

CASE REPORT

Use of Intercurrent Remedy in the Homoeopathic Management of Psoriasis Vulgaris: A Case Report

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ABSTRACT

Introduction • Psoriasis is a chronic inflammatory dermatological condition characterized by well-demarcated erythematous scaly plaques. It affects the immune system of the body causing inflammation and hyper-proliferation of the skin, where a key role is played by immune dysfunction and psychological stress. Psoriasis is a relapsing and remitting disease which shows its affections primarily for skin. This makes it more difficult to treat as there often is a mental maintaining cause associated in the background. Homoeopathy is an ideal system of medicine for the treatment of such diseases which show affections for both physical and mental sphere. Whilst treating such diseases, the homoeopathic physician often faces challenges when the most indicated remedy stops acting after an initial amelioration. This demands the usage of an intercurrent remedy which removes the obstacles in the path of cure and brings about recovery in the patient.

Case Summary • A 28-year-old female presented with thick, coppery red eruptions on ear pinnae, scalp, extensor surface of left hand, back and ankles laterally. Based on the totality of symptoms, she was prescribed Staphysagria 1M which initially provided relief to the patient. The case was stood still for several months during which both placebo and Staphysagria 10M were prescribed. Still there was no progress whatsoever, the case was retaken, but the totality and the remedy were same. This was a clear call for prescribing an anti-miasmatic remedy to remove the miasmatic block. The patient was prescribed Psorinum 1M as an intercurrent anti-miasmatic remedy with remarkable physical and mental recovery. Staphysagria 10 M was repeated which later removed all the lesions and restored the patient mentally too. (*Altern Ther Health Med.* [E-pub ahead of print.])

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INTRODUCTION

Psoriasis is a disease which affects the immune system of the body causing inflammation and hyper-proliferation of the skin.^{1,2} Though the cause is unclear, it is evident that the inflammation is due to the dysfunction in the immune system and is mostly referred to psychological stress. Psoriasis presents by the formation of well defined, erythematous plaques and scaly eruptions on the extensor surfaces and

scalp. The lesions are known to be a recurring ailment.² The appearance of the lesions differs in different individuals, depending on the various skin types.

The prevalence of psoriasis is approximately 0.44 to 2.8% of population in India while 1.5% to 3% of the populace is affected in countries out of India. It affects both males and females equally. It has been reported that females are usually affected by psoriasis in a much younger age.³

Psoriasis affects various tissues and organs of the body. One in three people suffering from psoriasis contract psoriatic arthritis.¹

In this disease, the skin cells and their life cycles are affected. The normal replacement of the skin cells occurs after about three to four weeks. But in psoriasis, this process takes place faster, so much so as three to eight days. The over accumulation of cells gives a scaly and patchy appearance to the skin. The skin also becomes rough, dry, and painful.³

Clinically, the lesions of psoriasis are of six types namely plaque, guttate, erythrodermic, pustular, inverse and palmoplantar.^{2,4} The plaque psoriasis is the most frequent

type accounting to almost 90% of the cases. The lesions in plaque psoriasis are usually symmetrical and are seen localizing on the scalp, knee, face, and the elbow.

Many triggering factors participate in the manifestations of psoriasis. Studies show that stress is one of the most contributing factors in the patients known to excite and aggravate the disease. Several other exacerbating factors include physical trauma, human immunodeficiency virus (HIV) or streptococcal infections, prolonged sun exposure, and abuse of drugs such as steroids, etc.²

A homoeopathic physician faces a lot of challenges while treating a patient with psoriasis. Understanding the patient as an individual and prescribing the most similar remedy to him/her based on the totality of symptoms obtained is one of the most unique features of the art of homoeopathy. Dr. Hahnemann in his Aphorism 1 says that it is the mission of the physician to cure the patient of his ailments.⁵ But in this process of cure, a homoeopathic physician encounters several obstacles which hinder the process of cure in the patient. The discovery of a wisely chosen intercurrent remedy by Dr. Hahnemann has certainly brought about ease in the process of cure. As psoriasis sufficiently affects the quality of life of the patient, it became crucial for considering a remedy that would help in overall betterment of the patient and give symptomatic relief of the skin lesions.⁶

