INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD
ISSN(O): 2455-0620 [Impact Factor: 9.47]
Monthly, Peer-Reviewed, Refereed, Indexed Journal with IC Value : 86.87
Volume - 12, Issue - 7, July - 2026

DOIs:10.2015/IJIRMF/202607015 --:-- Research Paper / Article / Review

Individualized Homoeopathic Treatment in Chronic Childhood Palmoplantar Psoriasis: A CARE-Compliant Case Report

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Abstract

Background: *Psoriasis is a chronic, immune-mediated inflammatory skin disease marked by epidermal hyperproliferation and dysregulated innate and adaptive immunity. Roughly one in three cases begins in childhood or adolescence, when the physical discomfort is often compounded by psychosocial distress and a measurable drop in quality of life. Palmoplantar involvement is among the more disabling presentations: fissuring, hyperkeratosis, pain, and unrelenting itch make ordinary tasks difficult. Corticosteroids and other conventional agents can control the disease while they are used, but relapse after withdrawal is common, and long-term safety in children remains a concern. Individualized homoeopathy instead selects a remedy from the totality of a patient's physical and psychological presentation. We report the course of a child with longstanding palmoplantar psoriasis treated on this basis.*

Case Presentation: *A 13-year-old girl presented with a four-year history of intense itching, burning, hyperkeratosis, painful fissuring, and silvery scaling affecting both palms and soles, as well as the knees and elbows. Topical corticosteroids and antihistamines had given only temporary relief, with symptoms recurring soon after each course ended. Case-taking uncovered a significant psychological trauma in early childhood together with persistent emotional suppression, fearfulness, and social withdrawal, alongside the characteristic skin findings. On the totality of this picture, a single dose of Natrum muriaticum 200C was prescribed, with placebo given at subsequent follow-up visits.*

Outcome: *Over the following eight months the itching and burning subsided, the fissures healed, scaling disappeared, and skin texture normalized, culminating in complete clinical remission. At extended follow-up roughly eighteen months later, the patient remained free of recurrence.*

Conclusion: *A single case cannot establish efficacy or causality, but this report adds to the descriptive literature on individualized homoeopathy in pediatric dermatological disease and points to the need for prospective observational studies and randomized trials in this area.*

Keywords: *childhood psoriasis; palmoplantar psoriasis; homoeopathy; Natrum muriaticum; individualized treatment; psychodermatology; case report; CARE guidelines.*

1. INTRODUCTION:

Psoriasis is a chronic, immune-mediated inflammatory skin disorder driven by epidermal hyperproliferation, abnormal keratinocyte differentiation, and sustained activation of innate and adaptive immunity [1]. It affects an estimated 2–3% of the population worldwide, and close to a third of those affected first develop the disease in childhood or adolescence. In children, psoriasis carries not only physical discomfort but also psychosocial burden [2], impaired quality of life, and a higher long-term risk of metabolic, cardiovascular, and psychological comorbidity [3]. Plaque disease is the most

familiar pattern, but palmoplantar psoriasis is arguably harder to live with day to day: painful fissures, thickened skin, and scaling on the hands and feet interfere directly with walking, writing, and schoolwork [4].

The disease arises from an interplay of genetic susceptibility, environmental triggers, and immune dysregulation. Dendritic cells and Th1/Th17 lymphocytes drive release of TNF-α, IL-17, IL-23, and IL-22, sustaining inflammation and accelerating epidermal turnover [5]. There is also growing recognition that psychological stress and traumatic experience can influence disease onset and flares, plausibly through neuroendocrine and psychoneuroimmunological pathways that alter cytokine production and skin barrier function [6].

Standard treatment for pediatric psoriasis spans topical corticosteroids, vitamin D analogues, calcineurin inhibitors, phototherapy, and, in more severe disease, systemic agents such as methotrexate or cyclosporine and biologics targeting specific inflammatory pathways [7]. These can control disease activity effectively, but long-term use raises concerns around adverse effects, cost, treatment burden, and relapse once therapy stops. Many families accordingly look for complementary approaches that might improve symptom control or quality of life without these trade-offs [8,9].

Homoeopathy selects treatment from the totality of a patient's physical, mental, emotional, and constitutional characteristics rather than from diagnosis alone. In chronic skin disease, this constitutional approach is intended to address underlying susceptibility rather than the lesion in isolation [10]. Case reports and observational studies describing favourable outcomes in psoriasis exist, but the evidence base remains thin, and mechanistic and controlled clinical data are still needed.

