

Evidence Based Homeopathic Management of Psoriasis: A Case Report

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ABSTRACT:

Psoriasis is a long-lasting immune-mediated inflammatory skin condition, presenting with red well-defined papules and circular plaques, covered by a silvery white scale that can be itchy and painful, mostly affecting extensor surfaces of body. Affection of psoriasis is usually binomial in nature between the ages of 20 to 30 and 50 to 60 but it can affect any gender at any age. Though a skin disease, it can impact person's physical as well as mental wellbeing, making it hard to live quality of life. A 58-year-old female came to Dr. B. R. Sur homeopathic medical college hospital and research Centre, New Delhi, with complaint of multiple circumscribed skin lesions over the scalp, back, abdomen and extremities. After analysis of symptoms and repertorization based on homeopathic principles, an individualized homeopathic remedy Sulphur was prescribed. The treatment showed impressive results within 9 months, completely clearing the symptoms. No relapse was seen during a 2-year follow-up, with monthly PASI score assessments confirming progress from 22.9 to 0.6. Pictures were taken before and after treatment as an objective evidence. Modified Naranjo score of +10 providing evidence that the clinical outcome was due to homeopathic intervention. This case highlights the evidence-based effectiveness of individualized homeopathic treatment for psoriasis.

KEYWORDS: Homeopathy, Modified Naranjo criteria, PASI score, Psoriasis, Sulphur.

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INTRODUCTION:

Psoriasis is a chronic inflammatory skin condition that presents most characteristically with red, scaly, sharply demarcated, and indurated plaques. These lesions are most commonly seen on the extensor surfaces, such as the elbows and knees, as well as on the scalp.^[1] It has multiple contributing factors, being influenced by both genetic and environmental aspects. Genetic factors play a significant role, with nine specific loci (PSORS1-PSORS9) identified, especially PSORS1, which accounts for 35-50% of heritability.^[1,2] The global prevalence of psoriasis is 4.4%.^[3] According to WHO, the prevalence of psoriasis ranges between 0.09% and 11.4%.^[4] Two peaks are seen: early onset, with peak incidence at 22.5 years, indicates more severe disease and such patients usually have a positive family history. Late onset, with peak incidence at 45.5 years.^[5] Clinically, psoriasis manifests in several forms: The most common type is plaque psoriasis (also known as psoriasis vulgaris); other forms include guttate psoriasis, unstable psoriasis, erythrodermic psoriasis, and pustular psoriasis.^[1]

Psoriasis can affect patients physically, emotionally and socially. Overall quality of life is often greatly affected too.^[6] The Psoriasis Area and Severity Index (PASI) score has often been 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 treatment.^[7] Systemic therapies, including cytotoxic agents, retinoids, and biologicals, as well as topical therapies such as vitamin D analogues, topical calcineurin inhibitors, topical steroids, anthralin, and topical retinoids, are used in psoriasis, with varying effects.^[8] The Homeopathic treatment approach considers

the patient in their psychophysical-social axis, which includes individual physical make-up, moral and intellectual character, occupation, mode of living and habits, past and family history, and social and domestic relations.^[9]

PATIENT INFORMATION:

A 58 year old woman presented to the Outpatient Department of the Dr. B. R. Sur Homeopathic Medical College, Hospital, and Research Centre with complaints of multiple circumscribed skin lesions over the scalp, back, abdomen, and extremities over the past 3 years. The lesions were characterized by redness, itching, and marked scaling. Itching worsened after bathing with warm water, during winter, warmth, in sunlight and at night. Mental stress further exacerbated the symptoms. Scratching caused bleeding, and burning occurred after the shedding of large, silvery scales.

History of presenting complaints:

Her complaints started suddenly 3 years ago, when she had an eruption behind her ear, for which she took allopathic medicines and ointments. After some time, she had an allergic reaction all over her body, which led to swelling of her whole face, lips etc. After that incident she started developing erythematous eruptions on different parts of her body. She took antiallergic medicines during the time of allergic reaction.

