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Homoeopathic management of chronic eczema: A case report

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Abstract
Eczema, also known as atopic dermatitis, is a common chronic skin condition that can result in repeated infections and diminished quality of life if not properly managed. Often referred to as the "itch that rashes" because the rash that results from scratching or rubbing, eczema is characterized by dry, itchy skin that is vulnerable to infections due to scratching or rubbing. This case study focuses on the effective homeopathic treatment of a 60-year-old woman suffering from eczema. Under the care of Dr. HKES at Dr. Maalakaraddy Homeopathic Medical College and Hospital in Kalaburgi, the patient saw significant improvement. This case illustrates that homeopathy can target the root causes of a condition rather than merely alleviating the symptoms, ultimately promoting long-lasting healing.

Keywords: Eczema, dermatitis, sulphur, itching, eruptions

Introduction

Atopic eczema (AE, or atopic dermatitis) is a chronic, relapsing, pruritic, inflammatory eczematous eruption that usually starts in early life [1]. AE is a major global public health problem, affecting 1%-20% of people worldwide. The prevalence of AE in adults is about 1%-3%, and 10%-20%, in children [2].

Eczema refers to a polymorphic inflammatory reaction of the skin that affects both the epidermis and dermis. The term 'eczema' literally means to 'boil over' (Greek). The terms eczema and dermatitis are used interchangeably. Dermatosis is a general term which denotes any skin disorder.

The cause of the majority of eczema cases is largely unknown. Eczema is categorized into endogenous (resulting from internal or constitutional factors) and exogenous (caused by external agents). Nonetheless, in clinical settings, these categories frequently overlap.

Depending on the morphology of the eruption, eczema can be divided into (1) Acute eczema characterized by pruritus, erythema, oedema, vesiculation, oozing, crusting and scaling. (2) Chronic eczema characterized by pruritus, lichenification (thickened with prominent skin markings), excoriation and either hypo- or hyperpigmentation [2].

Each form of eczema carries distinct clinical features but shares the hallmark of pruritus and inflammation. Recognizing the different types is essential for accurate diagnosis and for tailoring therapeutic approaches.

- Atopic dermatitis is the most prevalent type, usually beginning in childhood and often associated with a family history of allergies, asthma, or hay fever. It presents with dry, itchy skin and a tendency to relapse.
- Contact dermatitis arises when the skin reacts to external substances. It can be of two varieties—irritant contact dermatitis, caused by direct damage from chemicals or detergents, and allergic contact dermatitis, triggered by immune-mediated hypersensitivity to allergens such as nickel or cosmetics.
- Dyshidrotic eczema is characterized by small, deep-seated blisters, commonly affecting the palms and soles, and is often linked to stress or seasonal changes.
- Nummular eczema, also called discoid eczema, presents as coin-shaped patches of inflamed, oozing, or crusted skin, frequently appearing on the limbs.
- Seborrheic dermatitis tends to occur on sebum-rich areas like the scalp, face, and chest. It is recognized by greasy scales and redness and is often chronic in nature.
- Stasis dermatitis develops due to poor venous circulation, typically in the lower legs, and is associated with swelling, pigmentation, and sometimes ulceration [3].

The pattern of eruptions in Eczema can vary according to the individual's age. Infants and young children generally exhibit diffuse, dry, scaly, and red patches with minor scratches, predominantly affecting their faces, particularly the cheeks. As individuals grow older, the rash tends to become more focused. The differential diagnosis for eczema includes conditions such as cutaneous fungal infections, scabies, psoriasis, and drug reactions, among others [4].

A diagnosis may be established based on the visible characteristics of the condition or through gathering the patient's history, which may shed light on underlying causes or presenting symptoms. Conventional treatment typically favors topical applications like emollients and corticosteroids, which often provide relief or suppression of symptoms.

Conversely, various studies have shown that homeopathy, grounded in the principle of "Similia Similibus Curentur," takes a holistic approach that has been effective in managing skin conditions. In aphorism 78, Dr. Hahnemann mentioned that true natural chronic diseases stem from a chronic miasm that, if left untreated and not addressed by specific remedies, will continue to worsen, causing the patient ongoing suffering throughout their life despite the best mental and physical care [5].

A review of homoeopathic literature included a case study involving a 38-year-old male patient with atopic dermatitis and depressive disorder, treated with Graphites 1M and Causticum 1M. The patient's condition stabilized after six months, and follow-up over the next year showed no recurrence of skin symptoms. Homoeopathy is based on the principle of 'like cures like,' with homeopaths often using highly diluted remedies to encourage the body's natural self-healing abilities [6].

