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A case of suppressed psoriasis to schizophrenia treated with homoeopathic antidote prescription: An evidence based case report

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Abstract
Psoriasis represents a chronic inflammatory dermatological disorder, distinguished by the presence of itching, scaly lesions that commonly manifest on the skin, nails, and articulations. This condition imposes a significant burden, impacting approximately 2% of the global population. Schizophrenia is a profound psychiatric disorder that influences around 1% of the populace and is characterized by variety of symptoms, including delusions, hallucinations, mental confusion, and social withdrawal. The co-occurrence of psoriasis and schizophrenia has been linked to substantial comorbidity, contributing to a decline in quality of life and an uptick in healthcare consumption. The homoeopathic system of medicine provides a broad spectrum of possibilities for the management of cases wherein psoriasis is associated with schizophrenia, as illustrated in this case report with the help of Repertory clinically. Case summary: A distinct case of 59-years male with suppressed psoriasis leads to schizophrenia, a mental disease treated with homoeopathic medicine Sulphur 1M reported here. The evidence-based documentation, (photographically) was conducted prior to and following the treatment. A significant enhancement in the psoriatic lesions was observed by antidotal prescription. This case study highlights the essential importance of a thorough case-taking, and which consider past history, to identify any physical symptoms that may have existed before the current condition, and attempt to obtain a complete picture of the disease that includes mental as well as physical symptoms on the whole. Through the above guidelines the approach to the case has been determined. This evidence-based case report supports the positive integration of the homeopathic repertory in clinical practice.

Keywords: Psoriasis, schizophrenia, homoeopathic antidote, suppression, repertory

Introduction

Psoriasis represents a chronic inflammatory dermatological disorder, distinguished by the presence of itching, scaly lesions that commonly manifest on the skin, nails, and articulations. This condition imposes a significant burden, impacting approximately 2% of the global population [1]. It primarily induces sensations of itching and pain. The clinical presentations of psoriasis are diverse, psoriasis vulgaris, also referred to as plaque psoriasis, constitutes the most ubiquitous form [2].

Schizophrenia is a profound psychiatric disorder that influences around 1% of the populace and is characterized by variety of symptoms, including delusions, hallucinations, mental confusion, and social withdrawal [3]. There exist no definitive diagnostic evaluations for schizophrenia. Nevertheless, neuroimaging studies have indicated neurophysiological alterations as a correlating finding. Volumetric magnetic resonance imaging (MRI) assessments of individuals diagnosed with schizophrenia have revealed an overall decrease in grey matter; an augmentation in white matter; a reduction in the dimensions of the amygdala, hippo campus, and para hippocampus regions, an overall decline in cerebral volume; and enlarged lateral ventricles in comparison to a control cohort [4].

The co-occurrence of psoriasis and schizophrenia has been linked to substantial comorbidity, contributing to a decline in quality of life and an uptick in healthcare consumption. Genetic investigations have also elucidated evidence for a causal relationship between these two disorders [5]. The potential underlying mechanisms may encompass a shared inflammatory pathway implicating Th17 cells and pro-inflammatory cytokines, as well as the proximity of susceptibility loci on chromosome 6, which likely contribute to the elevated risk of developing schizophrenia among individuals with psoriasis [6].

The Homoeopathic system of medicine provides a broad spectrum of possibilities for the management of cases wherein psoriasis is associated with schizophrenia, as illustrated in this case. This evidence-based case report supports the positive integration of the homeopathic repertory in clinical practice.

Material and Method

Case a 59 years male patient, Bench clerk (Court) by occupation, came to the OPD of JIMS Homeopathy Medical College & Hospital, Shamshabad, Telangana on 1st February 2023 with complaint of sleeplessness during night time for 3-4 months of span.

