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A LONGITUDINAL CASE REPORT OF CHRONIC SCALP PSORIASIS AT DR BATRA'S

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Abstract

Background: Scalp psoriasis is a chronic inflammatory dermatosis characterized by erythematous, scaly lesions and a relapsing-remitting course. Persistent scalp scaling and itching may significantly affect quality of life. This case describes the longitudinal management of chronic scalp psoriasis in a middle-aged male with childhood onset, recurrent episodes despite previous dermatological treatment, and significant emotional stress following legal separation.

Case Presentation: A 53-year-old male presented with thick, scaly lesions over the scalp that had been present since childhood. He had previously been diagnosed with scalp psoriasis by a dermatologist and had consulted multiple skin specialists because of recurrent disease. Examination showed annular reddish discoloration of the scalp without active scales at presentation, as the patient had a habit of repeatedly removing the scales. Itching was associated with the lesions and was aggravated particularly during winter. There was a family history of similar skin disease in his father. No nail pitting was noted. Wood's lamp examination showed no fluorescence. The patient was also a known case of type 2 diabetes mellitus for 4–5 years and was taking sitagliptin 50 mg and metformin 500 mg. His psychosocial history was notable for legal separation approximately 1.5 years earlier, associated emotional stress, health anxiety, fear of having no one to support him in case of illness, sensitivity, mistrust and a tendency to suppress emotions. Repertorial assessment documented features including grief, emotional sensitivity, suspiciousness, fear of loss of position and health-related anxiety. The documented prescription included Lycopodium 200, Kali arsenicosum 6C and Sulphur as an intercurrent/antimiasmatic prescription. During follow-up, itching reduced by approximately 50%, scaling progressively

reduced, and subsequent examination documented absence of scaling and healing of old lesions without new lesions.

Conclusion: This case demonstrates improvement in documented scalp symptoms during longitudinal follow-up. However, because multiple factors and treatments may influence psoriasis and objective disease-severity scores were not recorded, the observations should be considered hypothesis-generating rather than evidence of treatment efficacy.

Keywords: Scalp psoriasis; chronic psoriasis; scalp scaling; itching; psychosocial stress; longitudinal case report; homeopathy.

1. Introduction

Psoriasis is a chronic inflammatory skin disorder that may involve the scalp and frequently follows a relapsing course. Scalp involvement can present with erythema and adherent scaling and may be associated with itching and discomfort.

Chronic scalp disease may also have a substantial psychosocial impact, particularly when patients experience recurrent symptoms despite previous treatment. The present case is notable for **childhood-onset scalp psoriasis, repeated recurrence despite consultations with dermatologists, habitual removal of scales, significant psychosocial stress following legal separation, and a subsequent longitudinal reduction in itching and scaling.**

2. Case Presentation

Patient Profile

Parameter	Details
Age	53 years
Sex	Male
Occupation	Manager
Marital status	Legally separated
Children	None
Residence/background	Born and brought up in Vellore
Associated disease	Type 2 diabetes mellitus
Family history	Father had similar skin condition

3. Chief Complaints

The patient presented with:

- Thick scaly lesions over the scalp
 - Long-standing since childhood
 - Associated itching
 - Recurrent episodes
 - Seasonal aggravation, particularly during winter
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4. History of Present Illness

The scalp lesions had developed gradually during childhood and persisted over many years.

The patient had previously been diagnosed with **scalp psoriasis by a dermatologist** and had consulted multiple skin specialists. Despite previous treatment, he reported recurrent disease.

At examination:

- Annular reddish discoloration was visible over the scalp.
- Active scales were not prominent because the patient had removed them.
- Itching was present.
- The patient frequently peeled/removes the scales.
- Symptoms were aggravated during winter.
- Removal of scales provided temporary relief.

No nail pitting was observed.

A Wood's lamp examination did not demonstrate fluorescence.

The patient's own description reflected frustration with the recurrent nature of the condition despite previous dermatological treatment.

5. Associated Medical History

The patient was a known case of **type 2 diabetes mellitus for approximately 4–5 years**.

Documented medication:

- Sitagliptin 50 mg
- Metformin 500 mg

No other major associated illness was documented in the supplied case.

6. Family History

The patient's father reportedly had a **similar skin condition**, suggesting a positive family history of skin disease.

7. General Physical Characteristics

Parameter	Finding
Appetite	Normal
Craving	Curd
Aversion	More spicy food
Thirst	Normal
Water intake	Approximately 3 L/day
Perspiration	Profuse
Odour	Non-offensive
Thermal state	Ambithermal
Bathing	Both
Sleep	Approximately 7 hours
Sleep quality	Disturbed
Stool	Regular and satisfactory
Urine	Normal

8. Mental and Emotional Profile

The case-taking revealed several significant psychosocial characteristics.

Emotional background

The patient had undergone **legal separation approximately 1.5 years before presentation**, which he described as a very difficult period.

