

Constitutional Homoeopathic Management of Sebo-Psoriasis: A PASI Score–Based Case Report

Dr. Pooja Paladiya¹, Dr. Urmila Bhargariya², Dr. Utsav Shah³

¹M.D. (Part Ii), R.H.M.C. (Parul University)

²Associate Professor in Practice of Medicine (U.G.) L.R. Shah Medical College

³Assistant Professor in Practice of Medicine (U.G.) L.R. Shah Medical College

Abstract—Sebo-psoriasis is a chronic inflammatory dermatosis presenting with overlapping features of psoriasis and seborrheic dermatitis, commonly affecting the scalp and sebaceous areas. Persistent itching, scaling, and cosmetic disfigurement often lead to psychological distress and impaired quality of life. Conventional management largely relies on topical and systemic suppressive therapies with frequent relapses. Homoeopathy, based on constitutional individualization, offers a holistic approach to chronic dermatological disorders. This paper presents a case of a 38-year-old female suffering from sebo-psoriasis for 1.5 years, successfully managed with individualized homoeopathic treatment using *Natrum silicicum*. Objective improvement was assessed using the Psoriasis Area and Severity Index (PASI), which demonstrated complete resolution by the last follow-up. The case highlights the efficacy of constitutional homoeopathy in managing chronic sebo-psoriasis.

Index Terms—Sebo-psoriasis, Constitutional homoeopathy, *Natrum silicicum*, PASI score, Case report

I. INTRODUCTION

Sebo-psoriasis is considered a variant of psoriasis characterized by erythematous plaques with greasy

scales, commonly involving the scalp, ears, and facial regions rich in sebaceous glands [4,5]. The chronic nature of the disease, nocturnal aggravation of itching, and cosmetic concerns contribute significantly to patient anxiety and emotional stress. In homoeopathic philosophy, chronic skin diseases are understood as manifestations of internal constitutional and miasmatic disturbances rather than isolated local pathology [1,3]. Individualized constitutional treatment aims to restore balance at the dynamic level, thereby promoting sustained remission. This case report documents the successful homoeopathic management of sebo-psoriasis with objective assessment using PASI scoring.

II. CASE DESCRIPTION

A 38-year-old married Hindu female, housewife by occupation, residing in G, presented to the outpatient department on 09/02/2024 with complaints of chronic skin lesions over the left ear region for the past 1.5 years. The patient had tried over-the-counter creams and ointments without relief. Persistent nocturnal itching disturbed her sleep and caused significant anxiety regarding the disease and possible scarring.

Patient's Narration (In the very expression used by him/her)	Physician's Interrogation (Details regarding symptoms narrated)	Physician's Observation
I've been trying to treat these lesions with over-the-counter medicine, creams and ointments, but nothing seems to be working. The Itching is keeping me up at night, and I'm worried that it's going to leave a scar.	<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?	Pt looks anxious and worried about disease condition

Clinical Diagnosis
Sebo-Psoriasis

III. PRESENTING COMPLAINTS

The patient presented with thick, yellowish, greasy scaly plaques over the left ear, associated with intense itching and burning pain. The itching was markedly aggravated at night. Red margins surrounded the lesions, and the plaques were gradually progressive. Anxiety regarding the chronicity of the disease was a prominent concomitant feature.

IV. ASSOCIATED AND FAMILY HISTORY

The patient also complained of hair fall since one year. There was no significant past medical or family history of psoriasis or other chronic illnesses. She was not on any regular medication at the time of presentation.

V. PHYSICAL AND MENTAL GENERALS

The patient had normal appetite and thirst. She exhibited a strong desire for sweets and marked aversion to sour food and sour drinks. Perspiration was scanty. Sleep was sound, but dreams included being blind and seeing dead relatives.

Mentally, the patient was anxious about work and family responsibilities, fastidious, religious, and helpful by nature. Anger was largely suppressed, and she experienced fear of ghosts in the dark and stage fright. She was indecisive and reported weakness of memory. Emotional stress related to family dynamics and suppressed emotions was evident during life-space investigation.