In a homoeopathic treatment, an intercurrent prescription is added for the purpose of removing any underlying ailment. It is also known to accelerate the process of cure and for the removal of any hindrance found in the process of cure. These hindrances can also be termed as miasmatic blocks.⁷ Based on the analysis of the miasmatic picture of the patients, a suitable anti-miasmatic remedy for the patient can be found. The well-chosen anti-miasmatic remedy in this case can restore the sensitivity to the constitutional remedy of the patient.⁸

Dr. Hahnemann introduced intercurrent remedies for acute and chronic illnesses in his first edition of 'The Theory of Chronic Diseases' in the year 1828.⁷ When a well-chosen remedy based on the totality of symptoms fails, an intercurrent remedy is known to save the case. It usually is in the form of a complementary medicine, a constitutional remedy or a nosode. An intercurrent remedy is usually thought of when the remedy selected based on the totality of symptoms suddenly stops working in the patient after showing good results initially.

An acute intercurrent remedy is given when an acute episode of a disease arises in the midst of a chronic disease. The acute disease can possess a different picture than the already present chronic disease in the body. On the other hand, a chronic intercurrent remedy is the one which is often given as an anti-miasmatic remedy for the removal of the miasmatic block in the chronic case.⁹ The chronic intercurrent remedy also takes care of the removal of various obstacles in cure as mentioned by Dr. Roberts in his book of Principles and Art of Cure of Homoeopathy. Certain repertories and several books of Materia Medica mention some common intercurrent remedies in the relationship of remedies.

CASE HISTORY

A 28-year-old female, known case of psoriasis vulgaris for four years, perented to outdoor patient department (OPD). Informed consent was obtained from the patient. She works in an Information Technology (IT) company since four years as a sedentary worker. Her disease began with the complaints of thick, scaly red eruptions over her ear pinnae, temporal scalp, and the back. She had extensive itching on the eruptions with white scales falling of the lesions every time she scratched. There was no bleeding from the lesions. She underwent several treatments like allopathy, ayurveda, and homoeopathy for the same disease for seven years. The treatment she received was in the form of oral tablets and topical ointments. The patient only temporarily felt symptomatic relief from these forms of treatment. She was having hair fall for last 2 year for which she was taking SPA treatment from a reputed salon for last 6 months. The lesions on her back appeared whitish, scaly with immense itching. She had history of dental caries and root canal treatment one year ago. But, the tooth sensitivity she had since two and half years, continued to occur off and on, becoming worse when she used to take cold food or drinks. Since then, she started on drinking lukewarm water as she could not tolerate cold water. She had become very irritable since her separation. She noticed that her tooth sensitivity worsened whenever she got angry. There was no family history of significance.

Physical generals

The patient had frequent urging for urination. Since her separation, she was sleepy whole day but could not sleep at night as she was constantly worried about her future. She used to feel tremendous weakness in the morning, so much so that sometimes she had to take leave from job, as she didn't have the strength to get out of bed. She was investigated for weakness and was given a course of multivitamins but there was no relief. Thermally, she was towards chilly.

Mental Generals

The patient got married five and half years ago. She had a love marriage. After her marriage she was shocked to see the change in her husband's behaviour. She said that what he was as a boyfriend was a different person and after marriage, he was totally different and orthodox. When at in-laws place her husband and mother-in-law would insult her in front of guests as she was not a good cook and other petty things. She got so frustrated after 6 to 8 months that she left that house and lived independently with other working women in a shared flat for 4 years. She used to feel heartbroken and get upset whenever she thought of her husband's changed behavior. She said that he was not the man she loved. She had developed indifference and hatred towards him. She described herself as reserved and impatient. She was loquacious but she was unable to share her feelings with anyone. She found it difficult to vent out her emotional turmoil to anyone and ended up hiding it.