Past & family history:

No relevant medical history was noticed except she had chickenpox at the age of 12 years and tubectomy at age of 33 years in the past. Her mother passed away due to a stroke caused by cerebral haemorrhage, while her father died of natural cause. She has 5 sisters and 4 brothers; one sister has hypertension and diabetes mellitus, and another sister suffering from psoriasis.

Physical generals:

She cannot tolerate hunger. Bowel movements regular but stool hard & were accompanied by burning in the rectum during defecation, craving for sweets. Sleep was disturbed, due to nocturnal itching. Her hands were warm with burning sensation in the soles of the feet. She had dreams of her disease and about spiritual things. The patient was thermally hot and had normal perspiration over whole body.

Mentals:

She was mild in nature and intelligent woman with interest in spiritual and religious topics. She was talkative and eager to learn. She was sensitive to criticism especially about her appearance, lifestyle and get offended easily become angry, but often suppressed her emotions, particularly when not obeyed by her son or daughter-in-law. She cannot bear contradictions and sad about her looks. After her husband's death, she had taken the entire financial responsibility of the family. She had fear of needles (++), fear of deep water (+), disliked being alone, and desire company (++).

General examination:

Pallor- absent; Icterus- absent; Cyanosis- absent; Temp- 99 F; Tongue- Moist, slightly white coated; BP- 138/82 mm of Hg, Pulse- 78/min

Local (skin) examination:

Physical examination revealed erythematous plaques of varying sizes, covered with white scales, on thickened and dry skin. The lesions were well-demarcated, sharply defined and symmetrically distributed, affecting bilateral areas and scattered throughout the different parts of the body, such as the face, elbows, back, abdomen, and legs etc. Auspitz sign was positive and Koebner's phenomenon was negative.

Totality of symptoms:

Mentals: Desires company; talkative; contradiction- aggravates; offended easily; religious; fear of needles; fear of water
Physical generals: Desires for sweets; hot patient; cannot tolerate hunger; burning of soles at night; hands and feet- warm
Particular symptoms: Burning in eruptions after scratching; Itching of eruptions- < night, warmth

Repertorialtotality:-

1. MIND-COMPANY-desire for
2. MIND-FEAR-pins; of
3. MIND-FEAR-water, of
4. MIND-LOQUACITY
5. MIND-OFFENDED, easily
6. MIND-RELIGIOUS AFFECTIONS-too occupied with religion
7. GENERALS-HUNGER-agg.
8. GENERALS-WARM-agg.
9. GENERALS-FOOD and DRINKS sweets- desire
10. EXTREMITIES-PAIN-Feet-burning
11. SKIN-BURNING-scratching; after
12. SKIN-ERUPTIONS-psoriasis
13. SKIN-ITCHING-night
14. SKIN-ITCHING-warm; becoming-agg.

THERAPEUTICINTERVENTION:

After repertorization using RADAR OPUS 3.3.24^[10] *Sulphur*, *Mercurius*, *Lycopodium*, *Silicea*, *Phosphorus* came as leading remedies. *Sulphur* was prescribed as it covered the totality of symptoms, including the intense itching and burning, aggravation by warmth, at night, and scratching, strong craving for sweets, winter aggravation, hot hands and feet, cannot tolerate hunger. Additionally, the patient's personality traits, loquacity, deep religiosity also aligned with *Sulphur*, confirming its selection as the similimum. *Sulphur* is a remedy known for its effectiveness in treating skin conditions

characterized by dryness, scaliness, and unhealthiness.^[11] The potency and dosage were determined based on the susceptibility as per the patient's age, pathology and the disease's nature. All the medicines were administered orally. Sulphur 30 was given to patient twice a day for 5 day in which each dose consisted of four medicated globules of size 30 followed by identical looking placebo twice daily every day for 1month^[12]

FOLLOW UP AND OUTCOMES:

After administered of Sulphur 30, twice daily for 5 days, followed by placebo for a month. As per *Dr. Kent's doctrine of degrees of selections of potencies*.^[13] treatment was adjusted based on the patient's mental, physical and local conditions. With regular follow-ups, skin patches disappeared from head, trunk, upper limbs and lower limbs. Patient was under follow-up for 2 years without any recurrence. Follow up details mentioned in table 1. Photographic evidence collected before during and after treatment. Patients pasi score which was 22.9 and reduced to 0.6 before and after given in table 2 &3.

