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Review Article

# Efficacy of Homoeopathic Constitutional Remedies in Psoriasis: A Review of Clinical Evidence in the 30–45 Age Group

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**ABSTRACT:**

Psoriasis is a chronic, immune-mediated inflammatory skin disorder that significantly impacts the quality of life (QoL) of patients, particularly those in the economically and socially active age group of 30–45 years. While conventional treatments focus on immunosuppression, homoeopathy utilizes "constitutional remedies" based on individual symptomatic totalities. This review examines current clinical data regarding the efficacy of individualized homoeopathic treatment, focusing on its role in reducing Psoriasis Area and Severity Index (PASI) scores and improving patient well-being. Evidence suggests that while psoriasis often improves more slowly than other conditions, constitutional prescribing leads to sustained clinical remission and significant QoL improvements.

**Keywords:** Psoriasis, homoeopathy, constitutional remedies

## INTRODUCTION:

Psoriasis is characterized by well-demarcated, erythematous plaques covered with silvery scales, primarily affecting the elbows, knees, and scalp. In the age group of 30–45 years, the psychosocial burden is often magnified due to professional and family responsibilities. Conventional management frequently involves topical steroids, ultraviolet light, or systemic biologics; however, these may carry risks of long-term side effects or high costs. This papulosquamous skin lesion, is one of the most common autoimmune multisystemic disorders. Beyond the physical dimension of the disorder, it has a profound effect on the emotional and psychological faculty of the patient which can result in poor self-esteem, stigmatisation, and a stressful mental state affecting social-functioning and interpersonal relationships1.

The precipitating factors trauma to the skin (Koebner phenomenon), infection like beta haemolytic streptococcal infections often precede guttate psoriasis, drugs like beta blockers, lithium, antimalarials, NSAIDs can exacerbate psoriasis, rebound flare of psoriasis may occur after withdrawal of systemic steroids, sunlight cause or worsen the complaint, mainly due to Koebnerisation at sites of sunburn or polymorphic light eruption, psychological stress, anxiety, etc2. This is a common, long-term (chronic) disease. It can be painful, interfere with sleep and make it hard to concentrate. The condition tends to go through cycles, flaring for a few weeks or months, then subsiding for a while. Common triggers in people with a genetic predisposition to psoriasis include infections, cuts or burns, and certain medications. The age of onset of the disease reflects a bimodal distribution, with peaks at 30–39 years and 60–69 years in men and 10 years earlier in women. The world-wide frequency of distribution is about 2-3% of the general population2.

Homoeopathy, an individualised and holistic concept of medicine developed by Dr Samuel Hahnemann in late 18th C, aims to harmonise the disordered economy. The philosophy of Homoeopathy is based on the principles of symptom similarity and individualisation. It deals with the person who is sick and not the nosologically disease term. The treatment approach considers the patient in their psychophysical-social axis that includes individual physical make-up, moral and intellectual character, occupation, mode of living and habits, past and family history and social and domestic relations3. Due to the minute dose and high potentization, homoeopathic medicines are thought to be safe and do not provoke any serious adverse reaction. This study is to find out

the effectiveness of proper constitutional homoeopathic medicines selected based on the totality of symptoms and relieving the symptoms of patients with psoriasis as well as in preventing recurrence and thus improving the quality of life4. The approach based on the Law of Similars. Constitutional prescribing—selecting a remedy based on the

patient's physical, mental, and emotional characteristics—aims to treat the individual as a whole rather than just the localized skin lesion.

A Research study design using Randomized Clinical Trial (RCT) on the effectiveness of homoeopathic constitutional remedies is very important to prove how well homoeopathy works in a scientific way. Homoeopathy is based on the principle of individualization and treating the person as a whole, but it is often criticized for not having enough scientific proof. By doing RCTs, we can test the results of homoeopathic remedies in a proper and unbiased way. These studies help to connect the traditional experiences of homoeopathic practitioners with modern scientific research. They also help to build more trust in homoeopathy among doctors, researchers and the public. Through such research we can better understand how constitutional treatment works, which helps in selecting the right remedy and improving patient results. This work shows that individualized homoeopathic treatment can play an important role in manging chronic diseases like psoriasis.

