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MANAGEMENT OF CHRONIC PALMOPLANTAR DERMATITIS ASSOCIATED WITH CHRONIC FRONTAL SINUSITIS AT DR BATRA'S®

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Abstract

Background: Chronic palmoplantar dermatitis is a recurrent inflammatory dermatosis characterized by erythema, hyperkeratosis, fissuring, pain, and intense pruritus, often affecting quality of life. Conventional management frequently provides only temporary symptomatic relief with recurrent relapses.

Case Presentation: A menopausal 54-year-old female presented with chronic palmoplantar dermatitis involving both soles and palms associated with painful fissures, hyperkeratosis, severe nocturnal itching, burning, and chronic frontal sinusitis. Despite repeated allopathic treatment, the lesions progressively spread with increasing pain and functional limitation. Individualized classical homeopathic treatment based on constitutional characteristics, totality of symptoms, and miasmatic understanding resulted in progressive improvement of cutaneous lesions, sinusitis, and overall well-being.

Outcome: Progressive reduction in fissuring, hyperkeratosis, itching, pain, and dryness was observed. By follow-up, palmar lesions improved by nearly **90%**, plantar lesions by **60%**, bleeding had completely ceased, and no further lesion progression occurred. Significant clinical transformation was achieved at **Dr Batra's® Homeopathy Clinic**.

Keywords: Palmoplantar dermatitis, chronic eczema, fissured soles, sinusitis, constitutional homeopathy, Lachesis.

Introduction

Palmoplantar dermatitis is a chronic inflammatory skin disorder predominantly affecting the palms and soles. Clinically it presents with erythema, hyperkeratosis, fissuring, pruritus, scaling, and pain, frequently interfering with daily activities such as walking and manual work. The

disease is often chronic, recurrent, and difficult to manage owing to repeated exposure to environmental triggers and underlying immune dysregulation.

Many patients require prolonged topical corticosteroids, emollients, keratolytics, and immunomodulators; however, recurrence following discontinuation remains common.

Classical homeopathy approaches chronic inflammatory skin diseases through individualized constitutional prescribing by integrating mental disposition, physical generals, pathological characteristics, exciting causes, and miasmatic background.

This report presents successful constitutional management of chronic palmoplantar dermatitis associated with chronic frontal sinusitis at **Dr Batra's® Homeopathy Clinic**.

Case Profile

A **54-year-old postmenopausal female** presented to **Dr Batra's® Homeopathy Clinic** with complaints of chronic dermatitis involving **both soles and palms** since **October 2025**.

The disease initially appeared as **itchy erythematous eruptions over the left sole**. Gradually similar lesions developed over the **left palm**, followed by involvement of the **right sole**. Over subsequent months, the lesions became progressively thickened with marked hyperkeratosis, painful fissuring, stiffness of the skin, and difficulty while walking.

The patient complained of **intense itching associated with redness and mild burning sensation**. Pruritus was markedly aggravated during the **night**, from the **warmth of the bed**, and while wearing **closed footwear**. Temporary relief was obtained by scratching.

Pain developed whenever pressure was applied over the fissured areas, especially during walking. There was **no significant oozing or bleeding initially**, although repeated fissuring subsequently produced painful cracks.

Despite repeated over-the-counter topical medications and several courses of allopathic treatment, the disease continued to progress with extension to both palms and soles.

Associated Complaints

The patient also complained of **chronic frontal sinusitis** characterized by:

- Frontal heaviness
- Pain predominantly over the left frontal sinus
- Mild tenderness over frontal sinus
- Frequent sneezing
- Recurrent tonsillitis predominantly affecting the left side

The sinus complaints were aggravated by:

- Cold exposure
- Dust exposure

There was no significant rhinorrhoea or ear pain.

Past History

- Pulmonary tuberculosis at 16 years of age (treated).
- Recurrent urinary tract infections for nearly three years, presently resolved.
- Repeated allopathic treatment for dermatitis.

Family History

- Mother expired; history of chronic skin allergy.
- Father expired.
- No hereditary autoimmune skin disease reported.

