



PALMOPLANTAR PSORIASIS TREATED WITH HOMOEOPATHIC MEDICINE NATRUM MURIATICUM- A CASE REPORT

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ABSTRACT: Psoriasis is a chronic inflammatory skin disorder affecting 1–3% of the global population, often causing discomfort, itching, and social embarrassment. Conventional treatments provide temporary relief but may not address the underlying predisposition. Homoeopathy offers a holistic approach, considering physical, mental, and lifestyle factors for individualised treatment. This case study presents a 45-year-old female with long-standing palmoplantar psoriasis. After constitutional homoeopathic treatment, the patient showed significant improvement. Lesions reduced in thickness and scaling, cracks healed, itching subsided, and the overall quality of life improved. The case highlights the effectiveness of personalised homoeopathic therapy in managing chronic dermatological conditions.

INTRODUCTION

Psoriasis is a chronic, non-contagious inflammatory skin disorder characterized by accelerated skin cell turnover, leading to thickened, red, scaly patches. It can affect any part of the body, with palmoplantar involvement often causing pain, cracks, and difficulty in daily activities^{1,2}. The exact cause is multifactorial, involving genetic predisposition, immune system dysregulation, and environmental triggers such as stress, infections, and certain medications^{3,4}.



Common signs and symptoms include itching, redness, scaling, and in severe cases, bleeding or oozing from cracked skin. Complications may include secondary infections, joint involvement in psoriatic arthritis, emotional stress, and reduced quality of life due to social embarrassment^{5,6,7}. Conventional treatments focus on symptom management but may not provide lasting relief, whereas homoeopathy emphasizes individualized, holistic care targeting the patient's physical, mental, and emotional constitution, aiming for long-term improvement and overall well-being.

CASE PROFILE

A 45-year-old housewife from Sangamner, Pune, with a history of palmoplantar psoriasis since 2020, presented with thick, darkened, and dry skin over her back, palms, and soles, accompanied by severe cracks, pain, burning sensations, and intense itching. Initially, the patient experienced acute episodes of cellulitis, oozing, and bleeding over the palms, making it difficult to perform daily activities such as holding objects. The lesions were widespread, affecting both hands, legs, and soles, with persistent scaling, erythema, and discomfort. Over time, despite conventional management, the patient's lesions fluctuated in severity. Episodes of aggravation were observed, particularly with environmental exposure, work-related contact with detergents, or during periods of stress. These exacerbations were associated with increased cracking, throbbing pain, swelling, and occasional fluid discharge. During acute phases, she also experienced sleep disturbances, reduced appetite due to mouth ulcers, and embarrassment due to visible lesions, which affected her confidence and social interactions. Homoeopathic medicine was prescribed on detailed case taking, and gradual improvement was noted.

PAST HISTORY: Nothing relevant

FAMILY HISTORY:

Father: affected with psoriasis.

Elder sister: affected with psoriasis

GENERAL SYMPTOMS

The patient's appetite and thirst were decreased. She had no difficulty in voiding urine, and her stools are regular. She has a good, refreshing sleep. Her perspiration was profuse. She has anxious dreams. Her thermal is Hot.



EXAMINATION OF THE PATIENT

On general examination of the patient, her pulse rate was 88/ min, blood pressure was 120/80 mmHg, Oxygen Saturation was 99% and Random Blood Sugar was 102 mg/dL. Her Pulmonary Function Rate (PFR) was 17 L/min. On examination of the skin, the skin looks thick, darkened, dry and cracked in the palms and soles.

MENTAL GENERALS

The patient was born and brought up in Pune. She grew up in a close-knit family with strong emotional bonds with her parents and siblings. While she had minimal academic inclination, completing her education only up to the 10th standard, she was diligent and attentive in her daily activities and household responsibilities. She had good relationships with her family members and friends, forming long-lasting bonds from childhood. She generally felt supported and secure in her familial environment.

Personality-wise, she is mild-natured, introverted, and emotionally sensitive. She tends to keep her feelings to herself, even from close family members, and prefers solitude for consolation and emotional regulation. She experiences stress primarily related to her health, particularly her longstanding psoriasis, which she perceives as a lifelong burden. During periods of flare-ups, she reports irritability, frustration, and occasional anger, especially when minor incidents trigger her sensitivity. She has also experienced guilt in the past for expressing irritability toward her children during stressful periods. Despite this, she is caring, responsible, and diligent, managing household finances and tasks independently.

CASE ANALYSIS

Reportorial totality : Hompath was used for repertorization

- | | |
|--------------------------------------|--|
| 1. Mind – Timid, easily frightened | 8. Generals – Sleep disturbed, wants peace |
| 2. Mind – Consolation agg | |
| 3. Mind – Emotional, sensitive | 9. Generals – Desire for solitude |
| 4. Mind – Disappointed, sensitive to | 10. Skin – Psoriasis |
| 5. Generals – Diligent, hardworking | 11. Skin – Cracks |
| 6. Generals – Cold, dislikes warmth | 12. Skin – Itching, agg at night |
| 7. Generals – Aversion to noise | |



REPERTORY CHART

Remedy Name	Nat-m	Sep	Lyc	Sil	Sulph	Nat-ac	Staph	Puls	Calc	Graph
Totality	17	16	14	14	14	13	13	12	11	11
Symptom Covered	9	7	7	7	7	6	5	5	6	6
[C] [Mind]Awkwardness:Timidity, from:	1			1	1					
[KT] [Mind]Weeping,tearful mood,etc.:Consolation agg:	3	3	1	3	1	1	1		1	
[C] [Mind]Sensitive, oversensitive:	3	2	3	3	3	3	3	3	2	1
[C] [Mind]Ailments from:Anger, vexation:	2	1	2	1	1	2	3	2	1	1
[PH] [Phatak A-Z]Disappointment:	1									
[C] [Skin]Eruptions:Psoriasis:	1	3	3	2	2	2	3	2	2	2
[C] [Skin]Cracks, fissures:	2	3	2	2	3	2		3	3	3
[C] [Skin]Eruptions:Itching:	3	3	2	2	3	3	3	2	2	3
[AL] [D]Desire:Solitude:	1	1	1							1

Figure 1: Repertorial analysis and Result

BASIS OF SELECTION OR REMEFY, POTENCY AND DOSE

The medicine selected was Natrum Mur 200 with 2 doses in 1st week out of 4 weeks medicine. The medicine was selected as a constitutional remedy.

