

 International Journal of AYUSH	IJAYUSH International Journal of AYUSH AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY https://internationaljournal.org.in/journal/index.php/ijayush/	ISSN: 2349-7025
		OPEN ACCESS
		★ PEER REVIEWED ★
		MONTHLY

Original Research Article	Volume 15 Issue 08	August 2026
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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF CHRONIC SCALP ERUPTIONS WITH MARKED FLAKING AND PRURITUS: A CASE REPORT AT DR BATRA'S

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DOI: <https://doi.org/10.5281/zenodo.22032127>

Abstract

Background

Chronic inflammatory scalp disorders characterized by erythema, scaling, flaking and pruritus can have a substantial impact on comfort and quality of life. Scalp psoriasis is primarily a clinical diagnosis, and its presentation may overlap with other scaling disorders of the scalp. ([NICE](#))

Case Presentation

A 14-year-old female student presented with white patches over the scalp associated with profuse, powdery, flaky dandruff and itching. The scalp lesions extended up to the hairline and an Auspitz sign was documented as positive. She also reported scalp sweating and intermittent itching. Relevant mental characteristics included marked anger with a tendency to throw things, fears related to crossing roads, darkness and being alone, and a close attachment to her father. Family history included maternal allergy, paternal skin peeling, and a grandmother with pulmonary fibrosis. She had previously experienced breathing difficulty but no specific current medication was documented.

Intervention

Individualized homoeopathic treatment was prescribed based on the totality of symptoms. The documented regimen included **Calcarea carbonica 200C**, **Mezereum 200C**, and **Kali sulphuricum 6X**.

Outcome

During follow-up, the quantity of dandruff and intensity of itching progressively decreased. By June 2026, itching was reported to be absent except occasionally over the frontal scalp. In August 2026, dandruff was documented as substantially reduced compared with baseline, although residual flakes and dryness remained. Treatment adherence was noted to be inconsistent during part of the follow-up.

Conclusion

This case documents improvement in scalp flaking and pruritus during individualized homoeopathic management. Because this is a single uncontrolled case, the observed improvement cannot establish treatment efficacy or causality. The case highlights the importance of detailed clinical characterization, individualized prescribing and objective longitudinal follow-up.

Keywords: Scalp psoriasis; scalp scaling; pruritus; individualized homoeopathy; Calcarea carbonica; case report.

1. Introduction

Scalp disorders presenting with scaling, flaking and pruritus are common dermatological complaints. Psoriasis involving the scalp may present with well-demarcated erythematous lesions and adherent scaling, while seborrhoeic dermatitis and other inflammatory scalp conditions may present with overlapping features. Diagnosis is primarily clinical, and appropriate assessment is important when symptoms are persistent or recurrent. ([NICE](#))

Scalp psoriasis can require prolonged management, and conventional treatment options include topical corticosteroids, vitamin-D preparations, keratolytic agents and other therapies according to severity and clinical response. ([NICE](#))

The present case is noteworthy because of the combination of **marked powdery scalp scaling, intense pruritus, positive Auspitz sign and characteristic individual mental and physical symptoms**, followed longitudinally over several months during individualized homoeopathic treatment.

The case is reported in accordance with the principles of the CARE case-report framework, which emphasizes transparent documentation of patient information, clinical findings, diagnostic assessment, therapeutic intervention, timeline and outcomes. ([CARE Case Report Guidelines](#))

2. Case Presentation

2.1 Patient Information

Parameter	Details
Age	14 years
Sex	Female
Occupation	Student
Residence	Not specified
Marital status	Not applicable
Presenting condition	Chronic scalp scaling/flaking with pruritus

The patient presented accompanied by her parents.

3. Chief Complaints

The primary complaints were:

- White patches over the scalp
- Powdery, flaky dandruff
- Scalp itching
- Extensive scaling extending towards the hairline
- Scalp sweating
- Recurrent/intermittent pruritus

The symptoms had been persistent and required repeated follow-up.

