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CASE REPORT

Homoeopathic Management of Keratosis Pilaris: A Case Report

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ABSTRACT

Keratosis pilaris (KP) is a common benign disorder of follicular keratinization characterized by rough follicular papules, xerosis, post-inflammatory pigmentation, and cosmetic concerns. Although medically harmless, it frequently affects self-esteem, particularly in young adults. Conventional management provides only temporary symptomatic relief, and recurrence is common.

This case report describes a 27-year-old female student presenting with keratosis pilaris involving both upper limbs and legs for six years, associated with post-inflammatory pigmentation, uneven skin tone, tanning tendency, and recent onset diffuse hair fall. Constitutional evaluation revealed a friendly, extroverted personality with mild lack of confidence and stress regarding future employment. Repertorial analysis and constitutional assessment indicated Silicea 200C as the similimum, while Berberis aquifolium was prescribed as an acute remedy for pigmentation. Correction of associated nutritional deficiencies, including vitamin D, vitamin B12, and iron deficiency, was undertaken simultaneously. Progressive reduction in follicular papules, pigmentation, and hair fall was observed during follow-up.

Keywords: *Keratosis pilaris, Follicular keratosis, Silicea, Berberis aquifolium, Hair fall, Homoeopathy*

INTRODUCTION

Keratosis pilaris is a chronic disorder of follicular keratinization characterized by small keratotic papules, rough skin texture, perifollicular erythema, and post-inflammatory pigmentation. It commonly affects the extensor surfaces of the upper arms, thighs, and forearms and is frequently associated with xerosis and atopic tendencies.

Although considered a benign dermatological condition, its chronicity and cosmetic impact often lead patients to seek treatment. Conventional management primarily includes keratolytic agents, emollients, topical retinoids, and exfoliation, but recurrence remains frequent after discontinuation.

Homoeopathy emphasizes individualized constitutional management based upon the patient's physical, mental, and emotional characteristics. This case demonstrates successful management of chronic keratosis pilaris with associated diffuse hair fall using individualized homoeopathic treatment.

CASE PRESENTATION

A 27-year-old female student from Latur presented with complaints of rough, strawberry-like skin over both upper limbs and legs for the past six years.

The lesions first appeared after repeated waxing procedures and gradually became persistent.

The patient complained of:

- Rough follicular papules
- Uneven skin texture
- Post-inflammatory pigmentation
- Easy tanning of exposed skin
- Tiny papules appearing with new hair growth
- Cosmetic concern regarding bilateral arms and legs

She had been waxing regularly every month and was using a salicylic acid body wash with only minimal improvement.

She also complained of diffuse hair fall for six months after shifting to Pune, losing approximately 50–60 hair strands daily, associated with mild dandruff and occasional scalp itching.

History of Present Illness

The follicular papules initially developed after waxing approximately six years earlier. Over time, the lesions persisted despite routine skin care.

The patient observed increased tanning, uneven pigmentation, and rough skin over the extensor surfaces of both upper limbs and legs.

Hair fall developed six months before consultation following relocation to Pune and was associated with mild dandruff but no scalp inflammation.

Past History

- Dengue fever five years previously
- No chronic systemic illness
- No previous dermatological treatment except salicylic acid body wash

Family History

Father: No significant illness (retired)
Mother: Healthy
One elder brother.

Personal History

Parameter	Findings
Diet	Mixed
Appetite	Normal
Desire	Deep-fried/street food
Aversion	None
Thirst	Approximately 2 L/day
Stool	Satisfactory
Urine	Normal
Sleep	8–9 hours, refreshing
Thermals	Ambithermal
Menstrual history	Regular, 5-day cycles

Mental Generals

The patient was an extroverted, friendly, and socially interactive individual who mixed easily with people.

She did not become irritable easily and generally maintained emotional stability.

Her major concern was uncertainty regarding future employment following completion of her education. She experienced mild stress while searching for a job because her father had retired.

Although generally confident socially, constitutional evaluation suggested mild lack of confidence regarding her future career.

No significant mood swings, anxiety disorder, or depressive symptoms were elicited.

