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## Homoeopathy in facial psoriasis: An evidence-based case report

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### Abstract

**Background:** Psoriasis is a chronic inflammatory, hyper proliferative skin disease. It is an autoimmune and chronic inflammatory disease of the skin, sufficient to cause much embarrassment to the patient with its distressing infection episodes. The Patient under report attended for the complaint of shining, scaly, coppery eruption in the eyes and corners of mouth for the last 3 years. She had been suffering from psoriasis diagnosed clinically. After unsatisfactory outcome with modern medicine, patient turned to homoeopathic treatment.

**Method:** After detailed case-taking and repertorization *Psorinum* 200c, one single dose was prescribed, after which patient began to improve in the subsequent visits and after that he was kept on placebo till he became symptom free on her last visit.

**Results:** The causal association of clinical outcome to the homoeopathic treatment was evaluated using Modified Naranjo Criteria for Homoeopathy (MONARCH) tool. Significant improvement was found in the psoriatic skin affections as evidenced photographically. The MONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment.

**Conclusion:** This present case-report suggests the effectiveness of homoeopathic remedies in treatment of psoriasis, but further clinical trials are required to validate its results and to explore a new horizon.

**Keywords:** Psoriasis, case report, MONARCH, homoeopathy

### Introduction

Psoriasis is a chronic inflammatory skin disease characterized by well-defined, erythematous scaly plaques, primarily affecting extensor surfaces and the scalp. It typically follows a relapsing and remitting course<sup>[1]</sup>. Its prevalence varies across different regions, ranging from 0.1% to 3% worldwide. In the United States, approximately 2% of the population is affected, while Western countries estimate a prevalence of 2-4%<sup>[2]</sup>. However, global estimates suggest regional incidences ranging from 0.09% to 11.43%. Psoriasis commonly begins in the second to fourth decades of life but can also manifest in infancy or old age. The familial occurrence of psoriasis, ranging from 7% to 36%, indicates a genetic component in its development. Both genetic and environmental factors contribute to the disease, with similar onset and severity observed in familial cases. The human leukocyte antigen-C (HLA-C) variants within the major histocompatibility complex (MHC) on chromosome 6 account for almost half of the heritability of psoriasis<sup>[1]</sup>. Psoriasis prevalence in the general population is around 2%, but it increases to approximately 10% in individuals with Crohn's disease and 5.7% in those with ulcerative colitis<sup>[3]</sup>. Psoriasis is a papulo-squamous disease with diverse morphological distribution, severity, and course. Papulo-squamous diseases<sup>[4]</sup> are characterized by scaling papules and plaques. Differential diagnoses may include tinea infections, pityriasis rosea, and lichen planus. Psoriasis lesions are distinct, presenting as well-circumscribed, circular, red papules or plaques covered by a gray or silvery-white, dry scale. These lesions typically appear symmetrically on the scalp, elbows, knees, lumbosacral area, and body folds. It can also develop at the site of injury or trauma, known as Koebner's phenomenon. Uncontrolled or progressive psoriasis may lead to generalized exfoliative erythroderma. Nail involvement is common, especially in the presence of psoriatic arthritis. When the tongue is affected, sharply circumscribed gyrate red patches with a white-yellow border may be present, resembling a map - referred to as geographic tongue. Psoriasis can have a variable course, presenting as chronic, stable plaques or with acute onset, rapid progression, and widespread involvement. Various clinical variants of psoriasis exist, including flexural psoriasis, guttate psoriasis, erythrodermic psoriasis, and pustular psoriasis.

