

EVALUATION OF HOMOEOPATHIC DRUGS IN PSORIASIS

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Introduction

Psoriasis is a very common skin disorder that is characterised by increased epidermal cell proliferation. In various Homoeopathic repertories (1,2,3,4,5) about 86 drugs* have been mentioned for its treatment.

The aims and objectives of this work is to evolve a group of most efficacious drugs for the treatment of psoriasis, their reliable indications, most useful potencies, repetition of doses, repertorial indices, and drug relationships.

Diagnostic features adopted for selection of cases are:

1. Chronically, recurring, papulosquamous diseases, characterised by varying-sized whitish, scaly patches.
2. Areas of predilection are scalp, extensor surface of limbs, sacral region but can involve any area of the body, including the nails.
3. In nails – classical features are pitting, hyperkeratosis, discoloration and onycholysis.
4. Eruption can develop or flare up in areas of skin injury (**Koebner's response**).
5. In well developed lesions, after removal of scales with the finger nail or glass slide, bleeding points appear (**Auspitz sign**). This test is known as **Grattage test**.
6. Subjective symptoms – only in 30% cases of psoriasis.
7. Course – Unpredictable, duration and remission varies from case to case.

Causes

Exact cause is unknown, various factors are:

1. **Genetic factors** – In 10-30% of cases, family

history of the disease is found. These persons may develop psoriasis at site of trauma, insect bite, incision or vaccination.

2. **Endocrinal** – Psoriasis becomes better during pregnancy and reappears after pregnancy. During menopause incidence of psoriasis decreases.
3. **Climatic changes** – In warm climate incidences are less and are more in winters.
4. **Drugs** – Antimalarial drugs, Lithium salts, B-blockers can cause psoriasis.
5. **Psychogenic factors** – The chances of relapses are more in patients suffering already when they become tense.

Differential diagnosis

1. **Tinea Corporis** – Single lesions, usually with healing in centre, scraping and culture positive for Fungi.
2. **Seborrhic Dermatitis** – Lesions more greasy, occurs in hairy areas; scalp lesions are often impossible to differentiate.
3. **Pityriasis Rosea** – “**Herald patch**”, acute onset. Papulosquamous, oval, erythematous discreet lesions over trunk of young adult, self-limiting course of 6 weeks.
4. **Atopic Dermatitis** – H/o allergy and patches on flexural surfaces, classical distribution.
5. **Secondary or tertiary syphilis**: – Can be psoriasiform: blood serology positive with the history of contact and primary lesion.
6. **Lichen planus** – Violaceous lesions, small papule, very little scaling, over flexor surfaces of forearm and wrist. Involves mucous membranes.

Material and Method

The Institute was allotted this project in April 1985. A total no. of **203 cases (137 males and 66 females)** were registered till 30th March 1990. All these cases were taken up in detail on standard case taking

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* These drugs are mentioned at the end of the paper.

proforma, all relevant points for **disease diagnosis, patient diagnosis, miasmatic predominance, and precipitating factors** were noted. All the cases were repertorised by **Kishore cards or Lamnia programme** and final selection of the remedy was made according to the merit of the individual case. Different drugs and potencies were used as and when guided by the symptoms of the patient. No medicated external application was advised, however coconut oil or vaseline was allowed in few cases as emollient. Data pertaining to these cases is as follows:

AGE INCIDENCE

Minimum : 5 yrs.
Maximum : 67 yrs.

Age Groups	Total no. of cases
1 day to under 10 years	5
10 years to under 20 years	20
21 years to under 30 years	49
31 years to under 40 years	42
41 years to under 50 years	40
51 years to under 60 years	40
60 years and above	7

CLINICAL TYPES

1. **Psoriasis vulgaris** 190
(Commonest type with the classical manifestations of Psoriasis).
2. **Guttate psoriasis** 2
(Acute form of psoriasis, characterised by water drop i.e. 2 to 5 mm in diameter, like lesions, this type usually occurs in children and young people after infection).
3. **Psoriatic arthritis** 4
(Characterised by inflammatory involvement of the terminal interphalangeal joints, sacroiliac joints and other joints of the body with typical skin lesions).
4. **Pustular psoriasis** 1
(Characterised by "Lakes of pus" periungually, on the palms and in psoriatic plaques, usually associated with severe constitutional symptoms)
5. **Lupoid psoriasis** 1
(Characterised by thick heaped up crusty lesions).
6. **Erythrodermic psoriasis** 5
(In chronic widespread cases of long duration, a universal psoriatic erythroderma may develop. It may occur after infection or development of sensitivity to medications).