**TYPES**

**PSORIASIS VULGARIS**

Psoriasis vulgaris ('vulgaris' means common) is the commonest type. It is characterized by Well-defined, raised, dry, and scaly patches of skin are. On lighter skin, these plaques are red with silvery-white scales, while on darker skin they may appear purplish or darker with greyish scales. These plaques commonly appear symmetrically on the torso, elbows, knees, forearms, and scalp. The affected areas often cause itching and sometimes a burning sensation. The skin may become dry and cracked, occasionally bleeding. Thickening, pitting, discoloration, and onycholysis (nail separation) can occur. Removal of scales may reveal pinpoint bleeding, a classic clinical sign (Auspitz' sign). Up to 30% of patients may also develop psoriatic arthritis, causing joint pain and swelling. Symptoms tend to flare with periods of remission. Common comorbidities include cardiovascular disease, diabetes, and mental health conditions such as anxiety and depression, highlighting the systemic nature of the disorder2,13.



**PIC NO.5: PSORIASIS VULGARIS**

**GUTTATE PSORIASIS**

It presents as numerous small, round or teardrop-shaped red or pink spots (2 to 10 mm in diameter), often with a fine scale. The lesions commonly appear on the trunk, arms, and legs but can involve other body areas such as the neck and scalp. It often has an acute onset, typically triggered by a recent bacterial infection such as streptococcal pharyngitis

(strep
throat). The number of lesions can range from a few to over 100, and they usually appear rapidly over days to weeks. It is more common in children and young adults and tends to resolve in weeks to months but may progress to chronic plaque psoriasis in some individuals13.



**PIC NO.6: GUTTATE PSORIASIS**

**INVERSE PSORIASIS**

Inverse psoriasis (IP), also known as flexural or intertriginous psoriasis, is a variety of plaque psoriasis that involves the body folds, most often the axillary, anogenital, and inframammary ones. Due to the moist and warm environment in these regions, psoriatic plaques are usually not scaly, but erythematous and fissured.

PUSTULAR PSORIASIS

Pustular psoriasis is a rare, severe form of psoriasis characterized by the presence of pus-filled blisters (pustules) on an erythematous, inflamed base. There will be sudden appearance of painful, superficial pustules filled with sterile pus, often merging to form larger "lakes of pus." The pustules typically appear on widespread areas of the skin in generalized pustular psoriasis, or they may be localized to palms and soles (palmoplantar pustulosis).



**PIC NO.7: PUSTULAR PSORIASIS**

**ERYTHRODERMIC PSORIASIS**

It is a rare but serious and potentially life-threatening form of psoriasis characterized by widespread redness, inflammation, and scaling that can cover most or all of the body (>90% body surface area involved). The condition disrupts the skin's ability to regulate temperature and protect against infection, making it a medical emergency that can lead to life-threatening complications like hypothermia, dehydration, heart failure, and infection16.

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**PIC NO.8: ERYTHRODERMIC PSORIASIS**

**LOCALIZED FORMS**

Palmo-plantar psoriasis: palms and soles may be the only area involved. There is hyperkeratosis and scaling which is not easily removed. There may be painful fissures and bleeding.

Scalp psoriasis: characterized by sharply marginated pruritic plaques especially at the occiput with thick adherent scales. Lesion may be discrete or the entire scalp is involved. There is no hair loss.

Psoriasis of nails: psoriasis affects the matrix or nail bed in up to 50% of cases. Thimble pitting is the commonest change, followed by onycholysis. Discolouration of the nail bed resembling an oil drop (oil drop sign) is seen adjacent to onycholysis16&17.



**PIC NO.9: NAIL INVOLVEMENT IN PSORIASIS**

**DIAGNOSIS**

The diagnosis of psoriasis is primarily clinical based on the characteristic appearance of skin lesions. Key diagnostic features include well-demarcated, red, scaly plaques that are often symmetrical and commonly found on the scalp, elbows, knees, trunk, and nails. The plaques may be itchy or painful. Classic clinical sign (Auzpitz' sign) may be present17.

**COMPLICATIONS:**

Include Psoriatic Arthritis, Cardiovascular Disease, Metabolic Syndrome and Type 2 Diabetes, Other Autoimmune Diseases such as Crohn's disease and ulcerative colitis (inflammatory bowel disease), and celiac disease, Eye Conditions like uveitis (inflammation of the middle

layer of the eye), conjunctivitis, and dry eye, which can cause pain, blurred vision, and light

sensitivity, Chronic kidney disease, end-stage renal disease, and non-alcoholic fatty liver disease has been observed in people with psoriasis, there is a slightly elevated risk of certain cancers, including lymphoma, and specific skin cancers (squamous cell and basal cell carcinoma), Psychological and Social Complications such as depression and anxiety,etc.

