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## A retrospective study to explore utility of synthesis repertory in selecting homoeopathic simillimum for management of patients suffering from psoriasis

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### Abstract

**Background:** Psoriasis is a chronic, immune-mediated dermatosis marked by erythematous, scaly plaques with fluctuating course and significant impact on quality of life. Individualized homoeopathic treatment supported by repertorial analysis aims to address both cutaneous and systemic dimensions of the disease.

### Objectives

- 1) To assess the utility of the Synthesis repertory in selecting the simillimum for patients with psoriasis.
- 2) To formulate a practical homoeopathic management protocol for psoriasis.
- 3) To identify rubrics most frequently used in repertorization of psoriasis cases.
- 4) To delineate effective repertorial approach for psoriatic presentations.

**Methods:** A retrospective observational analysis of 30 psoriasis cases managed over 18 months in college OPD and peripheral OPD was conducted. Cases treated by repertorization with Synthesis Repertory 9.1 were included, and those managed with other repertories were excluded. Data were abstracted from standardized case records, PASI scores were calculated at baseline and last follow-up, and prescriptions were individualized using Synthesis repertory with RADAR software. Descriptive statistics and appropriate tests (including t test) were applied at 5% significance.

**Results:** Mean PASI reduced from 5.85 at first prescription to 2.67 at the end of follow-up, corresponding to an average improvement of 3.18 points. Overall, 28 of 30 patients (93.3%) showed meaningful improvement, while 2 (6.7%) remained unimproved. Most cases shifted from moderate to mild disease category. Frequently prescribed remedies included *Lycopodium*, *Calcarea carbonica*, *Hyoscyamus*, *Graphites*, *Pulsatilla*, *Natrum muriaticum* and a range of less common medicines. Skin rubrics on eruptions with scaling and itching, with mental rubrics and food/drink generals, were most often utilized.

**Conclusion:** Individualized homoeopathic management of psoriasis guided by Synthesis repertory was associated with significant reduction in PASI scores and high response rates in this retrospective series. The repertorial approach centered on combined skin, mental and general rubrics appears clinically useful and warrants evaluation in prospective controlled studies.

**Keywords:** Psoriasis, homoeopathy, synthesis repertory, repertorization, PASI score, individualized treatment

### Introduction

Psoriasis is a common, chronic, non-infectious inflammatory skin disorder presenting with well-defined erythematous plaques covered by silvery scales, often on extensor surfaces, scalp and trunk. It affects approximately 1-3% of the population worldwide and shows bimodal age of onset, with early peaks in young adults and later onset in middle age<sup>[1]</sup>.

Genetic predisposition, immune dysregulation and environmental triggers such as infections, trauma, medications and psychological stress contribute to disease expression and flares. Conventional therapies range from topical agents to systemic and biologic drugs, but long-term control without adverse effects remains challenging<sup>[2,3]</sup>.

Homoeopathy approaches psoriasis through individualization, considering physical, mental and general symptoms to select a simillimum. Repertories, particularly the Synthesis repertory derived from Kent's work and expanded using modern clinical material, provide a structured bridge between case data and materia medica.

This study retrospectively explores the clinical utility of Synthesis repertory in managing psoriasis, analyses the pattern of PASI changes, and highlights commonly employed rubrics and remedies in a real-world institutional setting.

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## Materials and Methods

**Study design and setting:** This was a retrospective observational study conducted in the college outpatient department and peripheral OPD over 18 months. Case records of psoriasis patients fulfilling eligibility criteria were retrieved from departmental archives.

**Study population and sample size:** Thirty patients diagnosed clinically as psoriasis and treated with individualized homoeopathic medicines were included. The age range was 10-60 years, with both sexes represented. Sample size was fixed at 30 based on available records and feasibility.

### Inclusion criteria

1. Clinically diagnosed psoriasis cases (plaque, palmoplantar or scalp-dominant) managed in OPD.
2. Cases in which repertorization was performed exclusively using Synthesis Repertory (version 9.1) with RADAR software.
3. Availability of baseline and at least one follow-up PASI assessment.

