

	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 HOMEOPATHIC MANAGEMENT OF GRANULOMA ANNULARE IN A YOUNG WOMAN: A CASE REPORT AT DR BATRA'S

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DOI: <https://doi.org/10.5281/zenodo.22080633>

Abstract

Background: Granuloma annulare is a benign inflammatory dermatosis characterized clinically by annular or arc-shaped papules and plaques. The present case describes a 27-year-old woman with biopsy-confirmed granuloma annulare, associated endocrine and respiratory comorbidities, and a prolonged course of skin eruptions.

Case presentation: A 27-year-old homemaker from Jalgaon, who had shifted to Pune approximately three years earlier, presented with raised reddish, skin-coloured eruptions arranged in arc and ring-like patterns for approximately six months. The lesions gradually increased in extent and subsequently involved the knee, leg and upper arm. Moderate-to-severe itching was initially reported. She had a past history of treated leprosy in 2004 and was a known case of hypothyroidism, for which she was receiving thyroxine. She also had polycystic ovarian syndrome and allergic bronchitis. Skin biopsy performed on 27 June 2025 was reported as granuloma annulare.

The case was evaluated using physical generals, mental and emotional characteristics, past history, associated complaints and repertorial analysis. The constitutional assessment included characteristics such as introversion, irritability expressed by shouting, desire for personal space, health-related concern and cautious/fastidious behaviour. Pulsatilla was considered in relation to the patient's emotional sensitivity, yielding nature, need for reassurance and subsequent improvement in confidence. Arsenicum album was also considered based on cautiousness, fastidiousness, concern regarding health, irritability and desire for control/personal space.

Intervention and outcome: During follow-up, the patient reported progressive reduction in itching and gradual improvement in the thickness and appearance of the lesions. Periodic

photographic assessment documented the clinical course. At several follow-ups, the eruptions were described as stable or reducing, with itching becoming minimal or absent. However, recurrence of skin complaints was subsequently reported in July 2026, coinciding with an increase in thyroid medication dosage. The case therefore demonstrates improvement with periods of recurrence rather than a uniformly sustained response.

Conclusion: This case illustrates an individualized homeopathic case-taking approach in a patient with biopsy-confirmed granuloma annulare and multiple associated conditions. The clinical course included periods of improvement in itching and lesion characteristics, followed by recurrence. As this is a single uncontrolled case, the observed changes cannot establish treatment efficacy or causality.

Keywords: Granuloma annulare, homeopathy, individualized treatment, dermatology, annular lesions, case report, Pulsatilla, Arsenicum album.

Introduction

Granuloma annulare is a benign inflammatory skin disorder that commonly presents with annular or arc-shaped lesions. The clinical appearance may vary considerably, and confirmation may require histopathological examination when the diagnosis is uncertain.

The present case is notable because the patient presented with gradually progressive annular and ring-shaped skin eruptions involving multiple sites and had several associated health conditions, including hypothyroidism, polycystic ovarian syndrome and allergic bronchitis. She also had a remote history of treated leprosy.

The case was approached through individualized case-taking, incorporating the presenting skin complaint, modalities, physical generals, mental and emotional characteristics, past history and associated complaints. Repertorial analysis was used as an aid to remedy selection, followed by longitudinal clinical and photographic assessment.

Case Presentation

Patient profile

Table 1: Patient profile

Parameter	Details
Age	27 years
Sex	Female
Occupation	Homemaker
Place of origin	Jalgaon
Current residence	Pune; shifted approximately 3 years before presentation
Main diagnosis	Granuloma annulare
Diagnostic confirmation	Skin biopsy
Biopsy date	27 June 2025
Family history	Father and mother reported healthy
Past history	Leprosy in 2004; treated and reported cured
Concomitant conditions	Hypothyroidism, PCOS, allergic bronchitis

Parameter	Details
Conventional medication	Thyronorm; dose varied during follow-up
Diet	Vegetarian/spicy preference reported
Sleep	Approximately 7 hours, initially reported as restful
Thirst	Approximately 2 L/day
Bowel habits	Satisfactory/normal

Chief Complaint

The patient presented with **raised reddish to skin-coloured eruptions arranged in arc-like and ring-shaped patterns**, initially present for approximately six months.

