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Role of homoeopathic treatment for symptom management and improving quality of life in severe psoriatic disease: A case report

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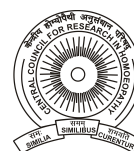
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Case Summary: A 21-yearold male suffering from PsA for three years presented in the outpatient department. He was previously treated with different methods of treatment without much relief. Clinically along with psoriatic rash, patient reported swelling, pain and stiffness of joints, causing restriction of movement. In addition, patient also presented with ophthalmic and gastric complaints. After a thorough clinical evaluation, *Phosphorus* in increasing potency (up to 0/12), was prescribed during one year of follow-up. The impact of the disease and its treatment on QoL and the outcome were assessed using tools such as Psoriasis Area and Severity Index (PASI), and PsA impact of disease-12 (PsAID12). The Modified Naranjo Criteria for Homoeopathy inventory score was also used to assess the possible causal attribution between the treatment and outcome. This case report demonstrates a remarkable improvement of patient's presenting complaints as well as the improvement in both PASI and PsAID12 scores with individualised homoeopathic treatment.

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Role of homoeopathic treatment for symptom management and improving quality of life in severe psoriatic disease: A case report

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Abstract

Introduction: Psoriasis and Psoriatic Arthritis (PsA) are the main phenotypes of psoriatic disease. PsA is a chronic inflammatory arthritis, associated with psoriasis that can cause joint damage and can severely impact a patient's quality of life (QoL). **Case Summary:** A 21-year-old male suffering from PsA for three years presented in the outpatient department. He was previously treated with different methods of treatment without much relief. Clinically along with psoriatic rash, patient reported swelling, pain and stiffness of joints, causing restriction of movement. In addition, patient also presented with ophthalmic and gastric complaints. After a thorough clinical evaluation, *Phosphorus* in increasing potency (up to 0/12), was prescribed during one year of follow-up. The impact of the disease and its treatment on QoL and the outcome were assessed using tools such as Psoriasis Area and Severity Index (PASI), and PsA impact of disease-12 (PsAID12). The Modified Naranjo Criteria for Homoeopathy inventory score was also used to assess the possible causal attribution between the treatment and outcome. This case report demonstrates a remarkable improvement of patient's presenting complaints as well as the improvement in both PASI and PsAID12 scores with individualised homoeopathic treatment.

Keywords: MONARCH, *Phosphorus*, PsAID12, PASI, Psoriatic arthritis.

INTRODUCTION

Psoriatic arthritis (PsA) is a seronegative, chronic inflammatory arthritis associated with psoriasis, causing different changes in joints and disabilities, which impacts patient's quality of life (QoL). Interestingly, if someone with psoriasis is positive for serology tests other than RF, they can still be considered 'seronegative' because the term 'seronegative' in this context refers to the absence of specific antibodies for other autoimmune diseases like rheumatoid arthritis, not necessarily the presence of other markers, such as HLA-B27.^[1] PsA usually begins in the fourth decade and within ten years of onset of skin rash, but it may occur before rash. The prevalence of PsA in western countries ranges from 6.25% to 48%, while it's relatively low in Asian countries, ranging from 1% to 9% among psoriasis patients. In India, the prevalence of PsA has been estimated to be 8.7%, with a male predominance.^[2] Although PsA can affect any joint, the wrists, small joints of the hands, and feet are the most commonly afflicted. About one half of PsA patients have

spondylitis with peripheral polyarthritis and nail changes.^[2,3] There are several PsA criteria; however, classification criteria for psoriatic arthritis (CASPAR) criteria are simple and have high specificity. PsA criteria are useful for identifying PsA in individuals along with clinical encounters.^[4] Non-steroidal anti-inflammatory drugs and topical corticosteroid injection are the first choice in modern medicine, which cannot prevent the progression of structural damage of joints. For moderate to severe PsA, disease-modifying antirheumatic drugs and tumour necrosis factor-inhibitors are commonly used.^[5] There is a paucity of research on the homoeopathic treatment of PsA; merely three case studies demonstrated some promising outcomes by homoeopathic medicines such as *Sulphur*, *Lycopodium* and *Psorinum*.^[6-8]

