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Recurrent Palmar Hyperhidrosis Followed by Vesicular Eruptions and Peeling: A Longitudinal Case Report

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ABSTRACT

Background

Recurrent palmar sweating followed by tiny eruptions and subsequent peeling of the skin can be a persistent and troublesome dermatological complaint. This case describes a patient with excessive palmar sweating followed by tiny pimples and peeling, with symptoms aggravated by weather change and particularly during summer.

Case Presentation

The patient presented with recurrent episodes beginning with excessive sweating of the palms, followed by the appearance of tiny pimples, after which peeling of the palmar skin occurred. Itching was reported, particularly when sweating was excessive. The condition was aggravated by changes in weather and during summer. The patient had previously taken homeopathic treatment and had also consulted other physicians. Allergy testing was performed, with a markedly elevated serum IgE of 753 reported. The patient consumed non-vegetarian food approximately 2–3 times weekly. A notable family history was present, with the patient's father reportedly having a similar problem.

Follow-up

At follow-up in June 2026, the patient reported approximately 70–80% improvement, particularly during the rainy season. He had also reduced red meat and stopped gram masala intake. Appetite, bowel movements and sleep were reported as satisfactory. The characteristic relationship between sweating and peeling persisted: when peeling occurred, sweating reduced or stopped, while sweating was present when peeling was absent.

Treatment

The case record documents Natrum muriaticum in relation to suppressed emotions and sensitivity, Silicea as a specific remedy, and Sulphur as an intercurrent remedy. The exact sequence, potency and dosing of these remedies are not available in the supplied case information.

Conclusion

This case demonstrates longitudinal improvement in a recurrent palmar sweating–eruption–peeling syndrome, with 70–80% improvement documented during follow-up. Because this is an uncontrolled individual case and the exact dermatological diagnosis and treatment chronology are incompletely documented, the observations cannot establish treatment efficacy or causation.

Keywords: Palmar peeling, palmar sweating, hyperhidrosis, vesicular eruptions, elevated IgE, dermatology, case report, homeopathy.

1. Introduction

Palmar sweating accompanied by recurrent small eruptions and subsequent peeling may cause considerable discomfort and interfere with daily activities. The clinical pattern in this case was distinctive because the patient described a recurring sequence: excessive palmar sweating → tiny pimples → peeling of palmar skin.

The patient reported that sweating and peeling appeared to have an inverse relationship: when peeling was present, sweating decreased or stopped, whereas sweating returned when the skin was not peeling.

The present case documents the clinical history and longitudinal follow-up of this recurrent condition, including the patient's reported response during treatment.

2. Case Presentation

2.1 Chief Complaint

The patient presented with recurrent excessive sweating of the palms, tiny pimples appearing on the palms after sweating, subsequent peeling of the palmar skin, and itching particularly during increased sweating.

The exact onset and duration were not documented in the supplied case information.

2.2 History of Present Illness

The patient's symptoms followed a characteristic sequence. Initially, there was excessive sweating over the palms. Following the sweating, the patient noticed tiny pimples/eruptions on the palms. Subsequently, peeling of the skin developed.

The patient reported: excessive sweating → tiny pimples → peeling. Itching was reported to be more prominent when sweating increased.

Modalities

Aggravating factors: summer, weather changes, increased sweating. No definite relieving modality was documented.

2.3 Characteristic Clinical Pattern

One of the most notable features of the case was the reported relationship between sweating and peeling.

Phase	Patient's observation
Excessive palmar sweating	Tiny pimples subsequently appear
After eruptions	Peeling begins
During peeling	Sweating reduces/stops
When peeling settles	Palmar sweating returns
Summer/weather change	Symptoms worsen

This cyclical relationship was repeatedly documented during follow-up.

2.4 Previous Treatment

The patient reported previous homeopathic treatment, consultation with another doctor, use of moisturizer, and consultation with an MBBS doctor, who reportedly advised that no specific treatment was required. The exact medications, duration and response to previous treatments were not documented.

2.5 Allergy Evaluation

The patient underwent allergy testing. The supplied record documents a serum IgE of 753. This represents a markedly elevated total IgE value; however, the specific allergy panel and its results were not provided in the case record. Therefore, the case does not establish a specific allergen responsible for the palmar symptoms.

2.6 Personal History

Diet: non-vegetarian, approximately 2–3 times per week. During follow-up, the patient reported stopping gram masala and reducing red meat.

- Appetite: Good
- Water intake: Approximately 4–5 L/day
- Sleep: 6–7 hours/day; sound at the June 2026 follow-up
- Bowel habits: Regular

2.7 Family History

A significant family history was documented: the father had a similar skin/sweating problem. This was considered an important feature of the case because of the apparent familial occurrence of a similar complaint.

