

Review Article

Marvellous Effect of homoeopathic management in Psoriasis

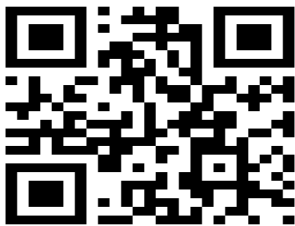
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ABSTRACT

Psoriasis is a chronic inflammatory and hyperproliferative skin disease, marked by well-defined, erythematous, scaly plaques, often found on extensor surfaces and the scalp. Palmoplantar Psoriasis, a specific type, targets the palms and soles, presenting with pustular, hyperkeratotic, or mixed forms, sometimes associated with sterile pustules. This condition affects approximately 1.5–3% of the world population, with varying presentations, the most common being chronic plaque psoriasis on areas such as the elbows, knees, and scalp. In India, familial patterns show a prevalence rate of 14%, with first-degree relatives affected in 84% of cases. Homeopathy approaches treatment holistically, focusing on the patient's overall symptom profile. Among various Homeopathic remedies, Petroleum and Graphites are also used for psoriasis, particularly where there is cracking, roughness, or thin and sticky exudation with burning pain.

Keywords: Psoriasis, Homoeopathic Management



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INTRODUCTION

Psoriasis is a chronic, inflammatory, and hyperproliferative skin disorder characterized by the appearance of well-demarcated red, scaly plaques. The most commonly affected areas include the scalp, elbows, knees, and extensor surfaces, though it can impact other parts of the body as well. The condition is progressive and can lead to significant functional impairment, psychological distress, and a reduction in the quality of life. Psoriasis is classified as “a chronic inflammatory hyperproliferative skin disease, characterized by well-demarcated erythematous plaques with silvery-white scaling.” This disease affects approximately 1.5–3% of the global population, with variability in prevalence across geographical regions and among different ethnic groups.

Types of Psoriasis

Psoriasis manifests in different forms, with each type having its distinct features and clinical presentation. The most common types include:

1. **Plaque Psoriasis:** This is the most prevalent form, affecting approximately 80-90% of people with psoriasis. It is characterized by raised, inflamed patches of skin covered with silvery-white scales. These patches typically occur on the scalp, elbows, knees, and lower back, though they can appear anywhere on the body.
2. **Pustular Psoriasis:** This form of psoriasis is marked by the presence of pus-filled blisters (pustules) surrounded by red skin. It can occur on specific areas such

as the palms of hands and soles of the feet, or it can be more generalized, affecting larger areas of the body. It is less common than plaque psoriasis but can be more severe.

3. **Inverse Psoriasis:** This type of psoriasis primarily affects areas where skin rubs together, such as armpits, groin, and underneath the breasts. It presents as bright red, smooth lesions that are often inflamed but without the typical silvery scales.
4. **Erythrodermic Psoriasis:** A rare but severe form of psoriasis that can cover large portions of the body. Erythrodermic psoriasis is characterized by widespread redness, itching, and burning of the skin. It can lead to severe fluid loss, infection, and temperature instability.
5. **Guttate Psoriasis:** This form of psoriasis presents as small, drop-shaped lesions and often develops after a streptococcal throat infection. It commonly affects the trunk, arms, and legs and is more common in children and young adults.
6. **Palmoplantar Psoriasis:** Specifically affecting the palms and soles of the feet, palmoplantar psoriasis can appear as pustular, hyperkeratotic (thickened skin), or a combination of both. This form can cause significant discomfort and functional impairment due to cracking and thickening of the skin, making daily tasks like walking and grasping objects difficult.

Psoriatic Arthritis: Around 30% of people with psoriasis will develop psoriatic arthritis, a form of arthritis that causes joint pain and swelling. Psoriatic arthritis can affect various joints and may lead to joint damage if left untreated

Pathophysiology of Psoriasis

The development of psoriasis involves a complex interplay between genetic, immune, and environmental factors. Here's how the disease progresses:

1. **Immune System Dysfunction:** Psoriasis is primarily considered an autoimmune disease, where the body's immune system mistakenly attacks healthy skin cells. The T-cells (a type of white blood cell) are

activated and move to the skin, where they release pro-inflammatory cytokines. This leads to an increase in the production of skin cells, resulting in the characteristic plaques and scales.

