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HOMOEOPATHIC MANAGEMENT OF AUTOIMMUNE DISEASES - A CASE SERIES ON PSORIASIS

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ABSTRACT

Psoriasis is an autoimmune skin disease characterized by T cell-mediated hyperproliferation of keratinocytes. It is a long-term dermatological disorder that can adversely influence both physical health and mental well-being. We observed eight patients diagnosed with psoriasis who were managed with individualized Homoeopathic medicines selected on the basis of their characteristic presentations. Over the course of follow-up, all patients demonstrated steady clinical improvement. Long-standing lesions gradually became thinner, scaling was markedly reduced, and itching diminished significantly. Within a few months, the overall condition of each patient had improved without any adverse reactions being reported.

In addition to the relief of skin symptoms, patients described enhanced general well-being, better quality of sleep, and greater confidence in their social interactions. The dual benefit of physical recovery and improvement in day-to-day functioning was a consistent feature across all cases. The absence of treatment-related side effects further supports the safety of this approach. This case series indicates that individualized Homoeopathic intervention may provide effective symptomatic relief in psoriasis while also contributing positively to the quality of life of affected individuals.

INTRODUCTION

Psoriasis is an immune-mediated disease (a disease with an unclear cause that is characterized by inflammation caused by dysfunction of the immune system) that causes inflammation in the body. There may be visible signs of inflammation such as raised plaques (plaques may look different for different skin types) and scales on the skin[1]. Scalp psoriasis is restricted to scalp. Symptoms can include fine scaling that looks like dandruff or appear as thick, crusted plaques that cover the entire scalp. Other skin disorders, such as seborrheic dermatitis, may resemble psoriasis. However, scalp psoriasis appears powdery with a silvery sheen, while seborrheic dermatitis looks yellowish and greasy[2].

Psoriasis is found worldwide, although its frequency varies widely among different ethnic groups. According to published reports, prevalence in different populations varies from 0% to 11.8%[3]. The incidence of psoriasis appears to be lower in Asians, with several large population-based studies recording prevalence around 0.3%[4]. Psoriasis accounted for 2.3% of the total dermatology outpatients. The scalp was the first site of onset in 25.2%[5].

Psoriasis is classified in ICD-10 diagnostic manual under the code 2023 ICD-10-CM Diagnosis L40[6]. Psoriasis is a common autoimmune skin disease characterized by T cell- mediated hyper proliferation of keratinocytes. The disease has a strong but complex genetic background and recent linkage and high-resolution association studies indicate that HLA- Cw*0602 is itself a major susceptibility allele for psoriasis[7]. Published data indicate that CD8+ T cells may play a major effector role in psoriasis. Epidermal infiltration of predominantly oligoclonal CD8+ T cells, and probably also of CD4+ T cells in the dermis, is a striking feature of chronic psoriasis lesions, indicating that these cells are responding to specific antigens[8]

Autoimmune disorders are a group of diseases characterized by the immune system mistakenly attacking and damaging the body's own tissues and organs. The exact causes of autoimmune disorders are not fully understood, but they are believed to result from a complex interplay of genetic, environmental, and immunological factors as follows:

1. Genetic Factors:

- Genetic predisposition: Certain genes are associated with an increased risk of developing autoimmune disorders. These genetic factors can influence the functioning of the immune system and its ability to distinguish between self and non-self.

2. Environmental Factors:

- Infections: Some infections, such as viruses and bacteria, can trigger autoimmune responses by mimicking the body's own proteins or by causing inflammation that disrupts immune regulation.
- Environmental toxins: Exposure to certain environmental toxins, chemicals, or pollutants may increase the risk of autoimmune disorders by altering the immune system's function.

3. Immunological Factors:
   - Dysregulation of the immune system: Autoimmune disorders often involve a breakdown in immune tolerance, which is the ability of the immune system to distinguish between self and foreign substances. In autoimmune diseases, the immune system mistakenly recognizes the body's own tissues as foreign and mounts an immune response against them.
   - Autoantibodies: In many autoimmune diseases, the immune system produces autoantibodies—antibodies that target and attack the body's own cells and tissues. These autoantibodies contribute to tissue damage and inflammation.
   - Abnormal T-cell activity: T-cells are a type of immune cell that plays a crucial role in immune responses. Dysregulation of T-cell activity can lead to autoimmune reactions.

Pathological Mechanisms:

- Inflammation: Autoimmune disorders often involve chronic inflammation, which can damage tissues and organs. This inflammation is driven by immune cells and cytokines.
- Tissue damage: Over time, the continuous attack on self-tissues by the immune system can lead to significant damage and dysfunction of affected organs.
- Specific organ involvement: Autoimmune disorders can target specific organs or tissues, leading to a wide range of symptoms and clinical manifestations. For example, in rheumatoid arthritis, the joints are primarily affected, while in multiple sclerosis, the central nervous system is targeted.

PSORIASIS

Etiology

- **Genetics**: Psoriasis tends to run in families, suggesting a genetic component. Certain gene variations are associated with an increased risk of developing psoriasis.
- **Immune System**: It is considered an autoimmune disorder where the immune system mistakenly targets healthy skin cells, leading to inflammation and an accelerated skin cell growth cycle.
- **Environmental Triggers**: Factors such as stress, infections, injury to the skin (Koebner phenomenon), and certain medications can trigger or exacerbate psoriasis.

Pathology:

- Epidermal Hyperproliferation: Skin cells (keratinocytes) divide and mature too rapidly, leading to the formation of thick, scaly plaques.
- Inflammation: There is an abnormal immune response in which immune cells, especially T cells, accumulate in the skin and release cytokines, promoting inflammation.
- Blood Vessel Abnormalities: Psoriasis can lead to the expansion of blood vessels in the skin, contributing to redness and warmth in affected areas.

Symptoms:

- Red, raised, and inflamed skin patches or plaques: These often have a silvery-white scale covering them.
- Itching and discomfort: Psoriasis lesions can be itchy and sometimes painful.
- Nail changes: Psoriasis can affect the nails, causing pitting, discoloration, and separation from the nail bed.
- Joint pain: In some cases, psoriasis can lead to a condition called psoriatic arthritis, which causes joint pain and swelling.
- Scalp involvement: Psoriasis can affect the scalp, leading to dandruff-like scaling and redness.

Diagnosis

- Psoriasis is typically diagnosed by a dermatologist based on a physical examination and a review of the patient's medical history.
- In some cases, a skin biopsy may be performed to confirm the diagnosis by examining a small sample of affected skin under a microscope.
- The severity of psoriasis may also be assessed using various scoring systems, such as the Psoriasis Area and Severity Index (PASI).

MATERIALS AND METHODS

This case series includes eight patients diagnosed with Chronic Plaque Psoriasis and who fulfil the inclusion and exclusion criteria were selected from the OPD, IPD, health camps of Government Homoeopathic Medical College and Hospital, Bangalore. Diagnosis was made clinically based on characteristic skin lesions and supportive history. Patients were enrolled consecutively as they presented during the study period.

Each patient underwent a detailed case-taking following Homoeopathic principles, including elicitation of presenting complaints, past history, family history, general symptoms, and constitutional characteristics. Individualized Homoeopathic medicines were prescribed according to the totality of symptoms. No concomitant conventional treatment for psoriasis was used during the observation period.

