

# A clinical study for Miasmatic Stratification and Directional Healing Patterns in Chronic Diseases Treated with LM Potencies

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**Abstract** - Chronic psoriasis is a long-term inflammatory skin disease with erythema, elevated scale, and pruritus, which frequently impairs the quality of life, and the pathology has to be managed over a long term. Homeopathic-LM potencies with the chances of individualized symptom totality and miasmatic stratification provide a holistic method of treatment. The proposed observational study will determine the study's efficacy, safety, and the directional patterns of healing of the LM potency therapy in six adult (three male, three female) patients with plaque or guttate psoriasis, with a duration of the disease of between 3-12 years. The patients were categorized as to the predominating miasms (psoric, sycotic, syphilitic, or mixed) and as to the individualised LM potency remedies administered either once a week or once fortnightly in 12 weeks. The outcomes on clinical basis were measured as Psoriasis Area and Severity Index (PASI) scores, symptom relief, directional pattern of healing, and adverse effects. The entire patients showed a substantial improvement with PASI decreases of 50 to 70 %. The response in the psoric patients was relatively regulated but syphilitic patients and mixed miasm patients had slower but progressive response. Resolution of the lesions was usually preceded by relief of symptoms and was in predictable directional patterns of healing. There was no intolerance to any treatment and only one patient had minor transient itching. These results indicate that the individualized LM potency homeopathy is a safe and well-tolerated and effective intervention in chronic psoriasis, which should be supplemented with clinical and case-based evidence of previous studies, and it also requires the implementation of other larger-scale projects.

**Keywords:** *Psoriasis; LM Potency; Homeopathy; PASI; Miasmatic Stratification; Directional Healing.*

## I. INTRODUCTION

Homeopathy offers customized, holistic treatments. Based on a holistic approach, classical homeopathy treats the patient's underlying cause and

susceptibility [1]. Homeopathy examines a person's constitution, temperament, diathesis, and underlying cause (genetic influences), as well as their individualized reaction to environmental stimuli (epigenetic factors) [2]. Owing to the chronic nature of the condition and the requirement for on going care, psoriasis patients are increasingly using complementary and alternative medicine, which may be advantageous for them [3]. The chronic diseases are a major problem with healthcare systems because of their long course, complicated etiology, and propensity to recur or partial resolution [4]. Traditional treatment methods tend to target the management of the symptoms, and this may not be sufficient to handle the underlying vulnerability that caused chronic disease. In this regard, homeopathy provides a form of holistic medicine focusing on personalized medicine and finding underlying causes of sickness [5]. Miasms, which were first introduced by Samuel Hahnemann, become one of the foundations of the philosophy of homeopathy in terms of the origin, development, and maintenance of chronic illness [6]. Homeopathic theory holds that chronic illnesses are caused by deep-seated miasmatic influences (mainly psora, sycosis and syphilis), that define the character of the symptoms, course of disease, and treatment response [7]. Miasmatic stratification is the technique of determining the prevailing and subordinate miasmatic layers in a patient, which will allow a more accurate choice of remedies and potencies [8]. Directional healing is another general principle in homeopathy, which is explained by the law of cure by Hering. This law indicates that the process of genuine healing goes in a particular direction, that is, it moves, first, internally into the external, then, more important organs into the less important ones, then, towards the top downwards and the opposite way of the appearances of the symptoms [9]. The

identification of such directional patterns can be a very useful guide to the curative response and aid in determining the true healing process versus palliation or suppression [10].

LM potencies (50 millesimal potencies), which were proposed by Hahnemann in the subsequent editions of the Organon of Medicine, are a purer method of homeopathic prescribing [11]. Their mild but effective action, fewer aggravations, and applicability to chronic and long-standing conditions are known as these potencies [12]. Their slow and protracted effect causes them especially to be helpful in the treatment of complicated chronic ailments where the vital force must be carefully adjusted [13]. Although the clinical application of miasmatic stratification, directional healing pattern, and the therapeutic effects of LM potency have been widely used clinically, there is a dearth of systematic clinical studies that measure the relationship between these two variables and their therapeutic effects of LM potencies [14]. The dynamic prediction of miasmatic layers during the treatment process and the directional healing process can enhance the clinical decision-making process and the long-term outcome of chronic disease management [15]. Thus, the current clinical trial will test the miasmatic stratification and will be used to monitor directional healing trends in chronic illnesses patients receiving LM potencies [16]. The evidence-based practices of homeopathy by relating the miasmatic diagnosis with clinical response and direction of healing, and so can offer a systematic approach of treating chronic illnesses with LM potency prescription [17].

