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# Successful Management of Chronic Flexural Dermatitis with Individualized Homoeopathic Treatment at Dr Batra's®

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## ABSTRACT

**Background:** Chronic flexural dermatitis is a recurrent inflammatory dermatosis affecting intertriginous areas such as the axillae, groins and retroauricular folds. The disease is characterized by erythema, itching, scaling, fissuring and occasional secondary infection. Recurrent friction, obesity, sweating and altered skin barrier function contribute to disease persistence. Although topical corticosteroids and immunomodulators remain the mainstay of conventional management, frequent relapses and prolonged treatment often compromise quality of life. Homoeopathy emphasizes individualized constitutional treatment based on the totality of symptoms.

**Case Summary:** An obese school-going female presented with recurrent erythematous eruptions involving the retroauricular folds, axillae and groins since 2022. The lesions were associated with mild itching, sticky offensive discharge, thick yellow crusts and recurrent exacerbations during summer and excessive sweating. Constitutional evaluation revealed an affectionate, family-attached child with curiosity, obesity, fair complexion, craving for sweets and sour food, fear of injections, frightful dreams and emotional oversensitivity. Repertorial analysis supported Calcarea carbonica as the constitutional remedy. Silicea was prescribed during acute episodes and Sulphur as an intercurrent remedy based on the underlying miasmatic background.

**Outcome:** Serial photographic assessment, Wood's lamp examination and regular follow-up demonstrated progressive reduction in erythema, itching, discharge and crusting with complete resolution of lesions over one year, leaving only mild residual discoloration. Emotional stability and general health also improved.

**Conclusion:** This case highlights the potential role of individualized constitutional homoeopathy in the long-term management of chronic flexural dermatitis and emphasizes the importance of treating constitutional susceptibility rather than local manifestations alone.

**Keywords:** Flexural dermatitis, Intertriginous eczema, Atopic dermatitis, Constitutional homoeopathy, Calcarea carbonica, Case report

## 1. Introduction

Flexural dermatitis is a chronic relapsing inflammatory dermatosis involving skin folds including the axillae, groins, retroauricular areas and neck. Persistent friction, sweating and impaired epidermal barrier function predispose these regions to recurrent inflammation. The disease frequently manifests with erythema, pruritus, oozing, scaling and secondary bacterial colonization, particularly in obese individuals and children.

Atopic predisposition, environmental allergens, obesity, microbial colonization and skin barrier dysfunction are recognized contributors to disease development. The chronic relapsing nature of flexural dermatitis often imposes considerable psychosocial burden on affected children and their families.

Conventional treatment consists of topical corticosteroids, calcineurin inhibitors, moisturizers and avoidance of aggravating factors. Although these therapies provide symptomatic relief, recurrences remain common and prolonged corticosteroid exposure may result in adverse effects.

Homoeopathy approaches chronic inflammatory skin diseases constitutionally by considering the patient's mental characteristics, physical generals, hereditary tendencies and individual susceptibility in addition to local pathology. The present report describes successful management of chronic flexural dermatitis with individualized homoeopathic treatment at Dr Batra's® Positive Health Clinics.

## 2. Case Presentation

A school-going female child presented to Dr Batra's® Positive Health Clinics with recurrent reddish eruptions involving the skin folds since 2022. The disease initially appeared behind the ears and gradually involved both axillae and groins. Parents observed that lesions became more frequent after progressive weight gain.

The eruptions were associated with mild itching, sticky watery discharge, offensive discharge, thick yellow crusts, scaling, redness, and recurrent exacerbations. The lesions were aggravated by excessive sweating, friction, wetness, and the summer season. Temporary relief was obtained by repeated washing and application of cold water.

Parents reported that every two days they had to clean the affected skin thoroughly because thick crusts accumulated over the lesions. After crust removal, reddish discoloration remained.

### *2.1 Previous Treatment*

The patient had received topical ointments for dermatitis with only temporary improvement. Recurrences continued despite treatment.

### *2.2 Past History*

Chickenpox. No history of hospitalization or major systemic illness.

### *2.3 Family History*

Family history was significant for allergic and endocrine disorders — mother had a thyroid disorder during pregnancy and allergic rhinitis; father had a renal calculus; grandmother had a thyroid disorder and heart disease; a cousin had a similar skin disease. This suggested a hereditary predisposition toward allergic and constitutional disorders.

### *2.4 Personal History*

Residence: Bangalore. Education: School-going. Father: Accountant. Mother: Software Engineer.

