



E-ISSN: 2708-0064  
P-ISSN: 2708-0056  
Impact Factor (RJIF): 5.21  
IJCRS 2025; 7(1): 82-86  
[www.allcasereports.com](http://www.allcasereports.com)  
Received: 15-06-2025  
Accepted: 19-07-2025

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## Chronic psoriasis as a mirror of emotional strain and its homeopathic resolution

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**DOI:** <https://www.doi.org/10.22271/27080056.2025.v7.i2b.147>

### Abstract

Psoriasis vulgaris is a chronic, immune-mediated skin condition characterized by red, scaly plaques and silvery-white scales. It is estimated to affect around 2-3% of the global population, making it a significant dermatological burden worldwide <sup>[1]</sup>

The homeopathic approach to psoriasis is holistic and individualized, aiming to address not just the external manifestations of the disease but also the underlying emotional and psychosomatic triggers. This paper presents the case of a 24-year-old rural homemaker who developed extensive psoriasis vulgaris following the COVID-19 pandemic. The root cause was traced to intense emotional stress, the patient showed remarkable improvement with constitutional homeopathic treatment at Dr Batra's focusing on both her physical symptoms and the deep-seated mental stress. The highlights of this case underscore the value of individualized prescribing, careful understanding of mental stressors, and the effectiveness of homeopathy in chronic, emotionally-linked skin disorders.

**Keywords:** Psoriasis vulgaris, homeopathy, Dr Batra's

### Introduction

Psoriasis vulgaris is a chronic inflammatory skin disorder with a genetic and autoimmune basis. It is characterized by the presence of well-demarcated erythematous plaques covered with silvery-white scales. The disorder typically affects the scalp, elbows, knees, and sacral region but can become widespread in severe cases <sup>[1]</sup>. Psoriasis can present at any age, though it has two peaks between 15-30 years and again between 50-60 years <sup>[2]</sup>.

The etiology of psoriasis is multifactorial, with a strong interplay between genetic predisposition and environmental triggers. These include infections (especially streptococcal), stress, trauma, certain medications (like beta-blockers and NSAIDs), alcohol consumption, and lifestyle factors <sup>[3]</sup>. The immune system, particularly T-cell dysregulation, plays a pivotal role, leading to hyperproliferation of keratinocytes and inflammatory cell infiltration in the dermis and epidermis <sup>[4]</sup>.

Common clinical signs include red plaques, silvery scaling, itching, and in some cases, burning. Complications may involve psoriatic arthritis, metabolic syndrome, cardiovascular diseases, and significant psychosocial morbidity due to cosmetic disfigurement and stigmatization <sup>[5]</sup>.

The impact of stress in triggering or aggravating psoriasis has been well-documented. Chronic stress affects the hypothalamic-pituitary-adrenal (HPA) axis and immune responses, acting as both a precipitating and perpetuating factor <sup>[6]</sup>. In many patients, emotional stress is not just a consequence of the disease but also a major trigger.

This paper explores a clinical case of emotionally triggered psoriasis vulgaris in a young female, highlighting how homeopathy, through individualized and constitutional remedy selection, can address both skin pathology and its emotional roots.

### Case Profile

A 24-year-old homemaker from Ujjain (currently residing in Badnagar), has been suffering from *psoriasis vulgaris* for the past two years. Her condition began soon after the COVID-19 pandemic, when she noticed the development of small patches on her scalp. These patches gradually progressed into thick, silvery scales with intense itching, spreading across the entire body. Over time, the disease intensified, with significant involvement of the face, arms, scalp, and cubital fossae, showing visible scaling, redness, and discomfort. The scalp, in particular, was severely affected, with hair becoming matted due to thick flaky scales and intense itching. On certain months, she reported aggravation around the ears and arms,

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and occasional spread to the facial region.

The key underlying emotional stressor appears to be her *family situation and financial hardships*, which were aggravated post-COVID. Living in a joint family setup in a rural area, she handles all household responsibilities alone. Her husband works as a farmer, and the family depends on a limited income. This financial burden, combined with the emotional and physical toll of managing a large family and caring for children, has likely been the root cause of her chronic stress. She often reports stress related to her children and her inability to manage everything on her own, which could have acted as a major trigger for the onset and subsequent worsening of her psoriasis.

