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A chronic case of psoriasis managed with homoeopathic intervention: A case study

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Abstract

Psoriasis is a chronic inflammatory skin disorder with autoimmune underpinnings. This case report documents the successful homoeopathic management of a 45-year-old male presenting with a four-year history of widespread psoriatic eruptions. A classical approach based on individualization, totality of symptoms, and miasmatic analysis was employed. Notable clinical improvement was observed with the use of Sulphur, Graphites, and Psorinum in high potencies. This case underscores the potential of homoeopathic therapeutics in managing chronic dermatological conditions.

Keywords: Psoriasis, homoeopathy, sulphur, individualization, miasmatic analysis, case study

Introduction

Psoriasis is an autoimmune, chronic skin condition characterized by erythematous plaques, scaling, and pruritus. Conventional treatments provide symptomatic relief but often have side effects and relapse tendencies. Homoeopathy offers a holistic approach that aims to treat the individual rather than the disease alone. This case demonstrates how a patient with longstanding psoriasis responded favorably to individualized homoeopathic treatment.

Case Presentation

Patient Identification

Mr. XYZ, 45-year-old male, resident of Navanagar, Hubli, presented to the clinic on 20th October 2016.

Chief Complaint

Eruptions all over the body for the past four years, associated with itching, burning, and discomfort.

History of Present Illness

The eruptions initially appeared on the occipital region and gradually spread over the entire body. The skin was notably dry, scaly, and flaky. Tightness in the skin was so pronounced that the patient had difficulty in stretching his palms and soles, leading to a limping gait. The itching worsened at night and upon scratching, which often led to bleeding.

Past History

No major illnesses reported. Recurrent episodes of dry skin for the past 10 years.

Family History

Non-contributory. Both parents and siblings are reportedly healthy.

Personal History

Diet: Vegetarian
Appetite: Good
Desires: Spicy food, especially dal
Aversions: None significant
Thirst: 1–2 liters/day
Bowels: Regular
Urination: 5–6 times during the day, 0–1 time at night

Perspiration: Scanty

Sleep: Disturbed due to skin complaints

Thermal Reaction: Hot patient

Modalities: Aggravation from heat, sun exposure, and hot water bathing

Mental Generals

The patient appeared introverted and emotionally sensitive, with a tendency to become easily irritable. He preferred solitude and simple clothing and experienced anxiety and tension readily.

Physical Examination

Temperature: 98°F

Pulse: 76/min

Blood Pressure: 130/80 mmHg

Respiratory Rate: 16/min

Systemic Examination

- CNS: well oriented with time and place
- CVS: S1, S2 heard rhythmically
- RS: Clear; No ronchi, no rales
- GIT: Normal; no tenderness

Investigations: Hemoglobin – 10 gm%

Diagnosis

Clinical Diagnosis: Psoriasis

Miasmatic Background: Psoric – primarily psychosomatic origin with no marked pathological findings.

Analysis and Evaluation

Totality of Symptoms

Mind: Ailments from grief, irritability, aversion to company

Generalities: Hot patient, introverted, lean, dark complexion

Generals: Disturbed sleep due to skin complaints

Skin Symptoms: Eruptions all over the body, < night, > scratching, bleeding and burning on scratching, dry and scaly flakes

Repertorial totality

Mind-Grief ailments from

Mind- Irritability -general

Mind-Company aversion to

Food -spicy-Desire

Sleep-Disturbed due to complaints

Skin-Eruption in general

Skin-Eruption < night

Skin-Eruption> by scratching

Skin- burns on scratching.

Remedial Differentiation

Sulphur – 10/22

Natrum muriaticum – 10/21

Phosphorus – 9/19

Calcarea carbonica – 9/14

Selected Remedy

Sulphur 200C, 1 dose followed by placebo (SL) for 7 days



Fig 1: Before treatment (20/10/2016)

Follow up

Date	Complaints	Remedy	Reason
27/10/2016	Eruption with red areola, mild itching, pus discharge, raw are; skin tightness	SLx15 days	Sulphur is a polychrest; is still acting
10/11/2016	Tightness of skin and palms appeared, eruption perspiration reduced	Graphites 200, 1dose SLx15 days	Skin tightness; blood oozing.
24/11/2016	Tightness of the skin reduced. Eruption still persists	Sulphur 1M/ 1 dose SLx15 days	Improvement of symptoms; Few symptoms still persist.
12/01/2017	Eruptions reduced patient feeling better	SLx21 days	SL given as improvement persists
09/02/2017	Complaints better	SLx30 days	SL given as improvement persists
06/04/2017	Complaints better	SLx30 days	SL given as improvement persists
29/06/2017	More eruption on the ankle associated with itching	Psorinum 1m/ 1dose SLx30 days	given as intercurrent remedy and to remove the tendency
30/07/2017	Complaints resolved	SLx30 days	SL given as case fully improved



Fig 2: After treatment (30/07/2017)

Outcome

Marked improvement was observed in terms of reduction of eruptions, relief from itching and tightness, and overall well-being. The patient's sleep quality also improved, and there was no relapse during the follow-up period.

Discussion

This case illustrates the effectiveness of homoeopathic constitutional prescribing in chronic dermatological conditions. The selection of Sulphur based on totality and miasmatic background led to initial relief, while intercurrent remedy Psorinum addressed the psoric miasm underlying the case. Homoeopathy demonstrated potential in managing the case holistically without adverse effects.

Conclusion

This case reaffirms the relevance of classical homoeopathic principles such as individualization, totality, and miasmatic analysis in the effective management of chronic diseases like psoriasis. Further research with larger sample sizes is warranted to establish broader efficacy.

Declaration

Patient Consent: Informed consent was obtained from the patient for publication of this case.

Conflict of Interest

Not available

Financial Support

Not available

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