



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(3): 100-104
Received: 23-05-2024
Accepted: 28-06-2024

Dr. Arun S
Department of Case taking &
Repertory, National Institute
of Homoeopathy, Kolkata,
West Bengal, India

Dr. K Aparna
Department of Paediatrics,
National Institute of
Homoeopathy, Kolkata, West
Bengal, India

Corresponding Author:
Dr. Arun S
Department of Case taking &
Repertory, National Institute
of Homoeopathy, Kolkata,
West Bengal, India

The impact of judicious remedies: A case study in keratoderma climactericum

Dr. Arun S and Dr. K Aparna

DOI: <https://doi.org/10.33545/26164485.2024.v8.i3b.1203>

Abstract

Keratoderma climactericum, also known as Haxthausen disease, is a condition characterized by hyperkeratosis of the palms and soles, primarily affecting menopausal women. Conventional treatments often provide limited relief, highlighting the need for alternative therapeutic approaches. This case study aims to demonstrate the effectiveness of individualized homeopathic treatment in managing palmoplantar keratoderma climactericum. A 44-year-old woman presented with severe cracks on her palms and soles. Initially, she was prescribed Petroleum 30c and 200c, but these treatments proved ineffective and after a careful re-evaluation, X-ray 200c was prescribed. The patient experienced remarkable improvement with X-ray 200c, with symptoms such as pain, bleeding, and fissures significantly reduced. There was no recurrence of symptoms during follow-up. This case highlights the potential of homeopathy in managing keratoderma climactericum.

Case Summary: A 44-year-old Hindu woman from a lower socioeconomic background presented with a two-year history of severe cracks on her palms and soles, characterized by deep fissures, thickening, blackening, and occasional bleeding. Despite various treatments with allopathic, homeopathic, and ayurvedic medicines, she experienced no relief. Initially, Petroleum 30c and 200c were prescribed, but these remedies did not improve her condition. After a careful re-evaluation of the symptoms and repertorization, X-ray 200c was prescribed. This new remedy led to a significant improvement, with symptoms such as pain, bleeding, and fissures greatly reduced. Follow-up confirmed that the patient's symptoms did not recur. This case underscores the importance of considering a broad range of homeopathic remedies, including less commonly used ones like imponderabilia.

Keywords: Keratoderma, keratoderma climactericum, homeopathy, x-ray, dermatology

Introduction

Keratoderma, often synonymous with keratosis palmaris et plantaris (KPP) and tylosis, refers to conditions marked by excessive keratin formation on the palms and soles. These can be hereditary or acquired. They are differentiated based on their mode of inheritance, the presence of transgrediens (continuous extension of hyperkeratosis beyond the palmar and/or plantar skin), associated co-morbidities, and the extent of epidermal involvement, which can be diffuse, focal, or punctate. Acquired types include conditions like keratoderma climactericum, arsenical keratoses, corns, calluses, and various keratodermas associated with other skin disorders such as psoriasis and lichen planus. Hereditary types include Unna-Thost disease, Papillon-Lefèvre syndrome, mal de Meleda, and others, some of which are linked to broader syndromes or malignancies^[1, 2].

Keratoderma climactericum, also known as Haxthausen disease, typically begins in women of menopausal age. Initially, it affects pressure areas on the soles, causing erythema and hyperkeratosis with fissuring, which makes walking painful. Transgrediens is absent, and pruritus is minimal. As the disease progresses, the palms may also become involved, with discrete and centrally confined hyperkeratosis. Many patients with this condition are obese and hypertensive. Estrogen therapy has been proposed due to the timing of onset and response to topical and systemic estrogens, although patients often have normal hormone profiles. Some cases may resemble eczema or psoriasis. Histological features include compact orthokeratotic hyperkeratosis, hypergranulosis, irregular acanthosis with alternating thick and thin interpapillary ridges, and spongiosis with exocytosis of lymphocytes. In the dermis, there is a lymphocytic infiltrate around the upper dermal vessels^[3].

