

International Journal of <u>Homoeopathic Sciences</u>

E-ISSN: 2616-4493 P-ISSN: 2616-4485 www.homoconathiciournal.com

www.homoeopathicjournal.co IJHS 2021; 5(4): 294-297 Received: 16-05-2021 Accepted: 26-07-2021

Dr. Archana B Dahat

MD Part –II, Organon of Medicine, Guru Mishri Homoeopathic Medical College, Shelgaon, Jalna, Maharashtra, India

Dr. Shivaji Bansode

Professor, Organon of Medicine, Guru Mishri Homoeopathic Medical College, Shelgaon, Jalna, Maharashtra, India

Dr. Sujit Pal

Professor, Organon of Medicine, Guru Mishri Homoeopathic Medical College, Shelgaon, Jalna, Maharashtra, India

Corresponding Author: MD Part –II, Organon of Medicine, Guru Mishri Homoeopathic Medical College, Shelgaon, Jalna, Maharashtra, India

Insight to psoriasis and homoeopathic treatment

Dr. Archana B Dahat, Dr. Shivaji Bansode and Dr. Sujit Pal

DOI: https://doi.org/10.33545/26164485.2021.v5.i4e.486

Abstract

Psoriasis affects from age group of 11 to 60. This is autoimmune diseases. Psoriasis affects mainly the skin and nails, but in six per cent of cases it is accompanied by inflammation of joints, affecting mainly fingers, toes and the spine and is called psoriatic arthritis. In about 78% cases this problem due to stress. These conditions can be triggers as per the management of stress, emotions and fillings of patient. Based on the type of psoriasis, its location, extent and severity there are various treatment regimens available for psoriasis such as topical agents, phototherapy, systemic agents, and homeopathic approach which can help to control the symptoms. This review aims to cover each and every aspect of the disorder Psoriasis and details of particularly plaque psoriasis as about 80% of people who develop psoriasis have plaque psoriasis.

Keywords: Psoriasis, plaque psoriasis, psoriatic arthritis, homeopathy, topical steroids

Introduction

The word psoriasis is derived from the Greek word psora, meaning itch. Psoriasis is a chronic inflammatory skin disease with a strong genetic predisposition and autoimmune pathogenic traits. The worldwide prevalence is about 2%, but varies according to regions [15]. Although in most cases the affected skin is not particularly itchy, but some patients do experience intense itching and sometimes the eruptions can be sore and painful, in particular when there are cracks present. Psoriasis can affect the whole body, including the scalp, but the face is often spared. It is an autoimmune disease, belonging to a group of conditions where the immune system is overactive and attacks its own cells and tissues. Normally skin cells are formed at the bottom of the outer layer of our skin. The cells go through a cycle of change, moving upwards through the layers to the surface of the skin where they die and are shed within a period of three to four weeks. In psoriasis this process is speeded up and cells can go through this cycle within three to four days. This causes thickening of the skin and its characteristic scaly appearance. Psoriasis affects mainly the skin and nails, but in six per cent of cases it is accompanied by inflammation of joints, affecting mainly fingers, toes and the spine and is called psoriatic arthritis. It affects at the age 11 to 60.It is a chronic inflammatory skin disease that affects 1–3% of the population.

Causes

The causes of psoriasis are still not entirely clear, although in 30 per cent of patients there is a family history of the condition [5] It can be genetic disposition. Radiation, mechanical or chemical trauma can initiate or worsen psoriasis. Drugs like chloroquine, lithium, betablockers, NSAIDS can also initiate or worsen psoriasis. Withdrawal from long term use of corticosteroid in a patient with psoriasis can precipitate the attack of pustular or erythrodermic psoriasis [22]. Certain factors can trigger the onset of the skin eruptions including streptococcal throat infections, particular medicines and injury to the skin, and emotional factors, such as stress [5] or situations of trauma, shock and bereavement. Those trigger factors can be important for the homeopathic practitioner as it might indicate which remedy might be appropriate for that particular person.

Classification

There are different types psoriasis vulgaris, plaque psoriasis, appears in big patches of thickened skin usually with white/silvery scales on the elbows and knees, but also other parts of the body [1] and [2]. When one finds lots of small scaly spots and patches the condition is called psoriasis Guttate.

