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Individualized homoeopathic care in chronic eczema of the hands: A case study

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Abstract
Chronic hand eczema significantly impacts quality of life, presenting with itching, fissures, dryness, and discomfort. Conventional treatments often provide temporary relief and carry risks with long-term use. This case report describes a 40-year-old male with chronic finger eczema, aggravated by cold exposure, associated with constipation and a chilly constitution. Individualized homoeopathic evaluation led to the prescription of Graphites 200C, resulting in progressive improvement of skin lesions, relief from itching, normalization of bowel habits, and overall well-being. No recurrence was observed during follow-up, and external applications were unnecessary. The case emphasizes the holistic approach of homoeopathy, addressing both local pathology and constitutional tendencies, and highlights the potential of homoeopathy in managing chronic, eczema.

Keywords: Hand eczema, graphites, homoeopathy, individualized treatment

Introduction

Chronic hand eczema (CHE) is a frequently encountered skin disorder that poses considerable challenges for both patients and clinicians. The diagnosis is typically made when hand dermatitis persists for more than three months or recurs with at least two flares within a year. CHE is a multifactorial condition in which the clinical presentation arises from a combination of genetic predisposition, environmental exposures, and triggering factors both allergic and irritant in nature. Immunologically, CHE is characterized by the involvement of both Th1- and Th2-mediated responses, which play a central role in driving its chronicity and inflammatory cascade. Clinically, the disease can manifest in several distinct phenotypes, each reflecting variations in etiology, morphology, and severity [1]. Hand eczema mainly includes irritant, allergic, atopic, and dyshidrotic types. Irritant eczema is most common, often work-related. Allergic type follows skin damage and allergen exposure. Atopic eczema stems from genetic and environmental factors weakening the skin barrier. Dyshidrotic eczema shows recurrent fluid-filled vesicles that heal but frequently recur [2]. Hand eczema affects 2–10% of people during their lifetime and accounts for 20–35% of all dermatitis cases. It is the most common occupational skin disorder, with women twice as likely to be affected due to wet work and household chemicals. Irritant contact dermatitis causes nearly half of cases, and allergic contact dermatitis about 15%. Prevalence varies by region, with Indian studies showing hand involvement in two-thirds of allergic contact dermatitis patients. The condition has multifactorial causes. Exogenous factors include irritants (soaps, detergents, rubber, vegetables), friction, trauma, allergens (nickel, chromium), and topical drugs. High-risk occupations include hairdressers, farmers, healthcare workers, and metal or food handlers. Endogenous factors include atopy, stress, hormones, and xerosis, while some cases are idiopathic. Clinically, hand eczema presents as hyperkeratotic, frictional, nummular, atopic, pompholyx, or chronic vesicular types, with erythema, vesicles, scaling, fissures, hyperkeratosis, itching, and pain. Histology shows similar features in all types: epidermal spongiosis, acanthosis, parakeratosis, and lymphocytic infiltration, with dermal vascular dilatation. Diagnosis requires detailed history, clinical examination, and investigations such as patch testing, blood counts, serum IgE, skin biopsy, prick tests, fungal/bacterial cultures, Gram staining, RAST, and lymphocyte stimulation tests, helping distinguish it from psoriasis, tinea manuum, lichen planus, pityriasis rubra pilaris, and palmar pustulosis [3].

Homeopathic medicine aims to stimulate the body's innate healing capacity by using highly

diluted and succussed natural substances that, in larger doses, would produce symptoms similar to those of the illness an approach known as “like cures like”. Successful homeopathic treatment depends on a holistic evaluation of the patient, including a detailed analysis of medical history and overall constitution. It represents a safe, inexpensive, and nontoxic system of healing that is practiced by millions of physicians and utilized by patients worldwide.[4] In this case report, we have discussed the successful treatment of hand eczema with individualized homoeopathic medicine.

Case report

Present Complaints: A 40 year old male patient came to OPD of Government Homoeopathic Medical College Bhopal on 26 November 2024 with complaints of dry, hyperpigmented, and itchy eruptions on the fingers, persisting for five months. The itching was more troublesome at night, disturbing sleep. The affected skin was rough, cracked, and occasionally oozed serous discharge. He also reported associated burning sensation in the stomach, pain in the nape of neck extending to the left upper limb, and numbness in the left hand.

Past History: He had no significant history of tuberculosis, diabetes, or hypertension. suffered from recurrent constipation with hard stool and difficult evacuation. There was no past history of long-term medication or chronic skin disorder.

Family History: father was hypertensive, and mother had suffered from eczema during childhood.

Physical Generals: The patient was chilly and sensitive to cold. he had a moderate appetite and normal thirst. marked desire for sweets and an aversion to milk. Constipation was troublesome, with hard and difficult stool. Sleep was disturbed due to itching, and perspiration was moderate and non-offensive.

Mental Generals: The patient was sad, confused, indecisive, and often sought reassurance, occasionally becoming irritable.

Examination: Local skin examination showed involvement of the fingers of both hands, predominantly on the dorsal aspect, with dry, scaly, hyperpigmented eruptions exhibiting mild serous oozing at some cracks; the skin was thickened, rough, and lichenified with marked itching. The nail appeared unhealthy, with early ridging but without pitting. Systemic examination was within normal limits with stable vitals.

Provisional Diagnosis: Based on clinical findings, the case was provisionally diagnosed as chronic hand eczema.

