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Role of homoeopathic medicine in the management of psoriasis – An evidence-based case report

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Case Summary: A 46-year-old male presenting with psoriasis was treated with homoeopathic similimum *Arsenicum album* and intercurrent remedy *X-ray*. The periodical assessment of the treatment was done before and after the treatment and using the PASI score to ascertain the prognosis. As psoriasis is a chronic and recurrent condition, the severity index shows changes over 11 months with slight aggravation in the lesion at the beginning of winter. The Modified Naranjo Criteria for Homoeopathy (MONARCH) tool was used and a score of +9 suggested a possible causal attribution between the intervention and outcome. The above assessment was strengthened with pictographic evidence. This case report reinforces the role of Homoeopathy in the management of psoriasis using a homoeopathic similimum and an intercurrent remedy.

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Role of homoeopathic medicine in the management of psoriasis – An evidence-based case report

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Abstract

Introduction: Psoriasis is a common chronic, recurrent, immune-mediated disease, where plaque-type psoriasis and psoriatic arthritis show 90 % and 7% prevalence, respectively. It is a cosmetically expressed condition that impacts the individual and the family, thus affecting quality of life. It impacts the physical, emotional and psychosocial well-being of the sick individual. It accounts for up to 3% of the World's population. Although this condition is not life-threatening, it is challenging to treat due to the lack of established causative factors. Conventional medicine offers long-term treatment with a short-term benefit to patients with psoriasis, resulting in discontinued treatment by the patients. **Case Summary:** A 46-year-old male presenting with psoriasis was treated with homoeopathic similitum *Arsenicum album* and intercurrent remedy *X-ray*. The periodical assessment of the treatment was done before and after the treatment and using the PASI score to ascertain the prognosis. As psoriasis is a chronic and recurrent condition, the severity index shows changes over 11 months with slight aggravation in the lesion at the beginning of winter. The Modified Naranjo Criteria for Homoeopathy (MONARCH) tool was used and a score of +9 suggested a possible causal attribution between the intervention and outcome. The above assessment was strengthened with pictographic evidence. This case report reinforces the role of Homoeopathy in the management of psoriasis using a homoeopathic similitum and an intercurrent remedy.

Keywords: *Arsenicum album*, Homoeopathy, Intercurrent remedy, PASI score, Psoriasis, *X-ray*.

INTRODUCTION

Psoriasis is one of the most common papulosquamous disorders in dermatological diseases. It is a chronic, non-communicable, disfiguring, painful and disabling immune-mediated disease for which there is no cure and has a negative impact on a patient's quality of life.^[1] It can affect any age group but mostly affects individuals between 11 and 60 years of age. Psoriasis is a condition observed globally. The prevalence in countries all over the world ranges between 0.09% and 11.4%.^[2]

The aetiology of psoriasis is not clearly understood. Areas with a history of trauma also often develop lesions of psoriasis (isomorphic phenomenon). Psoriasis skin lesions are typically pruritic and tend to worsen in winter. In addition, other external factors may exacerbate psoriasis including infections, emotional factors such as shock, stress or deprivation and other medications (lithium, beta blockers and antimalarial drugs).^[3]

In the normal cycle of skin cell formation, the outer layer of skin moves upwards through the layers to the surface of the skin where they die and are shed within a period of 3–4 weeks. Due

to increased immune system activity, the body starts attacking its own cells and tissues in psoriasis. Human cell cycle time is 24 h. The psoriatic cell cycle is 36 h. The cells get inflamed and the immune cells get involved. The dead cells keep on mounting on the dermis. The skin cells grow too fast and accumulate to form a thick, plaque. Since they are to be shed off, the lesions become itchy and the plaque starts to peel off in the form of scales.^[1,4] Normally, this process is not painful, but the underlying inflamed surface shows petechial bleeding if the scales are removed. The typical plaque psoriatic lesion is characterised by raised skin patches (plaques) covered with silvery scales which are itchy on become dry with a red erythematous base.

The common sites of involvement are the elbows, knees, gluteal cleft, scalp, trunk area, and groin with symmetric

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involvement. The National Psoriasis Foundation states that up to 30% of patients with psoriasis develop psoriatic arthritis (PsA) which involves the joints of the spine and other areas. Plaque psoriasis is the most common variety of psoriasis, others are inverse psoriasis, guttate psoriasis and pustular psoriasis.^[1,4,5]

The diagnosis of psoriasis is based on physical examination and medical (past and family) history. The Psoriasis Area and Severity Index (PASI) score has been often used in many clinical trials to determine the severity of the lesions and for objectivity. The PASI score ranges from 0 to 72, which helps to assess the prognosis during the treatment.^[3]

Prolonged use of topical agents and UV lights are considered for conventional treatment for psoriasis. However, the conventional treatment is less effective and results into atrophy of skin. Long-term use of UV lights is associated with skin cancers. Recently developed immunosuppressive drugs for psoriasis show potential side effects.^[1]

