



# Hyperhidrosis And Its Homeopathic Management

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**Abstract:** Hyperhidrosis in simple terms is excessive sweating more than what is required to maintain normal body temperature. Although it is not life threatening but can cause impairment over social, emotional, psychological and occupational plane. There is no definite treatment for hyperhidrosis. In homeopathy many remedies have characteristic sweat which can be used to alleviate symptoms on the basis of individualization.

**Keywords:** Hyperhidrosis, eccrine glands, homoeopathy.

**Abbreviations:** CBC- complete blood count, TSH- thyroid stimulating hormone, ANA- antinuclear antibody, HbA1c- glycated hemoglobin

## Introduction

Hyperhidrosis is a disorder characterized by excessive sweating from overstimulation of cholinergic receptor on eccrine glands. This is presented with more than required sweating needed for homeostatic temperature regulation. It can cause emotional, psychological, social and occupational impairment. Eccrine glands are abundant in areas such as axilla, palms, soles, and face therefore these are most commonly affected sites. It is possible that acetylcholine negative feedback loop is impaired which could be one of the underlying mechanisms.<sup>1</sup>

It is of two types

1. Primary –It presents early in life with more localized symptoms. Although not well understood it is believed that genetic factors play a role in excessive neural stimulation.<sup>1</sup>
2. Secondary - they can be associated with certain cause such as medications such as dopamine agonists, selective serotonin reuptake inhibitors, antipsychotics, and insulin; systemic disorders such as diabetes mellitus, hyperthyroidism, Parkinson disease, and other neurologic disorders; and tumors such as pheochromocytoma and lymphoma. Systemic disorders, particularly neurologic. Also other

conditions such as febrile illness, chronic excessive alcohol consumption and tuberculosis may be associated.<sup>1</sup>

3. Developing segmental or localized hyperhidrosis is rare. The condition can present on the forehead, axilla, palm, feet, or forearm in some adults. Some postmenopausal women develop moderate to severe hyperhidrosis around their face and scalp. Unilateral hyperhidrosis tends to be more common on the right side of the face or arm, with anhidrosis on the left side. Other causes may include localized Heat, olfactory, gustatory, neurologic lesions, primary or essential hyperhidrosis.<sup>1</sup>

## Pathophysiology

Cholinergic fibers stimulate eccrine glands via sympathetic innervation as physiological response to core body temperature control during times of physical or psychological stress. In hypothalamus the thermoregulatory centre mediates sympathetic innervation to the sweat glands, and sweating is stimulated by cholinergic stimulation of muscarinic receptor.

In hyperhidrosis there is hyperactivity of sympathetic nervous system resulting in excessive release of acetylcholine from the nerve ending. It is assumed that there is impairment of negative feedback mechanism in hypothalamus causing the body to sweat more than required to cool the body. This pathological reaction can be stimulated by medication that increases the release of acetylcholine from the neuron or sympathetic medical disorders which also upregulate a sympathetic response.<sup>1</sup>

## History and Physical examination

Patient usually present with excessive sweating in areas with the highest concentration of eccrine glands such as palms, soles, face, head or axillary region. Primary hyperhidrosis is more common in younger population and in those with symptoms lasting for more than six months. With a positive family history of hyperhidrosis, and those with bilateral involvement.<sup>1</sup>

Secondary hyperhidrosis usually present later in life and should be investigated for medication induced or any underlying systemic disorder such as alcohol use, chronic pulmonary disease, acute respiratory failure, congestive heart failure, endocrine or metabolic disorders, febrile illness, gustatory, malignancy, medications, neurologic, Physiologic, psychiatric disease, Substance abuse, narcotic withdrawal.<sup>2</sup>

**Diagnosis** –It includes focal, visible, and excessive sweating for more than six months when apparent cause could not be found, and at least two of the following: bilateral and symmetric sweating, impairment of daily activities, occurrence at least once per week, age of onset younger than 25 years, no occurrence during sleep, and a positive family history. Requiring four criteria helps differentiate between primary and secondary hyperhidrosis Laboratory testing is not necessary unless history and physical examination suggest a secondary cause.<sup>2</sup>

To quantify the severity of palmar sweat some visual scales are available. When doubtful an iodine starch test can help localize the areas of concern.<sup>1</sup>

## Evaluation

It is necessary to evaluate the cause as primary or secondary therefore history is important.

If secondary is suspected CBC, basic metabolic panel, TSH, sedimentation rate, ANA, HbA1c, and chest x-ray. These will help rule out infection, kidney dysfunction, malignancy, diabetes mellitus, thyroid disease, inflammatory disorders or connective tissue disease.

Providers can also thoroughly evaluate the severity of the disease by assessing the amount of palmar involvement using a measuring scale or determining the disease pattern using a starch-iodine test.<sup>1</sup> Other tests include quantitative sudometry, gravimetry.<sup>4</sup>

These are not widely used because visual assessment alone is usually sufficient to make the diagnosis.<sup>1</sup>

## Treatment / Management

In allopathy topical and systemic agents are used. These agents appear to decrease sweating by denaturing keratin and thus occluding the pores of the sweat glands. The duration of the effect is very short. The topical agents commonly cause skin sensitization and patient may become intolerant after prolonged use. Anticholinergic agents can cause dry eyes, dry mouth, urinary retention, and constipation.

