

Psoriasis

Can be Cured with Homoeopathy

Case Report / General Information

December 2002

What you should Know about Psoriasis?

- It is not a contagious disease.
- Psoriasis Can be Cured with homoeopathy.
- Alcohol generally increases the Psoriatic lesions and other complications.

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Introduction

Psora in Greek means "itch," and psoriasis is a chronic inborn skin disorder, non-contagious; characterized by inflamed lesions covered with silvery-white scabs of dead skin.

Psoriasis occurs in both children and adults and may appear at any age, although it is most commonly diagnosed between the ages of 15 and 35. About 150,000 to 260,000 new cases of psoriasis are diagnosed each year.

In normal growth pattern, skin cells mature and replace dead skin every 28-30 days. In case of Psoriasis skin cells mature in less than a week. Because the body can't shed old skin as rapidly as new cells are rising to the surface, raised patches of dead skin develop on the arms, back, chest, elbows, legs, nails, folds between the buttocks, and scalp. Psoriasis is considered mild if it affects less than 5% of the surface of the body; moderate, if 5-30% of the skin is involved, and severe, if the disease affects more than 30% of the body surface.

People often misunderstood it as contagious disease and the victim experience low self-esteem because of its ugliness, making social interaction awkward leading to emotional problems such as anxiety, anger, embarrassment and depression. Homoeopathy covers all these aspects and hence is capable of giving a proper treatment which ultimately leads to the cure with almost no possibility of relapse.



Psoriatic Lesions

Types of Psoriasis

Psoriasis can be distinguished in various forms depending upon the pattern & body part which is affected. The commonly distinguishable forms are:

- Plaque psoriasis
- Scalp psoriasis
- Nail psoriasis
- Guttate psoriasis
- Pustular psoriasis
- Inverse psoriasis

Types of Psoriasis

1. **Plaque Psoriasis** usually begins with small red bumps on the skin that progress to bigger, scaly patches that may become itchy and uncomfortable. As the scales accumulate, pink to deep red plaques with a white crust of silvery scales appear on the skin surface (Figure 1). The top scales flake off easily and often, but those beneath the surface of the skin clump together. Removing these scales exposes tender skin, which bleeds and causes the plaques (inflamed patches) to grow. Plaque psoriasis can develop on any part of the body, but most often occurs on the elbows, knees, scalp, and trunk.



Figure 1. Plaque Psoriasis *

2. **Scalp Psoriasis:** This form of the disease is characterized by scale-capped plaques on the surface of the skull (Figure 2).



3. **Nail Psoriasis:** The first sign of nail psoriasis is usually pitting of the fingernails or toenails. Size, shape, and depth of the marks vary, and affected nails may thicken, yellow, or crumble. The skin around an affected nail is sometimes inflamed, and the nail may peel away from the nail bed (Figure 3).

4. **Guttate Psoriasis:** Named for the Latin word *gutta*, which means "a drop," guttate psoriasis is characterized by small, red, drop-like dots that enlarge rapidly and may be somewhat scaly (Figure 4).

Figure 2. Scalp Psoriasis

Figure 3. Nail Psoriasis *

5. **Pustular Psoriasis** usually occurring in adults, is characterized by blister-like lesions filled with non-infectious pus and surrounded by reddened skin. It is also known as Von Zumbusch pustular psoriasis.



6. **Inverse Psoriasis:** Inverse psoriasis occurs in the armpits and groin, under the breasts, and in other areas where skin flexes or folds. This disease is characterized by smooth, inflamed lesions and can be debilitating.

Figure 4. Guttate Psoriasis

Figure 5. Pustular Psoriasis

7. **Erythrodermic psoriasis** Characterized by severe scaling, itching, and pain that affects most of the body, erythrodermic psoriasis disrupts the body's chemical balance and can cause severe illness.
8. **Psoriatic arthritis:** About 10% of patients with psoriasis develop a complication called psoriatic arthritis. Symptoms of psoriatic arthritis include Joint discomfort, swelling, stiffness, or throbbing.

