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A case study on psoriasis

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Abstract
Psoriasis is a non-contagious, chronic skin condition that produces plaques of thickened, scaling skin. The dry flakes of skin scales result from the excessively rapid proliferation of skin cells. Psoriasis is generally thought to be a genetic disease which is triggered by environmental factors. Psoriasis is estimated to affect 2-4% of the population of the western world. The rate of psoriasis varies according to age, region and ethnicity; a combination of environmental and genetic factors is thought to be responsible for these differences. Psoriasis affects both sexes equally. It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. Approximately one third of people with psoriasis reports being diagnosed before age 20. In India the prevalence of psoriasis varies from 0.44 to 2.8%, it is twice more common in males compared to females, and most of the patients are in their third or fourth decade at the time of presentation. In addition to the appearance and distribution of the rash, specific medical signs may be used by medical practitioners to assist with diagnosis. These may include Auspitz's sign (pinpoint bleeding when scale is removed), Koebner phenomenon (psoriatic skin lesions induced by trauma to the skin), Candle grease sign and itching and pain localized to papules and plaques.
A patient of sixty five years old was suffering from Psoriasis for last 12 years resorted to all systems of treatment but failed, was finally treated by constitutional treatment and was cured for last 5 years. The case taking was done in a standardized format and all symptoms were passed through standard procedures to arrive at totality of symptoms such as analysis of symptoms, conceptual image, analysis of the case/ synthesis, reportorial totality/ evolutional totality, miasmatic diagnosis, repertorisation. The medicine was prescribed in 50 millesimal scale in infrequent repetition scheduled. Change of potency and medicine were done as per the guidelines of tenets of Homoeopathy and cure was achieved to an intractable chronic disease like Psoriasis.

Keywords: Auspitz's sign, Koebner phenomenon, candle grease sign, analysis of symptoms, conceptual image, analysis of the case, evaluated totality, miasmatic diagnosis

Introduction
Psoriasis is a non-contagious, chronic skin condition that produces plaques of thickened, scaling skin. The dry flakes of skin scales result from the excessively rapid proliferation of skin cells. The proliferation of skin cells is triggered by inflammatory chemicals produced by specialized white blood cells called lymphocytes. Psoriasis commonly affects the skin of the elbows, knees, and scalp. Psoriasis is considered an incurable, long-term (chronic) inflammatory skin condition. It has a variable course, periodically improving and worsening. It is not unusual for psoriasis to spontaneously clear for years and stay in remission. Many people note a worsening of their symptoms in the colder winter months [1-5]. Psoriasis is generally thought to be a genetic disease which is triggered by environmental factors [6]. Psoriasis is estimated to affect 2-4% of the population of the western world. The rate of psoriasis varies according to age, region and ethnicity; a combination of environmental and genetic factors is thought to be responsible for these differences [7]. Psoriasis affects both sexes equally [8]. It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. Approximately one third of people with psoriasis report being diagnosed before age 20 [9]. In India the prevalence of psoriasis varies from 0.44 to 2.8%, it is twice more common in males compared to females, and most of the patients are in their third or fourth decade at the time of presentation [10]. Clinical features are well delineated red, scaly plaques [11]. Nail changes include pitting of the nails (pinhead-sized depressions in the nail is seen in 70% with nail psoriasis), whitening of the nail, small areas of bleeding from capillaries under the nail, yellow-reddish discoloration of the nails known as the oil drop or salmon spot, thickening of the skin under the nail (subungual hyperkeratosis), loosening and separation of the nail (onycholysis), and crumbling of the

nail [12]. These may include Auspitz's sign (pinpoint bleeding when scale is removed), Koebner phenomenon (psoriatic skin lesions induced by trauma to the skin) [13]. Candle grease sign and itching and pain localized to papules and plaques [14-15].

Causes & risk factors are as follows: Around one-third of people with psoriasis report a family history of the disease, and researchers have identified genetic loci associated with the condition. Identical twin studies suggest a 70% chance of a twin developing psoriasis if the other twin has the disorder. The risk is around 20% for non-identical twins. These findings suggest both a genetic susceptibility and an environmental response in developing psoriasis [16]. Conditions reported as worsening the disease include chronic infections, stress, and changes in season and climate [17]. Others that might worsen the condition include hot water, scratching psoriasis skin lesions, skin dryness, excessive alcohol consumption, cigarette smoking, and obesity [18-20].