Psoriasis is a long-term inflammatory skin condition that mostly affects the scalp, trunk, and extensor regions of the limbs. There is a significant health burden due to the prevalence, which ranges from 0.1 to 11.4% globally and from 0.4 to 2.8% in India [18]. Although psoriasis is still a common ailment in homeopathic medicine, there is a lack of solid evidence to support its application. It is unclear what causes psoriasis. Psoriasis lesions also frequently appear in areas with a history of trauma (isomorphic phenomena) [19]. Skin lesions caused by psoriasis are usually itchy and get worse in the winter. Additionally, infections, mental variables like shock, stress, or deprivation, and other medications (including lithium, beta blockers, and antimalarial treatments can all make psoriasis worse [20]. The outer layer of skin travels upward through the layers to the skin's surface throughout the typical cycle of

skin cell production when it dies and is shed in three to four weeks. In psoriasis, the body begins attacking its own cells and tissues due to heightened immune system activity [21]. The human cell cycle lasts 24 hours. The psoriatic cell cycle lasts 36 hours. The inflammation of the cells and the immune cells become active [22]. The dead cells continue to accumulate on the dermis. Too many skin cells proliferate and build up to create a thick plaque. The sores grow irritated and the plaque begins to peel off in the shape of scales since these are to be shed [23]. This procedure is usually painless, but if the scales are removed, petechial bleeding appears on the irritated area underneath [24]. The hallmark of a typical plaque psoriatic lesion is elevated skin patches, or plaques, covered in silvery scales that are irritating at first and dry off with a red, erythematous base [25].

Hypertension frequently has no symptoms, it kills slowly. Stress is thought to play a major role in the development of essential hypertension [26]. Being the second largest medical system, homeopathy offers a vast range of applications, including the ability to thoroughly examine stress and provide a customized treatment for cases of stress-induced essential hypertension [27]. Numerous homeopathic medications may be helpful in treating the stress of essential hypertension [28]. Homeopathic medication and individualized patient consultations are part of the holistic care that homeopathy provides. Homeopathy treats the patient as a whole and provides the quickest, safest, and most effective treatment for the illness [29]. It is well established that this approach has little impact on long-term chronic diseases [30]. This narrative review contains relevant rubrics referenced in several homeopathic repertories and summarizes the pre-clinical, clinical, and anecdotal evidence and strength of homeopathy in the treatment of chronic kidney disease [31]. Around 700 million adults worldwide suffer from chronic kidney disease (CKD), which is growing more prevalent in the general adult population [32]. It is expected to be the third most rapidly increasing cause of death globally become the fifth most frequent cause of death by 2040. An estimated 13.4% of people worldwide suffer from CKD, a number that has raised over time [33].

## II. REVIEW OF LITERATURE

Pal & Nath (2025) studied on uterine fibroids (UFs), which are frequently linked to various illnesses and cause stress and a lower quality of life. The only available treatments are surgical tumor excision or

other traditional therapies that don't take a patient-centered approach. The individualized approach is the foundation of the homeopathic medical system, which effectively treats chronic illnesses by addressing all facets of a patient. In this instance, a 25-year-old female patient received treatment using *Sepia officinalis* LM potencies for her complaints of ovarian cyst, grade II fatty liver, constricted gall bladder, and UF. After UF's progress stalled, *Aurum muriaticum natronatum* was prescribed in centesimal potencies, which ultimately reduced uterine pathology and improved general health satisfaction [34].

Safuvana et al., (2025) investigated on urticaria, a common skin condition. About 15–25% of people will experience it at some point, and chronic urticaria can linger longer than six weeks. Allergens, infections, autoimmune reactions, stress, and idiopathic origins are examples of etiological factors. Mast cell degranulation and histamine release are part of the underlying pathophysiology, which causes cutaneous edema and increased vascular permeability. It is often divided into acute and chronic forms, with additional subgroups such as autoimmune and physical urticaria. Clinically, individuals exhibit erythema, edema, and itching that appears suddenly. Thyroid profile, IgE levels, autoimmune markers, ESR, and total blood count are all part of the diagnostic examination. Additionally, a case of urticaria was reported with complaints of burning sensations throughout the body as well as itching and swelling across the body for three years. Following a thorough case study, the patient was prescribed *Calcarea carbonica* in LM potency, and their symptoms significantly improved [35].

Sivakumar & Gouthamy (2024) examined on myositis, Skeletal muscle is affected by the infectious disease myositis, which can manifest as either a broad inflammation or a quickly developing myonecrotic process that frequently leads to the formation of an abscess. The diagnosis of pyomyositis, which typically manifests as fever and muscle soreness, can be difficult because early symptoms are often ignored. By taking into account local pathology and other unique qualities, homeopathic medications can effectively treat it. A 58-year-old man with multiple comorbidities and a non-healing myositis abscess was seen. As an intercurrent treatment for prevalent syphilitic miasm, *Syphilinum* 200 was administered. Diabetes and hypertension were under control, and the

myositis abscess was treated. His sensorineural deafness in both ears improved, and his alcohol cravings decreased as well. The Modified Naranjo Criteria were used to evaluate the changes in outcome and causal attribution. Nearing the maximum score of 13, the score of 9 indicated a positive correlation between the outcome and the homeopathic intervention. This example demonstrates the beneficial effects of using homeopathic medications to treat myositis abscesses that do not heal and are linked to much morbidity [36].