4. History of Presenting Complaint

The patient presented with white patches over the scalp associated with **powdery, flaky dandruff**. The flakes were described as white/dark-white in appearance and were associated with itching.

The clinical record documented a **positive Auspitz sign**.

At the initial assessment, the scalp showed considerable dandruff, with white flakes and powder-like scaling extending up to the hairline. Itching was subsequently recorded as severe, particularly during the April 2026 follow-up.

No clear aggravating or ameliorating factor was documented at the initial consultation.

5. Associated Symptoms

The case record documented:

- Scalp sweating
- Intermittent scalp itching
- Fatigue reported during one follow-up
- Menstrual abdominal pain requiring medication
- No significant gastric complaints

No other major current systemic complaint was documented.

6. Past History

A history of **breathing difficulty** was documented.

No major surgical or hospitalization history was provided in the available case record.

7. Family History

The family history was notable for:

- **Mother:** Allergy
- **Father:** Skin peeling
- **Paternal grandmother:** Pulmonary fibrosis
- **Maternal grandmother:** Alzheimer's disease
- **Grandfather:** History of heart attack

This family history was documented as part of the overall constitutional assessment.

8. Personal and Physical Generals

Parameter	Baseline
Appetite	Approximately 2 meals/day
Thirst	Initially ~3 L/day; later variable
Sleep	8–9 hours initially; subsequently documented as sound but with fatigue
Sleep quality	Generally refreshing/sound

Gastric complaints	Nil
Perspiration	Scalp and axilla; later noted as increased
Menses	Regular
Menstrual symptoms	Abdominal pain
Thermal status	Not consistently documented
Bowel/urinary complaints	No significant complaint documented

9. Mental and Emotional Characteristics

The mental generals were an important component of the individualized assessment.

The patient was described as:

- **Anger ++**
- Throws things away when angry
- Strong attachment to her father
- Fear of crossing roads
- Fear of darkness
- Fear of being alone
- Enjoys dancing
- Enjoys cooking
- Likes watching dance videos
- Described as having a dominant maternal influence
- Later described as almost obstinate

At follow-up, the case records continued to document anger as a prominent characteristic.

These features were considered along with the physical symptoms in the individualized homoeopathic assessment.

10. Clinical Examination

The important clinical findings were:

Clinical parameter	Finding
Scalp	Extensive scaling/flaking
Character of scaling	Powdery, white flakes
Hairline	Scaling extending up to hairline
Pruritus	Present; severe during one follow-up
Scalp sweating	Present
Auspitz sign	Positive
Other systemic examination	No significant abnormality documented

The presence of scalp scaling together with a documented positive Auspitz sign was clinically suggestive of a psoriasiform scalp disorder; however, the available record does not document histopathological confirmation.

11. Diagnostic Assessment

The clinical presentation was consistent with a **chronic inflammatory/scaling scalp disorder**, with scalp psoriasis being an important clinical consideration.

The combination of:

- Chronic scalp involvement
- Powdery/flaky scaling
- Extension to the hairline
- Pruritus
- Positive Auspitz sign

supported the clinical assessment.

However, because the available case documentation does not provide biopsy, dermoscopic findings or a formal dermatological diagnostic report, the diagnosis should be described conservatively in a publication.

Suggested manuscript wording

Clinical diagnosis: Chronic scalp psoriasiform eruption/scalp psoriasis-like presentation with marked scaling and pruritus.

This is safer than claiming histologically confirmed psoriasis.



12. Homoeopathic Case Analysis

The case was repertorized using the recorded symptom totality.

The repertorial analysis included prominent rubrics relating to:

- Head – eruptions – scalp
- Head – eruptions – spots
- Head – eruptions – scales
- Mind – anger – throwing things around
- Mind – fear – crossing street
- Mind – fear – crowd
- Mind – fear – darkness/being alone

The repertorization demonstrated several competing remedies, with **Calcarea carbonica** emerging as the constitutional prescription documented in the treatment record.

