

Case Report

Homoeopathic Approach in the Management of Hidradenitis suppurativa: Evidence Based Case Report

Narayani Kumari

G.D.M Homeopathic Medical College & Hospital, East Ramkrishna Nagar Patna

Correspondence should be addressed to Dr Narayani Kumari, MD (Hom) Assistant Professor, narayniojha@gmail.com

Publication Date: 6 August 2025

Copyright © 2025 Narayani Kumari. This is an open access article distributed under the **Creative Commons Attribution License**, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract Hidradenitis suppurativa is a disease of apocrine gland, which may be a part of follicular occlusion syndrome and caused by mainly staphylococcus aureus and streptococcus. Morphology may be nodular, pustular, cystic and sinuses with interconnecting bridges and affect daily life activity. Conventional medicine has a low success rate in treating this ailment, and sometimes the medication's use is accompanied by negative side effects. Though a few case studies illustrate the effectiveness of homoeopathic remedies, however they lack adequate quantitative evaluation. Here is a case of Hidradenitis suppurativa which could be effectively managed by using individualized homoeopathic medicine with proper assessment.

Keywords *Hidradenitis suppurativa, Individualized Homoeopathic medicine, Belladonna*

Abbreviation O.P.D. – Out Patient Department, PR –Pulse Rate, RR – Respiratory Rate, Temp.- Temperature, Ht. – Height, Wt. – Weight, B.P – Blood Pressure, CVS – Cardiovascular system, CNS – Central Nervous System, RESP. – Respiratory System, GIT – Gastro- Intestinal System

Introduction

Hidradenitis suppurativa is a chronic inflammatory skin disease. It is a disease of apocrine gland and may be a part of follicular occlusion syndrome but levels of circulating androgens are normal.¹ The disease is rare prior to puberty, and the prevalence is lower among older adults. The female-to-male ratio of patients with Hidradenitis suppurativa is approximately 3:1 and the highest incidence has been reported to be among women 20 to 29 years of age.

Causes -The cause is unknown but an inflammatory condition wherein hair follicles are occluded and become secondarily infected with Staphylococcus aureus, anaerobic streptococci. It may be associated with obesity, diabetes, smoking, genetic predisposition and hormonal imbalance.³ Slight alteration in androgen level found to be a cause.

Clinical presentation: It usually presents with painful hard bump in initial phase which become large and may take form of abscess and break open up resulting in discharge of pus and blood. May lead to fistula formation in later phases.⁴ It presents as papules, pustules, cysts, sinuses and scar in axillae, groin and perianal areas. It is a painful condition, full of odour, and drainage because of pustules and sinus formation. Up to half of the individuals will report a prodromal syndrome involving

burning, stinging, pain, pruritus, warmth, or hyperhidrosis in the area 12 to 48 hours before the appearance of a lesion. Triggers can include menstruation, weight gain, stress, hormonal changes, excessive heat, and perspiration. On presentation, individuals are typically well appearing and afebrile unless secondary infection or advanced disease is present.

Clinical diagnosis is necessary, Can swab for bacterial cultures.⁴

Management: Generally cases of hidradenitis suppurativa managed with Topical and systemic antibiotics for early lesions but ineffective for chronic draining abscess/sinuses, antiandrogenic therapy and ultimately with surgery but with no satisfactory results.⁵

Case Study

A male aged 40 years presented in O.P.D. with complaint of known case of Hidradenitis suppurativa with chief complaints of erythematous reddish boils on right axillary fold with itching for 3 months.

History of presenting complaints:

Patient was apparently well 3 months back. Gradually, he started developing nodular growth with redness, burning and itching of right axillary fold. Gradually nodule increases in size and patient cannot lift his right arm and affect daily activity. He has undergone allopathic treatment for the same without any remarkable improvement.

Past History

His childhood history was uneventful. He was pursuing some kind of training for job. He was suffered from malaria 15 years ago, but after his took allopathic medicine & recovery take place.

Family History

His father was farmer of lower- middle socio-economic status & he is suffering from diabetes mellitus. Grandmother was hypertensive.

Mental generals: Anxiety about health, anger, desire for light & delusion as if vision has monsters.

Physical generals: His appetite was good. He has desire for sweets, thirst is moderate amount. Bowel movement as regular and has to go in early in the morning, Thermal reaction of patient is hot patient.

General modality: not specific.

General Physical Examination:

He was obese with fair complexion and all the vitals were normal. There was no sign of anemia, jaundice, cyanosis and lymph nodes are not palpable PR. - 78/min., RR.: 16/min., TEMP: 97.6°F, Ht.-168 cm., Wt.-74 Kg.; B.P.-130/80 mm Hg.

Systemic Examination:

C.V.S. - No abnormal sound during auscultation, **C.N.S.** - Sensory and motor functions are normal, **RESP.**-Chest clear, **G.I.T.**-Abdomen soft, no tenderness.

Diagnosis:

The diagnosis of the case was made based on the history, symptomatology and location of diseases .⁶

Analysis & evaluation of the symptoms with Miasmatic analysis

S. NO	Symptoms	Analysis	Evaluation	Miasmatic Analysis
1.	Anxiety health about	Mental general	+++	Psora
2.	Anger	Mental general	+++	psora
3.	Delusion visions, has monsters of	Mental general	++	Psora
4.	Light desire	Mental general	++	Psora
5.	Sweet desire	Physical general	++	Psora
6.	Boils	Particular	++	Psoro- syphilitic

It is a mixed-miasmatic case, but Psora is dominant miasm.

