



Homoeopathic Management of Autoimmune Disorders of Skin

Dr. Anupama D. Pathrikar

M.D. (Hom.), Principal, Professor & HOD, Department of Practice of Medicine, Foster Development's Homoeopathic Medical College, Aurangabad. (M.S.)

ABSTRACT

Autoimmune disease occurs when the immune system attacks its own molecules as a result of impaired immunological tolerance to autoreactive immune cells. Gender, race, ethnic characteristics, and environmental factors are associated with the likelihood of developing an autoimmune disease. Psoriasis and lichen planus are both immune-related skin diseases with characteristic individual features represented by severe itching and scaling. Modern therapies for autoimmune skin disorders rely on general immunosuppressive drugs that disrupt the entire immune system, often with high side effect profiles of broad immunosuppression.

This type of study, which is the only one of its kind, will help to better understand the genesis of the disease with an understanding of homeopathic pathogenesis including - clinical manifestations, manifestations of characteristic signs, mental status, miasma, sensitivity, dosage in the treatment of autoimmune skin disorder.

Keywords: Psoriasis, Lichen Planus, Homoeopathic Pathogenesis, Autoimmune Skin Disorders, Homoeopathic Medicines, Homoeopathy and Practice of Medicine

Introduction

Autoimmune disorders are of critical importance in the medical field because the etiopathology of these diseases has multifactorial aspects and most of them are idiopathic in nature. In this study of autoimmune skin disorders, psoriasis and lichen planus were studied.

Psoriasis is a chronic inflammatory skin disease with a strong genetic basis, characterized by complex changes in epidermal growth and differentiation and multiple biochemical, immunological and vascular abnormalities. Psoriasis cases have widespread scaly erythematous plaques that cause significant physical and mental burden for affected individuals. Psoriasis is more sensitive to stress than many other skin diseases. Up to 60% of patients describe stress as a key exacerbator or trigger of their illness. Psoriasis has a universal occurrence. However, its prevalence varies from 0.1% to 11.8% in different populations. The likely age group for the onset of psoriasis is 15 to 30 years. Psoriasis is also known to be associated with HLA class antigens.

Lichen planus is a unique, frequent and chronic inflammatory disease that affects the skin, mucous membranes, nails and hair of the body. It is clear that immunological mechanisms almost certainly mediate the development of lichen planus. The exact incidence and prevalence of lichen planus is unknown, but estimates of overall prevalence range from 0.14 to 0.80% among the general population. At least 2/3 of cases occur between the ages of 30 and 60. No sexual predilection is apparent.

Autoimmune skin disorders require a multifaceted strategy that goes beyond simply cleaning the skin to improve overall quality of life. While conventional medicine focuses on reducing inflammation and clearing the skin, homeopathy examines the response of an individual's immune system to genetic and epigenetic triggers.

Since today most patients suffering from skin disorders of an autoimmune nature also suffer from the side effects of long-term topical/local applications, homeopathy in such cases proves to be a ray of hope in the dark. This type of study is the only one of its kind and will help to better understand the genesis of the disease.

Review of Literature:

Autoimmune disease occurs when the immune system attacks its own molecules as a result of impaired immunological tolerance to autoreactive immune cells. Many autoimmune disorders have been strongly linked to genetic, infectious and/or environmental predisposing factors. According to the revised Witelski criteria by Rose and Bono, a disease is considered autoimmune if (i) it can be transmitted by pathogenic T cells or autoantibodies, (ii) it can be induced in experimental animals, or if (iii) autoimmunity is suggested by circumstantial evidence from clinical traces. The complex interaction of genetics and environmental factors is one of the key underlying pathogenic mechanisms in skin autoimmune diseases. In addition to genetics, several articles also deal specifically with certain types of cells in the skin autoimmune diseases such as the role of regulatory immune cells in pemphigus and pemphigoid, the contribution of mononuclear phagocyte activation in the context of psoriasis, the contribution of innate immune cells and cytokines in the pathogenesis

of chronic skin inflammation. Treatment for autoimmune diseases is typically immunosuppressive drugs that reduce the immune response. Homeopathy treats the whole person. This means that homeopathic treatment focuses on individual and pathological conditions. This includes a detailed history of the patient, family and causative factors. Any underlying predisposition/sensitivity is considered. The disease is studied at the pathogen level as well as factors such as any psychological/physical stressors that might predispose the individual to the disease.

