



Interdigital Fissured Eruption with Severe Pain and Watery Discharge: A Case Report of Homoeopathic Management with Graphites

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ABSTRACT :

Background

Interdigital fissuring is a common dermatological presentation that may be associated with fungal infection, dermatitis, maceration, trauma, or secondary infection. Painful fissures may interfere with routine activities and may occasionally be associated with serous discharge. Individualized homoeopathic treatment considers the characteristic local symptoms along with the patient's constitutional and general symptoms.

Case Presentation

A 42-year-old female housewife presented with a 15-20 days history of a painful fissured eruption in the interdigital region of the foot. The lesion was associated with severe pain, rawness and occasional watery discharge. A characteristic modality was marked aggravation of pain on contact with water. The patient was chilly, had a desire for fatty food, occasional constipation, scanty perspiration, normal appetite and thirst, and regular menstruation. She had no history of diabetes mellitus or hypertension and no significant family history of major illness. Based on the totality of symptoms and repertorial analysis using Boericke's repertory, Graphites was selected.

Intervention and Outcome

Graphites 200 was prescribed as 4 globules twice daily for 5 days, followed by Sac lac for 10 days. Subsequently, Graphites 200 was prescribed at the same dose twice daily for 2 days, followed by Sac lac for 5 days. On follow-up, the fissured lesion showed marked clinical improvement, with reduction in fissuring, rawness, pain and discharge and improvement in skin integrity.

Conclusion

This case demonstrates the application of individualized homoeopathic case analysis in a patient presenting with a painful interdigital fissured eruption. The characteristic symptom of fissuring between the toes, associated moisture/oozing, chilly constitution and constipation tendency contributed to the selection of Graphites. Further systematic clinical research is required to evaluate the effectiveness of homoeopathic treatment in similar dermatological conditions.

Keywords: Interdigital fissure, fissured eruption, Graphites, homoeopathy, Boericke repertory, dermatology, case report.

Introduction

Interdigital fissuring refers to the development of cracks or breaks in the skin between adjacent toes. It may occur in association with excessive moisture and maceration, dermatological conditions such as eczema or contact dermatitis, fungal infections such as tinea pedis, mechanical trauma, or secondary bacterial infection. Depending on the depth and associated inflammation, patients may experience pain, burning, tenderness, discharge and difficulty in walking or performing routine activities.

From a homoeopathic perspective, the management of chronic or acute dermatological complaints involves consideration of the complete symptom picture rather than the local lesion alone. Particular importance is given to the location, character of the eruption, type of discharge, modalities, concomitant symptoms and constitutional characteristics of the patient.

Graphites is traditionally described in homoeopathic materia medica for skin disorders characterized by dryness, fissuring and oozing eruptions. Boericke describes fissures and cracks involving the skin, including fissures between the toes, together with exudative skin manifestations. The remedy is also traditionally associated with a chilly constitution and constipation.

The present case describes a 42-year-old female with a painful interdigital fissured eruption accompanied by occasional watery discharge and marked

aggravation from contact with water. The case was analyzed according to homoeopathic principles, with repertorial evaluation using Boericke's repertory, and Graphites was selected based on the totality of symptoms.

Case Report

Patient Information

A 42-year-old female, housewife, presented with a painful fissured eruption involving the interdigital region of the foot.

Duration of complaint: 15-20 days.

There was no history of diabetes mellitus or hypertension. There was no significant family history of major illness.

Chief Complaints

The patient presented with:

Fissured/cracked eruption between the toes.

Severe pain associated with the fissure.

Rawness and tenderness of the affected area.

Occasional watery discharge.

Marked aggravation of pain on contact with water.

Despite the local discomfort, the patient continued to perform her routine household activities. Irritability was reported mainly in relation to the severe pain caused by the eruption.

History of Present Complaint

The patient was apparently well until approximately 15-20 days before consultation, when she developed cracks/fissures in the skin between the toes.

The lesion subsequently became painful and developed a raw appearance. Occasionally, watery discharge was noticed from the affected area. The most characteristic modality reported by the patient was marked aggravation of pain when the affected part came into contact with water.

There was no reported history of diabetes mellitus or hypertension.

