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SUCCESSFUL CONSTITUTIONAL HOMEOPATHIC MANAGEMENT OF CHRONIC PALMOPLANTAR PSORIASIS AT DR BATRA'S®

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Abstract

Background: Palmoplantar psoriasis is a chronic inflammatory dermatosis characterized by hyperkeratosis, fissuring, scaling, pain, and functional disability. Conventional treatment frequently provides temporary symptomatic relief with recurrent relapses.

Case Presentation: A 42-year-old female presented with palmoplantar psoriasis involving both palms, soles, and scalp for nearly one year, associated with severe itching, painful fissures, marked hyperkeratosis, and difficulty walking. Previous treatment with topical corticosteroids, keratolytics, antihistamines, oral retinoids, and antibiotics produced only temporary relief. Constitutional case analysis revealed a dominant, outspoken, confident woman with easy anger, desire for company, reserved emotional expression, and fear of heights and lizards. Individualized constitutional homeopathic treatment was prescribed along with dietary and lifestyle modification.

Outcome: Progressive reduction in fissures, itching, hyperkeratosis, burning, scalp involvement, and pain while walking was achieved with gradual withdrawal of conventional medication. Significant clinical improvement was observed at **Dr Batra's® Homeopathy Clinic**.

Keywords: Palmoplantar psoriasis, Hyperkeratosis, Constitutional homeopathy, Psoriasis, Lycopodium.

Introduction

Palmoplantar psoriasis is a localized but disabling variant of psoriasis characterized by thick hyperkeratotic plaques affecting palms and soles, often associated with painful fissuring and impairment of daily activities. Chronic inflammation, genetic predisposition, immune dysregulation, and environmental factors contribute to disease persistence.

Patients frequently require prolonged use of topical corticosteroids, keratolytic agents, emollients, systemic retinoids, and immunosuppressive medications, yet relapses remain common after discontinuation.

Classical homeopathy aims to individualize treatment according to constitutional characteristics rather than treating only local lesions. This case demonstrates long-term improvement of chronic palmoplantar psoriasis using individualized constitutional homeopathic management at **Dr Batra's® Homeopathy Clinic**.

Case Presentation

A **42-year-old female** presented with complaints of **flaking, scaling, and whitish hyperkeratotic dryness involving both palms, both soles, and the scalp** since **May 2025**.

Initially, severe itching was present over the palms and soles, followed by progressive thickening of skin and painful fissures. Walking became increasingly painful due to deep plantar cracks. The scalp also developed diffuse scaling and itching.

She had received multiple conventional treatments including:

- Macpod 200 mg
- Tretin 25 mg
- Urea Derm 20% cream
- Tenovate ointment
- Xyzal 5 mg
- Regular emollients

Despite temporary improvement, symptoms repeatedly relapsed after stopping treatment.

History of Present Illness

The disease began with dryness and itching of both palms and soles. Gradually thick hyperkeratotic plaques developed with marked fissuring and scaling.

Pain became severe while walking because of plantar cracks. Morning itching was particularly troublesome, whereas burning and pain were worse towards evening.

The scalp gradually developed diffuse scaling with persistent itching.

Repeated topical steroid therapy and keratolytic creams produced transient improvement without preventing recurrence.

Associated Complaints

- Scalp scaling
- Hair fall (approximately 4–5 months)
- Generalized itching during treatment
- Burning sensation of soles (later reduced)

Past History

- Hypertension for four years, on **Amlodipine (Stamlo 2.5 mg)**
- No diabetes
- No tuberculosis
- No previous dermatological disorders
- Partial hysterectomy performed two years earlier because of uterine infection

Family History

- Mother – Hypertension
- Younger sister – Palmoplantar psoriasis
- Positive family history suggesting hereditary predisposition.

Personal History

Parameter	Observation
Appetite	Normal
Craving	Warm food, biryani, Bengali sweets, non-vegetarian food
Aversion	Bitter gourd
Thirst	Approximately 7 glasses/day
Thermals	Hot patient
Sleep	Refreshing, 7–8 hours
Perspiration	Normal
Stool	Normal
Urine	Normal

Investigations

July 2025

- Fasting Blood Sugar – **87.61 mg/dL**
- Postprandial Blood Sugar – **118 mg/dL**
- Hemoglobin – **12.2 g/dL**
- Triglycerides – **188.4 mg/dL**
- Total Cholesterol – **180.3 mg/dL**
- LDL – **95.4 mg/dL**

Routine biochemical investigations were otherwise within normal limits.

