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Breaking the cycle: Classical homeopathy for recurring psoriasis relief

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Abstract

Psoriasis is a chronic autoimmune skin disorder with a relapsing-remitting course that greatly impacts quality of life. Conventional treatments often provide only temporary relief, with frequent recurrences. This case report presents a 40-year-old male with a 1.5-year history of psoriasis, characterized by dry, scaly patches on the extremities, abdomen, and back, accompanied by intense nocturnal itching and sleeplessness. His past medical history included diabetes mellitus and cholecystectomy. Miasmatic assessment indicated psoric predominance, while repertorial analysis suggested *Staphysagria* as the indicated remedy. A single dose of *Staphysagria 200C*, followed by placebo, was prescribed. On follow-up, the patient exhibited significant improvement in itching, skin dryness, and sleep quality. This case highlights the role of individualized homeopathic prescribing in the holistic management of chronic psoriasis, addressing both constitutional tendencies and symptomatic relief.

Keywords: Psoriasis, Autoimmune skin disorder, Miasmatic analysis, Individualized prescribing, *Staphysagria* Constitutional remedy, Holistic management

Introduction

Psoriasis is a chronic autoimmune disorder characterized by a relapsing and remitting course. It affects a considerable proportion of the global population, with prevalence rates reported between 0.2% and 4.8%. In North India, the prevalence ranges from 0.44% to 2.8%, with a comparatively lower incidence in children. Beyond its physical manifestations, psoriasis exerts a profound impact on patients' quality of life, often influencing both psychological and social well-being. Effective management therefore requires a comprehensive approach that considers the interplay of genetic predisposition, immune dysfunction, and environmental triggers. Homeopathy provides an individualized and holistic mode of treatment, addressing the unique symptomatology of each patient while aiming to restore overall balance and health.

Psoriasis is marked by an accelerated turnover of skin cells, resulting in the development of thick, scaly plaques. These lesions usually appear as red or pink patches covered with silvery-white scales and may vary in size from small spots to extensive areas of involvement. The condition commonly affects sites such as the elbows, knees, scalp, lower back, and nails. Its course is typically chronic and fluctuating, with periods of exacerbation followed by partial or complete remission.

Pathophysiology

The precise cause of psoriasis remains uncertain; however, it is widely understood to result from an interplay of genetic, immunological, and environmental factors. In psoriasis, the immune system becomes overactive, with T-cells and inflammatory mediators such as TNF- α , IL-17, and IL-23 mistakenly targeting healthy skin. This leads to excessive proliferation of keratinocytes. Normally, the skin cell cycle takes about 28–30 days, but in psoriasis it is shortened to 3–5 days. The immature cells accumulate on the skin surface, producing characteristic thick, scaly plaques.

Types of Psoriasis

Plaque Psoriasis (Psoriasis vulgaris)

- The most common form, accounting for 80–90% of cases.

- Lesions appear as raised, inflamed red patches with silvery-white scaling.
- Commonly involves the scalp, elbows, knees, and lower back.

Guttate Psoriasis

- Presents as multiple small, drop-shaped, red lesions covered with fine scales.
- Often follows streptococcal throat infections.
- More frequent in children and young adults.

Pustular Psoriasis

1. Characterized by white pustules filled with sterile pus, surrounded by inflamed skin.
2. May be localized (palms and soles) or generalized, sometimes accompanied by systemic symptoms like fever and malaise.

Inverse Psoriasis (Flexural Psoriasis)

- Affects body folds such as the groin, armpits, and beneath the breasts.
- Lesions appear as smooth, shiny, red patches without scaling due to moisture.
- Can be mistaken for fungal or bacterial infections.

Erythrodermic Psoriasis

- A rare, severe, and potentially life-threatening type.
- Manifests as widespread redness, inflammation, and shedding of skin in large sheets.
- Causes severe itching, pain, and systemic complications, requiring urgent medical care.

Symptoms and Impact on Quality of Life

Psoriasis manifests with itching, burning, pain, and excessive scaling, which may sometimes involve the nails and joints. These symptoms can interfere with sleep, daily functioning, and work performance. Due to its visible nature, the condition often leads to psychological distress, including embarrassment, anxiety, and social isolation. Thus, psoriasis significantly affects both physical health and emotional well-being, underscoring the need for comprehensive management.

