

Constitutional Homoeopathic Management of Chronic Eczema with Psoriatic-Erythroderma Features: A PASI Score–Based Case Report

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Abstract—Chronic eczema with psoriatic-erythroderma features represents a therapeutically challenging dermatological condition due to its relapsing nature, severe pruritus, burning sensation, and significant impact on quality of life. Conventional treatment often focuses on long-term suppressive therapy, which may fail to provide sustained remission [4,5]. Homoeopathy, grounded in the principles of individualization and constitutional prescribing, aims to address the underlying predisposition responsible for chronic disease manifestation [1,2]. This paper presents a detailed case of a 37-year-old male suffering from chronic eczema with psoriatic-erythroderma for three years, refractory to extensive conventional treatment including systemic and biological agents. Individualized homoeopathic treatment with *Lycopodium clavatum* was prescribed based on Kent’s repertorial approach. Progressive clinical improvement was observed and objectively assessed using the Psoriasis Area and Severity Index (PASI), which demonstrated complete resolution by the final follow-up. This case highlights the role of constitutional homoeopathy as an effective therapeutic modality in chronic dermatological disorders.

Index Terms—Chronic eczema, Psoriatic-erythroderma, Constitutional homoeopathy, *Lycopodium clavatum*, PASI score, Case report

I. INTRODUCTION

Chronic eczema and psoriatic-erythroderma are inflammatory skin disorders characterized by erythema, scaling, itching, and burning sensations, often persisting for years with frequent relapses. [4,5]

These conditions significantly impair physical comfort, sleep quality, occupational efficiency, and psychological well-being. Despite advances in dermatological therapeutics, long-term management remains challenging, particularly in patients who develop resistance or adverse effects from systemic and biological therapies.

In homoeopathic philosophy, chronic skin diseases are not viewed as isolated local affections but as external expressions of internal constitutional and miasmatic imbalance [1,3]. Homoeopathy emphasizes the totality of mental, physical, and general symptoms for remedy selection. The present case report documents the successful constitutional homoeopathic management of chronic eczema with psoriatic-erythroderma features, supported by objective outcome assessment using PASI scoring.

II. CASE DESCRIPTION

A 37-year-old married Muslim male, shopkeeper by occupation, residing in Rajkot, Gujarat, presented to the outpatient department with complaints of chronic skin lesions for the past three years. The patient reported that he had consulted multiple allopathic physicians and dermatologists, including skin specialists, and had been treated with various topical agents, systemic drugs, and biological therapies. Despite this, his condition progressively worsened, leading to physical discomfort and mental distress. He sought homoeopathic treatment with the expectation of long-term relief.

Patient's Narration (In the very expression used by him/her)	Physician's Interrogation (Details regarding symptoms narrated)	Physician's Observation
<p>Dr. Since 3 year I am suffering from this disease and I had consulted 7 to 8 allopathic doctors even to skin specialist but there is no relief in complaint, in fact disease condition is worse from previous before that treatment, as my friend suggest about Homoeopathy so now you are my hope</p>	<ul style="list-style-type: none"> • Can you describe the rash on your skin? • When did it first appear? • How has the rash changed over time? Has it spread to other areas? • What symptoms do you experience with the rash? (e.g., itching, burning, scaling) • Have you noticed any triggers that make the rash worse? (e.g., stress, cold weather, harsh skin products) • What treatments have you tried so far? Have any of them provided relief? 	<p>Pt looks positive and hopefully to seek cure</p>

Clinical Diagnosis

Chronic Eczema with Psoriatic-Erythroderma
Features associated with Chronic Gastritis

III. PRESENTING COMPLAINTS

The patient complained of violaceous plaques involving the neck, chest, and upper abdomen. These lesions were associated with intense itching and burning pain. The itching was markedly aggravated at night and by scratching, while application of oil provided temporary relief. Burning sensation increased on rubbing the affected areas. The chronicity and persistence of symptoms caused significant discomfort and disturbed sleep.

IV. PAST, FAMILY, AND TREATMENT HISTORY

There was no significant past medical illness. Family history revealed psoriatic arthritis in the father and type 2 diabetes mellitus in the mother, indicating a hereditary predisposition. The patient had previously received prolonged conventional treatment, including topical corticosteroids, methotrexate, acitretin, apremilast, and biological agents such as ustekinumab and ixekizumab, at adequate doses, without sustained improvement.

V. PHYSICAL AND MENTAL GENERALS

The patient's appetite and thirst were normal. He exhibited marked desires for fish, eggs, and spicy food, with aversion to sweets. Consumption of spicy food aggravated gastric acidity. Perspiration was profuse over the face, back, and chest. Sleep was unrefreshed, and he frequently experienced dreams of falling into deep water.

