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Palmoplantar psoriasis: One dose, real cure

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Abstract

Palmoplantar psoriasis is a localized, chronic, and recurrent form of psoriasis that affects the palms of the hands and soles of the feet. It is often associated with significant pain, itching, and disability due to fissures, scaling, and erythema, which severely impact quality of life. Globally, psoriasis affects approximately 2-3% of the population, with palmoplantar involvement in up to 5% of these cases. Conventional treatments offer only partial relief and are often associated with side effects or limited long-term benefits.

This case study presents a 62-year-old female with a long-standing history of palmoplantar psoriasis, resistant to conventional therapies. After limited relief from allopathic interventions, she underwent individualized homeopathic treatment at Dr. Batra's. Over the course of treatment, there was a gradual reduction in itching, healing of fissures, and overall improvement in skin texture and general wellbeing. This paper highlights the potential of individualized classical homeopathy as a complementary therapeutic approach in managing palmoplantar psoriasis, especially in cases where conventional modalities fail to provide sustained relief. The case demonstrates the holistic nature of homeopathy in addressing both local and systemic symptoms by treating the person as a whole.

Keywords: Palmoplantar psoriasis, homeopathy, Dr. Batra's

Introduction

Palmoplantar psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by well-demarcated, hyperkeratotic, and often fissured plaques localized to the palms and soles. Unlike plaque psoriasis, PPP tends to be more resistant to treatment and significantly impairs a patient's quality of life due to pain, disability, and psychological distress ^[1, 2].

The pathogenesis of psoriasis, including PPP, involves a complex interaction between genetic predisposition and immune system dysregulation, particularly involving T-helper 1 (Th1) and Th17 cell pathways. Environmental factors such as stress, infections, mechanical trauma, and certain medications can act as triggers ^[3]. Common signs and symptoms include erythema, scaling, painful fissures, itching, and functional impairment due to involvement of weight-bearing or high-use areas ^[4].

Conventional treatments for PPP range from topical corticosteroids and keratolytics to systemic therapies such as methotrexate, retinoids, and biologics. However, these treatments may have side effects or may not offer long-term remission ^[5]. This often leads patients to seek complementary and alternative medical approaches, such as homeopathy, which focuses on individualized treatment and considers the patient's physical, mental, and emotional symptoms.

Homeopathy has been explored as a therapeutic option for various chronic dermatological conditions, including psoriasis. Case reports and observational studies suggest its potential in symptom management and improving the quality of life without the adverse effects seen in conventional treatments ^[6, 7].

This paper presents a case of chronic palmoplantar psoriasis treated successfully with individualized homeopathy, showcasing a holistic and integrative approach in managing autoimmune skin conditions.

Case Profile: A 62-year-old woman has been suffering from chronic and recurrent skin and systemic health issues for several years. Her primary complaints include chronic urticaria, palmoplantar psoriasis, allergic dermatitis, and overall skin sensitivity. She experiences persistent symptoms such as itching, dryness, scaling, redness, burning sensation, and episodic swelling, which are aggravated by heat, stress, and certain foods like garlic, onion, and soya.

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The skin issues have affected various parts of her body, including the hands, soles, neck, back, face, and eyebrows, sometimes accompanied by patchy hair loss and brittle nails. Over the years, she has also suffered from digestive problems including acidity, bloating, and a history of *H. pylori* gastritis. She has been regularly using antihistamines like cetirizine to manage her allergic symptoms, along with allopathic medications for anxiety, sleep disturbances, diabetes, hypertension, and high cholesterol. She has also reported pain in joints, sciatic symptoms, numbness, and weakness in limbs, and has been diagnosed with early osteoporosis and osteopenia. Other complaints include tinnitus, palpitations, hot flushes, and heightened skin sensitivity, where even slight touch or hair contact causes discomfort.

Despite undergoing long-term treatment involving homeopathy, allopathy, lifestyle and diet management, her condition has shown only partial and temporary improvements. Her symptoms tend to flare up with stress, infections (like COVID or herpes), and seasonal changes. Presently, while the severity of psoriasis and urticaria has reduced, she continues to face intermittent flare-ups with skin dryness, itching, and discomfort, particularly under emotional or physical stress, making this a case of chronic relapsing dermatological and systemic disorder influenced by autoimmune, allergic, hormonal, and psychological factors.