Case report

On 8th July 2013, a male of sixty five years old Hindu patient consulted us for following complaints: Scaly eruption on both palms and soles since twelve years with itching localized to papules which was aggravating in winter, full moon, seashore, mental anxiety from and ameliorated by warm applications and in summer. He had hemorrhoid with bleeding per rectum<from full moon, spices associated with constipation since last three years but painless. Lumbo-sacral pain since one and half years following lifting a heavy weight<exertion>rest. Past history-Chicken pox; Family history-Father had chronic skin disease and hypertension. Treatment history-First resorted to allopathy, then Ayurbedic and Homoeopathy but no relief. Personal history-Married is having two children;Physical generals - Hot patient with easily catches cold, (+++); Desire for salt (+++), warm food (++); Aversion to sour (+++), sweet (+++), Thirstlessness (++) with moist tongue, can't wait for food, Constipated; Profuse sweat (+++) in chest region; delayed healing; Mental generals- Irritable (+++), hurried tendency (+++), Forgetfulness (++), Anxiety, Company desire, Selfishness (+++), Greedy (++), fear of ghost. Physical examinations-Blood pressure: normal. Weight: 72 kg Pulse: 74/minute, Auspitz's sign (+). On investigation: FBS was normal but Postprandial was 152 mg/dl.

PASI (Psoriasis Area & Severity Index) was 4.8.

PDI (Psoriasis Disability Index) was 28.

R.R.I - No interval (It was continuous).

Then the case was processed for finer prescription through different steps which are delineated below:

1. Analysis of the symptoms

Table 1: Analysis of the symptoms

	Location	Sensation	Modality	Concomitants
1	Palm and soles	Itching	<winter >by warm, seashore	
2	Rectum	Bleeding	<full moon/spices food from	Constipation
3	Lumbo-sacral region	Pain	<from lifting heavy weights >rest	

2. Conceptual image

A. Unexpected deviation: Hot pt (+++); desire worm food (++)
B. Causation: Mental anxiety
C. Generals:
   a. Mental generals: Irritable (+++), Selfish (+++), Hurried tendency (+++), Anxiety, Fear of ghost, company desire, Greedy (++), Forgetfulness (++)
   b. Physical generals: Desire salt (+++), warm food (++), hot pt (+++) Aversion: sour (+++), sweet (+++), Thirstlessness (++), Sweat profuse (+++), Appetite (++) cannot wait for food, easily catches cold.
   c. Pathological generals: Hemorrhoids; wound healing late (+++), psoriasis (++)
D. Characteristic particulars: Hemorrhoids with bleeding<from full moon, spices associated with constipation
E. Common particulars:
   a. Itching with eruption<winter, >summer season, warm application with scaly localized papules.
   b. Lumbo-sacral pain<from lifting heavy weight>rest

3. Analysis of the case/synthesis

In synthesis of the case we remove causation anxiety from as it does not clearly signify. Fear of ghost, company desire, easily catches cold. These are excluded due to less magnitude of symptoms. So the synthesis of the case is written as follows.

A. Unexpected deviation: Hot pt (+++); desire worm food (++)
B. Causation: xxx
C. Generals:
   a. Mental generals: Irritable (+++), selfish (+++) Hurried tendency (+++), forgetfulness (++), greedy (++),
   b. Physical generals: Hot pt (+++), Desire salt (+++), warm food (++), Aversion: Sour (+++), Sweet (+++), Thirstlessness (++), Appetite: increased (++), Sweat profuse (+++)
   c. Pathological generals: Hemorrhoids; wound healing late (+++), psoriasis (++)
D. Characteristic particulars: Hemorrhoids with bleeding<from full moon, spices associated with constipation
E. Common particulars:
   Itching with eruption<winter, >summer season, warm application with scaly localized papules.
   Lumbo-sacral pain<from lifting heavy weight>rest

4. Reportorial totality/evaluated totality

In this case Mental general are predominant. So evaluation of the case was done according to the Kent's method. So the evaluation of symptoms are as follows:

a. Hot pt. (+++); desire warm food (++)
b. Irritable (+++)

c. Hurried tendency (+++)
d. Selfish (+++)
e. Forgetfulness (++)
f. Greedy (++)
g. Desire: salt (+++)
h. Aversion: sweet (+++); sour (+++)
i. Appetite: increased (++)
j. Sweat: profuse (+++)
k. Thirstlessness (++)
l. Wound healing: late (+++)
m. Hemorrhoids with bleeding<from full moon, spices associated with constipation
n. Itching with eruption<perspiration, winter, >summer season, warm application with scaly localized papules, psoriasis (++).
o. Lumbo -sacral pain<from lifting heavy weight>rest

