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PSORIASIS: A COMPREHENSIVE REVIEW OF ITS CLINICAL FEATURES, PATHOGENESIS AND HOMOEOPATHIC MANAGEMENT

Dr. Vandana Patel[1]* PG Scholar, Dr. Piyusha Maheshwari[2] HOD

[1]Md Homoeopathy 1st Year, [2]HOD

Department of Practice of Medicine Ram Krishna College of Homoeopathy and Medical Sciences Gandhi Nagar, Bhopal.

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***Corresponding Author**

Dr. Vandana Patel

Md Homoeopathy 1st Year,
Department of Practice of Medicine
Ram Krishna College of Homoeopathy and Medical Sciences Gandhi Nagar, Bhopal.

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well-demarcated erythematous plaques with overlying silvery scales. It may occur at any age and is associated with significant physical, psychological and social burden.[1,2] Chronic plaque psoriasis is the most common clinical phenotype. Genetic susceptibility together with environmental triggers contributes to disease development, while the IL-23/IL-17 inflammatory pathway plays a central role in its pathogenesis.[1,3] Homoeopathic literature includes observational studies, randomized controlled trials and case reports evaluating individualized treatment in psoriasis.[4-8] The present case report describes the homoeopathic approach to a case of chronic plaque psoriasis, including detailed case taking, totality of symptoms, repertorial analysis, miasmatic assessment, individualized prescription and follow-up.

KEYWORDS: Psoriasis, Plaque psoriasis, Homoeopathy, Repertorisation, Individualized treatment, Natrum muriaticum, Miasmatic approach.

INTRODUCTION

Psoriasis is a common chronic inflammatory papulosquamous disorder characterized by sharply demarcated erythematous plaques covered by silvery-white scales.[1,2] The disease

may involve the skin, nails and joints and is associated with several systemic comorbidities.[1,9]

Chronic plaque psoriasis, also known as psoriasis vulgaris, is the most common clinical form. Typical lesions occur over the scalp, extensor surfaces of the elbows and knees, trunk and lumbosacral region.[1,2]

The development of psoriasis involves a complex interaction between genetic predisposition and environmental factors. Immune dysregulation involving dendritic cells, T lymphocytes and inflammatory cytokines is central to disease pathogenesis. The IL-23/IL-17 axis is particularly important in maintaining psoriatic inflammation.[1,3]

Common precipitating or aggravating factors include psychological stress, trauma, infections, smoking, obesity, alcohol consumption and certain medications.[1,2]

Psoriasis is primarily diagnosed clinically on the basis of characteristic morphology and distribution. Histopathological examination may be considered when the clinical diagnosis is uncertain.[10]

In homoeopathic literature, individualized treatment is based on the totality of characteristic symptoms rather than the pathological diagnosis alone. Published studies include prospective observational research, randomized placebo-controlled research and individual case reports.[4-8]

ETIOLOGY

Psoriasis is considered a multifactorial disease resulting from interaction between genetic susceptibility and environmental triggers.[1,2]

Important factors include

- Genetic predisposition
- Immune dysregulation
- Psychological stress
- Trauma
- Infections
- Smoking
- Alcohol consumption

- Obesity
- Certain medications
- Climatic factors
- Metabolic abnormalities[1,2,9]

The **Koebner phenomenon** refers to the appearance of psoriatic lesions at sites of trauma in susceptible individuals.[2]

PATHOGENESIS

The pathogenesis of psoriasis involves activation of the innate and adaptive immune systems.[1,3]

Genetic susceptibility and environmental triggers initiate activation of antigen-presenting cells and inflammatory pathways. Cytokines including tumour necrosis factor-alpha, interleukin-23 and interleukin-17 contribute to sustained inflammation.[1,3]

The IL-23/IL-17 pathway promotes keratinocyte proliferation and abnormal differentiation, resulting in epidermal hyperplasia and the formation of characteristic psoriatic plaques.[3]

Simplified pathway

Genetic susceptibility + environmental trigger → immune activation → IL-23/IL-17 pathway activation → keratinocyte hyperproliferation → epidermal hyperplasia → erythematous scaly plaque.[1,3]

CLINICAL FEATURES

The classical lesion is a sharply demarcated, erythematous plaque covered with silvery-white scales.[1,2]

Common sites

- Scalp
- Elbows
- Knees
- Trunk
- Lumbosacral region
- Umbilical region[1,2]

Clinical signs

Auspitz sign: Pinpoint bleeding following removal of the psoriatic scale.

