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Case of morphea treated with homoeopathic constitutional remedy: A case report

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Abstract
Morphea is an uncommon autoimmune condition that results in sclerosis and inflammation of the skin as well as the soft tissues underneath. It is distinguished by flare-ups (fibrosis and inflammation) that finally result in irreversible harm (tissue loss and pigmentation changes). Damage from unrestrained exercise can have disastrous, long-lasting effects on appearance and function, such as hair loss, joint contractures, atrophy of the skin, soft tissues, and bones, and restricted growth of the affected body part in children. For this reason, reducing morphea harm requires early activity diagnosis and the start of suitable treatment. Consequently, recent efforts have concentrated on verifying imaging, histology, biomarker, and clinical results with the goal of precisely measuring activity and damage.
Case Summary: The homoeopathic remedy Arsenicum album was shown to be effective in treating a patient with Morphia, skin contractures, and cosmetic abnormalities in less than six months, according to clinical data. This case study thus supports the use of homoeopathic medications for autoimmune diseases.

Keywords: Morphea, localized scleoderma, autoimmune disease, homoeopathic treatment

Introduction
Morphea is characterized by alternating phases of inflammation and fibrosis, resulting in tissue destruction and subsequent atrophy [3]. Histologically, activity in morphea is distinguished by the presence of an inflammatory infiltration consisting of lymphocytes in the dermal and subcutaneous layers. Clinically, this is observed as erythema, edema, and the spreading of lesions. Patients commonly experience symptoms such as pain and pruritus [4]. The fibrotic phase frequently commences concurrently with inflammation and is distinguished by the accumulation of dense collagen together with the presence of inflammatory cells. This is observed as solid yellow to white patches with a border that appears either red or purple. The aforementioned mixed inflammatory and sclerotic lesions finally undergo a shift into a phase of inactivity, which is defined by the resolution of inflammation. During this phase, sclerosis continues to spread, leading to atrophy of the dermis and, in some cases, the underlying soft tissue. This study illustrates the characteristic visual manifestations of both active and inactive lesions [5]. The pathological alterations associated with morphea have the potential to impact various anatomical structures, including the dermis, subcutis, soft tissue, and occasionally even bone. The development of fibrosis and subsequent atrophy in the dermis, soft tissue, and bone can lead to notable deformities and functional restrictions, including contractures, discrepancies in limb length, and restricted range of motion. The present therapeutic approaches for morphea consist of immunosuppressive medications that are designed to inhibit disease activity. Therefore, it is of utmost importance to promptly and accurately evaluate disease activity in order to minimize long-term cosmetic and functional complications.
Morphea requires the presence of biomarkers that can determine the presence of disease. There are patients who present with morphea lesions in which the level of activity is difficult to assess using clinical examination alone. This makes it difficult to know whether to initiate or escalate immunosuppressive therapy [6]. Some patients present with disease that is obviously active or inactive. Since the goal of morphea therapy is to minimize disease activity in order to prevent permanent cosmetic and functional sequelae [7], accurate and timely assessment of lesion activity is critical to the successful management of morphea patients.
Studies on the use of biomarkers to signal disease activity have primarily concentrated on cytokine levels. This is due to the fact that the majority of individuals with morphea have

normal markers of inflammation such as erythrocyte sedimentation rate. Increased amounts of various cytokines have been found in the sera of patients with morphea, including IL-2, IL-4, IL-6, IL-8, IL-13, IP-10, and TNF alpha. However, the most promising biomarkers for morphea appear to be downstream IFN-regulated pathway chemokines [8], according to the most recent data.

Case details: A woman in her twenties came in complaining of purple, thick, serpiginous, dry lesions that had been appearing on her left forearm for the past nine months. The lesion is noticeably more severe in damp and chilly climates, although it seems to have marginally improved in hotter environments. The patient has a high level of concern for her illness and believes that there is no treatment that may cure it. At first, she tried alleviating her symptoms with allopathic medicines and ointments, but nothing helped. After that, she attempted treatment with homeopathic medicine, which resulted in the diagnosis of morphia, an autoimmune ailment. Arsenicum album is constitutionally recommended to the patient based on the totality of symptoms identified, and it is given to them together with a placebo for a period of one month.

