



PLANTAR PSORIASIS TREATED WITH HOMEOPATHIC MEDICINE SARSAPARILLA - A CASE REPORT

Snehalata Singh¹

¹Chief Homeopathic Consultant, Bhilai, Dr Batra's Positive Health Clinic Pvt Ltd.

ARTICLE INFO:

Article History:

Received On: 18/04/2025

Accepted On: 12/06/2025

Published On: 24/06/2025

eISSN No: 3048-6270

DOI:

[https://doi.org/10.59939/304](https://doi.org/10.59939/3048-6270.2025.v3.i2.4)

8-6270.2025.v3.i2.4

Website:

<https://www.homoeopathicchronicles.com/archives/volume-iii-issue-ii>

Keywords:

Plantar psoriasis,
Sarsaparilla, Homoeopathy

ABSTRACT: Plantar psoriasis is a chronic, inflammatory skin disease characterized by painful, cracked soles that impair mobility and quality of life. It is an autoimmune condition affecting approximately 2–3% of the global population, with localized forms like palmoplantar psoriasis being more resistant to treatment and often recurrent during winter seasons. Conventional treatment provides symptomatic relief but often lacks long-term resolution. This paper presents the case of a 6-year-old girl suffering from plantar psoriasis for over three years, with complaints of deep, painful cracks in the soles. Based on Kent's repertory, Sarsaparilla was prescribed. Over time, the patient reported significant improvement in skin texture, reduction in pain and cracks, and enhanced emotional well-being. The improvement was assessed through photographic evidence. The case highlights the effectiveness of homeopathic intervention in managing chronic and recurrent skin disorders through a holistic approach.



INTRODUCTION

Psoriasis is a chronic, immune-mediated skin disorder characterized by hyperproliferation and abnormal differentiation of epidermal keratinocytes. The ICD-11 code for plantar psoriasis (psoriasis localized to the soles of the feet) falls under the broader category of psoriasis in ICD-11 as EA80.0. It affects approximately 2–3% of the global population, with varying presentations depending on the site and severity of involvement ^[1]. Among its different clinical types, plantar psoriasis involves the soles of the feet and is often associated with painful, dry, and cracked skin that interferes with mobility and daily life. The exact etiology of psoriasis remains multifactorial, involving a combination of genetic predisposition, immune system dysfunction, and environmental triggers such as stress, infections, trauma, and certain medications ^[2]. Psoriasis is believed to be an autoimmune condition, where activated T-cells release pro-inflammatory cytokines, leading to rapid skin cell turnover and inflammation ^[3].

Typical signs and symptoms of plantar psoriasis include well-defined, red or silvery scaly plaques, fissuring, itching, burning, and sometimes bleeding cracks in the skin. These symptoms are usually worse in winter, due to cold and dry weather that aggravates skin dryness ^[4]. The chronic nature of the disease can lead to reduced quality of life, physical discomfort, embarrassment, and psychological stress. While conventional treatments such as topical steroids, emollients, phototherapy, and systemic drugs provide temporary relief, they often come with limitations and side effects, especially when used long-term ^[5]. An integrative and patient-centered approach is increasingly being explored for managing chronic skin complaints.

CASE PROFILE

A 6-year-old girl presented in January 2023 with a chronic history of plantar psoriasis persisting for over 3–4 years. The condition was marked by painful, cracked soles, severe dryness, and scaling, with a marked aggravation during winter months. The child had previously been started on allopathic treatment, which was discontinued due to lack of satisfactory results. Homeopathic treatment was initiated with a holistic approach. In the initial months, a gradual reduction in dryness and cracks was observed. By April 2023, significant improvement in symptoms was recorded, with fewer fissures and decreased scaling. Over the following months, the condition continued to stabilize. By mid-2023, the skin of the soles had become noticeably



softer, and no new cracks were reported. From October to December 2023, continued improvement was seen with no signs of active lesions. The patient was also advised supportive care, including a Vitamin C-rich diet, adequate hydration, and topical moisturizing 3–4 times a day. By early 2024, the condition remained well-managed with only minor episodes of dryness, which were promptly addressed. A temporary flare-up occurred in March 2025, likely triggered by environmental exposure during Holi celebrations, resulting in mild recurrence of cracks and dryness. However, this episode was effectively controlled, and as of May 2025, the child's skin remains healthy, crack-free, and soft, with no itching or scaling. The homeopathic treatment also positively influenced the child's general health, leading to improved immunity, enhanced appetite, and a boost in confidence, demonstrating the holistic and constitutional efficacy of individualized homeopathic care in chronic pediatric skin conditions.