Mentally, the patient was confident, religious, fastidious, and workaholic in nature. He preferred orderliness, became angry on seeing messiness, avoided excessive talking, and showed indecisiveness. These mental and emotional characteristics were consistent and striking, contributing significantly to remedy selection.

VI. CLINICAL EXAMINATION

General physical examination revealed a well-nourished male with wheatish complexion. Vital parameters were within normal limits. Systemic examination was unremarkable. Dermatological examination showed violaceous, erythematous plaques over the neck, chest, and upper abdomen. Tongue was white coated. Blood pressure was recorded as 128/84 mm of Hg.

VII. ANALYSIS OF SYMPTOMS AND
MIASMATIC EVALUATION

1. Aversion To Talking Too Much+2 : Sym/ Sen/ Men /Beha /Char /Nondiag/ Chief / Chro/ Fun/ Syco
2. Workaholic+2 : Sym/ Sen/ Men/ Emo/ Char/ Nondiag/ Chief/ Chro/ Fun/ Syco
3. Confident+2 : Sym/ Sen/ Men/ Inte/ Char/ Non Diag/ Chief/ Chro/ Fun/ Syco
4. Fastidious+2 : Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Syco
5. Anger When See Mess : Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Syco
6. Indecisive+2 : Sym/ Sen/ Men/ Emo/Char/ Non Diag/ Chief/ Chro/ Fun/ Syc
7. Religious+2 : Sym/ Sen/ Men/ Emo/ Char/ Nondiag/ Chief/ Chro/ Fun/ Syco
8. Dream : Falling In Deep Water+2 : Sym/ Sen/ Men/ Subconscious/ Char/ Non Diag/ Chief/ Chro/ Fun/ Syco
9. Desires:Fish+3,Egg+3,Spicy+3 : Attri/ Phy/ Gen/ Char/ Psora
10. Aversion: Sweets+2 : Attri/ Phy/ Gen/ Char/ Psora
11. Spicy food cause acidity+2 : Sym/ Sen/ Phy/ Parti/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
12. Perspiration: Face+2, Back+2, Chest+2 : Attri/ Phy/ Gen/ Char/ Psora
13. Sleep: Unrefreshed : Sym/ Sen/ Phy/ Gen/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
14. Itching<+2 Scratching : Sym/ Mod/ Agg/ Phy/ Gen/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
15. Itching<+2Night : Sym/ Mod/ Agg/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Syco
16. Itching >+2 Apply oil : Sym/ Mod/ Ame/ Phy/ Pari/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
17. Burning pain<+2onrubbing : Sym/ Mod/ Agg/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Syco
18. Violaceous plaques+2 : Sym/ Sen/ Phy/ Parti/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
19. Itching+2 : Sym/ Sen/ Phy/ Parti/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
20. Burning pain+2:Sym/ Sen/ Phy/ Parti/ Com/ Diag/ Chief/ Chro/ Fun/ Syco
21. Redness+2 : Sym/ Sen/ Phy/ Parti/ Com/ Diag/ Chief/ Chro/ Fun/ Syco

VIII. EVALUATION OF SYMPTOMS:
MIASMATIC ANALYSIS

1. Aversion to talking too much+2
2. Workaholic+2
3. Confident+2
4. Fastidious+2
5. Anger when see mess+2
6. Indecisive+2
7. Religious+2
8. Dream: Falling In Deep Water+2
9. Desires:Fish+3,Egg+3,Spicy+2
10. Aversion: Sweets+2
11. Spicy food cause acidity
12. Perspiration:Face+2,Back+2,Chest+2
13. Sleep: Un refreshed
14. Itching<+2Night
15. Burning Pain<+2On Rubbing

IX. TOTALITY OF SYMPTOMS

1. Aversion to talking too much+2
2. Workaholic+2
3. Confident+2
4. Fastidious+2
5. Anger when see mess+2
6. Indecisive+2
7. Religious+2
8. Dream: Falling In Deep Water+2
9. Desires:Fish+3,Egg+3,Spicy+2
10. Aversion: Sweets+2
11. Spicy food cause acidity
12. Perspiration:Face+2,Back+2,Chest+2
13. Sleep: Un refreshed
14. Itching<+2Night
15. Burning Pain<+2On Rubbing

