

To Study the Role of Co - Morbidities Associated with Psoriasis along with its Homoeopathic Management

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Abstract: Psoriasis is a non - infectious chronic inflammatory skin disorder clinically characterizes by erythematous sharply demarcated papules and rounded plaques covered by silvery micaceous scales. Psoriasis is a notoriously chronic condition and is well known for its course of remissions and relapses. This exploratory study was conducted on 50 patients from age group of 10 yrs to 60years of both sex who visited the OPD and Peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital over a time period of one and half year This study was conducted to identify the co - morbidities associated with psoriasis and to evaluate the effectiveness of homeopathic treatment for psoriasis. out of 50 patients the most common co - morbidities include Dyslipidemia (64%) and Hypertension (16%), affecting mostly among the age group of 20 to 50. Out of 50 cases Notably, 14 cases showed marked improvement i. e 22 cases showed mild to moderate improvement i. e 44%, and 4 cases were not improved i. e 8%.

Keywords: Psoriasis, Co - morbidities, Autoimmune, Homoeopathy, inflammatory skin disorder

1. Introduction

Psoriasis is a non - infectious chronic inflammatory skin disorder clinically characterizes by erythematous sharply demarcated papules and rounded plaques covered by silvery micaceous scales. Psoriasis is notoriously chronic condition and is well known for its course of remissions and relapses.

Psoriasis can be extremely debilitating, both physically and emotionally. Lack of proper knowledge and frequent misunderstanding in the general and medical communities about the disorder add to the stigma and emotional stress associated with it. It may also interfere with various aspects of the quality of life such as personal relationships, sports, sexuality, self - care activity and activities at work or School.

Epidemiology:

Psoriasis affects approximately 2 - 3% of the global population, translating to over 125 million individuals worldwide. The prevalence varies significantly across different regions, with higher rates reported in Northern Europe (up to 11.4%) and lower rates in East Asia (around 0.3%)

Psoriasis can occur at any age, but it most commonly presents between the ages of 15 and 35. There are two peaks in onset: the first in young adulthood (20 - 30 years) and the second in later adulthood (50 - 60 years).

The condition affects men and women equally, although some studies suggest a slightly higher prevalence in men

Pathogenesis:

The most evident pathogenetic change leading to psoriasis is alteration in the cell kinetics of keratinocytes i. e. abnormal differentiation and Hyper proliferation of keratinocytes. Keratinocytes are cells that epidermis that produce keratin, a

“protein that helps to protect the skin and underlying tissues from heat, microbes, and chemicals. ” Patients with psoriasis shed and replace these cells every two to six days, a quite bit faster than normal which is 21 to 28 days leading to buildup of dead and living cells.

Etiology:

The exact etiology is unknown, but it is considered to be an autoimmune disease mediated by T - lymphocytes. There is an association of HIA antigens seen in many psoriatic patients.

Modifying factors: There are various modifying factors that produces & aggaravate psoriasis such as:

- Genetic predisposition
- Diet
- Cosmetics
- Psychological factors such as stress
- few drugs like NsAIDS

Clinical features:

- The hallmark of psoriasis is the presence of red, raised plaques covered with silvery - white scales
- Many individuals with psoriasis experience itching, burning, or soreness in the affected areas
- Psoriatic skin is often dry and prone to cracking, which can sometimes result in bleeding, especially in areas where the skin is stretched
- Psoriasis can cause pitting, thickening, and discoloration of the nails, as well as separation of the nail from the nail bed

Types of psoriasis: Commonly psoriasis can be grouped into five categories which include

- psoriasis vulgaris.
- Guttate Psoriasis.
- Inverse or Flexural Psoriasis.
- Pustular Psoriasis.

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- Erythrodermic Psoriasis.

Clinical features of different types of psoriasis are as follows:

Psoriasis vulgaris:

- Circumscribed, red, dry, and usually covered with layers of silvery white, micaceous scales. Seen on knees, gluteal cleft, and the scalp. Involvement tends to be symmetric. But in tropical countries patients complain of slight to moderate pruritus which is accompanied by secondary psychogenic stress.
- Most common type seen in 80 to 90 percent of patients

Guttate psoriasis

- Commonly seen in children after a respiratory infection by streptococcal organism.
- Patients and characterized by an abrupt eruption of small drop shaped, red lesions on the skin that are not normally as thick or as crusty as lesions of plaque psoriasis.
- Guttate psoriasis develop anywhere in the body, except the soles and palms. Most commonly affects the trunk and limbs but not frequently on the face, ears and scalp.

Inverse psoriasis:

- Inverse psoriasis mainly affects the skin folds of the groin, buttocks and breasts. It causes smooth patches of inflamed skin that worsen with friction and sweating.
- Fungal infection may trigger this type of psoriasis.

Pustular psoriasis:

- Pustular psoriasis is characterized by white blisters of non infectious pus (consisting of white blood cells) surrounded by red skin. It generally develops quickly. It is Primarily seen in adults
- Pustular psoriasis may be localized to certain areas of the body, such as the hands and feet, or covering most of the body.
- It begins with the reddening of the skin followed by formation of pustules and scaling.

Erythrodermic psoriasis

- Inflammatory form of psoriasis that often affects most of the body surface It generally appears in the patients having unstable plaque psoriasis, where lesions are not clearly defined.
- Redness of the skin and the shedding of scales in sheets, rather than smaller flakes. Shedding of the skin are often accompanied by severe itching and pain.
- It causes protein and fluid loss that can lead to severe illness like dehydration, malnutrition as well as heart failure. Metabolic syndrome, Renal failure brought on by Erythrodermic psoriasis can be life threatening, People with severe cases of this condition are often hospitalized.

