

Individualized homoeopathic medicines in Psoriasis vulgaris: A review

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Psoriasis is a common chronic, recurrent, auto immune mediated disease of the skin and joints. It has a significant negative impact on the physical, emotional, and, psychosocial wellbeing of affected individual. Homoeopathy has an immense scope to treat the Psoriasis patient where Modern Medicine has a limited scope. Psoriasis is currently, an immune system disturbance

with inflammatory skin manifestations. Chronicity, remissions and lack of causal therapies lead to permanence of physical and psycho-social suffering, increased costs, and frequent dissatisfaction with offered treatments. Treatment must be sustained to prevent rebounds, placing a burden of side-effects, toxicity, and possible long-term risks on the patients tend to look for alternative approaches such as homoeopathy.

Key Words: Psoriasis; Risk factors; Management; Homoeopathy

INTRODUCTION

Psoriasis is considered an incurable, long-term (chronic) skin condition. It has a variable course, periodically improving and worsening. Psoriasis can be defined as: It is a chronic dermatosis, non-contagious autoimmune disease which characterized by an unpredictable course of remissions and relapses and presence at typical sites of papules and plaques which are: well defined, Erythematous and Surmounted with large, silvery, loose scales. There is frequent nail and joint involvement [1].

Epidemiology

Prevalence: Roughly 1% of population is affected, but less than half require aggressive treatment [2].

Age: Can occur at any age; 2 (Two) peaks are seen.

Early onset, with peak incidence at 22.5 years; indicates more severe disease and such patients usually have positive family history.

Late onset, with peak incidence at 45.5 years.

Sex: Both sexes equally affected.

Season: Most patients are worse in winters.

Contributing factors

As said earlier according to modern medical science the causes of psoriasis are unknown. But the following factors can trigger the disease [3].

- Heredity-If one parent is affected then there is 15% of chances for the child to suffer from psoriasis. If both the parents are affected then the possibility of child getting the psoriasis is 60%.
- Throat infections trigger psoriasis.
- Trauma or hurt on skin like cuts, bruises or burns may cause psoriasis.
- Some medicines or skin irritants initiate psoriasis.
- Smoking and alcohol are other two factors which activate psoriasis.
- Mental stress or psychological trauma may also set off psoriasis.
- Due to abnormality in the mechanism in which the skin grows and replaces itself causes psoriasis.

- Abnormality with the metabolism of amino acids.
- Use of certain medicines.
- Due to infections.
- Physical and emotional stress.
- Diet-common in non-vegetarians.
- Weather-exacerbations in winters and remissions in summers.
- Hormonal-worse at or after menopause and remission during pregnancy.

Types

The symptoms of psoriasis can manifest in a variety of forms [4]. They are as follows.

Plaque psoriasis (psoriasis vulgaris): Plaque psoriasis is the most common form of psoriasis. It affects 80% to 90% of people with psoriasis. Plaque psoriasis typically appears as raised areas of inflamed skin covered with silvery white scaly skin. These areas are called plaques.

Flexural psoriasis (inverse psoriasis): Flexural psoriasis appears as smooth inflamed patches of skin. It occurs in skin folds, particularly around the genitals (between the thigh and groin), the armpits, under an overweight stomach (pannus) and under the breasts (inframammary fold). It is aggravated by friction and sweat, and is vulnerable to fungal infections.

Guttate psoriasis: Guttate psoriasis is characterized by numerous small round spots (differential diagnosis-pityriasis rosea-oval shape lesion). These numerous spots of psoriasis appear over large areas of the body, such as the trunk, limbs, and scalp. Guttate psoriasis is associated with streptococcal throat infection.

Pustular psoriasis: Pustular psoriasis appears as raised bumps that are filled with non-infectious pus (pustules). The skin under and surrounding the pustules are red and tender. Pustular psoriasis can be localized, commonly to the hands and feet (palmoplantar pustulosis), or generalized with widespread patches occurring randomly on any part of the body.

Psoriasis of a fingernail: Nail psoriasis produces a variety of changes in the appearance of finger and toe nails. These changes include discoloring under the nail plate, pitting of the nails, lines going across the nails, thickening of

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the skin under the nail, and the loosening (onycholysis) and crumbling of the nail.

Psoriatic arthritis: Psoriatic arthritis involves joint and connective tissue inflammation. Psoriatic arthritis can affect any joint but is most common in the joints of the fingers and toes. This can result in a sausage-shaped swelling of the fingers and toes known as dactylitis. Psoriatic arthritis can also affect the hips, knees and spine (spondylitis). About 10%-15% of people who have psoriasis also have psoriatic arthritis.

