

Individualized Homoeopathic Treatment in An Immune Mediated Skin Condition-Plaque Psoriasis: A Case Report

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ABSTRACT

Psoriasis is an aggressive and widespread chronic, recurring, immune-mediated skin condition. This significantly harms the affected patient's physical, emotional, and psychosocial wellness. As a result of the restricted therapeutic options for psoriasis in traditional practice, an alternate system of approach is necessary. A 57 years old male presented with papulosquamous skin lesions with excessive white scaling for 10 years. After careful clinical evaluation, the case was diagnosed with Plaque Psoriasis. Going through the individualistic approach of Homoeopathy Arsenicum iodatum was prescribed in 50 millesimal potencies. Clinically, the improvement was consistent and evident as the reduction in Psoriasis Area and Severity Index (PASI) score. The case revealed a commending therapeutic efficacy of Individualised Homoeopathic treatment in Plaque Psoriasis. A 10 years duration autoimmune skin lesion was relieved within a very shorter span of treatment and not recurred after 10 months of the last medication. Thus, through this case, homoeopathic medicine showed a complete recovery of Plaque Psoriasis nullifying the tendency of recurrence. For any other conclusion regarding causal attribution, a large-scale randomised controlled trial is required.

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Introduction

One of the most prevalent dermatological conditions, psoriasis is described as a long-term immune-mediated inflammatory skin disorder with erythematous, clearly delineated papules and round plaques that are covered in silvery micaeous scale. The itching in psoriatic skin lesions varies (1). They frequently appear over traumatised areas and are also referred to as Koebner or isomorphic phenomena (2). Plaque psoriasis is the most prevalent type of psoriasis, followed by guttate psoriasis, pustular psoriasis, inverse psoriasis, scalp psoriasis, nail psoriasis, planter psoriasis, and erythroderma plaque type (3). The elbows, knees, gluteal cleft, and scalp are the most often affected locations (1,3).

Immune cells and cytokines possess an integral role in the pathophysiology of psoriasis, causing a chronic inflammatory response that leads to the proliferation of keratinocytes (4). Psoriasis prevalence in adults ranges from 0.27% to 11.4%. The variation in the disease prevalence is influenced by age, sex, region, ethnicity, genetics, and environmental variables. Infections, stress, and drugs are among other external variables that might aggravate psoriasis (5).

The disease's aetiology is still unclear. Recent research demonstrates that the condition's most prevalent type, chronic plaque or psoriasis vulgaris, is brought on by environmental triggers such as streptococcal infection, stress, smoking, obesity, and alcohol use as well as hereditary predisposition. Immunological and genetic research have identified IL-17 and IL-23 as important pathogenesis-promoting factors

for psoriasis (6). The tendency for lesions to return at previously affected sites after treatment discontinuation is a major challenge in the management of psoriasis; this is consistent with the concept of localized immunological 'memory' following the disappearance of the lesion (7).

Homoeopathy deals with the person who is sick and not with the name of the disease. It is based on the principle that the remedy capable of producing similar symptoms in a healthy man, is the master of the situation, is the necessary antidote, will overcome the sickness, restore the will and understanding to harmony and subsequently cure the patient (8). As in homoeopathic treatment, the medicine is prescribed in minute doses, there is no possibility of any adverse drug reaction in long-term treatment procedures. After reviewing relevant Homoeopathic literature there are many instances of cure of plaque psoriasis. A case of Plaque Psoriasis in a 23 year old male was treated with individualized Homoeopathic medicine Sulphur which proved to be efficacious (9). Another case of Plaque Psoriasis prescribed with the medicine Lycopodium clavatum in 200th and 1 M potency showed marked improvement in Psoriasis Area and Severity Index (PASI) scale (10).

Case Presentation

A 57 years old male patient visited the National Institute of Homoeopathy Out Patient Department on 29/08/2021 with complaints of eruptions with profuse scaling and redness over the whole body for 10 years. Initially, the eruptions were non-itchy but after 3-4 years he developed severe itching

followed by burning. Symptoms got worse at night, during summer weather. The itching was temporarily better by the application of water and moisturising agents but after bathing skin became very dry and painful. There was exfoliation of the skin on a large scale. On scratching the scales were removed and left a raw exudating surface underneath it. The patient was very restless with itching, especially at night.

