

Palmar psoriasis managed by individualised homoeopathic treatment: A case report

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ABSTRACT:

Psoriasis is a chronic inflammatory disorder with cutaneous and extracutaneous manifestations characterized by circumscribed, erythematous, dry, scaling plaques of various sizes, usually covered by silvery white lamellar scales. It is associated with arthropathy as well as disorders such as diabetes mellitus and coronary artery disease. Therapeutic guidelines offer a wide range of topical and systemic treatments, yet a number of patients are often dissatisfied with the treatment of their disease and, in consequence, seek other alternatives. Clinical experience and studies identify a positive role of Homoeopathy in skin conditions including Palmar psoriasis. This case treated with individualized Homoeopathic medicine over a period of 2 month, shows significant improvement which is evident from the photographs. This case shows the usefulness of Homoeopathy in treating the Palmar psoriasis.

KEYWORDS: Homoeopathy, Individualization, Natrum Muriaticum, Palmar psoriasis.

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INTRODUCTION:

Psoriasis is a common, chronic, and recurrent inflammatory disease of the skin characterized by circumscribed, erythematous, dry, scaling plaques of various sizes, usually covered by silvery white lamellar scales. The lesions are usually symmetrically distributed and have a predilection for the scalp, nails, extensor

surfaces of the limbs, umbilical region, and sacrum. It usually develops slowly but may be exanthematous, with the sudden onset of numerous guttate (droplike) lesions [1]. Palmoplantar psoriasis is a variant of psoriasis that characteristically affects the skin of the palms and soles. It features hyperkeratotic, pustular, or mixed morphologies. Palmoplantar pustulosis, or pustular palmoplantar psoriasis, is a

possibly related dermatosis characterized by small, sterile pustules that may be a type of palmoplantar psoriasis or a distinct entity. [2,3] Both conditions are chronic in nature and produce significant functional disability. As such, they are associated with substantial impairment in quality of life. [2]

The exact cause of palmoplantar pustulosis is unknown. However, palmoplantar psoriasis is caused by a combination of genetic and environmental factors. The most common genetic factor associated with palmoplantar psoriasis includes the human leukocyte antigen (HLA) Cw6. There may also be possible linkages to variations in the *CARD14* gene and genes in the IL-19 subfamily in palmoplantar pustulosis. [4-6] Environmental triggers include smoking, irritants, friction, and manual or repetitive trauma. Exacerbations of some extrinsic and intrinsic risk factors also develops psoriasis like, mechanical stress, air pollution, drugs, vaccination, infections, smoking, alcohol (Extrinsic risk factor); metabolic syndrome, diabetes mellitus, obesity, dyslipidemia, hypertension, mental stress (Intrinsic risk factors). [7]

Psoriasis has a strong genetic predisposition and autoimmune pathogenic traits. The worldwide prevalence is about 2%, but varies according to regions. [8-9] It shows a lower prevalence in Asian and some African populations, and up to 11% in Caucasian and Scandinavian populations. [10-13]

The precise pathologic mechanisms that drive the development of psoriasis are extremely complex. [14] However, recent insights into its pathophysiology have enabled a better understanding of the disease and revealed potential new therapeutic targets. [15] Psoriasis is an immune disease that involves abnormally activated cells and molecules of the innate and adaptive immune systems. [15] Impaired

T-cell activity contributes to the hyperproliferation and abnormal differentiation of epidermal skin cells. Whereas normal epidermal regeneration occurs every 21 to 28 days, the epidermis turns over every 3 to 4 days in patients with psoriasis. [14] Keratinocytes, the most predominant type of epidermal cells, are key mediators of impaired immune cell function. In patients with psoriasis, keratinocytes recruit inflammatory dendritic cells to release interleukin (IL)-12 and IL-23, which, in turn, activate T-cells to produce other psoriatic cytokines, such as IL-17, IL-22, interferon (IFN)-gamma, and tumor necrosis factor- α (TNF- α). [15]

As a multifactorial disease, psoriasis has a complex genetic basis. Genetic studies have revealed more than 40 loci associated with psoriasis susceptibility, each with multiple genes that are involved in skin barrier functions, as well as innate and adaptive immunity. The involvement of these genes and their encoded proteins supports the central role of altered immune function in the pathogenesis of psoriasis. [16]

Patients with palmoplantar psoriasis and palmoplantar pustulosis report symptoms that may include itching, pain, and fissuring. Patients may experience exacerbations brought on by seasonal changes, household work, and detergents.

