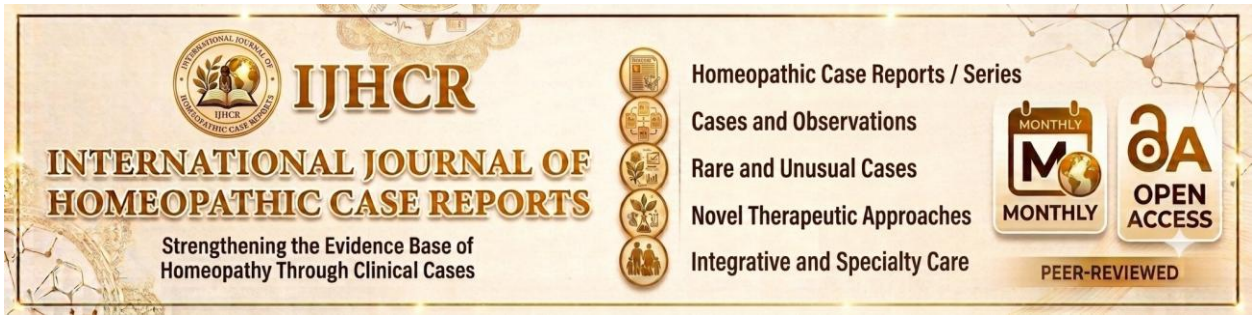

Volume 1, Issue 1, August 2026 **Category of Article: Case Report**

Article ID: CR23IJHCR3483

DOI: https://doi.org/10.5281/zenodo.22108178

Dermatitis Herpetiformis with Coeliac Disease: A Case Report of Improvement in Pruritic Cutaneous Manifestations Following Individualised Homoeopathic Management

Dr.Kiranjot Kaur

Designation-Chief Homeopathic Consultant

Ludhiana Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id – kiranjot184@gmail.com, Mobile- 9877585180

Abstract

Background: Dermatitis herpetiformis (DH) is a chronic, intensely pruritic cutaneous condition associated with gluten sensitivity and coeliac disease. The clinical presentation may be recurrent and may be influenced by dietary and environmental triggers. This case describes a patient with a five-year history of recurrent pruritic eruptions with seasonal aggravation and subsequent documentation of coeliac disease.

Case Presentation: The patient presented with recurrent skin eruptions and marked itching for approximately five years. Symptoms were aggravated by seasonal changes, heat, exposure to water and wearing polyester clothing. The affected areas included bilateral upper and lower limbs, including the hands and feet. The patient had been using anti-allergic medication, including cetirizine, for symptomatic relief. A significant personal history included being a national swimmer who had to discontinue swimming at approximately 16 years of age following a kidney problem requiring stent surgery, which was described as a major source of stress. The patient was also receiving treatment for bipolar disorder. During subsequent hospitalisation for behavioural changes, the discharge documentation recorded bipolar disorder, hypothyroidism, type 2 diabetes mellitus and coeliac disease. During follow-up, the

skin complaints and itching improved. A recurrence of eruptions was specifically reported after consumption of gluten and subsequently settled after cetirizine.

Homoeopathic Management: The case was individualised based on the recorded mental and general characteristics. Sulphur was documented as the constitutional prescription, based on the recorded philosophical disposition and craving for sweets, with a psoric interpretation in the case record. The exact potency, dosage and repetition were not available in the supplied case data.

Outcome: Progressive improvement in itching and skin eruptions was documented during follow-up. The gluten-associated recurrence provided an important clinical observation consistent with the subsequently documented diagnosis of coeliac disease.

Conclusion: This case highlights the importance of detailed history taking, identification of dietary triggers and consideration of associated systemic conditions in patients presenting with chronic recurrent pruritic eruptions. The observed improvement following individualised management warrants further systematic investigation, while this single case cannot establish treatment efficacy or causation.

Keywords: Dermatitis herpetiformis, coeliac disease, pruritus, gluten sensitivity, skin eruptions, individualised homoeopathy, Sulphur, case report.

