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HOLISTIC HOMEOPATHIC INTERVENTION IN PSORIATIC DERMATOSIS: CASE ANALYSIS

Dr G Sathiya

Chief Homeopathic Consultant,

Crompton Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id chc-crompton@drbatras.com, Mobile 76959 00478

Abstract

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by erythematous, scaly plaques, commonly affecting the scalp, elbows, knees, and trunk. Conventional treatments often include topical corticosteroids, systemic immunomodulators, and biologics; however, homeopathy offers an individualized, constitutional approach aimed at stimulating the body's innate healing mechanisms and addressing the patient's mental and physical generals.

This case study highlights a 50-year-old female patient presenting with chronic psoriasis and psychological stress related to past serious illnesses. Over the course of treatment, there was significant reduction in psoriatic lesions, improvement in constipation and sleep patterns, and enhanced general well-being. This paper illustrates the role of a holistic homeopathic approach in managing chronic dermatological conditions, emphasizing individualized care, miasmatic evaluation, and continuous follow-up at Dr Batra's.

Keywords: Psoriasis, Homeopathy, Dr Batra's .

Introduction

Psoriasis is a chronic, immune-mediated inflammatory disorder primarily affecting the skin and occasionally the joints. It is characterized by rapid epidermal proliferation, resulting in erythematous, scaly plaques, commonly seen on the scalp, elbows, knees, and lower back [1].

The exact etiology of psoriasis remains multifactorial, involving genetic predisposition, immune dysregulation, environmental triggers, and psychological stress [2,3].

Clinically, patients present with well-demarcated, erythematous plaques covered with silvery scales, often accompanied by pruritus, dryness, and occasional pain. Complications may include psoriatic arthritis, secondary infections, metabolic syndrome, and psychosocial distress [4]. Conventional treatment options include topical corticosteroids, vitamin D analogs, systemic immunosuppressants, and biologics; however, relapses are common, and long-term management poses challenges [5].

Homeopathy adopts a holistic approach, considering the totality of symptoms, including physical generals, mental state, and miasmatic influences. The therapy aims at stimulating the body's vital force and achieving sustained remission by addressing underlying constitutional predispositions rather than merely suppressing symptoms [6].

Case Profile

A 48years old journalist has been experiencing psoriasis, presents with chronic, dry, flaky, and itchy skin lesions, initially starting on the scalp and occipital region and later involving the back, knees, elbows, forehead, feet, and occasionally forelegs. The severity of itching varies, often prompting her to scratch and peel off scales, with intermittent periods of relief and mild aggravation likely related to seasonal changes or lifestyle factors. Over the years, the psoriatic lesions have generally shown gradual improvement with periods of stability, although new lesions occasionally appear, particularly on the scalp and foreleg.

Her medical history is significant for ovarian cancer, treated surgically with total hysterectomy, and a previous cerebral hemorrhage due to AV malformation. She also reports long-standing constipation since childhood, characterized by large, hard stools passed infrequently and often unsatisfactorily, partially relieved by dietary modifications. She experiences intermittent musculoskeletal complaints, including back pain, sciatica, and occasional tenderness in the metatarsophalangeal joint. Other general health concerns include hair fall, fatigue, disturbed sleep, and occasional coryza or sore throat.

Her lifestyle factors include high occupational stress as a journalist, decreased confidence following her stroke, and persistent anxiety about health. She reports variations in thirst, sweating, appetite, and sleep over time, with some improvement following dietary adjustments such as increased fruit intake. Family history is notable for vitiligo and hypertension in the mother, with her father deceased due to an accident. Overall, the patient's

condition reflects a chronic, fluctuating course of psoriasis with systemic and lifestyle-associated factors impacting her general well-being and bowel health.

Physical Generals

Appetite: Normal

Cravings: Sweet, ice cream

Aversions: Brinjal, bitter gourd, coffee, ivy gourd, ridge gourd

Thirst: Normal

Preference: Normal water

Intake: 1–4 glasses/day

Quantity: None reported generally

Odor: Offensive

Areas: Forehead

Urine: Normal

Stools: Constipated, unsatisfied

Body build: Thin

Thermal reaction: Ambithermal (no specific preference for heat or cold)

Bathing: Both warm and cold acceptable

Seasonal preference: None

Sleep: Sound, 6–7 hours, Unrefreshing

Position: Back

Dreams: Not specified

Female History Hysterectomy performed

Physical Examination Findings

- General: No abnormalities detected on systemic examination (NAD)
- Vital signs: Pulse 72/min, BP 120/80 mmHg, Oxygen saturation 98%
- Respiratory: Normal vesicular breath sounds (NVBS), PFR 240 L/min

