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HOMOEOPATHY AS AN ADJUNCTIVE APPROACH FOR OCCUPATIONAL CONTACT DERMATITIS: A PILOT STUDY WITH OCDDI EVALUATION

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Abstract:

Occupational Contact dermatitis is common and prevalent occupational health conditions affecting a wide range of industries and countries as a result of exposure to certain substances in the workplace due to when skin inflammation or irritation happens on healthy skin. Aim: To explore the reduction in occupational contact dermatitis using occupational contact dermatitis severity index (OCDDI). Materials and Methods: A Prospective Case series study. 5 patients of occupation contact dermatitis, were selected from Homeopathic OPD, where Homoeopathic medicine prescribed for minimum 3 months. The change in occupational contact dermatitis disease severity index (OCDDI), employed before and after the Homoeopathic treatment considered as outcome measure. Result: The p-value: 0.00013 ($p < 0.001$), confirming a significant effect. The results suggest a substantial reduction in OCD severity based on the OCDDI. Conclusion: This study demonstrates that homoeopathic treatment is effective in managing Occupational Contact Dermatitis, leading to significant symptom relief and improved work quality. Further research with larger sample sizes is recommended to validate and expand upon these results.

Keywords: Occupational Contact Dermatitis, OCDDI, Pilot Study, Homoeopathy.

INTRODUCTION:

Occupational Contact Dermatitis (OCD) is one of the most prevalent occupational health conditions worldwide, affecting workers across various industries due to repeated exposure to irritants and allergens in the workplace. It manifests as skin inflammation or irritation on previously healthy skin, significantly impacting both the quality of life and work productivity of affected individuals. Among all occupational diseases, skin disorders constitute approximately 30-40%, with contact dermatitis accounting for nearly 95% of cases, making it a leading concern in occupational health.⁽²⁾ The construction industry, which employs 7.5% of the global labor force, is particularly susceptible to occupational skin diseases. In India, construction is the second-largest industry after agriculture, comprising 44% of the urban unorganized workforce.⁽¹⁾ Studies indicate that occupational allergic contact dermatitis (OACD) is more prevalent in India than occupational irritant contact dermatitis (OICD), with reported prevalence rates varying across studies [57% vs 24%, 50% vs 49%, 76% vs 24%].⁽³⁾ The increasing pace of industrialization has led to greater exposure to workplace chemicals, resulting in a growing burden of occupational skin diseases that not only affect individuals' health but also impose economic challenges by reducing work efficiency and increasing treatment costs. Conventional management strategies for OCD primarily involve identifying and avoiding the causative agents, using protective barriers such as gloves and creams, and providing symptomatic treatment. However, these approaches have limitations. Complete avoidance of occupational triggers is often impractical due to economic constraints, and prolonged use of protective gloves has been reported to exacerbate dermatitis in some cases.⁽⁴⁾ This necessitates the exploration of more effective, sustainable, and individualized treatment options for managing occupational contact dermatitis.

Homeopathy, with its individualized approach to disease management, offers a promising therapeutic intervention for occupational skin diseases. Based on the principle of symptom similarity, homeopathic remedies are prescribed according to each patient's susceptibility and unique symptom presentation rather than merely the external causative factors. As noted by Dr.H.A. Roberts, susceptibility varies from person to person, determining their reaction to environmental stimuli.⁽⁵⁾ Homeopathy aims to restore normal susceptibility, thereby strengthening the body's innate ability to resist disease and promoting long-term well-being without economic burden. Several homeopathic medicines have been

traditionally used for skin conditions, warranting further clinical evaluation for their effectiveness in managing occupational contact dermatitis.⁽⁶⁾

This pilot study aims to assess the reduction in symptom severity of occupational contact dermatitis following homeopathic intervention, using the Occupational Contact Dermatitis Disease Index (OCDDI) as an objective tool for evaluation. The study seeks to explore the potential of homeopathy as an integrative approach in occupational health, providing a cost-effective and holistic alternative to conventional management strategies.

METHOD:

This Pilot study employed a Simple Random Sampling method to select five cases diagnosed with Occupational Contact Dermatitis (OCD), assessed using the Occupational Contact Dermatitis Disease Index (OCDDI). Conducted at a homeopathic clinic, the study spanned three months, with individualized homeopathic treatment prescribed based on symptom similarity, repertorial analysis done by Radar opus 3.3.24 version. OCDDI scores were recorded at baseline and reassessed after two months to evaluate symptom reduction. Given the exploratory nature of the study, a small sample size was chosen to assess feasibility and preliminary outcomes.

