

A CASE OF PSORIASIS SUCCESSFULLY TREATED WITH HOMOEOPATHY

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ABSTRACT

This case report presents a 13-year-old female suffering from chronic psoriasis following unresolved grief after the sudden death of her mother. The patient exhibited extensive, itchy, dry, scaly lesions resistant to conventional therapy. A classical homoeopathic approach led to the prescription of Natrum muriaticum, selected based on a totality of symptoms that reflected suppressed grief, emotional withdrawal, and specific modalities. Over the course of treatment, the patient showed remarkable improvement in both dermatological symptoms and psychological well-being. This case illustrates the role of individualized homoeopathy in managing psychosomatic dermatological disorders.

KEYWORDS: Psoriasis, Natrum muriaticum, Grief, Emotional suppression, Homoeopathy, Skin disorder.

INTRODUCTION

Psoriasis is a chronic, non-contagious, autoimmune-mediated skin disease characterized by well-defined, erythematous plaques covered with silvery-white scales. Commonly affected areas include the elbows, knees, scalp, and back, although any region can be involved. Psoriasis results from accelerated epidermal turnover, with skin cells regenerating every 3–5 days instead of the normal 28–30-day cycle, leading to accumulation of immature keratinocytes and inflammation.^[1]

Genetic predisposition plays a significant role—twin studies suggest a high concordance rate—but environmental factors such as psychological stress, infections, and trauma are crucial in triggering and exacerbating the disease.^[1]

Stress is a major factor in the pathogenesis of psoriasis. Retrospective studies report that 31–88% of patients identify stress as a disease trigger, and systematic reviews indicate that up to 54% experienced significant life stress before psoriasis activity.^[2] Stress affects immune function by activating the hypothalamic–pituitary–adrenal (HPA) axis and increasing proinflammatory cytokines such as IL-1, IL-6, and TNF- α , which contribute to the brain–skin axis of disease.^[3,4]

Over 60% of psoriasis patients report that stress worsens their symptoms, and those with higher stress sensitivity experience more frequent and severe flares.^[5] The emerging field of psychodermatology integrates dermatological and psychological care to improve outcomes.^[6]

This case report presents a 13-year-old girl with psoriasis following emotional trauma, treated successfully with constitutional homoeopathic medicine.

Patient Information

A 13-year-old female patient presented to the clinic with complaints of white, irregular, dry, scaly patches over the back, both sides of the face, and ears. The lesions were associated with intense itching, which worsened in the morning, with warmth, and during mental exertion, and improved with cold water application. The skin condition began a few months after the sudden death of her mother during childbirth. Initially, the patches appeared on her right ear and gradually spread to other areas over a period of six months. Despite receiving conventional allopathic treatment, there was no significant relief.

Chief Complaints

White, irregular, dry, scaly patches on the back, both sides of the face, and ears with severe itching, especially in the morning, after mental exertion, and aggravated by warmth. Symptoms were relieved by cold water application.

History of Present Illness

The patient developed lesions on the right ear a few months after her mother's sudden death during childbirth. Over six months, the patches spread to the face and back. Allopathic treatment was ineffective.

Past Medical History

- Neonatal jaundice
- Acute appendicitis (2 years ago)
- No known allergies

Family and Social History

- Eldest of three siblings
- Lives in a low-income household

General Physical Examination

- General appearance: Weak, undernourished
- Pallor: Present in sclera, face, and hands
- No signs of clubbing, cyanosis, oedema, lymphadenopathy, or icterus
- Temperature: 98.6°F

Physical Generals

- Appetite: Poor; consumes 2 chapatis/meal twice daily. No fruits, vegetables, or milk due to poverty.
- Thirst: Approx. 2 litres/day
- Aversion: Fatty, fried food
- Urine: D3N0; pale, odourless, no pain or burning
- Stool: D1–2N0; regular, soft; one burning episode while traveling
- Perspiration: Odourless; more in axillae; no itching or staining
- Thermal Reaction: Chilly; prefers covering even in summer
- Sleep: 5–6 hours; disturbed and unrefreshing due to stress
- Dreams: Not remembered
- Modalities: Modalities: < warmth, morning, mental exertion; > cold, open air

Mental Generals

- Emotionally withdrawn; avoids crying despite inner grief
- Assumed emotional and physical responsibilities of caring for newborn brother and stepmother's child
- Suffers from suppressed emotions and unexpressed grief
- Frustrated, overburdened by premature responsibilities
- Resists emotional release; prefers solitude

Analysis and Evaluation of symptoms

Mental general	Physical general	Particular
Emotionally withdrawn, avoids crying despite inner grief +++ Assumed responsibility for siblings and stepmother's child ++ Suppressed emotions and unexpressed grief + Frustrated, overburdened by premature duties + Resists emotional release, prefers +	Aversion to fatty, fried food ++ Odourless perspiration, more in axillae + Chilly patient; prefers covering even in summer + Sleep disturbed, unrefreshing due to stress +	White, dry, scaly patches on back, face, and ears +++ <warmth, morning, mental exertion ++ > cold, open air ++