Follow-up was conducted at regular intervals to assess changes in skin lesions, itching, scaling, and associated symptoms. Patient-reported outcomes regarding general well-being, sleep, and quality of life were also documented. Photographic records were maintained with consent.

Improvement was evaluated qualitatively based on reduction in lesion size, scaling, itching, and overall patient satisfaction. Safety assessment was carried out by monitoring for any adverse effects throughout the study period.

CASE SERIES

CASE NO: 1

A female patient named Mrs. PQRS, aged 48 years, housewife residing in the outskirts Bengaluru presented with the complaints of Red, scaly patches on left ear and right malar region of face for 2 years, which is causing itching, redness.

History of Presenting Complaint:

Patient presented with complaints of red, scaly patches on left ear and right malar region of face. This patch appeared 2 years ago. Initially she noticed there were small papules on the ear but over a time with severe itching it started spreading to the face and developed into eruptive patches. she complains of severe itching, occasionally pain in those affected parts.

Past history:

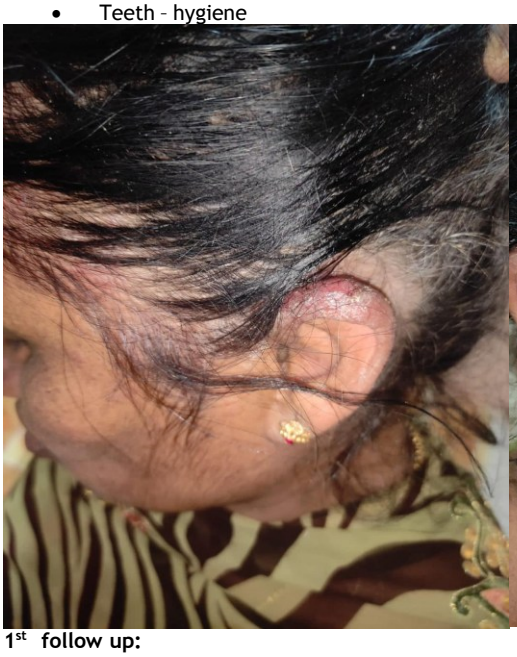
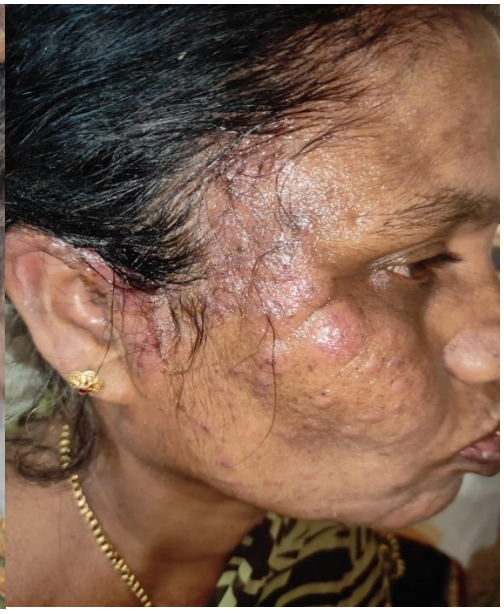
No HTN, No DM
Family History:
Father- living healthy.
Mother –Living with HTN &DM
Siblings – 1 sister. Apparently healthy
Personal History
Desire- salty items
Dreams – about family.
Thermals – chilly
Life Space Investigation:
Patient hails from low socioeconomic family. She got married young and started working as a beedi roller. Has 2 children, when younger daughter was 1.5 years old husband passed away. She did beedi rolling and took care of children. Her both children are married and blessed with children. Patient stays with her son; his wife stays separately and doesn't talk to the patient and her son. Patient constantly worries a lot about her son. Cries and keeps to herself.
Grief -constantly feels bad that her DIL staying separately.
Anxiety – future, thinks about her son, who will take care of her son after her
Anger- feels angry but keeps to herself
Attitude towards family- loves her children, constantly worried for them.
General Physical Examination & Vitals:
Conscious & oriented with time, place and person.
No pallor, clubbing, cyanosis, icterus & pedal edema
BP- 140/90mm Hg
PR – 78beats/ min
RR-18cpm
Temp – afebrile at the time of examination
Scalp – scaly patches with sever itching
Hairs – Black
Eyes

- Conjunctiva - pink
- Sclera – clear

Ears- no discharge
Nose- no DNS/ Polyps
Mouth

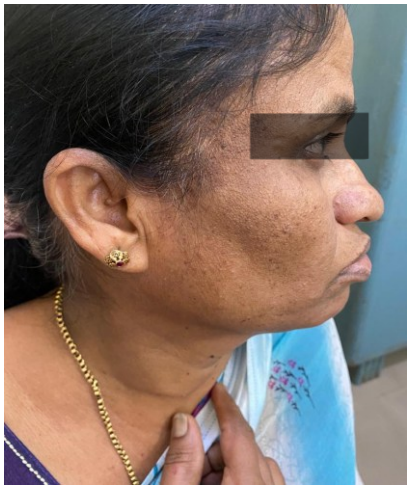
- Buccal mucosa- pink.
- Teeth – hygiene
- Tongue – pink
- Gums – pink

Neck – no lymphadenopathy
Nails- healthy
Systemic Examination:
Respiratory system: Bilateral air entry is normal, normal vesicular breathing.
Cardiac system: S_1 & S_2 heard, no murmur heard.
Gastrointestinal system: No organomegaly, no tenderness.
Locomotor examination: normal.
Skin: - red, scaly plaques are observed on scalp. Lesions are well-demarcated and silvery scales.
No sign of pus and infection
Totality of Symptoms:
Brooding
Consolation agg.
Reproaches herself
Craving for salt.
Thirstless.
Red, scaly plaque eruptions with severe itching. Agg:-sun
Repertorial Totality:
Mind-consolation agg.
Mind anger irritability from contradiction.
Mind reproaches himself.
Stomach desires salt
Stomach Thirstless.
Skin-eruptions-psoriasis
Skin-eruptions-psoriasis-syphilitic
Repertorization proper:
Thuja 9/7
Ars.alb-11/6
Merc 9/6
Sepia-12/5
Nat.mur-11/5
Lyco-9/5.
Prescription:
Nat mur -1M 1dose OD X ONE DAY. (On 06.01.2024)
Fallowed by Sac Lac for 2 month
Before treatment

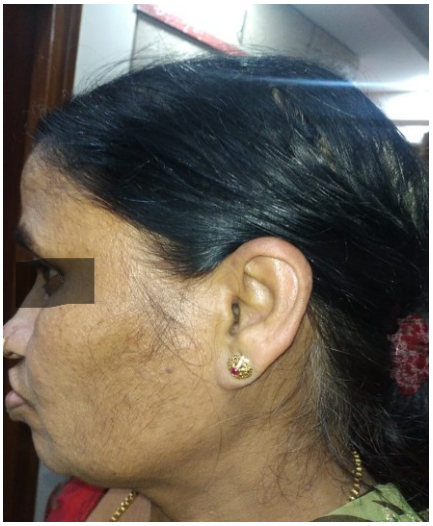
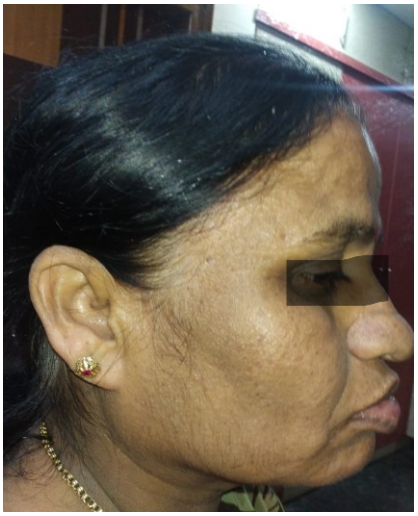



1st follow up:
Itching was better
Eruptions were subsiding
Discoloration was seen
Rx : Sac Lac TID for 6 months


2nd follow up:
No recurrence of eruptions
No itching
blackish discoloration persists
Nat mur -1M 1dose OD X ONE DAY.
Followed by Sac Lac for 1 month


3rd follow up:
No recurrence of eruptions
No itching
no discoloration

CASE NO: 2
A male patient named Mr. ABC, aged 58 years, coolie worker residing in Bengaluru presented with the complaints of Red, scaly patches on abdomen since 3 years with itching.

