

Palmar Psoriasis' Successfully Treated with Homoeopathy – A Case Study**Venkatesan H**

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Abstract:

Palmoplantar psoriasis is a variant of psoriasis that characteristically affects the skin of the palms and soles. It features hyperkeratotic, pustular, or mixed morphologies. It is chronic in nature and produces significant disfigurement and / or functional disability. As such, they are associated with substantial impairment in quality of life. This is such a case report of a patient with Palmar Psoriasis successfully managed by Homoeopathic treatment. A male patient of 49 years with the complaints of Chronic Palmar psoriasis was treated with the Homoeopathic Medicines Petroleum and Cardiospermum Halicacabum for about 6 months without any recurrence and good quality of life.

Key Words: Cardiospermum Halicacabum, Homoeopathy, Palmar Psoriasis, Palmoplantar psoriasis, Petroleum.

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Introduction:

Psoriasis is a common relapsing chronic inflammatory dermatosis that affects about 1.53% of the general population and produces significant morbidity. Palmoplantar psoriasis is its localized form that can exist alone in the absence of other typical psoriatic lesions or may accompany psoriatic lesions elsewhere.^[1] Palmoplantar psoriasis is a variant of psoriasis that characteristically affects the skin of the palms and soles. It features hyperkeratotic, pustular, or mixed morphologies.^[2]

A close clinical differential diagnosis of palmo-plantar psoriasis is hyperkeratotic palmo-plantar dermatitis. In situations when palmo-plantar sites are solely involved, diagnosis becomes particularly challenging. Both palmo-plantar psoriasis and dermatitis are recurrent diseases which interfere with daily activities. The presence of sharply demarcated and symmetrically distributed erythematous plaques, silvery nature of scales, involvement of the thenar and hypothenar eminences and knuckles of hands and insteps of feet, with associated regular and coarse nail pits in the absence of nail-fold lesions, can be taken as features in favor of psoriasis, while ill-defined, usually asymmetrically distributed plaques, with

history of prior exudation, suggest dermatitis.^[3]

The exact cause palmoplantar pustulosis is unknown. However, palmoplantar psoriasis is caused by a combination of genetic and environmental factors. The most common genetic factor associated with palmoplantar psoriasis includes the human leukocyte antigen (HLA) Cw6.^[4]

Patients with palmoplantar psoriasis report symptoms that may include itching, pain, and fissuring. Though spontaneous remission can occur, the persistence of flares is common. Patients may experience exacerbations brought on by seasonal changes, household work, and detergents. In fact, palmoplantar psoriasis is more common amongst farmers, manual laborers, and housewives. Significant palmoplantar skin disease may indicate underlying joint disease.

On physical exam, thick hyperkeratotic plaques, sterile pustules, or a mixture of morphologies may be seen in palmoplantar psoriasis. Hyperkeratotic plaques are the most common subtype. Symmetrically distributed lesions are common, as well as erythema, fissuring, and scaling. Sites other than the hands and feet are commonly

involved, with 33% of patients having up to 10% of their body surface area involved in studies. The most common locations include the thenar, hypothenar, and central portion of the palms and soles^[5-6]

Psoriasis palmoplantar (PPP) is a disease with high impact on patients' quality of life. There are several conventional therapies that try to treat it but, many times, it means a challenge to the dermatologist. In the last decade, development of biological treatments have improved the course of the disease.^[7] In India, overall incidence of Psoriasis among total patients attending skin OPD is 0.28 to 0.44%. Modern medical science treats psoriasis with Psoralen and Ultraviolet therapy (PUVA). But the disease has high recurrence rate.^[8]

Case History:

A male patient of 49 years with the complaints of itching eruptions on the

palmar aspects of both of his hands came for consultation on 19.02.2015. He was also having ulcers in the eruption areas. On examination it is found that the eruptions are more in the left hand and also there found a deep ulcer which tends to bleed easily. On Local examination the condition was diagnosed as Bilateral Plamar Psoriasis and its sub variant is Plaque Psoriasis since finer scales can be scrapped from the eruption site which left behind small Hemorrhagic Spots^[9] as shown in Figure-1. The patient was apparently normal except the presenting skin complaints. His generals were clinically normal. The symptoms considered for the selection of medicine were Bilateral Eruptions on palms, Itching Eruptions on Palms, Bleeding Ulcers on Palms, Cracked Skin & Bleeds after scratching. The Repertorial Result is shown in Chart No.1.

Treatment Given

The Patient was treated with the Indicated Remedy Petroleum in 30C & 200C Potencies internally. The medicine was selected on the basis of the following

symptoms: Rough & Cracked skin; Red Raw Cracks Bleeds easily; Psoriasis of Hands; dirty, hard & rough looking; severe itching till it bleeds.^[10] *Cardiospermum Halicacabum* Mother Tincture was prescribed for external application.^[11]

| | petr. | lyc. | sulph. | alum. | calc. | merc. | ars. | aur. | croct-h. | graph. | hep. | mur-ak. | sel. | sil. |
|---|-------|------|--------|-------|-------|-------|------|------|----------|--------|------|---------|------|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 5 | 4 | 4 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 1. EXTREMITIES - ERUPTION - Hand - palm - psoriasis (19) 1 | 1 | 2 | 2 | - | 1 | 2 | - | 1 | 1 | 1 | 1 | 2 | 2 | 1 |
| 2. EXTREMITIES - ERUPTION - Hand - bleeding (4) 1 | 2 | 2 | - | 2 | - | 2 | - | - | - | - | - | - | - | |
| 3. EXTREMITIES - ITCHING - Palm (51) 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 1 |
| 4. EXTREMITIES - CRACKED skin, - Hands - palms of (4) 1 | 2 | - | 1 | - | - | - | - | - | - | - | - | - | - | |
| 5. SKIN - ERUPTIONS - dry - bleeding after scratching (6) 1 | 2 | 2 | 2 | 1 | 2 | - | 2 | - | - | - | - | - | - | |

Chart No. 1 - Repertorial Analysis



Figure-1: Clinical Images of the Eruptions Taken on 19.02.2015



Figure-2: Clinical Images of the Eruptions Taken on 11.03.2015



Figure-3: Clinical Images of the Eruptions Taken on 17.06.2015



Figure-4: Clinical Images of the Eruptions Taken on 10.09.2015

Result and Discussion

Drastic improvement was noticed in the first month of treatment itself. As Shown in Figure.2 (Picture Taken on 11.03.2015) the Deep Ulcer over the Left Hand Thenar area started healing along with reduction in Scaling and Thickening of the adjacent areas of Eruptions. In the 4th Month Visit, the Ulcer got completely healed and the pink coloured new normal skin layer started developing over the eruption area as Shown in Figure.3 (Picture Taken on 17.06.2015). The Psoriatic eruptions over the patients hands were completely healed with normal skin layer as shown in Figure.4 (Picture Taken on 10.09.2015). The patient was totally treated for Six Months. At the end of the treatment all the eruptions presented over his palms were healed and new skin formation was also noted.^[12]

Conclusion:

The Palmar Psoriasis disappeared completely with Homoeopathic treatment in Six months of time. Further the patient was

monitored for the next one year with no recurrence. This case stands as an example that Homoeopathy can be more efficacious in treating chronic pathological diseases like Palmoplantar Psoriasis. Further study on more number of patients is needed for concrete conclusion.^[13]

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