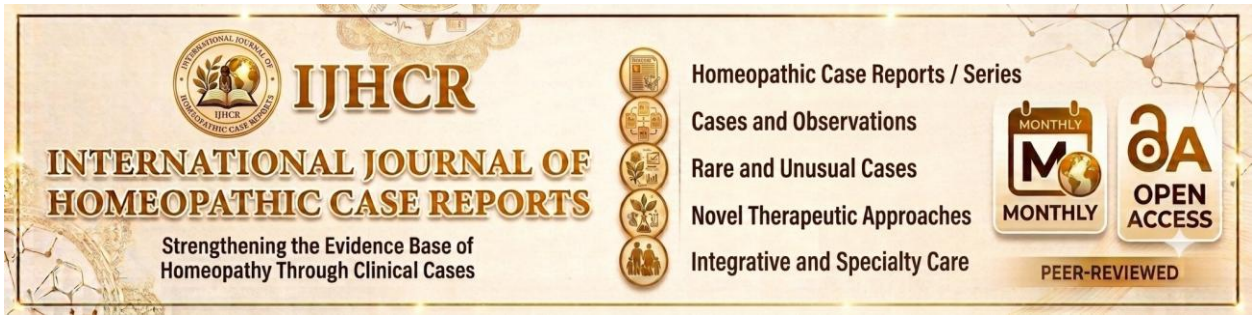

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Successful Management of Drug-Triggered Erythrodermic Psoriasis: A Case Report at Dr Batra's

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Abstract

Background

Erythrodermic psoriasis is a rare but potentially life-threatening variant of psoriasis characterized by generalized erythema, diffuse scaling involving more than 75–90% of the body surface area, impaired skin barrier function, thermoregulatory disturbances, fluid loss, and increased susceptibility to systemic complications. The condition may develop following abrupt withdrawal of corticosteroids, inappropriate medications, infections, emotional stress, or progression of chronic psoriasis. Prompt recognition and treatment are essential to prevent serious morbidity. Individualized homoeopathy considers constitutional characteristics, mental-emotional factors, and physical generals in addition to the dermatological diagnosis while selecting the similimum.

Case Presentation

A 64-year-old retired Air Force mechanical engineer presented with generalized erythematous, exfoliative skin lesions of one month's duration following an adverse reaction to allopathic medication prescribed for chronic allergic dermatitis. The patient developed diffuse erythema,

profuse scaling, painful fissures, burning sensation, and exfoliation involving the face, neck, palms, eyelids, fingers, and other body regions. Burning was aggravated by warmth and relieved by cold applications. The patient experienced considerable emotional distress due to facial involvement, which prevented him from participating in his regular social and religious activities. Constitutional assessment revealed an emotionally sensitive, responsible, caring, perfectionistic individual with long-standing grief related to family conflicts and a strong sense of responsibility towards his siblings. Based on constitutional analysis, **Magnesia sulphurica** was prescribed.

Outcome

Serial follow-up demonstrated progressive reduction in erythema, scaling, fissuring, crusting, burning, and itching. By the final follow-up, no new lesions appeared, psoriatic plaques had dried considerably, pain and itching had subsided, and facial lesions improved sufficiently for the patient to resume routine social activities.

Conclusion

This case illustrates favorable clinical improvement in drug-triggered erythrodermic psoriasis following individualized constitutional homoeopathic treatment integrated with supportive skin care.

Keywords: Erythrodermic psoriasis, Drug-induced psoriasis, Homoeopathy, Magnesia sulphurica, Case report

Introduction

Psoriasis is a chronic immune-mediated inflammatory skin disorder affecting approximately 2–3% of the global population. Among its clinical variants, **erythrodermic psoriasis** is uncommon, accounting for approximately 1–2.5% of all psoriasis cases, but represents one of the most severe dermatological emergencies.

It is characterized by generalized erythema and scaling affecting most of the body surface area. Patients frequently develop intense burning, pain, pruritus, fissuring, thermoregulatory instability, protein loss, electrolyte imbalance, and secondary infection. Common precipitating factors include withdrawal of systemic corticosteroids, adverse drug reactions, infections, emotional stress, alcohol abuse, and progression of unstable psoriasis.

The disease markedly impairs quality of life because of extensive visible lesions, pain, sleep disturbance, social embarrassment, and psychological distress.