Case summary

As per informant- Patient is a known case of Psoriasis before 15 years. He has taken allopathic treatment, used ointments, tablets. After a few days, gradually, he began to use abusive words. He used to talk with himself in unparliamentary language. Patient used to sit alone at night, without sleeping, used to use foul language, scolding himself. Patient stated that he can hear words by someone. He will hear voices & he will reply to them. Later patient was taken to private psychiatric hospital. There he was diagnosed as Schizophrenia & started taking medications. He started using sulphitae (amisulpride tablets). He says that after taking those medications, he become weak and dull & getting sexual thoughts whenever he is seeing women & erection of penis. He has fear that someone poisoned him through food & drink, as if someone has done something to him.

Past history

Known case of Psoriasis (15 years ago), Diabetes mellitus taking metformin 500 BD for the past 3 months.

Family history

Father was an asthmatic and his mother had CA Cervix.

Physical generals

His appetite is moderate, thirst is normal, regular bowel habit. Perspiration is scanty, sleep disturbed, desire for sweets and thermally hot.

Mental status examination

Facies dull & weak, Rapport not established, Speech rate is slow, thought content Delusion- Fixed - Persecutory Delusion, Perception Third person Auditory hallucinations, insight Grade 4: Awareness of being sick, due to something unknown in self.

Mental generals

He has fear that someone poisoned him through food & drink, as if someone has done something to him.

Clinical findings

Upon examination, his pulse rate was recorded 80 beats per minute, his body temperature was 98.6 degrees Fahrenheit, his blood pressure measured 120/80 mmHg, and his fasting blood glucose levels were found to be 248 mg/dl, with postprandial levels at 412 mg/dl (31.1.23).

Considering the clinical history and the findings from the examination, a diagnosis of Paranoid Schizophrenia and Drug-Induced Diabetes Mellitus was established.

Repertorial totality

S. No.	Symptom	Interpretation into Rubric
1	Ailments from suppressed skin eruptions	Intoxication, after: Medicaments
2	As if someone has done something to me	Delusion- Injury, Injured, of being
3	As if someone has mixed poison in tea and that is the cause of my sufferings	
4	Desire for sweets	Food & Drinks- Sweets, Desire for

Repertorial interface

Repertorization was done with complete repertory in Zomoeo software. 3.0.

Remedy	Sulph	Puls	Lob	Sec	Bry
Totality	9	7	6	6	5
Symptoms Covered	3	2	2	2	3
[Complete] [Mind]Delusions, imaginations:Injury:Injured, of being:	1	0	0	0	1
[Complete] [Generalities]Food and drinks:Sweets:Desires:	4	3	3	3	3
[Complete] [Generalities]Intoxication, after:Medicaments:	4	4	3	3	1

Fig 1: Repertorial sheet

Intervention

Sulphur has covered all rubric and score higher among all remedies, Sulphur was found to be the most appropriate for this case with reference from Materia Medica. The potency was selected according to the susceptibility of the patient. Single dose of *Sulphur 1M* was prescribed followed by Rubrum 30/BD/ 15 days on 01.02.23 and followed for 6 months.

Table 1: Follow-up and outcome

Date	Changes in symptomatology	Prescription
22.02.23	Previous complaints of psoriasis appeared on Back, Hands, Head with Itching, Patient feeling better with his bodily physique, sleep slight improvement	Sac lac 1 dose Rubrum 30/ BD/ 15 days
08.03.23	Increase in reactivity& response has been noted by informant, No any new complaints, Sleep- better than previous visit	Sac lac 1 dose Rubrum 30/BD/ 30 days

05.04.23	Generals better, Sleep- improved by 60% No new complaints	Sac lac 1 dose Rubrum 30/BD/ 30 days
17.05.23	Patient is active now, responding to physician, Overall, feels better, change in behavior noted by family members, advised for HbA_1C for better assessment, also to taper Allopathic medications ½ tablet OD	Sac lac 1 dose Rubrum 30/ BD/ 30 days
07.06.23	Patient is better nearly by 80 %, Generals- better HbA1C is 7.6% on fair control.	Sac lac1 Dose Rubrum 30/BD/ 30 days

