

## Contact Dermatitis Treated With Individualized Homoeopathic Medicine Sulphur : A Case Report

Priya P. Singh,<sup>1\*</sup> Kanchan R. Tayade<sup>2</sup>

<sup>1</sup> Professor, Department of Homoeopathic Materia Medica,

<sup>2</sup> Professor & HOD, Department of Pathology, Dr. D.Y. Patil Homoeopathic Medical College & R.C., Dr. D.Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India.

### ABSTRACT:

Contact dermatitis is frequently occurring medical condition. Contact dermatitis is polymorphic inflammation of the skin. It is commonly related to occupation and occupational exposure can be presented to a primary cause or contributory element. Skin lesions can be the result of exposure by different chemical agents -acidic, alkaline, *croton oil*, organic solvents, through physical agents like UV radiation, laser rays, cold & heat, also by food items like *asparagus*, fruits, fish etc. Dust, fumes can also cause damage to uncovered skin & act as irritant resulting in blister formation & oedema. Allergic hypersensitivity can cause skin rashes & can be induced by ampicillin drugs which can sensitise the skin to sunlight includes tetracycline, nalidixic acid & sulphonamides. Individualised homoeopathic medicines have a great scope in treating skin disorders, cost effectively & in a gentle manner through the totality of symptoms. A 29-year-old female patient pre-diagnosed with contact dermatitis, presented with the complaint of intense itching and dryness of skin on the neck region with bleeding on scratching. After analysing the totality of symptoms and modalities, Sulphur was prescribed in this case as per the homoeopathic principles & a follow up was taken for 6 weeks. The patient showed marked improvement in signs & symptoms with no adverse effects. This case report shows that individualised homoeopathic medicines are useful in the treatment of contact dermatitis.

**KEY WORDS:** Dermatitis, *Homoeopathy*, Individualized medicine, *Sulphur*.

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**\*Corresponding Author:**

**Dr. Priya P. Singh**

Professor, Department of Homoeopathic Materia Medica,  
Dr. D.Y. Patil Homoeopathic Medical College & R.C., Dr.

D.Y. Patil Vidyapeeth, Pimpri Pune, Maharashtra, India.

Email: [priya.ayre@dpu.edu.in](mailto:priya.ayre@dpu.edu.in)

## INTRODUCTION:

Dermatitis is a common condition, inflammatory process of the skin due to exogenous agents which directly or indirectly injure the skin & characterised by epidermal changes. <sup>1</sup>It is caused due to compound caused by inherent characteristic ICD-Irritant contact dermatitis<sup>1</sup>Identification of an allergen to the above condition may be difficult & time consuming task.<sup>1</sup> The different types of skin affections & skin rashes caused by drugs, pesticides, hair dyes, metal articles like clips, buttons, allergies, irritating substances, medications, cosmetics, over immune system etc.<sup>2</sup> The first presentation is dryness, redness of skin, rash with itching. Erythema is the first response of the skin seen after exposure to injury<sup>13</sup>It may be the causative factor for the skin to blister, ooze, crust or flake. The appearance of the skin is damaged, looks very dry, swollen & discoloured. Contact dermatitis occurs in the region where the causative agent gets applied & it is hypersensitive or of allergic type.<sup>2</sup>

*Sulphur* is the king of *anti Psoric remedies in homoeopathy*. *Sulphur* is an elementary substance occurring in nature as a brittle crystalline solid, burning in the air with a blue flame, being oxidised to Sulphur dioxide(Sulphurous acid) Dr. Hahnemann ,the founder of Homoeopathy, says, *Sulphur* has been in use as early as 2000 years ago, the most powerful specific against the itch.<sup>3</sup> *Sulphur* remedy is indicated for skin troubles of very long standing ,resulting from suppressed eruptions<sup>3</sup>

### Classification of Dermatitis <sup>4,5,6</sup>

1. Allergic Contact Dermatitis typically presents as Discoid in clinical appearance and is found on the Hand.

2. Photosensitive dermatitis can present with two different appearances:

- Hyper keratotic, located on the Neck.
- Pompholyx, found on the Lower legs.

