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## **Individualized homoeopathic treatment of psoriasis assessed by PASI and MONARCH scores: A case report**

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### **Abstract**

**Introduction:** Psoriasis is a chronic immune-mediated inflammatory skin disorder characterized by erythematous, scaly plaques. Global prevalence ranges from 0% to 11.8%, with bimodal peaks in men aged 30-39 and 60-69 years, occurring about a decade earlier in women. Psoriasis affects quality of life, often leading to emotional distress and stigma.

**Case Summary:** A 60-year-old female presented with psoriatic lesions on the gluteal region and back of the legs, characterized by bilateral, circular, itchy, and scaly patches. After thorough case taking, analysis, and repertorization, Sepia 6C was prescribed, followed by Sepia 200C, along with *Calcarea sulphurica* 6X as a biochemical support. Complete improvement was achieved without any external application.

**Results:** Photographic and PASI (Psoriasis Area and Severity Index) assessments confirmed clinical recovery, with a PASI reduction from 11.9 (moderate) to 0. The Modified Naranjo Criteria (MONARCH) score of +1 suggested a strong causal relationship between the homeopathic intervention and the clinical outcome.

**Conclusion:** Psoriatic lesions healed completely with individualized homeopathic management, demonstrating internal constitutional correction without topical suppression.

**Keywords:** Psoriasis, PASI score, MONARCH criteria, Biochemical medicine, homeopathy

### **Introduction**

Psoriasis is a chronic immune mediated inflammatory skin disease with worldwide prevalence of about 2%, but varies according to regions<sup>[1]</sup>. A 2014 report by World Health Organization recognized the stigmatism caused by this disease and impacting quality of life. They also highlighted the misdiagnosis and inadequate treatment and even recognized psoriasis as a serious non-communicable disease. It also accounted for 5.6 million all age disability adjusted life years (DALYs) as estimated in 2016 by The Global Burden of Disease Study<sup>[2]</sup>. The age of onset shows bimodal distribution with peaks, at 30-39 years and 60-69 years in men, and 10 years earlier in women.<sup>[2]</sup> According to published reports, prevalence varies from 0% to 11.8% in different countries and in India it is between 0.44 and 2.2 %<sup>[3]</sup>.

The lesions of psoriasis are clinically diagnosed as they are circular, circumscribed, silvery white plaque. It has a strong genetic predisposition and autoimmune pathogenic traits. To assess clinical severity clinicians developed scoring systems of which Psoriasis Area and Severity Index (PASI) score is a gold standard single scoring scale for the assessment of psoriasis<sup>[4]</sup>. Patients with psoriasis have a high impact on their quality of life, however does not affect survival. Some reports state that patients with psoriasis feel stigmatized by the condition which contributes to everyday disability leading to depression and suicidal ideation in more than 5% of patients<sup>[5]</sup>.

Homeopathic medicines as stated in Organon of Medicine removes the internal disturbances not just local affection<sup>[6]</sup>. Thus, do not intend to suppress this inflammation in fact, act to correct the cause that has resulted in this indiscriminate cell division and also the inflammation. This following case report describes one such case of psoriasis managed with homoeopathy and assessed with PASI Score. The clinical improvement was likely attributable to the homoeopathic treatment is assessed by using Modified Naranjo Criteria for Homoeopathy (MONARCH) score<sup>[7]</sup>.

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### Case study

A 60 years old female, presented with a skin rash on gluteal region and back of leg, characterized by bilateral circular patches with itching and scaling. Initially it was reddish then it becomes scaly & with falling of scaling burning with severe itching +++ on 10/11/2020, [Figure 1].

### History of presenting complaint

It started with circular patches, with itching & burning for which she took allopathic treatment & applied some ointment which gave her no special relief to itching & patches.

### Past history

Known case of poor kidney function and hypertension (avoid medication). Taking anti-hypertensive.

### Family history

Father and Mother died due to age without any specific history. Brother had diabetes mellitus but died.

### Physical characteristics

General physical appearance was obese, greasy with grey hair. Her appetite was adequate, with craving for sweets and thirsty as having water every 3 hourly. Sleep being sound and refreshing, stool refreshing, however having poor control over urine, she has to hurry.