History of Presenting Complaint:
The patient presented with thick, scaly, itchy, and dry eruptions on the abdomen. The lesions are reddish with silvery-white scales, causing significant discomfort, especially at night. Scratching leads to bleeding. Complaints aggravate in winter and improve slightly in summer. The patient experiences occasional burning pain in the lesions after scratching.
Past history:
No HTN, No DM
Family History:
Mother –Living with HTN
Personal History:
Sleep – disturbed due to itching.
Thermals – chilly
Addictions: Occasional tobacco chewing
Life Space Investigation:
The patient was born and brought up in a rural area. He has been working as a coolie for over 30 years, performing heavy labour to support his family. His financial struggles and daily hardships have created a strong sense of responsibility but also a deep-seated anxiety about the future. He has a reserved nature and does not express his emotions openly. He prefers to be alone when upset and avoids conflicts. His life revolves around his work, and he finds solace in routine. The patient has endured multiple physical hardships, including prolonged exposure to harsh weather, leading to skin complaints worsening in winter. He feels a strong sense of duty toward his family but experiences frustration when unable to provide adequately.
As a person, he is hardworking and laborious nature due to occupation, irritable, especially when discomfort increases, anxious about his health and future and prefers solitude when irritated.
General Physical Examination & Vitals:
Conscious & oriented with time, place and person.
No pallor, clubbing, cyanosis, icterus & pedal edema
BP- 120/90mm Hg
PR – 86beats/ min
RR-19cpm
Temp – afebrile at the time of examination
Scalp – scaly patches with sever itching
Hairs – Black
Eyes

- Conjunctiva - pink
- Sclera – clear

Ears- no discharge
Nose- no DNS/ Polyps
Mouth

- Buccal mucosa-pink.
- Teeth – hygiene
- Tongue – pink
- Gums – pink

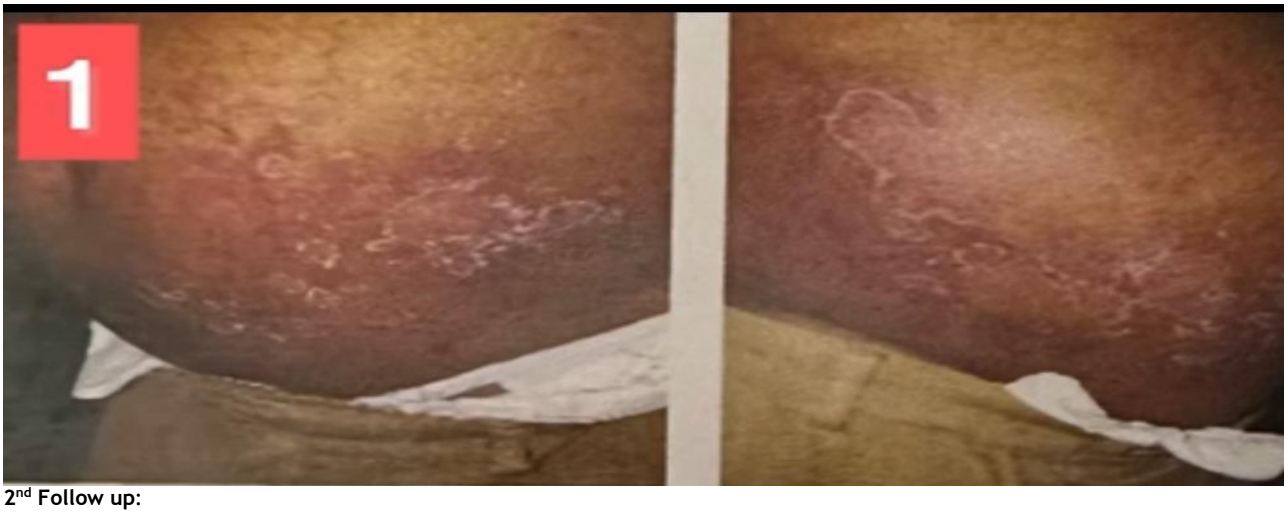
Neck – no lymphadenopathy
Nails- healthy
Systemic Examination:
Respiratory system: Bilateral air entry is normal, normal vesicular breathing.
Cardiac system: S_1 & S_2 heard, no murmur heard.
Gastrointestinal system: No organomegaly, no tenderness.
Locomotor examination: normal.
Local Examination:
Site: Abdomen
Shape: Irregular plaques
Colour: Reddish base with silvery-white scales
Itching: Present, worse at night
Bleeding: On scratching
Modalities: Worse in winter, better in summer
Totality of Symptoms:

- Anxious about health and future
- Hardworking
- Irritable
- Sleep disturbed.
- Red, scaly plaque eruptions with severe itching
- Burning sensation
- Dry scaly plaque

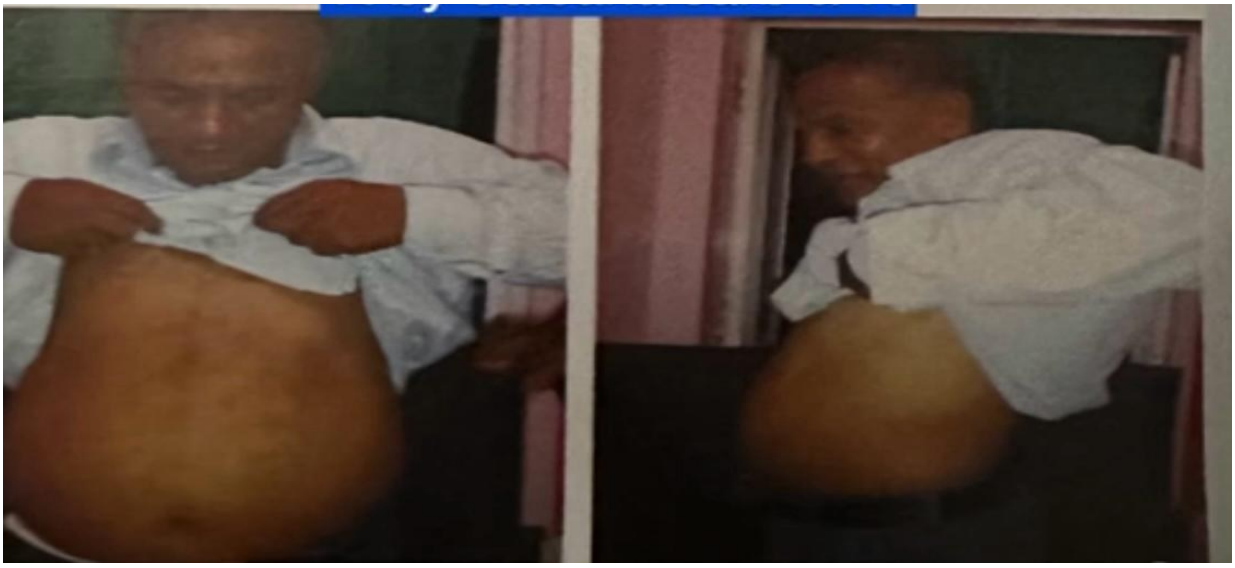
Repertorial Totality:

