Individualized Homoeopathic Management of Seborrhoeic Dermatitis of the Scalp: A Report of Two Cases

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Abstract

Seborrhoeic dermatitis of the scalp is a chronic, relapsing inflammatory dermatosis characterized by erythema, greasy or dry scaling and pruritus, and conventional treatment often gives only temporary relief. This report describes two adult women with seborrhoeic dermatitis of the scalp, a 32-year-old with greasy white dandruff, itching worse at night and hair fall, and a 36-year-old with thick sticky yellowish dandruff, occasional sticky discharge, itching worse at night and in winter, and constipation. Both were taken from a case series conducted at a homoeopathic medical college and hospital in Nashik. Individualized prescriptions were made after detailed case taking and repertorisation: Sulphur 200 in the first case and Graphites 200 in the second, with dietetic and hygienic advice. Severity was assessed with the Scalp Seborrheic Dermatitis Area Severity Index (SDASI) over six follow-ups. The SDASI fell from 21 to 0 in the first case and from 24 to 2 in the second, with improvement in itching, scaling, sleep and mental symptoms. Causal attribution with the Modified Naranjo Criteria for Homeopathy (MONARCH) gave a score of +7 of a possible +13 in each case. These observations are reported descriptively and cannot establish efficacy.

Keywords: Seborrhoeic dermatitis; Scalp; Homoeopathy; Sulphur; Graphites; SDASI; MONARCH; Case report

Introduction

Seborrhoeic dermatitis is a common, chronic, relapsing inflammatory dermatosis that mainly affects areas rich in sebaceous glands, such as the scalp, face and upper trunk. It is characterized by erythema, greasy or dry scaling and pruritus, ranging from mild dandruff to extensive inflammatory involvement of the scalp.[1]

It is estimated to affect about 1–5% of the general population, while dandruff, its mildest form, may affect up to half of adults.[2] It is more prevalent in males and in people with certain neurological or immunocompromising conditions such as Parkinson's disease and HIV infection.[3]

The aetiology is multifactorial and incompletely understood. Excess sebum production, colonization by lipophilic Malassezia yeasts, genetic predisposition and altered immune response all contribute.[4] Malassezia metabolizes sebum triglycerides into free fatty acids such as oleic acid, which penetrate the stratum corneum and trigger inflammation.[5] Stress, fatigue, cold and dry weather and harsh hair products are recognized aggravating factors.[6] Although not life-threatening, the condition can cause psychological distress and social embarrassment because of its chronic course and visible lesions.

Conventional management relies on topical antifungals, corticosteroids and keratolytic preparations. These reduce inflammation and scaling but do not address underlying susceptibility, and recurrence is common after they are stopped.[7] Homoeopathic constitutional treatment aims to correct this susceptibility and strengthen the body's self-healing capacity.[8] Remedies such as Sulphur, Graphites, Mezereum, Kali sulphuricum and Natrum muriaticum are described in the homoeopathic literature for this condition on the basis of symptom similarity.[9] Published evidence on individualized homoeopathic management of seborrhoeic dermatitis is sparse and largely anecdotal.

This report presents two cases from a 45-patient case series on individualized homoeopathic management of seborrhoeic dermatitis of the scalp (21 males and 24 females), conducted in the outpatient and inpatient departments of a homoeopathic medical college and hospital in Nashik.

Methods

Each patient underwent detailed case taking covering mental generals, physical generals and particular symptoms, and the totality of symptoms was constructed and analyzed. Repertorisation was done with RADAR software, and remedies were chosen from standard materia medica and repertory sources and dispensed in globule form. Posology followed the principle of the minimum dose, with a single dose given and repetition guided by response.

Severity was graded with the Scalp Seborrheic Dermatitis Area Severity Index (SDASI), calculated as (erythema + scaling + pruritus) × area score. Erythema, scaling and pruritus are each scored from 0 (absent) to 3 (severe), and the area score runs from 0 (no involvement) to 4 (more than 75% involvement). Outcome was classed as improved (SDASI 0–3), partially improved (4–7) or not improved (above 7). Causal attribution of the outcome was assessed

with the Modified Naranjo Criteria for Homeopathy (MONARCH), a 10-domain inventory whose total score ranges from −6 to +13.[10] Patients were advised a balanced diet, adequate hydration, avoidance of oily, fried, spicy and junk food, reduced sugar, avoidance of alcohol and stimulants, regular meal timings, mild shampoos, avoidance of harsh chemical hair products and of scratching, stress management and protection from extreme weather.

