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Individualized homoeopathic approach in treatment of psoriasis: An evidence based casereport

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Abstract

Psoriasis is defined as chronic proliferative and inflammatory condition of the skin. It can be identified by erythematous plaques covered with silvery scales specially at the extensor surfaces of hands, legs, chest, scalp, and lumbosacral region. It's prevalence ranges from 0.2% to 4.8%. It is an autoimmune disorder. Familial occurrence suggests its genetic predisposition., psychological stress, infections on skin, frequent smoking, consumption of alcohol, obesity, and hypocalcaemia are causative factors. Homoeopathic constitutional medicines have been found to be useful in treating such cases.

Case summary: The case presented in this paper with photographic evidence was treated with constitutional homoeopathic medicine-Natrum Muriaticum 30C followed by 200C potency with follow-up for 1 year. This case report suggests that constitutional homoeopathic medicine prescribed on the basis of totality of symptoms can be a propitious treatment option for patients suffering from psoriasis.

Keywords: Psoriasis, case report, homoeopathy, autoimmune, Natrum, muriaticum

Introduction

Psoriasis is identified as most common auto immune disease. It involves skin and joints and also causes abnormalities of other systems. Plaque psoriasis is one of the common clinical type of psoriasis. Plaque psoriasis is not life-threatening condition but is difficult to treat and complete cure response is different in different individuals ^[1]. Percentage of people affected with psoriasis is 2%–4% of the population in western countries, with increased rates of condition is affected by age, location, and genetics ^[2]. Frequency of occurrence is more in adults (from 0.91% to 8.5%) in comparison with children (from 0% to 2.1%) with a peak of incidence: 30–39 years and 60 years of age. As the geographical location changes there is change in prevalence of Psoriasis, it is found to be less prevalent in areas which are close to equator in comparison to areas away from equator due to advantage of exposure to Ultra violet rays ^[3]. It has often been considered that Psoriasis to affects both genders in same and equal manner; however, recent studies about age in relation to gender shows a higher rates of cases in females <18 years of age, and a higher rates of cases in males ≥18 years of age ^[4]. The most common form of psoriasis Plaque-type psoriasis .It occurs in 85%–90% of patients suffering from psoriasis, raised plaques covered by silvery scales, sharply demarcated oval and irregularly shaped, red, are characteristic features ^[5]. There's no cure for psoriasis. Topical treatments for psoriasis come as ointments, creams, or foam and include: Steroid creams. Salicylic. Calcipotriol, Immunosuppressant, Methotrexate, Cyclosporine.⁶ Various therapies like topical and systemic are available for the treatment of psoriasis. Based on disease severity, relevant disease conditions, efficacy, with preference to cost and convenience individual patient response, type of treatment is selected ⁷. Under treatment of psoriasis is a great risk and must be balanced with safe treatment as it plays an important role, failing of which can lead to poor clinical improvement and patient disappointment ^{8,9} Treatment with topical crisaborole, a phosphodiesterase 4 inhibitor, has been associated with improvement in erythematous plaques, papules, and deep-seated pustules on the palms and soles in conditions like palmoplantar psoriasis intertriginous psoriasis facial psoriasis, in various case reports ^[10, 11].

Patient suffering with moderate to severe plaque type psoriasis biologic agents are important treatment options ^[12]. Examples of biologic therapies include etanercept, infliximab, adalimumab, ustekinumab, secukinumab, ixekizumab, brodalumab, guselkumab, tildrakizumab, risankizumab, and certolizumabpegol.

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The biologic agents for psoriasis have excellent short-term and long-term efficacy and good tolerability. However despite all positive results, no study was sufficient to provide evidence of the benefit of conventional, complementary and alternative medicine in Psoriasis. Psoriasis is also considered as one of social stigma social it is also related with, discomfort pain, physical disability and psychological distress [16] Psoriasis patients often experience difficulties like shame and embarrassment regarding their appearance difficulty in adapting to responses, problems in self-esteem, body image, self-concept and also have feelings of stigma, [17].

