

Individualized Homoeopathic Treatment in Occupational Irritant Contact Dermatitis: A Case Report

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Abstract—Background: Occupational skin diseases contribute significantly to work-related morbidity worldwide, accounting for nearly 15–20% of all occupational illnesses. Contact dermatitis constitutes the majority (80–95%) of these conditions, with irritant contact dermatitis (ICD) being the most common subtype.^{1,2} Workers exposed to organic solvents such as turpentine oil are particularly susceptible because of repeated disruption of the epidermal barrier.³ However, not all exposed individuals develop the disease, suggesting the importance of individual susceptibility in its pathogenesis. This case highlights the role of individualized homoeopathic treatment in the management of chronic occupational dermatitis.⁴

Case Summary: A 55-year-old male engaged in an iron machinery business, with occupational exposure to turpentine oil for nearly 30 years, presented with chronic dermatitis involving the hands and feet for the past three years. The delayed onset of symptoms despite prolonged exposure suggested the possible role of altered individual susceptibility. The patient also reported considerable emotional stress related to financial insecurity preceding the appearance of the disease.

Intervention and Outcome: Following a detailed case analysis and individualization, Graphites 200C was prescribed. Progressive improvement was observed in itching, fissuring, and skin texture, along with a reduction in the frequency and severity of recurrences during subsequent follow-ups.

Conclusion: This case highlights the importance of addressing both maintaining causes and individual susceptibility in the management of chronic occupational dermatitis. Individualized homoeopathic treatment may provide a holistic approach in such cases.

Index Terms—Occupational irritant contact dermatitis, turpentine oil, maintaining cause, homoeopathic management.

I. INTRODUCTION

Occupational irritant contact dermatitis (OICD) is one of the most common work-related disorders and imposes a substantial burden on healthcare systems worldwide. It accounts for approximately 80–95% of occupational dermatoses, with irritant contact dermatitis constituting the majority of cases.^{1,2}

Globally, the prevalence of occupational dermatitis is estimated to be around 1–2% among workers; however, it may rise to 20–40% in high-risk occupations involving painting and exposure to organic solvents.^{3,4} Turpentine oil, widely used in paint-related and industrial settings, contains irritant compounds such as terpenes and resin acids that disrupt the stratum corneum, resulting in inflammation and impairment of the skin barrier.³

In India, occupational dermatoses remain underreported because of limited surveillance and awareness. Available studies suggest an overall prevalence of approximately 1–2%, with higher rates in unorganized sectors where adequate protective measures are often lacking.⁵ Prevention depends on the identification and control of occupational hazards, appropriate use of personal protective equipment (PPE), hygiene education, regular skin surveillance, and restoration of the skin barrier using emollients.

A review by Dr. Kajal Ramakant Gaikwad, Dr. Virendra Satishchandra Jain, and Dr. Rohit Dhammapal Maitrikar emphasized that, from a homoeopathic perspective, the assessment of systemic susceptibility in conjunction with conventional preventive measures may facilitate individualized care and reduce the likelihood of chronicity.¹² Therefore, along with promoting awareness regarding

occupational safety measures, addressing the patient's susceptibility assumes considerable importance.

Conventional management of occupational dermatitis primarily consists of avoidance of irritants, the use of emollients, and topical corticosteroids. However, prolonged corticosteroid therapy may be associated with adverse effects such as skin atrophy, telangiectasia, and recurrence following withdrawal.¹⁰

From a homoeopathic standpoint, the manifestation of disease depends not only on external exposure but also on the individual's susceptibility. The present case emphasizes the role of individualized homoeopathic treatment together with the identification and management of maintaining causes in chronic occupational dermatitis.

II. CASE DATA

Name: Mr. Pt

Age: 55 Yrs

Sex: Male

Education: Graduate

Occupation: Having an Iron Machinery Shop

Address: Rajkot

Date of Case Taking: 28/12/25

Chief Complaints:

The patient presented with a gradual onset of itching and thickening of the skin over both palms and soles for the past three years, with aggravation of symptoms during the preceding month. He also complained of blackish discoloration over the anterior aspect of both lower limbs, associated with occasional mild itching, for the past four years.

The patient had been using allopathic medications intermittently for the last three years, which provided temporary relief; however, the symptoms recurred after discontinuation of treatment.

Location	Sensation	Modality	Concomitant
Skin ↓ Palms ↓ Soles ↓ Gradual Onset Gradual Progression Since 3 Years Increased Since 1 Month	• Itching 2+ • Dryness • Thickening Of Skin With Blackish Discolouration • Cuts On The Thickened Area Due To Itching	< Winter Season < Use Of Turpentine Oil While Working < Heat Of Welding Machine	Feeling Extremely Sad About His Skin Complaint. Feeling Hopeless That How Many Medicines He Had Been Using Still Not Improving. Appetite Decreased Due To Sadness Since 2 Weeks Sleep Disturbed Thinking About Complaints Since 2-3 Weeks.