**HOMOEOPATHIC ASPECT**

Homeopathy approaches psoriasis as a reflection of an internal, systemic imbalance rather than just a skin ailment. The treatment is highly individualized, focusing on the patient's unique physical, mental, and emotional symptoms, family history, and triggers, not just the diagnosis of psoriasis itself. According to Dr Samuel Hahnemann's Organon of Medicine, the vital force maintains harmony and balance in the body. When this dynamic force is disturbed by internal and external causes, it manifests as disease on the physical, mental or emotional plane. Psoriasis, therefore, is not merely a skin disorder but a reflection of an internal dynamic imbalance4.

Core Principles:

- Holistic Assessment: the constitutional approach in homoeopathy aims at treating the patient as a whole rather than focusing only on the skin lesions. The remedy is selected based on the "totality of symptoms" in each patient. This includes their mental state, general health, lifestyle, and specific characteristics of their skin lesions (e.g., location, sensation, triggers).
- Individualized Remedies: No single remedy is used for all psoriasis cases. Instead, a specific medicine (similimum) is selected that best matches the individual's unique symptom profile. This personalized approach aims to stimulate the body's innate healing mechanisms.
- Addressing the Root Cause: Homeopathy seeks to address the underlying immune system imbalance that causes the rapid skin cell production and inflammation, rather than just suppressing surface symptoms with topical agents.
- Long-term Relief and Prevention: The goal is to provide long-lasting relief, reduce the frequency and intensity of flare-ups, and prevent recurrence by improving overall immunity and well-being.
- Minimal Side Effects: Homeopathic remedies are typically prepared in highly diluted forms, which practitioners believe minimizes side effects, making them a gentle option for long-term use.

In the Organon of Medicine, Dr Samuel Hahnemann clearly explains that skin diseases are not merely external ailments but the outward manifestation of an internal disturbance of vital force. Suppressing these external symptoms without addressing the internal cause leads to deeper, more serious disorders. Several aphorisms highlight this principle:

In "Lectures on Homoeopathic Philosophy",

Dr J.T.Kent strongly emphasized that skin diseases are not merely local disorders, but manifestations of an internal dynamic disturbance of the vital force. He explained that what appears on the surface is only the external expression of an internal disease process that involves the whole person- body, mind and spirit. Kent stated that to treat skin disease locally is to suppress it. True cure occurs only when the internal disorder is corrected, and the external symptoms disappear naturally following Hering's Law of Cure – from within outward,

from more important organs to less important ones, and in the reverse order of appearance of symptoms. He further taught that skin symptoms must always be considered in relation to the totality of the patient, including mental and general symptoms. The remedy should therefore be constitutional, not local24.

Dr H.A.Robert also explained that the skin should be viewed as an organ of elimination, helping the body to throw out morbid material and maintain internal balance. Hence, any suppression of eruptions blocks the natural direction of cure and disturbs the harmony of the vital force. He also supported the miasmatic theory of Hahnemann.

**MIASMATIC APPROACH OF PSORIASIS**

Psoriasis manifests as a local disease presentation that is not only topical, but it is a part of the expression of an internal diseased person. It is rarely purely psoric, sycotic or syphilitic, but usually a combination of all three, with one predominating in different stages of the disease.

Psora:The psoric background forms the foundation of most psoriasis cases. It represents the functional disturbances of the skin and metabolism, without deep tissue destruction. Individuals with psoriasis exhibiting the psoric miasm may have a predisposition towards dryness, sensitivity, and a tendency to suppress emotions. They may also experience flare-ups triggered by external factors like stress, diet, or weather changes. The eruptions are dry, rough, scaly and itchy, often aggravated by heat, stress and emotional strain. Patients show intense itching, burning after scratching and aggravation from bathing, mentally, psoric patients are anxious, oversensitive, and emotionally reactive28,29.

