Homoeopathy in plantar psoriasis: An evidence-based case report

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Acknowledgments and Source of Funding

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Keywords: Case report, Homoeopathy, Individualised Homoeopathic Medicine, Plantar psoriasis, Ultra-high dilution

Introduction

Psoriasis is a common and chronic inflammatory condition of the skin, characterised by papulosquamous lesions with scaly and sharply demarcated red and indurated plaques, especially over extensor surfaces.[1] It can appear anywhere on the skin, including the hands and feet.[2] Palmoplantar psoriasis is a variant of psoriasis affecting the skin of the palms and soles with hyperkeratotic, pustular, or mixed presentations.[3] Palmoplantar pustulosis or pustular palmoplantar psoriasis is characterised by small and sterile pustules. Both these chronic conditions produce significant functional disability and are associated with marked quality-of-life issues.[4] Even though the term palmoplantar psoriasis implies the involvement of both palms and soles, variability in the presentation does exist, with 59% of cases having both palmar and plantar lesions while exclusive palmar or plantar lesions are seen in 21% and 20% of patients, respectively.[5]

The palmoplantar variant of psoriasis is around 3–4% of all psoriasis cases, affecting 2–5% of the population.[2,4] Palmoplantar psoriasis affects individuals of all ages, while palmoplantar pustulosis is common between 20 and 60 years of age, with a clear female predominance. Like other variants of psoriasis, palmoplantar psoriasis is caused by a combination of genetic and environmental factors.[7,8] Environmental triggers such as smoking, irritants, friction and manual or repetitive trauma augment the onset or aggravation of the lesions. It is common among farmers, homemakers and manual labourers with exacerbations from seasonal changes, an excess of household work, and exposure to detergents.[3]

Patients with palmoplantar psoriasis and palmoplantar pustulosis report symptoms of well-defined areas of raised, thickened skin, scaling, itching, redness, burning sensation, pain, cracking with bleeding and small pustules. About 60% of cases present nail lesions, including pitting, ridging and onycholysis.

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thickening of the nails.[21] The patterns may be symmetrical. Palmoplantar psoriasis can significantly impact the quality of life with difficulty carrying out everyday activities such as walking and daily chores. The location of lesions makes it arduous to keep the lesions clean and hide them, leading to embarrassment and social anxiety.[22] Although there is a possibility of spontaneous remission, the persistence of flares is more frequent.

For assessment of severity in cases of psoriasis, the psoriasis area and severity index (PASI) score is used in many clinical trials. In this score, the severity (of three symptoms, erythema, induration and desquamation) and extent of involvement are calculated separately for four anatomical regions, namely, head, trunk, upper and lower limbs, as per their share in the total integument, on a 5-point scale from 0 to 4. The PASI score varies from 0 to 72. Higher scores indicate severer conditions. The score is also helpful for assessing prognosis during the treatment.[10]

Conventionally, first-line therapy begins with potent to superpotent topical corticosteroids. However, most patients require systemic agents given the obstrinate nature of these skin diseases. According to the American Academy of Dermatology, some systemic medications for psoriasis include methotrexate, cyclosporine and apremilast; all are effective but with their contraindications and side effects.[11] Common side effects of topical treatments include irritation, skin thinning and skin dryness; oral therapies include gastrointestinal problems and interactions with other drugs.

Considering the multi-factorial causation, chronicity of complaints and kaleidoscopic presentation of psoriasis, homoeopathy, with its holistic and individualistic approach, can be an effective alternative in the treatment of psoriasis.[12-14] In a prospective, multicentric and observational study to evaluate details and effects of homoeopathic treatment in patients with psoriasis in usual medical care, the diagnoses and complaints severity improved markedly with large effect sizes along with improvement in quality of life, while conventional treatment and health service use were considerably reduced.[15] In a study ‘Evaluation of Homoeopathic drugs in psoriasis’, a total of 203 cases were evaluated and a group of homoeopathic remedies such as Arsenicum album, Hydrocotyle asiatica, Ignatia amara, Tuberculinum, Calcarea carbonica, Kali arsenicosum, Lycopodium clavatum, Natrium muriaticum, Nux vomica, Opium, Petroleum, Psorinum, Sepia, Sulphur and Thyroidinum were found to be effective in the treatment of psoriasis.[16] Given the chronic nature of the disease and the need for prolonged treatment, complementary and alternative medicine use has become common in psoriasis.[17]

In this context, the present case report, presenting a severe form of plantar psoriasis managed with individualised homoeopathic medicines, emphasises the positive role of homoeopathy, one of the most popular alternative therapies in the management of psoriasis.