CASE REPORT:

A 55 years old man came to our Outdoor Patient Department of MBHMCH with complaints of itching and severe exfoliation on palm of both hands for 5 years. His complaints were aggravated from seasonal changes, in winter, from soap, detergents in rainy seasons. His complaints have started from working for a long hour with water for the fishery purpose, as by profession he was a fisher man. Past H/o, severe skin disease at childhood, treated by allopathic ointment; he had H/o, chicken pox, and history of

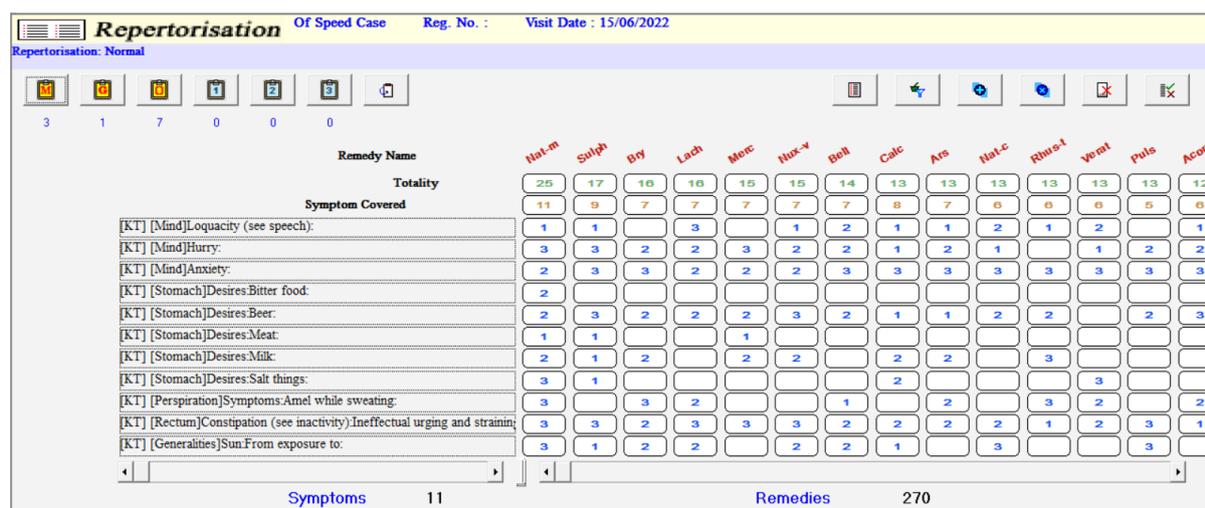
recurrent common cold affection. Along with family H/o, Diabetes Mellitus Bronchial asthma, died of carcinoma of lung in paternal side, Osteoarthritis, Hypertension on maternal side. Among generals, his appetite was good. He had desire for meat, salty food, fish, milk, beer, bitter, sour things and takes extra salt. He had excessive perspiration all over the body with foul smelling only when exercise, and feels better after perspiration. He had H/o, constipation and ineffectual urging of stool. He cannot tolerate sun heat. Among the mental general patient was talkative, anxiety about the business and always does things in hurried manner.

Analysis of the Case:

With the help of characteristic mental and physical symptoms, we formed the totality of symptoms and individualisation of the case. Among the characteristics mental symptoms were talkative, anxiety about the business and always does things in hurried manner.

Among characteristics physical generals were desire for meat, salty food, fish, milk, beer, bitter, sour things and takes extra salt. He had excessive perspiration all over the body with foul smelling, and feels better after perspiration. He had history of constipation and ineffectual urging of stool. Characteristic particular was itching and severe exfoliation on palm of both hands. These totalities of symptoms helped us to choose a medicine by considering the patient as a whole. [17] After forming the totality, and confirmed by repertorial sheet and final selection was done after consulting with materia medica, [18-19] the patient was prescribed Natrum Muriaticum 200, 2dose, and was instructed to take once in early morning in empty stomach followed by placebo for next 21 days. After taking medicine for 2 months his itching and exfoliation subsided and returned to normal healthy skin.

