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Sanguinaria

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## PSORIASIS IN HOMOEOPATHIC PRACTICE

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### Introduction:

It is a common, chronic and non-inflammatory skin disease characterized by well-defined slightly raised, dry erythematous macules with silvery scales and typical extensor distribution(1).

1-3 % of most population has psoriasis. It is commonest in Europe and North America. It may start at any age but is rare under 10 years and often seen between 15 and 40 years. The course of disease is unpredictable but is usually chronic with exacerbation and remissions (2).

The cure of the disease is far-reaching with the therapeutic capabilities of modern medicine. Subtle Homoeopathic medicine has shown cure over this obscure / intractable disease. But to document its effect it is felt imperative to undertake a systematic study to establish the validity and scientificity of the Homoeopathic medicament in the treatment of psoriasis.

### Literature review:

It is a chronic disease; its course is punctuated by intermission and remissions. Attacks are more common in winter than summer; the eruption has a natural tendency to clear up with the warm weather. In the tropics, a fair number of attacks develop in the monsoon.

It is a heredo- familial disease brought on by stress, anxiety, mental trauma, fever,

physical injury, digestive upsets, etc. on a genetic constitution. Transmission is by a single, irregularly dominant gene. Pressure and trauma seem to determine the localization of psoriasis (3).

- 1. Genetic:** There is frequently a genetic predisposition. A child with one affected parent has a 15% chance of developing the disease and this rises to 50% if both parents are affected. If non-psoriatic parents have a child with psoriasis, the risk for subsequent children is about 10%. Recently family study in the USA has identified a susceptible gene at the distal end of chromosome 17q, through this marker appears to be independent of HLA CW6 and those antigens of the major histocompatibility complex linked with CW6 with which psoriasis is strongly associated.
- 2. Biochemical:** There are increased levels of prostaglandins. Leukotrienes and hydroxyeicosatetraenoic acids in the epidermis. These may cause both the increased cellular proliferation seen in psoriasis and the inflammatory changes. Increased activity of phospholipase A2 appears to be primarily responsible for these changes.

Decreased cAMP and increased cGMP are found in lesions and beta-adrenoceptor antagonistic drugs may exacerbate psoriasis by inhibiting cAMP formation. Polyamines are

elevated in lesional skin, due to increased activity of ornithine decarboxylase and may be intimately associated with cellular proliferation. Plasminogen activator is greatly increased in the lesions of psoriasis and its level parallels the epidermal mitotic rate.

The level of calmodulin, a calcium binding protein is greatly raised in lesions and falls with successful treatment. The calcium-calmodulin complex may regulate epidermal cell-proliferation by influencing phospholipase A2 and cAMP phosphodiesterase activity.

**3. Immunopathological:** The inflammatory reaction may be part of an immunological response to as yet *unknown antigens. Immune complexes* to epidermal antigens have been detected in damaged skin and may activate complement, thereby attracting neutrophils to the area. Certain interleukins (IL-1, IL-2, IL-6 and IL-8) and growth factors (TNF  $\alpha$ , TGF  $\alpha$ ) are elevated and adhesion molecules are expressed or up regulated in lesions of psoriasis. The dermal mononuclear infiltrate is mainly of T - lymphocytes, most of which are helper type.

**4. Dermal:** The increased epidermal cell proliferation of psoriasis is related to the increased replication and metabolism of dermal fibroblasts. Both dermal and epidermal abnormality appear to be necessary for the substance of psoriasis.

#### **Precipitating factors:**

Factors causing flare-ups of psoriasis:

Trauma: Scratches or surgical wounds.

**Infection:** Beta-hemolytic streptococcal throat infection often precede guttate psoriasis.

**Sunlight:** Rarely UV radiation may worsen psoriasis.

**Drugs:** Antimalarial, beta-adrenoceptor antagonists and lithium may worsen psoriasis and the rash may rebound after stopping systemic corticosteroids or potent local corticosteroids.

**Emotions:** Anxiety precipitates some exacerbations

Presence of Diabetes.

Purines in diet. (4)

#### **Pathogenesis :**

An increased incidence of disease in association with certain HLA types suggests a genetic predisposition to disease development. It has been postulated that psoriasis may a result from a complement - mediated reaction localized to the stratum corneum. According to the hypothesis, exogenous or endogenous damage to the stratum corneum antigens. These antigens elicit the formation of specific auto antibodies, which bind to the stratum corneum, fix complement and activate the complement cascade. This in turn leads to neutrophil recruitment and activation. The inflammatory process also seems to release proliferation factors for the underlying keratinocytes, resulting in increased epidermal turnover.