5. Miasmatic diagnosis

Table 2: Miasmatic diagnosis

Symptoms	PSORA	SYPHILIS	SYCOSIS
Itching with eruption<winter			
Hemorrhoids with bleeding<hard stool during			
Back pain - Lumbosacral region			
Hot patient			
Desire - Salt			
Aversion - Sour			
Aversion - Sweet			
Wound healing - Late			
Thirstlessness			
Perspiration - Profuse			
Irritable			
Forgetfulness			
Hurried tendency			
Psoriasis			

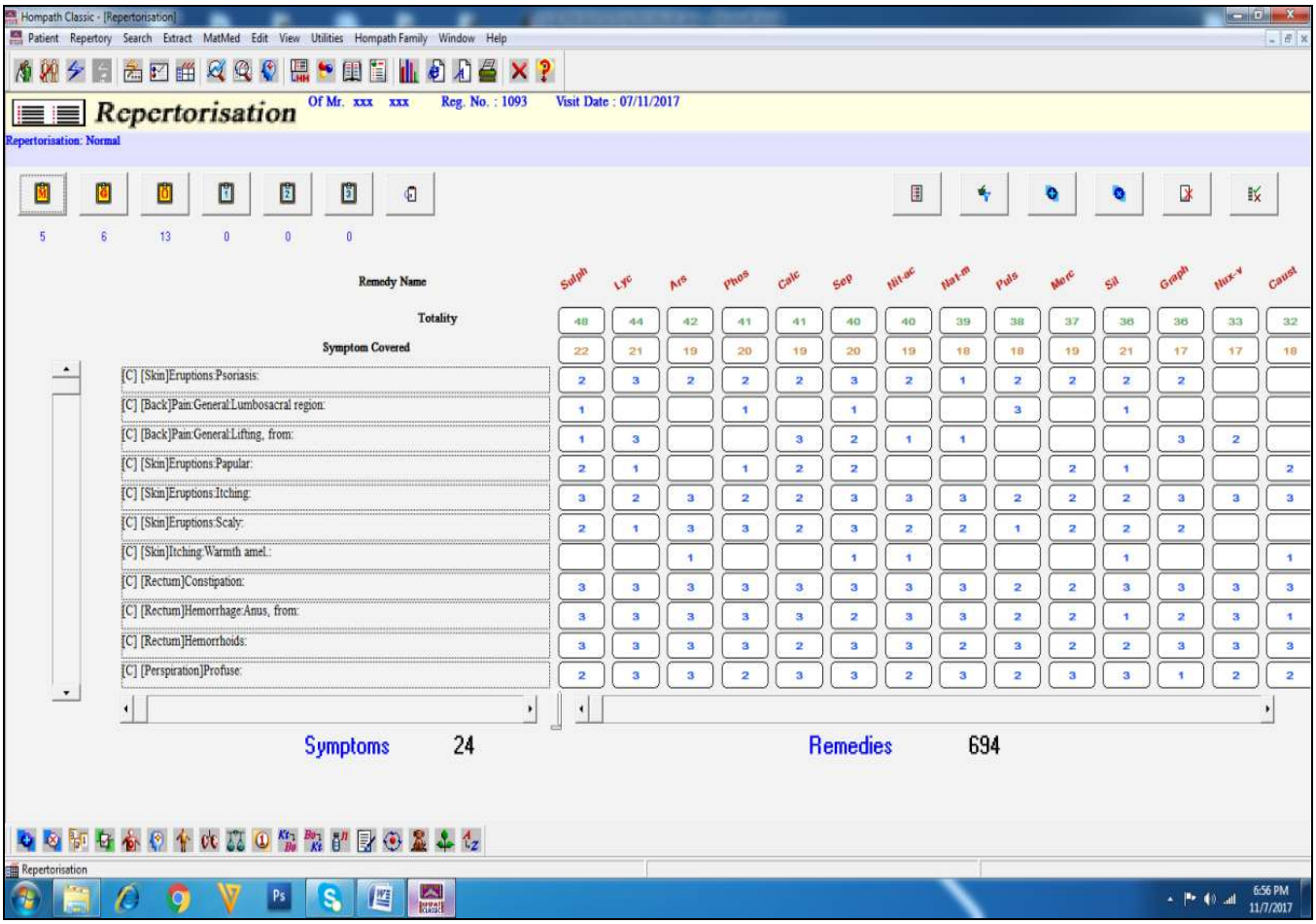
It is a mixed miasmatic case with predominance of psoric miasm.

