

## Palmoplantar Psoriasis Treated Successfully with Individualized Homeopathic Medicines – Case Series

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### ABSTRACT:

Palmoplantar psoriasis is a chronic inflammatory skin disease that affects the palmar and plantar surface of the body and causes itching, burning, scaly, plaque formation, cracking, and bleeding of the skin. The emergence of Palmoplantar psoriasis is a matter of threat not only because of its unknown etiology but also its increased association with lifestyle disorders and because there is no cure for this condition till date by the conventional therapeutic methods. Day by day it is hampering the quality of the socio-personal life of the patients. Misuse of anti-itch creams, ointments, and steroidal therapies is increasing the burden of the disease, still, there is almost no evidence of reduced impact of the disease. The triggering factors such as environmental changes, stress, and emotional health disturbances are creating the increased chances of co-morbidities. This case series shows five different diagnosed cases of Palmoplantar Psoriasis which were treated in the Outpatient departments. All the five mentioned cases were treated and recovered with individualized *Homoeopathic* treatment without recurrence and further complications. Clinically, the improvement of the quality of life of each patient was assessed by the Palmoplantar quality-of-life instrument score. This evidence directs towards a positive outcome of using the *Homoeopathic* medicines alone in the treatment of Palmoplantar Psoriasis and the ideas of individualization form the rising ground of future medical guidelines.

**KEYWORDS:** Homeopathy, Individualization, Palmoplantar psoriasis, Psoriasis, Quality of life.

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### INTRODUCTION:

Psoriasis is a persistent inflammatory skin condition with a robust genetic foundation, defined by intricate changes in epidermal growth and differentiation, along with numerous biochemical, immunologic, and

vascular abnormalities.<sup>[1]</sup> Palmoplantar psoriasis (PPP) is a chronic variant of psoriasis that localizes on the skin of the palms and soles and produces significant functional disability. The morphologies of PPP can range from hyperkeratotic or



plaque variant to pustular variant and sometimes it also shows the overlapping or mixed type. [2] It causes areas of raised, thickened, and discolored skin and can lead to pain, bleeding, and cracking of the skin.[3] The lesions of PPP are typically bilaterally symmetrical, although unilateral involvement may be seen. The prevalence of PPP in psoriasis patients varies from 2.8% to 40.9%.[4] In India, the prevalence of PPP in different populations may vary from 0% to 11.8%.[3] PPP is a therapeutically very challenging condition to treat. It has a significant impact on the patient's quality of life than other variants of Psoriasis.[5] The severity assessment in these patients includes the discomfort, disability, and social impact.[6] The exact etiology of palmoplantar psoriasis is unclear. However, some studies indicate that it is caused by a combination of genetic and environmental factors.[2] It may be triggered by an injury to the skin or an infection etc. It may first occur during a period of psychosocial stress.[7] The diagnosis of palmoplantar psoriasis poses challenges due to its resemblance to eczematous dermatitis. Aydin (2007) highlighted that a crucial aspect in the differential diagnosis is the presence of vertically situated multiple foci of parakeratosis, alternating with orthokeratosis. Additionally, dermoscopic features such as white scales and a regular arrangement of dots and globular vessels have been identified as indicative of palmoplantar psoriasis.[8] PPP is characterized by bilateral and symmetrical erythematous dermatosis with thick plaques, profuse or minimal scales adherent to palms and soles. [9] It leads the patient to search for alternate therapies. *Homeopathy* is widely recognized as a popular therapeutic system, especially in India, where it holds the status of a national medical system. [10] However, the field faces a challenge due to a lack of

substantial evidence and gaps in the reporting of cases, contributing to a lower acceptance of this therapeutic approach. [11] This leads to less acceptance of this therapy. As an independent system of medicine, *Homeopathy* has ample scope to treat PPP, but there isn't enough evidence to support it. In this case series, five diagnosed cases of palmoplantar psoriasis are presented, all of which were successfully treated with Individualized *homeopathic* medicine (IHM). The Palmoplantar quality-of-life instrument was used to measure each patient's improvement in quality of life [5], which somewhat indicating a positive direction in exploring effectiveness of IHM in treating PPP.