**Patient Information**

A boy aged 13 years with a history of cracks on soles for 2 years, with scaling, itching and bleeding; presented with acute exacerbation of the eruptions with the formation of pustular and haemorrhagic lesions at the site of cracks of 3-day duration. The present complaints had occurred after walking bare feet 4 days back. There was severe pain in the lesions with yellowish haemorrhagic pus.

Other associated symptoms included a flabby tongue with imprints of teeth, increased perspiration and salivation with excessive thirst. There was weakness with an inability to cope with his daily routine.

Based on the acute totality, the patient was given increasing potencies of Mercurius solubilis from 200 to 10 M and his lesions healed in 3 weeks. Later, during the subsequent visit, there was dryness, scaling, cracks and thickened skin in both soles, with itching worse in the morning and on removal of socks; hence, a detailed case history was taken.

The patient had a history of pneumonia at 4 years of age. He was hospitalised for about a week and recovered with allopathic medication. There was a history of a fractured right leg at 6 years of age; pustular eruptions over the scalp 5 years back, which were better after conventional medication.

According to his mother, the pregnancy was uneventful and the patient was born through full-term caesarean delivery. There was a history of delayed talking after the age of 3 years.

His mother was an asthmatic patient for the past 10 years and his father had varicose veins and dyslipidaemia for the past 2 years. He had a younger brother who was healthy. There was a history of psoriasis in his paternal grandmother and a cousin.

His appetite was moderate. He was thirsty from the beginning. His bowels were regular and soft; urine: Clear, frequency – day/night: 4–5/0–1. His sleep was refreshing and he usually lay on his back. He had a desire for spicy food and non-veg. He had a desire for cold weather and cold in general and could not tolerate warmth much. He used to perspire more, especially over soles.

The patient was timid and calm by nature. He was shy, submissive and could not talk face-to-face with anyone. He used to prefer to be at home than to go to public places. He had a smaller number of friends and shared all his issues with his mother. Besides being timid, he was also fearful, with fear of being alone and in the dark. He was interested in cooking. His comprehension was very slow.

**Clinical findings**

He was mesomorphic with a fair complexion. His pulse rate was 76/min; his heart rate was 76/min; temperature was 98.6°F and his blood pressure was 110/80 mm of Hg.

Locally, there were cracked lesions with thickened skin on the soles of both feet, with haemorrhagic spots, a large bleb filled with blood and pus on the dorsum of the right foot near
the toes. There were cracks with bleeding on the lateral aspect of the right foot. Auspitz’s sign was positive with punctate haemorrhagic spots on removal of scales, characteristic of psoriasis, in the soles. At baseline, the PASI score was 26.8.

Based on the history and clinical findings, he was diagnosed to have plantar psoriasis (ICD 10 classification code L40.3).

**Intervention**

The totality of symptoms taken for repertorisation was: Timid, bashful; quiet, yielding disposition; fear of being alone; fear of the dark; slowness of comprehension; thirstlessness; desire for spicy food; desires meat; perspiration on soles; history of delay in learning to talk; psoriasis, soles; itching < morning and undressing.

Based on the repertorisation [Figure 1], together with the timid, yielding disposition, fear of being alone, fear of darkness and other physical generals, the individualised homoeopathic remedy *Pulsatilla* was selected and prescribed in gradually increasing potencies.\(^{18,19}\) Acute exacerbations during the follow-up period were prescribed as per the acute totality [Table 1].

Maintenance of general hygiene of the area and avoidance of walking on bare feet were advised to the patient. The patient was further advised to get exposed to morning sunlight at least for 5–10 min/day and increase the exposure by 30 s each day, as exposure to sunlight is known to have a beneficial role in the management of psoriasis.\(^{20}\)

**Follow-up and outcome**

In the initial visit, the patient presented with an exacerbation of psoriatic patches on the feet with pustular and haemorrhagic lesions [Figure 2]. There was severe pain with yellowish haemorrhagic pus, tongue flabby with imprints of teeth, increased perspiration and salivation with excessive thirst. Based on the acute totality, the patient was given increasing potencies of *Mercurius solubilis* from 200 to 10M and his lesions improved in 3 weeks.