Treatment typically involves keratolytics such as 10% salicylic acid ointment, lactic acid creams, or 20-30% urea mixtures. Topical corticosteroids usually provide limited relief, while acitretin tends to be more effective than isotretinoin.

Although homeopathy has proven useful in treating various dermatological conditions, there is a notable scarcity of published case articles specifically addressing keratoderma.^[4] This article aims to fill that void by presenting a detailed case study of palmoplantar keratoderma climactericum successfully treated with homeopathy. By providing a comprehensive account of the patient's symptoms, treatment approach, and outcomes, this study contributes valuable insights to the body of homeopathic dermatology literature.

Patient profile

A 44-year-old Hindu woman, homemaker from a lower socioeconomic background presented to the NIH OPD in Kolkata on September 28, 2023, with a two-year history of cracks on her palms and soles. The cracks on her soles were particularly severe, characterized by deep fissures, dry, blackening, and thickened skin, occasionally accompanied by bleeding. She reported intermittent intolerable pain, which worsened after dishwashing, during winter, and at night, but improved during the daytime and warm applications.

There was no history of itching, urinary complaints, joint pains, vomiting, dysphagia, or eye discharges, allergies.

Past Medical History: The patient had malaria at the age of 25, which was treated with allopathic medicine, leading to full recovery. No history of surgeries, accidents, burns, injuries

Family History: Both parents have diabetes mellitus (DM). No history of Rheumatism, Hypertension, Haemorrhoids, Cancer, Venereal disease, and any contact with or nursing tubercular patients.

Medical History: The patient had tried various allopathic ointments and homoeopathic and ayurvedic medicines without relief.

Personal History: Took Covid Vaccination in 2021, No complaints after that.

Obstetric History: G₁P₁L₁A₀.

Menstrual History: She has been experiencing irregular menstruation for the past two years, with cycles occurring every 2-3 months and lasting 5-6 days.

Clinical findings

The patient appeared well-nourished and in no acute distress. Vital signs were within normal limits, with a heart rate of 74 beats per minute, blood pressure of 110/80 mmHg, respiratory rate of 17 breaths per minute, and an oral temperature of 98.6°F.

The patient was alert and oriented to person, place, and time.

A general physical examination of the patient revealed normal findings across all systems.

On Examination of the skin of Palms and Soles - Deep Cracks, Thickening, Blackening

Physical general

Thermal - Chilly patient. Prefers Summer, desires warm food, < during winter, cold air,

Appetite - Good, can tolerate hunger

Thirst - 2 litres per day, sips at frequent intervals

Desire - Spicy food

Aversion - Nothing specific

Intolerance - Nothing specific

Stool - Regular, Once a day, satisfactory, no complaints before, during or after stool.

Urine - 5-6/0 D/N, No complaints before, during or after micturition

Perspiration - On exertion in face, no stains, non-offensive

Sleep - 7hrs, No waking in between and No specific dreams

Mental Generals

Fears to be alone & Desires company.

Mild in nature.

Memory good.

Patient maintains normal social relationships and activities.

No History of any depression, abuse, discords, jealousy, anger, guilt or any loss of wealth, people.

Sexually active.

Provisional Diagnosis - Keratoderma climactericum ICD-10- L85.1

Totality of Symptoms and Repertorization

After analyzing and evaluating the symptoms, the totality was formed according to Boenninghausen's Philosophy of Doctrine of Complete Symptom, as there were no general or characteristic particulars.

Location: Extremities - Palms and Soles (both).

Sensation: Deep cracks (+++), Blackening (++) , Bleeding (++) , Pain (+++)

Modality: Aggravated by washing, winter, and night; ameliorated by daytime and warm applications.

Concomitant: None.

This case was repertorized using Zomoeo software with the Complete Repertory as this modern repertory is suitable for use with various homeopathic philosophies. The repertorial table was analyzed to select the appropriate medicine. (Fig 1).