* Courtesy American Academy of Dermatology

Factors which Exacerbate Psoriasis

1. Skin injury (e.g. cuts, burns)
2. Stress
3. Skin irritation (e.g. insect bites, rashes, chemicals)
4. Immunosuppression (those receiving chemotherapeutic agents)
5. Those with autoimmune disease (e.g. lupus, rheumatoid arthritis)
6. Excessive alcohol consumption
7. Obesity
8. Lack of sunlight
9. Cold climate
10. Viral or bacterial infections

Case Report

A boy aged 14 visited Homoeopathy Clinic with complaint of Scaly Lesions throughout his body except face and head. On the basis of localized scaly lesions patient was diagnosed as a case of Psoriasis.

History: After going through the previous treatment clinical test reports it was found that:

1. His TSH level was below Normal and he was on regular medication (Eltroxin Thyroid Report dated 21/4/2001).
2. He had a severe attack of malaria.
3. On enquiring regarding the onset of the lesions, he told that the lesions first started from knee joint and spread to whole body except face and head

Present Complaints: The scaly lesions on entire body except face and head which, were itchy with burning sensation and aggravated by cold in general. There is no affect of any particular season but slight more in winter.

Mental Symptoms:

1. Emotionally he was very upset due to these ugly lesions as his classmates teases him.

Family: His mother was also suffering from the thyroid problem.

Treatment:

He was asked to stop Eltroxin treatment and initially started with *Thyrodinum 3x* tablets, 1 tablets thrice in a day (TDS) along with *Lycopodium 30* TDS and *Kali Phos 6x* Biochemic 4 tabs BD after meal. The treatment was continued for 11 months with some relief in itching and reduction in lesions. On 28/5/2002 a follow up TSH was done and it was found normal.

However, itch and burning sensation was not completely eliminated, so *Arsenic Alb. 200* 1 dose empty stomach daily, was added along with the previous medication except *Kali Phos 6x*. Another follow up on 10/8/2002 for TSH was done and again it was found normal. However, the lesions continued to develop and vanish without any significant improvement.

In view of no significant improvement, *Arsenic Alb 10M* 1 dose daily, was administered for next 5 days. This gave the patient an instant relief from itching and burning sensation but the lesions remained unchanged. As the lesions were not responding to indicated remedies (*Arsenic Alb.*) it was decided that something new should be tried in this case. As such medicines from the patients individual urine was prepared with Vibronic preparation method in 30 potency and was administered in 3 doses daily for next 2 months. The results were amazing! The lesions started vanishing and there were no more itch and burning sensation. The same prepared remedy was continued for another 2 months. The lesions completely disappeared and his TSH report dated 14/11/2002 was again found normal.

Present Condition:

At present the patient is free from all the lesions. In the past I have treated such cases without any relapse. In this case too I am confident that there will be no relapse, however the patient is still under observation for next few years.

Conclusion

As per general belief, Psoriasis and thyroid hyper or hypo functioning is not curable and all the claims of homoeopaths worldwide who have claimed to cure these are generally not accepted by the modern system of medicine since there is no clinical documentation made available by homoeopaths. To show the results, this case report is presented with complete patient's treatment plan, remedies used, clinical reports as well as all the photographs to show the results before and after the Homoeopathic Treatment.

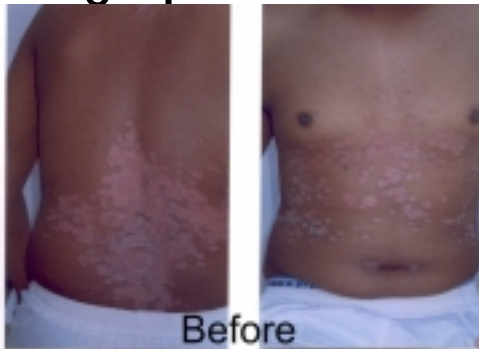
In this case the remedy used for the treatment was prepared from the patient urine on the principle of treating a patient with material obtained from himself and prepared homoeopathically. There are many case reported to be cured by urine auto therapy throughout the world and keeping in mind the same idea this remedy has been prepared. This may sound absurd that How a diseases person can produce the Cure for the disease he is suffering from?

