Management of psoriatic arthritis with individualized homoeopathic treatment: A case study

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Abstract

Introduction: Psoriatic arthritis (PsA) is a chronic autoimmune condition characterized by inflammation of the joints and skin. Psoriatic arthritis (PsA) presents a complex clinical challenge, often requiring multimodal treatment approaches, due to its chronic nature and variable clinical presentation. While the conventional treatment may have adverse systemic effects in long-term use. Alternative treatment through Homoeopathic medicines can provide a gentler treatment. And this case report explores the potential role of Homoeopathy in managing psoriatic arthritis.

Case Summary: A 38-year-old man presented with a three-year history of psoriatic arthritis. He reported symmetric joint pain and swelling affecting his wrists, knees, and ankles, accompanied by morning stiffness lasting more than an hour. Psoriatic skin lesions, characterized by thick, scaly plaques, were present on his back. He was greatly benefitted from Individualized Homoeopathic treatment with Ignatia amara medicine within a period of 10 months. The case evaluation utilized the Psoriatic Arthritis Response Criteria (PsARC) Score to assess arthritis and the Psoriasis Area and Severity Index (PASI) Score for lesions. Following treatment, there was a notable decrease in scores, correlating with an improvement in the patient's overall well-being. The report adhered to the CARE Checklist guideline, and the causal attribution of the Homoeopathic treatment effect was evaluated using the Modified Naranjo Criteria (MONARCH Criteria). Consequently, this case report underscores the effectiveness of individualized Homoeopathic treatment for psoriatic arthritis.

Keywords: Psoriatic arthritis, Autoimmune disease, CASPAR criteria, PASI score, PsARC score, Homoeopathy

Introduction

Psoriasis is a skin condition where skin cells reproduce at a rate ten times faster than normal, resulting in the accumulation of reddish or purplish patches covered with distinctive white or silvery scales. These patches typically manifest on the scalp, elbows, knees, and lower back. The onset of psoriasis is commonly attributed to environmental factors that affect the immune system and cause damage to the skin cells [1].

Psoriatic arthritis is a type of arthritis that occurs in people with psoriasis. 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].

Psoriatic arthritis types:

- Asymmetrical inflammatory oligoarthritis (40%)-The most common type. It involves proximal and distal inter phalangeal (PIP, DIP) joints of hands and feet.
- Symmetrical polyarthritis (25%)
- Arthritis mutilans (5%)
- Distal interphalangeal arthritis (5%)-uncommon but characteristic pattern.
- Axial arthritis/ psoriatic spondylitis-Involving spine causing spondylitis and sacroiliitis [1][2].

Diagnosis

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

<table>
<thead>
<tr>
<th>Severity Of Psoriasis</th>
<th>BSA Score</th>
<th>PASI Score</th>
<th>DQLI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>&lt; 3% body area</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>moderate</td>
<td>3%-10% body area</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>severe</td>
<td>&gt; 10% body area</td>
<td>&gt;10</td>
<td>&gt;10</td>
</tr>
</tbody>
</table>

* BSA-Body Surface Area, +PASI-Psoriasis Area and Severity Index Score, DQLI-Dermatology Life Quality Index Score

Case Report

Patient information

On 12th June 2023, a 38-year-old male presented to the outpatient department of White Memorial Homoeo Medical College and Hospital, Kanniyakumari. He was diagnosed and was treated for Psoriatic Arthritis for about 10 months.

History of presenting illness

He was diagnosed with psoriasis 3 years ago and 1 year later, pain and stiffness developed in almost all joints. He was found positive for Psoriatic Arthritis. Now, there are maculo-papular and hyperkeratotic skin eruptions all over the back and mild eruptions in ankle with scaling and itching that worsens in evening and after having fatty meal with pain, mild swelling and stiffness in joints, especially of ankle, knee and fingers. The joints pain as stitching, worsened by emotional stress and relieved by warmth.

Treatment history

For Psoriatic Arthritis—before 3 years he was under Allopathic medication, including nonsteroidal anti-inflammatory drugs (NSAIDs) and corticosteroid creams, provided temporary relief but were associated with adverse effects, including gastrointestinal discomfort, dyspnoea and skin thickening. Then went for treatment in other modes like Ayurveda and Siddha but it gave only temporary relief lasting not more than a week and recurred again.

Past history

Typhoid at the age of 25 years. There was no history of trauma.

Family history

His father and mother have Arthritis. Mother suffers from Diabetes. No family history of Psoriasis.

Personal history

He is non vegetarian and no history of addictions like smoking or alcohol.

Life space investigation

The patient arrived at the hospital with assistance from a friend due to limited financial and familial support. He had been living with his bedridden mother, whom he cared for alongside a caretaker. His upbringing involved staying with his grandparents, while his parents lived separately; despite this, his father frequently interfered with his decisions, causing frustration that he could not express openly. After completing his schooling, he worked as a driver due to family circumstances. At 27, he married and found happiness in his marriage, supported by a caring wife who later succumbed to Covid-19 in May 2020. Despite feeling deep grief and sorrow over her loss, he has been unable to cry, struggling to accept her departure and the responsibility of raising their two sons alone. Since childhood, he has preferred solitude and, following his wife's death, has become completely averse to company. His love for animals is profound, unable to bear seeing them injured and promptly seeking veterinary care even for strays. He wonders why such tragedies occur despite his kindness towards animals, feeling utterly shattered but driven to persevere for his children's sake. All his current difficulties began after losing his beloved wife.