6. Nosological diagnosis

- Scaly eruptions on palms with itching localized to papules. Auspitz's sign (+), hence a case of Psoriasis.
- Hemorrhoids.

7. Reportorization

Table 3: Reportorization



8. Reportorial result
Sulph - 22/48
Lyco - 21/44
Arsenic - 19/42
Phos - 20/41
Calc - 19/41

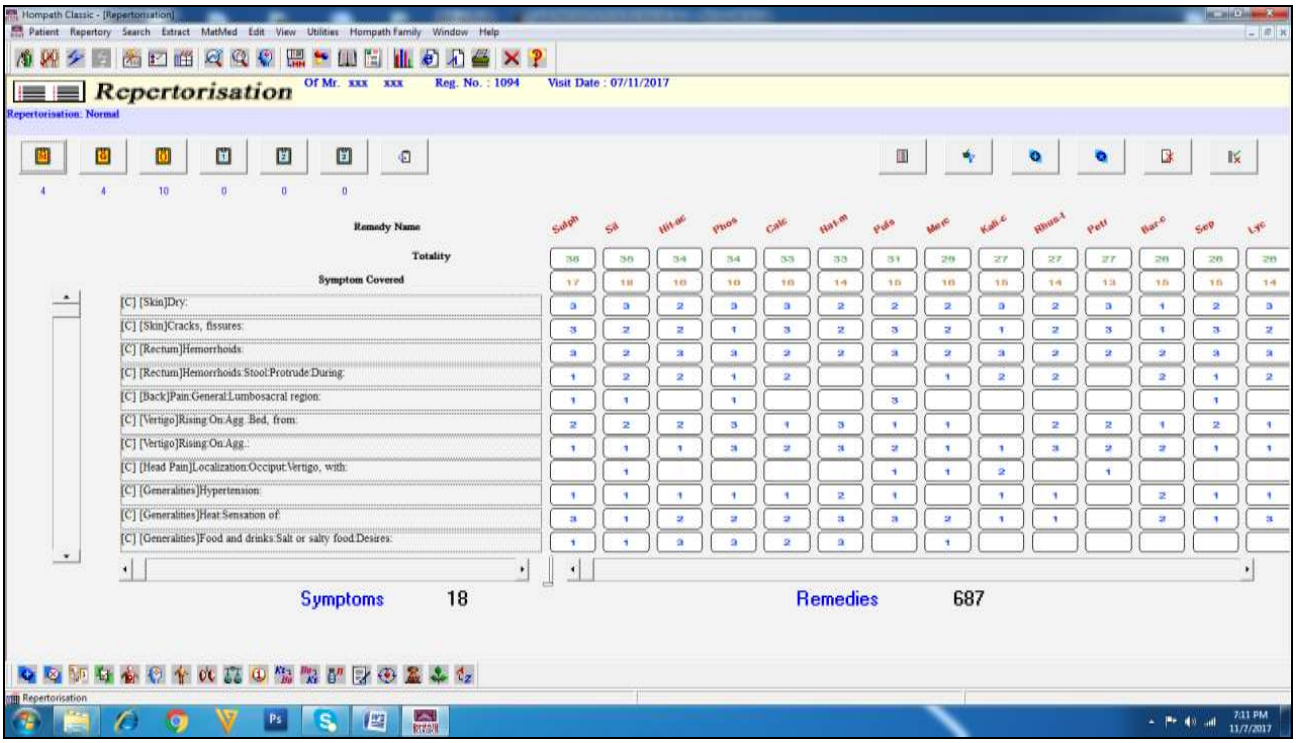
Prescription: Date:-08/07/2013
Rx
Sulphur 0/1
(1oz 4 doses 6 hourly) x 4 x weekly
Placebo (OD) for one month

Basis of Prescription
Sulphur is given basing upon the followings
1. As case is a mixed miasmatic disease with preponderance of Psora it was felt necessary to start treatment with an anti-psoric remedy.
2. It is observed by reportorization that Sulphur has covered almost all the symptoms of the patient and has score highest mark by reportorization.