Conclusion



The same remedy prepared is presently being used on many other psoriasis patients and it is showing good results. Further investigations are currently going on the remedy.

Psoriasis may have remissions after sometime which doesn't mean that Homoeopathy is not suitable for treatment. If you observe carefully, the intensity of the lesions would be lesser than before. Continuing the same treatment will definitely eliminate the disease. The long-time illness with deep pathology cannot be eradicated in a short span.

Photographs & Clinical Reports



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Thyrocare® World's largest thyroid testing laboratory		Thyrocare Technologies Ltd. Thyrocare House, Thane, Mumbai - 400 607.	
Tel : 022-539 3501-02-03 Fax : 022-537 8348 E-mail : thyrocare@vsnl.com website : www.thyrocare.com		Dr. A. Velamuri, Ph.D., Dr. (Miss) D.H. Shah, Ph.D (USA), Dr. (Mrs) I. Gopinathan, M.D., Dr. Sushant Agrawal, M.D.	
THYROID FUNCTION TEST REPORT BY RADIOIMMUNOASSAY (RIA)			
NAME : MR. SANDEEP		DATE : 21/04/2001	
REF. BY : DR. SADGUN		LAB CODE : 21040395/MUM19	
TEST	VALUES	UNITS	NORMAL
1. TOTAL TRIIODOTHYRONINE (T ₃)	109	ng/dL	(70 - 200)
2. TOTAL THYROXINE (T ₄)	11.30	ug/dL	(4.0 - 13.0)
3. THYROID STIMULATING HORMONE # (TSH)	<u>0.01</u>	uIU/mL	(0.30 - 7.0)
4. FREE TRIIODOTHYRONINE (FT ₃)	----	pg/mL	(2.0 - 5.0)
5. FREE THYROXINE (FT ₄)	----	ng/dL	(0.7 - 2.0)
# Ultra - Sensitive TSH assay.			
COMMENTS : Please correlate with the clinical conditions.			
IF NOT ON DRUGS SUGGESTED FREE HORMONES			
			
Data Verified by		Dr. Sushant Agrawal, M.D. (Path)	
RADIOIMMUNOASSAY IS A NOBEL PRIZE WINNING TECHNOLOGY			

RI 127411

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DEPARTMENT OF LABORATORY MEDICINE RIA

ORDER NO. : 2235082 EX NO. : 191310 ADM. NO. :
NAME : AMALKAR SUDEEP AGE : 18 YEARS SEX : MALE
DATE : 28/05/2002 LOCATION : OPD REFERRED BY DR. : O.N.G.C.

Test	Patient's Value	Units	Status	Normal Range
Thyroid Stimulating Hormone (TSH) (Third Generation)	1.64	uIU/ml		0.30 - 5.00


DR. VIPLA PURI

Consultant - RIA

Report Printed On : 29 May-2002 11:25

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DEPARTMENT OF LABORATORY MEDICINE RIA

ORDER NO. : 2526287 EX NO. : 223860 ADM. NO. :
NAME : AMALKAR SUDEEP AGE : 18 YEARS SEX : MALE
DATE : 10/08/2002 LOCATION : OPD REFERRED BY DR. : SANI

Test	Patient's Value	Units	Status	Normal Range
Thyroid Stimulating Hormone (TSH) (Third Generation)	1.7	uIU/ml		0.30 - 5.00


DR. VIPLA PURI

Consultant - RIA

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Kind Attention:- Dr. Sahani

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DEPARTMENT OF LABORATORY MEDICINE
RIA

ORDER NO. : 2885236

EX NO. : 263167

ADM. NO. :

NAME : AMELKAR SUDEEP

AGE : 18 YEARS

SEX : MALE

DATE : 14/11/2002 LOCATION : OPD

REFERRED BY DR. : SAHNI

Test	Patient's Value	Units	Status	Normal Range
Tri-iodothyronine (T3)	111.0	ng/dl		70.00 - 200.00
Thyroxine (T4)	10.70	ug/dl		4.50 - 12.50
Thyroid Stimulating Hormone (TSH) (Third Generation)	1.28	uIU/ml		0.30 - 5.00


DR. VIPLA PURI

Consultant - RIA

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