Another possibility is that the primary defect in psoriasis resides in the superficial dermal micro vessels. The capillary endothelium is unusually sensitive to cytokine-mediated induction of adhesion molecules, with subsequent enhanced recruitment of neutrophils. (5)

**Clinical features:**

1. The typical distribution is extensor. The commonly affected are the scalp, back of elbows, front of knees and legs and lower part of the back of the trunk.
2. The nails, the palms and the soles may also be affected in the average case.
3. Psoriasis exhibits itself as dry, well defined macules, papules and plaques of erythema with **layer-upon-layer of silvery scales**.
4. The typical lesions are coin shaped, by confluence, big plaques of the size of the palm of a hand or figurate area may be formed.
5. When a psoriatic lesion is scratched with the point of a dissecting forceps, a candle-grease like scale can be repeatedly produced even from the non scaling lesions. This is called the **Candle-Grease sign (Tache de bouge)**.
6. The complete removal of a scale produces pin point bleeding (**Auspitz sign**).
7. The lesions are slightly raised above the surface of the skin, but there is no induration psoriasis is **normally characterized by the absence of itching**, but in tropical countries, patients complain of slight or moderate pruritus which, if accompanied by secondary psychogenic stress and lichenification, is more marked.
8. Psoriatic lesions may develop along the scratch lines in the active phase; this is called Koebner's phenomenon (other common disease in which Koebner's phenomenon occur are: warts and lichen planus).
9. The central clearing of the circular lesions produces ringed lesion - **Annular Psoriasis**.
10. The scalp is involved in almost all cases. It shows thick, scaly papules, discretely distributed all over, with intervening areas of normal skin. The lesions are dry and there is no matting of hair, the later comes out straight through the scales. Psoriasis of scalp never causes loss of hair and baldness.
8. Nails show three types of lesions:
  - a) Pitting
  - b) Separation of the distal portion of the nail from the nail bed and walls.
  - c) Thickening of the nail, accompanied by the collection of hyperkeratotic debris under the nail.
11. The face is relatively spared, but lesions may occur along the scalp border (Corona Psoriatica). The palms of the hands are involved more commonly than the soles of the feet. Lesions consist of well defined patches of hyperkeratosis and fissures, on erythematous bases.
12. Lesions are bilaterally symmetrical. Occasionally psoriasis starts on the palms and soles, it may be confined to these areas (**Psoriasis Inversus**).

**Types:**

1. Pustular Psoriasis:
2. Flexural psoriasis
3. Psoriasis arthropathica:
4. Guttate psoriasis (6)
5. Inverse psoriasis
6. Erythrodermic psoriasis: (7)

### Diagnosis:

It is based upon:

1. The family history of psoriasis.
2. The typical distribution of the lesions on the scalp, elbows, knees, the front of the legs, back and nails.
3. Well-defined, non-indurated, dry, erythematous areas with silvery layer-upon-layer scaling.
4. The candle-grease sign, Koebner's phenomenon and pin-point bleeding upon removal of the scale.
5. Little or no itching.
6. History of previous attacks and seasonal variations of disease.
7. Typical histopathology. (8)

### Prognosis:

Disease is non-infectious. General health and longevity are unaffected though the majority of patients suffer from the disease on and off throughout their lives. The course is chronic with varying periods of intermission. The disease does not leave scars. There is only faint staining which disappears slowly. The nails gradually assume their normal appearance after the attack has aborted. Flexural, erythrodermic and pustular psoriasis take longer to heal than the typical variety. The palmar and nail lesions are rather resistant to treatment. (10)

### Self care:

- Follow a nutritious diet.
- Maintain a healthy weight.
- Take daily baths.
- Use moisturizer.
- Avoid sun exposure. (11)

### MATERIA MEDICA REVIEW:

#### Constitutional Remedies for Psoriasis: Few of them are discussed below:

1. *Ars. alb.*
  - Psoriasis
  - Free desquamation
  - Millitary eruption
  - Itching, burning > by external heat application
  - Dry scaly, rough skin < cold & scratching > external heat & heat application

#### **Mental General:**

- Great anguish, restlessness, fastidiousness.