### Exclusion criteria

1. Psoriasis cases repertorized using repertories other than Synthesis.
2. Records with incomplete data precluding PASI calculation.
3. Patients with predominant systemic illness where psoriasis was not the main focus of management.

**Data collection:** Data were captured using a standardized case record format covering demographics, detailed history, physical and mental generals, particulars, family history and clinical examination. Local skin findings were documented by morphology, distribution and evolution. Photographs and PASI sheets formed part of the file wherever available.

**Repertorization and prescription:** Rubrics were selected from Synthesis repertory 9.1, emphasizing a hierarchy of mental generals, physical generals and characteristic particulars. RADAR software generated repertorial charts, from which the simillimum was chosen after correlation with materia medica. Potencies and repetition were individualized, and follow-up decisions were based on symptom evolution and PASI trend.

### Outcome measures

- **Primary outcome:** Change in PASI score from baseline to last documented follow-up, categorized as mild (<5), moderate (5-15) or severe (>15).
- **Secondary outcomes:** Proportion of cases improved or not improved; distribution of remedies; frequency of key rubrics used.

**Statistical analysis:** PASI values were summarized as mean and standard deviation at baseline and final assessment. A paired t-test (5% significance level) was applied to compare pre- and post-treatment PASI scores; the calculated t value of 4.968 exceeded the critical value for  $df=29$ , indicating statistically significant improvement. Descriptive statistics were used for gender, age groups, remedy frequency and rubric distribution, and findings were presented through tables and figures.

### Results/statistical observations

**Demographic profile:** Of 30 cases, 19 were males (63.3%) and 11 females (36.7%), reflecting a male predominance in

this series. The most affected age bracket was 11-20 and 31-40 years, with disease duration most commonly between 7 and 24 months.

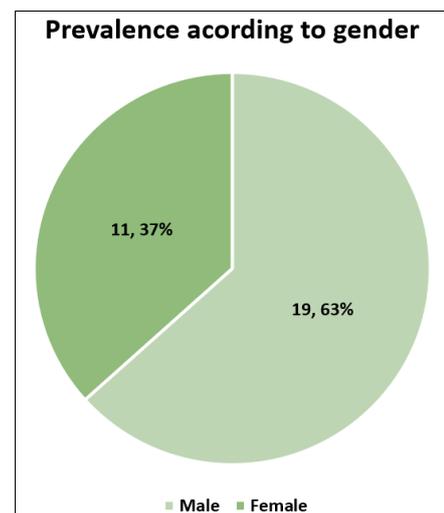
**Baseline severity and PASI changes:** At first prescription, 19 patients (63.3%) had mild psoriasis, 10 (33.3%) moderate, and 1 (3.3%) severe. By the final assessment, 27 cases (90%) fell in the mild category, 2 (6.7%) remained moderate and 1 (3.3%) continued to be severe. Mean PASI decreased from 5.85 to 2.67, with an average reduction of 3.18 points per patient, reflecting clinically meaningful improvement in extent and severity of lesions.

**Treatment outcome:** Twenty-eight patients (93.3%) showed improvement as per PASI change and clinical assessment, while 2 (6.7%) were categorized as not improved or worsening. None of the patients exhibited serious adverse events or documented suppression of skin complaints.

**Remedies prescribed:** A wide spectrum of medicines was used, underscoring individualization. Lycopodium was the most frequently prescribed remedy (up to 5 cases in the full data), followed by Calcarea carbonica, Hyoscyamus, Graphites, Pulsatilla, Natrum muriaticum, Saccharum officinale, Stramonium and others such as Carcinoin, Medorrhinum, Lac humanum, Calcarea sulphurica, Falco pe, Helonias, Argentum nitricum, Coffea cruda and Moschus given in single cases.

**Family history and co-morbidities:** Seven patients had a family history of psoriasis, eleven had relatives with diabetes mellitus and seven reported hypertension in first-degree relatives, pointing to a substantial burden of metabolic and cardiovascular risk in the background.

