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Clinical Outcome of Palmoplantar Psoriasis Managed with Individualized Homoeopathic Treatment: A Case Report

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Abstract

Introduction: Palmoplantar psoriasis is a chronic and localized form of psoriasis that primarily involves the palms and soles, presenting with thickened, scaly, or pustular lesions. It accounts for about 3–4% of all psoriasis cases, while psoriasis itself affects roughly 2–5% of the global population. Although the precise cause remains uncertain, Palmoplantar psoriasis is widely recognized as an immune-mediated inflammatory disorder influenced by a combination of genetic susceptibility, environmental triggers, and autoimmune mechanisms. Despite being non–life-threatening, Palmoplantar psoriasis poses significant therapeutic challenges, as its underlying causative factors are not well established. Current conventional treatments often provide only temporary relief, leading many patients to discontinue therapy due to limited long-term effectiveness.

Case summary: A 45-year-old male farmer with palmoplantar psoriasis for one year was treated with individualized homoeopathic medicine. Based on the totality of symptoms, Lycopodium clavatum 200C was prescribed as the similimum and administered weekly once for 3 weeks. PASI scoring was used to assess improvement, showing a significant reduction from 13.2 before treatment to 0.8 after treatment over 4 months. Clinical improvement was further supported by photographic evidence and PASI score comparison, demonstrating the effectiveness of individualized homoeopathic treatment in this case of palmoplantar psoriasis.

Keywords: Lycopodium, Homoeopathy, Palmoplantar Psoriasis, PASI Score

Introduction

Psoriasis is a chronic and relapsing inflammatory skin disorder marked by the appearance of red, scaly, and often itchy plaques on various parts of the body.[1]Palmoplantar psoriasis is a variant of psoriasis located on the palms and soles which often occurs along with psoriasis elsewhere on the body and less commonly may be the only skin manifestation.[2,3]This condition may present with thickened hyperkeratotic, pustular, or mixed types of lesions.[4]Research suggests that Palmoplantar psoriasis could represent a genetic variant of psoriasis, as both share similar histopathological features, including neutrophil activity and comparable chemokine expression profiles. Furthermore, psoriasis is observed in up to 20% of individuals diagnosed with Palmoplantar psoriasis.[5]

The prevalence of palmoplantar psoriasis among individuals with psoriasis varies considerably across studies, ranging from approximately 2.8% to 40.9%. The lesions are most often bilaterally symmetrical, though in some cases unilateral involvement may occur.[6]

Palmoplantar psoriasis is considered to arise from a complex interaction between genetic susceptibility and environmental influences. Among the genetic factors, the human leukocyte antigen Cw6 has been most commonly associated with the condition. Environmental triggers known to precipitate or aggravate palmoplantar psoriasis include cigarette smoking, exposure to certain detergents, seasonal variations, mechanical friction, and repeated trauma to the affected areas.[7]In addition, several external factors can further exacerbate psoriasis, including infections and emotional stressors such as shock, anxiety, or psychological strain. Certain medications, particularly lithium, beta-blockers, and antimalarial drugs, have also been reported to trigger or aggravate disease activity, contributing to the recurrent nature of the condition These factors can contribute to disease onset or recurrence, making effective management particularly challenging.[8]

Clinical features

Palmoplantar psoriasis may occur on its own or along with psoriasis on other parts of the body. The condition shows different clinical patterns, depending on the severity and extent of skin involvement. It is usually marked by well-defined, red, and scaly plaques on the palms and soles. In some cases, small pustules may appear a form known as palmoplantar pustular psoriasis. Other common signs include nail changes such as pitting or thickening, and painful cracks or thickened, rough skin, hyperkeratosis, which can cause discomfort and difficulty in daily activities[5].

