



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2021; 5(2): 234-238  
Received: 16-02-2021  
Accepted: 18-03-2021

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## Management of palmoplantar psoriasis through homoeopathic medicines with more than one year of follow up: A case study

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DOI: <https://doi.org/10.33545/26164485.2021.v5.i2d.388>

### Abstract

Psoriasis is a chronic immune-mediated skin condition with multiple remissions and relapses. It is characterized mainly by dry itchy skin with scaling, burning sensation and bleeding spots. Conventional treatments include topical steroids, light therapy and oral medications. This paper aims to report a case of palmoplantar psoriasis in a 75-year-old female, presented with symptoms of cracks and excoriation of soles, heel, itching of palms, treated and managed with homoeopathic medicines.

**Keywords:** homoeopathy, palmoplantar psoriasis, psorinum, sulphur

### Introduction

Psoriasis is a chronic, non-contagious, hyperproliferative skin disorder of multifactorial origin in which certain genetic and environmental factors acts on certain individuals leading to immune dysregulation and abnormal keratinisation resulting in appearance of cutaneous lesions [1]. "Psoriasis" meaning "itch" is derived from a Greek word "Psora" [2]. Psoriasis is characterized by well-defined scaly erythematous plaques, mainly affecting scalp, fingers and toes, palms, soles, umbilicus, gluteus, underneath the breasts and genitals, elbows, knees, shins and sacrum [2, 3].

Approximately 2% of world's population is affected by Psoriasis.<sup>4</sup> Prevalence of Psoriasis is in ranges between 0.09% and 11.4% worldwide and it can affect all age groups, both sexes irrespective of ethnic variations [5]. In India it ranges from 0.44% to 2.8% [6]. Studies conducted on monozygotic twins suggest 70% chance of developing psoriasis if the other twin is affected and 20% chances in case of dizygotic twins [7]. Among those with skin psoriasis 10-20% have psoriatic arthritis and among this 53-86% are affected with nail changes, pitting [7]. In adults prevalence ranges from 0.91 to 8.5% and in children it is between 0.2 to 1% [8].

Various clinical forms of psoriasis include, guttate, pustular, flexural, erythrodermic, nail, articular, oral, palmo-plantar and ocular forms [9]. Main symptoms include dry skin, itching and burning sensation, signs of pustular psoriasis, depression, painful swollen joints and genital lesions [8]. Various complications of psoriasis are psoriatic arthritis, eye conditions, cardiovascular diseases, auto immune diseases like celiac disease, IBD, Parkinson's disease, kidney diseases, secondary bacterial infections, protein and electrolyte imbalance.<sup>8</sup> Main triggering factors include: trauma, intercurrent infection, certain drugs (viz. beta-blockers, anti-malarial drug, lithium etc.), stress/anxiety [3].

Diagnosis of Psoriasis is done by clinical examination based on the appearance and characteristics of skin. Scraping and skin biopsy are at times done to differentiate from fungal infections and other disorders [7, 8].

Joint involvements are assessed by radiographic examinations [7]. Conventional treatments include topical agents (emollients, corticosteroids, dithranol, tar and dantanoids), Systemic agents, UV phototherapy and dietary management (drink plenty of water, proper and healthy diet) [10].

As per the Homoeopathic philosophy skin diseases are the manifestation of the disarrangement of the internal disorders. If the treatment of the skin disorders are being done by the external or topical agents, suppression caused by this practice leads to damage the more vital internal organs [11, 12]. Psoriasis is one of the diseases which not only affect the skin alone but involve the other parts of the body also, like joints, cardiovascular, kidney,

mental spheres etc. [8] Homeopathic medicines when used for this type of disease not only improve the conditions of outer skin but also remove any disturbance appeared in the internal body [9, 13, 14, 15].

