



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(3): 172-175

Received: 03-06-2022

Accepted: 08-07-2022

Dr. S Soundarya

PG Scholar, MD Part II,
Department of Materia
Medica, White Memorial
Homoeo Medical College,
Attoor, Kanyakumari, Tamil
Nadu, India

Dr. S Aravind

Medical Officer, Jeeva Health
Care, Uthukuli RS, Tiruppur,
Tamil Nadu, India

Dr. K Manikanda Perumal

MD (HOM), Head of the
Department, Department of
Materia Medica, White
Memorial Homoeo Medical
College, Attoor, Kanyakumari,
Tamil Nadu, India

Dr. Prasobh MP

MD (HOM), Associate
Professor, Department of
Materia Medica, White
Memorial Homoeo Medical
College, Attoor, Kanyakumari,
Tamil Nadu, India

Corresponding Author:

Dr. S Soundarya

PG Scholar, MD Part II,
Department of Materia
Medica, White Memorial
Homoeo Medical College,
Attoor, Kanyakumari, Tamil
Nadu, India

A case study of plaque psoriasis and its homoeopathic management

Dr. S Soundarya, Dr. S Aravind, Dr. K Manikanda Perumal and Dr. Prasobh MP

DOI: <https://doi.org/10.33545/26164485.2022.v6.i3c.617>

Abstract

Psoriasis is a common autoimmune disease of cutaneous inflammation and keratinocyte hyperproliferation with a complex immuno genetic basis. Psoriasis is widespread, persistent, inflammatory skin condition, typically associated with raised, well-defined, erythematous skin lesions of diverse size that are capped by silvery-white scales. It is caused by the interplay of genetic and environmental variables. In recent years, the prevalence of psoriasis has increased. There are various types of psoriasis; one among them is Plaque psoriasis. It affects the face, ears, scalp, trunk, and extremities, and it is quite frequent. Here is a case of plaque psoriasis that was successfully improved with homoeopathic medicines, which indicates the significance of homoeopathic medicines in the treatment of plaque psoriasis.

Keywords: Homoeopathy, Plaque psoriasis, Petroleum

Introduction

Psoriasis is a chronic, immune-mediated inflammatory skin condition characterised by red, scaly plaques that most typically appear on the elbows, knees, scalp, and lower back, but it can affect any skin surface ^[1]. The prevalence rate in India is 0.44-2.8 percent. It most typically affects people in their third or fourth decade, with males being impacted twice as often as females ^[2]. Psoriasis is influenced by genetic factors. Human genome scans identify at least nine distinct loci associated with psoriasis susceptibility (PSORS1-9). PSORS-1, a major histocompatibility complex region on chromosome 6p2, is the most important genetic determinant of psoriasis, accounting for up to 50% of hereditary vulnerability to the illness ^[3]. Psoriasis greatly reduces the quality of life of patients and their families, resulting in a significant physical, mental, and social burden ^[2]. It is an autoimmune illness caused by T cells. The process starts with an environmental stimulus that causes T cells to generate cytokines. Cytokines promote keratinocyte proliferation and the generation of antigenic adhesion molecules in dermal blood vessels. These adhesion molecules drive T cells to generate cytokines, prolonging the response ^[4].

It is scaling papules and plaques, characterize papulosquamous disorders. Tinea infections, pityriasis rosea, and lichen planus are other papulosquamous disorders to consider in the differential diagnosis. Psoriasis lesions differ from these other entities. Psoriasis are typically very well confined, circular, red papules or plaques with a grey or silvery-white, dry scale. Furthermore, most lesions are frequently located symmetrically. Psoriasis can sometimes appear near the site of trauma or injury, a condition termed as Koebner's Phenomenon ^[5].

Plaque psoriasis is characterised by erythematous plaques with strong borders and iridescent squamae. When psoriatic plaque is scraped with a blunt scalpel, squamae break off as layers of white lamellae that retain coherence after removal, similar to candle wax. This desquamation is known as the "wax spot phenomenon". It indicates parakeratotic hyperkeratosis. A moist layer adherent to the lesion can be exposed if the psoriatic plaque is scraped further. This is the last layer of dermal papillae of epidermis, and it is a pathognomonic symptom of psoriasis known as "last membrane phenomenon. Further Scraping the plaque exposes an erythematous background and bleeding foci, as well as the emergence of little red pinpoint known as the "Auspitz sign," which indicates papillomatosis on the tips of dermal papillae. A hypopigmented macular ring known as the "Woronoff ring" can be seen around cured psoriatic plaques ^[6].

