

## Case Report

# The role of homoeopathy in treating skin disease of the elderly: A case report

Manoj Kishor Patil

Life Care Homoeopathy, Kalyan West, Maharashtra, India.

### \*Corresponding author:

Dr. Manoj Kishor Patil,  
MD (HOM) Psychiatry,  
Life Care Homoeopathy, Kalyan  
West, Maharashtra, India.

[drmanojicr@gmail.com](mailto:drmanojicr@gmail.com)

Received : 07 October 2020

Accepted : 18 December 2020

Published : 14 January 2021

### DOI

10.25259/JISH\_38\_2020

### Quick Response Code:



## ABSTRACT

This is a case report of elderly man who was diagnosed with lichen simplex chronicus. He was treated using conventional medicine by dermatologists without any relief. Silicea, selected using the application of concept and technique of Boenninghausen's approach after a study of the symptomatology, relieved the patient's symptoms.

**Keywords:** Elderly, Lichen simplex chronicus, Boenninghausen's approach, Symptomatology, Silicea

## INTRODUCTION

Lichen simplex chronicus is a common form of chronic neurodermatitis that presents as dry, patchy areas of skin that are scaly and thick. Due to habitual scratching or rubbing of a specific area of the skin, there is a presence of hypertrophic epidermis. Severe itching is a hallmark of lichen simplex chronicus. Hyper and hypopigmentation are often chronic due to scratching.<sup>[1]</sup> The development of such plaques is the result of pruritic dermatoses, but various factors incite the itch in lichen simplex chronicus, and not all the factors are well understood.<sup>[1]</sup> The plaques are the result of the pruritic dermatoses that typically result from psychological stressors. Although lichen simplex chronicus is usually a non-life-threatening skin disorder, frequent scratching may lead to skin abrasions and infection.<sup>[2]</sup> Diagnosis of lichen simplex chronicus is done based on examination. A fully developed plaque is hyperpigmented, with erythema that is well demarcated, has exaggerated skin lines, and a thickened and leathery appearance characteristic of lichenification. In conventional medicine, treatment is aimed at reducing pruritus and minimising existing lesions because rubbing and scratching cause thickened lichenification. It is commonly treated with a highly potent topical corticosteroid or intralesional corticosteroids. Treatment is most likely lifelong.<sup>[2-4]</sup> The aim of homoeopathy is not only to treat lichen simplex chronicus but also to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, several well-proved medicines are available for skin diseases in the homoeopathic Materia Medica that can cure when the similarity between natural and drug disease is established.<sup>[5,6]</sup> In a study conducted in 2016 to understand the incidence of illness in the elderly, it was observed that 5.37% of the elderly seek homoeopathic treatment for their chronic skin complaints.<sup>[7]</sup> Another study reported a definite role of homoeopathic medicines in managing the symptoms of lichen simplex chronicus and in its cure.<sup>[8]</sup>

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2020 Published by Scientific Scholar on behalf of Journal of Integrated Standardized Homoeopathy

Here, we present a case of lichen simplex chronicus in elderly person treated with the homoeopathic constitutional medicine *Silicea*, which was selected on the basis of totality of symptoms.

## CASE REPORT

A 70-year-old tribal man reported with severe itching with black, thickened leathery appearance, dusty scaling, white spots and thick lichenification on both feet for 1 year. He had severe itching that led to constant noisy scratching+++; the onset and progress of his complaints were gradual. No history of exposure to irritant/chemical agents. Skin itching was aggravated at 4 AM+++ , new moon++ , cold water+++ and rainy weather. Warm application amelioration+++ . The patient had received treatment from 2 to 3 dermatologists for 7–8 months with no relief. He had stopped all his medications for the past 6 months.

### Patient as a person

Appearance: Dry, ruffled hair, with a thick beard with moderate frontal bossing.

- Thermals: Chilly.
- Sleep: Supine position. Sleep disturbed at 4 AM due to itching
- Dreams: Dead people++ and water++.