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This case report details one such case of PsA treated with homoeopathic medicines and the improvement was assessed by the tools called psoriasis area and severity index (PASI),^[9] and PsA impact of disease-12 (PsAID12)^[10] at one year interval. PASI is used to calculate both intensity and extent of the psoriatic plaques separately for four anatomical regions (head, trunk, upper and lower extremities), whereas the PsAID-12 is a questionnaire (for clinical practice) containing 12 domains of health (both physical and psychological domains) to assess the impact of PsA on patients QoL. The Modified Naranjo Criteria for Homoeopathy (MONARCH Inventory)^[11] score was also used to assess the possible causal attribution between homoeopathic medicine and the treatment.

PATIENT INFORMATION

A 21-year-old male visited the National Institute of Homoeopathy, Kolkata, West Bengal on 03 March 2022 along with asymmetric involvement of large and small joints which were stiff, swollen and painful for the past three years, causing restriction of movements and disability. His arthritic complaints were aggravated from rest, lying down, and early morning and ameliorated from motion. He also had scaly, itchy and indurated cutaneous eruption all over the body for 8–9 months [Figure 1a-j]. The eruptions occasionally had sticky discharges, especially at night. Along with these, the

patient had constipation, redness of eyes (in outer canthi) and photophobia as well as dyspepsia, flatulence, and indigestion that worsened after food and at night for 4–6 months. He also had vertigo and nausea worsened by turning the head to the left side and from sunlight for 3–4 months.

The present complaints first started with pain in both heels about 7–8 years back, which ascended upwards gradually. The patient took allopathic medication several times for 5–6 years for his complaints without much relief, compelling him to quit his job and seek complete bed rest. The details of the medication he took could not be sought. A scaly rash appeared on the feet 8–9 months ago, progressing upwards to the thigh, trunks, upper limbs and finally to the face. He took ayurvedic medicines for his skin eruption for about six months with no relief. Hence, he came for homoeopathic treatment. He did not consume any other medicines during the homoeopathic treatment.

The patient had a history of jaundice during childhood which was treated with allopathic medication. He also had hematochezia seven months ago.

No other part of the family history was significant or related.

The patient was anxious, sensitive, got easily angry and emotional and cried easily. Consolation made him feel better. He had a marked fear of darkness. These mental features existed even before the appearance of physical illness.



Figure 1 (As on 3 March 2022): (a) Face; (b-d) Left and right upper extremities; (e and f) Anterior and posterior trunk; (g and h) Left and right legs; (i and j) Left and right feet.

Clinical findings

The patient had an ectomorphic build. His blood pressure on the day of reporting was 118/80 mm Hg, pulse was regular with 90 bpm, respiratory rate was 19/min and temperature was 98°F. On local examination, scaly, indurated or thick plaque eruptions were observed throughout the body. The eruptions on both arms were well-demarcated with scaly, indurated and discoid plaques. On the back, there was a diffuse, erythematous and scaly eruption and there was a scaly, indurated plaque all over the front side of the trunk. Scaly, thick or indurated, silvery plaque were present over the lower limbs (more around the knees). The Auspitz sign was positive. Nails were thick, painful, unhealthy looking and yellowish in colour. In general, joints were swollen, especially the knee, wrist and elbow. His movement was painful and restricted, causing disability. Other systemic examinations could not be carried out.

The patient had a lean and thin appearance, decreased appetite, desire for sweet, fruits, craving for cold food and drinks and marked aversion for spicy food. He was sensitive to cold, had moderate thirst and a profuse perspiration (no particular odour and site). He had constipation with hard stool for five years; but urine was clear and regular. Sleep was inadequate and disturbed due to his presenting complaints.

