Individualised homoeopathic approach of Palmoplantar keratoderma: A case report

SM Sharma, Nidhi Sharma and Indira Gosainwal

Abstract

Palmoplantar keratoderma is a group of conditions where there is abnormal thickening of the skin on the palms of the hands and soles of the feet. Palmoplantar keratoderma is classified based on whether it is inherited or acquired and on its clinical features. The conventional treatment aims to reduce the thickness of the skin and to soften the skin. Emollients, keratolytics such as salicylic acid or urea, antifungal cream or tablets are the general treatment options, additionally with, topical retinoids/calcipotriol and systemic retinoids, if indicated. But the patients are often exhausted by the continued use of such agents as the condition recurs as soon as these local applicants are stopped. Here an 11-year old female child presented with cracks and thickening of the skin of soles since 8 years. The cracks were bleeding easily with pain, burning and itching. She was successfully treated by individualised homoeopathic treatment based on totality of symptoms over 15 months. It shows positive role of homoeopathic treatment in regression of this clinical condition in a female child.

Keywords: Palmoplantar keratoderma, homoeopathy, individualized-treatment, totality of symptoms

Introduction

Palmoplantar keratoderma (PPK) is one of the common disorders which occur due to excessive keratin. It is characterised by focal or diffuse thickening of the stratum corneum of palms and soles [1]. They are a heterogeneous group of disorders grouped as either hereditary or acquired [2, 3]. In addition, PPKs are classified in terms of epidermal involvement: diffuse, focal, and punctate [3]. Diffuse PPK refers to uniform involvement of palmoplantar surface including the centripalmar skin. Palmoplantar keratoderma has been described as areas of localized hyperkeratosis, that may present itself over pressure points as oval (nummular) or linear (striate). Punctuate PPK (papular or disseminated) shows round and discrete lesions which are multiple and scattered on palms and soles and they may not be consistent with pressure points [2, 3].

One of the cardinal histopathologic feature of acquired keratodermas is hyperkeratosis which refires to an increased thickness of the stratum corneum. Acquired keratoderma are generally nonspecific histopathologically, with marked hyperkeratosis of the stratum corneum, along with this most reliable feature there is variable presence of following features: epidermal acanthosis, parakeratosis, hyperplasia of stratum spinosum and granular layer and perivascular infiltrate of chronic inflammatory cells [4]. Hyperkeratosis is the primary clinical fearture of keratoderma.

Homoeopathy as an alternative system of medicine provide vast platform for such condition related with keratoderma.

Homoeopathic literature has time and again shown about the importance of homoeopathic remedies benefitting those who suffer with this condition. With this view, the following case again paves the path for homoeopathic treatment in acquired palmoplantar keratoderma and opens up the avenue for further pilot study to be done.

Patient’s Information

An 11-year old Hindu female child from middle socioeconomic family presented at the OPD of Dr. M.P.K. Homoeopathic Medical College, Jaipur, in Sept. 2015 with cracks and thickening of the skin of soles since 8 years. The cracks were bleeding easily with pain, burning and itching. The complaint also began to appear in palms from last 1 year. Complaints aggravated in winters, aggravation from washing, itching, aggravation by covering, wants to uncover affected parts, aggravated from warmth and sun exposure (summers).
Except this she had no ongoing present medical history. Her past history includes typhoid at the age of 8 years which was treated allopathically. Her history of childhood was uneventful except for a few instances of fever and cold and coughs. She was studying in 5th standard and her family is of middle socioeconomic status.

Her mother suffered with tuberculosis and typhoid in her past and had been treated with allopathic treatment. Her father’s medical history was uneventful. Her younger brother had history of suffering from pneumonia. It was observed that her maternal grandfather also suffered from tuberculosis and had been treated with allopathy successfully.

The girl had dark complexion and was physically lean and thin.

Before presenting in the OPD of Dr. M.P.K. Homoeopathic Medical College, Jaipur, she was took to various dermatologists by her parents but even after several years of treatment with modern medicine they couldn’t find cure neither relief in her condition, instead her disease has started progressing as previously the cracks were present on her soles only but from last one year her palms were also involved. At this point her parents decided to opt for homoeopathy as alternative method for her treatment and she came to Dr. M.P.K. H.M.C. outpatient department.

Clinical findings
On clinical examination there was thickened skin over soles and palms, cracks over soles which are bleeding and itching with burning sensation. The lesions were bilateral. There was no other systemic involvement. On examination there was no cervical, axillary or inguinal lymphadenopathy. On clinical examination there was thickened skin over.

