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CHRONIC PLAQUE PSORIASIS WITH CELLULITIS AND HIGH SERUM IGE SUCCESSFULLY MANAGED ALONG WITH DERMAHEAL THERAPY

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ABSTRACT: Psoriasis is a chronic immune-mediated skin disease often linked to emotional stress and metabolic disturbances. This case details a middle-aged male with a ten-year history of chronic plaque psoriasis, characterized by recurrent cellulitis and significantly elevated serum IgE (1245 IU/mL). The objective was to manage the extensive lesions and associated emotional distress using a holistic approach. Treatment methods involved individualized homeopathy, specifically the constitutional remedy Staphysagria to address suppressed anger and embarrassment, supported by Mezereum for acute itching and Psorinum as a miasmatic intercurrent. Modern aesthetic dermatology, including Dermaheal and light therapy, was utilized as an adjunct to accelerate plaque clearance. Results showed marked regression of plaques, resolution of itching, and significant improvement in the patient's quality of life and emotional stability over a long-term follow-up. This case concludes that the synergy of individualized homeopathy and aesthetic procedures can successfully manage complex, chronic autoimmune skin conditions.

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INTRODUCTION

Psoriasis is a chronic immune-mediated hyperproliferative skin disease that affects approximately 2–3% of the global population. The condition is strongly influenced by a complex interplay of immune dysregulation, genetic predisposition, lifestyle factors, and emotional stress. Clinically, it is often associated with frequent relapses, metabolic disturbances, and significant psychological distress[1-3].

The purpose of this case report is to evaluate the efficacy of a dual-modality approach combining individualized homeopathy with modern aesthetic dermatology for a patient with a 10-year history of chronic plaque psoriasis. This study was developed to test the hypothesis that constitutional homeopathic treatment, which addresses the patient's sensitivities, past traumas, and miasmatic background, can lead to sustained clinical improvement even in cases with high atopic markers (Serum IgE 1245 IU/mL) and recurrent secondary infections like cellulitis.

The author deems this important because patients with chronic autoimmune skin diseases frequently suffer from suppressed anger, social embarrassment, and low self-confidence. By documenting the synergistic results of homeopathic remedies such as *Staphysagria* and *Mezereum* alongside Dermaheal light therapy, this report aims to demonstrate a holistic path toward emotional stabilization and improved quality of life.

PATIENT INFORMATION

Demographic Information

The patient is a middle-aged male businessman who has been actively involved in the rice trade for approximately 15 to 20 years. He was born and raised in Mancharlia and currently carries significant financial and familial responsibilities.

Chief Complaints

The patient sought treatment for chronic plaque psoriasis that has persisted for 10 years, noting a severe aggravation over the last 1.5 years. He presented with dry, scaly lesions distributed across his legs, abdomen, back, and scalp. These plaques are accompanied by intense itching and a distinct burning sensation that occurs immediately after scratching. Furthermore, he

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has suffered from recurrent episodes of cellulitis on his right leg and reports that his sleep is frequently disturbed due to the severity of the itching.

Medical, Family, and Psychosocial History

His medical history includes hypertension, for which he previously took Telma but is now asymptomatic, and a history of spinal surgery performed in 2024. Clinical investigations revealed additional co-morbidities including cholelithiasis with a 15 mm calculus and chronic small vessel ischemic changes with diffuse cerebral atrophy. While his family history is non-specific, his psychosocial history is significant for deep emotional distress. He internalizes hurt caused by his wife's criticisms regarding his role as a provider and suffers from suppressed anger and social anxiety related to his physical appearance. This sensitive and mild-natured individual also practices fasting four days a week, which may contribute to chronic physical depletion.

Relevant Past Interventions and Outcomes

The patient has a history of utilizing various treatments including homeopathy and diet modifications. Despite these prior interventions, the condition remained chronic and prone to periodic exacerbations. A notable relapse occurred in August 2024 after the patient discontinued his prescribed medications for two months, highlighting the necessity of consistent management for his autoimmune symptoms.