#### **Physical General**

- Chilly patient, desires – milk, great thirst drinks much but little at a time, aversion - sweets

2. **Graphites:**

- Rough, hard, persistent dry unhealthy skin.
- Every little injury suppurates.
- Eruptions oozing out a sticky exudation.
- Obstinate dryness of skin, absence of perspiration.
- **Itching of skin until it is raw; < evening and night.**

#### **Mental General**

- Apprehensive, indecisive, despondency, **music makes her weep.**

#### **Physical General**

- **Chilly patient**, desire- milk, aversion – meat, sweet, fish, salt, **constipated, Obese.**

**3. Mercurius:**

- Psoriasis of the hand.
- Psoriasis in spots all over the body.
- Skin, rough, dry, cracks and peels off constantly in white bran scales.
- **Dry itching and measly tetter with desquamation of skin, worse at night, heat of bed.**
- **Easy perspiration without relief.**

**Mental General:**

- Hurried (Speech), but slow in answering questions, anxiety, apprehension as if he had committed a crime, memory weak.

**Physical General**

- Aversion- sweet, meat, thirst profuse, drinks a lot of water with moist tongue.

**4. Natrum mur.**

- Skin dry, cracked, dry eruptions on the margins of hairy scalp.
- Crusty eruptions on bend of limbs, margin of scalp, behind ears.
- < Eating salt, sea shore.

**Mental General**

- Ill effects of grief, fright & anger, awkward and hasty, **consolation** <, irritable, get into a passion about trifles, **obsessiveness**

**Physical general**

- **Hot patient, desire- salt, bitter & fish, aversion- bread & fat, unquenchable thirst.**

**10. Petroleum :**

- Psoriasis of hands, behind ears, extremities.

- Skin of hand cracked, rough, unhealthy.
- Burning, itching, redness
- Sensitive to slight touch.
- Skin cracked easily bleeds
- < winter.

**Mental Geeral**

- Irritable, quarrelsome, vexed at everything.

**Physical General**

- **Hot patient, desire – beer, aversion –meat, fat warm food, disagree – cabbage which produces diarrhoea.**

**12. Sepia :**

- Psoriasis on the face. Itching < cold.
- Red roughness of the skin.
- Circular spots from quarter to half an inch in diameter at first bright red later
- Covered with white scar returned to **red again < seashore.**

**Mental general:**

- **Indifference** to those she loves best, strong aversion to company, irritable, easily offended, **weeping** when telling symptoms.

**Physical generals:**

- Desire for acids, bitter, aversion to milk, meat, fat.

**13. Sulphur :**

- Dry scaly & unhealthy skin.
- Every little injury suppurates.
- Itching, burning worse scratching & washing.
- Pimply eruptions, pustules, hangnails.

- Excoriation especially in folds.
- **Pruritus especially from warmth**, in evening, often recurs in spring time in warm weather.

**Mental generals:** Irritable, very selfish, no regard to others, averse to business.

**Physical generals:**

- **Desire for sweet**, acids, aversion to milk and meat, disagree milk, **thirst – drinks much, eats little.**

#### 14. Thuja:

- Psoriatic eruptions of covered parts.
- Worse by scratching, **cold bathing, cold damp weather.**
- Bad effects after vaccination.
- Skin dry with brown spots.
- Nails crippled, brittle and soft.

**Mental generals:**

- **Fixed ideas**, emotional sensitiveness, irritable, **jealous**, quarrelsome.

**Physical generals:**

- Desire for cold food, salty food, **aversion to meat and potatoes**, disagrees onion, tea and coffee.

#### Rare Remedies indicated for Psoriasis :

##### 1. Carbo animalis:

- **Copper coloured eruption of the skin.**
- Itching of entire body,
- Gouty stiffness in joints

- Joints are weak & snap easily, very sensitive to dry cold air.

##### 2. Chrysarobinum :

- Acts as a powerful irritant of the skin & used successfully in skin diseases.
- **Vesicular or squamous lesions associated with foul smelling discharges.**
- **Crusty eruption tending to become confluent & to give appearance of a single crust covering the entire area.**
- Violent itching in thigh, legs.
- Dry scaly eruptions especially around eyes & ear scales with underneath.

