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Homoeopathic management of plaque psoriasis: A case report

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Abstract

Psoriasis is an immune-mediated, chronic inflammatory, papulo-squamous disorder of the skin clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale. Homoeopathic intervention using the remedy *Natrum muriaticum* in high potency in this given case significantly reduced the psoriatic lesion and produced improvement both subjectively as well as objectively thus, improving the quality of life.

Keywords: Psoriasis, homoeopathy, *Natrum muriaticum*, LM potency

Introduction

Psoriasis is one of the most common dermatologic diseases, affecting up to 2% of the world's population [1]. It is more common in males than in females and it may occur in any age but it develops most commonly between the ages of 30 and 50 years [1, 2, 3]. The skin lesions of psoriasis are variably pruritic. Traumatized areas often develop lesions of psoriasis (the Koebner or isomorphic phenomenon). The etiology of psoriasis is still poorly understood, but there is clearly a genetic component to the disease. In various studies, 30–50% of patients with psoriasis report a positive family history [1].

Clinically there are five types of psoriasis and plaque psoriasis affects 90% in total psoriasis cases. The patches occurring on the body are symmetrical in nature and mostly localized in scalp, knee, face and elbow [2]. Fingernail involvement, appearing as punctate pitting, onycholysis, nail thickening, or subungual hyperkeratosis, may be a clue to the diagnosis of psoriasis when the clinical presentation is not classic [1]. It is associated with an increased risk of metabolic syndrome in different comorbid conditions. Emotional stress is considered an important factor and 37-78% of patients believe that stress affects their condition [4].

While conventional medicine focuses on the inhibition of inflammation in the skin and therefore generalizes the medication to the diagnosis, classical homeopathy investigates the genetic and epigenetic influences that a person has been subjected to and the individualistic response to them [5].

Case Report

A 54 years old male patient came to the OPD on 18 June 2016 with the complaint of erythematous scaly eruptions over the skin since 6 months.

History of presenting complaints

Initially, the patient developed a small eruption over his right leg (dorsal lateral aspect). Then within 2 years it spread to the whole right leg and the left leg; then to trunk and the scalp. He did not consult any doctor. He used to take Aloe Vera juice and also applied it to the eruptions. After 7 months all the eruptions cleared off but reappeared again in that winter season. The eruptions over the trunk used to clear off in other seasons but eruptions over the lower limbs and scalp were there continuously throughout the year and were not much problematic; and in due time eruptions gradually increased in size. The symptoms are generally aggravated in winter.

These eruptions became severe since three months; extending to the arm, forearm and back of the ears. There is severe itching of the eruptions and he also experienced severe soreness of the affected parts without burning or pain. Scratching aggravates itching and occasionally bleeds afterwards.

He rubs the eruptions using a cloth over them; severe itching was present during the night.

Perspiration causes the erythematous patches to peel off where a pink base remains. He lets himself to perspire so that his eruptions are peeled off. Complaints are aggravated by taking sour food and fish. Itching is also aggravated by taking these foods.

Past History

1. Affected with poliomyelitis at the age 8 months old (left lower limb).
2. Operated for hydrocele 7 years back.
3. Diagnosed as diabetic before surgery.
4. Met with an accident 4 years back, fractured right femur, operated and now he is fine.

Family History

Mother and father died of old age.

He has three brothers and three sisters and all the brothers are suffering with psoriasis.

Personal History

Appetite: Eats three times a day, but with very less appetite. He feels hungry in the afternoon only.

Desires/Cravings: He desires for fish, but gave up due to aggravation of his symptoms, desires cold bath.

Thirst: Moderate, takes three litres per day, little quantities at large intervals.

Bowels: Regular, passes once in the morning with normal colour and consistency.

Sweat: Whole body, especially on physical exertion and in warm weather.

Sleep: He goes to bed by 10 or 10.30 pm and sleeps within half an hour. He wakes up at 3 am and cannot sleep after that; he sleeps again early morning about 5 or 6 am and

wakes up by 7.30 am.

