



## A Pilot study of Reduction in Symptom severity of Occupational Contact Dermatitis after Homoeopathic intervention by Using the Occupational Contact Dermatitis Disease Index (OCDDI)

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### ABSTRACT:

Occupational Contact dermatitis is common and prevalent occupational health conditions affecting a wide range of industries and countries as a result of exposure to certain substances in the workplace due to when skin inflammation or irritation happens on healthy skin. Aim: To explore the reduction in occupational contact dermatitis using occupational contact dermatitis severity index (OCDDI). Materials and Methods: A Prospective Case series study. 5 patients of occupation contact dermatitis, were selected from Homeopathic OPD, where Homoeopathic medicine prescribed for minimum 3 months. The change in occupational contact dermatitis disease severity index (OCDDI), employed before and after the Homoeopathic treatment considered as outcome measure. Result: The p-value: 0.00013 ( $p < 0.001$ ), confirming a significant effect. The results suggest a substantial reduction in OCD severity based on the OCDDI. Conclusion: This study demonstrates that homoeopathic treatment is effective in managing Occupational Contact Dermatitis, leading to significant symptom relief and improved work quality. Further research with larger sample sizes is recommended to validate and expand upon these results.

**Keywords:** Occupational Contact Dermatitis, OCDDI, Pilot Study, Homoeopathy.

### INTRODUCTION:

Occupational Contact Dermatitis (OCD) is one of the most prevalent occupational health conditions worldwide, affecting workers across various industries due to repeated exposure to irritants and allergens in the workplace. It manifests as skin inflammation or irritation on previously healthy skin, significantly impacting both the quality of life and work productivity of affected individuals. Among all occupational diseases, skin disorders constitute approximately 30-40%, with contact dermatitis accounting for nearly 95% of cases, making it a leading concern in occupational health. <sup>(2)</sup> The construction industry, which employs 7.5% of the global labor force, is particularly susceptible to occupational skin diseases. In India, construction is the second-largest industry after agriculture, comprising 44% of the urban unorganized workforce. <sup>(1)</sup> Studies indicate that occupational allergic contact dermatitis (OACD) is more prevalent in India than occupational irritant contact dermatitis (OICD), with reported prevalence rates varying across studies [57% vs 24%, 50% vs 49%, 76% vs 24%]. <sup>(3)</sup> The increasing pace of industrialization has led to greater exposure to workplace chemicals, resulting in a growing burden of occupational skin diseases that not only affect individuals' health but also impose economic challenges by reducing work efficiency and increasing treatment costs. The L25 code of ICD is given for "Contact dermatitis (Occupational) NOS". <sup>(8)</sup> Conventional management strategies for OCD primarily involve identifying and avoiding the causative agents, using protective barriers such as gloves and creams, and providing symptomatic treatment. However, these approaches have limitations. Complete avoidance of occupational triggers is often impractical due to economic constraints, and prolonged use of protective gloves has been reported to exacerbate dermatitis in some cases. <sup>(4,7)</sup> This necessitates the exploration of more effective, sustainable, and individualized treatment options for managing occupational contact dermatitis.

Homeopathy, with its individualized approach to disease management, offers a promising therapeutic intervention for occupational skin diseases. Based on the principle of symptom similarity, homeopathic remedies are prescribed according to each patient's susceptibility and unique symptom presentation rather than merely the external causative factors. As noted by Dr. H. A. Roberts, susceptibility varies from person to person, determining their reaction to environmental stimuli. <sup>(5)</sup> Homeopathy aims to restore normal susceptibility, thereby strengthening the body's innate ability to resist disease and promoting long-term well-being without economic burden. Several homeopathic medicines have been traditionally used for skin conditions, warranting further clinical evaluation for their effectiveness in managing occupational contact dermatitis. <sup>(6)</sup>

This pilot study aims to assess the reduction in symptom severity of occupational contact dermatitis following homeopathic intervention, using the Occupational Contact Dermatitis Disease Index (OCDDI) as an objective tool for evaluation. The study seeks to explore the potential of homeopathy as an integrative approach in occupational health, providing a cost-effective and holistic alternative to conventional management strategies.

## METHOD:

This Pilot study employed a Simple Random Sampling method to select five cases diagnosed with Occupational Contact Dermatitis (OCD), assessed using the Occupational Contact Dermatitis Disease Index (OCDDI).<sup>(9)</sup> Conducted at a homeopathic clinic, the study spanned three months, with individualized homeopathic treatment prescribed based on symptom similarity, repertorial analysis done by Radar opus 3.3.24 version. OCDDI scores were recorded at baseline and reassessed after two months to evaluate symptom reduction. Given the exploratory nature of the study, a small sample size was chosen to assess feasibility and preliminary outcomes.