We describe here a 13-year-old girl with a four-year history of chronic palmoplantar psoriasis that had not responded durably to conventional treatment. Following detailed case-taking and constitutional prescribing with Natrum muriaticum 200C, she showed progressive improvement and ultimately complete remission, sustained at extended follow-up. The report follows the CARE (CAse REport) guidelines [11].

2. CASE REPORT:

2.1 Patient Information (Table 1)

Field	Detail
Age / Sex	13 years / Female
Occupation	Student (Grade 8)
Residence	Rural town, Andhra Pradesh, India
Referral	Self-presented via a family acquaintance
Date of first visit	07/02/2023

2.2 History of Presenting Complaint

The patient presented with a four-year history of itching and burning affecting the hands and legs, symmetrical thickening of the palms and soles, dryness over the knees and elbows, silvery-white scaling on the knees and elbows, and cracking of the palms and soles. Itching improved with bathing in cool water. Burning worsened after scratching, and both itching and burning were aggravated by hot weather, in the mornings, and with mental exertion.

2.3 Treatment History

She had previously been treated with topical and oral steroids and antihistamines. These produced relief only while treatment continued, with symptoms returning after each course was stopped.

2.4 Past, Family, and Personal History (Table 2)

Category	Findings
Past history	Previously well; no other chronic illness
Family history	Parents and elder sister in good health; maternal grandparents living and well; paternal grandfather hypertensive, paternal grandmother well

Category	Findings
Appetite / Bowels / Micturition	Good / Regular / Normal
Sleep	Disturbed by itching
Thirst	Normal, approximately 3 L/day
Diet	Mixed; no marked food desires; dislikes brinjal (eggplant)
Menstrual history	Not yet attained menarche; no signs of puberty at presentation
Addictions	None

2.5 Psychosocial History

The patient had been well until about age 9, when the skin symptoms began gradually. Case-taking revealed that she had experienced a sexual assault at age 7. She did not disclose this to her parents for several days, withdrew socially, and subsequently developed a persistent fear of unfamiliar men; she remained comfortable only with her father. During history-taking she wept while the events were being recounted by her mother and continued to show grief connected to the experience. Cutaneous symptoms - itching and fissuring of the palms and soles, later extending to the knees and elbows - began roughly two years after this event and did not respond durably to conventional treatment. Approximately eighteen months after the remedy was given, her mother came to clinic for her complaints. The daughter (who was the patient) also accompanied her. She was then asked, as she had not reported after getting cured. She then told there was no recurrence of the complaints.

3. HOMOEOPATHIC CASE ANALYSIS:

3.1 Mental Generals

- Silent grief following early childhood psychological trauma
- Reserved, introverted disposition
- Fear of unfamiliar men, sparing her father
- Suppression of emotional expression
- Weeping on recollection of the traumatic event
- Tendency to dwell on past distressing experience

3.2 Physical Generals

- Appetite good; thirst normal (~3 L/day)
- Sleep disturbed by itching
- Bowel and bladder habits normal
- Amelioration: itching relieved by cool-water bathing
- Aggravation: burning after scratching; worse in heat, mornings, and with mental exertion

3.3 Particular Symptoms

- Hyperkeratosis of both palms and soles
- Deep, painful fissures over palms and soles
- Dryness of skin over palms, soles, elbows, and knees
- Silvery-white scaling over elbows and knees
- Marked itching of affected areas
- Burning after scratching
- Chronic, relapsing course despite prior steroid and antihistamine use

3.4 Totality and Remedy Selection

Taken together, the persistent silent grief and emotional suppression following early trauma, the characteristic amelioration from cold bathing, aggravation from heat and consolation, and the hyperkeratotic, fissured, scaling skin picture pointed toward Natrum muriaticum as the constitutional remedy, consistent with classical homoeopathic prescribing principles [11,12].

