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A case of psoriasis and its homoeopathic management

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Abstract

Psoriasis is one of the most common skin disease nowadays, as in the most of the cases, the exact cause is unknown. The Psoriasis is thought, it to be an immune system problem that causes the skin to regenerate faster. The cause believed to be genetics and environmental factors play a role. Psoriasis is a lifelong skin disease that presents in multiple forms such as plaque, flexural, guttate and pustular or erythrodermic. An estimated 60 million people have psoriasis worldwide, with 1.52% of the general population affected in the UK. 1-3% of most populations has psoriasis. It is commonest in Europe and North America. It start at any age but often seen in age group between 15 yrs. to 40yrs. And rare under 10yrs. The disease course is unpredictable but is usually chronic with exacerbation and remissions.

Keywords: Psoriasis, itching, plaques, dryness, postural, homoeopathic management

Introduction

Psoriasis is a non-infectious, inflammatory diseases of the skin. It is characterized by well-defined erythematous plaques with large, adherent, silvery scales. The main abnormality in psoriasis is increased epidermal proliferation due to excessive division of cells in the basal layers and a shorter cell cycle time.

Psoriasis associated with morbidities such as psoriatic arthropathy, psychological, cardiovascular and hepatic diseases.

In 2014, the world health Organization recognized Psoriasis as a serious non-communicable disease and highlighted the distress related to misdiagnosis, inadequate treatment and stigmatization of this disease [1]. The Global burden of disease study estimated that psoriasis accounted for 5.6 million all age disability adjusted life years (DALY) in 2016; at least three fold that of inflammatory bowel disease [2].

Epidemiology

Psoriasis affects both males & females, but in males' onset is earlier than females. Its age of onset shows a bimodal distribution with peaks at 30-40 years and 60-70 years in males and earlier in women.

An estimated 60 million people have psoriasis worldwide, with country-specific prevalence varying between 0.05% of general population in Taiwan and 1.88% in Australia. It is more common in high income areas and those with older population. In UK, it affects 1.52% of the general population [3].

Aetiology

- 1. Genetic problems:** There is a genetic predisposition. In parents one have psoriasis problem, than child have 15% chance to develop the disease.
- 2. Biochemical:** It is not known but increased levels of prostaglandins, leukotriene's and hydroxyeicosatetraenoic (HETE) acids in the epidermis.
- 3. Immunopathological:** The inflammatory reaction of an immunological response to as yet unknown antigens.
- 4. Dermal:** Increased epidermal cell proliferation of psoriasis is related to the increased replication and metabolism of dermal fibroblasts.
- 5. Stressful conditions and emotional disturbances** [4].

Clinical Features

- 1. Stable plaque psoriasis:** This is common one, lesions are well demarcated. Lesions are

red with dry, silvery white scaling. The elbow, knees and lower back are common sites. Other sites are Scalp, Nails, flexure, palms and Napkin area.

2. **Erythrodermic:** This is rare, skin becomes red and scaling, hair loss, nail changes, shivering compensates for the considerable heat loss.
3. **Pustular psoriasis:** This is rare but serious type of psoriasis. It most often involves the palm and soles.
4. **Guttate psoriasis:** Generally seen in children and adolescents. The rash appeared droplet-shaped^[5].

Risk factor; anyone can develop psoriasis

1. **Family History:** Having one parent with psoriasis increases your risk of getting the diseases.
2. **Stressful life:** This is major cause nowadays, stress can impact your immune system, increased stress level may increase the risk of psoriasis.
3. **Smoking:** Smoking not only increase the risk of psoriasis but also increase the severity of the disease.

Psoriasis triggers;^[6]

1. Infections such as a strep throat or skin infections.
2. Smoking; active and passive smoking.
3. Injury to skin like a cut or scrape, a bug bite, or a severe sunburn.
4. Stressful life.
5. Alcohol consumption.
6. Rapid withdrawals of oral or systemic corticosteroids.
7. Weather, especially cold dry conditions.
8. Medications – such as blood pressure medications and antimalarial drugs.

Complications

1. Psoriatic arthritis, in this, pain and stiffness and swelling in and around the joints.
2. Obesity.
3. Type 2 diabetics
4. High blood pressure
5. Cardiovascular disease
6. Eye problems; such as conjunctivitis's, blepharitis and uveitis.
7. Mental health problems; like low self-esteem and depression, over thinking and anxiety.
8. Other diseases; like autoimmune diseases, especially celiac disease, sclerosis and the inflammatory bowel diseases called Cohn's diseases.

Investigations

1. Biopsy is seldom necessary
2. Throat swabbing for beta haemolytic streptococci
3. Radiology (MRI for structural changes)
4. Blood test for Ra factors and others infections.

Case Study

Name of the patient: XYZ

Age/sex: 40/male

Occupation: Private job.

Present complaints: Itching and scaling all over the body and burning sensation especially more on chest and back of the region.

History of Present illness: He was suffering from psoriasis since 10 years, scaling and itching were present since one month. And pain in abdomen and vomiting sensation since 7 days.

