



International Journal of AYUSH

IJAYUSH

International Journal of AYUSH

AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY

<https://internationaljournal.org.in/journal/index.php/ijayush/>

ISSN: 2349-7025

OPEN ACCESS

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MONTHLY

Original Research Article

Volume 15 Issue 08

August 2026

A CASE REPORT OF PHRYNODERMA (TOAD SKIN) AND ITS TREATMENT WITH INDIVIDUALIZED HOMEOPATHIC MEDICINE

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DOI: <https://doi.org/10.5281/zenodo.23219937>

Abstract

Background

Phrynoderma, which is commonly referred to as "toad skin", is a follicular hyperkeratotic disease that mainly involves the elbows, knees, buttocks, and the extensor surfaces; it is marked by well-defined keratotic papules having a central keratin plug and the elbows are said to be the most common site at which the condition first appears.

Case Summary

This case study involves a 15-year-old boy whose right elbow had been affected by hyperkeratotic eruptions for two months. In keeping with homeopathic principles, the patient was thoroughly interviewed in order to individualise the case, a repertorial analysis was performed and constitutional prescribing was carried out. The clinical progress was assessed by means of regular follow-ups and photographic records. As a result of the detailed homeopathic interview, it was found that the patient became very irritable when confronted, had a craving for

spicy food, suffered from excessive sweating of the head, had dry and rough skin, and was irritable in cold weather. Natrum muriaticum 200C was prescribed as a result of the repertorial study and correlation with the materia medica. During the course of a six-month follow-up period, there was a gradual reduction in the roughness, the size of the papules, and the number of lesions. The case highlights the importance of adopting a comprehensive approach to patient care and demonstrates the role of individually tailored homeopathic medication in the management of phrynoderma.

Keywords: Phrynoderma, Follicular Hyperkeratosis, Natrum muriaticum, Homoeopathy, Case Report

Introduction

Phrynoderma is a special kind of follicular keratotic disorder which mainly occurs in children and teenagers; clinically it appears as well-defined, skin-coloured or brownish, acuminate papules having keratinous plugs in the middle. It has been found that in the majority of cases the disease is limited to the elbows and the extensor areas, since the elbows are the first site involved in around 85% of cases.

The present findings suggest a complex cause which results from a combination of nutritional imbalance, environmental factors, friction, and greater physiological demand, even though it has traditionally been assumed that dietary inadequacies are the cause.

Case Presentation

In January 2026 a 15-year-old male student came in with complaints lasting for two months of having numerous rough, papular eruptions on his right elbow.

History of Present Illness

The patient had slowly developing rough, dry, raised papular eruptions which were situated on the outer part of the right elbow.

The lesions first showed themselves as a small number of tiny, rough papules and then the number of them increased over a period of more than two months.

Associated symptoms:

- Dryness of surrounding skin
- Mild itching occasionally in winter
- Sensation of roughness on elbow

- No pain
- No discharge
- No bleeding

There is no record of trauma or the application of topical steroids.

Past History

- No significant medical illness
- No surgical history
- No previous treatment taken

Family History: No major systemic illness in either parent

Physical Examination

General Examination

- Height: 160 cm
- Weight: 48 kg
- Build: Lean
- Nutrition: Mild emaciation in comparison with his expected body habitus.

Dermatologic Examination

Location: Extensor surface of right elbow

Morphology: Multiple discrete follicular hyperkeratotic papules

Colour: Skin coloured to light brown

Surface: Rough and dry

Distribution: Localized

Tenderness: Absent

Discharge: Absent

Clinical Diagnosis: Localized Phrynoderma

Personal History

Appetite: Good

Thirst: Increased; drinks large quantities of cold water

Cravings: Spicy food +++, Fried food ++

Aversion: Milk

Perspiration: Profuse on scalp during sleep

Sleep: Sound but restless

Thermals: Chilly patient

Bowel: Regular

Mental Generals

- Competitive nature
- Easily offended
- Wants appreciation for academic performance
- Becomes angry but does not express it
- Sensitive to criticism

Miasmatic Analysis

The main features of phrynoderma are dryness, hyperkeratosis, roughness, scaling, and nutritional abnormalities. From a homeopathic point of view, Psora appears to be the dominant miasm here since malnutrition, dry skin, follicular eruptions, and functional abnormalities are present. The presence of a mild sycotic background is indicated by the tendency towards excessive keratinization and chronicity.

Analysis and Evaluation

Characteristic Symptoms

Mental:

- Anger suppressed
- Offended easily
- Sensitive to criticism

Physical Generals:

- Profuse perspiration of scalp
- Chilly patient

Particulars:

- Follicular keratotic eruptions on right elbow
- Dry rough skin
- Sensation of roughness or dryness

On the basis of a repertorial study and a detailed comparison of the Materia Medica, Natrum Muriaticum was determined to be the most appropriate constitutional remedy. The complete range of symptoms, this comprising follicular hyperkeratotic eruptions above the right elbow, dry and rough skin, excessive sweating of the scalp when asleep, a cold thermal reaction, and an angry temperament that got worse after suppressing it, caused the remedy to be prescribed. The Materia Medica correspondence of Natrum muriaticum with dryness of the skin, emaciation, sensitivity to criticism, emotional suppression, and chronic recurrent skin manifestations was considered in prescription. Along with the constitutional treatment, dietary recommendations were also given to correct any nutritional deficiencies. The patient's steady and progressive clinical recovery was indicated by a reduction in the roughness of the lesions, the flattening of the papules, improved skin texture, and the absence of new eruptions during the entire follow-up period.