Although she tried allopathic medication in the initial stages, it offered only temporary relief in terms of itching. Over time, the scaling and spread persisted. Her water intake fluctuates between 1-3 liters, bowels are regular, and menses remain normal. There is a clear *desire for salty food*, and her stress level remains high due to the ongoing family and financial issues.

The chronicity of her symptoms, along with the pattern of aggravation following stress, highlights the strong psycho-emotional component in the evolution of her skin disorder. Addressing her mental and emotional health appears critical in achieving long-term remission.

### Physical Generals

- Diet: Regular, mixed (vegetarian + non-vegetarian)
- Appetite: Decreased

### Cravings

- Salty food
- Chicken
- Aversions: None reported

### Thirst

- Decreased
- Prefers normal-temperature water
- Drinks 6-7 glasses/day (1.5-2 liters)
- Stools: Normal and regular
- Urine: Normal frequency and consistency

### Perspiration

- Profuse (↑ than normal)
- Generalized
- Offensive odor
- Leaves white stains on clothes
- Thermal reaction: Ambithermal (tolerates both heat and cold)
- Bathing: Not required regularly; indifferent to bathing
- Seasonal preference: No specific preference; tolerates all seasons
- Fan preference: Likes using fan

### Sleep

- Duration: 7-8 hours
- Quality: Deprived/unrefreshing
- Position: On the side with knees drawn up (fetal position)
- Dreams: Not specified
- Female history: Menses regular

## Examination

### General Physical Examination

- Build: Average
- Nourishment: Moderate
- Posture: Normal
- Gait: Normal

### Vital Signs

- Temperature: Afebrile
- Pulse: 78 bpm, regular
- Blood Pressure: 110/70 mmHg
- Respiratory Rate: 18 breaths/min
- Oxygen Saturation (SpO<sub>2</sub>): 98% on room air
- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Edema: Absent
- Lymphadenopathy: Not present

### Systemic Examination

#### Skin

Multiple well-demarcated erythematous plaques with thick silvery-white scaling observed on:

- Scalp (dense scaling with hair entanglement)
- Face (peeling of skin)
- Ears (outer areas with scaling and redness)
- Arms (cubital fossae)
- Trunk and back (diffuse rash with scaling)
- Itching: Present (severe during evening and night)
- Redness & Burning: Present, especially over active plaques
- No signs of secondary infection or oozing noted
- Koebner Phenomenon: Not assessed
- Auspitz Sign: Not elicited

#### Scalp

- Diffuse scaling with thick adherent flakes
- Intense itching reported
- Hair: Matted, dry, no evident hair loss
- Nails: Normal (no pitting or dystrophy observed)
- Joints: No swelling, tenderness, or limitation of movement (Psoriatic arthritis ruled out clinically)
- Other Systems (CVS, RS, GIT, CNS): Within normal limits on clinical examination

### Mental Generals

The patient is a 24-year-old married female homemaker, residing in a village near Ujjain. She comes from a humble background and was born and brought up in a rural environment. Her educational journey ended after class 5 due to personal and perhaps socio-economic constraints. Her father is a hardworking farmer, and her mother is a housewife. Both parents are in good health, and she feels a stronger emotional bond with her mother, who has had a greater influence on her life.

Childhood was stable, she had good relations with her family members, and her environment was emotionally safe and supportive. As a housewife in a joint family, she handles all the household responsibilities independently, which often overwhelms her. She reports some stress related to managing her children and the joint family dynamics.

Financial limitations and the long-standing skin condition have also contributed to her stress load.

By temperament, she describes herself as shy, introverted, and reserved. She finds it difficult to understand things quickly and feels a lack of confidence, especially when needing to interact in public spaces without help. Her happiest moment was her marriage, which she recalls fondly. She enjoys cooking and finds joy in daily domestic activities.

Although she is mentally strong, the chronic nature and visible spread of her psoriasis have started to affect her emotionally, especially with itching and cosmetic concerns. Despite this, she remains composed, obedient, and active in her responsibilities. The cumulative stress of disease, family pressure, and limited self-expression may contribute to her psychosomatic condition.

**Past History:** N.S.

## Family History

N.S.

