



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2023; 7(2): 81-87
Received: 13-02-2023
Accepted: 26-03-2023

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Constitutional treatment of plaque psoriasis: A case report

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i2b.812>

Abstract

Background: Psoriasis is an inflammatory immune-mediated disease with an unknown in its aetiology. It is a debilitating, disfiguring, and painful condition with significant detrimental effects on patients' quality of life. Around 2% is thought to be the global prevalence; however, this varies from one country to another.

Patient presentation: A 55-year-old male patient diagnosed with Plaque Psoriasis, suffering from severe itching with a burning sensation, brownish discolouration of the skin with much scally formation and sometimes blood oozes after scratching on forearms, scalp and both knee regions from the last 9 years.

Conclusion: The patient was treated with various kind modes of treatment but there was no satisfactory result came out. Therefore, the patient pursued homoeopathic treatment for a long-term cure. A Homoeopathic constitutional medicine *Lycopodium clavatum* 30 was prescribed based on the totality of symptoms. The symptoms improved, but after some time, they all came to a halt. According to homoeopathic principles, this led to an increasing the potency of *Lycopodium clavatum* 200. After a few months of treatment, there was an appreciable result came out and as well as a perceivable improvement in the PASI Index. This case shows a favourable effect of a constitutional homoeopathic medicine on plaque psoriasis.

Keywords: Plaque psoriasis, homoeopathy, *Lycopodium clavatum*, constitutional treatment, PASI score

Introduction

Although psoriasis is arguably as old as humans, the roots of psoriasis identification can be found in Ancient Greece. The Greek "Father of Medicine," Hippocrates (460–377 BC), is credited with penning some of the earliest descriptions of skin conditions. He used the words psora (itch) and lopoi (scaly, dry) to characterise the scaly, dry aspects of psoriasis [1]. Psoriasis is a frequent and chronic inflammatory skin condition that is characterized by papulosquamous lesions with scaly and clearly delineated red and indurated plaques, particularly on extensor surfaces [2, 3]. The manifestation of psoriasis is almost 2-3% of the global population. Worldwide research revealed a second surge in psoriasis incidence throughout the sixth and seventh centuries; although, these rates appeared to decline at the end of life [4, 5, 6]. Psoriasis is also now considered an immune-mediated condition, with TNF, dendritic cells, and T-cells all playing roles in its pathogenesis [7, 8]. The disease has a robust but complicated genetic foundation, with monozygotic twin concordance being over 60% [9, 10]. Psoriasis appears to be influenced by a variety of factors including Infections, beta-blockers, lithium, chloroquine, and non-steroidal anti-inflammatory drugs (NSAIDs), as well as other medications, the length of antipsoriatic treatments, endocrine variables, sunshine, alcohol, smoking, and stress are the main responsible factors [11, 12, 13]. Psoriasis congruence in twin studies also implies a hereditary basis for the illness. Monozygotic twins have a concordance of 35-72%, but dizygotic twins have a concordance of 12-30%. Additionally, psoriasis is characterised by a similar age of onset, disease location, intensity, and clinical course among congruent twin pairs [5, 14, 15]. Erythematous plaques and prominent borders are clinically noted to be coated with pearlescent squamous. The knees, elbows, scalp, and sacral area are the most common locations for lesions, which have a uniform distribution [16, 17]. Squamae are layers of white lamellae that peel off when the surface of the psoriatic plaque is scraped with a blunt knife and display coherence after removal, much like candle wax. The term "wax spot phenomena" is frequently used to describe this desquamation. Parakeratotic hyperkeratosis is indicated by it. Psoriatic plaque can be scraped off further to reveal a moist

