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A case study of irritant contact dermatitis with secondary infection treated with homoeopathic medicine

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Abstract

The largest organ in our body is skin, It is mostly exposed to environment and has its own unique defence strategies. Contact dermatitis (CD) is a common skin condition which cause inflammatory and eczematous changes in skin. It is of two forms – Allergic and Irritant. Among these Irritant Contact Dermatitis (ICD) is the commonest as it is caused by physical chemical, plants, phototoxic agents etc. It is seen primarily in those who are exposed to rubber, metals, plastic, industrial workers and automotive. Almost 80% of the CD are mainly due to ICD. Acutely it is presented as Itchy, painful, red, swollen and ulcerated. In chronic condition it is presented as fissuring of the skin, cracks, oozing and erythematic. Secondary infection may supervene if the skin is broken either by an injury or by persisted scratches on the skin due to itching. In this case report, 28 year old man after exposure to Irritant chemicals (Dishwasher soap) developed the ICD with secondary infections was treated successfully treated with Homoeopathic Medicine Arsenicum album 1M by Individualizing the patient, without any use of topical.

Keywords: Homoeopathy, arsenicum album, irritant contact dermatitis

Introduction

Skin is the largest organ and it is directly in contact with the environment. So, it protects the person from infections and other reaction externally by its defence mechanism. Any Impairment in skin and its structure causes inflammation [1]. Irritant Contact Dermatitis (ICD) is one of the form of Contact Dermatitis (CD) where there is cutaneous response to any toxic/ physical effects of broad range of exposure to environment or Foreign substance [2, 14, 15, 16, 17]. Any form of CD produce eczematous and inflammatory changes in skin with pruritis after contact with the foreign substance. CD is either express as allergic or Irritant form [3] ICD is Non Immune mediated skin response caused by Phototoxic agents, plants, chemical, physical, airborne irritants etc. [4] Severity of ICD depends upon the concentration and quality of irritant along with its frequency and duration of exposure. It also depends upon the nature of skin, pre-damaged skin, or person having a atopic pre existing tendency [5]. The cellular mechanism of ICD is not clearly known. With the available resources its pathogenesis is suggestive of 3 steps - Irritation and skin barrier disruption, epithelial cell stimulation and release of cytokine cells producing skin changes and inflammation [6]. The common symptoms of ICD are sharply demarcated lesions confined to contact area along with stinging, burning pains and skin soreness. The acute ICD is manifested by itchy, painful, itchy, red, swollen and ulcerated skin while chronic ICD is characterized by dryness, cracking, oozing, eczematous eruption, erythematic and fissuring of skin. Secondary infection may supervene sometimes [2, 7, 8]. Approximates 80% cases of CD are due to ICD. It is commonly seen in elderly, infants, female, and in individuals who have a tendency to this illness. Any person can develop ICD but it is mainly seen in individuals who are exposed to plastic, metal, rubber, automotive and petrochemical industries as they have high exposure to irritants [9, 10, 11]. In allopathic the treatment of choice is corticosteroid, emollient cream and antiseptic lotions [8]. But in Homoeopathic system of medicine as per its principle, the patient is treated as a whole. To attain cure, the homoeopathic physician has to understand the disease, collect all the symptoms, frame it to totality and treat the patient according to individuality [12, 13]. with these Homoeopathic Principles I treated this patient with ICD with individualized homoeopathic medicine successfully without any adverse events during the period of intervention.

Case report

A 32-year-old male presented to the Out Patient Department on 07/02/2022 with complaints of skin eruption in right hand along the fingers (excluding palm) with fever, itching, painful pustular eruptions and crusts. Itching in skin started 5 days ago due to touching dishwasher soap. He usually gets mild itching when touching the dishwasher (since 5 years) on and off and the itching usually last for 5-6 days, after that it gradually disappear on its own. The patient thought the same and didn't take proper treatment for it. Patient developed fever two days back with some small vesicles

near the fingers. Patient himself took paracetamol but the results were in vain. From yesterday night the patient developed painful pustular lesions, many in numbers all over the fingers in right hand. It breaks on its own after increasing in size and form scabs/ crusts. Burning pain is felt in the eruptions especially at night. Complaints increase even with slight touch.

There was no history of allergy complaints such as asthma, no history of injury, no history of any infectious condition, no history of respiratory symptoms, no climate fluctuations, no joint discomfort, no dandruff.

Table 1: Presenting Complaints

Location And Duration	Sensation & Pathology	Modalities (>,<)&A/F(=)	Concomitants, If Any
Skin Right hand (Fingers) Since 5 years on and off	Painful pustules+++ Burning pain+ Crusty eruption++ Fever++ with chilliness++	Ailments from Dishwasher soap ++ < Night+++ <slight touch	

- There have been significant illnesses in the past when exposed to dishwasher soap.
- There is a strong family history of Diabetes mellitus.
- Patient is thirstless since this illness, appetite was good, bowel movements were regular, micturation as per intake, sleep disturbed due to burning pain and restlessness. The patient comes from a privileged socioeconomic background. He runs his own business. Saves his money for the future. Maintains good hygiene. Wants to be neat and clean from childhood. Patient is very much restless during fever and he always feels anxious when left alone (he doesn't have any particular reason for it) he is having good relationship with family and friends.
- Reaction to: Intolerance to cold season, Thermal: chilly patient

Few small vesicles were found here and there along with it. Fingers were mildly swollen, local warmth present.