2. **Keratinocyte Hyperproliferation:** The immune system's attack triggers an overproduction of keratinocytes, the cells responsible for forming the outermost layer of the skin. The rapid turnover of these cells causes them to accumulate at the surface of the skin, forming the scaly lesions typical of psoriasis.
3. **Vascular Changes:** The inflammation caused by the activated immune system also leads to changes in the skin's blood vessels, causing them to dilate and become more visible. This contributes to the redness observed in psoriasis plaques.
4. **Genetic Factors:** There is a strong genetic component to psoriasis. Around 10% of people with a family history of psoriasis will develop the condition. Specific genes have been linked to psoriasis, including HLA-Cw6, which is associated with a higher risk of developing the disease. Individuals with first-degree relatives who have psoriasis are at greater risk of developing the condition themselves.
5. **Environmental Triggers:** Environmental factors often act as triggers that bring on the initial onset of psoriasis or cause flare-ups. These triggers may include:

Infections (e.g., streptococcal throat infection)
Skin injuries (e.g., cuts, sunburn, or insect bites)

Stress (both emotional and physical)

Medications (e.g., beta-blockers, lithium, or antimalarial drugs)

Smoking and alcohol consumption can exacerbate the condition.

ETIOLOGY –

1. Genetic Factors

Genetic predisposition plays an important role in the development of psoriasis.

- **Family History:** Studies reveal that psoriasis tends to run in families, indicating a hereditary component. The risk of developing psoriasis is significantly higher in individuals with a family history of the disease.
- **Genetic Loci:** Several susceptibility loci have been identified through genome-wide association studies (GWAS). The most significant is the PSORS1 locus, located on chromosome 6, which is associated with the major histocompatibility complex (MHC). Other loci include PSORS2 (on chromosome 17) and PSORS3 (on chromosome 1). These loci are linked to immune response and skin barrier function.
- **Specific Genes:** Genes involved in the immune response (such as TNF-alpha, IL-23, and IL-17) have been implicated in the pathogenesis of psoriasis. Variations in these genes can affect cytokine signaling pathways, leading to dysregulated immune responses.

2. Immune System Dysfunction

Psoriasis is characterized by an abnormal immune response, particularly involving T cells and cytokines.

- **T-Cell Activation:** In psoriasis, there is an inappropriate activation of T helper (Th) cells, particularly Th1 and Th17 cells. These T cells infiltrate the skin and release pro-inflammatory cytokines that promote keratinocyte proliferation and inflammation.
- **Cytokine Release:** Key cytokines involved in psoriasis include Interleukin-17 (IL-17), Interleukin-23 (IL-23), Tumor Necrosis Factor-alpha (TNF-alpha), and Interleukin-6 (IL-6). These cytokines contribute to the inflammatory process and the proliferation of skin cells.
- **Immune Cell Involvement:** Other immune cells, such as dendritic cells and neutrophils, are also involved in the pathogenesis of psoriasis. Dendritic cells present antigens to T cells, promoting the immune

response, while neutrophils contribute to the formation of pustular psoriasis.

3. Environmental Triggers

Several environmental factors can excite or exacerbate psoriasis in genetically predisposed individuals.

Infections: Viral and bacterial infections, particularly streptococcal throat infections, can trigger the onset of guttate psoriasis, a form of psoriasis characterized by small, drop-like lesions.

Physical Trauma: Known as the Koebner phenomenon, psoriasis can develop at sites of skin injury, such as cuts, scrapes, or sunburns. This reaction indicates that physical trauma can provoke an immune response in susceptible individuals.

Stress: Psychological stress is a well-recognized trigger for psoriasis flare-ups. Stress can affect immune function and hormone levels, exacerbating the inflammatory response in the skin.