CASE SERIES:

Case 1

A 57-year-old male construction worker presented with crusty eruptions on the left side of the forehead, which had developed following occupational exposure to cement at the worksite. The eruptions were associated with itching and burning sensations and had gradually spread to the scalp.

Personal history revealed a good appetite, with no specific desires or aversions. He consumed approximately 3–4 liters of water daily. His sleep was refreshing, lasting about six hours. He passed stool twice every morning but reported an unsatisfactory feeling after defecation. Thermally, he was hot, with a preference for the winter season.

Mental and emotional state showed that the patient was highly reserved, taciturn, and preferred solitude. He had difficulty mixing with others and displayed hesitation while answering questions, reflecting a withdrawn personality.

Physical examination and clinical findings

On dermatological examination, pale, silvery, scaly eruptions with associated pigmentation, localized in patches on the left forehead and extending to the scalp.

His Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.66 marks, indicating a moderate-to-severe impact on daily functioning.



OCDDI Score - 9.66 marks (DATE)
Fig. 1. (a) Case 1(Before intervention)

Basis of Prescription

The prescription was based on the totality of symptoms, which included the patient's reserved and taciturn nature, hesitation in answering, introverted disposition, and the presence of crusty, scaly eruptions. Considering the strong clinical affinity of *Graphites* for such skin conditions with itching and burning, along with its correspondence to withdrawn and reserved personalities, *Graphites* was selected as the most suitable remedy.

Repertorial sheet

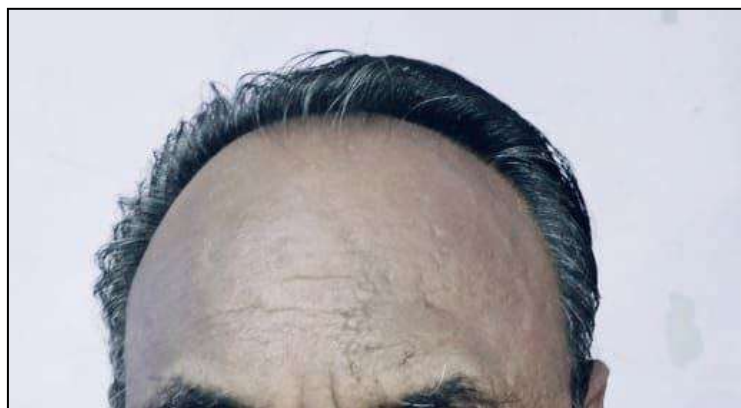
Symptom	Graphites
1. HEAD - reserved	(195) 1
2. HEAD - introverted	(20) 1
3. HEAD - taciturn	(195) 1
4. SKIN - scaly	(129) 1

Prescription on date 18 November 2024

Graphites 200C was prescribed in 3 doses, once daily (OD). *Saccharum lactis* was given thrice daily (TDS) for 15 days as a placebo. Supportive advice included avoiding direct contact with cement and maintaining protective skin measures during work to prevent aggravation of symptoms.

Follow-ups and observation are represented in Fig.1(a) & (b)

After three weeks, the patient reported a notable reduction in itching, burning, and scaling. Appetite remained stable, and sleep was refreshing and adequate. By the two-month follow-up, there was complete remission of eruptions with no recurrence. The patient also experienced significant improvement in emotional stability and expressed greater comfort in occupational activities. The OCDDI score improved markedly, declining from 9.66 to 2, reflecting near-complete resolution with minimal residual symptoms.



OCDDI Score – 2 marks (date)

Fig. 1. (b) Case 1(After intervention)

At the two-month follow-up, the patient's OCDDI score had reduced from 9.66 to 2 marks, indicating marked improvement with minimal residual symptoms.

Case 2

A 24-year-old unmarried beautician presented with persistent eruptions localized to the neck for the past 8–9 months. The lesions were itchy, dry, and exhibited silvery scaling with a burning sensation. The condition worsened on exposure to air drafts but improved after sweating. The onset of eruptions was traced back to the use of a cosmetic product, a professional requirement for her career. She had sought allopathic treatment for 2–3 months, experiencing temporary relief, but symptoms recurred post-discontinuation. The patient had no history of any major systemic illness.

A detailed evaluation of her personal history revealed a decreased appetite, with an aversion to eating and a preference for sour foods. She was thirstless. Sleep was disturbed due to excessive thoughts, and she would sleep late (around 1 AM), preferring the left side. She

identified as a hot patient, unable to tolerate warmth, though she preferred warmth during winters.

The patient's mental state was deeply affected by her skin condition, leading to significant psychological distress. She was brooding, anxious about her health, and embarrassed due to the visibility of her skin eruptions. Her profession required flawless skin, and the presence of these lesions negatively impacted her self-confidence and career prospects. She was quarrelsome but often regretted arguments, and she experienced emotional distress due to conflicts with her roommate.

