

Homoeopathy in plantar psoriasis: An evidence-based case report

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Abstract

Introduction: Plantar psoriasis is a variant of psoriasis and accounts for 3–4% of total cases of psoriasis. Psoriasis, an autoimmune and chronic inflammatory disease of the skin, can leave the patient in agony with its distressing infection episodes. The homoeopathic system of medicine offers a wide range of medicines that can have a beneficial role in managing cases of psoriasis as depicted in the previous studies. **Case summary:** A distinct case of plantar psoriasis treated with homoeopathic remedies of ultra-high dilution has been presented here. The evidence-based illustrations were done before and after the treatment and the periodical objective assessment of the lesions with psoriasis area and severity index (PASI) calculation to ascertain the prognosis. The causal attribution of outcome to the treatment was evaluated using Modified Naranjo Criteria for Homoeopathy (MONARCH) tool. Marked improvement was found in the psoriatic lesions evidenced photographically and the PASI scores showed significant reduction affirming the same. The MONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment. This evidence-based case report suggests a beneficial role of homoeopathy in the treatment of plantar psoriasis.

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.^[2,6] 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.^[7-9] 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

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thickening of the nails.^[2] 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.^[2] 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 super-potent topical corticosteroids. However, most patients require systemic agents given the obstinate 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*, *Natrum 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 thirstless 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, 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 30th 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

Remedy Name	Puls	Phos	Calc	Sulph	Lyc	Hil-acc	Hes-r	Sil	Hai-m	Tab	Arg-n	Ph-ac
Totality	23	21	17	17	17	16	15	15	14	14	14	14
Symptom Covered	11	11	10	10	8	9	11	11	11	10	9	7
[C] [Mind]Timid;Bashful:	3	1	2	2		1	1	1	1	1	1	
[C] [Mind]QuietDisposition:	1		1			1		1	1	1	1	3
[C] [Mind]Yielding disposition:	3	1			3		2	1	1			1
[C] [Mind]Fear Dark:	2	2	2	1	2		1	1	1	1	1	
[C] [Mind]Fear Alone, of being:	2	3	1		3	1	1	1	1	1	3	
[C] [Mind]Dullness, sluggishness, difficulty of thinking and comprehending:	3	3	3	3	3	2	2	3	3	3	3	3
[C] [Generalities]Food and drinks Spices, condiments, piquant, highly seasoned food.Desires:	2	3		3	1	1	2		1	1	1	1
[C] [Generalities]Food and drinks Meat.Desires:		1	1	2		3	2	1	1	2	1	
[C] [Stomach]Thirstlessness:	3	1	1	1	2	2	1	1	1		2	3
[C] [Extremities]Perspiration.Foot Sole:	2		2	2		3		3	2	1		
[C] [Chest]Perspiration:	1	3	3	1	2	1	1	1	1	1	1	2
[C] [Extremities]Eruptions Psoriasis Foot, sole of:		2										
[C] [Skin]Itching Undressing agg.:	1	1		1		2	1	1		2		1
[C] [Skin]Itching.Morning:			1	1								
Symptoms	14											
Remedies	492											

Figure 1: Repertorisation chart

Table 1: Timeline

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.	<i>Merc sol 200</i> 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.	<i>Merc sol 1M</i> 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.	<i>Merc sol 10M</i> 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.	<i>Merc sol 10M</i> 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 <i>Materia Medica</i> .	<i>Pulsatilla 30</i> 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.	<i>Pulsatilla 200</i> 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.	<i>Merc sol 10M</i> 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 <i>Merc sol</i> 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, <i>Psorinum</i> was prescribed as an intercurrent remedy.	<i>Psorinum 1M</i> 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, <i>Psorinum</i> 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, Saclac was given.	
20 November 2017	Dryness of skin and cracks decreased in severity. The itching is still present.	<i>Psorinum 1M</i> 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 reportorial totality is repeated.	<i>Pulsatilla 200</i> 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.	<i>Pulsatilla 1M</i> 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 1: (Continued)