Lifestyle Factors: Obesity, smoking, and excessive alcohol consumption have been associated with increased risk and severity of psoriasis. These factors can affect immune function and exacerbate the inflammatory process.

4. Comorbid Conditions

Psoriasis is related with several comorbid conditions that can influence its etiology and severity.

Psoriatic Arthritis: Approximately 30% of individuals with psoriasis develop psoriatic arthritis, an inflammatory joint disease. The pathophysiological mechanisms underlying both conditions are similar, involving immune dysregulation.

Metabolic Syndrome: There is a strong association between psoriasis and metabolic syndrome, which includes conditions such as obesity, hypertension, and dyslipidemia. The chronic inflammation in psoriasis may contribute to the development of these metabolic disorders.

5. Psychological Factors

Mental health can significantly influence the course and severity of psoriasis.

Depression and Anxiety: Individuals with psoriasis often experience psychological distress due to visible nature of the disease,

leading to lower quality of life. This stress can, in turn, exacerbate skin symptoms.

Impact on Immune Function: Psychological stress can also influence the immune system, further perpetuating the cycle of inflammation and worsening psoriasis.

CLASSIFICATION OF PSORIASIS

1. Chronic Plaque Psoriasis (Psoriasis Vulgaris)

Description: This is the most common type of psoriasis, accounting for approximately 80-90% of cases. It presents as well-defined, raised, erythematous plaques covered with silvery-white scales.

Location: Commonly affects extensor surfaces such as elbows, knees, scalp, and lower back.

Characteristics: The plaques can be itchy and may vary in size. Chronic plaque psoriasis is often associated with periods of exacerbation and remission.

2. Guttate Psoriasis

Description: This type is characterized by small, drop-shaped lesions that are often triggered by infections, especially streptococcal throat infections.

Location: Typically affects the trunk, arms, and legs.

Characteristics: Guttate psoriasis often develops suddenly and can resolve on its own, but it can also evolve into chronic plaque psoriasis.

3. Inverse Psoriasis

Description: Inverse psoriasis presents as smooth, red, shiny lesions without scaling, occurring in body folds.

Location: Commonly found in the armpits, groin, under the breasts, and around the genitals and buttocks.

Characteristics: This type is often aggravated by friction and sweating and can be mistaken for other skin conditions like fungal infections.

4. Pustular Psoriasis

Description: This type is characterized by the presence of pustules (blisters filled with non-infectious pus).

Location: It can be localized (such as in the palms and soles) or generalized (affecting large areas of the body).

Characteristics: Generalized pustular psoriasis, also known as von Zumbusch

psoriasis, can be severe and is often accompanied by systemic symptoms like fever and chills.

5. Erythrodermic Psoriasis

Description: This is a rare but severe form of psoriasis that leads to widespread inflammation and exfoliation of the skin over large areas of the body.

Characteristics: Erythrodermic psoriasis can cause pain, severe itching, and can lead to serious complications such as infection or fluid loss. It may require hospitalization and systemic treatment.

6. Nail Psoriasis

Description: This type affects the nails and can occur in conjunction with other forms of psoriasis.

Characteristics: Nail changes include pitting, ridges, discoloration, and, in severe cases, nail loss. It is often associated with psoriatic arthritis.

7. Psoriatic Arthritis

Description: Although not a skin type per se, psoriatic arthritis is a significant manifestation of psoriasis that affects the joints.

Characteristics: It can occur in patients with any form of psoriasis and presents as joint pain, swelling, and stiffness.

8. PALMOPLANTAR PSORIASIS

Definition and Characteristics: Palmoplantar psoriasis specifically affects the palms of the hands and soles of the feet. It is characterized by:

- **Thickened, red plaques:** The lesions may appear as raised, red patches with well-defined borders. They are often thick and can be painful or tender, especially when pressure is applied.
- **Scaling:** Unlike chronic plaque psoriasis, the scaling in palmoplantar psoriasis is often less pronounced, and the lesions may be more hyperkeratotic (thickened skin).
- **Cracking and Fissuring:** The skin can crack and fissure, leading to pain and difficulty with mobility. This can significantly impact the patient's quality of life, as it affects daily activities.