VI. CLINICAL EXAMINATION

General examination revealed a well-nourished female with whitish complexion. Vital signs were within normal limits, with blood pressure recorded at 116/78 mm of Hg. Dermatological examination showed psoriatic plaques localized over the left ear. Nails were normal, and tongue was pink and moist. Systemic examination revealed no abnormalities.

VII. ANALYSIS OF SYMPTOMS AND MIASMATIC EVALUATION

1. Anxiety for work⁺³:Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
2. Fastidious⁺³:Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
3. Anger suppressed⁺²:Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
4. Anxiety about family⁺²:Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
5. Fear of ghost in dark⁺²:Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
6. Stage fright⁺²: Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
7. Desire to help others⁺²: Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
8. Weakness of memory⁺²: Sym/ Sen/ Men/ Int/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
9. Religious affection⁺²: Sym/ Sen/ Men/ Emo/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
10. Dreams of being blind⁺²: Attri/ Men/ Subconscious/ Char/ Psora
11. Dreams of dead relatives⁺²: Attri/ Men/ Subconscious/ Char/ Psora
12. Scanty sweat⁺³: Attri/ Phy/ Gen/ Char/ Psora
13. Av-sour drinks⁺²: Attri/ Phy/ Gen/ Char/ Psora
14. Av-sour food⁺²: Attri/ Phy/ Gen/ Char/ Psora
15. Cr-sweets⁺³: Attri/ Phy/ Gen/ Char/ Psora
16. Winter agg. ⁺³: Attri/ Phy/ Gen/ Char/ Psora
17. Itching ^{<+2} Night: Sym/ Mod/ Agg/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Psora
18. Itching⁺²: Sym/ Sen/ Phy/ Parti/ Char/ Non Diag/ Chief/ Chro/ Fun/ Psora
19. Burning pain⁺²: Sym/ Sen/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Psora
20. Red margins⁺²: Sym/ Sen/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Psora
21. Greasy bumps: Sym/ Sen/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Psora
22. Yellow scaly plaque: Sym/ Sen/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Psora
23. Thick plaque: Sym/ Sen/ Phy/ Parti/ Char/ Diag/ Chief/ Chro/ Fun/ Psora

VIII. EVALUATION OF SYMPTOMS

- Anxiety For Work⁺³

- Fastidious⁺³
- Anger Suppressed⁺²
- Anxiety About Family⁺²
- Fear Of Ghost In Dark⁺²
- Stage Fright⁺²
- Desire To Help Others⁺²
- Weakness of Memory⁺²
- Religious Affection⁺²
- Dreams Of Being Blind⁺²
- Dreams Of Dead Relatives⁺²
- Scanty Sweat⁺³
- Winter Agg. ⁺³
- Cr- Sweets⁺³
- Av-Sour Drinks⁺²
- Av-Sour Food⁺²

- Dreams Of Being Blind⁺²
- Dreams Of Dead Relatives⁺²
- Scanty Sweat⁺³
- Winter Agg. ⁺³
- Cr- Sweets⁺³
- Av-Sour Drinks⁺²
- Av-Sour Food⁺²
- Chilly Patient

IX. TOTALITY OF SYMPTOMS

TOTALITY OF SYMPTOMS

- Anxiety For Work⁺³
- Fastidious⁺³
- Anger Suppressed⁺²
- Anxiety About Family⁺²
- Fear Of Ghost In Dark⁺²
- Stage Fright⁺²
- Desire To Help Others⁺²
- Weakness of Memory⁺²
- Religious Affection⁺²