Introduction

Dermatitis herpetiformis is a chronic, intensely pruritic inflammatory skin disorder classically associated with gluten sensitivity and coeliac disease. It commonly presents with recurrent erythematous papules, vesicles or grouped lesions accompanied by significant itching. The clinical course can be chronic and relapsing, and symptoms may fluctuate depending on individual triggers and dietary exposure.

The relationship between the skin manifestations and gluten sensitivity makes detailed dietary history particularly relevant in patients with recurrent unexplained eruptions. Identification of associated systemic disorders may also contribute to a more comprehensive understanding of the patient's clinical presentation.

From a homoeopathic perspective, case management involves assessment of the presenting complaint along with mental generals, physical generals, modalities, associated complaints and relevant personal history. The objective is to individualise the prescription rather than prescribe solely on the diagnostic label.

The present case describes a patient with a long-standing history of recurrent pruritic dermatitis, seasonal aggravation and multiple environmental triggers, in whom coeliac disease was subsequently documented. The case also records improvement in the dermatological symptoms during follow-up and a recurrence following gluten exposure.

Case Presentation

2.1 Patient Profile

The patient presented with a history of chronic recurrent skin eruptions for approximately **five years**.

Chief complaints

- Recurrent skin rashes and eruptions
- Marked itching (++)

Duration

Approximately **5 years**

Nature of complaints

The patient reported:

- Recurrent itching
- Rashes/skin eruptions
- Redness
- Seasonal aggravation
- Increased symptoms with heat
- Redness after exposure to water
- Aggravation while wearing polyester clothing

History of Presenting Complaint

The patient had been experiencing recurrent skin manifestations for approximately five years.

The predominant complaint was **intense itching associated with recurrent rashes and eruptions**.

The symptoms showed a definite relationship with environmental and seasonal factors.

Aggravating factors

- Change of weather
- Summer
- Heat
- Exposure to water
- Polyester clothing

The patient had consulted other medical practitioners and had used anti-allergic medication for symptomatic relief. Cetirizine was among the medications used.

The patient also reported that the skin condition could recur following dietary exposure.

A particularly important observation was documented during follow-up:

Following consumption of gluten, rashes reappeared and the patient required cetirizine, after which the symptoms settled.

This observation became particularly relevant when **coeliac disease was subsequently documented** in the hospital discharge summary.

Associated Complaints and Medical History

The patient had significant associated medical conditions.

Associated conditions documented

- Bipolar disorder
- Hypothyroidism
- Type 2 diabetes mellitus
- Coeliac disease

Previous medication history

The patient had reportedly been taking:

- Anti-allergic medication for several years
- Medication for bipolar disorder for approximately 6–7 years

The patient had also received cetirizine during episodes of increased skin symptoms.

Significant Personal History

One of the significant events in the patient's life occurred during adolescence.

The patient was a **national-level swimmer** and had a strong involvement in swimming.

At approximately **16 years of age**, the patient developed a kidney problem requiring **stent surgery**.

Following this medical episode, the patient was forced to discontinue swimming.

The discontinuation of swimming was described as a significant emotional stressor.

This history was considered relevant during individualised case assessment because it represented a major interruption of an important activity and change in the patient's life trajectory.

Mental and Emotional History

The case record documented a significant emotional background.

The patient experienced considerable stress following the loss of the ability to continue swimming after the kidney-related illness and surgery.

The patient subsequently developed/was diagnosed with bipolar disorder and has been receiving treatment for the condition for approximately 6–7 years.

The available case record also describes the patient as having a:

- Philosophical disposition
- Concern related to health
- Craving for sweets

These features were considered during the individualisation of the homoeopathic prescription.

Family History

No significant family history relevant to the dermatological condition was reported.

Family history: Non-contributory.

Clinical Examination and Distribution

The affected areas documented in the case included:

- Right upper limb, including hand
- Left upper limb, including hand
- Right lower limb, including foot
- Left lower limb, including foot

The predominant dermatological symptoms were:

- Eruptions
- Rashes
- Erythema/redness
- Intense itching

No laboratory investigations were available in the initial documentation.

