



International Journal of Homoeopathic Sciences



E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homeopathicjournal.com
IJHS 2026; 10(1): 379-384
Received: xx-01-2025
Accepted: xx-02-2025

Dr. Reenu Singh Choudhary
Assistant Professor, G.C.
Homoeopathic College and
Research Centre, Lucknow,
Uttar Pradesh, India

Homoeopathy in plantar psoriasis: An evidence-based case report

Reenu Singh Choudhary

DOI: <https://www.doi.org/10.33545/26164485.2026.v10.i1.F.2214>

Abstract

Introduction: Plantar psoriasis is a variant of psoriasis and accounts for 3-4% of total cases of psoriasis. Psoriasis, an autoimmune and chronic inflammatory disease of the skin, can leave the patient in agony with its distressing infection episodes. The homoeopathic system of medicine offers a wide range of medicines that can have a beneficial role in managing cases of psoriasis as depicted in the previous studies.

Case summary: A distinct case of plantar psoriasis treated with homoeopathic remedies of ultrahigh dilution has been presented here. The evidence-based illustrations were done before and after the treatment and the periodical objective assessment of the lesions with psoriasis area and severity index (PASI) calculation to ascertain the prognosis. The causal attribution of outcome to the treatment was evaluated using Modified Naranjo Criteria for Homoeopathy (WIC) NARCH tool. Marked improvement was found in the psoriatic lesions evidenced photographically and the PASI scores showed significant reduction affirming the same. The NONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment. This evidence-based case report suggests a beneficial role of homoeopathy in the treatment of plantar psoriasis.

Keywords: Plantar psoriasis, homoeopathy, evidence-based case report, psoriasis area and severity index (PASI), modified Naranjo criteria, ultrahigh dilution remedies

Introduction

Psoriasis is a common and chronic inflammatory condition of the skin, characterised by papulosquamous lesions with scaly and sharply demarcated red and indurated plaques, especially over extensor surfaces^[1]. It can appear anywhere on the skin, including the hands and feet^[2]. Palmoplantar psoriasis is a variant of psoriasis affecting the skin of the palms and soles with hyperkeratotic, pustular, or mixed presentations.

Palmoplantar pustulosis or pustular palmoplantar psoriasis is characterised by small and sterile pustules. Both these chronic conditions produce significant functional disability and are associated with marked quality-of-life issues. Even though the term palmoplantar psoriasis implies the involvement of both palms and soles, variability in the presentation does exist, with 59% of cases having both palmar and plantar lesions while exclusive palmar or plantar lesions are seen in 21% and 20% of patients, respectively^[3].

The palmoplantar variant of psoriasis is around 2-5% of all psoriasis cases, affecting individuals of all ages, while palmoplantar pustulosis is common between 20 and 60 years of age, with a clear female dominance. Like other variants of psoriasis, palmoplantar psoriasis is caused by a combination of genetic and environmental factors. Environmental triggers such as smoking, irritants, friction and manual or repetitive trauma augment the onset or aggravation of the lesions. It is common among farmers, homemakers and manual labourers with exacerbations from seasonal changes, an excess of household work, and exposure to detergents. Patients with palmoplantar psoriasis and palmoplantar pustulosis report symptoms of well-defined areas of raised, thickened skin, scaling, itching, redness, burning sensation, pain, cracking with bleeding and small pustules. About 60% of cases present nail lesions, including pitting, ridging and thickening of the nails^[2]. The patterns may be symmetrical. Palmoplantar psoriasis can significantly impact the capacity of life with difficulty carrying everyday activities such as walking and daily chores. The location of lesions makes it difficult to keep the lesions clean and hide them leading to embarrassment and social anxiety^[2]. Although there is a possibility of spontaneous remission, the persistence of flares is more frequent. For assessment of severity in cases of

Corresponding Author:
Dr. Reenu Singh Choudhary
Assistant Professor, G.C.
Homoeopathic College and
Research Centre, Lucknow,
Uttar Pradesh, India

psoriasis the psoriasis area and severity index (PASI) score is used in many clinical trials. In this score the severity (of three symptoms, erythema, induration and desquamation) and extent of involvement are calculated separately for all anatomical regions, namely, head, trunk, upper and lower limbs, as per their share in the total integument, on a 0-10 scale from 0 to 4. The PASI score varies from 0 to 72. Higher scores indicate severity. The score is also helpful in assessing prognosis during the treatment.^[10]

Conventionally, first-line therapy with potent to super-potent topical corticosteroids. However, patients require systemic agents given the (Austere nature of these skin diseases. According to the American Academy of Dermatology, some systemic medications for psoriasis include methotrexate, Osporine and apremilast. all are effective with their contraindications and side effects.^[11] Common side effects of topical treatments include irritation, skin thinning and skin dryness; oral therapies include bowel problems and interactions with other drugs.