Repertorial Totality

Using Synthesis Repertory following rubrics were taken into consideration:

- MIND – AILMENTS FROM – anger; suppressed
- MIND – OFFENDED, easily
- MIND – SENSITIVE – criticism; to
- HEAD – PERSPIRATION of scalp; sleep during
- EXTREMITIES – ERUPTIONS – dry
- EXTREMITIES – ERUPTIONS – Elbows
- SKIN – DRY – rough
- SKIN – DRY – sensation of dryness
- SKIN – ERUPTIONS – hard
- GENERAL – EMACIATION

Remedy Differentiation

Sulphur

The patient was not shown any obvious heat, burning sensations, or messiness which are usually linked with sulfur, even though sulfur is useful for dry skin conditions.

Natrum muriaticum

The sensitivity and reserved temperament were more noticeable. The sensitivity to criticism, easy offense, and suppressed anger, along with dryness and emaciation, closely matched the case. Alongside this the patient was chilly.

Graphites

The roughness of the skin corresponded, but there were no usual mental symptoms.

Mercurius solubilis

It is usually considered for its skin manifestations, but the absence of moist/inflamed eruptions, offensive discharges, and marked perspiration-related aggravation made it less suitable for prescription.

Prescription

Natrum muriaticum 200C – One dose (4 pills)

This was followed by treatment with a placebo for 15 days.

Dietary advice:

- Increased intake of green vegetables
- Seasonal fruits
- Adequate hydration

Follow-Up

Follow-up	Clinical Progress
January 2026	Itching reduced by approximately 30%, No new eruptions, Skin slightly softer
February 2026	Roughness reduced, Papules less prominent, Dryness improved
March 2026	Approximately 50% improvement, Reduction in papule count, Better skin texture
May 2026	Marked improvement, Majority of papules flattened, No itching
July 2026	Around 90% improvement, Residual pigmentation only, No recurrence

Hering's Law of Cure Assessment

During follow-up, the patient exhibited the following sequence of improvement:

- Itching reduced first.
- Dryness decreased subsequently.
- The lesions became less rough.
- Papules gradually flattened.
- Temporary residual pigmentation continued before it was resolved.

It is believed that this follows the predictions of homeopathy in that the order of improvement was from subjective symptoms to objective pathological changes and from functional disturbance to structural recovery.



Figure 1: Before Treatment



Figure 2: After Treatment

Discussion

Phrynoderma, a follicular hyperkeratotic disease, often affects children and teenagers. The characteristic features of the illness are horny follicular papules which mainly occur on the extensor areas such as the knees, buttocks and elbows. Although phrynoderma has already been

connected with vitamin A deficiency, recent research shows that it is more probably linked to an overall nutritional imbalance involving several minerals and some essential fatty acids.

In this case the patient had follicular hyperkeratotic papules which was confined to the right elbow for a period of two months; the diagnosis was reached by means of an assessment of the clinical appearance and the way in which the lesions were distributed. Together with the local symptoms, a number of constitutional features also occurred, including a cold thermal reaction, annoyance at contradiction, sensitivity to criticism, a craving for spicy food, and excessive sweating of the scalp when sleeping.

The prescription was not based simply on a pathological diagnosis but on individualization. Following repertorial analysis, Natrum muriaticum emerged as the most suitable remedy, and a consultation of the materia medica then reinforced this choice since it is known to act upon growing adolescents, cases of nutritional disturbance, delayed tissue repair, and constitutional features that correspond to the patient's overall symptom picture.

After Natrum muriaticum 200C had been given, a gradual improvement was seen at each of the subsequent visits. Itching decreased first, then the lesions softened, the number and size of the papules diminished, and finally almost complete resolution was achieved. During the entire follow-up period no new lesions occurred and no aggravation was reported.

Conclusion

The improvements seen in this case can be explained by the individualised homoeopathic treatment combined with dietary recommendations intended to enhance the patient's nutritional status. At the same time, it is necessary to recognise the limitations associated with a single case report. In order to further examine the role of individualised homoeopathic therapy in phrynoderma, controlled clinical studies with a larger number of participants are required.

MONARCH Assessment (Modified Naranjo Criteria for Homeopathy)

Domain	Assessment	Score
Was there improvement in the main symptom following the remedy?	Yes	+2
Did improvement occur within a plausible time frame?	Yes	+1
Was there an initial aggravation?	No	0
Did improvement occur in more than one symptom?	Yes	+1

Did overall well-being improve?	Yes	+1
Was the direction of cure consistent with homoeopathic expectations?	Yes	+1
Did old symptoms reappear temporarily?	No	0
Are there alternative explanations for the improvement?	Possible dietary modification	-1
Was objective evidence available?	Clinical examination and serial photographs	+2
Was improvement reproduced after repetition of the remedy?	Yes	+1

Total MONARCH Score = 8/13

Interpretation

A MONARCH score of 8 indicates that there is a likely causal link between the individualized homoeopathic treatment and the clinical improvement observed. Yet it cannot be completely ruled out that the contribution of the nutritional advice and spontaneous remission played a role.

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How to cite this article:

Bhatia N, Arora N. A case report of phrynoderma (toad skin) and its treatment with individualized homeopathic medicine. Int J AYUSH. 2026;15(08):309-318.