[5]. It can also happen in the facial region [6] and a study conducted by revealed that Facial involvement [6] in psoriasis was associated with higher disease severity and more treatment modalities in children and adolescents and its identification should influence the therapeutic decision [7]. For diagnosis a skin biopsy is usually unnecessary unless there is diagnostic uncertainty. An infection screen, including a throat swab or serology for recent streptococcal infection, may be informative in cases of guttate psoriasis. Assessing the impact on the patient's life is crucial, and it is measured using the Dermatology Life Quality Index (DLQI). Disease extent is evaluated using the Psoriasis Area and Severity Index (PASI) [8]. Given the association between psoriasis and metabolic syndrome, assessing, and managing comorbidities and cardiovascular risk factors is essential. HIV testing should be considered in severe or treatment-resistant cases. In modern medicine, three treatment options [9] are available based on the type of psoriasis: topical, systemic, and phototherapy. Topical treatments are suitable for mild to moderate psoriasis, including medications such as Dithranol, Calcineurin inhibitors, coal tars, retinoids, Salicylic acid, vitamin D analogues and corticosteroids etc. Among the systemic drugs used for psoriasis, methotrexate and cyclosporine are commonly prescribed. Additionally, biologic drugs have shown effectiveness in treatment. Examples of tumor necrosis factor blockers include etanercept and adalimumab, while drugs targeting interleukin 12/23 inhibitors include ustekinumab and Risankizumab. Though numerous case reports [10-14] have provided evidence supporting the efficacy of homeopathic treatment in psoriasis but there is a scarcity regarding facial psoriasis in homoeopathy. In a multicentric study [15] conducted using a pragmatic model, the objective was to evaluate the response to individualized homeopathic treatment in psoriasis patients, focusing on changes in disease severity and quality of life measured by the PASI and PDI scales, respectively. The study followed up with participants regularly for one year, and those who completed the one-year follow-up were included in a long-term assessment for an additional two years. Significant reductions were observed in PASI scores and patient and physician global assessment scales. Another prospective multicenter observational study [16] aimed to evaluate the effects of homeopathic treatment in psoriasis patients receiving usual medical care. Participants were evaluated over a two-year period using standardized questionnaires to assess complaint severity and health-related QoL, among other factors. The results showed a marked improvement in complaint severity, with large effect sizes, and an improvement in QoL based on the SF-36 questionnaire. Furthermore, a double-blind, randomized, placebo-controlled trial [17] was conducted at the National Institute of Homoeopathy in India, involving 51 patients with psoriasis.

The patients were randomly assigned to receive either individualized homeopathic medicines (IHMs; n=25) in LM potencies or identical-looking placebos (n=26) which again revealed the efficacy of homoeopathy.

### Case report

A 8-year-old girl visited our clinic presenting with the following symptoms: she had been experiencing a blackish, crusty, shining, scaly, coppery eruption around the eyes for the past 3 years which itches and that itching aggravates in cold air. This patient had been suffering from psoriasis for the last 3 years, on further inquiry it was revealed that there was a tendency to develop recurrent tonsillitis. Regarding the family history, patient's father had suffered from cerebrovascular accident and mother was found to have type 2 diabetes mellitus. Patient is having an irregular diet. There was a history of delayed milestones like delayed walking and pre-eclampsia of mother during the intra-uterine period.

### Clinical findings

General survey: Nothing significant, Pulse-84/min, BP: 120/80 Body Weight: 31 kg.

### Clinical Diagnosis

It is done based on the history and clinical findings, and was diagnosed to have psoriasis. On examination of the affected parts i.e., around the eyes, face, we found that the affection is shiny, scaly, coppery in colour having raised patches with well demarcated margins. Auspitz's sign was found to be positive with punctate haemorrhagic spots on removal of scales, which is characteristic of psoriasis vulgaris. Other possible causes of papulo-squamous disorders such as lichen planus, ringworm, and seborrheic dermatitis were excluded.

### Intervention

The totality of symptom taken for repertorization was:

- Easily angered
- Aversion to cooked food and warm food
- Nausea to any food and vomiting as well.
- Perspiration profuse offensive.
- Thirst less
- Chilly patient
- Stool with offensive flatus
- Tendency to develop recurrent tonsillitis.
- Blackish, shining, scaly, coppery eruption around the eyes and itching aggravates in cold air.