Physical examination and clinical findings

On dermatological examination, pale, silvery eruptions with dry scaling were noted. Pigmentation was present, and lesions appeared in patches.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.33 marks, indicating a moderate-to-severe impact on daily functioning.



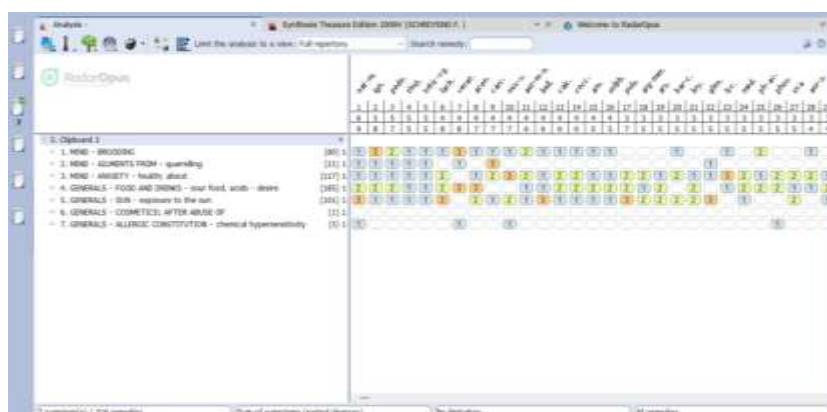
OCDDI Score - 9.33 marks (21/01/2024)

Fig. 2. (a) Case 1(Before intervention)

Basis of prescription

An evaluation of the patient's totality of symptoms included her brooding nature, anxiety about health, quarreling with regret, desire for sour foods, aggravation from sun exposure, and symptoms triggered by cosmetics. Repertorial analysis pointed toward remedies such as Bovista and Natrum muriaticum. Bovista was considered due to its affinity for urticaria, itching upon warmth, and eruptions caused by cosmetics. However, Natrum Muriaticum was more closely aligned with the patient's mental and physical generals, including melancholy, brooding, thirstlessness, ailments from grief, and sun aggravation.

Repertorial sheet



Prescription on 21 January 2024

Natrum muriaticum 200 was prescribed in 2 doses, once daily (OD). Additionally, Cosmos 30 was given twice daily (BD) for 15 days as a supportive remedy to aid in skin healing.

To complement the homeopathic treatment, the patient was advised to apply coconut oil to reduce dryness and increase water intake to counteract dehydration. She was also instructed to avoid trigger cosmetics and transition to hypoallergenic skincare products.

Follow-ups and observation are represented in Fig.2(a) & (b)

After three weeks, the patient reported a significant reduction in itching, scaling, and burning sensations. Her appetite and hydration levels showed improvement, and her sleep cycle stabilized. By the two-month follow-up, she experienced complete relief from symptoms, with no recurrence of eruptions. Additionally, she expressed improved emotional well-being, reporting reduced anxiety and better confidence in her professional life.



OCDDI Score – 2.66 marks (27/2/2024)

Fig. 2. (b) Case 1(After intervention)

At the two-month follow-up, the patient's OCDDI score had reduced from 9.33 to 2.66 marks, indicating marked improvement with minimal residual symptoms.

Case 3

A 28-year-old female employed in the cement industry presented with vesicular eruptions on the index finger of the left hand. The eruptions had persisted for two months, characterized by clear watery discharge, burning, and itching. The condition was aggravated by warmth and relieved by cold applications. Occupational exposure to cement was identified as the precipitating factor.

A detailed evaluation of her personal history revealed a satisfactory appetite, with three meals per day, and a tendency to drink water only in small quantities when thirsty. Sleep was generally sound and refreshing, though sometimes disturbed due to excessive thoughts. Stool was passed once daily without difficulty. Thermally, she was hot.

The patient's mental state showed that the patient was introverted, not expressive, and did not easily mix with others. She had been married one year earlier and reported feelings of loneliness after leaving her parental home. She often brooded over her emotions, which she could not share with anyone. These unexpressed feelings and forsaken sense of loneliness disturbed her sleep.

Physical examination and clinical findings

On dermatological examination, revealed reddish, vesicular eruptions with hemorrhagic tendency, associated with cracked, scaly, and dry skin localized to the index finger of the left hand.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.66 marks, indicating a moderate-to-severe impact on daily functioning.



OCDDI Score – 9.66 marks (date)

Fig.3. (a) Case 1(Before intervention)

Basis of Prescription

The prescription was based on the totality of symptoms, which included a forsaken feeling, reserved and brooding nature, introversion, desire for sour foods, thirst with small sips of water, and eruptions aggravated by warmth and relieved by cold. Considering its close correspondence with these mental and physical generals, as well as its known affinity for vesicular eruptions, *Natrum muriaticum* was selected as the most appropriate remedy.