Homoeopathy provides individualised, tailor-made remedies with a holistic approach. Classical Homoeopathy based upon the holistic approach; addresses the underlying cause and individual susceptibility of the patient. Homoeopathy investigates the fundamental cause (genetic influences) considering, constitution, temperament and diathesis and external stimuli (epigenetic influences) that a person has been subjected to and individualistic response to them.^[6] Due to the chronic nature of the disease and the need for prolonged treatment, use of complementary and alternative medicine has become common in psoriasis with a potentially beneficial outcome to the patient.^[7]

This case report presents a severe form of psoriasis that was managed with individualised homoeopathic medicines. It also emphasizes the positive role of Homoeopathy in the management of psoriasis. Several studies have been conducted highlighting the use of Homoeopathy in psoriasis. In the several case reports studied, phenotypes such as different underlying causes, namely, the fundamental, exciting and maintaining causes, the susceptibility of the patients and individual immunity help us to assess the case prognosis and plan the homoeopathic management of psoriasis.^[7-9] Homoeopathic remedies were found to be useful in different phases of management of plantar psoriasis.^[8] In a recent multicentric observational study, homoeopathic treatment was found to be effective in cases of psoriasis.^[10]

Nowadays, the use of ionising radiation in medicine has increased, leading to an increased demand for X-ray technicians. The prolonged exposure to X-rays in them is directly proportional to the risk of contamination due to X-rays.^[11-13] The present case could help patients who have suffered due to the same occupational hazard, which could be a probable maintaining cause in cases of psoriasis.

PATIENT INFORMATION

A 46-year-old male from the middle class presented with complaints of reddish patches with scales on bilateral hands

and legs and lumbar region for three years dated as of 19th April 2021. His complaints began with itching eruptions over his hands. Eruptions gradually progressed to the lower back and legs. He took conventional treatment for about an year and was relieved temporarily. Red eruptions reappeared gradually with intense burning, itching and dryness with whitish-silvery scales (plaques) with occasional bleeding after a year. Itching and burning worsened at night, by warmth and while undressing. The patient had a history of exposure to X-rays for the last 15 years as he was working as an X-ray technician in a hospital. Because of the above complaints, he quit his job for the past three years. He had no history of any other major illness.

The patient was thirsty, drank sips of water and was thermally chilly. He also had a habit of tobacco chewing and needed one pack per day. He had an aversion for meat. Mentally, the patient was very anxious about his health, with fear of being touched by people, fear of crowds and fear of getting infected by an incurable disease. He was mentally restless, often indulged in overthinking and worried about financial crises. He had fear of poverty.

Clinical findings

The blood pressure of the patient was 130/80 mm Hg and the pulse rate was 76 bpm. The skin was dry with multiple, reddish, scaly patches over bilateral hands and legs and lumbar region with plaques. At baseline, the PASI score was 32.9.

Diagnostic assessment

The case was diagnosed as plaque psoriasis based on the presenting characteristics (raised, red patches covered with a silvery white buildup of scales).^[14]

Therapeutic intervention

The totality of symptoms was built using Kent's approach. The following symptoms were considered for totality:

- Very anxious about his health
- Fear of touch of people
- Fear of crowd
- Fear of getting infected by incurable disease
- Mentally restless
- Often indulged in overthinking
- Worried about financial crises
- Physically restless
- Thirsty, takes sip of water
- Thermally chilly
- Habit of tobacco chewing
- Dry scaly eruptions, intense burning, itching and dryness with whitish-silvery scales, plaques
- Urticaria, psoriasis with burning and restlessness.

In total, 29 rubrics were used for repertorisation using Complete repertory in ZOMEIO software^[15] [Figure 1]. The shortlisted remedies were differentiated on the basis of their respective indications [Table 1]. *Arsenicum album* was selected with the knowledge of homoeopathic materia medica.^[16]

The first prescription was *Arsenicum album* 30C, 4 pills, thrice daily for 15 days. The homoeopathic medicine