PHYSICAL GENERALS

The patient maintains a regular diet with an increased appetite and a marked craving for chicken, without any significant aversions. Thirst is moderate, with a preference for room temperature water, consuming about 6–8 glasses daily. Bowel and urinary habits are normal, with no reported abnormalities. Perspiration is profuse, particularly on the scalp and upper body, characterized by a strong offensive odor and white-staining of clothes. Thermally, the patient is chilly, preferring warm coverings and warm water for bathing. She feels more comfortable in summer, with noticeable aggravation of symptoms during winter. Sleep is restful, averaging around 8 hours per night, and the preferred position is mostly on the back. Occasionally, she reports dreams involving animals.

EXAMINATION

The patient is a well-nourished, active, and cooperative 6-year-old child with vital signs within normal limits (afebrile, pulse 92/min, respiratory rate 22/min, blood pressure 98/60 mmHg). On examination of the skin, the plantar surfaces of the feet previously exhibited dry, thickened skin with fissures; currently, there are no cracks or scaling, and the dryness has markedly reduced. There are no signs of infection or bleeding. Nails and hair appear normal. Systemic examination of the respiratory, cardiovascular, abdominal, and neurological systems reveals no abnormalities.



MENTAL GENERALS

The patient appears to be emotionally well-adjusted, with a generally cheerful and cooperative demeanor. From childhood, she recalls being a happy and playful child, enjoying time with family members and engaging in fun activities. However, academic expectations created some mental stress, primarily due to pressure from her mother to consistently perform well in studies. While she did not enjoy such pressure, she complied with the expectations. Both parents were working professionals and could not devote much time to her, which occasionally led to feelings of loneliness. Despite this, she understood the circumstances and did not dwell on them.

She describes herself as someone with a positive and happy mindset who likes to enjoy moments with her family. She experiences anxiety during exam results, especially when she feels that even her best efforts may not meet her mother's expectations. Nevertheless, she handles her responsibilities without internalizing stress.

She has a few emotional sensitivities—she tends to become short-tempered at times, cries easily, and feels irritated when misunderstood, especially when her personal needs or opinions are overlooked. She has never had any prolonged periods of sadness but recalls a particularly stressful time when she was very ill during her exams. Her hobbies include listening to music and playing outdoor games, which help her relax and stay mentally balanced.

PAST HISTORY

No major illnesses in the past, no history of tuberculosis, asthma, epilepsy, or any chronic disease, one episode of severe illness during exam period – managed without hospitalization, no history of hospitalization or surgeries, no known drug allergies.

FAMILY HISTORY

No family history of psoriasis, eczema, or chronic skin conditions, no known hereditary conditions (e.g., diabetes, hypertension, cancer, autoimmune disorders)