1. Skin – Eruptions – Psoriasis
2. Skin – Dryness
3. Skin – Itching – Night
4. Skin – Itching – Scratching aggravates
5. Mind – Irritability
6. Mind – Anxiety – Health about
7. Generals – Winter aggravates
8. Generals – Lean people

Repertorization proper:
Ars-11/7
Graph 11/7
Sulph 10/6
Petr 9/5
lyco-8/5
Nit acid-8/5
Prescription:
Rx: Graphites 200c 1dose TID X 3 days
Followed by Sac Lac for 2 month
1st Follow up:
Itching was reduced slightly, eruptions present.
Generals good
Rx:- Sac Lac TID for 2 months



2nd Follow up:
Itching reduced slightly, eruptions better.
Generals good
Rx:- Sac Lac TID for 2 months



CASE NO: 3
A male patient named Mr. XYZ, aged 41 years, Bank employee residing in Bengaluru presented with the complaints of Red, scaly patches on soles since 2 years with itching.
History of Presenting Complaint:
The patient developed dryness, itching, and scaling on the soles of both feet three years ago. The symptoms initially started as mild dryness but gradually progressed to thickened, cracked, and painful skin. The itching worsens at night, and slight bleeding is noted from deep cracks. The condition aggravates in winter and improves slightly in the summer. He has tried various topical steroid creams with temporary relief.
Past history:
No HTN, No DM
Family History:
Father–Living with DM, HTN
Personal History:
Thirst: Increased
Cravings: Sweets
Aversion: Spicy food
Perspiration: Moderate, offensive
Sleep – disturbed due to itching.
Thermals – chilly
Addictions: Occasional tobacco chewing
Life Space Investigation:
The patient is a hardworking and responsible individual working as a bank employee. His job involves prolonged sitting, mental exertion, and frequent interactions with customers, leading to stress and anxiety. He is a perfectionist and tends to worry about financial security, family responsibilities, and workplace performance. He has been under significant work-related stress for the past few years, coinciding with the onset of psoriasis.
At home, he has a supportive family but finds it difficult to share his emotions, leading to suppressed anxiety. He also has a history of disappointment in career progression, which has made him more self-critical. His symptoms started after a phase of high stress at work, and he relates the worsening of symptoms to increased tension and overthinking.

As a person, he is anxiety related to work pressure, mild irritability, perfectionist
General Physical Examination & Vitals:
Conscious & oriented with time, place and person.
No pallor, clubbing, cyanosis, icterus & pedal edema
BP- 120/90mm Hg
PR – 86beats/ min
RR-19cpm
Temp – afebrile at the time of examination
Scalp – scaly patches with sever itching
Hairs – Black
Eyes

- Conjunctiva - pink
- Sclera – clear

Ears- no discharge
Nose- no DNS/ Polyps
Mouth

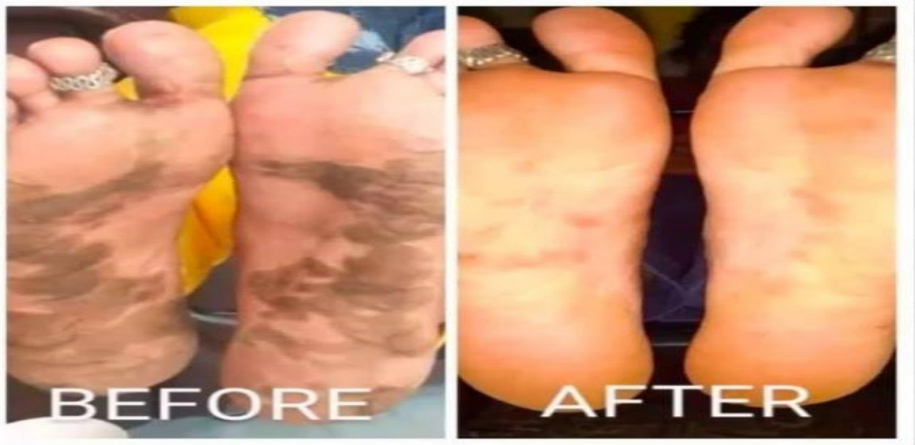
- Buccal mucosa-pink.
- Teeth – hygiene
- Tongue – pink
- Gums – pink

Neck – no lymphadenopathy
Nails- healthy
Systemic Examination:
Respiratory system: Bilateral air entry is normal, normal vesicular breathing.
Cardiac system: S_1 & S_2 heard, no murmur heard.
Gastrointestinal system: No organomegaly, no tenderness.
Locomotor examination: normal.
Skin- Red, dry, scaly patches on the soles, mild excoriation due to scratching.
Totality of Symptoms:

- Anxious about health and future
- Irritable
- Sleep disturbed.
- Red, scaly plaque eruptions with severe itching
- Burning sensation
- Dry scaly plaque

Repertorial Totality:
1. Skin - Eruptions - Psoriasis
2. Skin - Dryness - soles
3. Skin - Cracks - painful
4. Skin - Itching - night aggravation
5. Mind - Anxiety - work-related
6. Mind - Irritability - trifles about
7. Mind - Perfectionist tendency
8. Generalities - Winter aggravation

Repertorization Proper:
Ars-11/8
Graph 10/7
Sulph 10/7
Petr 9/6
Lyco-8/5
Prescription:
Rx: Ars Alb 200c 1dose TID X 3 days
Followed by Sac Lac for 2 month
1st Follow up:
Itching was reduced slightly, eruptions present.
Generals good
Rx:- Sac Lac TID for 2 months
2nd Follow up:
Itching was reduced slightly, eruptions present.
Generals good
Rx:- Sac Lac TID for 2 months



CASE NO: 4

A female patient 48 year old named Mrs. XYZ, a home maker residing in Chamarajnagar presented with complaints of red multiple scaly patches on lower extremities causing itching since 3 years.

History of Presenting Complaint:

Patient presented with complaints of red multiple scaly patches on trunk and lower extremities causing itching since 3 years. Initially she noticed patches on left lower limb at region of shin bone then on right lower limb. she reports severe itching with dryness sensation of skin, burning sensation on scratching. Patient also gave history of aggravation after bath and winter season.