- Random blood sugar: Within normal limits
- Anthropometry: Weight 77.1 kg, Height 167 cm, BMI 27.65 (overweight)
- Body composition: Water 44.1%, Muscle mass 43.6 kg, Bone mass 2.9 kg, Visceral fat 8%, Physique rating 2, BMR 1422 kcal, Metabolic age 50 years

Mental Generals –

The patient, a working journalist, lives in a family with her husband and one daughter, and she describes her relationships within the family as positive and supportive. She reports a stable upbringing with no significant stress during childhood, performing very well academically and maintaining good interpersonal relationships with teachers and peers. Her parents provided guidance without excessive strictness or unrealistic expectations, and she experienced no episodes of bullying or major interpersonal conflicts.

In her professional life, she is active, responsible, and maintains good relationships with colleagues and subordinates. She describes herself as calm, cool, and composed, rarely experiencing anger, though she may occasionally feel mild irritation. She is confident, extroverted, and friendly, demonstrating a balanced approach to interpersonal and professional interactions. Stress is mainly related to her health, particularly her history of ovarian cancer and a cerebral hemorrhage, which were periods of significant emotional challenge. Despite these health crises, she now reports feeling generally stable with minimal stress.

Emotionally, she does not consider herself overly sensitive, anxious, or prone to anger. Her most stressful and saddest experiences stemmed from her serious health issues, which evoked fear, concern, and periods of emotional vulnerability. Overall, she demonstrates resilience, emotional stability, and a supportive social and familial environment, which have likely contributed to her ability to cope with chronic health challenges such as psoriasis and long-standing constipation.

Past History:

- Ovarian cancer – underwent oophorectomy
- Cerebral hemorrhage – right-sided

Family History:

- Mother: Vitiligo, hypertension, varicose veins
- Father: Deceased due to an accident

Case analysis Reportorial totality

| Repertory used | Rubrics selected |
|---------------------------|---|
| Complete Repertory | <ul style="list-style-type: none"> – [C] [Mind]Anxiety: Health, about: – [C] [Mind]Indifference, apathy: – [C] [Skin]Eruptions: Psoriasis: – [C] [Skin]Discoloration: Brown, liver spots: |

Repertory screenshot

| Remedy Name | Sep | Lyc | Mit-oc | Phos | Kali-ox | Merc | Puls | Sulph | Asc |
|--|-----|-----|--------|------|---------|------|------|-------|-----|
| Totality | 11 | 10 | 10 | 9 | 8 | 8 | 8 | 8 | 7 |
| Symptom Covered | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| [C] [Mind]Anxiety: Health, about: | 2 | 2 | 3 | 2 | 3 | 1 | 2 | 1 | 1 |
| [C] [Mind]Indifference, apathy: | 3 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 |
| [C] [Skin]Eruptions: Psoriasis: | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| [C] [Skin]Discoloration: Brown, liver spots: | 3 | 3 | 3 | 2 | 1 | 3 | 1 | 3 | 2 |

Selection of Remedy**Constitutional Remedy:** Sepia**Potency & Dose:** 200C, single dose**Reasons for Selection:**

- **Mind/Emotions:** Despondency, anxiety about health, low confidence, mild irritability
- **Physical Generals:** Constipation (hard, unsatisfactory stools), fatigue, thin build, offensive perspiration
- **Skin:** Chronic dry, flaky, itchy psoriatic lesions, aggravated by stress/season
- **Female History:** Post-hysterectomy, ovarian debility
- **Modalities:** Improvement with fruits, unrefreshing sleep, sleep on back

Miasmatic approach

| Symptoms | Psora | Sycosis | Syphilis | Tubercular |
|--|-------|---------|----------|------------|
| Mind – Anxiety about health | ✓ | | | |
| Mind – Indifference, apathy | ✓ | | | |
| Skin – Eruptions: Psoriasis | ✓ | | | |
| Skin – Discoloration: Brown, liver spots | ✓ | | | |