Sycotic miasm: The sycotic element is expressed through overgrowth, thickening and infiltration of the skin. Lesions are often thick, raised and covered with abundant scales, showing marked recurrence and slow healing. Some may exhibit symptoms such as increased itching, moist or oozing lesions. The disease tends to spread symmetrically and may affect nails and joints (psoriatic arthritis). There is a tendency for suppression and return, showing the chronic proliferative nature of sycosis26.

Syphilitic miasm: The syphilitic miasm contributes to the destructive and ulcerative changes seen in advanced psoriasis. Lesions may crack, bleed or ulcerate with fissures and oozing. The skin appears dark, unhealthy, and offensive and healing leaves discolouration and

scars. Mentally the patient may show despair, hopelessness, irritability, or suicidal thoughts. This stage reflects degeneration and tissue destruction typical of the syphilitic miasm. It may play a role in severe or complicated cases of psoriasis, where deep ulcerations, intense inflammation, or systemic involvement are present28.

In homeopathic practice, understanding the miasmatic background of a patient with psoriasis helps in selecting the most appropriate remedy. By considering the miasmatic influence, a homeopath can match the constitutional characteristics and symptom patterns of the individual with the appropriate remedy, facilitating a deeper and more holistic healing response. In summary, psoriasis can be analysed through the perspective of homeopathic miasm, which considers inherited predispositions and disease patterns. Recognizing the miasmatic influence in psoriasis aids in selecting appropriate homeopathic remedies and guiding individualized treatment strategies.

**MATERIA MEDICA ASPECT OF PSORIASIS**

Arsenicum album: People likely to respond to this remedy usually are anxious, restless, and compulsively neat and orderly. They are often deeply chilly, experience burning pains with many physical complaints, and become exhausted easily. The skin is dry and scaly and may tend to get infected. Scratching can make the itching worse, and applying heat brings relief.

Arsenic iodatum: Dry, scaly, itching. marked exfoliation of skin in large scales, leaving a raw exuding surface beneath.

Calcarea carbonica: Suited to people who are easily fatigued by exertion, sluggish physically, chilly with clammy hands and feet, and often overweight. Skin problems tend to be worse in winter. Anxiety, claustrophobia, and fear of heights are common. Cravings for sweets and eggs are often also seen when Calcarea is needed.

Graphites: The skin looks tough or leathery skin with cracks and soreness. Itching is often worse from getting warm, and the person may scratch the irritated places till they bleed. Trouble concentrating, especially in the morning, is also often seen when this remedy is needed.

Mercurius solubilis: People who seem introverted and formal but are very intense internally, with strong emotions and impulses may benefit from this remedy. They tend to have swollen lymph nodes and moist or greasy-looking skin, and are very sensitive to changes in temperature. The areas affected by psoriasis may become infected easily.

Mezereum: Scaly plaques may itch intensely, thickening or crusting over if the person scratches them too much. Cold applications relieve the itching (although the person feels generally chilly and improves with warmth). People who need this remedy often have a craving for fat, and feel best in open air.

Petroleum: indicated for people whose physical

problems are aggravated by stressful emotional experiences.Suited to individuals with extremely dry skin, and problems that involve the palms and fingertips. The person may feel a cold sensation after scratching, and the skin is easily infected and may look tough and leathery. Itching will be worse at night, and from getting warm in bed.

Rhus toxicodendron: Skin eruptions are red and swollen, and often itch intensely. Hot applications or baths will soothe the itching and also muscle stiffness, toward which these people often have a tendency. The person is restless, and may pace or constantly move around.

Sepia: This remedy may be helpful to a person who feels dragged out and irritable, often with little enthusiasm for work or family life. The person's skin may be look dry and stiff. Psoriasis may appear in many places on the body, including the nails and genitals. Signs of hormonal imbalance are often seen (in either sex), and problems with circulation are common.

Staphysagria: Psoriasis has developed after grief or suppressed emotions. Any part of the body can be involved but the scalp is often affected. People who need this remedy often seem sentimental, meek and quiet, and easily embarrassed but often have a strong internal anger or deeply-buried hurt.

Sulphur: Intensely burning, itching, inflamed eruptions that are worse from warmth and bathing suggest a need for this remedy. Affected areas often look bright red and irritated, with scaling skin that gets inflamed from scratching. This remedy is sometimes helpful to people who have repeatedly used medications to suppress psoriasis (without success).