SUBTYPES OF PALMOPLANTAR PSORIASIS

1. **Palmoplantar Pustulosis:** This localized form presents with pustules and is sometimes considered a variant of pustular psoriasis. It can occur in isolated patches and often involves cycles of flare and remission.

Palmoplantar Psoriasis Vulgaris: This subtype is similar to chronic plaque psoriasis but is localized to the palms and soles.

TYPES OF PSORIASIS



SIGN AND SYMPTOMS

1. Clinical Signs

a. Plaques

- **Appearance:** Patients typically present with well-defined, raised, erythematous (red) plaques that may vary in thickness. These plaques can appear shiny and are often surrounded by normal or mildly inflamed skin.
- **Scaling:** The plaques may be covered by thick, silvery-white scales, although scaling can be less pronounced compared to other forms of psoriasis. The scaling may become more noticeable during flare-ups.

b. Fissuring and Cracking

- **Fissures:** One of the hallmark signs of palmoplantar psoriasis is the development of deep fissures or cracks in the skin, especially on the palms and soles. These fissures can be painful and may bleed, leading to secondary infections.
- **Pain and Discomfort:** Cracking can cause significant discomfort and hinder the patient's ability to perform daily activities, such as walking or using their hands.

c. Pustules

- **Localized Pustular Psoriasis:** In cases of palmoplantar pustulosis, pustules (small, raised, pus-filled blisters) may develop. These pustules can be sterile and appear in

clusters, often leading to scaling and erythema after they dry up.

- **Painful Lesions:** Pustules can be painful and tender, contributing to a feeling of discomfort.

2. Systemic Symptoms

While palmoplantar psoriasis primarily affects the skin, it can also be associated with systemic symptoms and conditions:

a. Psoriatic Arthritis

- **Joint Pain:** A significant number of patients with palmoplantar psoriasis may develop psoriatic arthritis, which can lead to joint pain, stiffness, and swelling, particularly in the fingers and toes.
- **Dactylitis:** Swelling of an entire finger or toe may occur (dactylitis), which is characteristic of psoriatic arthritis.

b. Fatigue and Malaise

- Many patients report feelings of fatigue and general malaise, which can be related to the chronic nature of the disease and its impact on daily life.

3. Quality of Life Impacts

The physical signs of palmoplantar psoriasis can significantly affect a patient's quality of life:

- **Functional Limitations:** The pain and discomfort associated with fissures and plaques can limit mobility and dexterity, making it difficult to perform daily tasks like walking, driving, or using tools.
- **Psychosocial Impact:** The visible nature of the lesions, particularly on the hands and feet, can lead to embarrassment and social anxiety, affecting personal relationships and overall mental health. Patients may experience feelings of isolation or depression due to their condition.

4. Variability of Symptoms

The presentation of palmoplantar psoriasis can vary widely among individuals. Factors that influence symptom variability include:

- **Severity of Disease:** Symptoms can range from mild to severe, with some patients experiencing intermittent

flare-ups while others may have persistent symptoms.

- **Environmental Factors:** External factors such as humidity, temperature, and exposure to irritants or allergens can exacerbate symptoms.
- **Comorbid Conditions:** The presence of other conditions such as obesity or metabolic syndrome may also influence the severity and persistence of symptoms.

COMPLICATIONS OF PALMOPLANTAR PSORIASIS

1. Skin Complications

a. Secondary Infections

- **Bacterial Infections:** Cracks and fissures in the skin can become entry points for bacteria, leading to localized infections such as cellulitis or impetigo. This is particularly common in the palms and soles, where the skin barrier is compromised.
- **Fungal Infections:** The warm and moist environment of the palms and soles can predispose individuals to fungal infections, such as tinea (ringworm), which can complicate the existing psoriasis.

b. Pustular Psoriasis

- **Pustular Form:** Some patients may develop localized pustular psoriasis, characterized by sterile pustules on the palms and soles. These can be painful and lead to further skin irritation and discomfort.

c. Scarring

- Chronic inflammation and repeated injury to the skin may result in scarring, particularly in areas where fissures have formed and healed poorly.

