

Plaque Psoriasis Treated Successfully with Individualized Homoeopathic Medicine *Ars alb* in LM Potency- An Evidence-based Case ReportSivakumar K,^{1*} Rahitha K², Gouri Krishnan H²

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ABSTRACT:

Psoriasis is a chronic, inflammatory, proliferative skin condition associated with systemic manifestations in many organ systems. The most characteristic lesions are red, scaly, sharply demarcated, and indurated plaques, particularly over the extensor surfaces and scalp. The psoriasis types are plaque psoriasis, pustular psoriasis, guttate Psoriasis, and erythrodermic psoriasis. Among the common types is plaque psoriasis. Current standard treatments include topical therapies, phototherapy, systemic immune modulators, and biologics, aiming to alleviate symptoms and improve quality of life. However, adverse effects, treatment resistance, high costs, and individual response variability pose challenges. Homoeopathy can be effective in alleviating the severity of symptoms and improving the quality of life of persons with psoriasis. A 81-year-old male was consulted at the National Homoeopathy Research Institute in Mental Health, Kottayam, with scaly eruptions and peeling patches on the scalp, back and extensive over extremities. Based on the totality of symptoms and repertorization, a single homoeopathic medicine, *Arsenicum album* (*Ars alb*) was given in LM potency. In response to medicine, psoriatic lesions in all locations have disappeared gradually. Pictorial images were taken before and after the intervention for objective evidence. The changes in the psoriatic lesions were assessed with the Psoriasis Area and Severity Index (PASI), which revealed a remarkable decrease in score from 26.3 (before treatment) to 0 (After treatment) within a month of IPD treatment and recurrence of lesions not reported during the follow-up visits. The causal attribution for the outcome changes was assessed using the Monarch Inventory for Homoeopathy (MONARCH). The score was +9, close to the maximum (13), showing the positive relationship between the intervention and the outcome. Therefore, this case emphasizes individualized homoeopathic medicine's positive role in treating psoriasis in LM potency.

KEYWORDS: *Ars alb*, LM potency, MONARCH, PASI score, Psoriasis.

Received: 11.01.2025 Revised: 03.03.2025 Accepted: 05.03.2025 Published: 10.03.2025



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Email: drshivasree@gmail.comDOI: <https://doi.org/https://doi.org/10.70805/ija-care.v9i1.694>Link: <https://ijacare.in/index.php/ijacare/article/view/694>

INTRODUCTION:

Psoriasis is a group of chronic, inflammatory, and proliferative skin conditions associated with systemic manifestations in many organ systems. Based on morphology or natural history, the typical clinical form is plaque psoriasis (psoriasis vulgaris).^[1] Psoriasis is a chronic, recurrent disorder. The classic lesion is a well-margined, erythematous plaque with a silvery-white surface scale. Distribution includes extensor surfaces (i.e. knees, elbows, and buttocks) and may also involve palms and scalp (particularly anterior scalp margin).^[2] Around 90% of psoriasis cases are classified as psoriasis vulgaris, also known as chronic plaque-type psoriasis. These plaques can merge, covering large sections of skin. Common areas affected include the trunk, the extensor surfaces of the limbs, and the scalp.^[3] The pathogenesis of psoriasis is multifactorial, with genetics playing a significant role, particularly in individuals with early-onset plaque psoriasis below 40 years of age.^[4] The hallmark of psoriasis is sustained inflammation that leads to uncontrolled keratinocyte proliferation and dysfunctional differentiation. Histologically, psoriatic plaques display acanthosis (epidermal hyperplasia), with underlying inflammatory infiltrates, dermal dendritic cells, macrophages, T cells, and neutrophils. Neovascularisation is another key feature.³ The inflammatory pathway involving TNF α , IL-23, and Th17 cells is a key characteristic of plaque-type psoriasis.^[5] Despite advancing targeted therapies, psoriasis remains a treatable condition, but so far, it is not a curable disease.^[3] Since psoriasis is a chronic inflammatory skin disorder, current treatments include topical therapies, phototherapy, systemic immune modulators,

and biologics, aiming to alleviate symptoms and improve quality of life. However, adverse effects, treatment resistance, high costs, and individual response variability pose challenges.^[6]

