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CLASSICAL HOMEOPATHIC MANAGEMENT OF CHRONIC SCALP PLAQUE PSORIASIS: A CASE REPORT FROM DR BATRA'S®

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Abstract

Psoriasis is a chronic immune-mediated inflammatory dermatosis characterized by recurrent erythematous scaly plaques with significant physical and psychological impact. This case describes a 38-year-old male suffering from chronic plaque psoriasis involving the scalp, face, hands and back with persistent scaling, itching and erythema despite prolonged conventional and Ayurvedic treatment. Individualized constitutional homeopathic treatment based on complete case analysis, repertorization and miasmatic evaluation resulted in progressive reduction in itching, scaling and erythema with stabilization of lesions and improved quality of life. This case highlights the role of individualized classical homeopathy in the holistic management of chronic psoriasis at **Dr Batra's® Homeopathy Clinic**.

Keywords: Psoriasis, Plaque psoriasis, Scalp psoriasis, Individualized homeopathy, Natrum muriaticum, Classical homeopathy, Case report

Introduction

Psoriasis is a chronic inflammatory immune-mediated disorder affecting approximately 2-3% of the global population. It presents with sharply demarcated erythematous plaques covered by silvery-white scales and commonly involves the scalp, extensor surfaces, trunk and nails. The disease follows a relapsing-remitting course and is influenced by genetic susceptibility, immune dysregulation, environmental triggers, infections, stress and lifestyle factors.

Although topical corticosteroids, systemic immunosuppressants and biologics provide symptomatic relief, long-term treatment is often associated with relapses, adverse effects and incomplete remission. Classical homeopathy emphasizes individualized treatment based on

constitutional characteristics, mental generals and physical generals rather than diagnosis alone.

Case Profile

Age/Gender: 38-year-old Male

Occupation: Night-shift employee (since 2014)

Marital Status: Married

Chief Complaints

- Thick erythematous plaques over scalp, face, bilateral hands and back
- Duration: approximately 1 year (current flare)
- Disease initially started as dandruff-like scaling over scalp and gradually progressed
- Scaling ++
- Itching ++
- Redness +
- Gradual extension to face, hands and back
- No family history of psoriasis

History of Present Illness

The present episode began nearly one year before consultation as persistent dandruff-like scaling over the scalp. Gradually the lesions became thicker with erythema and intense scaling and subsequently spread to the face, both hands and back.

The patient reported marked itching associated with silvery scales. Redness increased during active phases while scaling remained persistent.

He had previously undergone Ayurvedic treatment with only temporary benefit and had been repeatedly advised dietary restrictions including avoidance of eggs, mutton, chicken and oily food.

Topical steroid ointments and medicated oils had also been used with incomplete response.

Following initiation of homeopathic treatment at Dr Batra's®, all external oils and steroid applications were gradually discontinued.

Associated Complaints

- Recurrent renal calculi with occasional burning during urination
- Disturbed sleep secondary to prolonged night-duty work
- Dandruff associated with scalp pimples
- Occasional mental stress
- No joint complaints

Past History

- Recurrent renal calculi managed conservatively

- No diabetes
- No hypertension
- No tuberculosis
- No major surgery
- No hospitalization

Family History

- Father: Chronic alcoholism
- Mother: Healthy
- Sister: Healthy
- No family history of psoriasis or autoimmune disorders

Personal History

Appetite

Normal

Cravings

- Chicken
- Mutton
- Non-vegetarian food

Aversion

- Most vegetables

Thirst

1–2 litres/day

Urine

Occasional burning associated with renal calculi

Stool

Satisfactory

Sleep

Disturbed due to prolonged night-duty schedule

Thermal Reaction

Hot patient

Perspiration

Normal

Childhood and Life Space

The patient was born and brought up in a middle-class family. Childhood was marked by occasional physical punishment by elders, although he remained more emotionally attached to his mother, who was calm and supportive. He enjoyed outdoor games and school life more than academics and preferred spending time with friends.

After beginning work in 2014, he undertook prolonged night-shift duties, resulting in chronic sleep disturbance and altered daily routine. Financial responsibilities increased after marriage, and he changed jobs following dissatisfaction related to work conditions and inability to adequately support his family. Despite these struggles, he continued fulfilling family responsibilities without outward complaint.

Mental Generals

The patient presented with a predominantly **introverted and emotionally reserved personality**.

