Efficacy of Homoeopathy in Autoimmune Diseases - PSORIASIS

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Abstract

Psoriasis is one of the commonest skin diseases characterized by scaly papules and plaque. People with inflammatory bowel disease such as Crohn disease or Ulcerative colitis are at an increased risk of developing Psoriasis. Psoriasis is about five times more common in people of European descent than in people of Asian descent. Our system of medicine provides better outcome over many Autoimmune diseases and one among that is Psoriasis.

Introduction

The word "Psoriasis" is from Greek word meaning "Itching condition" or "being itchy" from psora, "itch", and -iasis, "action, condition".

Psoriasis is a non infectious, long lasting, Autoimmune Disease. Chronic inflammatory disease of the skin characterized by well defined erythematous plaques with silvery scale with increased tendency over extensor surfaces and scalp and a chronic fluctuating course. Skin is dry itchy and scaly it varies in severity from localized patches to complete body coverage injury to the skin can trigger psoriatic skin changes at that spot which is known as koebner phenomenon.

There are two epidemiological patterns of Psoriasis as Type 1 and Type 2

Type 1 has an onset in the Teenage and early adult years often with a family history of psoriasis and an increased prevalence of the HLA group Cw6

Type 2 is in the fifty or sixty age group family history is less common and HLA Cw6 is not so prominent. The clinical course is variable, in general the earlier the age of onset more severe will be the initial presentation and the lifetime course of the disease.
Epidemiology

Its prevalence varies from 0.1 to 3 percent in different parts of the world. Onset is most common in second to fourth decades of life, genetic factors play a major role in incidence, male and female are equally affected.

Aetiology
1. Genetic disease triggered by Environmental factors
2. Drugs --- Beta Blockers, NSAIDS
3. Infections
4. Psychological Stress

Clinical Features

1. STABLE PLAQUE PSORIASIS
   Most common form, lesions are well demarcated and range from few mm to several cms in diameter they are red with a dry white silvery scale which may be obvious after scratching the surface
   Elbows, knees and lower back are commonly involved scalp, nails, flexures and palms are also involved

2. GUTTATE PSORIASIS
   Most commonly seen in children and adolescents and may follow a streptococcal sore throat

3. ERYTHRODERMIC PSORIASIS
   The skin becomes universally red or scaly or more rarely just red with very little scale.
   Temperature regulation becomes compromised with a danger of either hypothermia or hyperthermia

4. PUSTULAR PSORIASIS
   There are two types
   A. Generalised form
      It is rare but serious sudden onset with large numbers of small sterile pustules erupting on a red base with appearance of new pustules patient will be ill and developing fever requiring urgent assessment and Hospital Admissions

   B. Localised form
      It affects the palms and soles and is very common it runs chronic course with small sterile pustules which lie on a red base and resolves to leave brown macules or scaling

5. ARTHROPATHY:
   Between 5 to 10 percent of individuals with psoriasis develop a chronic seronegative inflammatory arthropathy

Investigations

- Physical examination - Auspitz sign, candle grease sign, koebner phenomenon
- Biopsy
- Esr
- Wood lamp examination
Homoeopathic Approach

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CASE STUDY

A case of a 65 years retired Male presented with an itching on the scalp with redness and scaly eruptions which increases during night, after taking head bath, whenever exposed to sun. It is associated with burning, which is better by scratching. Patient sleep was disturbed due to itching, symptoms reduced after applying oil, while in an air conditioned room. Based upon symptom totality sulphur 0/1 was prescribed.

DISCUSSION – This case report describes the importance of homoeopathic similimum in case of autoimmune diseases like psoriasis. Considering the Totality, Thermal state and Psoric miasm in background the remedy Sulphur 0/1 was selected. Patient showed marked improvement after homoeopathic treatment with no recurrence of scaly eruptions again.

CONCLUSION – The present case highlighted the efficacy of Homoeopathic medicine in treatment of Autoimmune diseases like Psoriasis.

DECLARATION OF PATIENT CONSENT – The patient consent form was obtained from him for the photographs and other clinical information to be reported in the journal. He was made to understand that the name and initials of him will not be published and confidentiality of identity will be maintained.
References
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