

A Case Of Hydradenitis Suppurativa

In day-to-day practice, the dominant medical school considers many diseases chronic and incurable. Their treatment is not only ineffective but also injurious. In contrast Homoeopathy is safe and efficacious. This case proves this point.

CHIEF COMPLAINT:

Mrs C, aged 32 years, presented with eruptions in the axilla, folds of mammae and neck. The eruptions started 8 years back and is now severe since 3 weeks. Began as vesicular, became pustular with intense itching, followed by burning and scratching. When fully matured, oozes thick yellow and slightly bloody discharge. Heals with blackish discoloration. Itching worse perspiration++ which furthers new eruptions. Better warm bathing+++ , walking in open air++. Antibiotic therapy (ciprofloxacin 1-0-1) with every attack. But the complaints return within one week, with greater intensity. Ayurvedic treatment for one year also gave no relief.

OTHER COMPLAINTS: Recurrent heartburn and distension of abdomen for 2 years, worse sweets+,

especially if taken in the afternoon, better warm drinks++. Recently the patient developed swelling and pain in both knee joints, treated allopathically. Also suffers from dysmenorrhoea. Patient looked very pale on examination. As is often the case in any chronic complaint, patient also become anaemic. Hb was 9 gms % on investigation.

PAST HISTORY:

Recurrent attacks of difficulty in breathing especially in cold environments (Her native place Wynad, is a very cold place. Now she gets complaints only when she goes there) and starts with an irritating cough. This complaint was worse during both pregnancies.

FAMILY HISTORY:

Father died at 62 of cancer 4 years back. He also had Diabetes and Hypertension.

Mother and elder sister suffer from respiratory complaints.

OBSTETRIC HISTORY:

Two premature deliveries with Hypertension, Hyperemesis and difficulty in breathing

PATIENT AS A PERSON:

Obese, Wt 75 kg, Ht 5' 2".

Dark complexion with coarse, dry skin.

Appetite: good. Drinks 7-8 glasses of water. Prefers



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warm drinks.

Perspiration increased, offensive but non-staining.

Bowels regular, consistency normal.

Urine frequency increased during daytime.

Menses early, 3/ 21 days. Normal flow, bright red.

Oedema face before and during menses. Back pain before, during and after menses. Nausea during menses.

Sleep good.

MILESTONES on time. Adequate mental and physical development.

Patient cannot tolerate extremes of temperature prefers fanning, prefers cold bath and uncovering.

MENTALS: Intellectual- Recent memory is weak. Has good confidence—"I know that I can take up any job. Thought form -pressured. Occupation - was a teacher now resigned. Firmly believes that she is a very good teacher and students like her teaching.

EMOTIONAL- Irritable even at trifles, verbally offensive, does not mind the circumstance. Desires company. Gives much value to visits and social gathering even when there is urgent work. Enjoys leadership. Feels frustrated when she has to oblige too much in front of others. She wants be at par with her family members. She is sad that she doesn't own a house of her own, while all her relatives have their own.

REACTIONS: Aggravated by contradictions. "I know that whatever I am saying is correct, so I don't mind who is talking to me, I will shout at him.

DREAMS: Not specific.

LIFE SPACE INVESTIGATION: Patient belongs to a middle class family. Her father was a businessman. Her parents had an intercaste marriage against fierce opposition. Her mother hailed from a rich family. Her father was more interested in social activities. Tense early childhood, due to the frequent fights between her parents. She didn't like her mother as she treated her father very badly and was not ready to make any compromise even on humanitarian grounds. Her relations with her two brothers and her sister is very good. All of them are now married and settled.

Her marriage was an arranged one. Her husband aged

38 years, is a contractor. He is very jovial and gentle in behavior. But she feels irritated by his carefree nature. She takes active interest in the studies of both her children. She is very happy with her son's performance, who is in the 6th standard as he always gets first rank. But her daughter, studying in the 3rd standard, disappoints her, as she gets only third or fourth rank.

PHYSICAL EXAMINATION:

Skin: Both axilla have 3-5 isolated pustules, with erythematous rim. Eruptions appear on slightly edematous crusted plaques. Some of them are 1.5cm in diameter. Few pustules are seen in the infra-mammary folds and in the flexor aspect of the forearm.