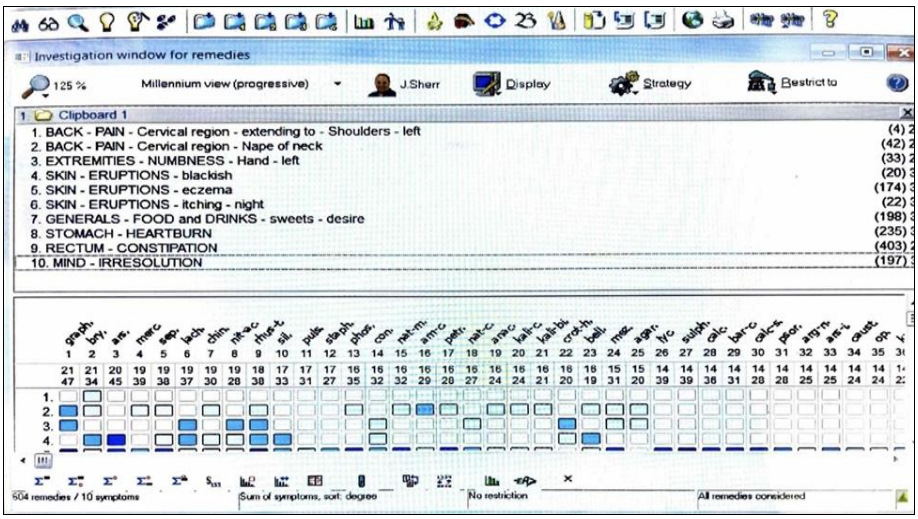
Totality of Symptoms

- Indecisive, confused
- Scaly, Hyperpigmented eruptions on fingers with intense itching, worse at night
- Burning sensation in the stomach
- Constipation with hard stool
- Pain in nape of neck radiating to left upper limb, with numbness of left hand
- Chilly thermal reaction
- Desire for sweets
- Aversion to milk

Intervention: On the basis of the totality, Graphites 200C / 3 dose was prescribed, followed by placebo.

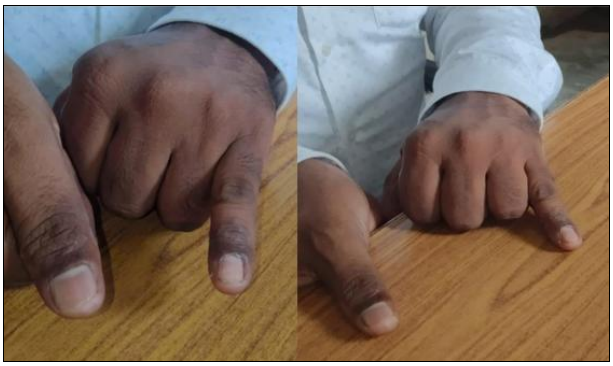
Follow Up

Follow-up	Symptoms	Prescription
Initial visit	Scaly, Hyperpigmented Eruption on fingers with itching with night aggravation, constipation, neck pain, numbness in hand.	Graphites 200C / 3 dose, SL × 7 days
1st Follow-up	Itching slightly reduced, pain better, constipation persists.	SL × 7 days
2nd Follow-up	itching reduced by 50%, constipation improving, neck pain further improving.	SL × 14 days
3rd Follow-up	Marked reduction in eruptions, minimal itching, constipation only occasional, neck pain subsiding.	SL × 14 days
4th Follow-up	Hands almost clear, only mild dryness left, digestion normal, sleep sound.	SL × 14 days
5th Follow-up	Complete resolution of eczema, nails healthy, no itching, no constipation, no neck pain, patient cheerful.	Treatment stopped, advised hygienic and dietary care.



Repertorial Sheet
Clinical Pictures
Before Treatment

After Treatment



Discussion

Eczema of the hands is a chronic, relapsing condition with significant impact on quality of life, often presenting with itching, dryness, and secondary discomfort that hampers daily activity. Conventional management typically involves topical corticosteroids, emollients, and avoidance of triggers, but relapses are common, and long-term use of topical steroids carries well known adverse effects. In this case, a 40-year-old male presented with chronic eczema of the fingers associated with itching, painful fissures, and aggravation from cold exposure, along with a background of constipation and chilly thermal state. A holistic evaluation revealed the totality of symptoms corresponding well to Graphites. The prescription of Graphites 200C led to progressive improvement. Notably, the skin lesions resolved without recurrence during the follow-up period, with no need for external suppressive applications. This case highlights the individualized approach of homoeopathy, in which not only the skin pathology but the entire patient including physical generals, mental state, and constitutional tendencies was taken into account. The positive response further supports the role of homoeopathy in managing cases of eczema.

Conclusion

This case demonstrates that individualized homoeopathic treatment with Graphites can provide safe, gentle, and sustained relief in chronic hand eczema of a middle-aged male. The resolution of both local and general symptoms without recurrence underscores the efficacy of homoeopathy in managing chronic dermatological conditions. Further systematic studies and larger clinical trials are warranted to substantiate these observations.

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Conflicts of Conflicts
None declared.

References

1. Agner T, Elsner P. Hand eczema: epidemiology, prognosis and prevention. J Eur Acad Dermatol Venereol. 2020;34 Suppl 1:4-12. Doi:10.1111/jdv.16061.
2. Agarwal US, Besarwal RK, Gupta R, Agarwal P, Napalia S. Hand eczema. Indian J Dermatol. 2014 May;59(3):213-224. Doi: 10.4103/0019-5154.131372.
3. Ghezzi G, Falcidia C, Paolino G, Mercuri SR, Narcisi A, Costanzo A, *et al*. Chronic Hand Eczema (CHE): A Narrative Review. Dermatol Ther (Heidelb). 2025 Apr;15(4):771-95. doi: 10.1007/s13555-025-01365-7. Epub 2025 Mar 10.
4. Signore RJ. Classic homeopathic medicine and the treatment of eczema. Cosmetic Dermatol. 2011 Sep;24(9):420-424.

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