Follow up/2nd Visit/Date: 17/08/2013
Eruption-Psoriasis ↓
Hemorrhoids ↓
Back pain ↓
F/H- Thirst: ↓ with moist tongue
Other F/H - Normal
C/f: BP-120/80 mm of Hg
Wt- 73 kg
Impression- improving
Rx
Sulphur 0/2
(1oz 4 doses 6 hourly) x 4 x weekly
Placebo (OD) for one month
Follow up/3rd Visit/Date:-23/09/2013
There is again relapse with cracked skin.
Hemorrhoids↑ with pain per rectum
Back pain at lumbosacral region ↓↓
F/H- Thirst: ↓ ↓with moist tongue
Other Functional history- Normal
BP- 130/90 mm of Hg
Wt- 74 kg
Impression- improving
Rx
Sulphur 0/3
(1oz 4 doses 6 hourly) x 4 x weekly
Placebo (OD) for one month
Follow up/4th Visit/Date: 30/10/2013
Cracked skin; dry skin (standstill)
No bleeding but hemorrhoids with pain per rectum (+)
Back pain at lumbo-sacral region again appeared.
But there was vertigo on rising from bed and along with occipital headache.
Perspiration - palm & sole noticed.
Hot patient
Desire for salt; Aversion to sour & sweet
Wound healing late
Irritable; Forgetfulness; Haste; Anxiety
BP- 132/92 mm of Hg (HTN); Wt-73 kg
Impression - As there was relapse of symptoms and new symptoms noticed, case was reviewed and new Totality was rebuilt with following totality and case was repertorised.

Totality of symptoms
1. Irritable
2. Forgetfulness
3. Hasty
4. Anxiety
5. Hot patient
6. Desire for salt; aversion to sweet and sour
7. Wound healing late
8. Cracked and dry skin
9. Hemorrhoid with pain in rectum
10. Back pain (L/S region)
11. Vertigo<rising from bed along with occipital headache

