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Dr. Nisha CN

Lecturer, Department of
Casetaking and
Repertorisation,
Athurasramam NSS
Homoeopathic Medical
College, Kerala University of
Health Sciences, Kerala, India

Homoeopathy in psoriasis vulgaris: A case report

Dr. Nisha CN

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Abstract

Psoriasis is a chronic, noncontagious immune-mediated skin disorder that has extensive physical, emotional, and psychosocial effects on patients. The common challenges for persons with psoriasis include disfiguration, disability, and marked loss of productivity. As per current knowledge, it has no cure and it is managed with topical therapy, phototherapy, and systemic treatment. This case report serves to show the role of individualized homoeopathic treatment in psoriasis. In the case of a 23-year-old male patient with psoriasis vulgaris, the homoeopathic remedy Psorinum was given in 200 C potency after repertorising the totality of symptoms in Synthesis repertory using RADAR software. The outcome analysis was done using changes in clinical symptoms and improvement in the general well being of the patient. The dermatology life quality index improved from a score of 24 to 0 during treatment. The MONARCH score of +9/13 shows a positive causal relationship between Psorinum and the treatment outcome.

Keywords: psoriasis vulgaris, case report, homoeopathy, dermatology life quality index, monarch criteria

1. Introduction

Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterised by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces and scalp, and usually follows a relapsing and remitting course^[1]. It has no cure and it is with a great negative impact on patients' quality of life. It can occur at any age and is most common in the age group 50–69. The prevalence of psoriasis ranges between 0.09% and 11.4%, making psoriasis a serious global problem^[2]. It is generally thought to be a genetic disease that is triggered by environmental factors^[3]. Psoriasis can also be provoked by external and internal triggers, including mild trauma, sunburn, infections, systemic drugs and stress^[2]. Psoriasis vulgaris (also known as chronic stationary psoriasis or plaque-like psoriasis) is the most common form and affects 85–90% of people with psoriasis. Plaque psoriasis typically appears as raised areas of inflamed skin covered with silvery-white, scaly skin. These areas are called plaques and are most commonly found on the elbows, knees, scalp, and back^[4]. Additional types of psoriasis comprise about 10% of cases. They include pustular, inverse, napkin, guttate, oral, and seborrheic-like forms^[5]. Psoriasis is characterized by the abnormally excessive and rapid growth of the epidermal layer of the skin. Abnormal production of skin cells and an overabundance of skin cells result from the sequence of pathological events in psoriasis^[6].

A diagnosis of psoriasis is usually based on the appearance of the skin. Skin characteristics typical for psoriasis are scaly, erythematous plaques, papules, or patches of skin that may be painful and itch. No special blood tests or diagnostic procedures are usually required to make the diagnosis^[7, 8]. If the clinical diagnosis is uncertain, a skin biopsy or scraping may be performed to rule out other disorders and to confirm the diagnosis. Skin from a biopsy shows clubbed epidermal projections that interdigitate with dermis on microscopy^[7, 9].

Psoriasis causes great physical, emotional and social burdens. Quality of life, in general, is often significantly impaired. There is also a significant cost to mental well-being, such as higher rates of depression, leading to negative impacts for individuals and society. Social exclusion, discrimination and stigma are psychologically devastating for individuals suffering from psoriasis and their families^[2]. The current understanding of psoriasis is that it is an inherited autoimmune disease that can be suppressed by current therapies rather than cured. Management comprises avoidance of known exacerbating factors (smoking, alcohol), using topical preparations, undertaking phototherapy or photo chemotherapy and taking systemic therapy^[10].

Corresponding Author:

Dr. Nisha CN

Lecturer, Department of
Casetaking and
Repertorisation,
Athurasramam NSS
Homoeopathic Medical
College, Kerala University of
Health Sciences, Kerala, India

The Dermatology Life Quality Index questionnaire (DLQI) consists of 10 questions concerning patients' perception of the impact of skin diseases on different aspects of their health-related quality of life over the last week. It is designed for use in adults (patients over the age of 16). The DLQI is calculated by summing the score of each question resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired [11, 12, 13].

This case report shows a case of psoriasis vulgaris treated with individualised homoeopathic medicine with improvement in the quality of life of the patients. There were many studies showing the role of homoeopathy in the management of psoriasis [14, 15] in an effective and harmless way.

Methods

This is a case of psoriasis vulgaris treated with individualized homeopathy medicine. Systematic case taking followed by repertorisation of the totality of symptoms has been done in Synthesis repertory using RADAR Software [16] in order to choose the individualized remedy. Case reporting has been done according to the HOM-CASE guidelines, an extension of CARE guidelines [17]. The causal relation between the Clinical improvement and the medicine prescribed was assessed using the Monarch Inventory [18] (Improved version of the modified Naranjo criteria for Homoeopathy).

