



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(1): 232-238

Received: 04-11-2023

Accepted: 05-12-2023

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Efficacy of individualized homoeopathic treatment in psoriatic arthritis – A case report

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DOI: <https://doi.org/10.33545/26164485.2024.v8.i1d.1073>

Abstract

Introduction: Psoriasis is a chronic skin disorder involving dermatological plaques of typically red, or purple hue, which are dry, itchy, and scaly. When associated with HLA B27, it causes an autoimmune systemic condition of Psoriatic Arthritis (PsA). While the conventional treatment such as NSAIDs, topical and systemic corticosteroids, methotrexate may have adverse systemic effects in long-term use. Alternative treatment through Homoeopathic medicines can provide a gentler treatment.

Case summary: This is a case of 26 years old male who suffered with Psoriatic arthritis since last 2 years. He was greatly benefitted from Individualized Homoeopathic treatment with *Lycopodium clavatum* medicine within a period of 9 months. The assessment of the case was done through Psoriatic Arthritis Response Criteria (PsARC) Score for arthritis and Psoriasis Area and Severity Index (PASI) Score for the lesions. There was significant reduction in the scores after the treatment with the overall well-being of the patient. The case was reported according to CARE Checklist guideline and the causal attribution of Homoeopathic treatment effect was assessed through Modified Naranjo Criteria (MONARCH Criteria). Thus, this case emphasizes the efficacy of Individualized Homoeopathic treatment in psoriatic arthritis.

Keywords: Psoriatic arthritis, autoimmune disease, CASPAR criteria, PASI score, PsARC score, homoeopathy

Introduction

Psoriasis is a skin disorder in which skin cells multiply 10 times faster, which builds up reddish or purplish patches covered with characteristic white or silvery scales. They mostly appear on the scalp, elbows, knees, and lower back. Psoriasis is generally thought to be triggered by environmental factors influencing the immune system and damaging the skin cells^[1]. There are five main types of psoriasis^[2]:

- Psoriasis Vulgaris (Plaque psoriasis)
- Guttate psoriasis.
- Erythrodermic psoriasis.
- Inverse psoriasis.
- Pustular psoriasis.

Psoriatic arthritis is an autoimmune form of psoriasis involved with HLA B27 antigen. It causes swollen, painful joints with stiffness, in addition to inflamed, scaly plaques on joints. There is progressive deformity of joints. At times nail changes are also seen^[2].

Epidemiology^[1]

- According to the World Psoriasis Day consortium, 125 million people worldwide (2 to 3% of the total population) suffer from psoriasis, affecting both men and women equally.
- It is more common between 15 and 25 years, but can develop at any age.
- Survey suggests 30 percent of people with psoriasis develop psoriatic arthritis.

Psoriatic arthritis can be of following types^[2]:

Asymmetrical oligoarthritis (70%) – The most common type.

It involves proximal and distal inter phalangeal (PIP, DIP) joints of hands and feet.

- Symmetrical polyarthritis (15%)
- Arthritis mutilans (5%)
- Distal interphalangeal arthritis (5%)
- Axial arthritis (5%)-Involving spine causing spondylitis and sacroiliitis.

Diagnosis: Skin Biopsy ^[1], Criteria for Psoriatic Arthritis (CASPAR) Score ^[3].

Assessment: Arthritis in PsA is assessed through PsARC score and lesions in PsA is assessed through following scores

Table 1: Scores used in assessment of psoriatic lesions

Severity of psoriasis	BSA Score*	PASI Score ⁺	DLQI [^]
MILD	<3% Body area	< 5	<5
Moderate	3%-10% Body area	5-10	5-10
Severe	>10% Body area	> 10	>10

* BSA – Body Surface Area, ⁺PASI – Psoriasis Area and Severity Index Score, [^]DQLI – Dermatology Life Quality Index Score.

Case report

Patient information

On 9th may 2019, a 26-year-old male presented to the outpatient department [OPD-4] of Nehru Homoeopathic Medical College and Hospital, Delhi. He was diagnosed and was treated for psoriatic arthritis for about 2 years.

History of presenting complaints

He was diagnosed with psoriasis 2 years ago and 3 months later, pain and stiffness developed in finger joints. He was found positive for psoriatic arthritis, and was under allopathic medication. As it did not give much relief so he decided to begin Homoeopathic treatment.

Family history

Nothing significant in family history.

Personal history

The patient was a CA graduate student. He was non-vegetarian and no history of addictions like smoking or alcohol.

Mental generals

The patient was anxious about his health. He was very angry, irritable, and suspicious. He had consolation aggravation.

Physical generals

The patient had good appetite and thirst with craving for sweets. His bowel habits were irregular and stools were hard sometimes in consistency with recurrent constipation.