The lesions gradually increased over time and subsequently involved the **knee, leg and upper arm**.

The principal associated complaint was **moderate-to-severe itching**.

History of Present Complaint

The skin eruptions had developed gradually and progressively increased in extent.

Initially, the lesions were noticed as raised reddish/skin-coloured eruptions with an annular or arciform configuration. With progression, additional areas including the knee, leg and upper arm became involved.

There was associated itching, initially described as moderate to severe. There was no specific systemic associated complaint reported at the initial presentation.

A skin biopsy was performed on **27 June 2025**, and the reported finding was **granuloma annulare**.

Clinical Characteristics of the Skin Lesions

Table 2: Clinical Characteristics of the Skin Lesions

Clinical parameter	Finding
Morphology	Raised reddish/skin-coloured eruptions
Configuration	Arc-shaped and ring-shaped
Distribution	Knee, leg and upper arm; multiple lesions
Course	Gradually progressive
Duration at presentation	Approximately 6 months
Itching	Moderate to severe initially
Redness	Present
Thickness	Raised/thickened lesions
Pain	Not specifically reported
Burning	Not initially reported
Histopathology	Granuloma annulare
Biopsy	Performed 27 June 2025

Past History

The patient had a history of **leprosy in 2004**, for which she received treatment and reported that the condition was cured.

She was also a known case of **hypothyroidism** and was receiving thyroxine replacement therapy.

During subsequent follow-ups, the patient reported a history of **PCOS for approximately 8–9 years**, with markedly irregular menstrual cycles at times, occurring once every 2–3 months and lasting approximately 1–2 days with scanty flow/spotting.

She also reported **allergic bronchitis since 2018**, with aggravation from dust, cold weather and changes in weather.

Family History

Both parents were reported to be healthy.

No significant family history relevant to the presenting dermatological complaint was reported.

Personal and Social History

The patient was a homemaker. She had originally lived in Jalgaon and had shifted to Pune approximately three years before the documented case.

Her general lifestyle and dietary history were relatively unremarkable. She reported a good appetite, adequate thirst and regular consumption of fruits and dry fruits during follow-up.

She preferred vegetarian and spicy food.

Mental and Emotional State

Table 3: Mental and Emotional State

Mental characteristic	Observation
Temperament	Introverted
Communication	Less talkative
Anger	Easily angered
Expression of anger	Shouting
Confidence	Approximately 7/10
Stress	No significant recent stress reported
Personal space	Strong desire for her own space
Personality	Cautious and fastidious
Health concern	Concern regarding health
Emotional state	Sensitive
Social interaction	Does not easily mix with others
Hobbies	Reading and writing

At the beginning of treatment, she was described as anxious with reduced confidence. During the course of follow-up, she became more hopeful and confident.

The case-taking also identified a tendency towards irritability and anger, which was expressed outwardly through shouting rather than remaining entirely suppressed.

Life-Space History

The patient reported that her father had a private job and her mother was a homemaker. She had two siblings.

During childhood, there were discordant interactions between her parents. Because her parents were occupied with work, she spent considerable time staying with her grandparents.

She described herself as an average student and reported occasional discord with siblings.

The life-space history suggested an upbringing in which family circumstances and separation from parents during portions of childhood were relevant to understanding her emotional background.

Work and Lifestyle

The patient was a homemaker.

At the time of presentation, there was no major current occupational stress reported.

Her daily routine included household responsibilities. She preferred maintaining her own space and was described as relatively introverted and less talkative.

