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SUCCESSFUL HOMEOPATHIC MANAGEMENT OF ERYTHRODERMIC PSORIASIS

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Abstract

Psoriasis, a chronic skin condition, often worsens with emotional stress, impacting overall well-being. A 39-year-old male came with psoriasis to Dr Batra's Positive Health Clinic Pvt. Ltd.

He experienced red spots and intense itching, exacerbated by anxiety about his family's future. Homeopathic treatment led to significant improvement, with reduced symptoms and cleared patches. Additionally, it helped ease emotional stress, resulting in a happier and more balanced life. This case highlights homeopathy's holistic approach to healing.

Case Summary:

A 39-year-old male patient, suffering from psoriasis for about a year. His condition was characterized by red spots and intense itching, which often left him feeling frustrated and anxious, especially about his family's health and future. Stress from these worries seemed to make his skin issues worse. After starting homeopathic treatment, he experienced significant improvement. The itching and redness gradually decreased, and most of the patches cleared up completely. Homeopathy helped him manage not only his skin symptoms but also the emotional stress associated with his condition. As a result, he felt happier and more at ease, leading to a better quality of life.

Keywords: Erythrodermic psoriasis, Individualized medicine, Homoeopathy

Introduction

Psoriasis is a chronic, non-communicable, disfiguring and disabling disease that has no definitive cure and negatively impacts the patient's quality of life. It occurs at any age but most commonly between 50 and 69. The prevalence ranges between 0.09% and 11.4%, making it a serious global problem. However, in India, the prevalence varies from 0.44% to 2.8%; it is twice more prevalent in males and occurs mainly in the third or fourth decade. [1,2]

Erythrodermic psoriasis (EP) (ICD 10-L 40) is a rare and severe disease variant among all psoriasis varieties. Its estimated prevalence ranges from 1% to 2.25% among psoriatic patients. Besides, psoriatic erythroderma is the most common cause of erythroderma, leading to 25% [1,4] of cases. Its etiology is still unclear, but the evidence is available for a dysregulated immune response occurring in genetically predisposed individuals, following exposure to specific environmental triggers, like infections (streptococcal throat infection), physical (tattoos, injuries and surgical incisions) and emotional trauma, sunburn, smoking, alcohol, emotional stress. Besides, certain drugs (antidepressants, antihypertensives and anticytokine therapies) and rapid withdrawal from the medication have been clinically associated with the initiation, exacerbation and worsening of this disease.[5]

EP presents with generalized cutaneous lesions such as erythema, oedema, pruritus, ill-defined psoriatic plaques, scaling, hair loss and occasionally exudative lesions and palmoplantar or diffuse desquamation. The fingernails are more commonly involved than the toenails, changes ranging from mild pitting to severe onychodystrophy. Systemic symptoms occur, such as fever, tachycardia, fatigue, malaise, chills, dehydration, lymphadenopathy, arthralgia, myalgia, insomnia, sweats, diarrhea, constipation, weight changes, allodynia and rarely high output heart failure (due to excessive water loss and oedema) leading to death.[5] It is often associated with several complications, including septicemia, especially staphylococcal infection, with mortality as high as 64%. In addition, fluid and protein losses, electrolyte imbalances and widespread cutaneous vasodilatation can lead to thermoregulation and cardiac failure.[6] Conventional medical management addresses the fluid, protein or electrolyte abnormalities, impaired thermoregulation, underlying infections and providing a nutritional diet along with the medications cyclosporine or infliximab, acitretin, methotrexate, steroids, immunosuppressive agents, etanercept, phototherapy and

combination therapy[3,6,8]. The patients pursue other complementary and alternative medicines due to economic factors, dosage regimes and adverse effect profiles of these broader-acting drugs.[9] Various published studies have reported evidence for the successful treatment of different types of psoriasis vulgaris with Homoeopathy, without any adverse effects.[10,15] The present evidence-based case report will add to the evidence in favor of Homoeopathy for the treatment of EP. The case is being reported as per the HOM-CASE guidelines.[16]

Case Profile

On 7th January 2024, a 39-year-old male visited Dr. Batra's Ashram Road Clinic in Ahmedabad, where he was attended by Dr. Chandani Patel. He presented with complaints of dry, scaly erythrodermic eruptions covering his entire body, severe itching, leg pain, and chills without fever, all persisting for one month. The itching worsened with exposure to cold air, and scratching caused burning pain in the skin.