Diagnosis – Casper Criteria for Psoriatic Arthritic

Classification of Psoriatic-Arthritis: CASPAR Criteria	
POINTS	
1. Evidence of psoriasis	
Current psoriasis	✓ 2 or
Personal history of psoriasis	1 or
Family history of psoriasis	1
2. Psoriatic nail dystrophy	
Pitting, onycholysis, hyperkeratosis	✓ 1
3. Negative test result for rheumatoid factor	
	✓ 1
4. Dactylitis	
Current swelling of an entire digit	✓ 1 or
History of dactylitis	1
5. Radiologic evidence of juxta-articular new bone formation	
Ill-defined ossification near joint margins on plain x-rays of hand and foot	✓ 1
CASPAR, CLASSification Criteria for Psoriatic ARthritis Taylor W. et al. Arthritis Rheum 2006;54:2665-2673	
<u>6</u>	

Fig 1: CASPAR Criteria diagnostic score

The CASPAR Criteria score was 6 confirming the diagnosis of Psoriatic arthritis (PsA), (score greater than 3 is diagnostic of PsA). Assessment of PsA was done through PASI score and PsARC score.

Case analysis and repertorization

Proper case taking was done as per the directions stated in the Organon of Medicine (6th Edition) ^[5]. After analysis and evaluation of the symptoms of this case, the totality of

symptoms was constructed and the case was repertories using Synthesis Repertory [6].

The following symptoms were considered for repertorization:

Table 2: Evaluation of totality of symptoms and repertorial totality

Totality of symptoms	Conversion to rubrics	Intensity of symptoms
Anxiety about his health	Mind – anxiety – health; about	++
Irritability	Mind – Irritability	+++
Anger	Mind – Anger - violent	++
Suspicious	Mind – Suspicious	++
Constipation	rectum – constipation	++
Desire for sweets	Generals – food and drinks – sweets - desire	+++
Psoriatic lesions	Skin – eruptions – psoriasis	+++
Joint pain with psoriasis	Generals – pain – Bones – accompanied by - psoriasis	+++

Repertorial result and prescription

Lycopodium clavatum covered 21/7 marks. Based on totality of symptoms, individualization, repertorial analysis and consultation with Materia medica, *Lycopodium clavatum* was selected as the similimum remedy as patient was intellectual, ambitious but physically weak and all other general symptoms were also in accordance to *Lycopodium*

which included sweet desire, constipation etc. Follow-up assessment was done monthly for 9 months. *Lycopodium clavatum* 200th potency, one dose was prescribed to the patient in 200th potency on 09/05/2019 with SL 30 (placebo) T.I.D., 4 globules in each dose for 1 month. During follow ups, the change in potency and repetitions of doses were done according to Organon of medicine (6th Edition).

Table 3: Follow-up Sheet

Date of visit	Follow-up assessment	Prescribed medicine with potency and doses	Instructions to the patient
14/06/19	Patient was better but since last week, slight itching and constipation started.	Lycopodium 1M/1 dose SL 30/ TDS / for 1 month	Restricted Diet and exercise were advised
20/07/19	Itching got better and lesions became reddish. Constipation also better.	SL 30 / TDS / for 2 months	
02/09/19	Patient felt much better, lesions on hands and legs were getting better.	SL 30 / TDS / for 1 month.	
04/10/19	Patient was improving gradually but itching in lesions and constipation sometimes.	SL 30 / TDS / for 1 month.	
29/10/19	No perceptible improvement was noticed. Itching sometime in the lesion appeared.	Lycopodium 10M/1 dose SL 30 / TDS / for 1 month.	
19/11/19	Patient felt much better, itching in lesions was relieved and lesions started gradually disappearing.	SL 30 / TDS / for 1 month.	
17/12/19	Patient had no as such new complaints. Lesions were gradually improving.	SL 30 / TDS / for 1 month	
31/12/19	Psoriatic lesions were almost gone. No new complaints.	SL 30 / TDS / for 1 month.	
21/01/20	Patient is still coming in OPD for regular follow ups and has felt much improvement.	SL 30 / TDS / for 1 month.	