Mental generals

There are feelings of grief and suppressed emotions following the loss of a loved one (wife). Feels better when alone. Sympathy towards animals.

Physical generals

The patient has craving for onions, cold food and drinks. His stools are hard with recurrent constipation. Sleeplessness from grief.

Diagnosis-Casper Criteria for Psoriatic Arthritic

The CASPAR Criteria score of 6 confirmed the diagnosis of Psoriatic Arthritis (PsA), as a score exceeding 3 indicates Psoriatic Arthritis.

![Fig 1: CASPAR Criteria diagnostic score](https://www.homoeopathicjournal.com)

Homoeopathic Assessment

A comprehensive case history revealed the patient's physical symptoms, emotional state, and individual characteristics. He described his skin lesions are itchy in nature aggravated during evening hours and consumption of fatty meal. The joint pain as stitching, worsened by emotional stress and relieved by warmth. He expressed feelings of grief and suppressed emotions following the loss of a loved one, indicating a susceptibility to emotional disturbances.

Case analysis and Repertorization

After the analysis and evaluation of the case, the characteristic signs and symptoms were considered for making the totality:

- Silent grief from loss of loved one +++
- Aliments from suppressed emotions +++
• Sympathy towards animals +++
• Desire solitude ++
• Sleeplessness from grief +++
• Recurrent constipation +++
• Psoriatic eruptions in back of trunk and ankles < evening > fatty food +++
• Stitching pain in ankle, knee and metacarpophalangeal joints < emotional stress +++

The case was repertorized using Zomeo Pro LAN software repertory [Figure 2].

**Repertorial result and Therapeutic intervention**

Ignatia amara was chosen as the remedy based on a comprehensive evaluation of symptoms, including individualization, repertoranalysis, and consultation with Materia Medica. The patient received Ignatia 200th potency, one dose on 12/06/2023, along with SL 30 (placebo) T.I.D., consisting of 4 globules per dose for one month. Adjustments in potency and dosing frequency were made during follow-ups in accordance with the principles outlined in the Organon of Medicine. The patient was advised to report to the outpatient department after 1 month.

**Follow up and Outcome**

The patient was followed every month, the potency and repetition varied as per the requirement of the case depending upon the Homeopathic principles. Details of the follow-up are summarised in Table 2. The patient showed marked improvement after beginning the Homoeopathic treatment. Signs and symptoms kept on getting better with every follow-up. After 4 months of treatment, when no further improvement was noted, Ignatia amara was prescribed in 1M potency and later repeated. The patient reported significant improvement in joint pain and stiffness. He noted increased flexibility and mobility, enabling him to perform daily activities with greater ease. Psoriatic skin lesions showed marked improvement, with reduced thickening and scaling. The patient reported a sense of emotional release and improved coping with grief-related issues, indicating a favorable response to treatment. The patient continues Homeopathic treatment for additional months, with regular follow-up consultations. Joint symptoms remained well-controlled, with sustained improvement in skin lesions. During the final follow-up, the MONARCH Inventory was used to assess a causal relationship between Homeopathic intervention and the outcome of this case. The total score was 10, thus suggesting a ‘possible’ association between the medicine and the outcome. The patient expressed satisfaction with the treatment outcome and reported no adverse effects.

<table>
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<tr>
<th>Repertorial result and Therapeutic intervention</th>
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<tr>
<td>Ignatia amara was chosen as the remedy based on a comprehensive evaluation of symptoms, including individualization, repertoranalysis, and consultation with Materia Medica. The patient received Ignatia 200th potency, one dose on 12/06/2023, along with SL 30 (placebo) T.I.D., consisting of 4 globules per dose for one month. Adjustments in potency and dosing frequency were made during follow-ups in accordance with the principles outlined in the Organon of Medicine. The patient was advised to report to the outpatient department after 1 month.</td>
</tr>
</tbody>
</table>

