Psoriasis and Homoeopathy

© Dr. Rajneesh Kumar Sharma
BSc, BHMS, MD (Homoeopathy), DI (Hom) London, hMD (UK) etc.
Homoeo Cure & Research Institute
NH 74, Moradabad Road, Kashipur (Uttaranchal)
INDIA, Pin- 244713 Ph. 05947- 260327, 9897618594
drrajneeshhom@hotmail.com, drrajneeshhom@yahoo.co.in
www.homeopathictreatment.org.in, www.treatmenthomeopathy.com,
www.homeopathyworldcommunity.com

Psoriasis is an immune-mediated, noncontagious, genetic disease manifesting in the skin and/or the joints. Psoriasis is a, lifelong skin disease.

Causes of Psoriasis

These are unknown but it is believed to have a genetic component. Most researchers agree that the immune system is somehow mistakenly triggered, which speeds up the growth cycle of skin cells. A normal skin cell matures and falls off the body's surface in 28 to 30 days. But a psoriatic skin cell takes only three to four days to mature and move to the surface. Instead of falling off, the cells pile up and form the lesions.

Risk factors to trigger Psoriasis

1. Emotional stress
2. Injury to the skin
3. Some types of infection and reactions to certain drugs
4. Stress can cause psoriasis to flare for the first time or aggravate existing psoriasis.
5. Injured or traumatized areas. This is known as the "Koebner phenomenon." Vaccinations
6. Sunburns
7. Scratches can all trigger a Koebner response. The Koebner response can be treated if it is caught early enough.
8. Certain medications, like antimalarial drugs, lithium and certain beta-blockers, are also known to cause people's psoriasis to flare.
9. Other triggers may include weather, diet and allergies.

Triggers will vary from person to person and what may cause one person's psoriasis to flare may produce no reaction in another individual.

Types of psoriasis

There are five types of psoriasis.

1. Plaque: Most common form of the disease
2. Guttate: Appears as small red spots on the skin
3. Inverse: Occurs in armpits, groin and skin folds
4. Pustular: White blisters surrounded by red skin
5. Erythrodermic: Intense redness over large areas

1- Plaque psoriasis

Plaque psoriasis is the most prevalent form of the disease. Its scientific name is psoriasis vulgaris (vulgaris means common). It is characterized by raised, inflamed, red lesions covered by a silvery white scale. It is typically found on the elbows, knees, scalp and lower back, although it can occur on any area of the skin.

It first appears as small red spots which may enlarge gradually into well-defined patches of red, raised skin called either "plaques" or "lesions."
They are covered by a flaky, silvery white buildup called "scale," which is composed of dead skin cells. This scale becomes loose and sheds constantly from the plaques.
Psoriatic is generally very dry, and other possible symptoms include skin pain, itching and cracking.

2- Guttate psoriasis

Guttate psoriasis often starts in childhood or young adulthood. The word guttate is derived from the Latin word meaning "drop." This type of psoriasis resembles small, red, individual spots on the skin. Guttate lesions usually appear on the trunk and limbs. These spots are not normally as thick or as crusty as lesions of plaque psoriasis.
Guttate psoriasis often comes on quite suddenly. It may be due to upper respiratory infections, streptoccocal infections, tonsillitis, stress, injury to the skin and the administration of certain drugs (including antimalarials and beta-blockers). A streptococcal infection of the throat is a common guttate psoriasis trigger. Strep throat can be present without symptoms and can still cause a flare of guttate psoriasis. This type of psoriasis may persist despite clearance of the strep infection.
This form of psoriasis may resolve on its own, occasionally leaving a person free of further outbreaks, or it may clear for a time only to reappear later as patches of plaque psoriasis.

3- Inverse psoriasis

Inverse psoriasis is found in the armpits, groin, under the breasts, and in other skin folds around the genitals and the buttocks. This type of psoriasis starts as very red lesions and usually lack the scale associated with plaque psoriasis. It may appear smooth and shiny. Inverse psoriasis is particularly subject to irritation from rubbing and sweating because of its location in skin folds and tender areas. It is more common and troublesome in overweight people and people with deep skin folds.

4- Erythrodermic psoriasis

Erythrodermic psoriasis is a particularly inflammatory form of psoriasis that often affects most of the body surface. It may occur in association with von Zumbusch pustular psoriasis. It generally appears on people who have unstable plaque psoriasis, where lesions are not clearly defined. It is characterized by periodic, widespread, fiery redness of the skin. The erythema and exfoliation of the skin are often accompanied by severe itching and pain.
Erythrodermic psoriasis can occur abruptly as the initial sign of psoriasis, or come on more gradually in people with plaque psoriasis. Its causes are still unknown. But it may be triggered by abrupt withdrawal of systemic treatment; the use of systemic steroids (cortisone); an allergic, drug-induced rash that brings on the Koebner response (a tendency for psoriasis to appear on the site of skin injuries); and severe sunburns.