#### CASE 1:

A male patient aged about 38 years, attended the OPD of Mahesh Bhattacharyya Homoeopathic Medical college and Hospital (MBHMC&H) on 28th May 2021 and was complaining of scaly eruptions in both palms with intense itching and burning sensation for the last 1 year (**Figure 1** and **Figure 2**). The itching was aggravating in the evening and mainly during summer. Burning was more after scratching. He went to an Allopathic Dermatologist and the case was diagnosed as Palmoplantar Psoriasis. He temporarily used some Allopathic ointment to get relief from the itching and burning. But it was of no use. He stated that the itching was ameliorated by applying warm water.

**Generals (Physical and Mental):** He had a robust appetite but could not endure hunger, experiencing headaches and irritation if he skipped a meal. His desires included milk, and milk products, bread, as well as salty and bitter foods, while harboring aversion to non-vegetarian foods. His thirst was moderate, he exhibited a moist, thickly coated, and imprinted tongue. Notably, he perspired profusely, primarily in the axillary



region, and the offensive perspiration often stained his clothes blackish. His bowel movements typically occurred early in the morning, immediately after awakening. Thermally, a hot patient, he grappled with sleep disturbances at night and experienced gastric irritabilities being both physically restless and mentally irritable.

**Analysis of the case:** After analyzing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we *repertorised* the case with Kent's *Repertory* using Zomeo Pro (**Figure 19**).

**Therapeutic intervention:** Considering the miasms and the totality of symptoms and after final consultation with *materia medica*, *Sulphur* 200, 2 doses were prescribed. On 28<sup>th</sup> May 2021, his scaly eruptions were slightly improved. But itching and burning were continued. He was followed up by a placebo for another 1 month. At the third visit on 12<sup>th</sup> July 2021, his symptoms improved a lot. On 30<sup>th</sup> July 2021, his condition became stand still and we repeated *Sulphur* 200, 2 doses, and asked him to attend the OPD after another one month. His itching, burning and the eruptions were recovered (**Figure 3** and **Figure 4**). A detailed timeline of the treatment has been discussed in **Table 1**.

#### CASE 2:

A female patient, aged about 52 years, reported on 21st June 2022 at OPD of MBHMC&H, complaining of scaly eruptions, thickening of skin, itching, and burning of both the palms for last 2 years (**Figure 5** and **6**). She stated that her complaint was getting aggravated in the winter and from cold water application while doing household work. She was taken to the allopathic Dermatologist by her family members and was diagnosed with Palmoplantar Psoriasis. She was prescribed some allopathic

medicines and creams. But after using them for the last 1 year, she got no relief. She stated that she was getting some relief from warm application and while working.

**Generals (Physical and Mental):** Her appetite was less. She had a desire for salty and sour foods, fruits, and vegetables and an aversion to warm food. She had a tendency to drink water frequently, but her thirst was less. Tongue was clean, dry, and cracked. The stool was constipated, and offensive. Perspiration was offensive, staining the clothes yellow. Sleep was disturbed at night. She was a chilly patient. She was less interactive and her family members narrated that she usually was less interested in her surroundings.

**Analysis of the case:** After analyzing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we *repertorised* the case with Kent's *Repertory* using Zomeo Pro (**Figure 20**).

**Therapeutic intervention:** After considering the miasms and totality of the symptoms and after final consultation with *materia medica*, she was prescribed *Sepia officinalis* 200, 2 doses on the first visit, followed by a placebo for one month. After 1 month, her complaints were very slightly ameliorated. We gave her a placebo for another month. After 2 months, we repeated *Sepia officinalis* 200, 2 doses by keeping her symptoms in observation, and asked her to visit after 1 month. After 5 months of her first visit, we noticed the successful recovery of her complaints (**Figure 7** and **8**). A detailed timeline of treatment has been discussed in **Table 2**.