Past History:

- Known case of diabetes mellitus since 2016 under allopathic treatment
- H/O Acute pancreatitis in 2016 recovered after taking allopathic treatment
- H/O Epileptic attack 6-7 years ago took allopathic medication.
- Past surgical H/O Tubectomy 20 years ago
- Allergic H/O – not allergic to drug, dust, diet

Family History:

- Father: Diabetes mellitus
- Mother: died at age of 67 due to accident
- Sibling:3 siblings 1 sister and 2 brothers

Personal History:

Appetite – decreased

Thirst – Thirstless

Thermals- chilly patient

Menstrual History / Obstetrical History:

Menopause 2 years ago
H/o menses: regular
Menarche attained in 12 years
Menses regular every 30- 32 days, 4-5 days flow, 1- 2 pads/ day; dark red blood with no clots.
Associated with mild backache and abdominal pain.
Married life: 28 years
Obstetric history: P2 L2

Life Space Investigation:

- Born & brought up in Bangalore in middle class family. Studied till SSLC with three siblings. father is working in garment factory
- Married at the age of 18 years to the joint family of 20 members.
- Patient says she had worked and helped foe each family member,
- Now family got divided since 4 years and says no one cared us and no one helped for my daughter's marriage.

MENTAL DERIVED

- Very mild, obeys everyone's words, cannot say no
- Weeps on unoffended words, little raise of voice.
- Forsaken feeling after family division.
- Introvert keeps emotions within her
- Weeping disposition.

General Physical Examination:

- Conscious & oriented with time, place and person.
- No edema, clubbing, cyanosis, icterus
- Pallor present
- BP- 140/70mm Hg
- PR – 76 beats/ min
- Temp – afebrile at the time of examination

Systemic Examination:

- Respiratory system: B/L normal vesicular breathing sounds- heard, No added sounds
- Cardiac system – S1 & S2 heard, no murmur heard.
- Gastrointestinal system: per abdomen soft no tenderness bowel sounds heard 2 to 4/min

Regional Examination:

- Multiple, large 5-10cm well demarcated, hyper pigmented, scaly raised lesions on extensor and lateral surface of left and right lower limb.

No history of bleeding

Totality Symptoms:

- Neglected feeling
- Introvert
- Weeping disposition
- Thirst less
- Mildness yielding
- Eruptions with burning sensation after itching.
- Skin discoloration

Repertorial Totality:

- Mind forsaken feeling
- Mind introvert
- Mind weeping disposition
- Mind yielding
- Stomach Thirstless
- Skin itching, burning
- Skin discoloration spots stinging
- Skin eruptions psoriasis

Repertorial Result:

- Lyco 14/5
- Puls 13/8
- Carbo veg 10/5
- Phos acid 10/5
- Sepia 10/5
- Nat mur 9/5

Prescription:

Rx:

1. Pulsatilla 200 / OD / 1day.
2. Syzygium 5 drops TID/ 15 days

1st Follow up:

Itching and burning sensation was reduced slightly, eruptions present.

Generals good

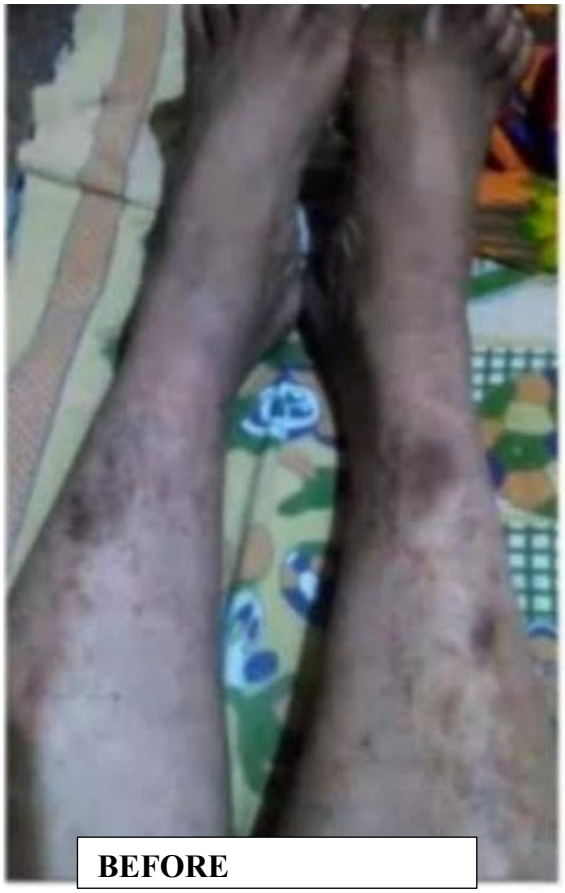
Rx:- Sac Lac TID for 2 months

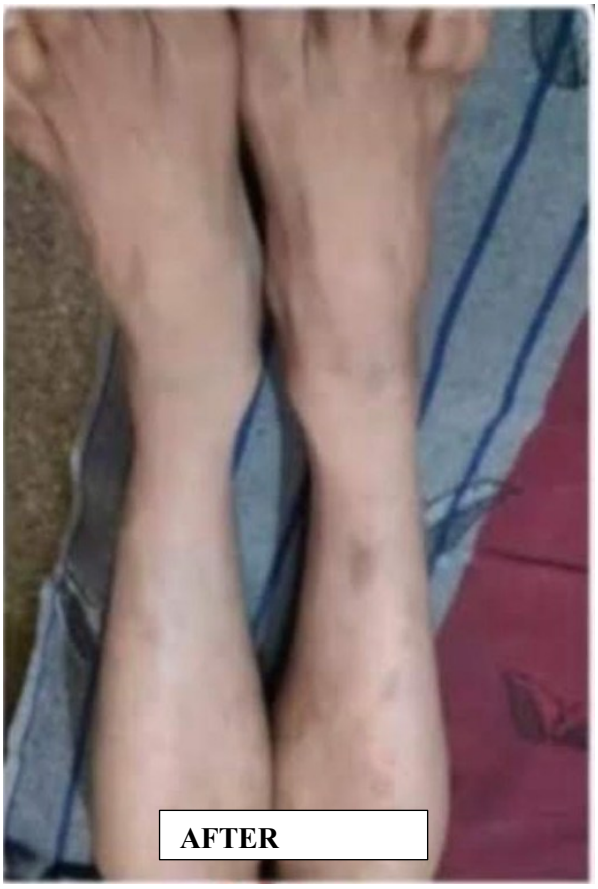
2nd Follow up:

Itching was reduced slightly, pigmented patches present.

Generals good

Rx:- Sac Lac TID for 2 months





CASE NO 5

A male patient named Mr. ABC, aged 52 years old, a businessman, resident of Bengaluru, presented to the OPD with the complaints of itchy reddish elevated thickened patches over the abdomen since 3 years.

History of Presenting Complaint:

Patient was apparently well 8 months ago, at first, he developed a papular reddish eruption over the abdomen which eventually gradually increased in size with development of scales and it progressed to other region of the abdomen. Also, complaints of severe itching and burning sensation which is more during the night and is better by application of warm water.

Past history:

No known co-morbidities

Family History:

Father- Living, Psoriasis since 11 years

Mother –Living, HTN &DM

Siblings – 2 sister and 1 brother, apparently healthy

Personal History:

Appetite- diminished

Thirst- increased, drinks often in small quantity

Perspiration- profuse and all over

Sleep- disturbed due to complaint

Thermals – Chilly

Life Space Investigation:

Patient hails from middle socio-economic status. Father and mother worked at a farm. He has 3 siblings. Relationship between parents and siblings is good. Studied upto PUC. Couldn't Study further as he was not interested. He discontinued studies and started his own business. Doesn't regret leaving studies and is satisfied with the work. He got married at the age of 27. He has 3 children (1 daughter and 2 sons). Relationship with wife and children is good.