Addiction: He takes alcohol everyday 180ml/ day (since the age of 35 but he gave up drinking a year back).

Thermal: Hot patient, cannot take warm food and drinks; unable to tolerate hot weather conditions in general and prefers to take bath with cold water.

Life Space

Patient hails from low socioeconomic class. At the 8th month of his infancy, he was attacked with poliomyelitis. He studied till 5th standard and learned tailoring from his father. He got married at 21 years of age but got separated after 8 months due to family issues. There were no issues between the couple and since then, he is living alone. His brother-in-law passed away, so he wants to look after his sister's children and so he did not marry again. Patient was not much bothered about his wife or marital issue. He feels sad sometimes due to his loneliness, but he moved on strongly. He is very lively and happy during the conversation, is always active with a smile on his face. He does yoga and read books during his free time.

Examination of skin

Dry erythematous plaque over the hands, legs, scalp and small patches over the trunk, back and behind the ears. Pitting of nails observed, marked on right hand especially ring finger. Onycholysis of the middle finger of right hand and index finger of left hand.

Primary lesion: Acaly papule with very dry eruptions, Auspitz's sign is positive.

Evolution of lesion: First small scaly eruptions developed on the dorsal, lateral aspect of right lower limb which gradually increased in size and extended to the left lower limb, trunk and scalp. And later, it extended to the upper limbs.



Fig 1: Before treatment photographs

Provisional diagnosis: Plaque Psoriasis

Table 1: Case Processing - Analysis of the Case and Evaluation of symptoms

Sl. No.	Symptoms	Miasmatic Analysis ⁶
<i>Symptoms of the individual</i>		
<i>Mental General</i>		
1	Patient is vivacious and lively	Psora and Syphilis
<i>Physical General</i>		
2	Desires for fish	Psora
3	Desires cold bath	Syphilis
4	Perspiration ameliorates the symptoms	Psora
5	Hot patient	Syphilis
<i>Symptoms of the disease</i>		
<i>Particulars</i>		
6	Dry scaly eruptions	Psora
7	Severe itching aggravates at night	Syphilis
8	Scratching aggravates itching	Psora
9	Complaints aggravated by eating fish and sour food.	Psora and Syphilis
10	Complaints aggravates during winter	Psora

Hahnemannian clinical classification and Miasmatic diagnosis

This is a dynamic true chronic fully developed mixed miasmatic disease with psoro-syphilitic predominance.

Totality of the case

- 1) Patient is lively and vivacious
- 2) Desires for fish

- 3) Desires cold bath
- 4) Ameliorated by perspiration
- 5) Hot patient
- 6) Dry scaly eruptions.
- 7) Scratching aggravates itching
- 8) Itching aggravates at night
- 9) Complaints aggravated by eating fish and sour food

Table 2: Repertorial totality

Sl. No.	Symptoms	Rubrics
1	Patient is lively and vivacious	Mind-cheerful, gay, happy
2	Desires for fish	Stomach – desires – fish
3	Complaints aggravated by eating sour food	Generalities-food-sour-aggravation
4	Desires cold bath	Generalities- bathing – cold- desire for
5	Hot patient	Generalities-warm-aggravation
6	Ameliorated by perspiration	Perspiration-symptoms-amelioration while sweating.
7	Dry scaly eruptions	Skin-eruptions-scaly
8	Itching aggravates at night	Skin - eruption - itching - night
9	Scratching aggravates itching	Skin-itching-scratching – aggravation

Repertorisation [7]