Triggers of Psoriasis Flare-ups

Triggers for psoriasis flare-ups can vary from person to person, but common factors include stress, infections, skin injuries, cold weather, certain medications, smoking, and alcohol consumption. While there is no cure for psoriasis, various treatments, such as topical therapies, phototherapy, and systemic medications, can help control symptoms and manage flare-ups by addressing immune system overactivity and reducing inflammation.

Global and Indian Prevalence: Globally, approximately 2-

3% of the population, or around 125 million people, are affected by psoriasis, with a worldwide prevalence of 0.59%. In India, the prevalence ranges from 0.44% to 2.8%, with a higher incidence in males compared to females. Psoriasis is most commonly diagnosed in individuals during their third or fourth decade of life.

Case Report

A 40-year-old male presented to the Outpatient Department of National Homeopathic Medical College and Hospital, Lucknow, with the following complaints:

- Dry, rough patches on the hands, legs, abdomen, and back
- Persistent skin dryness
- Itchy patches, with the itching worsening at night
- Temporary relief with warmth
- Difficulty sleeping due to intense itching

The patient has been suffering from this condition for the past 1 to 1.5 years, with the initial onset of patches on the extensor surfaces of the knees and elbows. Despite trying various allopathic treatments, he has not experienced permanent relief.

Clinical Observations

Past Medical History

- Diabetes Mellitus (diagnosed 1 year ago)
- Cholecystectomy

Current Complaints

Increased susceptibility to frequent colds

Vital Signs

1. Heart Rate: 78 bpm (regular rhythm)
2. Body Temperature: 98°F (within normal limits)
3. Respiratory Rate: 16 breaths per minute (normal)

Physical Measurements

- Weight: 69 kg
- Height: 5'6
- Physical general

Appetite: Normal

Thirst: Thirstlessness

Bowel Movements: Constipation

Urine Output: Normal

Sleep: Sleeplessness due to itching

Skin Condition: Dry, scaly patches—indicative of potential skin health issues

Mental generals

Emotions: Holds in anger and feels upset easily

Memory: Has trouble remembering things

Personality: Feels shy or timid

Analysis of the case

S. No	Symptom	Rubrics
1.	Inability to express anger	Mind- Ailment-From- Indignation
2.	Fearful	Mind- Timidity
3.	Weak memory	Mind-Memory-weakness of memory
4.	Thirstlessness	Stomach- Thirstlessness
5.	Sleep is difficult from itching	Sleep- Sleeplessness- itching from
6.	White scaly eruptions with itching and cracking	Skin-Eruptions- Psoriasis
7.	Recurrent cold	Generals- Cold; Taking A- tendency
8.	Desire for sweet	generals- food and drinks- sweets desire

Miasmatic Analysis

A miasmatic evaluation of the presenting symptoms was conducted using *The Chronic Disease* by Dr. Samuel Hahnemann. The assessment indicated a predominance of the psoric miasm. Based on the symptomatology, the

Synthesis Repertory was selected for systemic repertorization. The repertorization chart is provided below.

Repertorization

MIND	Remedies	ΣSym	ΣDeg	Symptoms
1 MIND - AILMENTS FROM -	staph.	8	14	1, 2, 3, 4, 5, 6, 7, 8
indignation	bell.	8	12	1, 2, 3, 4, 5, 6, 7, 8
2 MIND - MEMORY -	carb-v.	8	12	1, 2, 3, 4, 5, 6, 7, 8
weakness of memory	puls.	7	17	2, 3, 4, 5, 6, 7, 8
3 MIND - TIMIDITY	merc.	7	15	2, 3, 4, 5, 6, 7, 8
STOMACH	sulph.	7	15	2, 3, 4, 5, 6, 7, 8
4 STOMACH - THIRSTLESS	kali-c.	7	14	2, 3, 4, 5, 6, 7, 8
SLEEP	bry.	7	13	1, 2, 3, 4, 6, 7, 8
5 SLEEP - SLEEPLESSNESS -	nat-m.	7	12	1, 2, 3, 4, 6, 7, 8
itching; from	nux-v.	7	12	1, 2, 3, 4, 5, 7, 8
SKIN	caust.	7	10	2, 3, 4, 5, 6, 7, 8
6 SKIN - ERUPTIONS - psoriasis	ign.	7	10	1, 2, 3, 4, 5, 7, 8
GENERALS	ferr.	7	9	1, 2, 3, 4, 5, 7, 8
7 GENERALS - COLD; TAKING A -	plat.	7	9	1, 2, 3, 4, 6, 7, 8
tendency	agar.	7	8	2, 3, 4, 5, 6, 7, 8
8 GENERALS - FOOD and DRINKS - sweets	am-c.	7	8	2, 3, 4, 5, 6, 7, 8
desire	lyc.	6	17	2, 3, 4, 6, 7, 8
	sep.	6	16	2, 3, 4, 6, 7, 8
	bar-c.	6	14	2, 3, 4, 5, 7, 8

