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Effective treatment of psoriasis with individualized homoeopathic remedy: A case series

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Abstract

Psoriasis is a chronic inflammatory skin disease characterized by scaly, erythematous papules and plaques. Psoriasis vulgaris also known as plaque psoriasis is the commonest pattern of psoriasis. It has features like well-defined pinkish, scaly plaques of variable size, thickness, and shape in a symmetrical pattern, predominantly on extensor surfaces which can involve elbows, knees and hairline. This case series depicts three different diagnosed cases of Psoriasis which were treated only with Individualized homoeopathic medicines without any external application, without recurrence and further complications. This indicates that Homoeopathic medicines have significant scope in the treatment of Psoriasis vulgaris without any external application.

Keywords: Homoeopathy, individualized homoeopathic remedy, psoriasis vulgaris, repertorization

Introduction

Psoriasis is a chronic inflammatory skin disease characterized by scaly, erythematous papules and plaques. The prevalence varies in different ethnic groups, people of any age are affected, and the incidence is similar in men and women. Seventy-five percent of cases occur before the age of 46, but some studies have suggested two peaks of onset, between 16 and 22 years and 57 and 60 years. The disease remits spontaneously in 1/3 of patients, sometimes for 50 years, but the course is unpredictable ^[1]. Ten years earlier onset is seen in females ^[2]. Psoriasis vulgaris is the most frequently seen clinical form of psoriasis, it constitutes nearly 90% of cases. Clinically it is observed as erythematous plaques with sharp boundaries ^[3]. Scalp involvement is very common in psoriasis and presents with well-defined desquamative plaques, usually extending approximately 1 cm beyond the hairline and advancing to the upper neck, the retro auricular regions, and the face. Palmoplantar Psoriasis (PPP) is a variant of psoriasis that characteristically affects the skin of the palms and soles. PPP is clinically characterized by hyperkeratotic and erythematous plaques. Additional findings include painful fissures and nail involvement. It can be found either with or without the involvement of other cutaneous regions ^[4].

Psoriasis is characterized by hyperproliferation and abnormal differentiation of keratinocytes, and massive infiltration of inflammatory immune cells, Psoriasis is now considered to be caused by immune abnormalities that are triggered by genetic and environmental factors. There are many types of cells involved in psoriasis. Keratinocytes, as well as a variety of immune cells, including T cells, plasmacytoid dendritic cells, myeloid dendritic cells, neutrophils, and macrophages, work together to form an inflammatory circuit to contribute to the pathogenesis and development of psoriasis ^[5].

Homoeopathy, an individualised and holistic concept of medicine. It is based on the principle that the remedy, which produces a set of symptoms in a healthy individual, cures the sick individual with similar symptoms. The treatment approach considers the patient in their psychophysical-social axis that includes individual physical make-up, moral and intellectual character, occupation, mode of living and habits, past and family history and social and domestic relations ^[6]. In this case series, three different diagnosed cases of psoriasis which had involvement of scalp, palm, feet are presented, all of which were successfully treated with Individualized homeopathic medicine.

Case 1

Patient named Mrs S, aged 53 years, who was a housewife, came to OPD on 10th January

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2023 and presented with a complaint of indurated eruption on palm with marked thickening of skin with itching, scaling and dryness, associated with bloody discharge from eruption on scratching since 3 years and her complaints aggravated during winter season, by eating spicy food and flat beans, and the itching was temporarily relieved by rubbing.

No history of serous or pustular discharge, crippling of nails, photosensitivity.

Past history: History of recurrent headache, diagnosed as migraine at the age of 35 years, took allopathic and ayurvedic medications for the same. Applied external applications with transient relief and recurrence, hence opted for homoeopathy.

Family history: Father had undiagnosed skin eruptions, similar to that of patient. Mother was diabetic. 2 elder sisters are apparently healthy.

Personal history: Patient's appetite is good, with tolerable hunger. Had no significant cravings or aversions, she is thirstless (drinks 1.5 litres/day). Bowels are satisfactory, regular, normal consistency stools. Sleep is good refreshing and thermally a hot patient.

