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A LITERATURE REVIEW ON PSORIASIS AND HOMOEOPATHIC THERAPEUTICS

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ABSTRACT

Psoriasis is a chronic, non-contagious immune-mediated inflammatory skin disorder characterized by erythematous, scaly plaques that significantly affect patients' quality of life. Conventional treatment primarily focuses on symptom suppression and disease control, whereas homeopathy emphasizes individualized management based on the totality of symptoms. psoriasis as a multifactorial disease influenced by genetic susceptibility, immune dysregulation, and environmental triggers, with significant physical and psychosocial consequences. The present literary study aims to integrate contemporary medical knowledge of psoriasis in homeopathy. It explores the disease's etiology, pathophysiology, clinical manifestations, diagnosis, conventional management and homoeopathic perspective of psoriasis.

KEYWORDS: Psoriasis, Homeopathy, literature review, Homoeopathic therapeutics, Autoimmune disease.

INTRODUCTION

Psoriasis is a autoimmune chronic inflammatory, hyperproliferative skin disease. It is characterised by well-defined, erythematous scaly plaques,particularly affecting extensor surfaces, scalp and nails, and usually follows a relapsing and remitting course. Psoriasis is

one of the most common dermatological diseases, affecting up to 2-3% of the world's population. It is an immune-mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered by silvery micaceous scale. The skin lesions of psoriasis are variably pruritic. Traumatized areas often develop lesions of psoriasis (the Koebner or isomorphic phenomenon).

In addition, other external factors may exacerbate psoriasis, including infections, stress, trauma and medications (lithium, beta blockers, and anti-malarial drugs). From the homoeopathic perspective, psoriasis is not merely a local skin disease but a manifestation of deeper internal imbalance. According to the principles laid down in Organon of Medicine by Samuel Hahnemann, skin eruptions represent an external expression of internal dynamic disturbance of the vital force. Suppression of skin diseases may drive the pathology inward, affecting deeper organs and system.

Epidemiology

The worldwide prevalence of psoriasis ranges from approximately 2-3%, although geographic variation exists. Both males and females are equally affectes. Genetic susceptibility, environmental triggers, infection, psychological stress, smoking, obesity, alcohol consumption and certain medications contribute to disease onset and exacerabation.

Review of literature

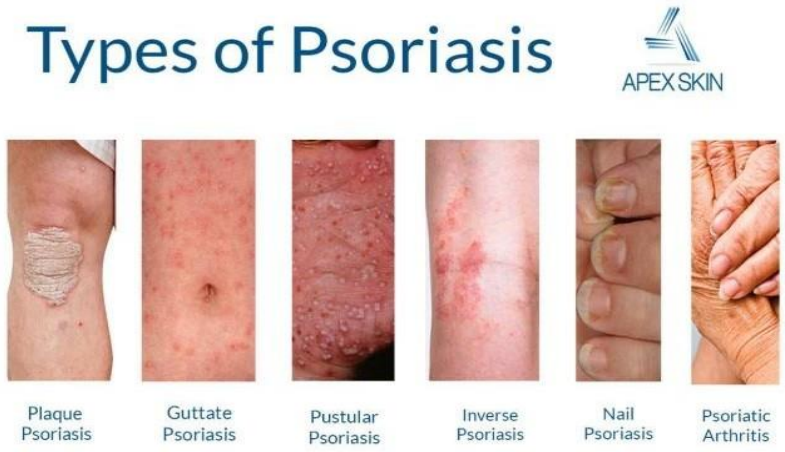
DEFINITION: Psoriasis is chronic inflammatory, hyperproliferative skin disease, It is characterised by well defined, erythematous scaly plaques covered with silvery scales, particularly affecting extensor surface, scalp and nails usually follows relapsingand remitting course.

Etiology

1. Genetic / Hereditary factors
2. Immune system disturbance
3. Disturbed fat (lipid) metabolism
4. Hormonal imbalance
5. Infection (Septic focus)
6. Allergy and hypersensitivity
7. Psychological factors
8. Environmental and triggering factors

TYPES OF PSORIASIS

1. Plaque psoriasis
2. Guttate psoriasis
3. Erythrodermic psoriasis
4. Pustular psoriasis.
5. Inverse psoriasis.
6. Nail psoriasis.
7. Psoritic arthritis



PLAQUE PSORIASIS (Psoriasis vulgaris)-Most common type of psoriasis

The typical lesion is raised, well-demarcated erythmetous plaque of variable size. The most common sites are extensor surface notably elbow, and knees, and the lowe back.

Account for 80-90% of Cases.