## CASE SERIES:

### Case 1

A 24-year-old unmarried beautician presented with persistent eruptions localized to the neck for the past 8–9 months. The lesions were itchy, dry, and exhibited silvery scaling with a burning sensation. The condition worsened on exposure to air drafts but improved after sweating. The onset of eruptions was traced back to the use of a cosmetic product, a professional requirement for her career. She had sought allopathic treatment for 2–3 months, experiencing temporary relief, but symptoms recurred post-discontinuation. The patient had no history of any major systemic illness.

A detailed evaluation of her personal history revealed a decreased appetite, with an aversion to eating and a preference for sour foods. She was thirstless. Sleep was disturbed due to excessive thoughts, and she would sleep late (around 1 AM), preferring the left side. She identified as a hot patient, unable to tolerate warmth, though she preferred warmth during winters.

The patient's mental state was deeply affected by her skin condition, leading to significant psychological distress. She was brooding, anxious about her health, and embarrassed due to the visibility of her skin eruptions. Her profession required flawless skin, and the presence of these lesions negatively impacted her self-confidence and career prospects. She was quarrelsome but often regretted arguments, and she experienced emotional distress due to conflicts with her roommate.

Physical examination and clinical findings

On dermatological examination, pale, silvery eruptions with dry scaling were noted. Pigmentation was present, and lesions appeared in patches.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.33 marks, indicating a moderate-to-severe impact on daily functioning.



OCDDI Score - 9.33 marks (21/01/2024)

Fig. 1. (a) Case 1 (Before intervention)

### Basis of prescription

An evaluation of the patient's totality of symptoms included her brooding nature, anxiety about health, quarreling with regret, desire for sour foods, aggravation from sun exposure, and symptoms triggered by cosmetics. Repertorial analysis pointed toward remedies such as Bovista and Natrum muriaticum. Bovista was considered due to its affinity for urticaria, itching upon warmth, and eruptions caused by cosmetics. However, Natrum Muriaticum was more closely aligned with the patient's mental and physical generals, including melancholy, brooding, thirstlessness, ailments from grief, and sun aggravation.

### Prescription on 21 January 2024

Natrum muriaticum 200 was prescribed in 2 doses, once daily (OD). Additionally, Cosmos 30 was given twice daily (BD) for 15 days as a supportive remedy to aid in skin healing.

To complement the homeopathic treatment, the patient was advised to apply coconut oil to reduce dryness and increase water intake to counteract dehydration. She was also instructed to avoid trigger cosmetics and transition to hypoallergenic skincare products.

Follow-ups and observation are represented in Fig.1(a) & (b)

After three weeks, the patient reported a significant reduction in itching, scaling, and burning sensations. Her appetite and hydration levels showed improvement, and her sleep cycle stabilized. By the two-month follow-up, she experienced complete relief from symptoms, with no recurrence of eruptions. Additionally, she expressed improved emotional well-being, reporting reduced anxiety and better confidence in her professional life.



**OCDDI Score – 2.66 marks (27/2/2024)**

**Fig. 1. (b) Case 1 (After intervention)**

At the two-month follow-up, the patient's OCDDI score had reduced from 9.33 to 2.66 marks, indicating marked improvement with minimal residual symptoms.

## **Case 2**

A 28-year-old unmarried female from Nashik presented with vesicular eruptions over the palms, persisting for 15 days. The eruptions were itchy and aggravated by touch. The patient reported that the condition developed after applying a moisturizing swimming cream before entering the pool. She noticed increased irritation and worsening of symptoms post-swimming. No prior treatment was taken for the complaint.

The patient had a history of childhood asthma, which had been well controlled with homeopathic medicines, with minimal need for an inhaler. She also had a strong family history of allergic conditions, including her father with urticaria, mother with IBS and diabetes, and sister with eczema. Menstrual history revealed an irregular cycle with a short flow duration of two days. Personal history showed a preference for sweet foods and a high-water intake of 4 liters per day. Sleep was sound but occasionally disturbed due to excessive thoughts, and the patient frequently experienced fearful dreams. Thermally, the patient was a hot patient, unable to tolerate summer. She experienced profuse, non-offensive perspiration, and her overall skin type was dry.

The mental state of the patient was marked by a feeling of domination by her parents, leading to anxiety about her health and career prospects.

Physical examination and clinical findings

On dermatological examination, pale, vesicular eruptions with dry skin were noted. Pigmentation and hemorrhage were absent.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 7.33 marks, indicating a moderate-to-severe impact on daily functioning.

