

## Plaque Psoriasis Treated Successfully with Individualized Homoeopathic Medicine: An Evidence-Based Case Report

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### ABSTRACT:

Plaque psoriasis is a clinical condition which although not life threatening, is very difficult to treat. It is the most common clinical type of psoriasis and appears as an immune-mediated inflammatory disease condition. The typical presentation of plaque psoriasis is oval or circular plaques over the scalp, trunk, and extensor surface of the body that become thickened after scratching. Besides the bleeding, painful crack, and scaling due to hyperproliferation of the epidermal cells, approximately 15% of patients with plaque psoriasis develop psoriatic arthritis or other complications. Day by day it is hampering the quality of life of the patients. Misuse of steroidal therapies is increasing the burden of the disease, still, there is almost no evidence of reduced impact of the disease. Factors such as environmental changes, stress, and emotional health disturbances are triggering several comorbidities. This case report shows a clinically diagnosed case of Plaque Psoriasis which was treated in the Outpatient Department with a single individualized homoeopathic medicine. The mentioned case was treated and recovered by *individualized Homoeopathic* treatment without recurrence and further complications. Clinically, the improvement of the quality of life of the patient was assessed by the Psoriasis Disability Index. This evidence directs towards a positive outcome of using the *Homoeopathic* treatment as a standalone therapeutic choice in treating Plaque Psoriasis and the idea of *individualization* steps forward to the new horizon of futuristic medical science.

**KEYWORDS:** *Homeopathy, Individualization, Miasm, Plaque psoriasis, Psoriasis.*

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**INTRODUCTION:**

Plaque psoriasis is the most common form of psoriasis, which affects approximately 90% of psoriasis patients. <sup>[1]</sup> Psoriasis, which is a multisystem inflammatory disease, makes a patient's socio-personal life so difficult that, living with it becomes a cause of emotional distress. <sup>[1,2]</sup> As a papulosquamous disease, plaque psoriasis forms erythematous plaques with silvery scales all over the skin. <sup>[3]</sup> It appears as an annular or arcuate configuration over the body and causes intense itch, crack, or painful bleeding and makes day-to-day life so troublesome. <sup>[1,2]</sup> The plaques are invariably symmetrical and commonly are covered by the scales, which on removal, show the pinpoint bleeding spots. This is called the Auspitz sign. This sign although not pathognomonic of Plaque Psoriasis, has immense importance in the clinical diagnosis. It first appears in the age group of 15-22 years and takes a second peak between 55-70 years. It affects both males and females equally. Overall, female individuals can be early sufferers than males.<sup>[4]</sup>

Global Burden of Disease (GBD) 2019 methodology shows, the incidence of psoriasis has increased by almost 30-40% in the last 20 years. The global psoriasis prevalence rate is around 2-3% of the world's population. <sup>[5]</sup> In India, the prevalence in adults varies from 0.44-2.8%. Among them, chronic plaque-type psoriasis accounts for more than 90% of all the cases. <sup>[6]</sup> According to the World Psoriasis Day consortium, 2-3% of the total population i.e., almost 125 million people worldwide are suffering from Psoriasis. The exact aetiology is yet to come in front of the spotlight. But the triggering factors are so many. Among them, infections, stress, tobacco or alcohol use, some steroidal therapies, certain medications, injury, etc. are the common triggers to track the disease

flare. Patients with psoriasis experience a greater negative impact on their quality of life. <sup>[7]</sup> The reports of anxiety, anger, loss of self-confidence, and frequency of suicidal attempts in psoriasis sufferers are not too low. That's why, although Psoriasis doesn't affect the survival of the individuals, it significantly affects the quality of life of the patients. <sup>[8]</sup> Still, there is no cure for Psoriasis according to the conventional therapeutic system and also it is very difficult to reduce the socio-personal impact. <sup>[9]</sup> It leads the patient to search for alternate therapies. *Homoeopathy* is the second most popular therapeutic system in the world. Plenty of cases are treated and recovered successfully by *Homoeopathic* medicines but there is a lack of evidence and a gap in reporting of the cases. This leads to less acceptance of this therapy. <sup>[10]</sup> In this case report, a clinically diagnosed plaque psoriasis case is presented after careful observation, which was successfully recovered by *Homeopathic* treatment.

**CASE REPORT:**

A 52-year-old male patient presented at OPD of MBHMC&H with complaints of intense itching and severe exfoliation of the dorsum of both hands over the past 3 years. The areas were almost symmetrical in appearance [**Figure 1**]. The itching was worse in the evening and at night, better from warmth and in open air. The lesions always got aggravated during the rainy season. It was a diagnosed case of Plaque Psoriasis. He had taken allopathic medications and also applied anti-itch creams but found no significant relief from it. Past history revealed a history of dog bite a few months back and he took proper vaccination.

