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CASE REPORT

Successful Management of Acute Allergic Contact Dermatitis of Both Hands with Individualized Homoeopathic Treatment: A Case Report at Dr Batra's

Dr Sujata Thul, BHMS
Homoepathic Consultant, Fatimanagar
Dr Batra's Positive Health Clinic Pvt. Ltd.
Correspondence: chc-fatimanagar@drbatras.com

ABSTRACT

Background

Allergic contact dermatitis (ACD) is a delayed hypersensitivity skin disorder characterized by erythema, pruritus, vesiculation, and subsequent lichenification following exposure to an allergen. Although avoidance of allergens and topical corticosteroids remain the standard management, recurrent itching and pigmentation often impair quality of life. Individualized homoeopathic treatment aims to address both the acute inflammatory process and the patient's constitutional susceptibility.

Case Presentation

A 33-year-old male sales manager presented with an acute onset of intensely pruritic macular eruptions involving both hands. The lesions initially appeared on the left hand approximately six weeks before consultation and rapidly progressed to involve both palms. The eruption was associated with severe itching, watery discharge, fissuring, and post-inflammatory blackish discoloration, significantly affecting the patient's confidence and daily activities. Symptoms developed shortly after staying at a hotel during an official meeting in Ahmedabad. There was no previous history of allergies or similar skin disease. Individualized homoeopathic treatment was prescribed based on the characteristic local symptoms and constitutional features.

Outcome

During follow-up, no new lesions appeared. The original lesions gradually healed with marked reduction in itching, healing of fissures, and progressive improvement in pigmentation. The patient reported substantial improvement in comfort and hand function with no further spread of the dermatitis.

Keywords: *Allergic contact dermatitis, hand eczema, individualized homoeopathy, dermatitis, case report*

INTRODUCTION

Allergic contact dermatitis is a T-cell-mediated inflammatory skin disorder caused by exposure to environmental allergens. The hands are among the most frequently affected sites because of repeated exposure to occupational and environmental irritants. Patients commonly present with intense itching, erythema, vesiculation, fissuring, oozing, and pigmentation, resulting in considerable discomfort and impaired quality of life.

Despite appropriate conventional therapy, recurrent episodes are common if susceptibility persists. Individualized homoeopathic prescribing attempts to reduce this susceptibility while promoting healing of the skin.

This case demonstrates successful management of acute bilateral hand dermatitis with individualized constitutional homoeopathic treatment.

CASE PRESENTATION

A 33-year-old male, working as a Sales Manager, presented to Dr Batra's® Positive Health Clinics with complaints of an acute itchy skin eruption affecting both hands.

Chief Complaints

- Macular rash over both hands
- Severe itching (+++)
- Watery discharge from lesions
- Blackish discoloration
- Cracks over affected skin
- Progressive spread from the left hand to both hands

History of Present Illness

Approximately one and a half months before presentation, the patient noticed an itchy rash over the left hand. Within a short period, similar lesions appeared over the right hand. The lesions were associated with:

- Intense itching
- Watery discharge
- Blackish pigmentation
- Progressive thickening of skin
- Cracks over the affected areas

The patient reported that the skin lesions developed shortly after attending an official business meeting in Ahmedabad, during which he stayed in a hotel. He could not identify any specific allergen exposure. The appearance of both hands caused considerable cosmetic concern and embarrassment.

Associated Complaints

None significant.

Past History

No previous history of dermatitis. No known allergies.

Family History

No family history of eczema, psoriasis, or allergic skin disease.

Personal History

Diet: Mixed

Desires: Spicy food, sweet food

Aversions: None specific

Thermals: Hot patient

Sleep: Sound and refreshing

Appetite: Normal

Urine: Normal

Stools: Normal

Mental Generals

The patient was mainly concerned about the appearance of his hands because the dark discoloration was cosmetically disturbing during professional interactions. No significant emotional pathology was elicited.

Clinical Examination

Dermatological Examination:

- Bilateral macular dermatitis over hands
- Hyperpigmented plaques
- Excoriation marks
- Fissures
- Evidence of previous serous discharge
- Severe pruritus
- No secondary bacterial infection

CLINICAL DIAGNOSIS

Allergic Contact Dermatitis involving both hands

Differential Diagnosis

- Irritant Contact Dermatitis
- Dyshidrotic Eczema

- Hand Eczema
- Palmoplantar Psoriasis
- Tinea manuum

CASE ANALYSIS

The patient presented with an acute inflammatory dermatitis characterized by severe itching, watery discharge, fissuring, and post-inflammatory hyperpigmentation following probable environmental exposure during travel. The bilateral progression, absence of previous allergy, and characteristic inflammatory picture suggested acute allergic contact dermatitis.