Clinical diagnosis: Irritant Contact Dermatitis.

Analysis of the case

After detailed case taking, symptoms were analyzed to construct the totality. The following symptoms are considered for Repertorization. Repertorization done with Synthesis Repertory in RADAR

- Restlessness during Fever+++
- Anxiety when alone ++
- Thirstless during fever ++
- Painful pustules+++
- Skin eruptions crusty
- Eruptions burning at night+++
- Aggravation slight touch

Local examination of lesions

Skin looked dry with many pustular eruptions and crusts.

1. MIND - RESTLESSNESS - heat - during																																																						
2. MIND - ANXIETY - alone; when																																																						
3. STOMACH - THIRSTLESS - heat, during																																																						
4. SKIN - ERUPTIONS - pustules - painful																																																						
5. SKIN - ERUPTIONS - burning - night																																																						
6. SKIN - ERUPTIONS - crusty																																																						
	ars	rhus-t	merc	phos	sep	caust	ant-t	staph	puls	sulph	apis	calc	con	lach	lyc	nit-ac	sabaa	barr-c	bell	carb-v	graph	kalr-c	mur-ac	sil	viol-t	arac	bov	bry	caps	charn	hep	ph-a-c	spong	mag-c	sabin	stram	thuj	verat	dulc	gals	ant-c	chel	mez	olnd	alum	chimi-s	cina							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47							
	6	5	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2							
	13	12	8	8	8	6	5	5	8	7	6	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4					
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2.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
3.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
4.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
5.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
6.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Repertorial results

Prescription: For 5 Days

1. R_x Arsenicum album 0/3 three hour once in water dose (for one day)

2. BLANK PILLS (3-3-3) BF
3. BLANK TAB (1-1-1) AF

Basis of selection

- Restlessness during fever
- Anxiety when alone
- Burning pain
- Painful pustules

- Crusty eruptions
- Thermal- chilly patient

Progress and follow up

Table 2: Follow up

Symptom changes	Inference	What to do?	Prescription
<p>12/02/2022. Patient has good improvement. The lesions were completely healed and old skin peeled off with new skin formation over the affected area. No fever and restlessness, thirst normal, no burning pains.</p>	<p>Here we can see the Improvement of the case. Homoeopathic cure has taken place.</p>	<p>Wait and watch. Do not disturb the action of the medicine</p>	<p>Rx BLANK PILLS (3-3-3) BF BLANK TAB (1-1-1) AF For 15 days</p>
<p>26/02/2022 Patient feels completely better. Finger looks normal without any lesions. Patient had mild itching since 1day. No other complaints.</p>	<p>Improvement has taken place. On road to cure.</p>	<p>Medicine has acted and call for repetition. Hering law of cure is taking place.</p>	<p>Rx Arsenicum Album 0/3 1 DOSE (Empty stomach) Blank Pills (3-3-3) BF Blank Tab (1-1-1)AF For three months</p>
<p>28/05/2022 Patient feels normal No lesion or itching occurred even after touching the dishwasher soap.</p>	<p>Cure has taken place</p>	<p>Wait and watch. Do not disturb the action of the medicine</p>	<p>No medicine given. Asked the patient to come if there is any problem.</p>

Before treatment: 07/02/2022



Fig 1-2: Photographs of Irritable contact Dermatitis before treatment

During treatment: (After 5 days of medication)



Fig 3 & 4: Photographs of Irritant Contact Dermatitis During treatment.

After 20 days of treatment**Fig 5 & 6:** Photographs of Patient's Hand after 20 days of treatment**Discussion**

In this case of Irritant Contact Dermatitis, we have the itching, and dryness of psora, the pustular eruptions as of sycosis and the squamous cell derangement (ulcers) as of the syphilitic eruption if untreated. Tri-miasmatic conditions can be effectively treated when similimum is arrived by individualizing the patient and forming the totality for the person as a whole. Individualization and miasmatic approach led to the selection of Arsenicum album 0/3, which proved effective in the treatment of Irritant Contact Dermatitis with secondary infection. Arsenicum album is a well-known remedy for skin complaints and it also covers tri-miasmatic symptoms. Higher grade symptoms of Arsenicum album include restlessness, anxiety, painful pustular lesions associated with burning. Homoeopathy played an effective role in improving this case of Irritant Contact Dermatitis with secondary infection with the help of Arsenicum album 0/3 within a period of 20 days.

Results

From this case, it is evident that the Individualized Homoeopathic Medicine Arsenicum Album 0/3 cured this patient with Irritant Contact Dermatitis with secondary infection in a short span. Within this 3 months after treatment the patient didn't get any episodes of ICD even after exposed to Dishwasher soap.

Conclusion

Irritant Contact Dermatitis can be successfully treated with Homoeopathic medicines based on detailed case taking and individualizing the patient. Homoeopathic treatment has shown the ability to improve Irritant Contact Dermatitis internally and helped to remove the predisposition state of the Irritant Contact Dermatitis.

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