International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2022; 6(4): 315-318
Received: 23-07-2022
Accepted: 28-08-2022

Dr. Rajitha K Nair
Professor, Department of Repertory, Government Homoeopathic Medical College Trivandrum, Kerala, India

Dr. DR Nimimole KL
Professor, Department of Materia Medica, Government Homoeopathic Medical College, Trivandrum, Kerala, India

Dr. Parvathy S Nayar
Senior Research Fellow, Psoriasis Management Project (NAM), Government Homoeopathic Medical College Trivandrum. Kerala, India

Dr. Saravan I Bhms
Project Assistant, Psoriasis Management Project (NAM), Government Homoeopathic Medical College, Trivandrum, Kerala, India

Corresponding Author:
Dr. Rajitha K Nair
Professor, Department of Repertory, Government Homoeopathic Medical College Trivandrum, Kerala, India

Homoeopathic management of non-communicable chronic skin conditions: A clinical study on the effectiveness of homoeopathic medicines for exacerbations of psoriasis

Dr. Rajitha K Nair, Dr. DR Nimimole KL, Dr. Parvathy S Nayar and Dr. Saravan I Bhms

DOI: https://doi.org/10.33545/26164485.2022.v6.i4e.677

Abstract
Non-communicable chronic skin illnesses like psoriasis, vitiligo, and lichen planus have an increasing worldwide burden and are challenging to treat therapeutically. Despite the fact that there are many treatment options available under conventional therapies, these approaches cannot be taken into consideration in the long run due to their unfavourable side effects and excessive financial implications. These diseases exhibit remissions and exacerbations throughout their chronic course, which are frequently discouraging for both patients and doctors. Therefore, the major goal was to determine the effectiveness of homoeopathic medications in treating acute psoriasis exacerbations, and the secondary goal was to identify the primary triggering events producing these exacerbations. Here, based on conventional homoeopathic principles, we provide a prospective clinical investigation on the efficiency of homoeopathic medications in treating psoriasis flare-ups. Homoeopathic management provided good symptomatic relief in patients suffering from exacerbations of psoriasis.

Keywords: Homoeopathic medicines, psoriasis, PASI Score, personalized medicine

1. Introduction
Psoriasis is a non-infectious, chronic inflammatory disease of the skin that is characterized by well-defined erythematous plaques, with silvery scales that have a predilection for the extensor surfaces and scalp. The disease runs a chronic fluctuating course, with remissions and exacerbations. Manifestations of psoriasis are not limited to the skin. Just so, comorbidities often complicate moderate-to-severe psoriasis.

The reported global prevalence of psoriasis ranges between 0.09% and 11.43% [1], so that psoriasis is a serious global health problem, with at least 100 million individuals affected worldwide [2]. Affected people feel self-conscious about their appearance and have poor self-esteem that stems from fear of public rejection and psychosocial concerns. Patients are known to experience psychological distress, especially as a result of stigmatization that may give rise to discrimination in employment and thereby social isolation.

Dermatological illnesses usually affect patients' quality of life due to the associated psychosocial stigma [3]. The clinical management of all chronic skin conditions is closely linked with these psychosocial factors and is highly determinative of disease prognosis [4]. Psoriasis too has health-related effects on patients' quality of life similar to other non-communicable diseases.

Currently, there is no cure for psoriasis [5]. and treatment is mostly directed towards controlling its signs and symptoms and modifying the natural course of disease [6]. It is noteworthy that, in surveys on patients with psoriasis, significant numbers of patients have reported frustration with the ineffectiveness of their treatment regimen [7]. This medical need remains unsatisfied to date, as no long-term solutions are available for most patients with psoriasis.

We aimed to determine the clinical effectiveness of homoeopathic medicines for managing exacerbations of psoriasis among our patients based on

a) Assessments of Psoriasis Area Severity Index(PASI)(11) before and after study;

b) Analysis of patient responses to a symptomatic questionnaire administered before and after study; and
c) Comparison of photographic changes in psoriatic lesions before and after study.

2. Materials and Methods

2.1 Research study design: This was a prospective study that compared the before and after findings of patients with psoriasis for parameters, such as PASI score, symptomatic changes, photographic changes in psoriatic lesions, etc.

