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CHRONIC POMPHOLYX (DYSHIDROTIC ECZEMA) TREATED WITH HOMEOPATHIC MEDICINES: A CASE REPORT

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ABSTRACT

This case report discusses a chronic and relapsing case of dyshidrotic eczema (pompholyx) in a middle-aged male patient with a 10-year history of intensely itchy, vesicular eruptions on the hands and feet, accompanied by fissures, burning, and sticky discharge. The condition began following a significant emotional stressor and was aggravated by scratching, night-time, and environmental factors. Despite prior allopathic interventions, symptoms remained unresolved. A detailed homoeopathic assessment was conducted based on totality of symptoms—both physical and mental—including despair, suppressed anger, desire for warm food, and ailments from family discord. Remedies such as **Graphites**, **Sulphur**, **Petroleum**, **Kali Sulph**, and **Mercurius Solubilis** were prescribed in a phased manner. Over six follow-ups, significant improvements were observed: cessation of new vesicular eruptions, reduced itching and burning, healing of fissures,

and better general well-being. This case highlights the individualized approach and efficacy of homoeopathic treatment in managing chronic dyshidrotic eczema holistically. **Method –** Graphites was prescribed based on individualization followed with clinical specified and anti-miasmatic remedies.

KEYWORDS: Dyshidrosis, eczema, pompholyx, Individualized, Anti-miasmatic, Homoeopathy.

Abbreviations: Dyshidrotic eczema (DS), Contact Dermatitis (CD), Early Morning Empty Stomach (EMES).

INTRODUCTION

Dyshidrotic eczema (DS) is a distinct subtype of eczema/dermatitis. It is characterized by small, intensely itchy blisters (vesicles) on the palms, sides of the fingers, and soles of the feet Dyshidrosis (dyshidrotic eczema) is a distinct subtype of eczema/dermatitis. It is characterized by small, intensely itchy blisters (vesicles) on the palms, sides of the fingers, and soles of the feet.[1,2]

Epidemiology - Dyshidrotic eczema accounts for approximately 5% to 20% of all cases of hand dermatitis in clinical and occupational settings. The prevalence of hand dermatitis in the general population ranges from 2% to 8.9%, with dyshidrotic eczema representing a significant subset.[3]

Demographics

Age - Most commonly affects young to middle-aged adults, with a peak incidence between 20 and 40 years

Sex - Occurs in both men and women, with some studies suggesting a slight female predominance (male-to-female ratio reported as 1:1 or 1:2)

Seasonality -Flare-ups are more frequent in warmer climates and during spring and summer months

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Occupational and Socioeconomic Factors

Occupational exposure to irritants and allergens is a significant risk factor more commonly seen in individuals working in the service industry and manufacturing of durable goods. Occupational exposure to irritants and allergens is a significant risk factor.

Causes and Triggers - The exact cause is unknown, but several factors are known to trigger or worsen flare-ups.

Contact with metals: Especially nickel and chromium.

Allergens and irritants: In soaps, detergents, or personal care products.

Sweaty or frequently wet hands/feet

Stress

Hot, humid weather

Certain medications: Such as aspirin, birth control pills, or intravenous immunoglobulin

Smoking tobacco

Family history: More common in those with other forms of eczema or a family history of eczema.[5]

Pathogenesis - Dyshidrosis or pompholyx is a chronic, relapsing skin condition characterized by small, intensely itchy vesicles (blisters) on the palms, sides of the fingers, and soles of the feet. The exact pathogenesis is not fully understood, but it is thought to be multifactorial, involving genetic, immunological, and environmental component.[6]

Key Pathogenic Mechanisms

1. Hypersensitivity Reactions

Type I and IV hypersensitivity - Many patients exhibit hypersensitivity to metals (especially nickel, cobalt, and chromium), certain medications, or ingredients in personal care products. These substances can act as haptens, binding to skin proteins and triggering immune responses that result in vesicle formation.

