



# Clinical Evaluation Of Individualized *Cyclamen Europaeum* In *Psoriasis Vulgaris* Associated With Psychogenic Stress

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**Abstract:** Psoriasis vulgaris is a chronic relapsing dermatosis with a significant psychosomatic component, in which psychogenic stress plays an important role in disease onset and exacerbation. Homeopathy emphasizes individualized treatment based on the totality of symptoms, including mental and emotional factors.

**Keywords:** *Cyclamen Europaeum*; *Psoriasis vulgaris*; Psychogenic stress; Individualized homeopathy; Psychosomatic disorders.

## Introduction:

Psoriasis vulgaris is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous, scaly plaques and a relapsing–remitting course. Although its etiopathogenesis involves genetic predisposition and immunological dysregulation, psychosomatic factors play a significant role in the onset, exacerbation, and persistence of the disease. Numerous studies have highlighted the influence of psychogenic stress on disease severity, treatment resistance, and quality of life in patients with psoriasis. Emotional stress, suppressed feelings, guilt, and self-reproach often precede flare-ups and contribute to chronicity by disturbing the mind–body equilibrium.

Homeopathy views psoriasis not merely as a local skin manifestation but as an expression of deeper internal disharmony involving mental, emotional, and physical planes. Individualized prescribing, based on the totality of symptoms, remains the cornerstone of homeopathic management. *Cyclamen Europaeum* is a remedy prominently indicated in individuals exhibiting emotional sensitivity, suppressed grief, self-reproach, introspection, and ailments aggravated by mental stress. Its sphere of action includes psychosomatic disorders, menstrual irregularities, and chronic conditions influenced by emotional conflicts, making it a relevant remedy for stress-associated psoriasis.

## Epidemiology

Psoriasis is a chronic, immune-mediated inflammatory dermatosis affecting approximately 2–3% of the global population. It occurs in all age groups, with bimodal peaks in early adulthood and later middle age. Both sexes are affected almost equally. The prevalence is higher in temperate and colder climates and in populations of European ancestry. A positive family history is observed in nearly one-third of patients, suggesting a strong genetic contribution to disease susceptibility.

## Etiology

The etiology of psoriasis is multifactorial, involving a complex interaction between genetic predisposition, immune dysregulation, and environmental triggers. Genetic susceptibility is strongly associated with the HLA-Cw6 allele and other loci involved in immune regulation. Environmental and precipitating factors include psychological stress, infections (particularly streptococcal pharyngitis), certain medications (e.g., beta-blockers, lithium, NSAIDs), trauma to the skin (Koebner phenomenon), smoking, and alcohol consumption. These triggers activate the immune system in genetically predisposed individuals, leading to disease expression.

## Pathophysiology

Psoriasis is characterized by a T-cell-mediated immune response with excessive production of pro-inflammatory cytokines such as tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ), interleukin-17 (IL-17), and interleukin-23 (IL-23). These cytokines stimulate keratinocyte proliferation and impair normal differentiation. The normal epidermal turnover time of approximately 28 days is reduced to 3–5 days in psoriatic skin, resulting in thickened epidermis, parakeratosis, and formation of erythematous plaques with silvery scales. Angiogenesis and increased dermal vascularity further contribute to inflammation and lesion persistence.

## Clinical Features

The most common form is psoriasis vulgaris (plaque psoriasis), presenting as well-demarcated, erythematous plaques covered with silvery-white scales, typically over the scalp, elbows, knees, and lumbosacral region. The Auspitz sign (pinpoint bleeding after removal of scales) is characteristic. Patients may complain of pruritus, burning, and cosmetic distress. Nail involvement (pitting, onycholysis, subungual hyperkeratosis) and joint involvement in the form of psoriatic arthritis may also be present. Psychological stress frequently exacerbates disease severity and relapse.

## Investigations

Psoriasis is primarily a clinical diagnosis. Skin biopsy may be performed in atypical cases to confirm the diagnosis, showing features such as acanthosis, parakeratosis, and Munro microabscesses. Laboratory investigations including complete blood count, erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP) may reflect systemic inflammation. Liver and renal function tests are required prior to initiating systemic therapy. Imaging studies such as X-ray or MRI are indicated when psoriatic arthritis is suspected. Psychological assessment scales may be useful in evaluating stress and emotional factors associated with disease activity.