Remedy Name										
	Ars	Nat-m	Sulph	Phos	Rhus-I	Merc	Staph	Ant-c	Bell	
Totality	13	12	11	10	10	9	8	8	8	
Symptom Covered	8	7	5	6	4	5	6	5	5	
[KT] [Mind]Cheerful gay,happy (see murth):	1	1	2	2		1	1	1	2	
[KT] [Stomach]Desires.Fish:		2		1						
[KT] [Generalities]Food:Sour :Agg:	2	1	2	1			2	3	2	
[KT] [Generalities]Bathing:Cold :Desire for:		1								
[KT] [Generalities]Warm :Agg:		2	2	2		2	1	2	1	
[KT] [Perspiration]Symptoms.Amel while sweating:	2	3			3				1	
[KT] [Skin]Eruptions:Scaly:	3	2	2	3	2	2	1	1	2	
[KT] [Skin]Eruptions.Itching.Night:	2				2	3	1	1		
[KT] [Skin]Itching.Scratching :Agg:	3		3	1	3	1	2			
Symptoms 9	Remedies 196									

Fig 2: Repertorial sheet

Prescription

Natrum muriaticum: 1M/ 1 dose
 Sacrum lactum 4 pills once a day for 15 days

Natrum muriaticum was selected as the remedy based on the result of repertorisation and in consultation with the homoeopathic materia medica.

Table 3: Therapeutic intervention with follow up

Date	Symptom response	Prescription
July 2, 2016	No change in the skin complaints, wait and watch for the action of the remedy	Given Sac lac 4 pills OD for another 15 days
July 16, 2016	No change in the skin complaints. The totality still reflects the remedy <i>Natrum muriaticum</i> .	<i>Natrum muriaticum</i> 0/1 for 1 month (OD)
August 27, 2016	Slight itching has been reduced Sleeps better, does not get up at 3 am now.	<i>Natrum muriaticum</i> 0/2 for 1 month (OD)
October 1, 2016	Itching decreased more than the last follow up.	<i>Natrum muriaticum</i> 0/3 for 1 month (OD)
November 12, 2016	Eruptions little bit dried. Itching reduced. Sleep much better.	<i>Natrum muriaticum</i> 0/3 for 1 month (OD)
December 17, 2016	Eruptions on arms has been dried up No itching at all.	<i>Natrum muriaticum</i> 0/4 for 1 month (OD)
January 28, 2017	No eruption on arms. Eruptions on chest also dried up. Eruptions on legs still persist.	<i>Natrum muriaticum</i> 0/5 for 1 month (OD)
February 25, 2017	Eruptions on legs started drying up.	<i>Natrum muriaticum</i> 0/5 for 1 month (OD)
April 1, 2017	Eruptions on legs dried up. No itching, eruptions almost absent.	<i>Natrum muriaticum</i> 0/6 for 1 month (OD)
May 27, 2017	Eruptions completely dried up. Eruptions absent and no further eruptions seen.	Sac lac 4 pills OD for 1 month
July 15, 2017	No new eruptions. Complaints absent.	Sac lac 4 pills OD for 1 month



Fig 3: During treatment photographs



Fig 4: After treatment photographs

Discussion & Conclusion

After repertorisation, *Natrum muriaticum* 1M/1 dose was prescribed on the first day of the visit with Sac lac for 15 days. But there was no change of symptoms on the second and the third visit even though the totality of the case still reflected that of *Natrum muriaticum*. So, the potency was further increased and changed to the LM potency where 0/1 was given. This showed some changes and improvement in the symptoms and thereby the potency was further increased till 0/6 in the subsequent visits after which the symptoms of the patient were completely cleared off. The present case showed that the selected homoeopathic remedy *Natrum muriaticum* was the exact simillimum.

Kent in his repertory says that, “unless the symptoms that characterize the patient are brought out in the record, the physician should not be surprised at a failure. The remedy must be similar to the symptoms of the patient as well as the pathognomonic symptoms of his disease in order to cure.”

[8] In this case, Arsenic album and Rhus toxicodendron covered most of the pathology and very few generals, whereas *Natrum muriaticum* is covering mostly the characteristic features of the patient as well as the characteristic symptoms of pathology of the disease. Thus, *Natrum muriaticum* which was prescribed has brought absolute improvement in the patient irrespective of his chronic suffering.

Informed Consent

Patient consent was obtained prior to case taking for confidentiality of his identity.

Conflict of Interest

Not available

Financial Support

Not available

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