Evolution of Mental State

The patient was born and brought up in Mahim and described her childhood as generally happy until the sudden death of her father due to myocardial infarction while she was studying in the ninth standard. Following this event, the family faced considerable financial hardship,

compelling her to begin earning while still studying in the eleventh standard. Although she aspired to become a doctor, financial limitations prevented her from pursuing medical education, and she subsequently completed an MBA.

Her mother was strict during childhood, which helped develop a bold, independent personality. She currently conducts home tuition classes and manages household responsibilities.

She described herself as confident, outspoken, and capable of making independent decisions. She prefers expressing her opinions openly, especially when confronted with injustice. She becomes angry easily and reacts immediately by shouting rather than suppressing her emotions. She dislikes remaining silent when treated unfairly.

Although sociable, she now mixes with people less easily than before and maintains only a few close friends. She generally shares her personal concerns only with her husband, daughter, and mother.

She enjoys company, likes being the centre of attention, possesses leadership qualities, and has a naturally dominant personality. She is neither diplomatic nor money-minded and readily takes responsibility whenever required.

She admitted occasional anxiety but generally remained self-confident. She also reported fears of heights and lizards.

Her happiest moment in life was the birth of her son. Her hobbies include reading, teaching, and drawing.

Overall, the constitutional picture reflected a bold, dominant, confident, outspoken woman with easy anger, desire for company, strong sense of justice, limited emotional sharing, and characteristic fears.

General Examination

General condition was satisfactory.

Blood pressure remained controlled during follow-up with antihypertensive medication.

Body weight ranged between **75.8–77.6 kg** during treatment.

Dermatological Examination

Examination revealed:

- Thick hyperkeratotic plaques over both soles.
- Diffuse scaling over both palms.
- Painful fissures involving plantar surfaces.
- Thickened skin with marked hardness.
- Dry scaling over scalp.
- No secondary infection.
- No active bleeding.

Clinical Diagnosis

Chronic Palmoplantar Psoriasis with Scalp Involvement

Case Analysis

This case demonstrated a strong hereditary predisposition, chronic relapsing disease, and significant functional disability due to painful fissuring.

Although the local pathology was severe, constitutional analysis emphasized the patient's dominant personality, outspoken nature, desire for company, confidence, anger from injustice, easy irritability, and reserved emotional sharing. These constitutional characteristics formed the foundation for remedy selection rather than the diagnosis alone.

Homeopathic Case Analysis (LSMC)

Location

- Both palms
- Both soles
- Scalp

Sensation

- Itching
- Dryness
- Thickening
- Pain
- Burning
- Cracking

Modalities

Aggravation

- Morning itching
- Evening pain
- Walking
- Rest at night (itching)

Amelioration

- Warm applications
- Lukewarm water
- Moisturizers

Concomitants

- Hair fall
- Hypertension

- Hot patient
- Desire for company
- Easy anger
- Fear of heights
- Fear of lizards

Evaluation of Symptoms

Mental Generals

- Dominating personality
- Bold
- Desire for company
- Anger expressed by shouting
- Outspoken
- Confident
- Reserved emotional expression
- Fear of heights
- Fear of lizards
- Strong sense of justice

Physical Generals

- Hot patient
- Desire warm food
- Desire Bengali sweets
- Normal thirst
- Refreshing sleep

Particulars

- Hyperkeratotic palmoplantar psoriasis
- Thick fissures
- Pain while walking
- Scalp psoriasis
- Burning soles
- Better from warmth

Totality of Symptoms

- Dominating personality.
- Anger expressed openly.
- Desire for company.

- Bold and confident.
- Reserved emotional sharing.
- Fear of heights.
- Fear of lizards.
- Hot patient.
- Better from warmth.
- Thick palmoplantar hyperkeratosis.
- Deep painful fissures.
- Scalp scaling.
- Burning soles.
- Family history of psoriasis.

PART 2

Repertorial Analysis

The case was repertorized following classical homeopathic principles, giving highest importance to the patient's constitutional individuality. Mental generals were given greater weight than pathological diagnosis. The combination of an outspoken and dominant personality, desire for company, confidence, fear of heights, anger from contradiction, and characteristic modalities together with chronic palmoplantar psoriasis formed the constitutional basis for remedy selection.