Diagnostic assessment

The history and clinical appearance of this case were suggestive of PsA. Although the arthritic features of this case were also indicative of rheumatoid arthritis, the negative RA factor and positive HLA B27 ruled it out. Other diagnoses, such as ankylosing spondylitis, reactive arthritis and enteropathic arthritis, were also considered; however, those were excluded due to the patient's typical skin eruptions and clinical presentation. This case was diagnosed as PsA (as per CASPER criteria),^[3] and stratified in severe category (as per disease presentation).^[12] The diagnosis comes under specific code, FA21, in ICD-11^[13] for mortality and morbidity statistics, under diseases of the musculoskeletal system or connective tissue – which depicts PsA.

Therapeutic intervention

Case analysis and repertorisation

After a detailed case-taking, totality was constructed using Dr. Kent's method and classification of symptoms [Table 1]. The miasmatic evaluation of all the presenting symptoms of this case mostly indicated psoro-sycotic manifestations,^[14] as shown in Table 2.

The rubrics taken from totality and repertorisation were analysed through the 'Total Addition' process. The advantage of using this process is that the possibility of omission is less. After repertorisation, the top ranked medicines came out to be *Phosphorus* (32/17), *Sulphur* (26/14), *Nux vom* (25/14), and *Lycopodium* (31/13). In this case, repertorisation was carried out by the software RADAR OPUS 3.1.5,^[15] using Synthesis Repertory, as this case had more prominent generals. The number of medicines against many rubrics

Table 1: Analysis and evaluation

Characteristic mental generals	<ul style="list-style-type: none"> Easily angered; Marked fear of darkness; Consolation amelioration.
Characteristic physical generals	<ul style="list-style-type: none"> Appetite – reduced; Desire – sweets, fruits, craving for cold food and drinks; Marked aversion – spicy food; Perspiration – profuse; Stool – constipated with hard stool; Sleep – disturbed, inadequate.
Common physical generals	<ul style="list-style-type: none"> Joints pain aggravation from rest, lying and early morning and > from motion. Vertigo with nausea, < from sunlight and when turning the head to left side. Redness of eyes (outer area) with photophobia. Scaly skin eruptions all over the body.
Common particulars	<ul style="list-style-type: none"> Right wrist swollen and unable to move. Dyspepsia, flatulence and indigestion more after eating and at night.

Table 2: Miasmatic analysis

Psora	Sycosis	Syphilis
<ul style="list-style-type: none"> Easily angered Fear of darkness Conjunctivitis and photophobia Sweet desire Constipation Unhealthy skin with itching 	<ul style="list-style-type: none"> Intolerance to spices Sleeplessness due to physical disquiet Fish scale eruption Sycotic nails are thick All joint pains of small and larger joints are sycotic Joint stiffness Joint pain worse from rest and better by moving 	<ul style="list-style-type: none"> Photophobia Desire for sweet, cold food and drink

are also observed to be more in this repertory, as compared to other general repertories. Repertorial result are shown in Figure 2.

Phosphorus scored the highest in the repertorial results, covering 17 out of 22 rubrics and was more similar to the case, compared to other high-ranked medicines.

After considering the repertorial result, miasm, and homoeopathic materia medica *Phosphorus* was selected and other remedies were ruled out. *Phosphorus* 0/1/alt. d. (alternate day) in the early morning in empty stomach, along with placebo 1–2 globules/AD was prescribed for 32 days. Patient was asked to take one tablespoonful from the vial and mix with 7-8 table spoonful of water in a glass. After stirring thoroughly, patient was asked to take one spoonful from that glass. The patient was advised to take a healthy diet, avoid unhealthy food and maintain proper hygiene.

Follow-up and outcomes

The patient was followed-up and assessed every month for one year. The medicine, i.e. *Phosphorus* was continued up to 0/12, and there was a complete resolution of psoriatic eruption and all other presenting complaints after one year of treatment. No adverse events or homoeopathic aggravation noted at the