Botulinum toxin A injections, sympathectomy, and local excision are also effective but reserved for patients that are resistant to conservative therapy

If conservative treatment fails then surgical procedures can be considered but they have their complications such as compensatory sweating, gustatory sweating, Horner syndrome, pneumothorax, pain, and intercostal neuralgia. Surgical procedures include sympathectomy, radio frequency ablation, subcutaneous liposuction, and surgical excision of affected areas. If a secondary cause is suspected, treatment of the underlying disorder or discontinuing the suspected medication is recommended in addition to regular therapy.<sup>1</sup>

## Complications

Social embarrassment, emotional distress, psychological distress, work or school-related disability. It may also increase risk of bacterial and fungal infections<sup>1</sup>

## Homeopathic medicines

1. Antimonium tartaricum- Copious perspiration. Cold, clammy sweat, with great faintness. Perspiration on the parts affected. Profuse nocturnal perspiration.<sup>5,7</sup>
2. Bryonia- Sweat in short spells, and only on single parts ; profuse and easily excited sweat, even when slowly walking in the cold open air; sour or oily sweat, night and day. Sour sweat after slight exertion. Easy, profuse perspirati.<sup>5,6</sup>
3. Calcarea carb- Sweat from the slightest exercise, even in cold. open air; during first sleep. Sweat: of single parts; head, scalp wet, cold; nape of neck; chest; axillae, sexual organs; hands, knees; feet. Rawness of soles of feet from perspiration blisters and offensive foot sweat. Sweat with anxiety.<sup>6,8</sup>
4. Carbo veg- Copious and frequent sweat on face and head ; profuse putrid or sour sweat ; exhausting night and morning sweats ; foot sweat excoriating toes. Perspiration on eating.<sup>6,7,8</sup>
5. Chamomilla- Checks the excessive sweating of women after confinement; sour sweat, with smarting sensation of skin during or after heat; sweat during sleep, mostly on head. After or during the heat, sour sweat, which causes an itching on the skin.<sup>6,7</sup>
6. China- Copious profuse sweat, easily excited during sleep or motion; exhausting night sweats ; greasy sweat on the side on which he lies; partial cold sweat on the face or all over body, with thirst ; hectic fever, with profuse debilitating night sweats.<sup>5,6</sup>
7. Jaborandi- Copious sweating and salivation, perspiration starts on forehead and face, and then spreads all over body, most profuse on trunk ; profound prostration after sweating ; unilateral left- sided sweat. Profuse sweat finger ends shrivelled like a washer-woman's; in drops on forehead.<sup>5,6,7</sup>
8. Lachesis- Profuse sweats with most complaints; sweat cold, stains yellow or bloody, staining red, with bodily languor. Febrile sweat, principally after hot stage, towards morning; copious sweat; fetid sweat; cold sweat; sanguineous sweat.<sup>5,6,7</sup>
9. Mercurius- Sweat, with burning of skin; profuse fetid sweat, tinging the linen yellow and imparting to it a feeling of stiffness; not only without relief, but aggravating the weakness. Profuse perspiration attends nearly every complaint, but does not relieve; may even increase the suffering.<sup>5,6,7,8</sup>

10. Sepia- Free and sudden perspiration from a nervous shock or from exertion, the sweat coming out after the exertion is over or the shock passed and when one is sitting quietly. Nightsweat on chest, back, and thighs, from above downward to the calves, smelling sour, offensive, or like elder-blossom ; profuse morning-sweat after awaking ; offensive foot sweat, causing soreness of toes. Hyperidrosis and bromidrosis.<sup>5,6,7</sup>
11. Silicea- Offensive foot sweat, with rawness between the toes; periodical sweat. Perspiration from slight exercise; most profuse on head and face. Sweat of hands, toes, feet and axillae; offensive. Intolerable, sour, carrion-like odor of the feet, without perspiration, every evening.<sup>5,6,7,8</sup>
12. Sulphur- Night sweat, on nape and occiput. Perspiration very debilitating, pungent smell, very seldom offensive, at times cold. Sweat smelling of sulphur. Perspiration only on one side of body; < at night and in morning.<sup>5,6,7</sup>
13. Sulphuric acid- Excessive sweat, mostly on upper body; profuse at night from motion, and continuing after sitting down; lessened by drinking wine. Cold perspiration as soon as one eats warm food.<sup>6,7</sup>
14. Thuja- Sweat only on uncovered parts, or all over except head, when sleeping; profuse, sour, smelling like honey. Sweat: only on uncovered parts; or all over except the head when he sleeps, stops when he wakes.<sup>5,6,7,8</sup>
15. Veratrum album- General cold sweat, worse on forehead, clammy, staining linen yellow, with deathly pale face. Perspiration easily excited during day, by least movement. Sweat only on hands.<sup>5,6,7</sup>

### **Discussion:**

Hyperhidrosis is a condition marked by excessive sweating that goes beyond what is necessary for regulating body temperature. It may occur as a primary disorder without an identifiable cause or as a secondary issue associated with specific medical conditions or medications. This abnormal sweating can be localized to certain areas or affect the entire body. Despite its impact, Hyperhidrosis has received limited attention in research, leading to a lack of comprehensive studies on the topic. This article aims to shed light on the subject. In this context, Homeopathy provides a gentle, long-lasting, and effective treatment founded on a holistic approach. Medication is chosen based on comprehensive considerations of mental, physical, and characteristic aspects. Hyperhidrosis significantly affects both social and professional aspects of life, as well as mental and emotional well-being. Homeopathy provides considerable relief for individuals with hyperhidrosis, addressing not only the physical symptoms but also supporting psychological and overall wellness. Therefore, homeopathy stands out as a comprehensive healing approach.

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