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Individualised homeopathic treatment of seborrheic keratosis: A case report

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Abstract

Seborrheic Keratosis (SK) or basal cell papilloma is the most common benign epidermal tumour in elderly population. The cosmetic concerns associated with this asymptomatic tumour are the driving cause for consultations. The conventional treatment includes cryotherapy, electrocautery, laser therapy, topical drug therapy and surgical excision. Individualized Homeopathic treatment offers a viable, cost-effective and non-invasive alternative. A 61-years-old female patient complained of a painless, gradually enlarging dark brown lesion above left eyebrow for last 3 years. It was around 3cm in long axis and looked like a rough wart, with well-defined margin and lobules. Only the large size of lesion was bothering her for cosmetics concerns though it was asymptomatic, not itching, not discharging and not bleeding at all. The diagnosis of SK was labelled after a thorough clinical examination. The patient showed a complete regression of Seborrheic keratosis only after the prescription of *Thuja occidentalis* in 50M potency. A single case reported following Hom case CARE guideline and assessed by Monarch Inventory has showed evidence of causal attribution of IHM (Individualized Homeopathic Medicine) as in patient suffering with SK. It signals that the further studies for generating higher level of evidence can be taken up in this direction.

Keywords: Basal cell papilloma, benign epidermal skin tumour, seborrheic keratosis, *thuja occidentalis*, homeopathy

Introduction

Seborrheic keratosis (SK) or seborrheic warts or basal cell papilloma is one of the most common benign epidermal tumours ^[1] in middle-aged and older adults. It has diverse presentations ^[2] such as "stuck-on" brown to black, scaly superficial papular patches, as prominent lesions and rarely as a large, pigmented variants resembling to malignant neoplasms.

The underlying pathophysiology involves benign clonal proliferation of epidermal keratinocytes, with activating mutations in the fibroblast growth factor receptor 3 (FGFR3) gene, telomerase (TERT) promoters and phosphatidylinositol 3-kinase. Sun exposure, especially Ultraviolet (UV) radiation and amyloid precursor protein expression are implicated in ageing related skin lesions. It has diverse histopathological characteristics as usual seborrheic keratosis such as acanthosis, papillomatosis, hyperkeratosis, and the presence of horn or pseudo-horn cysts irrespective of size. However, its histopathologic variants such as acanthotic, hyperkeratotic, reticular, adenoid, clonal, and melanocanthoma are present in giant forms which are challenging for labelling diagnosis ^[3].

The conventional dermatology manages it with cryotherapy, electrocautery, laser therapy, topical drug therapy and surgical excision ^[4]. However, these associated with adverse effects like erythema, pain, bulla formation, infection, scarring, scaling, hypopigmentation and hyperpigmentation ^[2]. The non-invasive, systemic, or alternative therapies with good evidence are scarce. The Individualized Homeopathic treatment offers a viable, cost-effective and non-invasive alternative based on symptoms similarity tailored to characteristics of the person. *Thuja occidentalis* is one of the most used Homoeopathic medicines.

Thuja occidentalis contains essential oils rich in α - and β -thujone; coumarins; flavonoids; tannins; proanthocyanidins; reducing sugars; minerals; free acids; and polysaccharides. Its polysaccharides stimulate immune responses and reduce inflammatory cytokines, while essential oils have potent antimicrobial effects against bacteria and fungi. Its essential leaf oil

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treats fungal infections, cancer, and intestinal worms, while tinctures address warts, papillomas, and condylomas caused by HPV. Pharmacologically, *T. occidentalis* exhibits antioxidant, anti-inflammatory, antibacterial, antifungal, antiviral, anticancer, hepatoprotective, gastroprotective, antidiabetic, antiatherosclerotic, radioprotective, antipyretic, and lipid metabolism regulatory activities. Thujone shows antiproliferative, proapoptotic, and antiangiogenic effects in cancer models, including glioblastoma and melanoma [5]. However, there is paucity of well-documented evidence in favour of Homeopathic treatment of SK. Thus, presenting a detailed case, following Hom Case CARE guideline with causal attribution of the IHT was assessed by the MONARCH inventory, is important because it fills a gap in the literature on Homeopathic management of SK, together with suggesting alternative or adjunctive options that are less invasive, more tolerable, or more accessible.

Patient information

Demographic information: An elderly rural woman, a homemaker, of lower economic status consulted author in his clinic, Chatra, Jharkhand for a large lesion on forehead.

Chief complaints: She complained of a painless, gradually enlarging dark brown lesion above left eyebrow for last 3 years. It looked like a rough wart, with well-defined margin and lobules. Only the large size of lesion was bothering her though it was asymptomatic, not itching, not discharging and not bleeding at all. (Fig: 1).