At a subsequent visit, the patient was advised to undergo blood investigations; however, the supplied records do not contain the results.

Diagnosis

The case was diagnosed/documented as:

Dermatitis Herpetiformis

The diagnosis was subsequently supported in the clinical context by documentation of:

Coeliac Disease

in the hospital discharge summary.

The discharge documentation also recorded:

- Bipolar disorder
- Hypothyroidism
- Type 2 diabetes mellitus
- Coeliac disease

Diagnostic limitation

Specific confirmatory investigations for dermatitis herpetiformis, such as:

- Skin biopsy
- Direct immunofluorescence
- Epidermal transglutaminase antibody
- Tissue transglutaminase antibody
- Endomysial antibody

were **not provided in the supplied case records**.

Therefore, the present report should describe DH as the **documented clinical diagnosis**, rather than claiming histopathological or immunofluorescence confirmation.

Homoeopathic Case Analysis

The case was evaluated on the basis of:

Particular symptoms

Skin

- Recurrent eruptions
- Intense itching
- Redness
- Seasonal aggravation
- Aggravation from heat
- Aggravation from water exposure
- Aggravation from polyester clothing

General characteristics

- Craving for sweets
- Philosophical disposition

- Chronic/recurrent nature of complaints

Mental/emotional background

- Significant stress following discontinuation of swimming
- Bipolar disorder
- Emotional impact associated with the major health event

Totality of Symptoms

The totality considered in the case consisted of:

Mental generals

- Philosophical disposition
- Significant emotional stress following loss of swimming
- Bipolar disorder

Physical generals

- Craving sweets
- Chronic recurrent skin complaints

Particulars

- Pruritic eruptions
- Itching ++
- Erythema
- Seasonal aggravation
- Aggravation from heat
- Aggravation from water
- Aggravation from polyester clothing
- Distribution involving bilateral upper and lower limbs

Associated pathology

- Coeliac disease
- Hypothyroidism
- Type 2 diabetes mellitus

Repertorial Consideration

The case record documented consideration of the following constitutional characteristics:

Sulphur

The remedy selection was based on the recorded constitutional features, including:

- Philosophical nature
- Craving for sweets
- Psoric interpretation of the case

The supplied records identify **Sulphur as the constitutional remedy**.

Important documentation note

The exact:

- Potency
- Dose
- Repetition
- Date of administration

were not supplied and therefore are not included in this report.

Management

The patient was managed with individualised homoeopathic treatment as documented in the case record, with **Sulphur recorded as the constitutional prescription**.

The patient also had a history of conventional management with anti-allergic medication.

The patient was advised/continued under appropriate medical care for the associated systemic conditions, including bipolar disorder, hypothyroidism, diabetes mellitus and coeliac disease.

The case report does not claim that homoeopathic treatment replaced treatment for these systemic conditions.

Follow-up

Initial follow-up

The patient reported:

- Reduction in itching
- Reduction in rashes
- Improvement in eruptions

The skin condition was described as better during follow-up.

Subsequent follow-up

A significant dietary observation was recorded.

The patient consumed **gluten**, following which:

- Rashes reappeared
- Itching/rash exacerbation occurred
- Cetirizine was taken

- The acute recurrence subsequently settled

This was clinically significant because the patient's later hospital documentation recorded **coeliac disease**.

Follow-up Timeline

Follow-up	**Clinical observation**
Baseline	Chronic dermatitis with itching and recurrent eruptions
Early follow-up	Itching and eruptions reported to be better
Subsequent follow-up	Skin symptoms continued to remain improved
Gluten exposure	Recurrence of rashes following gluten consumption
After cetirizine	Acute recurrence settled
Later hospital assessment	Coeliac disease documented along with bipolar disorder, hypothyroidism and type 2 diabetes

Outcome

The principal dermatological outcome observed during follow-up was:

Improvement in itching and skin eruptions

The patient subsequently demonstrated a clinically meaningful relationship between **gluten exposure and recurrence of the skin eruption**.