## Case analysis reportorial totality

1. Mind - Reserved
2. Mind - Ailments from grief or disappointments
3. Mind - Aversion to company
4. Mind - Anxiety - public places, in
5. Skin - Eruptions - psoriatic
6. Skin - Desquamation - general
7. Skin - Itching - night, worse at
8. Generalities - Heat - aggravates
9. Generalities - Food and drinks - salt - desires
10. Sleep - Sleep - unrefreshing
11. Perspiration - Offensive

## Repertory screenshot

Remedy Name	Nat-m	Ars	Calc	Sulph	Staph	Magn-c	Puls	Clem
<b>Totality</b>	14	11	11	11	10	10	9	9
<b>Symptom Covered</b>	7	6	5	5	5	4	5	4
[C] [Mind]Reserved:	1	1	2	1	2	1	2	1
[C] [Mind]Ailments from:Anger, vexation:Grief, with silent:	2	1			3		1	
[C] [Mind]Cares, worries (See Ailments from:cares, Anxiety, Grief):Full of Cor	1							
[C] [Mind]Fear:Crowd:Public places, of:			2				1	
[BN] [Skin and exterior body]Eruptions:Scaly, psoriatic:		3		3	1	3		4
[KT] [Nose]Desquamation:	2	1						
[C] [Skin]Itching:	3	3	2	3	3	3	3	2
[C] [Generalities]Food and drinks:Sour, acids:Desires:Salt, and:	3		2	2				
[C] [Sleep]Unrefreshing:	2	2	3	2	1	3	2	2

## Selection of Remedy

Constitutional Remedy

### Natrum Muriaticum

- Reserved, introverted personality
- Suppressed emotions and stress
- Craving for salt
- Chronic, dry, scaly skin eruptions (psoriasis)
- History of emotional stress (especially post-COVID, marital responsibilities, joint family stress)
- Therapeutic/Acute Remedy

### Petroleum

- Thick, cracked, dry skin with intense itching
- Skin sensitive to cold and worsening in winter

- Deep fissures and burning, especially during flare-ups
- Useful for soothing acute psoriatic scaling and itching
- Intercurrent / Anti-miasmatic Remedy

### Thuja Occidentalis

- Used as an anti-sycotic remedy in chronic skin conditions
- Addresses the miasmatic background of psoriasis
- Helpful when there is a history of suppression or vaccination link
- Clears the miasmatic block and prepares the case for better constitutional response

## Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
1. Mind - Reserved	✓			✓
2. Mind - Ailments from grief or disappointments	✓		✓	
3. Mind - Aversion to company	✓			✓
4. Mind - Anxiety - public places, in	✓			✓
5. Skin - Eruptions - psoriatic		✓	✓	✓
6. Skin - Desquamation - general		✓	✓	✓
7. Skin - Itching - night, worse at	✓		✓	
8. Generalities - Heat - aggravates	✓			✓
9. Generalities - Food and drinks - salt - desires	✓	✓		✓
10. Sleep - Sleep - unrefreshing	✓		✓	
11. Perspiration - Offensive		✓	✓	

**Materials and Methods:** Complete which repertory was used for repertorization

## Results

Month	Progress	Prescription
1st Month	Psoriasis spread all over body; thick silvery scales; intense itching; scalp involvement; stress ++ due to joint family and children.	Natrum Muriaticum 1M, 1 dose + Calc. Sulph 6x, BD
2nd Month	History of psoriasis 2 years, itching slightly better, post-COVID patches spread; burning and scaling all over.	Natrum Mur 200, once a week + Vitamin D + B12 supplementation
3rd Month	Skin better overall, spots better, itching & redness reduced, scalp scaling improved.	Natrum Mur 1M, one dose + Multivitamins continued
4th Month	70% improvement; no new body lesions; mild itching on scalp due to dryness.	Natrum Mur 1M, one dose + Hydration, diet reinforced
5th Month	New spots near ear and arms; mild return of itching.	Petroleum 200, BD for 5 days + Thuja 1M, single dose
6th Month	New spots on face and arms; increased itching; overall stress from disease noted.	Natrum Mur 1M, one dose + Calc. Sulph 6x, BD
7th Month	Improvement noted; no new lesions on hands; itching better, diet and routine followed.	Natrum Mur 1M, one dose + Silicea 6x, BD
8th Month	Face and ear aggravated, cubital fossa scaling worsened; itching worse in perspiration and heat.	Petroleum 200, BD for 5 days + Kali Ars 6x, BD
9th Month	Condition better, less itching, skin healing better; no new eruptions; hydration maintained.	Natrum Mur 1M, one dose + Calc Sulph 6x, BD
10th Month	Stable condition with only mild scaling and itching; old spots healed; menses, bowels, and sleep regular.	Placebo given + Counseling and dietary guidance continued
11th Month	Slight aggravation on face and ear; weather change linked; perspiration aggravates.	Natrum Mur 1M, one dose + Petroleum 200 as SOS
12th Month	Skin condition overall better; itching reduced significantly; no new patches.	Natrum Mur 1M, one dose + Silicea 6x, BD