Fig 1: SK lesion before treatment

Her another complaint was of sensation of something moving inside abdomen for 8 years. She had very often eructations, flatulence especially after taking food for 5 years.

Medical history: She had no significant systemic medical or surgical history except for minor seasonal ailments like viral fever, common cold, diarrhoea.

Family history: She had no family history of such lesions, no diabetes mellitus, no hypertension, no diagnosed malignancy, no tuberculosis, no asthma.

Gynaecological and obstetric history: Menopause 11 years back; two children normally delivered; no abortion.

Past interventions: She consulted a Homeopath before and was prescribed *Thuja occidentalis* mother tincture and *Thuja occidentalis* ointment for external application on the lesion for two months with no relief. She was again prescribed *Thuja occidentalis* 200 followed by placebo for one month, again with no relief.

Physical generals: She was obese, with wheatish complexion.

Appetite: 3 meals per day

Thirst: 2-3 litres of water per day

Stool: Unsatisfactory

Urine: Occasional burning

Perspiration: Scanty, especially on face; sleep sound and refreshing. Dreams does not remember.

Thermal relation: Chilly

Desire: Nothing specific

Aversion: Nothing specific

Intolerance: Nothing specific

Tongue: Moist, slightly white coated.

Interpersonal relationships: She was living with married son, daughter in law and two grandchildren. Her husband died 6 years back. Her daughter was married and happy with in-laws.

Mental generals: She entered the clinic with mildness and sadness on face but firmness of belief that she would be cured by homeopathy. Her eyes were looking quite but it felt as if she had something hidden in them. On digging further, she slowly narrated that she experienced forgetfulness and she did not take much stress for daily matters as earlier her husband had taken care of all responsibilities and then her son stepped into his father's shoes. Her son said that she often yielded to his father, his father was dominating but he fulfilled all domestic responsibilities like educating and wedding of children, building home, savings before his death.

Clinical findings

The lesion was 3 cm in longest axis, dark brown, raised, rough-surfaced verrucous lesion with well-defined margins, and lobulated surface on examination. It was firm of consistency on palpation.

Timeline and diagnostic assessment

The clinical diagnosis of Seborrheic keratosis was labelled after comprehensive examination.

Totality of symptoms

1. A wart like, gradually enlarging dark brown lesion above left eyebrow
2. Sensation of something moving inside abdomen
3. Eructations, flatulence especially after taking food
4. Obese, with wheatish complexion
5. **Stool:** Unsatisfactory.
6. **Urine:** Occasional burning.

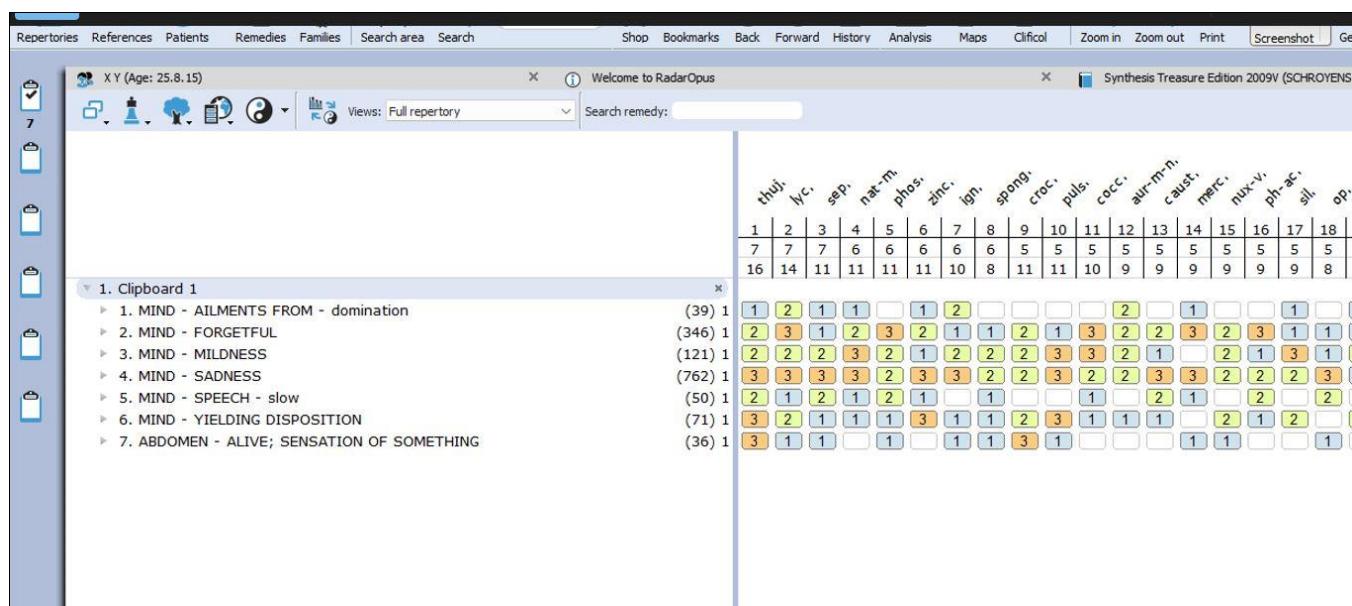
7. **Perspiration:** Scanty, especially on face; sleep sound and refreshing.
8. **Tongue:** Moist, slightly white coated
9. **Thermal relation:** Chilly
10. Mildness
11. Sadness
12. Firmness of belief that she would be cured by homeopathy (May be religious or fixed idea as even after getting no results from previous Homoeopathic consultations, she consulted another Homeopath)
13. Looked suspicious on observation
14. Speech in slow manner
15. Forgetfulness
16. Ailments from domination
17. Yielding

