

Case Report

Individualized Homoeopathic treatment in resolving recurrent folliculitis in 20-Year-Old Male Patient: A Case Report

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ABSTRACT

Folliculitis, an inflammatory condition affecting hair follicles, is often caused by bacterial or fungal infections. In the realm of conventional medicine, the treatment of folliculitis typically involves a range of pharmaceutical options. Depending on the severity and underlying cause, healthcare professionals may prescribe topical or oral antibiotics, antifungal medications, or antiviral drugs to target the specific infection responsible for the condition, but there is growing interest in complementary therapies, such as homoeopathic medicine, due to their holistic approach. This case report details the treatment of a 20-year-old male with recurrent, painful folliculitis on his face and scalp, which had shown limited response to conventional treatments. After a thorough homoeopathic assessment, the patient was prescribed Sulphur 30C. Over the course of several weeks, the patient experienced a notable reduction in the frequency and severity of folliculitis outbreaks, without any adverse side effects. The patient reported high satisfaction with the treatment, as measured by the ORIDL scale. This case highlights the potential of homoeopathic medicine as an effective and personalized treatment for folliculitis, especially for patients who do not respond well to traditional therapies. The positive outcome suggests that homoeopathy could be a valuable and safe option for managing folliculitis. Nonetheless, further research and larger studies are necessary to thoroughly evaluate the efficacy and safety of homoeopathic treatments in various dermatological conditions. This research will enhance the understanding of homoeopathy's role in dermatological care and aid in making informed treatment decisions for patients seeking alternative options also exploring the adjunct scope for homoeopathy.

Key words: Folliculitis, Homoeopathy, Individualization, ORIDL.

Folliculitis is a common and often bothersome skin condition that affects millions of individuals worldwide. It is characterized by the inflammation of hair follicles, which are the tiny pockets in the skin from which hair grows [1-5]. Folliculitis can manifest in various forms, ranging from mild and superficial pustules to more severe and painful abscesses [6-7]. The condition is typically caused by bacterial, fungal, or viral infections, although it can also result from other factors such as friction, excessive sweating, or blockage of the hair follicles. Folliculitis can occur on virtually any part of the body and can be acute or chronic, with symptoms including redness, itching, and the formation of small, pus-filled bumps [8-9]. In addition to medication, maintaining good hygiene practices and avoiding activities or substances that exacerbate folliculitis, such as tight clothing or harsh skincare products, is also crucial in managing and preventing its recurrence [10-14].

On the other hand, Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) systems of

traditional Indian medicine offer alternative approaches to the treatment of folliculitis. Ayurveda, for instance, employs herbal remedies and dietary recommendations to address the underlying imbalances in the body, aiming to restore harmony and promote natural healing [15-16]. Yoga and Naturopathy emphasize the role of a healthy lifestyle, including diet, exercise, and stress management, in managing skin conditions like folliculitis. Unani, Siddha, and Homeopathy offer their unique approaches and remedies, often tailored to individual constitutional factors and specific symptoms [17].

The scope for the treatment of folliculitis in both conventional medicine and AYUSH systems is broad and diverse, allowing individuals to choose the approach that aligns best with their preferences and beliefs [10-14]. This duality of options emphasizes the importance of personalized care and the integration of multiple therapeutic strategies to effectively manage folliculitis. Homeopathy is a holistic system of medicine that uses highly diluted substances derived from plants, minerals, and animals to stimulate the body's

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natural healing processes [15-17]. Homeopathic remedies are chosen based on the principle of "like cures like," meaning that a substance that can cause symptoms in a healthy person can be used to treat similar symptoms in a person who is unwell.

CASE REPORT

A 20-year-old male Hindu patient presented to the outpatient department at Noble Homeopathic College and Research Institute, Noble University, Junagadh, Gujarat, on October 11, 2023, with complaints of red eruptions on the right side of the temporal region, occiput region, and side cheeks, accompanied by severe itching and burning. The patient reported a recurrence of these eruptions over the past two weeks, which later developed into pustules (folliculitis), followed by headaches and radiating pain on the right side. The eruptions,

particularly prominent on the right side of the face below the cheeks and sides, exhibited a bulged surface over the right temporal region. Upon local examination, there were areas of acute infection in the beard, characterized by small red swellings around the hair follicles and large red swollen areas with tender spots causing intense pain. The irritation was due to ingrown hairs resembling fresh folliculitis barbae.

