

Individualised Homoeopathic Management of Plaque Psoriasis: A Case Report

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ABSTRACT

Background: Psoriasis is a chronic immune-mediated inflammatory skin disorder characterized by erythematous plaques covered with silvery-white scales. It is one of the most common dermatological conditions affecting individuals worldwide and is associated with significant physical and psychological distress. Plaque psoriasis is the most prevalent type and is marked by well-defined scaly plaques that frequently involve the scalp, elbows, knees, and back. Homoeopathy aims to treat disease by considering the totality of symptoms and selecting individualized remedies based on mental, physical, and characteristic symptoms of the patient.

Case Presentation: A 24-year-old male presented with complaints of multiple dry, scaly plaques over the back associated with itching and burning sensation for the past two years. The lesions initially appeared as small dry patches over the upper back and gradually spread downward over time. The itching and burning sensations were aggravated during evening and night, as well as after exposure to cold air and cold bathing. The symptoms were ameliorated by warm applications and physical activity.

Intervention: A detailed homoeopathic case-taking was carried out, considering the patient's mental, physical, and particular

symptoms. Repertorization was performed using the Complete Repertory, which indicated *Sepia officinalis* as the most appropriate remedy corresponding to the totality of symptoms.

Outcome: Following the administration of *Sepia officinalis* 200C, the patient showed gradual improvement in symptoms during subsequent follow-ups with complete resolution of lesions over time.

Conclusion: This case report demonstrates that individualized homoeopathic treatment may play a beneficial role in the management of plaque psoriasis

Keywords: Plaque psoriasis, Homoeopathy, *Sepia officinalis*.

INTRODUCTION

Psoriasis is a chronic inflammatory dermatological disorder characterized by hyperproliferation of keratinocytes and dysregulation of the immune system. The disease is marked by the development of erythematous plaques covered with silvery-white scales and is commonly associated with symptoms such as itching, burning sensation, and skin thickening. It can affect individuals of all age groups and has a considerable impact on the quality of life of affected patients^{1,2}.

Among the various clinical forms of psoriasis, plaque psoriasis is the most

common type, accounting for approximately 80–90% of all cases. The lesions are typically well defined and covered with thick silvery scales that may bleed when scraped. The disease often follows a relapsing and remitting course, and several triggering factors such as stress, infections, and environmental influences may contribute to its development or exacerbation^{1,3}.

CASE REPORT

Name: XYZ

Age: 24 years

Sex: Male

Marital status: Unmarried

Occupation: Student

Address: Raibag, Belagavi district

Date of visit: 28/01/2021

PRESENTING COMPLAINTS

The patient presented with complaints of multiple dry, scaly patches over the back associated with itching and burning sensation for the past two years.

HISTORY OF PRESENTING COMPLAINTS

The patient was apparently healthy two years prior to the consultation when he first noticed the appearance of small dry patches over the upper back. Gradually, these lesions increased in size and spread downward over time. The patient reported that the lesions were dry, rough, and scaly in nature and were associated with mild to moderate itching. Scratching the lesions often resulted in a burning sensation.

The symptoms were aggravated during the evening and night and worsened by exposure to cold air and cold bathing. However, the patient experienced relief from warm applications and physical activity such as walking or exercise. The patient also reported that emotional stress often aggravated the condition.

PAST HISTORY

The patient did not report any major illnesses in the past. However, he had taken

allopathic treatment for the same complaint approximately one year earlier, which provided only temporary relief.

FAMILY HISTORY

The patient's father had a history of eczema during his younger years and is currently hypertensive on allopathic treatment. The patient's mother and younger sibling are healthy and do not have any similar dermatological conditions.

PERSONAL HISTORY

The patient follows a mixed diet and reports a good appetite. He is thirstless and tends to drink small quantities of water at long intervals. He has a marked desire for sweets and an aversion to oily foods. His sleep is disturbed, and he is thermally sensitive to cold, preferring warmth and covering himself even during warm weather.

LIFE SPACE INVESTIGATION

The patient belongs to a poor socioeconomic background and he is the eldest child in the family. From a young age, he had to take responsibility for supporting his family while continuing his studies. Due to financial problems, he started working part-time while continuing his education.

The patient expressed feelings of neglect and emotional dissatisfaction, as he felt that his parents gave more attention to his brother. This emotional stress, combined with academic and financial pressures, contributed to mental exhaustion and emotional withdrawal.