GUTTATE PSORIASIS-This is most common in children and adolscents. It may present shortly after a streptococcal throat infection and evolve rapidly. Individual lesion are droplet shaped, small (usually less than 1cm in diameter), eryhthmetous scaly and numerous

ERYTHRODERMIC PSORIASIS-It is an medical emergency. Whole body becomered, inflamed, peeling and looks like burn injury.

PUSTULAR PSORIASIS-Pustular psoriasis may be generalised and localised. Generalised pustular psoriasis is uncommon, unstable and life threatening. onset is usually sudden, with large numbers of small, sterile pustules on erythmetous background, often merging into sheets, with waves of new pustules in subsequent days. Localised pustular psoriasis of the palm and soles is more common, chronic closely associated with smoking;small sterile

pustules and erythema develop and resolve with pigmentation and scalling.

INVERSE (Flexural) PSORIASIS--This type affects intertriginous areas such as the axillae, groin, inframammary region, and intergluteal cleft. Lesions are typically smooth, erythematous, and lack the characteristic scaling due to the moist environment.

NAIL PSORIASIS- Nail involvement may occur independently or with skin lesions. Common features include pitting, onycholysis, subungual hyperkeratosis, and "oil drop" discoloration.

PSORIATIC ARTHRITIS-A seronegative inflammatory arthritis associated with psoriasis, affecting peripheral joints and sometimes the axial skeleton. It can lead to joint deformities if untreated.

PATHOPHYSIOLOGY OF PSORIASIS

Pathogenesis of Psoriasis

Predisposing / Trigger Factors (Genetic susceptibility + Infection + Trauma + Stress)

↓

Activation of Immune Mechanisms

↓

Increase in Inflammatory Mediators

(Arachidonic Acid Pathway Activation)

↓

↑ Phospholipase Activity

↓

Formation of 5-HPETE (Initial Metabolite)

↓

Precursor Formation of Leukotrienes

↓

↑ Polyamines & ↑ Ornithine Decarboxylase

↓

Effects on Cell Kinetics & Chemo-attraction of Polymorphs

↓

Rapid Epidermal Cell Proliferation Increased proliferative cells Shortened epidermal cell cycle

↓

Extension of Proliferation Beyond Basal Layer

↓

PMN (Polymorphonuclear) Cell Infiltration in Epidermis

↓

Formation of Munro Micro-abscesses (Characterisitic Feature)

↓

Altered Immune Response

↓ Cell-mediated immunity

↑ IgA levels Altered T-cell function

↓

Development of Psoriatic Plaques / Lesions

Clinical features

1. Raised red plaques with silvery-white scales
2. Itching or burning sensation
3. Dry, cracked skin that may bleed
4. Nail pitting and discoloration
5. Scalp involvement
6. Joint pain in psoriatic arthritis
7. Symmetrical distribution over elbows, knees, scalp, and lumbosacral region.

DIAGNOSIS

1. Medical History (History Taking)

A. Presenting complaints

- Red, raised, scaly skin lesions
- Itching or burning
- Dryness or cracking of skin
- Scalp scaling
- Nail changes
- Joint pain or stiffness (suggesting psoriatic arthritis)

B. Past history

- Previous similar episodes

- Previous treatments and response
- History of arthritis
- Other autoimmune diseases

C. Family history

D. Personal and social history

2. Physical Examination

Dermatological examination

- Typical skin findings
- Well-defined erythematous plaques
- Covered with silvery-white scales
- Symmetrical distribution
- Common sites: Elbows, Knees, Scalp, Lumbosacral area, Nails, Palms/soles.

3. Special clinical signs

- Auspitz sign: pinpoint bleeding after scale removal
- Grattage test: scraping produces more scales
- Koebner phenomenon: lesions at sites of trauma

4. Nail examination

- Nail pitting
- Onycholysis
- Subungual hyperkeratosis

5. Joint examination

- Tender/swollen joints
- Morning stiffness
- Dactylitis (sausage digits)

Investigations

- Usually not required
- Skin biopsy only when diagnosis is doubtful or to differentiate from eczema/fungal infection
- ESR/CRP if arthritis suspected

- X-ray or MRI for psoriatic arthritis

Modern Treatment of Psoriasis

A. Topical Therapy (Mild disease first line)

- Emollients (moisturizers)
- Topical corticosteroids
- Vitamin D analogues (calcipotriol)

B. Phototherapy

C. Systemic (Oral / Injectable) Therapy Non-biologic drugs

- Methotrexate
- Cyclosporine

Biologic agents

- TNF-alpha inhibitors
- IL-17 inhibitors
- IL-23 inhibitor

HOMOEOPATHIC APPROACH TO PSORIASIS

In Homoeopathy, psoriasis is understood as a deep-seated constitutional disorder with a strong miasmatic foundation, not merely a local skin pathology. The disease reflect disturbance of the vital force and unfolds according to the patient's inherited and acquired tendencies.