The patient had no significant past medical history and no notable family history. Physically, he exhibited a strong craving for sweets, was generally hot in temperament, and had an aversion to spicy foods. His tongue was clean, and he consumed 3 to 4 litres of water daily in sips. He urinated twice during the day and twice at night. His stools were irregular, and he had a bowel movement immediately upon waking up. He experienced relief by applying ice to the affected areas.



Eruptions observed on Right side temporal region, Occipital region and on Face and cheek.

Figure No. 1 (Date: 11-10-2023) before homoeopathic treatment.



Eruptions observed on Right side temporal region, Occipital region.

Figure No. 2 (Date: 14-10-2023 & 17-10-2023) during homoeopathic treatment.

Homoeopathic Generals

Mental generals: Anxiety & fear about the newly appeared eruptive disease. He gets angry with existing complaints.

Physical generals: He had fair complexion and had satisfied appetite. Desire –sweet and aversion to spicy food, stools were irregular followed with general weakness of body when exerted on continuous movement, thermals represents hot patients

because prefers winter, prefers bathing twice in summer weather. Sleep disturbed due to complaints.

Particular symptoms: Red colour eruption on right side of temporal region, both cheeks & beneath occipital region, with severe itching and burning, tender to touch, ameliorated only on applying ice over affected parts. Headache accompanied with pain in temporal & occipital region.

Miasmatic analysis of the case: Pre-dominantly the case presents with psora miasm. The symptoms were anxiety, fear in the mental general, morning diarrhoea, itching and burning in skin lesions, marked redness of the skin lesions.

Analysis of the case and repertorisation's: The totality of symptoms included mental generals, physical generals and particular symptoms followed with consideration of thermals, amelioration modalities, and aversion. At baseline (11-10-2023) no any repertory was used for prescription, but on 17-10-2023 complete repertory was used and further prescriptions were verified with totality.

1. Anxiety.
2. Fear about disease.
3. Anger on vexation.
4. Craving – sweets.
5. Aversion – Spicy food.
6. Thermals – Hot
7. Amelioration – by applying ice over affected parts
8. Skin itching over eruption
9. Skin burning over eruption
10. Skin tender, red eruptions on face
11. Headache
12. Skin tender red eruptions on temporal region

13. Skin tender red eruptions on occipital region

DISCUSSION

In this case, a 20-year-old male with no significant medical history, presented with erythematous pustules over face, temporal region & occipital region and reported associated discomfort and pruritus. The patient was successfully treated with homoeopathic medicine Sulphur 30C state powder dose followed well after Lycopodium 30C stat powder dose administered through oral route which was prescribed on totality of symptoms as narrated by patient and considered by the authors in their reportorial sheet. The symptoms considered in totality of reportorial sheet were found to be resolved over in follow up. Phytum (placebo) was prescribed for each follow up over a course of one week and no recurrence was noted in a month as mentioned in table no.1.

Assessment criteria: Outcome in Relation to Impact on Daily Living (ORIDL) was preferred as assessment criteria for prognosis of case followed with choosing prescriptions of homoeopathic medication with respect to changes in prescriptions of first remedy or phytum (placebo) for the case.

Repertorial sheet of totality of symptoms consider in the case.

Remedy	Sulph	Puls	Lyc	Lach	Bry	Nat-m	Fi-ac	Apis	Sec	Calc-s	Iod	Spong	Mag-m	Ambr	Lac-c
Totality	46	44	42	40	40	37	34	33	31	30	30	30	29	27	27
Symptoms Covered	13	13	13	13	12	12	13	13	11	11	11	11	11	10	9
[Murphy] [Mind] Anxiety, general:	3	3	3	2	3	2	2	1	3	3	3	2	2	2	1
[Complete] [Mind] Fear:Disease, of:	3	3	1	3	1	1	1	1	1	1	1	3	0	1	4
[Complete] [Mind] Psychological themes:Anxiety, fear:	4	4	4	4	4	4	4	4	4	1	4	4	3	3	4
[Complete] [Mirill's Themes]Anger, vexation:	4	4	4	4	4	4	3	4	4	3	4	3	3	3	4
[Complete] [Generalities]Food and drinks:Sweets:Desires:	4	3	4	1	3	2	0	0	3	3	0	3	3	0	3
[Murphy] [Food]Spicy, general, (see Condiments, Highly seasoned):Aversion, to:	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0
[Miasms] [Spasms] CONSTITUTIONS DISPOSITIONS:Nervous temperament:Hot:	0	0	0	0	0	0	0	3	0	0	0	0	0	3	0
[Complete] [Generalities] Applications:Cold:Amel.:	4	4	3	3	3	3	3	3	3	0	2	0	0	0	3
[Complete] [Generalities]Itching, tickling:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3
[Complete] [Skin] Eruptions:Itching:	4	3	3	3	4	4	3	3	0	3	1	2	3	3	0
[Complete] [Skin] Itching:Burning, smarting:	4	4	4	4	4	3	3	3	2	1	3	2	1	3	0
[Complete] [Extremities] Itching:Burning:	3	0	1	1	0	0	1	1	0	3	0	0	1	0	0
[Complete] [Skin] Eruptions:Pustules:	4	4	4	4	3	3	1	1	3	4	3	1	2	0	1
[Complete] [Head] Pain, headache:Sides:Right:	1	3	3	3	3	3	3	1	1	0	1	2	3	1	0
[Complete] [Face] Eruptions:	4	4	4	4	4	4	4	4	3	4	4	4	4	4	4