Past History: On and Off Cough and Cold in winters since 4-5 Years

Family History: Nothing in Particular

Past Surgical History: Nil

Personal History:

Appetite: Reduced Since 1 Week Generally Good

Thirst: Thirst less

Craving: Sweets 3+, Regular Bhakri Sabji.

Aversion: Chinese Food

Food Aggravation: Milk Causes Mild Diarrhoea

Sleep: Reduced Since Two Weeks but Otherwise Good

Dreams: Nil

Thermal: Covering While Sleeping

Need Winter Warm Clothes in Slightest Winter

Baths in Cold Water

Thermally: Chilly

Perspiration: More on Head And Body, Profuse, Especially While Working Near Machinery, No Odour and Staining.

Mental Generals:

Patient Belongs To A Middle Class Family. He Is The Youngest Most Son Of The House. He Was Working In Family Business From Beginning Of His Career.

Mental and Emotional Profile:

The patient reported that his younger brother makes most of the business decisions, and he generally complies with them. Although he occasionally disagrees with his brother's opinions and actions, he prefers to remain silent in order to maintain harmony within the family and avoid conflict. This ongoing friction in the business has been a source of stress, and he tends to suppress his emotions rather than express them openly. He stated that he does not particularly enjoy business activities and would prefer to devote his time to religious practices, seva, and worship; however, he continues to work because of his financial responsibilities.

He is persistently concerned about the financial security of his family. He worries about accumulating sufficient funds for his sons' marriages and carefully considers every expenditure. He believes in saving money and expects his wife to do the same. He expressed dissatisfaction with his wife's spending habits and considers the purchase of expensive clothes and accessories unnecessary. He is content with simple clothing and ordinary food and saves extensively because of a constant fear that unforeseen financial difficulties may arise.

Approximately one month before consultation, his nephew, who had been assisting at the shop, sustained a fracture of the hand. Consequently, the patient's workload increased significantly, resulting in greater anxiety, physical exhaustion, and financial concerns. The patient described himself as deeply religious and devoted to spiritual practices. He enjoys discussing his Guru and encourages others to follow the same spiritual path. He is exceptionally kind, caring, and helpful toward others. Even after a long and exhausting day at work, he readily assists neighbours and acquaintances whenever they require help, considering it his moral and spiritual duty.

He places immense faith in God and often expresses his distress by saying, "When will God make me better?" During the interview, he became emotional, with tears in his eyes while discussing his suffering and responsibilities.

He finds it difficult to make independent decisions and prefers to rely on the guidance of others. He is strongly attached to his family and remains supportive of them even when he does not receive similar support in return. Although deeply religious, he does not impose his beliefs or practices on his children.

He is also concerned about his wife's health and frequently advises her to follow dietary restrictions and maintain a healthy lifestyle. When she neglects her health, he becomes anxious, worrying not only about her well-being but also about the financial burden that illness may impose on the family.

General Physical Examination:

No Signs of Pallor Oedema, Icterus Or Clubbing

Vitals:

Blood Pressure: 130/70 mm of Hg Supine Position, Left Hand.

Temperature: Normal

Pulse: 72 Bpm

Systemic Examination:

Skin:

Palms: Thickening of Skin, Blackish Discolouration, Cracks on Thickened Area

Soles: Peeling of Skin on Right Sole with Discolouration and Thickening

Bilateral Legs Anterior Aspect: Blackish Discolouration and Mild Thickening.

Cardiovascular System: NAD

Respiratory System: NAD

Diagnosis:

Allergic Dermatitis.

Case Analysis

Miasmatic Analysis

Psora	Sycosis	Syphillis
Timid, Cannot Take Decisions Affectionate Sympathetic Hardworking Anxiety About His Health Physical Generals: Craving : Sweets3+ Perspiration Profuse More On Head Food Aggravation From Milk Characteristic Particulars: Itching 3+ Aggravation Winters Dryness	Suppress Emotions To Keep Harmony Fear Of Poverty Religious Avarice Thickening Of Skin Despair Of Recovery With The Complaints	Cuts Over Thickened Skin Blackish Discolouration