He usually remained calm and preferred suppressing emotions rather than expressing them openly. Anger was rarely displayed externally and was generally internalized. Emotional sensitivity was present, although he cried only when alone and avoided expressing vulnerability before others.

He preferred remaining outdoors and enjoyed recreational activities with family. Fear of dogs was present since childhood. He reported that criticism or others' opinions did not affect him significantly. Consolation during emotional distress aggravated his discomfort, preferring solitude until emotions subsided naturally.

The prolonged night-shift lifestyle had disturbed his sleep rhythm and indirectly contributed to fatigue and reduced emotional resilience.

Physical Examination

General Examination

- Conscious and oriented
- Vitals stable

Dermatological Examination

- Thick erythematous plaques over scalp
- Bilateral hand involvement
- Back involvement
- Facial lesions
- Thick adherent silvery scales
- Moderate erythema
- Marked scaling
- Itching present
- No secondary infection
- No nail changes
- No psoriatic arthritis

Clinical Diagnosis

Chronic Plaque Psoriasis with Scalp Involvement

Differential Diagnosis

- Sebopsoriasis
- Chronic eczema
- Seborrhoeic dermatitis
- Tinea corporis
- Pityriasis rubra pilaris

Investigations

Routine investigations were within acceptable limits except:

- Fasting Blood Sugar: 87.61 mg/dL
- Post-prandial Blood Sugar: 118 mg/dL
- Hemoglobin: 12.2 g/dL
- Triglycerides: 188.4 mg/dL (elevated)

Renal stone history documented clinically.

Prognosis

Moderately favourable

Positive prognostic factors:

- No joint involvement
- Good constitutional health
- No metabolic syndrome
- Good compliance
- Early reduction in itching after treatment

Negative prognostic factors:

- Chronicity
- Extensive scalp involvement
- Night-shift occupation
- Sleep disturbance
- Previous prolonged topical treatment

PART 2

Case Analysis

The patient presented with chronic plaque psoriasis involving the scalp, face, bilateral hands and back. Although the pathology was well established, the constitutional analysis revealed an introverted personality with suppression of emotions, aggravation from consolation, fear of dogs, disturbed sleep due to prolonged night duties, and emotional sensitivity. The patient

tended to internalize anger rather than express it, suggesting deep constitutional involvement rather than merely local skin pathology. Chronic sleep disturbance, occupational stress, altered circadian rhythm, and previous suppressive topical treatment were considered maintaining causes.

The disease was analyzed from a constitutional perspective rather than solely based on cutaneous manifestations, leading to individualized remedy selection.

Totality of Symptoms

Mental Generals

- Introverted and reserved
- Suppresses emotions
- Consolation aggravates
- Irritable internally
- Sensitive emotionally
- Cries only when alone
- Fear of dogs
- Calm outwardly
- Ailments from suppressed emotions

Physical Generals

- Hot patient
- Desire for chicken and mutton
- Aversion to vegetables
- Disturbed sleep due to night duty
- Burning during urination (renal calculus)
- History of renal stones

Particulars

- Chronic psoriasis
- Thick erythematous plaques
- Thick silvery scaling
- Severe itching
- Scalp, face, hands and back involvement
- Gradual spread
- Previous suppression by topical treatment

LSMC (Level of Susceptibility & Miasmatic Classification)

The patient demonstrated moderate susceptibility. The disease had become chronic with repeated relapses despite prolonged Ayurvedic and topical allopathic treatment, but systemic vitality remained good and no psoriatic arthropathy was present.

The dominant miasmatic background was Psoro-Sycotic, characterized by chronic scaling, hyperkeratosis, recurrent inflammatory activity, slow progression and tendency for relapse.

Repertorial Rubrics

The following rubrics were selected from Kent's Repertory:

- Mind – Introversion
- Mind – Consolation aggravates
- Mind – Ailments from suppressed emotions
- Mind – Fear – dogs
- Mind – Reserved disposition
- Skin – Psoriasis
- Skin – Scaling
- Skin – Eruptions – Scaly
- Skin – Itching
- Generalities – Heat aggravates
- Sleep – Disturbed
- Generalities – Desire for meat

Repertorization

Repertorial analysis revealed the following remedies prominently:

Remedy	Relative Similarity
Natrum muriaticum	Highest
Sepia	Differential
Ignatia	Differential
Lycopodium	Differential
Sulphur	Differential
Arsenicum album	Differential

Natrum muriaticum covered the complete constitutional picture better than the remaining differential remedies.