Later, during the subsequent visit, a detailed case history was taken and based on the analysis and repertorisation of the available totality, the remedy *Pulsatilla nigricans* was selected. The case was followed up for 2 years [Table 1]. During the follow-up, *Mercurius solubilis* 10M was repeated once again for an acute exacerbation of the symptoms. Further, *Psorinum* was prescribed as an intercurrent remedy, when the response to the constitutionally selected remedy was not appropriate and there was a persistence of recurrences.\(^{21}\)

Later, with *Pulsatilla*, there was gradual but constant improvement in the patient’s symptoms [Figure 3] and general well-being. The objective assessment scale of the local lesions, PASI, was applied to the case periodically at 1-year intervals, and a substantial reduction in the score, from the baseline score of 26.8–1.6, was noted by the end of the follow-ups.

The Modified Naranjo Criteria are applied to this case for ascertaining the causal attribution between the homoeopathic medicine applied and the changes in the symptoms/signs of the patient [Table 2].\(^{22}\) The total score of the outcome is 9.

**Discussion**

The case report describes the utility of homoeopathic treatment in the management of psoriasis. This case of plantar psoriasis with severe symptoms has improved with individualised homoeopathic treatment. *Merc sol*, the remedy selected initially, based on the acute totality, is known for its action in pustular affections. With repetition, in increasing potency, it relieved the initial troublesome symptoms of the patient.

However, considering the frequent recurrence of the complaints, at a subsequent visit, the remedy *Pulsatilla* was given based on analysis of the constitutional totality, repertorisation [Figure 1] and consultation with materia medica. The symptoms of acute exacerbations could not be included in repertorisation because the presentation was only limited to the period of exacerbation. Hence, *Merc sol* did not come up in repertorisation. Initially, the remedy *Pulsatilla* was given in 30\(^{th}\) potency with no effect. Later, the same was given in the next higher potency, 200. However, on the next visit, the patient had an acute exacerbation of the lesions after

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**Figure 1:** Repertorisation chart
Painful cracks on both soles with bleeding, thickening of the skin, yellowish pus- and blood-filled bleb on the dorsum of the right foot. Sweat profuse and Thirst increased with increased salivation. General weakness. On examination, the tongue is flabby with imprints of teeth.

6 March 2017
Pain and cracks are slightly better but still present. Weakness persisting.

6 March 2017
Pain and cracks are slightly better but still present. Weakness persisting.

3 August 2017
After a journey, there was an acute exacerbation of the cracks with the formation of pus-filled blebs similar to the lesions during the initial visit.

13 October 2017
Cracks are better, but the itching and dryness of the soles were persisting.

20 November 2017
Dryness of skin and cracks decreased in severity. The itching is still present.

19 December 2017
Complaints as it is. Dryness of skin, cracks and itching decreased in severity but persisted. Now, the remedy based on the repertorial totality is repeated.

22 January 2018
Dry skin in the soles is still present. Itching and cracks came down.

20 February 2018
Itching soles increased for 10 days. Cracks decreased. The dryness of skin in the middle of the soles is still present.