BASIS OF DIAGNOSIS

	Number of cases
1. Clinical signs and symptoms	155
2. Skin biopsy	50

[**Histology** – Accelerated epidermopoiesis has been considered to be the fundamental pathologic process. There is regular epidermal hyperplasia with widened test tube shaped rete ridges. There is

atrophy over dermal papillae. Granular layer is thin or absent with overlying parakeratosis]

DURATION OF COMPLAINTS

Minimum : 6 months
Maximum : 40 years

Groups	Number of cases
1 day to less than 1 year	29
1 year to less than 2 years	17
2 years to less than 5 years	67
5 years to less than 10 years	42
10 years to less than 15 years	19
15 years to less than 20 years	17
20 years and above	12

INTENSITY OF COMPLAINTS

1. Mild 28
(Involvement of skin lesions is less than 25% of body surface)
2. Moderate 139
(Involvement of skin lesions is between 25% to 75%)
3. Severe 36
(Involvement of skin lesions is above 75% of body surface or cases with arthritis or pustular lesions, or nail involvement)

AETIOLOGICAL FACTORS

Miasmatic	No. of cases
1. Psora	104
2. Sycosis	79
3. Syphilis	11
4. Pseudopsora	9

Predisposing factors	No. of cases
1. Hereditary	27
2. Season	
1. Winter	85
2. Rainy	10
3. Change of season	13
[Hot to cold, cold to hot]	
3. Mental traumas	10
4. Infection	1

BASIS OF PRESCRIPTION

	No. of cases given	No. of cases found effective
1. Repertorial totality	104	86
2. Presenting complaints	45	34
3. Mental Generals	31	27
4. Miasmatic	23	13

DRUG THERAPY	No. of cases given	No. of cases found effective	Drug Therapy	No. of cases given	No. of cases found effective
1. Sulphur		48			31
	6	10		30	15
	30	36		200	15
	200	40		1M	06
	1M	25			
	10M	34			
	50M	10			
	LM	01			
2. Lycopodium		24			17
	30	10			
	200	22			
	1M	20			
	10M	12			
	50M	10			
	CM	02			
	LM	05			
3. Calcarea carbonicum		21			13
	30	08			
	200	14			
	1M	18			
	10M	12			
	50M	10			
	CM	04			
	LM	02			
4. Natrum muriaticum		19			12
	30	09			
	200	16			
	1M	12			
	10M	04			
	50M	01			
5. Sepia		19			12
	30	06			
	200	19			
	1M	10			
	10M	07			
	50M	03			
	CM	02			
6. Nux vomica		15			11
	30	08			
	200	15			
	1M	12			
	10M	10			
	50M	09			
CM	06				
7. Petroleum		16			11
	6	04			02
8. Opium					
9. Kali arsenicum					
10. Mercurius solubilis					
11. Psorinum					
12. Ignatia					
13. Thyroidinum					
14. Arsenicum album					

Drug Therapy		No. of cases given	No. of cases found effective	Drug Therapy		No. of cases given	No. of cases found effective
15. Bryonia alba		03	03	24. Graphites		04	01
	30	01	01		6	02	01
	200	03	03		30	04	01
	1M	03	03		CM	01	01
	10M	02	02	25. Rhus tox		06	02
	50M	02	02		30	06	02
16. Tuberculinum		06	05		200	04	01
	1M	06	05		1M	01	01
	CM	02	02		10M	01	01
17. Hydrocotyle		06	05		LM12	01	01
	6	02	02	26. Causticum		03	02
	30	06	05		30	02	02
	200	03	02		200	01	—
18. Syphilinum		08	02	27. Arnica		02	02
	200	04	01		30	01	—
	1M	04	02		200	02	02
	10M	01	—	28. Antimonium crudum		03	02
	50M	01	—		30	02	01
19. Kali sulphuricum		05	02		200	02	02
	6	01	—		1M	01	01
	30	05	02		10M	01	01
	200	01	01	29. X-Ray		02	02
	1M	01	01		200	01	01
20. Phosphorus		04	02		1M	01	01
	200	03	01	30. Manganum aceticum		02	01
	1M	01	01		30	01	—
	10M	01	—		200	01	01
21. Thuja		03	02		1M	01	01
	200	02	02	31. Cocculus indicus		03	02
	1M	02	02		30	03	02
	10M	02	02		200	03	02
	50M	01	01	32. Calcarea flouricum		01	01
	CM	01	—		1M	01	01
22. Silicea		04	02		10M	01	01
	200	04	02	33. Belladonna		02	01
	1M	03	02		30	01	01
	10M	01	—		1M	01	01
	50M	01	—		10M	01	01
	CM	01	—		50M	01	01
23. Pulsatilla		04	02	34. Sarsaparilla		01	01
	30	03	03		30	01	—
	200	03	02		200	01	—
	1M	03	02	35. Cina		30	01
	10M	02	02		200	01	01
	50M	01	01				