PROVISIONAL DIAGNOSIS

Hydradenitis Suppurativa?

Prognosis: chronic and recurrent in nature

CHRONIC CONSTITUTIONAL TOTALITY

MENTAL GENERALS: -

Contradiction <

Irritable at trifles- very offensive but repents

Company desires

PHYSICAL GENERALS:

Perspiration increased, Offensive, causes aggravation of itching & generalized discomfort

Menses early, nausea++ <during menses, back pain² <during & after, oedema of the face² during menses.

Urination frequent

Aversion sweets+, craving for fish++, fried foods, hot patient

CHARACTERISTIC PARTICULARS

Eruptions pustular itching+++ , <perspiration+++ , > warm bathing

Heartburn < sweets+ , > warm drinks++

ACUTE TOTALITY

Eruptions pustular ,

Itching , <perspiration+++ , > warm bathing++ , > walking in open air+

Heartburn < sweets+ , > warm drinks++

RUBRICS (KENT'S)

1. Mind, Contradiction, intolerant of,
2. Mind, Company, desire for
3. Perspiration, Odor, offensive
4. Perspiration, Profuse
5. Bladder, Urination, Frequent
6. Genitalia, Menses Frequent, too early, too soon
7. Back, Pain, menses During
8. Back, Pain, menses After
9. Face, Swelling, menses During

10. Stomach, Nausea, menses During
11. Stomach, Aversion, sweets
12. Stomach, Heartburns, Warm drinks, amel
13. Perspiration, Symptoms, Aggravate
14. Skin Eruption, Pustular
15. Skin, Itching, Perspiration aggravates

REMEDIES which came up: *Sulph* 25/11; *Lyc* 22/9; *Ars-alb* 20/10

First prescription 27/7/99: *Ars-alb* 30, once daily for 1 week, till response.

FOLLOW UP

DATE	FOLLOWUP	REMEDY
24/8/99	Skin eruption >+, Itching >++ No new lesions	<i>Sulph</i> 200 IP AM/weekly
24/9/99	Skin eruption >+, Itching >++	<i>Sulph</i> 200 IP AM Placebo for 1 month
9/11/99	Heartburns >+, Skin eruptions >+, menses regular	<i>Sulph</i> 200 IP AM Placebo x1 month
24/12/99	Menses regular, heartburns >+, eruptions >+, perspiration normal. Hb= 10.5 gms % with no haematinics.	Placebo for 1 month

FOLLOW UP CRITERIA:

Acute Totality	Constitutional Totality
Skin itching	Perspiration-profuse, offensive
Eruption pustular	Urination frequent
Heartburns	Menses early
	Back pain, Face swelling <MD
	Heartburns. Skin complaints

CONCLUSION:

Sulphur came up as her constitutional remedy. The remedy was suggested by the repertorial method and confirmed by the assertive nature, social attitudes, confidence projecting nature of the patient. During the acute phase *Ars-alb* was selected based on the typical modalities and it helped to relieve the distressing itching. Since the patient was out of station she reported after a month. Yet her complaints were better. Till date no re-

recurrence of complaints. Considering the previous frequency of development of eruptions, even at an early stage it was safe to assume that this patient was on the curative course. Later this patient was followed up for 6 months. Hb was normalized. No further attacks. Occasional doses of *Sulphur* about once in next 6 months.

Co-ordinating Editor, Dr C H Asrani adds some information on HYDRADENITIS SUPPURATIVA:

This is an "uncommon" disorder of unknown cause in which boil-like lumps develop in the groin and sometimes under the arms and under the breasts. The lumps can also be found in other areas, such as behind the ears, in the crease of the buttocks and around the genitals. Although a few hundred papers have been written on Hydradenitis, there seems to be relatively little solid knowledge about it. Although there is no medical proof, Hydradenitis seems to have been found alongside many disorders that are apparently unrelated, such as Crohn's disease, obesity, lymphoedema, a form of arthritis, sarcoidosis, Down's Syndrome and the sexually transmitted infection chlamydia. There also seems a preponderance of thyroid disorders and autoimmune diseases. One of the theories as to the cause is that it itself may be an autoimmune condition.