Silicea: A Trimiasmatic Remedy

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Received: 02-December-2020, Manuscript No. dmcr-24-2832; **Editor assigned:** 6-December-2020, PreQC No. dmcr-24-2832 (PQ); **Reviewed:** 20-December-2020, QC No. dmcr-24-2832; **Revised:** 15-May-2024, Manuscript No. dmcr-24-2832 (R); **Published:** 12-June-2024, DOI: 10.37532/2684-124X.24.9.1.006

Abstract

From the perspective of World Health Organization (WHO), homoeopathic medicine is one of the holistic and safest, effective medicine which can treat even the most difficult one sided diseases. Leukoderma is a common disfiguring autoimmune disease which negatively affects the person's self-esteem and quality of life. The existing treatment which are used off-label are general, non-targeted immune suppressants that provide modest efficacy. We report a case of leukoderma associated with PCOD that has been stable for 10 years. The patient had no associated autoimmune disease. It has been evident that a single dose of SILICEA 10 M had been effective in the treatment of this disease. Thus the fast spreading homoeopathic treatment thus enhances the quality of life and brings in subjective well being.

Keywords: Leukoderma • Homoeopathy • Silicea

Introduction

Leukoderma is a benign disorder of skin pigmentation with a clinical presentation of white macules or patches. It affects about 1% of people worldwide and is phenotypically characterized by acquired depigmented patches of skin from which melanocytes (pigment-producing cells) have been lost. It has a pronounced impact on the physical and mental health of patients, including loss of skin photo protection, compromised cutaneous immunity and an appreciable reduction in quality of life that is directly correlated with the early age of onset (typically in the first two decades of life) [1]. However, with the passage of time, the skin patches might get enlarged. Most of the major skin changes might become noticeable around the age of 10 to 30 years. The main symptom is associated with the development of white patches on the skin most commonly in the areas that are usually exposed to sunlight including arms, hands, lips, face and others. In addition to the formation of white patches on the skin, there are additional leukoderma symptoms as well. These might include the development of grey eyelashes, grey hair, grey beard, loss of the color of the mucosal membranes and loss of the color of the retina of the eyes [2].

Homoeopathic approach

The treatment of leukoderma is difficult as it falls under one sided disease classification. Yet the treatment with a single dose in higher potencies proved to be much effective as homoeopathy treats the individual who is sick and not the disease of the individual. The symptom totality here is the expression of the deranged vital force. Thus the holistic approach helps in understanding the patient as a whole, not just the affected body parts [3].

Case Presentation

Personal data

Name: Mrs. Rejani
Date of case taking: 18/11/2013
Age and sex: 31 Years/Female
Religion: Hindu
Nationality: Indian
Occupation: Finance shop worker
Address: Vettuplankalai, Chekavilai

History of presenting illness

The patient complaints started gradually and lasts for nearly 10 years and she had taken Allopathic and Ayurveda medicine for her complaints and had no much relief now since 2 years she complaints of white patchy discoloration on both feet. The exact cause is unknown. There is no history of any autoimmune disease. She also complaints of irregular menses for which she had taken allopathic medicine but had no improvement (Table 1) [4,5].

Table 1. History previous illness.

No.	Age/Year	Illness	Treatment adopted	Outcome
1.	31 Years	Renal calculi	Allopathy	Relieved
2.	28 Years	PCOD	Allopathy	

General symptoms

Physicals:
Constitution: Carbonitrogenoid
Thermal: chilly
Mental generals: Insult feeling

Physical examination

General examination:
Conscious/Unconscious: Conscious
General built and nutrition: Well built
Weight: 63 kg
Height: 155 m

Anemia: No pallor

Jaundice: Not icteric

Cyanosis: Nil

Edema: Nil

Nails: Healthy

Gait: Steady

Blood pressure: 120/80 mm of Hg

Pulse: 74/minute

Temp: 98.4°F

Resp. rate: 18/minute

Systemic examination

Respiratory system: BAE+NVBS heard, no added sounds no abnormality detected

Cardiovascular system: S1, S2+no murmer, no abnormality detected

Central nervous system: No abnormality detected

Skin: Whitish discoloration present

Laboratory investigations

- USG abdomen (30.9.09)
- Grade II fatty liver
- Bulky uterus
- Polycystic ovaries

