

A Homoeopathic Treatment of Seborrhoeic Dermatitis by an Individualised Drug Phosphorous 200 With External Application; Arnica Mother Tincture: A Case Report

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ABSTRACT

Seborrhoeic Dermatitis is an inflammation of sebaceous glands which manifests as severely itchy papulo-squamous lesions occurring on the seborrhoeic areas, especially the scalp, the face, retro-auricular areas, upper central parts of the chest and the back, axillae and the groins, predominantly in infancy and middle age, exhibiting distinct variations across these age groups. A girl of 10 years old came with the complaints of itchiness, dryness and scaling of scalp on the back of the head since 1 month at NEIAH HOMOEOPATHY OPD, clinically diagnosis was made as Seborrhoeic Dermatitis according the pattern and nature of lesion. Patient was evaluated and Phosporous 200 was given as an individualised drug along with Arnica tincture for external application, a significance result was seen in the first follow up itself. Seborrhoeic dermatitis in this case was better within the 1st follow up which may suggest that external application might be helping in healing faster in this case, where scaling and itchiness were reduced but yellowish greasy scalp was persistent and complete reduction of symptoms was achieved in second follow up which was within 1 week of 1st follow up. After review database research papers, case report or series of case reports, duration in symptoms reduction of seborrhoeic dermatitis by homoeopathic treatment was under 6 months which was longer than this case report for which the importance of external application arnica tincture are highlighted and need to be studied in future for validation either in helping seborrhoeic dermatitis in fast recovery or no significance in the recovery process. Therefore this case report is brought up to analyse the importance of external application along with individualised drug in the treatment of seborrhoeic dermatitis.

KEYWORDS: *Seborrhoeic dermatitis, Homoeopathy, Phosphorous, external application, Arnica tincture.*

INTRODUCTION

Seborrhoeic Dermatitis is an inflammation of sebaceous glands which manifests as severely itchy papulo-squamous lesions occurring predominantly on the seborrhoeic

areas, especially the scalp, the face, retro-auricular areas, upper central parts of the chest and the back, axillae and the groins.¹

Two variants of SD reflect the condition's bimodal occurrence: infantile SD (ISD) and

adult SD (ASD)². There are infantile and adult forms of seborrhoeic dermatitis. when it occurs in infant, it is called cradle cap. This benign inflammatory condition is sometimes associated with psoriasis and is known as seborrheic dermatitis. Seborrhoeic dermatitis is also known as seborrhoeic eczema and Dandruff (also called 'pityriasis capitis'), which is an uninfamed form of seborrhoeic dermatitis on the scalp. Dandruff presents as diffuse bran-like scaly patches within hair-bearing areas of the scalp without underlying erythema. Dandruff may be asymptomatic or mildly pruritic.³

EPIDEMIOLOGY:

The worldwide prevalence of SD is around 5%, but most of its noninflammatory variant, dandruff, is probably closer to 50%.SD affects all ethnic groups in all regions globally. The prevalence of SD is bimodal, with a peak in the first 3 months of life and from adrenarche to a second peak after the fourth decade.³In patients with HIV-AIDS, however, 35% of those with early HIV infection have SD, and the prevalence reaches 85% in patients with AIDS.³It is more common in males than in females.¹Seborrhoeic dermatitis often occurs in otherwise healthy patients².

AETIOLOGY:

The exact aetiopathogenesis of seborrhagic dermatitis is not known¹. There are multiple factors associated with the development of SD, and their disparate nature has led to many proposals about its cause and pathogenesis. The onset of SD appears linked to the interplay of normal microscopic skin flora (especially *Malassezia* spp.) the following factors are sometimes associated with severe adult seborrhoeic dermatitis².

- Oily skin (seborrhea)
- Familial tendency to seborrhoeic dermatitis or a family history of psoriasis
- Immunosuppression: organ transplant recipients, human

immunodeficiency virus (HIV) infection, and patients with lymphoma

- Neurological and psychiatric diseases: Parkinson's disease, tardive dyskinesia, depression, epilepsy, facial nerve palsy, spinal cord injury, and congenital disorders such as Down syndrome
- Use of neuroleptic medications
- Treatment for psoriasis with psoralen and ultraviolet A (PUVA) therapy
- Lack of sleep, and stressful events.

