

# **A case study on psoriasis using *Kent's Repertory***

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**Abstract:** The most common diseases encountered by health professionals are those associated with skin disorders. Diseases of the skin are the most common group of occupational health problems that lead to absence from work in the general population. Psoriasis is a common skin disorder that is associated with both a physical and psychological burden. Psoriasis is an immune-mediated, genetic disease manifesting in the skin or joints or both.

**KEYWORDS:** Psoriasis, homoeopathy.

**ABBREVIATIONS:** ACE - angiotensin-converting enzyme, NSAIDs – non-steroidal anti-inflammatory drugs, AF -

## **INTRODUCTION:**

Psoriasis is a chronic autoimmune skin disease that changes the life cycle of skin cells. This causes skin cells to multiply up to 10 times faster than normal condition. In normal condition skin cells are regenerated and old cells get replaced after some time of interval but in case of Psoriasis this process becomes fasten.

The extra skin cells form scales and red patches that are rough, itchy and sometimes painful. These patches normally localize around the elbow, scalp, knee and lower back but in severe condition these symptoms may appear anywhere on the body.

It can start at any age but mostly appear in adults under 35 years of age. The pathogenesis of disease also involves altered auto-immune response in which immune system of body mistakenly attacks on healthy skin cells. Psoriasis is not contagious so it does not spread from one person to another.

Reported data revealed that around 125 million peoples suffered with psoriasis

globally that means 2-3 percent of the total population suffered with disease.<sup>[1,2]</sup>

## **AETIOLOGY:**

Several risk factors/triggers participated in the aetiology of psoriasis are described as follows: <sup>[3-11]</sup>

**TRAUMA:** Psoriasis at the site of injury is well known and the phenomenon is termed as Koebners' phenomenon. A wide range of injurious local stimuli, including physical, chemical, electrical, surgical, infective and inflammatory insults have been recognized to elicit psoriatic lesion.

**ENVIRONMENTAL FACTORS:** several studies validated that the interaction between genes and environment is important in manifestation of psoriasis. Many environmental factors have linked to psoriasis, and have been implicated in the manifestation of disease and exacerbation of pre-existing disease.

**INFECTION:** Acute guttate psoriasis is strongly associated with preceding or concurrent streptococcal infection, particularly of the throat. There is

evidence that streptococcal infection may be important in chronic plaque psoriasis.

**DRUGS:** There are many drugs reported to be responsible for the onset or exacerbation of psoriasis. Chief amongst these are lithium salts, antimalarials, beta blockers, ACE inhibitors, NSAIDS, and the withdrawal of corticosteroids.

**METABOLIC FACTORS:** The early onset of psoriasis in the women, with a peak around puberty, changes during pregnancy and provocation of psoriasis by high dose estrogen therapy potentially indicate a role for hormonal factors in the disease, hypocalcaemia, has been reported to occur in severe forms of psoriasis, particularly generalised pustular psoriasis.

**PSYCHOGENIC FACTORS:** Considerable clinical evidence exists for the role of psychogenic factors in onset and exacerbation of disease. Seville reported consistent links between major stressful life events and disease manifestation and more exacerbations and worsening of disease related with stress reactivity.

**ALCOHOL AND SMOKING:** It has long been suspected that both cigarettes and alcohol have a detrimental effect on psoriasis. This effect seems greater in men than women. Heavy drinkers tend to have more extensive and inflamed disease. Increased alcohol consumption is a recognized stress response. Excess drinking is undoubtedly also a consequence of disease and leads to treatment resistance and reduces therapeutic compliance.

**WEATHER:** Winter tends to be the most challenging season for people living with psoriasis. Numerous studies indicate cold weather is a common trigger for many people and that hot and sunny climates appear to clear the skin. Cold winter weather is dry, and indoor heat robs the skin of needed moisture. This usually worsens psoriasis. Psoriasis can become

even more severe when the stress of the holidays and winter illnesses combine to compromise immune system. While hot and sunny may help clear psoriasis, air-conditioning can dry out the skin and aggravate psoriasis. [3-11]

## **TYPES AND CLINICAL FEATURES OF PSORIASIS:**

- **PLAQUE PSORIASIS:** The most common form, plaque psoriasis causes dry, raised, red skin lesions (plaques) covered with silvery scales. The plaques might be itchy or painful and there may be few or many. They can occur anywhere on your body, including your genitals and the soft tissue inside your mouth. [12,13]
- **SCALP PSORIASIS:** It is most commonly seen in 60% of patients. Typically, easily palpable, erythematous scaly plaques within the hair-bearing scalp and there is clear demarcations at or beyond the hair margin. Occipital is common. [12,13]
- **NAIL PSORIASIS:** Psoriasis can affect fingernails and toenails, causing pitting, abnormal nail growth and discoloration. Psoriatic nails might loosen and separate from the nail bed (onycholysis). Severe cases may cause the nail to crumble. [12]
- **PALMOPLANTAR PSORIASIS:** It involves symmetrical distribution of main features in the palm of hands and soles of the feet.