Investigation & photographic illustration as evidence based results

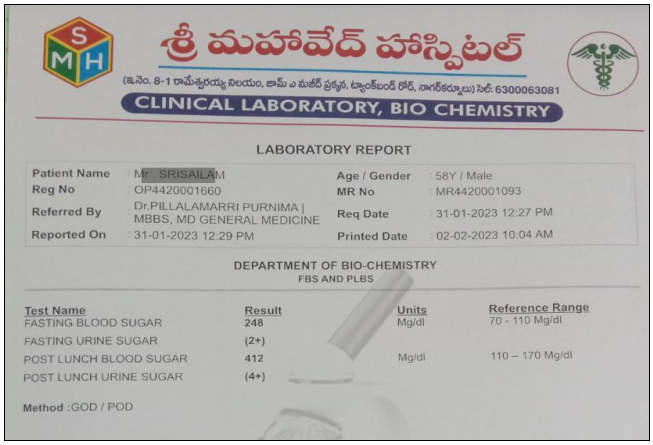

Fig 2: Before treatment

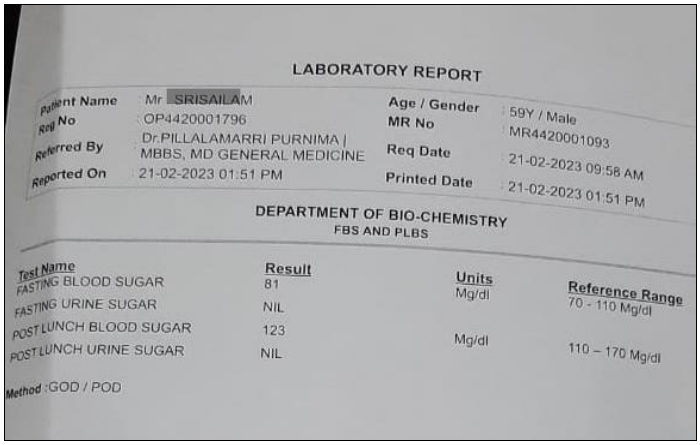

Fig 3: 1st follow up 22.02.23

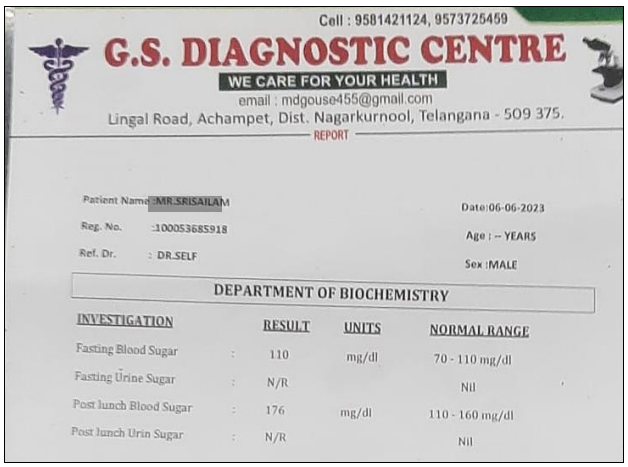

Fig 4: Last follow up 07.06.23

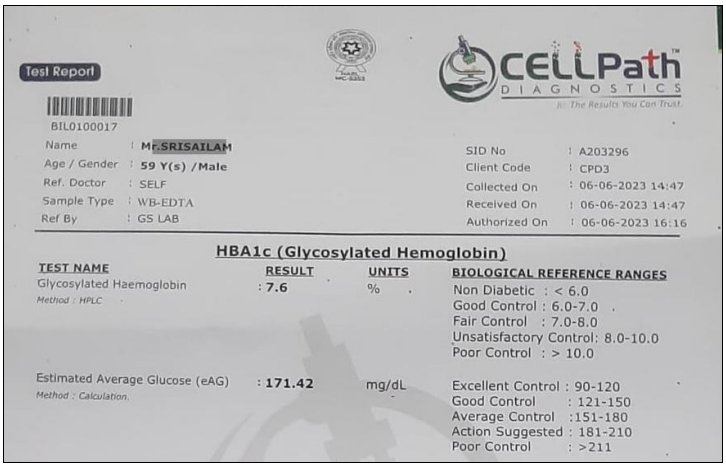

Fig 5: Last follow-up 07.06.23

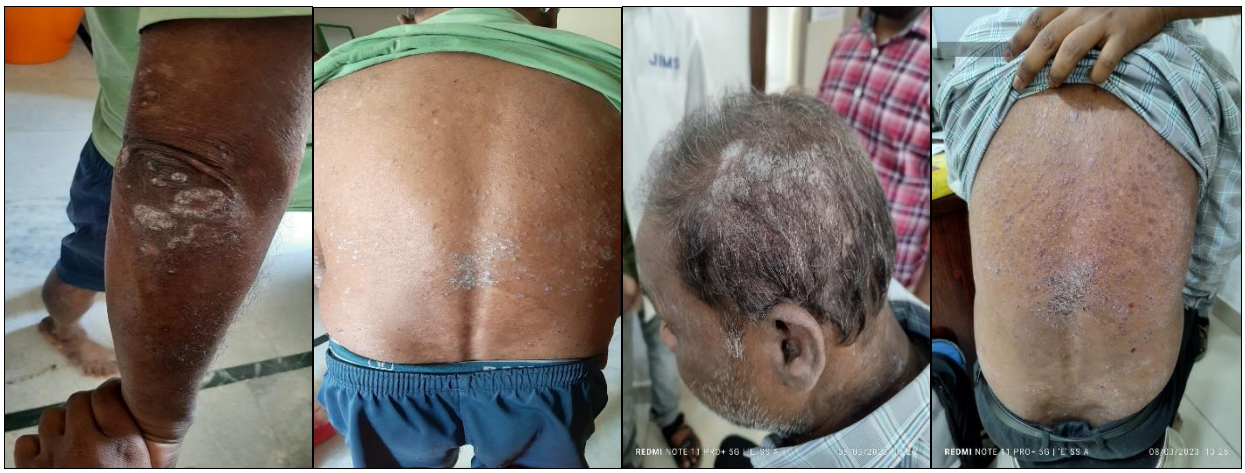

Fig 6: 1st Follow up 22.02.23

Fig 7: Follow up 08.03.23

Fig 8: Follow up 17.05.24

Table 2: Assessment by modified Naranjo criteria (monarch) score

S.NO	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?	+2		
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)		0	
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
	Direction of cure: 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		
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?	+1		
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.)	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?			0
		Total score = 10		

Discussion

The physician must exercise prudence when gathering the patient's past medical history and should endeavor to identify the physical manifestations that preceded the current ailment, which may have occurred a considerable time prior. Furthermore, it is essential to obtain a comprehensive understanding of the disease, encompassing both mental and physical symptoms, upon which a similimum remedy is judiciously chosen. As there are no prominent characteristic symptoms that can be elicited in this case, Fundamental History of the patient is Syphilitic in nature. Already patient has been suffering with psoriasis & dominant miasm too combined and patient landed up in schizophrenia which is somewhat deeper in layer (Neuroectoderm), also patient's premorbid personality revealed nothing characteristic. So, here an Antidote prescription must be opted. Totality on which antidote selected is most important step. The casual attribution in the above case were evaluated using Modified Naranjo Criteria (Table 2). The case overall score is 10 near to the sum of 13, which denotes the clinical outcomes positive casual attribution of the Individualized Homoeopathic medicine.

Conclusion

This case report provides empirical evidence supporting the positive impact of homeopathic medicine, selected through clinical acumen and with the aid of a Homeopathic repertory, in the treatment of suppressed psoriasis in conjunction with schizophrenia, facilitated by the thoughtful selection of potency. Future research endeavors,

meticulously designed with appropriate methodologies and adequately calculated sample sizes, are imperative to substantiate the efficacy of Homeopathy in the context of Psoriasis associated with Schizophrenia.

Conflict of interest: Not available

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Not available

Declaration of patient consent
Patient consent was taken for images to be reported for this article.

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