Homoeopathy approaches chronic inflammatory disorders constitutionally by considering mental, emotional, hereditary, and physical characteristics in addition to local pathology. This report presents successful constitutional management of erythrodermic psoriasis developing after an adverse drug reaction in a patient with chronic allergic dermatitis.

Case Presentation

A 64-year-old retired male presented to **Dr Batra's® Positive Health Clinics** with generalized erythematous skin lesions involving the face, neck, upper limbs, palms, fingers, and other body regions.

The patient reported a history of chronic allergic dermatitis for approximately one year, for which he had been receiving conventional treatment. One week after taking allopathic medication, he developed rapid worsening of his skin condition. Diffuse redness, excessive scaling, exfoliation, burning, fissuring, and painful skin lesions appeared and progressively increased over the following weeks.

The patient described shedding of large flakes of skin, painful cracks over the fingers and palms, rawness around the eyelids and neck, and marked burning sensation.

Burning was aggravated by warmth and relieved by cold bathing and cold applications.

History of Present Illness

The patient had experienced recurrent pruritic eruptions over the left forearm and elbow flexure for more than ten years, previously diagnosed as adult allergic dermatitis.

Approximately one month before presentation, he received allopathic medication for worsening dermatitis. Within one week, he noticed rapid aggravation characterized by:

- Generalized erythema
- Extensive scaling
- Exfoliation
- Painful fissures
- Burning sensation
- Dryness
- Facial involvement

The patient discontinued allopathic medication after suspecting drug-related aggravation.

The visible lesions over his face caused considerable embarrassment and emotional suffering.

He stated:

"I have responsibilities at the Gurudwara where I regularly meet many people. Because of my facial lesions, it has become very difficult for me to go there. Please treat my face first so that I can resume my work."

Associated Complaints

No significant systemic illness was reported.

Laboratory investigations performed before consultation demonstrated:

- Hemoglobin: 14 g/dL
- Total leukocyte count: 17,800/mm³
- Random blood sugar: 94 mg/dL

- Liver function tests: Within normal limits

Previous Treatment

The patient had received prolonged allopathic treatment for allergic dermatitis.

Following sudden worsening after medication, allopathic treatment was discontinued.

Past History

- Chronic allergic dermatitis
- Recurrent pruritic eruptions over the left forearm for more than ten years

No history of:

- Tuberculosis
- Major surgery
- Hospitalization

Family History

Father:

- Chronic eczema
- Deceased one year previously

Mother:

- Heart disease
- Cerebrovascular accident
- Deceased several months after the father

The patient was the eldest among three siblings.

Personal History

Appetite:

Decreased.

Cravings:

- Cold drinks
- Ice cream
- Sweets
- Paneer
- Cabbage
- Bottle gourd (parwal)
- Lassi

Thirst:

Decreased despite preference for cold water.

Thermals:

Chilly patient requiring thick covering.

Perspiration:

Scanty and absent over most body areas.

Sleep:

Restful, approximately eight hours.

Position:

Left lateral.

Life Space

The patient had retired from the Indian Air Force after serving in the mechanical division responsible for maintenance and monitoring of aircraft machinery.

His occupation required continuous vigilance, precision, and responsibility.

He described himself as extremely conscientious and perfectionistic throughout his service, often sacrificing personal comfort because of work commitments.

Following retirement, he experienced emotional emptiness after losing daily interaction with colleagues and close friends.

He lived with his wife and two daughters.

His elder daughter was married, whereas the younger daughter remained unmarried, creating persistent anxiety regarding her future.

Mental Generals

Constitutional assessment revealed a highly characteristic emotional profile.

The patient enjoyed the company of others but spoke only when necessary.

He was emotionally sensitive and deeply affected by the suffering of others, often providing financial assistance whenever possible.

He possessed a profound sense of duty and responsibility.

Following the death of his parents, he felt morally responsible for protecting his younger siblings because his parents had entrusted their care to him.

However, strained relationships with his brother and sister caused prolonged grief.

He repeatedly expressed disappointment that his siblings neither respected his advice nor maintained family relationships.

He believed their behaviour had damaged the family's social reputation.

Interestingly, despite these emotional conflicts, he denied anger and instead internalized disappointment.