2. Functional Complications

a. Impaired Mobility

- **Pain and Discomfort:** The presence of painful plaques and fissures can significantly hinder mobility, making walking, running, or even standing for extended periods difficult.
- **Loss of Dexterity:** If the hands are affected, tasks requiring fine motor

skills (e.g., typing, writing, buttoning clothing) can become challenging, leading to frustration and loss of independence.

b. Occupational Limitations

- Individuals with severe palmoplantar psoriasis may find it difficult to perform certain jobs, particularly those requiring physical labor or prolonged use of the hands and feet. This can lead to reduced job performance or even job loss in severe cases.

3. Psychosocial Complications

a. Emotional Distress

- **Anxiety and Depression:** The visible nature of the lesions can lead to significant psychosocial stress, including anxiety, depression, and a decrease in self-esteem. Patients may have a feeling of self-consciousness about their appearance, especially in social situations.
- **Social Isolation:** Stigma associated with skin conditions may lead individuals to withdraw from social interactions, resulting in feelings of loneliness and isolation.

b. Impact on Relationships

- The emotional toll of living with palmoplantar psoriasis can strain personal relationships with family and friends, potentially leading to misunderstandings and reduced social support.

4. Systemic Complications

a. Psoriatic Arthritis

- **Joint Involvement:** Many individuals with palmoplantar psoriasis are at risk for developing psoriatic arthritis, which can lead to joint pain, swelling, and stiffness. Early diagnosis and treatment are crucial for prevention of joint damage and preserve function.

b. Metabolic Syndrome

- **Associated Conditions:** Metabolic syndromes like hypertension, obesity and dyslipidemia have recognized association with psoriasis. This may increase risk of cardiovascular

disease and other systemic health issues.

c. Increased Risk of Comorbidities

- Patients with palmoplantar psoriasis are often at a higher risk for developing other comorbid conditions, including cardiovascular disease, type 2 diabetes, and inflammatory bowel disease, due to the systemic inflammation associated with psoriasis.

INVESTIGATION –

1. Clinical Examination

- **Physical Assessment:** A detailed clinical examination is crucial. The dermatologist will inspect the palms and soles for the characteristic features of psoriasis, such as erythematous plaques, scaling, fissuring, and pustules. They may also examine other areas of the skin for the presence of psoriatic lesions.
- **Assessment of Severity:** The severity of palmoplantar psoriasis can be assessed using scoring systems such as the Psoriasis Area and Severity Index (MODIFIED PALMO-PLANTAR PSORIASIS SEVERITY SCORE (PPPS)) or the Palmoplantar Psoriasis Scoring Index (PPMODIFIED PALMO-PLANTAR PSORIASIS SEVERITY SCORE (PPPS)). These tools evaluate the extent of psoriasis involvement and its impact on the patient's quality of life.

2. Medical History

- **Patient History:** A detailed medical history is essential. The clinician will inquire about the onset and duration of symptoms, previous treatments, family history of psoriasis or other autoimmune conditions, and any associated symptoms such as joint pain (which may suggest psoriatic arthritis).
- **Triggers:** Patients are often asked about potential triggers for flare-ups, such as stress, infections, skin injuries, or environmental factors.

3. Histopathological Examination

- **Skin Biopsy:** A skin biopsy may be performed to confirm the diagnosis and differentiate palmoplantar psoriasis from other dermatological conditions, such as eczema or contact dermatitis. Histological findings typically show:
 - **Acanthosis:** Thickening of the epidermis.

Parakeratosis: Retention of nuclei in the stratum corneum.

Dilated Blood Vessels: In the papillary dermis.

Infiltration: Lymphocytes and neutrophils in the epidermis and dermis.

4. Laboratory Tests

Blood Tests: While there are no specific blood tests for psoriasis, laboratory investigations may include:

○ **Complete Blood Count (CBC):** To check for signs of infection or anemia.