Remedy	Petr	Merc	Graph	Sulph	Rhus-t	Ars	X-ray	Nit-ac	Sars	Am-c	Kreos	Lyc	Alum	Ant-c	Sep
Totality	13	13	11	11	11	10	9	9	8	8	8	8	7	7	7
Symptoms Covered	5	4	5	4	3	5	5	3	4	3	3	3	3	3	3
[Complete] [Extremities] Cracks, fissures:Bleeding:	1	3	3	0	0	1	1	4	3	0	3	0	1	0	0
[Complete] [Skin]Cracks, fissures:Painful:	3	0	3	0	0	0	3	1	1	0	0	0	0	3	0
[Complete] [Skin]Blackish:	3	4	3	4	3	4	1	4	3	4	4	4	3	3	3
[Complete] [Skin] Eruptions:Eczema:Dry:	3	0	0	1	0	1	3	0	1	3	0	1	3	0	1
[Complete] [Skin]Thick, thickness:	3	0	1	0	4	1	1	0	0	0	0	0	0	1	3
[Complete] [Skin]Pain:Night:	0	3	1	3	4	3	0	0	0	1	1	3	0	0	0
[Complete] [Skin]Pain:Bathing, washing:Agg.:	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0

Fig 1: Repertorization chart

Therapeutic Intervention

After considering the totality of symptoms and analyzing the repertorial chart, Petroleum 30c (Fig 2) and 200c, one dose each, were prescribed in subsequent months without any relief.

Upon careful re-evaluation of the repertorization chart and further reference to the materia medica, X-ray 200c, one dose, was prescribed. This resulted in a remarkable improvement with the first dose. A follow-up dose was administered during the next visit, which almost completely alleviated all of the patient's complaints which are confirmed by photographic documentation. (Fig 2, 3, 4).



Fig 3: 02.12.2023



Fig 2: 28.09.23



Fig 4: 23.01.2024

Characteristics of Xray

- Has the property of stimulating cellular metabolism. Arouses the reactive vitality, mentally and physically. Brings to the surface suppressed symptoms, especially sycotic and those due to mixed infections. Its homoeopathic action is thus centrifugal, towards the periphery.
- Painful cracks. Palms rough and scaly. [5]
- Dry, obstinate eczema, Corns, Mixed miasmatic states

- Rough, Bleeding palms
- In many patients, especially in women we see unhealthy conditions of skin on palms, persisting for years together. Skin appears like excoriations resulting from excessive handling of water. [6]
- Better from hot applications. Worse from cold, open air. Worse movement. Worse afternoon, evening and night, when in bed. [7]

Follow up and Outcome

Date	Symptoms	Prescription
16.10.2023	Complaints same as before	Petroleum 200c, 1 dose in SL, Morning, AC
10.11.2023	Complaints same as before	Xray 200, 1dose in SL, Morning, AC Nihilinum 1 drachm BD, 3 globule, AC
02.12.2023 (Fig 3)	Pain absent Bleeding absent Cracks reduced 50% Blackening reduced Thickening reduced	Xray 200, 1dose in SL, Morning, AC Nihilinum 1 drachm, 3 globules, BD, AC
02.01.2023	Pain absent Bleeding absent Cracks reduced 80% Blackening reduced Thickening reduced	Sac Lac 1 dose, Morning, AC Nihilinum 1 drachm, 3 globules, BD, AC
23.01.2024 (Fig 4)	Pain absent Bleeding absent Cracks reduced 100% Blackening reduced Thickening reduced	Sac Lac 1 dose Nihilinum 1 drachm BD, AC

There has been no recurrence of symptoms, as confirmed during a follow-up telephone call with the patient. The causal attribution of changes through the homoeopathic

intervention was assessed by MONARCH Inventory [8], the total score of which was +7, suggesting the positive attribution towards the given treatment. [Table 1].

