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Efficacy of individualized sulphur prescription in psoriasis: Case documentation with PASI monitoring

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Abstract

Background: Psoriasis is a chronic, immune-mediated skin disorder marked by erythematous, scaly plaques that adversely affect quality of life. Its management remains challenging due to relapses and side effects of conventional therapies. Homeopathy offers an individualized approach based on symptom totality and Miasmatic background.

Case presentation: A 46-year-old female presented with chronic plaque psoriasis of 5 years' duration. Symptoms included severe itching, burning, scaling, constipation, offensive perspiration, craving for sweets, and aversion to milk. Mentally, she was sensitive, embarrassed by her condition, and prone to ruminating over past insults. PASI score on first visit was 27.7. Based on the totality of characteristic symptoms and Miasmatic analysis, Sulphur 200 CH was prescribed.

Outcome: The patient's PASI score reduced progressively from 27.7 → 3 within two months. Significant improvement in itching, scaling, sleep, bowel function, and emotional well-being was observed.

Conclusion: This case demonstrates the holistic efficacy of individualized homeopathic prescription with Sulphur in chronic plaque psoriasis. Miasmatic and constitutional prescribing not only improved skin lesions but also enhanced general health, suggesting the importance of individualized treatment in chronic autoimmune disorders.

Keywords: Psoriasis, miasmatic analysis, sulphur, PASI, homoeopathy

Introduction

Psoriasis is a chronic, immune-mediated, inflammatory, and hyperproliferative skin disorder characterized by well-demarcated, erythematous scaly plaques. It most commonly affects the extensor surfaces, scalp, and nails, and usually follows a relapsing and remitting course [1]. Globally, the prevalence of psoriasis ranges from 0.2% to 4.8% [2], whereas in India it varies from 0.44% to 2.8%, with children showing much lower rates of occurrence [3]. Among the five recognized clinical variants—plaque, guttate, pustular, inverse, and erythrodermic—plaque psoriasis accounts for the majority of cases. The disease not only causes visible disfigurement but also exerts a profound psychosocial impact, often resulting in social withdrawal, embarrassment, and depression. Thus, psoriasis is increasingly considered a systemic disease with dermatological as well as psychological consequences.

The pathophysiology of psoriasis involves infiltration of the skin by activated T lymphocytes, which release inflammatory cytokines that stimulate keratinocyte proliferation. This immune dysregulation leads to accelerated turnover of epidermal cells and results in the formation of thickened plaques. Histopathological features include marked epidermal hyperplasia, elongation of rete ridges, and parakeratosis, along with inflammatory cell infiltration in the dermis. Furthermore, impaired lipid secretion by keratinocytes contributes to dryness, flakiness, and scaling of the lesions, which are characteristic of psoriasis [2]. Genetic susceptibility, immune system dysregulation, and environmental triggers such as infections, stress, trauma, and certain medications collectively contribute to its multifactorial aetiology.

Clinically, psoriasis typically presents as well-demarcated, erythematous plaques covered with silvery-white scales, most frequently located on the scalp, elbows, knees, and lower back. Patients often experience intense itching, burning, and fissuring of the affected areas, leading to significant physical discomfort. Classical diagnostic signs include Auspitz sign (pinpoint bleeding upon removal of scales), Koebner phenomenon (development of lesions at sites of trauma), and nail involvement such as pitting, subungual hyperkeratosis, and

onycholysis, which occur in up to 50% of cases. Beyond cutaneous involvement, psoriasis is strongly associated with systemic comorbidities such as psoriatic arthritis, cardiovascular disease, metabolic syndrome, obesity, and psychiatric disorders like anxiety and depression. This highlights the disease's systemic inflammatory nature and the need for comprehensive management strategies.

For clinical evaluation, the Psoriasis Area and Severity Index (PASI) remains the gold standard. It quantifies disease severity by assessing erythema, induration, and scaling in relation to the extent of body surface involvement across four anatomical regions (head, trunk, upper limbs, and lower limbs). The score ranges from 0 (no disease) to 72 (maximal disease activity), providing an objective and reproducible tool for both research and clinical practice [4]. The PASI is widely employed to monitor treatment responses and compare therapeutic efficacy.

Conventional treatment includes corticosteroids, immunosuppressants, and biologics; however, these often result in temporary relief with risk of recurrence and side effects high costs, and the tendency for disease relapse once treatment is withdrawn. Long-term disease control remains a major challenge despite advancements in pharmacological therapies.