2.2 Study setting and duration: Study participants were selected from among patients who attended the outpatient department clinic of our institution during February 2018-December 2018. Patients had signs and symptoms suggestive of psoriasis that were clinically diagnosed by a dermatologist and Histo-pathologically confirmed by skin biopsy.

2.3 Eligibility criteria- Inclusion/ Exclusion, Withdrawal criteria: Inclusion criteria for the study included: (a) age range, 10–70 years; and (b) ability to provide written informed consent. Exclusion criteria were: (a) pregnant and lactating women; (b) patients with known malignancy; and (c) patients on immunosuppressant therapy.

2.4 Sample size, Sampling methods Consent, Ethical committee approval

30 consecutive patients who satisfied the inclusion criteria were selected. Written informed consent was obtained from all participants prior to inclusion in the study. The study was approved by the institutional ethics committee.

2.5 Data collection, recording, and analysis

After enrolling, patients were interviewed for information regarding socio demographic characteristics, signs and symptoms, PASI severity score, etc. Routine laboratory investigations, such as complete blood count, thyroid function test, anti streptolysin O titre, rheumatoid factor, C-reactive protein, liver function test and renal function test, were performed for all patients to identify relevant comorbidities. Detailed clinical data was recorded in standardized patient records specially designed for the purpose. Patients were photographed at the start of study. All patients and their medical records and were reviewed by a dermatologist and the clinical diagnosis of psoriasis was confirmed. Biopsy of the skin lesion was performed to histo pathologically confirm the same.

Personalized and individually tailored homoeopathic medicines were identified for each patient after standard repertorisation with the appropriate repertory selected using the RADAR software (RADAR OPUS MASTER HOMOEOPATHIC SOFTWARE). Homoeopathic medicines were administered based on the fundamental principles of dose potency and repetition. Patients were clinically followed up every month or earlier, depending on the treating physician's assessment.

Outcomes of the study were evaluated by comparing the mean or median PASI scores of patients before and 6 months after inclusion in the study. Patient photographs (before and after) were also compared to substantiate study findings.

2.6 Statistical analysis

Statistical analysis was performed using descriptive statistics. The paired *t*-test and its non-parametric test Wilcoxon signed rank test were used to evaluate outcomes of treatment. $P < 0.05$ was considered to be statistically significant.

3. Results

3.1 Results according to socio demographic characteristics

60%of patients were in the age group of 40-49 with no predilection for any gender or occupation. Most of the subjects were socioeconomically above the poverty line. There was no predilection for rural or urban dwelling and 86.7% were married.

3.2 Distribution according to disease characteristics

61.4% subjects had psoriasis for more than five years and nearly a quarter of them had psoriasis for more than 10 years. A strong positive family history of psoriasis among the first degree relatives was observed in 20 % cases. Most important habit factor identified were smoking and alcoholism which had a strong positive association in 20 % cases. Among the 22 trigger factors identified as stress, alcoholism, smoking, cold exposure, climatic changes and allergy to certain things, the commonest single trigger factor identified was psychological stress (23.3%).

Among the associated self-reported symptoms obtained as a response to symptomatic questionnaire, itching was the single most common symptom reported by 83.3% cases (7) with varying severity. The second common symptom was nail affection in 56.65% cases. The commonest variety identified was plaque psoriasis (43.3% cases)

Table 1: Distribution According to Disease Characteristics

Duration	No. of patients	%
<= 5 yr	12	40.0%
6-10 yr	12	40.0%
> 11 yr	6	20.0%
Diagnosis		
Plaque psoriasis	13	43.3%
Psoriasis vulgaris	6	20.0%
Scalp psoriasis	7	23.3%
Guttate psoriasis	1	3.33%
Palmoplantar psoriasis	3	10.0%
Associated self-reported symptoms		
Itching	25	83.3%
Nail affections	17	56.6%
Arthritis	5	16.6%
Positive family history of psoriasis	6	20.0%
Trigger factors		
Stress	7	23.3%
Cold climate/winter	6	20.0%
Smoking/alcoholism	6	20.0%
Others	9	30.0%