He is very much hopeless about his recovery. Says he tried every possible thing and nothing cured him of his illness and he came to try Homoeopathy on his friend's advice. He thinks about his illness and is very much worried about it as he thinks, it can further cause other organ dysfunction in the body and he will have to suffer.

As a person,

He likes company, doesn't like to be alone

Anxious about health

Hopelessness about his complaints

General Physical Examination & Vitals:

Conscious & oriented with time, place and person.

No signs of pallor, clubbing, cyanosis, icterus & pedal edema

BP- 130/80mm Hg

PR – 70 beats/ min

RR-16 cpm

Temp – afebrile at the time of examination

Hairs – Frontal baldness

Conjunctiva - pink

Sclera – clear

Nose- no DNS or polyps

Ear- clear, no wax

No other significant findings noted

Systemic Examination:

Respiratory system: Bilateral air entry is normal, normal vesicular breath sounds heard.

Cardiovascular system: S1 & S2 heard, no murmurs.

Gastrointestinal system: No organomegaly, no tenderness.

Locomotor examination: Gait-normal, no abnormalities noted

Examination of skin:

Erythematous, scaly plaques noted on the scalp.

Lesions are well-demarcated and silvery scales noted.

No discharge of pus, blood or other fluid.

Auspitz sign- positive

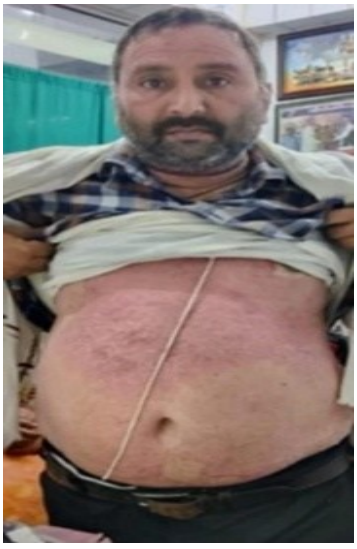
Totality of symptoms:

- Hopelessness about recovery
- Anxiety about his health
- Likes company
- Thirst for small quantities of water
- Sleep disturbed due to Complaints
- Erythematous scaly eruption
- Itching and burning agg. Night
- Itching and burning better by warmth application

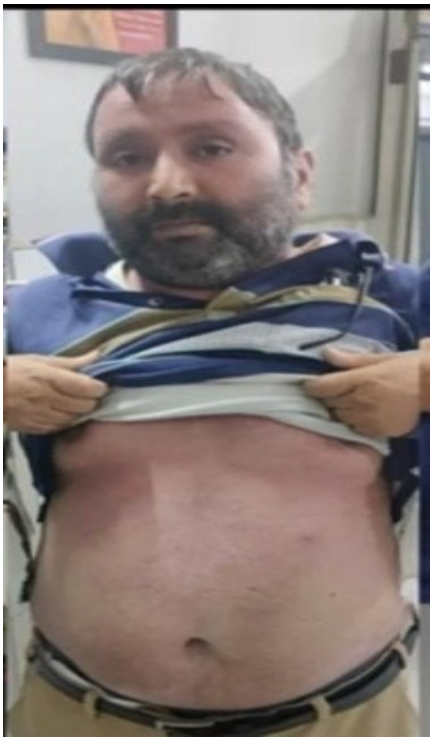
Repertorial totality:

Mind-anxiety health about

Mind-despair of recovery
Mind-company, desire for, aversion to solitude
Stomach- Thirst, small quantities for, often
Sleep-disturbed pains by
Skin- eruption, burning, night
Skin- eruption, Itching, night
Skin- Eruption, psoriasis
Repertorization proper:
Arsenicum- 16/8
Lycopodium- 14/6
Merc sol- 10/5
Nitric acid- 9/4

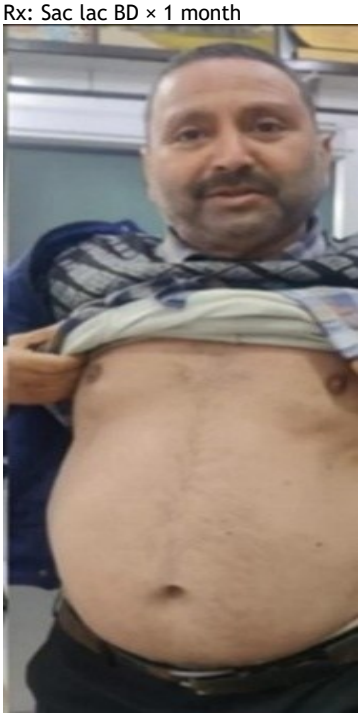


2nd follow up:
Redness reduced
Scaling reduced
Itching and burning pain reduced
No new lesion
Rx: Sac lac × 1 month



3rd follow up:
Redness and scaling completely better
Sepia- 9/4
Kali ars- 8/4
Prescription:
Rx:
Arsenicum album 1M OD × 3 days (on 12/11/2023)
Sac lac BD×2 weeks
1st follow up:
Redness persists
Itching slightly reduced
Burning pain persists
No new lesion
Rx: Sac lac BD×2 weeks

O/e normal Skin
Itching and burning pain also reduced
No new lesion
Patient generally feeling better
Anxiety also reduced
Rx: Sac lac BD × 1 month

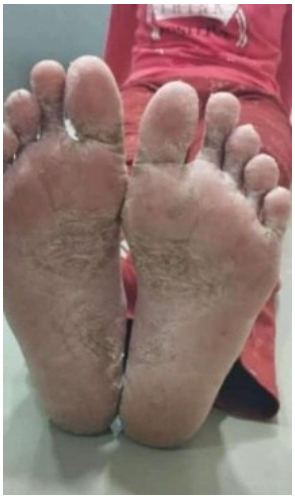


CASE NO: 6
A female patient named Miss. XYZ, aged 20 years, a degree student, residing In Bengaluru, came to the OPD with the complaints of thickened scaly eruption over the bilateral feet since 1 year.
History of Presenting Complaint:
Patient presented with the complaints of dry scaly thickened eruption over the bilateral feet since 1 year. First scaly eruption started on the left sole which increased in size. Similar looking lesion started in the right sole since 8 months. Occasionally bleeding from the lesions is also noted. There is also heat sensation within the lesion. Lesions are confined only to the feet.
Past History:
No known co-morbidities
Family History:
Father- apparently healthy.
Mother-Hypothyroidism
Siblings-Apparently healthy
Personal History:
Appetite- easy satiety
Aversion- to meat
Bowels- hard, unsatisfactory. Passes once a day
Sleep- disturbed due to frightful dreams
Thermally- chilly
Life space Investigation:
Patient hails from middle socio-economic status. Father is a salesperson and mother is a teacher. She has 1 sibling. Relationship with parents and sibling is good. She is studying Bsc.