CLINICAL FINDINGS

The physical examination of the patient revealed the presence of classic chronic plaque psoriasis, characterized by extensive dry, scaly plaques distributed across the legs, abdomen, back, and scalp. These lesions exhibited significant scaling and were associated with intense itching and a distinct burning sensation that occurred immediately after scratching. Clinical observation also confirmed recurrent episodes of cellulitis on the right leg, which complicated the primary dermatological presentation. A Woods lamp examination was performed and yielded normal results. Laboratory investigations supported the clinical findings, most notably a

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significantly elevated serum IgE level of 1245 IU/mL, which pointed toward an underlying atopic diathesis. Additional findings included chronic small vessel ischemic changes and diffuse cerebral atrophy on CT brain imaging, alongside an incidental 15 mm calculus in the gallbladder found via ultrasound.

Homeopathic Clinical History and Symptom Totality

The homeopathic selection was guided by a comprehensive analysis of the patient's mental state, physical generals, and local symptoms. Mentally, the patient was characterized by a sensitive and mild disposition, with a significant history of internalizing hurt and suppressing anger, especially regarding family criticisms. He experienced deep social embarrassment and anxiety regarding his appearance, which led to a strong desire to hide his skin disease from others. Physically, the patient was identified as chilly, showing a marked aggravation from cold and a preference for warmth. His physical generals were further defined by a strong craving for salty foods, a lack of perspiration, and sleep that was frequently disturbed by nocturnal itching. The totality of these symptoms specifically the combination of suppressed anger, social embarrassment, salt cravings, and the chilly thermal state formed the primary basis for the selection of the constitutional remedy.

TIMELINE

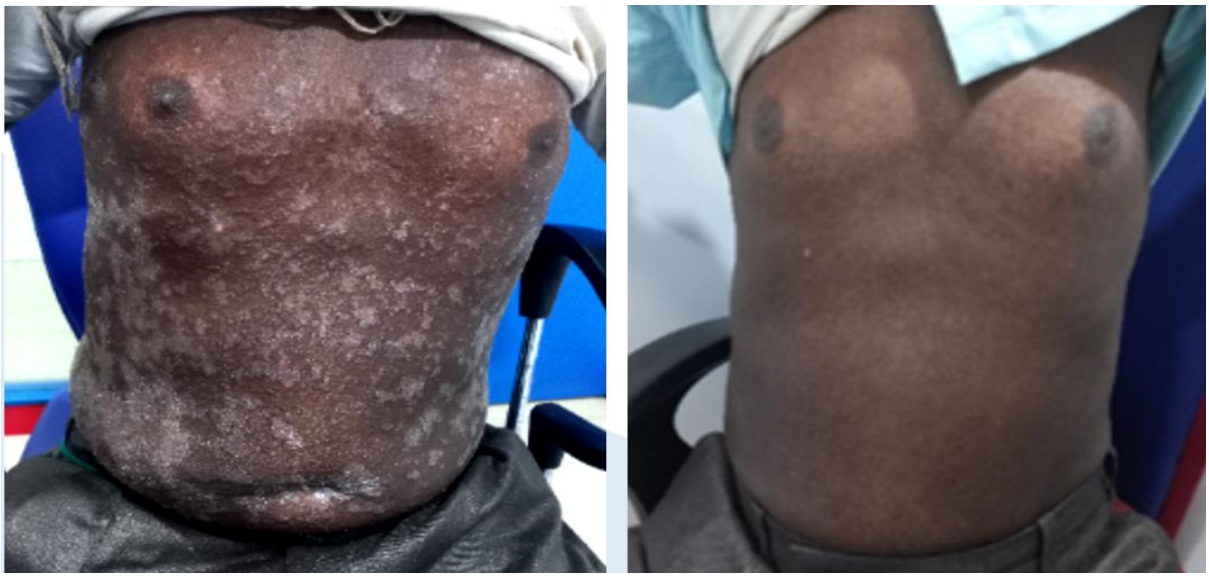

Figure 1: Before and after treatment

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Appointment Date	Overall Treatment Progress	Existing Lesions/ Patches	Redness	Scaling	Thickness	Number of Lesions	New Patches/Lesions	Frequency of taking allopathic/ conventional medicine	Local Application
04/Apr/2024 (Baseline Assesment)	First Visit	Better	Present	3 - Severe	Increased	Generalized	Present	Not required	Daily
12/Sep/2025	> (Better)	Better	Reduced	0 - No	Reduced	Single	Absent	Not required	Daily

