



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(2): 271-274

Received: 14-03-2024

Accepted: 20-04-2024

Dr. Harneet Singh

Post Graduate Scholar (MD Part – I), Department of Organon of Medicine and Homoeopathic Philosophy, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan, India

Dr. Abhinav Anand

Post Graduate Scholar (MD Part – I), Department of Organon of Medicine and Homoeopathic Philosophy, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan, India

Dr. Jayapriya Beniwal

Post Graduate Scholar (MD Part – I), Department of Organon of Medicine and Homoeopathic Philosophy, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan, India

Dr. Sunil Kumar

Professor and H.O.D., Department of Organon of Medicine and Homoeopathic Philosophy, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan, India

Corresponding Author:

Dr. Harneet Singh

Post Graduate Scholar (MD Part – I), Department of Organon of Medicine and Homoeopathic Philosophy, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan, India

A comprehensive overview of psoriasis and it's homoeopathic management

Dr. Harneet Singh, Dr. Abhinav Anand, Dr. Jayapriya Beniwal and Dr. Sunil Kumar

DOI: <https://doi.org/10.33545/26164485.2024.v8.i2d.1146>

Abstract

Psoriasis is a genetic disease driven by the immune system, affecting the skin, joints, or both. Treating this condition often requires a team of clinicians with various specialties. Psoriasis poses numerous challenges, including its high prevalence, chronic nature, disfigurement, disability, and associated comorbidities. Gaining insight into the immune system's role and the interaction between innate and adaptive immunity has improved the management of this complex disease, which impacts patients beyond the skin. In this Seminar, we emphasize the clinical diversity of psoriasis and its related comorbidities. We discuss recent advances in the epidemiology, pathogenesis, and genetics of psoriasis to better understand current trends in its management. Our main goal is to increase awareness of the disease's complexity, the potential of advanced therapeutic approaches, and the necessity for early diagnosis and comprehensive patient care.

Keywords: Psoriasis, Guttate Psoriasis, Langerhans cells, Keratinocytes, Chronic Plaque Psoriasis, Auspitz's sign.

Introduction

Psoriasis originates from the Greek term 'psora,' meaning itch. It is a non-contagious skin disorder marked by inflamed lesions with silvery-white scabs of dead skin. These dry flakes and skin scales are believed to result from the rapid growth of skin cells, triggered by abnormal lymphocytes in the blood. Psoriasis has been known to humans for a long time and is one of the most misunderstood illnesses in history.

Epidemiology

According to the National Institutes of Health (NIH), about 2.2% of the U.S. population has psoriasis. Globally, the incidence of psoriasis varies widely. For example, a study of 26,000 South American Indians found no cases of psoriasis, while the Faeroe Islands have an incidence rate of 2.8%.

Psoriasis is slightly more common in women than in men, although men are more likely to develop the ocular form of the disease. The incidence of psoriasis is influenced by climate and genetic background, being less common in tropical regions and among dark-skinned individuals. The prevalence of psoriasis is 1.3% among African Americans compared to 2.5% among white individuals. The likelihood of onset is higher if there is a family history of psoriasis.

Etiology

- Genetic Factors:** Different groups within the psoriatic population have shown significant associations with certain genetic markers: HLA Cw6, B13, B16, and B27. There is also an increased incidence of psoriasis among relatives of affected individuals, and a higher likelihood of psoriasis among offspring if one or both parents are affected.
- Trauma;** All types of trauma, including physical, chemical, surgical, infective, and inflammatory, can lead to the development of plaque psoriasis.
- Infections:** Common infections are particularly challenging for individuals with psoriasis, as yeast infections, thrush, strep throat, respiratory infections, and staph infections are all known triggers for psoriasis.
- Drugs:** Certain medications used to treat high blood pressure, heart disease, arthritis,

and psychiatric disorders can trigger psoriasis. Common offenders include ACE inhibitors, beta-blockers, and lithium. Additionally, malaria drugs like Plaquenil and hydroxychloroquine, as well as NSAIDs, can cause psoriasis flare-ups