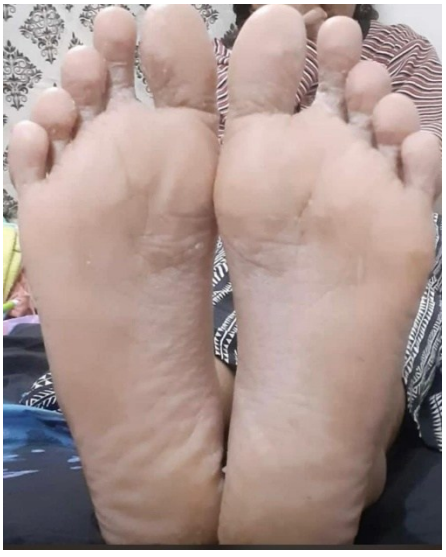
Academically good in studies. Scores highest marks even without studying. Very keen in the classes.
Doesn't participate in any cultural activities as she has stage fear and has a fear of being judged. Even though she is good at studies, lacks confidence.
Also anxiety from anticipating unfavorable things like thinking about failure in exams and death of near and dear one's.
Doesn't mingle with anyone, likes to be alone. Has very few friends (2 in number) . Doesn't share anything with friends nor with family members.
General Physical Examination & Vitals:
Conscious & oriented with time, place and person.
No signs of pallor, clubbing, cyanosis, icterus & pedal edema
BP- 110/80mm Hg
PR – 88 beats/ min
RR-18 cpm
Temp – afebrile at the time of examination
Conjunctiva - pink
Sclera – clear
Nose- no DNS or polyps
Ear- clear, no wax
No other significant findings noted
Systemic Examination:
Respiratory system: Bilateral air entry is normal, normal vesicular breath sounds heard.
Cardiovascular system: S1 & S2 heard, no murmurs.
Gastrointestinal system: No organomegaly, no tenderness.
Locomotor examination: Gait-normal, no abnormalities noted.
Examination of bilateral soles:
Scaly dry thickened plaques noted on the soles.
No discharge of pus, blood or other fluid.
Totality of symptoms:

- Anticipatory anxiety
- Company aversion to
- Lack of self confidence
- Aversion to meat
- Frightful dreams
- Hard stools
- Thickened dry soles

Repertorial Totality:
Mind- anxiety anticipation from
Mind- company aversion to
Mind- confidence want of self
Stomach- aversion to meat
Stool- hard
Sleep- dreams, frightful
Skin- eruptions, psoriasis
Extremities, eruption, foot, sole of, psoriasis
Repertorization proper:
Lycopodium- 15/6
Pulsatilla- 14/6
Silicea- 14/5
Calcarea- 13/6
Phosphorus- 13/7
Sulphur- 13/6
Prescription:
Rx
Silicea 1M OD × 3 days (on 2/12/2024)
SL packet a pinch thrice a day
1st follow up:
Thickness is the same
Heat sensation in the soles present
No new lesions
Rx SL packet thrice daily



2nd follow up:
Redness reduced
Thickness reduced
Heat sensation reduced
Rx: Sac lac TID for a month



CASE NO:7
A male patient named Mrs. Y, aged 35 years, residing in APR campus, Hebbal, Bengaluru.
Presented with the complaints of small papules on scalp since 2-3years, which causing itching.
History of Presenting Complaint:
Patient presented with complaints of of Small papules on scalp since 2-3 years, he started that this papules appear 2-3 years back on head. Initially he noticed therewere small patches but over a time with severe itching it spreads to other area of his scalp. He reports severe itching occasionally pain. He states that symptoms have significant impact on his daily activity and quality of life
Past History:
No HTN, no DM
Family History:

- Father- living healthy.

- Mother –Living with HTN &DM
- Siblings – 1 sisters. Living healthy

Personal History:

- Diet- Mixed
- Appetite-adequate
- Hunger – good
- Thirst – Thirstless
- Desire- salty items
- Aversion – N.S
- Urine- 5-6/0-1 times / day
- Bowel movement – 1 time /day
- Perspiration – generalized
- Sleep – disturbed due to itching
- Dreams – about family
- Thermals – chilly

Life Space Investigation:

Patient was born and brought up in middle class family at Andhra Pradesh. Has one elder sister, he gotmarried near to his native place and settle there only, mother living with HTN & DM, father living
healthy. He was moderate at his studies after his degree 3 years he was struggling for a job that time he was more stressed and worried and he was narrated that his father was highly dominating and used to
scold repeatedly about his unemployment after that he became introvert with anxiety issues

Sleeplessness and avoid social gathering want to stay alone and don't want to share his feelings. Afterall hard and difficult times, he got job in Bangalore and settled here only. He started his complaints 3 years back during the time of his struggling.

General Physical Examination & Vitals:

Conscious & oriented with time, place and person.

No pallor,
clubbing,
cyanosis,
icterus &
pedal
edema
BP-
140/90mm
Hg
PR-78beats/
min
RR-18cpm

Temp – afebrile at the time of examination

Scalp – healthy
Hairs – Black

Eyes

- Conjuctiva – pink
- Sclera – clear

Ears- no discharge
Nose- no DNS/ Polyps
Mouth
Buccal mucosa- pink
Teeth – hygiene
Tongue – pink
Gums – pink
Neck – no lymphadenopathy
Skin
Upper extremities – HealthyLower extremities – Healthy
Nails- healthy
Systemic Examination:
Respiratory system: Bilateral air entry is normal, normal vesicular breathing.
Cardiac system: S_1 & S_2 heard, no murmur heard.
Gastro intestinal system - No organomegaly, no tenderness.
Locomotor examination: - normal.
Skin: red, scaly plaques are observed on scalp.Lesions are well-demarcated and silvery scales with pus filled, no sign of infection.

Totality of Symptoms:

- brooding
- consolation agg.
- Reproaches himself
- Craving for salt.
- Thirstless.
- Red, scaly plaque eruptions with severe itching. Agg:-sun

Repertorial Totality:

- Mind-consolation agg.
- Mind anger irritability from contradiction.
- Mind reproaches himself.
- Stomach desires salt
- Stomach thirstless.
- Skin-eruptions-psoriasis
- Skin-eruptions-psoriasis-syphilitic

Repertorization proper:

- Ars.alb-14/8
- Sepia-14/5
- Nat.mur-12/5
- Lyco-12/5.

Prescription:

Rx:
Nat mur-1M 1dose OD X 5 days followed by sac lac for 3months

After treatment:

Itching was reduced slightly eruptions were dried off and new hair started growing on the eruption spots
Sun aggravation still present but intensity reduced Amel.- coconut oil
Rx:-SACLAC TID x 30days.

CASE NO: 8

A female patient named Mrs. X, aged 50 years, housewife residing in Magadi road, Bengaluru. Presented with the complaints of persistent eruptions on left hand with itching, redness since 1 ½ years.

History of Presenting Complaint:

Patient explained her complaints of persistent eruptions on her hands, which is causing itching, and redness. Patient was apparently healthy doing her house hold works. Initially, the eruptions were mild, but it has since spread and become increasingly bothersome. Itching aggravates during night and is better by warm water application++.