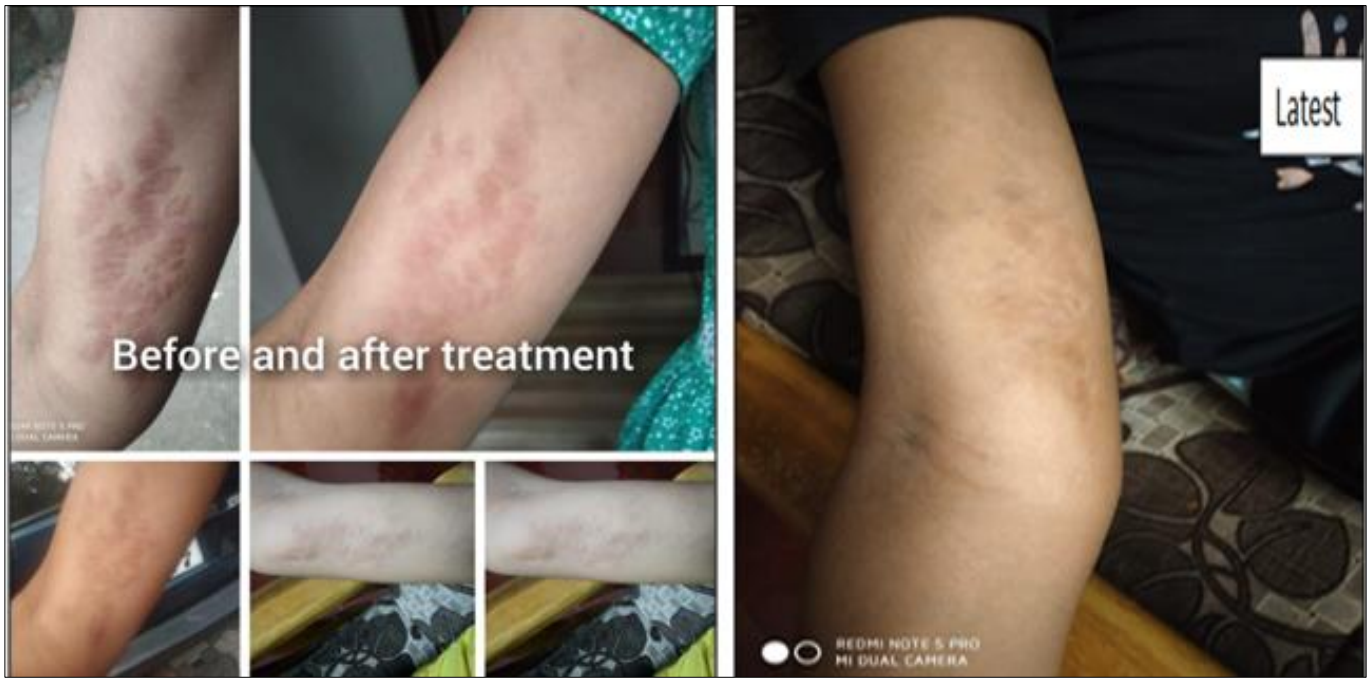

Fig 1: Before and after image of the affected part with homoeopathic treatment

Table 1: Followup of the case

Follow up date	Signs and symptoms	Prescription
2/2/2023	Purplish, thick, serpegenous dry lesions over her left forearm The lesion is thicker during wet cold climate and feels slightly improved during heat. The patient is very anxious about her disease	1. Arsenicum album1m/1D (powder) 2.SL/30 dose (1-0-0)
24/3/2023	The skin becomes loose. Patient is generally good	Sac lac / 30 dose (1-0-0)
18/5/2023	Lesion becomes fade. Itching in skin with dryness of skin occurred	Arsenicum album 1M/1dose (powder) Nihilinum tab for 1 month (1-0-1)
28/6/2023	> of itching of skin become normal in texture	SL/30 Dose for 1 month (1-0-0)