#### CASE 3:

A female patient, aged about 72 years, attended the OPD of MBHMC&H on 11th February 2023 and was complaining of scaly eruptions at both palms with itching and



burning sensation for the last 4 months (**Figure 9**). She stated that his itching was getting aggravated after scratching the area. It was better to use cold water during bathing. Itching was more in warm weather and in the morning, after awakening from sleep. She consulted an Allopathic Dermatologist and was diagnosed with Palmoplantar Psoriasis. She took some allopathic medicines and ointments. But nothing was changed. So, she came to us and was seeking some relief. She stated that sometimes bleeding and soreness occur after scratching and after that, there was thickening of the skin surface.

**Generals (Physical and Mental):** She presented a good appetite with a desire for milk products, bitter and salty foods, and green vegetables. She had an aversion to meat and sweets. She had adequate thirst. Her tongue was flabby, moist, and slightly coated. She usually perspired much during the daytime. She was a hot patient and had a tendency of catching cold easily in her childhood. She explained her complaints very patiently. She was very worried about her granddaughter's suffering from cough and cold. She was sensitive and firm in making decisions.

**Analysis of the case:** After analyzing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we *repertorised* the case with Kent's *Repertory* using Zomeo Pro (**Figure 21**).

**Therapeutic intervention:** After considering the miasms and totality of the symptoms and after final consultation with *materia medica*, we prescribed *Causticum* 200, 2 doses and she was instructed to take the medicine in the early morning, on an empty stomach for 2 days, followed by a placebo for one month. After one and a half months, it was noticed that all her complaints were resolved (**Figure 10**). A

detailed timeline of treatment has been discussed in **Table 3**.

#### **CASE 4:**

A female patient, aged about 34 years, attended the OPD of MBHMC&H on 21st October 2022 and was complaining of scaly eruptive plaques, cracking of the skin, bleeding, and intense itching at the right palm for the last 7 months (**Figure 11**). The itching was getting aggravated at night, during the winter. It was only relieved when she was taking a rest. She had an appointment with an allopathic Dermatologist. She was diagnosed with Palmoplantar Psoriasis. She used plenty of anti-itch cream and ointments but got no relief. She came to us and wanted a quick relief of her complaints.

**Generals (Physical and Mental):** Her appetite was good. She had a desire for salty spicy foods, cold food, and ice cream. She usually took 4-5 liters of water daily. Her bowel habit was regular, just after awakening in the morning. She perspired much at night. She was a chilly patient and had a tendency to catch cold easily. Her sleep habit was very irregular. She stated that she usually became restless while sleeping. She became anxious that she couldn't complete her work. It disturbed her sleep very easily. She was very much hurried. At the time of the prescription, she was continually shaking her legs due to anxiety.

**Analysis of the case:** After analyzing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we *repertorised* the case with Kent's *Repertory* using Zomeo Pro (**Figure 22**).

**Therapeutic intervention:** We considered the totality of the symptoms and the miasm and after final consultation with *materia medica*, prescribed her *Argentum nitricum* 200, 2 doses. She was instructed to take the



medicine for consecutive two days in the morning, on an empty stomach, followed by a placebo for one month. On the second visit (29<sup>th</sup> Nov 2022), her complaints improved. The bleeding was stopped and the cracking of the skin started to heal up. She was followed up by a placebo for another one month. After 4 months of the first visit, her complaint improved a lot but sometimes it was recurring with cracking and bleeding of skin surface with mild itching. We repeated *Argentum nitricum* 200, 2 doses, followed by a placebo for another one month. Restoration of healthy skin was noticed thereafter (**Figure 12**). A detailed timeline of treatment has been discussed in **Table 4**.

#### CASE 5:

A male patient, aged about 69 years, reported at OPD of MBHMC&H on 29th July 2022, was complaining of scaly eruptive plaques, cracking of the skin, and itching of both the soles for the last 1 and half years (**Figure 13** and **14**). The itching surface bleeds easily after scratching. The skin became painful and a burning sensation occurred after scratching. The itching was getting aggravated in cold weather and while sleeping in bed. He went to an Allopathic Dermatologist and was diagnosed as having Palmoplantar Psoriasis. He took some ointments and creams. But nothing was helpful for him. It led him to consult Homoeopathic treatment for his complaint.

