

American Journal of Psychology and Brain Studies

<https://urfpublishers.com/journal/american-psychology>

Vol: 2 & Iss: 1

A Case Report of Allergic Dermatitis Treated with Natrum Muriaticum 200

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Citation: Jayasree V, Babu S. A Case Report of Allergic Dermatitis Treated with Natrum Muriaticum 200. *Am J Psychol & Brain Stud*, 2025;2(1):80-83.

Received: 22 April, 2025; **Accepted:** 28 April, 2025; **Published:** 30 April, 2025

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ABSTRACT

Dermatitis is an inflammatory reaction of the skin due to the external or internal factors. It can be classified into two types mainly called as exogenous and endogenous dermatitis. Allergic contact dermatitis is a type of exogenous dermatitis and it is caused due to type 4 hypersensitivity reaction when the individual is exposed to the specific type of allergen, they are sensitive to. With homoeopathic mode of treatment, the allergic dermatitis can be cured with proper management by avoiding the maintaining cause (allergen). This paper shows the case of a male patient diagnosed with allergic dermatitis treated with the homoeopathic medicine Natrum muriaticum and the remarkable symptomatic improvement of the patient within one month of treatment.

Keywords: Natrum muriaticum; Allergic dermatitis; Homoeopathy; Case report

Introduction

Dermatitis is an inflammatory reaction of the skin which are caused due to the external or internal factors, it is also otherwise known as eczema. It affects 20% of the general population and one of the important occupational disorder¹. It affects the female and male in the ratio of 2:1². When exposed to an allergen, a rash usually appears 12 hours later and increases in its intensity and reaches peak by 48 hours³. The symptoms of the dermatitis could be redness, swelling, itching, papules, vesicles, oozing, crusting, hypopigmentation or hyperpigmentation, scaling, lichenification due to rubbing or scratching, etc⁴. The dermatitis can be classified into two types mainly called as exogenous and endogenous⁴. Allergic contact dermatitis is a type of exogenous dermatitis and it affects only the individuals who are sensitive to the allergens. It is due to the type 4 hypersensitivity reaction caused by T-lymphocytes against the exposure of the chemicals

to the skin such as cement, hair dye, nickel, leather, tattoos, cosmetics, etc^{5,4}. Once if the skin get in contact with the allergen, it activates the skin cells mainly the epidermal Langerhans cells and dermal dendritic cells¹. These migrates to the local lymph nodes and present the contact allergen to the T cells¹. These proliferate and differentiate to effector T cells that enter the blood circulation¹. Repeated contact with the skin allergen leads to clinical presentation of the allergic dermatitis¹. The main symptom is the intense itching along with the changes of the skin appearance at the affected site. Eczema occurs at the site of exposure of allergen and secondarily can spread beyond this based on the severity. Usually, diagnosis is made based on the clinical history and examination. Sometimes patch test are advised to be done to find out the allergen. In case of secondary infection, swabs would be advised to diagnose bacterial or viral infections⁶. Skin scrapings to rule out fungal infections can be also done if needed⁶. Histologic changes could be necrotic

keratinocytes, epidermal necrosis and neutrophilic infiltrates⁷. Microscopic changes in the acute phase shows intercellular and intracellular oedema with resultant vesicle formation and associated dermal vasodilatation and infiltration with chronic inflammatory cells⁸. In chronic eczema, there is thickening of the epidermis and retention of nuclei by some corneocytes⁸. Rete ridges are elongated, dermal vessels dilated and inflammatory mononuclear cells infiltrate the skin⁸. In homoeopathic system of medicine, the constitutional approach of homoeopathic treatment is very useful in the treatment of allergic dermatitis⁹. The management of the condition is avoidance of the allergic exposure such as change of occupation and in the conventional mode of treatment oral antihistamines and topical corticosteroids are usually advised⁶.

Case Report

A male patient of age 52 years came to the outpatient department of Sarada Krishna Homoeopathic Medical College and Hospital on 21/6/2024 with intense pruritic hypopigmentation and vesicles over the bilateral anterior tibial region since 2 years and increased for 2 months. He works as Maison since last 130 years. On examination, hypopigmented patches over the anterior tibial region on bilateral legs, vesicular eruptions with watery discharge over the hypopigmented region.

History of Presenting Complaint

Initially, the patient has noticed hypopigmented patches with itching before 2 years. The complaints started from right to left. It started to spread and the itching aggravates during evening, night and when thinking of the complaints during rest. Ameliorate by warm salt water washing He has taken allopathic medications, siddha medications and also topical corticosteroids yet he has got only temporary relief. And the complaint has increased since last 2 months with intense itching and vesicular eruptions over the hypopigmented patches.

Past History

No relevant history.

Family History

No relevant history.

Physical Generals

His appetite was satisfactory. Thirst was moderate with 1-2 litres day. Bowel and bladder habits are regular and there is no difficulty. Sleep was adequate and felt refreshed after sleep. Sweat occurs on whole body during physical exertion. He desires mild spicy food, fried fish, eggs. Thermal – Hot.

Mental Generals

Reserved (doesn't share any details of him to anyone, only to his wife,

Sensitive (feels bad if someone hurts him and constantly thinks about it)

Sympathetic (feels bad if someone suffers and would help them if he can)

Anxiety about health (physical complaints aggravated when thinking about it during rest and doesn't trust that this could be cured by any medications)

Lack of self-confidence (fear to take up new work but once starts to do it, he completes it)

Grief from the death of mother (before 5 years)

Cries when sees her photo (Still cries when he sees his mother's photo, so he has removed her photo frame from the wall)

Very attached to this mother

Cries when alone

Very attached to family and desires to be with family

He doesn't harm anyone and even if someone does it, he doesn't react

On Examination

Inspection

Hypopigmented patches over the anterior tibial region on bilateral legs, vesicular eruptions over the hypopigmented patches. Watery discharge from it when scratching. Sparse hair over the affected parts.