coating that is stuck to the lesion. The "last membrane phenomenon," is the final layer of the dermal papillae in the epidermis and is a pathognomonic indication of psoriasis. Further scraping of the plaque reveals an erythematous background, bleeding foci, and the Auspitz sign, which denotes papillomatosis on the edges of dermal papillae. A hypopigmented macular ring known as a "Woronoff ring" can be seen around cured psoriatic plaques [16, 17, 18, 19]. Similar to other chronic conditions like depression, myocardial infarction, cancer, and hypertension, psoriasis has an impact on health-related quality of life (HRQoL) [20]. Even in mild cases of psoriasis, the visual aspect of the condition can be extremely debilitating, leading to signs of stigma, diminished self-esteem, sadness, anxiety, and suicidal thinking [21, 22, 23]. Psoriasis can be psychologically distressing, particularly on parts of the skin that are extremely visible. It has been shown that psychological impairment occurs in both social and professional contexts [24, 25, 26, 27]. According to a survey of 502 persons with moderate-to-severe psoriasis, 38% of patients report that their daily activities, such as job, school, interpersonal connections, and intimacy, are affected by the disease [28, 29]. The principle of Homoeopathy is "like cures like". The results of clinical studies and meta-analyses demonstrated that homoeopathy has unique effects [29, 30]. Homoeopathy is a distinctive and ancient method of treatment [31]. Positive effects of Psoriasis shown by Homoeopathic treatment in adult age [2, 32].

Case report

A 55-year-old male patient visited my clinic on 06/06/2022 and presented with complaints of severe itching with a burning sensation, thickening of the skin, brownish discolouration of the skin with much scally formation with a clear marginal border on forearms, scalp and knees region from last 9 years (Fig.1). Itching all day but aggravated at night and amelioration from wrapping up. Also, he was suffering from joint pain for the last 2 years. He was also diabetic and taking allopathic medicine. The patient was melancholic, confused and petulant. His psoriasis was treated with modern medicine (antifungal and steroidal ointment) by dermatologists for 9 years prior to visiting my O.P.D. At that time, his symptoms only somewhat improved for a short period, and then they returned with greater vigour. When his concerns grew worse, he frequently

switched dermatologists, but the problems persisted. He was planning to choose homoeopathic treatment under these scenarios.

There was a past history of typhoid at 12 years of age, and dengue at 4 years ago. He had an addiction to smoking and tobacco chewing for the last 15 years. In the family history his father, mother and parenteral grandfather had diabetes.

The patient had tall stature, a dark complexion and his facial expression was always anxious and petulant for his complaints.

On examination of the skin there were dry, reddish in colour and had much scally formation with sometimes oozes bleed and burning sensation after much scratching over the forearms, scalp and knees. Other all systemic examination was normal.

Homoeopathic Generalities

Mental Generals

Anxiety+++ , confusion of mind++ , depression+++ (sad, melancholic), petulant+++ , apprehensive++ , forgetful++.

Physical Generals

The physical generalities were good appetite, Stomach heavy aggravation after meal & ameliorated by lying+ , warm food++ and sweet++ desire, bitter taste, aversion to bread++ , aversion to bathing especially in winter+++ , great thirst after meal++ , Involuntary emission of urine + , profuse and offensiveness perspiration, stool hard++ difficult+ and unsatisfied, un-refreshing sleep++ , thermal reaction chilly++.

Analysis of the case and repertorization

A detailed analysis and evaluation of the characteristics and symptoms were converted to totality & further converted to the rubrics.

Totality of Symptoms & Rubrics

Anxiety, Confusion of mind, Depression (sad, melancholic), Petulant, Apprehensive, Forgetful, Lack of vital heat, Desire warm food and sweet, Aversion to bread, Great thirst after meal, Un-refreshing sleep, Involuntary emission of urine, Stomach heavy aggravation after meal & ameliorated by lying, Stool hard difficult and unsatisfied, Eruptions-psoriasis, Eruptions- scaly, Skin: thickened, Skin: brownish discolouration, Itching- after scratching burning, Skin: dry.

