International Journal of Holistic Health and AYUSH
Monthly | Open Access | Double-Blind Peer-Reviewed
Advancing Evidence-Based Integrative Medicine

Volume / Issue	Article Type	Article ID	DOI
Vol. 1, Issue 1	Case Report	CR18IJHHA3478	https://doi.org/10.5281/zenodo.22058317

CASE REPORT

Homeopathic Management of Neurofibromatosis With Multiple Nodular Lesions in a Young Adult: A Longitudinal Case Report at Dr Batra's

Dr Sukanta Parmanik
Chief Homeopathic Consultant
Salt Lake Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.
Qualification: BHMS
Mobile: 09836368762
Correspondence: chc-saltlake@drbatras.com

ABSTRACT

Background: Neurofibromatosis is a chronic disorder characterized by the development of benign nerve-sheath tumors and may require long-term dermatological and multidisciplinary monitoring. The present case describes a young adult with multiple nodular lesions involving the axillary and neck regions, with a clinical diagnosis of neurofibromatosis made by a dermatologist.

Case Presentation: A 27-year-old male, working in the service/business sector, presented with multiple small nodular growths over the bilateral axillary regions, particularly around the insertion of the brachialis and coracobrachialis muscles, with additional lesions over the left lateral aspect of the neck. The lesions developed approximately 2–3 months after commencing gym training, with the patient reporting that they appeared rapidly after repeated heavy-weight exercises. There were approximately 8–10 variable-sized lesions. They were mobile, non-tender and without significant pain or sensory abnormality. The patient had no significant past or family history recorded. He reported substantial smoking, alcohol and cannabis use. His subsequent psychosocial assessment revealed marked occupational stress, an irregular lifestyle, late-night sleeping, a strong desire for independence, reserved emotional expression, irritability and anger, particularly in situations he perceived as wrong or restrictive. He had also experienced a significant emotional disturbance following cryptocurrency-related financial loss 2–3 years earlier. The case was repertorized using the available mental and physical characteristics. Nux vomica was recorded as the constitutional remedy, particularly on the basis of anger, irritability and the sedentary/irregular lifestyle.

Outcome: During follow-up, the nodular condition was documented as stable. By August 2026, the record stated that neurofibromatosis was stable, while a separate episode of pityriasis alba was noted over the neck. The patient reported approximately 20–30% reduction in the lesions at an earlier follow-up and subsequent stability.

Conclusion: This case illustrates an individualized homeopathic case-taking approach incorporating physical pathology, lifestyle, occupational stress and mental characteristics. The available records document stability rather than disappearance of the neurofibromatosis lesions. As this is an uncontrolled single case with concurrent

conventional treatment and incomplete objective lesion measurements, no causal conclusion regarding homeopathic efficacy can be drawn.

Keywords: *Neurofibromatosis, Nodular lesions, Young adult, Occupational stress, Smoking, Nux vomica, Individualized Homeopathy, Case Report*

INTRODUCTION

Neurofibromatosis comprises a group of genetic disorders associated with characteristic cutaneous, neurological and systemic manifestations. Patients may require long-term observation because the number, size and clinical behaviour of lesions can vary over time.

The present case describes a 27-year-old male with multiple nodular lesions over the bilateral axillary regions and left lateral neck. The lesions appeared after the patient started gym training and reported repeated heavy-weight exercises. The subsequent case-taking revealed important lifestyle and psychosocial characteristics, including occupational stress, irregular sleep and diet, heavy tobacco and alcohol consumption, cannabis use, marked irritability and a strong need for personal freedom.

The case was managed within an individualized homeopathic framework and followed longitudinally.

PATIENT PROFILE

Parameter	Details
Age	27 years
Sex	Male
Occupation	Service/business; later involved in tourism business
Marital status	Married
Children	One
Residence/work pattern	Frequent travel for work
Main diagnosis	Neurofibromatosis, diagnosed by dermatologist
Duration of nodular lesions	Approximately 2–3 months at presentation
Number of lesions	Approximately 8–10
Main sites	Bilateral axillae and left lateral neck
Constitutional remedy recorded	Nux vomica

CHIEF COMPLAINT

Multiple hard nodular growths

- Bilateral axillary region
- Around the insertion of brachialis and coracobrachialis
- Left lateral aspect of neck
- Duration approximately 2–3 months
- Lesions reportedly developed rapidly after starting gym training
- Heavy-weight training was continued on the advice of instructors

Character of lesions

- Multiple, small, variable in size
- Approximately 8–10 in number
- Mobile; documented as fixed in one part of the examination
- Non-tender, no pain, no significant sensory abnormality

ONSET AND EVOLUTION

The patient reported that he had started gym training. After approximately 15 days of heavy-weight training, multiple nodular growths appeared: started gym → heavy-weight training → multiple nodules developed → bilateral axillary lesions and left lateral neck lesions. The patient subsequently stopped gym training.