Physical Generals

Table 4: Physical Generals

General	Finding
Appetite	Normal/good
Cravings	Spicy food
Aversion	Not significant
Thirst	Increased/approximately 2 L/day
Urine	Normal
Stools	Satisfactory/normal
Perspiration	Normal
Odour	Non-offensive
Thermal state	Chilly
Clothing	Covering; thin clothing noted
Bathing	Seasonal/cold water
Sleep	Approximately 7 hours
Sleep quality	Restful
Position	Back
Diet	Vegetarian/spicy preference

Associated Complaints

The patient had several concomitant conditions:

Table 5: Associated Complaints

Condition	Clinical details
Hypothyroidism	On Thyronorm; dose varied during follow-up
PCOS	Present for approximately 8–9 years
Allergic bronchitis	Since 2018; aggravated by dust, cold weather and weather change
Migraine	Hammering sensation over vertex; better after vomiting
Menstrual irregularity	At several follow-ups, cycles were prolonged with scanty flow/spotting

The presence of these conditions was considered during the overall assessment but the principal outcome assessed in this case was the granuloma annulare.

Diagnostic Evaluation

The diagnosis of granuloma annulare was supported by histopathological examination.

Skin biopsy: 27 June 2025 **Reported finding:** Granuloma annulare.

The clinical lesions were described as raised, reddish/skin-coloured, annular or arc-shaped eruptions involving the extremities.

Repertorial Analysis

The repertorial analysis included the characteristic skin symptom:

SKIN – ERUPTIONS – GRANULAR

Remedies	acon.	agar.	bell.	bry.	carb-v.	ip.	rhust.	alum.	am-c.	ant-c.	ars.	bufo	clem.	cocc.	con.	dtulc.	graph.	hep.	lod.	kreos.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Intensity	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Result	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Clipboard 5																				
SKIN - ERUPTIONS - granular	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1

Figure 1: Repertorization Chart

The repertorial screen displayed several remedies, including:

Table 6: SKIN – ERUPTIONS – GRANULAR

Remedy	Repertorial relevance shown
Aconitum	Present
Agaricus	Present
Belladonna	Present
Bryonia	Present
Carbo vegetabilis	Present
Ipecacuanha	Present
Nux vomica	Present

Remedy	Repertorial relevance shown
Alumina	Present
Ammonium carbonicum	Present
Antimonium crudum	Present
Arsenicum album	Present
Bufo	Present
Chelidonium	Present
Cocculus	Present
Conium	Present
Dulcamara	Present
Graphites	Present
Hepar sulphuris	Present
Iodum	Present
Kreosotum	Present

The repertorial result was not considered in isolation. The final clinical assessment incorporated the characteristic mental generals, physical generals, past history, associated conditions and longitudinal response.

Individualization of the Case

The case was characterized by the combination of:

Skin complaint

- Granular/raised eruptions
- Annular and arciform configuration
- Progressive spread
- Moderate-to-severe itching initially
- Thickened lesions

Physical generals

- Chilly patient
- Preference for covering
- Spicy-food preference
- Normal appetite
- Approximately 2 L/day thirst
- Restful sleep

Mental generals

- Introverted
- Less talkative

- Desire for personal space
- Irritability
- Anger expressed by shouting
- Cautious and fastidious
- Concern regarding health
- Emotional sensitivity

Concomitant background

- Hypothyroidism
- PCOS
- Allergic bronchitis
- Previous treated leprosy

This totality was used for constitutional remedy consideration.

Remedy Consideration

Pulsatilla

Pulsatilla was considered on the basis of the patient's emotional and constitutional picture, particularly her sensitive nature, desire for understanding and reassurance, relatively yielding emotional characteristics and fluctuation in confidence.

During the treatment course, she was described as initially anxious with reduced confidence and subsequently more hopeful and confident.

Arsenicum album

Arsenicum album was also considered from the constitutional perspective because of the patient's:

- Cautious nature
- Fastidious tendencies
- Concern regarding health
- Irritability
- Desire for personal space
- Need to maintain things in her own manner

The repertorial analysis was therefore integrated with the broader constitutional assessment rather than relying solely on the presenting skin diagnosis.

Treatment Approach

The case was managed through individualized homeopathic treatment with periodic reassessment.

Treatment decisions were based on the evolving totality rather than treating the diagnostic label alone.