Diagnosis:

Provisional diagnosis: Leukoderma

Evaluation of symptoms

Mental generals:

- Insult feeling
- Low self esteem

Physical generals:

- Desire covering
- Desire sweets
- Aversion cold
- Aversion fanning
- Aversion cold food and drinks

Particulars:

- Skin: Itching with burning sensation occasionally, whitish discoloration(face, thighs, axillae, feet)
- Menses irregular

Miasmatic approach

Psora:

- Menses irregular sad due to insults
- Skin: Itching with burning sensation
- Aversion cold food

Sycosis:

- PCOD
- Renal calculi
- Weakness and abdominal distenstion

Syphilis:

- Weakness and abdominal distenstion

Rubrics

Skin: Itching, perspiration agg

Female: Menses irregular

Extremities: Discoloration, white-lower limb-feet

Abdomen: Distension-general menses during

Face: Discoloration white

Medicines

Cocc: 8/3

Sulph: 8/3

Kali. carb: 7/3

Lyco: 7/3

Graph: 5/3

Merc: 5/3

Nat. mur: 5/3

Results and Discussion

Skin pigmentation occurs by melanocytes that are within the epidermal basal layer. Leukoderma is a skin pigmentation disorder in which the melanocytes are affected. It is traditional in histopathology that leukoderma is characterized by an absence of functioning melanocytes. On developing lesions, an infiltrate of lymphocytes is frequently identified. Clinically it is manifested by depigmented macules and patches [6]. Although Leukoderma has been known for a significant portion of human history, its etiology has remained obscure. Multiple theories have been proposed, which include genetic, environmental and autoimmune mechanisms. Leukoderma has a 7-10 fold increased risk in first-degree relatives. There is high occurrence of comorbid autoimmune diseases such as hashimoto's disease and diabetes mellitus in patients with leukoderma. In an attempt to cohesively define nomenclature, clinical progression, outcome and disease classification, a review was conducted by leukoderma global issues consensus conference. Leukoderma can be classified as non-segmental, segmental or mixed [7].

The subtypes are important for clinical symptoms and etiology. Nonetheless, leukoderma has an unpredictable clinical course. Some lesions remain stable, while others slowly progress, new lesions may appear or some patients experience flares in between stable periods. Leukoderma can have a significant impact on quality of life due to its psychological aspects. As our patient expressed, individuals often feel a significant burden with low self-esteem which would affect her ability to have a normal life. Women and children are often the most impacted by the feelings of embarrassment. Since Leukoderma is a rare diagnosis, the inability to provide information on the clinical course further exacerbates the stress of the diagnosis for the patients and their families [8,9]. According to H. A. Roberts, after the first prescription has been made sometimes the patient will come to a standstill. The symptoms have changed in an orderly way; new symptoms have come up; but finally the symptoms have all retired in the reverse order to a former state and are hardly of sufficient importance to be considered. The patient will acknowledge that the troublesome symptoms have disappeared and that he has little in the way of symptoms to report, but he does not feel well; there is no general sense of well-being, yet he can scarcely tell you why and where he does not feel well.

In such states we should wait until we are quite sure the remedy has ceased to act. There are remedies that have a "do nothing" stage in their unfolding and we must be sure, before repeating the remedy, that the first prescription has entirely run out its cycle. If we have found a "do nothing" stage, it may be but a part of the remedy is still acting and to repeat the remedy at this time could do no good and might do harm.

In other words, this "do nothing" stage is an expression of the pathogenesis of the remedy as manifesting itself in the curative process and by a little more patient waiting the patient will be ready for the next prescription. In these "do nothing" states no other remedy can fill in, because there are no strong indications for another remedy and the symptomatology has not altered to any marked degree except by lessening in intensity and since there has been little change and no marked new symptoms have arisen, we have no guides for another remedy.

Conclusion

This trimiasmatic disease leukoderma has been treated with a single dose of homoeopathic medicine silicea in higher potency for several years and found her complaints improved on further follow up. Here we understand the concept of do nothing stage which is very much essential in the treatment of one sided diseases.

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Cite this article: Murugan M, et al. "Silicea: A Trimiasmatic Remedy". Dermatol Case Rep, 2024, 9(1), 1-3.