**Rubric profile:** Skin rubrics on eruptions, especially "psoriasis with dry scaly itching lesions", were most frequent, while mental rubrics such as fear (general/specific), anxiety, anger and dreams (frightful, quarrels, snakes, forsaken) together contributed nearly one-third of all rubric entries. Generals related to food and drinks (liking for sweets, milk or pungent items) also featured prominently, reflecting their value in differentiating remedies.

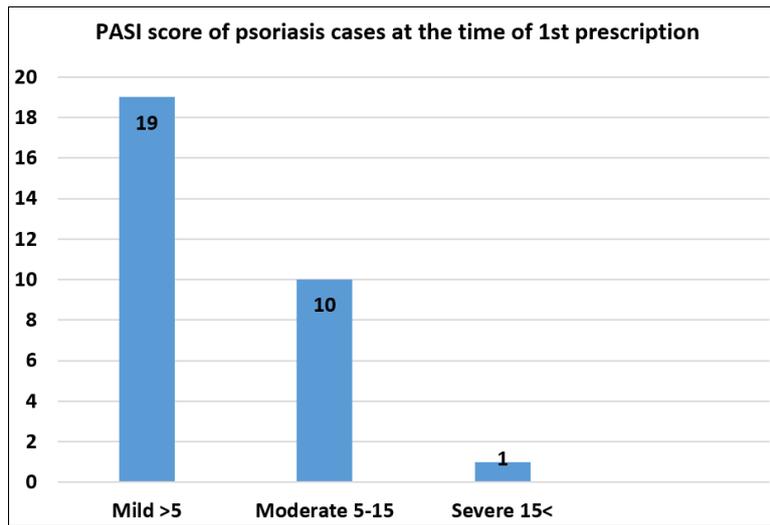


**Fig 1:** Prevalence according to gender

Out of the 30 cases:

**Males:** 19 cases (63.3%)

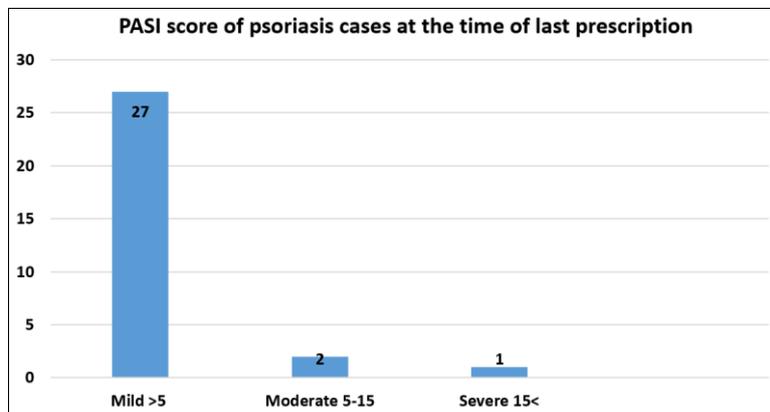
**Females:** 11 cases (36.7%)



**Fig 2:** PASI score of psoriasis cases at the time of 1st prescription

The majority of cases (19 out of 30) presented with mild psoriasis. A smaller proportion (10 cases) had moderate psoriasis.

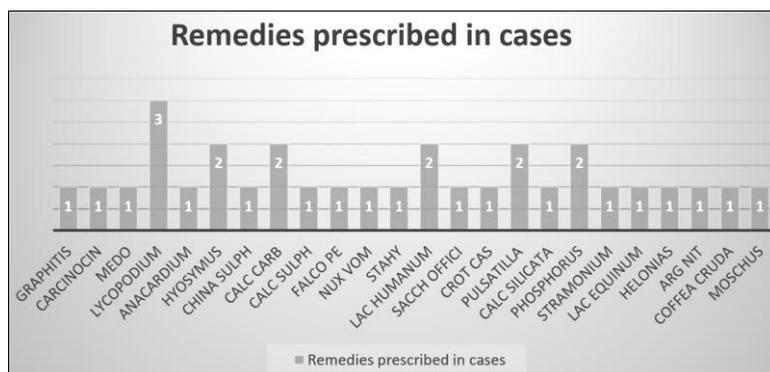
Only 1 patient had severe psoriasis at the time of the first prescription



**Fig 3:** PASI score of psoriasis cases at the time of last prescription

Compared to the first prescription chart, there is a notable shift toward the mild category (from 19 to 27 cases).

