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## K Keerthana

Junior Resident, Department  
of Organon of Medicine,  
Sarada Krishna Homoeopathic  
Medical College and Hospital,  
(Affiliated to The Tamil Nadu  
Dr. M.G.R Medical University)  
Kulasekharam, Kanyakumari  
District, Tamil Nadu, India

## M Murugan

PG & Ph.D. Guide,  
Department of Organon of  
Medicine, Sarada Krishna  
Homoeopathic Medical College  
and Hospital, (Affiliated to  
The Tamil Nadu Dr. M.G.R.  
Medical University)  
Kulasekharam, Kanyakumari  
District, Tamil Nadu, India

## Corresponding Author:

### K Keerthana

Junior Resident, Department  
of Organon of Medicine,  
Sarada Krishna Homoeopathic  
Medical College and Hospital,  
(Affiliated to The Tamil Nadu  
Dr. M.G.R Medical University)  
Kulasekharam, Kanyakumari  
District, Tamil Nadu, India

## A case study: Pain management in chronic psoriasis with joint involvement

K Keerthana and M Murugan

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### Abstract

**Background:** Psoriasis is a chronic, immune-mediated inflammatory skin disease often associated with joint involvement, causing pain, disability, and psychological distress. Pain in psoriasis may arise from cutaneous lesions, psoriatic arthritis, neuropathic mechanisms, and psychological factors. Effective pain management remains a major challenge in chronic cases.

**Methods:** A case of a 53-year-old female with chronic psoriasis and joint pain was managed using individualized homoeopathic treatment. Case history, general and mental symptoms, repertorization, and miasmatic evaluation were undertaken. Pain intensity was assessed using the Visual Analogue Scale (VAS). Treatment was initiated with *Cinchona Officinalis* in LM potency, along with supportive measures. Follow-up was documented over two weeks.

**Results:** At baseline, the patient reported severe burning skin pain and joint pain with restricted mobility, rated 8/10 on the VAS. After two weeks of treatment, symptoms significantly improved: skin itching and burning reduced, joint pain decreased to 3/10 on the VAS, mobility improved, and sleep quality was restored. The patient reported enhanced overall well-being and energy levels.

**Conclusion:** Individualized homeopathic prescribing may offer meaningful clinical relief in psoriatic pain, notably reducing severity and enhancing functional outcomes. Systematic studies are warranted to further substantiate these observations.

**Keywords:** Psoriasis, Psoriatic arthritis, Pain management, Visual Analogue Scale (VAS)

### Introduction

The word “Psoriasis” had been begun from a Greek word called as “psora,” which implies “itch,” “scurf,” or “rash” [1]. Psoriasis is a chronic, immune-mediated skin disorder characterized by erythematous, scaly plaques with a predilection for extensor surfaces and scalp. It results from keratinocyte hyperproliferation and inflammatory infiltration, with a strong genetic predisposition. Environmental triggers include trauma, infections, psychological stress, and certain medications such as  $\beta$ -blockers, antimalarials, and lithium [2]. Global psoriasis prevalence ranges from 0–11.8%, with adults more affected than children, highest rates in Western Europe, North America, and Australasia, and ~29.5 million people affected worldwide in 2017 (0.59% of adults), with India increasingly contributing population-based data [3, 4]. Psoriasis is characterized by erythematous, raised, scaly plaques with silvery-white scales, frequently associated with pruritus or pain, often involving the nails, occasionally progressing to psoriatic arthritis, and classically demonstrating the Auspitz sign on scale removal [5].

### Pain

Psoriasis-related pain, often accompanied by pruritus and burning, significantly impairs daily functioning, interpersonal relationships, and sleep, with greater severity correlating to higher impact, while psoriatic arthritis contributes additional fatigue and joint symptoms [6]. Pain in psoriasis arises from multiple mechanisms, including neuropathic components related to nerve involvement [7], direct effects of skin lesions and chronic inflammation, [8] musculoskeletal pain due to psoriatic arthritis, [9, 10] and psychological or emotional factors that amplify pain perception [11].

### Case History

A 53-year-old Muslim female presented with complaints of scaly eruptions with cracks over the body for the past 10 years, associated with intense itching and burning, sparing the face.