**Case Report**

**Patient Information**

A 75 years old short, fat, obese lady of fair complexion, nurse by profession was presented to the OPD of NHRIMH, Kottayam with the following symptoms:

1. Cracks and excoriation of soles, heels.
2. Severe itching followed by bleeding which are painful.
3. Discharge at times sticky.
4. Hardening of skin of soles.
5. Aggravation early morning, damp weather, cold climate.
6. Itching also over palms, with blackening of skin of palms.

Complaint started 13 years back. First as thickening of skin on soles, followed by cracks in skin with pain while stepping, walking. It followed by severe itching, exfoliation of skin with oozing of bloody discharge and occasionally with sticky discharge. Later cracks appeared more on heels. Itching is more at morning hours and in damp weather. Sometimes this itch even disturbs her sleep. Skin of palms and other parts of body became black due to severe itching. She underwent various treatment procedures for the

complaint including external applications. During childhood patient was affected with mumps, chickenpox and hepatitis, also underwent tonsillectomy at the age of 40 and angioplasty at the age of 59. She is known hypertensive with hypothyroidism. She is currently on following medication Tab. Thyroxin, Tab. Aspirin, Tab. Cilacar, Tab. Matrilix, Tab. Candez for Thyroid and Cardiac Abnormalities.

Hermother and siblings (younger sisters) have Psoriasis and son has cardiac complaints. She is having a decreased thirst with a normal appetite preferring non-vegetarian foods and sweets. Bowel habits are regular with urge incontinence. Sleep frequently disturbed due to intolerable itching. On General Examination her BP is 120/80 mmHg. She is sympathetic and gets angered easily.

The case was diagnosed as Palmoplantar psoriasis based on Clinical presentation and characteristics of Lesion.

**Local examination of the Skin**

Site of lesions: Symmetrically over soles and palms predominantly on soles.

Characteristic of skin: Thickened skin with cracks and exfoliation.

Margins: Irregular.

Discharge: Bleeding spots on scratching.

Itching: Present.

**Analysis of the case**

After careful analysis and evaluation of the case, following symptoms were taken into consideration as totality: -