Considering the multi-ethnic causation, etiology of complaints and typical presentation of psoriasis.

Homoeopathy. With its holistic and individualistic approach. Can an effective alternative in the treatment of psoriasis.^[12-14]

In a respective multicentric and observational study to evaluate details and effects of homoeopathic treatment in patients with psoriasis in usual medical care the diagnosis and complaints severity improved markedly with large effect sizes as (N1g with improvement in quality of life, while conventional treatment and oral sewage use were considerably reduced.^[15] In a study Evaluation of Homoeopathic drugs in psoriasis. A total of 203 cases were evaluated and a graph of commonopathic remedies such as Arsenicum album, Hydrocotyle asciatica, Ignatia amara, Tuberculinum, Calcarea carbonica, Kali arsenicosum, Lycopodium clavatum, Natrum muriaticum, Nux vomica, Opium, Petroleum, Psorinum, Sepia Sulphur and Throidinum were found to be effective in the treatment. Given the chronic nature of the disease and the prolonged treatment. Complementary and alternative medicine use has in psoriasis.^[16]

In this context. The present report. A form of plantar psoriasis managed with individualised medicines. Emphasises the positive role of homoeopathy. (One of the most popular alternative therapies in the management of psoriasis.

Patient Information

An aged 13 years with a history of cracks on soles for 2 years. With scaling. Itching and bleeding; presented with acute exacerbation of the eruptions with the formation of pustular and haemorrhagic lesions at the site of cracks of 3-day duration (N1). The present complaints had occurred after walking bare feet 4 days back, There was severe pain in the lesions with yellowish haemorrhagic pus.

Other associated symptoms included a flabby tongue with imprints of teeth, increased perspiration and salivation with excessive thirst. There was weakness with an inability to cope with his daily routine.

Based the acute totality. The patient was given increasing potencies of Mercurius solubilis from 200 to 10 M and his lesions healed in 3 weeks. [After, during the subsequent visit, there was dryness, cracks and thickened skin in both soles

with itching worse in the morning and on removal of socks: hence, a detailed case history was taken.

The patient had a history of pneumonia at 4 years of age. He was hospitalised for about a week and recovered with allopathic medication. There was a history of a fractured right leg at 6 years of age: Pustular eruptions over the palp 5 years ago, which were better after conventional medication.

According to his mother, the pregnancy was uneventful and the patient was born through full-term caesarean delivery. There was a history of delayed talking after the age of 3 years.

His mother was a patient for the past 10 years and his father had varicose veins and dyslipidaemia for the past 2 years. He had a younger brother who was healthy. There was a history of psoriasis in his paternal grandmother and a cousin.

His appetite was moderate. He was thirstless from the morning. His menses were regular and soft: urine: Clear, frequency day/night: 4-5/0-1. His sleep was refreshing and he usually lay his back. He had a desire spicy food and no night. He had a desire for cold weather and cold in general and CCR11d tolerate warmth much. He used to perspire more, especially over soles.

The patient was timid and calm by nature. He was shy, withdrawn and could not talk face-to-face with anyone. He used to prefer to stay at home than to go to public places. He had a smaller number of friends and shared all his issues with his mother. Besides being timid, He was also with fear of being alone and in the dark. He was interested in cooking. His comprehension was very slow.

Clinical findings

He was mesomorphic with a fair complexion. His pulse rate was 76/min: his heart rate was 76/min; Temperature was 98.6°F and his blood pressure was 110/80 mm of Hg.

Locally. There were cracked lesions with thickened skin on the soles of both feet. With haemorrhagic spots, a large bleb filled with blood and pus on the dorsum of the right foot near the toes. There were cracks with bleeding on the lateral aspect of the right foot. Auspitz's sign was positive with punctate haemorrhagic spots on removal of scales, characteristic of psoriasis, in the soles. At baseline, the PASI score was 26.8.

