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Targeting the mind and skin: Staphisagria in the homoeopathic management of Prurigo Nodularis

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Abstract

Prurigo Nodularis (PN) is a chronic skin disorder marked by intensely itchy, firm nodules that can severely impact quality of life. Often misunderstood, Prurigo Nodularis leads patients into a relentless itch-scratch cycle that worsens the condition. The exact cause remains unclear, though it's frequently linked to underlying conditions like eczema, kidney disease, or nerve disorders. Patients may suffer not only from physical discomfort but also emotional distress, including anxiety and depression. Treatments are often challenging, with limited effectiveness and frequent relapses. Clinical experience and studies identify a positive role of Homoeopathy in skin conditions including Prurigo Nodularis. Case Summary: A male patient aged 57 years came from Gannavaram complaining of eruptions over face, dorsal aspect of both forearms and feet since 15 years, was diagnosed as Prurigo Nodularis with

itching, secretions from lesions on scratching, followed by burning. Based on presenting symptoms, repertorial analysis treatment was started with Staphisagria following homoeopathic principles & follow-ups done in suitable intervals as about 3 months

Keywords: Prurigo Nodularis, Staphisagria, emotional distress, including anxiety and depression

Prurigo Nodularis (PN) is a chronic dermatologic condition characterized by the presence of multiple, firm, intensely itchy (pruritic) nodules, most often found on the extensor surfaces of the limbs. It is primarily seen in adults and can be extremely distressing due to the severity and persistence of the itch, which leads to an itch-scratch cycle that perpetuates and worsens the skin lesions. Prurigo Nodularis is considered a manifestation of chronic pruritus rather than a primary disease in itself, and its development is often associated with various systemic or dermatologic disorders.

The condition may occur idiopathically or be associated with underlying systemic diseases such as chronic kidney disease (uremic pruritus), liver disease, HIV infection, atopic dermatitis, or hematologic malignancies. Therefore, a thorough systemic evaluation is often warranted in new cases of Prurigo Nodularis - Davidson's Principles and Practice of Medicine.

The pathophysiology of *Prurigo Nodularis* is multifactorial, involving neural, immunologic, and cutaneous mechanisms. Chronic scratching leads to localized neurogenic inflammation, with an upregulation of pruritogenic cytokines such as IL-31, nerve growth factor, and other neuropeptides. This cascade results in hyperplasia of nerve fibers in the epidermis and dermis, contributing to persistent pruritus and skin thickening. Histopathologically, Prurigo Nodularis nodules show hyperkeratosis, acanthosis, and vertical collagen bundles in the dermis, often with a perivascular lymphocytic infiltrate. The condition may occur idiopathically or be associated with underlying systemic diseases such as chronic kidney disease (uremic pruritus), liver disease, HIV infection, atopic dermatitis, or hematologic malignancies. Therefore, a thorough systemic evaluation is often warranted in new cases of Prurigo Nodularis - Harrison's Principles of Internal Medicine

Clinically, patients present with dome-shaped or hyperkeratotic nodules that may be excoriated, crusted, or hyperpigmented. Lesions are typically symmetrical and localized on the outer aspects of the arms and legs but may become more widespread in severe cases.

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Prurigo Nodularis is often accompanied by significant psychological comorbidities such as anxiety, depression, and sleep disturbances due to unrelenting pruritus

- Rook's Textbook of Dermatology

Case Report

A male patient, aged 57 years, came with the complaint of eruptions over face, dorsal aspects of both forearms and feet since 15 years, exacerbated from around 1 to 1.5 years, associated with secretions from the lesions on scratching followed by burning. The eruptions are blackish and Nodular in appearance. Itching aggravated on perspiration, exposure to sunlight, having sour foods and stressful situations, ameliorated by hot water application.

Generals (Mental & Physical)

Person is moderately built with brownish complexion, desires spicy foods, aversion to sour food, perspiration is profuse, disturbed sleep due to itching and itching gets aggravated on having sour foods and when he is thinking about his complaint. Gets angry whenever he was treated unfair and there after his complaints gets aggravated.