Case report

A 38-year-old female presented to the Out Patient Department on 03/12/2021 with complaints of skin eruption from below the knee joint to the ankle joint of both legs of the Extensor surface with dryness and hardness, which had been present for 8 months and had intensified in the previous 1-2 months.

The patient experienced skin outbreaks eight years back, the exciting cause was unknown. The itchy eruptions were started on the left leg and progressed to the right leg. Wants to scratch constantly, but gets no relief. Red patches

appeared first, followed by white scales. The complaints are <cold, <night, <evening and > by warm application and in summer.

She previously received Allopathic treatment for 5 months and has been off medicine for 3 months. There was no history of allergy complaints such as asthma, no history of contact with irritants, no history of any infectious condition, no history of respiratory symptoms, no fever, no climate fluctuations, no joint discomfort, no dandruff, and no history of dehydration.

Table 1: Presenting Complaints

Location and duration	Sensation & pathology	Modalities (>,<) & A/F (=)	Concomitants, if any
<p>SKIN</p> <p>From Below knee joint to ankle joint of extensor surface. Both the legs. Since 8 months, Increased 1-2 months.</p>	<p>Itching⁺⁺ Hardness and thickening of skin⁺⁺ Dryness⁺⁺ Blood spots</p>	<p><cold⁺⁺ < night⁺⁺ <evening >warm application⁺⁺ >summer</p>	

- There have been no significant illnesses in the past.
- There is a strong family history of Diabetes mellitus.
- Appetite and thirst were adequate, she has a craving for sweets, bowel movements were regular, and micturition was 4-5 times per day, good enough sleep from 12.00 pm to 5.30 am, generalized perspiration.
- The patient comes from a privileged socioeconomic background. She is a religious person. She is dominant in nature. She employs her intellect in economics and business. She dislikes doing housework. She is continuously looking for ways to make money and spend it on her family. She prefers to be alone and dislikes having her own family members stay with her. She was vexed and fear after the complaints began. She became irritable due to her skin complaint.
- Reaction to: Intolerance to cold season, Thermal: chilly patient

Local examination of lesions

Skin is slightly thick and rough, with a blackish discoloration and a leathery look, Auspitz sign is positive.

Clinical diagnosis: Plaque Psoriasis

Analysis of the case

After detailed case taking, symptoms were analyzed to construct the totality. The following symptoms are considered for Repertorization. Repertorization done using Murphy’s repertory in RADAR 10.0.028 version.

- Irritability
- Dryness and Hardness of skin⁺⁺
- Itching < night⁺⁺
- Itching > warmth⁺⁺
- Intolerable to cold season