Case Presentation

A 28year old female who works as teacher came to Mind and body Homoeopathic Clinic, Chidambarnagar Belagavi. She presented with psoriatic patch on left leg dorsal side of foot) since 1 year, gradually increasing in size. She was concerned about the patch. The patient was otherwise healthy without any skin or nail changes.

On examination the lesion was initially smooth and shining with gradual increasing in borders followed by scaly appearance. She complained of severe itching followed by burning pain and bleeding after scratching.

Past History: H/O similar complaint in the had psoriatic patch on knees, had taken homoeopathic treatment and was cured.

Family history: Mother-Suffering from vertigo, Father-Allergic rhinitis Patient has 2 younger sister with no complaints.

Mental generals-Very sensitive, Desires to be alone and speaks openly only to her sisters otherwise very shy and speaks less with others she said she feels responsibility towards sisters. On asking in detail she expressed her grief

about step mother who came into her life when she was 14yearsold. She also had history of love failure and got married to another man whom she divorced in 6 months as her husband was an alcoholic and abusive. She mentioned that she was in secure e in relationships. She was thermally hot and desired salty food. The patient has given consent for these images and other clinical information.

Physical generals: The patient had a thermal reaction towards hot, as she always preferred to take bath with cold water. Her appetite was good and she's non-vegetarian She had the desire for salty things with moderate thirst. There was constipation since last 3 years with ineffectual urging for stools. She had tendency for perspiration all over the body. Sleep was adequate and refreshing.

Clinical findings

B.P-130/80, Pulse rate- 78 /min, she was afebrile with medium height of 5ft and weight 52kgs. Diagnosis: Plaque Psoriasis on left foot.

Following are the characteristic symptoms considered for repertization

- 1) Desires to be alone
- 2) Music makes her weep
- 3) Very sensitive
- 4) Irritability
- 5) Responsibility towards sisters
- 6) Disappointed love
- 7) Tendency for Perspiration
- 8) Psoriasis Dry, shiny
- 9) Desire salty food
- 10) Insecurity about relationships.

Considering above symptoms, Kent's repertory was selected and repertorization was done using Homoeopath classic software.

Table 1: Repertorisation chart

Remedy Name	Nat-m	Phos	Sep	Staph	Sulph	Calc	Lyc	Sil	Aur	Graph	Iod	Mit-ac	Kali-c
Totality	31	25	24	24	24	22	22	20	19	19	19	19	18
Symptom Covered	13	11	11	11	11	11	10	9	10	10	10	9	11
[C] [Mind] Sensitive, oversensitive:	3	3	2	3	3	2	3	3	2	1	2	3	2
[C] [Mind] Ailments from Love-Disappointed, unhappy:	3	1	1	4	1				3		1		1
[C] [Mind] Company-Aversion to, agg.:	4	1	2	3	2	1	2		2	1	2		1
[C] [Mind] Weeping, tearful mood-Tendency: Music, from:	1									3			
[C] [Mind] Irritability:	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] [Mind] Responsibility:	1	1	1			1	1		1				1
[C] [Rectum] Constipation-Insufficient, incomplete, unsatisfactory stools:	3		2	2	3	1	2	2		1	2	3	3
[C] [Skin] Eruptions-Psoriasis:	1	2	3	3	2	2	3	2	1	2	1	2	2
[C] [Skin] Eruptions-Dry:	1	3	3	2	2	3	2	3	3	2	2	1	2
[C] [Skin] Eruptions-Scaly:	2	3	3	1	2	2	1	2	2	2	1	2	1
[C] [Perspiration] Perspiration in general:	3	3	3	1	2	3	3	3	1	2	2	1	1

Therapeutic intervention

Prescription was based on reportorial analysis and individualization and hence Natrum Muriaticum 30 was prescribed on -17 August 2020

Patient was asked to consume 4 globules twice a day for one week before meals which was followed by placebo (4

globules BD) for rest of the month.