Repertorial Analysis

Table 1: Repertorial Analysis

| Remedy Name | Lyc | Sulph | Phos | Ars | Sep | Calc | Rhus-t | Nat-m | Sil | Nit-ac | Lach | Merc |
|---|-----|-------|------|-----|-----|------|--------|-------|-----|--------|------|------|
| Totality | 63 | 56 | 55 | 54 | 53 | 49 | 47 | 47 | 45 | 44 | 43 | 43 |
| Symptoms Covered | 24 | 23 | 22 | 23 | 22 | 21 | 21 | 20 | 23 | 21 | 20 | 20 |
| Kingdom | | | | | | | | | | | | |
| [Kent] [Mind]Anxiety | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 2 | 3 | 2 | 2 |
| [Kent] [Mind]Confusion of mind (see concentration) | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 |
| [Kent] [Mind] Sadness, mental depression | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 |
| [Kent] [Mind]Despair | 2 | 2 | | 3 | 1 | 3 | 2 | 2 | 1 | 2 | 2 | 2 |
| [Kent] [Mind]Irritability (see anger) | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 |
| [Kent] [Mind]Fear (see anxiety) | 3 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 1 | 1 | 1 | 2 |
| [Kent] [Mind]Forgetful (see memory) | 3 | 2 | 3 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 2 | 3 |
| [Kent] [Generalities] Heat: Vital, lack of | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 2 |
| [Kent] [Stomach]Desires: Warm: Food | 2 | | | 3 | | | | | 1 | | | |
| [Kent] [Stomach] Desires: Sweets | 3 | 3 | | 1 | 2 | 2 | 2 | 1 | | | | 1 |
| [Kent] [Stomach]Aversion: Bread | 2 | 1 | 2 | | 2 | | 1 | 3 | | 2 | 1 | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [Kent] [Stomach] Thirst: Eating: After | 1 | | 1 | | | | | | 1 | 1 | | |
| [Kent] [Sleep]Unrefreshing | 2 | 2 | 3 | 2 | 2 | 1 | | 2 | 2 | 3 | 3 | |
| [Kent] [Bladder] Urination: Involuntary | 3 | 2 | 3 | 3 | 3 | 1 | 3 | 3 | 1 | 2 | 2 | 2 |
| [Kent] [Stomach]Heaviness, weight, oppression (see fullness) | 3 | 3 | 2 | 2 | 1 | | 1 | 2 | 2 | 1 | 1 | 1 |
| [Kent] [Stomach] Fullness: Sensation, of | 3 | 3 | 3 | 1 | | 2 | 2 | 2 | 1 | | 1 | 2 |
| [Kent] [Stool]Hard: | 3 | 3 | 3 | 2 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 2 |
| [Kent] [Rectum]Constipation (see inactivity): | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 2 |
| [Kent] [Skin]Eruptions: Psoriasis | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | | 2 |
| [Kent] [Skin]Eruptions: Scaly | | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | | 2 |
| [Kent] [Skin]Hard: Thickening, with | 2 | 1 | 1 | 2 | 3 | 2 | 3 | | 1 | | 2 | |
| [Kent] [Skin] Discoloration: Brown, liver spots | 3 | 3 | 2 | 2 | 3 | 1 | | | 1 | 3 | 3 | 3 |
| [Kent] [Skin]Itching | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 2 | 3 |
| [Kent] [Skin]Burning | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 2 | 3 | 1 | 3 | 2 |
| [Kent] [Skin]Dry | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 |

Clinical diagnosis: - Plaque Psoriasis.