### Medical history

Pulmonary Koch's 10 years prior had taken AKT for 1 year.

### Family history

Non-significant.

### Life space

The patient first reported to the OPD with his son. His appearance indicated that he had come directly from the farm. He was continuously scratching both his feet with both hands during the entire consultation. He kept his son with him throughout case taking to help him understand and communicate with the physician. He belongs to a tribal community and along with his entire family, has been a farmer since childhood. He works more than 10–12 hours daily on the farm without any tiredness. He described himself as a calm person. He has never quarrelled with any one in society or in family. He said that he does not like to be involved in other people's issues to avoid problems. He liked to be with his own world. He has a good equation with all the people he meets.

### Physical examination

PR: 78/min BP: 130/70 pallor+ R/S: AEBE/clear CVS: SIS2 N. P/A: Soft non-tender.

### Local examination

Both feet: Blackish discoloration, thick lichenification with dusty scaling+++ . Hard/thick skin+++ with white pigmented macular spots. Scratch marks+++ [Figure 1]. No bleeding, no discharge. No varicose veins or signs of venous insufficiency.

No lymph node enlarged. Hands and legs cold++ . Hard and thick fingers of hands++ .



Figure 1: Image before homoeopathy treatment.

### Arriving at the clinical diagnosis

There were no visible venous veins or shiny, oedematous appearance of the skin over the affected area, which ruled out stasis dermatitis. As the clinical enquiry yielded no history of exposure to any chemical/irritant agent, contact irritant dermatitis was ruled out as well. The patient had severe itching, hyper and hypopigmentation, the complaint was chronic, and the limbs were predominantly affected, especially the extensor aspects, which had thick lichenified patches.<sup>[1]</sup>

### Diagnosis

Lichen simplex chronicus.

### Case processing

We evaluated the characteristic symptoms of the case as mentioned in [Table 1].<sup>[9]</sup>

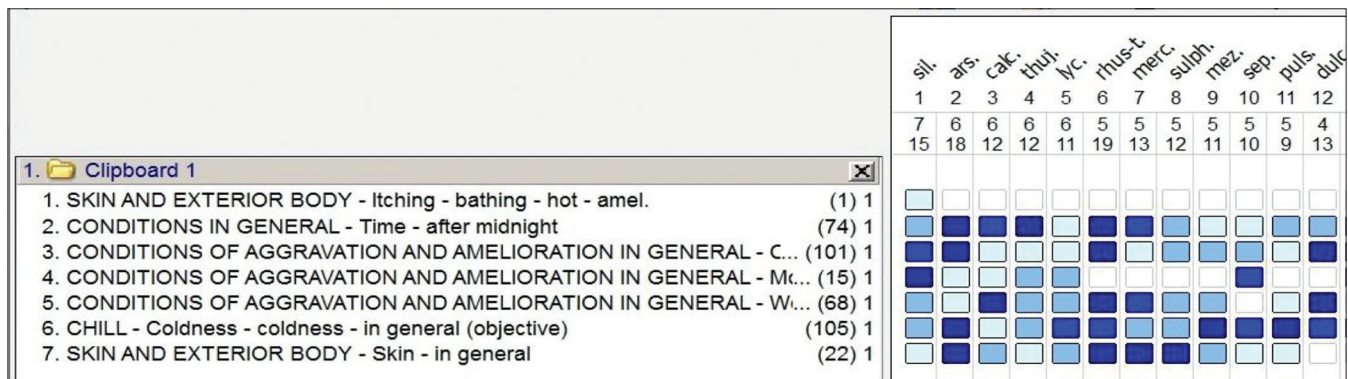
### Approach for repertorisation: Boenninghausen's approach

Selection of Boenninghausen's approach as the following type of symptoms was available.<sup>[10-12]</sup>

