

# A case report on chronic dermatitis well treated with LM potency

Dr Shyambhavi Chaudhary<sup>(1)</sup>, Dr Varun Chaudhary<sup>(2)</sup>, Dr Shipra Singh<sup>(3)</sup>

**Abstract:** Chronic dermatitis is an inflammatory condition of skin which affects children as well as the adults, and presented as eruption with hyperpigmentation and severe itching, modalities differs from individual with the causes such as high temperature, over sweating, hormonal imbalance, humidity, food allergies, stress, improper hygiene and suppressed respiratory complaints or history of respiratory disease as well as auto immune disorder. In homoeopathy, each condition is treated and observed on the basis of individualisation of patient like according to causation, modality, symptoms, etc., and on other hand, homoeopathy also has marked impact in the cases of skin problems which are generally underwent the phenomenon of suppression by the repeated use of topical ointments and other multiple drugs which makes the disease complicated. Homoeopathic medicines to such cases, shows marked relief in skin complaint as well as patient as a person, the potency used in this case showed marked effect on the patient, with least aggravation as mentioned in the f.n.270 in *Organon of Medicine*.

**Keywords:** endogenous, exogenous, dermatitis, lichenified, acanthosis, hyperpigmented, individualisation, 50 millesimal.

**Abbreviations:** ICD - International classification of diseases, f.n. – footnote, LM potency – 50 millesimal potency, DOTS - directly observed treatment, short-course

## Introduction

Dermatitis is termed as the inflammation of skin. There are several classifications available: aetiological and morphological.<sup>(1)</sup>

### Classification of Dermatitis:<sup>(1)</sup>

Etiology	Morphology	Chronicity
Endogenous	Discoïd	Acute
Exogenous	Hyperkeratotic	Chronic
Combined	Lichenified	
	Seborrheic	

- Endogenous dermatitis: patient developing dermatitis by predisposing intrinsic factors. For example, venous insufficiency causing stasis dermatitis.
- Exogenous dermatitis: external stimuli triggers the development of dermatitis. For example, contact dermatitis.
- Combined dermatitis: when constitutional factors and external stimuli are responsible for development of dermatitis.

For example, atopic dermatitis.

**Manifestations:** Clinical and histological manifestations depends on the phase:

- Clinical manifestations: *Acute dermatitis* is characterised by ill-defined, extremely itchy, erythematous, edematous plaque surmounted by papules, vesicles, pustules, exudates when dries forms crusts. *Chronic dermatitis* is characterised by lichenified plaque. (thickened, hyperpigmented lesion), extremely itchy, less exudative and more scaly.
- Histological manifestations: *Acute dermatitis*, spongiosis is the histological hallmark. *Chronic dermatitis*, hyperkeratosis and acanthosis of lesions.

### Complications:

- Dermatological complications – secondary infections, id eruptions, contact dermatitis, erythroderma.

- Psychosocial impact – anxiety and depression, social implications, disability, wage loss.

**Diagnosis :** Diagnosis of dermatitis (ICD 10 L-30)<sup>(1)</sup> is based on the study of clinical features of following dermatitis, such as Acute dermatitis, Chronic dermatitis, Endogenous dermatitis, Exogenous dermatitis.

## Case study

**Introduction :** A female patient aged 39 years, reported in December 2019 with the complaint of dry, itchy, blackish eruptions over the left arm, under left breast, hip region and inguinal region both sides for 1½ years.

**Presenting complaints:** The patient presented with dry, itchy, blackish eruptions over the right arm, under right breast, inguinal region and hips for 1½ years. The eruptions were dry, without any discharge, black in colour and with undefined or irregular boundaries. Itching <

at night, mostly over inguinal and hip region, after bathing; >rubbing gently.

**History of presenting complaints:**

Patient was apparently well 1½ year back when she started seeing eruptions firstly over inguinal and hip area, which then extended to right axilla, under right breast and over right arm, with intense itching. For this, she took allopathic treatment for 3 months but not completely relieved, as it recurred.

**Past history:** Had renal stone 2 years back, recovered by ayurvedic treatment.

Tuberculosis of chest , 14 years back, took DOTS treatment.

Recurrent aphthae in childhood.

**Family history :** Grandparents , had

respiratory problem .

**Menstrual history :** Cycle/duration – 23days/ 3days , regular. With no associated complaints.

**Obstretical history :** Gravida - 0 Para - 2 Abortion - 0 Live - 2. Normal vaginal deliveries occurred without any complications.

**Physical generals :**

Desire – spicy food  
Sleep – disturbed due to itching  
Tongue – dry, red raised papillae  
Sexual symptoms – Unsatisfied, suppressed, desires due to the religious tendency of husband. He didn't want to make sexual relationship.

**Mental generals :**

- Irritable due to skin problem.
- Doesn't wish to talk and meet

people, as she thinks that she doesn't look good.

- Shouts in anger.
- Feels as if she is not needed in family.
- Thoughts of suicide.