Table 4: Reportorization

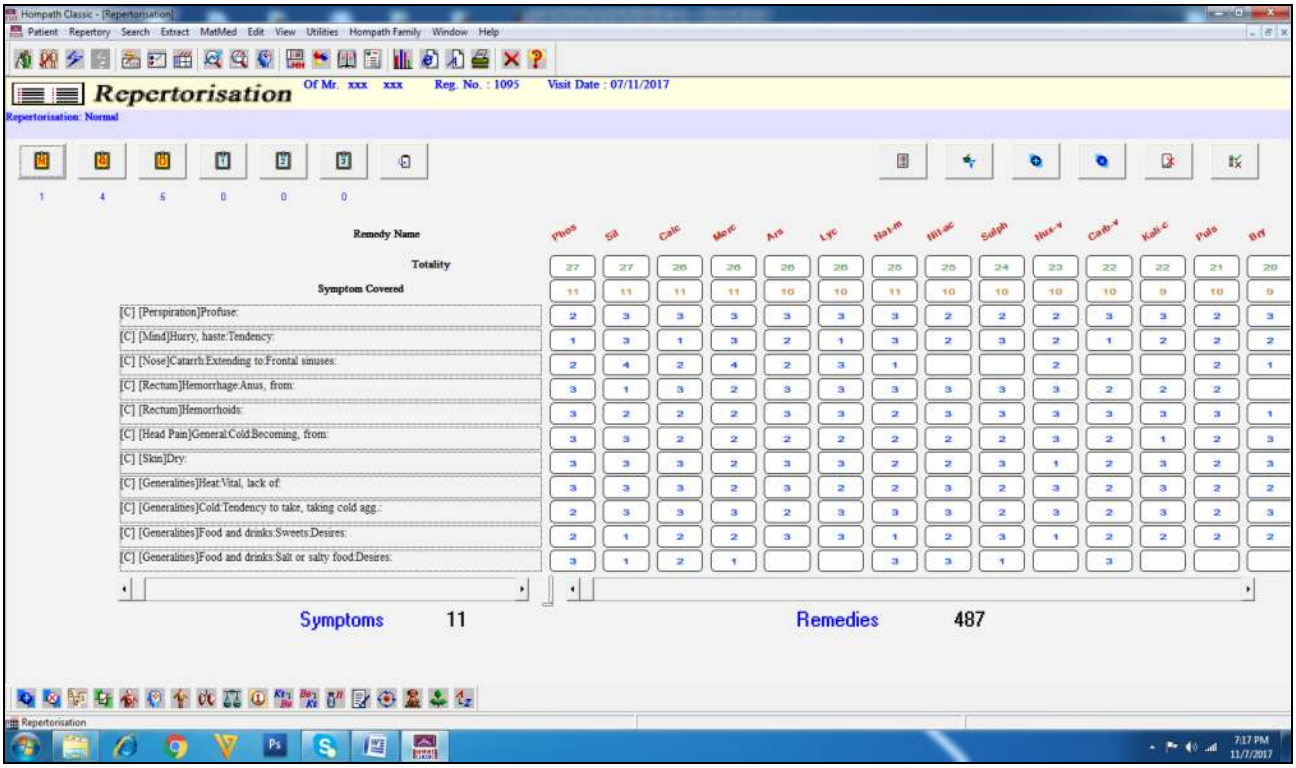


Reportorial results:
Sulph-16/38
Silicea - 17/34
Calc - 15/33
Nit acid - 15/33
Phos - 15/31
Choice of prescription:
Rx
Silicea - 0/1
(1oz 4 doses 6 hourly) x 4 x weekly
Follow up/5th Visit/Date: 17/12/2013
Skin eruption - dry; cracked ↓↓
Hemorrhoids with pain per rectum ↓↓
Chronic cold<cold exposure.
Vertigo and occipital headache no more.
Sore/bruised feeling all over body.
BP-130/88 mm of Hg
Wt-74 kg
Impression- improving
Rx
Silicea - 0/2
(1 oz 4 doses 6 hourly) x 4 x weekly
Follow up/6th Visit/Date: 22/01/2014
Cracked skin ↓
Lesion in left hand only.
No pain in hemorrhoids but swelling continued.
No backache.
BP-160/94 mm of Hg (HTN)
Wt- 73 kg
Impression- improving
Rx
Thuja occ. - 10m (1 dose)
(2 globules in 1oz of distilled water 4 doses 6 hourly)
With an idea to prescribe an anti-sycotic remedy to remove the block & reduce the piles swelling.
Silicea - 0/3
(1 oz 4 doses 6 hourly) x 4 x weekly
Follow up/7th Visit/Date:-27/02/2014
Cracked skin ↓
Lesion in left hand ↓
Swelling plies ↓
BP-130/88 mm of Hg
Wt-74 kg
Impression- improving
Rx
Silicea - 0/4
(1oz 4 doses 6 hourly) x 4 x weekly
Follow up/8th Visit/Date:10/03/2014
Psoriasis better.
Lesion in right hand but in left hand ↓↓
Dry skin (+) but no crack
Sinusitis with headache<cold becoming.
Hemorrhoids (no pain/swelling reduced but with bleeding)
No backache
Chilly patient, easily catches cold (+)
Desire for sweet/salt
Perspiration profuse
Hurried tendency
Irritability ↓
Forgetfulness ↓
BP-120/80 mm of Hg; Wt-70 kg
Impression: As a new symptom appeared case was reviewed and new Totality was rebuilt with following symptoms & repertorisation was done.

Totality of symptoms

1. Hasty
2. Chilly patient; easily catches cold
3. Desire for sweet and salt
4. Perspiration - profuse
5. Hemorrhoids with bleeding
6. Sinusitis (Headache<cold becoming)
7. Dry skin
8. Psoriasis right hand