Remedy	Phos	Ars	Sulph	Sep	Puls	Lyc	Psor	Merc	Calc	Graph	Kali-ars	Nux-v
Totally	52	49	41	41	37	35	34	33	32	31	29	28
Symptoms Covered	22	17	18	16	13	14	13	14	14	14	14	11
[Complete] [Mind]Anxiety:Health, about:	3	4	2	3	4	3	3	1	4	0	4	4
[Complete] [Mind]Fear:Disease, of:	4	3	3	3	3	1	1	1	4	1	0	3
[Complete] [Mind]Fear:Crowd, in:	1	1	1	0	4	3	0	1	1	1	3	3
[Complete] [Mind]Fear:Disease, of:Incurable, of being:	1	3	0	1	1	0	1	0	2	1	0	1
[Complete] [Mind]Fear:Touch, of:	1	1	1	1	0	3	0	0	0	0	0	3
[Complete] [Mind]Fear:Failure, of:Business or work, in:	1	0	1	0	0	1	3	0	1	0	0	1
[Complete] [Mind]Fear:Public places, of:	1	0	0	1	1	0	0	0	3	0	3	1
[Complete] [Stool]Fear, anxiety, from:	3	3	0	0	3	0	0	0	0	0	0	0
[Complete] [Mind]Fear:Poverty, of:	1	3	1	3	2	0	3	0	3	1	0	3
[Complete] [Generalities]Food and drinks:Sweets:Desires:	3	4	4	3	3	4	3	3	3	4	1	1
[Complete] [Generalities]Food and drinks:Meat:Aversion:	3	3	4	4	4	4	3	3	4	4	3	4
[Complete] [Extremities]Eruptions:Psoriasis:Upper limbs:	3	3	3	3	0	2	3	3	1	1	1	0
[Complete] [Extremities]Eruptions:Psoriasis:Hands:	1	3	1	3	0	1	1	3	1	3	3	0
[Complete] [Extremities]Eruptions:Psoriasis:Hands:Palms:	4	3	3	3	0	3	3	3	1	3	3	0
[Complete] [Extremities]Eruptions:Psoriasis:Lower limbs:	4	3	0	3	0	0	0	3	0	3	1	0
[Complete] [Skin]Eruptions:Psoriasis:Chronic:	0	0	1	3	1	0	0	1	1	0	3	0
[Complete] [Extremities]Eruptions:Psoriasis:Chronic, back of hands:	3	3	3	0	0	3	0	0	0	4	0	0
[Complete] [Extremities]Eruptions:Psoriasis:Patches, elbows:	3	0	0	0	0	0	0	0	0	0	1	0
[Complete] [Extremities]Eruptions:Psoriasis:Fingers:	0	0	1	3	0	1	0	0	0	1	0	0
[Complete] [Extremities]Eruptions:Psoriasis:Hands:Back:	1	1	0	3	0	0	0	1	0	0	0	0
[Complete] [Head]Eruptions:Psoriasis of scalp:	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Extremities]Eruptions:Psoriasis:Knees:	3	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Extremities]Pain:Joints:Psoriasis, in:	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Skin]Itching:Scratching:Agg.:	4	4	4	1	4	3	3	3	3	3	1	0
[Complete] [Skin]Eruptions:Itching:Warmth agg.:	0	0	4	0	3	3	4	4	0	1	1	0
[Complete] [Back]Itching:Night:Warmth of bed agg.:	0	0	3	0	0	0	0	0	0	0	0	0
[Complete] [Skin]Itching:Undressing:Agg.:	1	4	1	0	4	0	3	3	0	0	1	4
[Complete] [Generalities]X-ray exposure, after:	3	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Skin]Inflammation:X-ray exposure, after:	0	0	0	0	0	0	0	0	0	0	0	0

Figure 1: Repertorial totality

Table 1: Remedy differentiation			
Features	<i>Arsenicum album</i>	<i>Phosphorus</i>	<i>Sulphur</i>
Ailment from	Alcoholism, chewing tobacco and ptomaine poisoning	Ill effects of iodine, excess salt intake, overexertion and loss of vital fluid	Alcoholism, suppression of skin affections, over-exertion and heat of sun
Mental generals	Great restlessness, fears of death, of being alone, of getting affected by serious illness, confusion and health anxiety	Oversensitive to external impressions, depression, loss of memory and indifference	Forgetful, difficult to think, irritable, depressed, selfish and no regard for others
Physical general	Thirst: unquenchable; but needs sips at a time Thermally chilly patient	Burning thirst for cold water Thermally chilly patient	Thirsty Thermally hot patient
Skin affection	Dry scaly eruptions with intense itching, burning and scaling Urticaria, psoriasis with burning and restlessness	Even small wound bleeds profusely Burning in the skin with restlessness Purpura haemorrhage, ecchymosis, scurvy Psoriasis. Chilblains	Dry, scaly, unhealthy, even little injury suppurates, marked itching, burning and scratching
Modalities	Worse: cold and scratching, during midnight 12–2 am, exertion Better from heat and hot application	Worse: from touch, change of weather, evening Better by washing with cold water, cold, open air	Worse from warmth of bed, heat, scratching, washing, bathing, at 11 am Better by dry, warm weather



Figure 2: (a and b) Before and after treatment follow-up. ***Photographs of upper extremities could not be preserved

procured from a GMP-certified pharmaceutical firm was prescribed in 30 sized globules to be taken before meals. Maintenance of general hygiene of the affected area was advised to the patient.