Case Profile

Patient Details

- 60-year-old female reported to OPD on 28/07/25

Chief Complaints

- Eruptions on both palms and left sole for the last 3-4 years
- Intense itching and burning with no specific time of aggravation or amelioration
- Itching and burning relieved by scratching

History of Present Illness

- Gradual onset and progressive in nature
- Complaints persistent for 3-4 years without complete remission
- The skin appears dry, with plaques and lichenification on examination
- No clear aggravating or ameliorating modalities reported
- Itching relieved temporarily by scratching

Past Medical History

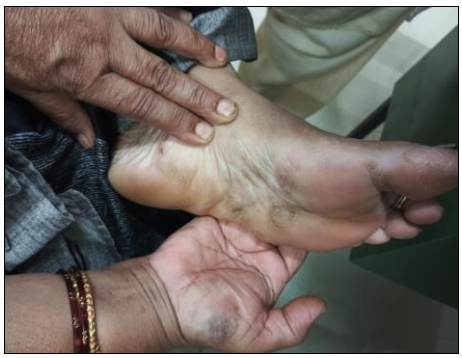
- Diabetes Mellitus for 2 years - on allopathic medication
- Allergic Bronchitis in the past
- Menopause attained 8 years ago

General Physical Condition

- Appetite: Normal
- Thirst: Normal
- Sleep: Normal
- Bowel habits: Regular
- Bladder habits: Normal
- Perspiration: On forehead
- Thermal reaction: Hot patient

Clinical Examination

- Skin: Dry plaques, lichenification noted on both palms and left sole
- No oozing, bleeding, or signs of acute inflammation
- No systemic involvement



Clinical Diagnosis

- Chronic Eczema

Prescribed Homoeopathic Treatment

1. Sulphur 200 - 3 doses (single morning dose for 3 consecutive days)

Rationale for Remedy Selection

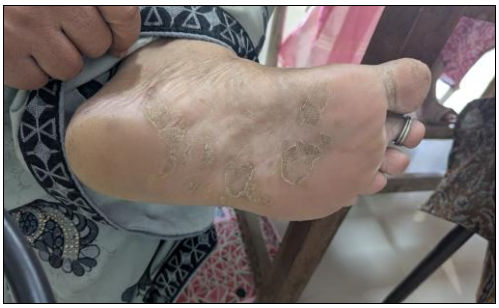
- Sulphur selected based on:

a. Long-standing skin condition with dryness and burning
b. Itching aggravated by warmth, relieved by scratching
c. History of suppressed eruptions
d. Thermal modality: hot patient
e. Constitutional match and skin affinity

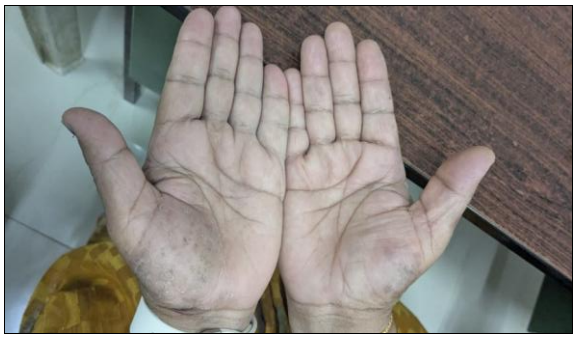
Follow UP

28/07/2025	Eruptions on both palms and the left sole Accompanied by intense itching and a burning sensation that was relieved by scratching.	Rx Sulphur 200 OD for 3 days Rubrum BD for 1 week
07/08/2025	Patient reported about 20% improvement in overall symptoms Complete relief from the burning sensation 15-20% reduction in pigmentation	Rx Sac lac for 15 days
23/08/2025	Itching further reduced by 30-40% Pigmentation showed 30% improvement Burning sensation remained absent.	Rx Rubrum for 3 days Sac lac for 15 days
15/09/2025	Itching had improved by 40-50% Pigmentation by 50%, No burning sensation at all.	Rx Sulphur 200 OD for 3 days, Rubrum 200 given for 3 days.

Results



During treatment



After treatment

Discussion

Chronic eczema, particularly palmoplantar eczema, presents a therapeutic challenge due to its recurrent nature, resistance to topical treatment, and its impact on quality of life. In this case, a 60-year-old postmenopausal female with a history of diabetes mellitus and allergic bronchitis presented with long-standing eruptions on both palms and the left sole. The eruptions were characterized by intense itching, lichenification, and burning, with temporary relief from scratching.

From a homoeopathic standpoint, the case required individualization based on peculiar symptoms, modalities, thermal state, and general constitution. The patient was a hot patient with perspiration on the forehead, burning sensation of the skin, itching relieved by scratching, and a history of chronic skin complaints with a tendency toward dry, lichenified plaques. These keynote features corresponded closely with the remedy Sulphur, which was prescribed in the 200th potency.

Sulphur is a well-known antipsoric remedy often indicated in chronic skin conditions where there is dryness, itching, burning, and scratching gives relief. The potency 200C was selected due to the chronic nature of the case and the clarity of the remedy picture.

The patient showed improvement in terms of reduced itching, less dryness, and softening of the lichenified areas on follow-up, indicating a positive response to the remedy. Notably, no acute flare-ups or aggravation occurred post-remedy, suggesting correct potency and dose.

This case highlights the importance of constitutional prescribing and individualization, even in chronic conditions with a long duration and comorbidities like diabetes. It also underscores the role of thermal modalities and peculiar sensations (such as itching relieved by scratching) in remedy selection.

Conclusion

This case of chronic palmar and plantar eczema in a 60-year-old diabetic female was successfully managed using Sulphur 200 based on classical homoeopathic principles.

The favourable response to homoeopathic treatment in this case demonstrates the potential of individualized remedy selection in chronic dermatological conditions. Further long-term follow-up and case documentation are necessary to assess sustained improvement and prevent recurrence.

Declaration of patient consent

The patient provided consent for her clinical information to be included in the journal report.

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Nil.

Conflict of Interest

There is no conflict of interest

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