3.3 Results-reduction in pasi score

Although 75% reduction in PASI SCORE is the current bench mark in most clinical trials, many consider this endpoint to be too stringent as it poses potentially useful therapies at risk of failing to demonstrate efficacy. In this study 75% reduction in PASI SCORE was achieved in 30% patients (9patients). In this study 50-75% reduction in PASI SCORE was achieved in 40% (12 patients) subjects. So overall 70% subjects had more than 50% reduction in PASI

SCORE, 23.3% had less than 50% and condition worsened in 6.65 % subjects(2).

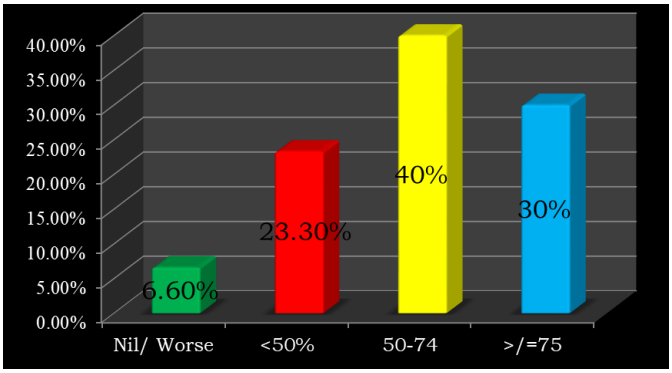

Fig 1: Percentage Reduction in PASI

3.4 Results – Homoeopathic Medicines Administered

Among the medicines selected after individualization and repertorisation NATRUM MURIATICUM in different potencies was the common medicine in 30% cases (6) followed by Aresnicum Iodatum (5 Cases) Sepia (3cases) And Arsenicum Album(3 Cases). Others Were Aurum Metallicum(2 Cases),Staphysagria (2 Cases) Mezereum, Silicea, Petroleum, Syphillinum, Phosphorus, Lachesis, Causticum, Pulsatilla And Mercurius In One Case Each.

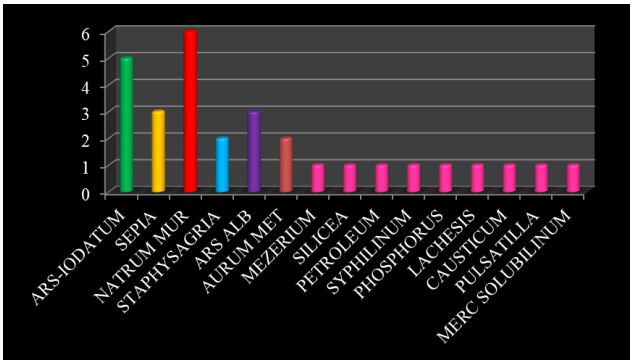

Fig 2: Graphical analysis

3.5 Results-statistical analysis

Statistical analysis of the data was done by comparing the mean and median PASI SCORE before and after the study. The mean PASI SCORE before the study was 17.39 with a SD of 12.47 with t value 5.70. Mean PASI SCORE after study was 8.57 with SD of 9.56 and p value was calculated as p=0.001

The nonparametric equivalent of paired t test ie Wilkoxon signed rank test was conducted with median PASI SCORE before study of 12.65 with an inter quartile range of 6.20-28.40 and median PASI SCORE after treatment was 4.45 with an inter quartile range of 1.97-12.72 with a p value p=0.001. Non parametric test is conducted because the distribution of PASI was not normal.

4. Discussion

Our findings suggest that Homoeopathy offers an effective and viable treatment option for the management of exacerbations in patients with psoriasis. However, to the authors' knowledge, there is a lack of clinical studies supporting the use of Homoeopathy for patients with acute exacerbations of psoriasis in the peer-reviewed literature. This lack of scientific basis and absence of therapeutic models are some of the main reasons put forth by opponents of homoeopathy. The present study was a preliminary attempt at addressing this lacuna in evidence-based medicine regarding homoeopathic treatment for patients with psoriasis.