Conventional treatment for hypothyroidism was continued as prescribed, and the patient remained under medical supervision for her associated conditions.

No claim is made that the skin improvement was caused solely by homeopathic treatment, as this was an uncontrolled single-patient observation.

Follow-up and Clinical Course

The patient's course was documented through repeated clinical assessments and photographic comparisons.

Early response

At the initial follow-ups, the skin eruptions were reported as stable. The itching, however, progressively reduced and was described as almost absent.

The thickness of the lesions also showed gradual improvement.

Subsequent improvement

Over subsequent months, the lesions were described as:

- Reducing
- Less thick
- Stable in appearance
- Associated with minimal or absent itching

The patient continued to report good appetite, adequate thirst and regular intake of fruits and dry fruits.

Recurrence

During February 2026, the patient reported that the lesions remained similar to the previous state and that **new lesions had appeared over both upper extremities**. At this point, erythema was present but itching was absent.

By April and May 2026, itching had increased again, particularly during the evening and later at night. Burning was reported after scratching, with itching described as occurring at different sites.

In July 2026, the patient reported that the skin complaints had **recurred during the preceding 15 days**, although itching was absent at that particular follow-up.

During the same period, her thyroid medication dosage had been increased from 88 µg to 112 µg.

Longitudinal Outcome Table

Table 7: Longitudinal Outcome Table

Follow-up period	Skin status	Itching	Other observations
Initial presentation	Raised annular/arc-shaped eruptions, progressive	Moderate–severe	Biopsy confirmed granuloma annulare
Early follow-up	Lesions stable	Almost stopped	Thickness slightly improved

Follow-up period	Skin status	Itching	Other observations
October 2025	Stable/reducing	Almost absent	New eruption reported
November 2025	Eruptions reducing	Minimal/absent	Thickness gradually reducing
December 2025	Eruptions reducing	Almost absent	New eruption still reported
January 2026	Gradual improvement	Almost absent	Migraine also reported
February 2026	Lesions similar; new lesions on upper extremities	Absent	Erythema present
April 2026	Stable	Increased, especially evening	Burning after scratching
May 2026	Stable	Increased, especially night	Generalized itching reported
July 2026	Recurrence of skin complaints	No itching	Thyroid dose increased to 112 µg

Associated Clinical Course

The patient's associated conditions also fluctuated during the follow-up period.

Menstrual history

The patient had a longstanding history of PCOS, with cycles occurring every 2–3 months at some stages. During follow-up, menstrual irregularity persisted, although there were periods when the cycle became more regular.

Thyroid

She remained on thyroxine replacement, with the documented dosage changing during follow-up:

100 µg → 88 µg → 112 µg

The thyroid medication was managed separately from the dermatological complaint.

Allergic bronchitis

The patient reported allergic bronchitis since 2018, with aggravation from:

- Dust
- Cold weather
- Weather changes

One episode during the follow-up period required Foracort as reported in the clinical record.

Migraine

She developed recurrent migraine characterised as:

“As if nail hammering in the vertex area”

with improvement after vomiting.

By July 2026, migraine was reported approximately twice weekly.

Clinical Outcome

The principal dermatological outcome can be summarized as follows:

Table 8: Clinical Outcome

Parameter	Initial status	During improvement	Later follow-up
Lesion spread	Progressive	Reduced/stable	Recurrence reported
Lesion thickness	Raised/thick	Slightly reduced	Recurrence
Itching	Moderate–severe	Almost absent	Increased again in Apr–May 2026; absent in July
New lesions	Progressive	Occasional	New lesions reported in Feb 2026
Overall patient perception	Concerned	More hopeful/confident	Recurrence noted

The course therefore demonstrated **partial improvement with periods of relapse/recurrence**, rather than complete sustained remission.

Discussion

This case demonstrates the complexity of managing a chronic dermatological presentation when the patient has multiple concomitant conditions.

The initial clinical presentation was supported by biopsy and was consistent with granuloma annulare. The lesions were annular/arciform, raised and associated with itching.