**Generals (Physical and Mental):** His appetite was good. He usually couldn't tolerate hunger. He easily became irritable while being hungry. He had a desire for meat, spicy, and salty foods. His thirst was good, almost 4 liters of water per day. Tongue was coated, fissured, and dry. The stool was hard, offensive, and easily bleeding after passing constipated stool. He had an urging for micturition at night, almost 4-5 times. Urination was offensive in smell. His sleep

was disturbed at night. It created much irritation in him. His skin surface easily became ulcerated and painful. He was very much irritable and angry at slight trifles. His memory was strong. He physically was very restless.

**Analysis of the case:** After analyzing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we *repertorised* the case with Kent's *Repertory* using Zomeo Pro (**Figure 23**).

**Therapeutic intervention:** After considering the miasms and totality of the symptoms and after final consultation with *materia medica*, he was prescribed *Nitricum acidum* 200, 2 doses on his first visit, and it was followed by a placebo. After one month, we carefully observed that the cracked surface of both soles was reduced and the patient stated that the bleeding from cracks was absent after taking the medicine. He was followed up by giving a placebo for another month. After 6 months of the first prescription, the case was in a standstill condition. We repeated 2 doses of *Nitricum acidum*. We noticed restoration of healthy skin at the end of the treatment (**Figure 17** and **18**). A detailed timeline of treatment has been discussed in **Table 5**.

#### Assessment of Quality of life on Palmoplantar quality-of-life instrument

[5]:

Palmoplantar Quality-Of-Life instrument score was used to assess the improvement status of the quality of life of each case. For hands No difficulty ( $\leq 16$ ), Mild (17-32), Moderate (33-48), Severe (49-64), Totally unable (65-80), and for feet No difficulty ( $\leq 14$ ), Mild (15-28), Moderate (29-42), Severe (43-56), Totally unable (57-70). The reduction of palmoplantar quality-of-life instrument score for each case is mentioned in **Table 6**.



**Table 1: Therapeutic interventions and detailed timeline of treatment of Case 1:**

Date of visit	Observations	Therapeutic intervention
28/05/2021	Scaly eruption at both palms with intense itching and burning sensation	<i>Sulphur</i> 200, 2 doses followed by placebo for 1 month
18/06/2021	Scaly eruptions improved; itching and burning were continued	Placebo for 1 month
12/07/2021	Symptoms improved a lot	Placebo was given
30/07/2021	Condition became standstill	<i>Sulphur</i> 200, 2 doses followed by placebo was given
27/08/2021	Itching, burning, and eruptions were recovered and restoration of healthy skin was noticed	Placebo was given
11/01/2022	Restoration of the healthy skin was continued	Placebo was continued
24/05/2022	Restoration of the healthy skin was continued, with no recurrence of the itching, burning and scaly eruption	Placebo was given

**Table 2: Therapeutic interventions and detailed timeline of treatment of Case 2:**

Date of visit	Observations	Therapeutic intervention
21/06/2022	Scaly eruptions, thickening of skin, itching, burning of both palms	<i>Sepia officinalis</i> 200, 2 doses, followed by placebo for 1 month
15/07/2022	Very slight change of symptoms	Placebo was given
12/08/2022	Slight change in complaints	<i>Sepia officinalis</i> 200, 2 dose, followed by placebo for 1 month
19/09/2022	Improvement of the complaints	Placebo for 1 month
28/02/2022	Recovery of the complaints, healthy texture of the skin recovered	Placebo was given
27/06/2023	Recovery of healthy skin was continued. There was no recurrence of itching, burning and skin thickening	Placebo was given