Menstrual history: Age of Menarche-When she was 14 years age, menstrual cycles were regular, menopause was attained at the age of 48 years. No dysmenorrhoea or menorrhagia.

Obstetric history: Gravida 3, Para 3, Live 3, abortion 0, dead 0. Full term normal deliveries.

Life space investigation: She hails from Bengaluru and belongs to middle socio-economic status. She shared good relationship with her family, she was the youngest daughter in the family and she has 2 elder sisters, she got married at the age of 22 years, Her husband was working as an electrician, Initially the relationship was good, she was very hard working, she worked at garment shop and built a house, but her husband became a drunkard, so she suffered from domestic violence, hence later her dynamics with husband was not good. She has 1 son and 2 daughters. Both the daughters are married and settled, after which there was a lot of debt, because of which son started living separately, and to fulfil the debts, patient had to sell their house, this bothered the patient a lot after which her complaints started and she started developing marked fear of poverty and she felt forsaken by everyone, patient says that she feels envious when she sees that her sisters are leading a comfortable life.

As a person: She is timid by nature, has marked fear of poverty, feels she is forsaken by everyone.

On observation: Soft natured and polite.

Repertory selected: Synthesis repertory, RADAR software

Repertorial totality & result

1. Mind-Fear-poverty of
2. Mind-Forsaken feeling
3. Extremities-Eruptions-hands-palms-psoriasis
4. Skin-Eruptions-bleeding-scratching; after
5. Skin-Thick
6. Generals-Food and drinks-beans-agg

