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Homeopathic Management of a known case of chronic psoriasis with vitiligo: A Case Report

Dr. Dharmesh R Savaj¹

PG Scholar,
Department of Practice of Medicine
Rajkot homeopathic medical college, Rajkot, Gujarat.

Dr. Hitarth Mehta²

MD.(HOM) Principle And Prof. HOD Department of Practice Of Medicine Parul University, RHMC-Rajkot, Gujarat.

Dr. Urmila balgaria³

MD (HOM) Assistance prof.
Department of Practice Of Medicine
Parul University, RHMC-Rajkot, Gujarat.

Abstract:

This case report highlights the individualized homeopathic management of known case of severe foot eczema with hypertension in a middle-aged female patient. Presenting symptoms included known case of chronic psoriasis with vitiligo with severe itching with thick skin with cracks, Over a span of eight months, progressive improvement was observed in itching ,lesion on skin ,cracks as well as in associated physical and psychological symptoms. The homeopathic remedy *NATRUM MUR* was administered based on holistic totality, demonstrating notable therapeutic outcomes without any adverse effects.

Keywords: Chronic Psoriasis, Vitiligo, Homeopathy, Natrum Mur, Case Report, Psychosomatic Symptoms, Individualized Treatment.

1. INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well-defined, red, scaly plaques. It is a non-contagious and relapsing-remitting condition that involves hyperproliferation of keratinocytes and immune system dysregulation, affecting the skin, scalp, nails, and sometimes joints (psoriatic arthritis).

Vitiligo is chronic autoimmune conditions characterized by the loss of pigment in the patch of the skin causing them to appear lighter than the surrounding skin , the patch is often well-defined and symmetrically distributed , are a result of the body s immune system attacking the melanocytes , the cells that produce melanin, the pigment responsible for the skin colour.

This case study illustrates a patient-centric, holistic homeopathic approach to managing chronic psoriasis with vitiligo

2. CASE PRESENTATION

Name: Dhanshukhbhai Vyas

Age N Sex n Religion: 48 Years/Male/Hindu

Education: 10th



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- Occupation/ Marital Status/ Nationality: Married Indian Diamond Worker
- Address: Ved Road, Kataragam, Surat-Gujarat

CHIEF COMPLAINTS:

- **❖** KNOWN CASE OF CHRONIC VITILIGO AND CHRONIC PSORIASIS
- ♦ White spot—x 40 yrs back--1st on scalp then 17 yrs pachi than spot on LEFT anterior tibila surface than hollow on rt knee than rt ankle medial aspect heel area
- ❖ White spots on dorsum of hands-finger bil, ant tibial surface − bil, near med malleolus −rt side ankle
- ❖ Eruption—dry, scaling, cracked --fingers x 5 yrs --??? Psoriasis // It side tip of left 1st, 2ndfinger
- << loss of sleep cause head pain</p>

ASSOCIATED COMPLAINS

 \rightarrow All the comeplain is due to thyroid that what I feels \rightarrow HYPOCHONDRIASIS—Sleep Disturbed.

ASSOCIATED COMPLAINS

• 8/11/22--TSH-15

OBSERVATIONS

- Well behaved
- Religious-tilak

PAST MEDICAL HISTORY:

- Had Taken Covid Vaccine
- G6PD
- Appendectomy x 22 yrs back
- Hypothyroidsim—x 4 yrs and on antithyroid drug
- Had thyroid nodules
- Koch s 2006

FAMILY HISTORY:

- SON- vitilgo
- MOTHER –DM

CONSTITUTIONAL DETAILS:

- o **Physical general:** Appetite: 3-4 Chapatti / meal
- o Thirst: 10-12 glasses / day
- Sleep loss of it cause head pain ,, lots neurotic attacks during sleep
- o Thermal HOT

MENTAL/EMOTIONAL STATE:

❖ In patient's word:

LIFE SPACE →→ BUSINESS-WORK

- Own diamond business x 17 yrs, one financial loss ,so tense about money borrowed form the people ,, but despite all adversity I gave all money which I borrowed.
- ∘ REACTIOSN –to situations → I get to understand all the person in my bad time who r real time helper and who r just so called good person
- o DADA—I followed by father ethically ,morally, socially everywhere stricky n by heart
- ∘ WIFE → HIS WIFE AND BROTHER"S WIFE CONFLICT



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- Long confict since many yrs ,, still I bear all pain due to family relations , brothers emotions , social society emage
- I disked critics on somebody else who ever he is
- suddenly I got severe palpitation at night when I was sleep ,, last for few second and recoved –
 ANGUISH (AS HEART REPORTS NORMAL)

BASIC-

- ALWAYS GIVE GOOD THING TO THE PEOPLE high good morals, responsivle
- ALWAYS LET GO, SUDDEN PALPITIONS —anguish "fearful timid
- LOTS OF HURTS WHEN OTHER FAMILY MEMBER SUFFERS OVER SOME HELATH ISSUE strong family bonding
- STRONG CONCERN FOR SELF SOCIAL IMAGE IN SOCIETY social image

BEFORE TRETMENT CLINICAL PRESENTATION



RUBRIC-ANALYSIS AND EVALUATIONS ON PRESENT DISPOTIONS DISPOSITIONS

- WILL weak
- o MORALS good
- SENSITIVE- critics ,reproaches ,family breakings ,social image
- EMOTIONALLY fearful-anticipation, anguish
- Timidity ,never react yet brooder
- HOT as per thermal
- VITILIGO OVER PSORIATIC PATCH



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TOTALITY OF SYMTOMS

	Calc	Lyc	Alum	Aur	Coca	Cupr	lgn	Nat-m	Phos	Puls	Sep	Sulph
	5	3	3	3	2	2	2	2	3	2	3	3
	3	3	2	2	2	2	2	2	2	2	2	2
	5	3	3	3	2	2	2	2	3	2	3	3
DISCOLORATION white spots, vit	2	1	2	2	1			1	2		2	2
RESPONSIBILITY strong	2	1		1		1	1	1		1		
SOCIAL position, concerned about	1	1	1		1	1	1		1	1	1	1

3. TREATMENT AND FOLLOW-UP

- > Acc to Repertoraisation, mental and physical symptoms
- > NATRUM MURIATICUM is similimum remedy.
- Rx NAT-MUR 200 SD -18/6/24
 SAC LAC 6-6 1 MONTH

1ST- F/U -9/7/24

SKIN – Got Taenia Lower Gluteals ,Rest Same NAT M 10M SIGNLE DOSE AND SL FOR 1 MONTH 2^{ND} – F/U -21/8/24

Psoriasis → white patch → again now eruptions happens → taenia increased, itching ++++ NAT M 50M SD..

 $3^{RD} - F/U - 2/9/24$

White Spot –Better/Taenia –Itching Control/No New Lesions/Crack In Fingger Better NIL 200 SD... POSITRONIUM 1M



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4. DISCUSSION

This case demonstrates a successful homeopathic intervention for chronic psoriasis with vitiligo and its associated psychosomatic manifestations. The holistic understanding of the patient's mental, emotional, and physical symptoms guided remedy selection.

• *NAT MUR* was selected for emotional reactions, constitutional totality, genetic traits, psychosomatic presentation.

Homeopathy facilitated improved chronic eczema with all its ailments , emotional stabilization, and enhanced general well-being, without the need for conventional remedy.

5. CONCLUSION

Individualized homeopathic management, when applied thoughtfully, can provide effective complementary care in chronic psoriasis with vitiligo, The case supports the role of holistic prescribing in addressing both physical and emotional components of chronic illness.

Further studies with controlled methodology are warranted to validate these findings on a broader scale.