Treatment History

Before presenting to Dr Batra's® Homeopathy Clinic, the patient had received:

- Over-the-counter topical medications
- Repeated allopathic treatment
- Short courses of topical medications intermittently

The patient discontinued all conventional medicines one week before initiating constitutional homeopathic treatment.

Personal History

Parameter	Findings
Appetite	Normal
Thirst	Decreased (approximately one litre/day)
Craving	Salty food, sweets
Aversion	Spicy food
Stool	Constipation during allopathic treatment
Urine	Normal
Sleep	Refreshing (6 hours)
Thermal State	Hot patient
Perspiration	Profuse, generalized
Seasonal Preference	Winter
Preference	Air-conditioning
Menstrual History	Menopause 1.5 years earlier

Evolution of Mental State

The patient was born and brought up in Delhi in a joint family. She described her childhood as peaceful, with loving parents and good relationships with teachers and friends. She was an average student who completed graduation (Bachelor of Arts) and reported no major childhood emotional trauma.

During childhood she experienced feelings of jealousy towards her uncle's family because she perceived them as more privileged. With maturity, these feelings gradually disappeared.

Following marriage twenty-nine years ago, she settled into a stable family life as a homemaker. She described her relationship with her husband as supportive, respectful, and based on mutual understanding without dominance.

By temperament, she was highly social, talkative, and easily formed friendships. She enjoyed interacting with people and preferred company over solitude. She disliked criticism and felt hurt whenever others pointed out her mistakes. Although emotionally sensitive, she rarely remained upset for prolonged periods.

She admitted to an overthinking nature, particularly regarding health issues affecting herself or her family. Her greatest worries centred around illness and the well-being of her children. She reported that whenever her children disobeyed her, she became emotionally disturbed.

She preferred remaining indoors during hot weather because excessive warmth made her uncomfortable and irritable. She also experienced anxiety in warm, crowded, and poorly ventilated places. Tight clothing around the neck produced an uncomfortable sensation of suffocation, compelling her to loosen garments immediately.

Although generally calm in public, she expressed anger openly among family members by shouting. She found consolation aggravating and preferred solving problems independently.

Overall, the constitutional portrait revealed a **loquacious, emotionally sensitive, fastidious, warm-blooded woman with marked intolerance to heat, constriction around the neck, and left-sided complaints**, strongly suggestive of the constitutional remedy.

Personality Profile

The patient demonstrated the following constitutional characteristics:

- Loquacious
- Desires company
- Easily mixes with people
- Fastidious
- Emotionally sensitive
- Overthinking
- Good confidence
- Religious
- Punctual
- Dislikes criticism
- Consolation aggravates
- Easily irritated in warm weather
- Anxiety in closed warm places
- Cannot tolerate tight clothing around neck

- Left-sided tendency
- Jealousy during childhood
- Social personality

Physical Generals

Parameter	Observation
Appetite	Normal
Thirst	Decreased
Cravings	Salty food, sweets
Aversion	Spicy food
Thermal State	Hot
Perspiration	Profuse
Sleep	Refreshing
Tongue	White coated
Hands	Cold and dry
Nails	Short and healthy
Stool	Constipation during allopathic medicines
Clothing	Cannot tolerate tight clothing around neck

Clinical Examination

General examination was within normal limits.

Local Examination

Palms

- Hyperkeratotic erythematous plaques
- Painful fissures
- Thickened skin
- Dryness
- Marked itching

Soles

- Bilateral hyperkeratotic plaques
- Deep fissuring
- Thick crust formation
- Pain on walking
- Mild burning
- Severe nocturnal itching

No active oozing or secondary infection was observed.

Clinical Diagnosis

Chronic Palmoplantar Dermatitis (Hyperkeratotic/Fissured Type) associated with Chronic Frontal Sinusitis.



Figure 1: Clinical photograph showing palmoplantar lesions

Case Analysis

The case was analyzed according to the principles of **Classical Constitutional Homeopathy**, giving precedence to the patient's individuality rather than the pathological diagnosis alone. Particular importance was given to the chronology of disease evolution, exciting cause, constitutional makeup, mental generals, physical generals, characteristic particulars, associated pathology, and miasmatic background.