- **Menstrual history:** Menopause 15 years ago.
- **Obstetric history:** G3 P3 A0 L3
- **Physical examination:** Tongue was clean, nails were pale. No sign of pallor, clubbing, cyanosis, lymphadenopathy, Icterus.

### Vital data

- **Temperature:** 98.2°F
- **Pulse:** 80/min
- **Respiratory Rate:** 17breaths/min.
- **B.P:** 144/90 mm of Hg

### Systemic examination

- CVS-Sound1, Sound2 heard normal
- RS-Air entry bilaterally equal and clear
- CNS-Well oriented and Conscious
- P/A-Soft & non-tender

### Local examination of skin

On inspection-Morphologically-Multiple intersecting lesions, few singular circulars, oval or polygonal in shape. On palpation surface is some smooth, some rough, dry or oily. Distributions of patches are mostly on gluteal region and now extending to the back of leg bilaterally. PASI score was 11.9 [Table 1].



**Fig 1:** Psoriatic patches before treatment, Dated 10/11/2020

### Mentals

- **Physician:** What do you feel about this disease?
- **Patient:** I

I feel completely in despair about it, I have applied so many creams and spent thousands of rupees, but nothing has helped. I think I'll have to live and die with it. Doctor, what exactly it is and will it get cure? (She was looked sad while

narrating all this)

- **Physicians:** What kind of stress are you facing these days? Was there any stress 2 year ago?
- **Patient:** No, not at all. I am completely happy in my life.

My son takes very good care of me, and I have no complaints. All my grandchildren are doing well in their

lives. There is no stress.

Her attendant added, she gets irritable due to itching and shows anger on others. Now and then she talks about past and disagreeable incidences she had. She washes her clothes separately.

Other Physicals noted during case taking: Patient has strong desire for sweet things. Because of this eruption she cannot tolerate the cloths. Also she has poor control over her micturition, she has to hurry for it.

### Analysis of symptoms

#### Mental general

- Despair about recovery (Will)
- Anger of her and others (emotion)
- Dwells of past (will)

#### Physical general

- Desire for sweets
- Cannot tolerate clothes
- Poor control over urination has to hurry for it

#### Particular symptom

Complain of psoriasis on gluteal region and back of leg

bilaterally.

