

The Role of Homoeopathy in the Management of Stress Induced Psoriasis- an Experimental Uncontrolled Clinical Trial at Dr. Batra's Dermatology Department

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Abstract: — Psoriasis is an auto – immune disease involving skin resulting into intense itchy patches, flaking and bleeding. Various research studies have shown established link between stress and psoriasis. For homoeopathic prescription understanding the patient i.e. the stresses is important. An experimental uncontrolled study was conducted to understand the scope of homoeopathy in this autoimmune condition. 100 patients of psoriasis were enrolled from various clinics of Dr. Batra's Positive Health Clinics having the stress and psoriasis. The individualised homeopathic prescription was based upon their causative factors and the stress they had experienced. The results were considered upon the objective parameters such as reduce scaling, itching and recurrence. The most common cause seen were anticipatory anxiety in 33% patients, grief from death in the family in 10%, humiliation in 10% , cares and worries 10%, excessive responsibilities 7%, while 30% has other variety of emotions ranging from anger to financial loss, domination and disappointment. The group of remedies which came up more frequently were Lycopodium 17%, Natrum Mur 13%, Phosphorus 10%, Staphysagria in 7% of the case. Then Arsenic Album, Calc group, Silicea and Kali Carb were indicated when anxiety was more.

Most of the patients reported marked improvement in scaling and symptoms along with feeling better at mental level. Most of the participants did not have recurrence of lesions which were persistent since many years. Most of the participants indicated improved general health and well being with enhanced ability to cope with their stress. Thus the study concludes the importance of knowing the stress and the role of Homeopathy in the management of stress induced Psoriasis.

I. INTRODUCTION

Inclusion criteria:

- Stress linked onset of the disease
- History of heredity
- Associated Thyroid
- Hypertension

Exclusion Criteria:

- Age group less than 10 and over 70 yrs
- Erythrodermic case
- Secondary infected lesions
- Psoriatic arthropathy or any other complications of Psoriasis

- Pregnancy
- Associated Auto immune conditions such as

DM

- Recent infections
- Drug reactions
- History of other conventional or alternative treatment in last 6 months for Psoriasis

II. METHODOLOGY:

100 participants includes men, women and children of all ethnic groups between age group of 10 – 70 yrs. Inclusion and exclusion criteria were considered for selection of the participants. The diagnosis was based over the common clinical presentation such as erythema (redness), thick scaly lesions and intense itching. Dermatologist opinion was taken to confirm the diagnosis.

The clinical conditions presented in varying forms ranging from mild i.e. less than 3% of body areas, moderate i.e. 3 – 10% of body areas and severe i.e. more than 10% of area (1% = surface area of the palms)(2). The affected areas include one or more lesions involving extensor surfaces such as scalp, stomach, back, elbow, hands, legs, feet and certain common sites wherein psoriasis is noted i.e. palms, soles and behind the ears. The selected participants has varying forms of stress pertaining to their emotions such as anger, worries, grief, disappointments, financial loss, physical abuse (injury) etc ...

Psoriasis is defined as a common, chronic, inflammatory & proliferative condition of the skin. Psoriasis is an autoimmune disease that causes raised, red, scaly patches to appear on the skin. The skin is made up of two layers, epidermis (outer layer) and dermis (inner layer). The cells born in lower layer of epidermis are moved to epidermis at an interval of 28-30 days. They replace the existing cell layer of epidermis. In psoriasis, this process of cell production in epidermis is accelerated. New cells are formed and moved upward to the outer skin surface faster than they can be exfoliated (removal of dead skin) from the outer skin. The new cells die and get accumulated on outer surface as plaque or dead skin. They eventually scale off in the form of flakes. Immune system plays a vital role in increased cell production and plaque formation. Excessively rapid production of skin cells is triggered by chemicals released by white blood cells called lymphocytes. The role of lymphocytes is to protect our body from infections caused by viruses and bacteria. In psoriasis the lymphocytes play damaging role instead of protective role, and produce inflammatory changes (redness, pain, itching) in the skin. This mechanism is called autoimmune as immune system plays significant role in psoriasis. It's a long-term (chronic) skin condition with periods of natural remission. All age groups and both sex are affected. Genetic predisposition is very common. Psoriasis is found in members of the same family. The intensity and severity of psoriasis may range from mild form (small patch on skin) to a severe form where the person's entire body is covered with such patches

The exact cause of psoriasis isn't fully understood, but scientists believe psoriasis is the result of several factors, including genetics, environmental factors, and the immune system. Stress has been scientifically proved that it is one of the predominant triggering and maintaining cause of psoriasis

Numerous Retrospective and prospective studies has concluded an association of stress and exacerbation of psoriasis .The common stressors noticed from the previous clinical study data are financial worries In the psoriasis vulgaris group, the most common stressful life event seen was financial loss or problems (8%), followed by death of close family member (4%), sexual problems (4%), family conflict (2%), major personal illness or injury (2%), and transfer or change in working conditions (2%), failure in examinations (2%), family member

unemployed (2%), illness of family member (2%), getting married or engaged (2%), miscellaneous (2%)(1).

Another retrospective studies have demonstrated that 37–88% of patients believe that their psoriasis is caused or exacerbated by stress that daily stressors trigger increased itch and psoriasis severity, and that patients with high levels of worrying are most vulnerable to the impact of stressors. Psoriasis itself serves as a stressor for patients, thus exacerbate psoriasis, the disease process, becomes a self-perpetuating, vicious cycle. Homeopathy is known for its effectiveness to overcome stress, it is a holistic medical practice that treats the person as a whole and thus addresses the underlying issues that lead to stress. Thus the treatment in homeopathy combines the understanding of both the psycho and the physiological profile of the patient, with the psychological profile being given more importance. Homeopathy recognizes the uniqueness of each individual and treats him/her accordingly. Identifying the factors that cause stress, and the various reactions to such factors, are of utmost importance in homeopathy since symptoms are most often manifested when one is exposed to an external force stronger than his/her internal vitality and immune system. Purpose of study: Lots of research studies have been found where stress and psoriasis link has been established and effectiveness of homeopathy in treating stress has been well known fact. But not enough research done to establish role of homeopathy in stress induced psoriasis Conclusion:

At the end of the study, most of the participants reported marked improvement in scaling and symptoms along with feeling better at mental level. Most participants did not have recurrence of lesions which were persistent since many years. Moreover, most of the participants indicated improved general health and well-being, as well as an enhanced ability to cope with their stress in better way. Sufficient changes were also noted in photographs to corroborate evidential proof of actions of homeopathic, medicines on the same.

This study supports the assurance of a treatment for psoriasis, which is cost effective and non-toxic. This study contributes to medical knowledge, resulting in a greater efficacy in the therapeutic management of patients suffering from psoriasis. The aim of this study was to decrease the frequency and severity of the participants'

psoriatic symptoms through the use of a homoeopathic remedy.

REFERENCE

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