DERMATOLOGICAL ASSESSMENT

The supplied record states: "P/D — Neurofibromatosis diagnosed by dermatologist." The lesions were described clinically as multiple small nodules, variable in size, bilateral axillary distribution, left lateral neck involvement, non-tender, without significant sensory abnormality. At later follow-up, the patient reported itching in the arm/axillary and left neck areas, with small papules.

PAST HISTORY

No significant past history was initially documented. No significant family history was recorded. The patient was started on treatment for neurofibromatosis.

PHYSICAL GENERALS

Parameter	Finding
Appetite	Normal
Cravings	Chicken, meat
Thirst	Decreased
Water intake	Approximately 1–1.5 L/day
Stool	Daily initially
Thermal state	Chilly
Covering	Thick
Seasonal preference	Winter
Sleep	4–6 hours
Sleep quality	Restless
Perspiration	Scanty
Site of perspiration	Both feet
Urine	NAD

SUBSEQUENT GENERAL HISTORY

During the May 2026 assessment, the following characteristics were documented: likes meat/mutton, likes sour foods, dislikes sweet, tongue moist and clear, childhood described as good, no significant family stress, occupational stress prominent, frequent travelling because of work.

LIFESTYLE AND ADDICTION HISTORY

A significant part of the case was the patient's lifestyle.

Smoking

Initially 15–20 cigarettes/day; at a later follow-up, smoking had reduced to approximately 8–10 cigarettes/day. The patient also reported that previously he needed to smoke approximately every half hour.

Alcohol

- Almost daily alcohol consumption

Cannabis

- Cannabis/"weed" use was also reported

Sleep

- Late-night sleeping
- Irregular sleep schedule
- Only approximately 4–6 hours of sleep documented
- Sleep described as restless

Diet

- Mixed diet
- Irregular food habits due to occupational demands

OCCUPATIONAL HISTORY

The patient was involved in business/tourism-related work and frequently travelled. He described a highly mobile professional life: frequent travel to different parts of India, staying in different locations for work, irregular routine, work-related stress, limited time for proper sleep and food. He stated that he needed to work because he wanted to provide a better lifestyle for his family.

FAMILY AND SOCIAL BACKGROUND

The patient lives with his wife and one child. His parents were also described as having a good relationship with him: father — postman; mother — homemaker. The patient reported good relationships within the family and did not identify major family-related stress.

CHILDHOOD AND EDUCATIONAL HISTORY

The patient described his childhood as good. He was an average student and completed education up to 12th standard. He did not continue formal education because he wanted to establish his own business. His father initially made him join his office, but he was unable to continue there and subsequently left. He later started his own tourism business, consistent with his strong interest in travelling.

PERSONALITY ASSESSMENT

Emotional characteristics

- Reserved; does not share personal matters easily
- Soft-spoken externally with internal anger
- Occupational stress
- Previous emotional disturbance after financial loss
- Difficulty expressing personal difficulties

Anger

Anger ++. The patient becomes angry when he feels that something is wrong. After anger, he may fight with people, expresses anger directly and has difficulty tolerating perceived injustice. He stated: "If you scold me, I will also scold you."

Independence

A prominent characteristic was the desire for freedom. He cannot stay within boundaries, likes to work freely, wants to do things according to his own decisions, does not like seeking permission, and wants autonomy in his work.

SIGNIFICANT EMOTIONAL EVENT

Approximately 2–3 years before the later consultation, the patient experienced a significant financial loss related to cryptocurrency. This was described as shocking, emotionally disturbing, associated with depressed mood and not openly shared with many people. He gradually overcame the episode. The event was clinically relevant because it represented a major period of emotional stress in a person who otherwise tended to keep personal difficulties to himself.

REPERTORIAL ANALYSIS

The supplied repertorization identified the following major mental rubrics:

- Mind — Sensitive
- Mind — Industrious
- Mind — Frown, disposed to

The repertorial comparison included several remedies, with Nux vomica appearing prominently. The case was interpreted in conjunction with the broader clinical picture of work stress, sedentary/irregular lifestyle, late nights, smoking, alcohol use, marked irritability/anger and strong desire for independence.