Follow-up and outcomes

A detailed follow-up of the case is represented in Table 2. The case was also assessed with the help of Modified Naranjo criteria^[17] to ascertain the causal attribution between the prescribed homoeopathic medicine and the changes seen in the signs/symptoms of the patient and his overall experience of general well-being [Table 3]. The total MONARCH score of the outcome was +9. Psoriasis is a chronic disease with slow progress and recurrence. In the present case, no new patches or recurrence of previous lesions was seen to occur. Winter aggravation with minimal intensity was seen. The changes in the psoriatic lesions before and after treatment have been depicted in Figure 2(a) and Figure 2(b).

In each follow-up, the objective assessment scale of the local lesions, and the PASI scale was applied to the case periodically at 11-month intervals [Table 1], and a substantial reduction in the score from the baseline score of 32.9–2.7 was noted by the end of the follow-ups. PASI score decreased from 32.9 to 15.8 (the difference is 17.1) with *Arsenicum album* which had helped to reduce the particular lesions during 7 months. The homoeopathic medicine *X-ray* was given only for 1.5 months. PASI score decreased from 15.8 to 4.4 (the difference is 11.4).

DISCUSSION

Homoeopathy is a unique therapeutic system of medical science which embraces a holistic approach to the management of the sick. The philosophy of Homoeopathy is based on the principles of symptom similarity and individualisation.

A recent study shows the efficacious use of *Arsenicum album* 50 M in the treatment of psoriasis.^[18] A few remedies such as *Sulphur*, *Natrum muriaticum*, *Phosphorus*, *Lycopodium clavatum*, *Arsenicum album*, *Pulsatilla*, *Sepia*, *Calcarea carbonica*, *Kali arsenicosum*, *Graphites*, *Nitric acid*, and *Mercurius solubilis* were found to be efficacious for the treatment of psoriasis.^[10]

Two recent case reports^[19] also demonstrate the effectiveness of homoeopathic treatments for psoriasis where a PASI score of 49 was successfully treated with *Arsenicum album*, while a distinct case of plantar psoriasis^[11] showed improvement with ultra-high dilutions of *Mercurius solubilis*, *Pulsatilla*, and *Psorinum*.

The homoeopathic case-taking helps in understanding the individuality of the patient. Various remedies were compared, including *Phosphorus*, *Arsenicum album*, *Sulphur*, *Sepia*, and *Pulsatilla*. After remedy differentiation, *Arsenicum album* was selected based on the knowledge of homoeopathic materia medica.^[16,20] *Phosphorus* was indicated first in the reportorial sheet, yet prominent mentals favoured the selection of *Arsenicum album*. These were characterized by the patient's restlessness, loss of hope, fear of the future (financial crisis due to loss of job) and lack of trust in the medical fraternity due to temporary effectiveness experienced by him after taking conventional treatment. Other features that suggested the drug were recurrence and drier desquamating plaques (*Phosphorus* - dandruff-like desquamation with acute inflammation) of the lesion and negligible haemorrhagic spots (Auspits's sign).

Based on the totality of symptoms, *Arsenicum album* was given in increasing potency (30C, 200C and 1M). The repetition of doses was based on the susceptibility of the patient. This relieved the initial, troublesome symptoms of the patient with a gradual reduction in PASI score. The case improvement was evident for seven months, but eventually, the case remained status quo for two months, with no change in mental symptoms and no further progress in the patient. It was imperative that the case should be restudied as mentals were known to be triggering or aggravating factors in cases of psoriasis.

Psoriasis is a fully developed, autoimmune, dynamic, chronic, and predominantly psoric disease where deep-acting medicines, such as imponderabilia (energy) can be indicated. Their drug action is subtle, potent and penetrating, which can go deeper into the strata of miasm due to their nature of composition^[21] so can be used as an intercurrent medicine (a bridge between two remedies) which can help in preventing lesion and ceasing further progress of the disease pathology as described in this case report. Intercurrent remedies are given during homoeopathic management of a case to accelerate the mode of treatment by removing any hindrances in the path of healing.

Guidelines from Kent's twelve observations^[22] and the second prescription as advocated by Dr. Hahnemann,^[23] Dr. Kent^[22,24] and Stuart Close^[25] helped with further treatment plan. Dr. J T Kent states that there can be no fixed time for making the second
(Contd. on page 264)