### Clinical Features:

1. Acute dermatitis: Swelling, papulation, vesiculation, oozing & weeping & blistering.
2. Chronic dermatitis: Thickening of the skin, hyperkeratosis, scaling, fissures &excoriation& hyperpigmentation.

### Types of Dermatitis

#### Types of dermatitis

- Stasis dermatitis.
- Allergic contact dermatitis.
- Atopic dermatitis.
- Irritant contact dermatitis.
- Neurodermatitis.
- Perioral dermatitis.
- Seborrheic dermatitis.
- 

I. **Exogenous:** External factors responsible for the skin inflammation.

2. **Endogenous Dermatitis:** Under lying causes. Some common types:

1. Atopic dermatitis: Usually occurring in children & adults with a history of Asthma.
2. Seborrheic dermatitis: Usually affecting face, scalp, ears, major flexors with chronic complaints.
3. Discoid nummular dermatitis: coin shaped nummular dermatitis usually affecting the limbs.
4. Lichen planus-Dermatitis due to lot of scratching which aggravates.
5. Pityriasis alba: usually affects the cheeks.

Differential diagnosis:

1. Bacterial infection
2. Fungal infection

Investigations:

1. Patch test: to check allergens.
2. Skin swab: to check for infections.
3. Skin scraping: to check for fungal infections.
4. Skin biopsy: any other type of dermatitis.
5. Light testing: to check for Photo sensitivity.
6. Blood test: IgE usually elevated in atopic dermatitis.

General Management of dermatitis:

1. To identify the potential allergen & avoid the causative product.
2. To identify the potential irritant & avoid the causative agents .
3. To use proper protective cover to prevent further skin damage as per the suspected irritant or products.

Topical therapies include:

1. Emollients
2. Potassium permanganate soaks: for dry weeping exudate or wet eczema.
3. Topical steroids.

### **CASE REPORT:**

A 29-year female patient visited the OPD of Dr. D. Y. Patil Homoeopathic Medical College & Research Centre, Pimpri, Pune. She presented with the complaints of severe rash near the neck with marked redness, burning & intense itching since last 8 days. The skin appeared dry & with small maculopapular eruptions. The complaints began from her hands & legs & then to neck & face. There was aggravation from heat & warmth. She had taken anti allergic

treatment previously for such complaints since last one & half year, but there was a temporary relief with reappearance of the symptoms again & again.

Physical Generals

The patient's father had expired due to myocardial infarction, one brother expired due to brain haemorrhage, mother, two brothers & two sisters & husband are apparently well. The patient was not much concerned about her appearance. The patient had desire for tea & aversion to chicken.

The patient was thermally hot, intolerant to heat, summer season; always required fan & bathing with cold water & better in open air.

Physical examination:

Built –lean, thin, sits with shouldered stoop.

Skin examination:

Skin appeared dry, rough with eruptions & redness marked with itching. Erythema around the neck & face with hyper pigmentation on the face; aggravated by heat & warmth.

Mental Generals

The patient does not like to do household chores as her husband always nags about it. It makes her angry but let's go easily. The patient has anxiety about the itching, which is very severe. Patient likes to be in company.

Clinical findings & diagnostic criteria:

Differential diagnosis:

1. Seborrheic dermatitis
2. Scabies
3. Psoriasis
4. Urticaria

Provisional diagnosis: Contact Dermatitis

This case was diagnosed as contact dermatitis based on the clinical findings.

Skin examination: Skin appeared dry, rough with eruptions & redness marked with severe itching. Aggravated by heat & warmth.

The patient's weight is 46 kg. The patient's other physical parameters were normal.

#### Case Analysis & Repertorization:

The case was analysed; evaluated & a totality of the symptoms was formed.

Totality of symptoms:

1. Aversion to work
2. Desire for company
3. Not concerned about her appearance
4. Desire for tea
5. Skin eruption, suppressed
6. Skin eruption red on neck
7. Itching on skin- scratching causes burning
8. Itching on whole body without eruption
9. Itching < when sitting idle, bed in

#### THERAPEUTIC INTERVENTION:

After Repertorization<sup>7</sup> & further comparing with the other homoeopathic remedies in proximity, *Sulphur* was the drug of choice & was the prescribed remedy in 30th potency, 4 globules, single dose. were prescribed. The patient was advised for a follow up visit after 07 days.