##### 3. Cuprum aceticum :

- Chronic psoriasis
- **Eruption without itching all over body**, in spots of various sizes.
- Worse on mental motion & touch.
- **Better by warmth.**

##### 4. DNA :

- It is useful in **positive history of psoriasis.**
- The DNA plays an important part, as a support of hereditary characters, seems to be active materials of the gene.

##### 5. Hydrocotyl :

- **Circular spots with scaly edges ,dry eruption**
- Great thickening of epidermis layer of the skin & exfoliation in scales.
- Scaly eruption of trunk , extremities, palms & soles intolerable itching.

**6. Icthyolum :**

- Psoriasis, scaly itching, heat and irritation.
- Polyarthritis, uric acid diathesis.

**7. Mezereum :**

- Scrufs like scales on the back, chest, scalp & thigh.
- Roughness and scaling here and there.
- Pruritus increased by scratching or when undressing.
- **Intolerable itching worse in bed.**
- **Very sensitive to cold air.**
- Psoriasis after vaccination.

**8. Oleum-jecoris aselli :**

- Psoriasis of children, itching of skin.
- **Atrophy, emaciation of infants with hot hands & head.**

**9. Psoralia cor :**

- It is useful in psoriasis, syphilitic or non-syphilitic origin.
- Those who **suffer from E. Histolytic infection & other infection of gastrointestinal tract.**

**10. X-ray :**

- Skin dry wrinkled, painful cracks.
- Psoriasis. (12)

**REPERTORIAL REVIEW:****From Synthesis Repertory:**

1. HEAD, Eruption, crushed, scars
2. HEAD, Eruption, desquamating
3. HEAD, Eruption, scales
4. HEAD, Eruption, scrufty
5. EXTREMITIES, ankylosis, fingers, first joint of

6. EXTREMITIES, arthritis, nodosities
7. EXTREMITIES, Eruption, joints
8. EXTREMITIES, Eruption, elbow
9. EXTREMITIES, Eruption, elbow, psoriasis, patches
10. EXTREMITIES, Eruption, hand psoriasis, diffusa
11. EXTREMITIES, Eruption, hand, back of , psoriasis, chronic
12. EXTREMITIES, Eruption, hand, palm, psoriasis
13. EXTREMITIES, Eruption,, fingers, psoriasis
14. EXTREMITIES, Eruption, Knee, psoriasis
15. EXTREMITIES, Eruption, leg, psoriasis
16. SKIN, Eruption, desquamating
17. SKIN, Eruption, psoriasis
18. SKIN, Eruption, psoriasis, diffusa
19. SKIN, Eruption, psoriasis, inveterate
20. SKIN, Eruption, psoriasis, Syhpilitic
21. SKIN, Eruption, psoriasis, red
22. SKIN, Eruption, psoriasis, scaly
23. FACE, Eruption, psoriasis of eyebrows
24. GENITALIA MALE, Eruption, scrotum, psoriasis. (13)

**MIASMATIC REVIEW:**

Grouping of symptoms of psoriasis in relation with Miasms:

**PSORA:** Itching without pustules; burning, scaly; eruptions recur annually; < winter; < during sleep; > sunrise to sunset; > summer; > natural discharges; > heat or warmth; > appearance of; suppressed eruptions.

**SYCOSIS:** Unnaturally thickened skin (hyperkeratosis); increased exfoliation; fish



scaly eruptions; nail changes irregular, pitting thickened; < rest; < damp, cold, rainy season; > winter; > unnatural discharges from mucosal surfaces; joint pains < during cold, damp weather; > morning, dry weather.

**SYPHILIS:** Erythrodermic type; tendency to form for ulcer with putrefaction; no itching, no pain; eruption slow to heal; spoon shaped, paper like thin nails with bending, tearing easily; periosteal and joint involvement; < sunset to sunrise; < natural discharges; < perspiration; < summer; < warmth of bed; > sunrise to sunset; > warm climate; > unnatural discharges.

SL

### A MODEL CASE:

Name- Miss x Das Age-15, HF

#### Presenting complaint-

- Psoriatic patch all over body since 10 years with itching. < warm, full moon; > cold.
- Heart burn since 4 yrs; < in empty stomach; > after food.
- Pain in knee joint since 1 yr; < cold, motion; > warm.