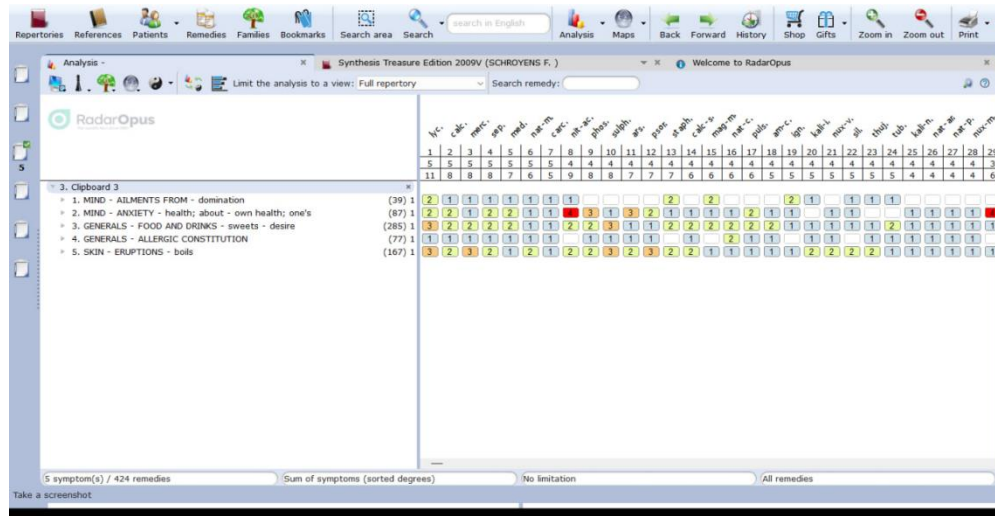


**OCDDI Score – 7.33 marks (17/09/2024)**

**Fig.2. (a) Case 2 (Before Intervention)**

### Basis of prescription

Carcinosin was selected based on the patient's emotional sensitivity, allergic tendencies, and familial predisposition to atopic disorders. Homeopathic literature supports Carcinosin for patients with a history of asthma, eczema, and other allergic manifestations, especially when anxiety, domination, and perfectionist tendencies are prominent in the case history.



### Prescription on 17 September 2024

Carcinosin 200, once daily for 3 days, based on her emotional state, thermal modality, and allergic predisposition. Additionally, Cosmos 30, twice daily for 15 days, to support skin healing and immune regulation.

Follow-ups and observation are represented in fig.2. (a) &(b)



OCDDI Score – 2 marks (1/10/2024)

Fig.2. (b) Case 2 (After Intervention)

After three weeks of homeopathic treatment, the patient reported a significant reduction in itching and vesicular eruptions. By the end of the first month, the skin lesions had almost completely resolved, with no further aggravation after swimming. Her general well-being improved, with reduced anxiety and emotional distress related to her career and health. At the two-month follow-up, no recurrence of eruptions was reported, indicating long-term relief. At the two-month follow-up, the patient's OCDDI score had reduced from 7.33 to 2 marks, indicating marked improvement with minimal residual symptoms.

### Case 3

A 29-year-old unmarried male, working in the glass industry, presented with dry, crusted eruptions on the right-hand index finger, persisting for 1–2 months. The lesions exhibited yellowish discoloration and itching, with aggravation at night and during rest, while symptoms improved with moisturizer application. The patient linked the onset of his condition to continuous exposure to glass rods for 4–5 months, with further aggravation following direct handling of workplace chemicals. No prior specific treatment had been sought for the complaint. The patient had no major past illnesses, apart from a history of renal calculi (right ureter) six months ago, which was expelled naturally without surgical intervention. Family history revealed a strong predisposition to renal calculi, affecting both his mother and elder brother, while his father remained apparently healthy.

He had a marked craving for sweets, consuming them after meals daily, while leafy vegetables were avoided. His water intake was low (1-2 liters/day), making him thirstless. Sleep was refreshing (7-8 hours), with a preference for sleeping on the abdomen. He reported hard stools with mild gases, passing urine 3 times/day, which was yellowish. Thermally, he was a hot patient, unable to tolerate heat.

The patient exhibited a reserved nature, often fearful about his disease condition. He displayed anger when contradicted and had a history of ailments from disappointment. Additionally, he expressed anxiety regarding his workplace exposure to chemicals and glass dust, reflecting his occupational stress. Physical examination and clinical findings

A dermatological assessment revealed blackish pigmentation over the affected area, with dry, scaly, and cracked skin. The lesions were non-hemorrhagic but caused significant discomfort, especially at night. Based on the history, clinical findings, and workplace exposure, a diagnosis of Occupational Contact Dermatitis was established. His Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.66 marks, indicating a moderate-to-severe impact on daily functioning.