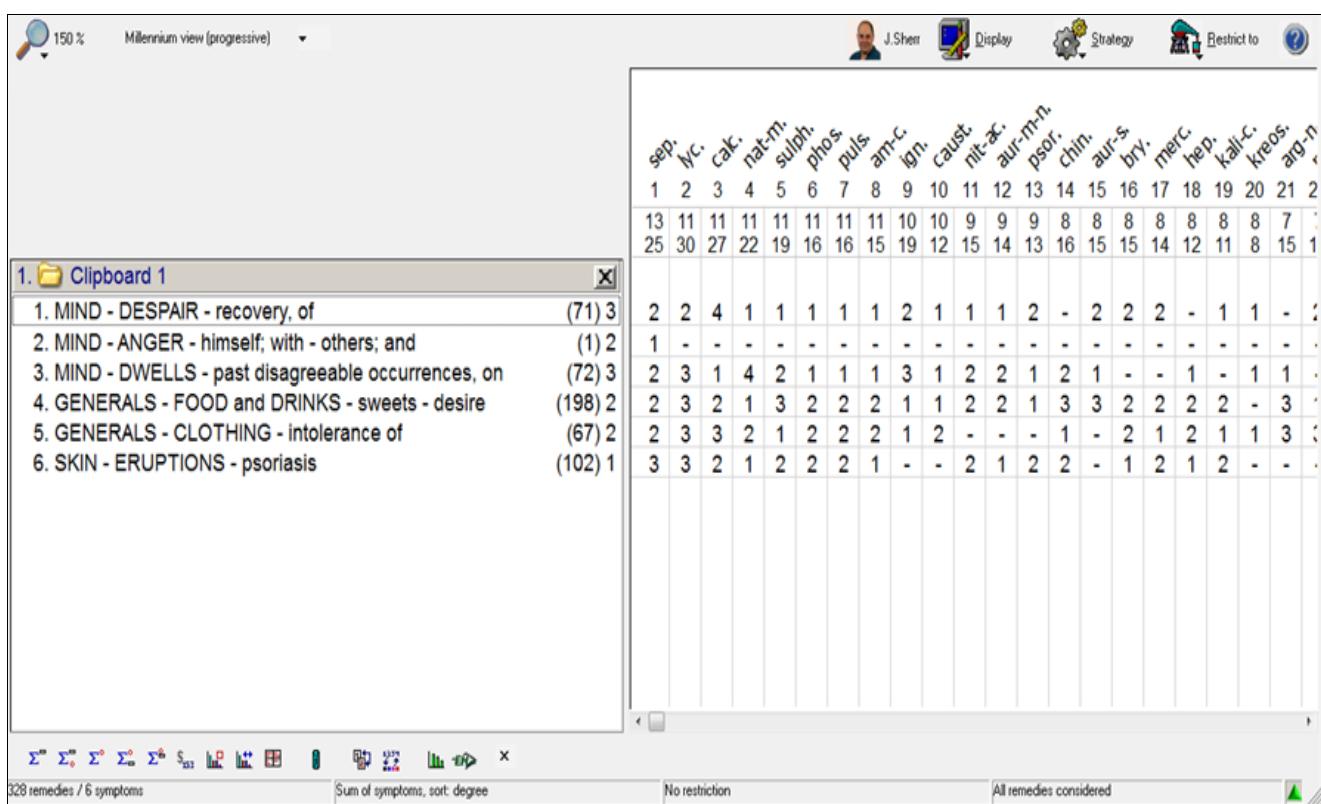
### Evaluation of symptoms

- Despair about recovery +++
- Angry of herself and others ++
- Dwells of past+++
- Desire for sweets ++
- Cannot tolerate clothes ++
- Complain of psoriasis on buttock region and back of leg bilaterally. +

**Table 1:** Repertorial totality and rubrics taken

Repertorial totality	Rubrics taken
Despair of recovery	Mind-Despair-recovery of
Anger of himself with others	Mind-Anger-himself with others and
Dwells on past.	Mind-Dwells-past disagreeable occurrences
Desire for sweets.	Generals-Food & drinks-sweets
Intolerance of clothing.	Generals-Clothing-intolerance of
Eruption of psoriasis.	Skin-Eruptions-psoriasis

### Repertorial sheet



**Fig 2:** Repertorial sheet

### Selection of remedy

The selection of the remedy was done based on repertorization by RADAR software version 10.0 [8] using the Synthesis 9.0 Repertory. The repertorization chart is shown in Figure 2. Considering the repertorial result and referring to Materia Medica, medicine selected was Sepia.

### Prescription and follow-up

On the day of visit-10/11/2020-Sepia 6C was prescribed, to be taken as 4pills thrice a day (TDS) for 15 days and as a biochemic Calc sulph 6X 2tab thrice a day for 15 days.

**Table 2:** Follow up-observations and prescription

Date	Complaint	Prescription	Pasi Score
10/11/20	Case taken	• Sepia 6C 4pills TDS 3 days • Calc sulph 6X TDS 15 days	11.9=moderate
27/11/20	• Itching decreased to 20%. • Patches same. • Redness and scaling were as it is.	• Sac lac TDS 15 days	
15/12/20	• Itching decreased to 50 %. • But patches are still there. • Redness is scaling were as it is.	• Sepia 30 4pills TDS for 3 days • Calc sulph 6X 2 tab TDS for 15 days • Sac lac TDS 30 days	10.2=Moderate
22/1/21	• Itching as it is. • Patches as it is • Scaling and redness reduced by 40%	• Sac lac TDS 30 days	
30/2/21	• Itching as it is. • Patches as it is. • Scaling and redness were as it is	• Sac lac TDS 30 days	
03/03/21	• Itching 10%. • Patches are still there. • No scaling • Redness is decreases black spots are there.	• Sepia 200 4pills 3 TDS for 3 days. • Sac lac TDS 30 days.	2.5=Mild.
5/4/21	• Itching as it is. • Patches as it is. • Scaling and redness reduced	• Sac lac TDS 30 days	
10/5/21	• Itching as it is. • Patches as it is. • Scaling and redness reduced	• Sac lac TDS 30 days	
10/6/21	• Itching as it is. • Patches as it is. • Scaling and redness reduced	• Sac lac TDS 30 days	
10/07/21	• All Patches clear • No eruption at all • No new patches	• Sac lac TDS 30 days	0