The number of moderate cases decreased (from 10 to 2). The severe category remained the same (1 case).



**Fig 4:** Remedies prescribed in cases

Most frequently prescribed remedy:  
Lycopodium (3 cases) - the most commonly used.  
Remedies prescribed in 2 cases each:

Hyoscyamus  
Calcarea carbonica  
Saccharum officinale

Pulsatilla  
Phosphorus  
Stramonium

Remedies prescribed in 1 case each:

Graphitis, Carcinosis, Medorrhinum, Anacardium, China

sulph, Calcarea sulph, Falco pe, Nux vomica, Staphysagria,  
Lac humanum, Croton tiglium, Calcarea silicata, Lac  
equinum, Helonias, Argentum nitricum, Coffea cruda,  
Moschus.



Fig 5: Result of cases under study

Table 1: Overall improvement

	Cases improved	Cases not improved
Number	28/30	2/30
Percentage	93%	7%

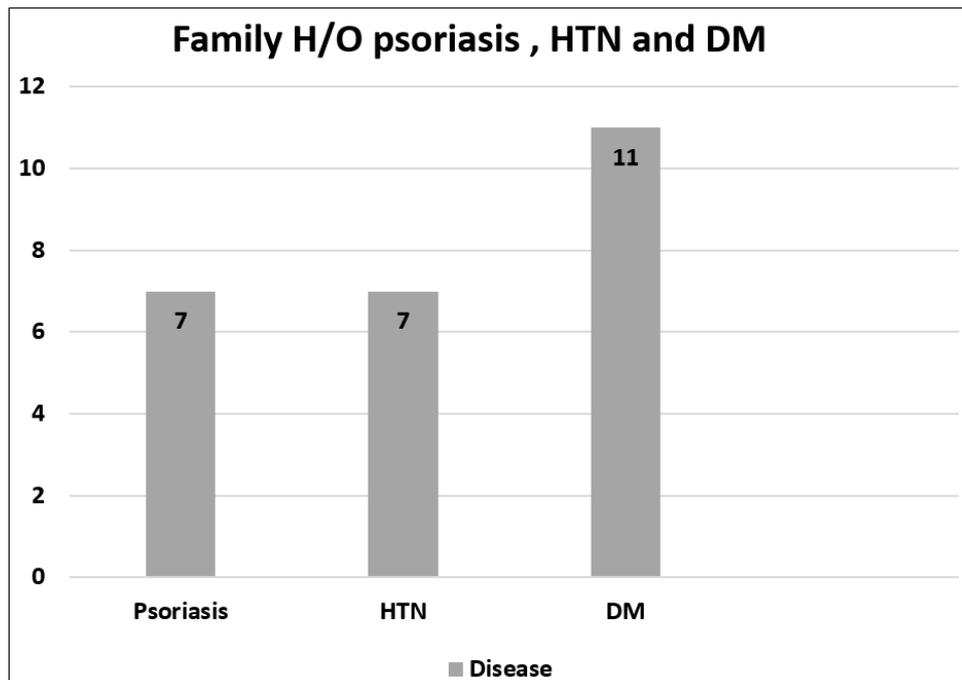
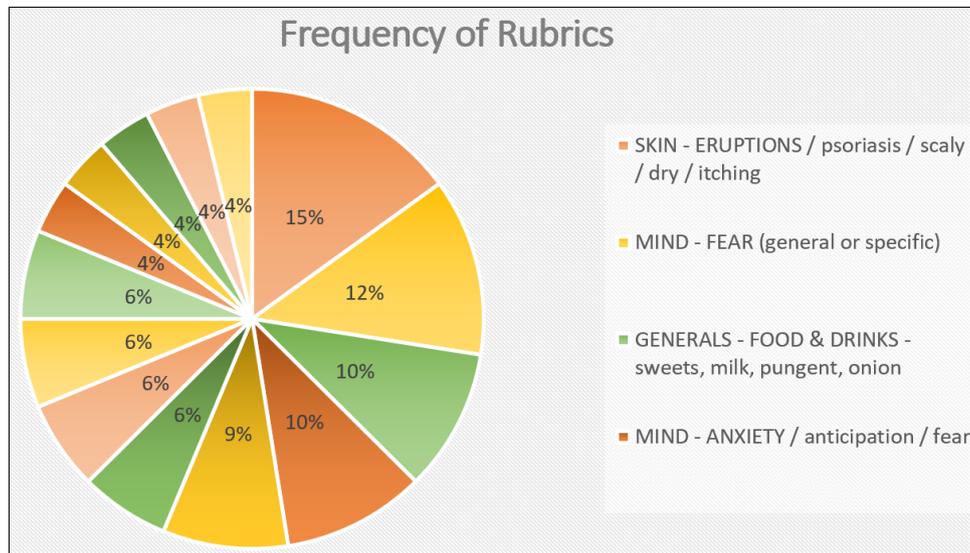