Atopy - Up to 50% of patients have a personal or family history of atopic conditions (e.g., atopic dermatitis, hay fever, asthma), suggesting a predisposed immune system

2. Genetic Factors

Familial clustering: Dyshidrotic eczema often runs in families, indicating a genetic component. Mutations in the filaggrin gene, which is important for skin barrier function, have been implicated but are not universally present.

Chromosomal associations: The "pompholyx gene" has been mapped to chromosome 18q22.1-18q22.3 in some familial cases.

3. Skin Barrier Dysfunction

Filaggrin deficiency: Defects in filaggrin and other skin barrier proteins increase trans epidermal water loss and antigen penetration, predisposing to eczema.

Aquaporin expression: Increased expression of aquaporin-3 and aquaporin-10 in the epidermis may contribute to skin dehydration and chronicity of lesions.

4. Environmental and Lifestyle Triggers

Contact allergens and irritants: Frequent exposure to metals, soaps, detergents, and occupational irritants can precipitate or worsen flares.

Moisture and sweating: Hyperhidrosis (excessive sweating) and prolonged wetness of hands or feet are common aggravating factors.

Stress and weather: Psychological stress and hot, humid weather are well-documented triggers.

5. Infections and Other Factors

Fungal and bacterial infections: Dermatophyte (fungal) infections and bacterial colonization can trigger or exacerbate dyshidrotic eczema, sometimes through an "id reaction" (autoeczematization).[7,8,9,10]

Clinical features - Sudden onset of small, deep-seated, intensely itchy vesicles (blisters) on the sides of the fingers, palms, and soles.

Blisters may coalesce into larger bullae and have a *tapioca pudding* appearance.

Lesions are often symmetrical and may be accompanied by redness, scaling, and fissuring after the blisters resolve.

Chronic or recurrent cases may show nail changes (dystrophy, pitting, discoloration).[11]

Diagnostic Approach

1. History and Physical Examination

- Assessment of lesion distribution, appearance, and recurrence.
- Inquiry about triggers (e.g., metals, stress, sweating, new products, occupational exposures).
- Family or personal history of atopy (eczema, asthma, hay fever).

Exclusion of Other Conditions

- **Skin scraping** for KOH test to rule out fungal infections (e.g., tinea).
- **Bacterial culture** if secondary infection is suspected.
- **Patch testing** to identify allergic contact dermatitis.
- **Skin biopsy** in atypical or unresponsive cases to exclude other blistering diseases (e.g., bullous pemphigoid).

Additional Tests

- Blood tests or allergy (Immunoglobins) testing if systemic involvement or allergic triggers are suspected.[11]

Differential Diagnosis

1. Contact Dermatitis

Cause - It's caused by an allergic or irritant reaction to substances that come into contact with the skin (e.g., soaps, detergents, cosmetics, plants, metals, etc.). Symptoms: Red, itchy, swollen rash that can blister or crack. The rash appears only where the skin was in contact with the irritant or allergen.

Location - Usually occurs on areas that have direct contact with the offending substance (hands, forearms, face, etc.).

2. Psoriasis

Features - Well-demarcated, erythematous plaques with silver-white scaling, often affects extensor surfaces (elbows, knees), scalp, and sacral area.

Distinguishing factor - Plaques are thicker, less pruritic, and more persistent compared to the lesions of AD.

3. Ichthyosis Vulgaris

Features - Generalized dry, scaly skin often worsens in the winter months.

Distinguishing factor - Family history of the condition, absence of pruritus, and early onset in childhood.

Case Profile - The patient comes to the OPD with complaints of persistent, extensively scaly, dry, rough, and excoriated hands and feets remains similar in all seasons along with deep and superficial cracks and fissures on the hands. There are recurrent appearances of small vesicles under the skin, filled with sticky clear fluid, which rupture and subsequently release sticky fluid sometimes mix with the blood. Due to intense itching followed by burning, and causing much dry scales in the surrounding area of skin. These symptoms have been present for the past 10 years and at present causing considerable severe pain and discomfort, particularly during the contraction of the palms when gripping anything with the both hands and vision become dim and blurry.