Erythrodermic psoriasis: Erythrodermic psoriasis involves the widespread inflammation and exfoliation of the skin over most of the body surface. It may be accompanied by severe itching, swelling and pain. It is often the result of an exacerbation of unstable plaque psoriasis, particularly following the abrupt withdrawal of systemic treatment. This form of psoriasis can be fatal, as the extreme inflammation and exfoliation disrupt the body's ability to regulate temperature and for the skin to perform barrier functions.

Clinical features

Onset: Insidious.

Location: Scalp, extensor surfaces of arms, forearms, legs, trunk, joints, nails, palms and soles.

SYMPTOMS OF PSORIASIS

Skin

Start as dry, well defined erythematous papules.

Symmetrical distribution.

Coin shaped (nummular psoriasis).

Layers of silvery scales form.

Papules increase peripherally and coalesce (psoriasis gyrate).

Become thicker (due to accumulation of scales) to form plaques.

Candle-grease sign positive: When psoriatic lesion is scratched, candle grease like scale is produced even from non-scaling lesions.

Scales looser towards periphery of patch, firmly adherent at Centre.

Auspitz sign positive: Complete removal of scale produces pin-point bleeding.

Koebner phenomenon positive in acute phase: Psoriatic lesions appear at site of scratching or trauma.

When patches reach a diameter of 5 cm: Central clearing occurs producing ringed lesions (annular psoriasis).

Lesions heal with faint staining which disappears slowly.

Nails

Pits of 1 mm diameter.

Transverse ridging of nail plate.

Onycholysis.

Separation of distal portion of nail from nail bed and walls.

Subungual hyperkeratosis causing thickening of nails.

Oil drop sign: Brownish-red areas of discoloration adjacent to nail plate. Oil spots are 2-4 mm in diameter.

COMPLICATIONS

- Psoriatic arthropathy.
- Exfoliative dermatitis.
- Hypoproteinaemia.

DIAGNOSIS

A diagnosis of psoriasis is usually based on the appearance of the skin. There are no special blood tests or diagnostic procedures for psoriasis. Sometimes a skin biopsy, or scraping, may be needed to rule out other disorders and to confirm the diagnosis. Skin from a biopsy will show clubbed Rete pegs if positive for psoriasis. Another sign of psoriasis is that when the plaques are scraped, one can see pinpoint bleeding from the skin below (Auspitz's sign) [5,6].

D/D

Other conditions that may look like psoriasis or may occur at the same time as psoriasis include:

Seborrheic dermatitis: This type of dermatitis is characterized by greasy, scaly, itchy, red skin. It's often found on oily areas of the body, such as the face, upper chest and back. Seborrheic dermatitis can also appear on the scalp as stubborn, itchy dandruff.

Lichen planus: This is an inflammatory, itchy skin condition that appears as rows of itchy, flat-topped bumps (lesions) on the arms and legs.

Ringworm of the body (tinea corporis): Ringworm is caused by a fungal infection on the top layer of your skin. The infection often causes a red, scaly ring or circle of rash.

Pityriasis rosea: This common skin condition usually begins as one large spot (herald patch) on your chest, abdomen or back, which then spreads. The rash of pityriasis rosea often extends from the middle of the body, and its shape resembles drooping pine tree branches.

MANAGEMENT

General management

- Education
- Reassurance
- Avoid exposure to cold
- Avoid undue stress
- Take a well-balanced diet including fruits, vegetables, nuts, seeds, and grains
- Avoid all factors which trigger psoriasis

Homoeopathic management

Ars-Alb: The appearance of the skin is dry, rough, scaly, dirty and shriveled. The eruptions are frequently acuminate with excessive scaling. There is severe burning sensation in the eruption which is worse in the evening, at night and by cold application, it is better by warm application. Psoriasis has a tendency to alternate with internal affections.

Ars-Iod: The psoriasis is characterized by marked exfoliation of skin in large scales leaving an exudating surface beneath it. There is intense burning with itching. The patient scratches violently till it bleeds. The psoriasis is worse in dry cold weather, even though Ars-Iod is hot patient, skin symptoms are better by local application of heat.

Borax: The skin of hands and face is covered with multiple psoriatic eruptions. The psoriatic lesions ulcerate easily, especially from slightest injury. Here the psoriasis is worse in warm weather and better in cold weather. There is a sensation of cobweb on the skin. It typically affects individuals who are excessively nervous, frightened easily and sensitive to sudden noise. Dread of downward motion in nearly all complaints.

Cal-Sulph: The psoriasis eruptions are chiefly located on the scalp, extremities, back. The appearance is scarlet red with lichenification of the surrounding skin. There is severe itching and burning which is worse in warm room, from warm bath and better by cold application and cold bath. Due to presence of secondary infection, the psoriatic eruptions suppurate, which heal with the formation of thick yellow scabs. There may be a greenish-

yellow, acrid and offensive discharge.