Figure 2: Treatment progress

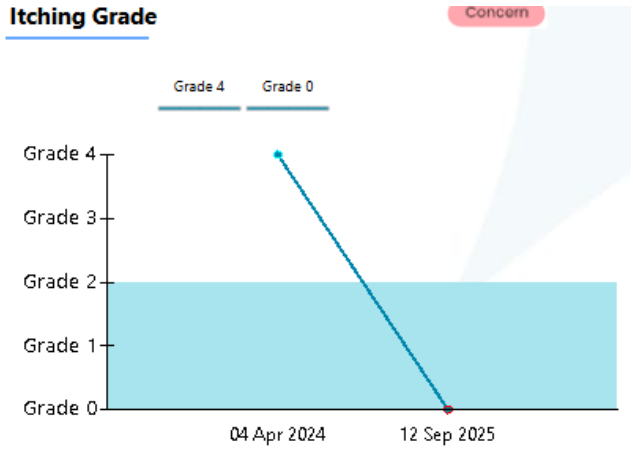

Figure 3: Itching grade

Figure 4

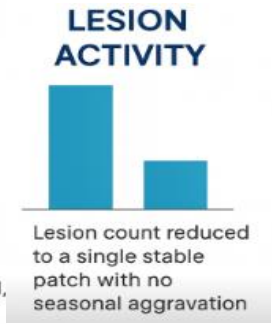

Figure 5

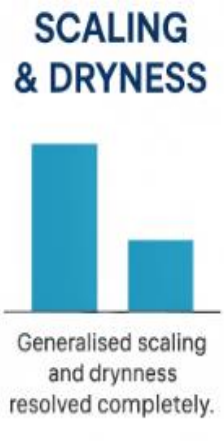

Figure 6

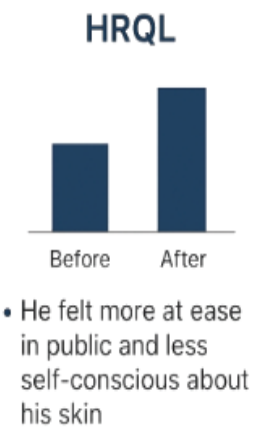

Figure 7

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DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnosis was established through a combination of clinical physical examination and supportive laboratory investigations. The physical examination identified the presence of well-demarcated, erythematous plaques covered with silvery scales, which are pathognomonic for plaque psoriasis. A Woods lamp examination was conducted to rule out fungal infections, yielding normal results. Laboratory testing played a crucial role, specifically the measurement of serum IgE, which was found to be significantly elevated at 1245 IU/mL, suggesting an atopic diathesis. Additionally, diagnostic imaging was utilized for co-morbidities, including an ultrasound of the abdomen that identified cholelithiasis and a CT scan of the brain that revealed chronic small vessel ischemic changes and diffuse cerebral atrophy.

Diagnostic Challenges

The primary diagnostic challenge in this case was the patient's psychological state and lifestyle. His mild and sensitive nature made it difficult for him to openly express his deep-seated emotional distress, specifically the suppressed anger related to family tensions. Furthermore, his habit of fasting four days a week posed a challenge in distinguishing between symptoms of physical depletion and those of the primary disease. The long duration of the condition (10 years) and the previous use of various medications also created a complex clinical picture where the original disease symptoms were overlaid by chronic suppression and secondary infections like cellulitis.

Diagnostic Reasoning

The clinical presentation was consistent with Chronic Plaque Psoriasis. While seborrheic dermatitis and nummular eczema were briefly considered due to the scaling and itching, the location of the plaques on the legs and back, along with the thickness of the silvery scales, confirmed the diagnosis of psoriasis. The recurrent cellulitis on the right leg was identified as a secondary bacterial complication common in chronic inflammatory skin conditions. From a

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homeopathic perspective, the diagnostic reasoning extended beyond the physical label to include a "miasmatic" diagnosis. The high IgE levels and the chronic nature of the skin lesions pointed toward a Psora-Syphilitic miasmatic background, which required a deep-acting intercurrent remedy like *Psorinum* to clear the treatment block.

Prognostic Characteristics

The prognosis was initially considered guarded to moderate due to the 10-year chronicity of the disease and the presence of significant emotional stressors. However, several positive prognostic indicators were identified: the patient's clear constitutional picture (*Staphysagria*), his willingness to adhere to long-term homeopathic management, and the lack of irreversible structural damage to the skin. The Psoriasis Area and Severity Index (PASI) was qualitatively monitored, showing a shift from severe itching and thick scaling (Grade 4) to minimal dryness (Grade 0/1) during the treatment course, indicating a favorable long-term outlook as long as emotional triggers are managed.