The condition initially began 1.5 years ago with itching and silvery scales on his left hand. He sought conventional treatment for three months, which provided temporary relief. However, similar eruptions later appeared on his hands and back, eventually spreading across his body. The symptoms, including scaling, worsened during the winter and at night, leading to monthly relapses despite ongoing conventional treatment. Frustrated with short-term relief, he opted for homeopathic care. Notably, his symptoms escalated during Ahmedabad's cold winters, with intense itching, burning, redness, leg pain, severe scaling, and chills after cold exposure. The patient had not taken any medication in the past month, and his past and family medical histories were unremarkable.

Physical Generals

Diet	He take normal healthy homemade food only vegetarian
Appetite	Normal but since 1 month appetite decrees
Desire	Spicy ,chatpata
Aversion	Without salt
Thermal Reaction	Chilly, easily chills to cold air
Thirst	Thirstlessness but during chills more thirsty

Stools	Normal, satisfactory
Urine	No any difficulty to passing stool
Perspiration	Normal, more on forehead
Sleep	Good satisfactory 7-8 hrs. sleep, some time disturbed due to itching
Dreams	Not remember

Examination

Wood's lamp examination, white scaly and dry scaling seen in all over the body specific both hands and both leg.

Mental Generals-

The patient was very anxious and got irritable easily due to his complaints. Because of the disease, he was dissatisfied with his life. Sometimes, he felt sad and had suicidal thoughts. He had a hasty speech while narrating his complaints. Also fear of family.

Past History

No relevant past history was noticed during the case taking

Family History

His father was normal no any co morbidity present

His mother was normal no any co morbidity present

His sister having vitiligo

Case analysis

1. After thorough evaluation and analysis of the patient's symptoms, an acute totality was constructed, focusing on the following key symptoms: irritability, chills, sadness with suicidal disposition, hasty speech, a desire for warm drinks, itching aggravated by cold air, burning of the skin after scratching, psoriasis, and a chilly thermal state.
2. Repertorization was conducted using *Schroyens F. Synthesis Treasure Edition 2009 v Repertory* and *Radar Opus Pro 1.43.8*. The remedies *Rhus tox*, *Causticum*, *Spigelia*,

Sepia, Arsenicum album, and Staphysagria emerged as the leading options [Figure 1, Acute Totality].

3. Sulphur was excluded due to its hot remedy profile, while Sepia and Arsenicum album were ruled out as they lacked key peculiar symptoms such as weeping tendency and midnight aggravation. Based on its alignment with the totality of symptoms and confirmation from the Materia Medica, Rhus tox was ultimately selected as the most appropriate remedy.

Reportorial totality

MIND - IRRITABILITY - chill, during

MIND - SADNESS - suicidal disposition, with

MIND - SPEECH - hasty - fever; during

GENERALS - SENSITIVENESS - Externally

GENERALS - FOOD and DRINKS - drinks - desire - eating; while

GENERALS - PAIN - burning – stinging

GENERALS - COLD - agg.

SKIN – PSORIASIS

SKIN - ERUPTIONS - petechiae - moist after scratching

SKIN - ITCHING - cold agg.; becoming

SKIN - BURNING - scratching; after - amel.

