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CASE REPORT

MANAGEMENT OF PSORIASIS WITH HOMOEOPATHY: A CASE REPORT

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Abstract

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Key Word- Psoriasis,
Homoeopathy, *Arnica
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Psoriasis is a common chronic, recurrent, immune mediated disease of the skin. It imparts a significant negative effect on the physical, emotional, and, psychosocial life of patients. Psoriasis is very prevalent worldwide. It has a strong genetic component associated with environmental factors in infections and in the presentation of disease. [1] There are several clinical manifestations of psoriasis but most commonly the disease presents as chronic, symmetrical, erythematous, scaling eruptions and plaques. A case here is of 45 yrs old male having white scaly patches on both feet associated with itching and burning. The medicine was given according to the individualised case taking and analysis and evaluation of the case after which repertorisation was done by synthesis repertory. *Arnica montana* was prescribed as the constitutional remedy selected according to the totality of the symptoms and repertorisation.

INTRODUCTION

Psoriasis is a chronic, non-contagious autoimmune disease that affects the skin and joints. It commonly causes red, scaly patches to appear on the skin. The disadvantages of topical agents are variably that they can often irritate normal skin, can be time consuming and awkward to apply, cannot be used for long periods, can stain clothing or have a strong odor. As a result, it is sometimes difficult for people to maintain the regular application of these medications. Abrupt withdrawal of some topical agents, particularly corticosteroids, can cause an aggressive recurrence of the condition. This is known as a rebound of the condition. While alternative like spa, balneo, ischyotherapy takes long time consuming, TNF- α blockers have the potential to provide symptomatic relief and help prevent disease progression in PsA. Although these drugs are relatively expensive, concerns over an increased drug budget must be balanced against the potential long-term cost savings. At the present time there are no health economic studies concerning the role of TNF- α blockade in PsA. However, possible long-term benefits include: reduced need for joint replacement surgery, reduced demand on therapy services, reduced demands on medical and nursing services, reduced needs for other medicines, reduced

demands on social services and carers, improved quality of life, improved prospect of remaining in work, increased life expectancy.^[2]

Clinical Manifestations

Psoriasis is a papulosquamous disease with variable morphology, distribution, severity, and course. Papulosquamous diseases are characterised by scaling papules (raised lesions <1 cm in diameter) and plaques (raised lesions >1 cm in diameter). Other papulosquamous diseases that may be considered in the differential diagnosis include tinea infections, pityriasis rosea, and lichen planus. The lesions of psoriasis are distinct from these other entities and are classically very well circumscribed, circular, red papules or plaques with a grey or silvery-white, dry scale. In addition, the lesions are typically distributed symmetrically on the scalp, elbows, knees, lumbosacral area, and in the body folds. Psoriasis may also develop at the site of trauma or injury, known as Koebner's phenomenon. If psoriasis is progressive or uncontrolled, it can result in a generalised exfoliative erythroderma. Nail involvement may be present, particularly if psoriatic arthritis (PsA) is present.^[3]

CASE REPORT

A 45-year-old male presented at the private clinic at Dehradun having complaint of white scaly dry patches on

both feet since 2 yrs with itching and burning which aggravates on night. There was crusty type of patches which were symmetrical in appearance present on both feet. Patient took allopathic treatment for the same but did not get any relief.

- 2yrs back patient noticed some small dry eruptions appeared on the right foot which gradually increased and spreads to the other foot with sensation of itching and burning.
- Physically the patient was lean thin.
- He was having addiction of alcohol 10 yrs back.
- Angry at trifles do not want to answer during anger
- Anger alternates with weeping
- Having fear of misfortune as if something bad would happen.
- Eruptions were crusty, dry and blackish in appearance.
- Eruptions were symmetrically distributed on both feet.
- Getting worse in damp cold weather.
- Tendency of gnawing.

History of Past illness:

He suffered from viral fever at the age of 25 and Jaundice when he was 30 yrs old.

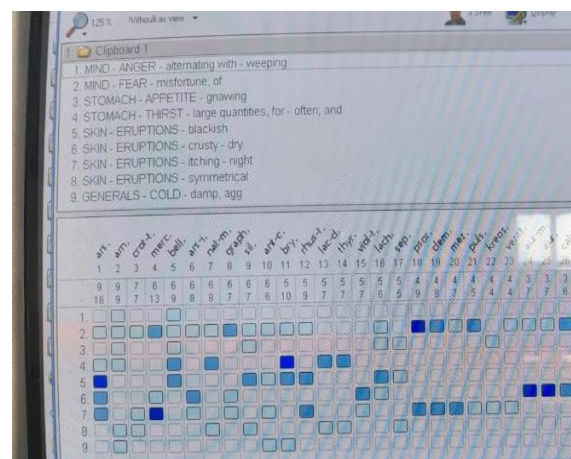
Family History:

- Mother suffered from Diabetes
- Father was Hypertensive patient

Provisional Diagnosis: Psoriasis ^[5]

Analysis of the Case:

After analysis and evaluation of the case taking in consideration the characteristic mental generals, physical generals and particulars for framing the totality of the symptoms. Getting worse in cold damp weather, tendency of gnawing, desire for alcohol, anger with weeping, having fear of misfortune were some important general symptoms. Dry crusty blackish eruptions on both feet with itching and burning, worse at night and in winters were important particulars of the case. Miasmatic evaluation of the case was done according to the 'Chronic Diseases of Dr Smauel Hahnemann ^[6] showed the predominance of psoric miasm. Considering the above symptomatology synthesis repertory was used for repertorisation with the help of Radar 10.5 Software. ^[7]



On reportorial analysis *Arsenic*, *Arnica*, *Crotalus* and *Mercurius sol.* were the main medicines from which arsenic and arnica were the medicines which scored the highest marks with covering most of its rubrics. Arnica was given as the first prescription considering the reportorial totality and bilateral symmetry of the complaints with the symptoms verified by the Boericke Materia Medica

and Allen's keynotes. [8, 9] The patient improved vigorously with the first dose of the medicine establishing the correct selection of the medicine. The recovery was gentle and fast evident by the pictures of the improvement on each visit of the patient given in Fig 2. The detail of the follow up is given in Table 1.

Prescription:

Arnica montana [8, 9] 30

Table 1: Follow up with Date-wise description

DATE	SYMPTOMS	MEDICINES
15-10-2020	Patient 1 st visit	<u>Arnica montana 30C / OD/ 7days</u> (“The dose of medicine (of the first prescription) that acts without producing new troublesome symptoms in to be continued while gradually ascending, so long as the patient with general improvement, begins to feel in the mild degree the return to of one or several old original complaints’’) [10] (Aph 248,280)
22-10-2020	Patient finds relief in itching and reduction in the dry crusty eruptions	Placebo for 7 days
31-10-2020	There was further relief in the appearance of eruptions and sensation of itching and burning	Placebo for 7 days
07-11-2020	Crusty eruptions persist with no new eruptions	Arnica montana 30C / OD/ 7 days (According to Kent's 11 th observation reappearance of older symptoms and the improvement is standstill then the repetition of the remedy should be prescribed) [11]

13-11-2020	Disappearance of scaly eruptions with relief in associated symptoms of itching and burning	Placebo for 7 days
20-11-2020	There was no evidence of appearance of new eruptions	Placebo for 7 days
10-12-2020	The patient was fine with no itching and eruptions	Placebo for 15 days
25-12-2020	Disappearance of all symptoms with no new eruptions	Placebo for 15 days
10-01-2021	All complaints are relieved	Placebo for 15 days
20-01-2021	No new complaints	Placebo for 15 days
20-02-2021	No new eruptions appeared	Placebo for 30 days

DISCUSSION AND CONCLUSION:

Homoeopathic treatment is done on the basis of individualisation taking in consideration the mental and physical generals and the particulars of the case and according to the homoeopathic principles exciting and fundamental causes were eliminated in their whole extent with permanent removal of the disease manifestations (Signs and symptoms). In this case of psoriasis, the main mental, physical generals and particulars, i.e., anger alternates with weeping, fear of misfortune, getting worse in damp cold weather, tendency of gnawing, addiction of alcohol, dry, crusty and blackish eruptions having bilateral symmetry on both feet with sensation of itching and burning which gets worse at night. Even

though *Arsenic alb* also has the symptoms of dry scaly eruptions with itching and burning and *Mercurius solubilis* has the modalities of aggravation at night but *Arnica* was selected over these two due to the bilateral symmetry of the presenting complaints, having addiction of alcohol and predominant psoric miasm.

After repertorisation many medicines were competing with each other having similar symptoms like *Arsenic album*, *Arnica montana*, *Mercurius solubilis* and many more. Even arsenic is the first medicine in repertorisation came with highest scores covering the majority of symptoms but after comparing with the totality of symptoms, other characteristic of the case and consultation with the materia medica, *Arnica montana* was selected as the first chosen medicine for

the prescription of the case which was continued throughout the treatment of the case with less degree of repetition of the doses.

The potency selection was done on the basis of susceptibility of the patient as stated by Dr Close.^[12]

1. The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.
 2. Age: medium and higher potencies for children
 3. Higher potencies for sensitive, intelligent persons.
 4. Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.
 5. In terminal conditions even the crude drugs may be required
- He also writes “Different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times.”

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Fig 2: Dry, Crusty eruptions on both feet with signs of improvement



Fig 3: Disappearance of scaly dry eruptions

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