○ **Erythrocyte Sedimentation Rate (ESR):** To assess inflammation in the body.

C-Reactive Protein (CRP): Another marker for inflammation.

Liver Function Tests: Especially important if considering systemic therapy, such as methotrexate.

5. Imaging Studies

X-rays: If there are signs of joint involvement (suggestive of psoriatic arthritis), X-rays of the affected joints may be performed to evaluate for changes associated with arthritis, such as joint erosions or changes in joint space.

6. Patch Testing

In cases where contact dermatitis is suspected or if there is a possibility that irritants or allergens are exacerbating psoriasis, patch testing may be considered to identify specific triggers.

7. Joint Assessment

Assessment for Psoriatic Arthritis: A rheumatologist may be consulted to evaluate joint symptoms and perform further investigations, including musculoskeletal ultrasound or MRI, if joint involvement is suspected.

Differential Diagnosis for Palmoplantar Psoriasis

1. Eczema (Dermatitis)

Atopic Dermatitis: Often presents with red, itchy patches and can affect the palms and soles. Unlike psoriasis, eczema is typically more excoriated and may have weeping lesions.

Contact Dermatitis: Caused by exposure to allergens or irritants, leading to redness, itching, and scaling. Patch testing may be useful in identifying specific triggers.

2. Palmoplantar Pustulosis

- **Characteristics:** This condition is characterized by sterile pustules on the palms and soles and is often associated with psoriasis. Distinguishing between palmoplantar pustulosis and palmoplantar psoriasis can be challenging due to overlapping features.

3. Fungal Infections

- **Tinea Manuum and Tinea Pedis:** Fungal infections of the hands (tinea manuum) and feet (tinea pedis) can present with scaling and erythema. A potassium hydroxide (KOH) preparation or culture may be needed to confirm a fungal infection.

4. Ichthyosis

- **Ichthyosis Vulgaris:** This hereditary condition presents with dry, scaly skin, often more generalized rather than localized to the palms and soles. The scales are usually fine and white, and there may be a history of dry skin in the family.

5. Seborrheic Dermatitis

- **Presentation:** Typically affects oily areas of the skin, such as the scalp and face, but can involve the palms and soles. It usually presents with greasy, yellowish scales and may be itchy.

6. Lichen Planus

- **Characteristics:** Lichen planus can present with purple, itchy, flat-topped papules. When it affects the palms and soles, it may resemble psoriasis, but lichen planus typically has more defined borders and may involve mucosal surfaces.

7. Reiter's Syndrome (Reactive Arthritis)

- **Presentation:** This condition can cause palmoplantar lesions that may resemble psoriasis. It is usually accompanied by joint pain and a history of a preceding infection, such as a urinary tract or gastrointestinal infection.

8. Drug-Induced Psoriasis

- **Triggering Medications:** Certain medications, such as beta-blockers, lithium, and antimalarials, can trigger psoriasis or exacerbate existing lesions. A thorough medication history is essential.

9. Guttate Psoriasis

- **Characteristics:** While typically affecting the trunk and extremities, guttate psoriasis may occasionally present on the palms and soles. It is often preceded by streptococcal

infection and presents as small, drop-like lesions.

10. Pityriasis Rubra Pilaris

Presentation: This is a chronic skin disorder that presents with red, scaly patches and can affect the palms and soles. Unlike psoriasis, it often involves the follicular opening (keratotic papules).

11. Nummular Eczema

Characteristics: Nummular eczema presents as coin-shaped, itchy patches that can occur on the palms and soles. These lesions can resemble psoriasis, but they typically have more vesicular lesions and may weep.

