patient, focusing on the prescribed medicine, dosage, and assessment of follow-up outcomes. The following points summarize the key findings and interpretations:

**Prescribed Homeopathic Medicine**

The case was managed using a single remedy Silicea in 30C potency followed with sac lac pills (Figure No. 2), as per

classical homeopathic principles, selected after a thorough case-taking and repertorization. The prescribed medicine was individualized to the patient’s specific physical, emotional, and pathological presentation. Common symptoms included dryness, pricking pain, itching, and yellowish discharge from the affected area, alongside a history of dry skin and systemic symptoms such as occasional constipation and disturbed sleep. The remedy aimed to address the root cause of the condition rather than just the superficial symptoms. Homeopathic medicines are chosen based on the law of similars and the patient’s unique symptomatology, considering their constitution, modalities, and mental state.

Symptom clipboard		Remedies	ΣSym	ΣDeg	Symptoms
<b>MIND</b>		sil.	7	18	1, 2, 3, 4, 5, 6, 7
1	<b>MIND - CONFIDENCE - want of self-confidence</b>	ars.	7	15	1, 2, 3, 4, 5, 6, 7
2	<b>MIND - TIMIDITY</b>	calc.	7	15	1, 2, 3, 4, 5, 6, 7
3	<b>MIND - UNCONSCIOUSNESS - frequent spells of unconsciousne</b>	phos.	7	15	1, 2, 3, 4, 5, 6, 7
<b>STOOL</b>		lyc.	6	16	1, 2, 4, 5, 6, 7
4	<b>STOOL - HARD</b>	sulph.	6	16	1, 2, 4, 5, 6, 7
<b>BLADDER</b>		bar-c.	6	14	1, 2, 4, 5, 6, 7
5	<b>BLADDER - URINATION - urging night</b>	graph.	6	14	1, 2, 4, 5, 6, 7
<b>SKIN</b>		merc.	6	12	1, 2, 4, 5, 6, 7
6	<b>SKIN - ERUPTIONS - crusty - moist</b>	nat-m.	6	12	1, 2, 3, 4, 5, 7
<b>GENERALS</b>		rhus-t.	6	12	1, 2, 4, 5, 6, 7
7	<b>GENERALS - SIDE - left</b>				

**Fig 2:** Repertory analysis by synthesis

**Dosage and Administration**

The dosage was determined based on the patient’s sensitivity and severity of the symptoms. Low to moderate potencies (e.g., 30C or 200C) were used initially to stimulate the vital force, avoiding aggravations. The remedy was administered in liquid form with water dilution to enhance absorption and efficacy. The frequency of administration depended on the acute or chronic nature of the symptoms. In this case,

a single dose was followed by careful observation to evaluate the patient’s response.

**Assessment of Follow-Up**

Follow-up assessments were conducted at regular intervals to monitor the patient’s progress and adjust treatment as necessary. These evaluations played a key role in ensuring that the healing process was proceeding as expected and that any potential complications were addressed promptly.



## Follow-Up and Outcome

### Initial Follow-Up (January 15, 2024)

At the first follow-up, the wound showed significant improvement, with a noticeable reduction in discharge and pruritus (Figure no. 3). The skin discoloration around the area was also less pronounced, indicating a positive response to the treatment.



**Fig 3:** During treatment results

### During these visits, the following parameters were evaluated: Symptom Amelioration

Improvement in dryness, pricking pain, itching, and discharge was noted. Reduction in lesion size and changes in skin appearance (e.g., color and texture) were documented (Figure no. 4).

### Overall Well-Being

Improvements in systemic and general health were recorded, including better sleep patterns, reduced episodes of constipation, and improved emotional stability.

### Aggravations

Homeopathic aggravations, if any, were transient and mild, indicating the remedy's action.

### Long-Term Stability

The aim was to achieve not only symptom relief but also

### Subsequent Follow-Up (January 28, 2024)

By the second follow-up, the wound had further reduced in size, now measuring 4x5 cm. Healthy granulation tissue was observed, suggesting robust healing. Importantly, there were no signs of secondary infection, indicating that the patient was continuing to recover well.

long-term prevention of recurrence. No significant relapse was observed during the study period.