		phos.	seign.	ars.	chm.	rob-n.	lyc.	sil.	calc.	ars.	ell.	carb.	am-n.	phos-t.	bell.	nat-s.	huja.	zinc.	calc.				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1. Clipboard 1	*																						
1. MIND - ANGER - easily	(78) 1	2	3	1	1	3	1	1	1	1	1	1	1	1	1	2	2	2	1				
2. MIND - CONSOLATION - amel.	(33) 1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. MIND - FEAR - dark: of	(104) 1	2	1	1	1	1	2	2	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1
4. GENERALS - FOOD AND DRINKS - cold drink, cold water - desire	(276) 1	3	1	1	3	1	1	2	1	2	3	1	2	2	2	2	2	2	2	2	2	2	2
5. GENERALS - FOOD AND DRINKS - cold food - desire	(85) 1	3	1	2	1	1	1	2	3	1	2	2	1	1	1	1	1	2	2	1	1	1	1
6. GENERALS - FOOD AND DRINKS - fruit - desire	(139) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. GENERALS - FOOD AND DRINKS - sweets - desire	(285) 1	2	3	1	3	1	1	3	2	2	1	1	3	2	2	1	2	1	1	1	1	1	1
8. GENERALS - FOOD AND DRINKS - spices - aversion	(22) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9. VERTIGO - NAUSEA - with	(179) 1	2	2	2	1	2	1	2	2	2	1	2	2	2	2	2	1	1	2	1	1	1	1
10. VERTIGO - TURNING: WHEN - head: or moving the - left, to	(3) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11. EYE - DISCOLORATION - red - Canthi - Outer	(7) 1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12. EYE - PHOTOPHOBIA - light: from - artificial light	(0) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13. STOMACH - APPETITE - diminished	(308) 1	1	1	1	1	1	1	2	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1
14. STOMACH - INDIGESTION	(274) 1	1	3	3	3	2	1	3	3	3	2	1	1	1	2	2	1	1	1	1	1	1	1
15. SLEEP - DISTURBED	(344) 1	2	3	2	2	1	1	2	1	2	2	2	2	1	2	1	1	2	2	1	1	1	1
16. PERSPIRATION - PROFUSE	(298) 1	2	2	2	3	3	1	3	2	3	3	3	2	1	3	2	3	1	2	1	1	1	3
17. STOOL - HARD	(355) 1	3	3	3	1	3	2	3	2	3	2	3	2	2	3	1	2	2	1	3	1	1	1
18. SKIN - ERUPTIONS - psoriasis	(121) 1	2	2	2	1	3	2	2	2	2	1	3	2	1	2	1	1	1	1	1	1	1	1
19. EXTREMITIES - PAIN - Joints - morning - rising - after - agg.	(1) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
20. EXTREMITIES - PAIN - Joints - lying - agg.	(6) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
21. EXTREMITIES - PAIN - Joints - motion - amel.	(33) 1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
22. EXTREMITIES - SWELLING - Wrists - right	(2) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Figure 2: Repertorial sheet

Table 3: Follow-ups

Date of follow up	Present symptoms/illness	Intervention
03 March 2022 (Baseline Visit)	<ul style="list-style-type: none"> Baseline symptoms (presented subjective and objective symptoms/signs) such as scaly, indurated, or thick plaque cutaneous eruptions, painful joint movement etc. PASI score – 57.6 PsAID12 score – 9.55 	<i>Phosphorus</i> 0/1, alt.d. × 16 days
Second visit 14 April 2022	<ul style="list-style-type: none"> Appearance of his skin eruption remained same, less severe itching. Arthritic complaints same, cervical and lumbar pain less severe than before. Vertigo and nausea improved. Acidity and dyspepsia symptoms improved considerably. Increased appetite and enhanced sleep. Stool improved, but burning after stools. 	<i>Phosphorus</i> 0/2, alt.d. × 16 days
Third visit 19 May 2022	<ul style="list-style-type: none"> Skin eruption improved and reduced itching over the body. Nails still appear unhealthy, unclean and thick. Joint pain (including cervical and low back pain) reduced. Swelling of the joints unchanged. Inability to extend the knee and discomfort with movement. Photophobia and redness of eye reduced. Acidity and dyspepsia much better. No recurrence of vertigo and nausea. Improved appetite and sleep. Stool improved, no burning. 	<i>Phosphorus</i> 0/3, alt.d. × 16 days
Fourth visit 23 June 2022	<ul style="list-style-type: none"> Skin eruption much improved and no itching. Nails unclean and thick. Pain in joints much reduced Swelling of joints reduced. Could lift his left hand but not right. Unable to stretch his legs and unable to stand or walk. No photophobia or eye redness. Improved acidity and dyspepsia. 	<i>Phosphorus</i> 0/4, alt.d. × 16 days
Fifth visit 04 August 2022	<ul style="list-style-type: none"> No skin eruption in any part of the body, only marks remained. Nails were still thick; could not clip his nails. Joint pain and swelling reduced significantly. Able to lift both hands and stretch his legs, unable to stand or walk. 	<ul style="list-style-type: none"> <i>Phosphorus</i> 0/5, alt.d. × 16 days <i>Phosphorus</i> 0/6, alt.d. × 16 days
Sixth visit 13 October 2022	<ul style="list-style-type: none"> No skin eruptions and decreased markings [Figure 3a-e]. Nails clear and could be clipped. No joint pain, even with pressure, although difficulty in right wrist movement. No swelling of joints. 	<ul style="list-style-type: none"> <i>Phosphorus</i> 0/7, alt.d. × 16 days <i>Phosphorus</i> 0/8, AD×16 days

