



A Case Report: Showing The Effectiveness Of Homeopathic Remedies In Treating “Psoriasis”

¹Dr.D. Mastan Vali, ²Dr.Nadiminti Srilekha, ³ Dr. Kasharaju Sindhuja, ⁴Dr.Ramadugu Anusha.

¹Assistant professor, Department of community medicine Hamsa Homeopathy medical College, Hospital and research centre, ² Intern Hamsa Homeopathy medical College, Hospital and research centre, ³ Intern Hamsa Homeopathy medical College, Hospital and research centre, ⁴ Intern Hamsa Homeopathy medical College, Hospital and research Centre

Abstract:

Psoriasis is one of the most common skin disease seen mostly nowadays. It is a chronic inflammatory, hyperproliferative skin disease, is characterized by erythematous, scaly plaques, results from genetic, environmental and immunological factors. This article deals with an overview of psoriasis, and also a case report of psoriasis based on clinical experiences.

Keywords:

Psoriasis

Erythroderma

Chronic inflammatory disease Autoimmune

Homeopathy

Miasmatic treatment.

Introduction:

Psoriasis is a chronic inflammatory, hyper proliferative skin disease, it is characterized by well defined, erythematous scaly plaques particularly affecting extensor surfaces, scalp and nails and usually follows a relapsing and remitting course¹. Psoriasis affects approximately 1.5 to 3 % of Caucasians but is less common in Asian, south American and African population¹. It occurs in both sexes and at any age, all though it is uncommon under the age of 5 years, more than 50% patients Present before the age of 30 years¹.

Both genetic and environmental factors are important¹. Variants of the HLA -C region within the major histocompatibility complex (MHC) on chromosome 6 account for almost half of the heritability of psoriasis¹.

Environmental triggers include:

Trauma: Lesions can appear at sites of skin trauma such as scratches or surgical wounds (Kobners isomorphic phenomenon)¹.

Infection: Beta haemolytic streptococcal throat infection often precede guttate psoriasis¹. Severe psoriasis may be the initial presentation of HIV infection¹.

Sunlight:

Psoriasis may occur or worsen after sun exposure, mainly due to koebnerisation at sites of sunburn or polymorphic light eruption¹.

Drugs:

Anti malarials, beta – adrenoceptor antagonists (beta blockers), lithium NSAIDS and TNF -alpha inhibitors can exacerbate psoriasis¹.

Psychological factors:

Anxiety and stress may exacerbate psoriasis in predisposed individuals¹.

Different presentation:**1.plaque psoriasis:**

Most common presentation usually represents more stable disease. The typical lesion is a raised, well demarcated erythematous plaque of variable size in untreated cases silvery white scales evident and more obvious on scraping the surface, which reveals bleeding points (Auspitz sign)¹. The most common sites are the extensor surfaces notably elbows and knees and the lower back¹. Others include scalp, nails, flexures and palms.

2. Guttate psoriasis:

Most common in children and adolescence. It may present shortly after a streptococcal throat infection and evolves rapidly¹. Individual lesion is droplet shaped, small (less than 1 cm) erythematous scaly and numerous¹. Guttate psoriasis often heralds the onset of plaque psoriasis in adulthood¹.

3.Erythrodermic psoriasis:

One of the rarest forms of psoriasis. Generalized erythrodermic psoriasis is a medical emergency¹

4. Pustular psoriasis:

It is of 2 types localized and generalized. Generalized is uncommon, unstable and life threatening¹. Localised pustular psoriasis of the palms and soles (palmoplantar psoriasis) is more common¹.

5.Arthropathy:

Between 5% and 10% of individuals with psoriasis develop an inflammatory arthropathy¹. Joint involvement is more likely in patients with psoriatic nail disease¹.

ASSESSMENT AND INVESTIGATIONS

An infection screen, particularly throat swab and/or serology for recent streptococcal infection, may be informative in guttate psoriasis¹.

Psoriasis area severity index (PASI) and dermatology life quality index are most widely used measurement tool¹.

AUSPITZ'S SIGN: Appearance of bleeding points on forcible removal of the scales done by glass slides⁸.

KOEBNER'S SIGN: Development of isomorphic lesion at the site of scratch, trauma, burn and incision⁸.

SPECIFIC INVESTIGATIONS**SKIN BIOPSY:****Findings:**

HYPERKERATOSIS: Increase the thickness of stratum corneum⁸.

PARAKERATOSIS: Presence of nucleated cells in stratum corneum⁸.

MICROMUNRA ABSCESS: Collection of neutrophil in stratum corneum⁸.