Selected Repertorial Rubrics

Mind

- Mind – Dominating disposition
- Mind – Company – desire for
- Mind – Anger – violent, expresses by shouting
- Mind – Boldness
- Mind – Reserved
- Mind – Fear – heights
- Mind – Fear – lizards
- Mind – Confidence
- Mind – Contradiction – intolerant

Skin

- Skin – Psoriasis
- Skin – Palms – fissures
- Skin – Soles – fissures
- Skin – Thickened skin

- Skin – Dryness
- Skin – Scaling
- Skin – Burning
- Skin – Itching

Generalities

- Generalities – Warm applications ameliorate
- Generalities – Warm food desires
- Generalities – Hot patient
- Generalities – Family history of psoriasis

Remedies	arg-n.	nat-m.	phos.	puls.	sulph.	calc.	lyc.	plat.	aloe.	arg-met.	aura.	merc.	nat-a.	staph.	calc-f.	carc.	hep.	lach.	med.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Intensity	9	8	8	8	8	7	7	7	6	6	6	6	6	6	5	5	5	5	5
Result	4/9	4/8	4/8	4/8	4/8	4/7	4/7	4/7	4/6	4/6	4/6	4/6	4/6	4/6	4/5	4/5	4/5	4/5	4/5
Clipboard 2																			
GENERAL -																			
FOOD and DRINKS	3	1	2	2	3	2	3	1	1	3	3	2	1	2	2	1	2	1	2
- sweets - desire	3	3	2	3	3	2	2	3	2	1	1	2	3	1	1	1	1	2	1
GENERAL -																			
WARM - agg.	3	3	2	3	3	2	2	3	2	1	1	2	3	1	1	1	1	2	1
MIND - FEAR - high	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1
places, of																			
MIND - FEAR -																			
reptiles, of																			
MIND -	1	3	1	2	1	2	1	2	2	1	1	1	1	2	1	1	1	1	1
RESERVED																			

Figure 1: Repertorization chart

Repertorial Result

The repertorial analysis showed the following leading remedies:

Rank	Remedy
1	Lycopodium clavatum
2	Natrum muriaticum
3	Phosphorus
4	Pulsatilla
5	Sulphur

Among these, **Lycopodium** most closely matched the constitutional portrait and chronic disease evolution.

Remedy Selection

Constitutional Remedy

Lycopodium clavatum 200C

Basis of Prescription

The constitutional prescription was based upon the following characteristic features:

- Dominating personality.
- Anger expressed immediately by shouting.
- Strong sense of justice.
- Desire for company.
- Bold and confident.
- Reserved regarding personal emotions.
- Fear of heights.
- Fear of lizards.
- Warm applications relieve complaints.
- Chronic hereditary psoriasis.

The totality corresponded more closely to **Lycopodium** than to remedies selected purely on pathological grounds.

Acute Prescription

Mezereum 6C

Prescribed during acute exacerbations for severe hyperkeratosis, scalp scaling, fissuring, and active itching.

Supportive Measures

- Frequent application of moisturizer.
- Gradual tapering of topical steroid ointments.
- Warm water soaking of palms and soles.
- Avoidance of pickles, tamarind, red meat, oily food, and coffee.
- Increased intake of salads, sprouts, fruits, and adequate hydration.

Miasmatic Analysis

The case predominantly represented a **Psoro-Sycotic miasm**.

Psoric Features

- Severe itching.
- Dryness.
- Scaling.
- Burning.
- Functional disturbance.
- Relapsing course.

Sycotic Features

- Hyperkeratosis.
- Thickened skin.

- Chronic fissures.
- Positive family history.
- Long-standing recurrent disease.

The hereditary tendency and marked hyperkeratosis indicated sycotic predominance over a psoric background.



Figure 2: Clinical photograph of palmar lesions



Figure 3: Clinical photograph of plantar lesions

Homeopathic Working

This case illustrates constitutional management of chronic palmoplantar psoriasis rather than suppression of local lesions. The constitutional prescription was selected after integrating mental generals, physical generals, hereditary predisposition, characteristic modalities, and pathological findings.

Lycopodium was chosen because the patient's dominant personality, confidence, anger from contradiction, desire for company, and characteristic fears formed a clear constitutional picture. Mezereum was prescribed during active inflammatory phases to control acute skin pathology.

Improvement followed a sequential constitutional pattern. Itching reduced first, followed by reduction in burning sensation, improvement in fissures, decreased thickness of hyperkeratotic plaques, relief in pain while walking, reduction of scalp scaling, and gradual withdrawal of conventional medications. The improvement was maintained with constitutional therapy, dietary regulation, moisturization, and lifestyle modification.

