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Individualized Homeopathic Management of Obesity With 6.6% Reduction & Acanthosis Nigricans: A Case Report at Dr Batra's

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ABSTRACT

Background

Childhood obesity is increasingly associated with metabolic disturbances and cutaneous manifestations such as acanthosis nigricans, which may serve as a clinical marker of insulin resistance. This case describes a 12-year-old girl presenting with increasing body weight and hyperpigmentation with dryness over the neck.

Case Presentation

A 12-year-old female student from Delhi presented with progressive weight gain for approximately one year and hyperpigmentation with dryness over the neck. There was no itching, and digestion and appetite were reported to be normal. Her initial weight was 63.4 kg and height was 158 cm. Physical activity was irregular. She had not attained menarche at presentation. Family history was significant for diabetes mellitus in her grandfather. Mental characteristics included fear of darkness and staying alone, selective friendships, shyness with new people, sensitivity with a tendency to weep, preference for staying indoors, and an organized nature, along with a strong craving for chocolates.

Treatment and Outcome

Individualized homeopathic treatment was prescribed, with *Calcarea carbonica* selected constitutionally based on the patient's mental and general characteristics, while *Fucus* was recorded as the acute prescription. Lifestyle modification including dietary regulation and regular walking was repeatedly advised. Over longitudinal follow-up, progressive reduction in body weight was documented, reaching 59.2 kg by March 2026 and continuing to reduce thereafter. Neck pigmentation was reported to be slightly improved and subsequently better. The patient reported that her weight was under control by August 2026; menstrual development remained under observation.

Conclusion

This case documents longitudinal improvement in weight and neck pigmentation alongside individualized treatment and lifestyle modification. However, as a single uncontrolled case, the observations cannot establish a causal relationship between the homeopathic treatment and the clinical outcomes.

Keywords: Childhood obesity, acanthosis nigricans, hyperpigmentation, insulin resistance, adolescent, homeopathy, *Calcarea carbonica*, *Fucus*.

1. Introduction

Childhood and adolescent obesity is an important health concern because excess weight during this period may be associated with metabolic abnormalities and future cardiometabolic risk. Cutaneous hyperpigmentation of the neck, particularly when associated with obesity, may clinically suggest acanthosis nigricans, commonly recognized as a marker associated with insulin resistance.

The present case describes a 12-year-old girl with increasing body weight, neck hyperpigmentation and dryness, irregular physical activity, and a family history of diabetes mellitus. The case was followed longitudinally for approximately one year, with documentation of changes in body weight and pigmentation.

2. Case Presentation

2.1 Patient Profile

Parameter	Details
Age / Sex	12 years / Female
Occupation	Student, 6th standard, Delhi
Height / Initial weight	158 cm / 63.4 kg
Presenting concern	Increasing body weight; neck hyperpigmentation and dryness
Menarche	Not attained at initial presentation
Appetite / Digestion	Normal / Good
Physical activity	Irregular
Family history	Grandfather – diabetes mellitus

2.2 History of Present Illness

The patient's weight had been increasing over the preceding year, reaching 63.4 kg at a height of 158 cm, with irregular exercise and regular diet, and normal appetite and digestion. She had not yet attained menarche. The skin complaint consisted of hyperpigmentation and dryness over the neck, without itching; the clinical record subsequently referred to the condition as acanthosis nigricans, while one later follow-up entry also used the term “amyloidosis neck.” The supplied record does not provide histopathological confirmation to distinguish between these entities.

2.3 Family History

Grandfather: diabetes mellitus. No other significant family history was documented.

2.4 Personal History (Physical Generals)

- Appetite normal; digestion good; stool and urine regular
- Thermal state chilly; perspiration profuse
- Sleep 6–7 hours, refreshing
- Cravings: chocolates and ice creams
- Exercise: initially irregular

2.5 Mental Generals

The patient was described as fearful, with fear of darkness and of staying alone, selective in friendships and taking time to mingle with others, sensitive with a weeping disposition, organized, preferring to stay indoors, and not sharing everything at home. She was independent and good in academics, participated in extracurricular activities with no stage fear, had frequent fights with her younger sister, and enjoyed drawing as a hobby.

2.6 Clinical Examination

The principal cutaneous finding was hyperpigmentation with dryness over the neck, without itching; the clinical record subsequently documented the condition as acanthosis nigricans.

2.7 Investigations

Investigation	Result
Fasting insulin	17.9
Postprandial insulin	47.7
TSH	1.636

No baseline HbA1c value was provided in the supplied case material. Because the patient is 12 years old, BMI interpretation should ideally be based on age- and sex-specific BMI-for-age percentiles rather than adult BMI categories; the initial BMI calculated from the supplied height and weight is approximately 25.4 kg/m².

2.8 Diagnosis

Primary diagnosis: childhood/adolescent obesity with clinically documented acanthosis nigricans of the neck.

