IJAYUSH
International Journal of AYUSH
AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY
https://internationaljournal.org.in/journal/index.php/ijayush/
ISSN: 2349-7025
OPEN ACCESS
★ PEER REVIEWED ★
MONTHLY

Original Research Article	Volume 15 Issue 11	November 2026

INDIVIDUALISED HOMOEOPATHIC MANAGEMENT OF PSORIASIS: A CASE REPORT

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DOI: https://doi.org/10.5281/10.5281/zenodo.24227689

Abstract

Background: Psoriasis is a chronic inflammatory skin disorder characterised by erythematous lesions covered with silvery-white scales. Itching, discomfort and the visible nature of the lesions may adversely affect an individual's psychological and social well-being.

Case Presentation: A 32-year-old male presented with a three-year history of gradually progressive erythematous eruptions involving the scalp, right arm, left flank. The lesions were associated with silvery-white scaling, intense itching, bleeding and burning following scratching, along with thin, transparent, sticky discharge. The complaints were reported to be aggravated during winter, by warmth, woollen clothing and cold air. Relief was reported after bathing. Individualising features included anxiety about health, marked concern for cleanliness, talkativeness, a tendency to shift from one idea to another.

Analysis: The case was analysed on the basis of the patient's mental generals, physical generals and characteristic skin symptoms. Repertorisation using the selected rubrics identified *Sulphur* and *Lycopodium* as the leading remedies, followed by *Calcarea carb*. The repertorial findings were considered alongside the individual symptom presentation for further clinical evaluation.

Conclusion: This case highlights the process of individualised case-taking and repertorial analysis in a patient presenting with chronic psoriasis. The therapeutic intervention and clinical outcome require documentation to assess the course of the case.

Keywords: Psoriasis; Homoeopathy; Case report; Individualisation; Repertorisation.

Introduction

Psoriasis is a disease of keratinocyte hyperproliferation but as a systemic inflammatory disorder associated with psoriatic arthritis, cardiovascular disease and metabolic syndrome.[1] Its chronic relapsing nature has a profound effect on quality of life, necessitating a comprehensive understanding of its pathogenesis[2].

Epidemiology The global prevalence of psoriasis varies from 0.09% to 11.4%[3,4]. It shows a bimodal age distribution. Early-onset psoriasis (Type I) occurs before 40 years of age, is strongly associated with HLA-Cw6, and has a strong familial predisposition. Late-onset psoriasis (Type II) occurs after 40 years and is less strongly linked to HLA (Rendon & Schäkel, 2019). In India, hospital-based studies report a prevalence of 0.44-2.8%.

Immunopathogenesis The pathogenesis involves a complex interplay of genetic susceptibility, innate immunity and adaptive immunity[5]. An environmental trigger such as the Koebner phenomenon, streptococcal infection, or certain drugs activates plasmacytoid dendritic cells via Toll-like receptors[6].

These dendritic cells secrete TNF-α, IL-12 and IL-23. IL-23 is the master regulator that promotes differentiation and survival of Th17 cells (Armstrong & Read, 2020). Th17 cells produce IL-17A, IL-17F and IL-22. IL-17A acts on keratinocytes to induce hyperproliferation, where epidermal turnover is reduced from 28 days to 4-5 days, along with parakeratosis and production of antimicrobial peptides and chemokines that further amplify inflammation [6].

Genetically, PSORS1 on chromosome 6p21 within the major histocompatibility complex is the major susceptibility locus, contributing to 35-50% of heritability[3].

Psoriasis is classified into several clinical types based on the morphology and distribution of skin lesions: Plaque psoriasis (Psoriasis vulgaris): The most common type (80–90%), characterized by well-defined erythematous plaques covered with silvery-white scales. Guttate psoriasis: Presents as numerous small, drop-shaped lesions, often following streptococcal throat infection. Inverse psoriasis: Appears as smooth, red, inflamed patches in skin folds, such as the axillae and groin. Pustular psoriasis: Characterized by sterile, pus-filled pustules on erythematous skin. Erythrodermic psoriasis: A severe form involving widespread redness and scaling over most of the body surface. Nail psoriasis: Causes pitting, discoloration, thickening and separation of the nails from the nail bed [6].