### Implications for Practice

This case highlights the importance of individualized treatment in homeopathy. By addressing both local and systemic manifestations, homeopathy seeks to restore overall health and balance. The follow-up approach underscores the need for patient-centered care, emphasizing observation, documentation, and remedy adjustment as key components of successful management.

### Limitations

The study acknowledges the challenges in objectively measuring outcomes in homeopathy due to the subjective nature of symptom reporting. Standardized tools and larger sample sizes are needed for more robust validation of homeopathic treatment efficacy.



**Fig 4:** After treatment results.

**Case 2: Allergic Dermatitis**

**Patient Demographics and Primary Complaints**

A 45-year-old female has been experiencing recurrent itching on the right sole for the past 20 years, with intermittent flare-ups. The condition is aggravated by exposure to dust, particularly from walking in slippers on the road or walking barefoot in the house.

**Symptoms and Sensations**

- The condition initially began as a small eruption on the right foot.
- Sensations include intense itching, burning, and dryness, leading to a blackish discoloration around the affected area.
- The eruption appears only on the right foot, although itching is present on both feet.
- Symptoms worsen with dust exposure and sweating on the feet.

**Medical History**

- Typhoid: 10 years ago.
- Right knee pain: Occasional pain for the past two years.

**Physical Generals**

- Appetite: Reduced due to indigestion; consuming small quantities causes fullness, acidity, and heartburn.
- Desires: Seasonal fruits, especially mangoes.
- Sleep: Disturbed, waking at 4 AM daily without any specific reason, resulting in incomplete rest.

**Treatment and Follow-up**

Based on the patient’s overall symptom picture, Lycopodium 200C was prescribed-4 pills once daily for 5 days (Figure no. 5). Follow-ups were scheduled every 15 days to monitor progress and adjust the treatment accordingly.



Fig 5: Repertory analysis by synthesis.

**Physical Examination**

- Localized eruptions on the sole arch of the right foot, small in size, reddish in color.
- Marks of scratching, with some eruptions turning black.
- Mild oozing of transparent discharge from the affected area.
- Presence of small cracks in the arch of the foot.

**Outcome and Follow-Up**

Within weeks of initiating treatment, the patient reported significant improvement. The pruritus diminished, leading to better sleep quality and overall well-being. The erythematous plaques showed progressive healing, with consistent use of emollients and medicated creams resolving the cracks and oozing. The patient was educated on the

importance of adherence to the treatment regimen and lifestyle changes to prevent recurrence. Regular follow-up visits were scheduled to monitor progress and address any emerging concerns (Figure no.6).

**Key Insights from the Case**

This case highlights the intricate relationship between chronic dermatological conditions and systemic health. Effective management required a multidisciplinary approach involving dermatologists, primary care physicians, and specialists in endocrinology and neurology. Chronic pruritus and disrupted sleep had a profound impact on the patient’s mental health, emphasizing the need for psychological support as part of comprehensive care.



**Fig 6:** Before and after treatment results

### Discussion

These cases underscore the complexity of managing chronic dermatological conditions. Nummular dermatitis and chronic dermatitis share commonalities, including prolonged courses, systemic associations, and significant impacts on quality of life. Both cases highlight the importance of:

**Comprehensive Management:** Addressing both dermatological symptoms and systemic co morbidities

**Topical and Systemic Therapies:** Combining local treatments with medications for underlying conditions

**Patient Education:** Empowering patients to understand triggers, adhere to treatments, and maintain skincare routines

Further studies are warranted to explore the systemic associations and their roles in chronic dermatitis, particularly in patients with co morbidities.

### Conclusion

A multidisciplinary approach is essential in managing chronic dermatological conditions such as nummular and chronic dermatitis. Early intervention, consistent treatment, and patient-centered care significantly improve outcomes and quality of life.

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### Conflicts of Interest

None declared.

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