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Homoeopathy in dermatology: Successful management of plantar eczema with petroleum: A case report

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Abstract

Plantar eczema is a chronic skin disorder marked by dryness, cracks, scaling, and itching of the soles, often resistant to conventional treatment. This report presents a 20-year-old female with an 1 year history of deep painful cracks and itching, worse at night and in winter, causing disturbed sleep. Repertorial and miasmatic evaluation identified Petroleum 200C as the most suitable remedy, administered weekly with placebo support over three months. The patient showed significant improvement within the first month, and by the third month, cracks had healed, dryness decreased, and the skin became supple, with no recurrence during follow-up. This case demonstrates the effectiveness of individualized Homoeopathy treatment with Petroleum in managing plantar eczema and highlights homoeopathy as a safe and potentially long-term therapeutic option in chronic dermatological conditions.

Keywords: Plantar eczema, Homoeopathy, Petroleum, BTPB

Introduction

Plantar eczema is a condition characterised by dry, fissured eczema of the plantar surface of the forefoot ^[1]. The primary underlying mechanism of JPD is a cycle of excessive moisture followed by rapid drying, which leads to cracking and fissuring the plantar surfaces of the foot ^[2]. It may be caused by : repetitive frictional movements, occlusive effect of covered footwear, excessive sweating, genetic sensitivity of skin, climatic changes ^[3]. The presenting features are redness and pain in plantar surface of the forefoot, which assumes glazed and cracked appearance. The condition more severe on the ball of the foot and toe pads, tending to spare the non-weight bearing instep. ICD-11 Classification: EA85: This code is for Dermatitis or eczema of hands or feet.EA85.1: This is a more specific code for Hyperkeratotic dermatitis of hands or feet, which is characterized by scaly, fissured patches on the palms and/or soles.

Homoeopathy is a system of healing based on the principle of “like cures like,” where substances that produce symptoms in a healthy person are used in diluted form to treat similar symptoms in a patient. By stimulating the body’s natural self-healing mechanisms, Homoeopathic remedies aim to restore balance and health. This holistic approach is widely used in the treatment of various skin disorders, focusing on the individual’s overall physical and emotional well-being rather than just the external symptoms.

Epidemiology

Plantar eczema is a relatively common dermatological condition, though precise prevalence data are limited due to underreporting and misdiagnosis. Overall, eczema affects approximately 10-20% of the global population, with adults representing 2-5% of chronic cases ^[4]. Plantar involvement, less common than hand or facial eczema, is associated with mechanical friction, moisture, and occupational exposure, especially in teachers, healthcare workers, and manual laborers ^[5].

Both sexes are affected, with a slight female predominance reported in some studies, possibly due to increased healthcare-seeking behavior and domestic exposure to irritants ^[3]. Chronic plantar eczema often persists for years, causing pain, fissures, and impaired mobility. Environmental factors such as cold climates, dry weather, and repeated trauma to the soles are recognized as aggravating factors.

Pathophysiology

Eczema is a chronic inflammatory skin disorder resulting from a complex interaction of genetic, immunological, and environmental factors. The key pathogenic mechanisms include:

Skin Barrier Dysfunction: Impaired stratum corneum leads to increased transepidermal water loss, dryness, and susceptibility to irritants.

Immune Dysregulation: Predominantly a Th2-mediated immune response in acute eczema with overproduction of IgE; chronic lesions may involve Th1/Th17 pathways.

Environmental Triggers: Friction, moisture, allergens, irritants, and seasonal changes can exacerbate lesions.

Chronic Inflammation: Leads to lichenification, fissures, and persistent pruritus^[3].

Diagnosis

The diagnosis of plantar eczema is primarily clinical, based on the following features:

- Chronic dryness and scaling of the soles
 - Painful fissures and cracks
 - Itching, often worse at night or in cold weather
 - Redness, thickening, or lichenification in chronic cases
- Investigations may be supportive rather than diagnostic,

including

- Skin scrapings to rule out fungal infections
- Patch testing to identify contact allergens
- Blood tests (IgE levels) if atopic eczema is suspected

Differential Diagnosis

Differential diagnoses for plantar eczema include:

1. **Psoriasis (Palmoplantar type):** Typically well-demarcated plaques, silvery scales, nail involvement, and family history.
2. **Tinea Pedis (Fungal infection):** Scaling with interdigital involvement, positive KOH test.
3. **Contact Dermatitis:** History of exposure to irritants or allergens; patch test positive.
4. **Dyshidrotic Eczema:** Vesicular lesions on soles and palms, often seasonal.
5. **Keratinization Disorders:** Such as palmoplantar keratoderma (diffuse thickening without pruritus).

