

# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485 www.homoeopathicjournal.com IJHS 2023; 7(2): 222-223 Received: 14-02-2023

Received: 14-02-2023 Accepted: 21-03-2023

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# Psoriasis and homeopathy: Need for research?

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**DOI:** https://doi.org/10.33545/26164485.2023.v7.i2d.831

#### Abstract

This article is a review of a few articles on research on Psoriasis. This would help us understand the state of research in India on Psoriasis, what aspects have already been researched and what aspects still require more attention. Because psoriasis is not merely affecting the physical aspect of life, it also hampers with the mental, social and financial aspects of life of the suffering individual.

**Keywords:** Homeopathy, Psoriasis, psychosomatic, skin diseases, Autoimmune, research, quality of life, dermatology life quality index (DLQI).

#### Introduction

- "The mind that opens to a new idea never returns to its original size"
- Albert Einstein

The mind of the researchers is most likely to absorb the data from environment with an affinity to their topic of interest. Any research in the field of medicine would undoubtedly contribute greatly whether the conclusion is in form of affirmation or negation. Mankind has been craving development in the field of science since eternity. As researchers, we are accountable to append and augment our methodologies and therapies to survive against the wrath of nature. Diseases are expressions of the incompatibility between the organism and its environment, the result of conflict between him and the nature.

The layers of skin being the most superficial covering blanketing our body are the nature's way of protecting us from the environment. It acts as a physical barrier from the external environment. So, in a way its function is primarily to protect the internal environment from the external stimulations. This system is well organised and prepared to perform its functions in a meticulous manner in coordination with the other systems of the body to maintain life. Just like any other system, there is a threshold of this system too, when it comes to survival against the odds. The endurance level of the integumentary system is break down when the stimulations are way too harsh. In some cases, the internal environment weakens it from within. This is when it develops into disorders where an external aid in form internal medication helps out in best possible manner.

The skin disorders with internal causation needs a treatment plan typically focused on the causation and trend of the disease. As our master Hahnemann has already mentioned in aphorism 187 of the Organon of medicine,  $6^{th}$  edition that the chronic diseases from internal derangements are:-

"But "local" manifestations that are not produced by external injury have their source within the body. To see them and treat them as external is as absurd as it is pernicious. (§ 187)"

So even if the rest of the body doesn't seem connected to the outermost layers, but they are! They are very much connected to the core of the mind and body. The imbalance in the harmony of the unit as a whole would create the greatest of disturbance expressed outwardly in the most or least of intensities. The degree of damage done within couldn't be estimated by the extent of the lesions expressed on the exterior. A complete study of the living organism would help us learn about the disorder in its whole extent and at the same time about plan of treatment or management relevant to the findings after the case study.

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This is what typically is required to enrich the great minds of medicine of this era. The growth of medicine would help the mankind. The contribution of Homeopathy as well as modern medicine in collaboration is what this world needs for a healthy progress of man now. In general medicine needs to grow further and pace up or even go beyond the wrath of nature. For this goal to be accomplished we have to search and research more about the existing illnesses and the modification trends and the changes required in treatment plans and better management protocols.

Psoriasis is a genetically determined immune-mediated inflammatory disease mediated by T-helper 1 (Th1)/Th17 T cells. With a prevalence of 0.44-2.8 per cent in India, it commonly affects individuals in their third or fourth decade with males being affected two times more common than females<sup>1</sup>. Psoriasis significantly impairs the quality of life of patients and their families resulting in great physical, emotional and social burden. Psoriasis affects nearly 1% of the world population.

In a study, it was seen that Psoriasis can have a profound impact on a patient quality of life. The measurement of disease severity and its impact on patient's quality of life is being neglected in Indian population [2]. This article also points out the concern of WHO on research on Psoriasis, where they have found the limitations in therapeutics researches. In this study they have focussed on need for researches related to psoriasis especially addressing the aspects of epidemiology, aetiology, association with comorbidities, treatment and ways to improve healthcare services [2]. Here they have understood that Psoriasis, being a psychosomatic illness has influences of environment, ethnicity, genetics, clinical presentations and treatment outcomes.

It has been found in this study that the data related to psoriasis in Indian population is largely based on prevalence of psoriasis from hospital based studies as compared to well defined large population based studies. It also indicates the necessity of research on genetics and epidemiology, various types of diseases, their associations, intensity and progress of psoriasis in Indian population. This would effectively enhance the data required for better outcomes and treatment plans for psoriasis particularly for Indian patients of psoriasis. Though there have been a few studies which focus on correlating genetics of psoriasis with metabolic disorders but still there remains a huge gap in devising better therapeutic methods, which needs to be filled up increasingly with newer researches in these areas. Also it becomes indispensable for the upcoming generations of medical researchers to formulate new ways to identify risk factors and comprehend novel therapies particularly for Indian population suffering from Psoriasis.

The Indian researchers were ranked 11<sup>th</sup> when compared to most active countries (such as the US, UK and Germany) and were reported to actively contribute to psoriatic research as evidenced by their substantial number of publications (849 articles during 1973-2012; 2% of global production) with an overall growth rate of 127.5 percent <sup>[2]</sup>. This now becomes chiefly an obligation for Indian scientists to undertake charge of assessment of the prevalent data and produce extensive information to sketch out the picture of Psoriasis in India.

There was another study conducted to assess the quality of life in patients with Psoriasis associated with severity of the disease. It was done as a cross sectional study with pretested DLQI (Dermatology life quality index). It was seen in the study that there is no significant difference between adjusted score of multiple domains of QOL in psoriatic patients according to PASI levels [3]. Assessment of QOL helps in strengthening the patient doctor rapport, better follow up, treatment adherence and outcome. The outcome of this study helps us on delivering better care to patients of psoriasis as it was observed that 85% of patients with negative impact on QoL, felt happy satisfied on being evaluated upon this questionnaire. This brings into light that treatment must be aimed at removing negative thoughts about the disease.

Another observational study was conducted in 2014-2015 in understanding the severity of the disease with PDI and DLQI scales, where the impact was seen to be on the quality of life in psoriatic patients. This study indicates that PASI is a reliable parameter to measure the severity of disease and PDI and DLQI for measuring the quality of life in psoriatic patients [3].

#### **Conflict of Interest**

Not available

### **Financial Support**

Not available

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#### **How to Cite This Article**

Kadu K. Psoriasis and homeopathy: Need for research? International Journal of Homoeopathic Sciences. 2023;7(2):222-223.

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