36. Baryta carbonicum	10M	01	01
	50M	01	01
37. Kali bromatum	30	01	—
	200	01	—
	1M	01	—
		01	01
38. Aurum metallicum	200	01	01
		03	—
39. Phytolacca	30	02	—
	200	03	—
	1M	01	—
		01	01
40. Stramonium	200	01	01
	1M	01	01
		01	01

DURATION OF TREATMENT

	No. of cases
1 day to 1 year	129
1 year to 2 years	48
2 yers to 3 years	14
3 years to 4 years	8
4 years to 5 years	4

ASSESSMENT OF PROGRESS

Being an unpredictable course it is difficult to formulate a definite assessment criteria. The cases were assessed in terms of their presenting complaints, i.e. itching, erythema, scaling, thickening etc. and their recurrence in subsequent years. For uniformity criteria adopted is as follows.

1. Improvement

1.1 Marked :75% or above relief in subjective and objective symptoms with marked relief in general condition.

Or

25% or less recurrence in subjective and objective symptoms in subsequent years.

1.2 Moderate: 50-75% relief in subjective and objective symptoms with marked relief in general condition.

Or

25 to 50% recurrence in subjective and objective symptoms in subsequent years.

1.3 Mild: less than 50% relief in subjective and objective symptoms with some relief in general condition.

Or

50% or more recurrence in subjective and objective symptoms in subsequent years.

- No improvement**: No response after 12 months of follow up.
- Worse**: Aggravation of subjective and objective symptoms.
- Not reported**: The patient does not report back after first, second or third visit.
- Dropped out**: The patient does not fulfil the requirement of the project under study.
Or
Attending physician does not want to keep the patient under study due to any valid reason.
- Under observation**: The complaints of the patient are fluctuating.
Or
The patient reported at the end of reporting period of progress of project under study.

Results

RESPONSE OF DRUG THERAPY

Improvement indices

Not reported	39
Dropped out	3
Reporting cases	161
Improved	140
1. Markedly	40
2. Moderately	45
3. Mild	55
Not improved	19
Worse	2

Recurrence of complaints during and after treatment

Total no. of cases followed up for more than 1 year—74 cases

1. No recurrence	8
2. Recurrence with	
1. less intensity	53
2. same intensity	11
3. increased intensity	2

Reliable indications/Repertorial Indicis of drugs found useful

Name of drug	Indications/Repertorial indicis
1. Sulphur	Doubtful of recovery Embarrassed, ailments after Indifferent to personal appearance Delusion getting thin Hot patient Appetite at 11 A.M. Burning soles Eruptions psoriasis Eruptions < winter