Conclusions

Morphea is a dermatological disorder that involves inflammation of the skin. It is defined by the presence of erythematous and violaceous indurated plaques, which subsequently develop into hyperpigmented lesions with central sclerosis and atrophy. Multiple subtypes of morphea exist, and although various categorization systems have been developed, they are constrained by notable limitations. Therefore, additional efforts are necessary to enhance and elucidate these schemes. As an illustration, the aforementioned approaches fail to acknowledge extracutaneous aspects of morphea, which represents a dynamic field of study [8].

Considering the potential for significant cosmetic and functional consequences resulting from uncontrolled disease progression in morphea, it is imperative to promptly detect disease activity and commence therapy in a timely manner. Therefore, significant advancements have been achieved in the development and enhancement of outcome measures in the field of morphea. Various research studies have examined clinical, biomarker, imaging, and histology outcomes to enhance the precision of evaluating disease activity and severity. Despite the encouraging outcomes in this field, additional research is necessary to fully validate these assessments for both clinical and research applications [9]. This case report presents the effective treatment of a patient afflicted with Morphia, exhibiting skin contractures and a cosmetic defect, through the administration of the

homoeopathic medicine Arsenicum album. Clinical evidence of improvement was observed within a period of 6 months. The case study provides evidence of the efficacy of homoeopathic medications in the treatment of autoimmune illnesses, hence highlighting the potential scope of their application in such conditions.

Conflict of Interest
Not available

Financial Support
Not available

References

1. Peterson LS, Nelson AM, Su WP, *et al*. The epidemiology of morphea (localized scleroderma) in Olmsted County 1960-1993. J Rheumatol. 1997;24:73-80. [PubMed] [Google Scholar]
2. Knobler R, Moinzadeh P, Hunzelmann N, *et al*. European Dermatology Forum S1-guideline on the diagnosis and treatment of sclerosing diseases of the skin, Part 1: localized scleroderma, systemic sclerosis and overlap syndromes. J Eur Acad Dermatol Venereol. 2017;31:1401-24. 10.1111/jdv.14458 [PubMed] [CrossRef] [Google Scholar]
3. Leitenberger JJ, Cayce RL, Haley RW, *et al*. Distinct autoimmune syndromes in morphea: a review of 245 adult and pediatric cases. Arch Dermatol. 2009;145:545-50. 10.1001/archdermatol.2009.79 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
4. Sehgal VN, Srivastava G, Aggarwal AK, *et al*. Localized scleroderma/morphea. Int J Dermatol. 2002;41:467-75. 10.1046/j.1365-4362.2002.01469.x [PubMed] [CrossRef] [Google Scholar]
5. Christen-Zaech S, Hakim MD, Afsar FS, *et al*. Pediatric morphea (localized scleroderma): review of 136 patients. J Am Acad Dermatol. 2008;59:385-96. 10.1016/j.jaad.2008.05.005 [PubMed] [CrossRef] [Google Scholar]
6. Careta MF, Romiti R. Localized scleroderma: clinical spectrum and therapeutic update. An Bras Dermatol 2015;90:62-73. 10.1590/abd1806-4841.20152890 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
7. Fett N, Werth VP. Update on morphea: Part I. Epidemiology, clinical presentation, and pathogenesis. J Am Acad Dermatol. 2011;64:217-28. quiz 29-30. 10.1016/j.jaad.2010.05.045 [PubMed] [CrossRef] [Google Scholar]
8. Florez-Pollack S, Kunzler E, Jacobe HT. Morphea: Current concepts. Clin Dermatol 2018; 36:475-86. 9.1016/j.clindermatol.2018.04.005 [PubMed] [CrossRef] [Google Scholar

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