Koebner phenomenon: Appearance of psoriatic lesions at sites of trauma.[2]

Nail involvement

- Nail pitting
- Onycholysis
- Subungual hyperkeratosis
- Oil-drop/salmon-patch appearance[1,2]

Psoriasis may also be associated with **psoriatic arthritis**, cardiovascular risk factors, metabolic syndrome, diabetes, obesity, inflammatory bowel disease, anxiety and depression.[9,11]

CASE PRESENTATION

Patient Profile

Age: 54 years

Sex: Male

Clinical diagnosis: Chronic plaque psoriasis

Chief Complaints

The patient presented with

1. Dry, scaly eruptions over multiple parts of the body.
2. Severe itching associated with the eruptions.
3. Aggravation during winter.
4. Extension of lesions over the lower limbs, trunk and scalp.

These features correspond to the published case report of Ningthoujam and Bilugudi describing a 54-year-old male with plaque psoriasis.[7]

HISTORY OF PRESENT ILLNESS

The skin eruption initially appeared over the right lower limb and gradually extended to other areas, including the opposite lower limb, trunk and scalp.[7]

The lesions were described as dry, erythematous and scaly. Itching was prominent and was aggravated at night. Scratching increased the itching and could result in bleeding.[7]

The complaints were aggravated during winter. The patient also reported aggravation after consumption of fish and sour food.[7]

PAST HISTORY

According to the published case report, the patient had:

- History of poliomyelitis during infancy.
- Previous hydrocele surgery.
- Diabetes mellitus.
- Previous fracture of the right femur following trauma.[7]

FAMILY HISTORY

A positive family history of psoriasis was present, with three brothers reportedly affected by psoriasis.[7]

Family history is clinically important because psoriasis has a significant genetic component.[1,2]

PERSONAL HISTORY

Appetite

Reduced.

Food desires

Desire for fish.

Food aggravation

Fish and sour food aggravated the skin complaints.

Bathing

Desire for cold bath.

Thirst

Moderate.

Perspiration

Generalized, increased with exertion and warm weather.

Sleep

Disturbed with early morning awakening.

Thermal state

Hot patient; intolerance of heat and preference for cold bathing.[7]

MENTAL GENERALS

The patient was described as lively, cheerful and active during consultation. The published case also described feelings of loneliness associated with his personal circumstances.[7]

PHYSICAL EXAMINATION

On examination:

- Dry erythematous plaques were present.
- Lesions involved the extremities.
- Scaly eruptions were present over the scalp.
- Lesions were present over the trunk.
- Retroauricular lesions were observed.
- Nail pitting was present.
- Onycholysis was observed.
- Auspitz sign was positive.[7]

PROVISIONAL DIAGNOSIS

Chronic Plaque Psoriasis (Psoriasis vulgaris)

The diagnosis of plaque psoriasis is primarily clinical and is based on characteristic morphology and distribution.[10]

TOTALITY OF SYMPTOMS

The following characteristic symptoms were considered for repertorial analysis

1. Lively and vivacious disposition.
2. Desire for fish.
3. Desire for cold bathing.
4. Hot patient.
5. Dry, scaly skin eruptions.
6. Itching aggravated by scratching.
7. Itching worse at night.
8. Aggravation during winter.
9. Aggravation from fish.
10. Aggravation from sour food.

11. Amelioration associated with perspiration.[7]

HOMOEOPATHIC CONCEPT OF PSORIASIS

Homoeopathy approaches disease from the perspective of the individual patient rather than considering the pathological diagnosis alone. In an individualized homoeopathic approach, the case is evaluated through the totality of characteristic symptoms. Particular attention is given to:

- Location of lesions
- Appearance of eruptions
- Character of scaling
- Itching
- Burning
- Pain
- Modalities
- Concomitant symptoms
- Thermal state
- Food desires and aversions
- Perspiration
- Sleep
- Mental symptoms
- Physical generals
- Past history
- Family history
- Exciting causes
- Maintaining factors

The final prescription is therefore expected to differ between patients even when they share the same conventional diagnosis. Individualization is a central principle of classical homoeopathic prescribing. In this approach, the medicine is selected according to the characteristic symptom picture of the patient. A patient with psoriasis whose dominant features include intense itching aggravated by warmth may require a different medicine from another patient whose principal manifestations include painful fissures, marked dryness and aggravation during winter. Therefore, the diagnosis of psoriasis is used as the clinical disease entity, while the homoeopathic prescription is determined by the individualized totality. This

distinction is particularly relevant to the proposed study because the intervention is **individualized homoeopathic medicine**, rather than a fixed medicine prescribed to all participants.