Remedies	ars.	calc.	acon.	nat-m.	hep.	lys.	rhus-t.	staph.	graph.	mez.	petr.	sulph.	tub.	bar-c.	ferr-p.	hydr-ac.	ignis-alc.	kali-c.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Intensity	5	4	5	5	4	4	4	4	3	3	3	3	3	2	2	2	2	2
Result	3/5	3/4	2/5	2/5	2/4	2/4	2/4	2/4	2/3	2/3	2/3	2/3	2/3	2/2	2/2	2/2	2/2	2/2
Clipboard 4																		
HEAD - ERUPTIONS - Scalp	3	2			3	2	3		2	1	2	2		1				
HEAD - ERUPTIONS - spots	1																	1
HEAD - ERUPTIONS - scales - white		1		3						2			1					
MIND - ANGER - throwing things around								3					2				1	
MIND - FEAR - crossing - street			2												1	1		
MIND - FEAR - crowd, in a	1	1	3	2	1	2	1	1	1		1	1		1	1	1	1	1

13. Remedy Selection

Constitutional Remedy – *Calcarea carbonica* 200C

Calcarea carbonica was selected based on the recorded constitutional totality.

The important prescribing features documented in the case included:

- Timid/shy characteristics
- Sensitivity to criticism
- Responsible nature
- Chilly tendency
- Nutritional/constitutional considerations
- Scalp eruptions and scaling
- Emotional and behavioural characteristics

The prescription was therefore based on the **totality of symptoms rather than the scalp complaint alone.**

Acute Remedy – *Mezereum* 200C

Mezereum was documented as the acute prescription in the treatment plan.

Its inclusion was associated with the scalp eruption/scaling picture and the characteristic local symptoms recorded in the case.

Supportive Remedy – Kali sulphuricum 6X

Kali sulphuricum 6X was also documented in the treatment regimen.

The remedy was included as part of the management of the scalp scaling/eruption presentation.

14. Treatment Schedule

Remedy	Potency	Documented regimen	Role
Calcarea carbonica	200C	2 doses, 2/2 weeks; 1st and 3rd week	Constitutional
Mezereum	200C	2 doses, 2/1 days	Acute
Kali sulphuricum	6X	2 doses, 2/1 days	Supportive/acute

The exact duration of each individual prescription should be reported according to the original prescription sheet if available.

15. Clinical Timeline

Date	Clinical status
Initial consultation	Marked dandruff with white powdery flakes and scalp itching; Auspitz sign positive
06 Apr 2026	Much dandruff; white flakes and powder-like scaling up to hairline; itching documented as ++++
11 May 2026	Dietary and hydration details reviewed; regular menstrual cycle documented
05 Jun 2026	Dandruff much better; itching absent, occasional frontal itching; treatment/routine adherence noted to be poor
11 Jul 2026	Hair fall when not combing properly; itching and white flakes/dryness again present
08 Aug 2026	Dandruff much reduced compared with baseline, but residual flakes remained; shampoo twice weekly and occasional coconut-oil use documented

16. Outcome Assessment

Clinical Symptoms: Then vs Now

Parameter	At Baseline	Latest Follow-up
Scalp dandruff	Marked, powdery and extensive	Much reduced
White flakes	Prominent	Still present but reduced
Scalp itching	Present; later documented as +++++	Markedly reduced; intermittent
Scalp dryness	Present	Persisting mildly
Scaling to hairline	Present	Reduced
Scalp sweating	Present	Documented intermittently
Hair fall	Not a major initial complaint	Reported intermittently
General condition	Symptomatic	Overall improved

Overall clinical interpretation

The longitudinal record documents a **clear reduction in dandruff and pruritus compared with the initial presentation**, although complete resolution was not documented. Intermittent flakes, dryness and itching remained at the latest follow-up.