**Fig 3:** Right buttock patches before**Fig 4:** Lumbo sacral patches before and after treatment

**Fig 5:** Patches before and after treatment**Table 3:** Assessment of outcome with modified naranjo criteria

Scoring Parameters	Yes	No	Not Sure or N.A.
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?	+1		
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?			
Did overall well-being improve? (suggest using validated scale)	+1		
<b>Direction of cure:</b> Did some symptoms improve in the opposite order of the development of symptoms of the disease?			-1
<b>Direction of cure:</b> Did at least two of the following aspects apply to the order of improvement of symptoms:			
• From organs of more importance to those of less importance?	+1		
• From deeper to more superficial aspects of the individual?			
• From the top downwards?			
Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			-1
Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	+1		
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+2		

**Total Score:** 9

## Discussion

This case report describes the successful management of psoriasis through individualized homeopathic treatment, achieved without the use of any external or topical applications [6]. The patient's Psoriasis Area and Severity Index (PASI) score improved significantly from 11.9 before treatment to 0 after treatment. Evaluation using the Modified Naranjo Criteria yielded a total score of +9 [Table 3], indicating a likely causal relationship between the homeopathic intervention and the observed clinical improvement.

## Repertorization and Remedy Selection

Therapeutic repertorization was performed using Kent's Repertory, focusing on rubrics related to psoriasis:

- **Skin eruption, psoriasis:** *Ars-i., Calc-s., Canth., Kali-s., Lyc.*
- **Diffuse:** *Ars-i., Mez., Thuja.*
- **Inveterate:** *Calc., Sepia, Sil.*
- **Syphilitic:** *Ars., Ars-iod., Merc., Phyt.*

- **Pustular:** *Ant-t., Ars., Staph., Sulph.* [9]

However, as Dr. Hahnemann emphasizes in Aphorism 5 of the *Organon of Medicine*, homeopathy treats the patient as a whole, and the constitution must be taken into account. Therefore, proper and thorough case-taking is essential for selecting the most appropriate remedy [10, 11, 5].

Based on the totality of symptoms, *Sepia* was selected as the individualized homeopathic medicine, while *Calcarea sulphurica* was prescribed as a biochemic preparation. Both were administered for 15 days. Subsequent follow-up revealed improvement, after which the biochemic preparation was discontinued and *Sepia 200* was continued. Gradual improvement in skin patches and itching was observed, along with marked improvement in the PASI score.

## Evaluation using monarch criteria

The Monarch Inventory is a tool used to assess the likelihood that a clinical outcome is causally related to homeopathic intervention. It consists of ten domains.

- **Improvement in presenting complaints:** The patient's psoriasis completely resolved, as verified by PASI score reduction and photographic evidence-marked +2.
- **Clinical improvement within a plausible timeframe:** Improvement occurred over nine months, which is considered reasonable-marked +1.
- **Initial aggravation:** None observed-marked 0.
- **Effect on other symptoms:** No effect observed on the patient's unrelated hypertension-marked 0.
- **Overall sense of well-being:** Marked improvement noted in emotional symptoms such as anger, despair, and irritability.

**6-7, Hering's Law of Cure:** Not clearly applicable in this case.

- **Alternative explanations:** No other factors could explain the improvement, as psoriasis is not a self-limiting condition.
- **Objective evidence:** Strongly supported by photographic documentation.
- **Reproducibility of effect:** Repeated dosing correlated with sustained improvement, supporting a consistent cause-effect relationship marked +1.

The total Monarch score was 9, indicating a strong causal relationship between the homeopathic treatment and clinical improvement.