Whereas, individualized homoeopathy medicine exhibited better results in treating psoriasis vulgaris.^[7] In a prospective observational study, homoeopathic remedies like *Arsenicum album*, *Ignatia amara*, *Tuberculinum*, *Calcarea carbonica*, *Psorinum*, *Sepia*, *Sulphur*, and *Thyroidinum* were found to be effective in treating psoriasis.^[8] Precise selection and application of fifty-millesimal (LM) potency homoeopathic remedies can accelerate the healing process while preventing symptom aggravation.^[9] A case report on the use of homoeopathic medicine *Arsenic album 200C* in treating plaque psoriasis concludes that homoeopathy can effectively alleviate the severity of symptoms and improve the quality of persons with psoriasis.^[10] However, most cases were treated with homoeopathic medicines in centesimal potencies, and significantly fewer were treated with LM potency. Hence, the effectiveness of using LM potencies in treating psoriasis has to be investigated more extensively. Therefore, this case report highlights the outcomes of using the individualized homoeopathic medicine *Arsenicum album* in LM potency in treating psoriasis effectively.

Patient Information:

An 81-year-old male who had worked as a carpenter from the Kottayam district has consulted at the National Homoeopathy Research Institute in Mental Health, Kottayam, with scaly eruptions, peeling in patches on the scalp, back and extremities. Symptoms include migratory itching and

burning after scratching, worse at night (8 pm–3 am), with sun, dust, and fanning exposure. Warm bathing and application provide relief. He also had constant hiccups.

History of Presenting Complaints: The complaint started ten months ago as itching eruptions on the upper lip, spreading to the scalp, legs, abdomen, axilla, forearm, chest, and back.

Past History: The patient has diabetes for the last eight years and is under anti-diabetic medication. Previously, he struggled with alcoholism and smoking, both stopped 8 years ago, and substance abuse (Ganja stopped 30 years ago).

Treatment History: Ayurvedic treatment was taken for 10 months but stopped 3 weeks ago as complaints persisted as such.

Family History: There is no relevant family history.

Mental Generals: Desires company, highly religious, fastidious, and dwelling on past disagreeable occurrences. His wife passed away from oral cancer 2 years ago, and his sons have abandoned him due to family conflicts. While he claims to have adjusted emotionally, he feels lonely and prefers companionship. He often weeps and broods over the past events. He had a forsaken feeling.

Physical Generals: He desires salty, bitter foods, milk, and warm food/drinks, with reduced appetite, thirst, and perspiration. Sleep is disturbed due to itching. The patient was ambithermal and sensitive to cold, but sun exposure worsens itching.

Totality of Symptoms:

1. Forsaken feeling
2. Desires company

3. Fastidiousness
4. Religious
5. Dwells on past disagreeable occurrences
6. Ailments from grief
7. Psoriatic eruptions with wandering type of itching aggravated at night and improved with warm bathing
8. Desire for salt, bitter foods, warm foods and drinks
9. Intolerance to sun exposure
10. Itching < night (8 pm to 1 am)
11. Hiccups frequent

Clinical Findings:

On local examination, discrete plaques were seen with silvery scales and without discharge on both upper and lower limbs, back, and scalp. The Auspitz and Candle grease signs were positive on palpation with the Berkeley membrane.

Diagnostic Assessment:

Provisional Diagnosis: The condition was diagnosed as psoriasis clinically.

Final Diagnosis: Plaque psoriasis (based on a clinical examination and history). Psoriasis lesions were assessed using the score of the Psoriasis Area and Severity Index (PASI). The PASI score was 26.3 at the time of admission. [Figure 4(a)] suggests Severe psoriasis.

THERAPEUTIC INTERVENTION:

All the symptoms obtained from detailed case-taking were analyzed, and characteristic symptoms were converted to rubrics. Radar Opus 2.2.16 software was used for repertorization, as in Fig no.1.^[11] The individualized homoeopathy medicine *Ars Alb* was given based on the totality of symptoms and repertorization in consultation with *Materia Medica*.^[12] *Ars alb* was given in LM potency in repeated doses.

Follow-up and Outcomes:

After taking medicine, psoriasis lesions on the scalp, back and extremities gradually disappeared. After a month of treatment, all lesions almost subsided. The whole improvement was taken place with *Ars alb* in LM potency. Patient follow-up was assessed every day or as required. The detailed follow-ups are summarised in Table No. 1. No recurrence of lesions developed in the follow-up period till the last visit. The

Monarch inventory for homoeopathy score was +9, close to the maximum score(+13) (Table 2), revealing the positive relationship between *Ars alb* intervention and the disappearance of skin lesions^[13] The changes in the psoriatic lesions were assessed with the PASI score, which revealed a remarkable decrease in score from 26.3 (before treatment) to 0 (After treatment) (Fig 4a&b). No adverse effects were reported during the treatment.