2. Lycopodium	Frown disposed to Anger from contradiction Dictatorial Power, love of Weakness of memory Hot patient Desire warm drinks Eruptions psoriasis Heartburn/Flatulence	10. Psorinum	Despair, itching from As intercurrent remedy Lack of vital heat
3. Calcarea carbonicum	Indifferent about recovery Sensitive, cruelties, when hearing of	11. Ignatia	Eruptions psoriasis Grief, undemonstrative Irritable, pains, during Disconcerted Secretive
4. Natrum muriaticum	Absorbed as to what would become of him	12. Thyroidinum	Psoriasis with obesity Psoriasis with arthritis
5. Sepia	Anger from contradiction Company aversion to; avoids the sight of people' and lies with closed eyes Cares, domestic affairs about Indifferent to relations Weakness of memory Lack of vital heat Profuse perspiration Eruptions psoriasis Eruptions < winter	13. Arsenic album	Fastidious Anxiety, pains, from the Anxiety, others for Bleeding, scratching after Burning amel. warmth
6. Nux vomica	Frown disposed to Longing for repose and tranquility for Carefulness Anger interruption from Stools—unsatisfactory, mucoid Itching eruptions	14. Tuberculinum	As intercurrent remedy Tendency to catch cold Eruptions psoriasis Past/Family history of tuberculosis
7. Petroleum	Itching and burning Skin cracks, painful, bleeding Eruptions psoriasis Eruptions < winter	15. Hydrocotyle	Eruptions psoriasis Thickening of skin
8. Opium	Lack of reaction Embarrassed ailments after Indignation, general discomfort Indifferent to suffering Fear, extravagance of Constipation [Inactivity of rectum]		
9. Kali arsenicum	Eruptions psoriasis Itching < undressing Respiratory symptoms		

Discussion

In the present study, since no patients were kept as controls for assessment, possibility of spontaneous recovery due to seasonal variation of the disease cannot be ruled out. Control trials in psoriasis are difficult due to following reasons:

i) Unpredictable course.

ii) Duration of remissions and exacerbations is too long.

However in this study effectivity of the drugs is judged by prescribing on totality, presenting complaints, and recurrence of the disease in subsequent years. The results of the study can be summarised as follows—

Inheritance – About 13% cases were having positive family history of Psoriasis.

Seasonal variation – The commonest aggravating season was **winter (42%)**

A few cases reported aggravation in rainy (5%) and every change of season (6%).

Miasmatic analysis – The predominating miasms in most of the cases were Psora (51%) and Sycosis (39%).

Basis of prescription – Various methods of prescribing were tried, all have given a satisfactory response, prescribing on mental generals (87%) has given an edge over

other methods applied i.e. Repertorial totality (83%), Presenting complaints (76%) and Miasmatic (56%).

Most Effective drugs – Drugs found effective in 5 cases or more than 5 cases were considered as effective drugs, these are further graded according to their % of usefulness. Drugs given below in capital letters were found effective in more than 75% of cases treated:

ARS ALB., Calc. carb., HYDROCOTYLE, IGNATIA, Kali ars., Lycopodium, Nat mur., Nux vom., Opium, Petroleum, Psorinum, Sepia, Sulphur, Thyroidinum, TUBERCULINUM.

Their reliable potencies and indications have already been given in the paper.

Improvement indices – The cases under homoeopathic treatment have shown satisfactory response. 21% cases defaulted treatment, among remaining 79% of reporting cases 69% cases reported improvement, 9% cases showed no improvement, and 1% cases reported aggravation:

Out of improved cases 29% cases showed marked improvement, 32% moderate, and 39% mild improvement respectively.

Recurrence – Out of 161 reporting cases, 74 were followed for more than 1 year, 8 cases (10%) showed no recurrence in the preceding year, 53 cases (72%) showed recurrence with less intensity, 11 cases (15%) with same intensity and 2 cases (3%) with increased intensity.

***PSORIASIS**

Agar., Alum., Am-c., **AM-M.**, Ant-c., Ant-t., **ARS.**,

ARS-I., Aster., AUR., Aur-m-n., Berb-aq., **Bor.,** Bry., Bufo, **Calc., Calc-s., Canth., Carb-ac., Caust., Chin., Chrysar.,** Cic., **Clem.,** Cor-r., Coral., Cupr., Cupr-a., Dulc., Fl-ac., **GRAPH.,** Hep., Hydr., Hyo., Iod., **Ir-v., Kali-ar.,** Kali-br., **Kali-c.,** Kali-p., **Kali-s., LED., Lob., LYC., MAG-C., Mang., MER-V., Merc.,** Merc-aur., Merc-c., **Merc-i-r., Mez.,** Mur-ac., Nat-a., Nat-m., **Nit-a.,** Nit-m-ac., Nuph., **OLND., Petr.,** Ph-ac., **Phos., PHYT.,** Plantanus, **Psor., Puls.,** Rad., **Ran-b., Rhus-t., Sarr., Sars., SEP., Sil.,** Staph., Stellar., Strych-ars., Strych-p., **SULPH.,** Tell., Terb., Teuc., Thuj., **Thyr.,** Tub., Ustil.

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