## Discussion & Conclusion

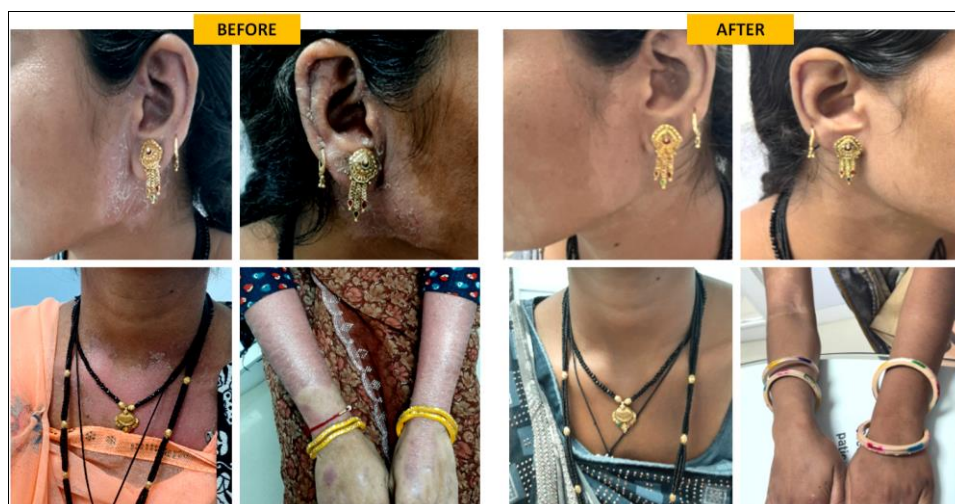
A 24-year-old homemaker from a village, suffering from psoriasis vulgaris for the past two years. The disease initially presented with thick silvery scales, severe itching, and redness, beginning on the scalp and gradually spreading to the face, ears, arms, and other parts of the body. The intensity of itching was high, especially at night and in hot weather. There was a significant emotional background, including financial constraints, responsibility of children, and stress from living in a joint family.

The patient had earlier taken allopathic treatment with only partial and temporary relief. Her life space reflected a quiet, shy personality with poor self-confidence, lack of formal education beyond the fifth grade, and a tendency to suppress emotions. She had a strong craving for salty food and offensive perspiration. Based on her symptoms and constitution, an individualized remedy was chosen along with therapeutic and intercurrent support.

Over the course of a year, she was followed up regularly. The scaling and redness started reducing, itching came under control, and no new lesions appeared. There were occasional episodes of aggravation which were managed accordingly. Her general health also improved, with better hydration, regular bowel movements, sound sleep, and balanced menses.

From being a withdrawn individual with constant physical and emotional discomfort, she gradually experienced betterment in both skin and overall well-being. This case illustrates the importance of detailed case-taking, understanding the patient's mental and emotional state, and treating the person as a whole rather than just the disease. The role of individualized homeopathic care, miasmatic understanding, and consistency in follow-up were crucial in bringing about long-term relief and restoration of health.

## The Transformation





**Acknowledgments**

I take this opportunity to thank those who have helped and supported me personally and professionally during this case study.

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**How to Cite This Article**

Gupta R. Chronic psoriasis as a mirror of emotional strain and its homeopathic resolution. *Journal of Case Reports and Scientific Images*. 2025;7(1):82-86

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