Date of follow up | Symptoms | Prescription | Justification of prescription | PASI score
--- | --- | --- | --- | ---
27 February 2017 | Painful cracks on both soles with bleeding, thickening of the skin, yellowish pus- and blood-filled bleb on the dorsum of the right foot. Sweat profuse and Thirst increased with increased salivation. General weakness. On examination, the tongue is flabby with imprints of teeth. | Merc sol 200 six doses Sac lac for 1 week | Based on the acute presentation of painful, bleeding cracks and pustular lesions with yellowish blood-stained pus along with other symptoms such as increased perspiration, thirst and salivation, flabby tongue with imprints of teeth. | 26.8 (baseline)
6 March 2017 | Pain and cracks are slightly better but still present. Weakness persisting. | Merc sol 1M three doses Sac lac for 1 week | The patient was partially better. Hence, the remedy was given in the next higher potency. | 
13 March 2017 | Eruptions on the left sole increased for 2 days, over the right sole cracked with bleeding. Weakness is slightly better but still present. | Merc sol 10M one dose Sac lac for 1 week | As there was a very short relief of complaints followed by recurrence, the remedy was repeated in the next higher potency. | 
20 March 2017 | Cracks and eruptions are better. Weakness decreased. | Sac lac for 1 month | As the patient was feeling better, Sac lac was given. | 
21 April 2017 | Cracks and eruptions are better. The patient, in general, is feeling better. | Sac lac for 1 month | As the patient was feeling better, Sac lac was given. | 
19 May 2017 | Mild recurrence of cracks over soles for the past week. The remedy is repeated. | Merc sol 10M one dose Sac lac for 1 week | As there is a mild recurrence of complaints, the remedy was repeated. | 
22 June 2017 | The patient was better for some time, followed by a recurrence of complaints over the past 5 days. The patient’s case history was taken as detailed above, and the remedy is given based on repertorization totality and consultation with Materia Medica. | Pulsatilla 30 three doses Sac lac for 2 weeks | The complaints were better, but considering the repeated exacerbations, a constitutional remedy was selected after analysis of the case and repertorisation of symptoms. | 
10 July 2017 | Not much change in the complaints. The remedy is repeated in the next higher potency. | Pulsatilla 200 three doses Sac lac 1 month | There is no change in the complaints, but considering the symptom similarity, the same remedy was given in the next higher potency. | 
3 August 2017 | After a journey, there was an acute exacerbation of the cracks with the formation of pus-filled blebs similar to the lesions during the initial visit. | Merc sol 10M one dose Sac lac 1 week | Recurrence of complaints with painful pustular lesions filled with yellowish blood-stained pus after exertion during a journey, along with increased perspiration, thirst, salivation, and flabby tongue with imprints of teeth. Based on the acute totality, the remedy Merc sol was repeated. | 
4 September 2017 | The patient felt better with the previous prescription but had a mild recurrence of the painful cracks for the past 10 days. As there was a frequent recurrence of the complaints, Psorinum was prescribed as an intercurrent remedy. | Psorinum 1M one dose Sac lac 2 weeks | Complaints are better for a while, followed by mild recurrence of cracks with pain. Considering the frequent recurrences and skin affinity, Psorinum was prescribed as an intercurrent remedy. | 
13 October 2017 | Cracks are better, but the itching and dryness of the soles were persisting. | Sac lac 1 month | As the patient was feeling better, Sac lac was given. | 
20 November 2017 | Dryness of skin and cracks decreased in severity. The itching is still present. | Psorinum 1M one dose Sac lac 1 month | There was an improvement in some of the complaints and persistence in a few other complaints; the remedy was repeated. | 
19 December 2017 | Complaints as it is. Dryness of skin, cracks and itching decreased in severity but persisted. Now, the remedy based on the repertorial totality is repeated. | Pulsatilla 200 three doses Sac lac 1 month | There was a good improvement in the complaints initially. Later, there was no further progress despite the repetition of the remedy. Hence, the constitutional remedy was repeated once again. | 
22 January 2018 | Dry skin in the soles is still present. Itching and cracks came down. | Sac lac 1 month | The patient was feeling better. | 
20 February 2018 | Itching soles increased for 10 days. Cracks decreased. The dryness of skin in the middle of the soles is still present. | Pulsatilla 1M one dose Sac lac 1 month | As there was a mild recurrence of complaints, the remedy was repeated in the next higher potency. | 4.8 (1-year follow-up)

(Contd...)
Table 2: Modified Naranjo criteria

<table>
<thead>
<tr>
<th>Modified Naranjo algorithm</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</td>
<td>+1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. Was there a homeopathic aggravation of symptoms?</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?</td>
<td>+1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5. Did overall well-being improve? (use Eq-5D-5L)</td>
<td>+1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>6 (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>- From organs of more importance to those of less importance?</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>- From deeper to more superficial aspects of the individual?</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>- From the top downwards?</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>7. Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>-</td>
<td>+1</td>
<td>-</td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td>+2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>+1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

PASI: Psoriasis area and severity index

Table 1: (Continued)

<table>
<thead>
<tr>
<th>Date of follow up</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>Justification of prescription</th>
<th>PASI score</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 March 2018</td>
<td>Itching soles and dryness as it is, with no change in the complaints since last month. Hence Psorinum was repeated once again as an intercurrent.</td>
<td>Psorinum 1M one dose Sac lac 1 month</td>
<td>Dry skin with itching in the soles was persisting. Hence, Psorinum was repeated as an intercurrent.</td>
<td></td>
</tr>
<tr>
<td>16 April 2018</td>
<td>Itching slightly better. Cracks decreased. The dryness of the skin persisted.</td>
<td>Sac lac 1 month</td>
<td>Complaints were slightly better. Hence Sac lac was given.</td>
<td></td>
</tr>
<tr>
<td>5 June 2018</td>
<td>Itching better. Cracks and dryness of skin decreased but are still present.</td>
<td>Pulsatilla 1M three doses Sac lac 1 month</td>
<td>The constitutional remedy was repeated for the persistence of a few complaints.</td>
<td></td>
</tr>
<tr>
<td>6 August 2018</td>
<td>Complaints are better.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 February 2019</td>
<td>Mild itching middle of soles with dryness of the skin. No cracks. The thickness of the skin decreased. Otherwise feeling better.</td>
<td>Sac lac 1 month</td>
<td>The patient was feeling better. Hence Sac lac was given.</td>
<td>1.6 (2 years follow up)</td>
</tr>
</tbody>
</table>