Remedy Selection

Constitutional Remedy

Natrum muriaticum

Reasons for Selection

- Introverted personality
- Suppressed emotions
- Consolation aggravates

- Internalized anger
- Emotional sensitivity
- Chronic relapsing skin disease
- Reserved nature
- Strong constitutional correspondence

Acute Remedy

Supportive acute medicines were prescribed according to the changing pathological activity whenever required for active inflammatory lesions and scaling.

Homeopathic Working

The prescription was based upon constitutional individualization rather than diagnosis alone. Improvement was expected to occur through restoration of the patient's susceptibility, resulting initially in reduction of itching and inflammation followed by gradual decrease in scaling, erythema and plaque thickness.

Dietary regulation, avoidance of topical steroid dependence, skin hydration and lifestyle modification were simultaneously advised.

Prescription Summary

Visit	Prescription	Clinical Reason
Initial	Natrum muriaticum (constitutional)	Constitutional similarity
Follow-ups	Repetition according to response	Improvement maintained
Acute phase	Supportive medicines as required	Active scaling and itching
Supportive care	Moisturizer, dietary regulation	Skin barrier restoration

Follow-up Summary

Date	Clinical Progress
Initial Visit	Thick plaques over scalp, face, hands and back with severe scaling and itching. Previous external medications gradually discontinued.
June 2026	Approximately 5% overall improvement. Itching reduced though scaling persisted. Appetite and general health satisfactory.
15 June 2026	Scalp lesions mildly aggravated; plaques over hands and legs remained stable. Itching reduced compared with baseline. No new lesions.
July 2026	Old plaques remained stable with mild reduction in erythema and scaling. Overall improvement maintained. Sleep improved and dietary compliance good.

Transformation Table

Clinical Parameter	Before Treatment	After Treatment
Plaque thickness	Thick hyperkeratotic plaques	Mild reduction
Scaling	Severe	Reduced
Itching	Severe	Significantly reduced
Redness	Moderate	Reduced
New lesions	Progressive spread	No significant new lesions
Scalp involvement	Active	Stable
Face lesions	Persistent	Mild improvement
Daily discomfort	Marked	Improved
External steroid dependence	Present	Discontinued
Quality of life	Poor	Improved



Figure 1: Scalp before and after treatment.

Discussion

Psoriasis is a chronic immune-mediated inflammatory disease characterized by abnormal keratinocyte proliferation and immune dysregulation. Conventional therapy frequently suppresses lesions temporarily, with recurrence after discontinuation.

This case illustrates an individualized classical homeopathic approach in a patient with chronic plaque psoriasis who had previously received Ayurvedic medicines, topical corticosteroids and medicated oils without sustained remission. Constitutional prescribing was based upon the patient's emotional profile, mental generals, physical generals and local pathology rather than diagnosis alone.

Progressive reduction in itching was observed initially, followed by stabilization of lesions and gradual reduction in scaling and erythema. Withdrawal of topical suppressive treatment without

major rebound further suggested improvement in the underlying constitutional state. Lifestyle modification, dietary counselling, moisturization and regular follow-up complemented constitutional treatment.

Although improvement during the reported observation period was modest, stabilization of disease progression and symptomatic relief represented clinically meaningful outcomes in a chronic relapsing disorder.

Conclusion

This case demonstrates the usefulness of individualized constitutional homeopathic treatment in the management of chronic plaque psoriasis. The prescription based on complete constitutional analysis resulted in reduction of itching, scaling and erythema, stabilization of plaques and improved quality of life after previous failure of conventional approaches. Individualized remedy selection, careful follow-up and holistic management addressing constitutional susceptibility and lifestyle factors may provide sustained benefit in chronic psoriasis. Larger prospective clinical studies are required to further evaluate these observations.

Learning Points

- Constitutional prescribing should be based on the totality of symptoms rather than pathology alone.
- Suppressed emotions and disturbed sleep may act as maintaining causes in chronic psoriasis.
- Withdrawal of long-term topical suppressive therapy should be gradual.
- Improvement in itching often precedes visible reduction in plaque thickness.
- Lifestyle modification and dietary counselling remain important adjuncts to constitutional homeopathic treatment.

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