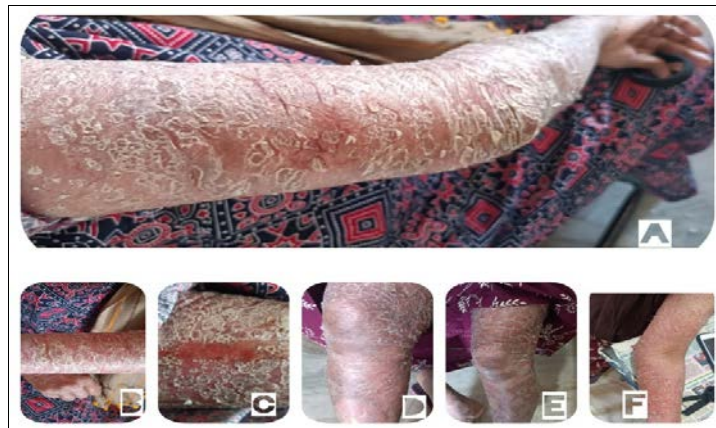
The itching was worse at night, with bloody and watery discharge from the skin cracks. She also experienced pain in all major joints—especially the ankles, knees, and elbows, with movement restriction. The joint pain had increased over time, leading to disturbed sleep and limited mobility.

### Past & Treatment History

The patient, with a childhood history of atopic dermatitis, measles, and allergic rhinitis relieved by homoeopathy, later

developed chickenpox at 24, sebaceous cysts in 2010, underwent hysterectomy in 2017, and presented with psoriatic scales in 2019 that began peri-umbilically and spread to the back, for which multiple treatment modalities were sought.

**Family History:** There was a familial history of Allergic Rhinitis.



**Fig 1:** (on 06 July 2025) (A) Right arm (B) Left forearm (C) Right thigh (D) Right knee (E) Left lower limb (F) Left arm and elbow region

**Generals:** The patient presented with reduced appetite and thirst, disturbed sleep due to pain and itching, and regular but unsatisfactory stools. She was chilly by thermal reaction and, mentally, exhibited workaholic, fastidious, religious, and reserved traits, with weak memory and sensitivity to noise. On examination, she was moderately built and nourished (156 cm, 70 kg), with no pallor, icterus, cyanosis, clubbing, oedema, or lymphadenopathy. Vital signs were stable (Pulse 81/min, Respiratory rate 17/min, Temperature 98.6 °F, Blood pressure 130/80 mmHg).

### On Local Examination

#### Skin

1. Type of lesion: Plaques with thick adherent silvery-white scales, erythematous base, some fissures/cracks.
2. Colour: Erythematous (red) base with silvery-white scales.
3. Margin: Generalized scaly eruptions with visible cracks, bleeding, and watery discharge.
4. Shape: Irregular/ polycyclic plaques.

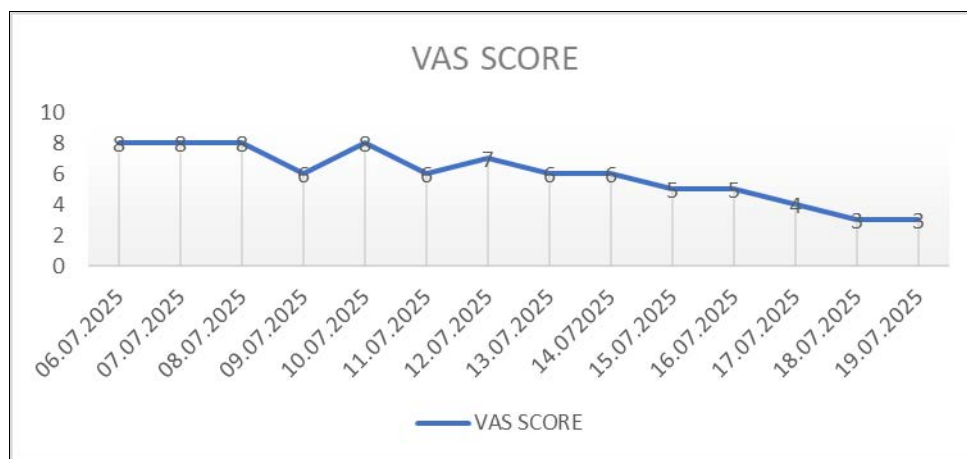
5. Size: Large plaques, few centimetres to >10 cm
6. Discharge: Bleeding, watery discharge.
7. Consistency: Firm, dry, scaly.
8. Local Temperature: Normal to slightly warm over inflamed areas.
9. Number: Multiple.
10. Pattern of distribution: Generalized (all over the body except face)
11. Darier Sign: Negative.
12. Auspitz Sign: Positive.