CLINICAL FEATURES:

- Flaking skin (dandruff) on your scalp, hair, eyebrows, beard or moustache
- Patches of greasy skin covered with flaky white or yellow scales or crust on the scalp, face, sides of the nose, eyebrows, ears, eyelids, chest, armpits, groin area or under the breasts
- Rash that may look darker or lighter in people with brown or Black skin and redder in those with white skin
- Ring-shaped (annular) rash, for a type called petaloid seborrhoeic dermatitis
- Itchiness (pruritus)

The signs and symptoms of seborrhoeic dermatitis tend to flare with stress, fatigue or a change of season.^{4,5}

DIAGNOSIS:

The diagnosis of seborrhoeic dermatitis is a clinical diagnosis based on the location, appearance, and behaviour of the lesions³. The skin changes are thought to result from an inflammatory response to a common skin organism, *Malassezia* yeast.⁶ If the diagnosis is uncertain, a biopsy can be undertaken. This would typically show parakeratosis in the epidermis, plugged follicular ostia, and spongiosis in the case of seborrhoeic dermatitis. The dermis typically has a sparse, perivascular, lymphohistiocytic inflammatory infiltrate.³

COMPLICATIONS OF SEBORRHIC DERMATITIS:

- Secondary bacterial or fungal infection
- Skin thinning, dilated blood vessels, and steroid-induced telangiectasia
- Psychosocial impact due to appearance of skin. Stress can cause flare-ups^{4,5}.

CONVENTIONAL TREATMENT:

Seborrheic dermatitis may be associated with or caused by a variety of underlying disorders. Treatment is generally topical. Steroid creams, selenium, salicylic acid and coal tar preparations, and pyrithione zinc are frequently used to treat this condition⁷

Typical Formulary ²

Topical Creams, Ointments, and Lotions

- 2% salicylic acid + 2% sulfur in sorbolene cream or emulsifying ointment
- 2% ketoconazole cream
- 1% clotrimazole + 1% hydrocortisone cream
- 10% sulfacetamide + 5% sulfur lotion
- Betamethasone dipropionate 0.05% lotion
- 0.03% and 0.1% tacrolimus ointment

Shampoos

- 1% zinc pyrithione
- 1% to .5% selenium sulfide
- 2% ketoconazole
- 1% ciclopirox
- 5% coal tar + 2% salicylic acid
- 0.1% and 0.03% tacrolimus

Oral Medication

- Itraconazole
- Fluconazole
- Terbinafine

HOMOEOPATHIC APPROACH:

In homoeopathy skin diseases are classified as local disease which is one sided diseases in which the ailments appear locally on the external parts of the body, but master Hahnemann had stated that external ailments cannot be appeared at all without the participation of the whole living which means it is the internal dearrangement that

comes out as local ailments which requires dynamic aid by internal homoeopathic medicine for healing local maladies. Application of external remedy along with internal remedy or only local remedy in local maladies are quite objectional philosophically but Master Hahnemann had not denied the importance of local maladies fully. However holistic approach of homoeopathic treatment should be made for any local maladies covering the most simillimum i.e internal remedy must be given^{8,9}. In this case, arnica mother tincture was used as an external application as arnica is widely used in homoeopathy to promote hair growth, prevent hair loss and treat dandruff. Besides homoeopathic literature on arnica, anecdotal claims of effectiveness of arnica for the treatment and management of dandruff, hair loss, one case report is found to have beneficial on the treatment but research on this areas or uses of Arnica as an external remedy is limited¹⁰. Arnica has a tropical administration also used most commonly¹¹.

Case presentation:

A girl, aged 10 years came to NEIAH, Homoeopathy OPD, with the complaints of scaling of scalp, itching, dryness on scalps in patch on back of head since 1 month. seborrheic dermatitis was diagnosed clinically.

History of present complaints: Patient was apparently well 1 months back, her mother noticed excessive dandruff and scratching on the head.