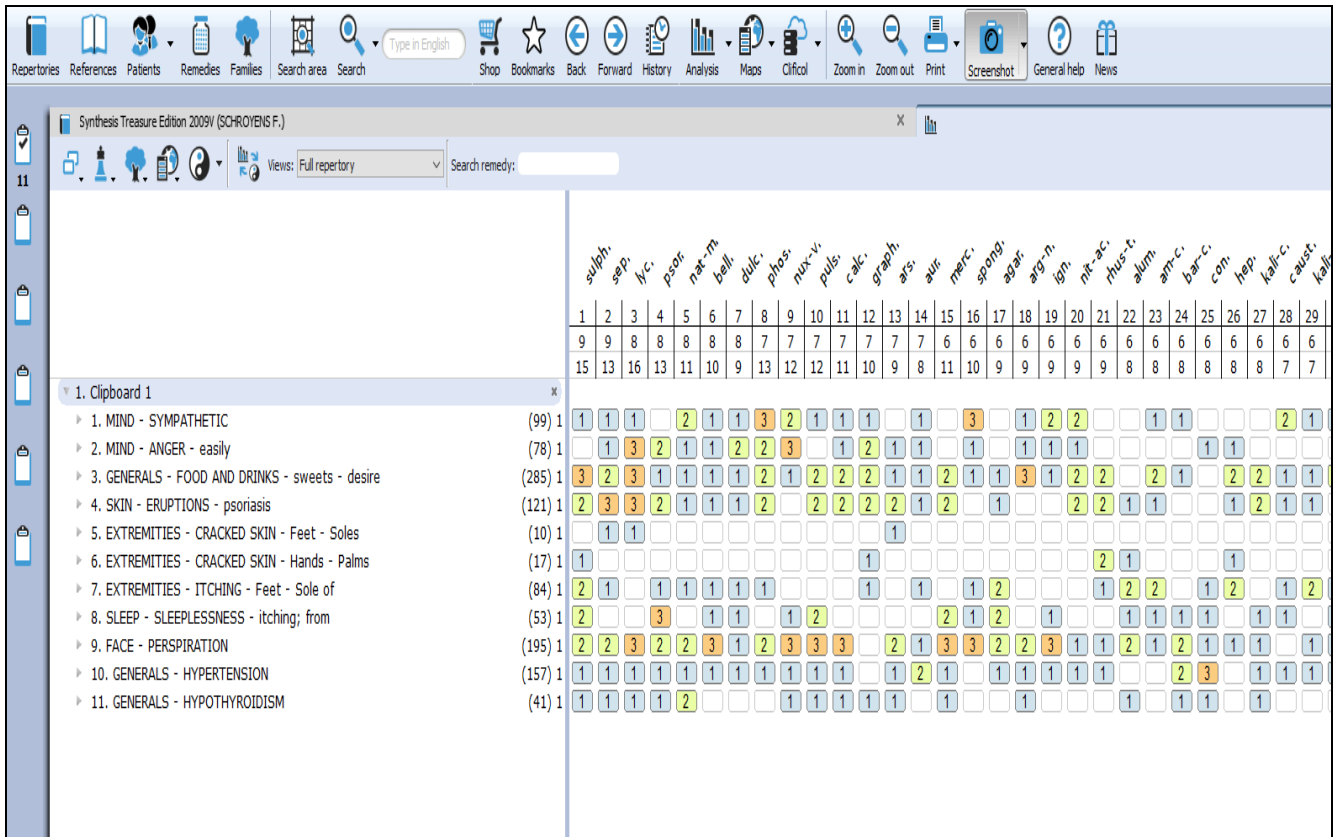
Symptoms	Corresponding Rubrics	Miasm [16, 17]
Sympathetic	Mind-Sympathetic	Psora*
Easily angered	Mind-Anger easily	Psora*
Desire sweets	Generals-Food and drinks	Psora#
Psoriatic eruptions	Skin –Eruptions- Psoriasis	Psora-Sycosis#
Cracks in feet and soles	Extremities -Cracked skin Feet- Soles,	Psora-Syphilitic#
Cracks in palms	Extremities –Cracked Skin-Hands –Palms	Psora-Syphilitic#
Itching of soles	Extremities –Itching-Feet-Sole of	Psora*
Sleeplessness from itching	Sleep- Sleeplessness-itching from	Psora-Syphilitic*
Perspiration over face	Face- perspiration	Sycosis#
Hypertension	Generals –Hypertension	Sycosis#
Hypothyroidism	Generals –Hypothyroidism	Psora*

\*: Repertory of Miasm, Patel RP; #: Miasmatic Prescribing, Banerjea SK.

Repertorization was done using Synthesis Treasureedition 2009v (Schroyans. F), Radaropus 2.2.16, - licence:121347 (Fig. 1). The top five medicines were Sulphur 15/9, Sepia 13/9, Lycopodium 16/8, Psorinum 13/8, Natriummuriaticum 11/8.

On the basis of reportorial analysis and with the help of Materia medica, <sup>18</sup>Psorinum was selected, as the complaints

get worse in winter or cold climate with intolerable itching of lesions. Later Sulphur was prescribed based on reportorial result, when improvement was stopped after initial relief. In between Rhus Toxicodendron was prescribed for presenting acute complaints. The follow up was done for more than 1 years (Table 1).



**Fig 1:** Repertorisation chart

**Discussion**

Psoriasis is a chronic hyperproliferative, non-contagious immune mediated disorder affecting 2-3% of population. Conventional treatment is application of topical steroids, light therapy, and oral medications. In this case patient is suffering from this ailment since last 13 years. Homeopathy considers the patient as a whole which includes physical and mental symptoms along with the symptoms of presenting disease. Prescriptions based on this totality, not only

improve the patient symptomatically but also improve the quality of life (QoL). This case also depicted the improvement in the QoL. This case report shows that homoeopathic medicine can reduce sufferings of the patient affected with psoriasis when well indicated. The remedy was selected on the basis of repertorisation and consulting Homoeopathic Materia Medica. Whereas doses, potency and repetition were done as per homoeopathic Philosophy.