5. Conclusion

In conclusion, our study findings strongly support the efficacy of homoeopathic medicines for managing exacerbations of psoriasis. Further long-term studies that establish the beneficial and remedial effects of personalized homoeopathic treatment regimens for patients with psoriasis are warranted.

6. Acknowledgement

This study was funded by the National AYUSH Mission, Ministry of Health and Family Welfare, Government of India. We express our sincere gratitude to National Ayush Mission for the support given to pursue a clinical study on psoriasis. We are thankful to the members and staff at Government Homoeopathic Medical College, Thiruvananthapuram, Kerala, for the infrastructure provided and also the support given.

Conflict of Interest

Not available

Financial Support

Not available

7. References

1. Michalek IM, Loring B, John SM. A systematic review of worldwide epidemiology of psoriasis. Journal of the European Academy of Dermatology and Venereology. 2017 Feb;31(2):205-12.
2. Michalek IM, Loring B, John SM. A systematic review of worldwide epidemiology of psoriasis. Journal of the European Academy of Dermatology and Venereology. 2017;31(2):205–12.
3. Augustin M, Wirth D, Mahlich J, Pepper AN, Druchok C. Cost per responder analysis of guselkumab versus targeted therapies in the treatment of moderate to severe plaque psoriasis in Germany. Journal of Dermatological Treatment. 2020 Jul 24:1-7.
4. World Health Organization. Global report on psoriasis. [Internet]. 2016 [cited 2020 Dec 2]. Available from: http://apps.who.int/iris/bitstream/10665/204417/1/9789241565189_eng.pdf
5. Hong J, Koo B, Koo J. The psychosocial and occupational impact of chronic skin disease. Dermatologic therapy. 2008 Jan;21(1):54-9.
6. Hong J, Koo B, Koo J. The psychosocial and occupational impact of chronic skin disease. Dermatologic Therapy. 2008;21(1):54-9.
7. Basavaraj KH, Navya MA, Rashmi R. Relevance of psychiatry in dermatology: Present concepts. Indian journal of psychiatry. 2010 Jul;52(3):270.
8. Basavaraj KH, Navya MA, Rashmi R. Relevance of psychiatry in dermatology: Present concepts. Indian Journal of Psychiatry. 2010 Sep;52(3):270.
9. Publishing HH. A deeper look at psoriasis [Internet]. Harvard Health. [cited 2020 Dec 2]. Available from: https://www.health.harvard.edu/diseases-and-

conditions/a-deeper- look-at-psoriasis
10. Rendon A, Schäkel K. Psoriasis Pathogenesis and Treatment. International Journal of Molecular Sciences [Internet]. [cited 2020 Dec 2] 2019 Mar, 20(6). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6471628/
11. Armstrong AW, Schupp C, Wu J, Bebo B. Quality of Life and Work Productivity Impairment among Psoriasis Patients: Findings from the National Psoriasis Foundation Survey Data 2003–2011. PLoS ONE [Internet]. [cited 2020 Dec 2], 2012, 7(12). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3532407/
12. Sterry W, Barker J, Boehncke WH, Bos JD, Chimenti S, Christophers E, et al. Biological therapies in the systemic management of psoriasis: International Consensus Conference. British Journal of Dermatology. 2004;151(s69):3-17.
13. Immunomodulatory drugs for psoriasis [Internet]. [cited 2020 Dec 2]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC196383/
14. Homeopathy [Internet]. NCCIH. [cited 2020 Dec 2]. Available from: https://www.nccih.nih.gov/health/homeopathy.
15. Psoriasis Area Severity Index (PASI) Calculator [Internet]. [cited 2020 Dec2]. Available from http://pasi.corti.li/

How to Cite This Article
Dr. Rajitha K Nair, Dr. DR Nimimole KL, Dr. Parvathy S Nayar, Dr. Saravan I Bhms. Homoeopathic management of non-communicable chronic skin conditions: A clinical study on the effectiveness of homoeopathic medicines for exacerbations of psoriasis. International Journal of Homoeopathic Sciences. 2022; 6(4): 315-318. **DOI:** https://doi.org/10.33545/26164485.2022.v6.i4e.677