STALWARTS ABOUT PSORA

ACCORDING TO HAHNEMANN:

Psora is the most ancient, most universal, most destructive and yet most misapprehended chronic miasmatic disease⁵. The Psora, of which evil the eruptions of itch and its other forms, the Tinea capitis, Milk crust, Tetter etc. Are only indications announcing the internal monstrous disease of the whole organism, only local external symptoms which act vicariously, mitigatingly for the internal disease⁵.

ACCORDING TO J.T. KENT

Psora is nothing but an outward manifestation of that which is prior in man. Kent says it is the state that is prior the itch is not prior⁶.

Different names have been given to the skin diseases but we see that names are of very little value⁶. The different eruptions change into varying forms but they are all from one cause and will come back in their successive stages under the Homeopathic treatment⁶.

ACCORDING TO STUART CLOSE

The (Psora itch), the disease manifested itself mostly on the skin and external part; and second because the cutaneous manifestations of the diseases which spring from this cause were accompanied in their original form, by intense itching, and burning⁷.

SCOPE OF HOMEOPATHY IN TREATING PSORIASIS

There are some drugs in homeopathy which gives good results in treating psoriasis. One cannot only cure the disease but can control the recurrence rate.

Some drugs include:

1.ARSenicum IODATUM:

Dry, scaly, itchy². Marked exfoliation of skin in the form of large scales, leaving a raw exuding surface beneath². Psoriasis².chronic skin affections².The skin is cold to touch; dryness of the skin with inability to perspire. Many eruptions on the skin; boils, pustules, rash and scales moist eruptions, eczema, itching eruption; herpes; psoriasis³.

2.LYCOPODIUM CLAVATUM:

Violent itching; fissured eruptions².Chronic eczema associated with urinary, gastric and hepatic disorders. Bleeds easily².Skin becomes thick and indurated².Vesicles and scaly eruptions, moist and dry eruptions, furfuraceous eruptions. Eruptions about the lips, behind the ears, under the wings of nose and upon the genitals, bleeding fissures like rheum upon the hands³.

3.GRAPHITES:

Unhealthy skin, every little injury suppurates². Eruptions upon the ears, between fingers and toes and on various parts of body from which oozes a watery, transparent sticky fluid. Worse, warmth at night and better by wrapping². Skin of the hands hard, fissured, hot and bleeding. Psoriasis of the hands and fingers; raw, moist places between the fingers; the finger nails thick and brittle³.

4.PSORINUM:

Skin rough and uneven, cracks easily, bleeding fissures; it becomes rough and scaly. He cannot wash it clean. The skin of the hands is rough, chaps easily, becomes thick and scaly, easily cracks; breaks out in little scaly, eruptions; looks unwashed; he always appears to have dirty hands³. Dirty, dingy look. Dry, lusterless, rough hair. Intolerable itching. Herpetic eruptions, especially on scalp and bends of joints with itching; worse, from warmth of bed. Crusty eruptions all over³. Burning like heat-rash below eyes; causing itching, smarting pain, burning after scratching, and feeling sore⁴.

Case illustration:**Patient information:**

A case of psoriasis, 48-year-old male, came to Hamsa Homeopathy medical College hospital and research Centre, Vantimamidi, Telangana on 16/03/23. And his case was taken in our patient department.

Presenting complaints:

Patient was presented with the complaints of dry, scaly, whitish eruptions on both upper extremities and over abdomen, associated with itching and is leading to scratching and causes bleeding from the part. Complaints aggravated during night, exposure to cold weather and ameliorated by hot application.

History of present illness:

Complaints started 5 years back, with dry scaly eruptions over right palm and left forearm which is associated with severe itching and bleeding from the part. The onset was gradual, and had a history of psoriasis in family. Now the patient presented with dry, scaly, whitish eruptions on both upper extremities and over abdomen, associated with itching and is leading to scratching and causes bleeding from the part and the complaints which are aggravated during night and exposure to cold weather and ameliorated by hot application.

Past history:

He had a history of known complaints of psoriasis and used other systems of medications and got only partial relief. He also had history of known complaints of Hypertension and he is on medication.

Life space investigation:

Patient was elicited, after patient developed insight; after one week of reporting. He is second child of his parents. He had good relation with his siblings. But he is very irritable for small issues. His childhood was uneventful. No neurotic traits and behavioral problems were noted during childhood. He is very stubborn in nature from childhood. He is uneducated and doing agriculture.

Physical generals:

He had good appetite and thirst and his sleep was disturbed due to itching which was aggravated during night. Perspiration was generalized and only on exertion. Bowel and bladder functions were normal. Patient craves for nonveg especially chicken and had no specific aversion. He had the habit of drinking alcohol and he takes it daily. Thermally he was sensitive to cold.

Family history:

There was history of psoriasis in his family, and his father had psoriasis and he died of heart attack and mother had diabetes mellitus and hypertension.