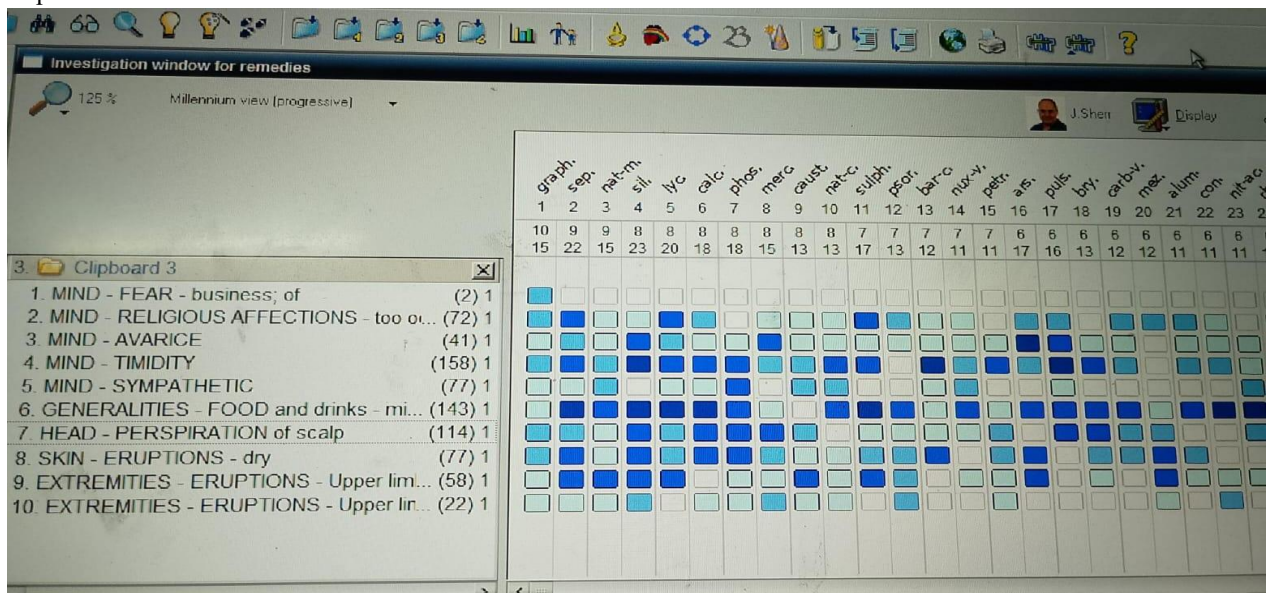
Dominant Miasm: Psora Sycotic

Fundamental Miasm: Psora

Analysis And Evaluation Of Symptoms

Mental Generals	Physical Generals	Characteristic Particular
Despair Of Recovery 3+ Ailments From Fear That Business Is Not Going Well 3+ Religious 3+ Timidity 2+ Hardworking Sympathetic	Milk Causes Diarrhoea Perspiration Profuse On Head Thermally Chilly Thirsty	Itching, Dryness, Cracks And Thickening Of Skin With Blackish Discolouration.

Repertorization:



Synthesis Repertory Was Used Through Radar Software To Repertorise The Totality, The Remedies

Which Came Were Graphites, Sepia, Natrum Mur, Silecea, Lycopodium

General Management:

1. Wearing Protective Gloves While Working In His Factory And While Using Turpentine Oil.

2. Frequent Application Of Glycerine Over Dry And Cracked Skin So As To Avoid Dryness Leading To Itching And Secondary Infection.

Prescription:



Rx

1. Graphites 200 4 Pills Once A Week, For 4 Weeks
2. SI 4 Pills Tds, For 1month



1st Follow Up:

30 Jan 2026

Mentally Relaxed And Joyful

Bought Washing Machine, Gold Earring for Wife,

Does not Feel Anxious about Money Feels That God

Will Give Somehow Manage It

Appetite Good Sleep Is Good

Cracks Healed Within 1 Week of Starting Medication

Thickness over Palms and Soles Reduced

Slight Roughness Over Skin Still Present

Blackish Discolouration over Legs Reduced 50 Percent

Rx:

1. SI 4 Pills Tds For 1 Month

Continue General Management

2nd Follow Up: 2/02/26



Mental Generals: Mind Calm and Happy
Clear Healed Skin over Palms and Lower Limbs, With Peeling of Skin
Blackish Discolouration Over Bilateral Limbs Reduced.
Slight Cough since 1 Week
General Management Continued.

Prescription
Rx

1. SL 4 Pills TDS
2. Kali Sulph 6 X 2tablest Bd

3rd Follow Up: 3/02/26
Slight Recurrence of Itching and Reddish Brownish Patch over palm left hand.
Exposure To Turpentine Was Done Without Gloves.
The Itching And The Patch Was Still Of Less Intensity As Per Earlier How Much It Used To Appear.