Repertorisation: The Repertorisation was done using Radar software (synthesis Repertory). *Belladonna* covers maximum rubrics with highest scoring medicine.⁸

	bell.	calc.	phos.	stram.	agar.	kali-bo	nat-m.	canth-i.	ign.	tarant.	lac-c.	h.c.	hep.	nux-v.	sulph.	merc.	lach.	nit-ac.	sep.	spect.	staph.	ars.	aur-s.	by.	psor.	am-m.
1. MIND - ANXIETY - health; about (117) 1	1	2	2			2	1	1	1	1	2	3	1	3	1	1	2	1	1	3	1	1	2	1	1	2
2. MIND - ANGER (427) 1	2	2	2	1	1	1	3	1	3	3	1	3			3	3	2	3	3	2	3	3	1	3	2	2
3. MIND - DELUSIONS - visions, has - monsters, of (15) 1	2			2		2		1	1	1	1															
4. MIND - LIGHT - desire for (33) 1	3	2	1	3	1	1	1	1		1									1						2	
5. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1	1	2	2	2	1		3	1	1	1	3	2	1	3	2	1	2	2		2	1	3	2	1	1	1
6. SKIN - ERUPTIONS - boils (167) 1	3	2	2	1	1	2	2		1	1		3	3	2	3	3	3	2	2	2	2	2	1	1	3	1

Prescription: After Case taking, reportorial totality⁸ & with the consultation of Homoeopathic Materia medica⁹ *Belladonna*30 was prescribed on date 09/01/2023.

Selection of remedy with Justification^{8,9} :

In repertorial analysis *Belladonna*, *Calcarea carb* & *Phosphorus* covers maximum rubrics. *Belladonna* covered all the mental, physical general & particular symptoms in this case. Based on repertorial totality & due consultation of text books of Materia-Medica.⁹

Belladonna seems to be the most suitable drug in this case and thus prescribed in 30C, four doses followed by placebo for 7 days on the first visit (09/01/2023). The medicine was procured from GMP-certified SBL Pvt. Ltd. and dispensed from the institutional pharmacy.

Selection of potency with Justification^{10,11}:

The potency selection and repetition were done based on the Homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy.

General Management:

1. Take daily baths which helps remove scales & calm inflamed skin.
2. Use moisturizer which keep skin moist.

Follow Up:

Date of visit	Change in Symptoms	Prescribed Medicine/Potency/Dose	Justification
16/01/2023	Slight improvement. Itching & erythematous nodular growth diminished	Placebo/BDS/07 Days	To wait and allow the medicine to act
24/01/2023	Marked improvement seen. Slight itching remains & boils completely gone .	Placebo/BDS/07 Days	No new complaints; magical improvement occurs
02/02/2023	No any complaints remain.	Placebo/BDS/07 Days	No new complaints



Fig 1: Before Treatment (09/01/2023)



Fig 2: After Treatment (02/02/2023)

Discussion

In modern Medicine, Hidradenitis suppurativa a case of bacterial infection, which have limited scope & lots of side effect. But in Homoeopathy, there is possible cure of this condition, if the case is well taken. Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, family history, presenting symptoms, underlying pathology, possible causative factors etc. A Miasmatic tendency is also often taken into account for the treatment of chronic condition. In this case *Belladonna* was selected because it covers mental, physical & particular symptoms. According to Dr. Hahnemann, the origin of the disease is of Psoric Origin when it is not treated properly suppression of the disease takes place. Disease Originated at a dynamic level and Homoeopathic medicines also acted on deeper and dynamic level. Dr. Hahnemann also mention in § 191 'Internal administration of a remedy causes important changes in general health and particularly in the affected external parts'.¹¹ Although study of a single case does not constitute a strong opinion, but the outcome is encouraging.

Conclusion

This case report shows the positive role of individualized homoeopathic medicine in the treatment of Hydradentitis Suppurativa within a short span of time. Although this single case report cannot draw any certain conclusion, more documented cases and scientific research could help to generate evidences on the usefulness of homoeopathic medicines in managing of Hydradentitis Suppurativa .

References

1. Illustrated synopsis of Dermatology and Sexually Transmitted Diseases, Neena Khanna, 4th Edition, Elsevier Publications.
2. Munjal YP. API Textbook of Medicine.9/e. New Delhi, India: Jaypee Brothers Medical Publisers (P) Ltd; 2012.

3. Hunter J, Savin J, Dahl M. Clinical Dermatology. Denmark: Narayana Press; Reprinted 2003.
4. Barankin B, Freiman A. Dermatology Clinical Pocket Guide. Philadelphia: F A Davis Company.
5. Walker BR, Colledge NR, Ralston SH, Penman ID, Davidson's principles and practice of medicine, 22th edition, Elsevier Science Limited 2014.
6. Application to dermatology of International Classification of Disease (ICD-10) – ICD sorted by code: L73.2, The International League of Dermatological Societies; Available from: <https://www.icd10data.com/ICD10CM/Codes/L00-L99/L40-L45/L40>.
7. Sarkar BK. organon of Medicine, New Delhi; Birla publications Pvt.Ltd; 2005-2006. RADAR Software (Synthesis Repertory)
8. Boericke W, Boericke's New Manual of Homoeopathic Materia Medica with Repertory – Third Revised & Augmented Edition Based on Ninth Edition, B. Jain Publishers; 2014:336-337.
9. Kent James Tyler, Lectures on Homoeopathic Philosophy, Low price edition, New Delhi; B. Jain publishers; 2014.
10. Hahnemann S. Organon of Medicine. Translated by William Boericke. Reprint. New Delhi: B. Jain Publishers (P) Ltd.; 2002. p. 105, 144.