General Physical and Personal History

Age - 42 years

Sex - Female

Occupation - Housewife

Appetite - Normal

Thirst - Normal

Thermal state - Chilly

Food desire - Fatty food

Bowel - Occasional constipation

Perspiration - Scanty

Menstruation - Regular

Mental Generals

The patient was generally able to continue her household activities despite the local lesion. Irritability was present mainly due to the severe pain caused by the fissured eruption.

No significant anxiety, fear or other characteristic mental symptoms were reported.

Local Examination

A fissured lesion in the interdigital region of the foot with surrounding maceration and rawness.

Prominent interdigital fissuring.

Raw/eroded skin.

Local tenderness.

Moist appearance.

Occasional watery discharge as reported by the patient.

Figure 1. Interdigital fissured eruption before treatment.



The patient was advised appropriate local hygiene and observation for signs of infection. In a clinical setting, fungal infection and secondary bacterial infection should be considered in the differential diagnosis of an interdigital fissured lesion.

Totality of Symptoms

The characteristic symptoms considered for repertorial analysis were:

Fissured eruption between the toes.

Severe pain associated with the fissure.

Occasional watery discharge.

Pain aggravated by contact with water.

Chilly constitution.

Scanty perspiration.

Occasional constipation.

Desire for fatty food.

Irritability due to pain.

Repertorial Analysis

The case was analyzed using Boericke's repertory. The repertorial approach focused primarily on the local characteristic symptom of fissuring in the interdigital region, the nature of the eruption and associated modalities.

1 Skin – Fissures – Rhagades, chaps

2 Extremities – Toes – Cracks of skin

3 Skin – Fissures – Desquamation, skin eruptions

4 Skin – Ulcers – Sensitive

5 Anus-Rectum – Constipation

6 Skin – Eruptions – Moist/oozing

Remedy Selection

Graphites

Graphites was selected based on the totality of the case.

The important points supporting the remedy were:

1. Fissuring of the skin

Fissuring and cracking of the skin are prominent features in the traditional Graphites materia medica picture.

2. Interdigital location

The specific occurrence of fissures between the toes was considered particularly significant in this case.

3. Moist/oozing eruption

The lesion was not merely dry and cracked; it was associated with moisture and occasional discharge.

4. Chilly constitution

The patient described herself as chilly.

5. Constipation tendency

The patient reported occasional constipation, providing an additional general symptom supporting the traditional Graphites picture.

Thus, the combination of interdigital fissuring + moist/oozing eruption + chilly constitution + constipation tendency was considered supportive of Graphites.

Prescription

First prescription

Graphites 200

4 globules twice daily for 5 days.

This was followed by:

Sac lac

for 10 days.

Second prescription

Graphites 200

4 globules twice daily for 2 days.

This was followed by:

Sac lac

for 5 days.

Outcome

Following treatment, clinical improvement was observed in the affected interdigital region.

Reduction in the depth and extent of fissuring.

Reduction in rawness and local erosion.

Improvement in the appearance of the surrounding skin.

Reduction in local pain.

Reduction/absence of the previously reported watery discharge.

Improvement in overall skin integrity.

Figure 2. Clinical appearance of the affected interdigital region after treatment.



The overall clinical outcome was recorded as marked improvement.

Discussion

The present case involved an acute painful fissured eruption in the interdigital region of the foot. The combination of fissuring, moisture/oozing and severe pain presented a characteristic local picture. The additional constitutional findings of a chilly state and occasional constipation contributed to the selection of Graphites.

The most prominent feature supporting Graphites was the interdigital fissuring. The traditional materia medica of Graphites includes fissures and cracks of the skin and specifically describes involvement between the toes. The presence of an exudative component further supported the remedy selection. The aggravation of pain from contact with water was also considered during the analysis.

Conclusion

This case describes a 42-year-old female with a painful interdigital fissured eruption associated with occasional watery discharge and marked aggravation from contact with water. The case was individualized according to the totality of symptoms, including the characteristic fissuring between the toes, moist eruption, chilly constitution and constipation tendency.

Based on the clinical and repertorial analysis, Graphites 200 was selected and administered according to the treatment schedule described. On follow-up, marked improvement in fissuring, pain, rawness, discharge and skin integrity was observed.

This case highlights the importance of considering location, character of eruption, modalities and constitutional symptoms in homoeopathic case analysis.