(Contd...)

Table 3: (Continued)

Date of follow up	Present symptoms/illness	Intervention
Seventh visit 21 December 2022	<ul style="list-style-type: none"> • Able to eat by himself. • Able to walk with ease, slight discomfort while climbing stairs and on long stroll. • No hard stool or blood in stool so far. • Patient was better. • No skin eruptions, only marks remained. • No joint complaints but slight discomfort while climbing stairs and on long stroll. 	<i>Phosphorus</i> 0/9, alt.d. × 16 days
Eighth visit 13 January 2023	<ul style="list-style-type: none"> • Patient was better. • No skin eruptions, only marks remain. • No joint complaints and no difficulty in walking. 	<i>Phosphorus</i> 0/10, alt.d. × 16 days
Ninth visit 03 February 2023	<ul style="list-style-type: none"> • Patient was better. • Slight marks remaining on anterior and posterior trunk and on thighs. • No difficulty in walking. • Patient began an occupation as a barber. 	<i>Phosphorus</i> 0/11, alt.d. × 16 days
Tenth visit 09 March 2023	<ul style="list-style-type: none"> • The remaining marks further reduced [Figure 4a-d] • Patient was better and no recurrence or worsening of his presenting complaints noticed. • PASI score- 0 • PsAID12 score- 0.7 	<i>Phosphorus</i> 0/12, alt.d. × 16 days

PASI: Psoriasis area and severity index, PsAID12: Psoriatic arthritis impact of disease-12, alt. d.: Alternate day

Table 4: Assessment done by MONARCH Inventory score

S. No.	Domains	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	-	-
3	Was there a homeopathic aggravation of symptoms?	-	0	-
4	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	-	-
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	-	-
6 A	<i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	-	-
6 B	<i>Direction of cure</i> : did at least one 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 downwards?	+1	-	-
7	Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8	Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-	+1	-
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	-	-
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-

Total= +11

end or while the patient was under treatment. The timeline or course of treatment is summarised in Table 3.

The objective assessment scale of the skin lesions, PASI, was applied to the case along with a disease-specific instrument PsAID12 at an interval of one year, and a remarkable reduction in the scores of both scales, from the baseline score of 57.6–0 and 9.55–0.7, respectively, was noted by the end of the follow-ups.

The outcome and possible causal attribution of the changes in this case were assessed using the MONARCH Inventory score.

The total score in this case was 11 out of 13, which suggests a ‘definite’ causal attribution between the medicine and its outcome [Table 4].