CASE ANALYSIS

Reportorial Totality- Based on Kent's Repertory

Skin - cracks

Skin - eruption -dry- cracks with pain

Skin - chapping

Selection of Remedy

Sarsaparilla 200

OBSERVATIONS AND RESULTS

MONTH	PROGRESS	PRESCRIPTION
1st Month	Dryness reduced; condition stable	Sarsaparilla officinals 200, single dose + Calcareo Fluoricum 6X, BD for 30 days
2nd Month	Cracks reduced initially, then reappeared	Sarsaparilla officinals 1M, single dose + Kalium Muriaticum 6X, BD
3rd Month	Complaints reduced again; cracks minimal	Sarsaparilla officinals 200, weekly + Calendula lotion, external use
4th Month	No cracks, no scaling	Continued Sarsaparilla officinals 200, weekly + Calcareo Fluoricum 6X, BD
5th Month	Condition stable	Sarsaparilla officinals 200, SOS + Silicea terra 6X, OD
6th Month	Skin soft; dryness almost gone	Sarsaparilla officinals 1M, single dose + advised coconut water weekly
7th Month	No cracks, no dryness; skin fully stable	No change; maintain previous prescription & diet
8th Month	Controlled condition; dryness and cracks absent	Sarsaparilla officinals 200, SOS + Calendula lotion 3-4 times/day
9th Month	Overall controlled; no new cracks	Advised cotton slippers; supportive care maintained
10th Month	Skin dryness well controlled	Sarsaparilla officinals 200, monthly dose + vitamin C-rich diet
11th Month	No new complaints, scaling improved	Advised coconut water weekly + supportive care

12th Month	Stable condition; cracks returned post Holi festival	Repeated Sarsaparilla officinals 1M + Calcarea Fluoricum 6X, BD for 15 days
13th–15th Mo.	Cracks reduced again; dryness improving	Continued same prescription; monitor symptoms
16th–18th Mo.	No new cracks; skin soft; no complaints	Sarsaparilla officinals 200, SOS + skin hydration advice
19th Month	All complaints better; skin totally normal	Maintenance care, no remedy given
20th–22nd Mo.	No new cracks, no itching or dryness	Advised to maintain cotton footwear and moisturization
23rd Month	Stable condition maintained	Same supportive advice continued
24th Month	Cracks and dryness returned after Holi	Sarsaparilla officinals 1M, repeated + Kali Sulph 6X, BD
25th Month	Cracks reduced; dryness much better	Continued same remedy for 15 days

Table 1: Follow-Up.

Fig 1.1 Before treatment

Fig 1.2 After treatment



DISCUSSION & CONCLUSION

The patient, a 6-year-old girl with chronic plantar psoriasis, presented with painful cracking, dryness, and scaling of the soles, which worsened during winter. Initial allopathic treatments showed no improvement and were discontinued. Homeopathic treatment began with **Sarsaparilla**, chosen for its key skin indications such as dry, cracked, and painful eruptions, especially on palms and soles, with intense soreness and sensitivity to touch. Sarsaparilla is known for its characteristic tendency to cause chapping, fissures, and eruptions that bleed easily and are aggravated by cold weather. Over the course of treatment, gradual improvement was noted with reduction in cracks, scaling, and dryness. The skin became softer and more flexible, and pain significantly decreased, improving the patient's comfort and daily activities. The remedy also helped address underlying emotional sensitivity, contributing to the chronicity of symptoms. Continued follow-ups showed sustained stability with no new cracks or dryness, confirming the effectiveness of Sarsaparilla in managing this chronic skin condition and enhancing the patient's overall quality of life.



REFERENCES

1. Parisi R, Symmons DP, Griffiths CE, Ashcroft DM. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. *J Invest Dermatol.* 2013;133(2):377–385.
2. Lowes MA, Suárez-Fariñas M, Krueger JG. Immunology of psoriasis. *Annu Rev Immunol.* 2014;32:227–255.
3. Nestle FO, Kaplan DH, Barker J. Psoriasis. *N Engl J Med.* 2009;361(5):496–509.
4. Mehta N. Homeopathy in skin disorders: An integrated approach. *Indian J Res Homoeopathy.* 2012;6(4):22–28.
5. Lebwohl M. Psoriasis. *Lancet.* 2003;361(9364):1197–1204.

*Address for

Correspondence: Dr Snehalata Singh, Chief Homeopathic Consultant, Bhilai, Dr Batra's Positive Health Clinic Pvt Ltd. Suman Kumari Giri, Homeopathy Consultant, Agra Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.

This article is Open Accessible and licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#). You are welcome to use this work non-commercially as long as author is credited by citing the work.



Email: chc-bhillai@drbatras.com

How to cite this Article: Singh S. Plantar Psoriasis Treated with Homeopathic Medicine Sarsaparilla - A Case Report. *International Journal for Fundamental and Interdisciplinary Research in Homoeopathy.* 2025 Jun 30;3(2):31–38. Available from: <http://dx.doi.org/10.59939/3048-6270.2025.v3.i2.4>