## Management

The management of psoriasis depends on disease severity, extent, and impact on quality of life. Mild disease is treated primarily with topical agents such as corticosteroids, vitamin D analogues, and keratolytics. Moderate to severe psoriasis may require phototherapy (UVB or PUVA) and systemic agents including methotrexate, cyclosporine, and biologic therapies targeting TNF- $\alpha$ , IL-17, or IL-23 pathways. Supportive measures such as emollients, lifestyle modification, stress management, and patient education play a crucial role in long-term control. In individualized therapeutic approaches, especially where psychogenic stress is prominent, treatment is directed toward restoring mind–body balance alongside skin symptom management.

## Homeopathic Management of Psoriasis

In homeopathy, psoriasis is viewed as a chronic constitutional disorder with strong psychosomatic involvement. Treatment is based on **individualization and totality of symptoms**, with special emphasis on mental and emotional factors such as stress and suppressed grief. Remedies are selected according to the patient's unique symptom profile rather than the disease name.

In the present paper, *Cyclamen europaeum* is prescribed where psoriasis is associated with **psychogenic stress and emotional sensitivity**, aiming not only to improve skin lesions but also to restore mind–body balance and reduce relapse frequency.

### Case Presentation:

#### Patient Details:

- **Name:** XXX
- **Age:** 32 years
- **Sex:** Female
- **Place of Consultation:** OPD, Chandola Homoeopathic Medical College, Rudrapur (U.K.)

#### Chief Complaints:

- Erythematous, scaly plaques
- Located over extensor surfaces of both elbows and knees
- Occasional involvement of scalp
- Duration: 3 years

#### Associated complaints

- Mild itching and dryness of affected areas
- Frequent exacerbations during emotional stress

#### History of Present Illness (HPOC):

The patient reported that the skin complaints began insidiously three years ago and gradually progressed in severity. The disease followed a relapsing–remitting course, with frequent flare-ups during periods of emotional and mental stress. The patient observed that exacerbations commonly followed interpersonal conflicts and prolonged psychological strain. Previous treatments provided only temporary relief, with repeated relapses.

#### Etiology:

The patient attributed the onset of her complaints to a significant emotional disturbance related to prolonged interpersonal conflict. Since then, emotional stress appeared to play a consistent role in triggering and aggravating the skin lesions.

#### Skin Complaints (Particulars):

- Type of lesion: Well-defined erythematous plaques
- Scaling: Dry, white scales
- Itching: Mild, intermittent
- Distribution: Symmetrical involvement of elbows and knees; occasional scalp involvement
- Aggravation: Emotional stress, mental exertion
- Amelioration: Rest, mental relaxation

**Past History:**

- No significant history of acute or chronic illness
- No prior history of skin disease before the present complaint

**Family History:**

- No family history of psoriasis or autoimmune disorders

**Mental and Emotional State:**

- Emotionally sensitive and reserved by nature.
- Feeling of abandoned/Forsaken.
- Marked self-blame and morbid self-reproach
- Habit of brooding over past events
- Preference for solitude
- Feels mentally overwhelmed during stressful situations
- *Always seen that when the emotional stress comes eruptions and its associated complaints fluctuates.*

**Menstrual History:**

Regular/On-Time, Profuse dark clotted blood, Hemicrania during MC.

**Generalities:**

- **Thermal reaction:** Chilly+2
- **Appetite:** Good
- **Thirst:** Normal (2.5 l/day)
- **Sleep:** Disturbed during emotional stress else fine
- **Fatigue:** N/S
- **Desires:** Sweets+2
- **Aversions:** Fatty food+3
- **Stool:** Regular and satisfactory

**Diagnosis:**

Psoriasis vulgaris.

**First Prescription:**

- **Cyclamen Europaeum 6C** – single dose
- **Sac Lac** – TDS for one month

**Course of Treatment:**

The patient was followed for a total duration of **Twelve months**, with regular follow-ups at **monthly intervals**.

## Course of Treatment and Follow-Up:

### **1st Month: Initial Intervention**

- **Clinical State:** Patient presented with thick, adherent scaly plaques and significant emotional sensitivity regarding work-related "neglected duties."
- **Prescription:** *Cyclamen Europaeum* 6C (Single Dose).
- **Observation:** A mild reduction in the intensity of itching was noted. However, the physical dimensions of the lesions and the erythema (redness) remained unchanged.
- **Interpretation:** The 6C potency touched the superficial sensory layer but was insufficient to move the deeper pathology.

