UTILIZING HOMOEOPATHIC MEDICINE IN HEALING THE CASE OF HYPERKERATOTIC HAND DERMATITIS: A CASE REPORT

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ABSTRACT:
Patients with hyperkeratotic hand dermatitis are typically male and present with chronic keratotic pruritic plaques, sometimes with fissures on the central palm. A case of hyperkeratotic hand dermatitis treated with modern medicines without any improvement, is presented. The treatment through individualized homeopathic medicine showed marked improvement. The prescription basis and periodic assessment details are provided.

KEYWORDS:
Hand eczema, Hyperkeratotic hand dermatitis, eczema keratoticum, homoeopathy.

INTRODUCTION:
One of the most common types of eczema is hand eczema. It presents a challenge for the doctor as well as a burden for the patient. Hand eczema implies the inflammation of skin of hands. Several factors contribute to hand eczema, such as an atopic tendency, dry skin, frequent exposure to mild irritants, repeated trauma, secondary infections etc. Hand eczema can occur by itself or in conjunction with other diseases, such as pompholyx fungal infections of the feet. Hand eczema can look a lot like psoriasis, lichen planus, and fungal infections. The primary symptom is pruritus, dryness, fissuring, inelasticity, and superinfection.

TYPES OF HAND ECZEMA:
- **Diffuse and patchy, dorsal and palmar:** The majority of cases of hand eczema are patchy, vesiculosquamous, and devoid of particular morphological characteristics. The majority of these are brought on by irritant or allergic contact dermatitis. The palmar surface of the hand is affected by id reactions as well as the effect of ingesting allergens.
- **Particular patterns:**
  - **Ring eczema:** Under the ring is where it most often occurs, but it can also occur on adjacent fingers and palms. It happens more frequently to women who wear cheap artificial rings. Soaps and detergents that build up under the ring frequently lead to irritated contact eczema.
  - **Fingertip eczema:** Because it affects the pulp of the fingers, this is referred to as "pulpite" in France. The fingertip is thickened and fractured, dry, and scaly. Women are more likely to develop fingertip eczema as a result of cutting vegetables, fruits, ginger, garlic, and other foods. It may be traumatizing, as demonstrated by bankers and shopkeepers who count money.
  - **Apron eczema:** The apron-like appearance of this is what gives it its name. It involves the continuous palmar skin over the metacarpophalangeal joints in a semicircular pattern and the proximal palmar aspect of two or more adjacent fingers.
  - **Discoid hand eczema:** It usually affects the dorsal surface of the hands and fingers. The patches resist treatment and typically recur at the same location.
  - **Hyperkeratotic hand eczema:** It is also known as eczema keratoticum. This type of eczema typically affects men between the ages of 40 and 60. It is not associated with allergic contact dermatitis, and the reason for it is unknown. Only 1/3rd of patients had some sort of manual labor connection. The eczema typically has a consistent chronic course.
  - **Palmar eczema:** The majority of cases are linked to contact dermatitis. It can be vesicular or dry. The "wear and tear" dermatitis of housewives is the dry palmar type. Without any deep fissures, the palms are dry and have a horny layer that has been fractured and is crisscrossed. It could be one-sided or bilateral. The dominant hand has greater influence. Soaps, detergents, and products for washing and cleaning are typically the culprits. It could be ring eczema or an extension of fingertip eczema.
  - **Keratolysis exfoliative:** Most likely, this is a mild form of pompholyx. Sometimes there are small areas of palm and sole superficial desquamation.
EPIDEMIOLOGY:
- In a number of studies, hand eczema was found to affect 10.9-15.8% of allergic contact dermatitis patients, with hand involvement occurring in two-thirds of those cases in the Indian dermatologic outpatient department.
- Patients are typically older adults, and males outnumber females by a ratio of 2:1.