### Repertorial analysis: Repertorial Sheet: [Figure-B]

Repertorization was done with the aid of HomopathZomeo software and after repertorial analysis of the totality of symptoms, it was found that *Psorinum* covered maximum number of rubrics followed by *Lycopodium*, *silicea*, *Graphites Phosphorus* etc.

Remedy Name	Psor	Lyc	Sil	Graph	Phos	Ars	Nux-v	Chin	Sep	Lach	Merc
Totally	21	21	20	19	18	18	17	16	16	14	14
Symptoms Covered	12	10	9	8	8	7	6	7	7	9	9
Kingdom	Animals	Plants	Minerals	Minerals	Minerals	Minerals	Plants	Plants	Animals	Animals	Minerals
[Kent ] [Stomach]Aversion:Food:Cooked: (18)	1	2	2	2	1					1	1
[Kent ] [Stomach]Aversion:Food:Warm: (20)	1	2	2	3	3			2		2	1
[Kent ] [Stomach]Loathing of food (see nausea): (107)	1	1	2		2	3	2	3	3	1	2
[Kent ] [Stomach]Vomiting:Food: (118)	1	3	2	2	3	3	3	3	2	2	1
[Kent ] [Face]Eruptions (see skin):Coppery: (15)	2	2		2		2					1
[Kent ] [Skin]Eruptions:Itching:Cold air:In: (3)	2										
[Kent ] [Rectum]Flatus:Offensive:Stool:During: (...)	2							2			
[Kent ] [Perspiration]Odour:Offensive: (59)	2	3	3	3	2	2	3		3	2	3
[Kent ] [Head]Cold air,head sensitive to: (38)	2	2	3	2	2	2	3	3	2	2	2
[Kent ] [Throat]Inflammation:Tonsils:Recurrent:...	2	1	2						1	1	
[Kent ] [Generalities]Heat:Vital,lack of: (108)	3	2	3	3	3	3	3	2	2	2	2
[Kent ] [Mind]Anger, irascibility (see Irritability, Quarrelsome): (137)	2	3	1	2	2	3	3	1	3	1	1

Fig 1: Repertorial Sheet

**Discussion of the case**

The patient presented with a long-standing eruption characterized by blackish, shining, scaly, coppery, patches on the corners of the eyes. The photographic images of the affected area before treatment (Fig-A) provided further evidence. The miasmatic evaluation [18-19] of the symptoms of this case was done and the case was found to be multi-miasmatic with psoricpredominancy. After a thorough and detailed case-taking and formation of a totality of symptoms considering the characteristic symptoms, past history, family history, personal history, and its repertorization along with consultation from our authentic Materia Medica [20], *Psorinum* was selected as the most suitable remedy for this case. On 06.1.2022 the medicine *Psorinum200c* was prescribed. After which a marked improvement was seen regarding the general complaints of the patients like irritability, constipation, offensiveness of the discharges etc and the patient improved gradually and steadily with *Psorinum 200c/1* dose till the disappearance of the psoriatic eruption on the facial region the details of which is mentioned in Table no-1. The case was effectively managed, as demonstrated by post-treatment images (Figure-C), which exhibit improvement in both general and particular symptoms. The Modified Naranjo Criteria [21] were applied to ascertain the causal attribution between the homeopathic medicine and the changes in the patient's symptoms/signs [Table: 2]. According to the criteria, there was an improvement in the primary symptom (+2), clinical

improvement occurring within a plausible timeframe after the intake of medicine (+1), improvement in other symptoms (+1) and overall well-being (+2), absence of alternative causes that could have caused the improvement (+1), and objective improvement in the patient's pathological condition as evidenced by photographic images of the affected areas (+2). The total score based on the outcome is 9.

**Conclusion**

This case report highlights the effectiveness of homeopathy in the management of diseases like psoriasis. The positive outcomes observed in this case suggest that homeopathy can be a valuable therapeutic option. However, further studies and clinical interventions with homeopathic medicines are necessary to establish their efficacy in similar conditions. Overall, this case report supports the use of individualized homeopathic treatment and emphasizes the need for more research to explore the potential benefits of homeopathic medicines in the treatment of psoriasis and other similar diseases.