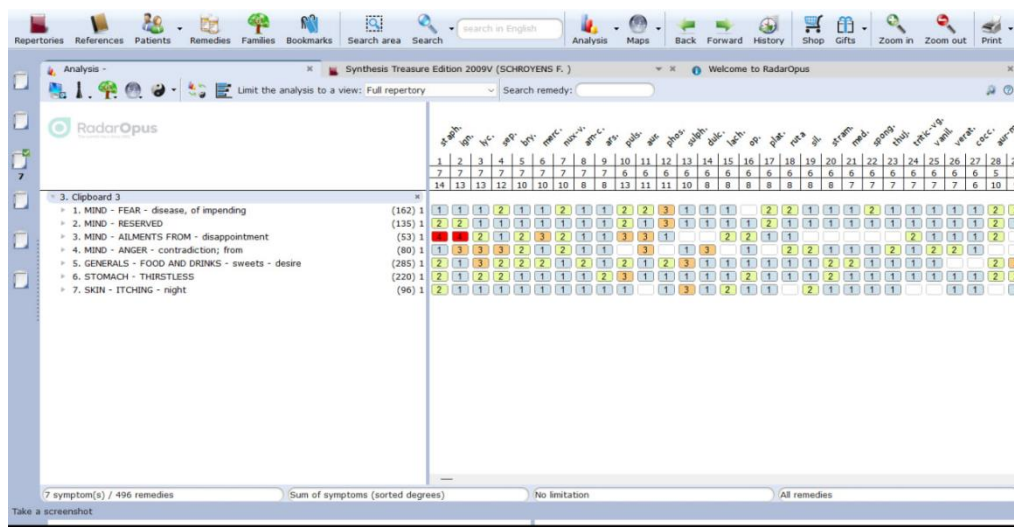


OCDDI Score – 9.66 marks (5/11/2024)

Fig.3.(a) Case 3 (Before Intervention)

### Basis of prescription

*Lycopodium clavatum* indicated for chronic eczema, indurated skin, offensive discharges, and a strong craving for sweets. Additionally, *Lycopodium* patients exhibit anger on contradiction, fear of disease, and ailments from disappointment, aligning with the patient's mental characteristics.

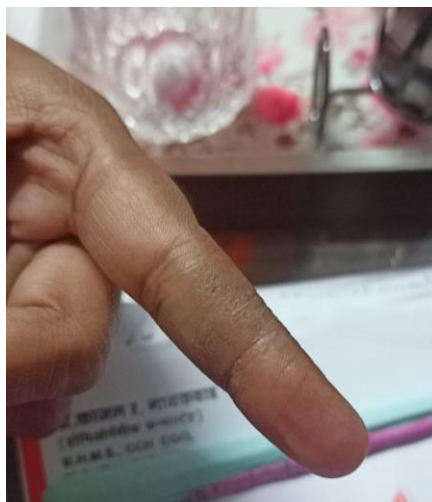


Prescription on 5 November 2024

*Lycopodium clavatum* 200, once daily (OD) for 3 days, selected for its constitutional similarity with *Cosmos* 30, twice daily (BD) for 15 days, as a supportive remedy for skin healing and inflammation control.

Follow-ups and observation are represented in fig.2. (a) &(b)





**OCDDI Score – 2 marks (21/11/2024)**

**Fig.3. (b) Case 3 (After Intervention)**

After three weeks of homeopathic treatment, the patient reported, Significant reduction in itching and dryness. Lighter pigmentation with smoother skin texture. Improved appetite and digestion.

At the two-month follow-up, the patient's OCDDI score had reduced from 9.66 to 2 marks, indicating marked improvement with minimal residual symptoms. Additionally, his fear of disease and occupational anxiety had decreased, reflecting improved emotional resilience.

#### **Case 4**

A 27-year-old unmarried female, working as nursing staff, presented with itching, burning, and dryness on her right middle finger, persisting for 4-5 months. The eruptions were progressive, with vesicular formations that eventually burst, leading to crusting, white scaling, and occasional bleeding. The patient reported aggravation from warmth and heat, particularly when working with hospital disinfectants, such as spirit.

She had previously consulted a dermatologist and taken allopathic treatment, which provided temporary relief, but the condition recurred once the medication was stopped. The patient had no history of major systemic illnesses. Her family members were all apparently healthy, with no hereditary dermatological or allergic conditions reported.