Table 2: Follow-up and outcome

Date	Follow up	PASI Score	Prescription	Justification
19 April 2021 (First Visit)	<ul style="list-style-type: none"> • Reddish patches • Intense itching, burning, dryness and white silvery scales • Occasional bleeding from spots • Patch size: area bilateral coverage of hands, back legs, lumbar region • Mentals: Fear of poverty, • Aversion to meat 	32.9	<i>Arsenicum album</i> 30C/4 pills/TDS × 15 days	Indicated medicine was prescribed based on the totality of symptoms.
10 May 2021 (1 st Follow-up)	<ul style="list-style-type: none"> • Itching and burning better. • Scales and dryness better. • Patch size - Status quo • Mental - Status quo 	31.7	<i>Arsenicum album</i> 30 C/4 pills/BD × 15 days	Patient showed improvement in particulars. In acute exacerbation of chronic condition/ cases, medicine to be repeated often.
11 June 2021 (2 nd Follow-up)	<ul style="list-style-type: none"> • Itching, burning, dryness and scaling better • Patch size- Status quo • Mentals- Status quo 	30.8	<i>Arsenicum album</i> 30 C/4 pills/OD × 30 days	Patient showed improvement in particulars. In acute exacerbation of chronic condition/ cases, medicine to be repeated often
13 July 2021 (3 rd Follow-up)	<ul style="list-style-type: none"> • Itching, burning, dryness and scaling better by 40% • Patch size- area coverage of hands, back and legs better. • Mentals- not so better. 	30.4	<i>Arsenicum album</i> 200 C/4 pills/OD × 30 days	Patient showed improvement in particulars.
18 August 2021 (4 th Follow-up)	<ul style="list-style-type: none"> • Occasional itching+ • Burning, dryness and scaling better. • Patch size- better. • Mentals- better. 	29.8	<i>Arsenicum album</i> 200 C/4 pills/OD × 30 days	According to Kent's 12 observations, the same medicine is indicated with an increased potency.
3 September 2021 (5 th Follow-up)	<ul style="list-style-type: none"> • Itching- occasionally + • Burning- better. • Dryness, Scaling better. • Patch size - better. • Mentals - better. 	26.8	<i>Arsenicum album</i> 1M/4 pills/ stat dose.	According to Kent's 12 observations, the same medicine is indicated with an increased potency in a single dose
6 October 2021 (6 th Follow-up)	<ul style="list-style-type: none"> • Relief in itching, scaling and dryness. • No burning. • Patch size - better • Mentals - better. 	22.4	<i>Arsenicum album</i> 1M/4 pills/ stat dose.	According to Kent's 12 observations, the same medicine is indicated with increased potency in a single dose.
12 November 2021 (7 th Follow-up)	<ul style="list-style-type: none"> • Itching and scaling better. • Dryness: + • No burning. • Patch size: better. • Mentals: Status quo 	17.8	No medicine was prescribed as improvement continued.	Lesions showed dryness as psoriasis gets aggravated in winter.
15 December 2021 (8 th Follow-up)	<ul style="list-style-type: none"> • Dryness + • No burning. • Patch size: better. • Mentals: Status quo 	16.7	No medicine was prescribed as improvement continued.	Lesions showed dryness with very less intensity. No new patches were seen.
4 January 2022 (9 th Follow-up)	<ul style="list-style-type: none"> • Itching, scaling, and dryness + • Occasional burning + • Patch size: Status quo. • Mentals: Status quo 	15.8	<i>X-Ray</i> 200C/4 pills/stat dose.	As per Kent's observation and guidelines of the second prescription demand a new treatment plan. The case was reassessed as itching along with dryness had increased. The patient's occupation of being an X-ray technician could be maintaining cause as the progress had stopped and particulars are increasing. <i>X-ray</i> was given as intercurrent medicine. Mentals were at a standstill for the last 2 months and they are a known aggravating factor in psoriasis.

(Contd...)

Table 2: (Continued)

Date	Follow up	PASI Score	Prescription	Justification
20 January 2022 (10 th Follow-up)	<ul style="list-style-type: none"> • Itching better. • Burning- better. • Dryness and scaling better. • Patch size better. • Mentals: the patient feels better. 	10.2	<i>X-ray</i> 200C/4 pills/stat.	As improvement is visible and <i>X-ray</i> is a very deep-seated medicine only one dose is repeated. Both particulars and mentals showed positive change.
25 February 2022 (11 th Follow-up)	<ul style="list-style-type: none"> • No Itching, burning, scaling and dryness noted. • Patch size- better. • Mental state - better now. • No other symptoms noted. 	4.4	Arsenicum album 1M/4 pills/2 doses.	<i>X-ray</i> , as intercurrent had showed it's effect. <i>Arsenicum album</i> is still being indicated which had shown its effect previously in the same potency.
30 March 2022 (12 th Follow-up)	<ul style="list-style-type: none"> • No Itching, burning, scaling and dryness noted. • Patch size- better. • Mental state- better. • No other symptoms noted. 	2.7	No medicine was prescribed as improvement continued.	The patient has shown overall improvement, and no new lesions have erupted. The patient was kept on a <i>Placebo</i> to allow the curative action to go on without further repetition of doses

OD: Once daily; BD: Twice daily; TDS: Three times a day; +: Intensity

Table 3: Modified Naranjo Criteria for Homoeopathy (MONARCH)