Repertorial analysis & justification of prescription

We evaluated and considered the prominent and peculiar symptoms from totality of symptoms for repertorization (Fig 2). We decided to use Synthesis repertory as the case had prominent mind symptoms. We converted symptoms into the rubrics for repertorizing the case using the RADAR 10

software (Synthesis, Repertorium Homeopathicum Syntheticum 9.1 version; Archives Homeopathic Software, Belgium). We pondered over the first five medicines coming out of repertorial analysis for further differentiation. The leading medicines were *Thuja* (7/16), *Lycopodium* (7/14), *Sepia* (7/11), *Natrum mur* (6/11), and *Phosphorus* (6/11).

Apart from repertorial analysis, we investigated the core and essential symptoms of the medicines from *materia medica* for greater suitability to the case. *Sepia* could be considered for the chilliness and sadness of the case but ruled out for missing indifference in the patient. *Lycopodium* was not suitable as its characteristic evening aggravation, right sided nature of complaints were absent though it covered lack of vital heat and, eructations and flatulence after taking food. The attributes of *Natrum mur* like awkwardness, consolation aggravation, tears with laughter were not reflected in the case. *Phosphorus* is full of anxiety, fears and over sensitiveness which were again missing in the case. *Thuja* was indicated for wart-like excrescences, left-sided complaints, chilliness well represented in the case. So, it was prescribed.



Therapeutic intervention

Thuja occidentalis was indicated as IHM (Individualized Homeopathic Medicine) for combination of symptoms: wart-like excrescences, left-sided complaints, chilliness, sensation of something inside abdomen, unsatisfactory

stool, sadness and ailments from domination [6, 7] were well represented in the case. So, it was prescribed. The patient had taken *Thuja Q* and in 200C with no relief. So, we started treatment with *Thuja* in 1M dilution (Table: 1).

Table 1: Timeline of treatment and follow up

Date	Symptoms	Medicine
Baseline prescription 04 September 2020	<ol style="list-style-type: none"> 1. A painless, rough, wart like, asymptomatic, gradually enlarging dark brown lesion above left eyebrow. 2. Sensation of something moving inside abdomen. 3. Eructations, flatulence especially after taking food. 4. Stool: Unsatisfactory 	<i>Thuja occidentalis</i> 1M/ BD for two days, followed by <i>Saccharum lactis</i> 30/ BD for 30 days
01 October 2020	<ol style="list-style-type: none"> 1. A painless, rough, wart like, asymptomatic, gradually enlarging dark brown lesion above left eyebrow- No change. 2. Sensation of something moving inside abdomen- No change. 3. Eructations, flatulence especially after taking food. - No change. 4. Stool: Unsatisfactory- No change. 	<i>Thuja occidentalis</i> 10M/ BD for two days, followed by <i>Saccharum lactis</i> 30/ BD for 30 days
31 October 2020	1. A painless, rough, wart like, asymptomatic, gradually enlarging dark	<i>Saccharum lactis</i> 30/ BD for 15 days