Rather than considering the dermatological diagnosis alone, the case-taking explored the patient's constitutional characteristics, emotional state, family background, lifestyle and associated medical conditions.

A particularly relevant feature was the coexistence of several chronic conditions—hypothyroidism, PCOS and allergic bronchitis—along with a remote history of treated leprosy.

The mental picture included introversion, reduced sociability, irritability, desire for personal space, cautiousness and concern regarding health. The patient's emotional state also evolved during the treatment period, with initial anxiety and reduced confidence followed by increased hope and confidence.

The clinical course showed a meaningful reduction in itching during the earlier follow-ups, along with gradual reduction in lesion thickness. However, the later appearance of new lesions and recurrence of skin complaints demonstrates that improvement was not linear.

This longitudinal observation is important because a single favourable follow-up should not be interpreted as permanent resolution in a chronic dermatological condition.

Patient Perspective

The patient initially had concerns regarding the persistence and progression of the skin lesions. During the period of clinical improvement, she became more hopeful and confident.

The later recurrence of skin complaints was documented during subsequent follow-up, emphasizing the need for continued observation in chronic dermatological conditions.

Photographic Documentation

Serial clinical photographs were used during follow-up to compare the lesions over time.

The photographic assessment was used as a supportive clinical outcome measure alongside:

- Lesion extent
- Lesion thickness
- New lesion formation
- Itching
- Erythema
- Patient-reported improvement

Photographic comparison should ideally be performed using consistent lighting, camera distance, anatomical positioning and magnification to minimize observational bias.



Figure 2: Before and After Clinical Photographs

Clinical Timeline

Table 9: Clinical Timeline

Date/period	Major event
Approximately early 2025	Granulomatous skin eruptions progressively developed
27 June 2025	Skin biopsy performed; granuloma annulare reported
Initial treatment period	Individualized homeopathic assessment initiated
October 2025	Lesions stable; itching almost stopped; thickness slightly improved
November 2025	Lesions reducing; itching almost absent
December 2025	Further reduction in eruptions and thickness
January 2026	Continued gradual improvement
February 2026	New lesions over bilateral upper extremities
April 2026	Itching increased, especially evening

Date/period	Major event
May 2026	Night itching and burning after scratching
July 2026	Skin complaints reported to have recurred

Key Clinical Observations

Table 10: Key Clinical Observations

Domain	Key observation
Diagnosis	Biopsy-confirmed granuloma annulare
Main lesion	Raised annular/arciform eruption
Important modality	Progressive spread initially
Main sensation	Itching
Constitutional state	Chilly
Mental state	Introverted, cautious, fastidious
Emotional state	Sensitive, irritable, health-conscious
Associated disease	Hypothyroidism
Associated disease	PCOS
Associated disease	Allergic bronchitis
Past history	Treated leprosy
Early response	Itching markedly reduced
Later response	Lesions/itching recurred
Overall outcome	Partial, fluctuating improvement

Conclusion

This case describes a 27-year-old woman with biopsy-confirmed granuloma annulare and multiple associated chronic conditions. The case was evaluated through detailed individualized case-taking incorporating the presenting dermatological complaint, physical generals, mental and emotional characteristics, life-space history and associated diseases.

During follow-up, the patient experienced a period of substantial reduction in itching and gradual improvement in lesion thickness and appearance, accompanied by increased confidence and hopefulness. Subsequently, new lesions and recurrence of itching were documented, demonstrating a fluctuating clinical course.

The case highlights the importance of **longitudinal documentation, objective photographic comparison and careful assessment of the complete individual clinical picture** in chronic dermatological cases.

As a single uncontrolled case report, the observed improvement cannot establish that homeopathic treatment caused the clinical changes. Further systematic, controlled studies would be required to determine treatment effectiveness.

How to Cite this Article

Joshi S. Individualized Homeopathic Management of Granuloma Annulare in a Young Woman: A Case Report at Dr Batra's. Int J AYUSH. 2026;15(08):269-281.