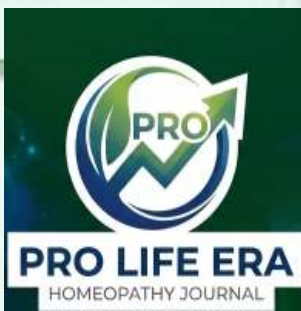




To Study The Utility of Synthesis Repertory In The Management of Psoriasis: A Review Article

Abstract-Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by erythematous plaques covered with silvery-white scales. It affects approximately 2–3% of the global population and significantly impairs physical, psychological, and social well-being. The disease results from a complex interaction between genetic predisposition, immune dysregulation, and environmental triggers. Conventional medicine effectively controls symptoms using topical agents, systemic drugs, phototherapy, and biologics; however, recurrence remains common. Homeopathy approaches psoriasis through constitutional treatment based on the totality of symptoms, emphasizing individualized remedy selection. The Synthesis Repertory, developed by Frederik Schroyens, is an expanded version of Kent's Repertory and has become an essential tool in modern homeopathic practice. It offers extensive rubric coverage, updated remedy additions, and computerized compatibility, facilitating systematic case analysis and repertorization. This review discusses psoriasis from conventional and homeopathic perspectives while highlighting the utility of the Synthesis Repertory in individualized case management. The study suggests that the repertory enhances remedy selection and clinical decision-making when used alongside detailed case-taking and *Materia Medica*.

Keywords-Psoriasis, Synthesis Repertory, Homeopathy, Repertorization, Constitutional Treatment, Individualization.

Introduction

Psoriasis is a chronic inflammatory skin disorder characterized by recurrent episodes of erythematous, scaly plaques that may involve the skin, scalp, nails, and joints. Besides producing physical discomfort, it has a profound impact on patients' quality of life due to cosmetic concerns, social stigma, anxiety, and depression. Although considerable advances have been made in

understanding the immunopathogenesis of psoriasis, the disease remains incurable and requires long-term management.

Homeopathy views psoriasis as an external manifestation of an internal constitutional imbalance. According to Samuel Hahnemann, successful treatment requires individualization based on mental, emotional, and physical characteristics rather than disease diagnosis alone. Repertorization is therefore a crucial step in selecting the constitutional remedy. Among the available repertories, the Synthesis Repertory has gained wide acceptance because of its comprehensive rubric structure, expanded remedy additions, and integration with computerized repertory software. This review evaluates its utility in the management of psoriasis while summarizing the disease from standard medical and homeopathic literature.

Definition-Psoriasis is a chronic, immune-mediated inflammatory disease characterized by accelerated epidermal proliferation resulting in sharply demarcated erythematous plaques covered with silvery-white scales. It may also affect the nails and joints and is associated with several systemic comorbidities.

Literature Review-Historically, psoriasis was considered a disorder of excessive epidermal proliferation. Modern research has demonstrated that it is an immune-mediated disease involving dendritic cells, T lymphocytes, and inflammatory cytokines such as TNF- α , IL-17, IL-22, and IL-23. These discoveries have led to the development of targeted biologic therapies.

In homeopathic literature, Hahnemann described chronic skin diseases as manifestations of deep-seated miasmatic disturbances requiring constitutional treatment. Kent emphasized the importance of mental generals and individualization in chronic diseases, while Boericke, Clarke, Allen, and Boger described remedies

commonly indicated in chronic skin disorders.

The Synthesis Repertory, edited by Frederik Schroyens, is based on Kent's Repertory but includes additions from classical and contemporary homeopathic sources. It has become one of the most comprehensive repertories used worldwide for systematic repertorization.

Etiology-Psoriasis develops through the interaction of genetic, immunological, and environmental factors. A positive family history and HLA-Cw6 are important genetic associations. Environmental triggers include streptococcal infections, emotional stress, obesity, smoking, alcohol consumption, trauma (Koebner phenomenon), and medications such as lithium, beta-blockers, antimalarials, and corticosteroid withdrawal.

Epidemiology-Psoriasis affects approximately 2–3% of the global population and occurs equally in males and females. The disease may develop at any age, with peak incidence between 15–35 years and 50–60 years. Plaque psoriasis accounts for nearly 80–90% of cases. About one-third of patients report a positive family history.

Pathophysiology-The disease begins when environmental triggers activate dendritic cells in genetically susceptible individuals. Activated dendritic cells stimulate Th1 and Th17 lymphocytes, leading to the release of inflammatory cytokines such as TNF- α , IL-17, IL-22, and IL-23. These cytokines promote rapid keratinocyte proliferation and reduce epidermal turnover from approximately 28 days to 3–5 days. The resulting epidermal hyperplasia and chronic inflammation produce the characteristic erythematous, scaly plaques.

Clinical Features-Characteristic lesions are sharply demarcated erythematous plaques covered with silvery-white scales, commonly affecting the elbows, knees, scalp, sacral region, and extensor surfaces. Nail changes include pitting, onycholysis, subungual

hyperkeratosis, and the oil-drop sign. Psoriatic arthritis may occur with joint pain, stiffness, and swelling.

Prognosis-Psoriasis follows a chronic relapsing course without a definitive cure. Appropriate management significantly improves quality of life and reduces disease recurrence.

Diagnosis-Diagnosis is mainly clinical, supported by Auspitz sign, candle grease sign, and Koebner phenomenon. Skin biopsy and laboratory investigations are performed when indicated.

Differential Diagnosis-Seborrheic dermatitis, chronic eczema, atopic dermatitis, lichen simplex chronicus, tinea corporis, pityriasis rosea, secondary syphilis, discoid lupus erythematosus, and cutaneous T-cell lymphoma.

Treatment-Conventional treatment includes emollients, topical corticosteroids, vitamin D analogues, coal tar, salicylic acid, phototherapy, methotrexate, cyclosporine, acitretin, and biologics. Homeopathic treatment emphasizes constitutional prescribing after detailed case-taking.

Homeopathic Remedies-Sulphur, Graphites, Arsenicum album, Petroleum, Mezereum, Psorinum, Lycopodium, Sepia, Natrum muriaticum, and Kali arsenicosum are commonly indicated according to symptom totality.

Utility of the Synthesis Repertory in Psoriasis

The Synthesis Repertory provides comprehensive rubrics covering mental, general, and particular symptoms. It facilitates systematic repertorization, improves constitutional remedy selection, integrates with computerized repertory software, and supports individualized prescribing. During the present study, it proved useful in organizing case data, selecting rubrics, and narrowing remedy choices while emphasizing holistic case analysis.

Discussion-The Synthesis Repertory

enhances repertorization by expanding Kent's work with additional rubrics and remedies. It supports systematic case analysis but should always be used together with detailed case-taking, *Materia Medica*, and sound clinical judgment.

Conclusion-The Synthesis Repertory is a valuable tool for individualized homeopathic management of psoriasis by facilitating systematic repertorization and constitutional remedy selection. Further high-quality clinical research is needed to strengthen evidence regarding its clinical utility.

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