A single dose of Staphysagria 200, followed by placebo three times daily (TDS) for 15 days, was prescribed on the first visit on 9/01/25, based on the repertorial totality and

miasmatic background. The patient demonstrated noticeable improvement.

Details of the follow up

Follow up Dates	Indication of Prescription	PASI score	Medicine with dose
17/1/25	Improvement in scaling but itching persistent	32.9	Rx- Placebo 200 TDS for 15 days
1/2/25	Scaling better than before, itching slightly improved	15.8	Rx- Placebo 200 TDS for 15 days
16/2/25	Gradual improvement in overall patients well being	13.4	Rx- Placebo 200 TDS for 15 days
27/3/25	Improvement in previous complaints, itching is much better	3.4	Rx- Placebo 200 TDS for 15 days

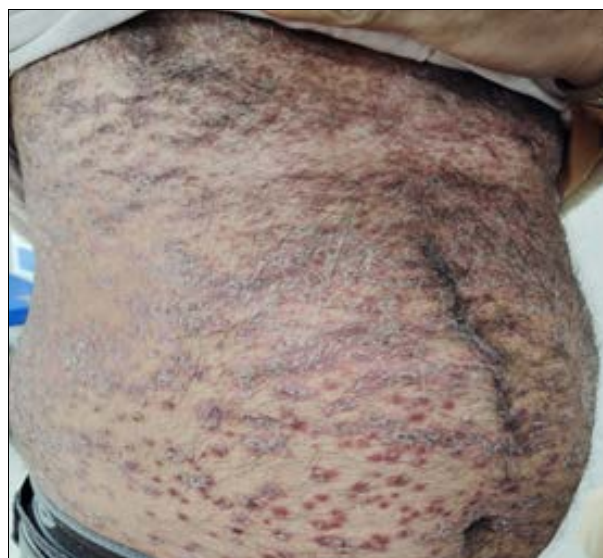


Fig 1: Before Treatment



Fig 2, 3: After Treatment

Discussion

Psoriasis is a chronic inflammatory skin disorder with limited long-term relief from conventional therapies, which often lead to recurrence and side effects. Homeopathy, by focusing on individualized prescribing, offers a holistic alternative. In this case, the patient's symptoms—dry scaly lesions, severe nocturnal itching, and sleeplessness—along with psoric predominance guided the selection of *Staphysagria*. The prescription resulted in marked improvement in skin and general health. This highlights the importance of considering both physical and mental generals in remedy selection. While the outcome supports the role of individualized homeopathy in psoriasis management, further clinical studies are needed to validate these findings.

PASI score

The Psoriasis Area and Severity Index (PASI) is a standardized tool used to evaluate the severity and coverage of psoriasis. The assessment involves selecting a representative area from each of the four body regions. In each region, the psoriasis is scored for redness, thickness, and scaling on a scale from 0 (none) to 4 (very severe). Although the PASI score can be completed in a few minutes, accurate scoring requires clinical experience.

Conclusion

This case demonstrates the beneficial role of individualized homeopathic prescribing in the management of chronic psoriasis, a relapsing autoimmune skin disorder that often resists long-term control with conventional treatments. The prescription of *Staphysagria 200C*, chosen on the basis of totality of symptoms and miasmatic background, resulted in significant improvement in skin lesions, itching, and sleep quality. This outcome underlines the importance of considering the patient's physical, mental, and constitutional features in remedy selection rather than focusing solely on local pathology. By addressing the underlying susceptibility and restoring balance at a deeper level, homeopathy may enhance both physical recovery and quality of life in chronic skin conditions. Although a single case cannot establish general efficacy, it provides supportive evidence for the holistic potential of homeopathy. Further clinical research and larger trials are needed to confirm these findings and explore its wider application in psoriasis management.

Conflict of Interest

Not available

Financial Support

Not available

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