**On examination :** Eruptions are dry, hyperpigmented and edges are not well defined.

**Diagnosis :** According to ICD-10 code L-30 (30.9)<sup>(1)</sup>, Chronic dermatitis is diagnosed as the eruptions are extremely itchy, hyperpigmented with the passage of time and are not exudative but dry.

If the eruptions were more exudative and reddened then acute dermatitis can be considered. There is not any specific history of some allergen or irritant in contact, that's why contact dermatitis is excluded.

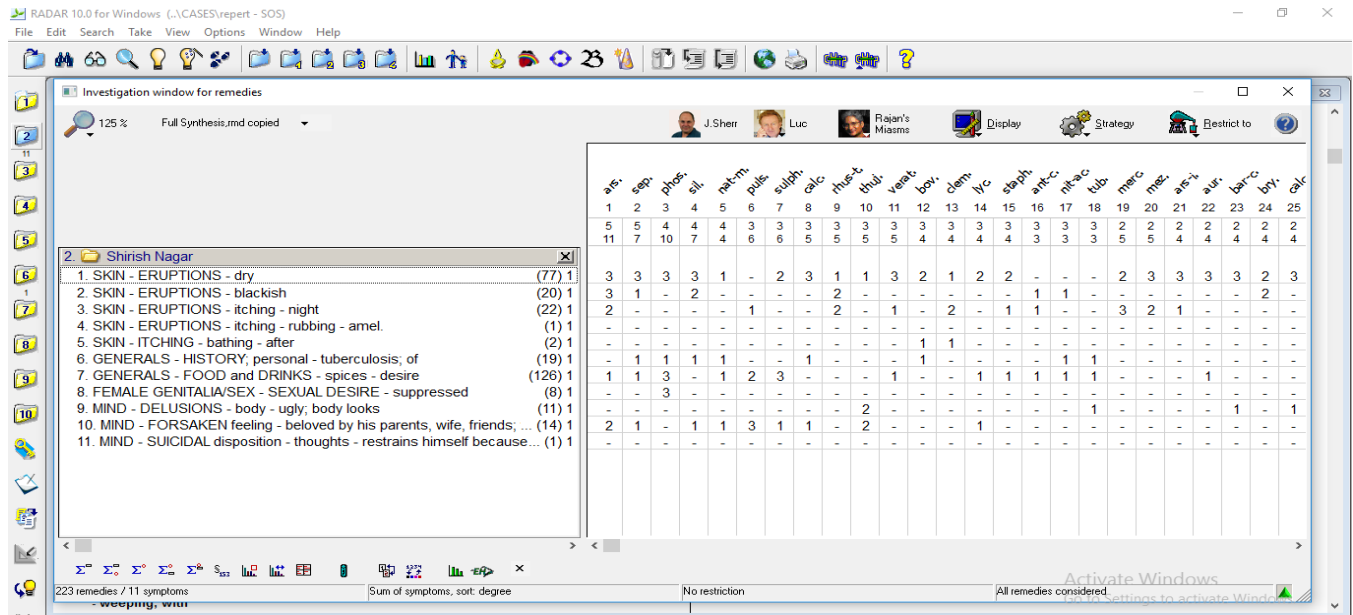
**Analysis of symptoms:**

<i>Mental generals</i>	<i>Physical generals</i>	<i>Particulars</i>
1. Irritable, thought herself that she didn't look good+. 2. Thoughts of suicide. 3. Feeling of rejection in family+.	1. Desire spicy food+. 2. Tongue- dry with red raised papillae. 3. Suppressed sexual desire.	1. Dry eruptions, black in colour over left arm, under left breast, over hip and inguinal region. 2. Itching < night+, after bathing, >gentle rubbing. 3. History of tuberculosis of chest.

**Miasmatic analysis<sup>(5)</sup> :**

<i>Symptoms</i>	<i>Psora</i>	<i>Syphilis</i>	<i>Sycotic</i>	<i>Predominant miasm</i>
1. Irritable, thinks herself doesn't look good.	√			Psora
2. Thoughts of suicide.		√		
3. Feeling of rejection in family.			√	
4. Desire spicy food.	√			
5. Tongue- dry with red raised papillae.	√		√	
6. Suppressed sexual desire.				
7. Dry eruptions, black in colour over left arm, under left breast, over hip and inguinal region.	√			
8. Itching < night, after bathing, >gentle rubbing.			√	
9. History of tuberculosis of chest.	√			

Figure:1 - Reportorial sheet :



Repertorial analysis:

- *Arsenicum album*- 11/5
- *Sepia officinalis*- 7/5
- *Phosphorus*- 10/4
- *Silicea terra* - 7/4
- *Natrum muriaticum*- 4/4
- *Pulsatilla nigricans*- 6/3

Remedy and potency selection with

justification:

As repertorial result suggest the group of remedies, and the highest ranked remedy is *Arsenicum album* then *Sepia officinalis*, *Phosphorus*, *Silicea terra* and so on; out of those according to the knowledge of materia medica, *Sepia officinalis* was chosen as it also covered the maximum number of symptoms

with the history of tuberculosis, marked for forsaken feeling and eruption on fold of skin<sup>(2)</sup>. In context to potency selection, 50 millesimal potency was used because it is the powerful and mildest way to administer the medicine with maximum effect and minimum aggravation; as described in *Organon of Medicine* by Dr Hahnemann under the footnote of aphorism 270. <sup>(3,4)</sup>

**Prescription**

*Sepia officinalis* 0/1 one dose in a day for 15 days .