This form often affects children and is frequently triggered by itself within a few weeks or months. Psoriasis pustulosa, usually presents with little yellow pustules and affects the palms of the hands and soles of feet. The terms psoriasis and psoriasis vulgaris are used interchangeably in the scientific literature; nonetheless, there are important distinctions among the different clinical subtypes [8]

a) Psoriasis vulgaris

About 90% of psoriasis cases correspond to chronic plaquetype psoriasis. The classical clinical manifestations are sharply demarcated, erythematous, pruritic plaques covered in silvery scales. The plaques can coalesce and cover large areas of skin. Common locations include the trunk, the extensor surfaces of the limbs, and the scalp [9, 10].

b) Inverse psoriasis

Also called flexural psoriasis, inverse psoriasis affects intertriginous locations, and is characterized clinically by slightly erosive erythematous plaques and patches.

c) Guttate psoriasis

Guttate psoriasis is a variant with an acute onset of small erythematous plaques. It usually affects children or adolescents, and is often triggered by group-A streptococcal infections of tonsils. About one-third of patients with guttate psoriasis will develop plaque psoriasis throughout their adult life [11, 12].

d) Pustular psoriasis

Pustular psoriasis is characterized by multiple, coalescing sterile pustules. Pustular psoriasis can be localized or generalized. Two distinct localized phenotypes have been described: psoriasis pustulosa palmoplantaris (PPP) and acrodermatitis continua of Hallopeau. Both of them affect the hands and feet; PPP is restricted to the palms and soles, and ACS is more distally located at the tips of fingers and toes, and affects the nail apparatus. Generalized pustular psoriasis presents with an acute and rapidly progressive course characterized by diffuse redness and subcorneal pustules, and is often accompanied by systemic symptoms

Conventional treatment

There is a selection of conventional treatments on offer, starting with topical treatments^[6], then phototherapy (light treatment) and then stronger, oral treatments. Topical treatments vary from simple emollients to moisturise the skin and alleviate itching, to salicylic acid based creams, topical steroid creams of varying strength and tar preparations. Treatment with various forms of ultraviolet light is also used, sometimes in combination with a medicine called Psoralen. Many patients themselves notice the beneficial effect on their skin of ultraviolet light when their psoriasis improves with exposure to sunlight in summer season. For severe psoriasis, oral medication can be used, often in addition to topical treatment.

Homeopathic treatments

As per the Homoeopathic philosophy skin diseases are the manifestation of the disarrangement of the internal disorders. If the treatment of the skin disorders are being done by the external or topical agents, suppression caused by this practice leads to damage the more vital internal

organs ^[26, 27]. Psoriasis is one of the diseases which not only affect the skin alone but involve the other parts of the body also, like joints, cardiovascular, kidney. ^[24] Homeopathic medicines when used for this type of disease not only improve the conditions of outer skin but also remove any disturbance appeared in the internal body ^[25, 28, 29, 30].

Arsenicum album

People likely to respond to this remedy usually are anxious, restless, and compulsively neat and orderly. They are often deeply chilly, experience burning pains with many physical complaints, and become exhausted easily. The skin is dry and scaly and may tend to get infected. Scratching can make the itching worse, and applying heat brings relief.

Graphites

People needing this remedy often have a long-term history of skin disorders. The skin looks tough or leathery skin with cracks and soreness. Itching is often worse from getting warm, and the person may scratch the irritated places till they bleed. Trouble concentrating, especially in the morning, is also often seen when this remedy is needed. Graphites are used in homeopathy for people with long-term skin disorders and leathery, cracked skin. There's only anecdotal evidence that it can help psoriasis symptom [23]

Petroleum

This remedy is often indicated for people whose physical problems are aggravated by stressful emotional experiences. It is especially suited to individuals with extremely dry skin, and problems that involve the palms and fingertips. The person may feel a cold sensation after scratching, and the skin is easily infected and may look tough and leathery. Itching will be worse at night, and from getting warm in bed. People who need this remedy may also have a tendency toward motion sickness.

Sepia

Sepia is used by some people who practice homeopathy for widespread psoriasis and dry skin. However, there's no scientific evidence that it's an effective treatment [23].

Sulphur

Intensely burning, itching, inflamed eruptions that are worse from warmth and bathing suggest a need for this remedy. Affected areas often look bright red and irritated, with scaling skin that gets inflamed from scratching. This remedy is sometimes helpful to people who have repeatedly used medications to suppress psoriasis (without success).