Medorrhinum: Thick, hard, scaly eruptions that are moist or dry. Intense itching and burning, worse at night and from heat of bed. Worse from heat and wet weather, better lying on abdomen. Suited to patients with a history of suppressed gonorrhoea or warts, restless, hurried and anxious nature.

Psorinum: Dirty, greasy, foul-smelling skin. Dry, scaly eruptions with offensive discharge or odour. Psoriasis that returns every winter or after acute diseases. Patient is hopeless, chilly and exhausted. Better from warmth and rest.

Nitric acid: Deep fissures and cracks in skin that bleed easily. Ulcerative, painful lesions around nails and fingertips. Eruptions offensive, moist and slow to heal. Mentally irritable, anxious about health.

Natrum sulphuricum: Dry, scaly patches often on flexor surfaces or scalp. Itching with burning after scratching. Eruptions worse in damp weather and after exposure to moisture. Mentally gloomy, reserved, worse from music or consolation.

These remedies are selected based on symptoms such as the nature of the scales, itching, burning, localization of lesions, aggravations, mental and constitutional symptoms, and miasmatic background

**MATERIALS AND METHODS:**

*1) STUDY SETTING:*The cases are selected

from O.P. Ds, I.P.DS and peripheral O.P.DS of Naiminath Homoeopathic Medical College, Hospital and Research Centre, Agra.

*2) STUDY DURATION:* A period of 18 months duration

*3) SELECTION OF SAMPLES:*30 cases are taken as per inclusion and exclusion criteria stated below which are grouped into an experimental group (Group A) and a control group (Group B) consisting 15 cases each respectively.

*4) SELECTION CRITERIA*

Inclusion criteria: include persons aged between 30-45 years of both genders, patients suffering from symptoms of psoriasis, mild to moderate cases of psoriasis, absence of any disorder that was associated or complicated with psoriasis such as cardiovascular disease, Irritable Bowel Syndrome, Chronic Kidney Disease, etc,patient complying with regular follow up only are included.

Exclusion criteria: include patients with severe or complications of psoriasis like cardiovascular disease, Irritable Bowel Disease, Chronic Kidney Disease, etc, pregnancy or lactation during treatment tenure, patients who do not give consent to withdraw the conventional treatment.

*5) STUDY DESIGN*: Single blinded randomized clinical trial.

*6) SELECTION OF TOOLS:* Patient information sheet both in English and Hindi, Consent forms both in English and Hindi, Case taking proforma, Frederick Schroyens Synthesis repertory software ,Psoriasis Area Severity Index (PASI) ,Dermatology Life Quality Index (DQLI)

*8) DATA ANALYSIS*

I Data analysis will be done by Data sorting, statistical and computer programming through IBM SPSS.

II Interpretation of non-significant findings.

III Description of negative or undesirable findings.

IV Reporting of all positive results of evaluation.

V Compilation and condensation of all collected data.

VI Presentation of analysis of self-explanatory tables, figures, graphs, illustrations and flow charts.

*9) STATISTICAL TECHNIQUES*

Paired t-tests:

$$t = \frac{\bar{X}}{sd\sqrt{n}}$$

t : test static value

$\bar{X}$ : The sample mean of the differences between the paired observations.

: The sample standard deviation of the differences.

n : sample size.

Independent t-test:

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$$t = \frac{(\bar{x}_1 - \bar{x}_2)}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$$

t: test statistic value
$\bar{x}_1$: mean of group 1
$\bar{x}_2$: mean of group 2
$s_1^2$: variance of group 1
$s_2^2$: variance of group 2
$n_1$: sample size of group 1
$n_2$: sample size of group 2

$= \sqrt{}$

OUTCOME ASSESSMENT: By PASI score ( Psoriasis Area Severity Index) and DQLI ( Dermatology Life Quality Index ).After the completion of treatment, post treatment scores were compared with the pre-treatment scores. The outcome was measured according to the following criteria fixed up for the study.

Result Interpretation:

Interpretation of PASI scores ranges from:

0 : No psoriasis

1-5: Mild psoriasis

5-10: Moderate psoriasis

Above 10: Severe

Interpretation of DQLI scores:

0-1: No effect on patient's life

2-5: Small effect

6-10: Moderate effect

11-20: Very large effect

21-30: Extremely very large effect

ETHICAL CONSIDERATION: Ethical clearance for the study was taken from the institutional ethical committee of Naiminath Homoeopathic Medical College, Hospital & Research Centre, Agra, Uttar Pradesh – 283202.