Physical Examination

On Examination of skin

- On Inspection: Lesions are symmetrical on face, extensor surfaces of both fore arms and feet. Multiple hyperpigmented with nodular appearance. Size measuring around 0.5 to 2 cm. Oozing is noticed occasionally on scratching the lesions.
- On Palpation: No heat and tenderness. Skin is dry and

rough. Lesions are hard at the scab formed areas.

Case Analysis

In this case peculiar symptoms are:-

- Ailments from getting angry whenever treated unfair by others
- Complaints aggravated by thinking of them
- Desires spicy food
- Aversion to sour food
- Intolerance to sour food
- Thirst for small quantities at frequent intervals
- Disturbed sleep
- Itchy eruptions
- Itching of eruptions aggravated on perspiration
- Itching of skin with burning

Selection of repertory

As the case has more generals along with particulars, kent repertory was selected.

Rubrics

- Mind-Anger, irascibility-Ailments after anger with Indignation
- Mind-Thinking-Complaints, of-Agg
- Stomach-Thirst-Small quantities, for-Often
- Generalities-Food-Sour-Agg
- Sleep-Disturbed
- Skin-Eruptions-Itching
- Skin-Itching-Perspiration-Agg
- Skin-Itching-Burning.

Remedy Name	Ars	Sulph	Staph	Graph	Nux-v	Sep	Nat-m
Totality / Symptom Covered	14/6	13/5	10/5	10/4	9/5	9/5	8/6
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome):Ailments after ange			3		2		1
[Kent] [Mind]Thinking:Complaints,of:Agg: (44)	1		1	1	2	1	1
[Kent] [Stomach]Thirst:Small quantities,for:Often: (19)	3	2					
[Kent] [Generalities]Food:Sour :Agg: (29)	2	2	2		1	2	1
[Kent] [Sleep]Disturbed: (42)	2	3		3		1	1
[Kent] [Skin]Eruptions:Itching: (109)	3	3	3	3	3	3	3
[Kent] [Skin]Itching:Perspiration agg: (3)							
[Kent] [Skin]Itching:Burning: (120)	3	3	1	3	1	2	1

Fig 1: Distribution and morphology of Prurigo Nodularis lesions at baseline

Repertorial result

- Arsenicum album-14/6
- *Sulphur-13/5*
- Staphisagria-10/5

• *Graphites*-10/4

Selection of remedy

Based on symptom similarity and strong mental characteristic, Staphysagria 200C was prescribed.

Date	Symptoms	Drug & Dosage			
18/03/2024	•	-			
05/04/2024	Itching slightly reduced. Marked improvement in sleep noticed.	Staphisagria 200C, 1 dose; Placebo OD-15 days			
16/06/2024	No secretions from eruptions noticed. No fresh lesions developed.	Staphisagria 1 M, 1 dose; Placebo OD-15 days			
	Itching alleviated. Sleep improved. Marked improvement noted.	Placebo OD-15 days			

Results

After 1st prescription marked improvement was noticed. The potency and dosage was prescribed as per the guidelines of homoeopathic philosophy. The changes in signs and symptoms, as well as the medicine prescribed in every

follow-up, are provided in table below. There is also a noticeable betterment in his general condition.

Before and After Treatment



Fig 2: Before and After Treatment outcomes in Prurigo Nodularis

Discussion

In this case of *Prurigo Nodularis*, *Staphisagria* covered many symptoms such as Ailments from anger due to indignation, thinking of complaints agg, intolerance to sour food, itching of eruptions and Burning after scratching. *Staphisagria* in 200C followed by 1M were given as individualised homoeopathic medicine. The patient who received homoeopathic treatment felt significant relief after 3 follow ups. Remedy was selected on the basis of symptoms similarity after analysing the repertorial totality.

Conclusion

This case of *Prurigo Nodularis* demonstrates the promising role of individualized homoeopathic management in offering relief from a chronic, distressing skin condition. While a complete cure may not always be achievable, notable improvements were observed in terms of reduced itching, softening of nodules, and enhanced overall wellbeing. The case emphasizes the importance of considering the patient as a whole addressing both physical and psychological aspects when selecting a remedy. The sustained progress over time reinforces the value of a holistic and patient-centered approach in homoeopathy. Continued documentation and research are needed to further validate its role as a supportive modality in chronic dermatological care.

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