VOLUME - 14, ISSUE - 11, NOVEMBER - 2025 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Medicine

MANAGEMENT OF PALMO-PLANTAR PSORIASIS WITH HOMOEOPATHY -- AN EVIDENCE BASED CASE REPORT

Dr Sridevi R. Associate Professor, Department of OBG, Bhagawan Buddha Homoeopathic Medical College and Hospital, Mallathalli, Bangalore –560056

Dr Sunitha K. Professor, Department of Practice of Medicine, Bhagawan Buddha Homoeopathic Medical College and Hospital, Mallathalli, Bangalore - 560056

ABSTRACT Psoriasis on palms and soles is a common immune mediated disease characterized by hardened skin that cracks and bleeds with itching, burning or stinging sensation on the affected area. This has a major impact on the individual and their family members thus affecting the Physical, Mental and Social well-being. Conventional medicine offers long term treatment with medicines including the recent biologics, light therapy and the various topical ointments which gives a temporary relief, lot of side-effects and once discontinued, leads to further aggravating their skin condition. **Case Summary:** A 61 years old female presenting with palmoplantar psoriasis was treated with Homoeopathic similimum Natrum muriaticum 200 . Periodical assessment of the patient was done before and after treatment by using Psoriasis Area Severity Index (PASI) Score to ascertain the prognosis. Photographs taken periodically during follow-up have provided documentary evidence to show effectiveness of homoeopathic medicine in treating palmo-plantar psoriasis. This case report reassures the physician in managing psoriasis effectively with homoeopathic similimum medicine.

KEYWORDS : Palmo-plantar Psoriasis, Natrum Muriaticum, Homoeopathy, PASI SCORE

INTRODUCTION

Psoriasis is a chronic autoimmune disorder characterized by red scaly plaques on thin skin and dry hardness with deep bleeding painful cracks on thick skin of palms and soles. It presents with itching, burning, stinging sensation on affected area and silvery scales with Auspitz's sign positive. It is considered that the genetic predisposition has a role to play in triggering psoriasis. It is a non-communicable, disabling immune mediated disease which affects the quality of life of the patient. It progressively gets worse. It can affect individuals in the age group of 11 to 65 years. According to the systematic review conducted in 2020,2-4% of the population which accounts to 60 million people world-wide are suffering from psoriasis.

The causative factor of psoriasis is not clearly understood. Psoriasis may be triggered by infections, emotional stress, trauma,shock,stress or emotional deprivation and some medications (eg lithium, beta-blockers and antimalarial drugs etc). Psoriatic lesions present with itching and they worsen in the winters.

Normally the outer layer of the skin moves upwards through layers to the surface of the skin where they perish and shed in the duration of 3-4 weeks. Due to exaggerated immune response, the body starts attacking its own cell in psoriasis. In psoriasis, cell cycle gets rapid leading to increased proliferation rate of keratinocytes, thus forming psoriatic plaque. There is inflammation. The lesions are itchy and covered with scales. On the palms and soles, deep cracks on dry skin can be seen.

The common sites where psoriatic lesions appear are on palms &soles; knees, elbows, scalp, trunk area etc. It is symmetric in appearance. According to the National Psoriasis Foundation, in 30 – 35 % of patients, psoriasis progresses to psoriatic arthritis. Various types of psoriasis are the classical psoriasis vulgaris, inverse psoriasis, guttate psoriasis, pustular psoriasis, erthyrodermic psoriasis and the localized varieties for eg: nail psoriasis, scalp psoriasis, palmo-plantar psoriasis and psoriatic arthritis.

Psoriasis is diagnosed by proper case taking which involves past history and family history. The PASI score is often used to determine the severity of lesions. The PASI score ranges from 0-72 which helps to assess the prognosis during treatment.