Fig 6: Family H/O psoriasis, HTN and DM



**Fig 7:** Frequency of rubrics

The analysis shows that skin rubrics were most prominent, but mental rubrics (fear, anxiety, dreams) together contributed a significant proportion (~31%).

This highlights the holistic approach in homeopathic case-taking, where mental generals were equally important along with local skin complaints.

Food-related generals (10%) also played a crucial role in individualization of remedies

### Discussion

This retrospective series demonstrates that individualized homeopathic prescriptions, guided by Synthesis repertory, were associated with statistically and clinically significant improvement in psoriasis as measured by PASI. The shift of most cases from moderate to mild categories and the high proportion of improved patients support the pragmatic effectiveness of this approach in an OPD setting.

The remedy distribution highlights that no single drug dominated management; instead, prescriptions were tailored according to mental generals, physical generals and characteristic skin features, in line with classical principles. The prominence of mental rubrics, including fears, anxieties, disappointments and issues around self-esteem or relationships, underscores the importance of addressing psychosomatic dimensions in chronic dermatoses.

Use of PASI provided an objective framework for documenting lesion extent and severity and allowed statistical testing of outcomes, which strengthens the evidentiary value compared to purely descriptive case reports. At the same time, the variability in follow-up intervals and retrospective data gaps underline the need for more structured prospective designs.

**Difficulties faced:** Retrospective data extraction revealed missing photographs, incomplete rubrics lists and gaps in follow-up documentation, which complicated accurate PASI calculation in some instances. Telephonic follow-up had to be used to clarify timelines and symptom changes, introducing potential recall bias.

Variation in prescription styles (e.g., inclusion of intercurrent remedies, adjunctive biochemic support) across cases posed challenges for standardizing analysis. Differences in visit intervals and patient adherence also influenced outcome interpretation.

**Learning experience:** The study experience reinforced the value of comprehensive case-taking that integrates mental, emotional, general and local symptoms into a coherent repertorial totality. Regular PASI scoring improved clinical objectivity and facilitated clearer communication of progress with patients and supervisors.

Working through diverse cases enhanced familiarity with Synthesis repertory structure, management of potency and repetition, and recognition of frequently indicated constitutional remedies in psoriasis. The process also highlighted the importance of meticulous documentation to enable future research and audit.

**Limitations:** The study is limited by its small sample size of 30 cases and absence of a control or comparator arm (such as conventional therapy or placebo), restricting causal inferences and external generalizability. Its retrospective design, reliance on existing records and occasional incomplete data reduces methodological robustness. Short to medium-term follow-up in many cases limits conclusions regarding long-term remission and relapse patterns under homeopathic care.

