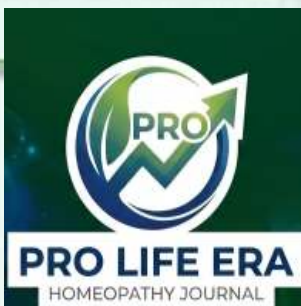




A Clinical Study On The Effectiveness of Individualized Homoeopathic Treatment in Pediatric Keratosis Pilaris

Abstract-Background: Keratosis pilaris (KP) is a common benign follicular keratinization disorder affecting children and adolescents. It is characterized by rough, keratotic papules over the extensor surfaces of the arms, thighs, cheeks, and buttocks. Although harmless, the condition often causes cosmetic concern, dry skin, itching, and reduced self-confidence. Conventional treatment provides only temporary symptomatic relief. Individualized homoeopathic treatment aims to address the patient's constitutional susceptibility and improve both local and general health.

Objective-To evaluate the effectiveness of individualized homoeopathic treatment in children with Keratosis Pilaris.

Materials and Methods: A prospective observational clinical study was conducted on 30 pediatric patients aged 5–15 years diagnosed with Keratosis Pilaris. Detailed case taking, constitutional analysis, repertorization, and individualized homoeopathic prescriptions were performed. Patients were followed monthly for six months. Clinical improvement was assessed by reduction in roughness, erythema, itching, and number of keratotic papules.

Results: Most children showed noticeable improvement in skin texture and reduction in follicular papules. General health, appetite, sleep, and recurrent associated complaints also improved in many cases.

Conclusion: Individualized homoeopathic treatment demonstrated encouraging results in the management of pediatric Keratosis Pilaris and may serve as a safe complementary therapeutic option. Larger controlled clinical trials are recommended.

Keywords: Keratosis Pilaris, Pediatric Homoeopathy, Constitutional Treatment, Individualized Homoeopathy, Follicular Keratosis.

Introduction-Keratosis Pilaris is a common hereditary disorder of keratinization characterized by excessive keratin deposition within hair follicles, producing small, rough, follicular papules commonly described as "chicken skin." It frequently affects children and adolescents and commonly involves the upper arms, thighs, cheeks, and buttocks. The prevalence is estimated to be between 30% and 50% among children and adolescents.

The exact etiology remains uncertain; however, genetic predisposition, dry skin, atopic dermatitis, ichthyosis vulgaris, nutritional deficiencies, and environmental factors are believed to contribute to its development. Symptoms often worsen during winter because of decreased humidity and improve during warmer months.

Although Keratosis Pilaris is medically benign, the cosmetic appearance and associated dryness or itching may significantly affect the child's quality of life and self-esteem.

Conventional management consists of emollients, keratolytic creams, moisturizers, and topical retinoids, which usually provide temporary relief without addressing constitutional susceptibility.

Homoeopathy emphasizes individualized constitutional prescribing based on the totality of symptoms, considering physical, mental, emotional, hereditary, and miasmatic factors. The aim is not only to improve skin lesions but also to restore overall health and reduce recurrence.

Materials and Methods

•**Study Design:** Prospective observational clinical study.

•**Study Setting:** Homoeopathic Outpatient Department.

•**Study Population:** 30 children aged 5–15 years diagnosed with Keratosis Pilaris.

Inclusion Criteria

•Children aged 5–15 years.

•Clinically diagnosed Keratosis Pilaris.

•Informed consent from parents or guardians.

Exclusion Criteria

•Severe dermatological diseases requiring emergency treatment.

•Secondary keratotic disorders.

•Patients receiving systemic immunosuppressive therapy.

Methodology-A detailed homoeopathic case history was recorded, including family history, constitutional features, thermal reaction, food desires, mental generals, physical generals, and associated complaints. Repertorization was performed whenever necessary, followed by individualized constitutional prescription. Follow-up was conducted every four weeks for six months.

Outcome Measures-Clinical improvement was assessed using:

•Reduction in follicular papules

•Improvement in skin roughness

•Reduction in erythema

•Relief from itching

•Improvement in overall well-being

Observations-The majority of patients

belonged to the 10–15 years age group. Both males and females were affected, with a slight female predominance. Positive family history was observed in several cases. Many children had associated dry skin, atopic tendencies, allergic rhinitis, or eczema.

Common constitutional medicines prescribed according to individual symptom totality included **Sulphur, Graphites, Calcarea Carbonica, Natrum Muriaticum, Lycopodium Clavatum, Petroleum, Psorinum, and Silicea**. Medicines were selected strictly on constitutional indications rather than disease diagnosis alone.

Discussion-Keratosis Pilaris is often regarded as a cosmetic condition; however, it may negatively influence the psychological well-being of affected children. The present study suggests that individualized homoeopathic treatment may help reduce follicular keratosis while simultaneously improving constitutional health.

Patients receiving individualized constitutional remedies demonstrated gradual softening of the skin, reduction in follicular plugging, decreased erythema, and relief from itching. Improvement was more pronounced among children with shorter disease duration and better compliance with dietary advice and skin hydration measures.

Homoeopathic treatment was individualized according to constitutional characteristics rather than pathological diagnosis. Children receiving remedies corresponding to their constitutional picture also exhibited improvement in associated complaints such as recurrent respiratory infections, constipation, poor appetite, and sleep disturbances, supporting the holistic philosophy of homoeopathy.

The absence of adverse drug reactions and the gentle nature of constitutional prescribing make homoeopathy a potentially useful complementary approach in pediatric dermatology.

Nevertheless, this study has several

limitations, including a relatively small sample size, lack of a control group, and short follow-up period. Future randomized controlled trials with larger populations and objective dermatological assessment scales are needed to validate these findings.

Conclusion-Individualized constitutional homoeopathic treatment demonstrated encouraging clinical improvement in pediatric Keratosis Pilaris. Most children experienced reduction in follicular papules, smoother skin texture, decreased itching, and improvement in general health. Constitutional prescribing based on the totality of symptoms appears to be a promising complementary therapeutic approach. Further multicentric randomized controlled studies are recommended to establish stronger clinical evidence.

Conflict of Interest-None.

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Table 1: Clinical Outcome after Six Months

Clinical Outcome	Number of Cases	%
Marked Improvement	9	30%
Moderate Improvement	13	43.3%
Mild Improvement	6	20%
No Significant Improvement	2	6.7%