The patient had a strong craving for sweets and fruits. She consumed only 1 liter of water daily, despite experiencing frequent dryness in the mouth, indicating a thirstless tendency. She had refreshing sleep (8 hours) but preferred sleeping on the sides. Urination was 3-4 times/day, clear in color, with no complaints. Stool frequency was once daily, with no associated gas or complaints. Thermally, the patient was chilly, unable to tolerate cold weather. Her constitution was lean and thin, with dark hair.

The patient reported extreme frustration due to her demanding hospital work, frequently feeling tormented and exhausted. She experienced anger towards hospital staff and had emotional distress related to personal relationships. Her psychological burden had escalated to occasional suicidal thoughts, indicating significant mental strain and emotional suppression.

#### **Physical examination and clinical findings**

The dermatological examination revealed crusty, red eruptions with blackish pigmentation, forming dry, papular lesions with clear fluid accumulation. The lesions were thick, scaling, and prone to occasional bleeding.

Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 8 marks, indicating a moderate severity level affecting her daily activities.

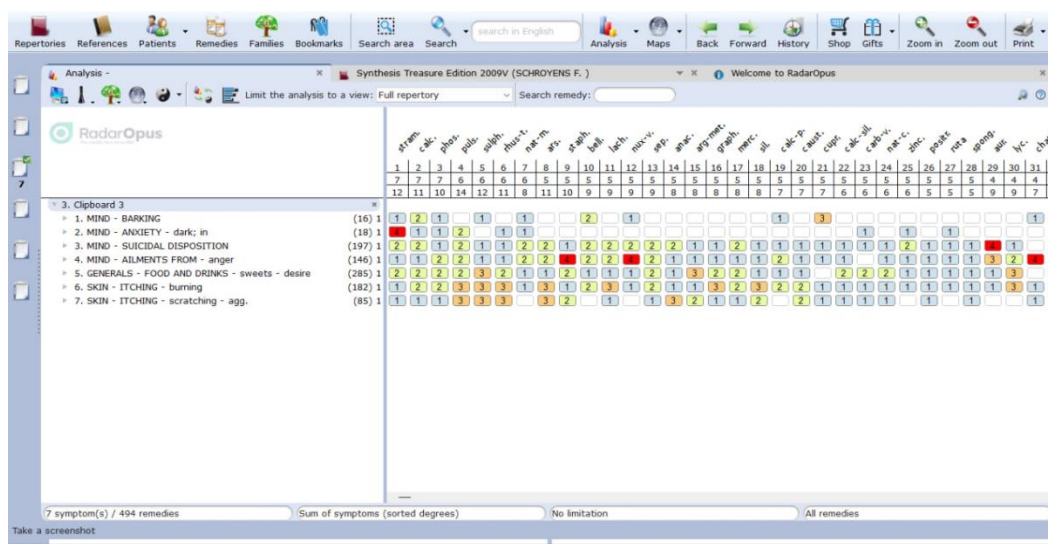


**OCDDI Score – 8 marks (08/03/2024)**

**Fig.4. (a) Case 4 (Before Intervention)**

#### **Basis of prescription**

Based on mental, emotional, and physical totality, Stramonium 200 was selected, as it best matched the patient's extreme frustration, anger, suppressed emotions, and suicidal thoughts.



### Prescription on 8 March 2024

Stramonium 200, once daily (OD) for 3 days, targeting emotional and dermatological symptoms with Cosmos 30, twice daily for 15 days, for local skin healing and anti-inflammatory support.

Follow-ups and observation are represented in fig.2. (a) &(b)



OCDDI Score – 2 marks (28/4/2024)

Fig.4. (b) Case 4 (After Intervention)

After three weeks of homeopathic treatment, the patient reported, significant reduction in burning and itching. Healing of dry eruptions with minimal scaling. Improved emotional well-being, reduced frustration and suicidal thoughts.

By the two-month follow-up, the OCDDI score had reduced from 8 to 2 marks, reflecting substantial improvement. The patient felt mentally calmer, emotionally stable, and physically healthier.

### Case 5

A 23-year-old unmarried female physiotherapist, working in KEM Hospital, presented with swelling, redness, burning pain, and pustules on the lips persisting for three months. Symptoms were aggravated by talking, touch, and exposure to food or water. The patient attributed the onset of symptoms to continuous mask use in the ICU, which caused excessive sweating and irritation, leading to recurrent eruptions and discomfort. She had previously received allopathic treatment, with minimal relief, and was advised to undergo a biopsy for further evaluation.