Case 1

Patient Information

Mrs. A.S., a 35-year-old married woman who works in business, presented on 16/05/2026 with itching of the scalp for two years, white greasy dandruff flakes, gradually increasing hair fall, itching worse at night, and a burning sensation after scratching.

Medical History

She had first noticed mild occasional itching with small white flakes two years earlier. Over the following months the dandruff increased and became greasy and visible on the hair and shoulders. Itching became frequent, especially at night and with sweating; scratching gave temporary relief but was followed by burning and redness. Over the last year she noticed hair fall during combing and washing, and the scalp sometimes felt oily and sticky. Symptoms were worse with stress, lack of sleep and spicy food, and the dandruff was worse in winter. Anti-dandruff shampoos and allopathic lotions used for about one and a half years gave only temporary relief, and the dandruff returned on stopping them. There was no history of fever, scalp injury, infection or other skin disease.

She gave a history of recurrent gastric complaints for many years, mainly acidity and burning in the stomach after irregular meals and spicy food, treated occasionally with antacids. Both parents and her younger sister were healthy.

Personal History and Mental State

Appetite was good and thirst moderate (2–3 litres a day). She desired spicy food, fried food and sweets and disliked sour food. Bowels and urine were normal. Perspiration was moderate, more on the scalp and face. Sleep was disturbed by scalp itching and work-related stress, and she dreamed of work and responsibilities. She was a hot patient who preferred a cool environment.

Mentally she was hard-working and responsible, with a habit of thinking too much about business and future plans, especially at night, which made it hard to fall asleep. She became irritable and restless when work did not go as planned and disliked contradiction, although she usually controlled her anger. Since the scalp problem began she had become conscious of her appearance, repeatedly checked her hair and shoulders for flakes, felt embarrassed in public and worried that hair fall would affect her confidence.

Clinical Findings

She was of moderate build and nourishment. Blood pressure was 118/72 mmHg, pulse 78/min and regular, respiratory rate 16/min, SpO_2 98% on room air, and she was afebrile. Height was about 169 cm and weight 58 kg. Pallor, icterus, cyanosis and oedema were absent, lymph nodes were not palpable, the lips were dry and the tongue slightly coated with a red tip. Cardiovascular, central nervous system and abdominal examinations were unremarkable. Local examination showed greasy white scales and diffuse dandruff over the scalp, mild redness, scratch marks and hair fall.

Baseline SDASI scores were erythema 1, scaling 3, pruritus 3 and area 3 (diffuse involvement), giving (1 + 3 + 3) × 3 = 21. The provisional diagnoses were seborrhoeic dermatitis, pityriasis capitis and scalp psoriasis, and the final diagnosis was seborrhoeic dermatitis of the scalp. The miasmatic diagnosis was psoric.

Therapeutic Intervention

The totality comprised overthinking especially at night, being a hot patient, aggravation from stress, irritability from contradiction, anxiety about appearance, desire for spicy food, disturbed sleep, greasy dandruff, hair fall, itching worse at night and burning after scratching. The rubrics used were Mind–Thoughts–persistent–night; Mind–Irritability–contradiction from; Mind–Anxiety–appearance about; Sleep–Disturbed–thoughts from; Generalities–Heat–aggravates; Generalities–Food–spicy–desire; Skin–Eruptions–scalp; Skin–Eruptions–scaly greasy; Skin–Itching–scalp–night; and Skin–Burning–scratching after (Figure 1). The probable remedies were Sulphur, Natrum muriaticum and Graphites, and Sulphur was selected.