S. No.	Domains	Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
2.	Did the clinical improvement occur within a plausible timeframe 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., where 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	-	-
6A	<i>Direction of cure</i> : Did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
6B	<i>Direction of cure</i> : Did at least one of the following aspects apply to the order of improvement in 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	-	0
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 know course of disease, other forms of treatment and other clinically relevant interventions)	-	0	-
9.	Was the health improvement confirmed by objective evidence? (e.g., investigations, clinical examination, etc.)	+2	-	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
	Total: +9			

Table 4: Pre-treatment PASI score (02 April 2021)

S. No.	Plaque characteristic	Head	Upper limbs	Trunk	Lower limbs
1.	Erythema	Nil	3	4	4
2.	Induration/Thickness	Nil	2	3	3
3.	Scaling	Nil	3	4	4
	Lesion score sum (A=1+2+3)	Nil	8	11	11
	Area Score (B)	Nil	4	4	3
	Subtotals (C)= A×B	Nil	32	44	33
	Body Surface Area	Nil	0.2	0.3	0.4
8.	Totals (D)= C× Body surface area	Nil	6.4	13.3	13.2

Total: 32.9 score (pre-treatment)

Table 5: Post-treatment PASI score (30 March 2022)

S. No.	Plaque characteristic	Head	Upper limbs	Trunk	Lower limbs
1.	Erythema	Nil	1	1	1
2.	Induration/Thickness	Nil	1	1	1
3.	Scaling	Nil	1	1	1
	Lesion score sum (A=1+2+3)	Nil	3	3	3
	Area Score (B)	Nil	1	1	1
	Subtotals (C)=A×B	Nil	3	3	2
	Body Surface Area	Nil	0.2	0.3	0.4
	Totals (D)=C × Body surface area	Nil	0.6	0.9	1.2

Total: 2.7 (post-treatment)

prescription; it may be many months. He also states that the waiting period after a previous medicine should be governed by knowledge as stated by Dr. Hahnemann.^[24] Dr. Stuart Close says that the best medicine in materia medica is the indicated remedy. He affirms the teaching of Dr. Hahnemann and advises that the remedy should be stopped as soon as signs of improvement occur. He also guides us to assess the prognosis in the follow-up of the patient after observing the action of the remedy to determine the next step.^[25]

Homoeopathic medicine *X-ray* “from an imponderabilia group” stimulates cellular metabolism and increases patient vitality.^[16,20] The drug action of *X-ray* radiation on the skin has been described in the chapter of provings of *X-ray* by Dr. H. C. Allen.^[21]

The rubrics which give clinical verification of the use of the utility of *X-ray* as medicine are adverse effects of radiation^[26] and *X-ray* poisoning and ailments from radiation poisoning under toxicity.^[27] In one month, two doses of *X-Ray* 200C were prescribed as an intercurrent remedy. The patient’s status slightly improved after the first dose, paving the way for repeating the same medicine. The second dose of *X-ray* 200C led to a marked improvement in the patient with a reduced PASI score.

The patient was assessed with the help of the PASI scale in each follow-up. The PASI Scale before the treatment was 32.9 and at the end of 11 months of treatment was 2.7. A considerable difference was obtained in the scores before and after treatment [Tables 4 and 5].

The scientificity of the homoeopathic deductive logic in establishing the correlation between prolonged exposure of *X-ray* in the patient as the probable underlying causative factor to the expression of psoriasis helped in the effective management of this case.

The patient was also assessed using Modified Naranjo Criteria (MONARCH) at the end of the treatment, where a total score of 9 establishes a probable causal attribution between homoeopathic treatment and the outcome.

The case was reassessed again and *Arsenicum album* was still indicated as the similimum. Hence, *Arsenicum album* 1M was prescribed to complete the curative action in the case. This also shows the effectiveness of the intercurrent remedy in

clearing the path for a positive response of the patient to the indicated remedy. The patient showed overall improvement, and no new lesions erupted. The patient was kept on placebo to allow the curative reaction to go on without further repetition of doses. The probable limitation of this case report was the unavailability of psoriatic lesions on the upper extremities.

CONCLUSION

This case report validates the application of the holistic approach of Homoeopathy in the management of psoriasis, based on understanding the action of the medicine and its depth of action from the study of homoeopathic pharmacy, along with the guidelines given by Organon of medicine. This holistic understanding of the case led to a proper treatment of this obstinate case of psoriasis.

The patient’s occupational history proved to be an important observation which helped to relieve to the patient and continue with the progress. However, cause-and-effect correlation can be established through a single case report. Further studies on a large sample size can be undertaken to assess the efficacy of imponderabilia in the cases of psoriasis to confirm the external validity.

Declaration of patient consent

Patient’s consent was obtained to disseminate the clinical information and display images on a scientific platform.