In this context, homeopathy provides a promising holistic alternative. Based on the principles of individualization and miasmatic analysis, homeopathy aims not merely at symptomatic relief but at addressing the underlying susceptibility of the patient. Remedies are selected according to the totality of characteristic mental, physical, and general symptoms, thereby improving not only the cutaneous manifestations but also the overall health and well-being of the patient. This case report highlights the efficacy of individualized homeopathic prescribing with *Sulphur* in a patient of chronic plaque psoriasis, evaluated through both clinical improvement and objective PASI scoring.

Case presentation

A 45-year-old lady presented with diagnosed plaque Psoriasis, in OPD no. 2 of State National Homoeopathic medical college and hospital, Viraj Khand Gomti Nagar, Lucknow, on 26/06/2025.

Presenting complaints

Red, raised, scaly patches with severe itching and burning for the past 5 years.

Onset & progression: Initially small patches appeared on the scalp, later spreading to elbows, knees, and abdomen. Lesions worsened in winter.

Modalities: Aggravation from warmth, bathing, and at night; relief from cold application.

History of present complaints

The condition began in November 2020 with the appearance of a patch of thickened skin and dry, white, scaly eruptions on the right elbow, accompanied by occasional itching. Subsequently, similar lesions developed on the lower extremities, particularly on the knees, with marked itching and scaling of the skin. Previous treatments included the use of steroids and topical ointments, but they did not lead to significant improvement.

Personal history

Menarche occurred at the age of 13, with regular menstrual cycles. Menopause occurred at the age of 43. The patient had three normal deliveries, resulting in two daughters and one son, with no reported complications. No addiction, desire for sweets, aversion to milk.

Past history

History of Typhoid fever in 2023,

Family history

Hypertension in father.

Mother has cataract.

Physical generals

Appetite Normal, with 3 meal per day, Chronic constipation with hard stool, offensive perspiration, Thirsty for large quantity of water, sleep disturbed due to itching, weakness in the morning, and desire for sweets, aversion to milk

Mental generals

The patient has been experiencing memory difficulties for the past 4-5 years, often forgetting where she has placed items. She has a history of emotional trauma stemming from repeated humiliation and embarrassment by her mother-in-law and sister-in-law in front of relatives and family members. The patient frequently ruminates on these past incidents and expresses ongoing concern about how they may be treating her behind her back. She is highly self-conscious about her appearance and avoids going out due to her current condition. She appears emotionally vulnerable and sensitive.

Physical examination

Earthy complexion, moderately build, no pallor, no oedema, no lymphadenopathy, or cyanosis. Skin shows, Multiple erythematous plaques with silvery scales over scalp, elbows, and trunk, and lower extremities, Nails showed mild pitting, and no systemic illness detected.

Analysis of symptom

The case was analysed with due importance to the characteristic mental general followed by physical general and particulars as;

Mental generals	<ul style="list-style-type: none"> • Ailment from embarrassment • Memory weak
Physical generals	<ul style="list-style-type: none"> • Perspiration profuse and offensive • Milk aversion • Sweet desire • Thermal hot • Thirsty • constipation
Particular	<ul style="list-style-type: none"> • Psoriasis • Itching aggravates at night

Repertorial totality

- Mind - Ailment from embarrassment
- Mind - Memory- weakness of memory
- Perspiration - Odor- offensive
- Perspiration - Profuse
- Skin - Eruptions - Psoriasis

- Skin - Itching - night
- Generals - Food and drinks - milk - aversion
- Generals - Food and drinks - sweet - desire

MIND				sulph.	8	20	1, 2, 3, 4, 5, 6, 7, 8
1 MIND - AILMENTS FROM - embarrassment				sep.	8	18	1, 2, 3, 4, 5, 6, 7, 8
2 MIND - MEMORY - weakness of memory				merc.	8	17	1, 2, 3, 4, 5, 6, 7, 8
PERSPIRATION				phos.	8	15	1, 2, 3, 4, 5, 6, 7, 8
3 PERSPIRATION - ODOR - offensive				puls.	8	15	1, 2, 3, 4, 5, 6, 7, 8
4 PERSPIRATION - PROFUSE				carb-v.	8	14	1, 2, 3, 4, 5, 6, 7, 8
SKIN				chin.	8	14	1, 2, 3, 4, 5, 6, 7, 8
5 SKIN - ERUPTIONS - psoriasis				staph.	8	14	1, 2, 3, 4, 5, 6, 7, 8
6 SKIN - ITCHING - night				lyc.	7	17	2, 3, 4, 5, 6, 7, 8
GENERALS				sil.	7	15	2, 3, 4, 5, 6, 7, 8
7 GENERALS - FOOD and DRINKS - milk - aversion				ars.	7	13	2, 3, 4, 5, 6, 7, 8
8 GENERALS - FOOD and DRINKS - sweets desire				graph.	7	13	2, 3, 4, 5, 6, 7, 8
Remedies	ΣSym	ΣDeg	Symptoms	rhus-t.	7	13	2, 3, 4, 5, 6, 7, 8
sulph.	8	20	1, 2, 3, 4, 5, 6, 7, 8	bry.	7	12	2, 3, 4, 5, 6, 7, 8
sep.	8	18	1, 2, 3, 4, 5, 6, 7, 8	nat-m.	7	12	1, 2, 3, 4, 5, 7, 8
merc.	8	17	1, 2, 3, 4, 5, 6, 7, 8	kali-c.	7	11	2, 3, 4, 5, 6, 7, 8
phos.	8	15	1, 2, 3, 4, 5, 6, 7, 8	mag-c.	7	9	2, 3, 4, 5, 6, 7, 8
				am-c.	7	8	2, 3, 4, 5, 6, 7, 8
				nit-ac.	6	13	2, 3, 4, 5, 7, 8
				calc.	6	12	2, 4, 5, 6, 7, 8