The constitutional evaluation revealed a hot patient with cravings for spicy and sweet food and no major systemic illness. The most striking features were the acute onset following travel, severe pruritus, serous discharge, fissuring, and progressive pigmentation of both hands.

Treatment was individualized according to the totality of symptoms with the objectives of controlling inflammation, relieving pruritus, promoting healing of the fissures, preventing recurrence, and restoring normal skin appearance.

TOTALITY OF SYMPTOMS

Mental Generals

- Cosmetic concern regarding blackish discoloration of hands
- Disturbed because lesions were visible during professional interactions
- Otherwise emotionally stable

Physical Generals

- Mixed diet
- Desire for spicy food
- Desire for sweets
- Hot patient
- Sound sleep
- Appetite normal
- Stool normal
- Urine normal

Particular Symptoms

- Acute bilateral dermatitis of hands
- Started on left hand and progressed to both hands
- Intense itching (+++)
- Watery discharge

- Macular eruptions
- Hyperpigmentation (blackish discoloration)
- Fissures and cracks
- Developed after hotel stay during official travel

EVALUATION OF CHARACTERISTIC SYMPTOMS

Mental Characteristics

- Anxiety regarding cosmetic appearance
- Distressed by visible pigmentation of hands

Physical Characteristics

- Hot thermal state
- Desire for spicy food
- Desire for sweets

Particular Symptoms

- Acute onset dermatitis
- Severe itching
- Serous discharge
- Cracked skin
- Post-inflammatory hyperpigmentation
- Bilateral involvement

REPERTORIAL ANALYSIS

Kent's Repertory was used for repertorization.

Selected Rubrics

- Skin — Eruptions — Hands
- Skin — Itching
- Skin — Vesicular eruptions
- Skin — Cracks
- Skin — Discoloration
- Generalities — Heat

The repertorial analysis favored remedies including Graphites, Sulphur, Petroleum, Rhus toxicodendron, Arsenicum album, and Mezereum. Final constitutional prescription was selected after correlating repertorial findings with Materia Medica.

REMEDY DIFFERENTIATION

Constitutional Remedy

The constitutional remedy was selected based on:

- Acute onset after environmental exposure
- Severe itching
- Serous discharge
- Hyperpigmentation
- Cracked lesions
- Characteristic constitutional generals

Graphites

Considered because of:

- Moist eczema
- Cracks
- Sticky discharge
- Chronic hand dermatitis

Petroleum

Differentiated because of:

- Hand fissures
- Dry cracked skin
- Occupational dermatitis

Sulphur

Considered because of:

- Intense itching
- Burning
- Chronic inflammatory skin disorders

Rhus toxicodendron

Considered because of:

- Acute vesicular dermatitis
- Intense itching
- Exposure-related dermatitis

Arsenicum album

Differentiated because of:

- Burning with itching
- Restlessness
- Excoriated lesions

PRESCRIPTION

An individualized constitutional homoeopathic prescription was selected according to the totality of symptoms.

Acute medicines were prescribed according to the changing clinical presentation during follow-up.

The patient was also advised:

- Allergen avoidance
- Gentle skin care
- Dietary precautions
- Regular moisturization
- Avoid scratching

MIASMATIC ANALYSIS

The predominant miasm was Psora with Sycotic features.

Psoric Features

- Itching
- Hypersensitivity
- Acute inflammatory reaction
- Functional skin disorder

Sycotic Features

- Hyperpigmentation
- Chronicity of healing
- Thickened skin
- Fissures

FOLLOW-UP

Table 1. Clinical Progress

Follow-up	Clinical Progress
Initial Visit	Severe bilateral dermatitis with intense itching, watery discharge, pigmentation and fissures involving both hands.
June 2026	Itching reduced considerably. No new lesions developed. Existing lesions showed healing.
July 2026	No new patches. Old lesions healing gradually. Mild itching and fissuring remained only near the base of the left thumb. Pigmentation improving slowly.
Latest Follow-up	Dermatitis localized to a very small residual area. Marked reduction in itching, no active discharge, progressive healing of hyperpigmentation and cracks.

