



PRO LIFE ERA
HOMEOPATHY JOURNAL

What Have You To Offer Homoeopathy ?

Abstract-Introduction

Psoriasis is a chronic, immune-mediated, inflammatory skin

disorder characterized by the rapid turnover of skin cells, leading to thick, scaly patches that can appear anywhere on the body. It affects around 2-3% of the global population, with varying severity and patterns of presentation. Psoriasis can significantly impair the quality of life, causing physical discomfort, emotional distress, and social stigmatization. While the precise etiology remains unclear, it is understood to involve a complex interplay of genetic, immune, and environmental factors. Homoeopathy offers the best of it in longstanding chronic case of psoriasis.

Etiology and pathogenesis-The pathogenesis of psoriasis is multifactorial, involving genetic susceptibility, immune dysregulation, and environmental triggers. Genetic studies have identified several susceptibility loci, most notably on chromosomes 6p21 (HLA-Cw6), which is linked to the onset and severity of the disease. The immune system plays a central role in psoriasis development, particularly through the activation of T-cells, which produce cytokines such as TNF- α , IL-17, and IL-23. These cytokines promote the inflammation and hyperproliferation of keratinocytes, the primary cells of the skin, leading to the characteristic psoriatic plaques.

Genetic Factors-Research has highlighted a strong genetic predisposition, with over 50 loci associated with psoriasis susceptibility. HLA-Cw6 remains the most consistently linked gene in the development of the condition.

Immune System Involvement-Psoriasis is primarily driven by T-helper (Th) cells, particularly Th1 and Th17 subsets. These cells produce pro-inflammatory cytokines, such as IL-17A, IL-23, and TNF- α , which contribute to epidermal hyperplasia and inflammation.

Environmental Triggers-In addition to genetic predisposition, various environmental factors such as infections (e.g., streptococcal throat infections), stress, certain medications (e.g., beta-blockers, NSAIDs), and lifestyle choices (e.g., smoking, alcohol consumption) have been identified as triggers or exacerbating factors.

Clinical Manifestations-Psoriasis manifests in different forms, each with distinct features:

•**Plaque Psoriasis**: The most common form, characterized by raised, red plaques covered with silvery-white scales. It typically affects the scalp, elbows, knees, and lower back.

•**Guttate Psoriasis**: Often triggered by bacterial infections, particularly streptococcal throat infections. It presents as small, drop-like lesions primarily on the trunk and limbs.

•**Inverse Psoriasis**: Occurs in skin folds, such as the armpits, groin, and under the breasts, and typically appears as smooth, red patches.

•**Pustular Psoriasis**: Characterized by white pustules surrounded by red skin, often affecting the palms and soles.

•**Erythrodermic Psoriasis**: A rare, severe form characterized by widespread redness, scaling, and skin shedding, which can be life-threatening.

Testing-There is no specific or diagnostic blood test for psoriasis. Laboratory studies and findings for patients with psoriasis may include the following:

•**Rheumatoid factor level**: Negative

•**Erythrocyte sedimentation rate**-Usually normal, except in pustular and erythrodermic psoriasis, where it may be elevated along with the white blood cell count.

•**Uric acid level**: May be elevated in psoriasis (especially in pustular psoriasis)

•**Examination of fluid from pustules**: Sterile bacterial culture with neutrophilic infiltrate.

•**Fungal Studies**: Especially important in cases of hand and foot psoriasis that seem to be worsening with the use of topical steroids or to determine if psoriatic nails are also infected with fungus.

•**Conjunctival impression cytology**: Increased incidence of squamous metaplasia, neutrophil clumping, and snakelike chromatin.

The differentiation of psoriatic arthritis from rheumatoid arthritis and gout can be facilitated by the absence of the typical laboratory findings of those conditions.

Consider obtaining the following baseline laboratory studies in patients being initiated on systemic therapies (e.g., immunologic inhibitors):

- Complete blood cell (CBC) count
- Blood urea nitrogen (BUN) and creatinine levels
- Liver function tests
- Hepatitis panel
- Tuberculosis (TB) screening
- Human immunodeficiency virus (HIV) testing
- Pregnancy test
- Other studies
- Radiographs of affected joints: Can be helpful in differentiating types of arthritis
- Joint radiographs: Can facilitate the diagnosis of psoriatic arthritis
- Bone scans: Can identify joint involvement early
- Dermatologic biopsy: Can be used to

make the diagnosis when some cases of psoriasis are difficult to recognize (eg, pustular forms)

Diagnosis-The diagnosis of psoriasis is primarily clinical, based on the characteristic appearance of the skin lesions. In some cases, a skin biopsy may be performed to confirm the diagnosis, particularly in atypical cases or when other conditions (e.g., eczema, seborrheic dermatitis) are suspected.