His principal anxiety at presentation related not only to the skin disease but also to his inability to participate in Gurudwara activities because of visible facial lesions.

Physical Generals

- Appetite decreased
- Thirst decreased
- Desire for cold drinks
- Desire for sweets
- Desire for ice cream
- Chilly patient
- Thick covering
- Burning relieved by cold applications
- Scanty perspiration
- Restful sleep
- Left-sided sleeping position

Clinical Examination

General examination revealed a moderately built elderly male with stable vital signs.

Dermatological examination demonstrated:

- Generalized erythema
- Diffuse exfoliation
- Thick desquamating scales
- Painful fissures over fingers and palms
- Raw erythematous skin over eyelids and neck
- Dry hyperkeratotic plaques
- Extensive facial involvement
- No evidence of secondary infection

The clinical findings were consistent with **erythrodermic psoriasis**, likely precipitated by a drug reaction.

Diagnosis

Primary Diagnosis

Drug-triggered Erythrodermic Psoriasis

Differential Diagnosis

- Drug-induced erythroderma
- Severe atopic dermatitis
- Exfoliative dermatitis
- Cutaneous T-cell lymphoma
- Generalized eczema

Case Analysis

This patient presented with acute erythrodermic psoriasis developing after exposure to allopathic medication prescribed for chronic allergic dermatitis. The disease was characterized by generalized erythema, exfoliation, painful fissuring, severe burning, and facial involvement resulting in marked psychosocial impairment.

Constitutional assessment revealed a sensitive, responsible, emotionally suppressed individual with a lifelong tendency toward perfectionism, strong family values, unresolved grief regarding parental loss, persistent emotional suffering due to estranged siblings, and anxiety about his social responsibilities.

His characteristic physical generals—including chilly constitution, decreased thirst, craving for cold drinks and sweets, scanty perspiration, burning relieved by cold applications, and restless hands—together with the mental profile formed the basis for constitutional prescribing.

Considering the complete constitutional totality, **Magnesia sulphurica** was selected as the similimum.

Totality of Symptoms

Mental Generals

- Ailments from grief
- Strong sense of responsibility
- Emotionally sensitive
- Sympathetic towards others
- Helps others financially
- Anxiety regarding younger daughter's marriage
- Anxiety regarding facial lesions
- Disappointment due to strained relationship with siblings
- Reserved but enjoys company
- Talks only when necessary
- Impatient for recovery of facial lesions
- Perfectionistic during service life
- Restlessness of hands

Physical Generals

- Appetite decreased
- Thirst decreased
- Desire for cold drinks
- Desire for sweets
- Desire for ice cream
- Chilly patient
- Thick covering
- Burning ameliorated by cold applications
- Burning ameliorated by cold bathing
- Scanty perspiration
- Sleeps on left side
- Restful sleep

Particular Symptoms

- Erythrodermic psoriasis
- Generalized erythema
- Extensive desquamation
- Thick scaling
- Painful fissures
- Dry skin
- Burning
- Rawness of eyelids
- Facial involvement
- Neck lesions
- Finger cracks
- Burning aggravated by warmth
- Relief from cold application

Evaluation of Characteristic Symptoms

The constitutional prescription was based upon the following characteristic symptoms:

Mental Characteristics

- Ailments from prolonged grief
- Responsible nature
- Emotional sensitivity
- Anxiety regarding family responsibilities
- Reserved personality
- Internalized emotions
- Strong sense of duty

Physical Characteristics

- Chilly constitution
- Desire for cold drinks
- Burning relieved by cold
- Decreased thirst
- Scanty perspiration

- Restless hands

Particular Symptoms

- Drug-triggered erythrodermic psoriasis
- Generalized scaling
- Painful fissures
- Burning skin
- Exfoliation

Repertorial Analysis

Kent's Repertory was used considering the constitutional totality.

Selected Rubrics

Mind

- Mind; Ailments from grief
- Mind; Responsibility, increased sense of
- Mind; Anxiety about family
- Mind; Sympathy for suffering of others
- Mind; Reserved
- Mind; Restlessness

Skin

- Skin; Psoriasis
- Skin; Desquamation
- Skin; Dry eruptions
- Skin; Cracks
- Skin; Burning
- Skin; Erythema

Generalities

- Cold applications ameliorate
- Burning relieved by cold
- Chilly patient
- Perspiration absent
- Desire cold drinks

The repertorial analysis showed **Magnesia sulphurica** as the closest similimum, followed by **Sulphur**, **Phosphorus**, **Sepia**, and **Calcarea carbonica**.