He reported:

- Significant emotional stress

- Sensitivity
- Difficulty sharing emotions
- Limited number of friends
- Mistrust of others
- Fear of losing relationships
- Health-related anxiety
- Fear that nobody would help him if he developed a serious illness
- Short-tempered nature
- Suppression of anger in the workplace
- Strong concern regarding his professional position

He described himself as someone who did not readily share his emotions because he feared that others might consider his vulnerabilities a weakness.

9. Occupational Stress

The patient was working as a manager in a finance organisation.

His work environment was described as highly target-oriented.

He reported that poor performance could potentially result in transfer from a higher position to a lower one. Consequently, he experienced persistent concern regarding **loss of professional position** and attempted to maintain high performance.

This occupational concern was incorporated into the patient's individual mental assessment.

10. Important Mental Generals

The prominent mental features documented during case-taking were:

- Anxiety about health
- Fear of being without support
- Fear of loss of position
- Suspiciousness
- Mistrust
- Sensitivity
- Suppression of emotions
- Short temper

- Ego sensitivity
- Difficulty compromising
- Limited friendships
- Desire for organised surroundings
- Emotional stress following separation

The patient also described a recurring dream of **someone digging behind him**.

11. Repertorial Assessment

The repertorial analysis documented the following prominent symptom groups:

Symptom group	Clinical expression
Head – eruptions – psoriasis	Chronic scalp psoriasis
Perspiration – profuse	Profuse perspiration
Sleep – disturbed	Disturbed sleep
Mind – ailments from disappointment	Emotional stress
Mind – egotism	Strong self-respect/ego
Mind – anger	Short-tempered tendency
Mind – religious affections	Religious inclination
Mind – conscientious about trifles	Organised/particular nature
Mind – fastidious	Need for organisation
Mind – confident	Self-confidence
Mind – fear	Health and life-related fears

The repertory demonstrated **Lycopodium** among the leading remedies, with additional remedies appearing according to the individual repertorial rubrics.

Remedies	lyc.	sulph.	nux-v.	sep.	lach.	aur.	verat.	ars.	staph.	nat-m.	calc.	merc.	phos.	spong.	ruta	sil.	kali-c.	aur-m-n.	ph-ac.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	14	13	12	12	12	12	11	10	10	10	10	10	10	10	10	9	9	9	9
Intensity	26	25	21	21	19	18	20	21	20	19	17	15	14	12	11	17	16	15	15
Result	14/28	13/25	12/21	12/21	12/19	12/18	11/20	10/21	10/20	10/19	10/17	10/15	10/14	10/12	10/11	9/17	9/18	9/15	9/15
Clipboard 1																			
HEAD - ERUPTIONS - psoriasis	1	3		3					1		3	1							
PERSPIRATION - PROFUSE	3	2	2	3	2	1	3	3	1	3	3	3	2	2	1	3	3	3	3
SLEEP - DISTURBED	2	3	2	1	2	1	2	2	1	1	1	1	2	1	1	2	3	1	2
GENERALS - DIABETES MELLITUS	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1
MIND - BROODING	1	1	1	1	1	1	3			1	1			1	1			2	2
MIND - AILMENTS FROM - disappointment	2		2	1	2	3	1	1	4	3		3	1		1		1	2	3
MIND - EGOTISM	2	2	2		2	1	2		1		2	1	1			2		1	
MIND - ANGER - trifles; at	1	1	2	1		1	1	2	2	2			1	1	2	1	1	1	1
MIND - RELIGIOUS AFFECTIONS	2	2			2	2	3	2											
MIND - CONSCIENTIOUS about trifles	3	3	2	3	1	1	1	4	3	1	1	1	1	2	1	3	1		1
MIND - SENSITIVE	3	3	3	2	2	2	2	2	3	3	2	2	3	1	1	3	2	2	1
MIND - FASTIDIOUS	1	1	2	1	1	1		3		2	1		1	1	1	1	2	2	
ABDOMEN - HEAVINESS	3	2	1	3	2	1		1	3	2	2	1	1	1	1	1	2		1
MIND - CONFIDENT	1	1	1	1	1		1					1		1	1				

12. Remedy Selection

According to the supplied case record, the documented prescribing plan was:

Constitutional remedy

Lycopodium 200 – two doses

The documented rationale included:

- Suspiciousness
- Fear of loss of position
- Occupational insecurity
- Constitutional mental characteristics

Additional prescription

Kali arsenicosum 6C

Intercurrent

Sulphur

The case record describes Sulphur as being used as an **antimiasmatic/intercurrent** remedy.

These remedy indications and prescribing rationales are presented as recorded in the supplied case material and should not be interpreted as established evidence of efficacy.

13. Follow-up and Clinical Outcome

Initial follow-up

The patient reported that the skin lesions were **slightly improving**, with approximately **50% reduction in itching**.

He was reported to be regular with diet and medicines.

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The patient continued to experience some itching and had a tendency to repeatedly scratch the scalp.

Clinical observations:

- No new lesions
- Scaling reduced
- Itching comparatively reduced
- Sleep good
- Stool regular

The patient was advised not to scratch the scalp and was advised to include seeds in the diet.