Table 1: Assessment by Modified Naranjo Criteria (Monarch) Score [8]

Domains	Yes	No	Not sure or N/A
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
Was there a homeopathic aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?		0	
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)		0	
(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?		0	
Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		
			Total Score - +7

Discussion

This is a case of palmoplantar keratoderma climateris where despite careful case taking, the patient presented with only local symptoms with no prominent generalities, making this case a one-sided local maladies of the internal cause [9]. The first prescription's was on the basis of dry cracks in the palms and soles that worsen at night and in the winter. This naturally will lead one to consider petroleum as a first

choice, and the fact that the repertory sheet has petroleum as the first medicine only serves to fan the flames. Re-examining the repertorization chart and changing the prescription to X-ray 200c was the pivotal turning point in this case. This decision underscores the importance of not dismissing imponderbillias, even though they are often underrepresented in repertories. This case serves as a valuable example of how modern

repertories can help identify and utilize rare remedies, emphasizing the importance of keeping an open mind and considering all possible options in homeopathic treatment.

Conclusion

This case study highlights the effectiveness of homeopathic treatment in managing palmoplantar keratoderma climactericum. The patient's journey from using various conventional and alternative treatments without relief to achieving significant improvement with homeopathic remedies underscores the potential of individualized homeopathic care. The success with X-ray 200c after initial ineffective treatments demonstrates the importance of re-evaluating cases and considering a broader range of remedies, including less commonly used ones like imponderbillias.

While this case shows promising results, it also emphasizes the need for more rigorous, well-designed studies to establish the long-term efficacy and reliability of homeopathy in treating keratoderma and similar dermatological conditions. The limited availability of documented case studies on keratoderma climactericum treated with homeopathy suggests a significant opportunity for further research and documentation. This case contributes valuable insights and encourages continued exploration and validation of homeopathic approaches for dermatological disorders.

Acknowledgments

The authors certify that they have obtained informed written consent for the publication of this report from the patient and anonymity of the patient was assured to the best extent possible.

Conflict of Interest

Not available.

Financial Support

Not available.

References

1. James WD, Elston DM, Treat J, Rosenbach M, Neuhaus IM, *et al.* Andrews' diseases of the skin: clinical dermatology. 13th ed. Edinburgh; New York: Elsevier; c2020.
2. Patel S, Zirwas M, English JC. Acquired Palmoplantar Keratoderma. *Am J Clin Dermatol.* 2007;8(1):1-11.
3. Skaljic M. Keratosis Palmaris et Plantaris: Overview, Diffuse Hereditary PPK, Focal and Striate Hereditary PPK. *Medscape.* [cited 2024 Aug 1]. Available from: <https://emedicine.medscape.com/article/1108406-overview>
4. Sharma S, Sharma N, Gosainwal I. Individualised homeopathic approach of Palmoplantar keratoderma: A case report. *Int J Homoeopath Sci.* 2020;4(2):15-18.
5. Boericke W. *New Manual of Homoeopathic Materia Medica and Repertory with Relationship of Remedies: Including Indian Drugs, Nosodes Uncommon, Rare Remedies, Mother Tinctures, Relationship, Sides of the Body, Drug Affinities and List of Abbreviation:* 3rd ed. New Delhi: B Jain Publishers Pvt Limited; c2022.
6. Murphy R. *Nature's materia medica: 1,400 homeopathic and herbal remedies.* 3rd ed. Blackburg, Va.: Lotus Health Institute; c2006.

7. Dey SP. *The X-ray Drug Picture.* Calcutta: Dr. Kankar Bhattacharya; c1998.
8. Lamba CD, Gupta VK, Van Haselen RA, Rutten L, Mahajan N, Molla AM, *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;109:191-197.
9. Hahnemann S. *Organon of medicine aude sapere; word index included.* Reprint ed. New Delhi: Jain Publ; c2009.

How to Cite This Article

Arun S, Aparna K. The impact of judicious remedies: A case study in keratoderma climactericum. *International Journal of Homoeopathic Sciences.* 2024;8(3):100-104.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.