The Modified Naranjo Criteria for homeopathy used for causality assessment showed that the case has been improved with as evident from MONARCH score of +10.^[16] Modified Naranjo Criteria for Homeopathy (MONARCH), a causal attribution inventory tool, was used to find out any causal relationship between the homeopathic intervention and the outcome of treatment. The score obtained in each of the 10 domains of MONARCH is detailed in Table 4. The MONARCH score at the final visit was +10 on the '-6 to +13' scale. This shows a positive causal attribution of the individualised homeopathic treatment towards this case of psoriasis.

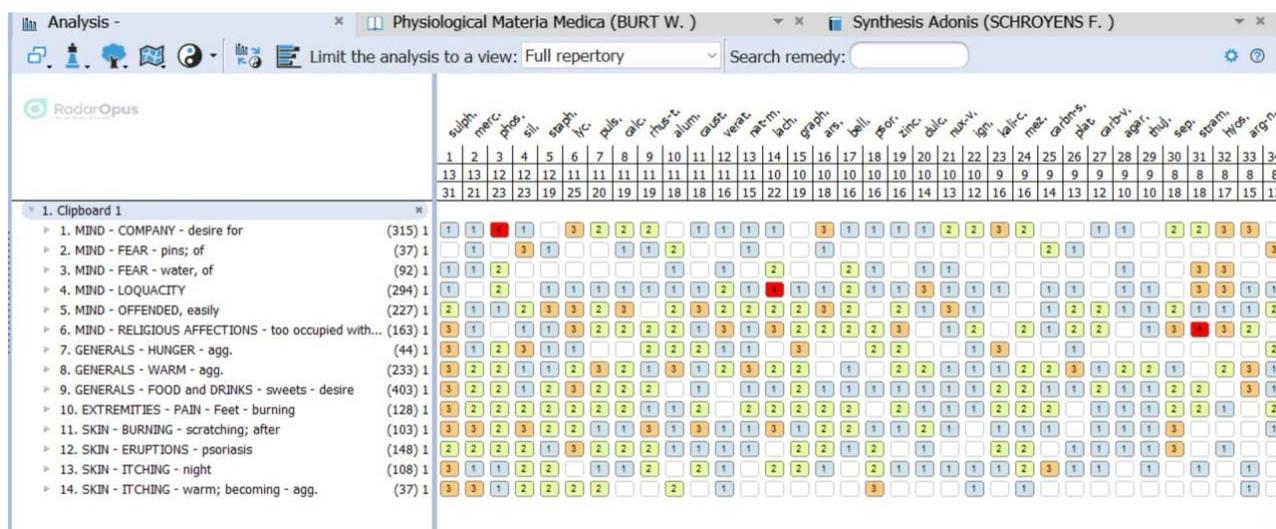


Figure-1: Repertorisati Using Radar Opus Software:

Table-1: Follow-up based on treatment outcome and changes in the PASI score:

Date of visit	Symptoms	Medicine with doses and repetition	Justification of medicine	PASI score
23/11/21	Red erythematous eruptions all over the body. Itching < night, washing, scratching. Burning of eruptions after scratching. Desire sweets; she is very worried about her illness; perspiration profuse.	SULPHUR 30 /BD/5 DAYS SAC LAC 30/BD / 1 MONTH	Based on totality of symptoms	22.9
22/12/21	Itching, in duration in arms, abdomen, face - better (10- 20%) Scaling-same Redness slightly better-(10-20%)	SULPHUR30 /BD/5DAYS SAC LAC 30/BD / 1 MONTH	Intensity of symptoms slightly better than before. Same medicine with similar potency is repeated.	19
5/1/22	Itching, in duration in arms, abdomen, face - better	SULPHUR30 /BD/3DAYS	Intensity of symptoms slightly better than before	19