Diagnosis

palmoplantar psoriasis is primarily clinical, based on the distinctive appearance and distribution of skin lesions. Patients typically present with thickened, scaly hyperkeratotic plaques, sterile pustules, or a combination of both, most often affecting the palms and soles. Among these, the hyperkeratotic form is the most frequently observed. The lesions are generally symmetrical, although unilateral involvement may occasionally be seen. Common features include erythema, scaling, and painful fissures, which can cause considerable discomfort and functional limitation.[4]

The Psoriasis Area and Severity Index (PASI) is a widely used tool in clinical studies to objectively evaluate the severity and extent of psoriatic lesions. It provides a numerical score ranging from 0 to 72, allowing clinicians to monitor disease progression and assess treatment outcomes throughout the course of management.[8]

Conventional treatment options for psoriasis include phototherapy, photochemotherapy, and systemic therapies using biologics and immunomodulators. However, these synthetic drugs are often linked with significant adverse effects. Factors such as treatment cost, drug intolerance, resistance, and the occurrence of serious side effects greatly influence the choice and continuation of systemic therapy. Although biologic agents have shown remarkable effectiveness and can be life-saving in severe cases, they also carry potential risks of infection, particularly reactivation of latent tuberculosis, and an increased risk of malignancy with long-term use. These limitations highlight the need for safer and more sustainable alternative treatment approaches, such as individualized homeopathic management, to improve patient outcomes and quality of life.[9]

This case report describes the management of a severe form of psoriasis through individualized homeopathic treatment. It highlights the therapeutic potential and positive role of homeopathy in effectively managing psoriasis and improving the patient's overall quality of life. Several reports have demonstrated the effectiveness of individualized homeopathic treatment in managing chronic skin conditions such as palmoplantar psoriasis.[10,11]The present evidence-based case highlights how an individualized approach, emphasizing the treatment of the diseased individual rather than the disease itself, can lead to significant clinical improvement.

Patient Information

A 45-year-old married male, a farmer by occupation, belonging to a middle-class background, presented with complaints of cracks and blackish discoloration on the left palm and right sole for the past one year. The lesions were associated with itching, burning, and occasional bleeding, which worsened on walking and exposure to heat. The patient had taken conventional treatment earlier, which provided only temporary relief. He had a past history of urinary tract infection. Habit of taking alcohol occasionally. Mentally The patient reported persistent fearful thoughts following a land dispute two years ago, despite receiving a favourable resolution through the local panchayat. He expressed a fear of harm from those involved in the dispute and developed an intense fear of accidents, looking at blood while driving. He tended to avoid conflict, especially with his wife, due to fear of social judgment and losing respect in the neighbourhood. The patient was emotionally sensitive, easily moved to tears by sentimental events, and often felt distressed by emotional situations or seeing blood. The patient was thirsty, had a hot thermal state, and experienced profuse perspiration all over the body.

Clinical findings

On examination, the patient's blood pressure was 130/80 mmHg and pulse rate was 78 beats per minute. The skin appeared dry with deep cracks and bleeding accompanied by blackish discoloration and mild scaling. At base line the PASI score was 13.2

Diagnostic Assessment

The case was diagnosed as palmoplantar psoriasis based on the clinical presentation characterized by deep cracks and bleeding accompanied by blackish discoloration and mild scaling affecting right palm and left sole, associated with itching, burning, and bleeding on movement or heat exposure.