### *2.5 Physical Generals*

Appetite normal; thirst normal. Desire for sweets, sour food, eggs, chicken, sambhar, and fried snacks. Aversion to spicy food. Thermally chilly. Profuse perspiration over the face. Sleep refreshing. Frightful dreams of ghosts. Bowels and urine normal.

### *2.6 Mental Generals*

The child was extremely affectionate and deeply attached to her parents and family members, preferring to spend time with family rather than strangers, and was emotionally dependent upon parental support. She was naturally curious, intelligent and enjoyed drawing and painting; although academically good, she experienced difficulty learning Hindi. The patient was obese with a fair complexion and appeared pampered.

Teachers reported mild difficulty maintaining concentration in class despite good memory. She demonstrated marked emotional sensitivity — minor criticism frequently resulted in crying, and she often cried to obtain desired objects. Fear of injections was intense; even discussion of injections produced marked anxiety. She also experienced frightful dreams involving ghosts and frequently woke crying.

### *2.7 Clinical Examination*

General examination revealed an obese child with fair complexion and stable vital signs. Dermatological examination demonstrated erythematous plaques over the retroauricular folds, bilateral axillae and bilateral groins, with mild scaling, thick yellow crusts, sticky offensive discharge, and mild fissuring without bleeding.

### *2.8 Wood's Lamp Examination*

Baseline Wood's lamp examination demonstrated yellow fluorescence, suggestive of secondary bacterial colonization. Serial examinations during follow-up showed progressive reduction in fluorescence and eventual absence of abnormal fluorescence.

### *2.9 Diagnosis*

**Chronic Flexural Dermatitis**

### *2.10 Differential Diagnosis*

- Flexural atopic dermatitis
- Chronic intertrigo
- Seborrhoeic dermatitis
- Candidal intertrigo
- Inverse psoriasis
- Erythrasma

## 3. Case Analysis

The present case represented a chronic inflammatory dermatosis involving multiple intertriginous areas, including the retroauricular folds, axillae, and groins. The disease had persisted for nearly three years with recurrent exacerbations despite topical treatment. Obesity, excessive sweating, friction, and the summer season consistently aggravated the condition, representing important local maintaining factors.

However, constitutional homoeopathic evaluation revealed a characteristic psychosomatic profile extending beyond the cutaneous manifestations. The child was affectionate, emotionally dependent, oversensitive, and deeply attached to her parents. She frequently cried when her wishes were denied, displayed obstinate behaviour, and was emotionally affected by even minor reprimands. A marked fear of injections and pins, frightful dreams involving ghosts, and a tendency to wake crying during sleep represented highly individualizing symptoms.

Despite mild difficulty in concentration, memory remained sharp, and she was creative, enjoying drawing and painting. She was obese, fair-complexioned, chilly, and had strong cravings for sweets, sour food, and eggs. The combination of constitutional obesity, delayed concentration with good memory, emotional sensitivity, fearfulness, perspiration, and skin involvement in the folds strongly indicated Calcarea carbonica as the constitutional remedy.

### *3.1 Totality of Symptoms*

**Mental:** Affectionate; attached to parents; curious; emotional; oversensitive; weeps easily; obstinate; fear of injections; frightful dreams; good memory; difficulty concentrating.

**Physical Generals:** Obese; fair; chilly; desire sweets; desire sour; desire eggs; aversion spicy.

**Particulars:** Chronic dermatitis of folds; thick yellow crusts; sticky discharge; offensive odor; mild itching; worse sweating; worse friction; better cold application.

### *3.2 Repertorial Analysis*

Kent's Repertory was used considering the characteristic constitutional symptoms.

