IJFIRH
eISSN: 3048-6270
Volume III, Issue III
July - September 2025
International Journal for Fundamental and Interdisciplinary Research in Homoeopathy
Published by Homoeopathic Chronicles
IJFIRH www.homoeopathicchronicles.com homoeopathicchronicles@gmail.com +91 81488 57301

A CASE OF GUTTATE PSORIASIS TREATED WITH HOMOEOPATHY- A CASE REPORT

Gurumayum Chand Sharma[1]

[1]*Chief Homoeopathic Consultant, Dr Batra's Positive Health Clinic Pvt. Ltd., RT Nagar Clinic, Bangalore*

ARTICLE INFO:

Article History:

Received On: 07/08/2025

Accepted On: 22/08/2025

Published On:10/09/2025

eISSN No: 3048-6270

DOI:

*https://doi.org/*10.59939/3048-6270.2025.v3.i3.1

Website:

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

Keywords:

Guttate psoriasis, Homeopathy, Psoriasis, Constitution

ABSTRACT: Guttate psoriasis is a rare and acute variant of psoriasis, often triggered by infections or emotional stress, presenting as small, red, drop-like lesions on the skin. In this case, prior conventional treatments including topical and systemic therapies yielded minimal results, primarily addressing the external skin symptoms while overlooking the psychological and emotional roots of the disease. The turning point was achieved through a homeopathic approach that targeted both the mental and physical planes. The patient experienced not just skin clearance but emotional well-being as well, highlighting the need for a more individualized, holistic, and psychosomatic approach in chronic dermatological care.

INTRODUCTION

Guttate psoriasis is an acute, eruptive form of psoriasis characterized by small, drop-like, salmon-pink papules with fine scales, primarily affecting the trunk and proximal extremities. It often appears suddenly, typically triggered by bacterial infections like streptococcal pharyngitis, stress, or certain medications.[1] It is more commonly seen in children and young adults[2].

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Psoriasis in general is a chronic immune-mediated skin disorder influenced by both genetic predisposition and environmental factors[3]. The disease involves hyperproliferation of keratinocytes, angiogenesis, and infiltration of inflammatory cells, especially T-cells, which release cytokines like TNF-alpha, IL-17, and IL-23, contributing to sustained skin inflammation[4,5.] There are several clinical variants of psoriasis, including plaque, pustular, erythrodermic, inverse, and Guttate types. Guttate psoriasis, though less chronic than the plaque form, may evolve into chronic plaque psoriasis in some individuals[6.] Complications include skin infections, psoriatic arthritis, and significant psychosocial distress due to visible lesions and itching[7]. The itch-scratch cycle is prominent in psoriasis, where itching leads to scratching, further damaging skin and worsening the condition, perpetuating the Koebner phenomenon[8.] Beyond the physical symptoms, patients often face emotional distress, anxiety, depression, and social stigma. The visible nature of lesions can impact self-esteem, interpersonal relationships, and quality of life.[9] It was also ensured that medicine was selected based in the pathology of the symptoms[10]. Management requires a holistic approach addressing both dermatological and psychological dimensions of the disease.

CASE PROFILE

A 25-year-old female presented with widespread psoriasis affecting almost the entire body except for the palms, soles, and face. The condition began shortly after a major emotional stressor involving a family crisis. She experienced persistent scaling, especially on the back, along with mild itching. Despite consulting a physician and undergoing treatment, there was no significant relief. Over time, the lesions continued to spread, involving the scalp with thick psoriatic plaques and forming Guttate patches across the arms, legs, chest, and back. Frustrated by the lack of improvement, she eventually discontinued all prescribed medications and stopped using topical creams and lotions. The condition not only affected her physically but also led to emotional distress, fatigue, episodes of nausea, vomiting, and unexplained weight loss. Standard treatment approaches offered her no long-term comfort, leaving her in a prolonged state of discomfort and emotional exhaustion.

H/O PAST ILLNESS

Had COVID-19 (Delta variant) in April 2021, was hospitalized for 2 days and Recovered without complications.

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H/O FAMILY ILLNESS

Younger Sister Suffers from acne and scalp psoriasis (from father's second marriage).