Case presentation

A male patient of 23 years old from Aluva came to the outpatient department of Athurasramam NSS Homoeopathic hospital, Kottayam on 3/12/2020 was presenting with scaly itching eruptions all over the body which on scratching leads to bleeding and soreness of the parts. Complaint associated with the sensation of the heat of the body, offensiveness and general weakness. Scaly eruptions < sun exposure, night > daytime. The patient had scaly dandruff on the scalp since puberty, especially on the hair margins. Gradually lesions started appearing on all other parts of the body about 5 years back. He took allopathic treatment for about 1 year and got no relief, so changed to Ayurveda treatment from which got a temporary relief and then switched to homoeopathic treatment. In past history of illness, he had mumps at 16 years of age which got relieved by allopathy treatment. Nothing relevant in family history.

Life space investigation

He was born in a middle-class family. His father is a

watchman and his mother is a shopkeeper. He has a younger brother. When doing the ITI welding course at 17 years of age, he had many friends and he started the habit of drinking alcohol and tobacco smoking. After completing the course he started working in a welding center. Soon after that he noticed his first lesion but neglected it but the complaint aggravated gradually and his friends started avoiding him fearing that he has a contagious skin disorder that affected him so deeply, so he quitted his job. His family could not afford the treatment expenses, so his younger brother started working to meet this situation which had made the patient sadder.

Mental generals

Fear of heights, Despair of his skin complaint and Forsaken feeling.

Physical generals

He has diminished appetite, intolerance to pork, sleep disturbed due to itching, and hard stool. General < night, sun exposure.

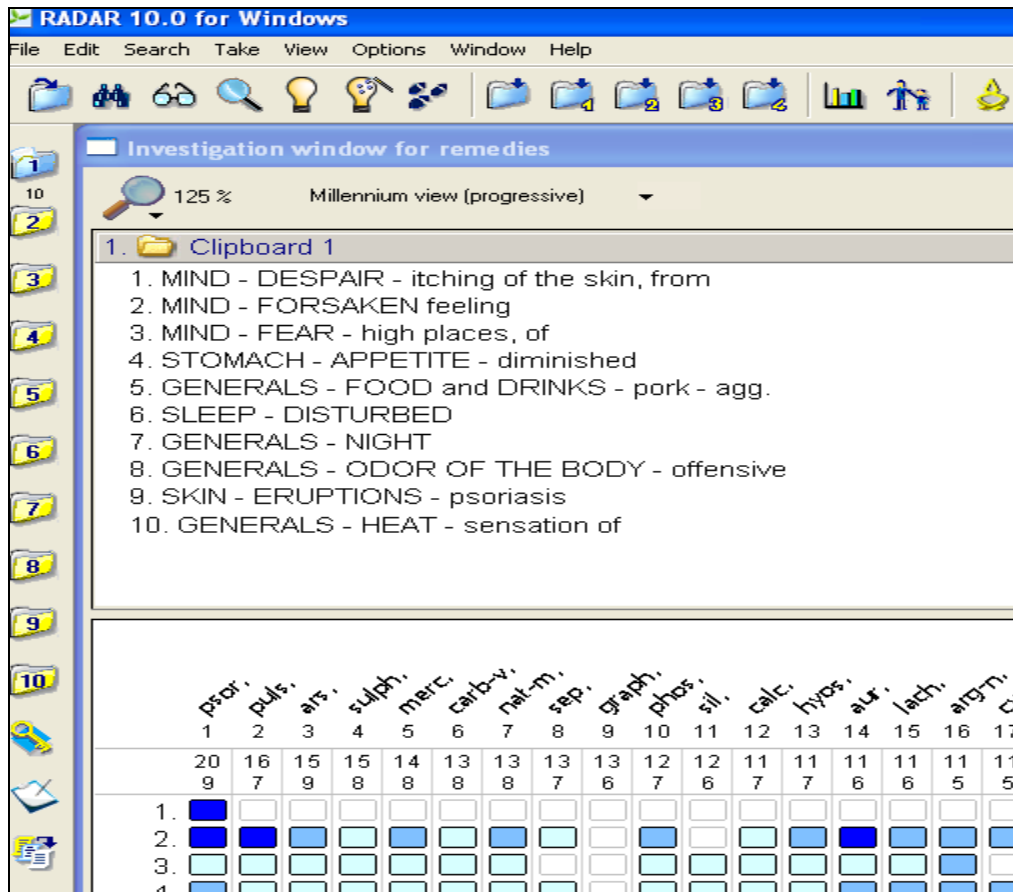
Upon physical examination his height was found as 165 cm, weight as 45 kg, pulse 68/minute, BP 120/80 mm of Hg. On examination of the skin, diffuse lesions of varying size were noted all over the body with scaling and offensiveness of the body. Lesions were with irregular and slightly raised borders and edema was absent. Auspitz sign was positive. The diagnosis was done by the clinical findings, the characteristic appearance of the lesions, and positive Auspitz sign.

Totality of symptoms

Despair from skin complaints
Forsaken feeling
Fear of heights
Appetite diminished
Intolerance to pork
Hard, bloody stool
Sleep disturbed
General <night, sun exposure
General weakness of the body
Offensiveness of whole body
scaly itching eruption
Sensation of heat of the body

Repertory analysis

Repertorisation was done in RADAR 10 software using Synthesis treasure edition, 2007 by Fredericke Schroyens [16].



