



HOMOEOPATHIC MANAGEMENT OF PSORIASIS - A CASE REPORT

Sushmitha¹, Praveen Kumar P D², Veerabhadrapa C³, Mahabubali Nadaf⁴

¹MD Scholar, Department of Practice of Medicine, Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.

²Professor and HOD, Department of practice of medicine Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.

³Professor, Department of Practice of Medicine, Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.

⁴Associate Professor, Department of Practice of Medicine, Government Homoeopathic Medical College and Hospital, Bengaluru- 560079.

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ABSTRACT

Psoriasis is a chronic skin condition characterized by red, scaly plaques, affecting both physical and mental health. In India, its prevalence ranges from 0.44% to 2.8%, with males being more commonly affected, the exact cause is unknown. Homoeopathy offers a holistic treatment approach, aiming to treat underlying causes and symptoms without side effects. Case summary: A 28yearold Male patient, a software engineer, presented with multiple erythematic, well circumscribed plaque lesions on trunk and extensor surface of lower limb without itching, without burning, since Two and half years. This case study demonstrated the effectiveness of homeopathic remedies in reducing psoriasis symptoms highlighting its potential as a safe alternative to conventional treatments.



INTRODUCTION

Psoriasis is an inflammatory disease that manifests most commonly as well-circumscribed, erythematous papules and plaques covered with silvery scales. The cause is unclear but seems to involve the immune system. The common triggers include trauma, infection, and certain drugs. Symptoms are usually minimal with occasional mild itching, but cosmetic implications may be major. Some people develop severe disease with painful arthritis. Diagnosis is based on appearance and distribution of lesions¹.

The prevalence of psoriasis in India is estimated to be around **0.44% to 2.8%** of the population in 2020². The prevalence can differ based on geographic regions, with slightly higher rates reported in urban areas compared to rural regions. Psoriasis can affect both **adults and children**, with **male** individuals being slightly more affected than females³. Psoriasis is classified under the International Classification of Diseases (ICD) in the and **ICD-11** system, psoriasis is classified under the **diseases of the skin and subcutaneous tissue**. Under **LA00: Psoriasis**⁴

Psoriasis is a chronic autoimmune inflammatory skin disease. In this disorder, changes occur in the life cycle of skin cells and cells are made 10 times faster than normal. Body normally takes 3 to 4 weeks for making and replacing new cells. But in this disorder the process takes about 3 to 8 days only. Due to excess accumulation of cells on the surface of the body, this develops scaly and red patches that are rough, itchy and may be painful. The lesion mostly occurs in the elbow, knee, scalp and lower back, but it can appear anywhere in the body. Psoriasis is a chronic autoimmune skin condition with various types. Plaque psoriasis, the most common, features red, scaly patches on areas like the scalp and knees. Guttate psoriasis appears as small, drop-shaped lesions, often triggered by infections. Inverse psoriasis affects skin folds with smooth, red inflammation. Pustular psoriasis involves pus-filled blisters, while erythrodermic psoriasis causes widespread red, peeling skin, leading to severe complications. Nail psoriasis impacts nails with pitting and discoloration, and psoriatic arthritis involves joint inflammation, often accompanying skin symptoms. Each type varies in severity and presentation. Diagnosis is most often by clinical appearance and distribution of lesions such as Erythematous silver scaly plaques with Well-defined border, With Koebner phenomenon, Positive Auspitz sign, in some cases regular circular pits on nail plates, Involvement of distal inter phalange joint⁵.

Homoeopathy enjoys a reputation of providing a successful management of psoriasis



conservatively which has been validated by various research studies. Homoeopathic remedy *Cuprum aceticum* indicated in Chronic psoriasis and lepra. Causes on Skin leprous-like eruption, without itching, over whole body, in spots of various sizes. *Psorinum* acts on skin causing *Intolerable itching*, especially on scalp and bends of joints with itching.⁷ Through this case report we shall discuss how a case of Psoriasis can be managed on the basis of symptoms similarity.

CASE REPORT

A 28-year-old Male patient a software engineer by profession, presented with multiple erythematic, well circumscribed plaque lesions on trunk and extensor surface of lower limb without itching, without burning, since Two and half years at the general OPD of government homeopathic medical college Bengaluru on 10th April 2024 (fig-1)

HISTORY OF PRESENTING COMPLAINTS

Patient was apparently well Two and half years ago, then patient notices erythematic small papule like lesions on chest which was progressive, multiple in number and spread over the abdomen, back and lower limb. Patient has took allopathic treatment and photo therapy was relieved temporarily, therefore he turned towards homoeopathy.

PAST HISTORY

Medical history: Took allopathic and phototherapy treatment for same

No significant surgical and allergic history.

FAMILY HISTORY

Mother: CVA with right hemiplegia since 1 years

On dialysis since 6 months

Father : T2 -Diabetes Mellitus since 3 months

Brother : hypothyroidism

PERSONAL HISTORY

Diet : mixed

Appetite : good

Thirst : thirstless

Desire : pork meat, spicy food

Aversion : not specific

Urine: 3-4 times / day, no difficulty.

Bowel movement: Once a day, satisfactory.



Perspiration: Generalized

Sleep: Disturbed sleep at 3am to 11am due to poor lifestyle.