Table 1: Therapeutic intervention with follow up and outcome (including baseline) Table No.1 -

Date	Symptoms	Outcome (ORIDL)	Prescription
11-10-2023	Red colour eruptions tender to touch over face, right side of temporal region and occipital region. Burning & itching over affected parts of eruptions seems like pustules. Sleep disturbed and pain while placing occipital region over pillow. Headache present bilaterally.	0	Lycopodium 30C stat powder dose. Phytum for 3 days (4 pills Bid) after breakfast and after dinner
14-10-2023	Burning and itching present with eruptions as mentioned in case presentation, sleep disturbed.	1	Phytum for 3 days (4 pills Bid) after breakfast and after dinner
17-10-2023	Sensation of burning and itching present but not so severe no headache reported. Eruptions still persist. Sleep disturbed.	2	Sulphur 30C stat powder dose. Phytum for 7 days (4 pills Bid) after breakfast and after dinner
27-10-2023	Eruptions not present. No burning and itching present but headache on&off. Sleep satisfied.	3	Phytum for 3 days (4 pills Bid) after breakfast and after dinner
10-11-2023	No eruptions presents and no new symptom present. Sleep satisfied.	3	No medication only diet advice.

As mentioned in table no.1, the case was resolved with eruptions within a time span of 2 weeks. Homoeopathic medicine Sulphur 30C was effective in treating this case of folliculitis. However, while considering the totality of symptoms and repertory sheet the final selection of medicine was considered from cross verification from Homoeopathic Materia Medica. No any adverse drug reaction was found within the follow-ups.



No Eruptions were observed on Right side temporal region, Occipital region and on Face and cheek.

Figure No. 3 (Date : 27-10-2023) after homoeopathic treatment.

Approach on folliculitis as a patient centered treatment and its scope -

- Case Studies and Clinical Reports on folliculitis:** There are several case studies and clinical reports in the homeopathic literature that describe the successful treatment of folliculitis with homeopathic remedies. These reports often highlight individual cases where specific remedies, such as Sulphur, Hepar sulphuris, or Silicea, were found to be effective in reducing symptoms and promoting healing. While these anecdotal reports are valuable, they are limited in terms of generalizability. (4,10,11)
- Clinical Trials and Research Studies on folliculitis:** Despite the lack of large-scale clinical trials on homeopathic treatment for folliculitis, some studies have

explored the potential benefits of homeopathy in skin conditions. These studies often suffer from methodological limitations, making it challenging to draw definitive conclusions. For example, a randomized controlled trial (RCT) might compare a homeopathic remedy with a placebo, but sample sizes are typically small, and the blinding of participants and researchers can be challenging [4,10,11].

- Miasmatic Approach on folliculitis:** Homeopathy often employs a miasmatic approach in the treatment of chronic conditions. Miasms are thought to be underlying predispositions that make an individual susceptible to certain diseases, including skin conditions like folliculitis. Homeopaths may consider miasms when selecting a remedy. For instance, the psoric miasm, associated with skin issues, might guide the choice of remedies [4,10,11].

4. **Individualized Treatment:** One of the central tenets of homeopathy is individualized treatment. Homeopaths consider the unique symptoms and characteristics of each patient to prescribe a remedy that matches their overall constitution. This approach can make it challenging to conduct standardized research but is considered fundamental to homeopathic practice [4,10,11].
5. **Safety and Minimal Side Effects:** Homeopathic remedies are generally considered safe when prepared and administered correctly. They are highly diluted and have minimal side effects, making them an attractive option for those who wish to explore alternative treatments for folliculitis, especially when conventional therapies have failed or caused adverse effects [4,10,11].
6. **Patient Satisfaction and Self-Reported Outcomes:** Many individuals with folliculitis turn to homeopathy after finding unsatisfactory results with conventional treatments. Patient satisfaction and self-reported outcomes suggest that some individuals experience relief and improvement in their symptoms with homeopathic treatment [4,10,11].