**Mind:** Affectionate · Fear of injections · Obstinate children · Weeping easily · Sensitive

**Dreams:** Ghosts · Frightful dreams

**Generalities:** Obesity · Chilly patient · Desire eggs · Desire sweets · Desire sour

**Skin:** Eruptions in folds · Moist eruptions · Yellow crusts · Itching

| Remedies | puls. | sulph. | phos. | nat-m. | calc. | lyc. | carb-v. | sep. | ars. | lach. | dulc. | sil. | bell. | verat. | bry. | stram. | thuj. | acon. | caust. | med. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Serial Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Symptoms Covered | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Intensity | 19 | 19 | 17 | 16 | 19 | 17 | 15 | 14 | 13 | 11 | 9 | 15 | 14 | 13 | 11 | 11 | 11 | 10 | 10 | 10 |
| Result | 9/19 | 9/19 | 9/17 | 9/16 | 8/19 | 8/17 | 8/15 | 8/14 | 8/13 | 8/11 | 8/9 | 7/15 | 7/14 | 7/13 | 7/11 | 7/11 | 7/11 | 7/10 | 7/10 | 7/10 |
| Clipboard 3 | | | | | | | | | | | | | | | | | | | | |
| MIND - FEAR - pins; of | | | | 1 | | | | | 1 | | | 3 | | | | | | | | |
| GENERALS - OBESITY | 2 | 2 | 2 | 3 | 3 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 |
| MIND - AFFECTIONATE | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | |
| MIND - CURIOUS | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | | 1 | 1 | | | 1 | | | | 1 | | 1 |
| GENERALS - FOOD and DRINKS - sweets - desire | 2 | 3 | 2 | 1 | 2 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | | 2 | 2 | 1 | | 1 | 2 |
| GENERALS - FOOD and DRINKS - chicken - desire | 1 | 1 | 2 | 1 | | | | | | | 1 | | | | | | | | 1 | |
| GENERALS - FOOD and DRINKS - sour food, acids - desire | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | | | 1 | 3 | 2 | 2 | 1 | 3 | 1 | 2 |
| SKIN - ITCHING - Folds; of | | | | | | | | | | | | | | | | | | | | |
| SLEEP - WAKING - fright, as from | 2 | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 |
| EXTREMITIES - PERSPIRATION - Foot | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 1 | 1 | 3 | 2 | 2 | 1 | 1 | 3 | 1 | 2 | 1 |
| FACE - PERSPIRATION | 3 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 1 | 3 | 3 | 3 | 2 | 2 | 2 | 1 | | 1 |

*Figure 1. Repertorial analysis chart.*

### *3.3 Remedy Differentiation*

**Calcarea carbonica:** The constitutional picture corresponded closely — obesity, fair complexion, chilly constitution, affectionate child, curious, fearful, fear of injections, perspiration, desire for eggs and sweets, and recurrent skin eruptions.

**Pulsatilla:** Considered because of mildness and emotionality; however, the child lacked the marked dependence on consolation and changeable symptomatology typically seen in Pulsatilla.

**Sulphur:** Strongly covered the skin pathology with chronic inflammatory eruptions and itching. However, the constitutional profile was less characteristic than Calcarea carbonica; Sulphur was therefore reserved as an intercurrent anti-psoric remedy.

**Silicea:** Selected only during acute situations because of the marked fear of needles and localized suppurative tendency but did not cover the complete constitutional picture.

### *3.4 Final Constitutional Prescription*

**Calcarea carbonica 200C:** Based on constitutional obesity, fair complexion, chilly patient, fear of injections, emotional oversensitivity, curiosity, desire for eggs and sweets, chronic recurrent skin eruptions, and family history of allergic disorders.

**Acute Prescription — Silicea:** Prescribed during acute episodes because of extreme fear of injections, recurrent localized skin inflammation, and tendency to recurrent discharge.

**Intercurrent Remedy — Sulphur:** Prescribed intermittently as an anti-psoric remedy considering chronic relapsing dermatitis, skin fold involvement, and constitutional psoric background.

### *3.5 Miasmatic Analysis*

The predominant miasm was Psora, supported by chronic inflammatory dermatitis, pruritus, functional hypersensitivity, allergic tendency, and emotional oversensitivity. A mild Sycotic component was suggested by obesity and chronic recurrent lesions in skin folds.

## 4. Follow-up

**May 2025:** Reduction in redness; itching absent; appetite improved; emotionally stable; dietary modifications initiated.

**June 2025:** Retroauricular and axillary lesions improved; groin lesions reduced; rare itching; weeping tendency reduced.

**August 2025:** Wood's lamp negative; redness markedly reduced; discharge absent; appetite increased; anger reduced.

**September 2025:** Ear lesions almost healed; groin lesions improved; weight reduction noted.

**October 2025:** No axillary lesions; retroauricular lesions resolved; only mild pink discoloration in groin; no itching; no scaling.

**November–December 2025:** Complete resolution of active dermatitis; residual post-inflammatory discoloration only; no discharge; no crusting.

**January–April 2026:** Skin remained clear; no recurrence; good physical generals; emotional stability maintained; Wood's lamp remained negative.

**May–July 2026:** Occasional mild redness during summer resolved spontaneously; no active dermatitis; no itching; no discharge; significant improvement in quality of life.