**Generals (Physical & Mental):**

The patient had a greasy look with brown spots all over the face. His appetite was less

and he had an intense desire for cold food and drinks and salt. He had an aversion to meat and an intolerance to onions. Thirst was moderate. His tongue was moist and had white blisters on the sides. He had frequent dribbling urination at night and had pain at the end of urination. The stool was hard and he had an offensive sweat especially when sleeping. His sleep was disturbed, and he had recurrent dreams of falling from a height and of dead persons. He was thermally chilly. Mentally, he was irritated very easily, and had certain fixed ideas; he was hurried in his behaviour as well as speech.

**General Survey:**

Blood Pressure- 128/70 mm of Hg

Pulse- 82 beats/min

Temperature- Afebrile

**Local examinations:**

Skin lesions were hypopigmented and symmetrical on both hands. These were ovular, scaly eruptions that bled easily on lifting them (Auspitz Sign). The fingers had developed arthritic changes. There was evidence of onychomycosis, more so on the right hand.

**Clinical diagnosis:**

This was a diagnosed case of Plaque Psoriasis.

**Analysis:**

After analysing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms, and *Repertorization* with *Kent's repertory* was done by using *Zomeo Elite*. [Figure 4]

**THERAPEUTIC INTERVENTION:**

Considering the *miasm* and the totality of the symptoms *Thuja Occidentalis* 200, 1 dose were prescribed on 28<sup>th</sup> March, 2023. Though the repertorial choice was *Sulphur*, followed by *Lycopodium*, *Thuja* covered all the symptoms taken into consideration for 96repertorization. [Figure 4] It showed little improvement in the area of the lesion with a marked reduction of itching on the second visit. It was followed by a placebo for one month. On 4<sup>th</sup> August 2023, one dose of *Thuja Occidentalis* 200 were prescribed to achieve improvement [Figure 2,3]. A detailed timeline of the treatment has been discussed in Table 1.

**Evaluation of cases using psoriasis disability index<sup>[11]</sup>:**

As the total area of involvement of psoriasis is not a reliable guide to disability, the Psoriasis Disability Index (PDI) can be repeatedly used to record the disability caused in the day-to-day life of the patient and help in the psoriasis management decision-making. This is a questionnaire containing 15 questions. Each question is marked from 0-3 based on the disability caused by the psoriasis. The resulting score is thus, a maximum of 45 and a minimum of 0. The higher the score, the more the quality of life is impaired. The initial PDI Score in the case of this patient was 33, which was reduced to 7 by the third follow-up [Table 2].

**Table 1: Therapeutic intervention and detailed timeline of the treatment of the case:**

Date of visit	Observations	Therapeutic intervention
28/03/2023	Complaints of itching and severe exfoliation of both palms. The itching aggravated in the evening, night, and rainy season. Ameliorated from warmth, and in open air	<i>Thuja Occidentalis</i> 200, 1 dose followed by placebo
30/05/2023	The itching was slightly reduced and exfoliation increased	Placebo for the next 30 days
04/08/2023	The patient became stand still, slight itching was still persistent, and complaints were slightly flaring up again	<i>Thuja Occidentalis</i> 200, 1 dose and followed by placebo
17/11/2023	Itching reduced significantly. No new eruptions and existing eruptions were reduced. Exfoliation reduced	Placebo was given
22/12/2023	No new eruption was noticed. Existing eruptions were almost faded	Placebo was continued
16/02/2024	No recurrence was noticed. Itching, bleeding, pain and exfoliation all were reduced	Placebo was given

**Table 2: Psoriasis Disability Index (PDI) score:**

Daily activities		Before treatment	After treatment
1. How much has your psoriasis interfered with you carrying out work around the house or garden?	Very much (3)	3	
	A lot (2)	-	
	A little (1)	-	1
	Not at all (0)	-	-
2. How often have you worn different types or colours of clothes because of your psoriasis?	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	-
	Not at all (0)	-	0
3. How much more have you had to change or wash your clothes?	Very much (3)	-	-
	A lot (2)	2	-
	A little (1)	-	1
	Not at all (0)	-	-
4. How much of a problem has your psoriasis been at the hairdressers?	Very much (3)	-	-
	A lot (2)	2	-
	A little (1)	-	1
	Not at all (0)	-	-
5. How much has your psoriasis resulted in you having to take more baths than usual?	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	-

	Not at all (0)	-	0
<b>If not at work or school: alternative questions</b>			
6. How much has your psoriasis <b>stopped you</b> carrying out your normal daily activities over the last four weeks?	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	1
	Not at all (0)	-	-
7. How much has your psoriasis <b>altered the way</b> in which you carry out your normal daily activities over the last four weeks?	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	1
	Not at all (0)	-	-
8. Has your career been affected by your psoriasis? e.g. promotion refused, lost a job, asked to change a job.	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	-
	Not at all (0)	-	0
<b>Personal relationships:</b>			
9. Has your psoriasis resulted in sexual difficulties over the last four weeks?	Very much (3)	-	-
	A lot (2)	-	-
	A little (1)	1	-
	Not at all (0)	-	0
10. Has your psoriasis created problems with your partner or any of your close friends or relatives?	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	-
	Not at all (0)	-	0
<b>Leisure:</b>			
11. How much has your psoriasis stopped you going out socially or to any special functions?	Very much (3)	3	-
	A lot (2)	-	-
	A little (1)	-	1
	Not at all (0)	-	-
12. Is your psoriasis making it difficult for you to do any sport?	Very much (3)	-	-
	A lot (2)	-	-
	A little (1)	1	-
	Not at all (0)	-	0
13. Have you been unable to use, criticised or stopped from using communal bathing or changing facilities?	Very much (3)	-	-
	A lot (2)	-	-
	A little (1)	1	-
	Not at all (0)	-	0
14. Has your psoriasis resulted in you smoking or drinking alcohol more than you would do normally?	Very much (3)	-	-
	A lot (2)	-	-
	A little (1)	-	-
	Not at all (0)	0	0
<b>Treatment:</b>			
15. To what extent has your psoriasis or treatment made your home messy or untidy?	Very much (3)	-	-
	A lot (2)	2	-
	A little (1)	-	1
	Not at all (0)	-	-
<b>Total score</b>		<b>33</b>	<b>7</b>