Clinical Examination

General examination revealed:

- Multiple follicular keratotic papules over bilateral upper arms and forearms
- Similar lesions over lower limbs
- Post-inflammatory hyperpigmentation
- Uneven skin texture
- Mild tanning
- Mild diffuse hair fall
- Mild dandruff
- No active inflammation

Investigations

Laboratory investigations showed:

Investigation	Result
Hemoglobin	11.7 g/dL
Serum Creatinine	0.55 mg/dL
Serum Calcium	10.01 mg/dL
Total Cholesterol	147 mg/dL
Triglycerides	97.2 mg/dL
HbA1c	4.9%
TSH	2.15 µIU/mL
Vitamin D	9.63 ng/mL (Deficient)
Vitamin B12	172 pg/mL (Low)
Serum Ferritin	3.8 ng/mL (Low)

Appropriate supplementation with Vitamin D, Vitamin B12, and iron was initiated.

DIAGNOSIS

Primary Diagnosis

Keratosis Pilaris.

Associated Diagnosis

- Diffuse telogen hair fall
- Mild seborrhoeic scalp involvement

Differential Diagnosis

- Keratosis pilaris
- Follicular eczema
- Phrynoderma
- Lichen spinulosus

CASE ANALYSIS

The patient presented with chronic keratosis pilaris associated with post-inflammatory pigmentation, diffuse hair fall, and nutritional deficiencies.

The constitutional picture consisted of an extroverted and friendly personality, mild lack of confidence, emotional sensitivity regarding future career, and stress related to employment. Physical generals included craving for fried foods, ambithermal constitution, refreshing sleep, and mixed diet.

Although laboratory investigations revealed vitamin D, vitamin B12, and ferritin deficiencies contributing to hair fall, the chronic follicular skin disorder and constitutional features guided remedy selection.

Following repertorial analysis, Silicea 200C was selected as the constitutional remedy because of the patient's constitutional profile and chronic skin condition. Berberis aquifolium was prescribed as supportive treatment for post-inflammatory pigmentation, while nutritional deficiencies were corrected simultaneously.

TOTALITY OF CHARACTERISTIC SYMPTOMS

Mental Generals

- Friendly and extroverted
- Easily mixes with people
- Mild lack of confidence
- Stress regarding future employment
- Emotionally stable
- Does not get irritated easily
- No significant mood swings

Physical Generals

- Craving for deep-fried/street food
- Ambithermal
- Refreshing sleep
- Appetite normal
- Thirst around 2 litres/day
- Mixed diet
- Regular menstruation

Particular Symptoms

- Keratosis pilaris since six years
- Rough "strawberry skin" over both arms and legs
- Uneven skin texture
- Post-inflammatory pigmentation
- Skin tans easily
- Tiny follicular papules after hair growth
- Hair fall since six months
- Mild dandruff with occasional itching
- Vitamin D, Vitamin B12 and ferritin deficiency

REPERTORIAL ANALYSIS

Repertorization was performed using Hompath Zomeo software based on the characteristic mental generals, physical generals, and local symptoms.

Selected Rubrics

- Mind — Lack of confidence
- Mind — Friendly disposition
- Skin — Keratosis
- Skin — Eruptions — Follicular

- Generalities — Food and drinks — Fried food — Desire
- Hair — Falling

Constitutional Remedy

Based on constitutional analysis, Silicea was selected as the similimum.

Although repertorial scoring suggested several remedies, the patient's constitutional picture, chronic follicular skin disorder, emotional sensitivity with mild lack of confidence, and tendency towards nutritional deficiencies strongly supported Silicea.

REMEDY DIFFERENTIATION

Silicea

Silicea was selected because of its well-recognized affinity for chronic disorders of skin, hair, and nails. The patient's chronic keratosis pilaris, diffuse hair fall, mild lack of confidence, nutritional deficiencies, and tendency for slow tissue repair closely corresponded to the constitutional picture of Silicea.

Calcarea carbonica

Calcarea carbonica was considered because of chronic skin disease but lacked the constitutional characteristics of this patient, particularly obesity, sluggishness, and marked perspiration of the head.

Sulphur

Sulphur was considered because of chronic skin involvement but was ruled out because the patient lacked the characteristic heat, aggravation from bathing, untidiness, and marked itching typical of Sulphur.

Graphites

Graphites was considered because of chronic skin roughness and pigmentation but did not correspond to the patient's extroverted personality or clinical presentation.