Remedies	sulph.	phos.	sep.	calc.	sil.	merc.	lyc.	nat-m.	thuj.	ars.	puls.	rhus-t.	psor.	graph.	dulc.	bry.	am-c.	bar-c.	nat-c.	carb-v.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	12	10	10	10	9	9	9	9	9	8	8	8	8	7	7	7	7	7	7	7
Intensity	25	20	20	18	19	17	14	13	11	17	15	15	14	16	14	12	10	10	10	9
Result	12/25	10/20	10/20	10/18	9/19	9/17	9/14	9/13	9/11	8/17	8/15	8/15	8/14	7/16	7/14	7/12	7/10	7/10	7/10	7/9
Clipboard 1																				
SKIN - ERUPTIONS - desquamating	2	2	3	1	2	2	1	1	1	2	2	2	3	2	2		3	1	1	
SKIN - ERUPTIONS - dry	2	3	3	3	3	2	2	1	1	3		1	2	2	2	2		3	1	2
SKIN - ERUPTIONS - scaly	2	3	3	2	2	2	1	2	1	3	2	2	2	2	1	1	1		1	1
SKIN - CRACKS	3	1	3	3	2	2	2	2	1	1	3	2	2	3		1	1	1	2	1
SKIN - DRY	3	3	2	3	3	2	3	2	1	3	2	2	2	2	3	3	2	1	2	2
EXTREMITIES - NAILS; complaints of - thick nails	1		1	1	3	1			1	1				3						
GENERALS - MEDICINE - allopathic - oversensitive to	3	1	1		1		1	1	1		3						1	1		1
GENERALS - FOOD and DRINKS - cold drink, cold water - desire	1	3	2	2	1	3	2	1	2	3	1	2	1	2	2	3	1		2	1
PERSPIRATION - ABSENT	2			1	2							3	1		2	1				
SLEEP - POSITION - side; on - left side; on	2	2	1	1		1	1	1	2				1			1	1	1	1	
MIND - ANXIETY - family; about his	1	1		1			1			1	1	1			2					
MIND - AILMENTS FROM -	3	1	1			2		2			1							2		1

Remedy Differentiation

Magnesia sulphurica (Selected Remedy)

Magnesia sulphurica corresponded most closely with the constitutional picture.

Characteristic features included:

- Emotional suppression
- Silent grief
- Strong family responsibility
- Sensitive disposition
- Chilly constitution
- Restlessness
- Burning better by cold
- Dry cracked skin
- Generalized exfoliation

The patient's long-standing emotional burden and constitutional profile strongly supported the selection of Magnesia sulphurica.

Sulphur

Sulphur was strongly indicated because of:

- Chronic psoriasis
- Burning
- Scaling
- Dry skin

However, Sulphur was ruled out because the patient was **chilly**, had **decreased thirst**, **preferred cold applications**, and lacked the typical Sulphur constitutional personality (heat, untidiness, philosophical disposition, standing aggravation).

Phosphorus

Phosphorus covered:

- Burning
- Desire for cold drinks
- Sensitive personality

However, the patient lacked the characteristic extroversion, fearfulness, dependency, and open emotional expression of Phosphorus.

Sepia

Sepia was considered due to chronic skin pathology but rejected because the patient remained emotionally attached to his family and retained a strong sense of responsibility, unlike the characteristic indifference seen in Sepia.

Calcarea carbonica

Calcarea carbonica was considered because of chronic dermatological disease but ruled out because the patient was not obese, lacked sweat over the head, and did not demonstrate the characteristic constitutional traits.

Prescription

Constitutional Remedy

Magnesia sulphurica 200C

Prescribed because of:

- Long-standing grief
- Emotional sensitivity
- Chilly constitution
- Burning relieved by cold
- Generalized psoriasis
- Restless hands
- Suppressed emotions

Acute Prescription

Saccharum lactis

Administered during observation periods while monitoring constitutional response.

Miasmatic Analysis

The case demonstrated a **predominantly psoro-sycotic background**.