5. **Stress:** Studies have shown that stress can worsen psoriasis. When you're stressed, your body reacts in ways that can exacerbate the condition.
6. **Smoking:** Research indicates that smoking is directly linked to the severity of psoriasis; the more you smoke, the worse your flare-ups tend to be. Outbreaks often appear on the hands and feet.
7. **Alcohol:** Alcohol is considered a primary risk factor for psoriasis, particularly in middle-aged individuals. Many lifestyle choices can impact psoriasis, and drinking alcohol has been linked to both the development and severity of the condition.
8. **Cold weather:** Cold temperatures reduce air moisture, leading to dry skin. Additionally, winter is associated with less sunlight, depriving the body of ultraviolet (UV) radiation, which can be beneficial for psoriatic skin.
9. **Endocrine:** Hormonal changes during puberty and menopause can also trigger psoriasis patches, suggesting a link between hormones and the condition.

Pathogenesis

While the precise mechanism of psoriasis remains unclear, immune system factors are believed to play a role in its development. Psoriatic lesions are marked by thickened skin layers, the presence of both acute and chronic inflammatory cells, and inflammatory vascular changes.

Active psoriatic plaques exhibit an increased number of various immune cells in the epidermis and dermis, including activated T cells, antigen-presenting cells (APCs) such as Langerhans cells, other dendritic cells, macrophages, neutrophils, and rapidly dividing keratinocytes.

The activation of APCs, keratinocytes, or dermal cells can lead to antigen presentation, cytokine release, and enhanced T-cell activation and lymphokine production. Lymphokines then cause inflammation and increased proliferation of epidermal cells, with a higher proportion of resting cells entering the growth cycle, leading to accelerated epidermal cell proliferation.

Types

1. **Pustular Psoriasis:** The presence of pustules, which are red and painful pus-filled bumps, in the affected area can help further classify the condition. Psoriasis can be categorized as either pustular or non-pustular, based on whether these bumps are present.
2. **Chronic Plaque Psoriasis:** Chronic plaque psoriasis (CPP), also known as psoriasis vulgaris, is the most common type of psoriasis. It presents as well-defined, erythematous plaques that can range from coin-sized to as large as the palm, typically appearing on both sides of the body. The extensor surfaces of the body, such as the elbows, knees, periumbilical region, lumbosacral area, and back, are frequently affected. Psoriasis gyrata occurs when lesions expand laterally, forming circinate patterns due to the merging of multiple plaques.
3. **Guttate Psoriasis:** Also known as eruptive psoriasis, is characterized by small lesions, typically 0.5–1.5 cm in diameter, appearing on the upper trunk and proximal

extremities. This form of psoriasis is commonly seen in young adults. Guttate psoriasis is often triggered by a bacterial infection, most commonly an upper respiratory tract infection.

4. **Exfoliative Psoriasis (Erythrodermic Psoriasis) -** May occur as a complication of chronic plaque psoriasis. Manifestation includes extreme itchiness. When the involvement is generalized, psoriatic plaques become ill-defined and merge, causing the skin to become uniformly red with prominent fine scaling.

Clinical Features

Psoriasis is a papulosquamous disease characterized by scaling papules (raised lesions less than 1 cm in diameter) and plaques (raised lesions greater than 1 cm in diameter) with variable morphology, distribution, severity, and progression.

Psoriatic lesions are distinct from other conditions, typically presenting as well-defined, circular, red papules or plaques with a gray or silvery-white dry scale. These lesions usually appear symmetrically on the scalp, elbows, knees, lumbosacral area, and body folds.

Psoriasis can also affect different regions, including the scalp, face, eyes, body flexures, scrotum, napkin area, palms, and soles.

Regional variations

1. **Scalp:** Characterized by thick plaques, especially on the occiput, or can be diffuse. "Corona psoriatica" refers to a 2-5 mm wide band of psoriasis projecting below the hairline on the forehead. "Pityriasis amiantacea" involves asbestos-like scaling plaques that are firmly attached to the scalp and associated hair.
2. **Face:** Rarely affected by psoriasis, typically seen in children or when the disease progresses to erythroderma.
3. **Penis:** Lesions lack scales, color, and well-defined edges.
4. **Eyes;** Can involve conjunctivitis, blepharitis, xerophthalmia, and symblepharon.
5. **Scrotum:** Psoriatic plaques here are less scaly but more erythematous.
6. **Lumbosacral Area:** A common site for psoriasis, featuring large, thick, dry, keratotic plaques with deep fissures, also known as elephantine or inveterate psoriasis.
7. **Napkin Area:** Affected in infants and children.

