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# A CASE OF HIDRADENITIS SUPPURATIVA TREATED WITH HOMOEOPATHY

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**ABSTRACT:** Hidradenitis Suppurativa (HS) is a chronic, relapsing, and painful inflammatory skin disorder characterized by painful nodules, abscesses, and the formation of sinus tracts, leading to scarring.

This paper presents a homeopathic case study of a young female diagnosed with HS, demonstrating remarkable improvement in both the frequency and severity of episodes through a holistic and symptom-based prescription approach. The case highlights the importance of individualization, miasmatic understanding, and the totality of symptoms in the effective management of chronic conditions, such as hidradenitis suppurativa.

## INTRODUCTION

Hidradenitis Suppurativa (HS) is a chronic, inflammatory, and debilitating skin condition involving the hair follicle and apocrine gland-bearing areas of the body[1]. It presents with recurrent, painful nodules, abscesses, sinus tracts, and ultimately leads to fibrotic scarring[2]. The disease has a relapsing course, frequently beginning after puberty and showing a higher prevalence in females compared to males[3]. The exact aetiology remains unclear, though contributing factors include follicular occlusion, genetic predisposition, obesity, smoking, hormonal imbalances, and dysregulated immune responses[4]

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· Symptoms range from painful boil-like lumps, foul-smelling discharge, and tender subcutaneous nodules to severe tunnelling abscesses. It is essential to select a remedy based on the pathology of symptoms[5]. HS is categorized into three Hurley stages, from simple nodules in stage I to complex, interconnected tracts in stage III [6,7.] Complications include secondary infections, contractures, squamous cell carcinoma, and significant psychosocial distress[8]. Conventional treatment options include prolonged antibiotics, corticosteroids, immune suppressants, and surgery, though these often fail to prevent recurrence[8.] In contrast, homeopathy considers HS as an expression of internal dyscrasia influenced by miasmatic blocks, emotional stress, and constitutional tendencies. It offers a promising non-invasive alternative through individualized prescriptions tailored to the patient's physical, emotional, and mental makeup[9].

## CASE PROFILE

A 22-year-old female presented with persistent pustular and sebaceous eruptions in both axillae. These eruptions were painful and tender, accompanied by occasional mild itching and noticeable blackish discoloration of the surrounding skin. Typically, three to four lesions were active at any given time. The condition had been ongoing for over a year, with symptoms beginning sometime after the COVID-19 lockdown. The pustules frequently discharged pus, and episodes of swelling and redness were common, often causing significant discomfort. Emotionally, the patient suffered from considerable anxiety and fear related to her skin condition. She harboured a deep-seated worry that the eruptions could be cancerous and frequently searched for alarming information online. This led to heightened health-related anxiety and a sense of insecurity about her future. As a medical student in her first year, she found it difficult to concentrate on her studies due to the ongoing pain and psychological distress caused by the condition.

In addition to hidradenitis Suppurativa, the patient had a known history of hypothyroidism and was under medication for the same. She also reported scalp dandruff associated with itching. Although her menstrual cycles remained regular throughout, the chronic skin eruptions significantly impacted her emotional well-being, routine activities, and academic performance. The recurring nature of the illness, coupled with the visible symptoms and fear of its implications, placed a heavy burden on her physical and mental health.

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## H/O PAST ILLNESS

Known case of thyroid disorder- On Thyroxine 50 mcg daily

Latest thyroid profile: TSH: 3.79 mIU/ml, T4: 0.083, T3: 2.87

History of allergic rhinitis (now relieved)

Diagnosed with microcytic hypochromic anemia

## H/O FAMILY ILLNESS

Father is a known diabetic

## GENERAL SYMPTOMS

The patient presents with a normal appetite, with specific cravings for rice, spicy foods, particularly sambar rice and dosa, and no reported aversions. Thirst is normal, she consumes approximately 2–3 liters daily. Perspiration is profuse, non-offensive in odour, and occurs in the axilla as well as generally over the body. Stool and urine habits are regular and normal. The patient is a hot patient, preferring warmth, and reports a sleep duration of 7–8 hours that is restful, usually sleeping on the back. Dreams are anxious in nature. Menstrual history reveals regular cycles lasting 4–5 days.

