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## CASE REPORT

### Title: A case of psoriasis managed with homoeopathic similimum : An evidence based case report

Authored By: Dr. Aman Deep Kaushal <sup>[1]</sup> & Co-Authored By: Dr. Bhavneet Kaur <sup>[2]</sup>

<sup>1</sup> M.D. (Hom) , PhD. Homoeopathic Medical Officer, AYUSH Vibhag, Govt. of Himachal Pradesh, India, Former Senior Research Fellow (SRF) ,CCRH, New Delhi, Ministry of AYUSH, Govt. of India

<sup>2</sup> MD (Hom) Scholar, Department of Practice Of Medicine, Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre, Rajasthan, India

## ABSTRACT

### INTRODUCTION

Psoriasis is an auto immune disorder of skin. It is characterized by erythematous and clearly demarcated papules and rounded plaques which is covered by silvery scale. Factors such as emotional stress, trauma and winters aggravates the suffering of the patient.

### MATERIALS AND METHODS

This case report is about a patient who was suffering from psoriasis from past 7 years. In spite of taking allopathic treatment , he got no relief. When he visited the OPD, detailed case taking was done and after proper repertorization and individualization , *Lycopodium Clavatum* 200C was prescribed.

### RESULTS

After taking homoeopathic treatment for two months, marked improvement was seen. Patches of psoriasis were completely clear with overall improvement in health.

### CONCLUSION

This case report shows that Homoeopathy can aid in managing the cases of psoriasis and more research work should be encouraged in such cases. Repetition of doses and selection of potency should be strictly based on homoeopathic principles to achieve good results and avoid unwanted aggravation.

**Keywords:** *Homoeopathic medicines, Homoeopathy, Individualization, Lycopodium clavatum, Psoriasis, Repertorisation*

**Abbreviations:** outdoor patient (OPD)

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## INTRODUCTION

Psoriasis is defined as immune mediated chronic inflammatory, hyper proliferative disorder which is characterized by erythematous, clearly defined papules and rounded plaques. These skin lesions are covered by silvery scales. It commonly affects extensor surfaces and scalp.<sup>[1,2]</sup> The prevalence of psoriasis is approximately 2–3% worldwide. On the basis of studies conducted in North India, the prevalence of psoriasis is higher in men with a peak age at onset in the third and fourth decade of life<sup>[3]</sup>. Monozygotic and dizygotic twins shows higher prevalence rate which is 60-75% and 15-20% respectively. If one parent is affected with psoriasis, then the chance of child being affected is 15-20%, if both parents are affected then the risk rises to 50% and it further rises if the sibling is affected.<sup>[1]</sup> T-lymphocyte mediated immune response is responsible for psoriasis. There are certain infective agents like bacteria, HIV, drugs, etc. and triggers such as trauma (Koebner phenomenon), winters, stress, upper respiratory tract infections and certain drugs such as beta blockers, chloroquine and lithium. These induce antigens which are presented to T-lymphocytes by Langerhans cells of skin. It leads to activation of T cells which secrete cytokines and promotes dermal inflammation resulting in hyper proliferation of the

migration, from basal layer to shedding from stratum corneum, is shortened from approximately 28 days to 5 days.<sup>[1]</sup> Various forms of psoriasis are plaque psoriasis, guttae psoriasis, erythrodermic psoriasis, pustular psoriasis and psoriatic arthropathy. Plaque psoriasis is most common presentation<sup>[1]</sup>

Key Diagnostic Points for psoriasis are : Erythematous scaly plaques with well-defined border, dry loose and micaceous scales, presence of Koebner phenomenon, positive Auspitz sign (On skin scraping, capillaries at the tips of elongated papillae are torn which leads to

multiple bleeding points), Regular and circular pits on nail plates, Involvement of distal interphalangeal joints of toes and fingers and on Histo-pathological examination, Spongiform pustules of Kogoj are found<sup>[4]</sup>

## CASE STUDY

A 50 year old male patient reported OPD of Government Homoeopathic Health Centre, Chamba, Himachal Pradesh on 27.4.2021. He stays in joint family and he is a business man and his socio-economic status is upper middle class. He complains of erythematous scaly patches over back and abdomen since 7 years. Itching was worse in warmth of bed and touch of clothes on affected parts and was ameliorated

by wearing loose fitting clothes.