Reasons for Selection: Patient is diligent and responsible, Timid and introverted nature. Short-tempered, especially under stress, and Consolation aggravates symptoms.

OBSERVATIONS AND RESULTS

Month / Date	Progress / Observations	Prescription
Jul 2022	Severe cracks, throbbing pain, burning in patches; difficulty holding small objects	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Aug 2022	Mild oozing over palms; overall psoriasis slightly better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Sep 2022	Aggravated lesions with fluid discharge; severe itching and pain	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Oct 2022	Thick lesions on hands & soles; cellulitis resolved; irritability observed	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Nov 2022	Psoriasis stable; mild swelling; cracks reduced; overall improvement	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac



Dec 2022	Lesions ameliorated; scaling & thickness reduced; itching improved	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jan 2023	Palms improved; cracks ameliorated; upper limbs and legs better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Feb 2023	Lesions improved on hands & legs; soles still thick but reduced; overall improvement	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Mar 2023	Lesions over soles, palms improved; itching significantly reduced	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Apr 2023	Psoriasis ameliorated; overall much better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
May 2023	Palmo-plantar lesions improved; mild dryness; minimal itching	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jun 2023	Lesions over extremities ameliorated; scaling & itching much improved	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jul 2023	Lesions over whole body improved; mild tinea & pigmentation managed; skin care advised	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Aug 2023	Mild dryness occasionally; psoriasis patches stable	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Sep 2023	Mild itching in soles; no cracks or bleeding; overall improvement	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Oct 2023	Palmo-plantar lesions stable; mild dryness; no active lesions elsewhere	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Nov 2023	Slight aggravation in palms & soles; mild itching; managed	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Dec 2023	Palmo-plantar psoriasis ameliorated; no active lesions	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jan 2024	Lesions stable; slight flare due to detergent exposure	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Feb 2024	Palmo-plantar lesions ameliorated; overall better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac



Mar 2024	Mild residual itching in palms & soles; overall improved	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Apr 2024	Psoriasis patches ameliorated; slight seasonal aggravation reduced	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
May 2024	Lesions ameliorated all over body; photos uploaded	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jun 2024	Palmo-plantar psoriasis ameliorated; able to work comfortably; mild dryness	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jul 2024	Lesions over palms & soles much better; no cracks; mild itching occasionally	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Aug 2024	Palmo-plantar psoriasis improved; no active lesions	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Sep 2024	Mild itching in soles in morning; overall better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Oct 2024	No active lesions; mild lesions in palms & soles; no cracks, no bleeding	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Nov 2024	Mild lesions in palms & soles; no itching last 1 month; overall better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Dec 2024	Mild lesions in palms & soles improved; no cracks or itching; overall much better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jan 2025	No active lesions; lesions in palms & soles completely better; following diet, sleep & menses normal	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Feb 2025	No active lesions; mild itching in left palm since 2 days; overall better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Apr 2025	Few small lesions in palms & soles; mild stress; mild itching & erythema	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Jun 2025	No active lesions in palms & soles; mild itching in soles; overall better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac

Jul 2025	No active lesions; mild occasional itching in soles	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Aug 2025	Mild lesion in left palm; no itching, erythema, or cracks	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac
Sep 2025	Mild lesion in left palm resolved; no itching, erythema, cracks; overall much better	<i>Natrum muriaticum</i> 200/1 Dose, Sac Lac

Table 3: Follow-up table showing the patients improvement



Figure 2a: Before Treatment



Figure 2b: After Treatment



Figure 3a: Before Treatment



Figure 3b: After Treatment

DISCUSSION

An article suggests the efficacy of homoeopathic medicine *Causticum* in managing palmoplantar psoriasis⁸. Another study suggests the efficacy of homoeopathic medicines in treating psoriasis with constitutional medicine⁹. The successful management in this case of chronic palmoplantar psoriasis highlights the necessity of a structured, sustained therapeutic approach for this debilitating condition. Initial interventions prioritized rapid relief of severe symptoms like pain, swelling, and cracking, which significantly impair daily function and overall quality of life. The subsequent gradual resolution of scaling, thickness, and pruritus over three years underscores the chronic nature of the disease, requiring long-term commitment. Crucially, the patient's reported increase in confidence and psychosocial well-being demonstrates that effective treatment must holistically address both the cutaneous manifestations and the profound emotional burden associated with the disease. Furthermore, the role of lifestyle measures and irritant avoidance



reinforces the importance of patient engagement and adherence in achieving and maintaining sustained clinical remission.

CONCLUSION

This case report demonstrates that chronic palmo-plantar psoriasis, even when severe and associated with significant psychosocial distress, can be effectively managed through a structured, long-term therapeutic regimen. The gradual yet complete resolution of active lesions, coupled with marked improvements in physical symptoms and, crucially, the patient's psychosocial well-being, validates the efficacy of the homoeopathic management strategy employed in this case. Long-term adherence to the prescribed treatment and preventative lifestyle modifications is paramount for achieving sustained clinical remission and improving the overall quality of life for patients with this challenging condition.

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