Diagnosis of Psoriasis

The diagnosis of psoriasis is primarily clinical, based on characteristic skin lesions, including well-demarcated erythematous plaques covered with silvery-white scales. Common sites include the scalp, elbows, knees and lumbosacral region. Clinical examination may reveal the Auspitz sign and Koebner phenomenon [1,2]. The Psoriasis Area and Severity Index (PASI) is a widely accepted clinical assessment tool used in psoriasis research and clinical trials to evaluate disease severity. It provides a quantitative measurement of the extent of body surface involvement and the severity of erythema, induration and scaling. The total PASI score ranges from 0 to 72, with higher scores indicating more severe disease. Serial PASI assessments are useful for monitoring changes in disease severity and evaluating treatment response[7]. Dermoscopic examination can support the diagnosis, while skin biopsy is reserved for atypical or uncertain cases. Nail and joint involvement should also be assessed to identify associated psoriatic arthritis.[1,2]

Case Presentation

A 32-year-old unmarried male software engineer presented with a three-year history of erythematous skin eruptions, initially involving the scalp, right forearm and left flank, followed by multiple smaller patches over other body regions. The lesions were covered with silvery-white scales and associated with

marked itching. Scratching resulted in bleeding, burning sensation and thin, transparent, sticky discharge. The complaints were aggravated during winter, by warmth and woollen clothing, and relieved by bathing. Occupational stress was reported as an associated factor. The condition significantly affected his personal and social life, influencing his decision to remain unmarried.

There was no significant past medical or surgical history or history of X-ray exposure. He had received three doses of the COVID-19 vaccine and had been undergoing conventional treatment since August 2022. Both parents and his younger sister were reportedly healthy, with a family history of lung cancer in the paternal grandmother. Born in Jharkhand, he relocated to Delhi at four years of age and attained developmental milestones normally. He followed a vegetarian diet and reported no significant personal habits. His home and workplace environments were congenial.

The patient was thermally hot, with normal appetite, a preference for warm food and a daily water intake of approximately 3–4 litres. Bowel habits were satisfactory, while urination occurred 4–5 times during the day and approximately three times at night. Sleep was refreshing, lasting around eight hours. He had a marked desire for sweets (2+), a tendency to eat hastily (2+), and normal, non-offensive perspiration.

Mentally, the patient was calm, talkative (3+) and preferred company (1+). He performed daily activities slowly and exhibited a marked tendency to shift between topics and ideas (3+). He expressed fear of diseases, marked concern regarding his health (3+) with repeated reassurance-seeking, and a tendency to weep when lonely (1+). He also reported dizziness at heights, intolerance to tight clothing around the neck due to a sensation of suffocation, and considerable concern for cleanliness (3+).

On examination, BP was 115/73 mmHg, pulse 78/min, respiratory rate 18/min, SpO_2 99%, and temperature normal. Height was 165 cm and weight 59 kg. The patient had a mesomorphic build and average nutrition.

Local / Skin Examination

Physical examination revealed erythematous plaques of varying sizes, covered with white scales, on thickened and dry skin. The lesions were well-demarcated, sharply defined psoriatic lesions were observed over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk). Auspitz's sign was positive and Koebner's phenomenon was negative.