August 2026

Wood's lamp examination documented:

- **No scaling**

Clinical status:

- Itching reduced compared with baseline
- No new lesions
- Old lesions healing
- Sleep good

The patient developed breathing difficulty for approximately one week and was appropriately advised to undergo evaluation by an allopathic physician and continued treatment for that complaint.

He was also advised general dietary management, including avoidance of oily foods, beer and excess sugar.

14. Outcome Table

Parameter	Baseline	Follow-up
Scalp psoriasis	Long-standing childhood	since Improved
Scalp scaling	Prominent/recurrent	Reduced and subsequently absent
Itching	Present	Approximately 50% reduced initially; subsequently further reduced
New lesions	Recurrent historically	No new lesions reported
Existing lesions	Persistent	Healing documented
Sleep	Disturbed	Reported as good
Scratching	Frequent scale removal	Advised to avoid scratching
Wood's lamp	No fluorescence initially	Later examination documented no scaling
Overall status	Chronic recurrent disease	Clinical improvement documented



15. Interpretation of Clinical Improvement

The longitudinal record demonstrates a **progressive reduction in the patient's principal scalp symptoms**, particularly:

1. Reduction in itching
2. Reduction in scaling
3. Absence of newly reported lesions
4. Healing of older lesions
5. Improvement in sleep

The improvement was not reported as complete cure, and no standardized psoriasis severity score such as **PASI or scalp-specific severity scoring** was documented.

Therefore, the most scientifically appropriate description is:

“Progressive clinical improvement with reduction of itching and scaling and healing of previously affected areas during follow-up.”

16. Discussion

This case has several clinically relevant dimensions.

The patient had a very long history of scalp psoriasis, beginning in childhood, with recurrence despite previous consultations and treatment. A positive family history was also present, as his father had a similar skin complaint.

A distinctive aspect of the case was the patient's **habitual removal of scalp scales**. This may contribute to local irritation and perpetuate trauma to affected skin. During follow-up, he was specifically advised to avoid scratching.

The patient also had considerable psychosocial stress. Legal separation approximately 1.5 years before presentation was described as one of the most difficult periods of his life. His case-taking additionally revealed health anxiety, fear of being unsupported, mistrust, sensitivity and concern regarding professional position.

Occupational stress was another prominent factor. As a target-oriented manager, he perceived a potential threat to his professional position if performance declined. These individual characteristics formed an important part of the constitutional assessment recorded in the case.

The patient also had type 2 diabetes mellitus and was receiving conventional medication with sitagliptin and metformin. This is relevant because the dermatological condition existed in the context of a chronic metabolic disorder.

The follow-up demonstrated improvement in scalp symptoms, with scaling progressively reducing and eventually being reported as absent. However, the patient's improvement

occurred alongside dietary advice, general management and behavioural advice to avoid scratching. Consequently, causal attribution to a specific homeopathic remedy cannot be established from this single case.

17. Psychosocial Dimension

One of the most important learning points from this case is the relationship between **chronic skin disease and emotional burden**.

The patient reported:

“During the time of separation, very difficult to go through that situation.”

He also expressed fear regarding his future health and the possibility that there might be nobody available to help him.

Thus, the case was not limited to the dermatological manifestation. The patient's consultation included assessment of:

Skin disease → emotional stress → occupational insecurity → health anxiety → coping pattern.

This holistic documentation formed a significant component of the clinical assessment.

18. Clinical Learning Points

1. Long-standing scalp psoriasis requires longitudinal monitoring

The patient had disease dating back to childhood and recurrent episodes despite previous treatment.

2. Scratching and scale removal should be addressed

The patient had a repeated habit of removing scales, and behavioural advice was provided during follow-up.

3. Psychosocial assessment can be clinically important

Legal separation, health anxiety, professional insecurity and difficulty sharing emotions were prominent components of the case.

4. Family history may be relevant

The patient's father reportedly had a similar skin condition.

5. Objective assessment strengthens case documentation

Serial photographs and validated severity instruments would provide stronger evidence than subjective improvement alone.

20. Conclusion

This case describes a **53-year-old male with chronic scalp psoriasis since childhood**, recurrent despite previous dermatological treatment, with a positive family history and significant psychosocial stress following legal separation.

The case-taking identified prominent health anxiety, fear of loss of professional position, sensitivity, mistrust, suppressed emotions, short temper and strong need for organisation. Based on the supplied repertorial assessment, **Lycopodium 200** was documented as the constitutional prescription, with **Kali arsenicosum 6C** and **Sulphur as an intercurrent/antimiasmatic prescription**.

During longitudinal follow-up, the patient demonstrated **reduction in itching and scaling, absence of new lesions and healing of old lesions**, with subsequent documentation of no scaling.

The case highlights the importance of combining **objective dermatological assessment with detailed psychosocial and constitutional case-taking**, while recognising that a single uncontrolled case cannot establish treatment efficacy.