Palpation

Dryness of skin.

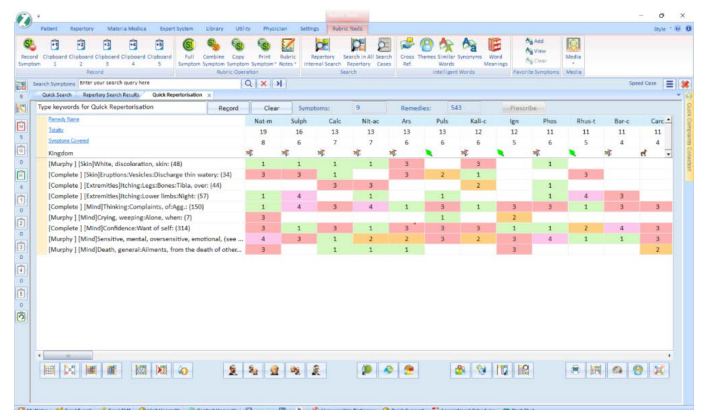
Diagnostic Assessment

This case was diagnosed as a case of Allergic dermatitis on the basis of clinical examination. This diagnosis comes under ICD 10, L23.9

Analysis of the Case

S.No	Symptoms	Intensity	Miasmatic analysis
1	Intense pruritis	+++	Psora
2	Vesicular eruption	++	Psora
3	Hypopigmented patches	++	Psora
4	Grief from mother's death	++	Sycosis
5	Cries when alone	++	Sycosis
6	Reserved	++	Sycosis
7	Lack of self confidence	++	Sycosis
8	Anxiety about health	++	Psora
9	Sympathetic	+	Psora
10	Sensitive	+	Psora
11	Desire- Fried fish	+	Psora
12	Desire - Egg	+	Psora
13	Desire – Mild spicy foods	+	Psora

Repertorial Analysis



Basis of Prescription

Repertorisation

The repertorisation was done based on cross repertorisation

using Complete and Murphy repertory. Natrum muriaticum was the first remedy indicated based on the symptomatology of the patient with a scoring of 19/8.

Selection of the potency

It was selected based on the susceptibility of the patient.

Repetition

As stated in aphorism 248, “The dose of the same medicine may be repeated several times according to the circumstances, but only so long as until either recover ensues or the same remedy ceases to do good and the rest of the disease, presenting a different group of symptoms, demands a different homoeopathic remedy”¹⁰.

Prescription

On 21/6/2024 CALCAREA FLOURICA 30/1D along with the PLACEBO was prescribed for one week.

Follow Up

Date	Complaints	Inference	Prescription
21/6/24	Hypopigmented patches on bilateral legs over anterior tibial region Intense itching with eruptions <night <evening <thinking of complaints >washing with warm salt water	First visit	Rx CALCAREA FLOURICA 30/1D (Morning) SAC LAC/6D(Morning)
28/6/24	Hypopigmented patches persists Itching has reduced on right but worse on the left leg	Slightly better	Rx CALCAREA FLOURICA 30/1D (Morning) SAC LAC/6D(Morning)
5/7/24	Itching <night++ Eruptions persists.	Slight increased	Rx CALCAREA FLOURICA 30/1D (Morning) SAC LAC/6D(Morning)
12/7/24	Itching <evening++ <night++ Eruptions increased and painful with watery discharges. Itching followed by eruptions followed by papules which bursts open and oozes out watery discharges.	Increased	Rx NATRUM MURIATICUM 200/1D (Morning) SAC LAC/6D(Morning)
19/7/2024	Itching has reduced in intensity Eruptions have healed slightly No discharges No pain	Better	Rx NATRUM MURIATICUM 200/1D (Morning) SAC LAC/6D(Morning)
24/9/2024	Follow up after 1 ½ months. After discontinuation of medicine complaints gradually increased. Itching <night Eruptions with sticky transparent discharges	Increased after discontinuation of medicine	Rx NATRUM MURIATICUM 200/1D (Morning) SAC LAC/6D(Morning)

Photographs



Discussion

“The characteristic of the tearful Natrum muriaticum patient is that he or she wants to be alone; any attempt to console irritates them beyond endurance. Wants to be alone to cry. Very much inclined to weep”¹¹. “There are even tears with laughter. There are many eruptions, herpes, hydroa, eczema”¹².

Initially, Calcarea flour 30/1D along placebo was prescribed and the eruptions got aggravated with increased oozing out discharges and pain. After re-taking the case and repertorisation was done, then Natrum muriaticum 200 was prescribed. While taking the medicine, the itching got reduced, the eruptions and discharged slightly reduced. He was advised to clean the affected region with normal saline and sterile cotton twice in a day in the morning and evening. The eruptions healed gradually within a month. Documentation of case was done in the form of photographs.

Conclusion

With the proper similimum, potency and dosage homoeopathy act wonderfully and quickly. While taking the medicine, the patient improved symptomatically and felt better. This case report suggest that Homoeopathic treatment is effective in cases of allergic dermatitis. In order to strengthen the efficacy of homoeopathic medicines in treatment of allergic dermatitis, a planned study with a larger sample is required.

Financial support

Nil.

Conflict of interest

Nil.

Consent to participant: The patient has given their consent to report his clinical information in the journal. The patient

understands that his name and initials will not publish and due efforts will be made to conceal his identity, but anonymity can't be guaranteed.

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