Totality of symptoms

1. Ailments from unexpressed grief
2. Suppressed emotions
3. Restricted weeping
4. Psoriasis – itching < warmth > cold
5. Aversion to fatty food

Repertorial Analysis

Remedy	Nat-m	Puls	Caust	Ign	Merc	Cycl	Gels	Sulph	Ars	Clem	Colch	Lyc	Aur	Chin	Cocc	Lach	Petr
Totality	8	7	5	5	5	4	4	4	3	3	3	3	3	3	3	3	3
Symptoms Covered	3	3	2	2	2	3	2	2	2	2	2	2	1	1	1	1	1
Kingdom																	
[Kent] [Mind]GRIEF:Undemonstrative: (2)				2		1											
[Kent] [Skin]ERUPTIONS:Itching:Warmth :Agg: (12)		2	2		3		2		2		2						
[Kent] [Stomach]AVERSION:Fats and rich food: (34)	2	3			2	2		2	2		2			3			3
[Kent] [Mind]SADNESS, MENTAL DEPRESSION:Weep, cannot: (2)	3						2										
[Kent] [Mind]GRIEF:Ailments, from: (32)	3	2	3	3		1	2		1	1	1	1	3		3	3	

Prescription

Natrium muriaticum 200, 2 doses

Sac lac 30/ tds x 15 days

Justification of remedy

Natrium muriaticum was selected based on the patient's silent grief, emotional suppression, and psoriatic lesions aggravated by warmth and relieved by cold. The remedy matched both her mental state and characteristic skin symptoms.

Follow up

S. No	Date	Follow up	Prescription
1	28/11/2024	Patient presented with white dry scaly patches with severe itching	Natrum Muriaticum 200/2 doses Sac lac 30/ BD x 7 days
2	05/12/2024	No significant relief in any symptom	Natrum Muraticum 200; 2 doses Sac lac 30/ BD x 15 days
3	21/12/2024	Slight relief in itching and flakiness of eruptions	Natrum Muraticum 200; 1 dose + SOS Sac lac 30/ BD x 15 days
4	06/01/2025	Significant relief seen in itching. Eruptions seem faded	Natrum Muraticum 200; 1 dose + SOS Sac lac 30/ BD x 15 days
5	22/01/2025	Great relief, itching is completely relieved and eruptions are almost gone	Natrum Muraticum. 200; 1 dose + SOS Sac lac 30/ BD x 1 month

**DISCUSSION**

This case highlights how chronic dermatological conditions such as psoriasis may originate or worsen due to unresolved emotional trauma. The patient's skin complaints began following a major life stressor—her mother's sudden death—and conventional therapy failed to provide relief.

Homoeopathy emphasizes treating the individual as a whole, focusing on the underlying emotional and mental causes in addition to physical symptoms. Natrum muriaticum is classically indicated for ailments from grief and suppressed emotions, and its prescription in this case was justified by the emotional etiology and the individual's mental constitution.

Marked improvement was observed within two months of treatment initiation. This reinforces the value of individualized homoeopathy in psychosomatic conditions like psoriasis, which often reflect inner emotional turmoil on the skin.

CONCLUSION

This case demonstrates the potential of individualized homoeopathic management in treating chronic skin conditions with emotional origins. Addressing the root emotional disturbance through a carefully selected constitutional remedy can lead to significant improvement in both physical and psychological health, reaffirming the holistic model of classical homoeopathy.

CONSENT

Since the patient was a teenage girl, verbal assent was obtained from her, and a written informed consent was obtained from her father to share the case and associated photographs while maintaining anonymity.

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Conflict of Interest – Nil.

REFERENCES

1. Parisi R, Symmons DP, Griffiths CE, Ashcroft DM. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. *J Invest Dermatol*, 2013; 133(2): 377-385.
2. Hunter HJA, Griffiths CEM, Kleyn CE. Does psychosocial stress play a role in the exacerbation of psoriasis? *Br J Dermatol*, 2013; 169(5): 965–974.
3. Arck PC, Slominski A, Theoharides TC, Peters EM, Paus R. Neuroimmunology of stress: skin takes center stage. *J Invest Dermatol*, 2006; 126(8): 1697–1704.
4. Slominski A, Zmijewski MA, Zbytek B, Brożyna AA, Granese J, Pisarchik A. The role of classical and novel forms of corticotropin-releasing hormone in the skin stress response system. *Adv Exp Med Biol.*, 2012; 739: 354–366.
5. Richards HL, Ray DW, Kirby B, Mason D, Plant D, Main CJ, et al. Response of the hypothalamic–pituitary–adrenal axis to psychological stress in patients with psoriasis. *Br J Dermatol*, 2005; 153(6): 1114–1120.
6. Jafferany M. Psychodermatology: a guide to understanding common psychocutaneous disorders. *Prim Care Companion J Clin Psychiatry*, 2007; 9(3): 203–213.