



Case report on Allergic Contact Dermatitis managed with Homoeopathy

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Abstract: Contact dermatitis is a common inflammatory skin condition characterized by erythematous and pruritic skin lesions that occur after contact with a foreign substance. A 32-year-old female presented with rash, burning, and itching on her face that had started 4 days after the local application of *bleaching agent* to lighten the skin tone. A dermatological examination revealed erythematous, oedematous, and scaly plaque lesions on the patient's face. These allergic acute conditions are managed in modern science with systemic steroid therapy. Alternative medicine science has effective role in management of these acute allergic conditions like contact dermatitis and others but are under rated.

Keywords- Homoeopathy, allergic contact dermatitis, *Sulphur*.

Introduction: Contact dermatitis is a common inflammatory skin condition characterized by erythematous and pruritic skin lesions that occur after contact with a foreign substance. There are two forms of contact dermatitis: irritant and allergic. Irritant contact dermatitis is caused by the non-immune-modulated irritation of the skin by a substance, leading to skin changes. Allergic contact dermatitis is a delayed hypersensitivity reaction in which a foreign substance comes into contact with the skin; skin changes occur after re-exposure to the substance.¹

Data from the National Health Interview Survey (n = 30,074) showed a 12-month prevalence for occupational contact dermatitis of 1,700 per 100,000 workers.² Contact dermatitis usually manifests as erythema and scaling with relatively well-demarcated, visible borders. Acute cases may involve a dramatic flare with erythema, vesicles, and bullae; chronic cases may involve lichen with cracks and fissures. Patient history is crucial in making the diagnosis, and the causative substance must be determined to resolve the dermatitis and prevent further damage.³

Case profile: A 32 yr. old female, married, vegetarian presented with red erythematous demarcated moist lesions on face after application of bleaching agent on face.

HOPC: Patient was apparently well before 4 days then she applied bleaching cream on face to lighten the skin and had complained of intense burning and itching on face after that red, moist eruptions with well demarcation appeared. She denied any prior contact with any kind of bleaching agent.

Local examination: Dermatological examination findings were normal except for erythematous, oedematous, and scaly plaque lesions exceeding the borders of the area on which the the bleaching agent had been applied.

Mental symptoms: Irritated easily, abusive and quarrel, can not bear slightest opposition from others.



Before treatment

After treatment

Figure 2: Patient's photographic evidence before and after the treatment with due consent.

Discussion and Conclusion:

Sulphur was selected on the basis of totality. In reportorial totality *Sulphur* and *Sepia* scored the highest marks which shows the most similitude with the patient's complaint. *Sulphur* is covering the highest number of symptoms with marked scoring in reportorial totality, considering the thermal reaction of the patient and with consultation from materia medica *Sulphur* was prescribed. As *Sulphur* is deep acting remedy so only single dose in low potency was prescribed and gave relief to the patient in short duration.

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