Past History:

Medical History: Uterine fibroid 10years back (2013) and Hypertension since 15 years

Family History:

SL.NO	RELATIONSHIP	DISEASE
1	Father	Died of old age
2	Mother	Living with osteoarthritis
3	3 Brother	Apparently healthy
4	2 Daughter	Apparently healthy
5	Son	Apparently healthy

Personal History:

Diet: Mixed Appetite: Adequate
Hunger: Tolerable
Desires: Nothing Specific
Aversion: Nothing specific
Thirst: Thirsty small quantity for small interval of time, approximately 3 liter per day
Bowel: Once In a Day, Regular, But With difficulty Because Of Hard Stool.
Micturition: 5-6 day and 1-2 night time, No difficulty
Perspiration: Generalized
Dreams: Falling from height.
Thermal: Hot
Addiction: Not present.

Life Space Investigation:

She is born and brought up in very low economic status family as her father was farmer and mother being a House wife. She was the last child for her parents, having 3 elder brothers. She is very much attached to her family members used to help her father in farm and mother in household activities. She was very much interested in studies; she studied till 7 th Std. After that for higher primary education she had to travel 8–10Km as it was available at beside Village area, she used to go on her brother cycle and even sometimes by walk. By that time, she was doing her 8th Std education she got marriage proposal and got married at the age of 15 years. She narrated that I had faced many troubles after my marriage because of dowry by her husband and mother-in-law. She narrated that as I am from poor family I should only adjust with my husband family, I used to cry and no anger or any kind of revenge thoughts against anyone. But her father-in-law supported her and helped her to survive there. She was very silent and used to get scared for everything and very adjustable manner. As time passes her husband started addiction of alcohol drinking. After that her life becomes still more terrific. Then as time passes, she started raising her voices against her husband, fight with him and forcibly collect all the money from him. Doing this time, she was diagnosed with hypertension and started taking allopathic medication. She used to save money and investing gold and she

explained that if I would have not done like that my husband will easily spoil that money on his addiction. Then her husband also started supporting her, he started giving all the money. She also used to be happy with husband and family. She is very religious she will follow all the rituals in a very strict way. She is very fast in doing all the work, she wants herself to be occupied in some or other work (both mentally or physically) after enquiring why she want to occupy herself she narrated that simply brooding won't help we should our work and move on. Later after some time her husband family dispute started about property issue, she explained it's still going on, 2yrs back we faced so much financial loss in the matter of land property as it was the bread and butter of our family. My sister-in-law claimed my land property as my husband signed (but he was not aware of that so they took his signature in alcohol hangover time). This was troubling me much, as it was difficult to even arrange a day's meal without our farm. All these miseries made her cry most of the time and think of ending her life.

General Physical Examination & Vitals:

Conscious & oriented with time, place and person.

No pallor, clubbing, cyanosis, icterus & pedal edema

BP- 140/90mm Hg

PR – 78beats/ minRR-18cpm

Temp – afebrile at the time of examination

Scalp – healthy

Hairs – Black

Eyes

- Conjunctiva – pink
- Sclera – clear

Ears- no discharge

Nose- no DNS/ Polyps

Mouth

- Buccal mucosa- pink.
- Teeth – hygiene
- Tongue – pink
- Gums – pink

Neck – no lymphadenopathy

Skin: Upper extremities- Eruptions with severe itching Lower extremities-Healthy

Nails- healthy

Systemic Examination

Respiratory system: Bilateral air entry is normal, normal vesicular breathing.

Cardiac system: S1 & S2 heard, no murmur heard.

Gastrointestinal system: No organomegaly, no tenderness.

Locomotor examination: normal.

Skin: red, scaly plaques are observed on left hand.Lesions are well-demarcated and silvery scales

Repertorial Totality

Mind: Aliment from; money; from losing
Mind: Weeping, tearful mood etc., Alone, when
Mind: religious affections; too occupied with religion
Mind; yielding disposition
Mind; responsibility: strong
Mind; death: desires
Sleep: Dreams: Falling: From high places:
Skin: Itching: Voluptuous:
Skin-eruptions-psoriasis
Skin: Itching: Ameliorated from: Warmth

Repertorization proper

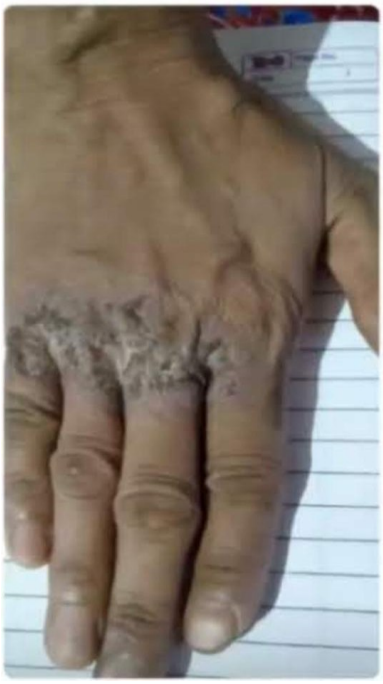
- Calc Carb 20/9
- Natrum Mur 15/9
- Puls 17/8
- Aur 16/8
- Sep 16/8
- Sulph 18/7

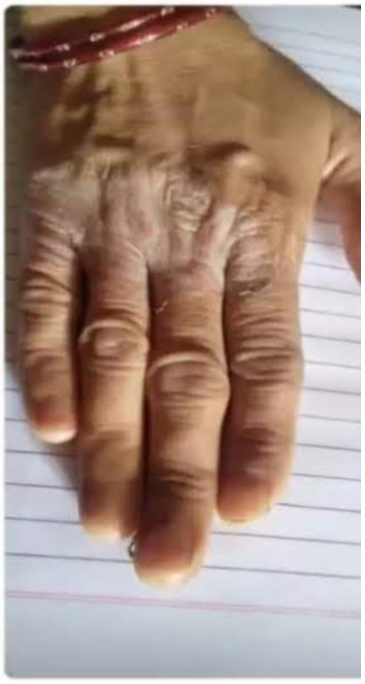
Prescription:

Rx,

1) Calcarea Carb 1M OD X 5 Days
2) Sac lac TID x 30 Days

After treatment: C/o itching was better up to 90%, eruptions were also reduced up to 90%, appetite adequate, and sleep refreshing.





DISCUSSION

Homoeopathy is a holistic system of medicine and here the treatment plan is based on individualization through the detailed case taking. It is essential to elucidate the constitutional makeup of the subject to select the single remedy with the help of totality of symptoms. Among the eight cases discussed so far, Natrum Muriaticum, Graphites, Arsenicum album, Pulsatilla, Silicea, Natrum muriaticum and Calcarea carbonicum were found serviceable as per the totality of symptoms This case series treated with constitutional homoeopathic medicine is an attempt to show the efficacy of constitutional homoeopathic approach in the treatment of psoriasis without requiring medicated external application. In these cases, chosen remedy was based on totality of symptoms.

CONCLUSION

This case series provides valid evidence of the successful treatment of psoriasis with the help of constitutional

homoeopathic medicine based on an individuality of the subject. And it also signifies the importance of holistic approach of treatment in homoeopathy. The importance of internal medicine over the external applications has been demonstrated in these cases. The single simple minimum dose of carefully selected constitutional homoeopathic remedy plays an important role in the treatment of psoriasis.

CONFLICT OF INTEREST: None

FINANCIAL SUPPORT: Not available

DECLARATION OF PATIENT CONSENT: Patient consent was taken for images to be reported for this article.

PATIENT PERSPECTIVE:

The patient had a satisfactory outcome after the treatment as he was relieved from the discomfort and there remained no disease after the treatment.

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