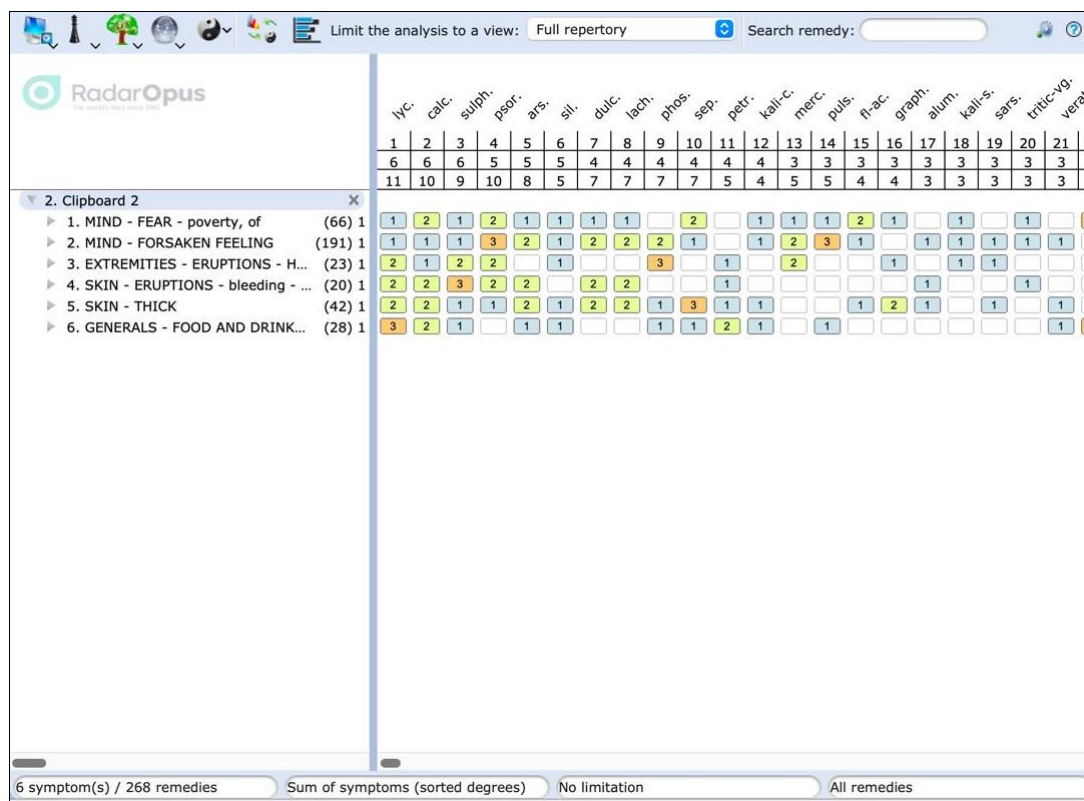


Fig 1: Repertorization for case 1

Prescription: On 10/1/23 Lycopodium 200 1 dose was prescribed

Follow up**Table 2:** Follow up of case 2

Date	Follow up	Prescription
01/02/23	Itching reduced Bleeding not present Dryness and hardness persists Generals-good	PL TID 1 month
20/02/23	Itching aggravated at night Bleeding present on scratching 3 days ago Dryness and hardness significantly reduced Generals-good	Lycopodium 1 M I dose
13/03/23	Itching occasionally at night Bleeding not present Dryness and hardness 90% better Generals-good	PL TID 1 month

**Fig 2:** Before treatment of case 1**Fig 3:** During treatment of case 1**Fig 4:** After treatment of case 1**Case 2**

Patient named Mrs N, aged 56 years, working as an beautician, came to OPD on 2nd February 2023 and presented with a complaint of papulo-squamous eruption on the dorsum of the feet, with marked dryness, itching and bleeding on scratching since 1 year, there was also minimal induration of skin of palm with small cracks which were painful to touch, there was also crippling of nails present. The itching is aggravated at night. Along with this patient also complains of persistent involuntary lachrymation from right eye.

There is no history of serous or pustular discharge, photosensitivity, allergy to drugs, dust or diet

Past history: Patient is a known case of diabetes since 5 years and is on allopathic medication Metformin 500 for the same. Applied external applications with transient relief and recurrence hence opted for homoeopathy.

Family history: Father, no history is available, mother was diabetic died due to myocardial infarction, and younger brother is apparently healthy.

Personal history: Patient is thermally chilly, thirsty and appetite is good, no significant cravings or aversions present, sleep is good refreshing.

Menstrual history: Age of Menarche-12 years of age, Menstrual cycles were regular, Menopause was attained at the age of 50 years. No history of dysmenorrhoea or menorrhagia.

Obstetric history: Gravida 1, Para 1, Live 1, abortion 0, dead 0. Full term normal deliveries.

Life space investigation: Born and brought up in Bengaluru, Karnataka. The patient hails from a poor socioeconomic status and her childhood was traumatic since her father abandoned her and her mother. Patient helped mother in selling vegetables and earned their living, patient got married at the age of 20 and her husband was a carpenter, she shared good relationship with her husband and has one son, when patient was 26 years of age her husband passed away in a road accident, she struggled to bring up her son. When the patient was 45 years of age, her son eloped with a girl and never returned, this bothered the patient a lot, soon after that her mother passed away due to heart attack, then she was totally left alone and she wanted to die, but after that one of her friend took her to a church and she got converted to Christianity, since then she keeps herself occupied by reading bible and going to church. And constantly talks about God with everyone. When enquired patient tells that the thoughts of death constantly come into her mind, but it doesn't bother her, but she gets scared about her diseases.

As a person: The patient is occupied with religious thoughts and thoughts of death along with apprehension about her disease.

On observation: Extrovert, helpful and bold.