Diagnosis

A psoriasis diagnosis is typically made based on the skin's appearance, as there are no specific blood tests or diagnostic procedures for this condition. Occasionally, a skin biopsy or scraping may be necessary to exclude other disorders and confirm the diagnosis. A biopsy showing clubbed rete pegs is indicative of psoriasis. Another characteristic sign of psoriasis is Auspitz's sign, where scraping the plaques results in pinpoint bleeding from the underlying skin.

Skin Biopsy Findings in Psoriasis

Epidermal Changes

- Parakeratosis.
- Loss of the granular layer and regular acanthosis.
- Suprapapillary thinning.
- Collection of polymorphs in the epidermis.

Dermal Changes

- Dilatation and tortuosity of capillary loops in the dermal papillae.
- Lymphocytic infiltrate in the upper dermis.

Homoeopathic Therapeutics of Psoriasis

1. **Arsenicum album Symptoms:** Restlessness, worse at night, great exhaustion after minimal exertion, irritable weakness, and burning pains. Unquenchable thirst, burning relieved by heat, seaside complaints. Itching, burning, swelling, edema, dry, rough, scaly skin, malignant pustules, ulcers with offensive discharge, anthrax, poisoned wounds, urticaria with burning and restlessness, psoriasis, scirrhus, icy cold body, epithelioma of the skin, gangrenous inflammation.
2. **Arsenicum iodatum Symptoms:** Scaly, dry, burning, and itching skin like psoriasis, tinea, impetigo, and pityriasis. Persistent itching, especially on the back, chronic skin conditions, marked exfoliation with raw, exuding surface, enlarged scrofulous glands, psoriasis.
3. **Bacillinum Indications:** Ringworm, pityriasis, eczema of the eyelids, enlarged and tender neck glands. Aggravation: Night, early morning, cold air.
4. **Calc carb Symptoms:** Unhealthy, ulcerating, flaccid skin, slow-healing wounds, swollen glands, nettle rash improved in cold air, warts on face and hands, petechial eruptions, chill blains, boils.
5. **Causticum Symptoms:** Soreness in skin folds, behind the ears, between the thighs, large jagged warts bleeding easily, old burns and their ill effects, cicatrices that reopen, prone to intertrigo during teething. Aggravation: Dry, cold wind, clear fine weather, cold air. Amelioration: Damp weather, warmth, heat of bed.
6. **Dulcamara Symptoms:** Pruritus worsened in cold wet weather, vesicular eruptions, sensitive bleeding ulcers, red spots, urticaria from exposure, humid eruptions, and thick brown-yellow crusts bleeding when scratched. Aggravation: Night, cold, damp rainy weather. Amelioration: External warmth.
7. **Graphites Symptoms:** Rough, hard, persistent dryness, early keloid and fibroma, pimples, acne, sticky exudation from eruptions, rawness in bends of limbs, groins, neck, behind ears, ulcers with glutinous fluid, gouty nodosities, cracks in nipples, mouth, between toes, anus.
8. **Ignatia Symptoms:** Itching, nettle rash, sensitive to air drafts, excoriation around vagina and mouth. Aggravation: Morning, open air, after meals, coffee, smoking, external warmth. Amelioration: Eating, changing position.
9. **Mercurius solubilis Indications:** For introverted, formal people with strong internal emotions and impulses, swollen lymph nodes, greasy-looking skin, sensitive to temperature changes, easily infected psoriatic areas.
10. **Rhus toxicodendron Indications:** Psoriatic skin eruptions that are red, swollen, intensely itchy, soothed by hot applications or baths. Restlessness, craving cold milk.
11. **Nitric acid Symptoms:** Dry, eroded, cracked skin with psoriatic eruptions, raw flesh-like lesions, ulcerating cracks, burrowing pus, unhealthy skin, large jagged warts, intense itching worsened by undressing, suited for individuals with yellow discoloration and tendency

to catch colds or diarrhea, aftereffects of untreated syphilis and gonorrhea.