## EXAMINATION OF THE PATIENT

Multiple pustular and sebaceous eruptions in both axillae with Blackish pigmentation around lesions. Mild, purulent discharge from some lesions are seen with Tenderness Present on palpation during active phase. Mild to moderate swelling seen during flare-ups. Mild, intermittent Itching present.

## LAB INVESTIGATION

Haemoglobin (Hb): 8.8 gm/dl

RBC count: 3.77 million/cu mm

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MCV (Mean Corpuscular Volume): 76.1 fl

MCH (Mean Corpuscular Haemoglobin): 23.3 pg

MCHC (Mean Corpuscular Haemoglobin Concentration): 30.7 gm/dl

Platelet count: 4.8 lakh/cu mm

T3: 2.87 pg/ml

T4: 0.87 ng/dl

TSH: 3.79 mIU/ml

Total cholesterol: 97.1 mg/dl

HDL cholesterol: 54.6 mg/dl

LDL cholesterol: 25.5 mg/dl

**LIFE SPACE INVESTIGATION**

The patient is a 22-year-old academically brilliant and hardworking female, currently residing in Chennai with her three-member nuclear family. Her father is privately employed, and her mother is a homemaker. She is presently preparing for the NEET entrance exams with a strong aspiration to pursue MS and become a skilled surgeon. Her upbringing has been supportive, and among both parents, she feels more influenced by her father, who plays a key emotional and motivational role in her life. From childhood, she has shown excellent scholastic performance. She has had good interpersonal relationships with both teachers and peers, and reports no episodes of bullying. Her parents are strict but supportive, and they have high expectations, which she tries to live up to with sincerity and discipline. While her home environment has been nurturing, she describes herself as an anxious and sensitive individual, especially concerning health-related issues. Her recurring skin condition (hidradenitis suppurativa) has been the central focus of her anxiety, often making her fearful, restless, and sleepless. These health concerns affect her ability to concentrate on studies and have started impacting her self-confidence.

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Emotionally, she is expressive and sensitive. She admits that she can become irritated when ridiculed unnecessarily or if things don't go according to plan. Her response to such stress includes becoming quiet or raising her voice and crying when overwhelmed. Although she doesn't recall any particularly traumatic or sad incidents in life, the ongoing skin problem remains her most stressful burden, often making her feel mentally disturbed and anxious despite taking multiple treatments. Despite these health-related setbacks, she continues to show determination toward her goals. Her confidence level is moderate, and she is aware of her need to overcome health-related anxiety to pursue her ambitions fully. She describes herself as friendly, punctual, obedient, and disciplined, with occasional stubbornness. She enjoys reading and listening to music in her free time—activities she has found comforting and engaging since childhood.

## SELECTION OF REMEDY

| TYPE | REMEDY NAME | POTENCY | DOSE | REASONS |
|---|---|---|---|---|
| **Constitutional** | Silicea | 200C | One dose weekly | Matches chronic pustular skin, anemia, mental symptoms (worries, cares), general summer aggravation, weak assimilation, and low immunity. |
| **Acute** | Hepar sulph | 30C | Twice daily | For painful, sensitive pustules with tendency to suppurate. |

**Table 1:** Analysis of Remedy Selection

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## OBSERVATION AND RESULT

| MONTH | PROGRESS | PRESCRIPTION |
|---|---|---|
| 1st | Skin pustules began to reduce in size; less new eruptions. Sleep disturbed due to anxiety. Appetite low. | **Silicea terra 200** – 1 dose weekly<br>**Calcarea Sulphuricum 6x** – BD |
| 2nd | Anxiety at night improved slightly. Dreams of anxiety continued. Appetite improved. Less aversion to rice. | Continue same |
| 3rd | No new pustules. Old one's healing. Sleep quality better. Feels emotionally lighter. | **Silicea terra 200** – single dose<br>**Sac lac** – daily |
| 4th | Skin clearer. Patient reports more confidence, less worry. Eating normal, aversions reduced. | **Silicea terra 1M** – one dose<br>**Sac lac** – as placebo |
| 5th | Skin almost clear. Emotional state stable. No disturbing dreams. Good appetite. | No medicine. Observation phase. |
| 6th | Maintains improvement. General vitality better. Compliments on skin. | **Silicea terra 1M** – only if relapse or stress |