The conventional treatment with prolonged use of topical agents is less effective and has numerous side effects. Homoeopathic system of medicine is based on individualization and this holistic approach fixes the fundamental cause based on the case history. This case report presents severe form of psoriasis since eight years that was managed with individualized homoeopathic medicines. It also brings about the scope of homoeopathy in management of psoriasis by detail case history, identifying the fundamental cause, exciting cause, maintaining cause and accordingly selecting and prescribing a similimum.

Homoeopathic remedies more found to be of great use in managing different phases of palmo-plantar psoriasis

Location	Sensation / Characteristic	Modalities
Skin ↓ palms and feet	Reddish, darkish thick eruptions with cracks, bleeding ++ Itching ++ Palms 30% mid of palm region Feet, both soles covered in cracks, severe at side of soles Pasi scoring -40	Aggravated night on walking, winters, after getting wet in cold water Better with steroids ointment

Past History: Recurrent acute upper respiratory infections during childhood treated with home remedies.

Thirst : Less. Has to forcibly try to drink after eating food (thirtless) Desires oily food

Sleep -disturbed due to health issues and financial problems.

Thermal state towards hot+

Obstetrics /gynecology history : Regular menstrual history till attained menopause 20 years back. G1P1L1A0. NO significant history noticed during obstetric periodMental : Patient is anxious about her health. Staying alone as her son staying separately. Feels lonely. Never expresses her felling, keeps to herself. Reserved. Often indulges in overthinking. Feels forsaken. Suppressed emotions. Gets stressed easily, managing her financial crises by herself.

General Examination: Patient is moderately built and nourished with wheatish complexion.
Generals are normal on examination vitals: PR- 90bpm,RR-20cpm,Weight-75kgs BP- 140/96 mm of hg

Systemic Examination :
RESPIRATORY, CVS, CNS and PERABDOMEN examination : nothing abnormal detected.

Local Examination:
SKIN : PALM AND FEET - REDDISH ERYTHEMATOUS, ROUGH, CRACKS+ , MORE ON LEFT THAN RIGHT FOOT, DRYNESS. PEELING OF SKIN, BLEEDING MARKS,
excoriated scratched marks. Cracks gradually extending to fingers and toes.

Differential Diagnosis
1. Palmoplantar psoriasis
2. Palmo hyperkeratosis
3. Foot and mouth disease

Diagnosis: palmo-plantar psoriasis

Analysis of symptoms

COMMON SYMPTOMS	UNCOMMON SYMPTOMS
Dry, thick scales, erythematous, roughness bleeding +, cracks over hand and feet -both	Worse night Better steroid ointment Worse winter Hot pt Suppressed emotions Forsaken feeling Loneliness Introverted Reserved Thirstless Desires Oily food

Evaluation of Symptoms

MENTALS	PHYSICALS	CHRACTERISTICS
Suppressed emotion Forsaken felling Loneliness Introverted Reserved Worried about her health problem	• Desires: oily food • Hot patient • Sleep disturbed	• cracks, roughness thick scales, peeling of skin, painful walking , bleeding+, • Roughness of skin • < winter, night , • > warm application , applying petroleum gel

Dominant Miasm : Syco-syphilitic

Repertorial Totality

Patient : Speed Case Physician: Dr. Prabhakar D S Registration Number : Date : 2025-03-14