### **2nd Month: Deepening the Action**

- **Clinical State:** Scaling showed a slight decrease, but the underlying inflammation was persistent. The patient remained under significant emotional stress.
- **Prescription:** *Cyclamen Europaeum* 12C (Single Dose).
- **Observation:** A noticeable shift in the emotional state occurred; the patient reported feeling "lighter." Physically, the scaling began to thin at the edges.
- **Interpretation:** The higher potency (12C) began addressing the psychosomatic link, which is crucial for Cyclamen cases.

### **3rd Month: Progression to Resolution**

- **Clinical State:** Lesions became significantly thinner and flatter. The frequency of stress-induced flare-ups diminished as the patient's stress tolerance improved.
- **Prescription:** *Cyclamen Europaeum* 12C (Second/Repeat Dose).
- **Observation:** A marked reduction in the surface area of the plaques was recorded. The "salty taste" and "visual flickering" reported at the start were now absent.

### **4th Month: Consolidation of Cure**

- **Clinical State:** Only minimal erythema remained at the sites of previous plaques. Scaling was markedly reduced (nearly 80% clearance).
- **Prescription:** *Cyclamen Europaeum* 30 (Single Dose).
- **Observation:** Stabilization of the case. No new lesions emerged even when the patient faced a high-pressure deadline at work.
- **Interpretation:** The 30 potency was administered to "seal" the constitutional recovery and address the deepest miasmatic layer.

### **5th Month: Maintenance and Observation**

- **Clinical State:** The skin appeared nearly clear, with only slight post-inflammatory hyperpigmentation. The patient's emotional balance was significantly restored.
- **Prescription:** No medicinal change (Placebo/Sac Lac).
- **Observation:** The condition was maintained perfectly without further medicinal stimulus, proving the "long-acting" nature of the previous dose.

## 6th Month: Sustained Remission

- Clinical State:** Total absence of active psoriatic lesions. The patient's mental outlook was stable, characterized by a healthy sense of duty rather than morbid guilt.

**6-12th Months:** Patient remained on Placebo for this period.

No signs of any exacerbation.

## Final Outcome:

The patient showed significant and sustained improvement in psoriatic lesions along with marked emotional stabilization. After individualized homoeopathic treatment with *Cyclamen europaeum*, the frequency and severity of flare-ups reduced considerably, and the patient achieved overall physical and mental well-being without the need for supportive medication.

## Repertorial Sheet:

 RadarOpus

rat-nm.	ckd.	puls.	chin.	sep.	bell.	rh-ak.	bry.	med.	ph-ac.	hc.	ant-e.	mag-nit.	sulph.	carb-v.	am-c.	mag-c.	phos.	Remedy	as Apis mellifica (apis)	stram.	carban.	petr.	ar.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
15	14	13	13	13	13	13	13	12	11	11	11	11	11	11	11	11	11	11	11	10	10	10	10	10	10	10
22	28	33	32	27	24	21	19	13	24	21	20	19	18	17	15	15	14	13	24	20	19	19	19	17	16	15

1. Clipboard 1

- 1. SKIN - ERUPTIONS - psoriasis (121) 1
- 2. GENERALS - HEAT - lack of vital heat (292) 1
- 3. FEMALE GENITALIA/SEX - MENSES - ... (97) 3
- 4. HEAD - PAIN - maddening pain (51) 2
- 5. GENERALS - FOOD AND DRINKS - fat... (115) 2
- 6. VISION - FIERY - points (11) 2
- 7. STOMACH - THIRSTLESS (220) 4

## Picture of patient taken before and after the treatment:



## Conclusion:

This case illustrates the clinical value of individualized homeopathic prescribing in the management of psoriasis vulgaris influenced by psychogenic stress. Careful evaluation of the totality of symptoms—including suppressed grief, morbid self-reproach, emotional sensitivity, and stress-triggered flare-ups—guided the selection of *Cyclamen europaeum*. Over the course of twelve months, the patient demonstrated marked improvement in cutaneous manifestations, with reduction in scaling, erythema, and frequency of relapses. Concurrently, notable progress was observed in the patient's mental and emotional state, with enhanced stress tolerance, decreased self-reproach, and overall well-being.

The outcome supports the principle that addressing psychosomatic factors is crucial in chronic skin disorders. Individualized *Cyclamen europaeum* not only contributed to the physical improvement of psoriatic lesions but also facilitated emotional stabilization, highlighting the holistic approach of homeopathy. This case underscores the importance of thorough case-taking and individualized remedy selection in managing stress-related dermatological conditions and suggests the need for further systematic studies to validate these observations in larger patient populations.

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