

Successful Homeopathic Management of Pitted Keratolysis: A Case Report

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Abstract:

Pitted keratolysis is a superficial bacterial infection of the stratum corneum, commonly seen in individuals with hyperhidrosis and poor foot hygiene. It presents with shallow pits on pressure areas of the feet, foul odor, and whitish maceration. The condition is caused by bacteria such as *Corynebacterium* and *Kytococcus* species. Diagnosis is primarily clinical, supported by Gram stain and Wood's lamp if needed. Allopathic treatment involves topical or oral antibiotics and antiperspirants. In homeopathy, a constitutional approach is taken, and in this case, **Silicea 30C** was prescribed based on the totality of symptoms.

Keywords: Pitted keratolysis, homeopathy, Silicea, case report, individualized treatment

INTRODUCTION

1. Anatomy Involved:

- **Skin layer affected:** *Stratum corneum* (the outermost layer of the epidermis).
- **Location:** Most commonly affects *pressure-bearing areas* of the feet:
 - Soles (especially the **heels and balls of the feet**)
 - Occasionally toes and palms (rare).

Pathophysiology:

Pitted keratolysis is a **superficial bacterial skin infection** of the stratum corneum caused primarily by:

- **Corynebacterium species**
- **Kytococcus sedentarius**
- **Dermatophilus congolensis**

Key Mechanisms:

- These bacteria produce **proteolytic enzymes** (keratinases) that **digest keratin**, leading to:
 - Formation of **shallow pits**
 - Breakdown of stratum corneum
 - Release of **volatile sulfur compounds** → causes **foul odor**

Predisposing factors:

- **Hyperhidrosis** (excessive sweating)
- **Occlusive footwear**
- **Poor foot hygiene**
- **Hot and humid environments**

3. Signs and Symptoms:

Signs:

- Multiple **punched-out pits/craters** (1–3 mm) on the soles
- **Whitish, moist, macerated** appearance
- **Coalescing pits** in severe cases
- **Foul-smelling odor**
- No erythema, swelling, or discharge (unless secondarily infected)

Symptoms (what the patient feels):

- Usually **painless**
- Sometimes **mild burning or itching**
- **Unpleasant foot odor**
- Rarely discomfort while walking

4. Laboratory Tests:

- **Gram Stain** of skin scrapings:
 - Shows **Gram-positive cocci** (e.g., *Corynebacterium*, *Kytococcus*)
- **Wood's Lamp Examination:**
 - May show **coral red fluorescence** (due to *Corynebacterium*)
- **Culture** (not routinely done unless diagnosis unclear)
- **Skin biopsy** (rare; only for atypical cases)

5. Physical Examination:

- **Inspection of soles:**
 - Look for pits in high-pressure areas (balls of feet, heels)
 - Moist, macerated skin
 - Foul odor
- **Check for:** signs of secondary infection, excessive sweating (hyperhidrosis)
- **Examine footwear:** for moisture, hygiene, breathability

6. Provisional Diagnosis:

- Based on **clinical presentation:**

"Pitted keratolysis likely, given the presence of characteristic pitting on pressure areas of the soles with foul odor and history of prolonged occlusive footwear."

7. Confirmed Diagnosis:

- **Clinical diagnosis is usually sufficient**
- **Confirmatory tests** (if needed):
 - Gram stain of skin scrapings
 - Wood's lamp examination
 - Response to empirical treatment (topical antibiotics)

TREATMENT

Allopathic treatment of pitted keratolysis focuses on eliminating the bacterial infection and managing contributing factors like excessive sweating. First-line therapy involves the use of topical antibiotics such as clindamycin 1%, erythromycin 2%, mupirocin, or fusidic acid, applied twice daily for 1 to 2 weeks. In more severe or resistant cases, oral antibiotics like erythromycin (250–500 mg four times daily) or clindamycin (300 mg twice daily) may be prescribed for 7–10 days. Adjunctive treatments include

keratolytic agents like salicylic acid or urea creams to remove thickened skin and aluminum chloride hexahydrate 20% solution to reduce hyperhidrosis. Supportive measures such as keeping the feet dry, changing socks regularly, using moisture-wicking footwear, and practicing good foot hygiene are also essential to prevent recurrence.

While, In homeopathic treatment of pitted keratolysis, understanding the **constitution** of the patient plays a vital role. The constitutional approach considers the individual's overall physical, emotional, and mental makeup. Patients suffering from pitted keratolysis often present with **excessive perspiration**, particularly on the soles, which creates a moist environment conducive to bacterial growth. The **body build** may vary, but individuals with weakened immunity, poor hygiene practices, or those prone to sweating—such as athletes or those with a sedentary lifestyle in warm climates—are more susceptible. **Mental symptoms**, such as irritability, low confidence due to foot odor, or anxiety about personal hygiene and social interaction, may also guide remedy selection. **Recurrent infections** are common when the underlying susceptibility is not addressed, and homeopathy aims to break this cycle by strengthening the body's natural defenses. By focusing on **individual healing capacity**, homeopathy not only treats the current infection but also works to reduce future occurrences by balancing the internal system and improving the overall resistance of the skin and immune response.