PAST HISTORY:

Medical History:
Surgical History

Family History: Parents Are Healthy. Grand Mother Has Oa and Htn.

Personal History:

Addictions: Ns

Homoeopathic Generalities:

Constitution: Patient Was Lean, Thin, Tall.

Appetite:

Thirst: Thirstless, But Prefers Chilled Water
 Desire: Sour And Ice Creams
 Aversion: Ns
 Stool: Regular; Once Daily Consistency: Hard
 Urine: Na
 Perspiration: Increased

Thermal: Hot

MIND:

Her mother narrates that she has a weak memory, nervous, timid. She has fear of dog, she gets fearfully even seeing dog from far.

ANALYSIS AND TOTALITY OF SYMPTOMS:

MENTAL GENERALS	PHYSICALGERERALS	PARTICULAR
weak memory fearful, fear of dogs timid	Thirst: thirs less, but prefers cold water. desire: ice cream thermal: Hot Perspiration: increased lean and thin.	dandruff, dry scaly scalp. itchiness headache hair fall. cold and calmy hands

REPERTORIAL ANALYSIS

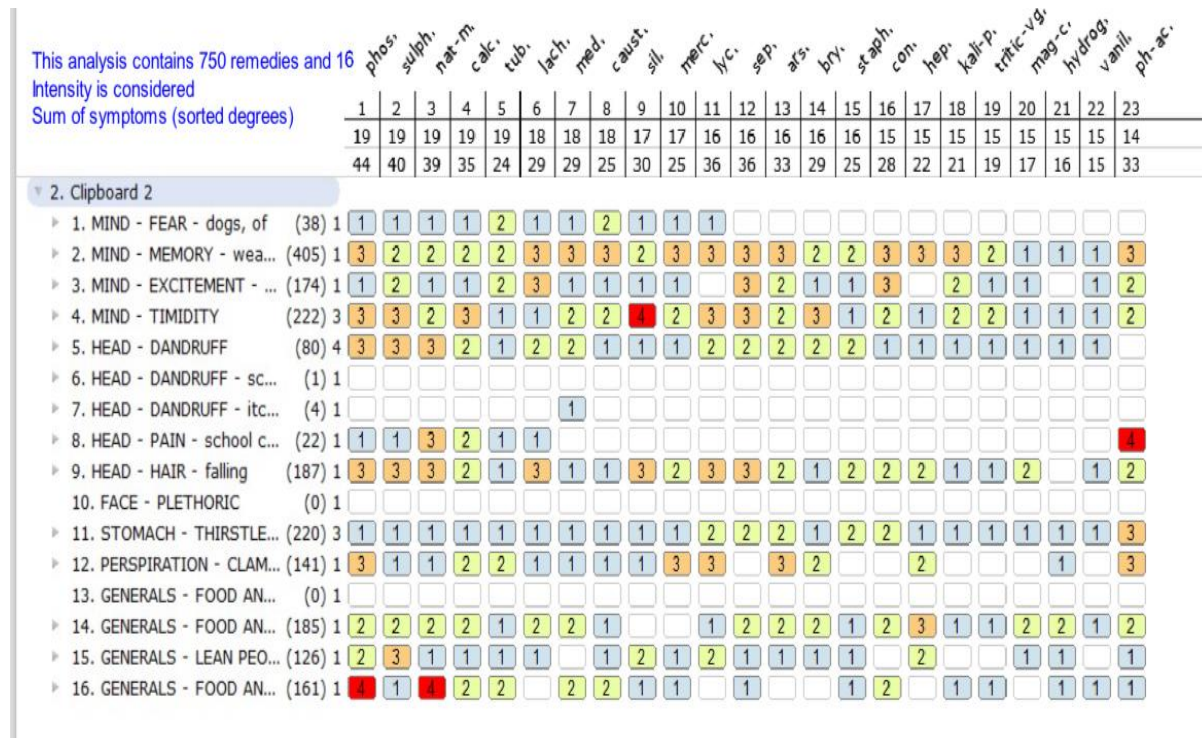


FIG 1: REPORTORIAL CHART

This case was repertorised using software RADAR ON SYNTHESIS REPERTORY. The repertorial result was analysed, giving more priority to mental symptoms as well as physical general symptoms for selection. According to repertorization, the most indicated remedy was phosphorous and patient was constitutionally phosphorous. Phosphorous 200 (2 dose) were given along with Arnica tincture for external application

as ARNICA is widely used in the treatment of dandruff, hairloss etc and known for benefits for tropical application.