#### Follow up & outcomes:

The patient was regularly followed up as per the needs. The potency & the observations were considered. The treatment required as per the homoeopathic principles. Follow up history in detail is shown in Table-2

The patient showed significant improvement after the first prescription. Itching persisted. All the symptoms of redness, burning,

itching reduced in intensity & the condition of the patient improved, again when there was no improvement seen, *Sulphur 30 C* was prescribed. The patient was less anxious & content during the final visit. There were no aggravation & no adverse effects during the entire treatment period.

Repertorization & remedial analysis.

Zomoeo software<sup>7</sup> was consulted for Repertorisation of the case.

*Sulphur*(35/11),

*Lycopodiumclavatum*(31/10),

*Mercuriussolubilis*(30/9),

*Pulsatillanigricans*(29/10), *Arsenicum album*(29/9) were the medicines in the top gradation. *Sulphur* covered all

the symptoms with highest gradation (Fig 1)

#### Homoeopathic therapeutics:

- *Sulphur*<sup>8-15</sup>.-
- Great affinity for skin, no remedy has more general, positive, persistent action upon the skin than Sulphur. Itching worse from warmth of bed. . Pruritic: Simple itching:
- Voluptuous itching with burning, <evenings and in bed; chronic cases. Itching, burning, stinging at anus, <after scratching.
- SKIN: Eruptions almost of every kind. Skin dry, rough, wrinkled, scaly. Itching voluptuous, violent, <at night, in bed, scratching & washing.
- Skin is apt to be rough, scaly, scabby & coarse. Eruptions appear here & there which itch & burn greatly. With or without eruption, itching & burning are the characteristic sensations attending the skin symptoms. Voluptuous itching, scratching relieves; after it is

burning, sometimes like vesicles. Skin-Burning in parts. Itching eruptions.



- Itching, burning, scratching, at night, covering up.
- The greatest *psoric* remedy for every kind of itch; <heat, warmth.

- The skin becomes unhealthy & there are vesicles, pimples, boils.
- In itch, Sulphur is the specific. The eruption is vesicular or pustular, much worse at night, warmth of bed greatly aggravates the itching.

**Table-1: Exogenous factors of dermatitis**

Allergic contact dermatitis	Irritant Contact dermatitis	Photosensitive Dermatitis	Post Traumatic dermatitis	Dermatitis Due to skin infections	Drug induced dermatitis
Allergen	Dust	Uv radiation	Burns	Viral	Drugs
Hair dye	Soap	Light	Abrasions	Bacterial	
Rubber	Abrasives		Post traumatic surgery	Fungal	
Perfumes	Urine				
Nickel	Detergents				
	Water				

**Table-2: Follow up table with figures-**

Date	Symptoms	Prescription	Figure No.	Figures 2-6
01.01.2024	Itching & burning present Redness on neck and face Pigmentation after scratching	<i>SULPHUR 30 C-</i> 4 pills 1 dose stat <i>Sac lac 4p-4p-</i> 4p x 7 days	<b>Figure-1:</b>	
08.1.2024	Itching slightly reduced (5-10%) burning present Redness on neck and face persists Pigmentation after scratching persists	<i>Sac lac 4p-4p-</i> 4p x 7 days	<b>Figure-2:</b>	

16.1.2024	Itching on face better by 20% persists on body Burning slightly better Pigmentation after scratching persists Frequency of stool- 2 times/day	<i>Sac lac</i> 4p-4p-4p x 7 days	<b>Figure-3:</b>	
22.1.2024	Eruptions and redness on neck and face better by 70% Slight itching on neck region Burning reduced No new eruptions	<i>Sac lac</i> 4p-4p-4p x 7 days	<b>Figure-4:</b>	
29.1.2024	Complaints better by 90% Eruptions on neck much reduced Itching Burning better Pigmentation on face lighter	<i>Sac lac</i> 4p-4p-4p x 7 days	<b>Figure-5:</b>	