3.5 Repertorization (Kent's Repertory) (Table 3)

No. / Rubric	Grade
1. Mind — Grief, ailments from	III
2. Mind — Fear — men	II
3. Mind — Reserved, taciturn	II
4. Mind — Weeping, on recalling past events	II
5. Skin — Eruptions — psoriasis	II
6. Skin — Cracks (fissures)	III
7. Skin — Itching	III
8. Skin — Burning after scratching	II
9. Skin — Dryness	II
10. Extremities — Eruptions — palms	II
11. Extremities — Eruptions — soles	II
12. Generalities — Heat, aggravates	II
13. Generalities — Cold bathing, ameliorates	II

Remedy	Rubrics Covered / Total Marks / Rank
Natrum muriaticum	13/13 — 32 — Rank 1
Arsenicum album	10/13 — 24 — Rank 2
Graphites	9/13 — 22 — Rank 3
Sulphur	9/13 — 21 — Rank 4
Petroleum	8/13 — 19 — Rank 5

Repertorization of the mental, general, and particular symptoms identified Natrum muriaticum as the best-covering remedy, corresponding to the patient's silent grief, emotional suppression, fear of men after trauma, reserved disposition, and the hyperkeratotic, fissured, itching, and burning skin lesions. Correlation with the materia medica supported Natrum muriaticum 200C as the prescription.

4. THERAPEUTIC INTERVENTION AND FOLLOW-UP (Table 4):

Visit Date	Prescription
07/02/2023 (first visit)	Natrum muriaticum 200C, single dose
11/03/2023	Placebo (sac. lac.)
09/04/2023	Placebo (sac. lac.)
03/05/2023	Placebo (sac. lac.)
06/06/2023	Placebo (sac. lac.)

Visit Date	Prescription
10/07/2023	Placebo (sac. lac.)
13/08/2023	Placebo (sac. lac.)
04/09/2023	Placebo (sac. lac.)
06/10/2023	Placebo (sac. lac.); complaints fully resolved

No repeat dose of the constitutional remedy was required after the initial prescription; subsequent visits were used to monitor progress, with placebo given while improvement continued unprompted.

5. OUTCOME ASSESSMENT / FINDINGS:

5.1 Clinical Photographs (Table 5)

Time Point	Clinical Findings
Baseline	Extensive hyperkeratosis, fissuring, silvery scaling, and erythema over palms, soles, elbows, and knees
1 month	Reduced itching and burning; decreased erythema; early healing of fissures
3 months	Marked reduction in hyperkeratosis and scaling; fissures nearly healed
8 months (final)	Complete clinical remission; normal skin texture; no active lesions

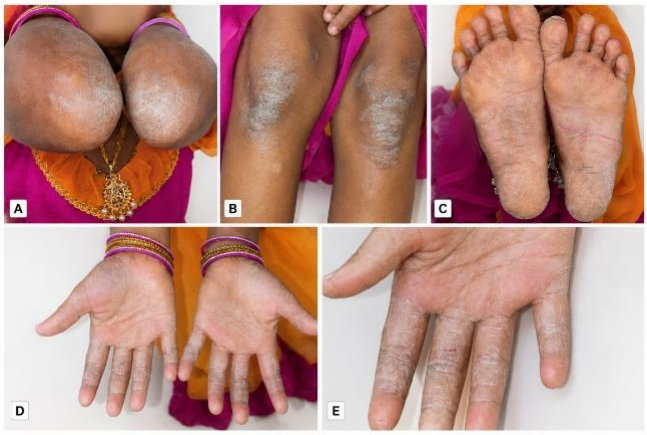

Figure 1. Before treatment (baseline)

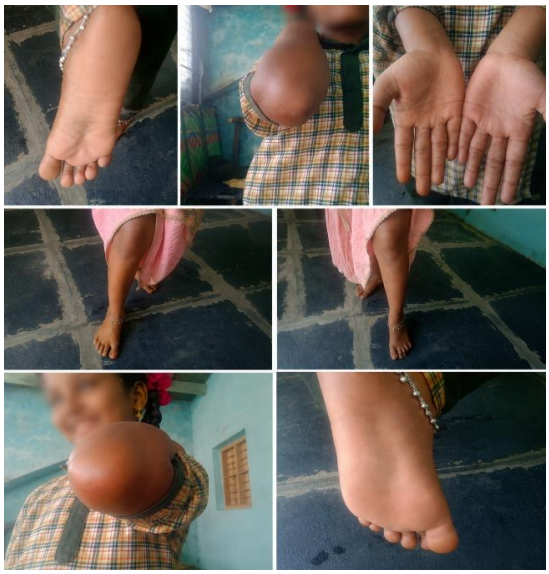

Figure 2. After treatment (8-month follow-up)

5.2 Standardized Severity and Quality-of-Life Measures (Table 6)

The following scores were recorded prospectively by the treating physician at each follow-up visit over the course of treatment [15,16,17,18].