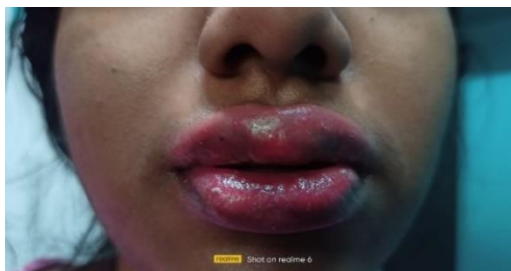
Her Occupational Contact Dermatitis Disease Index (OCDDI) score was 9.66 marks, placing her condition in the severe category. The patient had a history of childhood chickenpox and previous skin eruptions, which had been treated successfully with homeopathy.

The patient had a strong craving for spicy food and an aversion to sweets. She drank 3-4 liters of water daily, preferring small sips at frequent intervals. She had sound sleep (6-7 hours) with no significant dream patterns. Urination frequency was 4-6 times per day, with no complaints, and stool frequency was once daily in the morning. Due to Mumbai's humid climate, she experienced profuse perspiration, exacerbating her discomfort. Thermally, the patient was chilly. Her constitution was lean, dark-complexioned.

The patient generally had a cheerful temperament, but due to the persistence of painful eruptions, she became irritated and withdrawn. The burning and stinging pain made work difficult, and she avoided social interaction and talking. She reported experiencing a quarrel with a friend just before the onset of symptoms, indicating a possible emotional trigger for the condition.

Physical examination and clinical findings

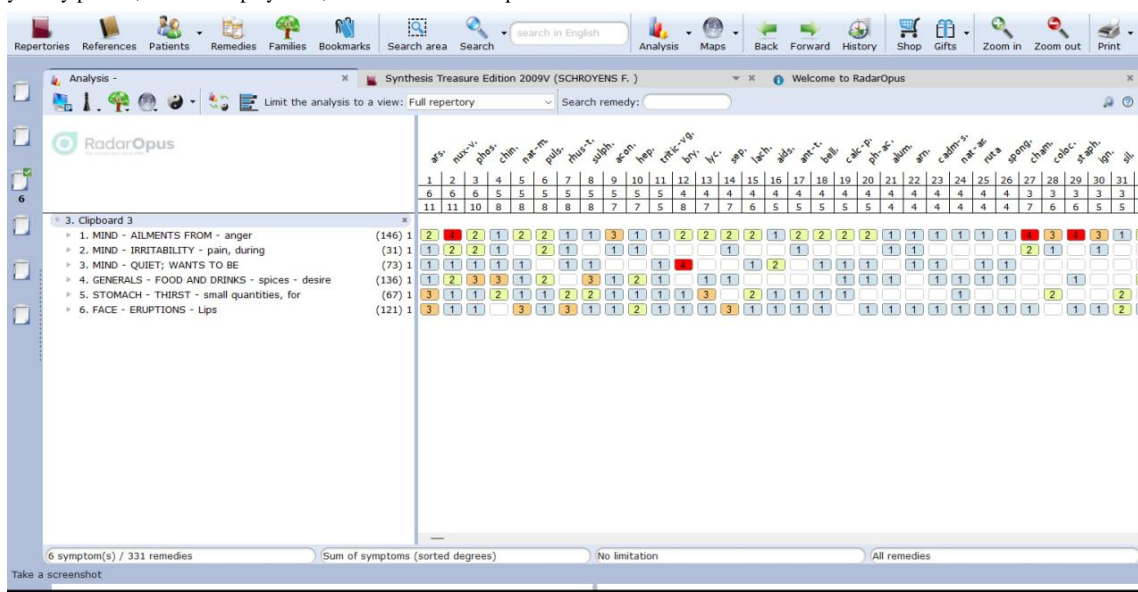
A dermatological evaluation revealed, Rose-red swelling of the lips, Pustular eruptions with pus formation. Blackish pigmentation around the affected area. Ecchymosis (bleeding spots) present. Thick, dry skin texture. Based on clinical findings and occupational exposure, a diagnosis of Occupational Contact Dermatitis was confirmed.



OCDDI Score – 9.66 marks (05/05/2024)

Fig.5. (a) Case 5 (Before Intervention)

Nux vomica was selected based on irritability and emotional stress related to the onset of symptoms, burning, touch aggravation, and pustular eruptions. Thermally chilly patient, desire for spicy food, and thirst in small sips.



Prescription on 05/05/2024

Nux vomica 200, once daily (OD) for 3 days with cosmos 200, twice daily for 15 days for skin healing and inflammation control.