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Conflicts of interest

None declared.

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Rôle de la médecine homéopathique dans la prise en charge du psoriasis - Un rapport de cas fondé sur des preuves

Introduction: Le psoriasis est une maladie chronique, récurrente et à médiation immunitaire courante, où le psoriasis en plaques et l'arthrite psoriasique présentent une prévalence respective de 90 % et 7 %. Il s'agit d'une affection d'expression cosmétique qui affecte l'individu et la famille, affectant ainsi la qualité de vie. Elle affecte le bien-être physique, émotionnel et psychosocial de l'individu malade. Elle représente jusqu'à 3 % de la population mondiale. Bien que cette affection ne mette pas la vie en danger, elle est difficile à traiter en raison de l'absence de facteurs causaux établis. La médecine conventionnelle offre un traitement à long terme avec un bénéfice à court terme aux patients atteints de psoriasis, ce qui entraîne l'arrêt du traitement par les patients.

Résumé du cas: Un homme de 46 ans présentant un psoriasis a été traité par l'album homéopathique *Similimum Arsenicum* et le remède intercurrent *X-ray*. L'évaluation périodique du traitement a été réalisée avant et après le traitement et en utilisant le score PASI pour déterminer le pronostic. Le psoriasis étant une maladie chronique et récurrente, l'indice de gravité montre des changements sur 11 mois avec une légère aggravation de la lésion au début de l'hiver. L'outil Modified Naranjo Criteria for Homoeopathy (MONARCH) a été utilisé et un score de +9 a suggéré une possible attribution causale entre l'intervention et le résultat. L'évaluation ci-dessus a été renforcée par des preuves pictographiques. Ce rapport de cas renforce le rôle de l'homéopathie dans la prise en charge du psoriasis en utilisant un analogue homéopathique et un remède intercurrent.

Die Rolle der homöopathischen Medizin bei der Behandlung von Psoriasis – Ein beweisbasierter Fallbericht

Einleitung: Psoriasis ist eine häufige chronische, wiederkehrende, immunvermittelte Erkrankung, bei der Psoriasis vom Plaque-Typ und Psoriasis-Arthritis eine Prävalenz von 90 % bzw. 7 % aufweisen. Es handelt sich um eine kosmetisch bedingte Erkrankung, die sich auf den Betroffenen und seine Familie auswirkt und somit die Lebensqualität beeinträchtigt. Sie beeinträchtigt das körperliche, emotionale und psychosoziale Wohlbefinden des Kranken. Bis zu 3 % der Weltbevölkerung sind davon betroffen. Obwohl diese Erkrankung nicht lebensbedrohlich ist, ist ihre Behandlung aufgrund fehlender nachgewiesener ursächlicher Faktoren schwierig. Die konventionelle Medizin bietet Patienten mit Psoriasis eine Langzeitbehandlung mit kurzfristigem Nutzen, was dazu führt, dass die Patienten die Behandlung abbrechen.

Fallzusammenfassung: Ein 46-jähriger Mann mit Psoriasis wurde mit dem homöopathischen *Similimum Arsenicum album* und einem Röntgenbild als Interkurrentmittel behandelt. Die regelmäßige Beurteilung der Behandlung erfolgte vor und nach der Behandlung und die Prognose wurde anhand des PASI-Scores ermittelt. Da Psoriasis eine chronische und wiederkehrende Erkrankung ist, zeigt der Schweregradindex Veränderungen über 11 Monate mit leichter Verschlimmerung der Läsion zu Beginn des Winters. Das Tool „Modified Naranjo Criteria for Homoeopathy“ (MONARCH) wurde verwendet und ein Score von +9 deutete auf einen möglichen kausalen Zusammenhang zwischen der Intervention und dem Ergebnis hin. Die obige Beurteilung wurde durch bildliche Beweise untermauert. Dieser Fallbericht unterstreicht die Rolle der Homöopathie bei der Behandlung von Psoriasis mit einem homöopathischen *Similimum* und einem Interkurrentmittel.

सोरायसिस के प्रबंधन में होम्योपैथिक दवा की भूमिका - एक साक्ष्य-आधारित केस रिपोर्ट