Table 1. Repertorisation sheet (indicated remedy–Staphysagria)

Remedy name	Staph	Sulph	Phos	Lach	Calc	Nat-m	Sep	Ant-c	Sil	Bell	Bry	Nux-v
Totality	36	28	27	27	25	24	24	24	23	22	22	22
Symptoms covered	10	8	9	8	7	9	9	8	7	9	8	8
[Complete] [Skin]Eruptions: Psoriasis:(156)	4	3	3		3	1	4		3	1	1	
[Complete] [Skin]Eruptions: Psoriasis:Grief,after: (1)	3											
[Complete] [Sleep]Sleeplessness: Night: Sleepiness,with: Daytime(60)	4	4	3	1		1	1	1	3	1	1	3
[Complete] [Teeth]Sensitive, tender: (155)	3	4	3	4	4	3	3	4	3	3	3	3
[Complete] [Teeth]Sensitive, tender: cold agg: (48)	3	3	1	4	4	2	1	3	3	1	3	3
[Complete] [Head]Hair: (334)	4	4	4	4	4	4	4	4	4	4	3	1
[Complete] [Generalities]Weakness:Morning:Waking on and after (117)	3		3	3	3	1	3	1	3	1	3	3
[Complete] [Bladder]Urging to urinate, morbid desire: (529)	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Love: Disappointment,unhappy, ailments from agg:(88)	4	3	3	3		4	1	3		3		2
[Complete] [Mind]Grief: Ailments from,agg: (178)	4	3	3	4	3	4	3	4		4	4	3

Differential diagnosis

1. Lichen Planopilaris
2. Tinea capitis
3. Tinea corporis
4. Dermatitis
5. Pityriasis simplex capitis
6. Psoriasis

Diagnosis

Psoriasis Vulgaris

Software used: Zomeo complete**Rubrics considered:** Complete repertory - with Kentian Approach (Table 1 and 3)**CASE ANALYSIS**

After analysing the symptoms of the case, the totality of symptoms was constructed with the characteristic mental general and physical general symptoms. The symptoms considered for constructing the totality of symptoms were ailments from disappointed love, grief, the tooth sensitivity, urging for urine (both important as they were concomitant), marked weakness on waking and general aggravation to cold. History of extensive and sudden dental caries was considered for giving Staphysagria.

Therapeutic Intervention

An individualized prescription for the patient was made based on the understanding of the Homoeopathic Materia Medica. The patient was assessed with psoriasis area and severity indexed (PASI) score before and after the treatment (Figures 1-5). Based on the totality of symptoms, Staphysagria was chosen as the remedy for the patient considering the traits of being reserved, emotional turmoil. The first prescription as a single dose of Staphysagria 1 M (4 globules of size 30) was prescribed to the patient on the 18th of October 2020; followed by placebo (4 globules of size 30, thrice daily) for a month (Table 2).

Totality of symptoms indicating psorinum after retaking the case. The predominant miasm of the case is

Table 2. Follow up for placebo given

Date	Symptoms	Treatment
November 21, 2020	The itching was remarkably reduced and the skin lesions over the scalp in and around the ear, fingers of left hand and ankle joint were reduced. The anxiety was reduced, and she could sleep for 4 to 5 hours though it was not a very sound sleep.	Placebo for 1 month (4 globules- thrice daily).
December 18, 2020	Status quo	Placebo (four globules, thrice daily)
January 20, 2021	No deterioration or betterment in her complaints	Placebo was given for 1 month.
March, 2021	No improvement at Mental/ General or even at the level of lesions	Staphysagria 1M (Stat)
July 10, 2021,	Case was retaken and based on the totality of symptoms. The subsequent follow ups showed that the eruptions showed an initial increase in itching and then reduced. The anxiety and weakness improved first and drastically. But her emotional state showed little progress and her tooth sensitivity was unaltered.	Psorinum 1M (Stat) followed by placebo for 1 month
September 1, 2021	Reduction in the patches of skin lesions over the back and all over, but during the pandemic she had lost her job and was jobless for 3 months, and since then she had become irritable and anxious.	Staphysagria 10 M single dose was prescribed followed by placebo for 1 month
October 4, 2021	Lesions had vanished, but she was a totally different person altogether. She had started going for morning walks and had started talking to her husband.	No treatment was needed.