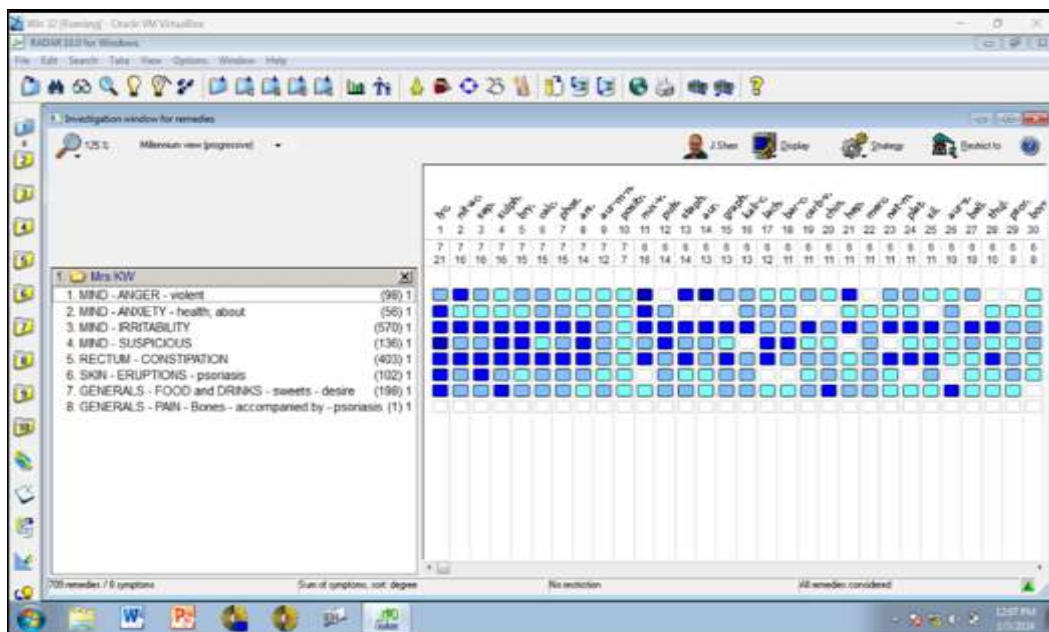


Fig 2: Repertorial result obtained from Synthesis repertory on RADAR software (Version 10.0)

Follow-up sheet

Assessment of improvement

The improvement of the case was assessed with two parameters:

- 1. Improvement of Psoriatic lesions:** Assessed with PASI Score analysis before and at 1 year of treatment [7].
- 2. Improvement of Psoriatic arthritis:** Assessed with

PsARC Score recorded before and after 1 year of treatment [8].

1) Assessment of the psoriatic lesions – pasi score results [7]

PSORIASIS AREA AND SEVERITY INDEX (PASI) WORKSHEET
 HOSPITAL NO: Nehru Homoeopathic Medical College & Hospital
 PATIENT NAME: Msi. XYZ

The Psoriasis Area and Severity Index (PASI) is a quantitative rating score for measuring the severity of psoriatic lesions based on area coverage and plaque appearance.

Plaque characteristic	Lesion score	Head	Upper Limbs	Trunk	Lower Limbs
Erythema	0 = None 1 = Slight		1		1
Induration/Thickness	2 = Moderate 3 = Severe 4 = Very severe		2		2
Scaling			3		3
Add together each of the 3 scores for each body region to give 4 separate sums (A)					
Lesion Score Sum (A)			6		6

Percentage area affected	Area score	Head	Upper Limbs	Trunk	Lower Limbs
Area Score (B) Degree of involvement as a percentage for each body region affected (score each region with score between 0-4)	0 = 0% 1 = 1% - 9% 2 = 10% - 29% 3 = 30% - 49% 4 = 50% - 69% 5 = 70% - 89% 6 = 90% - 100%		2		2
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C)					
Subtotals (C)			12		12
Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs					
Body Surface Area		x0.1	x0.2	x0.3	x0.4
Totals (D)			2.4		4.8
Add together each of the scores for each body region to give the final PASI Score.					
PASI Score =		7.2			

Fig 3: PASI Score before treatment

PSORIASIS AREA AND SEVERITY INDEX (PASI) WORKSHEET
 HOSPITAL NO: Nehru Homoeopathic Medical College & Hospital
 PATIENT NAME: Msi. XYZ

The Psoriasis Area and Severity Index (PASI) is a quantitative rating score for measuring the severity of psoriatic lesions based on area coverage and plaque appearance.

Plaque characteristic	Lesion score	Head	Upper Limbs	Trunk	Lower Limbs
Erythema	0 = None 1 = Slight				1
Induration/Thickness	2 = Moderate 3 = Severe 4 = Very severe				2
Scaling			1		1
Add together each of the 3 scores for each body region to give 4 separate sums (A)					
Lesion Score Sum (A)			3		2

Percentage area affected	Area score	Head	Upper Limbs	Trunk	Lower Limbs
Area Score (B) Degree of involvement as a percentage for each body region affected (score each region with score between 0-4)	0 = 0% 1 = 1% - 9% 2 = 10% - 29% 3 = 30% - 49% 4 = 50% - 69% 5 = 70% - 89% 6 = 90% - 100%		1		1
Multiply Lesion Score Sum (A) by Area Score (B), for each body region, to give 4 individual subtotals (C)					
Subtotals (C)			3		2
Multiply each of the Subtotals (C) by amount of body surface area represented by that region, i.e. x 0.1 for head, x 0.2 for upper body, x 0.3 for trunk, and x 0.4 for lower limbs					
Body Surface Area		x0.1	x0.2	x0.3	x0.4
Totals (D)			0.6		0.8
Add together each of the scores for each body region to give the final PASI Score.					
PASI Score =		1.4			

Fig 4: PASI Score after 9 months of treatment

There was marked reduction in the before and after PASI scores. PASI score before the treatment was 7.2 and after 9 months of treatment with individualized homoeopathic medicine *Lycopodium clavatum* was reduced to 1.4.