**Table 2:** Record of the Follow-up

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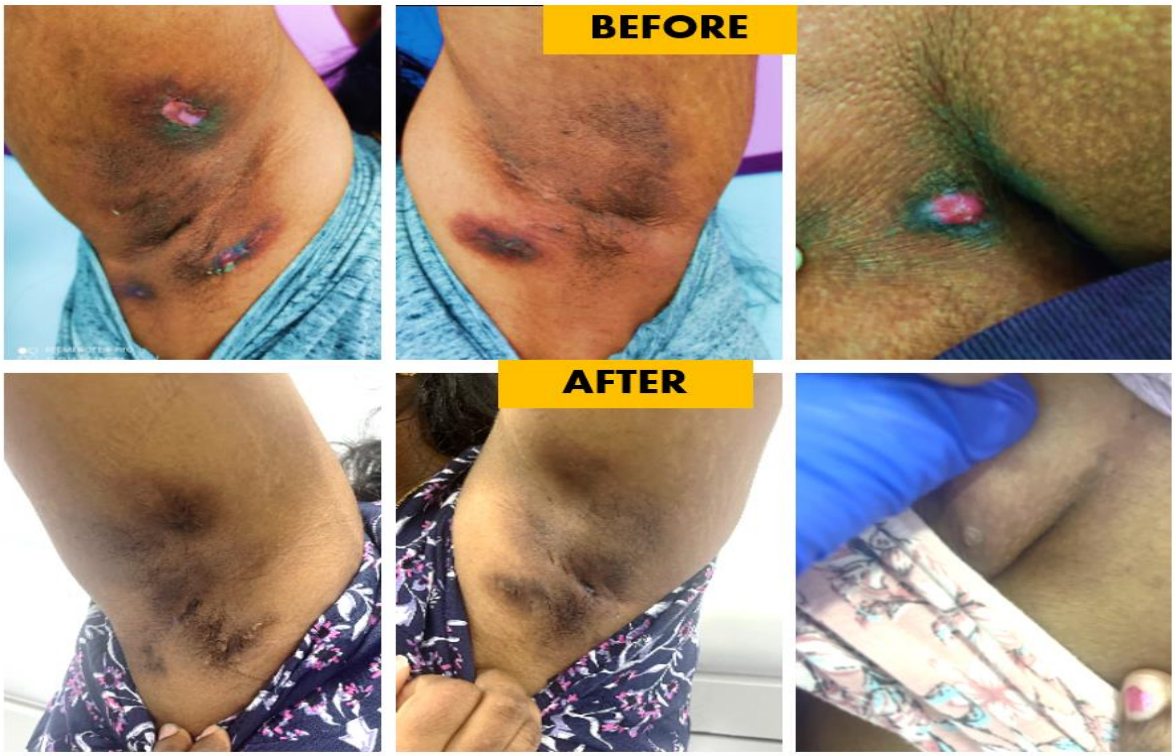


**Figure 1:** Before and After Treatment

## DISCUSSION

Recurrent abscesses, particularly in the form of hidradenitis suppurativa, present a major therapeutic challenge due to their chronicity, painful nature, and high relapse rate. In this case, a 22-year-old female with repeated abscess formation was managed through classical homoeopathy. The prescription strategy combined constitutional and acute remedies: Silicea was chosen as the constitutional medicine owing to the patient's general constitution and tendency for suppuration, while Hepar sulphuris calcareum was employed during acute inflammatory episodes. Over a six-month treatment period, there was a gradual yet sustained improvement. The patient experienced a notable reduction in the frequency and severity of abscesses, with progressive resolution of active lesions. Pictorial documentation provided objective evidence of healing. Beyond the local pathology, the patient's general state, including quality of sleep and emotional well-being, also showed marked improvement, reinforcing the holistic impact of the prescribed remedies. This case demonstrates how individualized prescriptions, when applied on classical homoeopathic principles, can effectively manage chronic relapsing conditions like hidradenitis suppurativa. It

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also reflects the importance of balancing constitutional therapy with acute management to achieve both long-term and immediate benefits. Medicine was considered according to the totality of symptoms[10].

## CONCLUSION

This case provides evidence of the effectiveness of individualized homoeopathic treatment in hidradenitis suppurativa, demonstrating significant clinical improvement over a six-month period. While encouraging, such single-case outcomes need to be substantiated through larger clinical studies to establish homoeopathy as a reliable option in chronic suppurative conditions.

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