History of presenting complaint - As patient said he was apparently well 10 years ago, suddenly complaints of developing transparent sticky fluid filled multiple vesicles eruptions upon forearm and lower legs with marked intense itching and burning with constant desire to scratching and he does not get any relief from scratching , after the roughly scratched sticky fluid comes out and spread around surrounding areas , progressively with time things become worsen and extreme dryness scales and multiple cuts & cracks developed into the palmer and dorsal surface of both hands, in respond to that issues he took allopathic treatment from several places but not getting satisfactory relief and permanent resolution.

Past History – Haemorrhoids surgically operated 5 years ago and history of suppression of skin eruptions and itching by several local applications of creams and ointments and IV/IM injections but patient only getting temporary relief into itching and eruptions and complaints starts reappear after sometime as before.

Family History

- Mother-Expired
- Father- Expired
- Wife - Healthy & Alive
- Siblings- 4 brothers and 1 sister- all healthy and alive
- Children- 2 sons and 1 daughter – have no specific complaints.

Personal History

- Food habits - Vegetarian
- Habits & addiction - Smoking (Bidi) & Tea
- Developmental Milestones - On time
- Surroundings at home - Well ventilated
- Vaccination (reaction if any) - Vaccinated without any history adverse reaction
- Sexual history - patient is not giving any significant about her sexual history
- History of contraception - None
- History of contact with sick person – No.

Ailments of the case - The patient says that one day their uncle had a severe argument with them over money that their father had borrowed. The uncle claimed that a few thousand were still outstanding and had not been repaid to him. After the father's death, the uncle insisted that the patient should return the money. This led to a major dispute between both sides, completely severing their relationship. Since then, the patient's health started deteriorating day by day, and after a few days, they developed this skin disease, which has not healed to this day.

Physical Generals

- Thermal Reaction: Sensitive to cold
- Cravings : Hot milk and most of time prefer only warm food
- Aversions: Nothing Specified
- Appetite: 2 meals/day & 2 chapatti required at a time
- Thirst: Small quantity of water in long durations almost 1litre in 24 Hours
- Stool: D1N0 (Satisfactory)
- Sleep: 6-7 hours/day
- Urine: D4-N2
- Perspiration: (Generalised) on exertion only

Mental Generals

- Always think about disease recovery
- Despair for recovery
- Anxiety salvation about
- Ailments from discords between family members

- Felling of helpless
- Assurance (confidence) wants of
- Fear of being injured or injury and misfortune
- Emotions (anger) supressed