#### Treatment history

- Allopathy for 7 yrs.
- Homoeopathy for 1&1/2 yrs.
  - Sepia 30, 200.
  - Nat. mur. 0/1, 0/2, 1M, 10M.
  - Lyco. 200, 1M.
- Ayurvedic for 1 & 1/2 yrs.

#### Past history

Scabies – Took allopathic medicines and got relief.

Jaundice – Took homoeopathic medicines and got relief.

#### Family history

- Father – NIDDM.
- Mother – Hypertensive.
- Grand father (M) – TB lungs

#### Personal history

- Unmarried.
- Habit – Tea.
- Non vegetarian

#### Laboratory investigation

- ASO : - ve; CRP : - ve; RA : - ve; ESR – 20 mm 1st hr; DC – N – 60, E – 8, M – 2, L – 30, B – 0; Hb – 12.8 gm% ; TLC – 9200/cmm of blood; FBS – 87mg/ dl; PPBS – 112 mg/dl.

#### Physical generals

- RHC – Hot patient. Aversion to bathing.
- Desire – Sweet, warm food.
- Aversion – sour.
- Intolerance – Prawn.
- Sweat – From palm with warm feeling.
- Dream – Frightful.
- Appetite – Ravenous.

#### Mental generals

- Sibling jealousy
- Desire to be alone
- Consolation <
- Music aversion
- Obsessiveness
- Introvert

#### Selective Repertorisation

**On mental generals only: drugs are as follows:**

- Nat. mur., Sep., Ign., Nux. Vom., Cham., Staph., Carc., Merc., Ars., Cina. Thuj. Bell., Puls., Sulph, etc.

**On physical generals only: drugs are as follows:**

- Lyco., Sulph., Calc., Puls., Nux. Vom., Psor., Ars., Bry., Sil., Con., Nat. mur., Phos. Etc.

**Selective repertorisation**

**On particular symptoms only: drugs are as follows:**

Calc., Alum., graph., Sil., Lyco., Psor., sulph., Rhus. Tox., Merc., Puls. Etc.

**On physical generals + mental generals: drugs are as follows:**

Nat.mur. Sulph., Lyco., Nux.vom., Sep., Puls., Calc., Ars., Ign., Merc., Psor. Etc.

**Total repertorisation**

**Mental generals + Physical generals + particulars**

Sulph., Lyc., Nat.mur., Calc., Sep., Puls., Nux.vom., Merc., Sil., Ars., Psor. etc

**PRESCRIPTION**

Rx  
Sulph. 0/1 & 0/2  
(2oz 16d OD)  
2.11.89.

4.12.89-  
Skin symptoms get > 50%.  
Joint Pain > totally.  
Heart burn unchanged.

7.01.90  
Skin symptoms aggravated.  
Joint pain no more.  
heart burn >40%.

02.02.90  
Skin symptom slightly less.  
No joint pain.  
Heart burn reduced 75%.

05.04.90.  
Skin symptoms > 50%.  
No joint pain.  
Heart burn >90%

07.06.90  
Skin symptoms > 80%  
No joint pain.  
No heart burn.  
Developed constipation.

09.08.90  
Skin lesion >90%  
No joint pain.

Rx  
Sulph. 0/3 & 0/4  
(2oz 16d OD)  
4.12.89

Rx  
Sulph 0/5  
( 1oz 4d weekly)  
7.01.90

Rx  
Sulph.0/6  
(1oz 4d 15days interval)  
02.02.90

Rx  
Sulph. 0/7  
(1oz 4d fortnightly)  
05.04.90

Rx  
Sulph. 0/8  
(1oz 4d fortnightly)  
07.06.90

Rx  
Sep. 200/1 dose

No heart burn.  
Constipation continued.  
Urticarial rash all over, < cold, > warm  
C.cold sneezing, running nose, nasal obstruction

followed by  
Sulph. 0/9  
(1oz 4d fortnightly)  
09.08.90

11.10.90

Rx

Skin lesion reduced >90%  
No joint pain.  
No heart burn. No urticaria.  
C.cold continued.

Bacilinum 1m/1dose  
followed by  
sulph. 0/10  
( 1oz 4d fortnightly)

15.12.90

Rx

No skin lesion, no urticaria  
No joint pain.  
No heart burn, no c. cold.  
Constipation continued.

Sulph. 0/11  
(1oz 4d monthly)  
15.12.90

Sulph LM potency continued upto 0/28, no medicine there after.

She has two children & taking medicine for them.

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