X. REPERTORIAL APPROACH

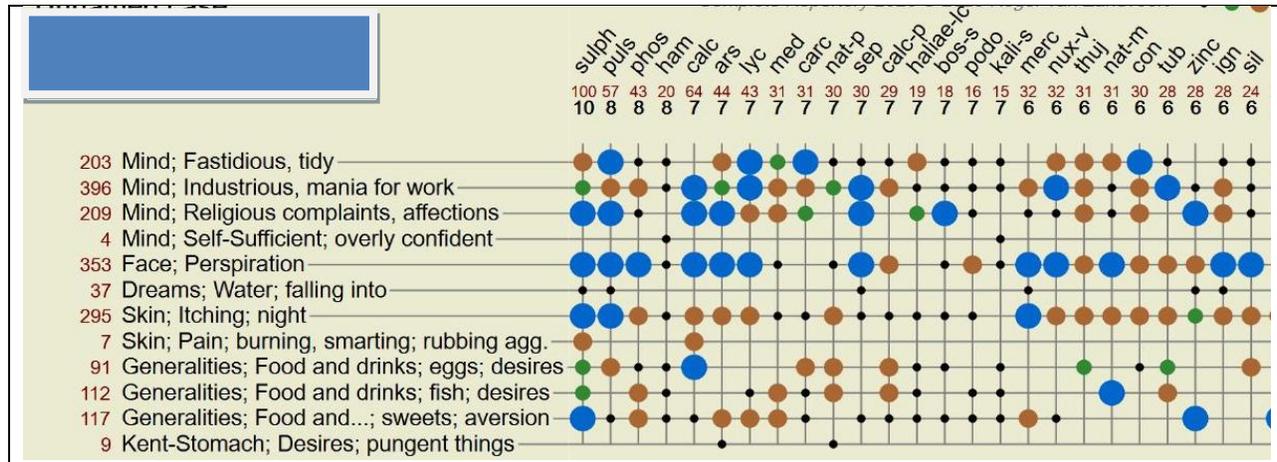
DR. KENT'S REPERTORIAL APPROACH

XI. REPERTORIAL TOTALITY

1. Mind-Workaholic
2. Mind-Fastidious want things perfect
3. Mind-Religious
4. Dream: Falling, Deep water in
5. Gen- Food And Drink, Fish, Desires
6. Gen- Food And Drink, Egg, Desires

- 7. Gen- Food And Drink, Pungent, Desires
- 8. Gen- Food and drink, Sweets, Aversion
- 9. Face - Perspiration
- 10. Sleep- Un refreshed
- 11. Skin-Itching, Night, agg

XII. REPERTORIAL SHEET



XIV. PRESCRIPTION

LYCO-20/8, MERC-16/8, PHOS-14/8, NIT AC- 15/7,
 SIL-15/7, STAPH-13/8,
 STRAM-12/8, SULPH -19/7, NUX V-15/7, SEP-14/7

LYCO 200 1packet For 1 Week
 SL 3 pills TDS For 1week

XIII. DOSE AND POTENCY

DOSE SHOULD REPEATED INFREQUENT
 WITH MODERATE POTENCY 200.

XV. AUXILLARY MEASURES

AVOID MUCH SCRATCHING OF PART.
 HEALTHY DIET.
 TAKE MORE AMOUNT OF LIQUID

XVI. FOLLOW-UPS

DATE	CHANGE IN SYMPTOMS	PRESCRIPTION
3/10/2023	SQ	LYCO 200 5P 1P WEEKLY
6/11/2023	Itching relieved 10%	SL 3 PILLS TDS FOR 5 WEEKS
5/12/2023	Itching and burning pain persistent	LYCO 200 4P 1P WEEKLY
2/1/2024	Itching relieved 20%, Burning pain SQ	SL 3 PILLS TDS FOR 4 WEEKS
30/1/24	Itching relieved 30%, Burning relieved 40%	LYCO 200 4P 1P WEEKLY
27/2/24	Itching relieved 30%, Burning relieved 40%	SL 3 PILLS TDS FOR 4 WEEKS
26/3/24	Lesions resolved, No burning pain	LYCO 200 4P 1P WEEKLY, SL 3 PILLS TDS FOR 4 WEEKS
23/4/24	No lesions, No burning pain, Occasional itching	LYCO 200 4P 1P WEEKLY, SL 3 PILLS TDS FOR 4 WEEKS

XVII. PASI SCORE PROGRESSION

Parameter	Pre- treatment	Post- treatment	Change (%)
Erythema	[1]	[0]	[100%]
Induration/Thickness	[1]	[0]	[100%]
Scaling	[2]	[0]	[98%]
Lesion Score Sum (A)	[4%]		0
Area Score (B)	[4%]		0
Subtotals (C = A × B)	[16]	[0]	[100%]
Body Surface Area Weighting	[4%]	[0]	-
PASI Score (Final Total)	[8%]	[0]	[100%]

BEFORE TREATMENT (BASELINE)	AFTER TREATMENT (LAST FOLLOW-UP)
24%	2%

PATIENT'S PICTURES:



XVIII. CONCLUSION

This case report demonstrates that individualized constitutional homoeopathic treatment can effectively manage chronic eczema with psoriatic-erythroderma features, even in cases refractory to prolonged conventional therapy. Objective outcome assessment using PASI scoring supports the clinical efficacy of homoeopathy and encourages further systematic research in chronic dermatological disorders.

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