#### Joints

1. **Inspection:** Swelling at left knee. Psoriatic plaques over the joints.
2. **Palpation:** Warmth over inflamed joints.
3. **Range of Movements:** Restricted movement due to pain, stiffness.
4. **Lab Investigation:** Absolute Eosinophil Count: 116 cells/cu mm. Serum IgE: 759.6 IU/ml

**Table 1:** Pain assessment of patient.

Date	Pain Score (0–10)	Nature of Pain (Burning, Aching, etc.)	Triggers/Modalities (↑/↓ with movement, heat, cold, etc.)	Relief with Treatment
06.07.2025	8 (Severe)	Burning	< at night, > by heat	No relief
07.07.2025	8 (Severe)	Burning + Aching	< by rest, < with movement	No relief
08.07.2025	8 (Severe)	Burning	< at night, > by heat	Mild relief
09.07.2025	6 (Moderate)	Burning + Aching	< at night, > by heat	Mild relief
10.07.2025	8 (Severe)	Burning	Worse at night, disturbed sleep	Mild relief
11.07.2025	6 (Moderate)	Burning	< at night, > by heat	Mild relief
12.07.2025	7 (Severe)	Burning	Worse at night, disturbed sleep	Mild relief
13.07.2025	6 (Moderate)	Burning + Dull	Worse at night, disturbed sleep	Moderate relief
14.07.2025	6 (Moderate)	Burning	Worse with cold, disturbed sleep	Moderate relief
15.07.2025	5 (Moderate)	Burning + Aching	< at night, > by heat	Moderate relief
16.07.2025	5 (Moderate)	Burning	Worse at night, disturbed sleep	Moderate relief
17.07.2025	4 (Moderate)	Burning	Aggravated by movement	Moderate relief
18.07.2025	3 (Mild)	Burning	Worse at night, aggravated by heat	Moderate relief
19.07.2025	3 (Mild)	Burning	Worse with anxiety, disturbed sleep	Moderate relief



**Fig 2:** Visual Analogue Scale (VAS) showing patient's pain intensity.

## Repertorial totality

**Table 2:** Basis of selection of medicine through repertorial analysis

Repertorisation Sheet - Zomeo Pro																
Patient Name: Mrs.K																
Remedy	Nux-v	Chin	Ars	Phos	Kali-c	Verat	Graph	Nit-ac	Bell	Thuj	Hep	Petr	Ph-ac	Mur-ac	Cham	
<b>Totality</b>	<b>33</b>	<b>31</b>	<b>31</b>	<b>30</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>28</b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>24</b>	<b>24</b>	<b>23</b>	<b>23</b>	
Symptoms Covered	9	10	9	9	10	9	8	8	10	8	9	9	8	9	7	
[Complete ] [Skin] Cracks, fissures:	4	3	4	3	3	3	4	4	3	4	4	4	3	3	4	
[Complete ] [Skin] Eruptions: Psoriasis:	0	3	4	3	3	1	3	3	1	1	1	4	1	3	0	
[Complete ] [Extremities] Pain: Drawing: Legs:	4	4	4	4	3	4	4	3	3	4	3	1	4	4	2	
[Complete ] [Fever, Heat] Evening:	4	4	4	4	3	4	4	4	4	4	4	4	4	3	3	
[Therap ] [Fever] Coldness in General:	3	3	4	3	2	4	2	3	2	3	3	2	2	1	2	
[Complete ] [Fever, Heat] Air: Open: Agg.:	2	3	0	0	3	0	0	0	2	0	2	0	0	0	0	
[Boening ] [Mind] Irritable, cross:	4	2	3	3	2	2	3	3	3	0	3	2	2	1	4	
[Complete ] [Mind] Industrious, mania for work:	4	1	1	3	1	4	0	0	1	3	0	1	0	1	0	
[Complete ] [Mind] Sensitive, oversensitive: Noise, sounds, to, agg.:	4	4	3	3	4	3	4	4	4	3	1	3	4	3	4	
[Complete ] [Sleep] Disturbed:	4	4	4	4	4	3	4	4	4	4	4	3	4	4	4	

**Selection of Potency:** LM (50 millesimal) potency is chosen: APHORISM 246 & 272 (6<sup>th</sup> edition). LM potencies in psoriasis with joint involvement minimize aggravation, permit safe repetition, and are enhanced when administered in water dose <sup>[12]</sup>.