Psoriasis is a chronic immune-mediated inflammatory dermatosis characterized by erythematous plaques with silvery white scales and a recurrent course. Modern medicine mainly offers suppressive and symptomatic management, whereas homoeopathy considers psoriasis a manifestation of deep-seated constitutional and miasmatic disturbance. This study evaluates the role of mental symptoms, miasmatic background, and individualized constitutional treatment in the management of psoriasis.

Homeopathy treats the patient as a whole not the disease, so individualization of a patient is important then the disease in treating the illness. Individualization is done on the basis of mental generals and physical generals. Also done on basis of location, sensation, modalities, and concomitant. Homoeopathic medicine prescribed on the basis of symptom similarity,

achieved by toality of symptom which is formed by proper case-taking."

The objectives of homoepathic management include.

- Individualized constitutional prescribing
- Reduction in recurrence
- Improvement in overall health
- Holistic management of physical and psychological symptoms.

MASMATIC APPROACH

Dr. Hahnemann after discovering and practicing homoeopathic method of treatment for about 30yrs. Found that homoeopathy failed to be a real cure in some disease. This gave birth to a Polluting factor'. He divided the miasm in two broad categories viz, acute miasm and chronic miasm of which chronic was fürther divided into psora, syphilis, sycosis.

Psora represents functional disturbance and hypersensitivity. Contribution to Psoriasis:

- Dryness of skin
- Intense itching
- Fine scaling

Psora forms the base miasm in almost all psoriasis cases.

(b) Sycotic Element – Proliferation & Thickening Sycosis leads to overgrowth and infiltration. Contribution.

- Thick plaques
- Induration of lesions
- Slow recovery
- Recurrent nature

(c) Syphilitic Element - Destruction & Chronicity Syphilitic miasm causes degeneration and tissue damage. Contribution.

- Cracks and fissures
- Bleeding lesions

Homoeopathy aims to restore internal balance through constitutional treatment, which may help reduce recurrence and improve the patient’s overall well-being.

Homeopathic Therapeutics Commonly Indicated in Psoriasis

Homeopathic management of psoriasis is based on the principle of individualization. The prescription depends upon the patient's constitutional makeup, mental and physical generals, modalities, concomitant symptoms, and characteristic skin manifestations rather than the diagnosis alone. The following remedies are frequently described in classical homeopathic literature as being indicated in patients presenting with psoriasiform skin lesions.

1. Sulphur

Sulphur is one of the most frequently indicated remedies in chronic skin diseases. It is particularly useful in patients with dry, rough, scaly eruptions associated with intense itching and burning. The itching is typically aggravated by warmth of the bed, bathing, and at night, while scratching may produce temporary relief followed by burning. The skin often appears unhealthy, dry, and prone to recurrent eruptions.

2. Graphites

Graphites is indicated in chronic dry skin disorders where thick, cracked, and fissured lesions are accompanied by sticky, honey-like exudation. Psoriatic plaques commonly develop in flexural areas, behind the ears, scalp, and hands. The skin tends to be rough and unhealthy with delayed healing.

3. Arsenicum album

Arsenicum album is suitable for patients presenting with dry, scaly eruptions associated with marked burning pain and intense itching. Symptoms are usually worse after midnight and during cold weather, while warmth provides relief. Patients often exhibit anxiety, restlessness, and physical weakness.

4. Petroleum

Petroleum is especially useful in psoriasis with extremely dry, thickened, cracked skin and deep painful fissures. The lesions frequently worsen during winter and cold weather. The hands, feet, elbows, and scalp are common sites of involvement.

5. Mezereum

Mezereum is indicated in thick crusted eruptions with abundant scales covering inflamed skin. Intense itching is followed by burning after scratching. Scalp psoriasis with thick crusts and offensive discharge is a characteristic indication.

6. Sepia

Sepia is frequently considered in chronic recurrent skin disorders associated with hormonal disturbances and constitutional weakness. The eruptions are dry, rough, and itchy, with aggravation from cold weather and improvement after vigorous exercise.

CONCLUSION

Psoriasis is a complex immune-mediated disease requiring long-term management. Conventional medicine provides effective control of disease activity, whereas homeopathy emphasizes constitutional treatment based on individual symptomatology. Existing literature suggests potential benefits of homeopathic therapeutics in selected patients; however, stronger clinical evidence is needed. Future multidisciplinary research integrating dermatology and homeopathy may help clarify the role of individualized homeopathic treatment in psoriasis management.

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