2.9 Differential Diagnoses

- Simple obesity-associated skin friction hyperpigmentation
- Confluent and reticulated papillomatosis
- Endocrinopathy-associated acanthosis nigricans (e.g., insulin resistance syndromes)
- Terra firma-forme dermatosis

3. Case Analysis

3.1 Repertorial Analysis

Repertorial rubrics considered included Mind – fear – alone, of being; Mind – fear – dark, of; Generalities – food and drinks – chocolate – desire; and Generalities – food and drinks – ice cream – desire. The repertorial sheet showed the following leading remedies:

Remedy	Symptoms Covered	Result
Carcinosin	4	4/5
Medorrhinum	4	4/5
Pulsatilla	4	4/5
Silicea	4	4/5
Phosphorus	3	3/8
Lycopodium	3	3/6
Calcarea carbonica	3	3/4

3.2 Remedy Differentiation and Prescription

Category	Remedy	Basis
Constitutional	Calcarea carbonica	Fearfulness, fear of darkness and being alone, chilly thermal state, selective social interaction, desire for limited company
Acute	Fucus	Recorded in the case prescription as acute management for the obesity presentation
General management	Diet + regular walking	Repeatedly advised as part of weight-management care

Although several remedies appeared in the repertorial analysis, Calcarea carbonica was recorded as the constitutional prescription, based on the patient's individualized mental and general characteristics.

4. Follow-up and Outcome

Date	Weight / Clinical Status
Initial presentation	Weight 63.4 kg; increasing weight; neck hyperpigmentation and dryness; no itching; exercise irregular.
06 Dec 2025	Doing walks and dietary control; weight reported reducing; neck acanthosis remained similar.
18 Jan 2026	Fasting insulin 17.9; PP insulin 47.7; TSH 1.636; continued diet and regular walking.
21 Mar 2026	Weight 59.2 kg; weight reducing; neck darkness slightly improved.
09 Apr 2026	Weight reducing; neck pigmentation reported as better.
11 Jun 2026	Weight reducing; continued exercise; associated dandruff better.
09 Aug 2026	Weight reported to be under control; regular walking maintained.

4.1 Then vs Now

Parameter	At Presentation	Latest Follow-up
Weight	63.4 kg	Reduced to 59.2 kg (by Mar 2026); reported under control by Aug 2026
Exercise	Irregular	Regular walking
Neck pigmentation / dryness	Present	Improved / better

Parameter	At Presentation	Latest Follow-up
Digestion	Good	Good
Menarche	Not attained	Still under observation

The documented weight change from 63.4 kg to 59.2 kg represents a reduction of 4.2 kg by March 2026, corresponding to approximately a 6.6% reduction from the recorded baseline weight.

5. Discussion

This case represents a 12-year-old girl with increasing body weight accompanied by hyperpigmentation and dryness over the neck, subsequently identified in the clinical record as acanthosis nigricans. The patient had several relevant features, including irregular physical activity, increased weight, craving for chocolates and ice cream, and a family history of diabetes mellitus. Laboratory evaluation documented fasting insulin of 17.9 and postprandial insulin of 47.7, with TSH of 1.636; however, the supplied record does not provide sufficient laboratory information to establish a diagnosis of diabetes or another metabolic disorder.

An individualized homeopathic approach was documented, with *Calcarea carbonica* selected constitutionally and *Fucus* recorded as the acute prescription. Importantly, the patient also received repeated dietary and exercise counselling, so the subsequent improvement occurred in the context of both treatment and lifestyle modification, and causation cannot be attributed to the homeopathic intervention from this case alone.

6. Learning Points

- Neck hyperpigmentation in an overweight child warrants clinical consideration of acanthosis nigricans and, where appropriate, metabolic screening.
- BMI in children should be interpreted using age- and sex-specific percentiles rather than adult cut-offs.
- Constitutional prescribing can be integrated with structured lifestyle counselling (diet and regular walking) in paediatric weight management.
- Serial weight and pigmentation documentation over several months allows a more reliable assessment of trend than a single visit.
- Because lifestyle modification accompanied treatment, outcome attribution to the homeopathic remedy alone cannot be established from a single case.

7. Conclusion

This longitudinal case describes a 12-year-old girl with increasing body weight and neck hyperpigmentation clinically documented as acanthosis nigricans. Over follow-up, her weight decreased from 63.4 kg to 59.2 kg, with subsequent reports of continued weight control, while neck pigmentation was described as improved. The case also demonstrates progressive adherence to regular walking and dietary modification. The individualized prescription documented was *Calcarea carbonica* as the constitutional remedy and *Fucus* as the acute prescription. Because lifestyle modification and an unidentified topical allopathic cream were also used, the observed improvement cannot be attributed specifically to homeopathic treatment. Further prospective, controlled studies would be required to evaluate treatment efficacy.

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