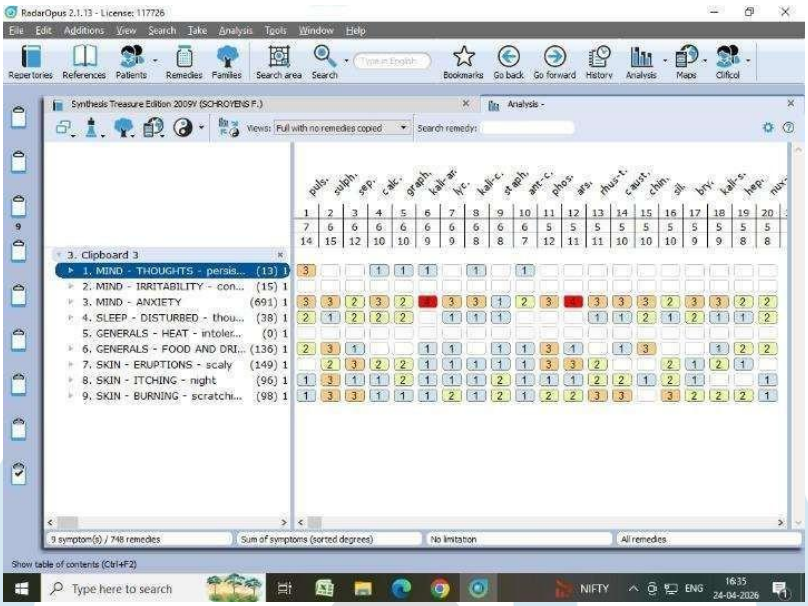


Figure 1: Repertorisation chart (Case 1)

Sulphur 200 was given as a single dose, followed by placebo (SL) twice daily for 15 days, repeated at each follow-up, together with the dietetic and hygienic advice above.

Follow-Up and Outcomes

Follow-up was done at intervals of about 15 days from 16/05/2026 to 16/08/2026. Itching and dandruff eased from the first follow-up, sleep and mental symptoms improved alongside, and by the sixth follow-up the scalp was free of itching and dandruff with hair fall controlled and sleep normal (Table 1, Figure 2). No relapse was recorded during the period of follow-up.

Table 1: Clinical course and SDASI scores (Case 1)

Follow-up	Clinical findings	Erythema	Scaling	Pruritus	Area	SDASI
Baseline	Greasy white scales, diffuse; itching worse at night with burning after scratching; hair fall; disturbed sleep	1	3	3	3	21
1st	Itching and flakes slightly less; sleep slightly better; hair fall still present	1	2	2	3	15
2nd	Itching reduced; flakes decreased; hair fall slightly less; sleep improved; irritability better	1	2	2	2	10
3rd	Itching minimal; dandruff significantly reduced; sleep good; mind calm	0	1	1	2	4
4th	Scalp much cleaner; very little dandruff; hair fall reduced; sleep normal	0	1	1	1	2
5th	Scalp almost clear; no severe itching; hair fall minimal; no relapse	0	1	0	1	1
6th	No itching; no dandruff; hair fall controlled; sleep normal	0	0	0	0	0



Figure 2: Scalp before and after treatment (Case 1)

Case 2

Patient Information

Mrs. S.M., a 26-year-old married homemaker, presented on 10/01/2026 with itching of the scalp for three years, thick sticky dandruff flakes, gradually increasing hair fall, itching worse at night and in winter, and occasional sticky discharge from the scalp.

Medical History

Three years earlier she had noticed mild occasional itching with a few small flakes. The dandruff gradually increased, the flakes became thicker and stuck to the scalp and hair, and the scalp sometimes felt moist and sticky after scratching. Itching became more frequent and troublesome at night; scratching gave temporary relief, and repeated scratching sometimes caused mild burning and soreness. Over the next one to two years the dandruff spread over the entire scalp and became hard to remove, and flakes reappeared soon after washing. Hair fall began mildly and increased, with hair becoming rough, dry and lustreless. The complaint was worse in winter and cold weather and with emotional stress. Shampoos and oils gave only temporary relief. She felt embarrassed in public and avoided social gatherings.

She had chronic constipation for many years and cracked skin over the heels, with no major systemic illness. Her father had diabetes mellitus and her mother had dry, cracked skin.