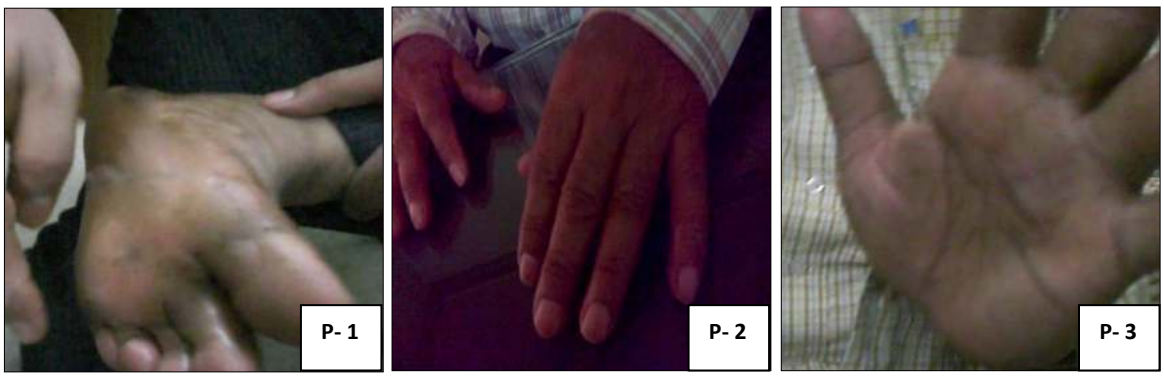
Table 5: Repertorisations



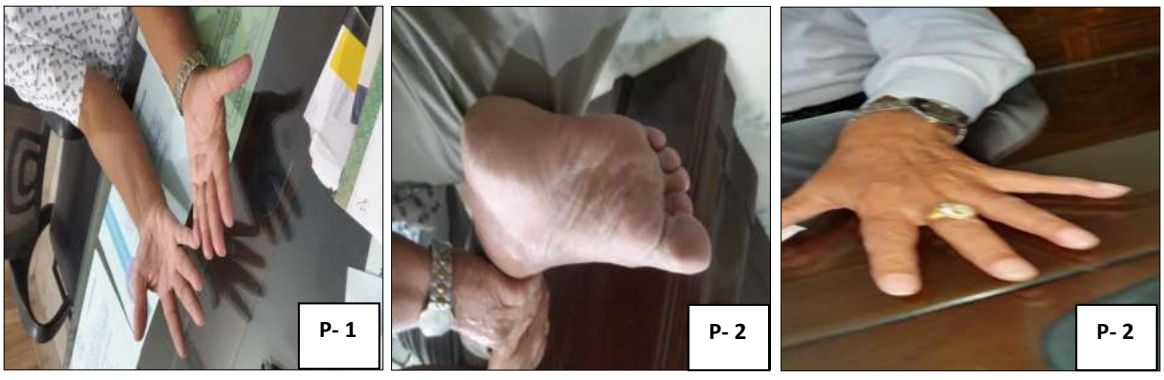
Reportorial results:
Phos. - 11/27
Silicea- 11/27
Calc.carb. - 11/26
Merc.sol. - 11/26
Arsenic alb. - 10/26
Choice of prescription:
Rx
Phos. - 0/1
(1oz 4 doses 6 hourly) x 4 x weekly
Follow up/9th Visit/Date: 19/04/2014
Lesion in both hand ↓↓
Sinusitis with headache ↓↓
No hemorrhoids.
Dry skin ↓↓ (50%)
Chronic cold ↓↓
BP- 120/80 mm of Hg
Wt- 72 kg
Impression- improving
Rx
Phos. - 0/2
(1oz 4 doses 6 hourly) x 4 x weekly
Follow up/10th Visit/Date: 26/05/2014
Lesion in both hand ↓↓
No hemorrhoids.
No dry skin
BP- 120/80 mm of Hg
Wt- 73 kg
Impression- improving
Rx
Phos. - 0/3
(1oz 4 doses 6 hourly) x 4 x weekly
Follow up/11th visit/ Date: 07/06/2014
P.A.S.I was 0, P.D.I was 0 & R.R.I was no reappearance.

Patient had no signs & symptoms as he was well. As per chronic disease of Hahnemann in mixed miasmatic disease, we have to finish the treatment with anti-psoric remedy. Hence as finishing medicine a dose of Sulphur - 200 (2 globule in 1 oz of distilled water/1 dose) early morning was given.

Before treatment



Improved photo middle of the treatment



Cured photo after treatment

Discussion

Clinical features of psoriasis are well defined red, scaly plaques. Diagnosis criteria included Auspitz's sign (pinpoint bleeding when scale is removed), Koebner phenomenon (psoriatic skin lesions induced by trauma to the skin), Candle grease sign and itching and pain localized to papules and plaques. Assessment criteria were P.A.S.I (Psoriasis Assessment & Severity Index) & P.D.I. (Psoriasis Disability Index) R.R.I (Recurrence & Relapse Interval).

After case receiving the case was processed for "analysis of the symptoms". It means to locate the four dimensions of the symptom such as: location, sensation, modality & concomitant with an objective to see which symptoms have completed in four dimensions. Because the symptom completed in four dimensions are called characteristic particular (s) & not completed in four dimensions are common particulars. It is necessary because in evaluation of symptoms the characteristic particular symptom is greater than common particular symptom.

