



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2025; 9(1): 460-464  
Received: 19-10-2024  
Accepted: 28-11-2024

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## Individualized homeopathic treatment for psoriasis vulgaris: A case study

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**DOI:** <https://doi.org/10.33545/26164485.2025.v9.i1.G.1390>

### Abstract

Psoriasis Vulgaris, a chronic and inflammatory skin disorder, is characterized by well-defined erythematous plaques covered with silvery scales. This case study explores the use of individualized homeopathic treatment for a 22-year-old female with a 5-year history of psoriasis vulgaris. The patient presented with dry, itchy skin that worsened at night and during menstruation. After thorough analysis of her symptoms, *graphites* 200 was selected as the treatment. Follow-up visits demonstrated gradual improvement, with reduced lesion size and decreased itching. The patient also experienced constipation. This case highlights the effectiveness of homeopathy in managing psoriasis by focusing on the totality of symptoms. The results underline the potential of personalized homeopathic treatment for long-term symptom relief in chronic conditions like psoriasis vulgaris.

**Keywords:** Psoriasis vulgaris, individualized homeopathic treatment, *graphites*, inflammation

### Introduction

Psoriasis is a chronic inflammatory condition characterized by excessive skin cell growth. It is characterized by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails, and usually follows a relapsing and remitting course<sup>[1]</sup>. Distribution includes extensor surfaces (i.e., knees, elbows, and buttocks); may also involve palms and scalp (particularly anterior scalp margin)<sup>[2]</sup>.

**History of Psoriasis:** In Ancient Greece, Hippocrates (460–377 B.C.E.) described inflammatory skin conditions, including psoriasis, using two words: “psora,” meaning itch, and “lopoi,” describing dry, scaly skin.

Centuries later, in the Roman Empire, a nobleman named Cornelius Celsus (25 B.C.E.–50 C.E.) described a skin condition affecting the skin and nails. During the Renaissance, an Italian named Girolamo Mercuriale (1530–1606) wrote a book called *De Morbis Cutaneis* (Diseases of the Skin), he described psoriasis as a skin condition called “*lepra grecorum*.”<sup>[1]</sup>

**Epidemiology:** The manifestation of psoriasis is almost 2-3% of the global population. Global studies have shown a resurgence in psoriasis cases during the sixth and seventh centuries, with a decrease in rates observed towards the end of that period<sup>[3-5]</sup>. Recent research indicates that 10-15% of individuals with psoriasis may have a family history of the condition, while 10-20% of psoriasis cases in young individuals may progress to psoriatic arthritis<sup>[6]</sup>. In India, the prevalence of psoriasis ranges from 0.44 to 2.8 percent, commonly affecting individuals in their third or fourth decade of life, with males being affected twice as often as females<sup>[7]</sup>.

**Pathogenesis:** Psoriasis is an immune-mediated inflammatory condition that is genetically determined and involves T-helper 1 (Th1)/Th17 T cells. The disease has a robust but complicated genetic foundation, with monozygotic twin concordance being over 60%<sup>[7]</sup>.

The histological changes of psoriasis are:

- Keratinocyte hyperproliferation and abnormal differentiation, leading to retention of nuclei in the stratum corneum.
- Inflammation, with a T-cell (mainly activated Th-1 and Th-17) lymphocytic infiltrate and release of cytokines and adhesion molecules, such as interleukins (including IL-17 and IL-23), TNF- $\alpha$ , IFN- $\gamma$  and intercellular adhesion molecule (ICAM)-1.

- Vascular changes, with tortuosity of dermal capillary loop vessels and release of mediators, such as vascular endothelial growth factor (VEGF) <sup>[1]</sup>.

**Triggering factors:** Triggering factors can be categorized as either local or systemic. These factors encompass trauma, known as the Koebner phenomenon, seasonal changes, particularly exacerbation during winter, emotional stress, upper respiratory tract infections, and certain medications such as beta-blockers, lithium, and chloroquine. Additionally, the cessation of systemic steroids may result in the onset of pustular psoriasis <sup>[10]</sup>.

**Types of Psoriasis**

**There are five main types of psoriasis**

- Psoriasis Vulgaris (Plaque psoriasis)
- Guttate psoriasis.
- Erythrodermic psoriasis.
- Inverse psoriasis.
- Pustular psoriasis <sup>[12]</sup>

Psoriasis vulgaris presents with erythematous plaques that have well-defined borders and silvery scales. When these plaques are scraped with a blunt scalpel, the scales come off in white layers resembling candle wax. This shedding process, referred to as the "wax spot phenomenon," is a sign of parakeratotic hyperkeratosis. Scraping the plaque further may reveal a moist layer adhering to the lesion, which represents the last layer of dermal papillae of the epidermis and is a characteristic feature of psoriasis known as the "last membrane phenomenon." Deeper scraping may expose an erythematous base with pinpoint bleeding spots, also known as the "Auspitz sign," indicating papillomatosis on the tips of dermal papillae. Additionally, a hypopigmented macular ring called the "Woronoff ring" may surround healed psoriatic plaque <sup>[13]</sup>.

**Case**

A 22 years old female patient came to the OPD on 18 July 2023 with the complaint of scaly eruptions over the skin on both the legs since 5 years.

**History of presenting complaints**

Patient had the same complaints in 2013 she used allopathic medications and applied topical ointments on both legs, it got completely relieved. After 5 years, from 2018 skin eruptions again started as small patches on right leg gradually it increased in size and later it has spread to both legs on the dorsal aspect of both legs. There is severe dryness of skin and severe itching is present which is aggravated during night and during menses. There is no burning is present.