Repertorial sheet

The screenshot shows the Repertorium Opus software interface. The left pane lists symptoms under '2. Chosen 2':

- 1. MIND - FORSAKEN FEELING (191) L
- 2. MIND - BROODING (186) L
- 3. MIND - RESERVED (136) L
- 4. GENERALS - FOOD AND DRINKS - sour food, acids - desire (185) L
- 5. GENERALS - MIND - ego (181) L
- 6. SLEEP - DISTURBED - thoughts by (181) L

The right pane displays a grid of remedy scores for various remedies, with *Natrum muriaticum* (Nat Mur) showing high scores across multiple symptoms.

Prescription on date 5 October 2024

Natrum muriaticum 200C was prescribed in 1 dose daily (OD) for 3 days. *Saccharum lactis* was given twice daily (BD) for 15 days as a placebo. Supportive advice included avoidance of direct cement exposure and the use of protective gloves during work to minimize irritation and recurrence of eruptions.

Follow-ups and observation are represented in Fig.3(a) & (b)

After two weeks, the patient reported a significant reduction in burning and itching, along with drying of vesicles. Sleep quality improved with fewer disturbances from persistent thoughts. By the two-month follow-up, there was complete resolution of eruptions, with healthy skin and no recurrence. The patient also noted improved emotional balance, experiencing reduced feelings of loneliness and better adjustment to her new environment. Furthermore, the OCDDI score showed a marked decline, reflecting substantial clinical improvement and minimal residual impact on daily functioning.



OCDDI Score – 2 marks (date)

Fig.3. (b) Case 1(After intervention)

Figures 3(a) & (b) illustrate the dermatological findings before and after intervention.

Case 4

A 27-year-old unmarried female, working as nursing staff, presented with itching, burning, and dryness on her right middle finger, persisting for 4-5 months. The eruptions were progressive, with vesicular formations that eventually burst, leading to crusting, white scaling, and occasional bleeding. The patient reported aggravation from warmth and heat, particularly when working with hospital disinfectants, such as spirit.

She had previously consulted a dermatologist and taken allopathic treatment, which provided temporary relief, but the condition recurred once the medication was stopped. The patient had no history of major systemic illnesses. Her family members were all apparently healthy, with no hereditary dermatological or allergic conditions reported.

The patient had a strong craving for sweets and fruits. She consumed only 1 liter of water daily, despite experiencing frequent dryness in the mouth, indicating a thirstless tendency. She had refreshing sleep (8 hours) but preferred sleeping on the sides. Urination was 3-4 times/day, clear in color, with no complaints. Stool frequency was once daily, with no associated gas or complaints. Thermally, the patient was chilly, unable to tolerate cold weather. Her constitution was lean and thin, with dark hair.

The patient reported extreme frustration due to her demanding hospital work, frequently feeling tormented and exhausted. She experienced anger towards hospital staff and had emotional distress related to personal relationships. Her psychological burden had escalated

to occasional suicidal thoughts, indicating significant mental strain and emotional suppression.

Physical examination and clinical findings

The dermatological examination revealed crusty, red eruptions with blackish pigmentation, forming dry, papular lesions with clear fluid accumulation. The lesions were thick, scaling, and prone to occasional bleeding.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 8 marks, indicating a moderate severity level affecting her daily activities.

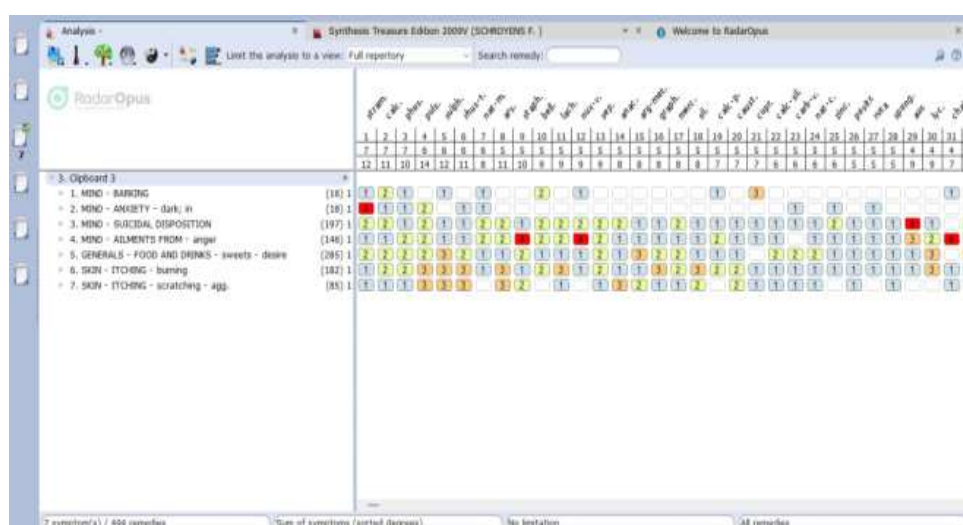


OCDDI Score – 8 marks(08/03/2024)