Based on the history and clinical findings. He was diagnosed to have plantar psoriasis (ICD 10 classification code I40.3).

Intervention

The totality of symptoms taken for repertorisation was: Timid, bashful; quiet, yielding disposition; fear of being alone; fear of the dark; slowness of comprehension; thirstlessness; desire for spicy food; desires night; perspiration on soles; history of delay in learning to talk; psoriasis, soles; itching in morning and undressing.

Based on the repertorisation [Figure] II, together with the timid, yielding disposition, fear of being alone, of darkness and other physical generals, the individualised homoeopathic remedy Pulsatilla was selected and prescribed in gradually increasing potencies. Acute exacerbations during the follow-up period were undescribed as per the acute totality [Table I].

Maintenance of general hygiene of the area and avoidance of walking on bare feet were advised to the patient. The

patient was further advised to get exposed to morning sunlight at least for 5-10 min/day and increase the exposure by 30 s each day, as exposure to sunlight is known to have a beneficial role in the management of psoriasis.

Follow-up and outcome

In the initial visit, the patient presented with an exacerbation of psoriatic patches on the feet with pustular and haemorrhagic lesions [Figure 2]. There was severe pain with yellowish haemorrhagic pus, tongue flabby with imprints of teeth. Increased perspiration and salivation with excessive thirst. Based on the acute totality, the patient was given increasing potencies of Mercurius solubilis from 200 to IOM and his lesions improved in 3 weeks.

Later, during the subsequent visit. A detailed case history was taken and based on the analysis and repertorisation of the available totality, the remedy Pulsatilla nigricans was selected. The case was followed up for 2 years [Table 1]. During the follow-up. Mercurius solubilis IOM was repeated once again for an acute exacerbation of the symptoms. Further. Psorinum was prescribed as an intercurrent remedy, when the response to the constitutionally selected remedy was not appropriate and there was a persistence of recurrences.

Later. With Pulsatilla. There was gradual but constant improvement in the patient's symptoms [Figure 3] and general well-being. The objective assessment scale of the local lesions. PASI. Was applied to the case periodically at 1-year intervals and a *instantaneous reduction in the score.

From the baseline score of 26.8-1.6, was noted by the end of the follow-ups.

The Modified Naranjo Criteria are applied to this case for ascertaining the causal attribution between the homeopathic medicine applied and the changes in the symptoms/signs of the patient. The total score of the outcome is 9.

Discussion

The case report describes the utility of homoeopathic treatment in the management of psoriasis. This case of plantar psoriasis with severe symptoms has improved with individualised homoeopathic treatment. Merc sol. the remedy selected initially based on the acute totality. is known for its action in pustular affections. With repetition, in increasing potency, it relieved the initial troublesome symptoms of the patient.

However, considering the frequent recurrence of the complaints at a subsequent visit the remedy Pulsatilla was given based on analysis of the constitutional totality, repertorisation [Figure] IL and consultation with *materia medica*. The symptoms of acute exacerbations could not be included in repertorisation because the infestation was only limited to the periphery of exacerbation. Hence. Merc sol did not come up in repertorisation. Initially. The remedy Pulsatilla was given in .30^h potency with no effect. Later. The same was given in the next higher potency. 200. However. On the next visit, the patient had an acute exacerbation of the lesions after