Repertorial result

Psorinum 20/9
 Pulsatilla 16/7
 Arsenicum album 15/9

Sulphur 15/8
 Mercurius solubilis 14/8
 Natrum muriaticum 13/8

Table 1: Timeline of treatment

Date	Observation	Management
3-12-2020	Itching, scaly lesions on various parts of the body General weakness Soreness and pain over the parts Offensiveness of the body Dermatology quality of life index was analyzed which showed a score of 24 out of 30.	Rx, Psorinum 200/1 dose
21-1-2021	Itching- relieved No new lesions Better for older lesions General weakness Soreness ameliorated	Rx, Sac Lac/1 dose
11-2-2021	Soreness of thighs with burning Appearance of new lesions	Rx, Psorinum 200/1 dose
22-4-2021	Skin eruptions relieved No new lesions Complaints relieved	Rx, Sac Lac/1 dose
10-6-2021	Complaints relieved Dermatology quality of life index was again analyzed which showed a score of 0.	Rx, Sac Lac/1 dose

Dermatology life quality index score before the treatment was found as 24 which indicated that the disease had an extremely large effect on patient’s life which reduced to a score of 0 after the treatment.

Dermatology Life Quality Index (DLQI) [11, 12, 13]
 Hospital – ANSS HMC Date – 3/12/2021
 Name - Mr. X Score - 24
 Diagnosis – Psoriasis

The aim of this questionnaire is to measure how much your skin problem has affected your life over the last week. Please tick (✓) one box for each question.

- Over the last week, how itchy, sore, painful or stinging has your skin been?
 Very much ✓
 A lot
 A little
 Not at all

2. Over the last week, how embarrassed or self-conscious have you been because of your skin?
 Very much
 A lot
 A little
 Not at all
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?
 Very much
 A lot
 A little
 Not at all
 Not relevant
4. Over the last week, how much has your skin influenced the clothes you wear?
 Very much
 A lot
 A little
 Not at all
 Not relevant
5. Over the last week, how much has your skin affected any social or leisure activities?
 Very much
 A lot
 A little
 Not at all
 Not relevant
6. Over the last week, how much has your skin made it difficult for you to do any sport?
 Very much
 A lot
 A little
 Not at all
 Not relevant
7. Over the last week, has your skin prevented you from working or studying?
 Yes
 No
 Not relevant

- If "No", over the last week how much has your skin been a problem at work or studying?
 A lot
 A little
 Not at all
8. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?
 Very much
 A lot
 A little
 Not at all
 Not relevant
 9. Over the last week, how much has your skin caused any sexual difficulties?
 Very much
 A lot
 A little
 Not at all
 Not relevant
 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?
 Very much
 A lot
 A little
 Not at all
 Not relevant

Scoring

The scoring of each question is as follows:

- Very much scored 3
- A lot scored 2
- A little scored 1
- Not at all scored 0
- Not relevant scored 0

Question 7, 'prevented work or studying' scored 3

The monarch score of +9/13(Table-2) indicates that the improvement attributed to the Homoeopathic medicine *Psorinum*.

Table 2: Monarch Inventory ^[17] (improved version of the Modified Naranjo criteria for Homoeopathy)

Domain	Score
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 timeframe relative to the medicine intake?	+1
Was there a homeopathic aggravation of symptoms?	0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1
Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1
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?	0
Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant)	+1
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2
Did repeat dosing, if conducted, create similar clinical improvement?	+1
Total Score	+9



Fig 1: Before treatment



Fig 2: During treatment



Fig 3: After treatment

Results

The above case of psoriasis vulgaris with lesions over whole body with intensive itching and soreness was treated with the individually selected homoeopathic remedy *Psorinum* in 200 C potency. The outcome was analysed by changes in clinical presentation along with improvement in general wellbeing. The dermatology life quality index Score improved from 24 to 0 during treatment. MONARCH score of +9/13 indicates a positive causal relationship between the Homoeopathic medicine *Psorinum* and the clinical outcome.

Discussion

This case report intends to show the role of homeopathic constitutional remedies in Psoriasis vulgaris which is characterized by relapses and remissions and with a negative impact on the physical and mental plane of the patient. Both the clinical symptoms and quality of life of the patient can be improved by a well-selected homeopathic remedy chosen after systematic case taking. In a prospective multicentre observational study done it is concluded that, under homeopathic treatment, the severity of psoriasis and accompanying diseases, as well as quality of life improved substantially and the uses of conventional medication and health services decreased markedly^[19]. There are many case reports showing the usefulness of individualized homeopathy treatment in psoriasis cases^[20, 21, 22].

Conclusion

The present case report of psoriasis vulgaris treated with homoeopathic constitutional medicine aids as a valuable clinical study in such cases although conclusions should be made from further systematic studies.

Declaration of patient consent

A written informed consent was taken from the patient to use his clinical information and images to be reported in the journal.

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