DISCUSSION

A severe case of PsA was successfully treated using a single homoeopathic medicine, i.e. *Phosphorus*, which was selected after a thorough case taking and on the basis of the totality. The LM or fifty millesimal potency was chosen to avoid undesirable aggravation, which is the main advantage of LM



Figure 3 (As on 13 Oct 2022): (a) Face; (b) Both arms; (c) Anterior trunk; (d) Posterior trunk; (e) Both legs.

potencies over CM. Dr. Hahnemann (1755–1843) describes the centesimal scale as ‘CM scale gave rise to furious, even dangerous, violence, whereas medicine of 50M scale produces medicine of highest development of power and mildest action.’^[16] *Phosphorus* was more similar to the case, compared to other high-ranked medicines. For example, *Sulphur* patients are hot,^[14] whereas in this case the patient was chilly. *Nux vomica* patients have amelioration from rest and lying down,^[17] but this patient had aggravation from it and amelioration from motion. *Lycopodium* patients have excessive hunger, whereas the patient had a low appetite; also the *Lycopodium* patient likes to take food and drinks hot,^[17] but here, in this case, patient preferred cold food and drinks, despite being chilly.

A detailed evaluation of the clinical presentation was performed during follow-up visits, and the intervention was administered in accordance. Improvement or healing process in this case was followed according to Hering’s law of cure, as disease symptoms disappear from top to bottom and in reversed order of appearance. This case report followed HOM-CASE guidelines^[18] for reporting the outcomes. The homoeopathic treatment of PsA has been the subject of limited exploration; however, one retrospective case series demonstrated homoeopathic treatment of different type of psoriasis, including PsA, where only two out of six patients with arthritis reported to be better after one year of treatment. The most frequently used homoeopathic medicines were *Sulphur*, *Lycopodium*, *Pulsatilla* and *Arsenicum album*.^[6]

Further, a case report of a PsA patient improved by *Psorinum* has been reported to be treated well, after initial non-resolving results with allopathic medication.^[7] Another case report also demonstrated a positive outcome in the treatment of PsA using individualised homoeopathic medicine, i.e. *Lycopodium clavatum*, along overall well-being of the patient.^[8]

In this case, utilising appropriate disease-oriented measures such as PASI and PsAID12 on a recurring basis during treatment and clinical assessment of disease severity and its influence on QoL helped in the objective assessment of the improvement. The treatment was continued until the symptoms disappeared completely. The same was supported with photographic documentation [Figures 1-4]. For assessing



Figure 4 (As on 9 March 2023): (a) Face and anterior trunk; (b) Both arms; (c) Posterior trunk; (d) Both legs.

further recurrence, we followed up the case for a longer duration and no further symptoms regarding the concerned disease were reported. The usefulness of individualised homoeopathic treatment was evaluated using the MONARCH Inventory. The score was assigned against each domain covered by the case and the final score was 11 which is close to the maximum score (13), indicating a ‘definite’ causal relationship between the treatment and the outcome.

This case report provides additional evidence of the positive effect of homoeopathic treatment of PsA. However, in this presented case, the intensity of skin eruption and arthritic complaints was much more adverse and the intensity of the symptoms was very high. In addition, the strength of this case was also that the severe PsA, which was non-responsive for a

long time, could be completely resolved with individualised homoeopathic treatment. Therefore, the extent of Homoeopathy in PsA needs to be investigated through well-designed studies with a larger sample size, and the data from this case report may also be helpful in the planning of future case studies.

CONCLUSION

This case demonstrates a positive outcome with homoeopathic treatment of PsA along with an improvement in quality of life. However, a larger number of well-designed studies are required with an adequate sample size to corroborate the findings.

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Declaration of patient consent

The author certifies that the patient had given his written, informed consent for using his clinical information and photographs in a non-revealing manner for reporting in a journal. The patient understands that due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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None declared.