Constitutional remedies work wonders in such cases. Any acute exacerbations can be managed with acute medications.

PSORIASIS

Psoriasis is one of the most common dermatological diseases, affecting up to 2% of the world population. It is an immune-mediated disease clinically characterized by erythematous, sharply demarcated papules and rounded plaques covered with silvery mica scales. The skin lesions of psoriasis are variously itchy. Estimates of the incidence of psoriasis varies from 0.1% to 3% in different parts of the world. There is a bimodal age of onset, with the first peak at 15–20 years and the second at 55–60 years (3). The prevalence of psoriasis in India is 0.44-2.8 percent, according to the Indian Journal of Medical Research. It usually affects individuals in their third or fourth decade, with males being affected twice as often as females.

DIFFERENT PLAN

Lichen planus (LP) is a papulo-squamous disease that can affect the skin, scalp, nails and mucous membranes. The primary skin lesions are pruritic, polygonal, flat, purple papules. Careful examination of the surface of these papules often reveals a network of gray lines (Wickham's striae). Lichen planus (LP) is an inflammatory skin disease with characteristic clinical and histopathological findings that affects 0.5 to 1% of the population. There are also many variants in morphology and location, including oral, nail, linear, annular, atrophic, hypertrophic, inverse, eruptive, bullous, ulcerative, LP pigmentosus, lichen planopilaris, vulvovaginal, actinic, lichen planus-lupus erythematoses overlap syndrome, and lichen syndrome planus pemphigoids. Many of the variants are much less common than the classic LP. The rarity of the variants and their atypical manifestations make their timely diagnosis and treatment difficult in the clinical environment.

PSYCHOGENESIS OF AUTOIMMUNE SKIN DISORDERS

The skin is our outermost physical boundary, yet it also connects us to the outside world and brings us into contact with our environment. We present ourselves to the world through our skin... and we cannot change our skin. The skin reflects our nature on the outside – in a very simple way. For starters, it serves as a reflective surface for all of our internal organs. Any disturbance of these organs is it projects onto the skin and any stimulation of the relevant area of the skin is transmitted back inside to the relevant organ. The skin does not only reveal our internal organic state: all our psychological processes and reactions are also visible on it and inside. In some ways, it's so obvious that we can all see it firsthand: we blush with embarrassment and turn pale with shock, sweat with fear or excitement, our hair stands on end with terror or goosebumps. Physical itching indicates that something is "biting" or "bothering" us on a psychological level. In the case of skin rashes, something is breaking through our boundaries - something that needs to get out.

In psoriasis, the process by which the skin naturally produces a horny outer layer is overdone. One can't help but feel like armouring (compare the horn armor of some animals). But in this case, the natural protective function of the skin has changed into a form of armor: the lesions in question close in both directions. They are no longer willing to let anything in or out. Reich's very apt term for the effects of psychological defense and walling off was "character armor." Behind every form of defense lies the fear of injury. The greater our defenses and the stronger our armor, the greater our inner sensitivity and our fear of injury.

A HOMEOPATHIC PERSPECTIVE ON AUTOIMMUNE DISORDERS OF THE SKIN

According to the aphorism 212 6th edition of the Organon of Medicine, the main feature of all diseases is an altered state of disposition and mind. In addition, aphorism number 215 says that internal and mental dyscrasias will turn into more serious physical diseases if they are not achieved. Homeopathy believes in individualization and a holistic approach to each sick person. Where we firmly believe in the role of the patient's psychological state affecting the physical side and landing in the disease.

The role of the mental state that the body identifies as stress activates 2 main neuronal pathways: the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system. The brain's identification of external stress leads to activation of the paraventricular nucleus of the hypothalamus and the locus ceruleus. Corticotropin-releasing factor is secreted from the hypothalamus and transported by the portal circulation to the pituitary where it induces the release of adrenocorticotrophic hormone from the anterior pituitary into the general circulation. This results in secretion of glucocorticoids and catecholamines from the adrenal glands.

Cortisol acts as a negative feedback to the hypothalamus and inhibits further release of corticotropin-releasing factor. Locus ceruleus cells activate sympathetic system, resulting in the secretion of adrenaline and norepinephrine.