Physical Generals

General Appearance

- Moderately healthy
- Very smart looking; wears makeup regularly

Appetite

- Good
- Fond of homemade food

Diet

Pure vegetarian

Desires

Sweets (++) marked craving)

Aversions

None mentioned

Thermal Reaction

- Hot patient
- Intolerant to heat
- Feels better in cooler environments

Thirst

- **Quantity:** 3-3.5 litres/day
- **Quality:** Drinks large amounts at once
- **Frequency:** Regular and frequent

Stools

- Regular and satisfactory
- Tendency to constipation if she does not consume apple daily

Urine

- **Frequency:** 4-5 times/day

- **Complaint:** Swelling around urinary region due to urticaria

Perspiration

- Increased perspiration
- Severe and profuse sweating on palms
- Excessive sweating on scalp
- No mention of odor
- Non staining

Sleep

- **Duration:** 3-4 hours/day
- Disturbed and unrefreshing
- Feels unrested and unhappy due to poor sleep
- Tendency to remain active despite lack of rest

Dreams

Not mentioned

Menstrual & Obstetric History

- Menopause at age 42
- G2P2L2A0 (2 pregnancies, 2 live births, no abortions)
- No complaints during pregnancies

Examination

- **Skin of soles:** Well-defined, thickened, erythematous plaques with silvery-white scaling, especially on pressure areas
- **Texture:** Hyperkeratotic, rough with occasional fissures causing discomfort
- **Tenderness:** Mild to moderate tenderness on palpation over lesions
- **Nail changes:** Possible subungual hyperkeratosis or pitting in toenails (if involved)
- **Swelling:** No significant swelling or joint deformities noted
- **Range of motion:** Preserved in feet and toes
- **Secondary infection:** No signs of infection such as redness, warmth, or discharge
- **General:** Moderately built and nourished; alert, smart appearance
- **Vitals:** Stable (Pulse, BP, Temp within normal limits)
- **Scalp:** Excessive sweating; no lesions
- **Lymph Nodes:** Not palpable
- **Posture:** Normal

Mental Generals

She was born and brought up in Haryana in a happy childhood as the third of five siblings, including four sisters who all hold government jobs. She was a naughty and extroverted child, known for her pleasing personality. Academically, she completed her MA and B.Ed and pursued a career as a pharmacist, working for a long time in a Delhi government dispensary. Throughout her career, she has been very responsible and enjoyed taking on duties, always striving to meet expectations. She married 24 years ago and has two children. Her husband works in Delhi Police, and although he can be a bit dominating, their mutual understanding is good. She values a harmonious home environment and expresses her feelings openly, balancing assertiveness with compromise.

Her in-laws lived in a village, but she later moved to Rohini, where she manages family responsibilities, including caring for her father-in-law, who has cerebellar palsy. Her mother-in-law is well, but she shoulders much of the household care. Despite being very active and hardworking in the past, she now describes herself as feeling lazier. She is beauty-conscious and confident, with strong analytical skills and a straightforward nature, often speaking her mind openly. She gets angry quickly if interrupted or if tasks remain incomplete and experiences mood swings and occasional bouts of depression, though she can shift suddenly to cheerfulness. She is forgiving, never holding grudges, and easily apologizes, even to her children.

She harbors several fears, including heights, water, death, fire, staying alone, and certain insects like cockroaches and lizards. Emotionally sensitive, she cries easily, especially during emotional movies, and deeply feels the pain of others, often helping them selflessly without expecting rewards, though she desires appreciation and respect for her efforts.

Her hobbies include watching TV shows like mystery, Crime Patrol, and Savdhaan India, listening to music, dancing, playing sports, cooking, shopping alone or with her children, watching movies, traveling with her husband, and driving. She enjoys easy traveling and leads an active social

and personal life.

Past History

No significant past illnesses reported.

No history of major surgeries or hospitalizations.

No known allergies.

Family History

Mother has a history of psoriasis and eczema

Father suffered from intestinal cancer.

No other significant hereditary illnesses reported in the family.

