International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Individualized Homoeopathic Management of Chronic Plantar Psoriasis: A Case Report

Dr. Ronak D. Mistry[1], Dr. Deepak B. Parmar[2], Dr. Shivam Malik[3]

[1]M.D. (Hom.), Associate Professor, Department of Pathology and Microbiology, CVM Homeopathic Medical College and Hospital, CVM University, New Vallabh Vidyanagar, Gujarat, India
[2]M.D. (Hom.), Professor, Department of Physiology and Biochemistry, CVM Homoeopathic Medical College and Hospital, CVM University, Vallabh Vidyanagar, Gujarat, India.
[3]M.D.(Hom.), Assistant Professor, Department of Physiology and Biochemistry, CVM Homoeopathic Medical College and Hospital, CVM University, Vallabh Vidyanagar, Gujarat, India.

Abstract

Background: Plantar psoriasis is a chronic inflammatory dermatosis characterized by hyperkeratotic, fissured, and pruritic lesions affecting the soles of the feet. Due to its recurrent nature, functional impairment, and resistance to conventional therapies, management often remains challenging.

Case Presentation: A 47-year-old female presented with a 12-year history of dry, hard, cracked lesions on both soles associated with severe nocturnal itching, pain on walking, and occasional serous discharge. Detailed homoeopathic case taking revealed characteristic mental symptoms including intolerance to injustice and anger from contradiction, along with physical generals such as profuse offensive perspiration and marked thirst for cold water.

Intervention: Following repertorial analysis and Materia medica verification, *Mercurius solubilis* was prescribed in ascending potencies according to the patient's response.

Outcome: Progressive improvement was observed over nine months, culminating in complete relief from itching and pain, healing of fissures, reduction of hyperkeratosis, and improvement in general well-being without adverse effects.

Conclusion: This case highlights the potential role of individualized homoeopathic treatment in chronic plantar psoriasis and emphasizes the importance of constitutional prescribing based on totality of symptoms.

Keywords: Plantar psoriasis, Homoeopathy, Mercurius solubilis, Constitutional remedy, Case report.

Introduction

Psoriasis is a chronic immune-mediated inflammatory skin disorder affecting approximately 2–3% of the global population.[1] Palmoplantar psoriasis represents a localized variant involving the palms and soles and is characterized by erythema, scaling, hyperkeratosis, fissuring, and varying degrees of pain and disability.[8] Owing to the thick skin of the palms and soles, treatment frequently becomes difficult and relapses are common.[9]

Plantar psoriasis can significantly impair daily activities, occupational functioning, and quality of life.[2] Differential diagnosis often includes chronic eczema, tinea pedis, and palmoplantar keratoderma.[10]

Homoeopathy approaches such chronic conditions through individualized prescribing based on mental, physical, and particular symptoms. The present case illustrates the successful management of a long-standing case of plantar psoriasis through constitutional homoeopathic treatment.

Case Presentation

Patient Information

A 47-year-old female attended the outpatient department on **5 January 2025** with complaints of:

- Dry, hard skin over both soles.
- Deep fissures and cracks.
- Severe itching, especially during night.
- Pain while walking.
- Occasional transparent discharge from affected areas.

The patient had been suffering from these complaints for approximately twelve years. The condition began gradually with small dry eruptions over the soles and progressively worsened over time. Despite receiving various allopathic, Ayurvedic, and homoeopathic treatments, including repeated use of topical steroid preparations, no lasting relief was achieved.

The patient was a known case of diabetes mellitus and hypertension and was receiving regular conventional treatment. She reported a past history of dengue fever two years earlier from which she recovered completely. No significant family history of psoriasis or autoimmune disorders was present.

Clinical Findings

On examination, the patient's blood pressure was 136/80 mmHg, pulse rate 83/minute, respiratory rate 18/minute, and temperature 97°F.

Local examination revealed marked hyperkeratosis and induration of the plantar skin with multiple painful fissures. Severe itching was present and was worse during the night. Occasional serous discharge was reported.

The patient was moderately built with satisfactory appetite. Characteristic physical generals included marked thirst for cold water and profuse offensive perspiration over the entire body.

Mentally, she expressed a strong intolerance toward injustice and stated that she would oppose any unfair action regardless of the authority involved. Anger from contradiction and irritability over trivial matters were prominent features.

Figure 1. Clinical presentation before treatment (5 January 2025)



Case Analysis

According to Kent's method, special importance was given to mental generals and characteristic physical generals.

Totality of Symptoms

Mental Generals

1. Intolerance to injustice.
2. Anger from contradiction.

Physical Generals

1. Desire for cold water.
2. Profuse perspiration.
3. Offensive perspiration.

Particular Symptoms

1. Dry, hard skin of soles.
2. Itching aggravated at night.
3. Cracks and fissures of soles.

Repertorial Analysis

The case was repertorized using Kentian methodology.