Case History and Complaints-Name-Abc

•Age-56 Years/ Male, •Religion-Hindu, •Occupation-Business (Book-Store), •Children-2 Sons, •Address-Ambika Gotri, Vadodara,

•Status-Married,

Chief Complaint-•Location, •Sensation, •Modality, •Concomitant

•Skin (Psoriasis) Since 46 Years

•Soles(bil) palms(bil), •Over dorsum of Ankles3 Elbow, •Scalp, •Since 30 yrs, •Hair

•Skin

•All over body since 9-11yrs, •Hypogastric left

•Umbilicus, •Rt. neck, •Since 9-10 yrs, •GIT

•Epigastrium, •Oesophagus, •Since 12-13 yrs

•Cracks2, bleeding Thickening 3 Itching 3 Dryness 3, •Pain 2, •Cracks 2, •Scaling 2, •Dry

peeling 2, •Pleasurable, •Itching 3, •Burning 2

•Occ.non- Sticky, watery discharge, •Dandruff 2,

•Itching, •Early3 gray, •Falling2, •Cherry-red,

•Small moles +, •Warts+,

•Acidity 3, •Burning 3, •Regurgitation 2,

•< Winter 3, •< Monsoon, •> Summer 2,

•> Vaseline 2, •< Winter 3, •< Monsoon 3,

•< Spirit 2, •> Summer 2, •< After scratching,

•< Hot water, •< Hair dry 3, •< winter 3, •< Night 2,

•< After eating 3, •< Spicy 3, •< Fermented 3,

•< Oily 3, •< Pungent 3, •< Sour 2, •> Cold water 3,

•> Ice-cream 2.

Personal History-•Appetite, Thirst, •Urine,

•Bowels, •Sleep-Normal, •Desire-Farsan3,

•Mangoes3, •Ice-Cream3, •Lemon Soda3,

•Panipuri3, •Salty3 Kharising3, •Thermal State-

CH3, •Perspiration- Scanty, •Sex life- NAD,

•Desire Sex3

Family History-•Father-DM since 15 yrs, HT since 20yrs, Eczema legs, Cracks of Palms, Warts now better, cherry red moles3, Constipation3, Acidity2, Allergic cold2, Piles operated, Lt.Vent Tachycardia 10yrs back, Bil cataract operated, Rt eye retina flickering 5 yrs back.

•**Mother**-Backache, Jt pain, Hysterectomy (fibroid)

•**Grandfather**-Asthma, Eczema legs, died at 67 yrs

•**Grandmother**- Asthma, Eczema, died at 87 yrs after hip jt surgery.

Past History-•Malaria 4-5 times (mainly in 8th,

10th, college), Measles in 4th STD Jaundice once in early childhood, Typhoid (college), Ring worm (college)

•Allergic skin eruption 5-6 time < sun, allopathic medicines.

•Dysentery, •Food poisoning in college, Urticaria-big wheals 5 yrs back, •O/E: P/A- Soft, Chest-clear, TPR-N, BP-124/86mm of Hg

Diagnosis-Simple Plaque Psoriasis,

With Apd

Life Space-A man of 56 yrs came to me looking older than his age. He belong to well-educated family having father in M.Phil, 80yrs, Mother- housewife, matric pass, 1ES, 1YSis, Wife-MSc, 2son- 5th, 8th std. His father is dominating3, short tempered3, irritable3 in nature, mother is cool, calm, cooperative, pt is the only son of his father. His wife is irritable3, short-tempered3, cooperative3, good understanding with the pt.

Pt has passed his childhood happily, except complaint id cracks from 3rd std. He had good relation with friends and relatives. Pt has fear of father as he is dominant. He used to go in RSS in 10th std. He was very good in studies, always ranker in school and other activities. Even when he used to write poems. He got centre 1st in SSC. In 11th STD he came to Baroda. He was much homesick3, can't concentrate properly in 12th and passed with 2nd trail. Even today he tells that if he has not come to Baroda he would have got more than 80% and desired admission in MBBS!!!

He crossed his college(BSc.) without any problem. During those days he came in contact of a girl. They have good friendly relations. She belonged to his town, but after 1 yr when he proposed her she said 'she is attached with some other boy and is going to marry with him. He was shocked for few days, but after 5-6 months he managed himself. Even today have friendly relations! He got job in private college.

Pt got married after college. He got job as a teacher in school. Pt has good relations with his wife but many times they have difference of opinion, end into quarrels2. She is short temp2; irritable2. Pt has constant anxiety of future3 and grief of not getting good marks in 12th STD and missed his goal. He is dissatisfied with his job as not getting enough money and position as per his ability. He feels and better by listening music3, reading3, philosophical book, singing3. He likes to meet his School-college friends3 and stay in town off and on. He is ambitious3 to make a name, fame, money. He becomes sentimental3



when watching emotional scene in movie or hearing sad song or delivering some sensitive talk in class.

Totality of Symptoms-

•Ailments from- disappointed love3, studies3

•Anxiety- future3, •Homesickness3,

•Ambitious3, •Sentimental3

Likes listening to music, reading book, singing-Food And Drinks-Desire Farsan3, Mangoes, Ice-Cream3, Lemonsoda3, Panipuri3, Salt.

Treatment-Date 02-06-2023, NATR.MUR 200, 2PHS Followed by SLTDS; 2 wks

Results and Comments-Long standing chronic case requires disciplined mind and patience with logical and scientific prescription.

•Initially nat. M. Gave good result but after that itching and lesions relapsed. So psorium was given as antimiasmatic remedy with which patient was improved.

•In this case nosode had been proved as much potential, antimiasmatic remedy.

•Still patient is under observation since 11 months and placebo is continued.

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•Homoeopathic philosophy by dr. ml dhawale

•Homoeopathic philosophy by dr. h robot

•Homoeopathic philosophy by dr. jt kent

•Homoeopathic philosophy stuart close

•Repertory by dr. jt kent

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