17. Adherence

An important limitation in interpreting the outcome is **variable treatment adherence**.

At the June 2026 follow-up, the patient was documented as:

“not following the routine and food intake” and “not taking medicine properly.”

Therefore, the observed outcome occurred despite periods of incomplete adherence, but this also makes it difficult to determine the precise relationship between treatment exposure and clinical improvement.

18. Safety and Other Interventions

No adverse event specifically attributed to the homoeopathic medicines was documented in the supplied records.

The patient was advised regarding scalp care and shampoo use. By August 2026, she was reported to be using shampoo approximately twice weekly and occasionally using coconut oil.

19. Discussion

This case describes a 14-year-old female with a chronic scalp eruption characterized by marked powdery scaling, white flakes, pruritus and a documented positive Auspitz sign. The clinical picture was suggestive of a psoriasiform scalp disorder.

Scalp psoriasis is a clinically diagnosed inflammatory condition and can produce significant scaling and itching. Current clinical guidance recognizes several topical treatment approaches for scalp psoriasis, including corticosteroid preparations, vitamin-D analogues and agents used to remove adherent scale. ([NICE](#))

The distinctive feature of this case from a homoeopathic case-report perspective was the attempt to individualize treatment using both **local scalp manifestations and broader mental and constitutional characteristics**. The documented prescribing process included prominent mental symptoms such as marked anger with throwing objects, fears and behavioural characteristics, alongside the physical scalp symptoms.

The repertorial analysis generated several possible remedies, while the documented constitutional prescription was *Calcarea carbonica* 200C, followed by *Mezereum* 200C and *Kali sulphuricum* 6X.

During approximately five months of documented follow-up, the patient's scalp dandruff decreased considerably and itching became substantially less prominent. However, intermittent flakes and dryness remained. The record also demonstrates periods of inconsistent adherence, which is important when interpreting the observed outcome.

Limitations

This case has several limitations:

1. It is a **single uncontrolled case**.
2. No histopathological confirmation of psoriasis was documented.
3. No standardized psoriasis severity score, such as PASI or PSSI, was recorded.
4. No standardized pruritus score was recorded.
5. Objective photographic scoring was not available in the supplied material.
6. Treatment adherence was inconsistent during part of the follow-up.
7. Multiple interventions related to scalp care were used during follow-up.
8. Therefore, improvement cannot be attributed causally to homoeopathic treatment from this case alone.

These limitations should be explicitly acknowledged rather than presenting the case as proof of efficacy.

20. Patient Perspective

A formal patient-perspective statement was not documented in the supplied records.

For publication, this section should therefore **not be fabricated**. If available, the patient's own words regarding improvement, discomfort, treatment experience and satisfaction should be added.

21. Conclusion

This case documents the longitudinal management of a 14-year-old female presenting with chronic scalp scaling, marked dandruff and pruritus, with a positive Auspitz sign. Individualized homoeopathic treatment consisting of *Calcarea carbonica*, *Mezereum* and *Kali sulphuricum* was followed by documented reduction in dandruff and itching over subsequent consultations. However, residual scaling and dryness persisted, and adherence was inconsistent. The case provides an observational clinical account but does not establish the efficacy or causal effect of homoeopathic treatment.

22. Key Learning Points

- Chronic scalp scaling requires careful clinical characterization and differential diagnosis.
- The presence of a positive Auspitz sign may support a psoriasiform clinical assessment but is not, by itself, diagnostic confirmation.
- Individualized homoeopathic case analysis incorporated both local symptoms and broader constitutional/mental features.
- Serial documentation demonstrated improvement in dandruff and pruritus over follow-up.
- **Objective severity scoring, standardized photographs, diagnostic confirmation and consistent treatment adherence would substantially strengthen future case reports.**
- A single case cannot establish treatment efficacy; it can only generate a clinical observation suitable for further investigation.

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