This is not a very common form of Psoriasis, the lesions are very thick and dry which crack and bleed easily. Palmoplantar psoriasis affects routine activities badly since it imparts difficulty in walking and household work. It is believed that 10-25% of people with

palmoplantar psoriasis turned to chronic plaque psoriasis. [13]

- **GUTTATE PSORIASIS:** This type primarily affects young adults and children. It's usually triggered by a bacterial infection such as streptococcal throat. It's marked by small, water-drop-shaped, scaling lesions on your trunk, arms, legs and scalp.

The lesions are covered by a fine scale and aren't as thick as typical plaques are. You may have a single outbreak that goes away on its own, or you may have repeated episodes. [12-13]

- **INVERSE PSORIASIS:** This mainly affects the skin in the armpits, in the groin, under the breasts and around the genitals. Inverse psoriasis causes smooth patches of red, inflamed skin that worsen with friction and sweating. Fungal infections may trigger this type of psoriasis. [13]
- **PUSTULAR PSORIASIS:** This uncommon form of psoriasis can occur in widespread patches (generalized pustular psoriasis) or in smaller areas on your hands, feet or fingertips.

It generally develops quickly, with pus-filled blisters appearing just hours after your skin becomes red and tender. The blisters may come and go frequently. Generalized pustular psoriasis can also cause fever, chills, severe itching and diarrhoea. [12,13]

- **ERYTHRODERMIC PSORIASIS:** The least common type of psoriasis, erythrodermic psoriasis can cover your entire body with a red, peeling rash that can itch or burn intensely. [13]
- **PSORIATIC ARTHRITIS:** Psoriatic arthritis

causes swollen, painful joints that are typical of arthritis. Sometimes the joint symptoms are the first or only symptom or sign of psoriasis. And at times only nail changes are seen. Symptoms range from mild to severe, and psoriatic arthritis can affect any joint. It can cause stiffness and progressive joint damage that in the most serious cases may lead to permanent joint damage. [13]

### COMMON SIGNS and SYMPTOMS:

Common signs and symptoms include:

- Red patches of skin covered with thick, silvery scales
- Small scaling spots (commonly seen in children)
- Dry, cracked skin that may bleed
- Itching, burning or soreness
- Thickened, pitted or ridged nails
- Swollen and stiff joints.[13]

### DIAGNOSIS:

The major manifestation of psoriasis is chronic inflammation of the skin. It is characterised by disfiguring, scaling, and erythematous plaques that may be painful or often severely pruritic and may cause significant quality of life issues.[14]

Psoriatic plaques typically have a dry, thin, silvery white scales, often modified by regional anatomic differences, and tend to be symmetrically distributed over the body.[14]

The patient may be asymptomatic; however, some patients may have lesions with severe itching. They may tend to worsen during winters and improve or even clear in summers.

Spontaneous remission and relapses at variable intervals is frequent.<sup>[15]</sup>

### **Physical examination:**

**GRATTAGE TEST:** when an attempt is made to scrap the psoriasis plaque, it becomes silvery. On further scraping a thin membrane of skin comes out resulting into multiple pin point bleeding spots. This is known as **auspitz sign** and the whole process is called grattage test.<sup>[15]</sup>

### **CLINICAL EVALUATION:**

For people with any type of psoriasis assess:

- Disease severity
- The impact of disease on physical, psychological and social wellbeing
- Whether they have psoriatic arthritis
- Presence of comorbidities.<sup>[16]</sup>

### **Assess the severity and impact of any type of psoriasis:**

- At first presentation.
- Before referral for specialist advice and at each referral point in the treatment.
- Pathway to evaluate the usefulness of interventions.<sup>[16]</sup>

### **When assessing the disease severity, record:**

- Physician's Global Assessment
- Patient's assessment of current disease severity
- Body surface area (BSA) affected
- Any involvement of nails, high-impact and difficult-to-treat sites (for example, the face, scalp, palms, soles, flexures and genitals)
- Any systemic upset such as fever and malaise.<sup>[16]</sup>

### **INVESTIGATIONS:**

In case where there is diagnostic uncertainty, skin biopsy is conducted to confirm the diagnosis of psoriasis.