5- Pustular psoriasis

Primarily seen in adults, pustular psoriasis is characterized by white pustules (blisters of noninfectious pus) surrounded by red skin. The pus consists of white blood cells which is not an infection, nor contagious. It may be localized to certain areas of the body–for example, the hands and feet. Pustular psoriasis also can be generalized, covering most of the body. It tends to go in a cycle–reddening of the skin followed by formation of pustules and scaling. It can appear suddenly as the first sign of psoriasis, or plaque psoriasis can turn into pustular psoriasis.

Causes of Pustular Psoriasis

Pustular psoriasis has been triggered by internal medications, irritating topical agents, overexposure to UV light, pregnancy, systemic steroids, infections, emotional stress and sudden withdrawal of systemic medications or potent topical steroids.
Several different types of pustular psoriasis exist.

Types of pustular psoriasis

a- Von Zumbusch

The onset of von Zumbusch pustular psoriasis can be abrupt. Widespread areas of reddened skin develop, and the skin becomes acutely painful and tender. Within as little as a few hours, the pustules appear. The pustules then dry and peel over the next 24 to 48 hours, leaving the skin with a glazed, smooth appearance. A fresh crop of pustules may then appear. Eruptions often come in repeated waves that last days or weeks.
It can be triggered by an infection; sudden withdrawal of topical or systemic steroids; pregnancy; and drugs such as lithium, propranolol (Inderal) and other high blood pressure drugs, iodides and indomethacin.
It may appear in a person with history of plaque psoriasis. It is associated with fever, chills, severe itching, dehydration, a rapid pulse rate, exhaustion, anemia, weight loss and muscle weakness.

b- Palmo-plantar pustulosis

Palmo-plantar pustulosis (PPP) is a type of pustular psoriasis that generally affects people between the ages of 20 and 60 and causes pustules on the palms of the hands and soles of the feet. This type of psoriasis affects females more than males.
PPP is characterized by multiple pencil eraser-sized pustules in fleshy areas of the hands and feet, such as the base of the thumb and the sides of the heels. The pustules appear in a studded pattern throughout reddened plaques of skin, then turn brown, peel and become crusted. The course of PPP is usually cyclical, with new crops of pustules followed by periods of low activity.

c- Acropustulosis (acrodermatitis continua of Hallopeau)

This rare type of psoriasis is characterized by skin lesions on the ends of the fingers and sometimes on the toes. The eruption occasionally starts after an injury to the skin or infection. Often the lesions are painful and disabling, producing deformity of the nails. Occasionally bone changes occur in severe cases. This form has traditionally been hard to treat.

Psoriasis on specific skin sites

Psoriasis can occur on any part of the body. Psoriasis sometimes appears on the eyelids, ears, mouth and lips, as well as on skin folds, the hands and feet, and nails. The type of skin at each of these sites is different and requires different treatments. The skin on the face is very different from the thicker, rougher skin of the elbow.

a- Pustular psoriasis of the palms and soles

This form of psoriasis is characterized by white pustules surrounded by red skin. The pus is not contagious. The lesions are most prominent on the palm toward the base of the thumb, the fleshy part of the palm toward the ring and little finger, and on the soles and sides of the heels. Often, the lesions are painful and disabling. Plaque psoriasis can appear elsewhere on the body at the same time.

b- Psoriasis around the eyes

When psoriasis affects the eyelids, lashes may become covered with scales, and the edges of the eyelids may be red and crusty. If inflamed for long periods, the rims of the lids may turn up or down. If the rim turns down, lashes can rub against the eyeball and cause irritation.
Psoriasis of the eye is extremely rare. When it does occur, however, it can cause inflammation, dryness and discomfort, and may impair vision.

c- Psoriasis in the ears

Psoriasis in the ears can cause scale build-up that blocks the ear canal. This build-up may lead to temporary hearing loss. Psoriasis generally occurs in the external ear canal, not inside the ear or behind the eardrum.

d- Psoriasis in and around the mouth and nose

Rarely psoriasis lesions appear on the gums, the tongue, inside the cheek, inside the nose or on the lips. The lesions are usually white or gray. Psoriasis in these areas can be relatively uncomfortable, and can cause difficulty in chewing and swallowing food.

e- Psoriasis in skin folds

Inverse psoriasis can occur in the armpits, groin, under the breasts and in other skin folds around the genitals and buttocks. This type of psoriasis first shows up as smooth, dry lesions that are very red. Inverse psoriasis is frequently irritated by rubbing and sweating due to its location in skin folds and tender areas.

f- Genital psoriasis

Psoriasis can occur in the genital area at the same time it occurs elsewhere on the body, or it can appear in the genital area only. People with genital psoriasis may have affected areas that range from small, red spots to large patches.
The most common type of psoriasis in the genital region is inverse psoriasis.