Table 1: Repertorisation Chart: (Kent Repertory was used as case has enough mental and physical generals)



Remedy Name	Nat-m	Sulph	Bry	Lach	Merc	Nux-v	Bell	Calc	Ars	Nat-c	Rhu-t	Verat	Puls	Acon
Totality	25	17	16	16	15	15	14	13	13	13	13	13	13	12
Symptom Covered	11	9	7	7	7	7	7	8	7	6	6	6	5	6
[KT] [Mind]Loquacity (see speech):	1	1		3		1	2	1	1	2	1	2		1
[KT] [Mind]Hurry:	3	3	2	2	3	2	2	1	2	1		1	2	2
[KT] [Mind]Anxiety:	2	3	3	2	2	2	3	3	3	3	3	3	3	3
[KT] [Stomach]Desires Bitter food:	2													
[KT] [Stomach]Desires Beer:	2	3	2	2	2	3	2	1	1	2	2		2	3
[KT] [Stomach]Desires Meat:	1	1			1									
[KT] [Stomach]Desires Milk:	2	1	2		2	2		2	2		3			
[KT] [Stomach]Desires Salt things:	3	1						2				3		
[KT] [Perspiration]Symptoms:Amel while sweating:	3		3	2			1		2		3	2		2
[KT] [Rectum]Constipation (see inactivity):Ineffectual urging and straining:	3	3	2	3	3	3	2	2	2	2	1	2	3	1
[KT] [Generalities]Sun:From exposure to:	3	1	2	2		2	2	1		3			3	

Table- 2: Timeline and outcome:

Date	Presenting Complaints	Medicine
1 st Visit 9.2.22	Itching and severe exfoliation on palm of both hands.	Natrum Muriaticum 200, 2 dose
2 nd Visit 23.2.22	Itching Subsides but exfoliation is diminished	Placebo
3 rd Visit 11.3.22	No itching, completely healed and normal skin layer started developing over the eruption area.	Placebo
4 th Visit 8.4.22	Psoriatic eruptions over the patient's hands were completely healed with normal skin layer.	Placebo


Figure:1 Palmer surface of hand before Beginning of treatment.

Figure: 2 Palmer surface of hand after treatment.
DISCUSSION:

Psoriasis is a chronic inflammatory disease. It is characterized by periods of spontaneous regression of variable length. Topical and systemic therapies are recommended, according to international clinical guidelines. [20-22] Maintenance therapy is often the rule, in order to avoid relapse. Complications, which may sometimes be severe, especially with the biologic agents, may occur. The cost of treatment can be very high and prohibitive especially for those not on health insurance. [20]

Homeopathy is a safe, cheap method of treatment that has also been found to be useful in certain cutaneous disorders,

including atopic dermatitis, eczema, lichen striatus, seborrheic dermatitis, melasma, rosacea, dermatitis herpetiformis, verruca vulgaris, as well as psoriasis. [20]

Although Witt et al showed clear improvement in clinical lesions of psoriasis as well as quality of life scores, other authors in an earlier work suggest that there is no beneficial effect of homeopathy in the therapy of psoriasis. [23-24] A recent study has shown a 15% increase in the number of adults using homeopathy in the United States. [25]

Here in this case, a presentation of itching and scaly eruption with severe exfoliation of

palm of both hands has been relapses successfully with ultra-diluted homoeopathic medicines and medicine selection, Natrum Muriaticum, confirmed by the reportorial analysis by 'Repertory of the Homeopathic Materia Medica by - J. T Kent, [26] through Homopath Classic Software, final selection was done after consulting with materia medica. It is true that exact mechanism of action is still unknown but that does not interfere with the acceptance of homoeopathy among the patient.

CONCLUSION:

This case report shows positive effect of treatment, individualized homoeopathic medicine in managing the Palmoplantar psoriasis.

LIMITATION OF STUDY:

As it is a single case report. In future case series can be recorded and published to establish the effectiveness of individualized homoeopathic medicine in Palmoplantar psoriasis.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.

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