### **CO-MORBIDITIES:**

- Psoriasis may be an independent risk factor for myocardial infarction with the greatest relative risk for young patients with severe disease.
- Several studies have shown an association between severity of psoriasis and obesity
- Patients with psoriasis have an increased risk of metabolic syndrome and its individual components.
- Psoriasis and psoriatic arthritis affect all aspects of quality of life with potentially profound psychosocial implications. Long term psychological distress can lead to depression and anxiety. Psoriasis may be associated with increased smoking and alcohol consumption.<sup>[17]</sup>

### **ASSESSMENT AND EVALUATION:**

- Psoriasis area and severity index.
- Nail psoriasis severity index.
- Dermatology life quality index (DLQI) for adults or children's dermatology life quality index (CDLQI) for children and young people.<sup>[12]</sup>

### **SOME RUBRICS IN THE KENT'S REPERTORY WHICH HAS BEEN TAKEN FOR THE PSORIASIS REFERENCES ARE**

#### **SKIN CHAPTER:**

SKIN-ERUPTIONS-PSORIASIS  
SKIN-ERUPTIONS-PSORIASIS-DIFFUSA  
SKIN-ERUPTIONS-PSORIASIS-INVERTERATA  
SKIN-ERUPTIONS-PSORIASIS-SYPHILITIC  
SKIN-ERUPTIONS-PUSTULES  
SKIN-ERUPTIONS-SCALY-WHITE  
SKIN-ERUPTIONS-ITCHING  
SKIN-ERUPTIONS-BURNING

SKIN-ERUPTIONS-BLEEDING  
SKIN-ERUPTIONS-CRUSTY-DRY  
SKIN-ERUPTIONS-DRY  
SKIN-ERUPTIONS-DRY-BLEEDING  
AFTER SCRATCHING  
SKIN-ERUPTIONS-PAINFUL  
SKIN-ITCHING-VIOLENT  
SKIN-ITCHING-VOLUPTUOUS<sup>[18]</sup>

### **HOMOEOPATHIC THERAPEUTICS**

- ***Arsenicum album* –for silver scales**

The chief indicator for using *Arsenicum album* is the presence of dry, rough, red papular eruptions with scales on it. The scales are silver coloured. The eruptions cover most parts of the body, except face and hands.

The eruptions spread rapidly and are accompanied by itching. Cold worsens the itching in most cases, while warmth seems to relieve it. Pain on the affected skin arises after scratching the eruptions. Bleeding spots also appear on the skin following scratching. Restlessness is another symptom that may be present. Yet another symptom is marked anxiety that accompanies itchy eruptions.

*Arsenicum album* also works well in cases of guttate Psoriasis. In guttate Psoriasis, small rose-coloured spots with scales appear. <sup>[19-20]</sup>

- ***Graphites naturalis* – for cracked skin**

Patches of sore, dry, rough skin with scales. An inclination to develop cracks on the surface may also be there. Following scratching, stickiness on the skin may appear.

*Graphites naturalis* is also useful for cases of scalp psoriasis. In such cases, eruptions with scales appear on the scalp. The scalp may be sore to touch, with distressing itching. One may also feel a burning sensation on the top of

the head. Eruptions on the scalp can also spread behind the ears. In cases of nail Psoriasis, the characteristic features are rough, thick and deformed nails. <sup>[19-20]</sup>

- ***Sulphur* – For intense itching and burning**

*Sulphur* helps in cases with severe itching and burning in the psoriatic skin lesions. A violent itching attends, and the person goes on scratching the skin until it bleeds. A burning sensation follows scratching. The itching is wandering, and changes place frequently. The skin is rough, scaly and gets painful after rubbing as if denuded. The symptoms tend to get worse in the evening and at night, when in bed. Sleep is disturbed because of the itching and burning sensation. Other accompanying symptoms are pricking, biting and sticking sensation in the eruptions. *Sulphur* is also a remedy for skin ailments with a history of excessive use of ointments in the past. <sup>[19-20]</sup>

- ***Sepia succus* – for large oval lesions**

Psoriasis characterised by the presence of big oval lesions on the skin. The lesions are reddish papules and are isolated. There are shiny, whitish and adhesive scales present on the papules. Itching arises in the eruptions. On scratching, a burning sensation on the skin follows. The eruptions are present over the face, chest, back, arms and legs. In the case of limbs, the extensor surfaces are mostly involved. <sup>[19-20]</sup>

- ***Phosphorus* – for knees and elbows**

*Phosphorus* works wonders in cases of psoriasis that affects knees and elbows. The skin of elbows and knees is

covered with dry, scaly eruptions. Itching appears in the eruptions. In the majority of cases, the itching is worse in heat. Other accompanying features are a burning and stinging sensation in the eruptions. [19-20]

- **Lycopodium clavatum – for the hands**

*Lycopodium clavatum* works well for Psoriasis that affects the hands (including fingers). The eruptions are reddish with furfuraceous looks. Bleeding often arises in eruptions, usually accompanied by a sensation of heat in the hands. Palms are excessively dry and fissures may

appear on the hands. Burning in the lesions is well marked. [19-20]

- **Rhus toxicodendron – for joint pain**

*Rhus toxicodendron* works well where joints are involved. Any of the joints may be affected. The affected joints are very painful and stiff. The pain is worse when at rest and after periods of inactivity, and better after movement. The pain and stiffness are, therefore, worse in the morning. Exposure to cold air also makes the pain worse [19-20]

## CASE PRESENTATION

Mr. X of age 46 came with the complaints of violent itching in right elbow+++ , falling of large white scales while scratching, eruptions covered with white scales in right elbow, burning sensation present++, bleeds after scratching. When the patient thinks about his complaints aggravates the complaints, the patient is irritable, anxiety about future. Complaints of fatigue and general weakness in the body.

