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## Psoriasis and It's Homoeopathic Management

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### ABSTRACT

Psoriasis affects people between the ages of 11 and 60. Autoimmune disorders are those. Psoriasis mostly affects the skin and nails, but in 6% of instances, it is also accompanied by joint inflammation, primarily affecting the fingers, toes, and spine, and is known as psoriatic arthritis. This issue is brought on by stress in roughly 78% of cases. According to the patient's management of stress, emotions, and fillings, these conditions may act as triggers. Different psoriasis treatment plans, including topical medications, phototherapy, systemic medications, and homoeopathic methods, are available depending on the kind, location, severity, and extent of the condition. As around 80% of people who get psoriasis have plaque psoriasis, this review seeks to cover every facet of the illness and provide details on it.

Keywords: Psoriasis, plaque psoriasis, psoriatic arthritis, homeopathy, topical steroids

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### Introduction

The Greek word psora, which means itch, is the source of the English name psoriasis. A chronic inflammatory skin condition with autoimmunopathogenic characteristics, psoriasis has a substantial hereditary propensity. The incidence varies by area but is roughly 2% globally. Even though the affected skin is typically not particularly irritating, some individuals do feel intense itching, and the eruptions can occasionally be unpleasant and sore, especially when there are fissures present. Although the face is frequently spared, psoriasis can affect the entire body, including the scalp. It is an autoimmune disease and is among a number of illnesses. when the body's immune system is overactive and targets its own tissues and cells. Skin cells typically develop at the base of our skin's outermost layer. The cells undergo a cycle of change, travelling through the layers of the skin to the top, where they are shed three to four weeks after they die. This process is accelerated in psoriasis, and cells can complete this cycle in three to four days. The skin thickens as a result, taking it a typical scaly appearance. Psoriasis mostly affects the skin and nails, but in 6% of instances it is also accompanied with joint inflammation, which primarily affects the fingers, toes, and spine and is known as psoriatic arthritis. Ages 11 to 60 are affected. One to three percent of the population is affected by this chronic inflammatory skin condition..

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### Causes

The causes of psoriasis are still not entirely clear, although in 30 per cent of patients there is a family history of the condition. It can be genetic disposition. Radiation, mechanical or chemical trauma can initiate or worsen psoriasis. Drugs like chloroquine, lithium, betablockers, NSAIDs can also initiate or worsen psoriasis. Withdrawal from long term use of corticosteroid in a patient with psoriasis can precipitate the attack of pustular or erythrodermic psoriasis. Certain factors can trigger the onset of the skin eruptions including streptococcal throat infections, particular medicines and injury to the skin, and emotional factors, such as stress or situations of trauma, shock and bereavement. Those trigger factors can be important for the homoeopathic practitioner as it might indicate which remedy might be appropriate for that particular person.

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### Classification

There are various kinds. Psoriasis vulgaris, often known as plaque psoriasis, typically affects the elbows and knees but can affect other regions of the body as well. The condition is known as psoriasis guttate when there are several tiny, scaly areas and patches. Children are usually affected by this kind, which is frequently brought on by itself within a few weeks or months. Psoriasis pustulosa typically affects the palms of the hands and soles of the feet and manifests as little yellow pustules. Although the terms "psoriasis" and "psoriasis vulgaris" are frequently used interchangeably in scientific literature, there are significant differences between the various clinical subtypes.

**a) Psoriasis vulgaris** Chronic plaque type psoriasis accounts for about 90% of all instances of psoriasis. Sharply defined, erythematous, pruritic plaques coated in silvery scales are the characteristic clinical symptoms. Large skin-covering plaques can form and cover patches of skin. The scalp, the extensor surfaces of the limbs, and the trunk are typical sites.

**b) Inverse psoriasis**

Inverse psoriasis, also known as flexural psoriasis, affects intertriginous areas and is clinically distinguished by mildly erosive erythematous plaques and patches.

**c) Guttate psoriasis**

A subtype of guttate psoriasis manifests as tiny, erythematous plaques that appear suddenly. It typically affects children or adolescents and is frequently brought on by tonsil group-A streptococcal infections. In the course of their adult lives, about one-third of guttate psoriasis patients will also develop plaque psoriasis.