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Rôle du traitement homéopathique dans la gestion des symptômes et l'amélioration de la qualité de vie en cas de psoriasis sévère : rapport de cas

Introduction: Le psoriasis et le rhumatisme psoriasique (PSA) sont les principaux phénotypes du psoriasis. Le PSA est une arthrite inflammatoire chronique, associée au psoriasis, qui peut provoquer des lésions articulaires et altérer gravement la qualité de vie (QdV) du patient. **Résumé du cas:** Un homme de 21 ans souffrant de PSA depuis trois ans s'est présenté en consultation externe. Il avait été traité par différents traitements sans grand soulagement. Sur le plan clinique, en plus de son éruption psoriasique, le patient a signalé un gonflement, des douleurs et une raideur articulaires, entraînant une restriction de mouvement. Il présentait également des troubles ophtalmologiques et gastriques. Après une évaluation clinique approfondie, du phosphore à dose croissante (jusqu'à 0/12) lui a été prescrit pendant un an de suivi. L'impact de la maladie et de son traitement sur la qualité de vie et l'évolution a été évalué à l'aide d'outils tels que l'indice de surface et de gravité du psoriasis (PASI) et l'indice d'impact PSA de la maladie (PSA-12). Le score de l'inventaire des critères homéopathiques modifiés de Naranjo a également été utilisé pour évaluer l'éventuelle attribution causale entre le traitement et l'évolution. Ce cas clinique démontre une amélioration remarquable des symptômes présentés par les patients, ainsi que des scores PASI et PSAID-12, grâce à un traitement homéopathique individualisé.

Die Rolle der homöopathischen Behandlung bei der Symptombehandlung und Verbesserung der Lebensqualität bei schwerer Psoriasis: Ein Fallbericht

Einleitung: Psoriasis und Psoriasis-Arthritis (PSA) sind die häufigsten Phänotypen der Psoriasis. PSA ist eine chronisch-entzündliche Arthritis, die mit Psoriasis assoziiert ist und Gelenkschäden verursachen und die Lebensqualität des Patienten stark beeinträchtigen kann. **Fallzusammenfassung:** Ein 21-jähriger Mann, der seit drei Jahren an PSA leidet, stellte sich in der Ambulanz vor. Er war zuvor mit verschiedenen Behandlungsmethoden behandelt worden, ohne jedoch eine nennenswerte Linderung zu erzielen. Neben psoriatischem Ausschlag berichtete der Patient über Schwellungen, Schmerzen und Steifheit der Gelenke, die zu Bewegungseinschränkungen führten. Zusätzlich litt der Patient unter Augen- und Magenbeschwerden. Nach einer gründlichen klinischen Untersuchung wurde ihm während der einjährigen Nachsorge Phosphorus in steigender Potenz (bis zu 0/12) verschrieben. Der Einfluss der Erkrankung und ihrer Behandlung auf die Lebensqualität und den Behandlungserfolg wurde mithilfe von Instrumenten wie dem Psoriasis Area and Severity Index (PASI) und dem PSA-12-Score (PsAID12) bewertet. Der modifizierte Naranjo-Kriterien-Homöopathie-Inventarwert wurde ebenfalls verwendet, um mögliche kausale Zusammenhänge zwischen Behandlung und Behandlungserfolg zu bewerten. Dieser Fallbericht zeigt eine deutliche Verbesserung der Beschwerden des Patienten sowie eine Verbesserung der PASI- und PsAID12-Werte durch die individualisierte homöopathische Behandlung.

गंभीर सोरायसिस रोग में लक्षण प्रबंधन और जीवन की गुणवत्ता में सुधार के लिए होम्योपैथिक उपचार की भूमिका: एक केस रिपोर्ट