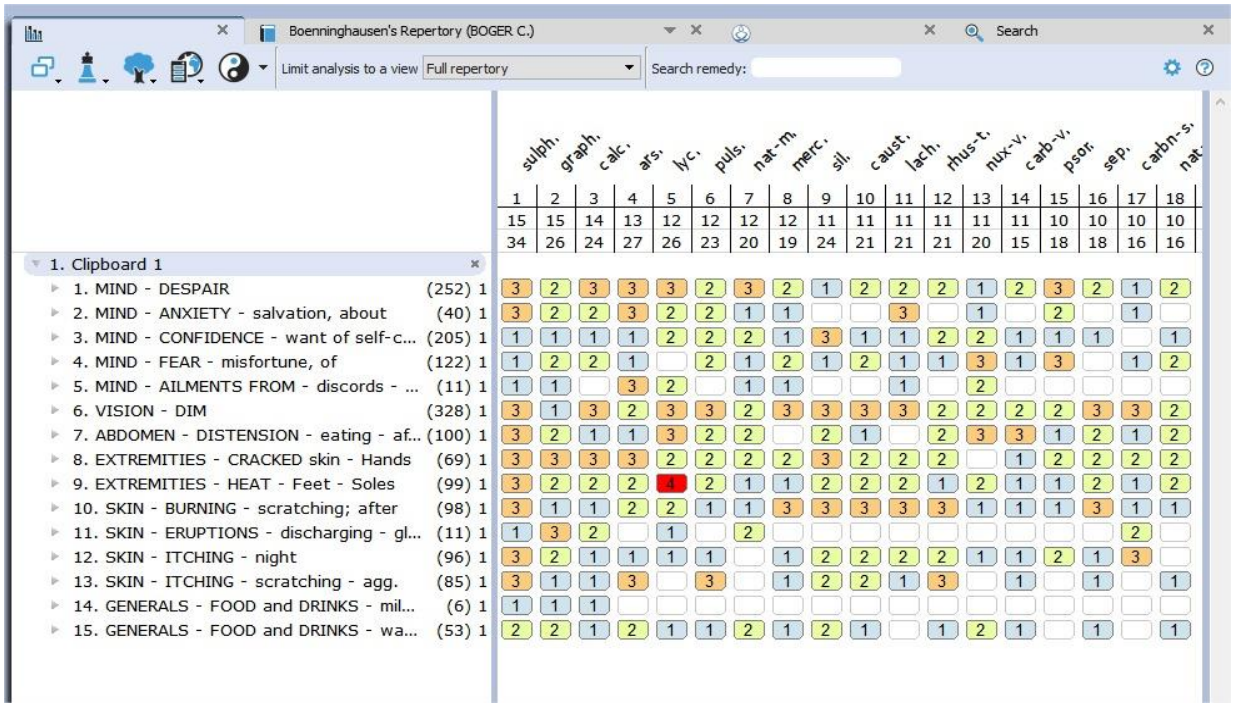
Particulars

- Skin eruption rough, dry, scaly and cracks
- Skin excoriation of hands and feets
- Skin some deep and superficial cracks and fissures on the hands
- Skin eruption recurrent small vesicles under the skin, filled with sticky clear fluid
- Skin itching worse at night
- Skin itching worse by scratching
- Eruption discharge sticky fluid sometimes mix with the blood
- Skin eruption itching intense followed by burning
- Skin dryness
- Extremities cracks hands
- Heat in feet of soles
- Eyes vision become dim and blurry
- Abdomen distension after eating

Totality of symptoms

- Despair due to illness
- Anxiety salvation about
- Assurance wants of
- Anxiety about misfortune
- Ailments from discords between family members
- Hot milk desire for
- General feels better by warm food
- Vision blurry and weak
- Abdomen distension after eating
- Cracks into skin of hands
- Heat in feet of soles
- Burning in skin eruptions after scratch

- Glutinous discharge from skin eruptions
- Skin itching worse at night
- Skin itching worse by scratching



Repertorial Analysis

S.No	Remedies	Relative Value
1.	Sulphur	34/15
2.	Graphites	26/15
3.	Calcarea Carbonica	24/14
4.	Arsenicum Album	27/13
5.	Lycopodium Clavatum	26/12

