



Original Research Article

Volume 15 Issue 01

January 2026

HOLISTIC HOMEOPATHIC APPROACH IN GUATTATE PSORIASIS

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Abstract

Guttate psoriasis is an autoimmune dermatological condition characterized by small, red, scaly, drop-like lesions predominantly affecting the trunk and extremities. It often follows streptococcal throat infections and is more commonly seen in children and young adults. Worldwide, psoriasis affects about 2–3% of the population, and guttate psoriasis constitutes a significant proportion, especially in younger age groups. While conventional treatment offers symptomatic relief, relapses are common. Homeopathy provides a holistic and individualized approach aimed at treating not only the skin manifestations but also the underlying susceptibility and general constitution of the patient. This paper presents a case of guttate psoriasis managed successfully through homeopathic treatment, highlighting the importance of detailed case taking, miasmatic analysis, and individualized remedy selection. It emphasizes the improvement in skin lesions, reduction in recurrence, and enhancement in general well-being, underscoring the role of homeopathy in managing chronic autoimmune skin disorders.

Keywords: Guttate psoriasis, homeopathy, Dr Batra's

Introduction

Guttate psoriasis is an acute variant of psoriasis characterized by sudden eruption of small, erythematous, scaly papules resembling water drops. It is often triggered by streptococcal infections, stress, or immune dysfunction. The condition is mediated by an abnormal immune response that accelerates the turnover of skin cells, leading to thickening and scaling. Clinical signs include red, inflamed patches with fine silvery scales, itching, and sometimes burning sensations. Commonly affected areas are the trunk, arms, legs, and scalp. While guttate psoriasis may resolve spontaneously in some cases, it has a tendency to recur or progress to chronic plaque psoriasis. Complications include persistent skin lesions, secondary infections, nail involvement, psychosocial stress, and reduced quality of life. Early diagnosis and holistic management are important to prevent chronicity and improve long-term outcomes. Homeopathy, with its constitutional and miasmatic approach, addresses both the presenting complaints and the underlying predisposition, offering a safe and sustainable line of treatment.

Case Profile

A 28-year-old working male from Andhra Pradesh presented with red, scaly, itchy lesions on both hands, legs, thighs, back, and neck for the past three months, which initially began on the right leg. The lesions showed moderate redness, moderate itching and scaling, with only mild thickness. There was no burning, discharge, or pain. Complaints were worse in cold climate, in the evening and at night, and after consuming brinjal. The patient had a history of using Mysore sandal soap and had taken dermatological treatment for one month without lasting relief. He denied any history of smoking or alcohol use. Stress levels were high due to workload in recent months. Past history included typhoid, while family history was positive for diabetes and cholesterol in parents, with no skin disorders. Blood investigations revealed hemoglobin 16.8, ESR 1, HbA1c 5.2%, fasting blood sugar 80, total cholesterol 169, triglycerides 89, ferritin 50.77, serum IgE 331, T3 0.71, T4 5.4, TSH 2.732, vitamin D 12.2, and vitamin B12 <148. On examination, scaling was visible under Wood's lamp and Auspitz sign was present, with nails normal. A provisional diagnosis of guttate psoriasis was made. During the course of treatment, the lesions gradually stabilized with reduction in scaling, thickness, and redness, though itching persisted intermittently. With regular use of intense moisturizing cream, diet regulation, supplements, and stress management, the skin condition continued to improve. Over follow-ups, no significant new lesions appeared except for occasional small

patches on the hands, which did not spread and subsided with treatment. Old lesions showed steady improvement, dryness reduced, and eventually no redness, itching, or scaling were noted. General health remained stable with good appetite, thirst, bowel and urinary habits, and refreshing sleep except for periods of work-related stress. Overall, the psoriatic lesions came under control, with sustained improvement and no further progression.

