

HEB



CASS

**Comprehensive Advanced Specific Summarised Studies
-For Homoeopathy Science (CASS Studies)
An Official Publication of Bureau for Health & Education Status Upliftment
(Constitutionally Entitled as Health-Education Bureau)**

Case of Allergic Contact Dermatitis Treated with Homoeopathic Constitutional Remedy: A Case Report

Dr. Sreelatha S, Dr. Jithin Rajan, Dr. Nisha .M, Dr. Jintumul A

1. Professor and HOD, Department of Materia Medica, Government Homoeopathic Medical college, Thiruvananthapuram
2. Assistant Professor, Department of Materia Medica, Government Homoeopathic Medical college, Thiruvananthapuram
3. Professor, Department of Materia Medica, Government Homoeopathic Medical college, Thiruvananthapuram
4. PG Scholar, Government Homoeopathic Medical college, Thiruvananthapuram


Email Id: serviceheb@gmail.com

ABSTRACT:

Allergic contact dermatitis (ACD) is a common inflammatory skin condition characterized by a type IV hypersensitivity reaction to small molecules, or haptens, that come into contact with the skin. These haptens bind to skin proteins, becoming immunogenic and triggering an immune response in sensitized individuals. The pathogenesis involves two phases: sensitization and elicitation. During sensitization, Langerhans cells present the hapten-protein complex to T-lymphocytes in regional lymph nodes. Subsequent exposure leads to a localized inflammatory response mediated by these sensitized T-cells. Clinically, ACD presents with a range of symptoms including erythema, vesiculation, itching, and burning, with chronic cases potentially leading to scaling, lichenification, and fissuring. Diagnosis is confirmed through clinical history and patch testing, which identifies specific allergens. Management involves the identification and avoidance of the offending agent, along with symptomatic treatment using topical corticosteroids, calcineurin inhibitors, or PDE4 inhibitors. In some cases, systemic corticosteroids may be required. A holistic approach that includes patient education and lifestyle modifications is crucial for effective management and prevention of recurrence. This abstract provides an overview of ACD's pathophysiology, clinical presentation, and treatment strategies, highlighting the importance of accurate diagnosis and individualized care in managing this condition. A 59-year-old female presented with pain and dry, crusty eruptions on both plantar surfaces, one year after exposure to bleaching powder. The condition began with small blisters and burning pain, later affecting both feet. Initial relief was achieved with allopathic topical treatments, but symptoms recurred, including intense itching, dryness, and crusting. The patient also exhibited a preference for cold foods and drinks, a vegetarian diet, and a cheerful yet affected mental state due to her condition. She was prescribed Sulphur 0/3/1 dose based on the totality of symptoms, alongside a placebo, for one month. After continuous monitoring, significant improvements were noted, with reduced pain and itching, absence of bloody discharges, and minimal crusting. A follow-up with sac lac and BT was planned.

Conclusion: This case study contributes to the growing body of evidence supporting the use of homeopathy in dermatological conditions, particularly ACD. It also emphasizes the need for comprehensive patient assessment and individualized treatment plans in achieving successful outcomes in managing allergic contact dermatitis.

KEYWORD : Allergic contact dermatitis; localized desquamation and crusting; skin disease; homoeopathic treatment .

Access this Article Online	Quick Response Code: 
Website: https://heb-nic.in/cass-hom/	
Received on 10/08/2024	
Accepted on 12/08/2024 © HEB All rights reserved	