Conventional Management of Psoriasis

1. Topical Treatments

Corticosteroids

Vitamin D Analogues (e.g., Calcipotriene, Calcitriol)

Topical Retinoids (e.g., Tazarotene)

Coal Tar Preparations

Calcineurin Inhibitors (e.g., Tacrolimus, Pimecrolimus)

2. Systemic Treatments

Methotrexate

Cyclosporine

Biologics (e.g., Adalimumab, Etanercept, Ustekinumab, Secukinumab)

Apremilast

3. Phototherapy

Narrowband UVB

PUVA (Psoralen + UVA)

4. Lifestyle Modifications

Skin Care

Avoiding Triggers

Diet and Exercise

5. Psychological Support

Mental Health Assessment (e.g., CBT, support groups)

HOMOEOPATHIC APPROACH –

1. Sulphur

Indications: Sulphur is often indicated for patients with chronic psoriasis that has thick, dry, scaly plaques. It is particularly useful when there is intense itching, burning, and redness. Patients may experience aggravation from heat and a desire for coolness.

Characteristics: The skin is usually dirty-looking, and there may be a history of eczema or other skin conditions.

2. Graphites

- **Indications:** Graphites is beneficial for psoriasis with oozing, thick, and sticky exudation. It is particularly indicated when the skin is rough, cracked, and has a tendency to develop crusts.
- **Characteristics:** Patients may have a history of skin conditions with a strong correlation to emotional factors, such as stress or grief. There may be a specific aversion to cold air and a desire for warmth.

3. Petroleum

- **Indications:** Petroleum is indicated for dry, cracked skin, especially on the palms and soles, and is often used in cases where the skin appears unhealthy. It can be particularly effective for psoriasis with fissures and roughness.
- **Characteristics:** Patients often feel worse in the winter or cold weather and may have a tendency to be sensitive to touch.

4. Arsenicum Album

- **Indications:** Arsenicum Album is indicated for psoriasis with intense itching and burning sensations. It may be useful for cases where the skin appears scaly and dry, with a tendency to become worse at night.
- **Characteristics:** Patients may show anxiety and restlessness, with symptoms aggravated by cold and improved by warmth.

5. Lycopodium

- **Indications:** Lycopodium can be beneficial for psoriasis with a specific emphasis on lesions on the scalp, elbows, and knees. It is indicated for patients with a history of digestive issues or bloating.
- **Characteristics:** Symptoms may be worse from 4 to 8 PM, and patients often feel better from warmth and after eating.

Source: Materia medica entries note Lycopodium’s importance in treating skin conditions, particularly when associated with gastrointestinal disturbances.

6. Natrum Muriaticum

- **Indications:** Natrum Muriaticum is particularly useful for psoriasis with dry, scaly patches, especially when there is a history of grief or emotional stress. It is often indicated for patients who are sensitive and introverted.
- **Characteristics:** The skin may be better in the open air but worse in the heat, with symptoms often linked to emotional distress.

7. Sepia

- **Indications:** Sepia is indicated for psoriasis in women, especially when associated with hormonal changes. It can be useful for dry, itchy patches that feel better in the open air.
- **Characteristics:** Patients may show signs of hormonal imbalance or a feeling of being overwhelmed and may experience mood swings.

8. Rhus Toxicodendron

- **Indications:** Rhus Tox is used for psoriasis with very itchy and painful eruptions, often with vesicular lesions. It is indicated when symptoms worsen during rest and improve with movement.
- **Characteristics:** The patient may have a history of skin issues following exposure to plants or poison ivy.

9. Mercurius

- **Indications:** Mercurius is indicated for psoriasis that is accompanied by ulceration and a marked burning sensation. It can also be helpful when there are complaints of sweat and odor.
- **Characteristics:** Patients may be sensitive to temperature changes, particularly cold.

10. Antimonium Crudum

- **Indications:** Useful for psoriasis with thickened, scaly patches that can be itchy. It is often indicated when there is a history of digestive issues or a sluggish digestive system.
- **Characteristics:** Patients may have a tendency toward irritability and may experience worsening symptoms in hot weather.