Case analysis reportorial totality

SKIN- ERUPTIONS - discharging- corrosive

SKIN- ERUPTIONS - crusty-yellow

SKIN- ERUPTIONS- eczema

SKIN- EXCORIATION - scratching; after

SKIN- ERUPTIONS- tetters - chapped, cracked

MIND - ANXIETY - driving from place to place

MIND- CONFUSION of Mind

MIND - AILMENTS FROM -anger - suppressed

MIND- MANIPULATIVE

GENERALS - FOOD and DRINKS - sweets

Remedies	calc.	graph.	merc.	sulph.	thus-t.	petr.	sep.	nat-m.	staph.	alum.	kreos.	puls.	aur.	nit-ac.	ars.	lyc.	bov.	carb-v.	lach.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	7	7	7	6	6	5	5	5	5	5	5	5	5	5	4	4	4	4	4
Intensity	14	14	11	14	13	12	12	10	8	7	7	7	6	5	8	8	7	7	7
Result	7/14	7/14	7/11	6/14	6/13	5/12	5/12	5/10	5/8	5/7	5/7	5/7	5/6	5/5	4/8	4/8	4/7	4/7	4/7
Clipboard 5																			
SKIN - ERUPTIONS - discharging - corrosive	2	2	1	3	2			2	1						2				
SKIN - ERUPTIONS - crusty - yellow	2	1	2	1		2			2		1		1	1				1	
SKIN - ERUPTIONS - eczema	3	4	2	4	4	3	3	3	2	1	2	1	1	1	3	3	3	2	1
SKIN - EXCORIATION - scratching; after	1	3	1	1	1	3	2			2	1	1				2	1		2
SKIN - ERUPTIONS - tetters - chapped, cracked	2	1	1	3	2	1	3	1		1	1	2	1	1		1			1
MIND - ANXIETY - driving from place to place	1	1	1		1		1	1	1	1		1	1	1	1		1	1	
MIND - CONFUSION of mind	3	2	3	2	3	3	3	3	2	2	2	2	2	1	2	2	2	3	3

Fig 1: Repertory screenshot

Selection of Remedy

Calcarea Carbonica 200 was given as a single dose to address the patient's constitutional symptoms, followed by

Apis 30 twice daily to target the acute inflammation and swelling, especially in the affected areas.

Table 1: Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Skin eruptions - discharging, corrosive			+	
Skin eruptions - crusty yellow	+	+		
Skin eruptions - eczema	+			
Skin excoriation - scratching, after	+			
Mind - ailments from anger - suppressed	+			
Generals - food and drinks - sweets	+			

Materials and Methods

Synthesis repertory was used for repertorization

Results

Table 2: Monthly Progress Report and Prescription for Psoriasis Management

Month	Progress	Prescription
1st Month	Mild itching and dryness on palms, scaling reduced, mild sleeplessness	Calc carb 200 single dose followed by Apis 30 bd
2nd Month	Old lesions improving rapidly, mild itching on palms, dryness slightly present	Apis 30 bd continued
3rd Month	Better in psoriasis, itching and dryness mild, cramps and pain in legs	Continue Apis 30 bd
4th Month	Severe pain in palms and soles, numbness, sleeplessness, anxiety	Supportive care; Apis 30 bd
5th Month	Mild itching on hands and feet, some nerve pain, diet regular	Continue Apis 30 bd
6th Month	Better in psoriasis, pain in ankles, burning and swelling, dry cough	Continue Apis 30 bd
7th Month	Mild itching on lateral thigh, psoriasis better	Continue Apis 30 bd
8th Month	Mild dryness and itching on palms and soles, mild pain in knees	Continue Apis 30 bd
9th Month	Mild pain and itching on hands, burning in feet, brittle nails	Continue Apis 30 bd
10th Month	Dryness and itching on hands and feet, sleep disturbance, anxiety	Continue Apis 30 bd
11th Month	Mild itching on palms and soles, mild skin lesions, stress increased	Continue Apis 30 bd
12th Month	Mild itching, dryness improved, no new lesions, sleep better, mild knee pain	Apis 30 bd

Discussion & Conclusion

The patient presented with chronic palmoplantar psoriasis characterized by dryness, scaling, itching, and occasional skin eruptions with discomfort affecting daily life. The family history of psoriasis/eczema in the mother and intestinal cancer in the father pointed towards a genetic predisposition and possible miasmatic influence, mainly Psora with elements of Sycosis, as evident from the nature of the skin eruptions and mental symptoms such as anxiety and suppressed anger.

The case was managed with a constitutional homeopathic approach starting with Calcarea Carbonica 200, chosen based on the patient's physical generals, mental symptoms

(anxiety, restlessness), and the nature of the skin lesions (dryness, scaling, and slow healing), which align with Calc Carb's materia medica. This was followed by Apis Mellifica 30 to address the inflammatory, burning, and itching sensations, especially in the palmoplantar areas.

Over the course of 12 months, the patient showed gradual improvement with reduction in itching, scaling, and dryness, and better sleep and mental calmness.

Conclusion

This case demonstrates the effectiveness of individualized homeopathic treatment in managing chronic palmoplantar psoriasis





Fig 2: The transformation

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