Along with his skin complaints, the patient was suffering from a dull, frontal headache which aggravated in the morning, on stooping and exertion. He took Allopathic treatment for nearly 8 years but did not get any relief. There was a history of Pulmonary Tuberculosis 20 years ago and treated allopathically without any adverse effects. In family history, his father died of cardiac arrest and his mother died of gastric cancer.

The appearance of patient was tall and emaciated with a fair complexion. He was chilly by thermal reaction but could not tolerate summer weather because of aggravation of skin symptoms. His appetite was good and the patient could not tolerate hunger. The patient was very thirsty for cold water but could not drink much at the time. He had a strong desire for meat, sweets and warm food. He had profuse perspiration all over his body, especially over the head and neck region. The patient had regular and normal bowel movements and felt an urge as soon as he woke up early in the morning. Sleep was disturbed because of nocturnal aggravation of itching. He could not recall his dreams.

Extremely irritable by nature the patient had constant anxiety regarding his family especially for children and about their future. He was despairing about his disease as he had undergone many therapies and treatments but nothing helped him. He was quite restless at night because of severe itching and scratching. His memory was good and had a sound intellectual faculty.

General survey

Blood pressure-120/70 mmHg

Pulse rate-80/min

Temperature-afebrile

Local examination

SKIN eruptions were popular, scaly, erythematous. On lifting the scale there was a raw bleeding surface (Auspitz sign). Pitting of nails was prominent.

Clinical diagnosis

The case was diagnosed with Plaque Psoriasis based on its typical skin manifestations, characteristic location and nail pitting (11) [Figure 1] (2022 ICD-10-CM Diagnosis code for large Plaque psoriasis-L41.4).

PASI (Psoriasis Area and Severity Index) score

The improvement status of the patient was analysed based on Psoriasis Area and Severity Index (PASI) score scale. This score is an objective tool for the assessment of the severity of Psoriasis which includes the intensity of the disease (erythema, induration and desquamation) and the involvement of



Figure 1: Before treatment.

body surface area. The range of the score is 0 to 72. The scale includes evaluations of the head and neck, upper and lower limbs, trunk, and lower limbs. A PASI score below 10 indicates mild, 10–20 indicates moderate, and beyond 20 indicates severe (12). The patient in this case report has a baseline PASI score of 31.0 which falls under the severe type of Psoriasis.

Totality of symptoms

After going through the process of Analysis and evaluation, the totality of symptoms was formed. Medicine was prescribed based on the Totality of symptoms.

- Constant anxiety regarding the future of his children
- Restlessness aggravated at night
- History of Tuberculosis
- Chilly patient
- Thirsty but cannot drink large quantities at a time
- Desire for meat, sweets and warm food
- Profuse perspiration all over especially head and neck region which aggravates itching
- Itching eruptions over the trunk, both extremities with exfoliations in large scales
- Itching aggravated at night, in summer weather and after bathing

Selection of medicine

Based on the totality of symptoms the medicine Arsenicum iodatum was selected and prescribed in 50 millesimal

potencies (13). 0/1 potency was chosen based on susceptibility, disease duration, and nature of the disease.

First prescription

Arsenicum iodatum 0/1–16 doses once daily for 16 days.

Follow-up

Follow-ups of the case have been given in (Table 1). The total duration of treatment is 5 months. After that, the case was under observation for 10 months. During the treatment period and observation period, no adverse condition aroused.

Discussion

Psoriasis is an autoimmune disease that is having significant limitations in conventional therapy. This case showed a favourable clinical progression after treatment with Individualised

Homoeopathic medicine. The patient initially presented with severe itching all over the body with abundant scaling. The severity of the disease was evaluated with PASI score which was 26.4. In respect to the totality of the case *Arsenicum iodatum* was selected in 50 millesimal potency which showed marked improvement in both PASI scale and photographic evidence as the potency was increased from Q1 to Q8. There was no recurrence of symptoms after observing for another 10 months.