**Table-3: Modified Naranjo Criteria for Homoeopathy:**

Item	Yes	No	Not sure or N/A
Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?			0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve? (Suggest using a validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
Direction of cure: Did at least two 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			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that, with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

**Total score = 9**



**Figure-1: Exfoliation seen on dorsum of both hands before treatment**

**Figure- 3: Show eruptions was e recovered and restoration of healthy skin at right hand after treatment.**

**Figure- 3: Show eruptions was e recovered and restoration of healthy skin at Left hand after treatment.**

Remedy	Sulph	Lyc	Thuja	Calc	Sep	Phos	Carbn-s	Kali-c	Nit-ac	Puls	Ars	Chin	Petr	Graph	Nux-v	Sil	Carb-v	Caust	Sabad
Totality	13	13	12	11	11	10	10	10	10	10	9	9	9	9	9	9	8	8	8
Symptoms Covered	6	5	7	4	4	5	4	4	4	4	5	4	4	3	3	3	4	4	4
Kingdom	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
[Kent ] [Face]DISCOLORATION:Brown:Spots: (31)	2	2	1	2	2	1	2	2	2		1		1					1	
[Kent ] [Stomach]INDIGESTION (INCLUDES COMPLAINTS AFTER...		3	2						2										
[Kent ] [Stomach]AVERSION:Meat: (88)	3	2	1	3	3	2	3	2	2	3	2	3	3	3	3	3	2	1	2
[Kent ] [Extremities]TCHING:Upper limbs:Night: (19)	1		2			1					1						1		1
[Kent ] [Extremities]TCHING:Upper limbs:Evening: (15)	2		1									1							
[Kent ] [Mind]IRRITABILITY (SEE ANGER): (245)	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3	3	3	2
[Kent ] [Generalities]COLD :in general agg: (134)	2	3	2	3	3	3	2	3	3	2	3	3	2	3	3	3	2	3	3

**Figure- 4: Repertorial analysis of the case**

**DISCUSSION:**

Plaque psoriasis is the most common clinical variant of Psoriasis that targets the scalp, trunk, and extensor surface of the body. The common manifestations of plaque psoriasis are plaques, scales, itching, pain and bleeding.<sup>[4]</sup> Pathogenesis of psoriasis has a strong association with genetic components, infections, certain medications, and lifestyle disorders. Relationship of psoriasis with these triggering factors is unclear, but the evidences of association are increasing day by day<sup>[12]</sup>.

The signs and symptoms of psoriasis vary from person to person.<sup>[13]</sup> The *homoeopathic* perspective solely depends upon this *individualization*. As an alternative therapy, *Homoeopathy* deals with the individual's *totality of the symptoms*. The deviation from normal healthy individuals by the dynamic internal cause is the basis of disease formation. So, *Homoeopathy* treats the patient, not the disease.<sup>[14]</sup> This case report describes the importance of single *individualized constitutional Homoeopathic* treatment in the cases of Plaque Psoriasis. The remedy, *Thuja occidentalis* was prescribed according to the *totality of the*

*symptoms* of the patient, *individualized* case evaluation, and after doing proper repertorization. The mentioned case was treated and recovered by *Homoeopathic* individualistic medication. The possible causal attribution to the clinical outcome of homeopathic intervention on the patient was assessed with the help of ‘Modified Naranjo Criteria for Homoeopathy’ (MONARCH)<sup>[15]</sup> whose total score was 9 which is at par with the maximum score [Table 3]. Regular follow-up also ensures that there is no recurrence after complete recovery. The quality of life was also improved.

**CONCLUSION:**

This case report goes one step further in demonstrating the efficacious treatment of immune-mediated inflammatory diseases such as Plaque psoriasis with *individualized homoeopathic* medicine without any adverse effects of drug reactions and recurrence.

**Limitation of study:**

This case report is not sufficient to draw any conclusion rather good quality, well-designed studies are required to establish the efficacy

of Individualized homeopathic medicines in managing Herpes simplex.

**Patients consent:**

The patient has consented that his images and other clinical information will be published in the journal; He has understood that his name and initials will not be included in the manuscript.

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