2) Assessment of psoriatic arthritis – psarc score results [8]

Joint Count Scoring Sheet
 Tender and swollen measurements

Tender Joints: Number 68
 Swollen Joints: Number 66

Global VAS Pain 9/10
 Post-treatment 3/10

Global PsARC Assessment

Patient and physician global assessment
 Recommended questions for the patient and physician using a 0-5-point Likert scale.

PsARC criteria (pre-treatment)
 Tender Joints (0-66) 60, Swollen Joints (0-66) 48
 PsGA 5, PsGA 5

PsARC criteria (post-treatment)
 Tender Joints (0-66) 23, Swollen Joints (0-66) 26
 PsGA 2, PsGA 2

Definition of the criteria:
 Response = Improvement in ≥ 3 of the 4 tests.
 • One of which must be the joint tenderness or swelling score.
 • No worsening in any of the four measures.
 • Improvement is defined as a decrease ≥ 30% in the swollen or tender joint score and a decrease ≥ 1 in either of the global assessments.

Fig 5: PsARC Score before after 9 months of treatment

The PsARC assessment showed marked improvement. The score analyses improvement through five criteria: - ⁽⁸⁾

1. **Tender Joints:** Before – 60, after – 28 (~ 47% reduction)
2. **Swollen Joints:** Before – 48, after – 26 (~ 34% reduction)
3. **Patient Global Assessment:** Before – 5, after – 2 (3-point reduction)
4. **Physician Global Assessment:** Before – 5, after – 2 (3-point reduction)
5. **Global (Visual analogous scale) vas pain scale score** – Before – 9, after – 3 (6- point reduction)

According to the assessment of the PsARC score homoeopathic treatment showed marked improvement in all the five criteria

Assessment of Upper Limbs



Fig 9: At 9th month of treatment

Assessment of lower limbs



Fig 6: Before treatment



Fig 10: Before treatment



Fig 7: At 3rd Month of treatment



Fig 11: At 9th month of treatment



Fig 8: At 6th month of treatment

Table 4: Assessment by modified naranjo criteria (Monarch) Score ^[9]

Domains		Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1		
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3.	Was there an initial aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5.	Did overall well-being improve? (suggest using validated scale)	+1		
6A.	<i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B.	<i>Direction of cure:</i> did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	+1 +1		
7.	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternate causes (other than the medicine) that-with a high probability-could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9.	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+1		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
		Total Score = 10		

Conclusion

Within 9 months of successful Homoeopathic treatment and maintenance of proper diet and regimen, the psoriatic lesions and arthritic pain was greatly reduced. The PASI score was reduced from a severe score of 7.2 to mild score of 1.4. The PsARC scoring showed five results, tender joints reduced from 60 to 28 joints, swollen joints reduced from 48 to 26 joints, the Patient’s Global assessment score (PtGA) reduced from 5 to 2, Physician’s Global Assessment score (PGA) was reduced from 5 to 2, and the VAS pain score reduced from 9 to 3 showing marked reduction in psoriatic arthritis. The MONARCH criteria score was 10 ^[9].

Summary

Thus, Homoeopathy plays a positive role in early diagnosed cases of psoriatic arthritis through Individualized treatment. The approach is to understand the profile of the patient through a detailed case taking and then selecting a constitutional remedy using the individualizing features of the patient. In the above case report, the patient was treated with Individualized Homoeopathic medicine, *Lycopodium clavatum* for a period of 1 year, and finally led to marked reduction of the disease and overall improvement of patient. The patient was prescribed placebo with instruction to continue the treatment and report as per schedule. This case also promotes further well-designed research studies to be conducted for establishing the effectiveness of Homoeopathic treatment in psoriatic arthritis.

Consent of the patient

The author declares that the patient has given written consent for his clinical information to be reported in the journal on anonymous grounds. All the details revealing the identity of the patient are concealed on patient’s demand and for ethical reasons.

Financial support and sponsorship

None.

Conflicts of interest

None declared.

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How to Cite This Article

Gupta M, Swarup N, Chand U, Mishra G, Gupta S. Efficacy of individualized homoeopathic treatment in psoriatic arthritis – A case report. International Journal of Homoeopathic Sciences 2024; 8(1): xxx-xxx.

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