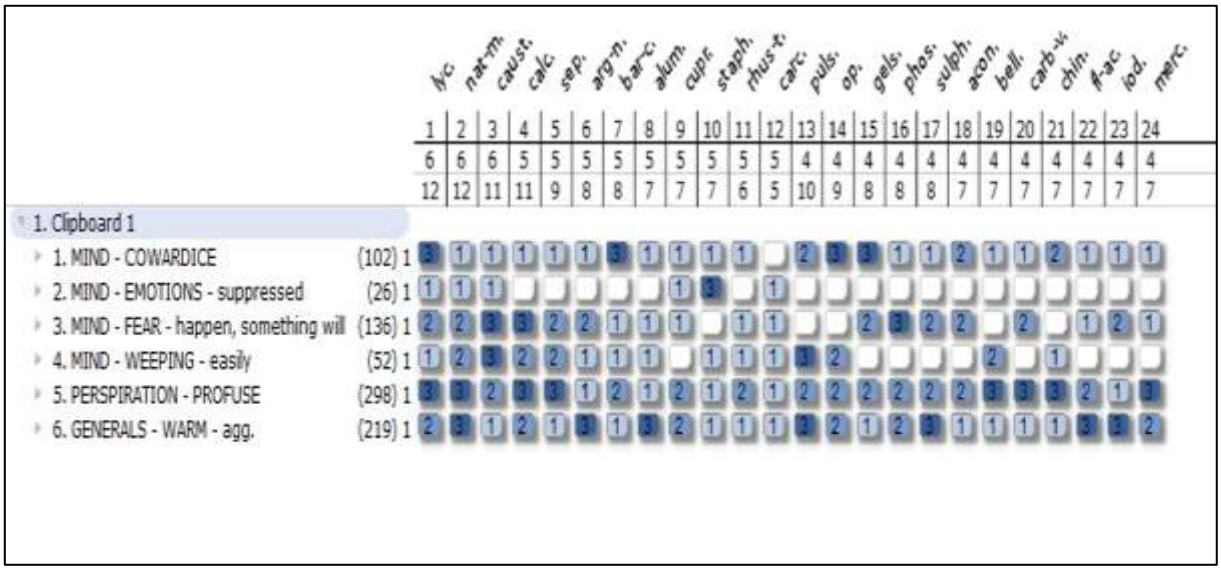
Therapeutic intervention

The case analysis was carried out using Kent's method, wherein the totality of symptoms was derived by integrating the patient's mental, general, and physical characteristics to identify the most suitable remedy. The following symptoms were considered for totality:

1. Cowardice
2. Emotions suppressed
3. Fear something will happen
4. Weeping easily
5. Perspiration profuse
6. Warm Agg
7. Hot patient

A miasmatic assessment of the presenting symptoms was carried out in reference to Dr. Samuel Hahnemann's "The Chronic Diseases." The evaluation revealed a predominant Sycotic miasm. Considering the The above totality which includes prominent mental and physical generals, aligning with Kentian philosophy[12] Synthesis Repertory in RADAR[13] Homoeopathic Software was utilized for systematic repertorisation and the resulting repertorial chart is presented below[Figure1].Based on the correlation of repertorial result and Materia Medic knowledge Remedy was selected[14,15].

Figure 1: Repertorisation sheet



Prescription:

The first prescription given was Lycopodium clavatum 200C, one dose at bedtime once a week for three weeks. The patient was also advised to maintain general hygiene of the affected areas. The follow-up findings are presented below in Table 1.

Table 1: Follow-up & Outcomes

Date	Follow-up Findings	Prescription	Justification / Remarks
09 Dec 2024	Skin appeared dry with deep cracks and bleeding, blackish discoloration, and mild scaling. Intense itching, burning, and bleeding on movement or heat exposure.	Lycopodium 200C, 1 dose once weekly × 3 weeks	First prescription based on totality. Kentian approach applied. Patient advised on hygiene and gentle care of affected areas.
08 Jan 2025	Burning and itching reduced by around 30%. Bleeding less frequent; cracks still present. Blackish discoloration mildly improved. Sleep and anxiety better	Placebo daily × 4 weeks	Improvement observed; remedy action continues. Placebo given to allow further curative response.
11 Feb 2025	Noticeable healing of cracks; scaling and itching minimal. Discoloration fading. No new lesions. Patient feels calmer and more confident	Placebo daily × 4 weeks	Steady progress, no relapse or new complaints. Remedy effect maintained.

12 Mar 2025	Skin much smoother, cracks almost healed. Mild dryness and occasional itching on exposure to heat. No bleeding	Placebo daily × 4 weeks	Continued improvement; placebo maintained to support natural healing.
21 Apr 2025	Skin condition nearly normal. Only few superficial cracks persist without pain or bleeding. Discoloration and itching fully resolved. General well-being good.	Placebo daily × 4 weeks	Marked recovery; remedy action sustained. Case kept under observation for stability.