Informed consent was obtained from every recruited patients including adequacy of the information being provided to the subjects.

All the evaluation forms and other records related to the study were kept confidential.

Remedy Selection

Selection is based on:

Physical Generals: Appetite, thermal preferences, and sleep patterns.

Mental Generals: Emotional triggers, temperament, and stress response.

Miasmatic Background: The underlying genetic or constitutional predisposition (e.g., Psora, Sycosis, or Syphilis).

Constitutional Remedies used in the trial:

Lycopodium Clavatum: Often indicated for chronic plaque psoriasis where symptoms may involve digestive disturbances or a lack of self-confidence.

Graphites: Frequently used for thick, oozing eruptions and cracked skin.

Sulphur: Indicated for intense itching aggravated by heat and washing.

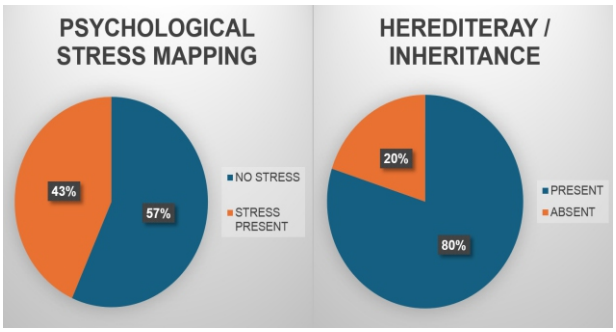
Arsenicum Album: Selected when lesions are dry and scaly, accompanied by high levels of anxiety and restlessness.

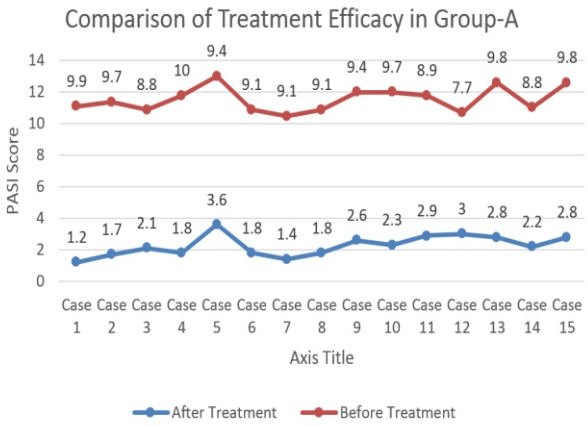
Psorinum: Dirty, greasy, foul smelling skin. Dry, scaly eruptions with offensive discharge. Psoriasis that return every winter or

after acute diseases. Patient is hopeless, chilly and exhausted.

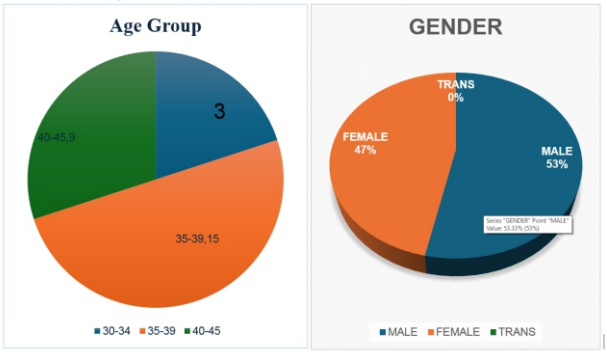
Sulphur: intensely burning, itching, inflamed eruptions that are worse from warmth and bathing. Affected areas often look bright red and irritated, with scaling skin that gets inflamed from scratching. This remedy sometimes helpful to people who have repeatedly used medications to suppress psoriasis.

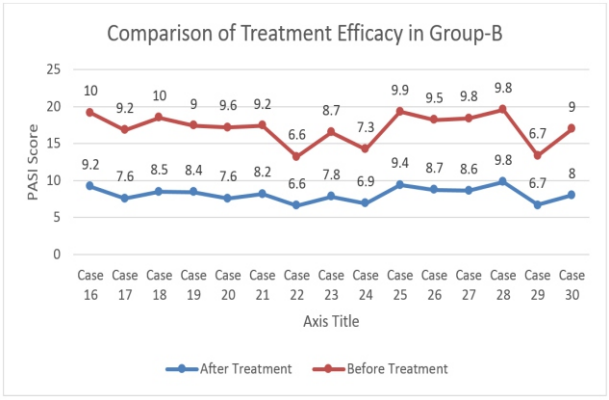
Natrum muriaticum: Dry, rough and scaly skin eruptions often affecting the scalp, hairline, elbows and knees. Skin eruptions may be associated with marked dryness, fissuring and itching. Patient commonly exhibit a craving for salt, increased thirst, and a reserved emotional nature.