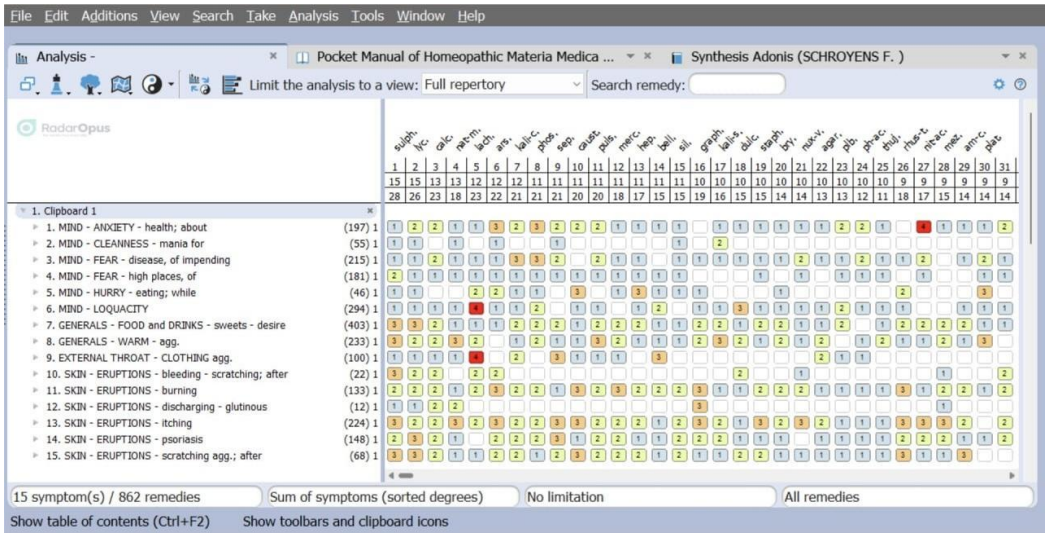
Totality of Symptoms

1. Anxiety about health
2. Mania for cleanness.
3. Fear of impending disease
4. Fear of heights
5. Loquacity - talkative
6. Eats hastily
7. Thermal - Hot patient
8. Desire for sweets
9. External throat - Cannot tolerate tight clothing around neck
10. Skin - Psoriatic erythematous eruptions
11. Skin - Intense itching
12. Skin - eruption with burning after scratching

13. Skin - Bleeding after scratching

14. Skin - Discharge - thin, transparent, sticky fluid

Repertorial Analysis



Therapeutic Intervention

The case was repertorized using RADAR OPUS version 3.3.24 [10] [9], covering the patient's mental generals, physical generals and characteristic skin symptoms. The leading remedies were *Sulphur*, *Lycopodium*, *Calcarea carb*, *Natrum mur*, *Lachesis* and *Arsenic album*. On 13 January 2025, after case-taking and repertorial analysis, Among these, *Lycopodium* was selected as the similimum after considering the overall clinical presentation and individual characteristic symptoms of the patient. *Lycopodium clavatum* 30C was prescribed as a single dose, followed by *Saccharum lactis* (SL) 30C, three times daily (TDS), for two weeks. The selection was based on the comparative evaluation of mental and physical symptoms, particularly anxiety about health, hurried eating and the characteristic skin manifestations, including itching, burning after scratching and psoriatic eruptions. Although *Sulphur* obtained an equal repertorization score, *Lycopodium* was preferred based on the overall clinical assessment and individualization of the case.

Follow-up and Outcomes

Following a single dose of *Lycopodium clavatum* 30C, followed by placebo for 15 days, the patient showed progressive clinical improvement, with complete resolution of lesions over the scalp, right elbow and left flank. The patient had 13 months of recurrence-free follow-up (January 2025 to February 2026). Serial photographs documented the clinical progress, while the PASI score decreased from 22.9 at baseline to 0.6 post-treatment. The Modified Naranjo Criteria for Homoeopathy (MONARCH) yielded a final score of +10 (range −6 to +13), indicating a positive causal attribution and suggesting a possible association between the individualised homoeopathic intervention and the observed improvement [8].