Remedy	Nat-m	Phos	Sep	Ars	Aur	Psor	Sulph	Merc	Hell
Totality	20	19	18	18	18	18	17	17	16
Symptoms Covered	9	7	8	6	6	6	7	6	5
Kingdom	Minerals	Minerals	Animals, Sarcodes	Minerals	Minerals	Animals, Nosodes	Minerals	Minerals	Plants
[Complete] [Mind]FORSAKEN FEELING: (313)	3	1	1	3	4	4	1	3	3
[Complete] [Mind]GRIEF: Love disappointment, from: (5)	1				3				
[Complete] [Mind]PSYCHOLOGICAL THEMES:Loneliness: (666)	3	4	3	4	4	4	3	4	4
[Complete] [Mind]INTROVERTED: (243)	4	3	3	3	3	3	3	3	3
[Complete] [Mind]RESERVED: (193)	3	4	1	1	3		1	1	3
[Complete] [Extremities]ITCHING:Feet Soles: (100)	1	1	1		1	1	4		
[Complete] [Extremities]ERUPTIONS:Feet: (199)	3	3	3	4		3	4	3	3
[Complete] [Extremities]ERUPTIONS:Scaly:Feet Soles: (3)									
[Complete] [Extremities]ERUPTIONS:Psoriasis:Feet, soles: (12)		3	3	3				3	
[Complete] [Skin]CICATRICES:Cracked: (4)									
[Complete] [Extremities]ERUPTIONS:White:Hands: (3)	1								
[Complete] [Extremities]WHITE Spots:Soles: (3)	1								
[Complete] [Extremities]ERUPTIONS:Hands:Weather:Cold, agg.: (3)			3						
[Complete] [Extremities]ERUPTIONS:Bathing, washing:Agg.: (10)						3	1		

Features	Natrum mur	Arsenic alb	Phosphorus	Sulphur
Ailments	Grief, suppressed anger, deprivation	Alcoholism, Tobacco chewing, poisoning	Ill effects of iodum, overexertion, loss of vital fluids	Suppression of skin affection, heat of skin
Mental general	Ill effects of grief ,fright ,anger ,depressed ,particularly chronic diseases	Restlessness, fear of death ,of being alone, fear of anxious about health and sickness	Over active, depression, loss of memory, indifference	Forgetful, difficult in thinking, irritable, depressed, selfish
Physical	Hot++	Chilly	Chilly	Thirsty and hot
Skin	Dry eruptions, crusty eruptions, palms, raw red and inflamed	Dry, scaly eruption, intense itch, burning and scaling urticaria	Small, wound bleed profusely, burning in the skin Purpuric haemorrhagic chilblains	Dry, scaly, unhealthy ,every little injury suppurates, marked itching, burning, scratch
Modalities	Worse noise, warm, lying down, mental exertion, consolation better open air, cold bath	Worse cold and scratching, during mid night better heat and hot application	Worse touch, change of weather Better washing with cold water, open air	Worse warm of bed, heat, scratch, washing Better by dry warm weather

PASI Score - Pre Treatment :

Sl no	PLAQUE characteristic	HEAD	Upper limb	trunk	Lower limb
1,	Erythema	Nil	02	0	03
2.	Induration/thickness	Nil	02	0	03
3.	Scaling	Nil	01	0	03
	Lesion score sum		5	0	09
4.	(1+2+3) Area score(B)	Nil	3	0	5
	Sub total C=A+B		15	0	45
	Body surface area		15X0.2	0	
	Total D=C+BODY SURFACE AREA		03		45x0.4 18=21(PASI)

PASI Score - Post Treatment

Sl no	PLAQUE characteristic	HEAD	Upper limb	Trunk	Lower limb
1.	Erythema Induration/	NIL	0	0	1
2.	thickness	NIL	01	0	1
3.		NIL	01	0	1
4.	Scaling Lesion score	NIL	02	0	3
5.	sum(1+2+3) Area score(B)	NIL 0	01 02	0 0	2 6
	Sub total C=A+B		02x0.2	0	0.4%
	Body surface area		0.4		<2.4%
	Total D=C+BODY SURFACE AREA				28(10%) PASI SCORE =90%

Remedies Selected- Arsenic album, Phosphorus, Sulphur, Sepia, Calcarea phos, Natrum mur

PRESCRIPTION : NATRUM MURATICUM 200, 3 doses
- Rubrum 200 1-0-1 X 15 DAYS

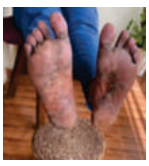
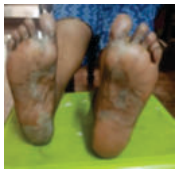
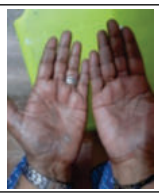
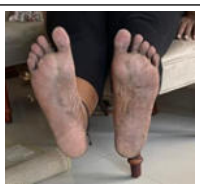
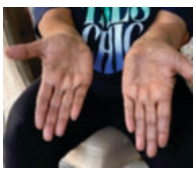
Auxillary Measures :
- should make sure that the personal hygiene is maintained
- Avoid exposure to irritant and chemicals, application of moisturiser .
- Maintain a healthy diet. Intake of flax seeds, fish oil helps.