Affected areas

The six regions of the genital area that may be affected by psoriasis include:

1. *pubis*

2. *upper thighs next to the groin* - Psoriasis of the upper thighs often consists of many small, round patches that are red and scaly. Psoriasis in between the thighs may be more easily irritated if the thighs rub together when moving, walking or running
3. *creases between the thigh and the groin*
4. *genitals themselves (the vulva, for women; the penis and scrotum, for men)* - In women, psoriasis of the vulva often appears as a smooth, nonscaly redness. If this sensitive area is irritated by scratching, it may become infected. Scratching also can produce dryness, thickening and further itching of the skin. Genital psoriasis usually affects the outer skin of the genitals. Mucous membranes, such as the vagina, are not normally affected by psoriasis–however, they can be. In general, genital psoriasis does not affect the urethra, the canal through which urine is expelled from the body.
   In men, psoriasis of the penis may appear as many small, red patches on the glans or shaft. The skin may be red and scaly, or it may be smooth and shiny. Genital psoriasis affects both circumcised and uncircumcised males.
5. *skin between the anus and vulva or anus and scrotum, and the skin around the anus* – Psoriasis on or near the anus is red, no scaly and prone to itchiness. Psoriasis in this area may be confused with yeast, fungal infections, hemorrhoidal itching, strep infections and even pinworm infestations. The presence of these conditions can complicate the treatment of psoriasis, and make the psoriasis worse.
6. *crease between the buttocks* - Psoriasis in the buttocks crease may be red and nonscaly, or red with very heavy scales. The skin in this area is not as fragile as that of the groin.

Genital psoriasis in children

Children my also have genital psoriasis. Itching can cause irritation, which may become infected. Scratching also can produce dryness, thickening and further itching of the skin.

g- Scalp psoriasis

Scalp psoriasis is very common. Like psoriasis elsewhere on the body, skin cells grow too quickly on the scalp and cause red lesions covered with scale to appear.
Scalp psoriasis can be very mild, with slight, fine scaling. It can also be very severe with thick, crusted plaques covering the entire scalp, which commonly can cause hair loss. Psoriasis can extend beyond the hairline onto the forehead, the back of the neck and around the ears. Most of the time, people with scalp psoriasis have psoriasis on other parts of their body as well. But for some, the scalp is the only affected area.

Differential diagnosis of scalp psoriasis

Other skin disorders, such as seborrheic dermatitis, may look similar to psoriasis, but there are differences. Scalp psoriasis scales appear powdery with a silvery sheen, while seborrheic dermatitis scales often appear yellowish and greasy. Despite these differences, the two conditions can be easily confused.

h- Psoriasis of the nails

The nail problems most commonly experienced by psoriasis patients are:

- Pitting—shallow or deep holes in the nail
- Deformation—alterations in the normal shape of the nail
- Thickening of the nail
- Onycholysis—separation of the nail from the nail bed
- Discoloration—unusual nail coloration, such as yellow-brown

Special Conditions of Psoriasis

Conception, pregnancy and psoriasis

Psoriasis, in and of itself, does not affect the reproductive system of a woman or a man. Some women report their psoriasis improves or worsens during pregnancy.
Psoriasis often changes because of pregnancy.
In the postpartum phase, psoriasis usually gets worse, most often within four months of delivery.

Psoriatic arthritis

Psoriatic arthritis is a chronic inflammatory disease of the joints and connective tissue, was first described in 1818 by a French physician, Baron Jean Louis Alibert,
About 10 percent to 30 percent of people with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling in and around the joints. Both genetic and environmental factors seem to be associated with the development of arthritis. The immune system plays an important role.

Signs and symptoms

Psoriatic arthritis causes stiffness, pain, swelling and tenderness of the joints and the tissue around them. Movement of the joint(s) may be difficult.
Some cases of psoriatic arthritis cause deterioration of the spine and deformity of the joints, leading to disability.
It can develop slowly with mild symptoms, or it can develop quickly and be severe. Major symptoms include-

1. Generalized fatigue
2. Tenderness, pain and swelling over tendons
3. Swollen fingers and toes
4. Stiffness, pain, throbbing, swelling and tenderness in one or more joints
5. A reduced range of motion
6. Morning stiffness and tiredness
7. Nail changes; for example, the nail separates from the nail bed and/or becomes pitted and mimics fungus infections
8. Redness and pain of the eye, such as conjunctivitis
9. The disease can develop in a joint after an injury and may mimic a cartilage tear.
10. Muscle or joint pain can occur without joint inflammation.
11. Tendonitis and bursitis may be prominent features.
12. Swelling of the fingers and toes can suggest a "sausage-like" appearance.
13. Psoriatic arthritis affects the distal joints in fingers or toes. The lower back, wrists, knees or ankles also may be affected.