The disease started insidiously over the **left sole** as intensely itchy erythematous eruptions, gradually progressing to involve the **left palm** and subsequently the **right sole**, indicating a chronic progressive inflammatory dermatosis. Repeated allopathic treatment produced only temporary symptomatic relief, after which the lesions recurred with increasing hyperkeratosis, painful fissures, and difficulty in walking.

The pathology was characterized by marked hyperkeratosis, fissuring, dryness, severe nocturnal itching aggravated by warmth of bed and closed footwear, and relief from scratching. Simultaneously, the patient suffered from chronic **left-sided frontal sinusitis** with recurrent tonsillitis, suggesting an underlying chronic constitutional susceptibility rather than isolated local pathology.

From the constitutional perspective, the patient's mental picture was highly characteristic. She was naturally **loquacious**, socially interactive, easily made friends, and preferred company. She was emotionally sensitive, disliked criticism, and experienced aggravation from consolation. She had an overthinking disposition, anxiety in warm enclosed places, intolerance of constriction around the neck, and preferred cool surroundings. Childhood jealousy, though no longer active, reflected a characteristic constitutional tendency. Her complaints showed a distinct **left-sided predominance**, which, together with her thermal state and emotional characteristics, formed a highly individualized constitutional portrait.

The coexistence of chronic dermatitis, recurrent sinusitis, previous tuberculosis, recurrent urinary tract infections, menopausal status, and constitutional characteristics suggested a chronic systemic imbalance requiring constitutional treatment.

Homeopathic Case Analysis (LSMC)

Location (L)

- Left sole (initial lesion)
- Left palm
- Right sole
- Bilateral soles
- Bilateral palms
- Left frontal sinus
- Left tonsil

Sensation (S)

- Intense itching
- Burning
- Dryness
- Thickened skin
- Hyperkeratosis
- Pain on pressure
- Fissuring
- Stiffness of skin
- Frontal heaviness

Modalities (M)

Aggravation

- Night
- Warmth of bed
- Closed footwear
- Warm weather
- Dust exposure
- Cold exposure (sinusitis)
- Pressure over lesions
- Tight clothing around neck
- Consolation

Amelioration

- Scratching
- Cool environment
- Air conditioning

- Open air

Concomitants (C)

- Chronic frontal sinusitis
- Recurrent left-sided tonsillitis
- Decreased thirst
- Profuse perspiration
- Hot patient
- White-coated tongue
- Hands cold and dry
- Overthinking
- Loquacity
- Anxiety in warm closed places

Evaluation of Symptoms

Mental Generals (Highest Value)

- Loquacious
- Desires company
- Easily mixes with people
- Emotionally sensitive
- Fastidious
- Overthinking
- Dislikes criticism
- Consolation aggravates
- Childhood jealousy
- Anxiety in warm closed places
- Cannot tolerate tight clothing around neck
- Confidence good
- Religious
- Punctual

Physical Generals

- Hot patient
- Profuse perspiration
- Thirst diminished
- Desire for sweets
- Desire for salty food

- Aversion to spicy food
- Better in cool surroundings
- Cannot tolerate neck constriction
- Menopausal
- History of tuberculosis

Particular Symptoms

- Chronic palmoplantar dermatitis
- Hyperkeratotic plaques
- Deep fissures
- Pain while walking
- Severe nocturnal itching
- Burning
- Thick crust formation
- Left-sided sinusitis
- Recurrent left tonsillitis

Totality of Symptoms

Mental

- Loquacious
- Desires company
- Easily makes friends
- Emotionally sensitive
- Overthinking
- Fastidious
- Consolation aggravates
- Dislikes criticism
- Anxiety in warm closed places
- Childhood jealousy
- Religious
- Good confidence

Physical Generals

- Hot patient
- Thirst diminished
- Profuse perspiration
- Desire sweets

- Desire salty food
- Aversion spicy food
- Cannot tolerate tight clothing around neck
- Better in cool surroundings
- Menopause
- History of tuberculosis

