

Case of Plantar Keratoderma (PPK) treated with NAT CARB

A 40 yr old male with no comorbidities came with plantar keratoderma (subset palmoplantar keratoderma- PPK). He had lesions on the left foot, almost a 3-inch superficial ulcer with a punched-out appearance on the heel, slowly increasing in size for last 2 yrs. In the other areas the skin was thickened and he experienced severe itching. There was a dearth of any other symptoms in the case. 3 doses of Nat carb were given to be taken at 10 days interval, with instructions to stop the medicine if improvement starts.

After a month the patient reported that the ulcer started healing and there was a reduction in the depth of the lesion. 2 more doses were given with similar instruction: to repeat only if improvement stops, otherwise continue saclac. This time patient returned 2 months later with lesions almost reduced to 1/3rd the original size. He was kept on saclac without any further dosages and the lesion was completely healed a month later, ending his 2 yr ordeal.

Explanation

This case was a one-sided case with no other symptoms than just the ulcer and itching. The modalities were not clear so was the exciting cause and concomitants. Looking at the ulcer I thought of silicea, kali bi etc. The ulcer was dry and there was no tendency to suppurate. It had the punched-out quality of kali bi but no other characteristic, discharge or pointer. Pulford keynotes to materia medica describes Nat Carb (given in lycopodium- lyco has ulcer on instep) as having ulcer on heels. It was on this basis that Nat carb was chosen in a moderate potency. In retrospect may be a single dose of higher potency would have done the trick, instead of repeating frequent doses of a lower one.

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