1. Complete symptom
2. Characteristic time modality
3. Characteristic general modalities

**Table 1:** Symptoms classification.

S. No.	Symptoms	Classification
1	Skin itching <morning 4 AM+++ < New moon++, < Cold water++ < Rainy weather > Warm application+++	Characteristic, physical, general symptom with characteristic modalities, complete symptom
2	Hands and feet coldness++ Hands fingers thick and hard++ Thermally chilly	Characteristic, physical, type
3	Dreams: Dead people++ and water++	Characteristic, mental, subconscious symptom
4	Mild+++ Hard worker++	Characteristic, mental, disposition



**Figure 2:** Repertorisation sheet.

4. Skin as a general
5. No qualified mental expression.

**Repertorisation using Boenninghausen’s approach:  
(Repertory used: Boger Boenninghausen’s Characteristic  
Repertory [BBCR])**

Here, BBCR repertory was used, because in the BBCR, each location is followed by particular sensation, modalities and concomitant. This helps to address the complete symptom, which is lacking in Boenninghausen’s therapeutic pocket book.

**Repertorial totality**

- Skin itching > warm application +++ Complete symptom
  - < 4 AM +++
  - < Cold water +++
  - < New Moon ++
  - < Rainy weather
  - Skin – Coldness ++ Objective physical general
  - Skin in general Location
- } General modalities

**Remedy differentiation**

Repertorisation indicated the following closely related remedies as mentioned in [Figure 2]: Calc carb, Silicea and

Arsenic alb. In the case, there were no significant expressions of mind, except mildness and hard working person, which are characteristic dispositions. The patient also had characteristic dreams, which were considered for final differentiation as per Boenninghausen’s approach. Arsenic alb. was ruled out due to its restlessness, irritability and anxiety, which did not correspond with the patient’s disposition. Calc carb and Silicea seemed to be close to the similimum, but the patient’s strength and capacity of working in the farm with no tiredness ruled out Calc carb, who is averse to work and exertion (Boericke), while Silicea has the strength to work hard. At the subconscious level, Calc carb does not correspond to dreams of water.

In this patient, the theme is “mild yet hard,” reflected through his living is the peculiarity of Silicea, another key feature is refinedness in his behaviour in terms of no aggression. Silicea is intelligent and perceptive, his actions are guided by intellect, which also is reflected in the patient’s behaviour in terms of keeping himself away from conflict to avoid problems for himself. The dreams of dead and water are well marked in Silicea. At the physical level, there is marked aggravation from changes in the moon phase, cold and rainy weather; this, along with the peculiar 4 AM aggravation, corresponds to Silicea and is well indicated for highly chilly, senile patients (Boger), with the skin affinity better by warm application.

**Table 2:** Follow up chart.

Date	Dreams	Sleep	Itching of eruptions	Eruptions: Scaling/ lichenification/white spots	Actions
6 February 2018	Reduced 2	>3	>3 (90%)	>/>/+	Silicea 200 1P HS weekly
13 March 2018	Reduced 2	Good	>3	>/>/+	Silicea 200 1P HS weekly
20 April 2018	Reduced 2	Good	>3	Same as previous >/>/+	Silicea 200 3P HS weekly
25 May 2018	Reduced 2	Good	No itching	Scaling > 10% >2/>2/+ Scaling > 60% Lichenification>40% White spots >	Silicea 200 3P HS weekly
22 June 2018	Occasional	Good	No itching	>3/>2/+ Scaling > 80% Lichenification>60% White spots >	Silicea 200 3P HS weekly
19 July 2018	Occasional	Good	No itching	>3/>2/+ Scaling > 90% Lichenification>70% White spots >	Silicea 200 3P HS weekly
20 September 2018	Occasional	Good	No itching	0/>3/> Scaling: 0 Lichenification>90% White spots >	Silicea 200 3P HS weekly

**Final impression**

Silicea.

**Posology**

Slow disease progress and availability of characteristic symptoms with structural reversible pathology indicates that the state of susceptibility was moderate to high.<sup>[6]</sup> There was no qualified mental state and no cause-effect phenomenon identified in the case, indicating low sensitivity.