Fig.4. (a) Case 4 (Before Intervention)

Basis of prescription

Based on mental, emotional, and physical totality, Stramonium 200 was selected, as it best matched the patient's extreme frustration, anger, suppressed emotions, and suicidal thoughts.



Prescription on 8 March 2024

Stramonium 200, once daily (OD) for 3 days, targeting emotional and dermatological symptoms with Cosmos 30, twice daily for 15 days, for local skin healing and anti-inflammatory support.

Follow-ups and observation are represented in fig.2. (a) &(b)



OCDDI Score – 2 marks (28/4/2024)

Fig.4. (b) Case 4 (After Intervention)

After three weeks of homeopathic treatment, the patient reported, significant reduction in burning and itching. Healing of dry eruptions with minimal scaling. Improved emotional well-being, reduced frustration and suicidal thoughts.

By the two-month follow-up, the OCDDI score had reduced from 8 to 2 marks, reflecting substantial improvement. The patient felt mentally calmer, emotionally stable, and physically healthier.

Case 5

A 26-year-old female, employed as a hospital nursing officer, presented with vesicular eruptions on the thumb of the right hand. The condition was associated with itching, burning, redness, cracks, and mild bleeding. The symptoms had developed after continuous occupational exposure to spirit during her work.

Personal history revealed a satisfactory appetite with a marked desire for fruits. She was thirstless, rarely drinking water. Thermally, she was chilly. Sleep was sound, and bowel movements were reported to be regular.

The patient's mental and emotional state indicated that the patient felt easily irritated, primarily due to the hindrance caused by her skin condition, which interfered with her professional duties.

Physical examination and clinical findings

On dermatological examination showed vesicular eruptions with redness, cracks, and oozing of blood localized to the thumb of the right hand.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.66 marks, indicating a moderate-to-severe impact on daily functioning.

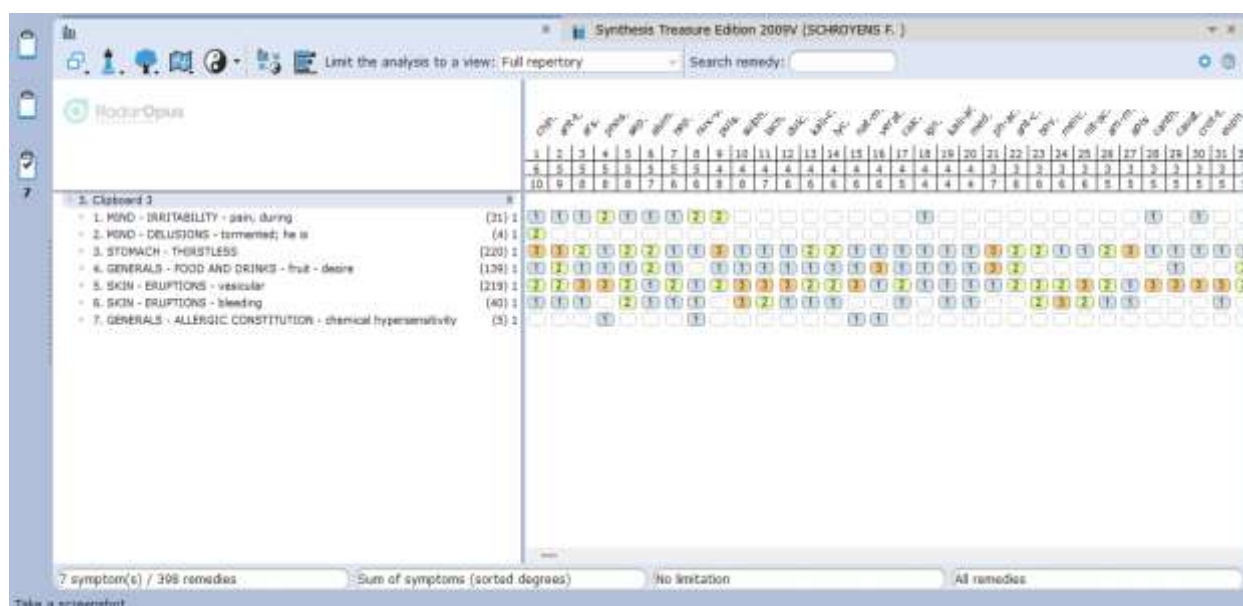


OCDDI Score - 9.66 marks (19/04/2025)