**Past History:** k/c/o Hypothyroidism since 2016. she is

under allopathic medication.

**Family History**

**Father:** suffering from Hypertension, Diabetes and Hypothyroidism and he is under allopathic medication.

**Mother:** Apparently healthy.

**Brother:** Suffering from similar skin complaints.

**Mental Generals:** She will become easily irritable, whenever she tries to study it will become difficulty her to study and memorise.

**Physical Generals:** Appetite – good, Aversion- meat<sup>++</sup>, Stool- regular, satisfactory, Perspiration- scanty, Thirst – 3-3.5 lit/day, Tongue – moist, Sleep-refreshing, Urine – clear, Thermal reaction – chilly<sup>+</sup>.

**General appearance:** She is fair, stout, moderately nourished.

**Height:** 5 feet 6 inches.

**Systemic Examination of Skin**

Redness ++, scales +, roughness+, auspitz sign +, bleeding spots+, no blisters, no vesicles.

**Diagnosis:** Psoriasis Vulgaris (Plaque psoriasis).

**Analysis of Symptoms**

Common symptoms	Uncommon symptoms
Dryness of skin, itching	Itching < during night Itching < during menses Irritable Difficult in concentration Aversion to meat <sup>++</sup>

**Evaluation of Symptoms**

**Mental generals:** Irritable  
Difficult in concentration

**Physical generals:** Aversion to meat<sup>++</sup>

**Characteristic Particulars**

Itching < during night  
Itching < during menses

**Repertorial totality**

- Mind - Concentration: Difficult
- Mind - Anger, irascibility
- Stomach - Aversion: Meat
- Skin - Itching: Night

Remedy	Graph	Carbn-s	Sil	Sulph	Nux-v	Caust	Kali-c	Phos	Puls	Sep	Mez	Carb-v	Lyc	Merc	Thu	Zinc	Alum	Lach	Nat-m
<b>Totality</b>	13	12	11	11	10	9	9	9	9	8	8	8	8	7	7	7	7	7	7
<b>Symptoms Covered</b>	5	4	4	4	4	4	4	4	4	3	4	3	3	4	4	4	3	3	3
<b>Kingdom</b>																			
[Kent ] [Mind]IRRITABILITY (SEE ANGER): (245)	3	3	3	3	3	3	3	3	3	2	3	3	2	3	3	3	2	3	
[Kent ] [Mind]CONCENTRATION:Difficult: (162)	3	3	3	2	3	3	2	3	2	3	2	3	2	2	1	2	3	2	
[Kent ] [Stomach]AVERSION:Meat: (88)	3	3	3	3	3	1	2	2	3	3	2	2	2	2	1	2	2	2	
[Kent ] [Skin]ITCHING:Night: (44)	2	3	2	3	1	2			1		2			1	1	1		2	
[Kent ] [Skin]ITCHING:Menses,during: (3)	2						2	1											

Fig 1: Repertorial Sheet

**Repertorial Analysis**

**Graph:** 13/5

**Carbn-s:** 12/4

**Sil:** 11/4

**Sulph:** 11/4

**Prescription:** Based on totality of symptoms *Graphites* 200

is selected. As it covers most of the symptoms, dryness of skin, severe itching worsen during menses and night, aversion to meat. Not only her complaints but also graphites covers her physical appearance also.

1<sup>st</sup> prescription was given on 18<sup>th</sup> July 2023: Graphites 200/ OD/ for 3 days, Sac lac/ OD/ 21 days.

Table 1: Follow up

S. No	Date	Symptoms	Remedy
1	13/08/2023	Itching – slightly better, eruptions on legs – no change	Sac lac/ BD/ 21 days
2	20/09/2023	Eruptions size on legs started decreasing, itching- better	Sac lac/ BD/ 21 days
3	16/10/2023	Patient complaining of constipation, stool-hard, difficult to evacuate, once in 2 days, weight gain. Eruptions on legs – slightly better	Graphites 1M/ OD/ 1 dose/ stat Sac lac/ BD/ 21 days
4	12/11/2023	Itching – decreased. Eruptions size on legs decreased	Sac lac/ BD/ 21 days



Fig 2: Before Treatment



**Fig No 3:** After Treatment

### Discussion

This case highlights the importance of individualized treatment in homeopathy, where remedies are chosen based on the totality of symptoms, not just the diagnosis. A thorough analysis of her symptoms led to the selection of Graphites 200, based on her predominant symptoms of dry, itchy skin, worsened by night and menstrual cycles, and an aversion to meat. After starting treatment, follow-ups show gradual improvement in the eruptions and itching, though occasional constipation was noted, leading to repetition of medicine in her prescription.

### Conclusion

Psoriasis Vulgaris is a chronic inflammatory skin condition characterized by red, scaly plaques, often on the elbows, knees, and scalp. It results from immune system dysfunction and is influenced by genetic and environmental factors. A 22-year-old female patient with a 5-year history of psoriasis experienced worsening symptoms, including dryness and itching, particularly at night and during menstruation. After a thorough symptom analysis, she was treated with graphites 200. Over several follow-ups, the patient showed gradual improvement with reduced itching and smaller lesions, though occasional constipation was addressed by adjusting the treatment. This case demonstrates the effectiveness of individualized homeopathic treatment for managing psoriasis.

**Conflict of Interest:** Not available

**Financial Support:** Not available

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#### **How to Cite This Article**

Kalpavalli K, Amani G. Individualized homeopathic treatment for psoriasis vulgaris: A case study. *International Journal of Homoeopathic Sciences*. 2025;9(1):460-464.

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