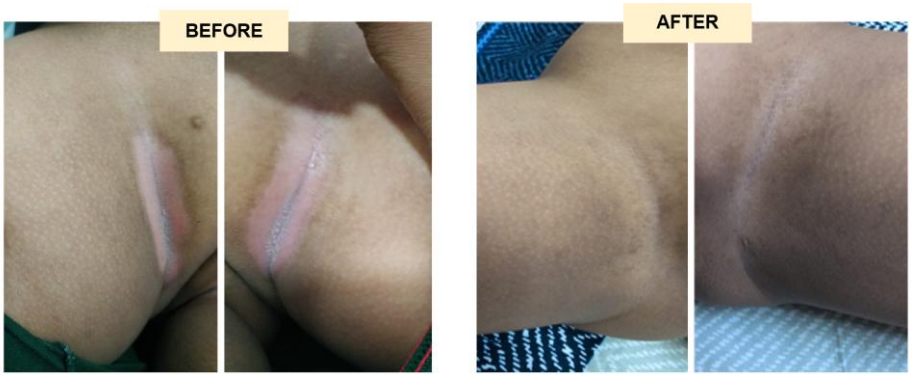


*Figure 2. Serial clinical photographs showing lesion resolution.*

### *4.1 Clinical Outcome*

Comparison of serial photographs demonstrated complete resolution of erythema, complete disappearance of crusts, absence of discharge, healing of fissures, no active lesions in axillae or retroauricular folds, and resolution of groin lesions with minimal residual pigmentation. Objective assessment with repeated Wood's lamp examination demonstrated disappearance of baseline fluorescence, supporting clinical resolution.

## 5. Discussion

Flexural dermatitis is a chronic inflammatory dermatosis in which obesity, sweating, friction, and skin barrier dysfunction play important roles in disease persistence. In this patient, the distribution of lesions, recurrent nature, aggravation from perspiration, and improvement with friction avoidance were consistent with chronic flexural dermatitis. Secondary superficial bacterial colonization was suggested by the initial yellow fluorescence on Wood's lamp examination, which resolved during follow-up.

The constitutional prescription of Calcarea carbonica was based primarily on the child's individuality rather than the diagnosis alone. Her obesity, fair complexion, chilly constitution, emotional sensitivity, fear of injections, affectionate nature, cravings for eggs and sweets, and recurrent skin disease formed a coherent constitutional picture.

Clinical improvement occurred progressively, with reduction in erythema and pruritus followed by disappearance of discharge, crusting, and fissuring. Serial photographs and repeated Wood's lamp examinations documented objective improvement. Emotional changes — including reduced weeping, decreased anger, improved confidence, and better social interaction — paralleled the dermatological recovery, reflecting the holistic approach of individualized homoeopathic management.

Although spontaneous fluctuation may occur in chronic dermatitis, the sustained remission observed over more than one year, together with constitutional improvement, supports the need for further systematic research into individualized homoeopathic treatment in chronic inflammatory dermatoses.

## 6. Patient Perspective

*"Initially my daughter had painful red eruptions behind the ears, under the arms, and in the groin that kept coming back despite ointments. She used to cry easily and was very disturbed. Over the course of treatment, the redness gradually disappeared, the itching and discharge stopped, and she became calmer and more confident. She is now comfortable, active, and her skin remains healthy."*

## 7. Learning Points

- Constitutional assessment is essential in chronic recurrent dermatological disorders.
- Childhood obesity and friction may perpetuate flexural dermatitis and should be addressed alongside medical treatment.
- Serial clinical photography and Wood's lamp examination provide useful objective documentation of treatment response.
- Individualized homoeopathic prescribing based on characteristic mental and physical generals may be associated with sustained clinical improvement in selected cases.
- Long-term follow-up is important in chronic inflammatory dermatoses to assess recurrence and overall well-being.

## 8. Conclusion

This case demonstrates sustained clinical improvement in chronic flexural dermatitis following individualized homoeopathic treatment integrated with dietary advice, weight management, avoidance of friction, and skin care. The constitutional prescription of Calcarea carbonica, supported by Silicea during acute episodes and Sulphur as an intercurrent remedy, was followed by progressive resolution of active lesions, normalization of Wood's lamp findings, improvement in emotional well-being, and maintenance of remission over extended follow-up. While this single case cannot establish treatment efficacy, it highlights the potential role of individualized homoeopathic management and underscores the need for larger prospective studies.

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