This case demonstrates the favourable management of a long lasting, recurrent, autoimmune disease like Psoriasis with Homoeopathic remedy. Though the case showed marked improvement following a course of Individualized homoeopathic treatment, it cannot be said that the patient is completely cured and there would not be any recurrences. Here we have treated the case for 5 months and following disappearance of visible skin lesion we have waited for another

Table 1: Follow-up sheet

Visit no	Symptoms of the patient	Medicine prescribed	PASI SCORE
First visit (20/09/2021)	Erythema slightly better Scaling and the area of lesion same as before Nocturnal aggravation of itching and burning better than before Headache as before Anxiety and irritability slightly better	<i>Arsenicum iodatum</i> 0/2 1 poppy seed size globule in 100 ml of distilled water Make 16 doses Once daily for 16 days in morning-empty stomach	26.4
Second visit (08/10/2021)	Erythema better Scaling much better than before Itching and burning much better Headache-decreased Sleep-improved	1. <i>Arsenicum iodatum</i> 0/3 16 doses Once daily for 16 days Followed by- 2. <i>Arsenicum iodatum</i> 0/4 16 doses Once daily for 16 days	18.0
Third visit (12/11/2021)	Marked improvement in erythema and scaling Area of skin lesion markedly decreased Headache relieved completely Sleep much better	<i>Arsenicum iodatum</i> 0/5 16 doses Once daily for 16 days Followed by- <i>Arsenicum iodatum</i> 0/6 16 doses Once daily for 16 days	11.4
Fourth visit (09/12/2021)	Erythema relieved completely Scaling as before Itching aggravated Headache no more	<i>Arsenicum iodatum</i> 0/7 16 doses Every alternate day for 32 days	6.0
Fifth visit (12/01/2022)	Scaling much better Itching almost relieved Area of skin lesion markedly decreased Lesion only present over elbow and below knee Sleep improved	<i>Arsenicum iodatum</i> 0/8 16 doses Every alternate day	1.3
Sixth visit (02/02/2022)	No more lesion over trunk, hands Slight eruption was there over knee joint Sleep-sound Generally, patient was much better	Placebo 120 ml Once daily for 16 days	0.4
Seventh visit (18/02/2022)	No lesion as such	-do-	0
Eighth visit (15/03/2022)	There was no skin manifestation [Figure 2]	-do-	0



Figure 2: After treatment.

10 months during which there were no recurrences. The median time of relapse of psoriasis following standard treatment is 184 days though there are evidences of recurrence even after 1 year [14]. A double blind randomized placebo-controlled trial on 51 patients showed significant reduction in PASI score in Individualized Homoeopathic (IH) medicines over placebo after treatment for 6 months [15]. A 2 year follow-up would provide better causal attribution of Homoeopathic treatment [16]. Shorter duration of follow-up is a significant drawback of this case study A Large-scale randomised trial with sound methodology is suggested to establish the efficacy of Homoeopathic treatment in Psoriasis.

CONCLUSION

Homoeopathy treats patient as a whole. That holistic approach which is based on strict individualization was adopted in this particular case. The result was rapid and gentle improvement of the patient under the medicine *Arsenicum iodatum*. This case proves that auto-immune diseases like psoriasis can be treated successfully with individualized homoeopathic medicine leaving no adverse drug reactions and recurrences after 10 months following last prescription. Nevertheless, a firm conclusion regarding efficacy of Homoeopathic treatment in Psoriasis cannot be drawn from a single case report. Double blind randomized studies with larger sample size and sound methodologies are to be carried out in future for establishing conclusive evidence.

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Authors' contribution

SM: Concept/design of the article, treatment and data acquisition; SS: Critical analysis and interpretation of data for the article and article-submission.

Informed consent

The study was verbally explained to the patient and written consent was signed by the patient.

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Conflicts of interest

None.

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