SKIN - ERUPTIONS - petechiae - painful - evening; in

SKIN - ITCHING - night - midnight - before

SKIN - ITCHING - washing with cold water

EXTREMITIES - PAIN - wet; after getting - tearing pain

CHILL - FEVER; without

Repertory screenshot

ACUTE TOTALITY

Remedies	Am	Child	Older Child	Old	Young	Man	Woman	Infant	Infant	Infant	Infant	Infant	Infant	Infant	Infant	Infant	Infant	Infant	Infant	Infant
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	5	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Intensity	10	8	8	7	7	6	6	6	6	6	6	5	5	5	5	5	4	4	3	3
Result	5/10	4/8	3/8	3/7	3/7	3/6	3/6	3/6	3/6	3/6	3/6	3/5	3/5	3/5	3/5	3/5	3/4	3/4	3/3	3/3
Clipboard 1																				
MMO - IRRITABILITY - chill, during	2	2	2	3	2	1	3	1	2	2	1	1	2	1	1	2	1	1	1	1
MMO - SADNESS - mental disposition, with	2	1		1	2	3	1	2	2			1	1	1	3	1	1		1	1
MMO - SPEECH - husky - fever, during																				
GENERALS - FOOD and DRINK - drinks - desire - eating, while										1										
SKIN - PSORIASIS - Eruptions - petechiae - moist after scratching	1																			
SKIN - ITCHING - cold egg - becoming	2	2									2							1		
SKIN - BURNING - scratching, after - animal																				
GENERALS - COLD - egg	3	1	1	3	3	2	2	1	2	3	1	3	2	3	1	2	2	2	1	1
EXTREMITIES - PAIN - wet, after getting - leaving pain			1																	

Remedies	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	3	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1
Intensity	4	6	5	5	4	4	3	3	3	3	2	2	2	2	2	3	3	3	3	3
Result	3/4	2/6	2/5	2/5	2/4	2/4	2/3	2/3	2/3	2/3	2/2	2/2	2/2	2/2	2/2	1/3	1/3	1/3	1/3	1/3
Clipboard 1																				
SKIN - Eruptions - petechiae - painful - evening, in	1																			
SKIN - ITCHING - night - midnight - before				2							1									
SKIN - ITCHING - washing with cold water																				
CHILL - FEVER - without																				
GENERALS - SENSITIVENESS - Externally	1	3	3	3	3	3	1	1	2	2	1	1	1	1	1	3	3	2	3	3
GENERALS - PAIN - burning - stinging	2	3	2		1	1	2	2	1	1	1		1	1	1					
MMO - JEALOUSY - ailments																				
MMO - FRIGHT																				

CHRONIC TOTALITY

Selection of Remedy

Apis mellific 30c, bd - Chronic

Rus tox 30c, bd - Acute totality match

Gelesemium 30c single dose - For acute complaints of fever episode come only at evening time

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
MIND - IRRITABILITY - chill, during	1			
MIND - SADNESS - suicidal disposition, with		1		
MIND - SPEECH - hasty - fever; during	1			
GENERALS - SENSITIVENESS - Externally	1			
GENERALS - FOOD and DRINKS - drinks - desire - eating; while		1		
GENERALS - PAIN - burning - stinging	1			
GENERALS - COLD - agg.	1			
SKIN - PSORIASIS	1			
SKIN - ERUPTIONS - petechiae - moist after scratching	1			
SKIN - ITCHING - cold agg.; becoming	1			
SKIN - BURNING - scratching; after - amel.	1			
SKIN - ERUPTIONS - petechiae - painful - evening; in	1			
SKIN - ITCHING - washing with cold water	1			
SKIN - ITCHING - night - midnight - before	1			
EXTREMITIES - PAIN - wet; after getting - tearing pain	1			
CHILL - FEVER; without	1			
Miasmatic predominance	<u>Psoric</u>			