Prescription

The case was repertorized using “Homeopathicum Syntheticum” i.e. Synthesis Repertory written by Dr. Frederik Schroyens. The first prescription was SULPHUR

200 CH in 1 DOSE, should be taken morning empty stomach, followed by S. L. after analyzing the repertorial result based upon characteristic indication of the medicine and with the help of Boericke’s materia medica.

Follow-up

S. No.	Date of follow-up	Symptoms	ASI Score	Prescription
1	First visit 26/06/2025	<ul style="list-style-type: none"> Erythematous plaque on trunk upper extremities and lower extremities and on scalp. Itching aggravates at night. 	27.7	Sulphur 200 CH/ 1 dose, S. L 30 for 15 days
2	10/07/2025	<ul style="list-style-type: none"> Aggravation in plaques, more on extremities, slight improvement on scalp. Itching aggravates with burning pain. 	38.3	S.L 30 /TDS for 7 days
3	17/07/2025	<ul style="list-style-type: none"> Marked improvement in plaque and scaling Slight improvement in itching Scalp symptoms improved 	17.5	S.L 30/ TDS for 15 days
4	01/08/2025	<ul style="list-style-type: none"> Continuous improvement in scaling and itching 	6	S.L 30 / TDS for 5 days
5	14/08/2025	<ul style="list-style-type: none"> Marked reduction and scaling of skin and itching is proved 	6	S. L 30 /TDS for 15 days
6.	28/08/2025	<ul style="list-style-type: none"> Scaling improved Itching occasional 	3	S.L 30/ TDS for 15 days

Photographic presentation



Date: 26/06/2025



Date: 17/7/2025



Date: 28/08/2025

Miasmatic analysis

- **Psoric traits:** Intense itching, aggravation at night, hypersensitivity to embarrassment, philosophical nature, and chronicity of disease.
- **Sycotic traits:** Thickened, scaly skin lesions, tendency toward recurrence, and history of suppression with steroids.

Thus, the case was predominantly psoric with sycotic overlap, justifying the prescription of Sulphur, a deep-acting anti-psoric with anti-sycotic action.

Discussion

This case demonstrates the role of individualized homeopathic treatment in psoriasis. Conventional therapies suppress symptoms but often fail to address the underlying susceptibility, leading to relapses. By contrast, the prescription of Sulphur, based on totality of symptoms and miasmatic background, resulted in both clinical and general improvement.

The PASI score (Psoriasis Area and Severity Index) objectively tracked the progress:

- 26/06/2025 - 27.7
- 10/07/2025 - 38.3 (initial aggravation)
- 17/07/2025 - 17.5
- 01/08/2025 - 6
- 28/08/2025 - 3

This steady reduction highlights the positive impact of individualized prescribing. Notably, the remedy acted not only on skin but also on general health (constipation, perspiration, sleep, and emotional well-being), reflecting the holistic scope of homeopathy.

Conclusion

This case highlights the effectiveness of Sulphur, selected through miasmatic and constitutional analysis, in managing chronic plaque psoriasis. Substantial reduction in PASI score and improvement in systemic and mental symptoms affirm the value of individualized homeopathic prescribing. Sulphur acted as a deep anti-miasmatic remedy, addressing psoric and sycotic tendencies simultaneously, leading to both symptomatic and holistic improvement. Further systematic studies and larger clinical trials are necessary to substantiate the role of individualized homeopathy in chronic autoimmune skin diseases like psoriasis.

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