General Management

- Avoidance of irritants, harsh soaps, and prolonged wet exposure
- Use of emollients and moisturizers to maintain skin hydration
- Topical corticosteroids for acute flares
- Antihistamines for severe itching
- Proper footwear and protection from friction

Table 1: Presenting Complaints

Location	Sensation	Modality
Lower extremities	Itching +++	< night
Soles of feet (left)	Burning pain ++	< Walking
Heels, Plantar surface	Cracks & dryness ++	< Winter
Since 1 year, increase in 3 weeks	Bleeding occasionally	> Warm water application
	Difficulty in walking	

H/O Presenting Illness

A 20 year old female reported on the outpatient department (opd) on 5/12/2024 with complaints of eruptions & exfoliation of skin. Burning pain and itching on the plantar surface of the left foot. Cracks with dryness of skin. Occasional bleeding from cracks. Difficulty in walking due to pain. Symptoms worse at night, while walking, and in winter season. Symptoms better by application of warm water.

History of Present Illness

The patient developed dryness and cracks on the left plantar surface one year ago, which gradually worsened. In the last 3 weeks, symptoms became more intense with severe itching, burning, fissures, and bleeding episodes, causing difficulty in walking.

Family History

Nothing relevant

Physical Generals

Appetite: Good (satisfied 3 times/ day)

Thirst: Increased (3-4 liter /day drinks small sip at a time)

Urine: Normal

Sweat: Generalized

Stool: Diarrhoea after eating meat.

Sleep was disturbed due to burning pain and itching.

Reaction To

Desire for fatty, oily food

Desire for warm food and drinks

Aversions to meat

Thermal State

Chilly patient - very sensitive to cold.

Symptoms markedly < winter, cold air

> Warmth, warm applications

Mental Generals

Irritability

Anxiety & fearfulness - especially about health and future.

Physical Generals

Mild pallor

BP: 120 / 80 mm Hg

Pulse: 78 bpm

RR: 18/min

Systemic Examination

Inspection

Site: Plantar surface of the left foot.

Skin appears dry, rough, and thickened.

Presence of cracks, some deep.
Occasional bleeding points visible.
No active pus discharge.
Smell: no foul smell
Patient walks with difficulty due to pain.

Palpation

Skin feels rough, dry, and thickened to touch.
Tenderness present on deep cracks.
No fluctuation or evidence of abscess.
Temperature: neither cold nor hot

Evaluation of Symptoms

Irritability
Anxiety & fearfulness - especially about health and future.
Stool: diarrhoea after eating meat.
Desire for fatty, oily food
Desire for warm food and drinks
Aversions to meat++
Chilly patient
Burning pain and itching on the plantar surface of the left foot.++
Cracks and fissures with dryness of skin.++
Occasional bleeding from fissures.
Difficulty in walking due to pain.++
Symptoms worse at night, while walking, and in winter season.++
Symptoms better by application of warm water.
Sleep was disturbed due to burning pain and itching.+++

Totality of Symptoms

Left sole, plantar surface.
Burning pain in fissures.++
Itching over dry, cracked skin.+++
Deep cracks, dry, rough skin.
Occasional bleeding from cracks.
Painful, causing difficulty in walking.++

Aggravation: Night, walking, cold weather, winter season.
Amelioration: Warm water application, warmth.

Miasmatic Approach

Plantar eczema presents with chronic, relapsing eruptions, cracking, dryness, and itching of the soles. The condition expresses deep-seated constitutional dyscrasia, mainly of Psoro-sycotic miasm.

Psoric traits: itching, burning, aggravation by warmth and at night.

Sycotic traits: thickened, hard skin and tendency to recurrence.

Syphilitic traits: Cracking of skin with bleeding ^[6].

Repertorization

(According to Boenninghausen's Therapeutic Pocket Book) ^[7].

In this case, more of particular symptoms were available with location, sensation, modalities and a few generals, hence Boenninghausen's repertory was chosen.

Rubrics selected were based on the characteristic totality of the case, emphasizing location, sensation, modalities, and concomitants. The following rubrics were chosen:

1. Skin - Cracks - Fissures - Painful
2. Extremities - Soles - Pain - while walking
3. Skin - Eruptions - Eczema - Winter aggravation
4. Skin - Itching - Night - Aggravation
5. Generalities - Warmth - Ameliorates
6. Skin - Dryness - Rough - Chapped skin

Repertorial result

The leading remedies emerging from the analysis were Petroleum, Calcarea carb, and Sulphur. Among these, Petroleum covered the totality of symptoms and modalities most accurately — especially, dry, itching soles < in winter and > by warmth.