	Desquamation of eruptions over whole body - slightly better (30%) Redness all over body better (40%)	SAC LAC 30/BD/ 1 MONTH	Same medicine with similar potency is repeated	
8/3/22	There is no significant improvement in symptoms since last prescription. Redness and induration same. Itching slightly agg mostly at night.	SULPHUR 200/O D/1 DAY SAC LAC 30/BD/ 1 MONTH	As a whole, patient has no improvement, which suggests the next higher potency	16
12/4/22	Redness, scaling and thickness improved upto 50% but itching same; no new eruptions occur.	SULPHUR 200/OD/ 1 DAY SAC LAC 30/BD/ 1 MONTH	There was improvement in the symptoms; but itching over eruptions still present, same Potency of Sulphur was administered	9.8
24/5/22	Patient was complaining of having persistent itching. Physical generals and mental s were better than before.	SULPHUR 1M/1 DOSE	As a whole, patient is better than before, which suggests the next higher potency. According to Kent's 12 observations same medicine with increased potency given. ^[14]	2.6
5/7/22	There were no residual complaints	SAC LAC 30/BD/4 WEEKS	The patient was better in all the physical and mental aspects. Therefore, placebo was prescribed	0.6
30/8/22	There were no residual complaints	SAC LAC 30/D/3 WEEKS	The patient was better in all the physical and mental aspects. Therefore, placebo was prescribed	0.6
27/9/22	No itching and scaling or thickness There was no itching, scaling and	SAC LAC 30/BD/3 WEEKS	No new complaints	0.6

	thickness of the skin lesion.			
1/11/22	Mild itching occasionally over the skin without any new lesion of psoriasis	SULPHUR 1M/1DOSE SACLAC30/ BD/3 WEEKS	To prevent any recurrence.given in allen key notes in sulphur Complaints that are continually relapsing. patient seem to get almost well when the disease returns again and again. ^[15] Sulphur still being indicated which has shown it's effectiveness previously.	0.6
12/12/22	No itching and scaling or thickness There was no itching , scaling and thickness of the skin lesion.	SACLAC30/ BD/3 WEEKS	No new complaints	0.6

Table-2: Before Treatment PASI:

Intensity score	Head	Upper Limb	Trunk	Lower Limb
Erythema	4	3	3	3
Scaling	3	3	3	3
Induration	3	3	3	2
Sum(E+I+S)	10	9	9	8
Intensity score	0.1	0.2	0.3	0.4
Area score	3	3	3	2
	3	5.4	8.1	6.4

Table-3: After Treatment PASI:

Intensity score	Head	Upper Limb	Trunk	Lower Limb
Erythema	1	1	1	0
Scaling	0	0	0	0
Induration	0	0	0	0
Sum(E+I+S)	1	1	1	0
Intensity score	0.1	0.2	0.3	0.4
Area score	1	1	1	0
	0.1	0.2	0.3	

Table 4: Assessment of outcome of the patient after treatment with Modified Naranjo Criteria for Homoeopathy (MONARCH)

Domains	Yes	No	Not Sure or NA
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2 <input checked="" type="checkbox"/>	-1	0
2. Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1 <input checked="" type="checkbox"/>	-2	0
3. Was the initial homeopathic aggravation of symptoms?	+1	0 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	0	0
5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1 <input checked="" type="checkbox"/>	0	0
6(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0 <input checked="" type="checkbox"/>	0
(B) Direction of cure: Did atleast 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 <input checked="" type="checkbox"/>	0	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?	+1	0 <input checked="" type="checkbox"/>	0
8. Are the real alternative causes (i.e., other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant interventions)	+1	+1 <input checked="" type="checkbox"/>	0
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2 <input checked="" type="checkbox"/>	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	1 <input checked="" type="checkbox"/>	0	0
Total	+10		