CONCLUSION

There is limited scientific evidence to support the use of homeopathy in the treatment of folliculitis, there is a body of anecdotal evidence and individual reports suggesting that homeopathy may provide relief for some individuals. However, it's essential to approach homeopathic treatment with caution and consider it as a complementary therapy rather than a sole treatment for folliculitis. Always consult with a qualified and experienced homeopathic practitioner for guidance and individualized treatment. Furthermore, more research is needed to establish the efficacy of homeopathic remedies for folliculitis through rigorous clinical trials and studies.

REFERENCES

1. Salem DA, El-Shazly A, Nabih N, *et.al.* Evaluation of the efficacy of oral ivermectin in comparison with ivermectin-metronidazole combined therapy in the treatment of ocular and skin lesions of *Demodex folliculorum*. *Int J Infect Dis*. 2013; 17(5):e343-7.
2. Winters RD, Mitchell M. Folliculitis. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK547754/>
3. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes. Low price edition. New Delhi: B Jain Publishers (P) Ltd.; 2018: 279.
4. Lamba CD, Gupta VK, van Haselen R, *et al.* Evaluation of the Modified Naranjo Criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy*. 2020; 109(4):191-7. URL doi:10.1055/s-0040-170125.

5. Gautam S, Mutha R, Sahu AK, *et.al.* Management of folliculitis decalvans with ayurveda- A case report. *J Ayurveda Integr Med*. 2022; 13(4):100673. doi: 10.1016/j.jaim.2022.100673.
6. H.C. V. Ayurvedic management of scalp folliculitis - A case report. *JAHM* [Internet]. 2023; 11(5). Available from: <http://jahm.co.in/index.php/jahm/article/view/845>
7. Simone R.N.G. Neri, Marcia R. Franzolin, Celia Luiza Petersen Vitello Kalil, *et.al.* Botulinum toxin A as an alternative treatment for folliculitis decalvans, *JAAD Case Reports*, Volume 35, 2023, Pages 77-79, ISSN 2352-5126, <https://doi.org/10.1016/j.jcdr.2023.02.022>. (<https://www.sciencedirect.com/science/article/pii/S2352512623000814>)
8. Ahn JJ, Yun YH, Ko SG, *et.al.* A case of scalp folliculitis treated by Korean Medicine with photodynamic therapy(PDT). *J Korean Med Ophthalmol Otolaryngol Dermatol*. 2016; 29(3):168-76. <https://doi.org/10.6114/jkood.2016.29.3.168>
9. Principles of prescribing, National Health Portal India. Available at Available from: https://www.nhp.gov.in/Principles-of-Prescribing_mtl
10. Uttamchandani PA, Patil AD. Homoeopathy an alternative therapy for dermatophyte infections. *Int J Health Sci Res*. 2019; 9(1):316-20.
11. Patil AD, Chinche AD, Singh AK, *et.al.* Ultra high dilutions: A review on in vitro studies against pathogens. *African Journal of Biotechnology*. 2019 Mar 27;18(13):275-9.
12. Patil AD, Nimbalkar S, Sahani N, *et.al.* A vanguard study of Individualized homoeopathic medicines based on temperament analysis. *Int. J. Sci. Res. in Multidisciplinary Studies* Vol. 2018; 4:11.
13. Patil AD. Placebo a wizard in scientific world of homoeopathy. *International Journal of High Dilution Research-ISSN 1982-6206*. 2023; 22(cf):82-3.
14. Patil A. Ultra-high diluted medicines and their probable role in homoeopathic drug standardization. *RESEARCH REVIEW International Journal of Multidisciplinary*. 2022; 7(9):16-20.
15. Patil AD. Revisiting prophylaxis of homeopathic interventions in COVID 19. *International Journal of High Dilution Research-ISSN 1982-6206*. 2021; 20(4):02-5.
16. Aphale P, Sharma DB, Yeola G, *et.al.* Clinical characteristics based homeopathic Remedy Profiling of COVID-19 Patients: A Retrospective Cohort Study. *International Journal of Ayurvedic Medicine*. 2022; 13(1):119-28.
17. Wakte MS, Patil AD. A review on preclinical studies conducted with Homeopathic medicine *Cephalandra indica* as an anti-hyperglycemic agent. *International Journal of High Dilution Research-ISSN 1982-6206*. 2019; 18(3-4):35-46.

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