According to homeopathic philosophy, suppression or palliation of disease by mechanical or topical treatment merely removes external manifestations without addressing the underlying cause [12]. Dr. Hahnemann, in *Organon of Medicine* (Aphorisms 189-200), explains that local diseases cannot exist independently of internal disturbance. Even minor eruptions or whitlows are expressions of internal derangement; therefore, treatment must be directed internally rather than through local applications [10].

Biochemic medicines, also known as *tissue salts* or *Schüßler salts*, form a distinct branch of bioregulatory therapy introduced by Dr. Wilhelm Heinrich Schüßler in the nineteenth century. Schüßler proposed that human health depends on the proper balance of twelve essential mineral salts that are fundamental to the structure and function of every cell. According to his hypothesis, when these salts become deficient or imbalanced, cellular metabolism is disturbed, leading to disease manifestations. Restoring this mineral equilibrium through small, physiologically active doses of corresponding salts can reactivate the body's natural repair mechanisms and promote healing at the cellular level [13, 14].

In chronic skin disorders such as psoriasis, *Calcarea sulphurica* is one of the most frequently indicated biochemic remedies. It is believed to assist in regulating inflammatory processes, encouraging proper suppuration, and supporting tissue granulation and epithelial regeneration. Through these mechanisms, *Calcarea sulphurica* helps maintain the physiological turnover of skin cells and facilitates the elimination of morbid products. Modern interpretations of biochemic therapy suggest that these remedies may function as cellular modulators, promoting enzymatic balance, mineral transport, and redox stability within affected tissues [15, 16].

In the present case, *Calcarea sulphurica* was prescribed alongside the individualized constitutional homeopathic remedy *Sepia* to address both the cellular and dynamic

aspects of disease. The biochemic salt provided structural and metabolic support, while *Sepia* acted on the deeper constitutional disturbance described in Hahnemannian philosophy. After clear evidence of clinical improvement and healthy skin regeneration, the biochemic preparation was withdrawn, and treatment was continued solely with *Sepia 200*. This outcome highlights the potential synergistic value of integrating biochemic and homeopathic approaches, where tissue salts reinforce cellular balance and the constitutional remedy restores systemic vitality, together leading to holistic and sustained recovery.

## Results

In this case, psoriatic patches showed complete remission following individualized homeopathic management based on detailed case taking and repertorization. Assessment using the Psoriasis Area and Severity Index (PASI) demonstrated a significant clinical improvement from a baseline score of 11.9 (moderate severity) before treatment to 0 at the final follow-up [Table 2]. The Monarch causality assessment yielded a score of +12, indicating a strong causal relationship between the homeopathic intervention and the observed recovery.

The findings suggest that individualized homeopathic treatment can effectively manage chronic skin conditions such as psoriasis without the use of external or suppressive therapies. This case supports the holistic principle that addressing the internal constitutional imbalance leads to sustainable skin healing. However, to substantiate these outcomes, larger sample size-based, randomized controlled trials (RCTs) are recommended in the future to evaluate the reproducibility and efficacy of homeopathic treatment in dermatological conditions.

## Conclusion

This case demonstrates the potential effectiveness of individualized homeopathic treatment in the management of psoriasis. Through proper case taking, repertorization, and remedy selection, complete remission of psoriatic lesions was achieved without the use of external or suppressive therapies. The significant improvement in PASI score and high Monarch assessment score indicate a probable causal relationship between the homeopathic intervention and clinical recovery.

The outcome supports the homeopathic principle that addressing the internal constitutional imbalance can lead to lasting resolution of chronic skin disorders. While this single case provides encouraging evidence, further prospective, randomized controlled studies with larger sample sizes are required to validate these findings and establish the broader role of homeopathy as a safe, holistic, and effective therapeutic option in dermatological practice.

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her clinical information and images to be reported in the journal. The patient understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but complete anonymity cannot be guaranteed. The patient was informed that the information would be used for academic and scientific purposes only, and she agreed to share her medical details willingly for the advancement of medical knowledge.

**Conflict of Interest**

Not available

**Financial Support**

Not available

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