Palmoplantar psoriasis is a chronic condition known for its slow healing and tendency to recur. In this case, there was no appearance of new lesions or recurrence of previous cracks during the course of treatment. A mild aggravation was noted on exposure to heat, but it was of minimal intensity. The improvement in skin condition and healing of fissures before and after treatment are illustrated in Figure 2(a) and Figure 2(b)

The PASI score was evaluated at baseline and again at the fourth-month follow-up to assess disease severity. A significant improvement was observed, with the score decreasing from 13.2 at baseline to 0.8 after treatment with Lycopodium, indicating a marked reduction in the severity of the condition [Tables 1 ,2]

Figure 2: (a and b) Before and after treatment

a) Before Treatment

b) After Treatment

Table 1: PASI Score Pre-Treatment

09-12-24 - Total score = 13.2								
Region	**Erythema**	**Induration**	**Scaling**	**Lesion score sum(A)**	**Area Score (B)**	**Subtotal (C=A*B)**	**Body surface area(D)**	**Total C*D**
Head	0	0	0	0	0	0	Nil	Nil
Upper Limbs	0	2	1	3	2	6	0.2	1.2

Trunk	0	0	0	0	0	0	Nil	Nil
Lower Limbs	0	4	1	5	6	30	0.4	12

Table 2: PASI Score Post-Treatment

21-04-25 - Total = 0.8score (Posttreatment)								
Region	**Erythema**	**Induration**	**Scaling**	**Lesion score sum(A)**	**Area Score (B)**	**Subtotal (C=A*B)**	**Body surface area(D)**	**Total C*D**
Head	0	0	0	0	0	0	Nil	Nil
Upper Limbs	0	1	1	2	1	2	0.2	0.4
Trunk	0	0	0	0	0	0	Nil	Nil
Lower Limbs	0	1	0	1	1	1	0.4	0.4

Discussion

The positive outcome in this case indicates that homeopathy can serve as an effective complementary or alternative approach in the management of psoriasis. Homeopathy follows a holistic philosophy, focusing on treating the individual as a whole rather than just the disease. Its approach is based on the principles of symptom similarity and individualization, where the remedy is selected according to the patient's unique physical and emotional characteristics to promote overall balance and healing

Two recent case reports demonstrated the potential effectiveness of individualized homeopathic treatment in managing psoriasis, where remedies such as Petroleum and Staphysagria led to marked improvement in symptoms without any adverse effects. Although these isolated cases do not establish broad clinical efficacy, they offer supportive evidence of the holistic and individualized therapeutic potential of homeopathy in psoriasis management.[16,17]

In this case, the selection of the homeopathic remedy was guided by the patient's characteristic symptoms after detailed comparison and differentiation of remedies through repertorization using the Synthesis Repertory, Lycopodium clavatum was selected. Following the prescription, the patient showed marked improvement in both skin condition and general well-being, accompanied by a significant reduction in PASI score. The PASI score, which was 13.2 at baseline, decreased to 0.8 after 4 months of treatment, indicating substantial clinical improvement.

The remedy was not repeated during follow-ups as steady improvement was observed, aligning with Dr. Stuart Close's interpretation of Hahnemann's principles[18], which emphasize that a remedy should be withheld once a curative response is evident. This case underscores the importance of individualized remedy selection based on totality of symptoms and highlights the therapeutic potential of homeopathy in managing chronic conditions like palmoplantar psoriasis. Further clinical studies and long-term follow-ups are needed to substantiate these findings and assess relapse tendencies.

Conclusion

This case highlights the beneficial role of individualized homeopathic treatment in managing chronic pal-

moplantar psoriasis, a condition that often shows resistance to conventional therapies. The remedy, chosen through a holistic assessment of mental, physical, and miasmatic factors, led to a remarkable improvement in skin lesions, itching, and overall health. This outcome emphasizes the importance of addressing the individual as a whole rather than focusing solely on local pathology.

While this single case cannot establish general efficacy, it offers supportive evidence of the holistic potential of homeopathy in chronic skin disorders. Further long-term follow-up and clinical research are warranted to confirm these results and evaluate the likelihood of relapse after treatment.

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