Measure	Baseline	1 month	3 months	Final follow-up
PASI (0–72) [4]	8.6	5.2	2.1	0
BSA (%)	7	4	1	0

Measure	Baseline	1 month	3 months	Final follow-up
PGA (0–5)	4	3	1	0
DLQI (0–30) [5]	16	9	3	0

By final follow-up, PASI, BSA, PGA, and DLQI had each fallen to zero, corresponding to complete clearance and no residual impact on quality of life by these measures.

6. DISCUSSION :

Psoriasis affects roughly a third of patients before age 18, most often as plaque disease of the scalp, elbows, and knees, occasionally extending to the palms and soles with disproportionate impact on daily function because of pain, fissuring, and visible involvement of the hands. Its pathophysiology centers on dysregulation of the IL-23/IL-17 axis, elevated TNF-α, and accelerated keratinocyte turnover [19].

Psychological stress is increasingly recognized as a plausible trigger or aggravating factor in susceptible individuals, potentially through hypothalamic-pituitary-adrenal axis activation and downstream effects on cytokine release and immune regulation. It should nonetheless be regarded as one contributing factor among several rather than a sole cause, and the temporal association described here — onset roughly two years after the reported trauma — does not establish a causal chain.

Conventional management (topical corticosteroids, vitamin D analogues, phototherapy, methotrexate, cyclosporine, and biologics against TNF-α, IL-17, or IL-23) is often effective but carries adverse-effect and relapse considerations, particularly in children [20]. Homoeopathic prescribing instead follows the totality of mental, physical, and local symptoms. Here, the choice of Natrum muriaticum rested on the patient's prolonged silent grief, emotional suppression, and trauma-related fear, together with the characteristic skin picture. She improved progressively and remained well at extended follow-up. Comparable outcomes appear elsewhere in the homoeopathic case-report literature, and are broadly consistent with findings from a large prospective cohort study of homoeopathic practice across chronic conditions and with a systematic review and meta-analysis of randomised, placebo-controlled trials of individualised homeopathic treatment, which reported a small but statistically significant treatment-specific effect, tempered by the low or unclear quality of much of the underlying trial evidence [21]. A single case, however encouraging, cannot demonstrate efficacy or causality; it can only motivate better-controlled study of individualized homoeopathy in paediatric psoriasis.

7. STRENGTHS:

- Documents a relatively uncommon and functionally disabling presentation — chronic childhood palmoplantar psoriasis — that had already relapsed repeatedly on conventional treatment.
- Remedy selection followed a documented, reproducible case-taking and repertorization process rather than an ad hoc choice.
- Clinical course was tracked with serial follow-up and photographic documentation.
- Extended follow-up (~18 months post-remission) supports durability of the response rather than a short-lived effect.

8. LIMITATIONS:

- A single case cannot be generalized or used to infer efficacy.
- The patient presented to this clinic with a pre-existing diagnosis of psoriasis made prior to referral; no additional histopathological confirmation or laboratory biomarkers were obtained during this course of care.
- Spontaneous remission and unmeasured confounding factors cannot be excluded, especially given that psoriasis can wax and wane independent of intervention.
- At extended follow-up, the physician telephoned the patient after she had stopped attending scheduled visits because her complaints had resolved; she subsequently attended the clinic in person and was confirmed to be in good health with no recurrence of symptoms.

9. PATIENT PERSPECTIVE:

At extended follow-up, the patient was contacted directly and confirmed that she considered herself free of skin complaints. A structured account in the patient's or guardian's own words was not obtained and would strengthen any future report of this kind.

10. DECLARATIONS:

Informed consent: Written informed consent was obtained from the patient's parent/legal guardian, and assent was obtained from the patient, for publication of this case report, including clinical details and photographs.

Ethics approval: Formal institutional ethics committee approval was not required for this single case report, consistent with institutional policy; the case was managed and reported in accordance with the principles of the Declaration of Helsinki.

Conflict of interest: The author declares no conflict of interest.

Funding: This case report received no specific funding.

11. CONCLUSION :

This report describes complete, sustained clinical remission of chronic palmoplantar psoriasis in a 13-year-old girl following a single individualized dose of Natrum muriaticum 200C, after conventional therapy had failed to produce durable control. The prescription followed established homoeopathic case-taking and repertorization methodology rather than the diagnostic label alone. As a single case, it cannot establish efficacy, and the improvement may reflect the natural course of the disease, non-specific care, or other unmeasured factors rather than the remedy itself. It nonetheless illustrates a plausible role for individualized case-taking in complex pediatric dermatological presentations and argues for prospective, controlled research to test whether this approach offers benefit beyond what conventional care or observation alone would achieve.

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