Materials and Methods

SCHROYENS F. Synthesis Treasure edition 2009 v Repertory, Radar Opus pro 1.43.8

Results

MONTHS	PROGRESS	PRESCRIPTION
1 st month	Chronic totality	1.Apis mellifica 30c bd 2.Rhus tox 30c bd
2 nd month	Redness of skin reduced, burning sensation present, sleep disturbed due to itching. The remaining generals are good	1.Apis mellifica 30c bd 2. Rhus tox 30c bd
3 rd month	All complaints were relieved except sleep disturbed due to itching	1.Apis mellifica 30c bd 2. Rhus tox 30c bd
4 th month	Redness of skin, scales, itching decreased and sleep Improved. Crippled toenails better	1.Apis mellifica 30c bd 2. Rhus tox 30c bd
5 th month	Slightly itching increases all over the body at night, In this month mild chills without fever there ,fever only come in during the evening to night	1.Apis mellifica 30c bd 2. Rhus tox 30c bd 3. gelesmium 30c single dose
6 th month	Redness scales decreased, slightly itching < warmth, perspiration, better in hands and leg patch , no any new patch seen	1.Apis mellifica 30c bd 2. Rhus tox 30c bd
7 th month	All complaints are relieved much better in all over body now no any single patch are seen	1.Apis mellifica 30c bd 2. Rhus tox 30c bd
8 th month	Psoriatic lesions were decreased. Generals were good.	

Discussion& Conclusion

EP is a life-threatening disease that needs emergency intervention. The literature suggests its prevalence is more at 50–69 years. It is primarily seen in men, as in the present case.[16] Hahnemann explained under §73 that individuals would develop acute disease due to the transient explosion of psora due to exciting causes like excess or an insufficient supply of

food, physical impressions, overheating and dissipating strains, physical irritation and mental tension of life.[22] Furthermore, Kent[23] and Roberts[24] also emphasised that the acute exacerbation of the chronic disease is due to latent psoric manifestations, and we should not treat them directly with antipsoric medicines. Therefore, we initially constructed an acute totality based on the presenting complaints, without considering the patient's chronic state, which made it challenging to identify the medicine. Thus, we prescribed .rhus-tox. 30 c at infrequent intervals and the patient improved symptomatically. After the acute condition subsided with .rhus-tox., the case was retaken, and a chronic totality was constructed to prescribe a chronic remedy. In § 222, Hahnemann has given instructions that once the acute outbreak has passed, the patient should be given, as soon as possible, an antipsoric treatment, in order to be entirely free from the chronic miasm.[22] While through repertorisation, Sulphur, and Arsenicum album came close; Sulphur covered the maximum mental and physical generals with the highest grade, and the patient was chilly. Upon further enquiry, we could not find the characteristic symptoms of Arsenicum album. Hence, we considered prescribing a medicine having components of both,[25] already one of the prescribing principles, with positive results. Thus, we prescribed apis mellifica 30C initially, followed by 200C, at infrequent intervals. We treated this case for 2 months in IPD with individualized homoeopathic intervention. The patient was on a regular diet as per IPD norms.

During the follow-up, all his complaints progressively decreased without any aggravation, which entitles Kent's[23] fourth observation like 'no aggravation with the recovery of the patient,' which specifies the correct remedy and potency. The literature suggests that this illness has a recurrence, and in 2 years of follow-up, he had had two episodes with lesser intensity, and the same medicine was repeated based on the intensity of the signs and symptoms. Besides these, as literature designates,[5-7] onychodystrophy is primarily seen in fingernails rather than toenails; in contrast, in this patient, toenails were severely affected, recovered and restored to a healthy state, which is not frequently observed.

The limitation of the case remains that the longer follow-up could not be carried out, despite the efforts to contact the patient. Further, the recurrence of lesions in September could be followed only for a month during which they were reported to be better. However, in the best case scenario, it is recommended that such recurrences are followed up for a longer duration.

Conclusion

This evidence-based case report illustrates that individualized homoeopathic treatment, based on the totality of symptoms, could effectively treat EP, thus, paving the path for further

research to evaluate the efficacy of Homoeopathy in treating life-threatening diseases like EP without any adverse events.

The transformation



Fig no-1 Before treatments



Fig no-2. During treatments after acute prescription



Fig no-3 . During treatment after constitutional prescription

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