Graphites: Folds of the skin. e.g., ears, buttocks, groins, bends of joints are the important site for eruption. The eruptions are absolutely dry with little desquamation and more cracking. The cracks bleed very easily and exude gluey moisture. The eruptions are typically agg with local application of heat. The presence of psoriasis in persons who are obese, chilly and constipated. Psoriatic eruption alternating with digestive complaints. Suited to Excessive cautiousness; timid, hesitates; unable to decide about anything. Fidgety while sitting at work. Sad, despondent; music makes her weep; thinks of nothing but death.

Lycopodium: The appearance of the skin is dry, thick and indurated. The psoriatic eruptions are full of fissures with little itching and desquamation. The eruption tries to ulcerate early during the course of sickness. It typically affects individuals who grow old prematurely, who are intellectually keen, and who have ill-effects of fear, fright, anxieties, loss of vital fluids. Patient gets a good sense of relief whenever cold applications are applied on the lesion. However one should remember that burning sensation of Lycopodium is always better by local application of heat. The psoriasis is associated with urinary, gastric and hepatic disorders.

Kali-Ars: It is one of the chilliest patients to develop psoriasis. The patient is extremely chilly that he wants to warm himself enough even in summer. There is severe sensation of burning in lesion accompanied by intolerable itching which is worse undressing, night, walking, and warmth. The eruption tends to be better during monsoon season. It typically affects individuals who are restless, nervous, and anemic and they may have a family or past history of malignant disease.

Kali-brom: The eruptions are present on chest and back. The causative factor in the above case is ill-effects of worry, loss of business, loss of reputation and embarrassment, or illness of near or dear ones. As kali-brom also has an affinity for sexual sphere, ill effects of lascivious fancies, satyriasis or nymphomania, could produce psoriatic eruption. The skin of the patient is cold and numb to feel. The patient, in general, feels well when he is busy mentally as well as physically.

Merc-sol: The skin has a general tendency to free perspiration, but the patient is not relieved thereby, the skin is always moist. The skin around psoriatic eruptions is excoriated like raw meat. The eruption is prone to early suppuration and ulcerations. There is a sense of itching which is worse at night in bed. Presence of psoriasis in individuals who have history of suppressed gonorrhoea.

Nit acid: The skin is dry, eroded and cracked in every angle. Multiple psoriatic eruptions are present with zigzag and irregular margin. The appearance of the lesion is like raw flesh. The cracks within the lesions ulcerate easily and are extremely sensitive to pain and touch. There may be presence of burrowing pus within the lesion. The skin is extremely unhealthy and may have large jagged warts at various places. There may be itching in the lesions which are worse on undressing. It is suitable for individuals who have yellow discoloration, who are of spare habits and who have a tendency to catch cold or diarrhea. Bad effects of maltreated syphilis and gonorrhoea.

Petroleum: One of the chilly remedies with tendency to develop deep cracks, in angles, nipples, finger tips. Psoriatic eruptions develop in winter season and get aggravated periodically. Early formation of thick, hard, yellowish green crust is the most characteristic symptom. The eruption itches violently and one must scratch until they bleed. The parts become cold after scratching. Psoriatic eruptions typically affect the occiput and the groins. The psoriasis is associated with long lasting and lingering gastric complaints. Psoriasis usually follows after unusual mental strains, fright and grief. Also psoriasis develops after skin diseases are suppressed by local applications.

Psorinum: The psoriatic eruptions disappear in summer only to occur in winter. The skin is dirty, rough, scabby and greasy. Nape of the neck, scalp, folds of the skin and groins are typically affected. Eruptions itch intolerably which are worse by heat of bed. The patient scratch till it becomes raw and bleeds. It is usually indicated when well related remedies fail to relieve or permanently cure or when sulphur seems indicated but fails to relieve. Psoriatic eruptions developing after maltreated infectious diseases or long lasting grief reactions. The patient is extremely chilly and hungry with foul carrion-like odor.

Sulphur: The skin is dry, rough, wrinkled and scaly. The eruptions break out on almost any part of the body having following characteristics. There is voluptuous violent itching which is aggravated at night, in bed, scratching and washing. The skin burns whenever the patient scratches. The skin surrounding eruption is excoriated. The psoriasis usually gets worse during spring time and in damp weather. Psoriasis develops after any other skin disease is suppressed by local measures. Psoriasis alternates with various other internal ailments e.g. asthma. It typically affects individuals who are stoop shouldered, unwashed, tall and lean, untidy with offensive body odor. It is to be thought of in chronic and obstinate cases of psoriasis or it should be given after an acute exacerbation of a psoriatic attack to prevent relapse.

CONCLUSION

Homeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the theory of individualization and symptoms similarity by using holistic approach. The aim of homeopathy is not only to treat psoriasis but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned; several well-proved remedies are available for psoriasis treatment that can be selected on the basis of cause, location, sensation, modalities and extension of the psoriasis.

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