Figure 2: (a-d) Plantar lesions before the treatment

Rompicherla and Ponnam: Homoeopathy in plantar psoriasis: A case report

With the individualised homoeopathic treatment, there was an improvement in the local symptoms as well as the general after the well-selected remedy and the frequent recurrence of the complaints with every trivial exciting cause, two doses of Psorinum were given as an intercurrent remedy. Later, the remedy Pulsatilla was given in gradually increasing potencies with marked improvement in the complaints.

Considering the symptomatology and pathology, the case appeared to be Psoro-syco-syphilitic.[23] During the acute exacerbations, the symptoms pertaining to syphilitic miasm appeared to be dominant and accordingly, the more troublesome symptoms of initial presentation responded well to Mercurius solubilis. Later, the totality of symptoms, together with the thickened skin, represented Psoro-sycotic predominance and the remedy Pulsatilla was selected based on symptom similarity with marked improvement in the complaints. An anti-psoric remedy, Psorinum, had to be prescribed in between to speed up the action of the constitutional remedy.

With the individualised homoeopathic treatment, there was an improvement in the local symptoms as well as the general
condition of the patient. The frequency of acute exacerbations of the foot lesions gradually decreased. Improvement in the local lesions is evident from the substantial reduction in the PASI score from the baseline value of 26.8–1.6 by the end of the follow-up. As per the modified Naranjo Criteria, there was an improvement in the primary symptom (+2); within a plausible timeframe after the intake of medicine (+1); with an improvement in other symptoms (+1) and overall well-being (+1); with no other alternative causes that could have caused the improvement (+1). Further, there was an objective improvement in the skin lesions after the remedy, evidenced by photographs and PASI score (+2). The remedy, on repetition of dose, has resulted in a similar clinical improvement (+1). Thus, in this case, the total score of 9 establishes a definite causal attribution of homoeopathic treatment with the outcome.

In a prospective and observational study by CCRH, homoeopathic remedies such as Arsenicum album, Hydrocotyle asciatica, Ignatia amara, Tuberculinum, Calcarea carbonica, Kali arsenicosum, Lycopodium clavatum, Natrum muriaticum, Nux vomica, Opium, Petroleum, Psorinum, Sepia, Sulphur and Thyroidinum were found to be effective in the treatment of psoriasis. [16] In this case of plantar psoriasis with pustular lesions, the remedies Mercurius solubilis, Pulsatilla nigricans and Psorinum were found useful in the treatment. Thus, the case reemphasises the usefulness of individualised homoeopathic treatment in the management of psoriasis.

**Conclusion**

In this case, the individualised homoeopathic treatment helped in healing of acute exacerbation of lesions on the feet, together with gradual improvement in general well-being. Thus, this case hints at the positive role of homoeopathy in the treatment of psoriasis.

**Declaration of Patient Consent**

Patient consent was obtained to disseminate the clinical information and display images on a scientific platform.

**Acknowledgments**

The authors acknowledge Dr. Anil Khurana, Chairperson, National Commission for Homoeopathy and Director General (In-charge), CCRH, for his continued drive and encouragement for publishing evidence-based case reports. The authors acknowledge the patient and his parents for treatment compliance and publication consent.

**References**

Introduction: Le psoriasis plantaire est une variante du psoriasis et représente 3 à 4 % de tous les cas de psoriasis. Le psoriasis, une maladie auto-immune et inflammatoire chronique de la peau, peut laisser le patient à l'agonie avec ses épisodes d'infections pénibles. Le système de médecine homéopathique offre un large éventail de médicaments qui peuvent jouer un rôle bénéfique dans la gestion des cas de psoriasis, comme le montrent les études précédentes.

