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A case of psoriasis cured by antipsoric remedy

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Abstract
Psoriasis is a chronic immune mediated disease that is characterized by skin cells to multiply many times faster than normal. This causes the skin build up into raised patches, mostly appear on the scalp, elbows, knees, and lower back. This occurs because the overactive immune system increase skin cell growth. In normal condition skin cells grow and shed in a month wheras in psoriasis, this cycle completes in only three or four days.
In this article there is a case of 35 yr old male patient who was suffering from psoriasis since last 8-10 yrs. He is cured within 5-6 month completely with minimum (One) dose of his antipsoric remedy pulsatile 200.
Antipsoric medicine was based on totality of symptoms and patient disposition, both mental and physical with the aid of repertoization.
Result: Patient is cured completely within 5-6 months.

Keywords: Psoriasis, antipsoric medicine, disposition

Introduction
Psoriasis is derived from the Greek word psor which means itch or psorin i.e. to have the itch. Psoriasis is a chronic immune mediated inflammatory disease of skin characterized by scaly, erythematous papules and plaques causing intense itching and in consequence bleeding. People of any age are affected, and involves both men and women in similar ratio. Seventy-five percent of cases occur before the age of 46. The disease remits spontaneously in approx 1/3 of cases, sometimes for 50 years, but the course is very unpredictable.

Pathogenesis: The epidermal layers in psoriatic plaques is hyperproliferative, and the underlying dermal layer contains tortuous, dilated small blood vessels, and inflammatory infiltrate of CD4+ and CD8+ T-cells. Neutrophils may be present in some types of psoriasis. Dendritic cells contribute to pathogenesis. It has been found that an antigen invading an epidermal barrier trigger an immune response. Cytokines released by epidermal keratinocytes and activated T-cells stimulates new vessel formation and formation of further keratinocytes and T-cells. Helper T cells, cytokines (Interferon γ, IL-2, and IL-12) as well as tumour necrosis factor α a pro-inflammatory cytokine, are found in psoriatic plaques.

Genetic Factors: Susceptibility to psoriasis is inherited and approx 30% of cases of psoriasis have an affected first-degree relative.

Psoriasis is more than skin deep: i.e. patient suffering from psoriasis have an increased chances of developing arthritis (Seronegative), crohn disease and metabolic syndrome. Anxiety and depression is found commonly in patient suffering from psoriasis.

Types of Psoriasis
Plaque psoriasis or psoriasis vulgaris: This is the most common type of psoriasis and onset may be sudden or gradual. Sharply demarcated pinkish, scaly plaques of variable size, thickness, and shape in a symmetrical pattern predominantly on the extensor surface. Silvery scaling over the plaques found and is thick in untreated cases. Nail involvement in approx. 50% in plaque psoriasis.

Guttate psoriasis: Gutta derived from latin word which means droplet. It starts after an acute infection mostly tonsillitis or pharyngitis in children. The rash usually erupts 2-3 weeks after and acute infection and spontaneously within 3-4 month. Some patient of guttate psoriasis may progress to plaque psoriasis. Teardrop sized erythematous, scaly papules, mostly found on the trunk.

Flexural psoriasis (Inverse psoriasis): This type of psoriasis is found on flexural surface like inframammary fold which usually remains moist. This type of psoriasis is not scaly and hence misdiagnosed as fungal infection but bilaterality suggests psoriasis. Most common sites are inframammary skin, umbilicus, axillae, groins, and natal cleft. Psoriatic patch is erythematous, shiny, minimally raised but not scaly.

Erythrodermic psoriasis: Erythroderma is defined as redness and scaling affecting 90% of body surface area. Topical application that irritates skin may cause erythroderma and sometime caused by drugs taken internally. Psoriasis also erupt after withdrawal of croticosteroids.

Palmoplantar pustulosis: It is a chronic condition exclusively affecting palm and soles and is seen in middle aged women who smoke cigarettes but stopping smoking does not alleviate and condition. This psoriasis is clinically and histologically identical to keratoderma blenorrhagica.

Nails in Psoriasis: Nail sign helps to confirm the diagnosis of psoriasis.

- Pits are usually small and shallow and irregular.
- Onycholysis (splitting of nail plate from the nail bed): the nail are yellowish white with a proximal brownish red margin.
- Thickening and crumbling of the whole nail plate.
- Subungual hyperkeratosis.
- Splinter haemorrhages in fingernails.
- Acral pustulosis/parakeratosis pustulosa.

Environmental factors that exacerbate psoriasis-

- **Infections:** β-haemolytic streptococcal tonsillitis or pharyngitis, HIV.
- **Drugs:** β-blockers, antimalarials drugs, lithium, interferon α, alcohol.
- Rebound is usual after steroids.
- Trauma to the skin (Koebner phenomenon).
- Hormones: may improve or deteriorate in pregnancy.
- Stress or emotional upset.

Sunlight: Usually improves but, in some cases exacerbates psoriasis.