Personal History and Mental State

She ate regularly but felt full early and did not enjoy food much. Thirst was low. She strongly desired sweets, warm food and milk products and disliked cold food and drinks. Stools were hard with straining and a feeling of incomplete evacuation, urine was scanty and yellowish, and sweating was minimal. Sleep was disturbed by itching and continuous thoughts. She was a chilly patient who could not tolerate cold, and her complaints were worse in the rainy season and winter.

She was slow to answer, not very communicative and needed repeated questioning. She tended to worry about her health, kept thinking about her scalp even for small changes, and had low confidence. She avoided company, preferred to stay at home, was emotionally sensitive but suppressed her feelings, became irritable and mentally tired with the itching, and could not relax at night because her mind stayed occupied with health and daily concerns.

Clinical Findings

She was moderately built with average nourishment. Blood pressure was 110/70 mmHg, pulse 72/min, respiratory rate 16/min, SpO_2 98%, and she was afebrile. Height was 160 cm and weight 58 kg. The skin was dry and rough, the lips dry with cracks, the tongue coated, the nails brittle and speech slow. Cardiovascular, central nervous system and abdominal examinations were unremarkable. Local examination showed diffuse involvement of the entire scalp with thick, sticky, yellowish flakes adherent to the scalp and hair, a moist and sticky scalp, sticky discharge in some areas after scratching, mild redness, scratch marks, rough dry lustreless hair, thinning and hair fall on combing and gentle pulling, without foul smell.

Baseline SDASI scores were erythema 2, scaling 3, pruritus 3 and area 3 (diffuse involvement), giving (2 + 3 + 3) × 3 = 24. The provisional diagnoses were seborrhoeic dermatitis, pityriasis capitis and scalp psoriasis, and the final diagnosis was seborrhoeic dermatitis of the scalp. The miasmatic diagnosis was psoro-sycotic.

Therapeutic Intervention

The totality comprised anxiety about health, being a chilly patient, strong desire for sweets, aggravation in cold and winter, constipation, sticky dandruff with discharge, dwelling on complaints, low confidence and embarrassment, a reserved and introverted nature, irritability, slowness, decreased thirst and hair fall. The rubrics used were Mind–Anxiety–health; Mind–Thoughts–persistent; Mind–Confidence–want of; Mind–Reserved; Mind–Irritability; Mind–Slowness; Generalities–Cold–aggravates; Generalities–Thirst–decreased; Generalities–Food–sweets–desire; Rectum–Constipation–difficult stool; Skin–Eruptions–scalp; Scalp–Eruptions–moist; and Scalp–Discharge–sticky (Figure 3). The probable remedies were Graphites, Petroleum and Sulphur, and Graphites was selected.

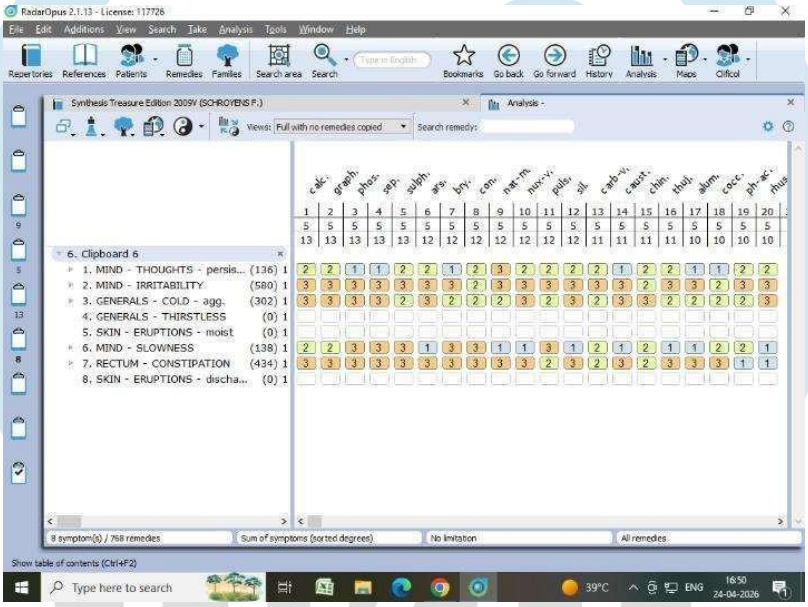


Figure 3: Repertorisation chart (Case 2)

Graphites 200 was given as a single dose, followed by placebo (SL) twice daily for 10 to 15 days at each follow-up, together with the dietetic and hygienic advice above.