Fig.5. (a) Case 1(Before intervention)

Basis of Prescription

The prescription was based on the totality of symptoms, which included vesicular eruptions with cracks and mild bleeding from occupational exposure to spirit, irritability arising from obstruction at work, a chilly thermal state, thirstlessness, and a desire for fruits. In view of its strong correspondence to irritability, chilly constitution, and skin affections with bleeding tendencies, *China officinalis* was considered the most appropriate remedy.



Prescription on 19 April 2025

China 200C was prescribed in 3 doses, once daily (OD). Supportive advice included avoiding direct contact with spirit by using protective gloves and applying coconut oil regularly to reduce dryness and cracking of the skin.

Follow-ups and observation are represented in Fig.5 (a) & (b)

After a week, the patient reported a noticeable reduction in itching, burning, and redness, with progressive healing of cracks. Irritability had also reduced as she encountered fewer work-related obstacles. By the two-month follow-up, there was complete remission of eruptions, with fully healed skin and no further bleeding. The patient experienced improved comfort during work and greater emotional stability. Additionally, the OCDDI score demonstrated a significant reduction, indicating minimal impact of symptoms on daily occupational activities.



OCDDI Score – 2 marks (25/4/2025)

Fig.5. (b) Case 1(After intervention)

At the two-month follow-up, the patient's OCDDI score had reduced from 9.66 to 2 marks, indicating marked improvement with minimal residual symptoms.

RESULT:

The graphical representation illustrates the impact of homeopathic intervention on OCDDI scoring in five different cases. The results indicate a significant reduction in scores post-treatment, demonstrating the efficacy of homeopathic management in addressing the condition. All cases showed a significant decline in OCDDI scores post-homeopathic intervention. The average reduction across cases is 76.88%, indicating a consistent improvement in symptoms as shown in fig.6.

Assessment with Scales Before and After Intervention

Case No	Score Before Homoeopathic Intervention (Marks)	Score After Homoeopathic Intervention (Marks)
1	9.66	2
2	9.33	2.66
3	9.66	2
4	8	2
5	9.66	2

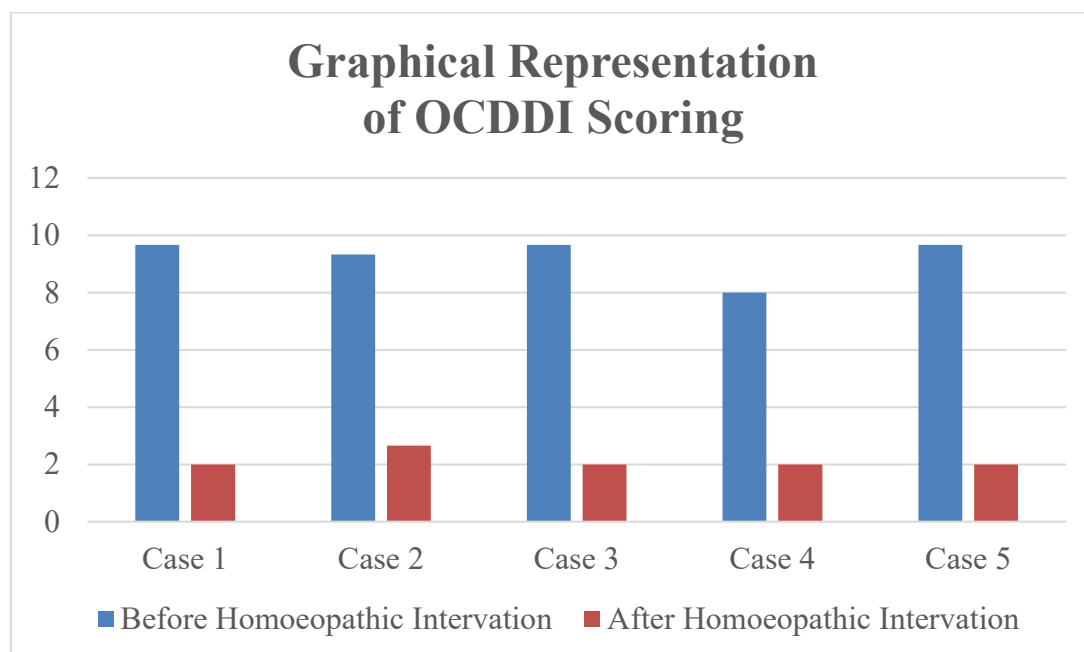


Fig.6. Graphical representation of OCDDI Scoring

The intervention appears to be highly effective, with all cases reaching a score of 2 post-treatment, suggesting stabilization of symptom.