THERAPEUTIC INTERVENTION

TOTALITY OF SYMPTOMS

Mental generals

Suppressed anger, Sensitive, emotional, mild, Embarrassed about appearance, Anxiety regarding family responsibilities, Sleeps disturbed.

Physical generals

Chilly, Desire for salt, Aggravation from dryness, Burning after scratching, Sleep disturbed

Particulars

Chronic plaque psoriasis: dry scales, itching, burning on scratching, Cellulitis tendency, Recurrent aggravations, High IgE - atopic diathesis, Fasting habit (chronic depletion)

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REPERTORIAL RESULT

MIND	Remedies	∑Sym	∑Deg	Symptoms
1 MIND - AILMENTS FROM - ange suppressed	phos.	12	25	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
2 MIND - AILMENTS FROM - embarrassment	sulph.	11	25	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
3 MIND - ANXIETY - family; about his	sep.	11	20	1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12
4 MIND - MILDNESS	puls.	11	18	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12
5 MIND - SENSITIVE	staph.	11	18	1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12
SLEEP	nat-m.	10	21	1, 2, 4, 5, 6, 7, 8, 9, 11, 12
6 SLEEP - DISTURBED	lyc.	10	20	1, 3, 4, 5, 6, 7, 8, 9, 10, 12
SKIN	ars.	10	19	1, 3, 4, 5, 6, 7, 8, 9, 10, 12
7 SKIN - BURNING - scratching; after	calc.	10	17	3, 4, 5, 6, 7, 8, 9, 10, 11, 12
8 SKIN - ERUPTIONS - psoriasis	sil.	9	21	4, 5, 6, 7, 8, 9, 10, 11, 12
9 SKIN - ERUPTIONS - scaly				
10 SKIN - ITCHING - night				
GENERALS				
11 GENERALS - FOOD and DRINKS desire				
12 GENERALS - HEAT - lack of vital heat				

Figure 8: Repertorial result

Type of Intervention

The management of this case utilized a multimodal therapeutic approach consisting of pharmacological, preventive, and aesthetic interventions. Pharmacological treatment was centered on homeopathic medicines to address both the chronic autoimmune pathology and the acute symptomatic flares. Preventive measures included lifestyle counseling and psychological support to manage emotional stressors. Additionally, adjunct aesthetic therapy in the form of Dermaheal light therapy was employed to provide symptomatic relief and accelerate the physical clearance of psoriatic plaques.

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Type of Homeopathy

The primary method used was Individualized Homeopathy. This approach focused on the "totality of symptoms," selecting remedies based on the patient's unique constitutional profile, emotional history, and miasmatic background rather than a standardized formula.

Medication Nomenclature and Administration

The following homeopathic medications were prescribed, manufactured according to pharmacopoeial standards and dispensed in globule form (galenic form):

- **Constitutional Remedy:** *Staphysagria* was administered in high potencies (1M and 10M) on the centesimal scale. This single-constituent remedy was selected to address the patient's deep-seated suppressed anger and social embarrassment.
- **Acute Remedy:** *Mezereum* (30C potency) was utilized as needed for the management of intense itching and burning sensations following scratching.
- **Miasmatic Intercurrent:** *Psorinum* (1M potency) was prescribed as a single dose to address the underlying psora-syphilitic miasm and the high serum IgE levels.

Changes in Intervention

The treatment plan underwent strategic changes based on the patient's clinical response and life events. Initially, the focus was strictly constitutional with *Staphysagria*. However, upon identifying the significantly elevated IgE levels (1245 IU/mL), *Psorinum* was introduced as an intercurrent remedy to break the miasmatic block and prevent further relapses. During a period of acute emotional stress in November 2025 triggered by a family marriage—a flare-up occurred, necessitating a repetition of *Staphysagria* to restabilize the patient's emotional and physical state. Dermaheal therapy was adjusted in frequency based on the visible thickness of the plaques, being used more intensively during the early phases to reduce erythema and scale production.