परिचय: सोरायसिस और सोरायसिस गठिया (PSA) सोरायसिस रोग के मुख्य फीनोटाईप हैं। PSA एक दीर्घकालिक सूजनजनित गठिया है, जो सोरायसिस से जुड़ी होती है। यह जोड़ों को नुकसान पहुंचा सकती है और रोगी के जीवन की गुणवत्ता (QoL) पर गंभीर प्रभाव डाल सकती है। **केस सारांश:** तीन साल से PSA से पीड़ित एक 21 वर्षीय पुरुष आउट पेशेंट विभाग में आया। इससे पहले उसे बिना किसी राहत के अलग-अलग उपचार विधियों से उपचारित किया गया था। चिकित्सकीय रूप से सोरायसिस के दाने के साथ, रोगी ने जोड़ों में सूजन, दर्द और अकड़न की शिकायत की, जिससे चलने-फिरने में बाधा उत्पन्न हुई। इसके अलावा, रोगी ने नेत्र और गैस्ट्रिक संबंधी शिकायतें भी प्रस्तुत कीं। गहन नैदानिक मूल्यांकन के बाद, एक वर्ष के अनुवर्ती के दौरान बढ़ती पोटेन्सी (0/12 तक) में फॉस्फोरस निर्धारित की गई। बीमारी और उसके उपचार का जीवन की गुणवत्ता और परिणाम पर प्रभाव का आँकलन सोरायसिस क्षेत्र और गंभीरता सूचकांक (पीएसआई) और बीमारी के पीएसए प्रभाव - 12 (पीएसएआईडी12) जैसे उपकरणों का उपयोग करके किया गया। होम्योपैथी इन्वेंटरी स्कोर के लिए संशोधित नारंजो मानदंड का उपयोग उपचार और परिणाम के बीच संभावित कारणात्मक आरोपण का आँकलन करने के लिए किया गया। यह केस रिपोर्ट रोगी की प्रस्तुत शिकायतों में उल्लेखनीय सुधार के साथ-साथ व्यक्तिगत होम्योपैथिक उपचार के साथ पीएसआई और पीएसएआईडी12 स्कोर दोनों में सुधार को प्रदर्शित करती है।

Rol del tratamiento homeopático para el manejo de los síntomas y la mejora de la calidad de vida en la enfermedad psoriásica grave: Reporte de un caso

Introducción: La psoriasis y la artritis psoriásica (APS) son los principales fenotipos de la enfermedad psoriásica. La APS es una artritis inflamatoria crónica, asociada con la psoriasis, que puede causar daño articular y afectar gravemente la calidad de vida (CdV) del paciente. **Resumen del caso:** Un hombre de 21 años con APS durante tres años se presentó en la consulta

externa. Había recibido diferentes tratamientos sin obtener un alivio significativo. Clínicamente, junto con la erupción psoriásica, el paciente refirió hinchazón, dolor y rigidez articular, lo que le causó restricción del movimiento. Además, el paciente también presentó molestias oftálmicas y gástricas. Tras una evaluación clínica exhaustiva, se le prescribió Phosphorus en potencia creciente (hasta 0/12) durante un año de seguimiento. El impacto de la enfermedad y su tratamiento en la calidad de vida y el pronóstico se evaluó mediante herramientas como el Índice de Área y Gravedad de la Psoriasis (PASI) y el Índice de Impacto de la Enfermedad por PSA-12 (PsAID12). También se empleó la puntuación del inventario de los Criterios de Naranjo Modificados para la Homeopatía para evaluar la posible relación causal entre el tratamiento y el pronóstico. Este caso clínico demuestra una notable mejora de las molestias del paciente, así como de las puntuaciones PASI y PsAID12 con el tratamiento homeopático individualizado.

顺势疗法在严重银屑病症状管理和改善生活质量中的作用：病例报告

简介：银屑病和银屑病关节炎 (PSA) 是银屑病的主要表型。PSA 是一种慢性炎症性关节炎，与银屑病有关，可导致关节损伤并严重影响患者的生活质量 (QoL)。 **病例摘要：**一名 21 岁的男性，患有 PSA 三年，在门诊就诊。他之前曾接受过不同的治疗方法，但症状没有太大缓解。临床上，除了银屑病皮疹外，患者还报告关节肿胀、疼痛和僵硬，导致活动受限。此外，患者还出现眼部和胃部不适。经过全面的临床评估后，在一年的随访中开出了效力不断增加的磷（高达 0/12）。使用银屑病面积和严重程度指数 (PASI) 和 PSA 对疾病的影响 - 12 (PsAID12) 等工具评估疾病及其治疗对生活质量和结果的影响。还使用了改良的 Naranjo 顺势疗法标准清单评分来评估治疗和结果之间的可能因果关系。本病例报告显示，个性化顺势疗法治疗显著改善了患者的主诉，PASI 和 PsAID12 评分也得到了改善