Figure 1. The patient was assessed with psoriasis area and severity indexed (PASI) score before treatment criteria for assessment.

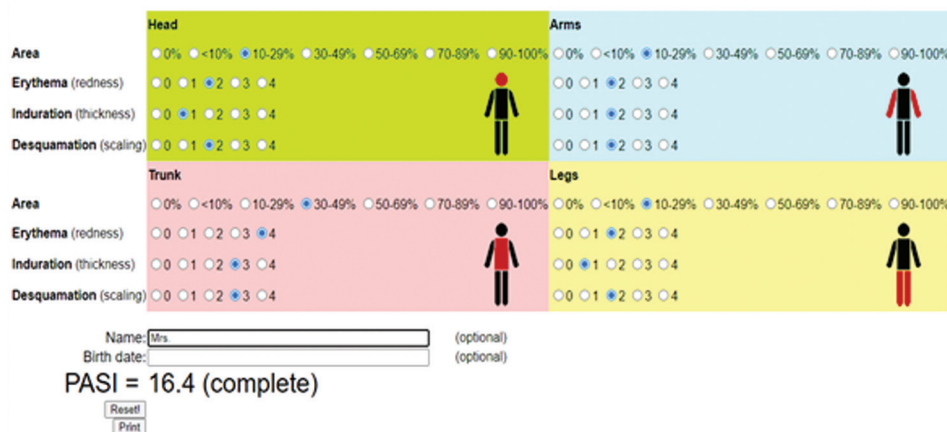


Figure 2. Status before generating the first prescription of Staphysagria [original]

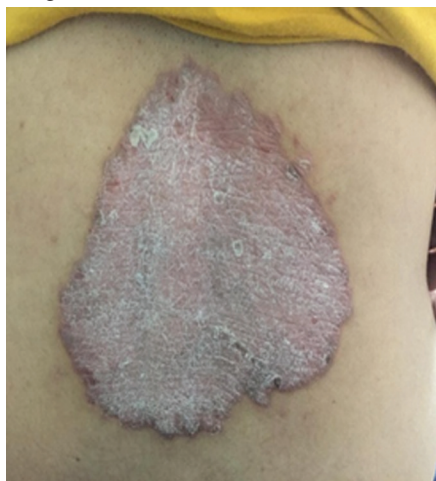


Figure 3. Status after retaking the case.

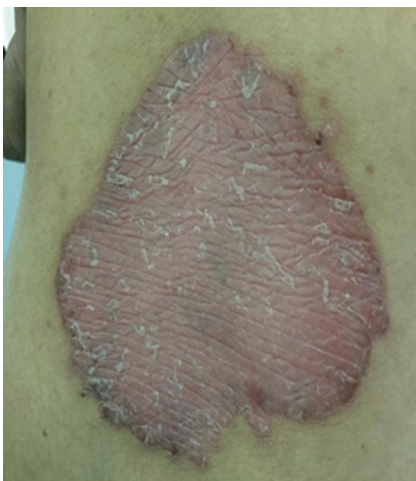


Figure 4. Status after the prescription of Psorinum as an intercurrent remedy [original]



Figure 5. PASI score after treatment

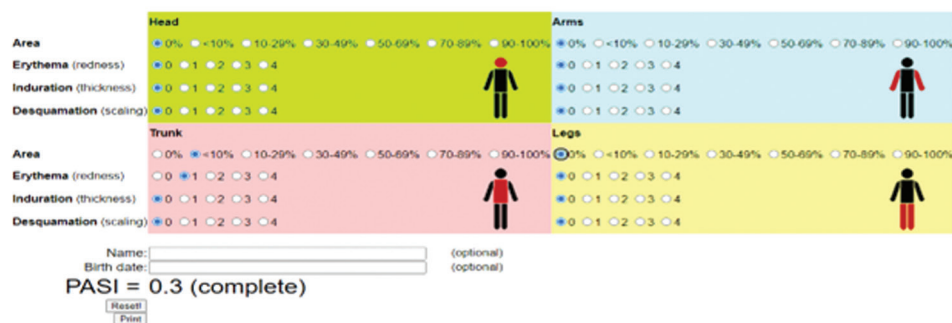


Table 3. Repertorization sheet (indicating Psorinum)