**Future scope:** Future work should include prospective, randomized controlled trials comparing individualized homeopathy with standard dermatologic care or placebo, using PASI and validated quality-of-life indices. Larger multicentric cohorts would allow subgroup analyses by phenotype, age, baseline PASI and miasmatic background. More detailed rubric-level analytics could help develop practical repertorial guidelines or protocols for psoriasis that still respect individualization. Long-term follow-up studies focusing on relapse rates, steroid-sparing effects and patient-reported outcomes would further clarify the role of homeopathy in integrated psoriasis management.

### Conclusion

This retrospective observational study suggests that individualized homeopathic treatment of psoriasis, repertorized using Synthesis repertory, can produce significant reductions in PASI scores and high improvement rates in routine clinical practice.

The findings support the practical utility of a repertorial approach that combines key skin, mental and general rubrics

for simillimum selection, while emphasizing the need for controlled prospective research to confirm efficacy and refine protocols.

### Conflicts of interest

No conflicts of interest were reported for this study.

### References

- Bhel PN, Agrawal A, Shrivastava G. Practice of dermatology. 10<sup>th</sup> ed. New Delhi: CBS Publishers; p. 253-268.
- Shah S, Sidharth N. API textbook of medicine. 10th ed. Mumbai: API Publications; Part 11.
- Rodgers DJG. Dermatology: an illustrated colour text. Edinburgh: Churchill Livingstone; p. 26-29.
- Colledge NR, Walker BR, Ralston SH. Davidson's principles and practice of medicine. 21st ed. Edinburgh: Churchill Livingstone Elsevier; Chapter 27, p. 1260-1265.
- Hunter JAA. Clinical dermatology. 3rd ed. Oxford: Blackwell Scientific Publications; p. 64.
- Roberts HA. The principles and art of cure by homoeopathy. 3rd ed. New Delhi: B. Jain Publishers; Chapter 21, p. 178.
- Clarke JH. The prescriber: a dictionary of the new therapeutics. 3rd ed. London: Homeopathic Publishing Co.; p. 259-260.
- Lilienthal S. Homoeopathic therapeutics: classical therapeutic hints. New Delhi: B. Jain Publishers; p. 670, 910.
- Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. Harrison's principles of internal medicine. 18th ed. New York: McGraw-Hill. 2012;1:367.
- Close SM. The genius of homoeopathy: lectures and essays on homoeopathic philosophy. New Delhi: B. Jain Publishers; Chapter 9, p. 132.
- Itamura R. Effect of homeopathic treatment in 60 Japanese patients with chronic skin disease. Natl Libr Med.
- Preetha P, Prasad P. A clinical study on papulosquamous disorders in children less than 12 years. Coimbatore: Coimbatore Medical College; c2015. p. 12.
- Uma V. Histomorphology of papulosquamous skin lesions with special stain application - an analysis. Chennai: M.G.R. Medical University; 2018 May.
- Antony A, Sivaprakasam K. An epidemiological study of 104 cases of papulosquamous disorders in South India. Int J Sci Res. 2019 Jan.
- Varma K, Kumar U, Kumar V. Clinical pattern of papulosquamous dermatoses. Int J Res Dermatol.
- Chavhan SD, Mahajan SV, Vankudre AJ. A descriptive study on patients of papulosquamous lesion at a tertiary care institute. MVP J Med Sci.
- Bhadoriya Y. Homeopathic management of psoriasis - a case study. In: Jong M, editor. Homeopathic and conventional therapies for chronic skin diseases. Eur J Integr Med. 2009 Dec.
- Gautam MK. Proved efficacy of homoeopathy in skin diseases.
- Dr Batra's Clinic. All skin conditions. Available from: <https://www.drbatras.com/all-skin-condition>