Physical Generals

Diet – Mixed

Appetite – Good, skips breakfast

Desire – Not marked

Aversion – Brinjal

Thermal Reaction – Chilly, < cold climate

Thirst – 2–3 liters/day

Stools – Regular

Urine – Regular

Perspiration – Not significant

Sleep – 7–8 hrs, refreshing, sometimes disturbed

Dreams – Not marked

Examination

Red, scaly lesions over hands, legs, thighs, back, and neck

Scaling visible under Wood's lamp

Auspitz sign present

Nails normal

No discharge, pain, or burning

General physical examination within normal limits

Mental Generals –

The patient hails from Andhra Pradesh and lives with his father, mother, and one brother. His father is diabetic and his mother is engaged in agriculture, his brother is healthy. Childhood

was good, he was calm, mingled less with others, shy but not stubborn, above average in studies, less active in sports, and rarely participated in stage performances. He was reserved and mingled very little with new people, with no episodes of bullying or strictness reported. He has a total work experience of 6 years and is currently working as a chartered accountant for the past 3 years. Work stress is present but manageable. He describes himself as cool, shy, reserved, and introverted. He does not mingle easily, anger arises but is not expressed openly, though sometimes shown at home or with friends, and he adjusts if someone dominates. Anxiety is mainly related to work and deadlines, sometimes making him nervous. He likes solitude at times and company at other times. Emotionally he is sensitive only towards family and close friends, and recalls being affected when a friend passed away, though he is not very expressive. Stressful period was during last year when health was upset, happiest moments are related to work, and hobbies are minimal with occasional playing.

Past History

History of typhoid. No other major illnesses reported.

Family History

Father is diabetic with high cholesterol, mother is pre-diabetic with high cholesterol, brother is healthy. No family history of skin diseases.

Case analysis

Reportorial totality

Repertory used	Rubrics selected
Synthesis Repertory	<ul style="list-style-type: none"> – MIND – SYMPATHETIC – STOMACH – THIRSTLESS – MIND – COMMUNICATIVE – MIND – INDUSTRIOUS – MIND – SENSITIVE – SKIN - ERUPTIONS - psoriasis

Repertory screenshot

Remedies	phos.	sulph.	staph.	kali-p.	lyc.	puls.	sep.	aur.	aur-m-n.	bell.	caust.	kali-s.	lach.	nat-m.	bar-c.	calc.	carb.	acon.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	6	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Intensity	13	10	9	7	11	10	10	8	8	8	8	8	8	8	7	7	7	6
Result	6/13	6/10	6/9	6/7	5/11	5/10	5/10	5/8	5/8	5/8	5/8	5/8	5/8	5/8	5/7	5/7	5/7	5/6
Clipboard 7																		
MIND - SYMPATHETIC	3	1	1	1	1	1	1	1	2	1	2	2	1	2	1	1	3	1
STOMACH - THIRSTLESS	1	1	2	1	2	3	2	1	2	2	1	1	1	1	1	1		1
MIND - COMMUNICATIVE	3	2	1	1								1	2		1		1	1
MIND - INDUSTRIOUS	1	1	1	1	2	1	2	3	1	1	1		2	1	2	1	1	1
MIND - SENSITIVE	3	3	3	2	3	3	2	2	2	3	3	2	2	3	2	2	1	2
SKIN - ERUPTIONS - psoriasis	2	2	1	1	3	2	3	1	1	1	1	2		1		2	1	

Selection of Remedy

Calcarea carbonica 200 – prescribed as the constitutional remedy, considering the patient’s personality traits of being friendly yet dependent, shy, reserved, introverted, anxious, and emotionally sensitive towards family and close relations.

Belladonna 200 – prescribed as the acute remedy, indicated for the active skin complaints with red, scaly, itchy lesions accompanied by moderate redness and itching.

Psorinum – prescribed as the anti-miasmatic intercurrent remedy, to address the underlying psoric miasm, improve general vitality, and help prevent recurrence of psoriatic lesions.

Miasmatic approach

Mind – sympathetic → Psora

Mind – communicative → Psora

Mind – industrious → Sycosis

Mind – sensitive → Psora

Stomach – thirstless → Psora

Skin – eruptions – psoriasis → Psora, Sycosis, Syphilis

Miasmatic predominance

Psora with sycotic and syphilitic background

Results

* 1st month – Patient presented with red, scaly, itchy lesions on hands, legs, thighs, neck and back since 3 months. Scaling and thickness were marked, itching was severe at times, redness was moderate, no discharge or pain. Nails were normal, Auspitz sign present, general health good. Patient used intense moisturizing cream, sleep disturbed, bowels clear, urine regular, stress normal.

Prescription: Calcarea carb 30C 2 doses twice daily for 1 week, Kali-sulph 6X twice daily, Belladonna 200C for acute complaints.