## HISTORY OF PRESENTING COMPLAINTS

Approximately 7 years back, the patient noticed small erythematous patch with white scales over his abdomen and back which was growing gradually and caused intolerable itching. He took allopathic treatment for about 3 years. He got temporary relief in itching but there was no change in the size and appearance of patches. So the patient left the treatment since 6 months.

## PAST HISTORY

Patient suffered with Right Nephrolithiasis and Hydronephrosis in 2016

## FAMILY HISTORY

His father is suffering with ischaemic heart disease, mother is diabetic, siblings and children are healthy.

## PERSONAL HISTORY

The patient is vegetarian, having no specific addiction. His milestones were developed at proper time. He had no complaints after vaccination.

## PHYSICAL GENERALS

Patient is sensitive to hot weather, thirstless, drinks 2-3 glass of water per day. He had desire for tea and coffee and aversion to tobacco. He was usually constipated with unsatisfactory stool and flatulence. Urine was satisfactory, passed urine 4-5 times per day, no offensive odor. Appetite was good with three meals per day and hunger was intolerable, he used to have headache if food was delayed. Sleep was disturbed and unrefreshing. Profuse perspiration during anger.

## MENTAL GENERALS

The patient is intellectual and aggressive. During anger, he perspires profusely. He is business minded person. He always thinks about how he can grow his business. He is very competitive. He spends his money wisely and does a lot of bargaining while buying goods for his business. He doesn't let his children and

wife spend money on useless things. He has anxiety about little things. Before any business meeting, he cannot sleep properly due to anxiousness. He has fear of height and darkness.

## GENERAL PHYSICAL EXAMINATION

During physical examination, patient was well oriented with time, place and person. There were no signs of pallor, cyanosis, clubbing, icterus and lymphadenopathy. His blood pressure was 130/80mm of Hg, pulse 78 beats per minute, temperature was 98.2°F, respiratory rate was 18 breaths per minute and weight was 67 kg.

## LOCAL EXAMINATION

Examination of skin: on Inspection erythematous scaly lesions were seen on abdomen and lower back.

## DIAGNOSIS

Psoriasis, ICD-10-CM Code is L 40 <sup>[5]</sup>

## DIFFERENTIAL DIAGNOSIS

1. Pityriasis Lichenoides Chronica
2. Secondary Syphilis
3. Lymphomatoid Papulosis
4. Pityriasis Rosea <sup>[6]</sup>
5. Acute Generalized Exanthematous Pustulosis
6. Seborrheic Dermatitis
7. Hypertrophic Lichen Planus
8. Intertrigo <sup>[7]</sup>

## TOTALITY OF SYMPTOMS

1. Itching in eruptions aggravated by touch of clothes and warmth of bed.
2. Itching ameliorated by wearing loose clothes.
3. Aversion to tobacco.
4. Perspiration from anger
5. Unrefreshing sleep
6. Avarice
7. Anticipation

## ANALYSIS AND EVALUATION OF SYMPTOMS WITH MIASMATIC ANALYSIS [8]

S.No.	Classification of symptoms	Symptoms	Intensity	Miasm
1.	Mental general	Avarice	+++	Psora, Sycosis
		Anticipation	++_	Psora
		Fear of darkness	+	Psora, latent psora
2.	Physical general	Desire tea	++	Psora
		Desire coffee	+	Psora
		Aversion to tobacco	++	Psora
		Perspiration from anger	++	Psora
		Sleep unrefreshing	++	Syphilis
3.	Particulars	Itching worse in warmth of bed	+++	Psora, Syphilis
		Erythematous scaly patches	+++	Psora, syphilis, sycosis
		Itching worse by touch of clothes	+++	-