GENERAL SYMPTOMS

The patient's appetite was reduced especially in the past 2 years. Her Thirst was also decreased and she drank less than 1-liter water per day. Her stools were normal and she voided urine without any difficulty. She slept for about 8–9 hours and prefers sleeping on sides. Her perspiration was scanty. Her thermal was Ambi towards chilly. She had Recurrent dreams of someone pushing her from a building, followed by being caught/saved by someone. She had cravings for Fish curry and spicy food. She had Addictions of Alcohol, started 4 years ago & consumes whisky (~750ml) once in 6 months and Smoking Started 2 years ago with 2 cigarettes/day. Regarding her Menstrual history, she had her FMP at 13 yrs of age and her LMP was on 4th Jan 2025.

EXAMINATION

Extensive psoriatic lesions are noted in the scalp. Guttate psoriatic lesions are observed on Arms, lower limbs, Back and chest. Nails are pale with absent lunulae. Mild pallor was also noted.

MENTAL GENERALS

The patient was born into a middle-class family as the eldest daughter from her father's first marriage. She has a younger brother from the same mother and a younger sister from her father's second marriage. During her upbringing, she shared a close emotional bond with her father and was more attached to him than to her mother. Her childhood was relatively stable, and she performed well academically, eventually completing her post-graduation (M. Com). She is currently employed as a consultant at a reputed firm, IBM Pvt. Ltd., in Bangalore.

Despite her outward composure, she has long struggled with suppressed emotions and an inability to express her inner turmoil. A significant emotional setback occurred two years ago when her parents went through a divorce, which deeply affected her psychologically. She began to isolate herself emotionally, preferring not to share her pain with anyone. She reported a history of a toxic

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and abusive romantic relationship, which ended in a painful breakup and further worsened her mental state. Though she tries to appear strong and divert herself with work and daily routines, she feels overwhelmed and unable to focus on either her professional responsibilities or family life. Being the eldest, she feels a strong sense of duty toward her siblings but is unable to be fully present due to emotional exhaustion.

She often experiences episodes of sadness and low moods, particularly after emotional setbacks. During stress, she tends to oversleep and withdraw. She is generally anxious about her appearance, especially her skin condition, but does not express her worries openly. She is emotionally sensitive yet reserved, suppressing her anger and tears. When questioned gently, she admitted to recurring dreams of being pushed off a building and then caught by someone—symbolizing her internal fear of abandonment and desire for emotional security. One of her most traumatic memories is being hospitalized for 21 days during the COVID-19 pandemic, and the most painful moment of her life remains her parents' separation. On the brighter side, she recalls getting her job at IBM as one of her happiest and proudest achievements. In her leisure, she enjoys watching movies and videos, which serve as her main emotional outlet.

CASE ANALYSIS: Reportorial totality

RADAR was used – Synthesis Treasure Edition 2009V (SCHROYENS F)

REPERTORY USED	RUBRICS SELECTED
Synthesis Treasure Edition 2009V (SCHROYENS F)	– MIND - AILMENTS FROM - discords - parents; between one's – MIND - EMOTIONS - suppressed – MIND - SADNESS - chronic diseases; in – SKIN - ERUPTIONS - psoriasis – SKIN - ERUPTIONS - psoriasis - grief or suppressed emotions; after – SKIN - ERUPTIONS - psoriasis - grief or suppressed emotions; after – GENERALS - FOOD and DRINKS - spices - desire

Table 1: Reportorial Totality

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SELECTION OF REMEDY

TYPE	REMEDY	POTENCY	DOSE	REASON FOR SELECTION
Constitutional	Natrum Muriaticum	200	Single dose	Ailments from suppressed emotions, love failure, unable to express, reserved, craving spicy food, hot patient
Acute	Petroleum	30	2 doses	Psoriasis with extreme dryness and scaling, effective in acute skin flare-ups
Intercurrent	Sulphur	200	Single dose	Dryness, scaling, dirty skin, suppressed sweat, family history of skin disorders

Table 2: Reason for Remedy Selection

OBSERVATION AND RESULT

MONTH	PROGRESS	PRESCRIPTION
1st Month	Difficulty sleeping; runny nose and watery eyes without sneezing or itching. Psoriasis lesions started improving. Tongue cracked in the middle. All other generals good.	*Sac-Lac* given; symptoms predominantly Psoric. Mental symptoms started to improve.
2nd Month	No itching; no new patches. Skin on arms, back, and abdomen showing clear improvement. No redness or scaling. Weight: 46.6 kg.	*Sac-Lac* + *Petroleum 30*, 1 dose weekly. Skin began improving remarkably.