Table 1: Follow-up based on treatment outcome and changes in the PASI score

Date of Visit	Symptoms	Medicine with doses repetition	PASI Score
20/01/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- same as before Itching- present Scratching was followed by bleeding, burning and the appearance of a thin, transparent, sticky fluid	Lycopodium 30/1 dose SL 30/BD/15 Days	22.9

Date of Visit	Symptoms	Medicine with doses repetition	PASI Score
03/02/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- 10% better than before Itching- present Scratching was followed by bleeding, burning and the appearance of a thin, transparent, sticky fluid	Lycopodium 30/1 dose SL 30/BD/15 Days	19
24/02/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- Itching- slightly better (++) Scratching was followed by bleeding, burning present	SL 30/BD/15 Days	19
17/03/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- better than before Itching- present(+++) Burning- Present	Lycopodium 30/1 dose SL 30/BD/15 Days	16.5
28/04/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- better than before Itching- present (++)	SL 30/BD/15 Days	14.2
19/05/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- same as before no improvement Itching- present (++) Scratching was followed by bleeding, burning and the appearance of a thin, transparent, sticky fluid	Lycopodium 30/1 dose SL 30/BD/15 Days	11.8
23/06/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- Better than before Itching- present (+)	Lycopodium 30/1 dose SL 30/BD/15 Days	9.5
28/07/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- 50 % better Itching- present (+)	Lycopodium 30/1 dose SL 30/BD/15 Days	7.2
18/08/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- 70% better Itching- better than before	SL 30/BD/15 Days	5.1
15/09/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- slightly aggravation of symptoms Itching- present (+) Scratching(+), burning(+)	Lycopodium 30/1 dose SL 30/BD/15 Days	3.4
03/11/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- same as before, no itching, burning	Lycopodium 200/1 dose SL 30/BD/15 Days	2.1
15/12/2025	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- 70% better than before no itching and burning	SL30/BD/15 Days	1.2

Date of Visit	Symptoms	Medicine with doses repetition	PASI Score
12/01/2026	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- 80% better than before	SL30/BD/15 Days	0.6
23/02/2026	Erythematous and scaly eruptions over three major sites: head (scalp), right arm (elbow extensor), and left flank (trunk)- better than before no appearance of symptoms, no eruptions and itching present	SL30/BD/15 Days	0.6

Table 2: Before Treatment PASI

Intensity score	Scalp	Right arm	Left flank
Erythema	4	3	3
Scaling	3	3	3
Induration	3	3	3
Sum(E+I+S)	10	9	9
Intensity score	0.1	0.2	0.2
Area score	3	3	3
	3	5.4	8.1

Table 3: After Treatment PASI

Intensity score	Scalp	Right arm	Left flank
Erythema	1	1	1
Scaling	0	0	0
Induration	0	0	0
Sum(E+I+S)	1	1	1
Intensity score	0.1	0.2	0.3
Area score	1	1	1
	0.1	0.2	0.3

Table 4: Assessment of outcome of the patient after treatment with Modified Naranjo Criteria for Homoeopathy (MONARCH)

S. No.	Domains / Assessment Criteria	Yes	No	Not Sure / NA
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	-2	0
3	Was there an initial homoeopathic aggravation of symptoms?	+1	0	0

S. No.	Domains / Assessment Criteria	Yes	No	Not Sure / NA
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	0	0
5	Did overall well-being improve? (Changes in physical, emotional and behavioural elements)	+1	0	0
6(A)	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6(B)	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; or from the top downwards?	+1	0	0
7	Did 'old symptoms' (non-seasonal and non-cyclical symptoms previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8	Are there real alternative causes (other than the medicine) that, with high probability, could have produced the improvement?	+1	+1	0
9	Was the health improvement confirmed by any objective evidence (e.g., investigations, clinical examination, etc.)?	+2	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
	TOTAL SCORE	10		



Figure 1: Psoriasis lesions before treatment



Figure 2: Psoriasis lesions during treatment



Figure 3: Psoriasis lesions after treatment

Discussion

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterised by well-defined erythematous plaques covered with silvery-white scales. It commonly affects the scalp, trunk, and extensor surfaces and may significantly impair patients' quality of life. Homoeopathy follows an individualised approach, considering the patient's characteristic physical symptoms, modalities, and general features during medicine selection. Previous case reports have described clinical improvement in psoriasis following individualised homoeopathic prescriptions; however, further controlled research is required to establish their therapeutic efficacy.