III. DISCUSSION

Occupational Exposure Alone Does Not Determine Disease Occurrence, As Only A Proportion Of Exposed Individuals Develop Dermatitis, Emphasizing The Role Of Host Susceptibility¹². Various Factors Such As Genetic Predisposition, Barrier Integrity, Environmental Conditions, And Cumulative Exposure Influence Disease Manifestation^{3, 4, 5}.

Psychological Stress Is An Important Modifying Factor. It Has Been Demonstrated To Impair Skin Barrier Function, Increase Transepidermal Water Loss, And Alter Immune Responses, Thereby Increasing Vulnerability To Irritants⁶.

In The Present Case, The Patient Remained Asymptomatic For Decades Despite Exposure, And Disease Onset Coincided With A Period Of Psychological Stress, Indicating A Change In Internal Susceptibility And Activation Of Latent Psora

Homeopathic Perspective:

According To Aphorism 5 Of The Organon Of Medicine, The Physician Must Consider The Exciting Cause, Maintaining Cause, And Fundamental Cause While Treating The Patient.

Maintaining Cause: Continuous Exposure To Turpentine Oil

Exciting Cause: Emotional Stress

Fundamental Cause: Altered Susceptibility Due To Active Chronic Miasms.

Further, Aphorism 3 Emphasizes That Removal Of Obstacles To Cure Is Essential For Successful Treatment. In This Case, Minimizing Exposure To Irritants Was Necessary Alongside Medicinal Intervention.

Maintaining Cause In Occupational Dermatitis

In Homeopathic Philosophy, Persistence Of A Maintaining Cause Prevents Complete Cure. In Occupational Dermatitis, The Irritant Acts As A Maintaining Factor. Even With Protective Measures, Studies Have Reported A High Prevalence Of Dermatitis Among Workers, Indicating Incomplete Protection^{7,8}. In Developing Countries, Inconsistent Use Of Protective Equipment Further Increases Disease Burden⁹. This Opens Up The Scope Of Homeopathic Treatment, As Disease Is Considered To Start From The Imbalance Of Energy(Termed As Vital Force)¹³ Within Our Body And That Produces The Susceptibility Towards The Disease. To Bring This To Balance We Need To Look Into The The Intellectual, Emotional And Normal Physioloigcal Expressions Of Patient's Body Along With Usual Information About The Patients Complaints, As Mentioned In Aphorism 5 Of Organon Of Medicine, This When Understood Helps In Finding A Remedy Produces A Similar State In Healthy Body And Through "Law Of Similia" That Is "Likes Cures Likes", We Give An Individualized Treatmment. In This Case Patient Is A Physically Hardworking, Mentally Avarice Person With Extreme Religious Nature, He Is Timid, Indecisive And Has Despair Of Recovery , His Derangement Of Health Started With Anxiety About His Businesss, Financial Stress And Anxiety About How To Increase The Work So As To Earn More Money, Reflecting His Onset Of Symptoms On Legs And Bilateral Palm. Thickening Itching , Cuts And Blackis Dicolouration Patient Was Chilly And Based On All This And Repertorisation Remdy Graphites 200 Was Given. A Case Report Published By Dr Vaishali Mahavar And Dr Shobhana Shukla¹² Also Emphasized The Curative Role Of Graphites In Contact Dermatitis.

In Homeopathy The Exposure To Irritant Will Be Considered As The Maintaining Cause Of Disease¹³ And Thus Appropriate Measure To Prevent Exposure Need To Be Done Along With Administration Of Individualised Remedy To Improve The Hypersensitivity And Susceptibility.

The Symptom Totality—Thickened And Fissured Skin, Itching, Chilly Constitution, Anxiety, Indecisiveness, And Despair—Corresponded Closely With The Remedy Graphites. The Prescription Was Made After Repertorisation And Law Of Similia

The Patient Showed Progressive Improvement In Both Local And General Symptoms. The Reduction In Recurrence Suggests A Modification Of Susceptibility Rather Than Temporary Suppression, Which Aligns With The Principles Of Homeopathy.

IV. CONCLUSION

This Case Illustrates That Occupational Dermatitis Is Not Solely Dependent On External Exposure But Is Significantly Influenced By Individual Susceptibility. Addressing Both Maintaining Causes And Internal Imbalance Through Individualized Homeopathic Treatment May Lead To Sustained Improvement And Reduced Recurrence. In This Context, Individualized Homeopathic Treatment May Offer A Complementary Approach By Addressing Host Susceptibility Rather Than Merely External Exposure. If Integrated Into Occupational Health Programs, Particularly In Resource-Limited Settings Like India, It May Help Reduce Disease Burden, Improve Worker Wellbeing, And Provide Cost-Effective Management For Chronic And Recurrent Cases Of Occupational Irritant Contact Dermatitis.

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