Prescription and Justification

1. Graphites 30 CH 2 Dose OD (EMES)
2. Sac Lac 30 CH TDS for 14 Days was prescribed based upon the totality of symptoms.

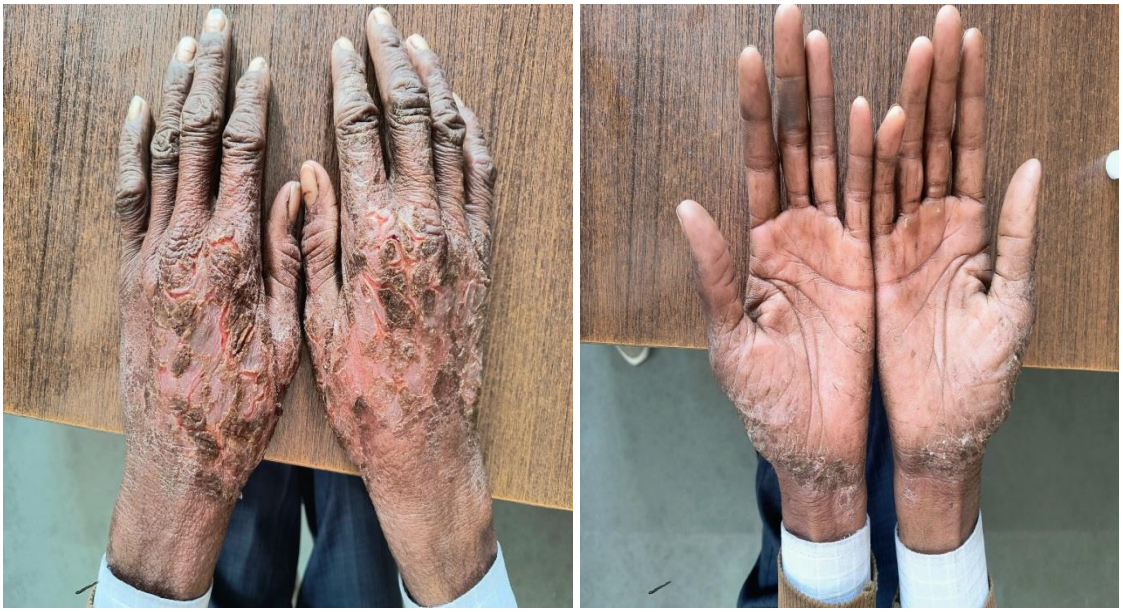
Follow-Ups

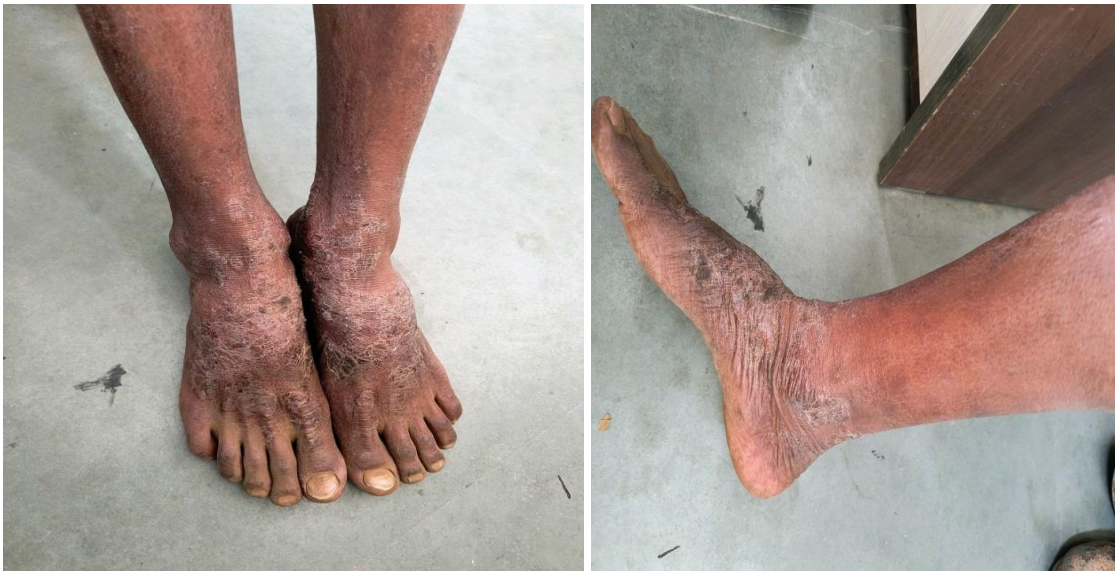
S.NO	DATE	SYMPTOMS FINDINGS	TREATMENT
1.	03/2/2025	Extreme dryness of skin with thick crust and deep cracks with oozing of sticky glutinous discharge intense itching and burning worsen by scratch aggravated night Intense pain while contraction of palms Distension of abdomen eating after	Rx Graphites 30 BD for 7 days Sac Lac 30 TDS for 7 days