MENTAL GENERALS

The patient described himself as emotionally reserved and indifferent toward family members. He often feels neglected and unappreciated, particularly since childhood. He experiences irritability and mental exhaustion due to the burden of responsibilities. The patient also reports slow comprehension and weak memory but feels mentally better when engaged in physical activity.

GENERAL PHYSICAL EXAMINATION

On general examination, the patient appeared poorly built and nourished. The skin looks dry and there were no signs of pallor, clubbing, jaundice, cyanosis, oedema, or lymphadenopathy.

Vital signs recorded during the examination were as follows:

Blood pressure: 120/70 mmHg
 Pulse rate: 78 beats per minute
 SpO₂: 98%
 Temperature: Afebrile
 Systemic examination of the GI, Respiratory and Cardiovascular systems revealed no abnormalities.

LOCAL EXAMINATION

Examination of the back revealed multiple well-defined, round, dry scaly plaques. The lesions were slightly pigmented and showed mild flaking and peeling of the skin. The skin surrounding the lesions appeared tight and rough, and there was no active discharge from the lesions.

DIAGNOSIS

Based on the clinical presentation and characteristic appearance of the lesions, the case was diagnosed as Plaque Psoriasis (Psoriasis vulgaris).

ICD-11 Code: EA90.0

TOTALITY OF SYMPTOMS

1. Feeling neglected and unappreciated since childhood
2. Irritability and indifference toward family members
3. Mental exhaustion due to responsibilities
4. Thirstlessness with drinking small quantities of water
5. Desire for sweets and aversion to oily foods
6. Chilly patient with preference for warmth
7. Dry, scaly plaques on the back with silvery scales
8. Mild itching with burning sensation after scratching.

Remedy Name	Sep	Ars	Lyc	Phos	Puls	Chin	Sulph	Merc	Nit-ac	Calc	Rhus-t
Totality	23	20	19	19	18	18	18	15	15	13	13
Symptom Covered	9	9	10	8	8	7	7	8	8	8	7
[C] [Mind]Introverted:	1		1		2	1		2			
[C] [Mind]Prostration of mind, mental exhaustion, brain fog:	3	2	3	3	2	2	3	1	3	2	1
[C] [Mind]Indifference, apathy:Family, to his:	4			4					1		
[C] [Mind]Indifference, apathy:Irritability, with:											
[C] [Stomach]Thirstlessness:	2	2	2	1	3	3	1	1	2	1	1
[C] [Generalities]Food and drinks:Sweets:Desires:	2	3	3	2	2	3	3	2	2	2	2
[C] [Generalities]Food and drinks:Fats and rich food:Aversion:	2	2	1	1	3	3	2	2	1	1	1
[C] [Generalities]Cold.Agg.:	3	3	3	3	2	3	2	2	3	3	3
[C] [Skin]Eruptions:Scaly:	3	3	1	3	1	1	2	2	2	2	2
[C] [Skin]Eruptions:Scaly:White:		2	1								
[C] [Skin]Eruptions:Red:Itching:											

Symptoms 13 Remedies 434

Figure 1: Repertory sheet.

THERAPEUTIC INTERVENTION

Considering the patient’s symptoms on mental, physical, and particular levels, the similimum was selected as Sepia officinalis

with reference to the homeopathic materia medica and repertorial analysis, and the medicine was prescribed in an appropriate potency followed by a placebo.

CASE ANALYSIS AND REPERTORIZATION

After detailed case-taking, the totality of symptoms was formed, and repertorization was performed using the Complete Repertory. The rubrics selected included mental symptoms, general symptoms, and particular symptoms related to the skin eruptions.

The repertorization results suggested several remedies, including *Sepia officinalis*, *Arsenicum album*, *Lycopodium*, and *Phosphorus*. Among these remedies, *Sepia officinalis* corresponded most closely with the patient's mental state, general characteristics, and skin manifestations.

Therefore, *Sepia officinalis* was selected and prescribed.

FOLLOW-UP AND OUTCOMES

The outcome was assessed after detailed case analysis and prescription of individualized homoeopathic medicine. The patient was followed up regularly to evaluate the improvement in clinical symptoms. During the follow-ups, a gradual reduction in the size and severity of the scaly plaques was observed along with relief from itching and burning sensation. The improvement was also confirmed by comparing the before and after treatment photographs taken during each follow-up visit.