In the present case, a single dose of *Lycopodium clavatum* 30C was administered, followed by placebo for 15 days. Progressive clinical improvement was observed during regular follow-ups, with resolution of psoriatic lesions involving the head (scalp), right arm (elbow extensor), and left flank (trunk). The PASI score decreased from 22.9 at baseline to 0.6 after treatment. The Modified Naranjo Criteria for Homeopathy (MONARCH) were used to assess the possible causal relationship between the homoeopathic intervention and the observed outcome. A total score of +10 (scale: −6 to +13) indicated positive causal attribution according to this assessment framework.

The major limitations of this report include its single-patient design and absence of a control group. However, serial PASI assessments, photographic evidence, and prolonged follow-up provide useful documentation of the patient's clinical course.

Conclusion

This case report documents substantial clinical improvement in a patient with psoriasis following individualised homoeopathic treatment with *Lycopodium clavatum* 30C. The PASI score decreased from 22.9 to 0.6, with 13 months of recurrence-free follow-up (January 2025 to February 2026). A MONARCH score of +10 supported positive causal attribution. Although these observations are encouraging, they do not establish treatment efficacy. Further well-designed controlled clinical studies are warranted to evaluate the efficacy, safety, and reproducibility of individualised homoeopathic treatment in psoriasis.

Limitations

This is a single case report and needs to be trialled in more similar cases for its concrete conclusion.

Consent of Patient

The authors obtained informed consent from the patient to use his images and other clinical information for the publication of his case report, ensuring his identity remained confidential.

Acknowledgement

The authors sincerely acknowledge the invaluable support, encouragement, and guidance provided by Dr. Neena Mehan, Principal, and all the faculty members of Dr. B. R. Sur Homoeopathic Medical College. Their cooperation and assistance are gratefully appreciated.

References

1. Boehncke WH, Schön MP. Psoriasis. The Lancet. 2015;386(9997):983-94.
2. Armstrong AW, Read C. Pathophysiology, clinical presentation, and treatment of psoriasis: A review. JAMA. 2020;323(19):1945-60.
3. Parisi R, Symmons DPM, Griffiths CEM, Ashcroft DM. Global epidemiology of psoriasis: A systematic review of incidence and prevalence. J Invest Dermatol. 2013;133(2):377-85.
4. World Health Organization. Global report on psoriasis. Geneva: World Health Organization; 2016. https://www.who.int/publications/i/item/9789241565189
5. Rendon A, Schäkel K. Psoriasis pathogenesis and treatment. Int J Mol Sci. 2019;20(6):1475.
6. Griffiths CEM, Armstrong AW, Gudjonsson JE, Barker JNWN. Psoriasis. Lancet. 2021;397(10281):1301-15. doi:10.1016/S0140-6736(20)32549-6.
7. Manchanda Y, De A, Das S, Chakraborty D. Disease Assessment in Psoriasis. Indian J Dermatol. 2023;68(3):278–281. doi:10.4103/ijd.ijd_420_23.
8. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, Singhal R. Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. Homeopathy. 2020 Nov;109(4):191-197. doi: 10.1055/s-0040-1701251 Epub 2020 Mar 25. Erratum in: Homeopathy. 2020 Nov;109(4):e1-e2. doi: 10.1055/s-0040-1715843. PMID: 32215892.
9. Zeus Soft. RADAR OPUS [computer software]. Version 3.3.24. Belgium: Zeus Soft; 2025