**Figure captions: Repertorization chart: [Fig-1]**

- Photographic images of the case before treatment: [Fig-2].
- Photographic images of the case before treatment: [Figure-3].



**Fig 2:** Photographic image of the case before treatment



**Fig 3:** Photographic image of the case after treatment

**Follow up sheet- (Table-1)**

Date	Symptoms	Prescription
08.2.2022	Constipation is improved than before. Offensiveness of the discharges is decreased. But no change is observed with regard to the skin symptoms.	Placebo until next visit
7.3.2022	Constipation is improved than before. Offensiveness of the discharges is decreased But no change is observed with regard to the skin symptoms.	Placebo until next visit
11.4.2022	Constipation is improved than before. Offensiveness of the discharges is decreased. But no change is observed with regard to the skin symptoms.	Placebo until next visit
09.5.2022	Irritability is reduced than before along with other symptoms as mentioned previously. But no change is observed with regard to the skin symptoms.	Placebo until next visit
6.6.2022	Irritability is much reduced than before along with other symptoms as mentioned previously. The psoriatic skin complaint is seen to be improved than before. Itching is also reduced than before.	Placebo until next visit
7.07.2022	Irritability is much reduced than before along with other symptoms as mentioned previously. The psoriatic skin complaint is seen to be improved than before. Itching is also reduced than before.	Placebo until next visit
08.08.2022	Irritability is reduced than before along with other symptoms as mentioned previously. The psoriatic skin complaint is seen to be much improved than before.	Placebo until next visit
09.09.2022	Irritability is much reduced than before along with other symptoms as mentioned previously. A marked improvement is seen regarding the skin complaints along with other symptoms.	Placebo until next visit
12.10.2022	Irritability is much reduced than before along with other symptoms as mentioned previously. The psoriatic skin complaint is seen to be disappeared.	Placebo until next visit
9.11.2022	Irritability is much reduced than before along with other symptoms as mentioned previously. No psoriatic skin complaint is seen.	Placebo until next visit
7.12.2022	Nausea to any food and tendency to vomit is reduced than before along with other complaints as mentioned before. No psoriatic skin complaint is seen.	Placebo until next visit
6.1.2023	Nausea to any food and tendency to vomit is reduced than before along with other complaints as mentioned before. No psoriatic skin complaint is seen.	Placebo until next visit
8.2.2023	Nausea to any food and tendency to vomit is much reduced than before along with other complaints as mentioned before. No psoriatic skin complaint is seen.	Placebo until next visit



9.3.2023	Nausea to any food and tendency to vomit is much reduced than before along with other complaints as mentioned before. No psoriatic skin complaint is seen.	Placebo until next visit
6.4.2023	Nausea to any food and tendency to vomit is much reduced than before and No psoriatic skin complaint is seen.	Placebo until next visit
11.5.2023	No such complaints	Placebo until next visit
09.6.2023	No such complaints	Placebo until next visit
10.7.2023	No such complaints	Placebo until next visit
11.8.2023	No such complaints patient was asked to come for follow up if any complaint recurs.	

### Modified Naranjo Criteria-(Table-2)

CL	Modified Naranjo algorithm	Yes	No	Not sure or N/A
	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
	Was there a homeopathic aggravation of symptoms?			0
	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1		
	. Did overall well-being improve? (Eq-5D-5L)	+2		
	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
	Direction of cure: Did at least one 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?			0
	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
	Are there alternative causes (i.e., other than the medicine) that –with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
	Did repeat dosing, if conducted, create similar clinical improvement?			
	Total	+9		

**Conflicts of interest:** None

#### Consent of the patient

Obtained from Patient, to circulate this clinical information and display images on a scientific database, and the patient was also assured of the confidentiality of the same.

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