PRESCRIPTION

Stage	Prescription
Constitutional remedy	Silicea 200C
Acute/Supportive remedy	Berberis aquifolium
Nutritional supplementation	Vitamin D3, Vitamin B12, Iron (Ferritin deficiency)
Follow-up	Placebo during improvement

LIFESTYLE ADVICE

- Avoid repeated waxing over affected areas
- Continue gentle exfoliation
- Daily moisturization
- Balanced protein-rich diet
- Continue Vitamin D, Vitamin B12 and iron supplementation
- Adequate hydration

- Avoid excessive sun exposure
- Use sunscreen regularly

MIASMATIC ANALYSIS

The case demonstrated predominantly Psoro-Sycotic miasm.

Psoric Features

- Dry skin
- Rough follicular papules
- Hair fall
- Mild dandruff
- Functional nutritional deficiencies

Sycotic Features

- Long-standing follicular keratinization
- Persistent pigmentation
- Chronic recurrent lesions

FOLLOW-UP

Duration	Clinical Progress
1 Month	No itching; lesions over forearms reduced; no new lesions; overall improvement.
2 Months	Lesions over forearms and back reduced further; occasional new lesions over arms only; hair fall reduced.
3 Months	Significant reduction in follicular papules; pigmentation lighter; no itching; scalp symptoms minimal; patient generally much better.

CLINICAL OUTCOME ASSESSMENT

Clinical Parameter	Baseline	Final Follow-up
Follicular papules	Numerous	Markedly reduced
Rough skin texture	Severe	Mild
Uneven pigmentation	Marked	Improved
Itching	Occasional	Absent
New lesions	Frequent	Occasional few lesions
Hair fall	50–60 strands/day	Reduced
Dandruff	Mild	Minimal
Overall cosmetic appearance	Poor	Significantly improved

Figure 1. Leg skin before and after individualized homoeopathic treatment, showing reduction in follicular papules and improved skin texture.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

The patient was primarily concerned about the cosmetic appearance of her arms and legs because of the persistent rough skin texture and pigmentation. Associated hair fall further affected her confidence after relocating to Pune. Following treatment, progressive reduction in follicular lesions, improvement in skin texture, absence of itching, and reduction in hair fall significantly improved her confidence and daily comfort. She also reported feeling more optimistic while preparing for future employment.

PATIENT PERSPECTIVE

> *"The roughness of my skin has reduced, and my forearms look much better than before. The itching has completely stopped, and my hair fall has also reduced. I feel more confident about my appearance now."*

LEARNING POINTS

- Keratosis pilaris should be evaluated along with associated nutritional deficiencies that may contribute to hair fall.
- Constitutional prescribing may improve both follicular keratosis and associated scalp complaints.
- Correction of Vitamin D, Vitamin B12, and iron deficiency is an important component of comprehensive management.
- Regular moisturization and avoidance of repeated mechanical trauma such as frequent waxing help reduce recurrence.
- Objective serial follow-up allows assessment of gradual improvement in this chronic cosmetic disorder.

DISCUSSION

Keratosis pilaris is a chronic disorder of follicular keratinization characterized by keratotic papules, rough skin texture, and post-inflammatory pigmentation. Although benign, it frequently causes cosmetic distress,

especially among young adults. In the present case, the patient had longstanding keratosis pilaris associated with diffuse hair fall and laboratory evidence of vitamin D, vitamin B12, and ferritin deficiency.

Constitutional evaluation identified a friendly, extroverted individual with mild lack of confidence and stress regarding future employment. Based on the totality of symptoms, Silicea 200C was prescribed as the constitutional remedy, while Berberis aquifolium was used as a supportive remedy for pigmentation. Simultaneous correction of nutritional deficiencies was undertaken using vitamin D, vitamin B12, and iron supplementation. During follow-up, the patient demonstrated progressive reduction in follicular papules, improvement in skin texture and pigmentation, complete resolution of itching, and decreased hair fall. The favorable clinical response suggests that individualized constitutional homoeopathic treatment combined with correction of nutritional deficiencies and appropriate skin care can contribute to sustained clinical improvement in keratosis pilaris.

CONCLUSION

This case demonstrates the successful management of chronic keratosis pilaris associated with diffuse hair fall using individualized homoeopathic treatment. Constitutional Silicea 200C, supported by Berberis aquifolium, nutritional supplementation, and appropriate skin care measures, resulted in marked improvement in follicular lesions, skin texture, pigmentation, and hair fall. The case highlights the importance of an individualized constitutional approach together with correction of underlying nutritional deficiencies in achieving favorable long-term outcomes.