Follow-ups and observation are represented in fig.2. (a), (b) & (c)

After three weeks of homeopathic treatment, the patient reported: Significant reduction in burning and swelling, Healing of pustular eruptions with minimal scarring and Increased confidence and willingness to engage in social interactions.



Fig.5. (b) Case 5 (After Intervention)

(27/05/2024)





**OCDDI Score – 2 marks (13/06/2024)**

**Fig.5. (c) Case 5 (After Intervention)**

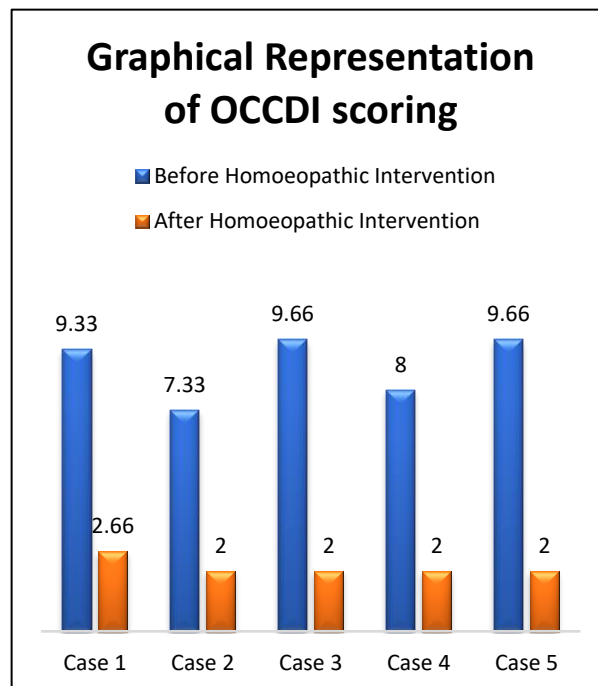
By the two-month follow-up, the OCDDI score had reduced from 9.66 to 2 marks, reflecting marked improvement with minimal residual symptoms.

## RESULT:

The graphical representation illustrates the impact of homeopathic intervention on OCCDI scoring in five different cases. The results indicate a significant reduction in scores post-treatment, demonstrating the efficacy of homeopathic management in addressing the condition. All cases showed a significant decline in OCCDI scores post-homeopathic intervention. The average reduction across cases is 75.95%, indicating a consistent improvement in symptoms as shown in fig.6.

Assessment With Scales Before and After Intervention

Case No	Score Before Homoeopathic Intervention (Marks)	Score After Homoeopathic Intervention (Marks)
1	9.33	2.66
2	7.33	2
3	9.66	2
4	8	2
5	9.66	2



**Fig.6.**

The intervention appears to be highly effective, with all cases reaching a score of 2 post-treatment, suggesting stabilization of symptom.

## DISCUSSION

Occupational Contact Dermatitis (OCD) is a prevalent work-related condition, significantly impacting the quality of life and professional efficiency of affected individuals. Conventional management strategies, including the use of protective barriers, topical corticosteroids, and avoidance of allergens,

often offer temporary relief but fail to address the underlying susceptibility of the individual. This study explores the potential of homeopathic treatment in reducing the severity of OCD symptoms, using the Occupational Contact Dermatitis Disease Index (OCDDI) as an objective measure. The study's findings highlight a substantial reduction in OCD severity post-homeopathic intervention, with a statistically significant p-value of 0.00013 ( $p < 0.001$ ), confirming the effectiveness of homeopathy in managing occupational dermatoses. The mean reduction in OCDDI scores was 6.73, with an average symptom improvement of 75.95%, underscoring a consistent positive response across all cases.

All five patients included in this Pilot study demonstrated a notable reduction in OCDDI scores following homeopathic treatment. The final scores across cases converged at 2 marks post-treatment, indicating a stabilization of symptoms and minimal residual complaints.

#### Role of Homeopathy in Occupational Contact Dermatitis

The individualized homeopathic approach in this study addressed both local dermatological symptoms and underlying constitutional predispositions, leading to long-term relief without dependency on suppressive treatments.

#### Holistic Consideration of Symptomatology

Each case was analysed based on a detailed repertorial totality by using Radar 3.3.24 version, considering both mental and physical symptom expressions. The selection of homeopathic remedies was guided by:

1. Mental Dispositions – Anxiety, irritability, suppressed emotions, ailments from stress or quarrels.
2. Thermal Reactions – Hot or chilly patients, sensitivity to temperature variations.
3. Desires & Aversions – Dietary preferences such as cravings for sweets, sour, or spicy foods.
4. Local Symptom Expressions – Itching, scaling, vesicular eruptions, dryness, and sensitivity to external stimuli like heat, moisture, or allergens.