**Table 3: Therapeutic interventions and detailed timeline of treatment of Case 3:**

Date of visit	Observations	Therapeutic intervention
11/02/2023	Scaly eruption at both palms with itching and burning sensation	<i>Causticum</i> 200/2 doses, followed by a placebo for 15 days
21/02/2023	Scaling almost disappeared. Itching and burning were still remaining	Placebo was given
25/03/2023	Healthy skin was restored	Placebo was given
30/06/2023	Restoration of healthy skin was continued. No flaring up was noticed	Placebo was continued
29/09/2023	Healthy texture of the skin was maintained. No recurrence of the previous ailments	Placebo was given



**Table 4: Therapeutic interventions and detailed timeline of treatment of Case 4:**

Date of visit	Observations	Therapeutic intervention
21/10/2022	Scaly eruptive plaques, cracking of the skin, bleeding, intense itching of the right palm	<i>Argentum nitricum</i> 200/2 doses, followed by placebo was given
29/11/2022	Bleeding was stopped and the cracking of the skin started to heal up	Placebo for one month
23/12/2022	Bleeding was stopped, and itching reduced	Placebo for one month
17/01/2023	Condition improved, but sometimes mild recurrence of cracking of the palm and bleeding of the skin surface with slight itching were still noticed	<i>Argentum nitricum</i> 200/ 1 dose was prescribed, followed by placebo for one month
27/02/2023	Restoration of healthy skin, cracked skin healed up	Placebo was given
16/06/2023	Restoration of healthy skin continued	Placebo was given
31/11/2023	Restoration of healthy skin, no recurrence was informed by the patient	Placebo was continued

**Table 5: Therapeutic interventions and detailed timeline of treatment of Case 5:**

Date of visit	Observations	Therapeutic intervention
29/07/2022	Scaly eruptive plaques, cracking and itching of both the soles with easy bleeding when scratching	<i>Nitricum acidum</i> 200, 2 doses followed by placebo was given
26/08/2022	Cracked surface of both the soles was reduced, and bleeding from cracks was absent	Placebo was given
28/10/2022	Condition was improved ( <b>Figure 15</b> and <b>Figure 16</b> )	Placebo was continued
16/12/2022	Improvement was at a standstill condition	<i>Nitricum acidum</i> 200, 2 dose was repeated
27/01/2023	Cracked skin healed up, and the bleeding was stopped. Healthy skin was restored	Placebo was given
25/04/2023	Restoration of the healthy skin, no cracking and there was no bleeding and itching persists.	Placebo was given
06/10/2023	Restoration of the healthy skin surface, no recurrence was informed by the patient	Placebo was continued

**Table 6: Palmoplantar quality-of-life instrument scoring before and after treatment:**

Case number	Before treatment	After treatment
Case 1	52	18
Case 2	43	21
Case 3	44	18
Case 4	37	16
Case 5	54	17



**Figure 1****Figure 2**

**Figure 1 and Figure 2** Showing scaly eruption at both palms before treatment of case 1

**Figure 3****Figure 4**

**Figure 3 and Figure 4** Showing eruptions were recovered and restoration of healthy skin at the end of treatment in case 1

**Figure 5****Figure 6**

**Figure 5 and Figure 6** Showing scaly eruptions and thickening of skin of both palms before treatment in case 2





**Figure 7**



**Figure 8**

**Figure 7 and Figure 8** Showing eruptions were recovered and restoration of healthy skin at the end of treatment in case 2



**Figure 9:** Showing scaly eruption at both palms before treatment in case 3



**Figure 10:** Showing healthy texture of the skin was maintained after treatment in case 3



**Figure 11:** Showing scaly eruptive plaques, cracking of the skin and bleeding before treatment in case 4



**Figure 12:** Showing restoration of healthy skin, cracked skin healed up at the end of treatment in case 4



**Figure 13****Figure 14**

**Figure 13 and Figure 14** Showing scaly eruptive plaques and cracking of both the soles before treatment in case 5

**Figure 15****Figure 16**

**Figure 15 and Figure 16** Showing cracked surface of both the soles was reduced and bleeding from cracks was absent during treatment in case 5