Table 1: Clinical Outcomes and Follow-up Results

SL NO	DATE OF VISIT	SYMPTOMS	REMEDY	INTERPRETATION
01.	28/01/2021	Multiple dry scaly plaques on back with itching and burning	<i>Sepia</i> 200C one dose, placebo for 15 days	Constitutional remedy prescribed based on totality
02.	22/02/2021	Scaly plaques reduced about 10%, mild itching present, burning reduced	<i>Sepia</i> 200C for 1 week, placebo for 15 days	Improvement observed after remedy
03.	03/03/2021	Scaly plaques reduced about 50%, itching absent, skin thickness reduced	Placebo for 1 month	Medicine not repeated as patient improving
04.	18/04/2021	Scaly plaques disappeared completely, no itching or burning	Placebo for 1 week	Patient recovered completely



Figure 2: Before treatment



Figure 3: First follow-up on 22/2/2021.



Figure 4: Second follow-up on 3/3/2021



Figure 5: Third follow-up on 18/04/2021

TABLE 2: EVALUATION OF RESULTS USING MODIFIED NARANJO CRITERIA.

SL NO	CRITERIA	YES	NO	NOT SURE OR N/A
1	Was there an improvement in the symptom or condition for which the homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible time for frame relative to the medicine intake?	+2		
3	Was there a homoeopathic aggravation of symptoms?	0		
4	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed?	+1		
5	Did overall wellbeing improve?	+1		
6	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top to downward?	+1		
7	Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0		
8	Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (i.e. Known course of disease, other forms of treatment and other clinically relevant intervention)?	+1		
9	Was the health improvement confirmed by any objective evidence as measured by external observations?	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		

DISCUSSION

A 24-year-old male presented with multiple dry, scaly plaques over the back associated with itching and burning sensation for the past two years. The lesions gradually increased in size and were aggravated by cold exposure and during evening and night.

Based on the clinical features and characteristic appearance of the lesions, the case was diagnosed as plaque psoriasis. In homoeopathy, treatment is based on the principle of individualization, where the patient is considered as a whole rather than focusing only on the pathological condition.

A detailed case-taking was carried out, and the totality of symptoms was formed by considering the patient's mental, physical, and particular symptoms.

Repertorization of the case was performed using the Complete Repertory, which suggested remedies such as *Sepia officinalis*, *Arsenicum album*, *Lycopodium*, and *Phosphorus*. Among these remedies, *Sepia officinalis* corresponded most closely with the patient's mental state, general characteristics, and skin manifestations. The patient's feelings of neglect, emotional indifference toward family members, mental exhaustion due to responsibilities, thirstlessness, desire for sweets, and chilly constitution strongly indicated *Sepia officinalis*.

An open-label clinical study by Taneja et al. evaluated the response to individualized homeopathic treatment in patients with psoriasis and reported improvement in disease severity assessed using PASI and PDI scores⁶. A case series by Mahesh et al. also described improvement in psoriasis patients treated with individualized homeopathic medicines, showing reduction in the severity of skin lesions and improvement in overall well-being⁷. Similarly, a randomized controlled trial evaluating individualized homeopathic treatment in psoriasis vulgaris reported improvement in disease severity and quality of life during follow-up⁸.

In the present case, gradual improvement in the skin lesions and associated symptoms was observed following individualized homeopathic treatment. A reduction in symptoms was noted during successive follow-up visits. The improvement observed on clinical examination along with photographic documentation indicates a positive response to the prescribed individualized homeopathic remedy.

The Modified Naranjo Criteria were applied to assess the relationship between the prescribed homeopathic treatment and the clinical improvement observed. The obtained score suggests that the improvement was likely due to the

individualized homeopathic remedy rather than spontaneous recovery or external factors⁹.

CONCLUSION

Plaque psoriasis is a chronic dermatological disorder that can affect the patient's physical and psychological well-being. This case report shows the positive role of individualized homeopathic treatment in the management of plaque psoriasis. After administration of the constitutional remedy *Sepia officinalis*, the patient showed marked improvement in itching, burning sensation, and scaly plaques over the back, and the lesions resolved during follow-up. The improvement was also supported by clinical observation and photographic evidence.

The assessment using the Modified Naranjo Criteria showed a positive score, indicating a probable relationship between the homeopathic treatment and the clinical improvement observed. The findings of this case suggest that individualized homeopathic medicine may be beneficial in managing plaque psoriasis. However, further well-designed clinical studies and systematic research are needed to support these findings and to better understand the role of homeopathy in chronic skin disorders.

Declaration by Authors

Ethical Approval: Not required.

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Conflict of Interest: No conflicts of interest declared.

Patient Consent: The patient provided written informed consent for the publication of this case report and the related images.

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