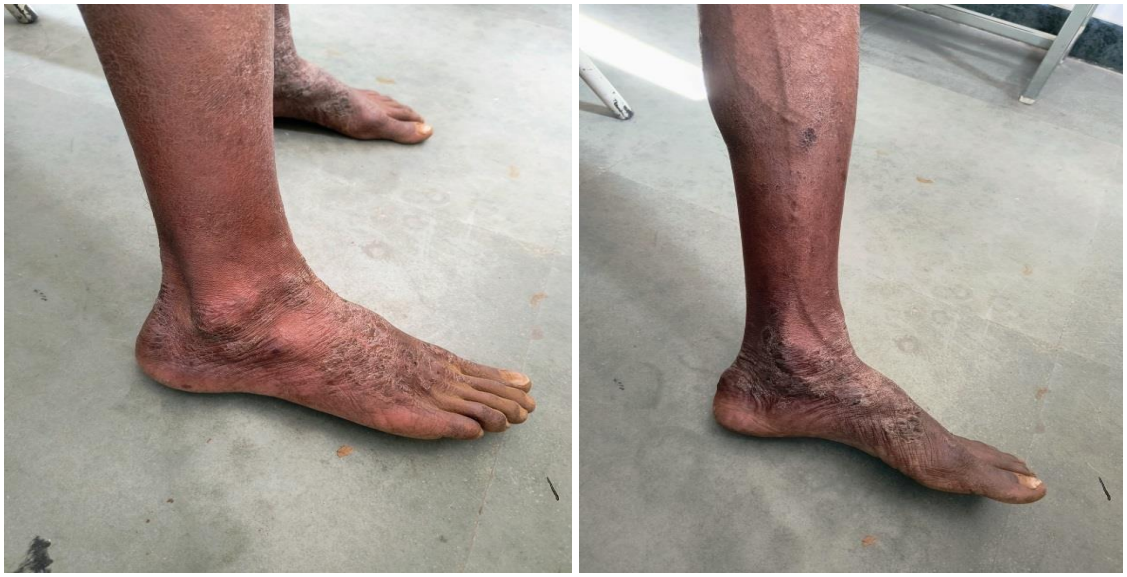
		Vision dim Burning as heating like sensation in soles of feets.	
2.	10/2/2025	Dryness of skin itching and burning becomes better and cracks starts heeling Pain during contraction of palms becomes subsided Oozing of glutinous discharge from cracks and eruptions stop Vision better before Appetite – Increased Positive towards her disease	Rx Sac Lac 200 1 Dose (Stat) Phytum 30 TDS X 7 days
3.	17/2/25	Itching decrease and eruption becomes better but dryness with desquamation existed Multiple vesicular papules eruptions reappear with prominent burning included in soles and itching all time worse during night Distension of abdomen better Vision better before Patient is hopeful about recovery	Rx SULPHUR 30 2 Dose (EMES) PETROLEUM 30 BD X 7 Day
4.	24/2/25	Eruptions are better with mild itching and sticky yellowish discharge after scratching Burning persisting but better before Tongue thick yellowish coated Worse in warm room better in open air	Rx Kali-Sulphur 200 1 Dose (Stat) Sac lac 30 TDS X 14 Days
5.	18/3/25	Itching burning and dryness better Pain in cracks and fissures better Abdomen distension better Vision improved better Appetite – Reduced Thirst – (increased) large quantity for more than 500 ml at once with constant dryness mouth short duration after drinking with excessive salivation	Rx Mercurius-Solubilis 200 1 Dose (Stat) EMES Phytum 30 TDS X 14 Days
6.	31/3/25	No new appearance of symptoms seen and old symptoms improved progressively Stool – Normal Appetite – Normal Thirst – Normal Sleep - Normal	Sac Lac 200 1 Dose (Stat) Phytum 30 TDS X 14 Days

Clinical Diagnosis & Assessment – Through before and after treatment images

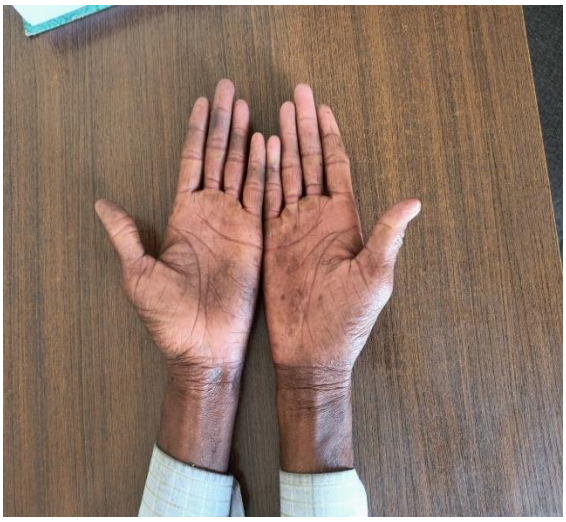
Before Treatment – Clinical Images.