2.8 Psychosocial History

Work-related stress was reported. The case record also documents the constitutional assessment as sensitive, with suppressed emotions. The final treatment documentation specifically records: "Natrum muriaticum — suppressed emotions, sensitive." The complete psychosocial history was not available in the supplied material.

2.9 Investigations

Investigation	Finding
Allergy testing	Done
Total serum IgE	753

No other laboratory or dermatological investigations were provided.

3. Case Analysis

3.1 Totality of Symptoms

The major features documented for individualization were:

1. Excessive sweating of palms
2. Tiny pimples following sweating
3. Peeling following the eruptions
4. Itching when sweating increases
5. Aggravation during summer
6. Aggravation from weather changes
7. Cyclical relationship between sweating and peeling
8. Similar complaint in father
9. Sensitivity
10. Suppressed emotions
11. Elevated total IgE

3.2 Homeopathic Treatment Plan

Category	Remedy	Rationale documented in case
Constitutional	Natrum muriaticum	Suppressed emotions, sensitive
Specific	Silicea	Documented as specific
Intercurrent	Sulphur	Documented as intercurrent

Important: Potency, dose, repetition and exact chronological sequence are not available in the supplied case material and therefore have not been inferred.

4. Follow-up

Date	Clinical status
15/06/2026	Patient reported approximately 70–80% improvement, particularly during the rainy season. Water intake 4–5 L/day; stopped gram masala and reduced red meat. Sleep sound for 6–7 hours; bowel movements regular. Work stress persisted.
13/07/2026	The same characteristic sweating–peeling pattern was documented; no additional quantified outcome was recorded.
13/08/2026	The characteristic pattern remained documented. Family history of similar problem in father was noted. Constitutional treatment documentation recorded Natrum muriaticum, Silicea and Sulphur.

5. Outcome

Baseline

The patient presented with recurrent episodes of palmar hyperhidrosis → tiny eruptions → peeling → itching. Symptoms were aggravated by summer, weather changes and excessive sweating.

Follow-up Outcome

At the June 2026 assessment, the patient reported 70–80% improvement. Additional positive changes documented included reduced dietary triggers as perceived by the patient, sound sleep, regular bowel movements and no major general health complaints.

However, the record does not provide a standardized dermatological severity score or objective measurement of sweating/peeling.

5.1 Outcome Table

Parameter	At presentation	Follow-up
Palmar sweating	Excessive	70–80% overall improvement reported
Tiny palmar eruptions	Present after sweating	Improvement reported
Peeling	Recurrent	Improved
Itching	++, especially with sweating	Improved along with overall condition
Summer aggravation	Present	Rainy season reported as better
Weather-change aggravation	Present	Improvement documented
Sleep	6–7 hours	Sound
Bowel movements	Regular	Regular
Work stress	Present	Continued
Family history	Father with similar problem	Remained relevant

6. Discussion

The case is clinically notable for its sequential and recurrent pattern of palmar sweating followed by small eruptions and peeling.

The patient described a particularly unusual inverse relationship between sweating and peeling: when peeling occurred, sweating reportedly stopped, while sweating occurred again when peeling subsided.

The condition was reported to worsen during summer and with weather changes. A family history of a similar complaint in the father was also documented.

The elevated total IgE of 753 indicates an atopic/allergic tendency may be relevant, but total IgE alone cannot identify the cause of the patient's palmar manifestations. The supplied record does not provide specific allergen results.

The case also documents lifestyle modifications, including reduction of red meat and cessation of gram masala. Therefore, improvement cannot be attributed exclusively to any single intervention based on the available information.

The homeopathic treatment documentation lists Natrum muriaticum, Silicea and Sulphur. Natrum muriaticum was specifically associated in the record with sensitivity and suppressed emotions, while Silicea was recorded as the specific remedy and Sulphur as the intercurrent remedy.

7. Strengths of the Case

1. Clear chronological description of the symptom sequence.
2. Distinctive relationship between sweating and peeling.
3. Seasonal aggravation documented.
4. Family history of a similar complaint.
5. Objective laboratory information with total IgE of 753.
6. Longitudinal follow-up.
7. Quantified patient-reported improvement of approximately 70–80%.

8. Conclusion

This case describes a recurrent palmar condition characterized by a distinctive sequence of excessive sweating, tiny eruptions and subsequent peeling, with aggravation during summer and weather changes. A family history of a similar condition and an elevated total IgE of 753 were also documented.

During follow-up, the patient reported 70–80% improvement, with better overall control of the condition and satisfactory sleep and bowel habits. The documented homeopathic treatment plan included Natrum muriaticum as constitutional, Silicea as specific and Sulphur as intercurrent treatment.

Further prospective documentation using objective measures of sweating, standardized dermatological assessment and photographic assessment would be required to evaluate this clinical pattern and treatment response more rigorously.

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