**Choice of potency**

200.

**Repetition**

Weekly single dose.

First dose of Silicea 200 was administered on 23 January 2018.

**Follow-up chart****Remedy response**

Within 15 days, his itching reduced by about 90%. The skin eruptions also improved in terms of blackish discoloration, hardness of skin and hypopigmented spots over 6 months of treatment. The dose of Silicea 200 only needed to be increased from 1 dose to 3 doses weekly as mentioned in [Table 2]. As the lichenification and scaling improved, distinct hypopigmented spots were observed on the skin; these can be attributed to the



**Figure 3:** Six months after homoeopathic treatment.

repeated scratching leading to hypopigmentation due to post-inflammatory response [Figure 3].

**CONCLUSION**

This case report demonstrates the role and efficacy of homoeopathic medicines in a case of lichen simplex chronicus through the application of the concept and technique of Boenninghausen's approach. The approach was based on the study of the symptomatology in terms of complete symptom, general characteristic modalities, characteristic mental disposition and dreams. After repertorisation, Calc carb, Silicea and Arsenic were all considered, but Silicea seemed to be the most suitable similimum in terms of characteristic



modalities and mental and physical dispositions. Administration of Silicea generated an effective action result complex, as displayed in the images. However, this is a single case report and further larger studies with different study designs and large sample size are required for determining the efficacy of homoeopathic treatment in cases of lichen simplex chronicus.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

#### Financial support and sponsorship

Nil.

#### Conflicts of interest

There are no conflicts of interest.

#### REFERENCES

1. Wolff K, Goldsmith LA, Katz SI, Gilchrist BA, Paller A, Leffell DJ. Fitzpatrick's dermatology. In: General Medicine: Two Volumes. New York: McGraw Hill Professional; 2007. p. 160-2.
2. Charifa A, Badri T. Lichen simplex chronicus. In: Stat Pearls. Treasure Island, FL: Stat Pearls Publishing; 2020.
3. Gonzalez ME. Lichen Simplex Chronicus 2019 MSD Manual Professional Version; 2020. Available from: <https://www.msdmanuals.com/professional/dermatologic-disorders/dermatitis/lichen-simplex-chronicus>. [Last accessed on 2020 Oct 01].

4. Schoenfeld J. Lichen Simplex Chronicus Treatment and Management; 2020. Available from: <https://www.emedicine.medscape.com/article/1123423-treatment>. [Last accessed on 2020 Oct 01].
5. Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: Indian Books & Periodicals Publishers; 2007.
6. Dhawale ML. Principles and Practice of Homoeopathy. Bombay, India: Institute of Clinical Research; 1985.
7. Jani N, Nigwekar A. Clinical analysis of geriatric patients in the light of homoeopathy. Indian J Gerontol 2016;30:276-83.
8. Gupta R, Manchanda RK, Arya BS. Homoeopathy for the treatment of lichen simplex chronicus: A case series. Homeopathy 2006;95:245-7.
9. Hahnemann S. Organon of Medicine. Uttar Pradesh: B. Jain Publishers; 2002.
10. Boger CM. A Synoptic Key to the Materia Medica. Uttar Pradesh: B. Jain publishers; 2002.
11. Boger CM. Boger Boenninghausen's Characteristics and Repertory. 2<sup>nd</sup> ed. New Delhi: Indian Books & Periodicals Publishers; 2004.
12. Kasad KN. Area D: Repertorial concept and technique: The bridge that gulfs the gap between the natural disease and the drug disease. Dhawale ML, editor. ICR Symposium Volume on Hahnemannian Totality. 3<sup>rd</sup> ed. Mumbai: Dr. M. L. Dhawale Memorial Trust; 2003. p. D2.

**How to cite this article:** Patil MK. The role of homoeopathy in treating skin disease of the elderly: A case report. J Intgr Stand Homoeopathy 2020;3(4):95-9.