Remedy name	Psor	Arg-n	Arn	Chin	Mez	Mur-ac	Nit-ac	Canth	Caust	Hell	Kali-c	Alum
Totality	15	15	15	15	15	15	15	15	15	15	14	14
Symptoms covered	6	5	5	5	5	5	5	4	4	4	6	5
[Complete] [Mind]Grief: (236)	3	1	3	3	3	3	1		4	4	1	3
[Complete] [Sleep]Sleeplessness: (850)	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Sleep]Sleeplessness: Night: Sleepiness,with: Daytime(60)	1	3	1	1		1					1	
[Complete] [Skin]Eruptions:Psoriasis: (156)	3			3	3	3	3	3			3	1
[Complete] [Bladder]Urging to urinate,morbid desire: (529)	3	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Bladder]Inflammation,cystitis: (257)	1	3	3		1		3	4	3	3	1	2

psora as Dr. C.M. Boger has considered a single expression of a psoriatic patch as a pathological general as it is suggestive of the underlying miasm. Also, this is a psycho-somatic evaluation of disease with dental sensitivity, increased urging for urination. Dental carries being an expression of syphilitic miasm, most of these symptoms are covered by psorinum and it being a chilly nosode. Psorinum was given as an Anti-miasmatic remedy.

DISCUSSION

Dr. Kent says that a physician should always consider the first prescription as the remedy which has acted on the patient. A physician may prescribe multiple remedies to the patient based on the physician's understanding of the patient. The second prescription, on the other hand, is the one made after a successful first prescription (Kent, 1900). In the case discussed above, the prescription made with respect to the totality of symptoms constructed was Staphysagria. The initial relief experienced by the patient after Staphysagria 1 M was evident and significant. But after a certain amount of time, Staphysagria ceased to act in the patient. Neither did the patient experience any new symptoms nor any reappearance of an old symptom.

Dr. Kent says that it is the duty of the physician to wait until the repetition of the remedy until the patient's economy demands so.¹⁰ Hence, the patient was prescribed placebo for a considerable amount of time. When the physician was certain of no response from the patient,

According to Dr. Kent, the case was further re-evaluated and this time, the case clearly demanded to be prescribed an intercurrent remedy. An intercurrent remedy is the remedy which bridges the gap between two remedies in the patient. It is known to remove the block in the patient, which is mostly miasmatic in origin, and ensure cure in the patient.

Considering the presenting totality of symptoms, the dominating syphilitic miasm, susceptibility, temperament, and diathesis of the patient, an antimiasmatic nosode-psorinum 1M was prescribed. The prescription of psorinum proved to be a boon for the patient who in no time started showing improvement. After the prescription of psorinum, the patient started surfacing symptoms which was not seen earlier. The psoriatic lesions on the back, nape of the neck and groin recovered remarkably. Not only did the patient obtain relief physically, but also mentally she was better. Her dreams of running naked reduced gradually and stopped. Her emotional turmoil was under control. The patient

obtained relief on both particular and general spheres on giving Staphysgria 10 M single dose.

Often in our homoeopathic practice, we experience such stand stills in the patient and a well indicated remedy fails to provide relief to the patient. The physician often finds himself in a fix and feels helpless and lost. Most of the times, the physician's lack of judgement leads him to spoil a case which he could very well help initially. The use of an intercurrent remedy not only helps the case but has proven to be useful in benefitting the confidence of the physician in treating the case. As Gellert rightly says, the truth is slightly covered over, but did not bury deep.

CONCLUSION

Psoriasis vulgaris regressed over a period of one year and after taking subsequent follow ups there was no recurrence of symptoms. Patient was treated with staphysagria 10M with single dose which was followed by prescribing an intercurrent remedy Psorinum 1M. Significant improvement was seen in the clinical picture of the patient. This case shows the effective role of intercurrent remedy in the homoeopathic management of psoriasis vulgaris.

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