Table 1: Follow-up and Outcome

Date	Observations	Advices	Remarks
30/10/2024	Psoriatic eruptions with itching aggravated at night and relief with warm bathing. Constant hiccoughs.	1. <i>Arsenicum album</i> (<i>Ars alb</i>) 0/1 in aqua twice daily 2. Blank Tablets(BT) 1-1-1	Based on the totality of symptoms and repertorization PASI score – 26.3
02/11/2024	Itching and scaling over the lesions has reduced. Hiccoughs relieved. Burning after scratching is better. Sleep good.	1. <i>Ars alb</i> 0/1 in aqua twice daily 2. BT 1-1-1	
6/11/2024	Itching, scaling and burning after scratching are better. Constipation for the last 2 days with no urge to pass stool.	1. <i>Ars alb</i> 0/1 in aqua twice daily 2. BT 1-1-1	
9/11/2024	The itching over the lesion slightly aggravated the evening and the following day. Burning after scratching relieved.	1. <i>Ars alb</i> 0/1 in aqua twice daily 2. BT 1-1-1 3. Advised to avoid high protein diet	Had chicken and fish might have caused aggravation of itching
14/11/2024	The itching felt only during evening hours but better than before.	1. <i>Ars alb</i> 0/2 in aqua twice daily 2. BT 1-1-1	
17/11/2024	Itching and scaling were reduced. present especially on talking	1. <i>Ars alb</i> 0/2 in aqua twice daily 2. BT 1-1-1	
20/11/2024	There was slight itching felt yesterday evening, otherwise, it improved.	1. <i>Ars alb</i> 0/2 in aqua twice daily 2. BT 1-1-1	
23/11/2024	Itching over the lesions relieved. Hiccoughs were relieved. Slight numbness felt in the head, Blood pressure 90/60 mm Hg)	1. <i>Ars alb</i> 0/2 in aqua twice daily 2. BT 1-1-1	

26/11/2024	Itching relieved. Scaling and thickness reduced. No numbness of head.	1. <i>Ars alb</i> 0/2 in aqua twice daily 2. BT 1-1-1	
28/11/2024	No complaints of itching, scaling, or peeling of skin. Generals good	1. <i>Ars alb</i> 0/3 in aqua twice daily 2. BT 1-1-1	PASI score – 0 Patient was discharged
12/12/2024	No Itching and scaly eruptions,	1. <i>Ars alb</i> 0/3 in aqua twice daily 2. BT 1-1-1	
15/1/2025	No Itching, scaling or induration.	1. <i>Ars alb</i> 0/4 in aqua twice daily 2. BT 1-1-1	
10/2/25	No Itching and scaly eruptions. The generals were good.	1. <i>Sac lac</i> 2 doses 2. BT 1-1-1	Even in the winter season with marked coldness, Psoriasis lesions did not relapse.
24/2/25	Mild itching occasionally over the skin without typical lesions of psoriasis. The generals were good.	1. <i>Sulphur</i> 0/1 2. BT 1-1-1	As complementary to <i>Ars alb</i> and as an Anti psoric medicine to prevent recurrence

Table 2: Monarch Inventory (Improved Version of the Modified Naranjo Criteria for Homoeopathy Case Report)¹¹

Domains	Yes	No	Not Sure or N/A	The score for successfully treated case	Justification
Was there any improvement in the main symptom or condition for which homoeopathic medicine was prescribed?	+2	-1	0	2	Psoriatic lesions relieved after medicine
Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0	1	Improvement noted within one month
Was there a homoeopathic aggravation of symptoms?	+1	0	0	0	Not sure
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)?	+1	0	0	1	Along with warts, constant hiccups also relieved.
Did overall well-being improve? (suggest using a validated scale or	+1	0	0	1	Generally, the patient became

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Medicine Ars alb in LM Potency

mention about changes in physical, emotional and behavioural elements)					active
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	Not sure
Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms? From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?	+1	0	0	1	The lesions started disappearing from the scalp, back, and later the extremities. From above downwards
Did old symptoms(defined as nonseasonal and non-cyclical symptoms previously thought to be resolved)reappear temporarily during improvement?	+1	0	0	0	Not observed
Are there alternative causes(i.e.other than the medicine)that, with a high probability, could, have produced the improvement? (consider the course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0	1	Not at all
Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2	0	0	2	Confirmed by Photographs
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0	Not done
Total score (Maximum score -13, Minimum- 6)				9	Causal attribution established