Remedy Name	Sulph	Lyc	Merc	Puls	Ars	Mez	Phos	Petr	Hep
Totally	35	31	30	29	29	28	28	26	25
Symptoms Covered	11	10	9	10	9	9	9	9	8
Kingdom									
[Complete ] [Mind]Company:Desire for: (230)	1	4	4	3	4	3	4	1	4
[Complete ] [Mind]Indolence, aversion to work: (561)	4	3	3	3	4	3	4	3	3
[Complete ] [Mind]Indifference, apathy: (622)	4	4	4	4	4	4	4	4	4
[Complete ] [Mind]Indifference, apathy:Appearance, about personal: (21)	4								
[Complete ] [Skin]Itching:Burning, smarting: (251)	4	4	3	4	4	3	3	4	3
[Complete ] [Skin]Itching:Evening:Agg.:Bed, in: (72)	3	3	3	4		3	1	1	
[Complete ] [Generalities]Food and drinks:Tea:Desires: (50)		1		1					3
[Complete ] [Skin]Itching:Eruptions:Without: (62)	3		3	4	4	4		3	
[Complete ] [Skin]Itching:Sleep:During: (21)	1	3			1		3		
[Murphy ] [Skin]Burning, pain:Scratching, after: (95)	3	2	3	1	2	1	2	2	2
[Complete ] [Skin]Eruptions:Suppressed: (100)	4	3	3	4	3	3	3	4	3
[Complete ] [Skin]Eruptions:Red: (397)	4	4	4	1	3	4	4	4	3

Figure-6: Repertorization chart of the case was done through Zomeo software [7]

## DISCUSSION:

This is the case of contact dermatitis of a female patient which is treated with the individualised homoeopathic medicine *Sulphur*. The patient's history & the clinical examination were the important parameters for diagnosis of contact dermatitis. The patient had previously undergone through modern system of medicine treatment methods like antifungal treatment, antibiotics & anti-inflammatory drugs. The management includes topical calcineurin inhibitors, oral histamines, skin emollients & advice on diet. The said treatment was costly & showed the side effects of the drugs on the body. In Homoeopathy, our great Master Dr. Samuel Hahnmann in his book, Organon of medicine, in aphorism 203. The patient was dissatisfied with the treatment from the modern system of medicine & she hoped for a permanent gentle cure.

Homoeopathy is a science which is based on fixed principles. The cure is gentle & permanent. *Psora* is the root cause of disease. It is present in each & every living entity in the Universe.<sup>16</sup> The infectious & contagious nature of *Psora* allows it to transmit it into the foetus in the mother's womb, depending upon the susceptibility of the foetus to catch the infection<sup>16</sup> This is also considered as the first & basic condition for the human pathology. Deficiency or inhibition will cause immediate disturbance in the body.<sup>17</sup> Skin, which is unhealthy, dry, burning & itching represents manifestation of *Psora*.<sup>17</sup> *Miasmatic* diagnosis of *Psora*<sup>16,17</sup> clinically has eczema & eruptions of various types. Dryness, itching without pus or discharge predominates.<sup>[15]</sup> The aggravation in evening, midnight, scratching, warmth & fear of incurable disease is the important feature of this miasm.<sup>16</sup> Due to the vital force, in an imbalanced condition, represented the *miasm*

*Psora*. The characteristics of *Psora* are deficiency, skin eruption, itching<sup>[16]</sup> The constitutional prescription of *Sulphur*, individualized, single, *similimum remedy*, single dose & minimum dose did wonders in this case.

Sulphur was the most *similimum homoeopathic* remedy to be chosen to be prescribed in this case report. There were many other remedies which came next to Sulphur like. But the individualised remedy was Sulphur with a thorough understanding from various repertories. The skin complaints were cured completely in a short span of time, taking care of the mentals & physicals involved. The treatment & follow up continued with *Sulphur* with the cure was achieved.

#### CONCLUSION:

In this case report, it is seen that Homoeopathy not only treats the disease but treat the individual as whole. The treatment is safe with no side effects & cost friendly. There are many homoeopathic medicines which can treat contact dermatitis, but individualised homoeopathic approach is practiced for treating every case considering the mental & physicals as well. The total portrait of the person is treated. This is a single case report & many more well designed, control based clinical trials with evidence based to this existing report is required.

#### Declaration of patient consent:

The patient has given a written consent for the publication of her case report in the journal. She acknowledges that her identity & name will not be disclosed & confidentiality is maintained.

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