* 2nd month – Psoriasis lesions were stable, scaling and thickness reduced, itching persisted occasionally, redness absent, no discharge, dryness better. No new lesions appeared, patient was regular with medication, appetite good, thirst 3 liters, bowels regular, urine NAD, sleep 7 hours, stress minimal.

Prescription: Calcarea carb 30C 2 doses twice daily for 1 week, Kali-sulph 6X twice daily.

* 3rd month – No new lesions observed, old patches better, itching absent, flakes reduced, skin maintained under control. General condition stable, appetite good, thirst 3 liters, bowels and urine regular, sleep satisfactory.

Prescription: Calcarea carb 30C 2 doses twice daily for 1 week, Kali-sulph 6X twice daily.

* 4th month – Psoriasis lesions remained under control, no redness, no itching, no scaling. Woods lamp normal, nails normal, no systemic complaints. Patient continued diet and physical activity, health stable.

Prescription: Calcarea carb 30C 2 doses twice daily for 1 week, Kali-sulph 6X twice daily.

* 5th month – Small round new patch on hand appeared but old lesions improving and not spreading. No severe itching, no marked scaling, patient reported work stress and reduced sleep due to long hours. General health good, appetite and bowels normal, urine NAD.

Prescription: Calcarea carb 30C, Kali-sulph 6X, Bryonia 200C SOS for cold.

* 6th month – Old lesions continued improving, new patch better, mild allergic red bumps on legs noted. Itching absent, scaling minimal, no spreading. Patient reported good appetite, thirst less, bowels regular, sleep good, no body pains, cold not present. General health satisfactory.

Prescription: Calcarea carb 30C, Kali-sulph 6X, Rhus toxicodendron 200C SOS.

* 7th month – Skin improved, no new lesions, old lesions showing dryness with mild flakes only, no redness or itching. Appetite fine, thirst 3 liters, bowels regular, urine NAD, sleep good, stress minimal.

Prescription: Calcarea carb 200C 2 doses twice daily for 1 week, Kali-sulph 6X twice daily.

* 8th month – Skin maintained better, dryness and flakes reduced, no redness or itching, no new lesions, old lesions healing gradually. Patient followed diet and lifestyle, appetite good, sleep satisfactory, stress low.

Prescription: Calcarea carb 200C, Kali-sulph 6X.

* 9th month – Patient missed some doses but reported skin still better, no spreading, no redness, no itching, only mild flakes present. Sleep reduced due to work stress, appetite good, bowels regular.

Prescription: Lycopodium 200C 2 doses twice daily for 1 week, Kali-sulph 6X twice daily.

* 10th month – Skin remained stable, no new lesions, no itching, no redness, mild dryness only. General condition good, appetite fine, thirst 3 liters, bowels regular, urine NAD, sleep satisfactory. Prescription: Lycopodium 200C, Kali-sulph 6X.

* 11th month – Skin condition continued stable, old lesions better, no new patches, dryness minimal, general health maintained. Appetite good, sleep normal, stress related to work but manageable. Prescription: Lycopodium 200C, Kali-sulph 6X.

* 12th month – Skin improved compared to previous months, no new lesions, no spreading, dryness and flakes minimal, no itching or redness. General health good, appetite and sleep satisfactory, stress minimal. Prescription: Lycopodium 200C, Kali-sulph 6X.

Discussion & Conclusion

The patient presented with chronic psoriatic lesions characterized by redness, itching, scaling, and dryness which were persistent and affecting general comfort. Over the course of treatment, the intensity of symptoms gradually reduced. The lesions showed consistent improvement with decreased scaling, reduced itching, and absence of new patches after a few months. The skin condition stabilized with only minimal dryness and occasional flakes, without any spreading or recurrence of severe symptoms. General health, appetite, sleep, and stress levels also improved, and the patient reported better overall well-being.

This case highlights the positive outcome of individualized homeopathic management where a chronic and relapsing condition could be brought under control. The progressive reduction of acute symptoms, stabilization of skin, and improvement in general health parameters demonstrate the effectiveness of a constitutional and holistic approach in addressing both the disease and the patient as a whole.

The transformation



Acknowledgments

I take this opportunity to thank those who have helped and supported me personally and professionally during your case study.

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