Follow-Up and Outcomes

Six follow-ups were done at intervals of roughly two weeks. The first follow-up showed little change in the scalp, but from the second onward itching, dandruff, hair fall, sleep, bowel habit and anxiety about the condition improved gradually. At the sixth follow-up she had mild itching only occasionally, very little dandruff and slight residual hair fall, and felt mentally more relaxed (Table 2, Figure 4).

Table 2: Clinical course and SDASI scores (Case 2)

Follow-up	Clinical findings	Erythema	Scaling	Pruritus	Area	SDASI
Baseline	Thick sticky yellowish flakes; moist scalp; sticky discharge after scratching; itching worse at night; hair fall; constipation	2	3	3	3	24
1st	Itching slightly less at night; dandruff and hair fall unchanged; constipation same	2	3	3	3	24
2nd	Itching reduced but daily; dandruff a little less; hair fall same; constipation slightly better	1	2	2	3	15
3rd	Itching less; dandruff reduced but still sticky; hair fall slightly reduced; bowel slightly improved; more relaxed	1	2	2	2	10
4th	Occasional mild itching; small amount of dandruff; hair fall better; constipation improved; less worried	1	1	1	2	6
5th	Occasional itching; minimal dandruff; hair fall minimal; sleep good	0	1	1	1	2

6th	Mild itching sometimes; very little dandruff; slight hair fall; sleep good; mentally more relaxed	0	1	1	1	2



Figure 4: Scalp before and after treatment (Case 2)

Results

In Case 1 the SDASI fell from 21 at baseline to 15, 10, 4, 2, 1 and 0 across the six follow-ups, and in Case 2 from 24 to 24, 15, 10, 6, 2 and 2. Both final scores fall in the "improved" band (0–3) of the scoring scheme used. In both patients itching, scaling, sleep and mental symptoms improved, and in Case 2 constipation also improved. Hair fall settled completely in Case 1 and was minimal in Case 2.

Causality Assessment

Causal attribution was assessed for both cases with the Modified Naranjo Criteria for Homeopathy (MONARCH).[10] The assessment was based strictly on the information documented in the case records (Table 3).

Table 3: MONARCH assessment of Case 1 and Case 2

Domain	MONARCH criterion	Case 1	Score	Case 2	Score
1	Improvement in the main symptom or condition	Yes	+2	Yes	+2
2	Clinical improvement within a plausible timeframe relative to medicine intake	Yes	+1	Yes	+1
3	Initial aggravation of symptoms	No	0	No	0
4	Effect encompassed more than the main symptom or condition	Yes	+1	Yes	+1
5	Overall well-being improved	Yes	+1	Yes	+1
6A	Direction of cure: symptoms improved in the opposite order of development	Not sure/NA	0	Not sure/NA	0
6B	Direction of cure: improvement from more to less important organs, deeper to superficial, or top-down	Not sure/NA	0	Not sure/NA	0
7	Old symptoms reappeared temporarily during improvement	No	0	No	0
8	Alternative causes with high probability could explain the improvement	Not sure	0	Not sure	0
9	Health improvement confirmed by objective evidence	Yes	+2	Yes	+2
10	Repeat dosing produced similar improvement	Not sure/NA	0	Not sure/NA	0
	Total MONARCH score (range −6 to +13)		**+7**		**+7**

Basis for scoring. Domains 1 and 9 were scored on the fall in SDASI (21 to 0 in Case 1 and 24 to 2 in Case 2), supported by the before-and-after photographs (Figures 2 and 4). For domain 2, improvement was recorded by the first follow-up (about 15 days) in Case 1 and by the second (about one month) in Case 2. Domains 4 and 5 were scored yes because sleep and mental symptoms improved (and constipation in Case 2) and both patients reported feeling better. No initial aggravation (domain 3) or return of old symptoms (domain 7) was recorded. The case records do not document the order in which symptoms developed or improved, so domains 6A and 6B were scored 0. Only a single dose of the remedy was given, followed by placebo, so domain 10 does not apply and was scored 0. For domain 8, dietetic and hygienic measures, avoidance of scratching and harsh hair products, and the natural fluctuation of the disease could plausibly have contributed to improvement, so it was scored "not sure" (0) rather than "no" (+1).