Remedies	nux-v.	lyc.	sep.	acon.	nat-m.	sulph.	viol-o.	cham.	tarent.	aur.	coff.	ign.	nat-c.	tub.	aur-m-n.	calc.	hyos.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Symptoms Covered	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2
Intensity	7	6	6	4	4	3	3	5	5	4	4	4	4	4	3	3	3
Result	3/7	3/6	3/6	3/4	3/4	3/3	3/3	2/5	2/5	2/4	2/4	2/4	2/4	2/4	2/3	2/3	2/3
Clipboard 3																	
MIND - SENSITIVE - music, to	3	2	3	2	2	1	1	2	2	1	1	2	3	1	2	2	
MIND - INDUSTRIOUS	1	2	2	1	1	1	1		3	3	3	2	1	3	1	1	2
MIND - FROWN, disposed to	3	2	1	1	1	1	1	3									1

Figure 1. Repertorization chart showing comparative remedy scores.

INDIVIDUALIZED REMEDY ASSESSMENT

Nux vomica

The supplied clinical interpretation states: "NUX VOM — ANGER, IRRITABILITY WITH SEDENTARY LIFE STYLE." The remedy was therefore selected constitutionally in the recorded case based on the combination of:

- Anger
- Work-related stress
- Sedentary lifestyle
- Irregular sleep
- Irregular food habits
- Stimulant/substance use
- Strong desire for autonomy

TREATMENT APPROACH

The case was managed using an individualized homeopathic approach. Constitutional prescription recorded: Nux vomica. The exact potency, dosage and repetition schedule are not supplied in the current case material and therefore are not added here. The patient was also documented as receiving treatment for neurofibromatosis from another medical provider.

CLINICAL FOLLOW-UP

Date	Clinical Documentation
20 November 2025	Papule in right axillary region; lesion stable; had stopped gym; no significant itching; sleep disturbed; no significant stress reported at that consultation. Assessment: nodular lesion — stable.
13 May 2026	Patient had moved to Silchar, Assam. Reported small papules over arm/axillary region and left side of neck, with itching but no significant burning. Approximately 20–30% reduction reported. Continued occupational travelling and job-related stress; lifestyle remained irregular because of frequent travel.

Date	Clinical Documentation
14 May 2026	Same clinical picture documented: small papules, itching, no significant burning, approximately 20–30% improvement reported, job-related stress, frequent travel.
13 August 2026	Latest record documented: neurofibromatosis — stable. A separate skin complaint was noted: pityriasis alba over the neck. Lifestyle and mental characteristics again documented, including work stress, irregular sleep, irregular food, reserved nature, anger ++, desire for freedom, smoking and alcohol use.

CLINICAL OUTCOME

The longitudinal record suggests: multiple nodular lesions → gym/weight-training association → stopped gym → (Nov 2025) lesion stable → (May 2026) small papules with itching, patient-reported reduction of 20–30% → (Aug 2026) neurofibromatosis stable.

Parameter	Initial presentation	Follow-up
Nodules	Multiple, 8–10	Stable
Distribution	Bilateral axillae + left neck	Arm/axillary + neck lesions noted
Pain	Absent	No significant pain reported
Itching	Initially absent	Present intermittently later
Burning	Absent	No significant burning
Gym	Heavy-weight training	Stopped
Lesion response	Baseline	Patient reported 20–30% reduction
Latest status	—	Stable neurofibromatosis

LIFESTYLE FACTORS RELEVANT TO THE CASE

A striking component of this case was the presence of several lifestyle factors that potentially affected overall health:

- Smoking: 15–20 cigarettes/day → approximately 8–10/day
- Alcohol: almost daily
- Cannabis: reported use
- Sleep: late-night, only 4–6 hours
- Work: high occupational stress with frequent travel
- Diet: irregular due to work

DISCUSSION

This case presents a young adult with multiple nodular lesions subsequently documented as neurofibromatosis following dermatological assessment.

The lesions were initially temporally associated by the patient with the commencement of gym training and heavy-weight exercise. However, this temporal association does not establish that weight training caused neurofibromatosis.

The case became clinically distinctive during the detailed individualization process. In addition to the physical complaint, the patient demonstrated a characteristic psychosocial profile involving occupational stress, irregular sleep and diet, substance use, strong independence, reserved emotional expression and marked irritability.

A significant previous emotional event was also identified: a substantial cryptocurrency-related financial loss that caused a period of emotional disturbance and depression. The patient did not readily share his personal difficulties, suggesting an important reserved component of his personality.

The repertorial assessment identified Nux vomica prominently, and the clinical record explicitly associates the prescription with anger, irritability and sedentary lifestyle.