Dreams: Occasional, cannot remember

Thermals: Ambithermal

GENERAL PHYSICAL EXAMINATION

- Conscious & oriented with time, place and person.
- No edema, clubbing, cyanosis, icterus
- Pallor present
- BP- 110/70mm Hg
- PR – 76 beats/ min
- Temp – afebrile at the time of examination

SYSTEMIC EXAMINATION

- Respiratory system: B/L normal vesicular breathing sounds- heard, No added sounds
- Cardiac system – S1 & S2 heard, no murmur heard.
- Gastrointestinal system: per abdomen soft no tenderness bowel sounds heard 2 to 4/min

REGIONAL EXAMINATION

- Multiple, Small 2-5cm well demarcated, erythematic, drop like raised lesions on trunk of the body.
- Raised, erythematic, well demarcated plaque with scaling lesions multiple in number on extensor and lateral surface of left and right lower limb
- No history of bleeding

PROVISIONAL DIAGNOSIS: Guttate psoriasis

DIAGNOSTIC CRITERIA: Clinical history

SELECTION OF REPERTORY: Synthesis repertory

PRESCRIPTION: Rx Cuprum aceticum 200 one dose for week followed by placebo for 2 weeks

BASIS OF PRESCRIPTION: Based on single remedy rubric as case is lacking with mental and physical generals based on PQRS symptom that is without itching considering the rubric from synthesis repertory Skin- eruptions- Psoriasis- itch, without. the presenting complaints plaque lesions without any modalities, affecting factor. In Synthesis repertory rubric Shown single remedy Cuprum aceticum⁶



FOLLOW UP

DATE	SYMPTOMS	PRESCRIPTION
02/03/2024	Mild itching started with sensation of dryness of skin. generalities were unchanged. (Fig-1)	Placebo twice a day for 1 week. Coconut oil application
13/04/2024	Patient complained of fading of older lesion. generalities were unchanged. (Fig- 2)	Placebo twice a day for 3 weeks. Coconut oil application
08/06/2024	Patient complained of new lesions on trunk with fading of older lesion. plaque on lateral aspect of leg. itching has increased at night. Generalities were unchanged. Counselling was done to maintain good sleep cycle. (Fig-3)	Psorinum 1M weekly dose for 2 weeks Placebo twice a day for 2 weeks Coconut oil application
04/08/2024.	No new lesions, itching was reduced. Old lesions were fading, erythematic plaque on lateral aspect of leg improved. Sleep improved. (Fig-4)	Placebo twice a day for 3 weeks. Coconut oil application
25/10/2024	Erythematic lesions were faded. Itching reduced with improved sleep cycle. (Fig-5)	Placebo twice a day 4 for 1 week.

TABLE 1 - Follow up



Fig 1: Before Treatment



Fig 2: 1st follow up



Fig 3: 2nd follow up



Fig 4: 3rd follow up



Fig 5: 4th follow up



SL. NO	MODIFIED NARANJO CRITERIA	YES	NO	NOT SURE	CASE
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0	+1
3.	Was there an initial aggravation of symptoms?	+1	0	0	+1
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms ultimately improved or changed)?	+1	0	0	+1
5.	Did overall well-being improve?	+1	0	0	+1
6A.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	+1
6B.	Direction of cure: did at least two 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 downward.	+1	0	0	0
7.	Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0		0
8.	Are there alternate causes (other than the medicine) that-with a high probability-could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
	Total score (Maximum score= +13; Minimum score = -6)				+10

TABLE 2 - Assessment of Modified Naranjo Criteria Score



DISCUSSION

Psoriasis is a chronic inflammatory hyper proliferative skin disease characterized by well-demarcated erythematous scaly plaques. William Boericke in Homeopathic materia medica describes cuprum aceticum under heading: the skin Leprous-like eruption, without itching, over whole body, in spots of various sizes⁷. In Synthesis repertory under rubric Skin-eruptions- Psoriasis- itch, without. has single remedy Cuprum aceticum⁶. Considering PQRS symptom at first patient as prescribed cuprum aceticum and patient had started improvement. But after sometime improvement was stand still, therefore as intercurrent remedy Psorinum 1M prescribed. Then after patient showed subsequent improvement and lesion started disappearing. Figure (1-5) depicted that improvement of lesion of psoriasis.

The Modified Naranjo Criteria used for assessing causal attribution of improvement yielded a Total score as per the criteria in this case is (+10) which is relatively close to the total of (+13) which signifies the positive casual attribution of individualized homoeopathic remedy to the clinical outcome.

An evidence based Homoeopathic case report of Psoriasis vulgaris done in an 23 year old male, by Dr NISHA CN. Lecturer, Department of case taking and repertorisation, Athurasramam NSS Homoeopathy medical college kottayam, Kerala university of health science, Kerala India. Based on the totality of case first prescription was done on 3 December 2020 on constitution basis and Psorinum 200C was given. Follow up of the patient was assessed monthly or as required. The outcome was analyzed by changes in clinical presentation along with improvement in general well being the dermatology life quality index score improved it indicates a positive causal relationship between the homoeopathic medicine Psorinum and clinical outcome.⁸

Cuprum aceticum has shown its effectiveness in the treatment of various dermatological diseases, but definitive research on the therapeutic efficacy of Cuprum aceticum is insufficient.

CONCLUSION

Psoriasis is an inflammatory disease that manifests most commonly as well-circumscribed, erythematous papules and plaques covered with silvery scales. seen more commonly adults and children, and male gender. Homoeopathy principles are based on boosting the internal immunity of a person and thereby help in arresting the progression of the disease through body's natural healing methods. This case report of guttate psoriasis suggest



that homeopathy is effective in the management of psoriasis and highlights the lesser known remedies are effective, and guides physicians for future use.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent.

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Nil.

CONFLICTS OF INTEREST

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript, and no images were manipulated using AI.

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***Address for Correspondence:**

Sushmitha, MD Scholar,
Department of Practice of
Medicine, Government
Homoeopathic Medical College
and Hospital, Bengaluru-
560079

Email:

drsushmitha.telkar@gmail.com

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