Case presentation

- **Name:** Mr. Rahul S
- **Age:** 27
- **Sex:** Male
- **Occupation:** Gym trainer
- **Presenting Complaint:** Foul odor and lesions on feet for 2 weeks

History of Present Illness:

The patient reports a **foul-smelling odor** from his feet for the past two weeks, accompanied by **whitish discoloration** and **tiny pits or erosions** on the soles, especially on pressure-bearing areas like the balls of the feet and heels.

He denies pain but notes a **burning sensation and mild itching** after removing his shoes.

- **No fever**
- **No systemic symptoms**

Past Medical History:

- No known chronic illness
- No history of similar lesions in the past

Family history

- **Father** – diabetes mellitus type 2 since 10 years

Personal history –

- **Thirst** – cold water preferable according to season
- **Appetite**- 2 to 3 meals /day
- **Sleep**- Sound
- **Stool**- Once in a day (soft)
- **Thermal** – chilly pt
- **Urine** – Regular
- **Perspiration**- Profuse offensive specially in foot

Lifestyle and Risk Factors:

- Wears **closed shoes for long hours**
- **Excessive sweating** of the feet (hyperhidrosis)
- Poor foot hygiene due to long working hours

Clinical Examination:

- **Vitals:** Stable
- **Dermatological Examination:**
 - Multiple **shallow, crater-like pits** on the plantar surface of right feet
 - More prominent in pressure areas (metatarsal heads and heels)
 - **Whitish maceration** of the skin
 - **Foul odor** present
 - No significant erythema, swelling, or discharge
 - No signs of secondary infection

MENTAL SYMPTOM

- he is very under confident , he could not perform well
- he faces failure because of this
- he was bit concern about his acne , he felt this is not looking good that also affects my confidence

ANALYSIS AND EVALUATION OF SYMPTOM

- Under confident
- Fear of failure
- Acne
- Profuse perspiration in feet

TOTALITY OF SYMPTOM WITH REPETORIZATION

- **Mind – confidence -want of self confidence**
- **Mind – fear-failure ,of**
- **Face – eruption -acne**
- **Extremities – perpiration – foot suppressed**

MIASMATIC ANALYSIS-

Definitely , it's a psora Here , patient came with a acute complain and diagnosis of presenting complain is pitted keratolysis so , the medicine was choosen on the symptoms which were present at time after that constitutional medicine will prescribe for the perspiration and recurrent complain of suppuration . That will be cover by homoeopathy medicine and it's a individual treatment .

POSOLOGY

Complain is Acute ,psora in background , medicine is silicea which is polycrest , so SILICEA in 30C potency has been given TDS FOR 3 DAYS .

Provisional Diagnosis:**Pitted Keratolysis****Diagnosis – Pitted keratolysis**

FOLLOW UP – AFTER 3 DAYS SEEN IN PHOTOGRAPH



8:56 PM

Remedies

Authors

Analysis

Delete

More

Chapters

Repertory

Bookmarks

Search

Clipb. list

Rem. list

Auth. list

Email

Silicea pitted

Back

MIND

1 MIND - CONFIDENCE -
want of self-confidence

2 MIND - FEAR - failure, of

FACE

3 FACE - ERUPTIONS - acne

EXTREMITIES

4 EXTREMITIES - PERSPIRATION - Fo
suppressed

Remedies	Σ Sym	Σ Deg	Symptoms
sil.	4	10	1, 2, 3, 4
nat-m.	4	8	1, 2, 3, 4
zinc.	4	8	1, 2, 3, 4
carb-v.	4	7	1, 2, 3, 4
lys.	4	7	1, 2, 3, 4

DIFFERENTIAL HOMOEOPATHIC MEDICINE –**Commonly Used Homeopathic Remedies for Pitted Keratolysis:****1. Silicea**

- For people who sweat profusely on feet with **foul odor**
- Skin is delicate, prone to infections
- **Cold feet and limbs**, recurrent infections
- Offensive foot sweat that can cause maceration

2. Graphites

- Skin conditions with **cracks, moisture, and odor**
- Used when there is **itching**, and **oozing from the skin**
- Suits obese, chilly individuals with sluggish metabolism

3. Thuja Occidentalis

- Often used for **sycotic miasm** and **excessive sweating**
- Feet sweat and smell very offensive
- History of suppressed discharges or skin conditions
- Feet may have wart-like eruptions or pitted skin

4. Sulphur

- Classic **anti-psoric** remedy
- For those with **burning feet**, offensive sweat, itching
- Tendency to dirty, offensive, itchy skin
- General aggravation from heat

5. Psorinum

- For **offensive-smelling sweat**, especially when hygiene is good but the odor persists
- Cold, chilly patient with great sensitivity
- Used in **chronic or relapsing** skin conditions

6. Bovista

- For **sweaty, swollen feet** with a tendency to fungal/bacterial infections
- Suits people who wear tight shoes
- Blistering or maceration due to sweat

7. Bacillinum or Medorrhinum (Nosodes)

- In recurrent or deep-seated infections where there is **miasmatic involvement**
- Often used intercurrently with constitutional remedies