Repertory selected: Synthesis repertory, RADAR software

Repertorial totality & result

1. Mind-Death-thoughts of
2. Mind-Religious affections-too occupied with religion

3. Eye-Lachrymation-right
4. Extremities-Eruptions-Feet-Back of the feet
5. Skin-Cracks-painful
6. Extremities-Cracked skin-palms

	graph.	sep.	zinc.	lyc.	lach.	psor.	stram.	ars.	calc.	puls.	rhust.	sulph.	alum.	caust.	con.	olub-sac.	petr.	hydrog.	merc.	thuj.	hyos.
1. MIND - DEATH - thoughts of (88) 1	3	2	2	1	2	2	1	2		2	1		1	1	2	1		1	1	1	
2. MIND - RELIGIOUS AFFECTIONS ... (82) 1	2	3	3	3	3	2	1	2	2	2	2	3	2	1	1	2		1	1	1	3
3. EYE - LACHRYMATION - right (37) 1	1	1		1			1	1	1			1				1		1			2
4. EXTREMITIES - ERUPTIONS - Feet... (30) 1		1	1	1	1	2			2	1				2	1		1		1	1	
5. SKIN - CRACKS - painful (9) 1	2			1																	
6. EXTREMITIES - CRACKED SKIN - ... (17) 1	1									2	1	1				2					

6 symptom(s) / 178 remedies Sum of symptoms (sorted degrees) No limitation All remedies

Fig 5: Repertorization for case 2

Prescription: On 2/02/23 Graphites 30 1 dose was prescribed

Follow up

Table 2: Follow up of case 2

Date	Follow up	Prescription
22/02/23	Itching slightly better Scaling of skin present Bleeding not present Dryness present Generals-good	Graphites 200 1 dose
4/03/23	Itching 50% better Scaling of skin present Bleeding not present Dryness present Generals-good	Graphites PL TID 1 month
28/03/23	Itching 80% better Scaling not present Bleeding not present Dryness present Generals-good	Graphites PL TID 1 month
12/04/23	Itching completely better Scaling not present Bleeding not present Dryness 90% better Generals-good	Graphites PL TID 1 month

**Fig 6:** Before treatment of case 2**Fig 7:** During treatment of case 2**Fig 8:** After treatment of case 2**Case 3**

Patient named Mr S A, aged 37 years, he was salesman by profession came to OPD on 10th Feb 2024 with complaint of papulo-squamous eruptions on ear, margin of hair, and hands since 1 year, patient took allopathic treatment, which consisted of external applications, the eruptions on the hands were subdued after using external application, but eruptions on the ear and scalp persisted. According to the patient, the eruptions on the palms used to bleed after scratching, presently there is no eruptions on palms present, yet there is significant dryness of the palms. The itching was aggravated by perspiring and after eating meat. There is no history of crippling of nails, photosensitivity, pustular or serous discharge.

Past history: Nothing significant.

Treatment history: Applied external applications with transient relief and recurrence hence opted for homoeopathy.

Family history: Father died after an incident of cerebrovascular accident, mother is diabetic, younger brother and sister are apparently healthy.

Personal history: Patient is thermally hot, thirsty, craves for meat, Appetite is good, bowel movements are regular, sleep is disturbed due to itching, and is addicted to tea (5

times/day).

Life space investigation: Patient is born and brought up in Bangalore. He belongs to lower middle socioeconomic status, patient is the eldest son in the family, he has one younger brother and one younger sister, patient's father passed away when patient was 17 years old, since then he is looking after the family, later he and his younger brother got their sister married. Patient is very attached to his mother, in a short span the younger brother married a girl and moved out of the house, by that time patient was already 35 years and since he was aged, he was not getting good proposals, once a girl agreed to marry him, but rejected at the last movement, this bothered the patient a lot and soon after that incident, he developed skin eruptions.

As a person: patient is shy, timid, introvert by nature.

On observation: Patient was very shy and timid while narrating his complaints.

Repertory selected: Synthesis repertory, RADAR software

Repertorial totality & result

Mind-Ailments from-rejected; from being

Head-Eruptions-Margin of hair

Ear-Eruptions-scurfy

Generals-Food and drinks-meat-agg

Skin-Itching-perspiration-agg

Limit the analysis to a view:	Full repertory	Search remedy:
3. Clipboard 3		
1. MIND - AILMENTS FROM - reject... (13) 1		
2. HEAD - ERUPTIONS - Margin of h... (23) 1		
3. EAR - ERUPTIONS - scurfy (18) 1		
4. GENERALS - FOOD AND DRINKS ... (74) 1		
5. SKIN - ITCHING - perspiration - ... (13) 1		

Fig 9: Repertorization for case 3

**Fig 10:** Before treatment of case 3**Fig 11:** During treatment of case 3**Fig 12:** After treatment of case 3

Prescription: On 10/02/24 Natrum muriaticum 200 1 dose was prescribed.