Fig 1: Before Homoeopathic Treatment

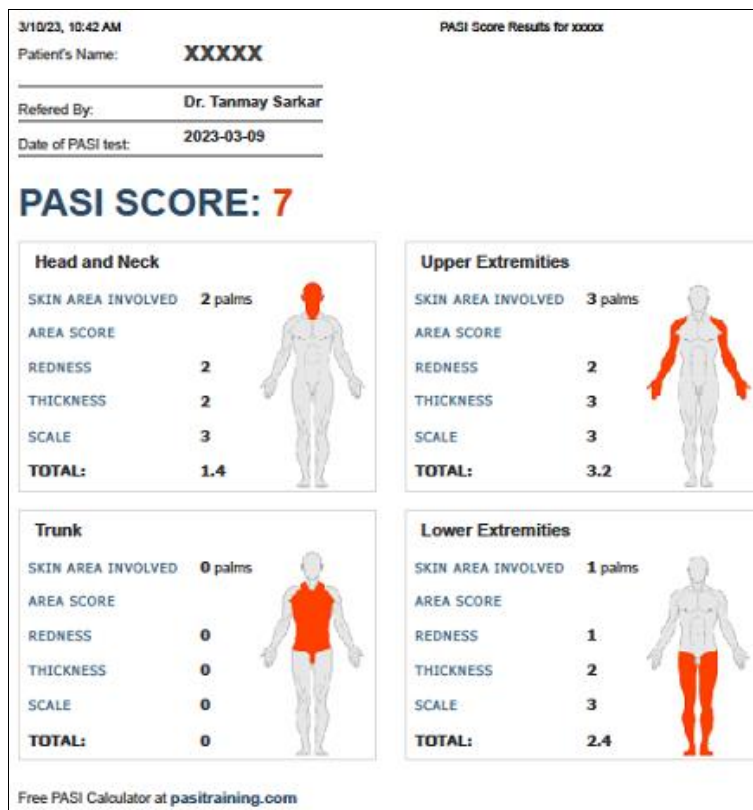


Fig 2: PASI Score before Homoeopathic Treatment

Bases of Selection Individualized Homoeopathic Medicine (IHM)

Lycopodium Clavatum is chosen based on the Totality of Symptoms. Repertorial analysis done by J.T. Kent &

Symptoms Cross checked by William Boericke and Clark materia medica (33,34,35,36,37). We selected *Lycopodium Clavatum* as a constitutional remedy.

Table 2: Patient Follow-up

| Date | Symptoms | Remedy |
|------------|--|--|
| 02/01/2022 | Brownish discoloration of skin, much scally formation, voluptuous itching, burning sensation at night, complaints amelioration from wrapping up. | <i>Lycopodium Clavatum</i> -30 BD × 6 doses |
| 05/02/2022 | Slightly itching and burning sensation ameliorate but others complaints same as before. | <i>Lycopodium Clavatum</i> -200 OD × 2 doses |
| 10/03/2022 | Skin symptoms like itching, burning, scally formation slightly better but mental symptoms same as before. | <i>Lycopodium Clavatum</i> -1M OD × 2 doses |
| 03/04/2022 | No new symptoms were arise both skin and mentally. | Placebo-6 OD× 16 doses |
| 20/04/2022 | Gradually all complaints were ameliorated. | Placebo-30 4 globs× TDS× 15 days |
| 05/05/2022 | Itching and burning sensation were better but scally formation still present and also surface areas were reduced. | Placebo-200 4 globs× TDS× 15 days |
| 18/05/2022 | Gradually all complaints were ameliorated. | <i>Lycopodium Clavatum</i> -10M OD × 2 doses |
| 06/06/2022 | No itching, no burning sensation, scally formation and surface areas were reduced. | Placebo-1000 4 globs× TDS× 15 days |
| 10/07/2022 | No itching, no burning sensation, scally formation and surface areas were reduced. | Placebo-2000 4 globs× TDS× 30 days |
| 12/08/2022 | No itching, no burning sensation, scally formation and surface areas were reduced. | Placebo-3000 4 globs× TDS× 30 days |
| 15/09/2022 | All complaints were better than before. | <i>Lycopodium Clavatum</i> -50M OD × 2 doses |
| 10/10/2022 | All complaints were better than before. | Placebo-4000 4 globs× TDS× 30 days |
| 13/11/2022 | No itching, no burning sensation, minimum scally formation, surface areas were reduced. | Placebo-5000 4 globs× TDS× 30 days |
| 05/12/2022 | No itching, no burning sensation, no scally formation, surface areas were reduced. | Placebo-5000 4 globs× TDS× 30 days |
| 08/01/2023 | No itching, no burning sensation, no scally formation, surface areas were reduced. | Placebo-5000 4 globs× TDS× 30 days |
| 10/02/2023 | No itching, no burning sensation, no scally formation, surface areas were reduced. | <i>Lycopodium Clavatum</i> -50M OD × 2 doses |