	brown lesion above left eyebrow- No improvement. 2. Sensation of something moving inside abdomen- No improvement. 3. Eructations, flatulence especially after taking food. – Slight improvement. 4. Stool: Unsatisfactory but slight improvement.	
15 November 2020	1. A painless, rough, wart like, asymptomatic, gradually enlarging dark brown lesion above left eyebrow- No improvement. 2. Sensation of something moving inside abdomen- No improvement. 3. Eructations, flatulence especially after taking food – No improvement when compared to last visit. 4. Stool: Unsatisfactory- No improvement when compared to last visit.	<i>Thuja occidentalis 50M/ BD for two days, followed by Saccharum lactis 30/ BD for 30 days</i>
14 December 2020	1. A painless, rough, wart like, asymptomatic, gradually enlarging dark brown lesion above left eyebrow- very much improvement. It almost shrank. 2. Sensation of something moving inside abdomen- No more left. 3. Eructations, flatulence especially after taking food – very much improved 4. Stool: Unsatisfactory- very much improved.	<i>Saccharum lactis 30/ BD for 30 days</i>
15 January 2021	The patient did not visit for consultation. We contacted her over mobile phone. She reported that: 1. The lesion had disappeared completely two weeks after her last visit. 2. Sensation of something moving inside abdomen- Not recurred. 3. Eructations, flatulence especially after taking food – occasional. 4. Stool: Unsatisfactory- occasional.	

Adverse events or unanticipated outcomes

No such events related to the prescribed medicine were reported by the patient during the treatment.

Causal attribution & MONARCH inventory score

The causal attribution of the IHT was assessed by the MONARCH inventory (Table 2).

MONARCH score of 9/13 indicates a causal link between the Homeopathic intervention and the complete disappearance of Seborrheic keratosis.

Table 2: MONARCH inventory

	Domains	Yes	No	Not sure or no applicable
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2 ✓	-1	0
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1 ✓	-2	0
3.	Was there a homeopathic aggravation of symptoms?	+1	0	0
4.	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)?	+1 ✓	0	0
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1 ✓	0	0
6.	Direction of cure: did some symptoms improve in the opposite A order to the development of symptoms of the disease?	+1 ✓	0	0
6B	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?	+1 ✓	0	0
7.	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?	+1	0	0
8.	Are there alternative causes (i.e., other than the medicine) that with a high probability could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1 ✓	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2 ✓	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Results

The patient showed a marked regression of Seborrheic keratosis only after the prescription of *Thuja occidentalis* in 50M potency (Fig: 4). It resolved completely in less than 5 months of treatment.



The Patient's Perspective

The patient expressed great satisfaction and relief as her firm belief in Homeopathy proved rewarding with the disappearance of Seborrheic keratosis.

Discussion

Thuja occidentalis has the immunostimulatory and bioactive effects which make its successful employment in clinical use for cutaneous viral lesions, cancer models, and metabolic disorders.

The oral potentized *Thuja occidentalis* 1M preparation (two globules thrice daily) and topical *Thuja occidentalis* mother tincture for seven days led to complete resolution of refractory multiple lesions of *verruca vulgaris* (HPV genotype 1a) on the fingers in a renal allograft recipient within three weeks with preserved graft function and no recurrence at one year. *Thuja occidentalis* was tried when lesions did not respond to cryotherapy cauterization, and radio surgery over six months [9]. Gohla *et al.* found that *Thuja polysaccharides* extracted from *Thuja occidentalis* act as potent mitogens, strongly inducing the activation and proliferation of CD4-positive T-helper/inducer cells in human peripheral blood leukocytes [10]. *Thuja* has been useful in preventing recurrence of laryngeal papillomatosis [12]. Pro-apoptotic or antitumorigenic and anti-angiogenic properties have been found in a/b-thujone fraction of *Thuja occidentalis* on Glioblastoma multiforme on *in vitro* and *in vivo* models [13]. The hydroalcoholic extract of *Thuja occidentalis* effectively inhibited the development of streptozotocin (STZ) and nicotinamide (NAD) induced diabetic neuropathy in male Wistar rats due to its

hypoglycemic, antioxidant, anti-hyperalgesia, and anti-inflammatory properties [14].

Bacillinum 200 selected as IHM in a case of elevated hyperpigmented SK on scalp of frontal region in 70 years old man, completely resolution lesions [15]. Our case report shows that *Thuja* as IHM resolved SK completely when combination of symptoms mentioned in Homeopathic literature were present in the patient.

Limitations in the management of the case

The selection of remedy based on proper case taking is very subjective and it is difficult to reproduce same clinical effects in another patient with same diagnosis until totality of symptoms indicate same remedy. *Thuja occidentalis* would reproduce the same result in the persons having majority of attributes of *Thuja occidentalis* at the time of treatment as documented by provings of medicines compiled in *materia medica* and repertory after clinically verification. Administration of any homeopathic medicines in all cases of SK would not be fruitful if attributes of that medicine are missing in the persons.

Conclusion

A noticeable change in the size of lesion was perceptible only after administration of *Thuja* in 50M potency. It reaffirms that a well selected homeopathic remedy fails if it is not administered in appropriate potency. A single case study has shown the utility of IHM in patient suffering with SK. It fuels up the need of further structured research for exploring homeopathic treatment in SK.

Patient's consent: The patient willingly signed a consent form permitting her clinical information to be published anonymously in an academic journal.

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