DISCUSSION

Occupational Contact Dermatitis (OCD) is a prevalent work-related condition, significantly impacting the quality of life and professional efficiency of affected individuals. Conventional management strategies, including the use of protective barriers, topical corticosteroids, and avoidance of allergens, often offer temporary relief but fail to address the underlying susceptibility of the individual. This study explores the potential of homeopathic treatment in reducing the severity of OCD symptoms, using the Occupational Contact Dermatitis Disease

Index (OCDDI) as an objective measure. The study's findings highlight a substantial reduction in OCD severity post-homeopathic intervention, with a statistically significant p-value of **0.000031 (p < 0.001)**, confirming the effectiveness of homeopathy in managing occupational dermatoses. The mean reduction in OCDDI scores was 7.13, with an average symptom improvement of 76.88%, underscoring a consistent positive response across all cases.

All five patients included in this Pilot study demonstrated a notable reduction in OCDDI scores following homeopathic treatment. The final scores across cases converged at 2 marks post-treatment, indicating a stabilization of symptoms and minimal residual complaints.

Role of Homeopathy in Occupational Contact Dermatitis

The individualized homeopathic approach in this study addressed both local dermatological symptoms and underlying constitutional predispositions, leading to long-term relief without dependency on suppressive treatments.

Holistic Consideration of Symptomatology

Each case was analysed based on a detailed repertorial totality by using Radar 3.3.24 version, considering both mental and physical symptom expressions. The selection of homeopathic remedies was guided by:

1. Mental Dispositions – Anxiety, irritability, suppressed emotions, ailments from stress or quarrels.
2. Thermal Reactions – Hot or chilly patients, sensitivity to temperature variations.
3. Desires & Aversions – Dietary preferences such as cravings for sweets, sour, or spicy foods.
4. Local Symptom Expressions – Itching, scaling, vesicular eruptions, dryness, and sensitivity to external stimuli like heat, moisture, or allergens.

The remedies used in this study were selected based on individualized prescription strategies, ensuring a precise match between the patient's symptoms and the corresponding homeopathic medicine. The long-term stability of improvement observed in follow-ups further strengthens the case for homeopathic constitutional prescribing.

Comparison with Conventional Approaches

Conventional dermatological approaches for OCD often include: Topical corticosteroids, Barrier creams, Allergen avoidance measures, Oral antihistamines, etc.

While these measures provide symptomatic relief, they do not alter the underlying susceptibility of an individual. Additionally, chronic or long-term use of corticosteroids can lead to skin thinning, dependency, and rebound flares.

Homeopathic treatment, as observed in this study, offers:

1. Sustained Symptom Relief – Long-term improvement without dependency on suppressive medications.
2. Non-Suppressive Healing – Strengthening the body's own response mechanisms rather than temporarily masking symptoms.
3. Improvement in Emotional Well-Being – Several cases showed a reduction in stress, anxiety, and emotional distress, highlighting homeopathy's holistic action beyond skin symptoms.

Clinical Implications

The study's findings open avenues for integrating homeopathy into occupational healthcare programs, particularly for workers facing recurrent and chronic exposure to skin irritants.

- Cost-Effectiveness: Homeopathy offers a non-invasive, affordable alternative to long-term dermatological treatments.
- Reduction in Work Absenteeism: Effective homeopathic management can minimize sick leaves due to OCD, enhancing work productivity.
- Scope for Larger Clinical Trials: Given the significant improvement observed in this pilot study, a larger, multi-centric clinical study can further validate homeopathy's role in occupational dermatology.

Future Research Directions:

- Conduct randomized controlled trials (RCTs) comparing homeopathic treatment with standard dermatological care.
- Explore biochemical and immunological changes post-homeopathic intervention to scientifically substantiate therapeutic effects.

- Evaluate occupational quality-of-life improvement metrics post-treatment to establish homeopathy's impact on workplace productivity.

This study presents strong preliminary evidence supporting the efficacy of homeopathy in reducing the symptom severity of Occupational Contact Dermatitis. The significant reduction in OCDDI scores, combined with long-term symptomatic relief and emotional well-being improvements, highlights homeopathy's potential as an integrative therapy in occupational dermatology. Future large-scale studies are needed to confirm these findings and further establish homeopathy as a viable treatment modality for occupational skin diseases.