Table 1: Timeline

Date of follow-up	Clinical features	Prescription	Outcome
27 February 2017	Painful cracks with bleeding, thickening of skin, yellowish pus and blood-filled blebs on the dorsum of the right foot. Sweat profuse. Thirst increased with increased urination. General weakness. On examination, the tongue is flabby with imprints of teeth. The pain and cracks slightly better but still present with perspiration.	Merc sol 1M, 6 doses; Sac lac for 1 week	Based on the same assessment, PASI score 4.8 (baseline). Bleeding, cracks and pustular lesions with yellowish discoloration. Pain, thirst and weakness present.
6 March 2017	Eruptions on the left sole increased for 2 days over the right bleeding. Weakness slightly better but persists.	Merc sol 10M, once weekly	As there was an exacerbation, the treatment was continued in the next higher potency.
13 March 2017	Cracks and eruptions are better. The patient in general is feeling better.	Sac lac for 1 month	As the patient was feeling better, no medicine was given.
20 March 2017	Cracks and eruptions are better. The patient in general is feeling better.	Sac lac for 1 month	As the patient was feeling better, no medicine was given.
21 April 2017	Mild recurrence of cracks over soles for the past week. The remedy is repeated.	Merc sol 10M, single dose; Sac lac for 1 week	As the patient was feeling better, there was a mild recurrence of complaints like sweating sensation and stiffness.
19 May 2017	The patient was better for some time followed by recurrence of complaints over the past 5 days. The patient's case history was taken as detailed above and the remedy was given based on repertorization totally and consultation with <i>Materia Medica</i> .	Pulsatilla 30, 6 doses	Complaints were gradually decreasing. There was improvement in cracks, itching and perspiration.
22 June 2017	Not much change in the complaints. The remedy is repeated in the next higher potency.	Pulsatilla 200, single dose; Sac lac for 1 month	There is no change in the complaints. Considering the aggravation similar to the same remedy was given in the next higher potency.
3 August 2017	After a journey, there was acute exacerbation of the cracks with the formation of pus-filled blebs similar to the lesions during the initial visit.	Merc sol 10M, single dose; Sac lac for 2 weeks	Recurrence of complaints with painful pustular lesions filled with yellowish blood-stained pus, associated itching, perspiration and cracking of skin. Based on the acute nature, Merc sol was repeated.
4 September 2017	The patient felt better with the previous prescription but had a mild recurrence of painful cracks for the past 10 days. As there was a frequent recurrence of the complaint, Psorinum was prescribed as an intercurrent remedy.	Psorinum 1M, single dose; Sac lac for 2 weeks	Complaints were better for a while followed by mild recurrence of cracks with pain. Considering the frequent recurrence and suffering, Psorinum was prescribed as an intercurrent remedy.
13 October 2017	Cracks are better, but the itching and dryness of the soles were persisting.	Sac lac for 1 month	As the patient was feeling better, no medicine was given.
20 November	Dryness of skin and cracks decreased in severity.	Psorinum 1M,	There was improvement in cracks and

2017		single dose; Sac lac for 1 month	dryness of skin. Other complaints were gradually subsiding.
19 December 2017	Complaints like dryness of skin, cracks and itching decreased in severity but persisted. Now, the remedy based on the repertorial totality is repeated.	Pulsatilla 200, single dose; Sac lac for 1 month	There was gradual improvement in the complaints initially. Later, there was further improvement.
22 January 2025	Dry skin in the soles is still present. Itching and cracks came down.	Sac lac for 1 month	The patient was feeling better.
20 February 2025	Itching was increased for 10 days. Cracks decreased. The skin in the middle of the sole is still present.	Pulsatilla 1M, single dose; Sac lac for 1 month	As there was a mild recurrence of complaints, the remedy was repeated in the next higher potency.
Symptoms	Painful cracks on both soles	—	—
Justification of prescription	—	Merc sol 200, six doses	—
PASI score	—	—	Reduced from 4.8 (baseline) to 0.6



Fig 1: Clinical presentation of plantar psoriasis showing hyperkeratosis, fissuring, bleeding, and pustular lesions over the soles before treatment

A journey and walking on bare feet, which acted as an exciting cause to trigger the acute exacerbation of the lesions. At that time, based on the acute totality, Merc sol was again repeated with relief of lesions. At this point, the case was reassessed and Pulsatilla still seemed to be indicated based on the available totality. Considering the lack of improvement even after the well-selected remedy and the frequent recurrence of the complaints with every trivial exciting cause. Two doses of Psorinum were given as an intercurrent remedy. Inter, the remedy Pulsatilla was given in gradually increasing potencies with marked improvement in the complaints.

Considering the symptomatology and pathology. The case appeared to be Psoro-syco-syphilitic. During the acute exacerbations, the symptoms pertaining to syphilitic miasm appeared to be dominant and accordingly, the more troublesome symptoms of initial presentation responded well to Mercurius solubilis. Later, the totality of symptoms, together with the thickened skin, represented Psoro-syco-tic predominance and the remedy Pulsatilla was selected based on symptom similarity with marked improvement in the complaints. An anti-psoric remedy, Psorinum, had to be prescribed in between to speed up the action of the constitutional remedy.