Table 1. Repertorial Rubrics Selected

Sr. No.	Rubric
1	Mind – Contradiction, intolerant of
2	Mind – Anger, contradiction from
3	Generalities – Thirst, cold drinks desired
4	Perspiration – Profuse
5	Perspiration – Offensive
6	Skin – Itching – night
7	Skin – Cracks – feet – soles
8	Skin – Hardness
9	Skin – Dryness

Table 2. Repertorial Result

Remedy	Score
Mercurius solubilis	18
Pulsatilla	13
Sepia	12

Remedy	Score
Rhus toxicodendron	11
Sulphur	10

Figure 2. Repertorial Sheet[3]



Rubrics	Merc Sol	Puls	Sep	Rhus Tox
Contradiction intolerant	3	2	2	1
Anger from contradiction	3	1	2	1
Desire for cold drinks	2	1	1	1
Perspiration profuse	2	2	1	1
Perspiration offensive	3	1	1	1
Itching night	2	2	1	2
Cracks soles	1	1	1	2
Hardness of skin	1	1	1	1
Dry skin	1	2	2	1
Total	**18**	**13**	**12**	**11**

The repertorial result indicated *Mercurius solubilis* as the leading remedy. Materia medica verification further supported the prescription due to its affinity for offensive perspiration, night aggravation, fissured skin lesions, and irritability from contradiction. [4]

Miasmatic Analysis

Psoriasis is considered a mixed miasmatic condition involving psoric, sycotic, and syphilitic expressions.[6]

Table 3. Miasmatic Correlation

Psora	Sycosis	Syphilis
Itching	Hyperkeratosis	Cracks

Psora	Sycosis	Syphilis
Dryness	Hardness of skin	Fissuring
Functional disturbance	Infiltration	Tissue destruction

The presence of dryness and itching reflected psora, hyperkeratosis suggested sycosis, while fissures and cracks indicated syphilitic involvement. The overall picture corresponded well with the known sphere of action of *Mercurius solubilis*.[5]

Therapeutic Intervention

The patient was prescribed:

Mercurius solubilis 30C

- Four globules twice daily for 15 days.

The patient was advised to:

- Maintain proper foot hygiene.
- Apply coconut oil locally.
- Avoid unhealthy dietary habits.
- Continue conventional treatment for diabetes and hypertension.

Subsequent prescriptions were based on clinical response and homoeopathic principles.

Follow-up and Outcome

Table 4. Follow-up Summary

Date	Clinical Response	Prescription
20 Jan 2025	Itching 10% better	Merc Sol 30 continued
23 Feb 2025	Itching 30% better	Merc Sol 30 OD
22 Mar 2025	Itching 50% better	Placebo
20 Apr 2025	Improvement ceased	Merc Sol 200 single dose
27 May 2025	Cracks improving	Placebo
03 Jul 2025	Itching 90% better	Placebo
08 Sep 2025	Standstill state	Merc Sol 1M
13 Oct 2025	No itching	Placebo
20 Nov 2025	Marked improvement	Placebo
25 Dec 2025	Near complete recovery	Treatment stopped

By the end of treatment, itching had completely disappeared, fissures had healed significantly, pain during walking was absent, and the plantar skin had regained near-normal texture.

Furthermore, offensive perspiration, which had been a prominent general symptom, was no longer present. No homoeopathic aggravation or adverse effects were observed during treatment.

Figure 3. Clinical presentation after treatment (25 December 2025)



Discussion

Palmoplantar psoriasis often presents therapeutic challenges because of chronicity, recurrent nature, and resistance to conventional management.[7] In the present case, the constitutional prescription was based not merely on local pathology but on the complete symptom totality.

The characteristic mental symptoms, namely intolerance to injustice and anger from contradiction, together with physical generals such as profuse offensive perspiration and thirst for cold water, played a decisive role in remedy selection. Repertorial analysis and materia medica verification consistently pointed toward *Mercurius solubilis*.

Progressive improvement in local lesions and constitutional symptoms over nine months supports the homoeopathic principle that cure proceeds through individualized prescribing directed toward the patient as a whole rather than merely the disease diagnosis.

Conclusion

This case demonstrates the successful management of chronic plantar psoriasis through individualized homoeopathic treatment. A carefully selected constitutional remedy, *Mercurius solubilis*, based upon totality of symptoms and repertorial analysis, resulted in substantial clinical improvement and restoration of quality of life.

Although conclusions from a single case report are limited, the favorable outcome suggests that individualized homoeopathic treatment may offer a beneficial therapeutic option in selected cases of chronic plantar psoriasis. Further controlled clinical studies are warranted.

Patient Consent

Written informed consent was obtained from the patient for publication of clinical information and clinical photographs while preserving anonymity.

References

1. Griffiths CEM, Barker JNWN. Pathogenesis and clinical features of psoriasis. Lancet. 2007;370(9583):263–271.
2. Bolognia JL, Schaffer JV, Cerroni L. Dermatology. 4th ed. Philadelphia: Elsevier; 2018.
3. Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B Jain Publishers; 2004.
4. Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: B Jain Publishers; 2016.
5. Allen HC. Keynotes and Characteristics with Comparisons. New Delhi: B Jain Publishers; 2005.
6. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure. New Delhi: B Jain Publishers; 2004.
7. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill; 2022.
8. Davidson S. Davidson's Principles and Practice of Medicine. 24th ed. London: Elsevier; 2022.
9. Kumar V, Abbas AK, Aster JC. Robbins and Cotran Pathologic Basis of Disease. 10th ed. Philadelphia: Elsevier; 2020.
10. Mandal B. Textbook of Dermatology. 7th ed. New Delhi: CBS Publishers; 2021.