**Figure 17****Figure 18**

**Figure 17 and Figure 18** Showing restoration of the healthy skin, no cracking and no bleeding of soles at the end of treatment in case 5



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Remedy	Sulph	Calc	Nat-m	Nux-v	Puls	Merc	Rhus-t	Lyc	Sil	Phos	Ars	Calc-s	Carb-v	Graph	Nit-ac
<b>Totality</b>	17	15	15	15	15	14	14	14	14	13	12	12	12	12	12
<b>Symptoms Covered</b>	7	6	6	6	5	6	6	5	5	6	6	5	5	5	5
[Kent ] [Stomach]Desires:Milk:	1	2	2	2	0	2	3	0	2	0	2	0	0	0	0
[Kent ] [Stomach]Desires:Salt things:	1	2	3	0	0	0	0	0	0	3	0	1	3	0	2
[Kent ] [Stomach]Aversion:Meat:	3	3	2	3	3	2	2	2	3	2	2	3	2	3	2
[Kent ] [Perspiration] Odour:Offensive:	3	0	0	3	3	3	2	3	3	2	2	0	2	3	3
[Kent ] [Generalities]Heat:Sensation of:	3	2	3	2	3	2	1	3	0	2	1	3	0	1	0
[Kent ] [Mind]Irritability (see Anger):	3	3	3	3	3	2	3	3	3	3	2	3	3	3	3
[Kent ] [Mind]Restlessness, nervousness:	3	3	2	2	3	3	3	3	3	1	3	2	2	2	2

Figure 19: Repertorial analysis of Case 1

Remedy	Puls	Sep	Lyc	Nat-m	Sulph	Ars	Graph	Merc	Nux-v	Calc	Ign	Caust	Lach	Aur	Phos
<b>Totality</b>	21	21	20	20	20	19	18	18	18	17	17	17	16	16	16
<b>Symptoms Covered</b>	9	9	8	8	8	9	8	8	8	8	8	7	8	7	7
[Kent ] [Perspiration] Odour:Offensive:	3	3	3	0	3	2	3	3	3	0	0	0	2	0	2
[Kent ] [Stomach] Desires:Sour,acids,etc.:	2	2	0	2	2	2	0	0	0	2	2	0	2	0	2
[Kent ] [Rectum]Constipation (see inactivity):	2	3	3	3	3	3	3	2	3	3	2	3	3	2	3
[Kent ] [Mind]Despair:	2	1	2	2	2	3	2	2	1	3	3	2	2	3	0
[Kent ] [Mind]Grief:	3	1	2	3	0	1	2	2	2	1	3	3	2	3	0
[Kent ] [Mind]Timidity:	2	3	3	2	3	2	2	2	2	3	2	2	0	2	3
[Kent ] [Generalities]Cold:In general agg:	2	3	3	2	2	3	3	2	3	3	2	3	1	2	3
[Kent ] [Mind]Absent-minded (see forgetful):	3	3	2	3	2	1	2	2	2	1	2	3	3	2	2
[Kent ] [Mind]Discontented, displeased, dissatisfied etc.:	2	2	2	3	3	2	1	3	2	1	1	1	1	2	1