Psoric Features

- Dryness
- Itching
- Burning
- Scaling
- Emotional sensitivity

Sycotic Features

- Thickened skin
- Hyperkeratosis
- Chronic inflammatory process
- Long-standing dermatitis

The acute erythrodermic flare represented an acute exacerbation superimposed upon chronic constitutional susceptibility.

Follow-up

Table 1. Chronological Follow-up

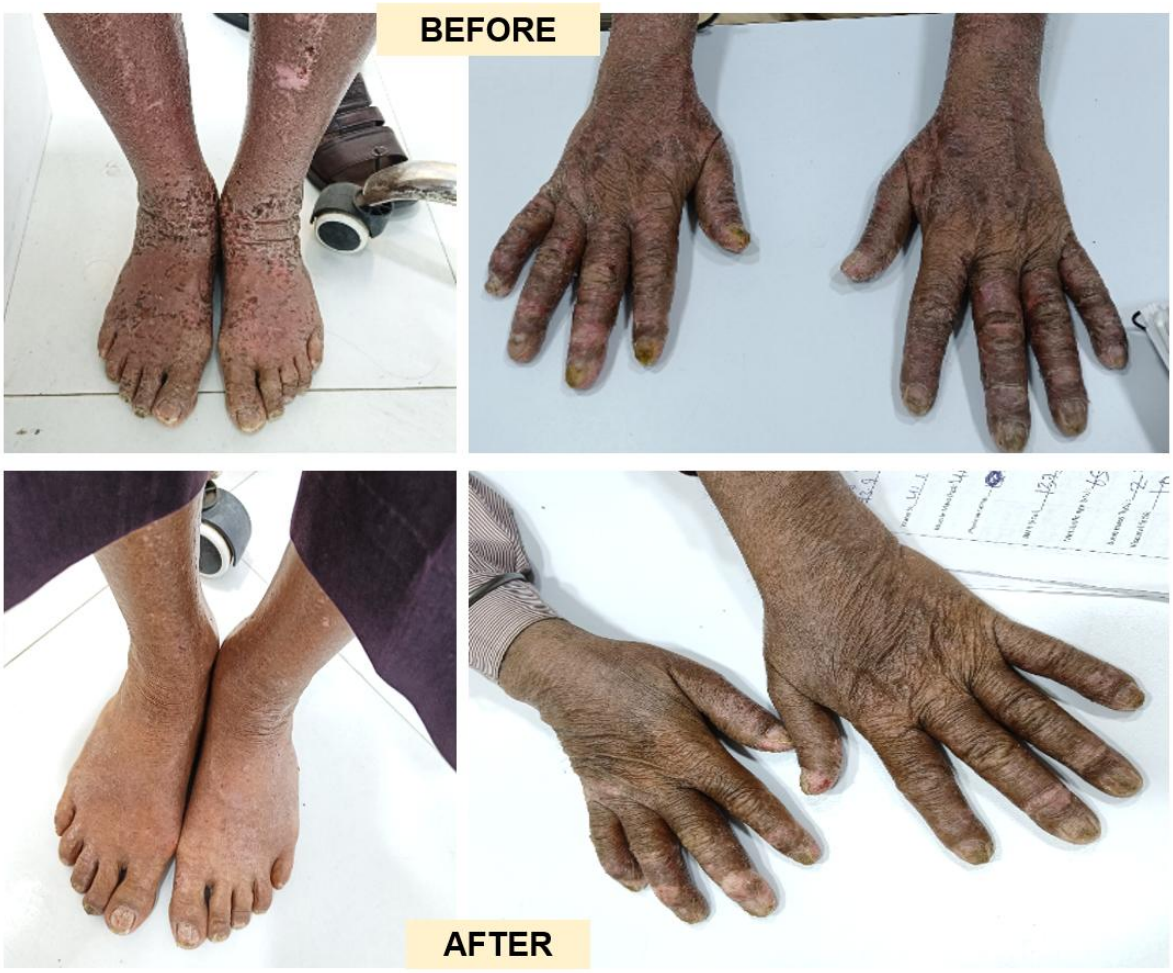
Date	Clinical Findings	Outcome
Baseline (May 2026)	Generalized erythema, extensive scaling, painful fissures, severe burning, facial lesions, embarrassment due to appearance	Constitutional treatment initiated
04 June 2026	Skin better overall. Pain in fingertips persisted. New onset perspiration reported after treatment, which the patient had never experienced previously. Sleep normal.	Early constitutional response observed
13 June 2026	Temporary aggravation with increased dryness, facial scaling and neck lesions following emotional stress related to siblings; one dose of allopathic medicine taken.	Temporary relapse after emotional trigger
03 July 2026	Dryness persisted, itching worse at night, cracks over fingers remained, crusting reduced. Plain coconut oil advised.	Progressive reduction in inflammation despite residual dryness