Past history: He had pneumonia at the age of 15 years got admitted in hospital for 5 days. And had typhoid at the age of 21 years.

Family History: Mother is diabetic and HTN, arthritis. Father died with CRF. Brother is apparently healthy.

Personal History

- Constitution; lean, thin, fair and weak.
- Reaction with Heat & Cold; Hot patient
- Appetite; eats 4-5 times in a day.
- Thirst ; Drinks more water - Thirsty
- Sleep; Disturbed, wake at night frequently.
- Dreams; of snakes, dead body, water floating.
- Desires & Aversions; meat and chicken desires & Aversion to milk
- Perspiration; more on forehead and chest region.
- Bowel movements; regular
- Urine; Burning sensation on and off

Analysis of symptoms for Repertorisation

Mental generals: He is eldest son of his family. At the age of 10 years onwards he is living with his aunty & brought up there. But having feeling of, am separated from my mother. And mother is not giving her love to me. He is fearful person always things what will happen to me, sensitive and anxiety person. All ways thinks about future, my life is not good. I did mistake so am suffering this, every day he is doing puja, religious person, giving more important to money than family, easily gets anger and irritability. Whenever he gets anger he eats more than normal and nervousness to appear in public or speaking with new persons, but In known group he speaks continues.

Physical Generals: He likes meat, daily taking alcohol, itching is more at night and after coming from job, Headache and feeling of something on my head. Pain increases on moving, always feeling of weakness. He is hot patient but better by taking warm water. Eats 4-5 times in a day.

Evaluation of symptoms

1. Anxiety about future.
2. Itching aggravated on motion,
3. Hot patient but relived by application of warmth and drinking warm drinks.
4. Dreams of snakes and daily dead bodies.
5. Always get irritated with small issues.
6. Anger and irritability easily.
7. Lean thin emaciation .eats food 4-5 times per day.
8. Skin eruption, psoriasis more on chest and back. Dry and burning feeling.
9. Despair about disease.
10. Eruptions on back and itching.
11. Thirsty drinks more water.

Remedy Name	Ars	Sulph	Calc	Lyc	Graph	Phos	Sil	Nat-m	Aur
Totality	27	27	26	25	23	23	23	21	21
Symptoms Covered	8	8	8	8	8	8	8	8	6
Kingdom									
[Kent] [Mind]Anger, irascibility (see Irritability, Quarrelsome): (137)	3	3	2	3	2	2	1	3	3
[Complete] [Mind]Anxiety:Agg., ailments from: (340)	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Despair: (338)	4	4	4	4	4	3	3	3	4
[Kent] [Generalities]Emaciation: (116)	3	3	3	3	3	3	3	3	
[Complete] [Skin]Eruptions:Psoriasis: (168)	4	3	3	4	3	3	3	3	3
[Complete] [Back]Eruptions:Scales: (7)					1		3	1	
[Kent] [Chest]Itching: (60)	1	3	2	2		1		1	
[Complete] [Mind]Dreams:Dead:People, of: (187)	4	3	4	1	3	4	3		3
[Complete] [Mirilli's Themes]Religious: (342)	4	4	4	4	3	3	3	3	4

Fig 1: Reportorial sheet

In this case individualization of homoeopathic remedy was prescribed after repertorisation with the help of Zomeo software. Totality of symptoms comprising, mental generals, physical generals, particular symptoms of patients were taken.

After repertorisation indicated remedy was Ars. alb. But patient was extream Hot and better by taking warm drinks, he eats more than normal, nervous, irritable and weak lean person. Skin was dry, scaly, burning and itching. By considering all I have selected Arsenic iodatum.



Fig 2: Before treatment images



Fig 3: After treatment image

Treatment

On 05/01/21; Arsenic iod 200 weekly one dose and sac lac for 3weeks have prescribed.

1st follow up; 26/01/21 ; itching and burning ware reduced but patches size ware not reduced, continued sac lack for 4 weeks.

2nd follow up, 27/2/21; itching and burning reduced to 50% and patches sizes started to reduce than I repeated the same dose in 15 days once and 4 weeks for sac lac given.

3rd follow up, 30/3/21 the patches sizes were reduced up to 50% and there was no burning complaint, slightly itching

was present.

Then I repeat the same dose monthly once for 12 weeks and sac lac daily two times given.

4^{rt} follow up, 01/07/21; patient was much better patches were reduced up to 85% and there was no itching and burning, his appetite was normal and activeness improved. I prescribed same medicine one dose and sac lac for 3 months.

5th follow up, 05/10/21; patient was felt very happy that patches were almost cleared. His activity increased and sleep was better, irritation and anxiety were come down.

Continued sac lac for another 3 months.

6th follow up, on 10/01/22; his patches were cleared totally and gain weight and irritation and anxiety almost he did not get. Continued sac lac for 3 months.

Conclusion

The treatment for psoriasis in modern medicine is limited and short term relief only with some side effects. In homoeopathy we can treat the man not the disease, this case showed that homoeopathy can effectively treats the psoriasis.

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