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3rd Month	No itching or scaling. Only mild dandruff. No other complaints. Skin lesions better. Weight stable.	*Natrum Muriaticum 200*, 1 dose + *Sac-Lac*. Given to further enhance improvement.
4th Month	Psoriasis much better. No new patches or itching. Hair fall stable. Emotionally more stable, sleep improved. Mild dandruff and occasional itching. Skin mostly clear. Weight: 46 kg.	*Sac-Lac* only; as active lesions subsided. Moisturizing cream continued.
5th Month	Emotional state stronger. Skin remains clear with no new patches. Hair fall and dandruff minimal. No major complaints reported.	*Sac-Lac* continued; skin care routine and counselling support ongoing.
6th Month	Complete remission noted. No redness, scaling, or new lesions. Mild gum swelling noted on right lower gum. Emotionally recovering well. Weight: 44.3 kg.	*Sac-Lac* + continued moisturizing cream. Monitoring emotional well-being and skin care routine advised.
7th Month	No further complaints. Skin stable. Patient emotionally steady. Regular sleep. Photographic evidence of sustained remission.	*Sac-Lac* continued. No new remedies. Supportive care and counselling maintained.
8th Month	Maintains clear skin. Occasional dandruff only. No systemic complaints. General health good.	*Sac-Lac* continued. Monitoring progress.
9th Month	Skin condition stable. No flare-ups. Emotional and physical state balanced.	*Sac-Lac*. Reinforcement of skincare and lifestyle routine.
10th Month	No relapse. Patient coping well emotionally. Regular follow-ups.	No change in remedy. *Sac-Lac* and observation.

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11th Month	Health stable. No complaints. No visible lesions. Patient emotionally content.	No active treatment needed. Supportive counselling continued.
12th Month	Skin remains clear. No itching, scaling, or patches. General health and emotional well-being maintained.	*Sac-Lac* continued to maintain stability. Routine check-ups and preventive guidance advised.