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

PASI: Psoriasis area and severity index

Table 2: Modified Naranjo criteria

Modified Naranjo algorithm	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-	-
3. Was there a homeopathic aggravation of symptoms?	-	-	0
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)?	+1	-	-
5. Did overall well-being improve? (use <i>Eq-5D-5L</i>)	+1	-	-
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
6 (B) <i>Direction of cure</i> : Did at least one of the following aspects apply to the order of improvement of symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?	-	-	0
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?	-	-	0
8. Are there alternative causes (i.e., other than the medicine) that –with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-	+1	-
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Total			9



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

a journey and walking on bare feet, which acted as an exciting cause to trigger the acute exacerbation of the lesions. At that time, based on the acute totality, *Merc sol* was again repeated with relief of lesions. At this point, the case was reassessed and *Pulsatilla* still seemed to be indicated based on the available totality. Considering the lack of improvement even

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 homeopathic treatment, there was an improvement in the local symptoms as well as the general



Figure 3: (a-d) Plantar lesions after the treatment

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 asiatica*, *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.

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L'homéopathie dans le psoriasis plantaire: Un rapport de cas fondé sur des preuves

Introduction: Le psoriasis plantaire est une variante du psoriasis et représente 3 à 4 % du total des 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'infection 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 l'outil 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.

Homöopathie bei plantarer Psoriasis: Ein evidenzbasierter Fallbericht

Einleitung: Die Plantar-Psoriasis ist eine Variante der Psoriasis und macht 3-4 % aller Psoriasis-Fälle aus. Die Schuppenflechte, eine autoimmune und chronisch entzündliche Erkrankung der Haut, kann den Patienten mit ihren quälenden Infektionsschüben in Qualen versetzen. Das homöopathische Medizinsystem bietet eine breite Palette von Arzneimitteln, die bei der Behandlung von Psoriasis-Fällen eine nützliche Rolle spielen können, wie in den vorangegangenen Studien gezeigt wurde. **Zusammenfassung des Falls:** Hier wird ein eindeutiger Fall von Plantar-Psoriasis vorgestellt, der mit homöopathischen Mitteln in ultrahoher 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) Berechnung 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 deutet auf eine positive Rolle der Homöopathie bei der Behandlung von Plantar-Psoriasis hin.

प्लांटर सोरायसिस में होम्योपैथी: एक साक्ष्य आधारित विषय रिपोर्ट

परिचय: प्लांटर सोरायसिस सोरायसिस का एक रूप है और सोरायसिस के कुल मामलों का 3-4% हिस्सा है। सोरायसिस, त्वचा की एक स्वप्रतिरक्षित (ऑटोइम्यून) और पुरानी सृजन की बीमारी है, जो रोगी को इसके संकटपूर्ण संक्रमण एपिसोड के साथ पीड़ा में डाल सकती है। होम्योपैथिक प्रणाली दवाओं की एक विस्तृत श्रेणी प्रदान करती है जिसमें पूर्व अध्ययनों के अनुसार सोरायसिस के मामलों के प्रबंधन में लाभकारी भूमिका निभा सकती है। **विषय सारांश:** अल्ट्रा-हाई डाइल्यूशन वाले होम्योपैथिक उपचार के प्लांटर सोरायसिस का एक विशिष्ट मामला यहां प्रस्तुत किया गया है। उपचार से पहले और बाद में साक्ष्य-आधारित चित्रण किए गए थे और रोग का पूर्वानुमान का पता लगाने के लिए पीएएसआई (सोरायसिस क्षेत्र और तीव्रता सूचकांक) गणना के साथ घावों का आवधिक उद्देश्य मूल्यांकन किया गया था। होम्योपैथी के संशोधित नारेजो मानदंड (एमओएनएआरसीएच) साधन का उपयोग करके उपचार के परिणाम के कारण का मूल्यांकन किया गया था। सोराटिक घावों में उल्लेखनीय सुधार फोटोग्राफिक रूप से प्रमाणित पाया गया था, और पीएएसआई स्कोर ने इसकी पुष्टि करते हुए महत्वपूर्ण कमी दिखाई। एमओएनएआरसीएच स्कोर (+9) से पता लगा कि नैदानिक सुधार होम्योपैथिक उपचार के कारण हो सकता है। यह साक्ष्य-आधारित विषय रिपोर्ट से पता चलता है कि प्लांटर सोरायसिस के उपचार में होम्योपैथी की लाभकारी भूमिका है।

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 mejoría 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.

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。