Reportorial results

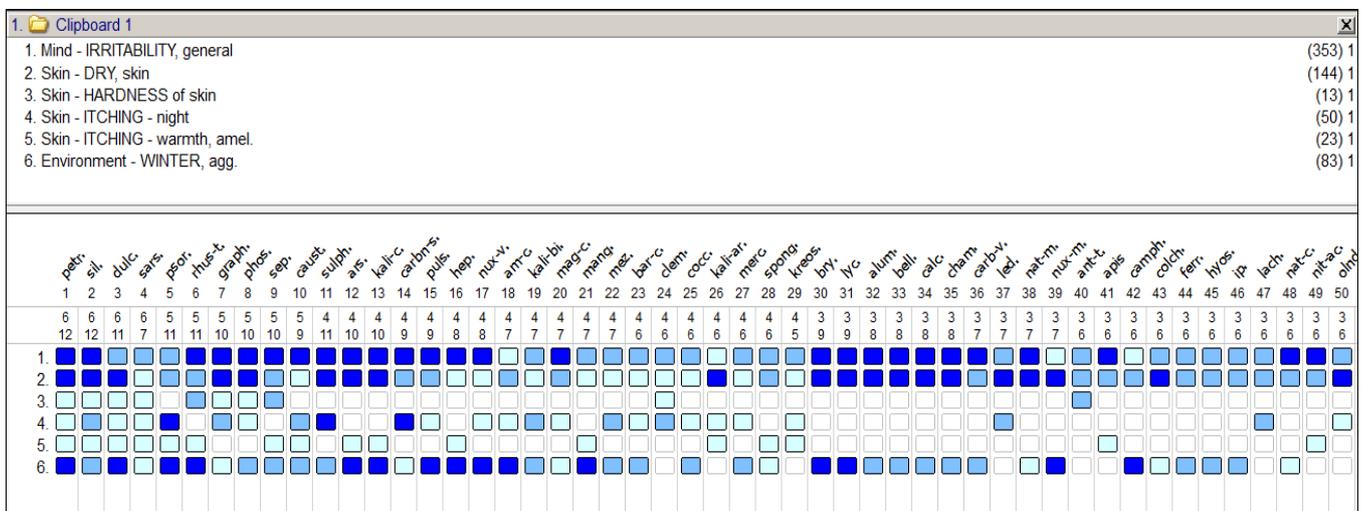


Fig 1: Repertorial results

Prescription: For 1 month

- R_x Petroleum 200/1 Dose (Early morning empty stomach)
- Blank Pills (6-6-6)
- Blank Tab (1-1-1)

Basis of selection

- Vexed after disease.
- Intolerance to cold season.
- Leather like appearance of skin.

- Skin hardness and dryness of skin.
- Complaints < in cold season
- Miasm-Trimiasm.
- Thermal-chilly patient

Progress and follow up

Table 2: Follow up

Symptom changes	Inference	What to do?	Prescription
<p>16/01/2022. Mild improvement in itching for a week, but it worse again.</p>	<p>Amelioration comes first and aggravation afterwards (kent’s 5th observation). Either the remedy was a superficial remedy, and could act only as palliative or potency selection was not sufficient enough.</p>	<ul style="list-style-type: none"> ▪ Retake the case and a more similar medicine is to be prescribed. ▪ After retaking the case, got the same remedy. ▪ Repeat the medicine and higher the potency. 	<p>Rx Petroleum 1M/1 Dose Blank Pills (6-6-6) Blank Tab (1-1-1) -For one month</p>
<p>25/02/ 2022 Irritability and anger better, discoloration before than before</p>	<p>Slightly better than before.</p>	<p>Not to disturb the action of the medicine</p>	<p>Blank Pills (6-6-6) Blank Tab (1-1-1) Blank Disket (1-1-1) -For one month</p>
<p>04/03/2022 Scales, discoloration and itching better than before.</p>	<p>Here we can see the Improvement of the case</p>	<p>Not to disturb the action of the medicine</p>	<p>Blank Pills (6-6-6) Blank Tab (1-1-1) Blank Disket (1-1-1) -For one month</p>
<p>10/04/2022 Skin dryness and hardness completely improved, discoloration far better than before, itching and scratching better than before.</p>	<p>Improvement seems</p>	<p>Not to disturb the action of the medicine</p>	<p>Blank Pills (6-6-6) Blank Tab (1-1-1) Blank Disket (1-1-1) -For one month</p>

Before treatment



Fig 1, 2 and 3: Photographs of plaque psoriasis before treatment

After treatment



Fig 4 and 5: Photographs of plaque psoriasis after treatment

Discussion

Psoriasis has been called the marriage of all the miasm. In psoriasis condition we have the dryness of psora, the squamous character of the syphilitic eruption and the moles and warts of sycosis. Tri-miasmatic conditions can be effectively treated when similimum is approached. Individualization and miasmatic approach led to the selection of Petroleum 1M, which proved effective improvement in the treatment of plaque psoriasis. Petroleum is a well-known remedy for skin complaints and it also covers tri-miasmatic symptoms. Higher grade symptoms of petroleum include dryness, hypersensitivity, rough, cracked, a leathery appearance of skin, and the propensity to bleed easily. Homoeopathy plays an effective role in improving the case of plaque psoriasis with the help of Petroleum 1M within a period of 4 months.

Results

Homoeopathic medicine, Petroleum 1M plays a significant role in improving the case of plaque psoriasis.

Conclusion

Plaque psoriasis can be successfully improved with Homoeopathic medicines based on detailed individual case analysis. Homoeopathic treatment has shown the ability to improve plaque psoriasis internally and remove the predisposition state of the psoriasis.

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