Homoeopathic Generalities

a. Mental generals
- She was a reserved girl who did not opened up much.
- Irritability was marked
- She had fear of being alone
- Fear of dark
- She dislike company and weeps in alone only, despite of the fear of being alone
- Restlessness

b. Physical Generals
- Thermal reaction: Hot+++ (prefers winters)
- Desire: extra salt intake
- Perspiration: profuse, clammy, non staining
- Stool: regular habit, once daily, satisfying.
- Urine: no complaints
- Sleep: 6-8 hours (disturbed due to itching at night sometimes) otherwise sound and refreshing.

Table 1: Follow ups with prescription and justification

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription with justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/3/2016</td>
<td>Thickening of soles and palms, Deep bleeding, painful cracks on soles, with itching and burning</td>
<td>Nat.mur 30 three doses for 14 days</td>
</tr>
<tr>
<td>24/3/2016</td>
<td>Relief in symptoms, no bleeding present, relief in pain in cracks</td>
<td>Rubrum 30 for 21 days, relief in all symptoms.</td>
</tr>
<tr>
<td>14/4/2016</td>
<td>Slight painful cracks, no bleeding, perspiration profuse, thickening of soles and palms slightly better, itching and burning slightly present</td>
<td>Nat.mur 200 single dose, rubrum 30 for 21 days, no new symptoms but after initial relief no further improvement, wait and watch</td>
</tr>
<tr>
<td>5/5/2016</td>
<td>Relief in all symptoms</td>
<td>Rubrum 30 for one month, marked relief in symptoms</td>
</tr>
<tr>
<td>9/6/2016</td>
<td>Slight cracks remaining, no bleeding and no pain, no burning and no itching thickening of soles and palms much reduced</td>
<td>Nat.mur 1M single dose, rubrum 30 for one month, wait and watch</td>
</tr>
<tr>
<td>22/7/2016</td>
<td>No cracks, no bleeding, no itching, no burning, progressive reduction in thickening of soles , skin looks healthy</td>
<td>Rubrum 30 for one month, wait and watch</td>
</tr>
<tr>
<td>25/8/2016</td>
<td>Relief in all symptoms</td>
<td>Rubrum 30 for one month , wait and watch</td>
</tr>
<tr>
<td>29/9/2016</td>
<td>Relief in all symptoms, general condition better</td>
<td>Rubrum 30 for one month.</td>
</tr>
</tbody>
</table>

This case was repertorised by RADAR 10.0 software using Synthesis 9.0 repertory. The reportorial table was analysed for selection of medicine.

Therapeutic intervention
Considering the repertorial totality, miasmatic analysis and consultation with Materia Medica, Natrum muriaticum was selected as the individualized single constitutional remedy [5-7].

It was prescribed as the first prescription in 30 C potency. A single dose consisted of four globules of size 40 of the indicated medicine. Medicine was dispensed from the OPD pharmacy of Dr. M.P.K. Homoeopathic Medical College, Jaipur.

Follow-Up and Outcome
Treatment was done with single medicine Nat. Mur.with increasing higher potencies (30, 200, 1M) according to patient’s response over the period of 08 months. (Table 1) Potency changes and repetition was done on the basis of homoeopathic principles and the second prescription of Kentian Philosophy [7, 8].

Clinical follow up was done which showed progressive reduction in the thickening. (Fig.2 - Fig. 4)
**Discussion**

This was a case of acquired Palmoplantar keratoderma. Due to the continuous progression of disease despite of treatment with modern medicine, the patient got diverted towards homoeopathic treatment.

In this case Nat. Mur was selected on the basis of totality of characteristic symptoms assessed on mental, physical and particular aspect. Nat.mur was prescribed with progressively higher potencies from 30C to 1M was given according to response of patient towards medicine. Prescription was made on the principles of homeopathy and second prescription of Kentian Philosophy. Finally the clinical outcome was complete resolution of thickening of skin of soles and palms with healing of the painful and bleeding cracks.

Thus the outcome of this case of Palmoplantar keratoderma in a girl of 11 years of age shows the usefulness of homoeopathic treatment.

**Conclusion**

- This case shows the positive role of homoeopathic treatment in simple Palmoplantar keratoderma.
- It re-establishes the importance of individualised homoeopathic treatment based on holistic basis.
- It also opens up the path of further studies to be done to explore the scope of homoeopathy in such disease conditions.

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![Fig 1: Repertorization Software Chart: RADAR 10.0](image1.jpg)

![Fig 2: Photo prior to homoeopathic treatment](image2.jpg)

![Fig 3: Photo during homoeopathic treatment](image3.jpg)
Fig 4: Photo after Homoeopathic treatment

References