The recurrence after gluten consumption, followed by improvement after withdrawal/acute symptomatic treatment, was an important feature of the subsequent clinical course.

The case therefore demonstrates:

Chronic pruritic eruptions → improvement during treatment → gluten-associated recurrence → subsequent documentation of coeliac disease.

Discussion

Dermatitis herpetiformis is an important dermatological manifestation associated with gluten sensitivity and coeliac disease. In a patient with chronic, recurrent and intensely pruritic eruptions, a detailed history of dietary triggers can provide clinically relevant information.

In this case, the skin symptoms had been present for approximately five years and were associated with multiple aggravating factors including seasonal change, heat, water exposure and polyester clothing.

The most significant observation during follow-up was the **recurrence of the eruption following gluten consumption**. This finding became particularly relevant because coeliac disease was subsequently documented in the patient's hospital discharge summary.

The case also illustrates the importance of considering associated systemic disorders. The patient had documented bipolar disorder, hypothyroidism and type 2 diabetes mellitus in addition to coeliac disease.

From the homoeopathic case-taking perspective, the patient's history extended beyond the local skin complaint. A significant emotional event was identified in the patient's adolescence when kidney disease requiring stent surgery resulted in discontinuation of competitive swimming. The patient had previously been a national swimmer, making this a major interruption in an important aspect of life.

The constitutional assessment recorded philosophical tendencies and craving for sweets, along with the chronic recurrent nature of the skin complaint. Sulphur was documented as the constitutional prescription.

The observed improvement in skin symptoms during follow-up is noteworthy; however, because this is a **single uncontrolled case**, it cannot establish that the improvement was caused by homoeopathic treatment. The patient had concurrent medical treatment, including anti-allergic medication, and subsequently had documented coeliac disease. Therefore, multiple factors may have contributed to the clinical course.

Another important limitation is the absence of supplied confirmatory dermatopathological or immunofluorescence findings for dermatitis herpetiformis. Future documentation should ideally include objective diagnostic confirmation and validated outcome measures.

Clinical Significance of the Case

This case highlights several important clinical points:

1. Chronic itching should prompt detailed history taking

Persistent recurrent itching and eruptions should not be considered only as a local skin problem.

2. Dietary triggers may be important

The patient specifically reported recurrence after gluten exposure.

3. Associated systemic disease should be explored

Coeliac disease was subsequently documented in this patient.

4. Mental and life history can provide additional individualising information

The patient's forced discontinuation of competitive swimming following kidney surgery was a significant life event.

5. Long-term follow-up is important

The dietary-triggered recurrence would not have been apparent from a single consultation.

Strengths of the Case

- Long duration of follow-up
- Detailed history of aggravating factors
- Documentation of environmental triggers
- Documentation of dietary-associated recurrence
- Subsequent documentation of coeliac disease
- Documentation of associated systemic conditions
- Individualised homoeopathic case analysis
- Follow-up documentation of improvement in itching and eruptions

Conclusion

This case presents a patient with **chronic recurrent pruritic skin eruptions documented as dermatitis herpetiformis**, with subsequent documentation of **coeliac disease**.

The case was characterised by intense itching, recurrent eruptions and aggravation from seasonal changes, heat, water exposure and polyester clothing. A significant dietary association was subsequently observed, with recurrence of rashes following gluten consumption.

Individualised homoeopathic case analysis incorporated the patient's mental, emotional and physical characteristics, with **Sulphur documented as the constitutional prescription**. During follow-up, improvement in itching and skin eruptions was recorded, although recurrence occurred following gluten exposure.

The case emphasises the importance of comprehensive case taking, identification of dietary triggers, recognition of associated systemic disorders and longitudinal follow-up in patients with chronic dermatological disease.

How to Cite this article:

Kaur K. Dermatitis Herpetiformis with Coeliac Disease: A Case Report of Improvement in Pruritic Cutaneous Manifestations Following Individualised Homoeopathic Management. Int J Homoeopath Case Rep. 2026;1(1):265-275.