Interpretation. Each case scored +7 of a possible +13. Of the four critical domains (1, 2, 8 and 9), which together allow a maximum of +6, each case earned +5, losing the point for domain 8. A score of +7 indicates a moderate degree of causal attribution, with a clear temporal and clinical association between the individualized prescription and the improvement. It is not proof of efficacy. The score is held down by the absence of documented direction-of-cure features, the lack of repeat dosing and the concurrent non-pharmacological measures, and it reflects how fully the case records were documented as well as the outcome itself.

Discussion

Both patients had chronic scalp seborrhoeic dermatitis with a long history of temporary response to anti-dandruff shampoos, oils or lotions followed by relapse, together with marked embarrassment about appearance. The two presentations differed, and so did the prescriptions. The first patient was a hot, work-driven woman who overthought at night, was irritated by contradiction and desired spicy food, with greasy dandruff and itching worse at night, and received Sulphur. The second was a chilly, reserved, slow woman anxious about her health, with constipation, desire for sweets and sticky dandruff with discharge worse in winter, and received Graphites. This contrast illustrates how the individualized approach selects a remedy from the whole symptom picture rather than from the diagnosis alone.

The course differed as well. The first patient responded from the first follow-up and reached an SDASI of 0 by the sixth. The second showed no change in score at the first follow-up, improved steadily thereafter and was left with mild residual symptoms (SDASI 2). Of the 45 patients in the parent case series, 40 were reported to show significant improvement in scaling, itching and erythema.

These reports have clear limitations. Two uncontrolled cases cannot establish that the remedies caused the improvement. Seborrhoeic dermatitis fluctuates naturally and is influenced by season and stress; the dietetic and hygienic measures, avoidance of scratching and harsh hair products, and placebo effects may have contributed; and the SDASI is a clinician-graded scale with no blinded assessment. The photographs are also not standardized. The MONARCH score supports a temporal and clinical association but is an attribution aid rather than a test of efficacy. Controlled studies with blinded assessment are needed.

Conclusion

Two adult women with seborrhoeic dermatitis of the scalp, treated with individualized homoeopathic prescriptions of Sulphur 200 and Graphites 200 respectively, showed marked clinical improvement over six follow-ups, with SDASI falling from 21 to 0 and from 24 to 2. MONARCH scored each case +7 of a possible +13, indicating a moderate degree of causal attribution. These cases are descriptive and hypothesis-generating only.

Patient Consent

Informed consent was obtained from the patients included in the study.

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References

1. American Academy of Dermatology. Seborrheic dermatitis: overview [Internet]. 2024. Available from: https://www.aad.org/public/diseases/a-z/seborrheic-dermatitis-overview
2. Borda LJ, Wikramanayake TC. Seborrheic dermatitis and dandruff: a comprehensive review. J Clin Investig Dermatol. 2015;3(2). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4852869/
3. Clark GW, Pope SM, Jaboori KA. Diagnosis and treatment of seborrheic dermatitis. Am Fam Physician. 2015;91(3):185-190.
4. Dessinioti C, Katsambas A. Seborrheic dermatitis: etiology and pathogenesis. Clin Dermatol. 2013;31(4):343-351.
5. Kim GK. Seborrheic dermatitis and Malassezia species. J Clin Aesthet Dermatol. 2009;2(11):14-17.

6. Dall'Oglio F, et al. An overview of the diagnosis and management of seborrheic dermatitis. 2022. Available from: https://pubmed.ncbi.nlm.nih.gov/35012944/
7. American Academy of Dermatology. Seborrheic dermatitis: treatment guidelines [Internet]. 2024. Available from: https://www.aad.org/public/diseases/a-z/seborrheic-dermatitis-treatment
8. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 2000.
9. Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B Jain Publishers.
10. Lamba CD, Gupta VK, van Haselen R, et al. Evaluation of the Modified Naranjo Criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. Homeopathy. 2020;109(4):191-197.

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