- Massage with coconut oil over the palm to prevent dryness of palm.

Follow up:

1st Prescription: 28May2024	Scales ++ ,blackish thick discoloration covering toes of feet ,in between feet medial side at the end of rt foot covering roughness, cracks at the side of soles, bleeding, severe thick blackish discoloration	Natrum mur200, 3 doses given f/up by Pl 200 bd for 1 month
1st FU: 17June2024	Scales reduced , blackish thick discoloration reduced roughness , cracks bleeding reduced palms scales in between palm++	PL BD 1 month
2nd FU : 11July2024	Scales++ seen near the toes region left foot scales++ in between roughness scales cracks bleeding 10% seen the discoloration reduced peeling of skin with new skin appearance able to observe ++	Natrum mur 200 2 doses repeated Pl200 bd for 1 month
3rd FU: 22Aug2024	scales shedding ,dryness few roughness no cracks no discoloration palms appears to normal with few scales and dryness+	Pl200 bd for 1 month
4th FU : 30Sept2024	Complete scales reduced no cracks no discoloration scales reduced few left out- scales appears to normal with dryness	Natrum mur 1M 1 dose Given Pl200 bd for 1 month
FU : Dec 2024	Both foot and hands looks normal mild discoloration in between the foot observed scales absent , dryness absent	Pl200 bd for 1 month

Photographs:

28 May 2024		
17 June 2024		
22 Aug 2024		
25 Oct 2024		

CONCLUSION

The patient was diagnosed with palmo-plantar psoriasis. After exhaustive case taking and analysis of symptoms, Natrum muriaticum was selected as the similimum based on Hahnemann's Law of Similars and the 200 potency and frequency of dosage was selected based on Law of Minimum and susceptibility of the patient. She was observed and assessed periodically. PASI SCORING scale was used to assess the prognosis. With the similimum, the patient improved remarkably. Her mental symptoms and physical symptoms were the guidelines for selecting the similimum that helped to reduce all her complaints and restore her to normalcy. This has become an evidence based study which reassures the physician and projects the immense scope of homoeopathy in management of psoriasis.

Declaration of Patient Consent: The patient was informed about the publication of her data in journal and written consent was taken from the patient.

REFERENCES

1. Banerjea SK, Classical Homeopathic for an Impatient World, Delhi, B.Jain Publisher, First edition, 2010: 301-304.
2. Master Farokh J, Skin-Homeopathic Approach to Dermatology Jain Publisher, 2006: 941: 417-427.
3. Boericke W, Pocket Manual of Homeopathic Material Medica, New Delhi Jain Publisher, (p) ltd, 2011.
4. Willium SN, Homeopathic Treatment of Patient with Psoriasis A Prospective Observational Study with 2 years Follow up Jeadv, 2009; 35: 538-43.
5. www.britishhomeopathic.org/ How we can help / Article /Condition/ P/Psoriasis.
6. Bedi TR, Clinical Profile of Psoriasis in North India, Indian J Dermatol VenerolLeprol, 1995; 61(4): 20
7. Van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM- CASE) to the CARE clinical case reporting guideline. Complement Ther Med 2016;25:78-85
8. Kent JT. Repertory of Homoeopathic Materia Medica. New Delhi: B. Jain Publishers Pvt Ltd.; 2012. 10. RADAR Computer Programme. Belgium: Version
9. Developed by Archibel Homoeopathic Software Company;2009 11. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. 3rd ed. B. Jain Publishers