Table 1

### REPORTORIAL RESULT:[9]

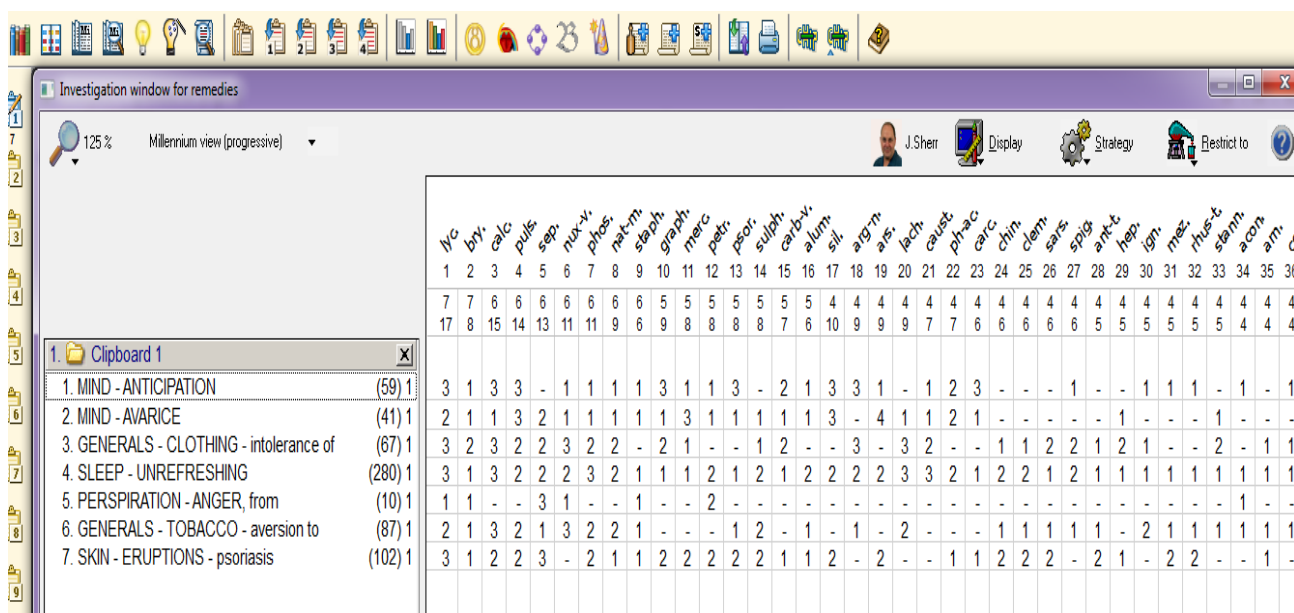


Figure 1

**PRESCRIPTION:**

*Lycopodium clavatum* 200C , 1 dose / stat was prescribed along with placebo for 7 days on first visit i.e. 27.04.2021 on the basis of totality of symptoms and repertorization.

**FOLLOW –UP OF CASE:**

Date	Symptoms	Prescription
27.4.2021	Eruptions same as before, slight relief in itching	Placebo 30 tds /7 days
4.5.2021	Itching much better, sleep is more sound and refreshing than before	Placebo 30 tds/7 days
11.5.2021	patch reduced in size, itching much better, Stool is satisfactory	Placebo 30 tds / 7 days
25.5.2021	No itching, patch further reduced in size, anxiety much relieved	Placebo 30 tds/ 7 days
9.6.2021	No further reduction in size with presence of slight itching	<i>Lycopodium clavatum</i> 200C 1 dose Placebo 30 tds/7 days
16.6.2021	No itching, patch area much reduced.	Placebo 30 tds/ 7 days
26.6.2021	Skin clear with no itching , no other complaint	Placebo 30 tds / 7 days
3.7.2021	No new patch appeared , no complaint	Placebo 30 tds / 7 days

**Table 2****Figure 2. Before Treatment**





Figure 3 : After Treatment

## RESULTS

After taking homoeopathic treatment, there was significant relief to the patient in itching, patch of psoriasis was clear, stool was normal, sleep was better and his anxiety also reduced.

## DISCUSSION AND CONCLUSION

Homoeopathy believes in treating the patient as a whole and not just the disease. This case reports shows the effectiveness of homoeopathic medicine *Lycopodium clavatum* in managing the case of psoriasis as well as improving the mental and physical generals of the patient. *Lycopodium clavatum* is a deep acting remedy which is anti-psoric, anti-sycotic and anti-syphilitic and has a broad sphere of action. Unnecessary repetition of deep acting medicines should not be done to avoid aggravation. If the case is improving then we should wait and prescribe placebo. Repetition of the deep acting medicine or changing of the potency should be done if the case comes to a standstill and shows no further improvement.

Every case of any disease should be individualized and no remedy should be considered specific for any disease and medicine should be prescribed on the basis of characteristic symptoms of the case.

## DECLARATION OF PATIENT CONSENT

Patient's consent was taken for publication of the study.

## FINANCIAL SUPPORT

None

## CONFLICTS OF INTEREST

None

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