### Physical generals :

Patient has a good appetite of having three meals per day with an average thirst of 1 to 1.5 litres of water per day. Patient had desire for sweets +++, Aversion to milk. Bowel habits were regular once a day without no discomfort. Passed urine 4-5 times per day. Sleep was disturbed.

### Analysis and evaluation of symptoms:

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
<ul style="list-style-type: none"> <li>▪ Irritable</li> <li>▪ Anxiety about future+</li> <li>▪ Thinking about his complaints aggravates++</li> </ul>	<ul style="list-style-type: none"> <li>▪ Desire for sweets+++</li> <li>▪ Aversion to milk</li> <li>▪ Sleep disturbed++</li> </ul>	<ul style="list-style-type: none"> <li>▪ Violent itching in right elbow+++</li> <li>▪ Eruptions covered with white scales in right elbow</li> <li>▪ Falling of large white scales while scratching</li> <li>▪ Bleeds after scratching</li> <li>▪ Burning sensation in eruptions++</li> </ul>

### Prescription:

## Sulphur 200 /1 dose/(1-0-0)

(burning sensation, desires sweet, bleeding after scratching, reddish eruptions) [19]

(Potency and dosage – twelfth to thirtieth, higher and infrequent dosage)

**Placebo (4-0-4) /15 days.**

## REPERTORIAL RESULT:[21]

The screenshot shows the Homeopathic Repertory software interface. The search criteria are 'Speed Case' with 11 symptoms recorded. The results table shows the following data:

Remedy Name	Sulph	Calc	Ars	Graph	Bry	Nux-v	Lach	Sep	Lyc	Nat-c	Phos	Rhus
<b>Totally</b>	20	18	16	16	15	14	14	13	13	13	13	13
<b>Symptoms Covered</b>	8	8	8	7	7	8	7	7	6	6	6	5
<b>Kingdom</b>												
[Kent] [Mind]Anxiety:Future,about: (68)	1	3		2	3	2	2			2	3	2
[Kent] [Mind]Irritability (see anger): (245)	3	3	2	3	3	2	3	3	3	3	3	3
[Kent] [Mind]Thinking:Complaints,of,Agg: (44)		1	1	1	1	2	2	1			1	
[Kent] [Stomach]Desires:Sweets: (36)	3	2	1		2	1		2	3	2		2
[Kent] [Stomach]Aversion:Milk: (30)	2	2			2	1		2		3	1	
[Kent] [Sleep]Disturbed: (42)	3		2	3				1				
[Kent] [Skin]Itching:Violent: (7)							1					
[Kent] [Skin]Eruptions:Burning: (99)	2	2	3	3	2	2	2	1	2	1	2	3
[Kent] [Skin]Eruptions:Bleeding:After scratching: (15)	3	2	2			1	2		2			
[Kent] [Skin]Eruptions:Scaly:White: (7)			2	1					1			
[Kent] [Generalities]Weakness,enervation (see lassitude,weariness): (...)	3	3	3	3	2	2	3	3	2	2	3	3

## Follow up:

S.NO	SYMPTOMS	PRESCRIPTION
1.	Patient felt slightly better, itching slightly reduced, burning sensation reduced.	Placebo (3-0-3)/ 15 days, AF
2.	Patient feels better, irritability reduced, itching reduced, falling of scales while scratching reduced, sleep improved.	Sulphur 200/ 1 dose (1-0-0)BF (Even correctly chosen medicine with action of long duration needs to be repeated to achieve success-§ 248)[22] Placebo (3-0-3) AF/ 15 days
3.	Patient feels better itching reduced, bleeding after scratching relieved, eruptions covered with white scales slightly reduced.	Placebo (3-0-3) AF/ 15 days
4.	Patient feels better with all complaints, eruptions are getting healed.	Placebo (3-0-3)/15 days, AF

### Before treatment:



### After treatment:



### **CONCLUSION:**

Homoeopathy is one of the most popular holistic systems of medicine. The selection of remedy is based upon the theory of individualisation and symptoms similarity by using holistic approach.

Homoeopathic medicine helps in removing the cause and triggering factor and reverses skin multiplication back to 1:2. The patient started homoeopathic medicines and within a month scaling stopped and no new patch appeared. Within 3 months, all the patches disappeared, scaling was nil and itching was minimal.

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