The remedies used in this study were selected based on individualized prescription strategies, ensuring a precise match between the patient's symptoms and the corresponding homeopathic medicine. The long-term stability of improvement observed in follow-ups further strengthens the case for homeopathic constitutional prescribing.

#### Comparison with Conventional Approaches

Conventional dermatological approaches for OCD often include: Topical corticosteroids, Barrier creams, Allergen avoidance measures, Oral antihistamines, etc.

While these measures provide symptomatic relief, they do not alter the underlying susceptibility of an individual. Additionally, chronic or long-term use of corticosteroids can lead to skin thinning, dependency, and rebound flares.

Homeopathic treatment, as observed in this study, offers:

1. Sustained Symptom Relief – Long-term improvement without dependency on suppressive medications.
2. Non-Suppressive Healing – Strengthening the body's own response mechanisms rather than temporarily masking symptoms.
3. Improvement in Emotional Well-Being – Several cases showed a reduction in stress, anxiety, and emotional distress, highlighting homeopathy's holistic action beyond skin symptoms.

#### Clinical Implications

The study's findings open avenues for integrating homeopathy into occupational healthcare programs, particularly for workers facing recurrent and chronic exposure to skin irritants.

- Cost-Effectiveness: Homeopathy offers a non-invasive, affordable alternative to long-term dermatological treatments.
- Reduction in Work Absenteeism: Effective homeopathic management can minimize sick leaves due to OCD, enhancing work productivity.
- Scope for Larger Clinical Trials: Given the significant improvement observed in this pilot study, a larger, multi-centric clinical study can further validate homeopathy's role in occupational dermatology.

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### Future Research Directions:

- Conduct randomized controlled trials (RCTs) comparing homeopathic treatment with standard dermatological care.
  - Explore biochemical and immunological changes post-homeopathic intervention to scientifically substantiate therapeutic effects.
  - Evaluate occupational quality-of-life improvement metrics post-treatment to establish homeopathy's impact on workplace productivity.
- This study presents strong preliminary evidence supporting the efficacy of homeopathy in reducing the symptom severity of Occupational Contact Dermatitis. The significant reduction in OCDDI scores, combined with long-term symptomatic relief and emotional well-being improvements, highlights homeopathy's potential as an integrative therapy in occupational dermatology. Future large-scale studies are needed to confirm these findings and further establish homeopathy as a viable treatment modality for occupational skin diseases.

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### Statistical Analysis

The effectiveness of homeopathic treatment in reducing the severity of Occupational Contact Dermatitis (OCDDI) was analyzed using statistical measures. The mean difference in symptom severity scores, as assessed by the Occupational Contact Dermatitis Disease Index (OCDDI), was found to be -6.73, indicating a significant improvement in symptoms post-treatment. The standard deviation of the data was calculated to be 1.0363, ensuring consistency and reliability of the results. A t-value of -14.5217 was obtained, further confirming the strength of the observed effect. The p-value was determined to be 0.00013 ( $p < 0.001$ ), which indicates statistically significant results. This demonstrates that the observed improvement in OCD severity post-treatment was unlikely to have occurred by chance. These findings suggest a substantial reduction in OCD severity following homeopathic treatment, as reflected by the OCDDI scores. The statistical significance of the results highlights the potential effectiveness of homeopathy as a treatment modality for managing symptoms of Occupational Contact Dermatitis.

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## CONCLUSION:

The findings of this study demonstrate that homeopathic treatment is effective in managing Occupational Contact Dermatitis (OCD), resulting in significant symptom relief and improved work quality among patients. The statistically significant results emphasize the potential of homeopathy as a promising and individualized therapeutic approach for individuals suffering from OCD.

Given the positive outcomes observed in this study, further research with larger sample sizes and longer follow-up periods is recommended to validate and expand upon these findings, thereby strengthening the evidence base for homeopathic interventions in the management of Occupational Contact Dermatitis.

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## Limitations

1. Small Sample Size: This was a pilot study with only five cases; larger sample sizes are necessary to generalize findings.
2. Short Follow-Up Duration: Long-term effects beyond the study's two-month follow-up need further evaluation.
3. Lack of Control Group: A comparative arm using conventional treatment would provide a clearer benchmark for homeopathy's relative efficacy.

## DECLARATION OF PATIENT CONSENT:

The patient provided written informed consent for the publication of clinical details and images.

## PATIENTS PERSPECTIVE

All patients noted improvements in their overall health, reduced dependence on Conventional Approaches, and a greater sense of control over their condition.

## CONFLICT OF INTERESTS

None declared

## ACKNOWLEDGMENTS

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