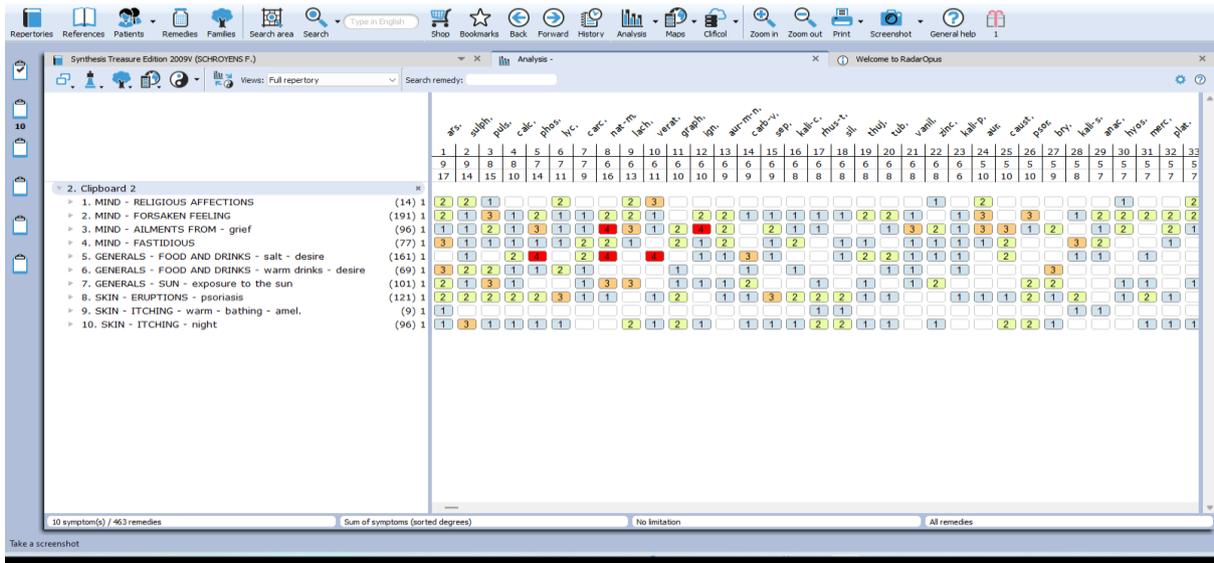


Figure-1: Repertorial Chart



Figure-2: a,b,c Psoriatic lesions Before treatment



Figure-3:a,b,c Psoriatic lesions After treatment

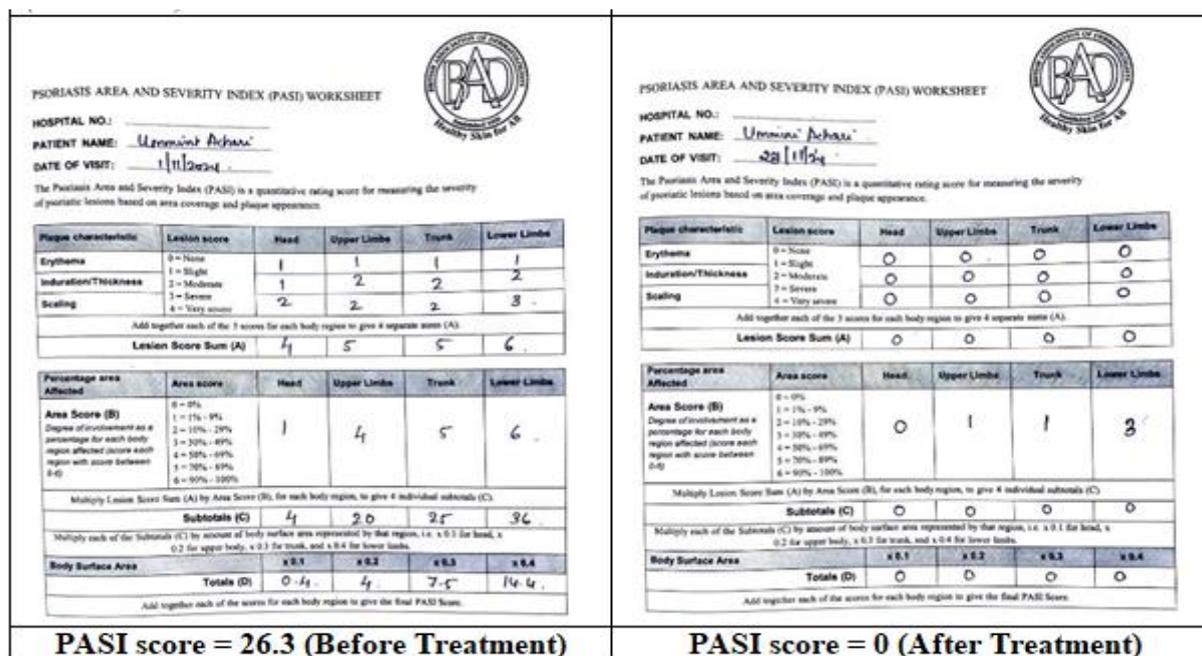


Figure-4: PASI score before and after treatment

DISCUSSION:

Psoriasis is a chronic immune-mediated inflammatory skin disorder that affects approximately 2–3% of the global population.⁶ Psoriasis poses many challenges, including high prevalence, chronicity, disfiguration, disability, and associated comorbidity. Early diagnosis and comprehensive management of psoriasis are required.¹⁴ Homoeopathy can be effective in alleviating the severity of symptoms and improving patients' quality of life. In a prospective observational study, homoeopathic remedies including *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 treating psoriasis.⁸ The current case presented multiple skin lesions, extended whole extremities, scalp and back with severe itching. The individualized homoeopathy medicine *Ars Alb* was given based on the totality of

symptoms and repertorization in consultation with Materia Medica.¹² *Ars alb* was given in LM potency in repeated doses. Since LM potency acts more quickly in all acute and chronic diseases than centesimal and decimal scale potencies.¹⁵ Chronic diseases are more amenable to 50 millesimal potencies, and the possibility of unwanted aggravations is also minimal by frequent repetition.¹⁶ Previous case reports and studies reveal evidence of homoeopathy's effectiveness in treating psoriasis. However, most cases were reported as treated with homoeopathic medicines in centesimal potencies, significantly less with LM potency. Since psoriasis is a multifactorial disease, various factors usually aggravate the condition. Frequent repetition of medicines may be required to manage the case; the same was not possible in using centesimal scale potencies due to the possibility of unnecessary aggravations. Hence, the effectiveness of using LM potencies in treating psoriasis has to be investigated more extensively. In this case, after taking