Follow up and outcomes

Patient was assessed monthly the follow up with photograph is shown in figure.



Fig 1: Before treatment 17/8/2020



Fig 4: During treatment 30/4/21



Fig 2: During treatment 23/9/2020



Fig 5: After treatment 29/5/21 **Fig 6:** After treatment 23/7/21



Fig 3: During treatment 29/12 /20

The last follow up was done on July 23-2021 where the psoriatic patch totally disappeared and patient was feeling overall better.

Results

Psoriatic patch showed decrease in size and decreased intensity of itching. However significant improvement was observed with higher potency of Natrum Muriaticum 200, patch completely disappeared on July 2021 in 12Months.

Table 2: Follow and outcomes

Date of visit	Indications for prescription	Medicine with doses	Justification
17/8/2020	Itching and burning cracks of skin with scaling followed by scratching	Natrum mur 30 /1 dose	Repertorisation
23/9/2020	Increased itching and burning past 2 days Passage of hard stools, cracks increased	Placebo	Initial agg of presenting complaint, the medicine was allowed to act
26/10/2020	Size of lesion remained same. Complaints better Itching and Constipation decreased	Placebo	
27/11/2020	Size of lesion reduced, itching reduced	PI X 28 days	No New complaints
29/11/2020	Itching increased agg by exertion Scaling of skin present. C/o Constipation since 2 days	Natrum mur/200, 1 dose. PIX 28 days	Relapse of symptoms
22/1/2021	Itching decreased, scaling decreased No c/o Constipation	No new symptoms	PI X 28 days
26/2/2021	No itching, size of lesion reduced. Overall feeling better. No mental Irritability	PI X60 days	No new complaints
30/4/2021	No itching, size of lesion reduced. Cracks and scales reduced	PI X 28 days	No new complaints

29/5/2021	Itching completely reduced	PI X 60 days	No new complaints
23/7/2021	Skin appears smooth Psoriatic patch completely. Reduced. Overall feeling better	PI X28 days	Advice given to check For recurrences of old Advise for visit if any Recurrences Or new complaints.

Discussion

The patient came with psoriatic patch. The case treated with individualized homoeopathic medicine showed complete reduction of symptoms. As there is no effective treatment in conventional medicine. In this case, after careful history recording, repertorisation and referring Materia Medica, Natrum Mur medicine was prescribed. The patient showed Initial aggravation of presenting complaint; the medicine was allowed to act but there was slow improvement with low potency Natrummur 30. However, marked improvement was observed with 200potency. This case shows the effective role of homoeopathic medicine in treatment of psoriasis on the basis of homoeopathic principles.

Conclusion

The above explained psoriasis case is an example of external expression of internal derangement of vital force which can be treated internally by positive dynamic power of Homoeopathic drugs. Therefore with homoeopathy such cases can be cured completely and gently without harming the patient. However more such case studies are required to reprove similar results in Homoeopathy to validate the outcome.

Homoeopathy is a system of medicine which treats the patient as a whole not a disease. In homoeopathy, the constitutional medicine is considered the best approach to treat a person. This case report is accompanied by photographic. The patient was treated with constitutional homoeopathic medicine-Natrum muriaticum 3⁰C followed by 20⁰C potency. Follow-ups through 16 months showed marked improvement in overall symptoms. This result corroborates the usefulness of individualized homoeopathic medicines as well as importance of repertory and repertorization in case of Psoriasis.

Declaration of patient consent

This is to clarify that appropriate patient consent forms were obtained. The patient has given her consent in form regarding clinical information, images which can be presented in journal. The patient understands that due efforts will be made to conceal his identity, her name and initial will not be mentioned. But it cannot be guaranteed.

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Conflicts of interest: NIL

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