TREATMENT CHART:

First Prescription on 11th May 2024: Phosphorous 200(2 dose O.D for 2 days) and Arnica Q for local application, once daily for 1 week.

Date	Symptoms of patient	prescription	Remark
24 th May 2024	Itchiness, scaling of scalp reduced. Yellowish greasy scalp was persistent.	Placebo	Improving so action of remedy is not be disturbed.
31 st May 2024	All symtoms disappeared and no new symtoms were present	Placebo	No requirement of medicine
22th june	No complaints	placebo	No requirement of medicine.

Pictures Before Treatment After Treatment



Fig2: Pictures Of Before Treatment



FIG 3: PICTURES OF 1ST FOLLOW UP



FIG 4: PICTURES OF SECOND FOLLOW UP

DISCUSSION

Homeopathy has a holistic approach and works well in treating seborrhoeic dermatitis. The ideal Homeopathic medicine for SD is selected based on symptom presentation. Some well indicated homeopathic medicines for SD are natrum mur, kali sulph, phosphorus, psorinum, graphites naturalis and arsenic album was suggested in one overview article¹². Currently allopathic treatment and prophylaxis regimens usually include antifungal agents, most often azoles, mild topical steroids, immunomodulatory activity of topical calcineurin inhibitors such as tacrolimus and pimecrolimus and other agents such as selenium sulfide, sulfur, metronidazole and coal tar. Homeopathy offers an excellent treatment for seborrhoeic dermatitis during all stages. Various homeopathic medicine used to treat seborrhoeic dermatitis are kali sulphuricum, thuja occidentalis, natrum muriaticum and more¹³. One double blinded, placebo-controlled study has suggested Oral therapy using a low-dose homeopathic preparation combining Potassium bromide 1X, Sodium bromide 2X, Nickel sulfate 3X, and Sodium chloride 6X, provides significant improvement in seborrhoeic dermatitis and dandruff after 10 weeks of dosing.)¹⁴. In one of the case study report also suggested individualised homoeopathy treatment is effective in treating seborrhoea dermatitis.¹⁵ This case report of individualised homoeopathy treatment along with external application in seborrhoeic dermatitis will give a scope of external application along with individualised drug in the treatment AND management of seborrhoeic dermatitis and call for future study with a comparative study of an individualised drug, external application and both to understand which management is more effective as there is no instances of study done on the importance or effectiveness of Arnica as an external application along with individualised drug in the treatment of seborrhoeic dermatitis in particular and local maladies in general.

CONCLUSION

A girl of 10 years old came with the complaints of itchiness, dryness and scaling of scalp on the back of the head since 1 month at NEIAH HOMOEOPATHY OPD, clinically diagnosis was made as Seborrhoeic Dermatitis according the pattern and nature of lesion. Patient was evaluated and Phosphorous 200 (2 dose) was given as a individualised drug along with Arnica tincture for external medication. Improvement was visible in first follow up, where scaling was reduced but yellowish greasy scalp was persistent and complete reduction of symptoms or cure was achieved in second follow up which was within 1 week of 1st follow up. After review database research papers, case report or series of case reports, duration in symptoms reduction of seborrhoeic dermatitis by homoeopathic treatment was under 6 months which was longer than this case report for which the importance of external application arnica tincture are highlighted and need be studied in future for validation either in helping seborrhoeic dermatitis in fast recovery or no significance in the recovery process.

Informed consent

The patient consent was obtained prior to case taking for confidentiality of her identity. The patient has agreed that her report and other clinical information is to be reported in the journal.

Declaration by Authors

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Conflict of interest: nil

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