Ars alb in LM potency, skin lesions on the scalp, back and extremities gradually disappeared. After a month of treatment, all lesions almost subsided. The whole improvement was taken place with *Ars alb* in LM potency. No recurrence of lesions developed in the follow-up period until the last visit since psoriatic lesions recurrence is common and usually aggravated in winter, which was not seen in the follow-up period from November to February 2025. External applications were not used in this case, as modern medicine and other alternative therapies are used extensively. External lotions usually relieve itching by suppressing the skin condition, resulting in different ailments.

The causal attribution in the treatment response was assessed with the Monarch inventory for homoeopathy. The score was +9, close to the maximum score(+13), revealing the positive relationship between *Ars alb* intervention and the disappearance of skin lesions.^[13] Adverse effects were not reported during the intervention. The changes in the psoriasis skin lesions were assessed with the Psoriasis Area and Severity Index (PASI), which revealed a remarkable decrease in score from 26.3 (before treatment) to 0 (After treatment). Randomised Controlled Trials are the gold standard for evaluating treatment efficacy in modern medicine. However, they may not be suitable for Homoeopathy at large due to the individualization in the nature of treatment.¹⁷ So, considerable importance may be given to the case reports in Homoeopathy since each case is new and has peculiar details.

CONCLUSION:

The complete disappearance of psoriasis lesions within a month of homoeopathic treatment and no recurrence in the follow-up period suggests the positive role of *Ars alb* in LM potency in treating psoriasis. Since it is a single case report, a well-designed study with a large sample is recommended to prove the effectiveness of homoeopathic remedies in LM potency for treating psoriasis.

Consent:

With this, certify that the patient has been given written informed consent for his images and other clinical information to be reported in the journal.

Patient's Perspective: The patient was happy and expressed gratitude by saying thank you.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Sivakumar K, Rahitha K, Gouri Krishnan H. Plaque Psoriasis Treated Successfully with Individualized Homoeopathic Medicine in LM Potency- An Evidence-based Case Report. Int. J. AYUSH CaRe. 2025;9(1):187-196.

<https://doi.org/https://doi.org/10.70805/ija-care.v9i1.694>

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