With the individualised homoeopathic treatment, there was

an improvement in the local symptoms as well as the general condition of the patient. The frequency of acute exacerbations of the foot lesions gradually decreased. Improvement in the local lesions is evident from the substantial reduction in the PASI score from the baseline value of 26.8-1.6 by the end of the follow-up. As per the modified Naranjo Criteria, there was an improvement in the primary symptom (+2); within a plausible timeframe after the intake of medicine (+1); with an improvement in other symptoms (+1) and overall well-being (+1); with no other alternative causes that could have caused the improvement (+1). Further, there was an objective improvement in the skin lesions after the remedy. Evidenced by photographs and PA.SI score (42). Ille remedy, on repetition of dose, has resulted in a similar clinical improvement (+1). Illus, in this case, the total score of 9 establishes a definite causal attribution of homoeopathic treatment with the outcome. In a prospective and observational study by CCRH, homoeopathic remedies such as Arsenicum album, Hydrocotyle asciatiae, Ignatia antara, Tuberculinum, Calcarea carbonica, Kali arsenicosum, Lycopodium clavatum, Natrum muriaticum, Nun vomica, Opium, Petroleum, Psorinum, Sepia, Sulphur and Thyroidinum were found to be effective in the treatment of psoriasis. 61 In this case of plantar psoriasis with pustular lesions, the remedies

Mercurius solubilis, Pulsatilla nigricans and Psorinum were found useful in the treatment. Thus the case reemphasises

the usefulness of individualised homoeopathic treatment in the management of psoriasis.



Fig 2: Post-treatment clinical images showing marked resolution of plantar psoriasis with healed fissures, reduced scaling, and restoration of normal skin texture over the soles



Fig 3: Follow-up images demonstrating sustained improvement in plantar psoriasis with resolution of fissures, minimal scaling, and normalization of plantar skin

Conclusion

In this case, the individualised homoeopathic treatment helped in healing of acute exacerbation of lesions on the feet, together with gradual improvement in general well-being. Thus, this Case hints at the positive role of homoeopathy in the treatment of psoriasis.

Declaration of Patient Consent

Patient consent was obtained to disseminate the clinical information and display images on a scientific platform.

Acknowledgments

11te authors acknowledge Dr. Anil Khurana, Chairperson, National Commission Homoeopathy and Director General (In-charge), CCRH, for his continued drive and encouragement for publishing evidence-litsed case reports. The authors acknowledge the patient and his parents for treatment compliance and publication consent.

References

1. Obregon AF. Psoriasis. In: Daly J, editor. Psoriasis: A Systemic Disease. Croatia: InTech; 2012. p. 159–216.
2. Huivinen J. Palmoplantar psoriasis: what you need to know. East Sussex (UK): Medical News Today; 2025.
3. Miceli A, Schmieder GJ. Palmoplantar psoriasis. Treasure Island (FL): StatPearls Publishing; 2022.
4. Farley E, Masrour S, McKey J, Menter A. Palmoplantar psoriasis: a phenotypical and clinical review with introduction of a new quality-of-life assessment tool. J Am Acad Dermatol. 2014;70:1024–1031.
5. Timotijevic IS, Trajkovic G, Jankovic J, Relic M, Ilic D, Vukicevic D, et al. How frequently does palmoplantar psoriasis affect the palms and/or soles? A systematic review and meta-analysis. Postepy Dermatol Alergol.
6. Khandpur S, Singhal V, Sharma VK. Palmoplantar involvement in psoriasis: a clinical study. Indian J

Dermatol Venereol. 2011.

- 7. Asumalahti K, Ameen M, Suomela S, Hagforsen E, Michaëlsson G, Evans J, et al. Genetic analysis of *PSORS1* distinguishes guttate psoriasis and palmoplantar pustulosis. *J Invest Dermatol.* 2003;120:627–632.
- 8. Kingo K, Mössner R, Koks S, Ratsep R, Krüger U, Vasar E, et al. Association analysis of *IL19*, *IL20* and *IL24* genes in palmoplantar pustulosis. *Br J Dermatol.* 2007;156:646–652.
- 9. Coto-Segura P, González-Fernández D, Batalla A, Gómez J, González-Lara L, Queiro R, et al. Common and rare *CARD14* gene variants affect the anti-tumour necrosis factor response among patients with psoriasis. *Br J Dermatol.*

How to Cite This Article

Choudhary RS. Homoeopathy in plantar psoriasis: An evidence-based case report. International Journal of Homoeopathic Sciences 2026; 10(1): 379-384.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.