Remedy Name	Sulph	Petr	Calc	Sil	Puls	Sep	Merc	Lyc	Bry	Rhus-t	Graph	Caust
Totality	24	22	22	22	21	19	18	18	17	17	16	16
Symptoms Covered	8	8	7	6	7	6	7	6	7	7	8	7
Kingdom												
[Boenning] [Lower extremities] Soles: (52)	4	2	4	4	4	1	1	3	2	1	2	2
[Boenning] [Skin and exterior body] Cracks, fissures, chaps: (44)	4	3	4	3	4	4	2	3	1	3	4	2
[Boenning] [Skin and exterior body] Cracks, fissures, chaps: Deep, b...	2	2			1		3				2	
[Boenning] [Skin and exterior body] Itching: Burning: (104)	3	2	2	4	3	3	3	4	4			3
[Boenning] [Aggravation and Amelioration] Winter, in, agg.: (63)	2	3	3	3	3	3	3	3	3	4	1	3
[Boenning] [Mind] Fearsome, anxiety, dread, frightened easily, Fut...	3	3	2		2				3	1	1	2
[Boenning] [Appetite] Aversion to: Meat: (40)	4	4	3	4	4	4	3	3	2	3	2	1
[Boenning] [Skin and exterior body] Eruptions: Dry: (37)	2	3	4	4		4	3	2	2	2	2	3

Fig 1: The repertorial analysis identified Petroleum as the most suitable remedy, with Calcarea carbonica and Sulphur also emerging prominently.

Prescription Based on Repertory

After repertorization using Boenninghausen's Therapeutic Pocket Book, Petroleum, Calcarea carb and Sulphur emerged as the leading remedies. Among these, Petroleum was selected as the most suitable medicine because it covered the totality of symptoms and the patient's

characteristic modalities in a higher degree. The chief guiding symptoms included deep cracks and fissures of the soles with burning and bleeding, aggravation in winter and from walking, and marked relief from warmth. The patient's general tendency toward dry, rough, and chapped skin further confirmed the selection. Hence, Petroleum 200C/1

dose was prescribed as the constitutional remedy, aimed at correcting the underlying psoro-sycotic miasmatic state and restoring the skin's normal function.

Basis of Selection

The prescription of Petroleum 200C was based on: Characteristic cracks and dryness of soles with burning and bleeding [8, 9, 10].

< winter, < walking, > warmth.

Deep-acting antipsoric and antisycotic nature matching the miasmatic background.

Past history of skin affections showing suppression and recurrence pattern.

Selection of Potency and Dose

According to the susceptibility of the patient 200th potency is given. According to the Homeopathic principle, a Minimum dose is given.



Fig 2: Before Treatment



Fig 3: After Treatment

Date	Symptoms	Prescription
18/12/2024	Burning pain and itching slightly reduced, Dry cracks sole, Difficulty in walking,	Rx Sac lac for/ 2 week (1-0-0)
6/1/2024	Pain and itching slightly reduced. Crack, dry sole. Bleeding occasionally.	Rx Sac globules /2 week (3-0-3)
25/1/2024	Burning pain reduced, itching present. Dryness and crack. No changes in disturbed sleep.	Rx Sac globules /3 week (3-0-3)
3/2/2024	Burning pain present, difficulty to walking. Bleeding from the crack. Sleep disturbed.	Rx Petroleum 200/1 dose Sac globules (3-0-3)
22/2/2024	Pain and itching reduced, she is able to walk. Sleep better. Dryness & crack reduced.	Rx Sac lac for /2 week (1-0-0)
13/3/2024	Mild dryness of sole. No crack, Pain and itching absent.	Rx Sac globules/ 2 week (3-0-3)

Discussion

Homoeopathy is a system of therapeutics which aims at a rapid, gentle and permanent restoration of health. In this case, Petroleum was selected on the basis of totality of symptoms and this was successful in the treatment of the condition as well as recovered the accessory complaints of the patient. Repertorisation was done using Boenninghausen's method, as the case was full of particulars with marked modality.

After repertorisation, many remedies were competing with each other namely, Sulphur, Calcarea carbonicum, Silicea terra, Pulsatilla nigricans, Sepia officinalis, Mercurius solubilis, Petroleum, Graphites, etc., but after consultation with William Boericke's Materia Medica and Clark Materia Medica, Petroleum was selected with 200 potency was prescribed. After a week the patient complaint feels better, Burning pain and itching reduced. So Sac Lac were Prescribed. After three month the patient was completely free From the symptoms. The patient was continuously followed For 1 month, for any recurrence of the symptoms but there Was no recurrence found

Conclusion

The case demonstrates the effectiveness of Petroleum 200C in treating Plantar Eczema with a Psoro-sycotic miasmatic

background. Individualized remedy selection based on totality and miasmatic analysis brought about rapid and sustained recovery. This highlights the importance of holistic, miasm-based prescribing in chronic skin disorders.

Declaration of patient consent

Appropriate patient assent and guardian consent obtained. The patient/guardian understands that patients name/initials or any demographic information will not be published and due efforts will be made to conceal her identity.

Conflict of Interest

Not available

Financial Support

Not available

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