Follow ups :

Date	Symptoms	Prescription
11 december 2019	General condition of the patient is same, with no relief and no aggravation.	<i>Sepia officinalis</i> 0/2 once daily for 1 month
12 january 2020	Itching over hips region is same , but slight relief on other body parts. Dryness and pigmentation over the areas is same.	<i>Sepia officinalis</i> 0/3 once daily for 1 month. Advised to apply coconut oil if feels itchy.
12 february 2020	Condition is same with slight relief in itching, scratching is reduced at night also. No new eruptions appeared.	<i>Sepia officinalis</i> 0/4 once daily for 1 month
16 march 2020	Eruptions reduced and reduction in hyperpigmentation.	<i>Sepia officinalis</i> 0/5 once daily for 1 month
15 april 2020	Eruptions reduced markedly, with slight itching over hips, hyperpigmentation persist.	<i>Sepia officinalis</i> 0/6 once daily for 1 month
25 may 2020	Eruptions reduced, itching is also much relieved. Slight reduction in hyperpigmentation.	Placebo thrice a day for 1 month.
1 july 2020	No eruptions persist. Hyperpigmentation is also reduced.	Placebo thrice a day for 1 month
26 august 2020	Patient is much relieved.	Placebo thrice a day for 1 month

Figure:2 BEFORE TREATMENT

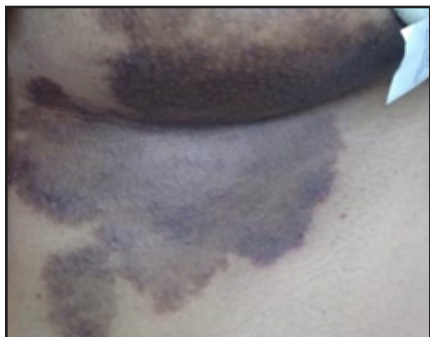


Figure:2 BEFORE TREATMENT



Figure:3 AFTER TREATMENT



Figure:3 AFTER TREATMENT



Figure:4 AFTER TREATMENT



Figure:4 AFTER TREATMENT



## Conclusion

In homoeopathy, several kind of skin complaints are encountered by the doctors daily and their prescriptions are either based on individualisation, reportorial result or on the basis of therapeutics. And potency selection could be done on the basis of patient susceptibility and as mentioned in *Organon of Medicine 5th and 6th edition* under aphorism 270 f.n “ In very rare cases, notwithstanding almost full recovery of health and with good vital strength, an old annoying local trouble continuing undisturbed it is wholly permitted and even indispensably necessary, to administer in increasing doses the homoeopathic remedy that has proved itself efficacious but potentised to a very high degree by means of many succession by hand such a local disease will offer disappear in a wonderful way”. Here, in this case, after taking

homoeopathic medicine, the patient was not only physically relieved but also get mental calmness and stability. This is the example of holistic approach of homoeopathy, as homoeopathic treats the sick not the disease.

## References

1. Khanna N. Dermatology and sexually transmitted diseases. 6th ed. New Delhi: Modern Publishers 2019.
2. Clarke JH. A Dictionary of Practical Material Medica vol. 3. 3<sup>rd</sup>ed. New Delhi: B Jain Publisher (P)Ltd;2005.
3. Hahnemann S, Boericke W, Dudgeon R. Organon of medicine. New Delhi: B. Jain Publishers 2011.
4. Roberts, H., 2012. The principles and art of cure by homoeopathy. New Delhi: B. Jain Publishers(P).
5. Ortega PS. Notes on Miasms. New Delhi: National Homoeopathic Pharmacy;1980

## About the author

1. **Dr Shyambhavi Chaudhary<sup>(1)</sup>**, Head of Department, Department of Physiology,

Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India ; Senior homoeopathic consultant at Atharv Homoeocare, new delhi.

2. **Dr Varun Chaudhary<sup>(2)</sup>**, Guest Faculty, Depart of Organon of Medicine, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India ; Senior homoeopathic consultant, at Panacea Homoeopathic Clinic, Gurugram.

3. **Dr Shipra Singh<sup>(3)</sup>**, Department of Physiology, Bakson Homoeopathic Medical College & Hospital, Greater Noida, Uttar Pradesh, India. Medical College & Hospital, Greater Noida, Uttar Pradesh – 201306