CLINICAL OUTCOME

At presentation:

- Acute bilateral hand dermatitis
- Severe itching (+++)
- Watery discharge
- Hyperpigmentation
- Multiple fissures
- Progressive spread

After individualized treatment:

- No development of new lesions
- Marked reduction in itching
- Complete cessation of watery discharge
- Progressive healing of cracks
- Significant reduction in inflammation
- Gradual improvement in post-inflammatory pigmentation
- Disease progression arrested

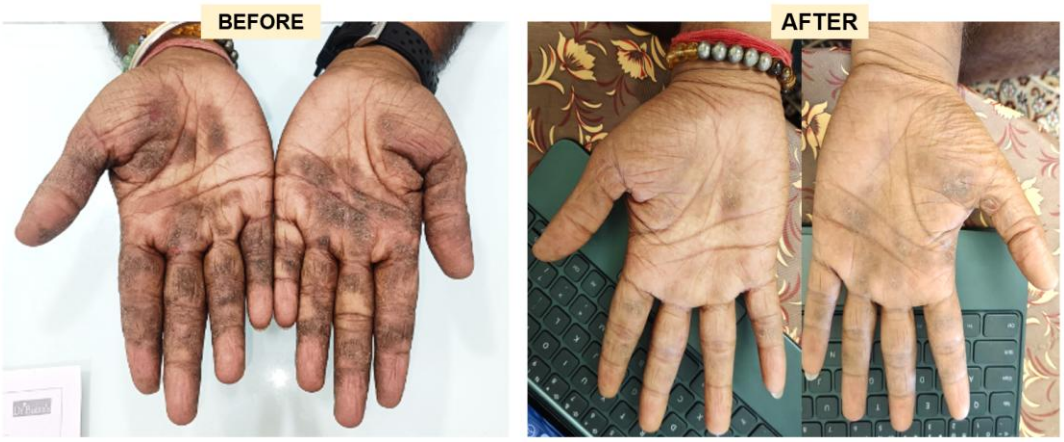

Figure 1. Bilateral hand appearance before and after individualized homoeopathic treatment.

DISCUSSION

Allergic contact dermatitis is a delayed type IV hypersensitivity reaction resulting from exposure to environmental allergens or irritants. Acute lesions are characterized by erythema, pruritus, vesiculation, oozing, and later hyperpigmentation and fissuring. Hand involvement is particularly disabling because of constant exposure to irritants during daily activities.

In the present case, dermatitis developed shortly after an outstation business trip, suggesting probable exposure to an environmental allergen. The patient presented with intense itching, serous discharge, bilateral involvement, fissuring, and cosmetically disturbing pigmentation. Constitutional assessment together with local symptomatology guided individualized homoeopathic prescribing.

Over the subsequent follow-up period, active inflammation subsided steadily. No further spread of lesions was observed, itching reduced markedly, cracks healed progressively, and pigmentation gradually improved. By the latest follow-up only minimal residual fissuring at the base of the thumb remained.

Although this represents a single observational case and spontaneous improvement cannot be completely excluded, the sequential clinical improvement, absence of new lesions, and progressive healing suggest a favorable response following individualized homoeopathic management.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

Initially, the patient experienced significant discomfort because of persistent itching and the visible black discoloration of both hands, which affected confidence during professional interactions. Following treatment, relief from itching, healing of skin lesions, and improvement in pigmentation restored comfort, improved confidence, and reduced anxiety regarding the appearance of the hands.

PATIENT PERSPECTIVE

> *"The itching on my hands was extremely disturbing, and the dark patches made me uncomfortable while meeting people at work. After treatment, the itching gradually reduced, no new patches appeared, and the old lesions slowly healed. My hands look much better now, and I feel more confident during my daily work."*

LEARNING POINTS

- Detailed case-taking is essential in acute allergic contact dermatitis to identify triggering events and constitutional characteristics.
- Individualized homoeopathic treatment may help reduce itching, inflammation, and progression of lesions in selected patients.
- Absence of new lesions and progressive healing are useful objective indicators of clinical improvement.
- Post-inflammatory pigmentation often improves gradually after control of active inflammation.

- Regular follow-up and avoidance of potential allergens are important for preventing recurrence.

CONCLUSION

This case demonstrates successful management of acute bilateral allergic contact dermatitis using individualized homoeopathic treatment. The patient showed marked reduction in itching, complete cessation of active discharge, progressive healing of fissures, and gradual resolution of post-inflammatory hyperpigmentation without the development of new lesions during follow-up. These findings suggest that individualized homoeopathic management may serve as a useful complementary approach in selected cases of allergic contact dermatitis. Further prospective studies are required to validate these observations.

DECLARATIONS

Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflict of Interest: None declared.

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