Mental generals:

He is very fastidious, wants everything in order, mentally he is stubborn in nature from childhood, and very restless, irritable person. And also, he is very responsible and wants to do everything on time otherwise he will get irritated. He refused to take medicines during first visit and after subsequent visits he started using medicines.

Diagnosis and assessment:

The case was diagnosed as psoriasis, where he had the history of psoriasis since 5 years and also had the family history of psoriasis.

Repertorial totality:

[MIND], obstinate

[MIND], fastidious

[SKIN], eruptions, crusty

[SKIN], eruptions, itching, night

[SKIN], dry, bleeding after, scratching

[SKIN], crusty, dry

[SKIN], eruptions, scaly, white

[SKIN], eruptions, scaly, bran like

Remedy Name	Ars	Calc	Lyc	Merc	Sulph	Sil	Graph	Alum	Anac	Ars-i	Aur	Kali-ch
Totally	18	12	9	9	9	8	7	7	7	7	7	7
Symptoms Covered	8	5	5	5	5	3	5	4	4	4	4	3
Kinedom												
[Kent] [Mind]Obstinate: (70)	2	3	1	1	2	2		3	3		1	
[Kent] [Mind]Fastidious: (2)	2											
[Kent] [Skin]Eruptions:Crusty: (95)	3	3	3	3	3	3	3	2	2	3	2	1
[Kent] [Skin]Eruptions:Itching:Night: (18)	2			3			1			1		
[Kent] [Skin]Eruptions:Dry:Bleeding after scratching: (6)	2	1	2		2			1				
[Kent] [Skin]Eruptions:Crusty:Dry: (15)	2	2		1	1		1			2	3	
[Kent] [Skin]Eruptions:Scaly:White: (7)	2		1				1		1			3
[Kent] [Skin]Eruptions:Scaly:Bran-like: (46)	3	3	2	1	1	3	1	1	1	1	1	3

Intervention and follow-up:

The patient case was taken in outpatient department, totality was erected and repertorised using zomeo. Arsenicum is selected as it covers most of the symptoms like fastidiousness, obstinate, dry, scaly, crusty eruptions, associated with itching and which is aggravated during night, and eruptions bleeding after scratching. So based on this repertorial totality Arsenicum album 200C,1 dose was prescribed based on sector totality.

Before treatment:



Figure 1



Figure1.1

1st follow up: (15/04/23) Dry, scaly eruptions on left upper limb, right forearm and over abdomen remained same as before which is associated with itching<during night. prescribed Arsenicum 200C/ 1dose, SL 1month

2nd follow up: (15/05/23) Dry, scaly eruptions on left upper limb, right forearm and over abdomen slightly reduced than before, itching <during night. Prescribed Arsenicum 200/1dose, SL 1month

3rd follow up: (16/06/23) eruptions better than before, itching slightly better. Prescribed SL for 1month.

4th follow up: (16/07/23) Complaints remained same as before, itching aggravated, which is leading to scratching and causes bleeding from the part. Prescribed Ars iod 200/1dose, as it complementary to arsenicum album.

5th follow up:(16/08/23) eruptions better than before, itching same as before, causes bleeding from the part. prescribed Ars iod 200/1dose

6th follow up:(16/09/23) eruptions 70% better, itching better than before, prescribed Ars iod200C/1 dose

7th follow up:(16/10/23) eruptions completely reduced, itching reduced, prescribed SL for 1 month.

After treatment:



Figure 2



Figure 2.1

Conclusion: Psoriasis is the most common skin disease, with hyperproliferative skin changes, which can be environmental and immunological. Main aim of this article to show the effectiveness of homeopathy in treating psoriasis. And the case report was added which illustrates the considerable improvement in patient with psoriasis treated with individualized homeopathy. The patient was also experienced the betterment of general well-being.

REFERENCES

1. Davidson's principles and practice of medicine,23rd edition. Edited by Stuart H. Ralston, Ian D. Penman, Mark W. J. Strachan, Richard P. Hobson. (pg.no.1247-1251).
2. Boericke's new manual of Homeopathic Materia Medica with repertory. Third revised and augmented edition based on ninth edition. Willam Boericke.
3. Lectures on Homeopathic Materia Medica by J.T. Kent.
4. A dictionary of practical Materia Medica J.H. Clarke
5. The chronic diseases, their peculiar nature and their Homeopathic cure (Theoretical part with word index). DR. Samuel Hahnemann.
6. Lectures on Homeopathic philosophy by J.T. Kent
7. The Genius of Homeopathy; lectures and essays on Homeopathic philosophy by STUART CLOSE.

8. <https://www.slideshare.net/sauravPoudel1/psoriasis-67541223>