Other remedies

Calcarea carbonica

This remedy is suited to people who are easily fatigued by exertion, sluggish physically, chilly with clammy hands and feet, and often overweight. Skin problems tend to be worse in winter. Typically solid and responsible, these people can be overwhelmed by too much work and stress. Anxiety, claustrophobia, and fear of heights are common. Cravings for sweets and eggs are often also seen when Calcarea is needed.

Mercurius solubilis

People who seem introverted and formal but are very intense internally, with strong emotions and impulses may

benefit from this remedy. They tend to have swollen lymph nodes and moist or greasy looking skin, and are very sensitive to changes in temperature. The areas affected by psoriasis may become infected easily.

Mezereum

A person who needs this remedy usually is serious, and often feels strong anxiety in the region of the stomach. Scaly plaques may itch intensely, thickening or crusting over if the person scratches them too much. Cold applications relieve the itching (although the person feels generally chilly and improves with warmth). People who need this remedy often have a craving for fat, and feel best in open air.

Rhus toxicodendron

When this remedy is indicated for a person with psoriasis, the skin eruptions are red and swollen, and often itch intensely. Hot applications or baths will soothe the itching and also muscle stiffness, toward which these people often have a tendency. The person is restless, and may pace or constantly move around. A craving for cold milk is often seen when a person needs this remedy.

Staphysagria

This remedy may be helpful to individuals whose psoriasis has developed after grief or suppressed emotions. Any part of the body can be involved but the scalp is often affected. People who need this remedy often seem sentimental, meek and quiet, and easily embarrassed but often have a strong internal anger or deeply buried hurt.

Quality of life and psychological aspects of psoriasis

Although psoriasis generally does not affect survival, it certainly has a number of major negative effects on patients, demonstrable by a significant detriment to quality of life [16]. Despite this, most clinical trials of new treatments for psoriasis focus on "objective" physical measures for the primary endpoint of efficacy. This is incongruous as it is the improvement in quality of life that patients and physicians rely upon when selecting treatment. Impairment of quality of life has been highlighted particularly by the work of Finlay [17, 18]. Patients with psoriasis have a reduction in their quality of life similar to or worse than patients with other chronic diseases, such as ischaemic heart disease and diabetes [17]. That patients with psoriasis feel stigmatised by the condition is well established [20]. This of itself contributes to everyday disability leading to depression and suicidal ideation in more than 5% of patients [19].

Conclusion

The treatments available for psoriasis have increased rapidly in recent years; however, they are still incomplete. Although there are many drugs for different types of psoriasis, no drug can cure this pathology. As psoriasis treatment involves management of stress, homeopathy can play major role in providing maximum relief to the patient.

References

- 1. https://homeopathy-uk.org/homeopathy/how-homeopathy-helps/conditions/psoriasis (last accessed 24.02.2021).
- 2. Nwabudike LC. Psoriasis and homeopathyProc. Rom. Acad., Series B 2011;3:237-242.
- 3. Meffert J. Psoriasis Medscape CME.

- http://emedicine.medscape.com/article/1943419overview.
- 4. Huerta C, Rivero E, Rodriguez LA. Incidence and risk factors for psoriasis in the general population. Arch Dermatol 2007;143:1559-1565. doi: 10.1001/archderm.143.12.1559.
- 5. Heller MM, Lee SE, Koo YMJ. Stress as an influencing factor in psoriasis. Skin Therapy Letter 2011,16(5).
- 6. Kurian A, Barankin B. Current Effective TopicalTherapies in the Management of Psoriasis. Skin Therapy Letter 2011;16(1):4-5.
- 7. Primary Remedies https://www.peacehealth.org/medical-topics/id/hn-2252009 (last accessed 24.02.2021).
- 8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC64716
- Ortonne J, Chimenti S, Luger T, Puig L, Reid F, Trueb RM. Scalp psoriasis: European consensus on grading and treatment algorithm. J. Eur. Acad. Dermatol. Venereol 2009;23:1435-1444. doi: 10.1111/j.1468-3083.2009.03372.x. [PubMed] [CrossRef] [Google Scholar]
- Nestle FO, Kaplan DH, Barker J. Psoriasis. N. Engl. J. Med 2009;361:496-509. doi: 10.1056/NEJMra0804595. [PubMed] [CrossRef] [Google Scholar]
- 11. Ko HC, Jwa SW, Song M, Kim MB, Kwon KS. Clinical course of guttate psoriasis: Long-term follow-up study. J. Dermatol 2010;37:894-899. doi: 10.1111/j.1346-8138.2010.00871.x. [PubMed] [CrossRef] [Google Scholar]
- 12. Martin BA, Chalmers RJ, Telfer NR. How great is the risk of further psoriasis following a single episode of acute guttate psoriasis? Arch. Dermatol 1996;132:717–718. doi: 10.1001/archderm.1996.03890300147032. [PubMe

d] [CrossRef] [Google Scholar]