Figure 20: Repertorial analysis of Case 2

Remedy	Sulph	Caust	Phos	Nat-m	Puls	Calc	Merc	Lyc	Nit-ac	Nux-v	Calc-s	Arg-n	Cham	Ars	Chin
<b>Totality</b>	22	21	21	21	20	18	18	18	17	17	16	16	16	15	15
<b>Symptoms Covered</b>	9	10	9	8	7	8	8	7	8	7	8	7	7	8	7
[Kent ] [Stomach]Desires:Salt things:	1	2	3	3	0	2	0	0	2	0	1	3	0	0	0
[Kent ] [Stomach]Aversion:Meat:	3	1	2	2	3	3	2	2	2	3	3	0	1	2	3
[Kent ] [Generalities]Heat:Sensation of:	3	1	2	3	3	2	2	3	0	2	3	2	0	1	1
[Kent ] [Mind]Absent-minded (see forgetful):	2	3	2	3	3	1	2	2	1	2	1	1	3	1	1
[Kent ] [Mind]Sensitive, oversensitive (see Offended):	3	2	3	3	3	2	2	3	3	3	2	3	2	2	3
[Kent ] [Generalities]Cold:Tendency to take:	2	1	2	3	2	2	3	3	3	3	2	2	3	1	1
[Kent ] [Stomach]Aversion:Sweets:	2	2	2	0	0	0	2	0	1	0	0	0	0	2	0
[Kent ] [Mind]Anxiety:	3	3	3	2	3	3	2	3	3	2	3	3	2	3	3
[Kent ] [Mouth] Discoloration:Tongue:White:Sides:	0	3	0	0	0	0	0	0	0	0	0	0	2	0	0
[Kent ] [Mouth]Dryness:Tongue:	3	3	2	2	3	3	3	2	2	2	1	2	3	3	3

Figure 21: Repertorial analysis of Case 3

Remedy	Sulph	Arg-n	Lyc	Carb-v	Nat-m	Kali-c	Nit-ac	Sil	Kali-ar	Bry	Carbn-s	Chin	Phos	Bar-c	Caust
<b>Totality</b>	18	15	14	13	13	13	13	13	12	12	12	12	12	11	11
<b>Symptoms Covered</b>	7	7	5	6	6	5	5	5	6	5	5	5	5	6	6
[Kent ] [Stomach]Desires:Salt things:	1	3	0	3	3	0	2	0	0	0	0	0	3	0	2
[Kent ] [Generalities]Cold:Tendency to take:	2	2	3	2	3	3	3	3	1	3	2	1	2	3	1
[Kent ] [Mind]Anxiety:	3	3	3	3	2	3	3	2	3	3	3	3	3	2	3
[Kent ] [Skin]Itching:Night:	3	1	0	0	0	0	0	2	1	0	3	0	0	1	2
[Kent ] [Perspiration]Profuse:Night:	3	1	2	2	2	3	3	3	3	2	2	2	3	1	1
[Kent ] [Sleep]Restless:	3	2	3	1	2	2	2	3	3	2	2	3	1	3	2
[Kent ] [Stomach]Desires:Sweets:	3	3	3	2	1	2	0	0	1	2	0	3	0	1	0

Figure 22: Repertorial analysis of Case 4



Remedy	Sulph	Nit-ac	Lyc	Calc	Sep	Nat-m	Nux-v	Carb-v	Phos	Ars	Bell	Merc	Puls	Carbn-s	Rhus-t
<b>Totality</b>	22	20	20	19	19	18	18	17	17	17	17	17	17	16	16
<b>Symptoms Covered</b>	8	8	7	7	7	7	7	8	8	7	7	7	7	7	7
[Kent ] [Stomach]Desires:Salt things:	1	2	0	2	0	3	0	3	3	0	0	0	0	0	0
[Kent ] [Mind]Irritability (see Anger):	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3
[Kent ] [Mind]Restlessness, nervousness:	3	2	3	3	3	2	2	2	1	3	3	3	3	2	3
[Kent ] [Mouth]Dryness:Tongue:	3	2	2	3	2	2	2	2	2	3	3	3	3	2	3
[Kent ] [Bladder] Urination:Frequent:Night:	3	2	3	3	3	2	2	1	1	1	3	3	2	2	2
[Kent ] [Perspiration] Odour:Offensive:	3	3	3	0	3	0	3	2	2	2	1	3	3	3	2
[Kent ] [Mind]Anger, irascibility (see Irritability, Quarrelsome):	3	3	3	2	3	3	3	2	2	3	2	1	1	2	2
[Kent ] [Rectum]Haemorrhage from anus:	3	3	3	3	2	3	3	2	3	3	2	2	2	2	1