Other types of psoriasis include:

- **Nail psoriasis:** It affects the fingernails and toenails, causing changes such as pitting (small depressions in the nail surface), discoloration, thickening, and separation of the nail from the nail bed (onycholysis).
- **Scalp psoriasis:** Scalp psoriasis presents as red, inflamed skin covered with thick, silvery scales on the scalp. It can

extend beyond the hairline, affecting the forehead, neck, and ears.

- **Psoriatic arthritis:** It is a form of inflammatory arthritis that affects up to 30% of people with psoriasis. It causes joint pain, stiffness, and swelling, which can lead to permanent joint damage if not treated. The condition can affect any joint, but it most commonly impacts the fingers, toes, and spine
- **Palmoplantar pustulosis:** It is a rare form of psoriasis that primarily affects the palms of the hands and the soles of the feet. It is characterized by the appearance of pustules (blister - like sores filled with pus) on a red, scaly base. (1)

Investigations: Psoriasis is primarily diagnosed through clinical evaluation, as there are no definitive diagnostic tests specific to the condition. But certain investigations may be conducted to rule out other conditions

- Blood tests include CBC, ESR, CRP Quantitative
- HBA1C, FBS, ABS
- Serum Uric acid, Serum calcium
- Ra factor, X - ray joint (In cases of psoriatic arthritis)

Diagnosis: The diagnosis of psoriasis often begins with a careful visual examination. Psoriasis can be diagnosed by looking at the patches on your skin, scalp or nails.

Differential Diagnosis

- Seborrheic psoriasis
- Eczema
- Pityriasis rosea (2)

Co - morbidities:

- Traditionally psoriasis has been considered a disease of the skin, but multiple reports attest to the important role of systemic inflammation with ramifications for other organ systems. Many studies suggest that patients of psoriasis tend to have concurrent illnesses (behavioral and systemic).
- Co - morbidities include Psoriatic arthritis, cardiovascular disease, Nonalcoholic fatty liver disease, Inflammatory bowel disease, Lymphoma, Skin cancer, Anxiety and Depression.
- These co - morbid conditions may occur concurrently or years after development of psoriasis. Most common co - morbidity is psoriatic arthritis (3)

Treatment:

Based on Totality of symptoms on the basis of symptom similarity. In Homeopathy no medicine is fixed but Proper Case has to be taken and similimum has to be found on the basis of individualization. Disease alone cannot be treated by simply viewing the skin symptoms but proper case has to be taken & find uncommon, peculiar, specific symptoms to prescribe the medicine. (4)

2. Materials and Methods

The study has been conducted on patients who attended OPD and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College and hospital, Ludhiana.

Inclusion Criteria: Patients of both sex of various age from 10yrs - 60yrs.

Exclusive Criteria: Patients who are immuno - compromised or with irreversible pathological problems

Intervention: After Proper detailed case taking and careful examination of the eruption case has to be repetorised and individualized Medicines were prescribed. Medicines were repeated as per individual requirement of each case and guidelines given in organon of medicine. Intervention was given to each patient and follow up was conducted after 1 month.

Statistical analysis: Statistical analysis has been done with the help of textbook of statistics. Collected sample has been statistically studied and analysed based on paried t test. [4]

Outcome of Treatment: “To study the Role of comorbidities associated with psoriasis along with its homoeopathic management”, 50 cases were taken into the study Out of 50 cases 14 cases showed marked improvement i. e 28%, 22 cases showed mild to moderate improvement i.

e 44%, and 4 cases were not improved i. e 8%. Statistical analysis has been done with the help of paired t test.

Null hypothesis stated that “Homoeopathy does not play role in treatment of psoriasis”. The results shows that critical t value is greater than the tabulated t value at confidence level 95%, hence it is rejected and the alternate hypothesis is accepted which states that “Homoeopathy plays a effective role in treatment of Psoriasis”.

3. Medicines used

Each patient was prescribed homoeopathic medicine according to symptom similarity, after analyzing out of which Sulphur was prescribed to 6 patients, Natrum Mur & Graphites to 4 patients,, Petroleum & Phosphorous to 3 patients, Acid phos Arsenicum album, Sepia, Mezerium & Pulsatilla to 2 patients, Agaricus to 2 patient, Lycopodium to 2 patients, Pyrogenum , Staphysagaria, Magnesium sulfuricum, Aur mur, Thuja, Chamomilla, Sec cor, Psorinum, Arnica, Natrum sulf, Lachesis, Phytolacca, Ars iod & Calc phos to 1 patient.

Prescribed medicines	No of Patients
Sulphur	6
Nat Mur & Graph	4
Petroleum & Phosphorous	3
Acidphos, Arsalbum, Sepia, Mez, Puls, Agari & Lyco	2
Pyro, Staphy, Magsulph, Aurmur, Thuj, Cham, Seccor, Psor, Arn, Natrumsulf, Lach, Phyto, Ars iod & Calc phos	1

4. Discussion

- This exploratory study was aimed to study the role of homoeopathy in psoriasis and to study various comorbidities assoitaed with it. Out of 50 patients suffering from psoriasis. Majority of patients were aged 30 - 39yrs & 40 - 49 yrs of age, followed by 6 patients in from 10 - 19 yrs, 20 - 29yrs, & 50 - 59yrs.
- Most common co - morbodies include dyslipidemia (64%) and hypertension (16%), affecting mostly among the age group of 20 to 50 Homoeopathy plays an effective role in treating psoriasis as it not only emphasis on treating the disease but the whole individual

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5. Conclusion

This study confirms the strong association between psoriasis and a range of co - morbidities, with a notably high prevalence in certain psoriasis subtypes such as guttate and palmoplantar psoriasis. With the help of this exploratory study, this is proved that homoeopathy plays an important role in treating psoriasis.

References

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