Figure-2: Psoriasis lesions before treatment on 23-11-2021



Figure-3: Psoriasis lesions during treatment on 08-03-2022



Figure-4: Complete resolution of psoriasis lesions after treatment on 05-07-2022

DISCUSSION:

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well-demarcated erythematous plaques with silvery-white scales, most commonly affecting the extensor surfaces, scalp, and lower back. Its global prevalence ranges from 0.09% to 11.4%, while in India, reported rates vary between 0.44% and 2.8%.^[17] The condition significantly impairs patients' quality of life due to its recurrent nature, visible lesions, and associated social stigma. Conventional therapeutic approaches—including topical corticosteroids, methotrexate, and biologics—can offer symptomatic relief but are frequently associated with adverse effects, risk of relapse upon discontinuation, and immunosuppressive complications.^[18] In contrast, emerging evidence suggests

potential benefits of homeopathic remedies in managing psoriasis. A recent study highlighted the effectiveness of *Arsenicum album* 50M in treating psoriasis.^[19] Other homeopathic medicines such as *Sulphur*, *Natrum muriaticum*, *Phosphorus*, *Lycopodium clavatum*, *Pulsatilla*, *Sepia*, *Calcarea carbonica*, *Kali arsenicosum*, *Graphites*, *Nitric acid*, and *Mercurius solubilis* have also shown promise in various clinical contexts.^[20]

Two recently published case reports support these findings: one documented a significant reduction in a PASI score of 49 using *Arsenicum album*,^[6] while another case of plantar psoriasis showed improvement with high-potency dilutions of *Mercurius solubilis*, *Pulsatilla*, and *Psorinum*.^[21] In the present case, a 58-year-old female with extensive erythematous and scaly eruptions

demonstrated notable clinical improvement following individualized homeopathic treatment. Her totality of symptoms—intense itching and burning, aggravation from warmth and scratching, winter exacerbation, strong craving for sweets, loquacity, deep religiosity, and intolerance to hunger—guided the selection of Sulphur via repertorization using RADAR OPUS 3.3.24. Treatment commenced with Sulphur 30C, later progressing to 1M based on clinical response. Over a nine-month period, the patient's PASI score dropped significantly from 22.9 to 0.6, indicating near-complete remission. Notably, no recurrence was observed during a subsequent two-year placebo-based follow-up. A +10 score on the MONARCH-Naranjo criteria further substantiated a strong causal relationship between the homeopathic intervention and the therapeutic outcome, which was also supported by photographic documentation. While the results of this case are encouraging, some limitations need to be considered. Since this is a single case report without a control group, the findings cannot be applied to all patients. In addition, homeopathic treatment is highly personalized, which can make it difficult to compare results between different cases. Other unmonitored factors, such as changes in the patient's diet or lifestyle, may also have played a role in the improvement. Although the long-term follow-up strengthens the clinical relevance of this report, larger-scale controlled studies are warranted to validate the efficacy and reproducibility of homeopathic treatment in psoriasis management.

CONCLUSION:

This case study demonstrates the efficacy of homeopathic treatment in managing ever plaque psoriasis, a chronic autoimmune disease. The patient's remarkable recovery characterized by significant symptom reduction and no recurrence over 2 years, shows the importance of individualized homeopathic treatment. By adhering to the principles of homeopathic practice, proper case history, analysis, constructing totality of symptoms etc. of each case homeopathic practitioners can achieve remarkable outcomes and improve the quality of life for patients suffering from this type of chronic, debilitating diseases.

Declaration of Patient Consent:

The authors obtained informed consent from the patient's parents to use his images and other clinical information for the publication of his case report, ensuring his identity remained confidential.

Limitations of the study:

This is single case report and need to trial in more number of similar cases for its concrete conclusion.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

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