International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Clinical Improvement in Psoriasis Following Individualised Homoeopathic Treatment: A Case Report

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Abstract: ***Psoriasis is one of the most common dermatologic diseases, affecting up to 2% of the world's population, it affects men and women in equal numbers.in India 0.44% to 2.8% in a person's 20s, 30s or 40s. It is an immune-mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale. The skin lesions of psoriasis are variably pruritic. The most common variety of psoriasis is called plaque-type*** [(1) (2)]

Keywords: psoriasis, erythematous, papules, plaques, pruritic

1. Introduction

Derived from the Greek psor = itch or psorin = to have the itch.

This is the commonest pattern of psoriasis. Onset may be gradual or sudden. The disease may be limited or widespread.

- Well- defined pinkish, scaly plaques of variable size, thickness, and shape in a symmetrical pattern, predominantly on extensor surfaces. Examine the elbows, knees, hairline (psoriasis is uncommon on the face but often involves the scalp margin), and trunk .[(1)]
- Silvery scaling over the surface of the plaques: this may be thick in untreated disease or minimal if the patient is using topical steroids.
- Bleeding points where scale has been scratched off.
- The Koebner phenomenon: new psoriasis appearing at sites of cutaneous trauma, including excoriations or surgical scars

Guttate psoriasis Gutta is Latin for droplet. An acute form triggered by infection with group β- haemolytic Streptococcus (usually tonsillitis or pharyngitis) presents in children and adolescents. In addition, other external factors may exacerbate psoriasis, including infections, stress, and medications (lithium, beta blockers, and antimalarial drugs).

Patients with plaque-type psoriasis have stable, slowly enlarging plaques, which remain basically unchanged for long periods of time. The most commonly involved areas are the elbows, knees, gluteal cleft, and scalp. Involvement tends to be symmetric. Plaque psoriasis generally develops slowly and runs an indolent course. It rarely remits spontaneously. Inverse psoriasis affects the intertriginous regions, including the axilla, groin, sub mammary region, and navel; it also tends to affect the scalp, palms, and soles. The individual lesions are sharply demarcated plaques, but they may be moist and without scale due to their locations. [(3)] [(4)]

2. Case Details

A 38 yr old male patient came with complain of blackish eruption on both legs & foot. silver colour eruption on foot since 4-5 months, first started with right hand then left hand then left leg and right leg

Scaling of the skin since 4-5 years

Itching agg night, scratching leads to bleeding leads to pain

Patient too allopathic treatment 1 year ago also applied ointment

Personal history:
Appetite: 1times/day can tolerate hunger
thirst: 2-3 lit/day, cold water, 1glass at a time
Desire: spicy++, non veg++, egg++, dal rice
aversion-
Urine: 3-4t/day, satisfactory
stool: 1t/day, satisfactory
Sleep: 7-8hr/night, unrefreshing, on abdomen
dreams:
Perspiration: profuse, on palms& soles, no smell, no stains
Addiction: tea 2-3t/day, alcohol occasionally
Thermal: hot

Past history:
Jaundice in 2010
Dengue in 2017
RTA in 2025

Family history:
Father: Death - DM, HTN, CKD
mother- alive – DM, MI
Elder brother- DM

Physical examination:
Tongue: clean moist
Built – adequate
Mouth- breath: no odor
Vitals: BP: 130/82mmhg
pulse: 84/min

RR- 18/min
spo2-98%

Local examination:
Irregular, blackish eruption on both hands& legs, multiple in number scaling & bleeding from eruption

Systemic examination:
RS – AEBE CLEAR
GIT: soft, liver, spleen not palpable
CVS: s1s2 heard
CNS: conscious, oriented

Mentals:
Patient says he gets anger easily & get violent in anger. He gets hurt by slightest criticism. And also, does not like to share his feelings.

He is quiet in nature.

All the complaints are started after the death of his father which is in 2016

On Observation- does not want to speak more

Diagnosis: plaque psoriasis

Repertory selected: Synthesis repertory

Repertorial totality:

MIND
1 MIND - AILMENTS FROM - death of loved ones
2 MIND - ANGER - easily
3 MIND - RESERVED
4 MIND - SENSITIVE - criticism; to
5 MIND - TACITURN
PERSPIRATION
6 PERSPIRATION - PROFUSE
SKIN
7 SKIN - ITCHING - bleeding - scratching; after
GENERALS
8 GENERALS - FOOD and DRINKS desire

Remedies	∑Sym	∑Deg	Symptoms
lyc.	7	13	1, 2, 3, 5, 6, 7, 8
nat-m.	7	12	1, 2, 3, 4, 5, 6, 8
staph.	7	12	1, 2, 3, 4, 5, 6, 8
sulph.	7	12	1, 3, 4, 5, 6, 7, 8

Remedy selection:
Considering the repertorial results and the patient's overall symptoms picture, nat mur showed the closest match to the totality. It covers all major mental, general symptoms and corresponded well with the patient's characteristics modalities. Therefore, nat mur was selected as the most suitable remedy for this case.

Prescription:
Rx Nat Mur 30 II doses OD 2 days
SL TDS 15 days

Advice: stop ointment and apply coconut oil



Before

After

Follow up:

After 15 days, Patient says "skin ki thickness kam hui hai" Itching as it is at night Burning after scratching No new eruption Generals – NAD	Rx Nat mur 30 II dose Sl tds 15 days
After 15 days, Blackish discoloration on leg as it is itching at Night, bleeding after scratching Scaling+ Generals - NAD	Rx Nat mur 0/1 od for 15 days Sl tds 15 days
After 15 days, Markedly improvement Blackish discoloration on leg decreased 50% Itching decreased 40-50% Bleeding after scratching decreased All over patient better 40-50% Generals – NAD	Rx Nat mur 0/1 od for 1 month Sl tds 1 month
After 1 month Blackish discoloration on leg decreased 60% Itching decreased 70-80% Bleeding after scratching decreased Generals – NAD	Rx rubrum od for 1 month Sl tds 1 month

3. Discussion

Homoeopathy is based on law of similar & individualisation. Psoriasis is fully developed, autoimmune, chronic disease. Based on the totality of symptoms nat mur was selected. In the initial follow up patient was not improved there was no new eruption but burning and itching was not improved so reanalysed the case, again same remedy came then potency changed to 0/1 in daily doses after that marked improvement was being observed. It shows the importance of potency and repetition in chronic long-term cases such as psoriasis in spite of the right remedy sometimes we cannot get the desirable improvement.

The present case highlights the clinical outcome observed in a patient with psoriasis receiving individualised homoeopathic care. psoriasis has its clinical courses and tendency to relapse make long term management challenging. Approximately 50% clinical improvement was observed during the treatment period. However, considering the chronic and fluctuating nature of psoriasis the outcome cannot be attributed Soley to the intervention. Further long term follow up are necessary to evaluate the efficacy of individualised homoeopathic treatment in psoriasis.

4. Conclusion

It is concluded that holistic approach should be beneficial in such type of chronic cases that based on law of similar and individualisation. This case highlights the potential role of individualised homoeopathic management. However further well design studies with large sample size and more follow up required to established its effectiveness.

Patient Consent

Patient's consent was obtained to display the image on scientific platform.

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