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FOLLOWUP AND OUTCOMES

Date	Clinical Status	Notes / Treatment
May–Aug 2022	Scaling and flakes reduced; itching intermittently present	Continued Staph + Mezereum
Sept–Nov 2022	Marked reduction in scales; itching gone	Photographic improvement documented
Mar 2023	Skin stable, no new patches	Emotional stability improving
June–Sept 2023	No itching, no new lesions	Regular diet & regimen
Dec 2023	USG shows cholelithiasis (incidental)	Skin remains stable
Aug 2024	Flareup after stopping medicines for 2 months	Restarted Staph + Mezereum
Nov 2024	Severe dryness, itching, burning; cellulitis returned	Acute remedy + local care
Dec 2024 – Feb 2025	Investigations advised; IgE high	Psorinum given
May 2025	Psoriasis better, itching reduced, new patches absent	CT Brain incidental findings
Aug 2025	No itching, stable skin	Continued constitutional
Oct 2025	Mild dryness only	Advised soothing kit
Nov 2025	Mild new patches due to marriage stress	Staphysagria repeated
Dec 2025	Stable overall	Continuing homeopathy + Dermaheal

Table 1: Follow-up and outcomes

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DISCUSSION

A major strength of this case management was the successful integration of individualized homeopathy with modern aesthetic dermatology, which addressed both the internal psychosomatic triggers and the external physical manifestations. The long-term follow-up of over three years provided robust evidence of the treatment's sustainability. Furthermore, the identification of a high serum IgE level (1245 IU/mL) allowed for a precise miasmatic intervention that prevented the usual relapses associated with atopic diathesis. However, a limitation was the incidental discovery of neurological and gallbladder pathologies (cerebral atrophy and cholelithiasis), which, while monitored, remained secondary to the dermatological focus. Additionally, the patient's habit of frequent fasting and the interruption of medication in 2024 initially hindered a linear recovery, highlighting the challenge of managing chronic cases in the face of patient non-compliance.

Medical literature identifies psoriasis as a complex systemic inflammatory condition where the "brain-skin axis" plays a pivotal role in pathogenesis. Stress and emotional trauma are known to trigger the release of pro-inflammatory cytokines, exacerbating plaque formation. In this case, the patient's "life space" and the internalization of hurt caused by family criticisms align with the homeopathic profile of *Staphysagria*, a remedy classically indicated for the physical effects of suppressed anger and indignation. Furthermore, the presence of high serum IgE an atypical finding in pure psoriasis suggests an overlap with atopic dermatitis or a "psoric" miasmatic state, which standard literature notes can complicate treatment resistance. The use of *Psorinum* as an intercurrent remedy is supported by homeopathic principles of treating the underlying miasm to facilitate the action of the constitutional remedy[4-6].

The conclusion that the treatment was successful is supported by the objective regression of thick, scaly plaques and the reduction of the itching intensity from a Grade 4 to a Grade 0/1. The primary cause of the initial disease and subsequent flares was identified as emotional suppression and familial stress. The rationale for the improvement lies in the synergistic effect of *Staphysagria* in stabilizing the patient's emotional response and Dermaheal therapy in providing immediate aesthetic relief. The stabilization of the skin despite the high IgE levels confirms that addressing the miasmatic block was essential for clinical success.

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The main lesson from this case report is that chronic, autoimmune skin conditions like psoriasis require a multi-dimensional approach that looks beyond the skin surface. Firstly, identifying the specific emotional totality such as suppressed anger and social embarrassment is critical for selecting an effective constitutional remedy. Secondly, laboratory markers like serum IgE can serve as valuable indicators for miasmatic intercurrents. Finally, the combination of homeopathy with adjunct aesthetic therapies like Dermaheal can significantly enhance patient satisfaction and confidence by providing visible results more rapidly than homeopathy alone. This case underscores the potential for achieving long-term stability and a higher quality of life in complex, treatment-resistant cases.

CONCLUSION

This case demonstrates that chronic plaque psoriasis of 10 years' duration, even when complicated by recurrent cellulitis and significantly elevated serum IgE levels, can be successfully managed through a multi-dimensional approach. The integration of individualized homeopathy addressing the patient's core psychosomatic profile of suppressed anger and social embarrassment with miasmatic intercurrents and adjunct aesthetic therapy resulted in remarkable clinical regression. The patient achieved not only physical clearance of the plaques but also significant emotional stabilization and an improved quality of life. This synergistic model of care proves effective in achieving long-term stability and patient satisfaction in complex, treatment-resistant autoimmune conditions.

INFORMED CONSENT

The patient voluntarily agreed to the use of his demographic information, clinical history, and progress photographs, provided that his anonymity and confidentiality are strictly maintained.

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