Figure 23: Repertorial analysis of Case 5

## DISCUSSION:

Palmoplantar psoriasis is a subtype of psoriasis known for its distinctive impact on the skin of the palms and soles, presenting with hyperkeratotic, pustular, or a combination of both morphologies.<sup>[12]</sup> Palmoplantar psoriasis (PPP) manifests as symmetrical, well-defined, erythematous, thick plaques with silvery scales typically limited to palms and soles. Unlike loose scales at other sites, the scales are adherent to palms and soles. PPP are characteristically associated with hyperkeratotic, erythematous plaques on knuckles and with spillage proximally onto wrists and ankles.<sup>[9]</sup> A study conducted by Timotijević Z. S. et. al. (2019) conveys that almost 59% of all PPP patients undertaken had involvement of both palms and soles, while exclusive palmar or plantar involvement was seen in 21% and 20% of patients respectively.<sup>[4]</sup> The percentage of occurrence is 15.58% for palmar psoriasis and 15.15% for plantar psoriasis in India. The mixed variant affects almost 1.73% of this country, which shows a progressive aggravation compared to the past few decades due to increased stress, smoking, alcohol consumption, and metabolic disturbances.<sup>[13]</sup> Historically, there has been a scarcity of data regarding the treatment of palmoplantar psoriasis, as these patients were often excluded from psoriasis clinical trials due to the

involvement of less than 10% of their Body Surface Area (BSA). Despite the absence of a standardized treatment for palmoplantar psoriasis or palmoplantar pustulosis, recent years have seen an increase in data on various treatments, particularly biologic agents. Given the persistent nature of these skin diseases, most patients typically necessitate systemic treatments. In fact, a study indicated that only 27.4% of patients experienced improvement with topical agents, while the remaining patients required systemic interventions. <sup>[14]</sup> The primary factor contributing to the ineffectiveness of topical agents is the presence of a thick stratum corneum on the soles and palms, serving as a barrier that hinders drug penetration. <sup>[12]</sup> The signs and symptoms of psoriasis vary depending on the person and type of psoriasis.<sup>[15]</sup> This is the base of *Homoeopathic* individualization. As an alternative therapy, *Homoeopathy* deals with the individual's totality of the symptoms. This totality is the outwardly reflected picture of the whole individual. The holistic approach includes the internal cause of the disease and forms the fundamental basis of the disease formation.<sup>[16]</sup> This case series describes the importance of single individualized constitutional *Homoeopathic* treatment in the cases of Palmoplantar Psoriasis. The remedies, *Sulphur*, *Causticum*, *Argentum nitricum*, *Sepia officinalis*, and



*Nitricum acidum* were prescribed according to the symptoms of the patient and after doing proper *repertorization*. Individualized case evaluation was done. All the five cases were recovered after *Homoeopathic* individualistic treatment. Regular follow-up also ensures that there was no recurrence after complete recovery. Additionally, the quality-of-life (QOL) instrument score decreased from 52 to 18 in case 1, from 43 to 21 in case 2, from 44 to 18 in case 3, from 37 to 16 in case 4, and from 54 to 17 in case 5. Without any adverse effects, the socio-personal quality of life in each of the aforementioned cases was able to transition from severe and moderate difficulties to none at all.

#### **CONCLUSION:**

Palmoplantar psoriasis (PPP) is a persistent and debilitating skin condition that adversely affects the quality of life. While various therapeutic strategies have been attempted for this condition, a universally recognized gold standard is lacking. Clinical assessment plays a crucial role in treating patients with PPP, allowing for personalized treatment based on individual circumstances and the nature of the disease.<sup>[17]</sup> In this context, this case series is an attempt to portray *homoeopathy* as an exclusive therapeutic approach that offers the exact holistic treatment required to treat these inveterate cases without any recurrence and unforeseen complications.

#### **Limitation Of Study:**

This case series is not sufficient to draw any conclusion rather good quality, well-designed studies are required to establish the efficacy of Individualized *homeopathic* medicines in managing Palmoplantar psoriasis.

#### **Patients Consent:**

All patients have given their consent for the publication of their images and other clinical information in the journal. They understand that their names and initials will not be included in the manuscript.

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