A case Report

Date:08/02/2023

Sex: Female

Age: 28 years

Religion:

Occupation: Teacher

Marital Status: Married

Chief Complaint

Location	Sensation	Modality	Concomitant
Palms and soles	Deep cracks with oozing discharge	Worse in winter and from washing, better by	

Location	Sensation	Modality	Concomitant
		warm applications	
Skin	Itching and burning	Worse at night, better by applying oil	
Nails	Thickened, brittle, and ridged	Worse in cold weather	

- Onset: Gradual
- Duration: 3 years
- Progress: Symptoms worsening in winter, occasional flare-ups

History of Present Complaint

The patient, a 28-year-old female, has been experiencing thickening and cracking of the skin on the palms and soles for the past three years. The condition worsens in winter and after washing hands. There is intense burning and itching, which gets worse at night. Skin cracks tend to ooze a sticky, yellowish discharge. Additionally, her nails have become thickened, brittle, and ridged over time.

Associated Complaints

- Dryness of the skin over the arms and legs
- Sensitivity to cold air
- Occasional headaches after sun exposure

Past Medical History

- No history of diabetes or hypertension
- Has been using topical steroids with temporary relief

Family History

- Mother had eczema
- No history of psoriasis in the family

Personal and Social History

- Diet: Non-vegetarian, prefers salty food
- Appetite: Normal
- Thirst: Moderate, drinks 2-3 liters/day
- Bowel Habits: Regular
- Sleep: Disturbed due to itching at night
- Lifestyle: Sedentary
- Stress: Moderate due to work and household responsibilities

Physical Examination

General Appearance: Lean build, dull complexion

Vital Signs:

Blood pressure: 110/70 mmHg

Pulse: 72 bpm

Respiratory rate: 18 breaths per minute

Temperature: 98.2°F (36.8°C)

Skin Examination:

Deep cracks on palms and soles with slight discharge

Itchy, dry patches on arms and legs

Nail Examination:

Thick, brittle, ridged nails

Mental and Emotional State

Sensitive and emotional, easily moved to tears

Avoids confrontation but feels resentment internally

Low self-confidence due to appearance of hands and feet

Analysis of Symptoms

Symptoms	Character of Symptoms
Deep cracks with discharge	Characteristic physical particular
Itching and burning, worse at night	Characteristic physical modality
Thick, brittle nails with ridges	Characteristic physical general
Sensitive and emotional nature	Characteristic mental behavior
Disturbed sleep due to itching	Characteristic general symptom

Evaluation of Symptoms

1. Deep cracks in palms and soles, worse in winter
2. Oozing discharge from skin cracks
3. Itching and burning, worse at night
4. Thickened, brittle nails with ridges
5. Sensitive, emotional nature
6. Disturbed sleep due to itching

Repertorial Totality Table

Patient's Symptoms	Rubrics from Repertory
Deep cracks with oozing discharge	SKIN - ERUPTIONS - cracks - deep
Itching and burning, worse at night	SKIN - ITCHING - night - aggravates

Patient's Symptoms	Rubrics from Repertory
Thickened, brittle, ridged nails	NAILS - DEFORMED - brittle
Sensitive and emotional nature	MIND - SENSITIVE - easily hurt
Disturbed sleep due to itching	SLEEP - DISTURBED - itching from

Miasmatic Analysis

- Psoric miasm – dryness, itching, sensitivity to cold

Prescription

- Remedy: Petroleum 30C One dose
- Dosage: saclac x 4 pills, TDS for 2 weeks

Justification:

Petroleum is well indicated for deep cracks in the skin, itching that worsens at night, and sensitivity to cold. The patient's emotional sensitivity also aligns with the remedy profile.

Follow-Up & Treatment Progression

Date	Symptoms	Prescription
23/02/2023	Itching reduced slightly, cracks still present	Petroleum 30C One dose, Saclac x 4 pills TDS for 2 weeks
08/03/2023	Cracks healing, oozing discharge reduced	Petroleum 30C One dose, Saclac x 4 pills BD for 2 weeks
22/03/2023	Nails less brittle, itching only occasional	Saclac x 4 pills OD for 2 weeks
06/04/2023	Skin much smoother, nails improving	Sac Lac 30, 4 pills OD for 2 weeks

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