Next step was to frame "conceptual image". It mean to prepare a semblance or idol of the patient. Here all symptoms from the case are brought under following headings such as:

a. Unexpected deviations
b. Causations
c. Generals-Mental
d. Physical
e. Pathological
f. Characteristic particulars
g. Common particulars

There by pages & pages in case receiving are brought to one page.

In this next step the case was processed for 'Synthesis/Analysis of the case'. In this stage the unimportant, unnecessary and less intense or magnitude symptoms were deleted.

Thereafter, Evaluated Totality/Reportorial totality was built up, keeping in mind which symptoms are predominant among the Mental General, Physical General, Characteristic particular etc. For each Repertory there are separate way of building the totality. As in this case mental symptoms were more predominant. It was processed for Kent's evaluation process of totality building i.e. 1st mental symptom, then physical generals, characteristic particulars, pathological generals & particulars.

It was a chronic intractable disease psoriasis along with co morbidity like hemorrhoids & backache with multiple, varied symptoms pertaining to three miasms hence a miasmatic cleavage of the case was done to determine which miasms are there in the case and which is predominant one. It was found it is a mixed miasmatic disease with preponderance of psoric miasm.

It is necessary to diagnose each case nosologically and was determined from the clinical manifestations that it was a case of psoriasis with co-morbidity of hemorrhoids.

Finally the symptoms evaluated & reportorial totality were taken for Repertorisation, by software HOMPATH & arrived at Reportorial results. Thereafter prescription was made & basis of prescription was given. Follow up was made after each course of medications along with change in symptoms. But PASI, PDI & RRI was recorded 1st before administration of medicine & at final stage of cure.

When all symptoms were improving but swelling of hemorrhoid did not improve an anti-sycotic medicine Thuja occ. in 10M potency in one dose was prescribed as an intercurrent remedy. Because the concept of intercurrent remedy Hahnemann gave to homoeopathy in 1833, which we find in the forwarding to repertory on Antipsoric (2nd edition) by Boenninghausen when there is no birth of the 50millesimal potency there in our case only one dose of intercurrent in centesimal scale did the desired result. Apart from that in all most all the time the chronic remedies were prescribed as per indications in 50 millesimal scale. It suggest when there is no desired result to one particular symptoms, miasmatic prescription on indication removed the block.

In summarizing it can be told that the treatment was constitutional. The case diagnosed was a mixed miasmatic disease with preponderance of Psoric miasm. The case was repertorised with the help of "HOMPATH" software. Treatment was started with an anti- psoric medicine Sulphur 0/1, 1 oz, 4 doses, 6 hourly in 7-days interval. All co-morbidity along with Psoriasis was taken care of in building up of the "totality of symptoms". So also during the follow up the movement of old symptoms and appearance of new symptoms and PASI, PDI scores & RRI interval were being recorded to evaluate the case. There was improvement for 3 months then there was relapse of symptoms & few new symptoms noticed. Case was reviewed and new totality was rebuilt and repertorised. Next drug Silicea 0/1 was prescribed. It also helped but the swelling of piles continued, hence an anti sycotic medicine Thuja occ. 10M one dose was prescribed to remove the dyscrasia and reduce the piles swelling followed by Silicea 0/2 which helped to give desired result. After few days a new symptom indicating to the sinusitis developed with change in physical & mental generals. Case needed to review hence totality was rebuilt and repertorised. Phosphorus 0/1 was prescribed which was an anti syphilitic remedy. Patient improved to a greater extent. As per guidelines for treatment of chronic diseases suggested by Hahnemann is to finish the treatment with an Antipsoric at last, hence a dose of Sulphur 200 one dose was prescribed.

There is no relapse of the symptoms of Psoriasis & symptoms of co-morbidity as the case was followed up for four years.

Conclusion

1. Constitutional Homoeopathic medicine is the first line of approach to treat a chronic intractable disease like Psoriasis.
2. Homoeopathic medicines are effective in reducing the severity and area affected and enhancing the quality of life.
3. It confirms to the subtle Homoeopathic Philosophy of the Organon of Medicine of Hahnemann, C.S.F. i.e. "The highest ideal of cure is rapid, gentle and permanent restoration of the health and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principle" [21].
4. For Psoriasis in frequent repetition even in fifty millesimal potency should be adherent to.

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