**Table 2: Follow-up Sheet**

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Follow up assessment</th>
<th>Prescribed medicine with potency and doses</th>
<th>Instructions to the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/2023</td>
<td>The patient showed improvement, but began experiencing slight itching and constipation since last week, Sleeplessness improved.</td>
<td>Ignatia 200/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>12/08/2023</td>
<td>The itching improved, and the lesions turned reddish. Constipation also showed improvement, Sleeplessness improved.</td>
<td>Ignatia 200/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>14/09/2023</td>
<td>The patient experienced significant improvement, with lesions on the back showing signs of healing, Sleeplessness improved.</td>
<td>Ignatia 200/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>11/10/2023</td>
<td>The patient was gradually improving, though occasionally experiencing itching in the lesions and some episodes of constipation, Sleeplessness improved.</td>
<td>Ignatia 200/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>12/11/2023</td>
<td>There was no noticeable improvement observed, and the itching in the lesion persisted intermittently, Sleeplessness much improved.</td>
<td>Ignatia 1M/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>12/12/2023</td>
<td>The patient experienced significant improvement, with relief from itching in the lesions and a gradual disappearance of the lesions themselves, Sleeplessness much improved.</td>
<td>Ignatia 1M/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>13/01/2024</td>
<td>The patient did not report any new complaints. The lesions were showing gradual improvement.</td>
<td>Ignatia 1M/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>14/02/2024</td>
<td>The psoriatic lesions had nearly disappeared, and there were no new complaints from the patient.</td>
<td>Ignatia 1M/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
<tr>
<td>12/03/2024</td>
<td>The patient continues to come for regular follow-ups at the outpatient department and has reported significant improvement.</td>
<td>Ignatia 1M/1 dose SL 30/ TDS /for 1 month</td>
<td>Advised to follow a restricted diet and incorporate regular exercise.</td>
</tr>
</tbody>
</table>
Assessment of Improvement: The improvement of the case was assessed with two parameters

**Improvement of Psoriatic lesions**
Assessed with PASI Score analysis before and after 1 year of treatment [7].

**Improvement of Psoriatic arthritis**
Assessed with PsARC Score recorded before and after 1 year of treatment [8].
There was a significant reduction in the PASI scores before and after treatment. The initial PASI score was 8.7, which decreased to 2.2 after 10 months of treatment with individualized Homeopathic medicine Ignatia amara. The PsARC assessment indicated marked improvement, evaluating progress across five criteria: \[8\].
Fig 6: PsARC score pre and post treatment

1. **Tender Joints**: Before-32, after-12
2. **Swollen Joints**: Before-32, after-10
3. **Patient Global Assessment**: Before-5, after-2
4. **Physician Global Assessment**: Before-5, after-2
5. **Global (Visual analogus scale) vas pain scale score**: Before-9, after-3

Table 3: Assessment by Modified Naranjo Criteria (Monarch) Score [9]

<table>
<thead>
<tr>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was there an initial aggravation of symptoms?</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did overall well-being improve? (suggest using validated scale)</td>
<td></td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- From organs of more importance to those of less importance?</td>
<td></td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>- From deeper to more superficial aspects of the individual?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- From the top downwards?</td>
<td></td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement?</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
</tbody>
</table>

**Total Score = 10**

**Discussion**

This case demonstrates the efficacy of individualized Homeopathic treatment in managing psoriatic arthritis. The case was diagnosed as that of Psoriatic Arthritis based on history of complaints, clinical examination and CASPAR Criteria diagnostic score. The treatment with modern medicine were not only expensive but created adverse effects such as gastrointestinal discomfort, dyspnoea and skin thickening to the patient. Homoeopathic treatment, especially for conditions like psoriatic arthritis, typically
aims to address the individual’s specific symptoms and overall health rather than just the disease itself. A thorough case history was meticulously recorded, analysed, evaluated and framed the totality. Further utilization of the Zomeo Pro LAN software, complete repertory was focused on capturing the complete symptom picture and identifying the most appropriate remedy. An integrated approach to Repertorization was employed, considering symptoms such as mental generals, Physical generals and characteristic particulars. From the Repertorization results, which included prominent medicines like Natrum muriaticum 15/7, Ignatia 14/5, Thuja 10/5, Ledum 10/4, Phosphorus 10/4, Sulphur 10/4, among others, Ignatia amara was selected. It was prescribed in the 200th potency, along with SL 30 (placebo) T.I.D., with 4 globules per dose, for a duration of one month.

Ignatia’s selection was based on the patient’s unique symptom profile and emotional susceptibility, addressing both physical and emotional aspects of the condition like ailments from suppressed emotions. Follow-up assessments were conducted monthly over a period of 10 months. After undergoing homeopathic treatment for 10 months’ adherence to a proper diet and regimen, the patient experienced notable alleviation of joint pain and stiffness. He observed enhanced flexibility and mobility, facilitating easier performance of daily activities. The psoriatic skin lesions displayed substantial improvement, characterized by reduced thickening and scaling. Additionally, the patient reported experiencing emotional relief and better management of grief-related issues. Laboratory tests revealed no abnormalities, in line with the patient’s progress.

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Conclusion

Individualized Homeopathic treatment offers a promising therapeutic option for patients with psoriatic arthritis, addressing not only physical symptoms but also emotional well-being. This case underscores the importance of a holistic approach in Psoriatic Arthritis management and highlights the potential of Homeopathy as a beneficial treatment in chronic autoimmune conditions which may optimize patient outcomes and enhance overall quality of life. Further research is warranted to validate the findings and explore the long-term efficacy and safety of Homeopathic treatment in Psoriatic Arthritis management.

Consent of the Patient

The patient has provided written consent for their clinical information to be included in the journal anonymously. All identifying details regarding the patient have been withheld at the patient's request and for ethical considerations.

How to Cite This Article


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