22 July 2026	Lesions dried considerably. No new lesions. No itching. No pain. Facial appearance markedly improved.	Significant clinical improvement

Clinical Outcome

By the final follow-up:

- Generalized erythema markedly reduced.
- Scaling almost completely resolved.
- Crusting disappeared.
- Painful fissures healed.
- Burning sensation subsided.
- Itching resolved.
- No new lesions developed.
- Facial lesions improved sufficiently to allow resumption of social and religious activities.
- The patient reported significant improvement in confidence and emotional well-being.



Discussion

Erythrodermic psoriasis is an uncommon but severe inflammatory variant of psoriasis that often requires urgent medical attention because of widespread impairment of the skin barrier and the risk of systemic complications. Drug exposure is a recognized precipitating factor and may lead to rapid progression from localized dermatitis or psoriasis to generalized erythroderma.

In the present case, the patient developed diffuse erythema, exfoliation, fissuring, burning, and extensive scaling shortly after receiving allopathic medication for chronic allergic dermatitis, suggesting a drug-triggered exacerbation. Beyond the dermatological findings, constitutional evaluation revealed long-standing unresolved grief, an excessive sense of responsibility toward family members, emotional sensitivity, and a perfectionistic personality shaped by decades of military service. The patient's distress was compounded by facial lesions that interfered with his social and religious responsibilities.

Magnesia sulphurica was selected based on the totality of constitutional symptoms rather than the skin diagnosis alone. During follow-up, improvement was documented through reduction in erythema, desquamation, burning, fissuring, and itching. The appearance of perspiration during treatment—previously absent—was interpreted as a change in the patient's general constitutional state and coincided with clinical improvement. Although a temporary relapse occurred following emotional stress and self-administration of allopathic medication, subsequent improvement was sustained.

This single case cannot establish efficacy, and spontaneous improvement or supportive skin care measures may also have contributed to the outcome. Nevertheless, the favorable clinical course, close temporal relationship to individualized constitutional treatment, and documented serial follow-up support further evaluation of individualized homoeopathic treatment as an adjunctive approach in chronic inflammatory skin disorders.

Health-Related Quality of Life (HRQL)

The patient initially experienced severe impairment in quality of life because of extensive facial involvement, painful fissures, burning, and embarrassment during social interaction. He avoided attending the Gurudwara despite his regular responsibilities there. With improvement in the lesions, he regained confidence, resumed social and religious participation, and reported a marked reduction in emotional distress.

Patient Perspective

"The redness and peeling of my face made it difficult for me to meet people or attend the Gurudwara where I regularly serve. As my skin improved, I became more confident. The burning, cracks, and itching reduced, and I was able to return to my routine with much less discomfort."

Learning Points

- Erythrodermic psoriasis may be precipitated by adverse drug reactions and requires prompt recognition.
- Constitutional assessment should include psychosocial stressors and personality traits in addition to dermatological findings.
- Emotional stress may trigger temporary exacerbations even during treatment.

- Serial clinical documentation helps assess disease progression and treatment response.
- Individualized homoeopathic treatment, integrated with appropriate skin care and counselling, may provide supportive benefit in selected chronic inflammatory skin disorders.

Conclusion

This case demonstrates the successful constitutional management of **drug-triggered erythrodermic psoriasis** in a 64-year-old male with a background of chronic allergic dermatitis. **Magnesia sulphurica**, selected on the basis of the patient's constitutional characteristics, emotional profile, and characteristic modalities, was associated with progressive reduction in erythema, scaling, fissuring, burning, and itching, together with restoration of social functioning and quality of life. Although definitive conclusions cannot be drawn from a single case, the prolonged clinical improvement observed in this patient supports further investigation of individualized homoeopathic treatment as an adjunctive therapeutic approach in erythrodermic psoriasis through well-designed prospective clinical studies.

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