Statistical Analysis

The effectiveness of homeopathic treatment in reducing the severity of Occupational Contact Dermatitis (OCD) was assessed using the Occupational Contact Dermatitis Disease Index (OCDDI). The mean difference between pre- and post-treatment scores was **7.13**, reflecting a substantial reduction in symptom severity following intervention. The standard deviation of differences was **0.763**, indicating consistency in treatment outcomes across patients. A paired *t*-test yielded a *t*-statistic of **20.88** with **4 degrees of freedom**, and the corresponding *p*-value was **0.000031 ($p < 0.001$)**. Since the *p*-value is highly significant, it can be concluded that the observed improvement was not due to chance. This demonstrates that homeopathic intervention produced a statistically significant reduction in OCDDI scores, suggesting its potential effectiveness in managing occupational contact dermatitis.

CONCLUSION:

The findings of this study demonstrate that homeopathic treatment is effective in managing Occupational Contact Dermatitis (OCD), resulting in significant symptom relief and improved work quality among patients. The statistically significant results emphasize the potential of homeopathy as a promising and individualized therapeutic approach for individuals suffering from OCD.

Given the positive outcomes observed in this study, further research with larger sample sizes and longer follow-up periods is recommended to validate and expand upon these findings, thereby strengthening the evidence base for homeopathic interventions in the management of Occupational Contact Dermatitis.

LIMITATIONS

1. Small Sample Size: This was a pilot study with only five cases; larger sample sizes are necessary to generalize findings.
2. Short Follow-Up Duration: Long-term effects beyond the study's two-month follow-up need further evaluation.
3. Lack of Control Group: A comparative arm using conventional treatment would provide a clearer benchmark for homeopathy's relative efficacy.

DECLARATION OF PATIENT CONSENT:

The patient provided written informed consent for the publication of clinical details and images.

PATIENTS PERSPECTIVE

All patients noted improvements in their overall health, reduced dependence on Conventional Approaches, and a greater sense of control over their condition.

CONFLICT OF INTERESTS

None declared

ACKNOWLEDGMENTS

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REFERENCE

1. Bhatia R, Sharma VK. Occupational dermatoses: Asian perspective. *Indian J Dermatol Venereol Leprol*. 2016 Nov;83(5):525–6. Available from: <https://ijdv.com/occupational-dermatoses-an-asianperspective/>
2. Srinivas CR, Sethy M. Occupational dermatoses. *Indian Dermatol Online J*. 2022 Dec 14;14(1):21–2. Available from: <https://pubmed.ncbi.nlm.nih.gov/36776171/>
3. Bhatia R, Sharma VK, Ramam M, Sethuraman G, Yadav CP. Clinical profile and quality of life of patients with occupational contact dermatitis from New Delhi, India. *Contact Dermatitis*. 2015;73(3):172–81. Available from: <https://pubmed.ncbi.nlm.nih.gov/25990826/>

4. Brown T. Strategies for prevention: occupational contact dermatitis. *Occup Med (Lond)*. 2004 Jun 3;54(7):450–3. Available from: <https://pubmed.ncbi.nlm.nih.gov/15486176/>
5. Robert HA. *The Principles and Art of Cure by Homoeopathy*. New Delhi: B. Jain Publishers; 2002. p.150–1.
6. Behl TN, Aggarwal A, Srivastava G. *Practice of Dermatology*. 10th ed. New Delhi: CBS Publishers and Distributors; 2005.
7. Park K. *Preventive and Social Medicine*. 20th ed. Jabalpur, Madhya Pradesh: M/s Banarsidas Bhanot; 2009.
8. American Medical Association. ICD-10-CM Code for Unspecified contact dermatitis, unspecified cause L25.9. 2022. Available from: <https://www.aapc.com/codes/icd-10-codes/L25.9>
9. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B. Jain Publishers (P) Ltd; 2015.
10. Dewey WA. *Practical Homoeopathic Therapeutics*. New Delhi: Indian Books & Periodical Publishers; 2003. p.239–42.
11. Clarke JH. *A Dictionary of Practical Materia Medica*. Vol. 2. New Delhi: B. Jain Publishers; 2005.
12. Lilienthal S. *Homoeopathic Therapeutics*. New Delhi: B. Jain Publishers (P) Ltd; 2017. p.376.
13. Boericke W. *New Manual of Homoeopathic Materia Medica and Repertory*. 9th ed. New Delhi: B. Jain Publishers; 2005.
14. Phatak SR. *Materia Medica of Homoeopathic Medicine*. 2nd ed. New Delhi: B. Jain Publishers; 1999. p.542.
15. Curr N, Dharmage S, Keegel T, Lee A, Saunders H, Nixon R. The validity and reliability of the occupational contact dermatitis disease severity index. *Contact Dermatitis*.