ORGANON OF MEDICINE AND CHRONIC DISEASE

The homoeopathic approach to chronic diseases emphasizes detailed case taking, identification of characteristic symptoms and selection of a medicine based on similarity. In the context of psoriasis, the chronicity and recurrent nature of the disease make complete case taking particularly important. The case analysis may include:

- Present symptoms
- Previous episodes
- Family history
- Constitutional characteristics
- Mental and emotional symptoms
- General physical symptoms
- Maintaining factors
- Exciting causes

MIASMATIC CONSIDERATION

Within classical homoeopathic philosophy, chronic diseases may be interpreted through the concept of miasms. In the proposed study, miasmatic assessment may be undertaken after complete case taking. The assessment will be based on the totality of symptoms rather than on the diagnosis of psoriasis alone. The study may document the predominant miasmatic pattern identified in each case, including:

- Psoric
- Sycotic
- Syphilitic
- Mixed miasmatic expressions

REPERTORIAL APPROACH

Repertorization can be used to convert characteristic symptoms obtained during case taking into appropriate repertorial rubrics. The proposed study may use **Kent's Repertory** as the principal repertory if specified in the approved research protocol. The repertorial process may include:

- Complete case taking.

- Identification of characteristic symptoms.
- Selection of appropriate rubrics.
- Repertorization.
- Identification of leading medicines.
- Confirmation with Materia Medica.

Final individualized prescription

MATERIA MEDICA CONSIDERATION

The final prescription should be confirmed by correlation with the appropriate Materia Medica. These medicines should not be considered as routine treatments for psoriasis. Their selection should depend on the characteristic individual symptom picture. Medicines that may appear frequently in the repertorial analysis of individual psoriasis cases include:

- Natrum muriaticum
- Sulphur
- Petroleum
- Graphites
- Arsenicum album
- Psorinum
- Mercurius solubilis
- Calcarea carbonica
- Sepia
- Lycopodium

HOMOEOPATHIC PRESCRIPTION

Selected Remedy

Natrum muriaticum

The published case described an initial prescription of

Subsequent prescriptions were made in LM potencies according to the clinical response and persistence of the symptom totality.[7]

FOLLOW-UP

The original case report documented progressive improvement during follow-up, including reduction in itching and progressive drying of psoriatic lesions.[7]

Follow-up **Clinical response**

Initial visit	Extensive dry, scaly eruptions with itching
Early follow-up	Itching gradually reduced
Subsequent follow-up	Psoriatic lesions began to dry
Later follow-up	Progressive reduction in eruptions
Further follow-up	Marked reduction of itching
final reported follow up	lesions considerably improved and no significant new eruptions reported

For an actual publication, this table must be replaced by the patient's real dates, findings, photographs and objective outcome scores.

DISCUSSION

Psoriasis is a chronic inflammatory disease involving genetic predisposition, immune dysregulation and environmental influences.[1-3] Modern research has established the importance of the IL-23/IL-17 pathway in psoriasis pathogenesis and treatment.[3]

From the homoeopathic perspective, individualization is based on the characteristic symptoms of the patient. Published homoeopathic literature includes observational studies, case reports and randomized controlled research.[4-8]

Witt et al. conducted a prospective multicentre observational study involving 82 adults with psoriasis who received homoeopathic treatment in usual medical care and were followed for two years.[4] Because this was an observational study without a placebo control, its findings cannot establish causal efficacy.

Chitale et al. reported a 23-year-old male with psoriasis involving the face and scalp who was treated with constitutional **Sulphur** in a case report.[5]

Gupta and Lamba reported a 24-year-old male with psoriasis treated using **Arsenicum album**, including LM potency during follow-up and Psorinum as an intercurrent medicine.[6]

Kubavat et al. reported a case of palmoplantar psoriasis in a 48-year-old male treated with individualized **Sulphur 1M**, with clinical improvement reported during follow-up.[8]Mahesh et al. reported several psoriasis cases with different clinical phenotypes managed through individualized homoeopathic treatment.[7]

Importantly, Balamurugan et al. conducted a **double-blind, randomized, placebo-controlled trial** involving 51 patients with psoriasis. The study compared individualized homoeopathic medicines in LM potencies with placebo for six months and reported a statistically significant difference in PASI improvement favouring the individualized homoeopathic medicine group at six months.[12] However, several secondary outcomes were not statistically significant, and further research was recommended by the authors.

Therefore, while published homoeopathic studies provide material for further investigation, **case reports and observational studies should not be interpreted as definitive proof of efficacy**. Larger, independently replicated, well-controlled trials are required.

CONCLUSION

Psoriasis is a chronic inflammatory skin disorder with complex genetic, immunological and environmental determinants.[1-3] Accurate clinical diagnosis, assessment of severity and evaluation for associated comorbidities are essential.[9-11]

The present case demonstrates the structure of individualized homoeopathic case management involving detailed history taking, totality of symptoms, repertorial analysis, miasmatic assessment, individualized prescription and follow-up.

Published homoeopathic case reports and clinical studies have reported improvement in psoriasis following individualized treatment.[4-8,12] Nevertheless, the evidence base remains limited, and controlled clinical research is necessary to establish the efficacy and safety of homoeopathic treatment in psoriasis.

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