12. **Petroleum Indications:** Psoriasis worsened by stress, winter, dry and cracked skin, especially on fingertips and palms. Extremely dry, itchy, flaky scalp, easily infected skin, leather-like toughness.
13. **Psorinum Symptoms:** Psoriasis disappearing in summer, reappearing in winter, dirty, rough, scabby, greasy skin, affected nape, scalp, folds, groins, intolerable itching, worse from heat of bed, raw and bleeding after scratching, chilly and hungry patients with foul odor. For chronic cases where other remedies fail.
14. **Sepia Symptoms:** Dry, stiff-looking psoriasis on the body and scalp, itching not relieved by scratching, improved by warm applications, unpleasant odor from skin and scalp, suitable for those with hormonal imbalances and circulatory issues, feeling dragged out and irritable, lack of enthusiasm.
15. **Sulphur Indications:** Primary remedy for skin ailments like psoriasis, dry, itching, scaly patches on the scalp that burn and worsen after scratching or washing. Psoriatic patches around the body folds, may become infected, aggravated in the evening, and in bed. Patients may feel irritated, depressed, forgetful, and aggravated by heat.

Conclusion

Homeopathy and Allopathy are based on two very different principles. Homeopathy treats the individual as a whole whereas allopathy targets the part affected, not considering the various factors, mental and physical that may have caused the disease. Secondly, when we take skin affections (in this case, psoriasis) into consideration, allopathy tries to counter the action of the disease, i.e. over-proliferation of the cells of the skin, by inhibiting the production of cells, hence preventing the only outward manifestation of some internal malady from erupting. Homeopathy, on the other hand, does not endanger the vital functions of the human body. When given constitutionally, it revitalizes the body to overcome the disease by itself and hence boosting the immune system rather than compromising it. Homeopathy takes in account the various physical and mental stresses the individual might have gone through in the past as well as the factor that might have triggered the onset of the disease thus uprooting the disease from its very soil and leaving no scope for further harm.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Britton R, Hobson R, Penman ID, Ralston S, Strachan MWJ. Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier; c2018.
2. Master FJ. Skin. B Jain Publishers Pvt Limited; c2010.
3. Pasricha JS, Gupta R. Illustrated textbook of dermatology. New Delhi: Jaypee Bros. Medical Publishers; c2013.
4. Gupta R, Manchanda RK. Textbook of dermatology for homeopaths. Noida, U.P., India: B. Jain Publishers (P)

- Ltd; c2019.
5. Pasricha JS, Gupta R. Skin and Hair in Health and Disease. NBT India; c2003.
 6. Clarke JH. A dictionary of practical materia medica. Sittingbourne: Homoeopathic Book Service; c2000.
 7. Allen HC. Keynotes: rearranged and classified with leading remedies of the materia medica and bowel nosodes including repertorial index. Noida, U.P., India: B. Jain Publishers (P) Ltd; c2017.
 8. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory: including Indian drugs, nosodes, uncommon rare remedies, mother tinctures, relationships, sides of the body, drug affinities, & list of abbreviations. New Delhi: B. Jain Publishers; c2007.
 9. Habif TP. Skin disease: diagnosis and treatment. Edinburgh; New York: Saunders/Elsevier; c2011.
 10. Tyler ML. Homoeopathic Drug Pictures. B. Jain Publishers; c1990.
 11. Boger CM. Synoptic key of the materia medica: a treatise for homeopathic students. New Delhi: B. Jain; c2015.
 12. Khanna N. Illustrated Synopsis of Dermatology & Sexually Transmitted Diseases-Ebk. Elsevier India; c2019.
 13. Kent JT, Dockx R, Kokelenberg G. Kent's comparative repertory of the homoeopathic materia medica. New Delhi: B. Jain Publishers; c2006.
 14. Boehncke WH, Schön MP. Psoriasis. The Lancet [Internet]. 2015;386(9997):983-94. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61909-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61909-7/fulltext)

How to Cite This Article

Singh H, Anand A, Beniwal J, Kumar S. A comprehensive overview of psoriasis and its homoeopathic management. International Journal of Homoeopathic Sciences. 2024; 8(2): 271-274.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.