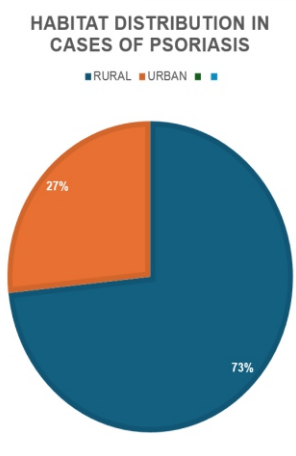


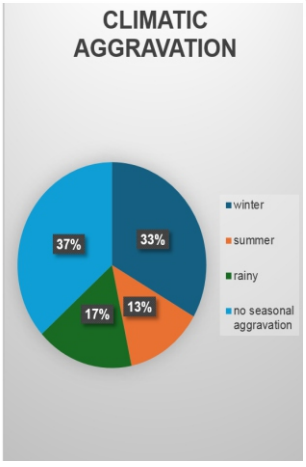



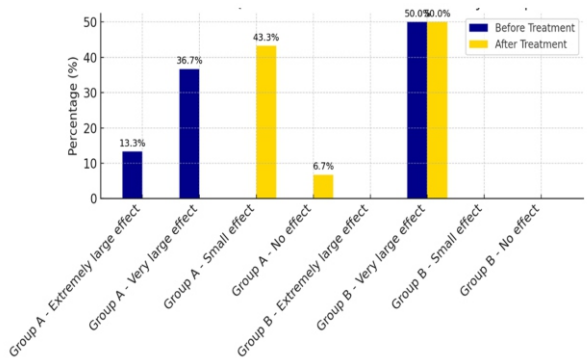

OBSERVATION, ANALYSIS AND RESULTS



## RESULT

After treatment, Group A showed a marked improvement in erythema levels, decreasing from 40% moderate and 10% slight before treatment to 0% moderate, 46.7% slight and 3.3% none after treatment. In contrast, Group B showed less improvement with 43.3% moderate and 6.7% slight before treatment changing to 40% moderate and 10% slight after treatment. Overall, the reduction in erythema was more pronounced in Group A, indicating greater treatment effectiveness compared to Group B.

The mean PASI score reduced from 9.28 before treatment to 2.27 after treatment in Group A, indicating significant improvement in patient's condition. The paired sample t-test revealed a statistically significant difference between pre- and post-treatment scores for all the measured variables – PASI score, erythema, induration, scaling and DQLI – with all P values were $< 0.001$. This indicates that post treatment values were significantly improved compared to pre-treatment values. Therefore, the treatment produced a significant reduction in disease severity and improvement in quality of life among participants in Group A.

The mean PASI score reduced only from 8.95 before treatment to 8.09 after treatment in Group B. The paired sample t-test for Group B showed a significant improvement only in PASI score ($t = 6.033$, $p < 0.001$) and scaling ($t = 3.228$, $p = 0.006$) after treatment. However, erythema ($p = 0.082$), induration ($p = 0.164$) and DQLI ($p = 0.610$) did not show statistically significant changes. These results indicate that the overall effect in Group B was less pronounced and not consistently significant across all parameters compared to Group A.

Also, the independent t-test results show that there is statistically significant difference between Group A and Group B across all post treatment variables i.e; erythema, induration, scaling, PASI score and DQLI. P values are $< 0.005$, this indicates that the difference observed between the two groups are statistically significant, i.e. the treatment administered to Group A was more effective than given to Group B.

## DISCUSSION

1.Age Distribution: In my study maximum number of cases were obtained in the age group 35–39yrs (15), with least in age group 30-34yrs (6).

2.Gender Distribution: 53.33% were male cases and 46.66% were female cases.

3.Habitat Distribution: 73.33 % cases were from rural habitat and 26.66% cases were from urban habitat.