Follow-up

Table 3: Follow up of case 3

Data	Follow-up	Prescription
23/02/24	Itching slightly better Scaling of skin present Bleeding not present Dryness present on ear, hairline and palms Generals-good	Natrum mur PL TID x 1 month
08/03/24	Itching slightly better Scaling of skin present Bleeding not present Dryness present on ear, hairline and palms Generals-good	1. Natrum mur PL 200 1 dose 2. Natrum mur PL TID x 1 month
18/03/24	Itching 80% better Scaling of skin is present Bleeding not present Dryness present on ear, hairline and palms Generals-good	Natrum mur PL TID x 1 month
10/05/24	Itching completely better Scaling of skin not present Bleeding not present Dryness on ear, hairline and palms completely better Generals-good	Natrum mur PL TID x 1 month

Discussion

Psoriasis is a genetic immune-mediated inflammatory disease mediated by T-helper 1 (Th1)/Th17 T cells. The prevalence in India is 0.44-2.8 percent [7], it commonly affects individuals in their third or fourth decade. In this case series, 2 females in their 6th decade are affected and one male in his 4th decade is affected. Psoriasis significantly impairs the quality of life of patients and their families resulting in great physical, emotional and social burden.

Approximately 40% of patients with psoriasis have a family history of psoriasis [8]. In this case series one case had a family history of psoriasis, whereas in two other cases there was no direct family history of psoriasis.

Nail psoriasis is a refractory disease that affects 50–79% skin psoriasis patients and up to 80% of patients with psoriatic arthritis [9]. In this case series one patient presented with nail changes while two other patients did not have nail changes. Even after the treatment the nail changes persisted, for which the long term follow-up may be required.

This case series describes the importance of single individualized constitutional Homoeopathic treatment in the cases of Psoriasis. The remedies, Lycopodium clavatum, Graphites and Natrum muriaticum were prescribed according to the symptoms of the patient and after doing proper repertorization using synthesis repertory. Individualized case evaluation was done. All the three cases were recovered after Homoeopathic individualistic treatment. Regular follow-up also ensures that there was no recurrence after complete recovery. No external applications were used during the treatment.

The possible causal attribution of the observed changes in this case was evaluated using the Modified Naranjo Criteria (Table 4). Based on these criteria, the total score for the case was +9, which is relatively close to the maximum score of +13. This score indicates a positive causal relationship between the individualized homeopathic treatment and the clinical outcome observed in the case.

Table 4: Assessments by modified naranjo criteria scale

Sl. No.	Modified Naranjo criteria	Yes	No	Not sure	Case 1	Case 2	Case 3
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2	+2	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake	+1	-1	0	+1	+1	+1
3.	Was there any initial aggravation of symptoms?	0	0	0	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1	+1	+1
5.	Did overall well-being improve? (suggest using validated scale)	+1	0	0	+1	+1	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0	0	0	0
	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 downward.	+1	0	0	+1	+1	+1
7.	Did old symptoms (defined as no seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvements?	0	0	0	0	0	0
8.	Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1	+1	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2	+2	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0	0	0	0
	Total score (Maximum score= +13; Minimum score =-3)				+9	+9	+9

Conclusion

These case studies illustrate the power of individualized homeopathic medicines. The positive outcomes demonstrated in these cases suggest the efficacy of homeopathic remedies in treating Psoriasis. However, further research with large effect sizes are needed to validate these findings and enhance the study's clinical relevance.

Declaration of patient consent

Written informed consent was obtained from the patient to report the images and other clinical information in the journal.

Conflict of interest: None declared.

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