Longitudinally, the lesions were reported as stable, with a patient-reported 20–30% reduction during the May 2026 consultation. By August 2026, the neurofibromatosis was documented as stable. Importantly, stability should not be interpreted as cure, particularly in a chronic condition such as neurofibromatosis. The case also lacks standardized lesion measurements, photographic scoring, imaging follow-up or an objective count/size assessment across time.

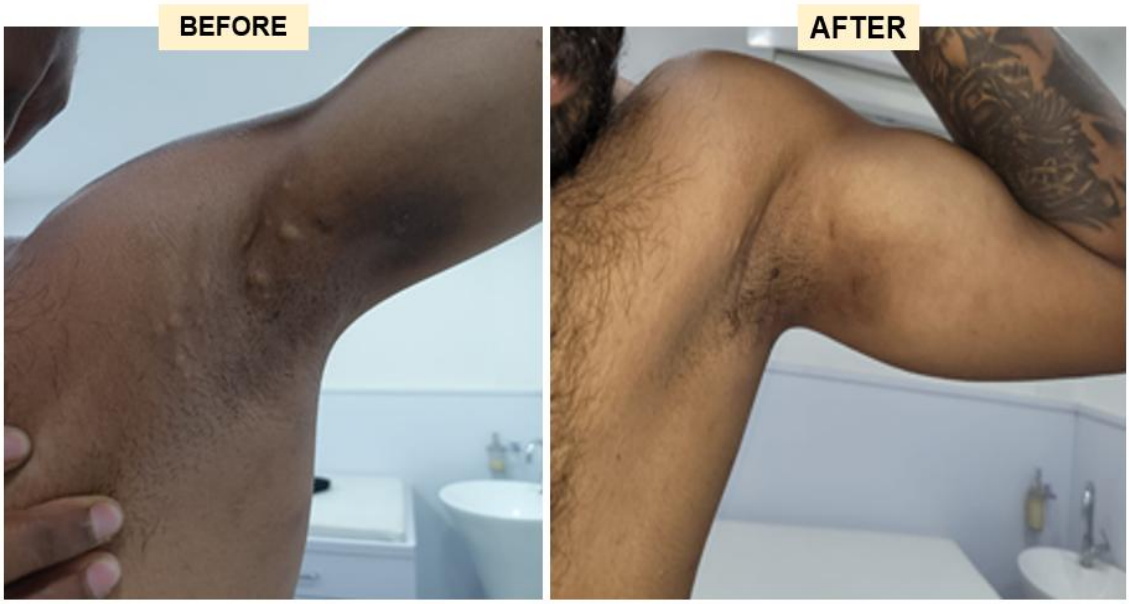

Figure 2. Nodular lesions before and after individualized homeopathic management.

PROGNOSIS

Current status: stable. There is no documentation in the supplied material of complete disappearance of the nodules or complete resolution of neurofibromatosis. Continued dermatological/appropriate specialist follow-up remains important for monitoring lesion evolution and identifying any new neurological, ocular or other systemic manifestations.

LEARNING FROM THE CASE

This case highlights the importance of going beyond the presenting physical complaint during individualized case-taking:

- Physical picture: multiple nodular lesions
- Lifestyle picture: smoking + alcohol + cannabis + irregular sleep + irregular diet
- Occupational picture: frequent travel + business pressure + financial responsibility

- Emotional picture: reserved, does not share personal problems, significant past financial shock
- Mental generals: anger ++, irritability, desire for freedom, intolerance of restriction

This totality led to the recorded constitutional prescription of Nux vomica.

CONCLUSION

A 27-year-old male presented with multiple hard nodular lesions over the bilateral axillary regions and left lateral neck. The lesions appeared after commencement of gym training and heavy-weight exercise. They were non-tender and without significant sensory abnormality. A dermatologist subsequently diagnosed neurofibromatosis.

Detailed case-taking revealed a highly irregular lifestyle with heavy smoking, almost daily alcohol use, cannabis use, late-night sleep, irregular diet and significant occupational stress. Psychologically, the patient was reserved, strongly independent, intolerant of restrictions and markedly irritable, with anger expressed during perceived wrongdoing. He had also experienced a significant financial shock related to cryptocurrency losses.

Repertorial assessment identified Nux vomica, and the case record specifically states: "Nux vom — anger, irritability with sedentary lifestyle."

> *During follow-up, the patient reported approximately 20–30% reduction in the lesions, while later records documented the neurofibromatosis as stable. No claim of complete cure or disappearance of lesions is supported by the supplied records.*

HOW TO CITE THIS ARTICLE

Parmanik S. Homeopathic Management of Neurofibromatosis With Multiple Nodular Lesions in a Young Adult: A Longitudinal Case Report at Dr Batra's. Int J Holist Health AYUSH. 2026;1(1):176–184.