4.Climatic Response: 33.33% cases were having aggravation during winter season, 13.33% during summer and 16.66% during monsoon.

5.In this study out of 30 cases, 43.33% cases were having some psychological stress which contributed to their presenting complaint.

6.In the study, 80% cases are having family history of skin diseases (either psoriasis or

any), while 20% having not.

7.Response after treatment: In Group A, almost all cases show marked improvement in their symptoms (above 60% of improvement), while in Group B after the study their symptoms are persisting as such or with less reduction (very minute compared to Group A).

The primary outcome of the study was change in PASI score and response to treatment. On analysing the first primary outcome, Group A has significant improvement as compared to Group B. The mean PASI score were reduced from 9.28 before treatment to 2.27 after treatment ($p < 0.001$, $t = 27.0$) while in Group B, it was only reduced from 8.95 before treatment to 8.09 after treatment.

The secondary outcome of the study was a change in quality of life assessed by Dermatology Quality Life Index (DQLI) Questionnaire. Analysis revealed significant improvement in Group A, showing a marked reduction in mean DQLI value from 19.00 before treatment to 2.00 after treatment ($t = 25$, $p < 0.001$). While in Group B, there is no marked reduction in pre- and post-treatment (BT-17.73, AT-17.60) ($P = 0.610$, $T = 0.521$). The results shows that the treatment given to Group A has significant effect to alleviate the condition of the patient. The independent t-test results show that there is statistically significant difference between Group A and Group B across all post treatment variables i.e; erythema, induration, scaling, PASI score and DQLI. P values are $< 0.005$, this indicates that the difference observed between the two groups are statistically significant, i.e. the treatment administered to Group A was more effective than given to Group B

The results demonstrate the effectiveness of homoeopathic remedies in treating the condition. All the cases with above 70% of improvement show the importance of constitutional prescriptions to alleviate both mental and physical symptoms of the patients. However, 100% improvement is not shown in any of the cases, which may be due to less duration of the study or from other hinderance to the action of the medicine (like diet or climate, etc).

**Limitations**

- Sample size: Modest; limits statistical power and generalizability.
- Single-center: Findings may not reflect broader populations or diverse practice settings.
- Blinding: The possibility of partial unblinding remains due to the holistic nature of homeopathic assessment.
- Subjectivity: Patient-reported measures, although validated, may reflect expectation bias.
- Some potential for bias from subjective outcome tools (DLQI, PDI).
- Blinding challenges inherent to homoeopathic remedy administration.
- Placebo response in chronic skin disease cannot be discounted.

**Recommendations for Future Research**

- Multi-center RCTs: Larger samples, diverse populations, and longer follow-up to test replicability and durability of effect.
- Standardization: Harmonization of case-taking, remedy selection, and potency use in research.
- Objective Biomarkers: Integration of immunological and histopathological parameters to substantiate subjective improvements.
- Comparative Effectiveness: Head-to-head trials with modern biotherapies.
- Conduct larger, multicenter, long-duration RCTs with patient- and physician-blinded protocols.
- Explore immunological and molecular mechanisms of action for homoeopathic remedies.
- Address comparative effectiveness with respect to standard-of-care therapies and patient subpopulations.
- Sample size would have been bigger to get a more accurate result.
- Duration of the study would have been much longer.

**CONCLUSION**

The study compared pre and post treatment changes in erythema, induration, scaling, PASI score and DQLI score between the experimental and control groups. In experimental group, the mean score is reduced from 9.28 before treatment to 2.27 after treatment ($p < 0.001$) while in control group it is reduced only from 8.95 before treatment to 2.01 after treatment ($p = 0.6100$).

The results of the present study highlight that, those homoeopathic constitutional remedies when prescribed after detailed case taking and miasmatic evaluation, can significantly reduce the severity and extent of psoriatic lesions. Improvement in PASI scores and associated symptoms such as itching and scaling also reflected enhancement in patient's quality of life. The findings suggest that constitutional homoeopathic treatment addresses not only the physical manifestations but also the underlying susceptibility and emotional stress that often contribute to the chronicity and recurrence of psoriasis. In conclusion, this randomized clinical trial provides evidence that homoeopathic constitutional remedies are effective in managing psoriasis in the age group of 30-45yrs. The study underscores the holistic and curative potential of homoeopathy in chronic autoimmune skin conditions.

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