- Encyclopaedia Britannica. Psoriasis. Encyclopaedia Britannica, Inc.; 2021 Feb 18. Available from: <https://www.britannica.com/science/psoriasis>
- British Association of Dermatologists. Guidelines on psoriasis. Available from: <https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=1654>
- Thappa DM, Munisamy M. Research on psoriasis in India: where do we stand? Indian J Dermatol Venereol Leprol. 2017 Aug.
- Mahesh S, Shah V, Mallappa M, Vithoulkas G. Psoriasis of same diagnosis with different phenotypes management through individualized homoeopathic therapy.
- Witt CM, Lüdtke R, Willich SN. Homeopathic treatment of patients with psoriasis: A prospective observational study with 2 years follow-up. J Eur Acad Dermatol Venereol. 2009 May;23(5):538-543.
- Yemmanuru A. Role of homoeopathy in psoriasis - an evidence-based case series. J Integr Stand Homoeopathy. 2024;7:46-59.
- Nagar N, Poswal RK, et al. Psoriasis and homoeopathy. Indian J Res Homoeopathy. 2024.
- Singh A. A case study on homeopathic management of psoriasis. Asian J Pharm Res. 2025 Mar 2.
- Shinde P, et al. Open-label study to evaluate the response to homeopathic treatment in psoriasis. Integr Med Commun. 2022 Sep 20;7(3):44.
- Ravi K. Plaque psoriasis successfully treated with an individualized homoeopathic medicine Lycopodium: a case report. J Dermatol Treat. 2020 Sep 7.
- Witt CM, Lüdtke R, Willich SN. Homeopathic treatment of patients with psoriasis - a prospective observational study with 2 years follow-up. J Eur Acad Dermatol Venereol. 2009;23(5):538-543.
- Kumar S, et al. Homoeopathy in psoriasis vulgaris with special emphasis on individualized treatment. Indian J Dermatol Venereol Leprol. 2023 Sep 18.
- Ghosh MK, et al. Individualized homeopathic medicines in the treatment of psoriasis: a 6-month double-blind randomized trial. Complement Med Res. 2022;30(4):317-325.
- Das A, et al. Homeopathic management of psoriasis: a case series. Int J Homoeopathic Sci. 2021;5(1):45-50.
- Singh R, et al. Clinical evaluation of homeopathic treatment in chronic plaque psoriasis patients. Indian J Res Homoeopathy. 2023;17(2):100-112.
- Roy S, et al. Therapeutic efficacy of individualized homeopathy in psoriasis patients: a clinical study. Homeopathy. 2020;109(2):112-118.
- Verma A, et al. Homeopathy versus conventional treatment in psoriasis: a pilot study. J Complement Integr Med. 2019;16(3):1-7.
- Patil S, et al. Assessment of homeopathic treatment response in psoriasis using PASI and DLQI. Homeopathic Links. 2021;34(3):184-192.
- Mehta H, et al. Role of homeopathy in the management of psoriasis: a literature review. Indian J Dermatol Venereol Leprol. 2019;85(3):234-240.
- Shinde P, et al. Open-label study to evaluate the response to homeopathic treatment in psoriasis. Int Med. 2022;7(3):44. Available from: <https://www.lidsen.com/journals/icm/icm-07-03-044>
- Psoriasis vulgaris managed with Psorinum: A case report. Homeopathic Journal; 2024.
- Plaque psoriasis successfully treated with an

- individualised homeopathic medicine Lycopodium. *J Dermatol Treat.* 2020 Sep 7. Available from: <https://www.thieme-connect.de/products/ejournals/pdf/10.1055/s-0040-1714381.pdf>
41. Palmoplantar psoriasis treated by individualised homeopathic medicine Sulphur 1M: a case report. *PubMed.* 2024 Jul 13. Available from: <https://pubmed.ncbi.nlm.nih.gov/39110044/>
42. Role of homeopathy in psoriasis - an evidence-based case series. *Indian J Res Homoeopathy.* 2024;7:46-59. Available from: <https://www.ijrh.org/cgi/viewcontent.cgi?article=1831&context=journal>

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