Types of Psoriatic Arthritis

There are five types of psoriatic arthritis:

1. Symmetric
2. Asymmetric
3. Distal interphalangeal predominant (DIP)
4. Spondylitis
5. Arthritis mutilans.

1- Symmetric arthritis

This form of psoriatic arthritis is much like rheumatoid arthritis but generally milder with less deformity. It usually affects multiple symmetric pairs of joints (occurs in the same joints on both sides of the body) and can be disabling. The associated psoriasis is often severe.

2- Asymmetric arthritis

Asymmetric (not occurring in the same joints on both sides of the body) arthritis can involve a few or many joints. It can affect any joint, such as the knee, hip, ankle or wrist. It could involve just one finger or a number of them. The hands and feet may have enlarged "sausage" digits. The joints may also be warm, tender and red. Patient may experience periodic joint pain.

3- Distal interphalangeal predominant (DIP)

This form of arthritis, although the "classic" type, occurs in only about 5 percent of people with psoriatic arthritis. Primarily, it involves the distal joints of the fingers and toes (the joint closest to the nail).

4- Spondylitis

In about 5 percent of individuals with psoriatic arthritis, inflammation of the spinal column is the predominant symptom. Inflammation with stiffness of the neck, lower back, sacroiliac or spinal vertebrae are common symptoms in a larger number of patients, making motion painful and difficult. Peripheral disease can be present in the hands, arms, hips, legs and feet. Spondylitis, when severe, may be associated with generalized symptoms.

5- Arthritis mutilans

This is a severe, deforming and destructive arthritis that affects fewer than 5 percent of people with psoriatic arthritis. It principally affects the small joints of the hands and feet, though there is frequently associated neck or lower back pain. Arthritic attacks and remissions tend to coincide with skin flares and remissions.

Differential Diagnosis of Psoriatic Arthritis

1. *Bursitis:* Inflammation of a bursa, a small sac of fluid that cushions and lubricates an area between tendon and bone or around a joint
2. *Tendonitis:* Inflammation of a tendon, a ropelike fiber that connects muscle to bone
3. *Gout:* Disease caused by deposits of uric acid crystals in the joints; characterized by pain, swelling, redness, heat and stiffness in a joint or joints
4. *Reactive arthritis:* Form of arthritis that, in addition to joints, can affect the eyes; typically is triggered by an infection

5. *Rheumatoid arthritis:* Inflammation of membranes or tissues lining the joints; over time, the inflammation may destroy the joints

Psoriatic arthritis can develop without the skin lesions characteristic of psoriasis or the nail changes. Generally, psoriasis appears before the arthritis.

Therapeutics

Synthesis Repertory- SKIN - ERUPTIONS – psoriasis with remedy grades-

alum.-1	calc-s.-2	iris-2	naphtin.-1	sil.-2
am-c.-1	canth.-2	kali-ar.-2	nat-m.-1	staph.-1
ambr.-1	carb-ac.-1	kali-br.-1	nit-ac.-2	stel.-1
ant-t.-2	carb-v.-1	kali-c.-2	nuph.-1	still.-1
ars.-2	chin.-2	kali-p.-1	petr.-2	sul-i.-1-
ars-i.-3	chrys-ac.-2	kali-s.-2	ph-ac.-1	sulph.-2
ars-s-f.-1	chrys-ac.-2	led.-1	phos.-2	tell.-1-
ars-s-r.-1	cic.-1	lob.-2	phyt.-3	teucr.-1-
aur.-1	clem.-2	lyc.-3	pix-1	thuj.-1
aur-ar.-1	cor-r.-1	mag-c.-1	psor.-2	thyr.-1
bell-p.-1	cupr.-1	mang.-2	puls.-2	tub.-1
berb-a.-1	dulc.-1	merc.-2	rad-br.-1	x-ray-1
borx.-1	gali.-1	merc-c.-1	ran-b.-1	
bry.-1	graph.-2	merc-i-r.-1	rhus-t.-2	
bufo-1	hydrc.-1	merc-k-i.-1	sars.-2	
calc.-2	iod.-1	mez.-2	sep.-3	