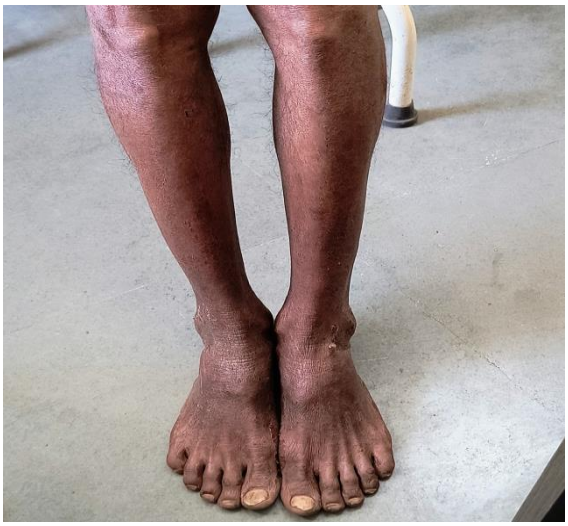
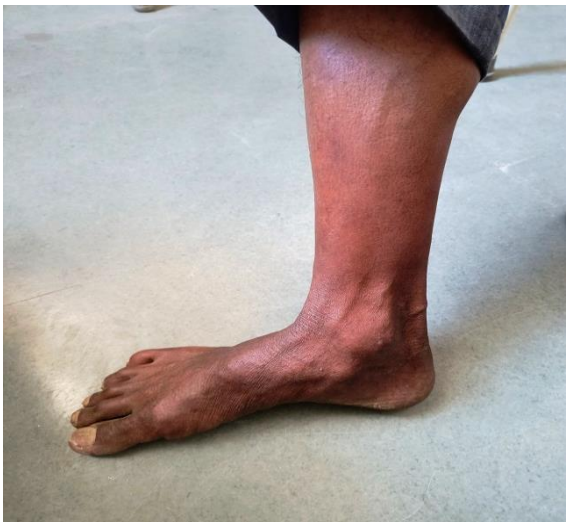
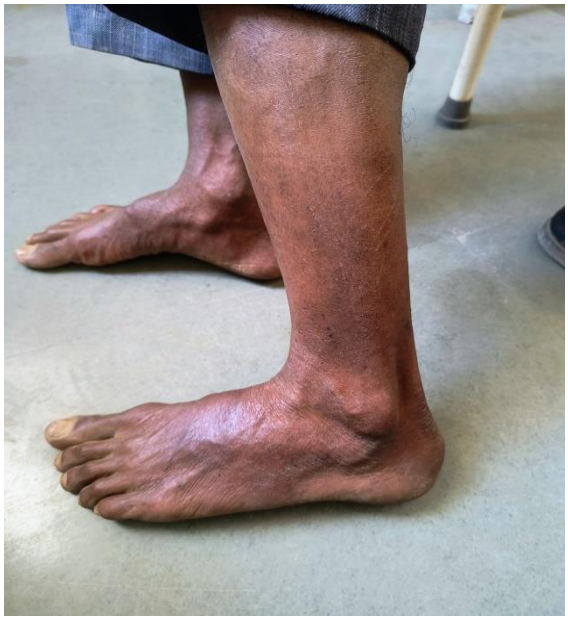
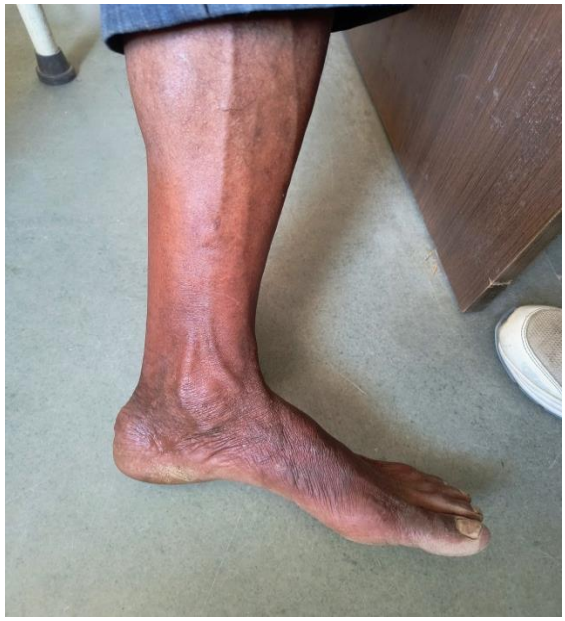