## Prescription

R<sub>x</sub>,

*Cinchona Officinalis* 0/3 / 3Dose, (Every dose - 1 poppy sized medicated globule dissolved in 10ml aqua) X TDS

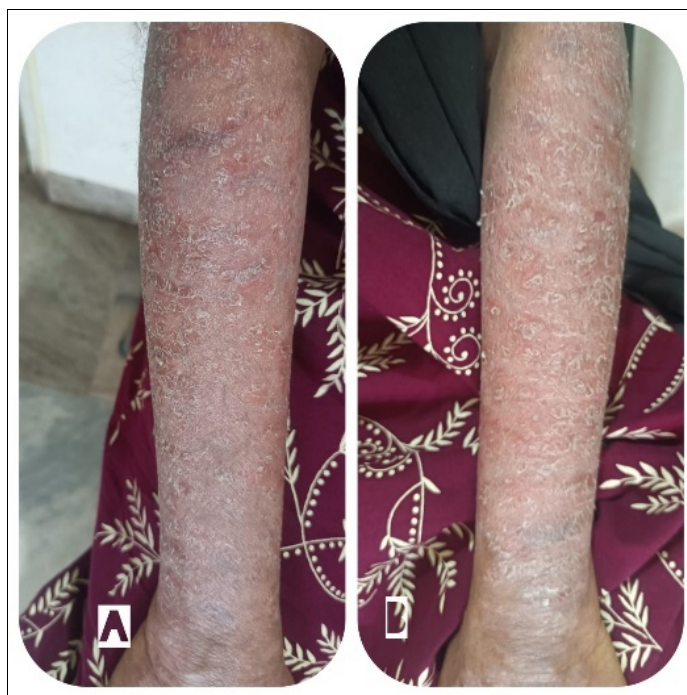
**Table 3:** Follow up assessment of patient

Date	Pain & Aggravating Factors	Relief with Treatment	Prescription
6.7.2025	Burning – worse at night	No relief	<i>cinchona officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
7.7.2025	Burning + Aching – worse by rest, >movement	No relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
8.7.2025	Burning – worse at night	Mild relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
9.7.2025	Burning + Aching – worse at night	Mild relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
10.7.2025	Burning – worse at night, disturbed sleep	Mild relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
11.7.2025	Burning – worse at night	Mild relief	<i>cinchona officinalis</i> 0/3 / 3Dose (Every dose - 1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
12.7.2025	Burning – worse at night, disturbed sleep	Mild relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
13.7.2025	Burning + Dull – worse at night, disturbed sleep	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
14.7.2025	Burning – worse with cold, disturbed sleep	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
15.7.2025	Burning + Aching – worse at night	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS

16.7.2025	Burning – worse at night, disturbed sleep	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
17.7.2025	Burning – better by movement	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
18.7.2025	Burning – worse at night,	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS
19.7.2025	Burning – worse night	Moderate relief	<i>Cinchona Officinalis</i> 0/3 / 3Dose (Every dose -1 poppy sized medicated globule dissolved in 10ml aqua) X TDS

### Outcome

- Figure 2: After 2 weeks of treatment, the itching and burning reduced significantly.
- Joint pain severity dropped to 3/10, with improved mobility in knees and ankles.
- Sleep quality improved as itching and pain subsided.
- The patient reported better energy and overall satisfaction with the treatment.



**Fig 2:** (on 19.07.2025) (A)Right forearm (B) Left forearm

### Discussion

This case demonstrates the complex interaction between chronic skin and joint symptoms in psoriasis. Pain was both inflammatory and neuropathic in origin. The patient has been prescribed with the medicine (*CINCHINA OFFICINALIS* 0/3) based on the totality of pain symptoms. Significant improvement was observed. The treatment plan includes subsequent administration of an Anti-miasmatic remedy to address the underlying chronic miasmatic background. Individualized treatment addressed both the physical symptoms and the mental disposition, highlighting the holistic scope of homoeopathy.

### Conclusion

Pain management in chronic psoriasis requires a multifaceted approach that targets both skin and joint involvement. Homoeopathic intervention, when tailored to individual symptoms and personality traits, can offer significant relief in chronic cases and improve overall quality of life.

### Conflict of Interest

Not available

### Financial Support

Not available

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