- 13. Navarini AA, Burden AD, Capon F, Mrowietz U, Puig L, Koks S *et al.* European consensus statement on phenotypes of pustular psoriasis. J. Eur. Acad. Dermatol. Venereol 2017;31:1792–1799. doi: 10.1111/jdv.14386. [PubMed] [CrossRef] [Google Scholar]
- 14. http://www.ijplsjournal.com/issues%20PDF%20files/june%202011/12.pdf
- 15. Christophers E. Psoriasis—Epidemiology and clinical spectrum. Clin. Exp. Dermatol 2001;26:314-320. doi: 10.1046/j.1365-2230.2001.00832.x. [PubMed] [CrossRef] [Google Scholar])}
- 16. Krueger GG, Feldman SR, Camisa C, Duvic M, Elder JT, Gottlieb AB *et al.* Two considerations for patients with psoriasis and their clinicians: what defines mild, moderate, and severe psoriasis? What constitutes a clinically significant improvement when treating psoriasis? J Am Acad Dermatol 2000;43:281-5. Cross Ref Pub Med Web of Science Google Scholar
- 17. Finlay AY, Kelly SE. Psoriasis—an index of disability. Clin Exp Dermatol 1987;12:8–11. Cross Ref Pub Med Web of Science Google Scholar
- 18. Finlay AY, Coles EC. The effect of severe psoriasis on the quality of life of 369 patients. Br J Dermatol 1995;132:236–44. Cross Ref Pub Med Web of Science Google Scholar

- Gupta MA, Schork NJ, Gupta AK. Suicidal ideation in psoriasis. Int J Dermatol 1993;32:188-90.Pub Med Web of Science Google Scholar
- Richards HL, Fortune DG, Griffiths CE, Maine CJ. The contribution of perceptions of stigmatisation to disability in patients with psoriasis. J Psychosom Res 2001;50:11-15. Cross Ref Pub Med Web of Science Google Scholar
- 21. https://www.hindawi.com/journals/tswj/2013/980419/]
- 22. https://www.homoeopathicjournal.com/articles/370/5-1-80-347.pdf
- 23. https://www.homoeopathicjournal.com/articles/430/5-3-4-882.pdf
- 24. Sowmya C, Lavakumar V, Venkateshan N, Anitha P, Senthilnathan B. Current trends in treatment and management of psoriasis: an updated review. Int Res J Pharmacy 2018;9(3):6-16. DOI: 10.7897/2230-8407.09336
- 25. Nwabudike LC. Palmar and plantar psoriasis and homeopathy—Case reports. Our Dermatology Online 2017;8(1):66.DOI: 10.7241/ourd.20171.18 10.
- 26. Hahnemann S. The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure. New Delhi: B. Jain Publishers 2009;40(I):98,101.
- 27. Nwabudike LC. An introduction to homeopathy for the dermatologist. Dermatology Times 2019;40:8. https://www.dermatologytimes.com/view/in troduction-homeopathy-dermatologist
- 28. Nwabudike LC. Psoriasis and homeopathy. Proc Rom Acad Series B 2011;3:237-42
- 29. Mahesh S, Shah V, Mallappa M, Vithoulkas G. Psoriasis cases of same diagnosis but different phenotypes-Management through individualized homeopathic therapy. Clinical case reports 2019;7(8):1499-507. https://doi.org/10.1002/ccr3.2197
- 30. Witt CM, Ludtke R, Willich SN. Homeopathic treatment of patients with psoriasis-a prospective observational study with 2 years follow-up. Journal of the European Academy of Dermatologyand Venereology 2009;23(5):538. DOI: 10.1111/j.1468-3083.2009.03116.x 16. Patel RP. Repertory of Miasm. Kottayam: Hahnemann