Follow-up Summary

Date	Clinical Findings	Prescription
Initial Visit	Severe palmoplantar hyperkeratosis, fissures, scalp scaling, severe itching, walking painful. On steroids, keratolytics and oral medicines.	Lycopodium 200C + Mezereum 6C
03 Oct 2025	Pain and itching reduced slightly. Warm applications relieved symptoms. Moisturizer advised.	Continued
16 Oct 2025	Skin thickness remained marked. Cracks painful while walking. Hair fall appeared. Better from lukewarm water.	Continued
15 Nov 2025	Palmar itching improved but mild relapse after one week. Soles remained thick with fissures.	Continued
17 Dec 2025	Burning reduced. Palmar cracks reduced. Soles still thick. Chilly intolerance noted.	Continued
03 Jan 2026	Significant reduction in pain and fissures. Stopped allopathic medicines for hyperkeratosis. Hair fall and scalp itching improved.	Constitutional medicine continued
17 Jan 2026	Palmar itching reduced. Burning mild. Generalized itching present.	Continued
06 Feb 2026	Burning further reduced. Palmar and plantar itching reduced.	Continued
23 Feb 2026	Burning completely absent. Pain and fissures markedly reduced.	Continued
23 Mar 2026	Mild residual flaking and itching only.	Continued
21 Apr 2026	Palms almost clear. No fissures. Minimal dryness. Soles softer	Maintenance

	with reduced thickness. Walking comfortable.	
12 May 2026	Mild itching only. Dryness further reduced.	Continued
10 Jun 2026	Temporary relapse with few fissures following dietary indiscretion.	Continued
08 Jul 2026	Marked reduction in hyperkeratosis and fissures. Minimal itching. Scalp clear. No walking difficulty.	Maintenance treatment

Transformation Table

Clinical Parameter	Before Treatment	After Treatment
Palm Hyperkeratosis	Severe	Almost completely resolved
Sole Hyperkeratosis	Severe thick plaques	Markedly reduced
Fissures	Deep, painful	Minimal residual cracks
Walking	Painful	Comfortable
Itching	Severe	Occasional mild itching
Burning	Persistent	Completely absent
Scalp Scaling	Diffuse	Nearly resolved
Hair Fall	Present	Improved
Allopathic Medication	Continuous	Successfully tapered and discontinued
Quality of Life	Significantly impaired	Markedly improved

Discussion

Palmoplantar psoriasis is among the most disabling forms of psoriasis because painful fissures interfere with routine activities such as walking, writing, and household work. Long-term corticosteroid therapy often provides symptomatic relief but does not prevent relapse, while prolonged systemic therapy may produce adverse effects.

In this patient, conventional treatment including topical corticosteroids, keratolytics, oral retinoids, antihistamines, antibiotics, and emollients produced only temporary improvement. The disease continued to relapse with progressive hyperkeratosis and painful fissuring.

Classical homeopathic management focused on constitutional individuality rather than the diagnosis alone. Mental generals, hereditary background, physical constitution, characteristic modalities, and pathological changes were integrated to select *Lycopodium* as the constitutional similitum.

The patient's improvement followed a consistent clinical sequence. Itching diminished first, burning disappeared completely, fissures healed, hyperkeratosis reduced, scalp lesions improved, and walking became painless. Eventually, conventional topical medications were successfully discontinued while maintaining clinical stability.

Dietary regulation, regular moisturization, and avoidance of known aggravating foods complemented constitutional treatment and may have contributed to sustained remission. Although this is a single observational case, it demonstrates the potential role of individualized constitutional homeopathy as an integrative approach in chronic palmoplantar psoriasis. Larger controlled studies employing objective outcome measures such as PPPASI and Dermatology Life Quality Index (DLQI) are required to further evaluate efficacy.

Conclusion

This case demonstrates successful constitutional management of **chronic palmoplantar psoriasis with scalp involvement** through individualized classical homeopathy at **Dr Batra's® Homeopathy Clinic**. Constitutional prescribing based on mental generals, physical constitution, hereditary predisposition, and characteristic modalities resulted in progressive healing of fissures, marked reduction of hyperkeratosis, relief from itching and burning, improvement in scalp lesions, successful discontinuation of conventional topical therapy, and substantial enhancement of quality of life. The case highlights the importance of individualized constitutional treatment in chronic immune-mediated dermatological disorders.

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