**d) Pustular psoriasis**

Multiple, merging sterile pustules are the defining feature of pustular psoriasis. Psoriasis pustulosa can be localised or widespread. Psoriasis pustulosapalmoplantaris (PPP) and acrodermatitis continua of Hallopeau have been reported as two separate localised manifestations. Both of them have an impact on the hands and feet, however PPP is only present in the palms and soles and ACS is more widely distributed, affecting the nail apparatus at the tips of the fingers and toes. Distant redness and subcorneal pustules are the primary features of the acute, fast progressing course of generalised pustular psoriasis, which is frequently accompanied by systemic symptoms.

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**Homeopathic Management**

According to the homeopathic school of thought, skin conditions are an external manifestation of underlying illnesses. When skin conditions are treated with external or topical medications, the more important interior organs are damaged due to the suppression created by this technique. Psoriasis is one of the illnesses that not only affects the skin but also other body parts including the joints, heart, and kidney. When used for this kind of illness, homeopathic remedies not only enhance the skin's surface characteristics but also eliminate any disturbances that have developed inside the body..

**Arsenicum album**

People who are likely to benefit from this cure are typically restless, agitated, and obsessively tidy and organised. They frequently have extreme cold, scorching aches, numerous bodily ailments, and are easily worn out. The skin is scaly, dry, and prone to infection. Applying heat relieves the irritation, but scratching can make it worse.

**Graphites**

People who require this treatment frequently have a long history of skin conditions. The skin appears rough or leathery, with sores and cracks. Warmth frequently makes itchiness worse, and the sufferer may scratch the affected areas until they bleed. It is also common to experience difficulty concentrating when this cure is required, particularly in the morning. In homeopathy, graphites are prescribed for those with chronic skin conditions and leathery, cracked skin.

**Petroleum**

People whose medical problems are made worse by unpleasant emotional experiences are frequently prescribed this therapy.

People with excessively dry skin and issues with the palms and fingertips are especially well-suited for it. The skin is readily infected and may appear thick and leathery, and the sufferer may experience a chilly sensation after scratching. The nighttime and the warmth of the bed will make itching worse. Those who require this treatment may also be prone to motion sickness.

**Sepia**

Some homeopaths use sepia to treat very dry skin and extensive psoriasis. But there isn't any scientific proof that it works as a remedy.

**Sulphur**

A need for this treatment is indicated by intensely stinging, itchy, inflamed eruptions that are aggravated by heat and bathing. Areas that are affected frequently have itchy skin that is scaling and bright red in appearance. People who have regularly utilised drugs to suppress their psoriasis may find this therapy to be useful (without success).

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**Quality of life and psychological aspects of psoriasis**

Psoriasis clearly has a variety of serious negative impacts on patients, evident by a significant reduction in quality of life, even if it typically does not impair survival. Despite this, the majority of clinical trials for new psoriasis treatments use "objective" physical measurements as their main indicator of success. This is contradictory because patients and doctors base treatment decisions on the quality of life improvement. The work of Finlay has highlighted the impairment of quality of life in particular. Psoriasis patients' quality of life is reduced to an equal or greater extent than that of people with other chronic diseases, such as ischemic heart disease and diabetes. It is commonly known that many with psoriasis feel stigmatised by their condition. This alone adds to daily impairment, which in more than 5% of patients results in depression and suicidal ideation.

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**Conclusion**

Although the number of psoriasis therapies has grown significantly in recent years, they are still insufficient. Despite the fact that there are several medications for various forms of psoriasis, none of them can cure the disease. As managing stress is a key component of treating psoriasis, homeopathy can significantly contribute to the patient receiving the most relief possible.

**References**

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1. <https://homeopathy-uk.org/homeopathy/howhomeopathy-helps/conditions/psoriasis>
  2. Nwabudike LC. Psoriasis and homeopathyProc.

3. Meffert J. Psoriasis Medscape CME.
4. Heller MM, Lee SE, Koo YMJ. Stress as an Influencingfactor in psoriasis. Skin Therapy Letter
5. Kurian A, Barankin B. Current Effective Topical Therapies in the Management of Psoriasis.
6. Primary Remedies