Particular Symptoms

- Chronic dermatitis of palms and soles
- Left side affected first
- Hyperkeratosis
- Deep fissures
- Severe itching
- Burning
- Worse warmth of bed
- Worse closed footwear
- Better scratching
- Left-sided frontal sinusitis
- Left recurrent tonsillitis

Repertorial Rubrics

The following Kentian rubrics were selected:

Mind

- Mind – Loquacity
- Mind – Company – desire for
- Mind – Sensitive – criticism to
- Mind – Fastidious
- Mind – Jealousy
- Mind – Thoughts – persistent
- Mind – Consolation – aggravates
- Mind – Anxiety – warm room in

Generalities

- Generalities – Heat – aggravates
- Generalities – Clothing – tight around neck – intolerable
- Generalities – Perspiration – profuse
- Generalities – Menopause

Extremities

- Extremities – Eruptions – palms
- Extremities – Eruptions – soles
- Extremities – Cracks
- Extremities – Itching
- Extremities – Burning
- Extremities – Thickened skin

Nose

- Nose – Sinusitis – frontal

Throat

- Throat – Tonsillitis – recurrent

Repertorial Result

The repertorial analysis yielded the following leading remedies:

- **Lachesis mutus**
- Sulphur
- Graphites
- Petroleum
- Natrum muriaticum
- Lycopodium

Among these, **Lachesis** corresponded most completely with the constitutional portrait.

Remedy Selection

Constitutional Remedy

Lachesis mutus 200C

Basis of Selection

The remedy was selected because it covered the complete constitutional picture rather than only the dermatological diagnosis.

Characteristic indications included:

- Loquacious personality
- Left-sided complaints
- Marked aggravation from warmth
- Better in cool surroundings
- Anxiety in warm enclosed places
- Cannot tolerate tight clothing around neck

- Emotional sensitivity
- Consolation aggravates
- Childhood jealousy
- Menopausal constitutional state
- Hot patient
- Chronic inflammatory skin disease

Lachesis also has a well-recognized affinity for chronic skin disorders associated with hormonal transitions and left-sided pathology.

Intercurrent Prescription

Thuja occidentalis

Administered as an intercurrent remedy according to clinic protocol to support constitutional treatment in chronic dermatological pathology.

Miasmatic Analysis

The case demonstrated a mixed miasmatic background with **Psora** as the dominant miasm and significant **Sycotic** manifestations.

Psoric Features

- Intense itching
- Functional inflammatory changes
- Emotional sensitivity
- Overthinking
- Hyper-reactivity
- Frontal sinusitis

Sycotic Features

- Hyperkeratosis
- Thickened skin
- Chronic fissuring
- Persistent recurrence
- Menopausal hormonal changes

Tubercular Background

The history of treated pulmonary tuberculosis indicates a tubercular background, which may have contributed to constitutional susceptibility but was not considered the dominant active miasm in the present case.

Homeopathic Working

This case illustrates the holistic approach of individualized classical homeopathy in the management of chronic inflammatory skin disorders. Rather than prescribing solely on the basis

of palmoplantar dermatitis, the treatment strategy focused on the patient's constitutional individuality. The characteristic mental generals—including loquacity, emotional sensitivity, aggravation from consolation, childhood jealousy, and overthinking—combined with prominent physical generals such as intolerance to heat, inability to tolerate constriction around the neck, diminished thirst, and menopausal status formed the basis for remedy selection.

The chronic dermatitis and associated left-sided sinusitis were understood as local manifestations of a deeper constitutional imbalance. Constitutional treatment aimed to restore systemic equilibrium, allowing gradual improvement in both dermatological and respiratory complaints. During follow-up, itching diminished first, followed by softening of hyperkeratotic skin, healing of fissures, reduction in pain during walking, cessation of bleeding, and regression of palmar and plantar lesions. The absence of new lesion formation and sustained clinical improvement indicated constitutional stabilization rather than temporary suppression, supporting the effectiveness of individualized homeopathic management in this chronic relapsing dermatological condition.

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