Materials and Methods

Complete repertory was used for repertorization

Results

| Month | Progress | Prescription |
|------------|--|---|
| 1st Month | Knee bleeding stopped, new facial lesions appeared, constipation severe | CALC-C 1M 1/1W, SAC-L 2/2D, GRAPH 200C 2/2D |
| 2nd Month | Lesions persisted, new lesion in nose & leg, constipation same | SEPIA 200C 1/2W, ARS-30C 2/2D, ARN 30C 2/2D |
| 3rd Month | Constipation improved 40%, sleep improved, skin lesions 20% better | SEPIA 200C 1/2W, ARS 30C 2/2D, BAR-C 200C 2/2D |
| 4th Month | Knee lesions better, other lesions stable, constipation worse | SEPIA 200C 1/2W, ARS 30C 2/2D, BRYONIA 30C 2/2D, CARBO VEGETABILIS 30C 2/2D |
| 5th Month | Scalp lesions persisting, constipation better with fruits | SEPIA 200C 1/2W, ARS 30C 2/2D, MERC-SOL 1M 2/1D, KALI BICH 200C 2/1D |
| 6th Month | Psoriatic lesions better, constipation better, new lesion on foreleg | SEPIA 200C 1/2W, ARS 30C 2/2D, CAUST 30C 2/1D |
| 7th Month | Existing lesions reduced, scalp only, wart persists | SEPIA 200C 1/2W, ARS 30C 2/2D, SENNA 6C 2/1D, NIT-AC 30C LA 4/1D |
| 8th Month | Severe constipation persists, back pain, psoriatic lesions better | SEPIA 200C 1/2W, ARS 30C 2/2D, NUX-V 30C 1/1D, RHUS-T 30C 2/1D |
| 9th Month | Lesions stable, scalp scaling only, constipation better with diet | SEPIA 200C 1/2W, ARS 30C 2/2D, SAC-L NA 2/2D |
| 10th Month | Lesions mildly aggravated due to seasonal change, itching present | SEPIA 200C 1/2W, ARS 30C 2/2D, SAC-L NA 2/2D |
| 11th Month | Lesions stable, constipation managed, scalp lesions improving | SEPIA 1M 1/4W, SAC-L NA 2/2D, ARS-I 30C 2/2D |
| 12th Month | Scalp lesions reduced ~50%, foreleg lesions reduced, constipation better | SEPIA 1M 1/4W, SAC-L NA 2/2D, ARS-I 30C 2/1D |

SEPIA remained the constitutional remedy throughout.

Biochemics, LA, and SOS remedies like **ARS-I, SAC-L, BRYONIA, RHUS-T, NUX-V, COFFEA CRUDA** were used as per symptom flare-ups.

Constipation was managed with dietary modifications and remedies like **SENNA, PLAT, SILICEA**. Lesions showed gradual improvement, with scalp being the last site to respond

Discussion

The patient, a middle-aged female, presented with a long-standing history of psoriasis, affecting multiple sites including the scalp, knees, elbows, and occasionally the face. The condition was characterized by chronic dryness, scaling, and intermittent itching, significantly impacting her quality of life. Alongside dermatological complaints, she had a history of constipation since childhood, often passing hard, unsatisfactory stools, and experienced occasional back pain and discomfort in the gluteal region. Her medical history was significant for ovarian cancer with surgical intervention and a prior cerebral hemorrhage, contributing to periods of stress and concern for her health. Improvements were noted in terms of reduction of lesion severity, decreased itching, and better general well-being. Lifestyle modifications, especially dietary adjustments, played a significant supportive role in her overall management. Mental stability and resilience, despite her significant past health challenges, contributed positively to her recovery trajectory.

Conclusion

This case illustrates the chronicity and systemic involvement often seen in psoriasis, highlighting the importance of a holistic approach encompassing physical, mental, and lifestyle factors. Over time, the patient experienced measurable improvement in skin lesions, symptomatic relief from itching, and better bowel habits, which collectively enhanced her quality of life. The case emphasizes the value of individualized, patient-centered management, focusing not only on symptom control but also on constitutional tendencies, mental well-being, and supportive lifestyle interventions. Continuous monitoring and adjustments according to patient response were key in achieving gradual and sustained improvement.

The transformation

| Parameter | Before Treatment | After Treatment |
|--------------------|---|--|
| Psoriasis Lesions | Scalp, knees, elbows, forehead, feet; dry, flaky, itchy | Significant reduction; only few scalp lesions remain; itching mild |
| Constipation | Hard, unsatisfied, passes once in 2–3 days | Improved; 3–4 days once, better with dietary management |
| Sleep | 6–7 hrs, unrefreshing | Improved; generally satisfactory |
| Mental / Emotional | Health anxiety, mild stress, low confidence after illness | Confident, calm, stress minimal |
| General Well-being | Fatigue, occasional body pain | Overall improved; fatigue reduced, generals good |



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