परिचय: सोरायसिस एक सामान्य पुरानी, आवर्ती, वाली एक प्रतिरक्षा-मध्यस्थ बीमारी है, जहाँ प्लाक-टाइप सोरायसिस और सोरायटिक गठिया क्रमशः 90% और 7% व्यापकता दिखाते हैं। यह एक कॉस्मेटिक रूप से व्यक्त की गई स्थिति है जो व्यक्ति और परिवार को प्रभावित करती है, इस प्रकार यह जीवन की गुणवत्ता को भी प्रभावित करती है। यह बीमार व्यक्ति के शारीरिक, भावनात्मक और मनोसामाजिक कल्याण को प्रभावित करती है। दुनिया की आबादी का 3% हिस्सा इससे ग्रसित है। हालाँकि यह स्थिति जीवन के लिए खतरा नहीं है, लेकिन स्थापित कारण कारकों की कमी के कारण इसका इलाज करना चुनौतीपूर्ण है। पारंपरिक चिकित्सा सोरायसिस के रोगियों को अल्पकालिक लाभ के साथ दीर्घकालिक उपचार प्रदान करती है, जिसके परिणामस्वरूप रोगी उपचार बंद कर देते हैं। **केस सारांश:** सोरायसिस से पीड़ित 46 वर्षीय पुरुष का होम्योपैथिक सिमिलिमम *आर्सेनिकम एल्बम* और इंटरकरंट रेमेडी *एक्स-रे* से उपचार किया गया। उपचार से पहले और बाद में उपचार का आवधिक मूल्यांकन किया गया और रोग का निदान करने के लिए PASI स्कोर का उपयोग किया गया। चूंकि सोरायसिस एक पुरानी और आवर्ती स्थिति है, इसलिए गंभीरता सूचकांक 11 महीनों में परिवर्तन दिखाता है, जिसमें सर्दियों की शुरुआत में घाव में थोड़ी वृद्धि होती है। होम्योपैथी के लिए संशोधित नारंजो मानदंड (MONARCH) उपकरण का उपयोग किया गया और +9 के स्कोर ने हस्तक्षेप और परिणाम के बीच संभावित कारण संबंधी आरोपण का सुझाव दिया। उपरोक्त मूल्यांकन को चित्रात्मक साक्ष्य के साथ प्रबल किया गया। यह केस रिपोर्ट होम्योपैथिक सिमिलिमम और इंटरकरंट रेमेडी का उपयोग करके सोरायसिस के प्रबंधन में होम्योपैथी की भूमिका को पुष्ट करती है।

El papel de la medicina homeopática en el tratamiento de la psoriasis: un informe de caso basado en la evidencia

Introducción: La psoriasis es una enfermedad crónica, recurrente y mediada por el sistema inmunitario, en la que la psoriasis en placas y la artritis psoriásica muestran una prevalencia del 90 % y el 7 %, respectivamente. Es una afección que se manifiesta cosméticamente y que afecta al individuo y a la familia, afectando así la calidad de vida. Afecta el bienestar físico, emocional y psicosocial del individuo enfermo. Representa hasta el 3 % de la población mundial. Aunque esta afección no pone en peligro la vida, es difícil de tratar debido a la falta de factores causales establecidos. La medicina convencional ofrece un tratamiento a largo

plazo con un beneficio a corto plazo para los pacientes con psoriasis, lo que da como resultado que los pacientes interrumpen el tratamiento. **Resumen del caso:** Un hombre de 46 años que presentaba psoriasis fue tratado con *Arsenicum album* homeopático similar y un remedio intercurrente de rayos X. La evaluación periódica del tratamiento se realizó antes y después del mismo y se utilizó la puntuación PASI para determinar el pronóstico. Como la psoriasis es una enfermedad crónica y recurrente, el índice de gravedad muestra cambios a lo largo de 11 meses con un ligero agravamiento de la lesión al comienzo del invierno. Se utilizó la herramienta de los Criterios de Naranjo Modificados para la Homeopatía (MONARCH) y una puntuación de +9 sugirió una posible atribución causal entre la intervención y el resultado. La evaluación anterior se reforzó con evidencia pictográfica. Este informe de caso refuerza el papel de la homeopatía en el tratamiento de la psoriasis utilizando un similimum homeopático y un remedio intercurrente.

順勢療法在乾癬治療中的作用—實證病例報告

簡介：眼眶週蜂窩性組織炎是眶隔前方眼睛周圍軟組織的感染。這種情況在兒科族群中很常見，但由於某些合併症，如糖尿病或免疫功能低下的情況，這種情況也可以在成年人中看到。這種情況可能會對眼睛造成毀滅性的影響，導致視力完全喪失，或者如果感染擴散到眼眶並涉及大腦中的海綿竇，可能會危及生命。病例摘要：一名50歲的男性糖尿病患者主訴右眼周圍紅腫有光澤，眼部分泌物黏稠，流淚增加。腫脹之前有癰腫

眼睛受累前 5-6 天，臉部右側顴骨區域。他被診斷出患有眼眶週蜂窩性組織炎，當地醫生要求他接受抗生素治療，但患者不願意服用對抗療法，因此尋求順勢療法。在了解了他的急性發作的詳細資訊後，Hep。南。規定 30°C，每小時 4 次。24 小時內，眶周和眼部充血和水腫顯著減少。這個案例描述瞭如果模擬準確的話，健康會迅速、溫和且永久地恢復。