Conclusion from the article -

Basic miasma: ? Syphilitic due to the mention of his brother's death due to for an unknown medical reason.

Dominant Miasma: Sycotic - which helped with the choice of constitutional remedy.

Modifying Factors: The patient's mental state is extreme sadness and grief over the death of his brother, along with a dispositional quality of high irritability that is aggravated by conflict, the final choice of remedy was made with Rx Natrium Muriaticum as a deeply acting institutional remedy.

Dosage: The tissue receptivity of the case at the medium potency selection was 200 and at the high mind and nerve level the potency selection would be 200c-1M. Whereas in reality a 30c potency was chosen which did not provide the desired relief on a subjective or objective level and therefore the potency was increased to 200c which produced the correct desired and expected overall improvement in a patient with a very rare recurrence.

Homeopathic Concepts: The right similimum with the right dosage and with ideal repetition, the vital force is aptly moved towards gentle homeopathic treatment with a single and simple remedy.

Kent's 4th observation was observed in this case where no homoeopathic signs of deterioration were noted with slow and gradual relief where only desquamation occurred. the effectiveness of the drug proved to be curative.

Conclusion:

1. The following conclusions were drawn from a study of 30 cases of autoimmune diseases skin disorders:
 1. Autoimmune skin disorders were seen more often in men than in women.
 2. A bimodal age distribution was seen
 3. Palmar psoriasis and plaque psoriasis were the most common types of psoriasis.
 4. Psoriasis of the scalp, grass and palmoplantar psoriasis occurred rarely.
 5. The most common type of lichen planus was generalized lichen planus followed by oral type and lichen planus pigmentosus.
 6. Most cases of autoimmune skin disorders showed a gradual rate of onset.
 7. Autoimmune skin disorders are known to have phases of remissions and exacerbations. Nevertheless, in this study, it was seen that no case was in remission.
 8. Most cases showed a gradual progression of the disease within 5-10 years from the onset of the disease.
 9. In a rough evaluation of 30 cases, the following components were considered to shape homeopathic pathogenesis in the treatment of autoimmune skin disorders – characteristic manifestations, modifying factors, miasma, sensitivity, sensitivity, dosage and treatment responses.
 10. The modifying factors identified in the case study were – Maintenance, Predisposition and A/F. These factors were observed at the mental and physical levels.
 11. At the level of the mind, anger, sadness and anxiety were mainly perceived as modifying factors.
 12. Anger was seen more often as a maintaining factor than as an A/F in most cases.
 13. Sadness was also seen as a maintaining factor rather than an A/F in most cases.
 14. In most cases, anxiety was only perceived as a maintaining factor.
 15. The cause-effect relationship was established in most cases with the presence of Anger as its A/F.
 16. Aggravation from winter and night were the most frequent physical modifying factors found in most cases.
 17. Very few cases showed the presence of accompanying symptoms.
 18. Syphilitic miasma was considered to be the predominant underlying miasma in most cases followed by sycotic miasma.
 19. All cases were dominated by Sycosis as its dominant miasma.
 20. The most common sycotic manifestations observed at the pathology level were; scaling, fissures, lichenification, thickening of the skin and sticky discharge from the lesions.
 21. At the level of the physical generals, common sycotic manifestations were observed in the form of offensive discharges, discolouration of the discharges and craving for fish and meat.
 22. Shades of anger beneath sycotic manifestations were more often observed in the form of prolonged violent anger, suppressed anger, and anger from contradiction.
 23. The sycotic presentation of grief was most often seen as prolonged disappointment and grief with brooding.
 24. In most cases, a chronic state of anticipatory anxiety of a sycotic character was observed.
 25. Dreams of the dead were the most frequently seen dream.

26. Medium susceptibility was observed in most cases, followed by high and then low form of susceptibility.
27. Most cases of high and medium sensitivity were given a potency of 200.
28. Very few cases of high and moderate sensitivity were given LM potency because these cases showed increased sensitivity.
29. Most of the low-sensitivity cases received LM potency because of the high level of sensitivity observed in these cases along with advanced pathology that required frequent repeat doses.
30. Most of the cases had only moderate or high sensitivity, which guided the choice of potency.
31. In almost all cases, the Kentian method of the repertoire approach was used. Boenninghausen's approach was used in only one case.

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