CLINICAL PRESENTATION:
- Erythema, edema, vesicles, crusting, scaling, lichenification, hyperkeratosis, and fissures are the clinical manifestations of hand eczema.
- Hand eczema is categorized as acute when it primarily manifests as vesicles and crusting, and chronic when hyperkeratosis is the primary symptom.
- The condition is considered chronic if it persists for at least three months or recurs at least twice a year in spite of receiving adequate treatment.

CASE REPORT:
A male patient of 55yrs of age, came for the treatment of dryness of palms with intense itching and cracks.

PRESENTING COMPLAINTS:
The patient presented with the complaint of dry, scaly patches on the palms and back of the hands that had been there for eight months. The patient received treatment for hand eczema with modern medications but did not experience any relief. The patient has severe itchiness with burning sensation in palms, which gets worse at night and in the winter. He scratches as a result of this itching, which results in cracks and bleeding. The patient is now seeking homoeopathy for the same condition.

PAST HISTORY:
Patient gave a history of Ringworm at groin at the age of 25 and got treated with modern medication for 12months which leads to disappearance of the complaint of ringworm.

PHYSICAL GENERAL:
APPETITE: more after defecation
DESIRE: hot food
THIRST: moderate, 1-2L/day
STOOL: 1 motion/day, in morning stool passes with colic; sometimes stool is hard.
URINE: dribbling of urine after urination, sometimes burning in urethra after urination.
SLEEP: uncertain due to itching.

✓ MENTAL GENERALS:
1. Irritable and easily offended.
2. Hurried.

✓ TOTALITY OF SYMPTOMS:
1. Dry, scaly eruptions on palms and back of hand.
2. Intense itching with burning.
3. Scratch till it bleeds with cracks.
4. < winter +3, night +2.
5. Dribbling of urine after urination.
RUBRIC SELECTION:

| BLADDER          | 1 BLADDER - URINATION - dribbling - urination - after - agg. |
| URETHRA          | 2 URETHRA - PAIN - burning |
| EXTREMITIES      | 3 EXTREMITIES - CRACKED skin - Hands - Palms |
|                  | 4 EXTREMITIES - ERUPTIONS - Hands - dry |
|                  | 5 EXTREMITIES - ERUPTIONS - Hands - scales |
|                  | 6 EXTREMITIES - ERUPTIONS - Hands - scales - winter agg.; in |
|                  | 7 EXTREMITIES - ERUPTIONS - Hands - Palms |
|                  | 8 EXTREMITIES - PAIN - Hands - Palms - burning |
| SKIN             | 9 SKIN - ERUPTIONS - dry - bleeding - scratching; after |

SELECTION OF REMEDY:

- It was based on repertorization of the case using Synthesis Repertory, Mobile application. On the basis of repertorial analysis and after consulting Materia medica, Petroleum was selected. The potency was selected according to the susceptibility of the patient and keeping Homoeopathic principles in mind.

PRESCRIPTION:

On 26/8/2022 PETROLEUM 30 6 doses in sugar of milk OD for 7days.

FOLLOW UP:

1. On 03/09/2022 Itching reduced by 60% as stated by patient. Scaling reduced. No burning in urination. SL 30 4 pills X TDS X 15 days is given.
Occasional itching, Scal reduced, no bleeding. Dry patches have now turned brownish discoloration. Burning in palm is still present. PETROLEUM 30 2 doses in sugar of milk OD for 2 days with SL 30 4 pills X BD X 15 days.

Mild itching +2 with dryness of palms. No scaling, no cracks and no bleeding. PETROLEUM 200 single dose in sugar of milk with SL 30 4 pills X BD X 20 days.

CONCLUSION:
This case demonstrates that hand eczema (hyperkeratotic hand dermatitis) can be effectively treated with individualized homoeopathic treatment that takes into account all of the symptoms. The positive effect of homoeopathic treatment is demonstrated by the disappearance of symptoms within a certain amount of time. It is still possible to conduct clinical trials to determine whether homoeopathic treatment for hand eczema is effective.

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