Case History

Name- XYZ
Age/sex -35 yrs/male

Occupation-private job in a dairy Address-Gomti Nagar, Lucknow
Present complaint-Plaque psoriasis, since 8-10 yr, mostly on left forearm, back and scalp. Psoriasis is aggravates in winters. Intense Itching and falling of scales, itching ameliorates for a time after coconut oil application.
Personal history- Patient is married and lives in a combine family. Patient had a younger brother. Mother of patient is very mild but father is angry and dominating in nature, especially towards patient and comparatively soft for younger son. Younger brother is loved by father since beginning. At present patient is the only earning person in family since last 12-15yr. patient is very responsible and concerned about parents. Not much angry, but one thing that frustrated patient is that in spite of being responsible son father don't love me and in comparison to younger brother they neglect me. This is main conflict patient is going through since many years. The same neglected feeling is increased very much since the time patient is taking care of all family by earning bread and butter. Patient said that inspite of all the work I am doing for family, father always shows all concerned towards younger brother and neglect me.
Family history>father -diabetic
Mother- arthritis Brother-acne
Physical generals> appetite-normal, sweet and spicy food desire. Thermal- Hot patient
Thirst- Thirstless
Perspiration- Decreased
Stool-normal, sometime flatulence after eating oily things
Sleep- normal.
Urine -normal.
Mental generals- Feels neglected Feels forsaken
Mild disposition Anger suppressed Responsible Yielding
Totality of symptoms- feels neglected
Feels forsaken Mildness
Skin eruption- psoriasis.

Repertorial Totality

Totality of symptoms	Rubrics
Feels neglection	Delusion neglected he is
Feels forsaken	Forsaken feeling
Mild	Mildness
Psoriasis	Skin-eruption psoriasis

Miasmatic and grading of symptoms

Sl. No.	Type of symptoms	Symptom	Intensity	Miasmatic analysis
1	Mental general	Neglection	3	Psora
2	Mental general	Forsaken	2	Psora
3	Mental general	Mildness	3	Psora
4	Physical general	Psoriasis	3	Syco-syphilitic

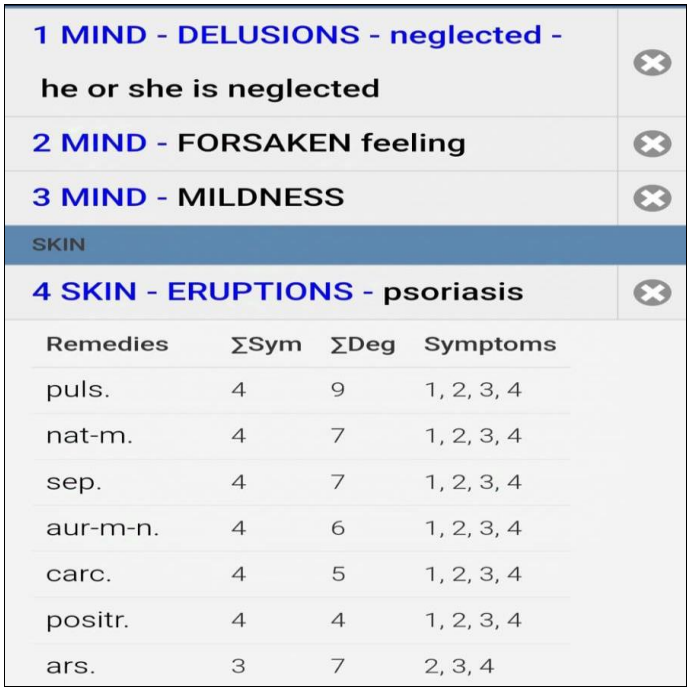

Fig 1: Pulsatilla-4/9,nat mur-4/7,sepia-4/7,aur.mur.nat.-4/6,carc-4/5,

Selection of remedy and potency: The reportorial result shows that pulsatilla covered all rubrics with maximum gradation. There pulsatilla is selected on the totality of symptoms covered in material media Allens keynotes and Boericke material medica. I prescribed pulsatilla200 single dose. The medicine is not repeated and single dose cured him.

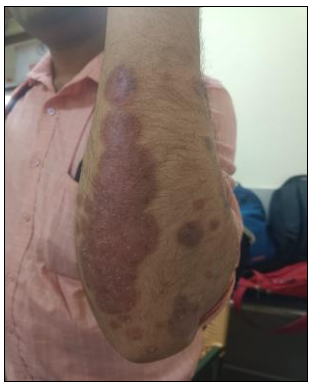

Fig 2: Before

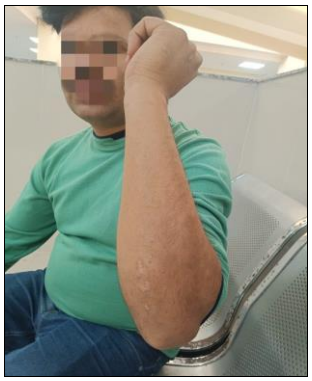

Fig 3: After

Follow up

Sl. No.	Date.	Symptom	Prescription
1	23/4/24	Psoriasis over left arm, back and scalp	Pulsatilla 200,1 dose and sac lac 30 tds
2	24/6/24	Psoriasis improving	Sac lac 200
3	2/9/24	Psoriasis improved almost 60%	sac lac 200
4	19/9/24	Psoriasis cured 100%	Sac lac 200

Conclusion

Being a chronic immune mediated disease, old school medicine offers little help in treatment of psoriasis. They don't have cure of it and manages only by the suppression of immune system. Homeopathic Antipsoric dynamic medicine can help a great deal in this very troublesome medicine.

Conflict of Interest
Not available

Financial Support
Not available

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