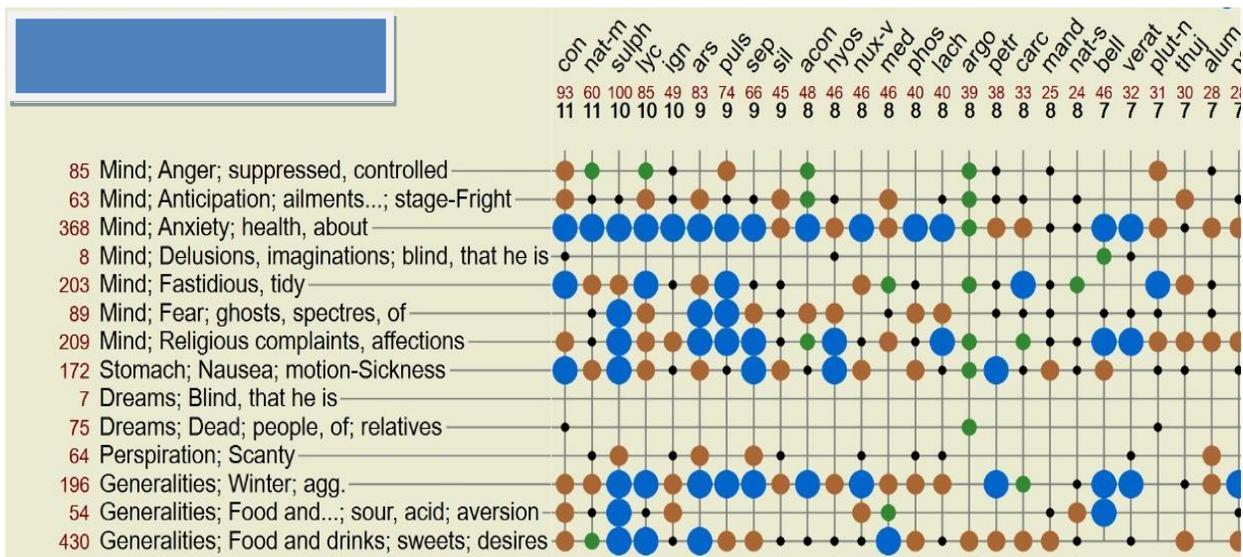
X. REPERTORIAL APPROACH

DR. KENT'S REPERTORIAL APPROACH

XI. REPERTORIAL TOTALITY

- 1) Mind-Anger-Suppressed
- 2) Mind anxiety- Health; About
- 3) Mind - Fastidious- Cleanliness; For
- 4) Mind-Fear- Ghost of - Dark; In the
- 5) Mind-Fear-Stage fright
- 6) Mind – Helping others-Desire to help others
- 7) Mind – Memory weakness of memory
- 8) Mind – Religious affection – Too occupied with religion
- 9) Dreams blind, Being
- 10) Gen – food & Drinks – Sour drinks – Av
- 11) Gen – Food & Drinks – Sweets – Desire
- 12) Gen – Seasons – Winter – Agg

XII. REPERTORIAL SHEET



Sil-16/8, Sulph-16/8, Nat mur-17/7, Lyco-14/7, Sep-14/7, Nat sil-12/7, Ign-10/7, Puls-10/7, Carbo veg-8/7, Lach-12/6

XIII. DOSE AND POTENCY

Infrequent repetition. Potency: Low to Moderate (200 Potency).

XIV. PRESCRIPTION

NAT SIL 200 2PACKET HS WEEKLY SL PILLS TDS 1 WEEK

XV. AUXILLARY MEASURES

HEALTHY DIET
AVOID SCRATCHING
TAKE PROPER REST AND TIME

XVI. FOLLOW-UPS

DATE	CHANGEIN SYMPTOMS	PRESCRIPTION
23/02/24	Itching better 30%, Burning relieved 50%,	THUJA 1M 1PACKET HS WEEKLY SL PILLS TDS 1 WEEK
01/03/2024	O/E: Psoriatic patches reduced in size, No new scaly rash, Itching relieved by 80%, No Burning	NAT SIL 200 2PACKET HS WEEKLY SL PILLS TDS 1 WEEK
22/03/2024	O/E: Psoriatic patches reduced in size, No Burning, No Itching	SL PILLS TDS 1 WEEK

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%]

BEFORETREATMENT(BASELINE)	AFTERTREATMENT (LAST FOLLOW-UP)
20%	4%

XVIII. CONCLUSION

This case report demonstrates that individualized constitutional homoeopathic treatment can successfully manage chronic sebo-psoriasis, even in

cases with prolonged symptoms and psychological distress. Objective assessment using PASI scoring reinforces the clinical outcome and supports the role of homoeopathy in chronic dermatological conditions.

XIX. PATIENT'S PICTURES



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