Table 3: Observed Changes during Follow-up and Prescription

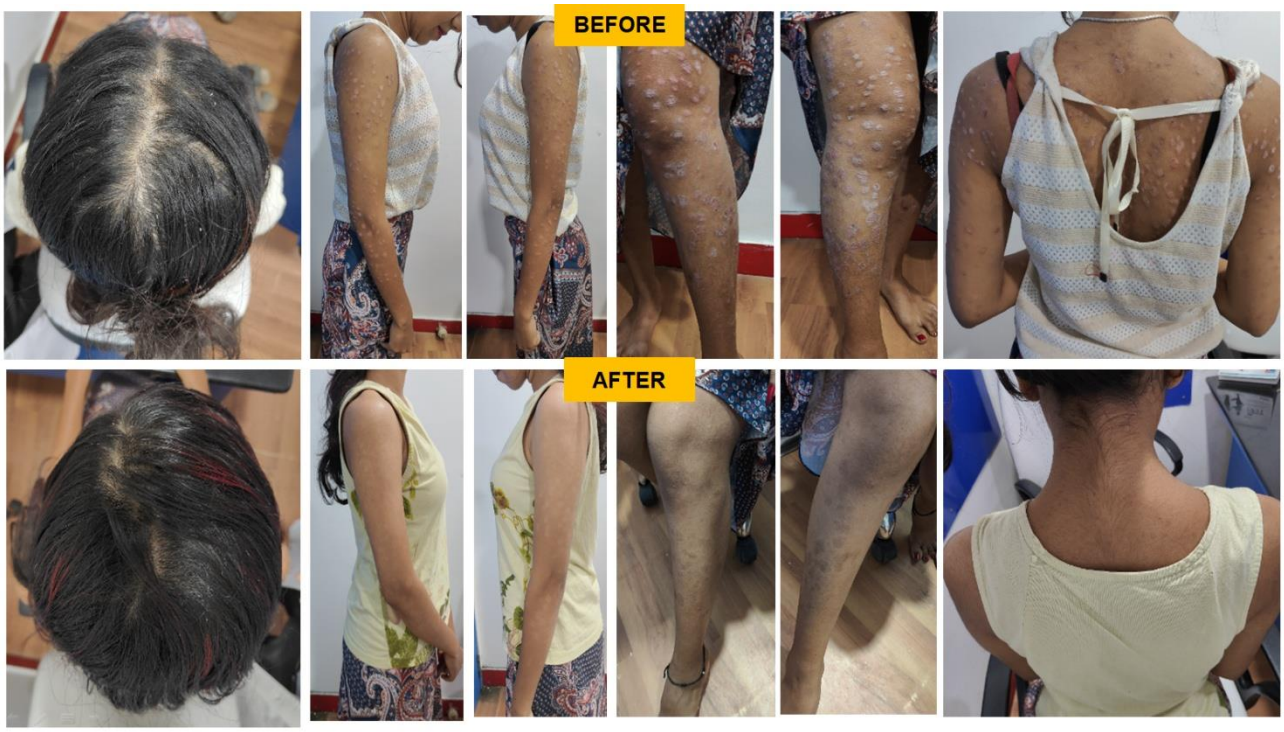

Figure 1: Before and After Treatment

DISCUSSION

This case highlights the complex interplay between emotional suppression and chronic skin manifestations. The patient had a long-standing history of psoriasis, which was resistant to various conventional treatments and topical applications. The condition had a significant impact on the patient's emotional well-being, confidence, and daily functioning. A deeper case analysis revealed unresolved emotional stress related to family dynamics, past relationships, and an inherent inability to express emotions. These suppressed feelings appeared to contribute directly to the chronic nature and persistence of the skin condition. The psoriatic lesions were not only a physical discomfort but

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also a reflection of the patient's internal turmoil. A holistic and individualized therapeutic approach that addressed both emotional and physical levels was implemented. The patient's responses over four months were carefully monitored. Marked improvement was observed in terms of reduced scaling, itching, and spread of lesions. Emotional balance, sleep quality, and overall vitality improved noticeably. The patient began to experience a renewed sense of calm, self-worth, and resilience.

The significant progress in this case underscores the importance of viewing chronic diseases through a psychosomatic lens. Addressing the root emotional triggers along with physical symptoms proved to be crucial. This case exemplifies the value of individualized treatment based on the totality of symptoms and emotional state, leading to sustained and meaningful healing.

CONCLUSION

This case provides clinical evidence supporting the interplay between emotional health and dermatological outcomes in Guttate psoriasis. Targeting the psychosomatic axis may serve as a valuable adjunct to conventional care. Nevertheless, the conclusions are limited by the single-case design; controlled studies with robust methodology are required to establish the therapeutic validity and reproducibility of such approaches in Guttate psoriasis.

Acknowledgments

I would like to express my sincere gratitude to Dr. Tanvi Lokhande for her constant support, valuable guidance, and encouragement throughout the preparation of this article. I also extend heartfelt thanks to my dedicated team at Dr Batra's RT Nagar, Bangalore, for their cooperation and assistance. Special appreciation goes to Mr. Jagdish from our IT support team for his timely and technical support.

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***Address for Correspondence:** Gurumayum Chand Sharma, Chief Homoeopathic Consultant, Dr Batra's Positive Health Clinic Pvt. Ltd. , RT Nagar Clinic, Bangalore.
Email: chc-aurangabad@drbatras.com

How to cite this Article: Sharma GC. A Case of Guttate Psoriasis Treated with Homoeopathy- A Case Report. International Journal for Fundamental and Interdisciplinary Research in Homoeopathy. 2025 Sep 30;3(3):1–10.