**Table 1:** Follow up and Interventions

S. No.	Date of Prescription	Prescription Based on	Medicine Prescribed
1	28.10.2019	Psoriatic eruptions of skin, Itching of soles, sleeplessness from itching <cold	Psorinum 200/2Dose, OD for 2 days Followed by Sac lac
2	9.12.2020	Symptoms showed partial improvement	Sac Lac was prescribed for a month
3	14.01.2020	Itching of lesions aggravated with pain. Coryza and nasal obstruction since 1 week	Sulphur 200/2Dose, OD for 2 days Followed by Sac lac
4	12.02.2020	60% relief for itching and drawing pain	Sac Lac was prescribed for a month
5	20.03.2020	Cough with white expectoration since 2 days. Itching <night	Rhustoxicodendron 30/4doses BD for 2 days
6	12.05.2020	Symptoms show improvement	Sac Lac was prescribed for a month
7	18.06.2020	Symptoms show improvement	Sac Lac was prescribed for a month
8	09.07.2020	Itching and exfoliation of skin of soles slightly increased with bleeding spots.	Sulphur 200/2Dose, OD for 2 days Followed by Sac Lac for one month
9	20.08.2020	Symptoms show improvement	Sac Lac was prescribed for a month
10	27.10.2020	Cracks and exfoliation over heels with itching	Psorinum 200/1Dose was prescribed followed by Sac lac for a month
11	22.12.2020	Symptoms show improvement	Sac Lac was prescribed for a month
12	29.01.2021	Symptoms show improvement	Sac Lac was prescribed for a month

**Follow-up Assessment  
Dermatology Life Quality Index (DQLI)**

DQLI Scores were assessed for the patient from registration (28.10.2019) onwards once in 3 months till January 2021. DQLI Improved to 1 from 12.

S. No.	Questionnaire	28.11.2019	14.01.2020	20.04.2020	09.07.2020	27.10.2020	29.01.2021
1	Over the last week, how itchy, sore, painful or stinging has your been?	3	3	2	1	1	1
2	Over the last week, how embarrassed or self-conscious have you been because of your skin?	2	2	1	1	1	0
3	Over the last week, how much has your skin interfered with going shopping or looking after your home or garden?	1	1	1	1	0	0
4	Over the last week, how much has your skin influenced the clothes you wear?	0	0	0	0	0	0
5	Over the last week, how much has your skin affected any social or leisure activities?	1	1	1	0	0	0
6	Over the last week, how much has your skin made it difficult for you to do any sport?	0	0	0	0	0	0
7	Over the last week, has your skin prevented you from working or studying? If No, over the last week how much has your skin been at work or studying?	1	1	1	0	0	0
8	Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?	2	2	1	1	1	0
9	Over the last week, how much has your skin caused any sexual difficulties?	0	0	0	0	0	0
10	Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?	2	1	1	1	0	0
Total Score		12	11	8	5	3	1



**Fig 2: Before Treatment (Right Foot)**



**Fig 4: Before Treatment (Left Foot)**



**Fig 3: Before Treatment (Left Foot)**



**Fig 5: After Treatment (Right Foot)**



**Fig 6:** After Treatment (Left Foot)



**Fig 7:** After Treatment (Left Foot)

### Conclusion

Psoriasis can take many forms and palmoplantar psoriasis is one among its various types. This case shows that through homoeopathy we can give relief to clinical symptoms as well as general restoration of health of the patient. However, a well-planned study with large sample size is required to establish the efficacy of homoeopathy in psoriasis cases.

### Consent

Consent of the patient was obtained.

### Declaration of patient consent

The authors certify that they have obtained appropriate patient consent form. In the form, the patient has given her consent for her images and other clinical information 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 anonymity cannot be guaranteed.

### Financial support and sponsorship

Nil

### Conflicts of interest

None declared

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