Table 3: Assessment by Modified Naranjo Criteria Score [30, 38, 39, 40, 41]

| SL. No | Item/Question | Yes | No | Not sure or N/A |
|--|--|----------|----|-----------------|
| 01 | Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed? | +2 | 0 | 0 |
| 02 | Did the clinical improvement occur within a plausible time frame relative to the drug intake? | +1 | -2 | 0 |
| 03 | Was there an initial aggravation of the symptom? (need to define in a glossary) | +1 | 0 | 0 |
| 04 | Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed? | +2 | 0 | 0 |
| 05 | Did overall well-being improve? (suggest using a validated scale) | +2 | 0 | 0 |
| 06(a) | The direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? | +1 | 0 | 0 |
| 06(b) | The direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards. | +1 | 0 | 0 |
| 07 | Did old symptoms” (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement? | +1 | 0 | 0 |
| 08 | Are there alternate causes (other than the medicine) that-with a high probability- could have caused the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant intervention | -2 | +1 | 0 |
| 09 | Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.) | +1 | 0 | 0 |
| 10 | Did repeat dosing, if conducted, create similar clinical improvement? | +2 | 0 | 0 |
| Total score =Maximum score=13 Minimum score=02 | | Score=11 | | |

The interpretation of the total Naranjo Score predicting drug action is as follows: Total scores range from -4 to +15; the reaction is considered definite if the score is 11 or higher,

probable if 5 to 8, and possible if 1 to 4, and doubtful if 0 or less [30, 38, 39, 40, 41].

**Fig 3:** After Homoeopathic Treatment



Fig 4: PASI Score after Homoeopathic Treatment

Discussion

Globally homoeopathy is the second largest medical system and according to homoeopathic law it treats the patient not the disease [30, 42, 43, 44]. If the right individualised homoeopathic medicine (IHM) is chosen for the treatment, it will act both symptomatically and holistically [44, 45, 46]. In this case report, there was also a selected IHM, *Lycopodium Clavatum* 30, as well as being constitutionally followed. After this prescription, there was no new symptoms appeared and the patient felt much better after 2nd follow-up. In this case report 1st and 2nd follow-ups showed not much response but after that, the patient gradually recovered. A clear picture that *Lycopodium Clavatum* showed a beautiful result upon PASI Score was before treatment 7 and after treatment 0.2 and IHM performs incredibly well, scoring 11 out of 13, according to the Modified Naranjo Criteria [2, 47].

Conclusion

Homoeopathy is a unique system of medicine in the modern era [42, 47, 48]. This case report serves as further evidence that homoeopathic drugs can effectively treat psoriasis. We chose homoeopathic medicines based on characteristic symptoms and through the individualisation of the patient which covers the miasmatic background. These forms of remedy selection methods can potentially permanently relieve the patient and heal them at a deeper level. Whether we select symptomatic treatment, a concoction of several medications, or apply any suppressive external application, this has a negative impact on the patient. So, Individualised Homoeopathic Medicine (IHM) is capable of permanent relief of physical as well as mental symptoms of the comorbidity psoriasis patient. In the meanwhile, every chronic as well as acute case needs good homoeopathic

case-taking and prescription. For the benefit of homoeopathy, more research is required on this subject. The case is still under treatment.

Acknowledgement

The author wishes special thanks to Dr. Joydev Sarkar, Dr. Asok Kumar Das.

Conflict of Interest

None

Source of Funding

None

Declaration of patient consent

The appropriate patient consent form was obtained, the authors attest. On the form, the patient has given his permission for his pictures and other clinical information to be included in this publication. The patient is informed that his identity will be kept a secret.

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How to Cite This Article

Sabud A, Das A, Debbarma R. Efficacy of Individualized homoeopathic intervention in subclinical hypothyroidism: A case report. *International Journal of Homoeopathic Sciences*. xxxx;x(x):xxx-xxx.

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