Résumé du cas: Un cas distinct de psoriasis plantaire traité avec des remèdes homéopathiques de très haute dilution a été présenté ici. Les illustrations fondées sur des preuves ont été faites avant et après le traitement et l'évaluation objective périodique des lésions avec le calcul du PASI (Psoriasis area and severity index) pour établir le pronostic. L'attribution causale du résultat au traitement a été évaluée à l'aide de loutil MONARCH (Modified Naranjo Criteria for Homoeopathy). Une nette amélioration des lésions psoriasiques a été constatée sur le plan photographique, et les scores PASI ont montré une réduction significative, ce qui confirme cette constatation. Le score MONARCH (+9) suggère que l'amélioration clinique est probablement attribuable au traitement homéopathique. Ce rapport de cas fondé sur des preuves suggère un rôle bénéfique de l'homéopathie dans le traitement du psoriasis plantaire.

Homéopathie bei planterar Psoriasis: Ein evidenzbasierter Fallbericht


Zusammenfassung des Falls: Hier wird ein eindeutiger Fall von Plantar-Psoriasis vorgestellt, der mit homöopathischen Mitteln in ultrahöher Verdünnung behandelt wurde. Die evidenzbasierten Illustrationen wurden vor und nach der Behandlung und der regelmäßigen objektiven Bewertung der Läsionen mit PASI (Psoriasis area and severity index) berechnet und durchgeführt, um die Prognose zu ermitteln. Die kausale Zuordnung des Ergebnisses zur Behandlung wurde anhand der modifizierten Naranjo-Kriterien für die Homöopathie (MONARCH) bewertet. Es wurde eine deutliche Verbesserung der psoriatischen Läsionen festgestellt, die sich fotografisch nachweisen ließ, und die PASI-Scores zeigten eine signifikante Verringerung, was dasselbe bestätigte. Der MONARCH-Score (+9) deutet darauf hin, dass die klinische Verbesserung wahrscheinlich auf die homöopathische Behandlung zurückzuführen ist. Dieser evidenzbasierte Fallbericht deute auf eine positive Rolle der Homöopathie bei der Behandlung von Plantar-Psoriasis hin.

Homeopatía en psoriasis plantar: Reporte de un caso basado en la evidencia

Introducción: La psoriasis plantar es una variante de la psoriasis y representa el 3-4% del total de casos de psoriasis. La psoriasis, una enfermedad inflamatoria autoinmune y crónica de la piel, puede dejar al paciente en agonía con sus episodios de infección angustiantes. El sistema homeopático de la medicina ofrece una amplia gama de medicamentos que pueden tener un papel beneficioso en el manejo de los casos de psoriasis como se describe en los estudios anteriores. Resumen del caso: Se ha presentado un caso distinto de psoriasis plantar tratada con remedios homeopáticos de dilución ultra alta. Las ilustraciones basadas en la evidencia se realizaron antes y después del tratamiento y la evaluación objetiva periódica de las lesiones con el cálculo del índice de área e gravedad de la psoriasis para determinar el pronóstico. La atribución causal del resultado al tratamiento se evaluó mediante la herramienta Modificada de Criterios Naranjo para Homeopatía (MONARCH). Se observó una marcada mejoría en las lesiones psoriásicas evidenciadas fotográficamente, y las puntuaciones de PASI mostraron una reducción significativa afirmando lo mismo. La puntuación MONARCH (9) sugirió que la mejora clínica era probablemente atribuible al tratamiento homeopático. Este informe de caso basado en la evidencia sugiere un papel beneficioso de la homeopatía en el tratamiento de la psoriasis plantar.

Homeopatía en las lesiones psoriásicas: una importancia clínica y una necesidad de investigación sistemática.

Insumo: Rompicherla and Ponnam: Homoeopathy in plantar psoriasis: A case report
顺势疗法治疗足部银屑病：一个基于证据的案例报告

简介：足部银屑病是银屑病的一个变种，占银屑病总病例的3-4%。银屑病是一种自身免疫性的慢性皮肤炎症疾病，其令人苦恼的感染发作会让患者陷入痛苦之中。顺势疗法系统提供了多种药物，在管理银屑病病例方面可以发挥有益的作用，正如以前的研究中所描述的那样。案件摘要：这里介绍了一个用超高稀释度的顺势疗法治疗足部银屑病的独特病例。在治疗前后都做了循证插图，并定期用PASI（牛皮癣面积和严重程度指数）计算对皮损进行客观评估，以确定预后。治疗结果的因果关系是使用修改后的纳兰霍顺势疗法标准（摩纳哥）工具进行评估的。从照片上看，银屑病病变有了明显的改善，PASI评分也有了明显的下降，证实了这一点。摩纳哥评分+9表明，临床改善可能归因于同济疗法。这份以证据为基础的病例报告表明，顺势疗法在治疗足部银屑病方面发挥了有益的作用。