



MANAGING DECADE OLD PLAQUE PSORIASIS WITH HOMOEOPATHY MEDICINE

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Abstract: Psoriasis is an inflammatory skin disease that is often chronic and relapsing. Scientists do not fully understand the causes of psoriasis, but they know that it involves a mix of genetic and environmental factors. A 46-year-old female patient suffering from plaque psoriasis for almost 10 years switched to homoeopathy because the treatment she was taking before was costly and did not yield satisfactory results. Medicine was selected after detailed case taking, based on individualization. During homoeopathy treatment, the patient began showing improvement in overall symptoms and became free from lesions in the areas of the face, scalp, abdomen, arms, and back.

Keywords: Psoriasis, Homoeopathy medicine, Plaque psoriasis, Inflammation, Chronic skin disease

I. INTRODUCTION

Psoriasis is an immune-mediated Inflammatory skin disease in which the immune system becomes overactive, causing skin cells to multiply too quickly leading to piling up of the skin cells on the surface of the skin instead of shedding. ⁽¹⁾

As per its 2014 report, the WHO defined psoriasis as a “chronic, non-communicable, painful, disfiguring and disabling disease for which there is no cure and with a great negative impact on patients’ quality of life” due to the huge emotional, social, and economic burden of the disease. ⁽²⁾

Psoriasis is characterized by the presence of papules and plaques over the surface of skin with variable morphology, distribution, and severity. ⁽³⁾ The etiology of psoriasis is not yet fully understood. However, it involves complex interactions among genetic, immunological, and environmental factors including mild trauma, sunburn, infections, systemic drugs, and stress. ⁽⁴⁾

Psoriasis can appear at any age, and it often has two peaks of onset. The first is between 20 – 30 years of age and the second between 50 – 60 years of age. ⁽⁵⁾ In India, a prevalence of 0.44% to 2.8% is found in the adult population. And is twice as common in males as in females. ⁽⁶⁾

Psoriasis is also associated with higher rates of comorbidities, including cardiovascular disease, psoriatic arthritis, depression, metabolic syndrome among other diseases. ⁽⁷⁾

Plaque psoriasis is the most common clinical form of psoriasis, accounting for almost 90% of cases. Erythematous plaques with sharp boundaries, covered with pearlescent squamae are typical clinical features. The lesions are symmetrically distributed and are mostly found on the knees, elbows, scalp, and sacral area. Predilection for these lesions may be a result of traumatic incident. ⁽⁸⁾

II. DIAGNOSIS:

The diagnosis of psoriasis is primarily clinical, and biopsy is seldom done. ⁽⁹⁾

Psoriasis has been classified by clinicians into mild, moderate, and severe forms using a variety of scoring systems that combine quantitative and qualitative assessments, including percent body surface area (BSA), the Psoriasis Area and Severity Index (PASI) and the Dermatology Life Quality Index (DLQI). However, none of them meets all the validation criteria required for an ideal score. ⁽¹⁰⁾

III. TREATMENT:

There is no single best treatment for psoriasis, and no one treatment works for everyone. The choice of treatment is influenced by short-term and long-term considerations, including disease severity, effectiveness of a given medication and its side effects, the patient quality of life, and ease of treatment.

In the English system of medicine, various treatments for psoriasis include phototherapy, topical or systemic medications, and an array of biologic agents. ⁽¹¹⁾ However, all these have varying degrees of side effects and limitations. Patients' adherence to topical therapy is poor. ⁽¹²⁾ Phototherapy needs to be administered in a clinical setting, and it requires multiple visits to the clinics over a prolonged period. ⁽¹³⁾

Biologics and systemic agents may alter the immune status of a patient who is already having immunosenescence, making the patient more vulnerable to serious infections such as latent tuberculosis and hepatitis B, thereby making physician hesitant before opting for these options. ⁽¹⁴⁾

The general belief is that Psoriasis is incurable. However, this is not the case. Homoeopathy is far more effective in the treatment of psoriasis and these medicines are completely natural and do not contain any chemical compounds, unlike allopathic medicines.

It is an integrative approach for theoretically incurable disease like psoriasis. The selection of medicine is based upon the theory of individualization and symptoms similarity using a holistic approach.

Homoeopathic medicines have shown good results for Psoriasis. Because it is an autoimmune condition, the medicine will be selected on the basis of the constitution of patient. Some homoeopathy medicines for the treatment of psoriasis are *Graphites*, *Mazerium*, *Arsenicum iodum*, *Arsenicum album*, *Sulphur*, *Kalibrom*, *Kaliars*, *Radium Brom*, *Sepia*, *Pulsatilla*, *Thyroidinum*, *Psorinum*, *Mercsol* etc. ⁽¹⁵⁻²⁰⁾

IV. PATIENT INFORMATION AND CLINICAL OBSERVATION:

The patient was an obese 46-year-old woman..

She presented with skin eruptions localized to scalp, face, abdomen, back, arms and legs. These symptoms began around 10 years ago and since then she had been on Allopathic treatment that has caused waxing and waning of symptoms.

On clinical examination, reddish scaly plaques were observed all over the above-mentioned areas of the skin, further confirming plaque psoriasis.

Her family history and medical history were found to be not significant.

Further symptoms included severe itching and pain with aggravation during bathing and at night. Patient was found to be suffering from depression and has a weeping disposition.

Apart from that, she had been suffering from constipation and flatulency in the abdomen for the last two years. She also expressed an intense desire to consume sweet / sugar dishes.

V. TREATMENT ADMINISTERED:

Based on totality, the patient was given *Graphites* 200 single dose and was advised to come up after 1 week for follow up.

1. On her 2nd visit, she complained about aggravation of symptoms. Her prescription was then changed to *Nux vomica* 30 (single dose, at night) and *Arsenicum album* 30 (2 doses)
2. During her subsequent visit, she was prescribed a single dose of *Sulphur* 30 because she was having severe itching and burning sensation in her lesions.
3. After 2 weeks, she mentioned that her itching symptoms had stopped and that no new skin eruptions had appeared. As a result, she was happy and showed confidence in her treatment. The same prescription was repeated along with *Nux vomica* 30 to address the patient's gastric disturbance.
4. On subsequent visits, improvement in her skin condition was observed. She stated that she did not suffer from any new eruptions, and the already present lesions were clearing gradually.
5. After 5 months of continuous treatment, the patient showed remarkable improvement and almost no lesion was detected in the areas of the face, scalp, abdomen, arms, and back. Only mild lesions could be seen on the leg without itching.

VI. DISCUSSION AND CONCLUSION:

The clinical findings described and confirmed the utility of homoeopathic treatment in management and control of plaque psoriasis, auto-immune skin disorder.

The patient was suffering from severe plaque psoriasis, affecting maximum areas of the skin, has shown remarkable improvement with individualized constitutional homoeopathic medicine selected based on the cardinal principle of homoeopathy '*Similia Similibus Curentur*'.

Graphites, was selected initially as patient was having skin eruption, was obese, hot, and constipated. However, it resulted in aggravation in the symptoms. Hence, *Nux vomica* along with *Arsenicum album* was prescribed to control aggravation.

On a subsequent visit, *Sulphur* 30 was prescribed, selected based on her other mentioned symptoms like aggravation of itching and burning sensation of eruptions after bathing and at night and cravings for sweet, sugary food.

The patient benefited from the remedy prescribed and overall wellbeing of the patient was improved as clinically observed during treatment.

VII. ACKNOWLEDGEMENT:

The patient received consultation followed by prescription and medicine at OPD at Pt JLN State Homoeopathy Medical college, UP. I am thankful for the management and governing bodies for setting up the properly equipped facility.

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