After Treatment - Clinical Images



RESULT AND COLCLUSION

Homeopathy is a system of medicine that takes a holistic approach to patient care to explicate the constitutionality of the patient, detailed case-taking is required, and a single remedy is chosen based on the totality of symptoms according to the principle given by Dr. CFS Hahnemann Graphites 30 2 Dose was selected based on symptom totality and clinical indications was prescribed to the patient, followed by Rubrum for 15 days and then followed with some leading therapeutics and anti-miasmatic remedies.

Repertory Used

SYNTHESIS REPERTORY BY FREDERIK SCHROYENS ON THE BASIS OF PROMINENT GENERAL AND PARTICULAR SYMPTOMS.

Conflict of Interest – NIL.

REFERENCES

1. Dyshidrotic Eczema (Dyshidrosis): Symptoms, Causes, Treatments [Internet]. Cleveland Clinic. Available from: https://my.clevelandclinic.org/health/diseases/17728-dyshidrotic-eczema
2. Dyshidrotic Eczema: Symptoms, Causes, Treatment | National Eczema Association [Internet]. National Eczema Association. 2025. Available from: https://nationaleczema.org/types-of-eczema/dyshidrotic-eczema/
3. Calle Sarmiento PM, Chango Azanza JJ. Dyshidrotic Eczema: A Common Cause of Palmar Dermatitis. Cureus, 2020 Oct 7; 12(10).
4. Alexander. Dyshidrotic Eczema | Enliven Archive [Internet]. Enlivenarchive.org. 2025 [cited 2025 Jul 4]. Available from: http://www.enlivenarchive.org/articles/dyshidrotic-eczema.html
5. Dyshidrotic Eczema: Symptoms, Causes, Treatment | National Eczema Association [Internet]. National Eczema Association. 2025. Available from: https://nationaleczema.org/types-of-eczema/dyshidrotic-eczema/
6. Dyshidrotic Eczema: Background, Etiology, Epidemiology [Internet]. Medscape.com. 2019. Available from: https://emedicine.medscape.com/article/1122527-overview
7. Gladys TE, Maczuga S, Flamm A. Characterizing demographics and cost of care for dyshidrotic eczema. Contact Dermatitis, 2021 Dec 5; 86(2): 107–12.
8. Dyshidrotic eczema (Pompholyx, Vesicular Hand Eczema) — DermNet [Internet]. dermnetnz.org. Available from: https://dermnetnz.org/topics/dyshidrotic-eczema

9. Dyshidrotic Eczema: Symptoms, Causes, Treatment | National Eczema Association [Internet]. National Eczema Association. 2025. Available from: https://nationaleczema.org/types-of-eczema/dyshidrotic-eczema/
10. DynaMed [Internet]. Dynamed.com. 2025 [cited 2025 Jul 5]. Available from: https://www.dynamed.com/condition/dyshidrotic-eczema
11. Calle Sarmiento PM, Chango Azanza JJ. Dyshidrotic Eczema: A Common Cause of Palmar Dermatitis. Cureus, 2020 Oct 7; 12(10).