Gupta & Lamba (2024) illustrates the use of fifty-millesimal (LM) potency in homeopathic psoriasis treatment. Following repertorization, Arsenic Album 30C was administered with numerous repeats based on presenting signs and symptoms. Arsenic Album 1LM was provided during follow-ups in order to hasten the healing process. Psoriasis is a recurrent, persistent illness. Psorinum 1000C was prescribed as an intercurrent anti-miasmatic medication in a single dose during the duration of treatment in order to prevent the recurrence. The patient's mental health has improved, and their physical problems have been promptly resolved, following many doses of *Arsenic Album* 1LM and a *Psorinum* 1000C in a single dose, all without experiencing worsening symptoms. For a long amount of time, the patient's status was monitored at each visit, and no new issues had yet to emerge [37].

### III. METHODOLOGY

#### 3.1. Study Design

This was a prospective observational clinical trial study that was carried out on 6 patients, who had either chronic psoriasis or guttate psoriasis. The purpose of the research was to determine the effectiveness of individualized LM remedies of potency homeopathic remedies and to monitor directional healing and miasmatic stratification after 12 weeks of treatment.

#### 3.2. Study Population

##### ➤ Inclusion Criteria:

- Patients aged 18–60 years.
- Amber who has been clinically diagnosed with chronic plaque or guttate psoriasis.
- Disease duration of  $\geq 1$  year.
- Ready to adhere to the homeopathic care process and do follow-up appointments.

- Exclusion Criteria:
- SNLs receiving combination systemic therapy (steroids, methotrexate, biologists).
- Stable but severe comorbidities.
- Pregnant or lactating women.

**3.3. Ethical Considerations**

- Research that is performed in respect of the Declaration of Helsinki.
- Informed consent of all the participants.
- Ethical committee approval was done in institutions beforehand.

**3.4. Miasmatic Stratification**

- Through the following: patients were categorized according to the Hahnemannian miasmatic evaluation (Psoric, Sycotic, Syphilitic, or Mixed):

- Detailed clinical history.
- Chronic disease family history.
- Wholeness of symptoms (physical, mental, and chronic modalities).
- This hierarchy informed the choice of personalized LM remedies of potency.

**3.5. Treatment Protocol**

- Prescription of individualized homeopathic remedies was done in LM potencies based on the predominant miasm and totality of symptoms.
- Remedies and schedule:
- Arsenic album 1LM, Sulphur 1LM, Thuja 1LM, Medorrhinum 1LM, Psorinum 200C (as required).
- Dose: Once weekly or after one fortnight based on cardiac reaction.
- Treatment duration: 12 weeks.

**IV. RESULT**

Table 1: Demographic Characteristics of Patients

Patient	Age (yrs)	Sex	Disease Duration (yrs)
1	32	M	5
2	45	F	10
3	28	M	3
4	37	F	7
5	50	M	12
6	40	F	8

Interpretation: The patients consisting of three men and three women aged between 28 and 50 years (mean age 38.7 years) were the participants of the study. The period of the disease was three to twelve years, which means that all participants could have chronic diseases in their history and observe the outcomes of the LM potency homeopathic treatment. The equal proportions of genders and the sample of fairly representative age groups can indicate that the results are potential in a general population of psoriasis in adulthood.

Table 2: Clinical Type of Psoriasis and Miasmatic

Patient	Psoriasis Type	Dominant Miasm
1	Plaque	Psoric
2	Plaque	Sycotic
3	Guttate	Psoric

4	Plaque	Psoric
5	Plaque	Syphilitic
6	Guttate	Mixed (Psoric + Syphilitic)

Interpretation: There were four patients with a diagnosis of plaque psoriasis and the remaining two patients with guttate psoriasis. Miasmatic assessment was used to show that three of the patients were mostly psoric, two sycotic, and one syphilitic with another having a mixed miasm (psoric and syphilitic). This hierarchy played a critical role in informing the choice of individualized LM potency remedies and offers a paradigm on how to interpret differences in clinical response because psoric miasm patients tended to improve more rapidly than sycotic or syphilitic miasms.

Table 3: LM Potency Treatment Administered

Patient	LM Remedy	Dose Schedule	Duration of Treatment
1	Sulphur 1LM	Weekly	12 weeks
2	Thuja 1LM	Fortnightly	12 weeks
3	Arsenic album 1LM	Weekly	12 weeks
4	Sulphur 1LM	Weekly	12 weeks
5	Medorrhinum 1LM	Weekly	12 weeks
6	Arsenic alb 1LM + Psorinum 200C	Weekly	12 weeks

Interpretation: Homeopathic remedies were provided individually based on miasmatic classification and totality of symptoms. Sulphur 1LM or Arsenic album 1LM, sycotic, syphilitic, the mixed miasm and Arsenic album 1LM were used in the Psoric patient, the syphilitic patient, and the patient with mixed miasm, respectively. The treatments were administered as weekly or fortnightly in 12 weeks. This customized and adaptable treatment regimen made possible adjustment to patient response and resulted in optimum management of chronic psoriasis using potencies of LM.

Table 4: Clinical Outcomes (PASI Scores and % Improvement)

Patient	PASI Before	PASI After	% Improvement
1	12	4	66%
2	18	8	55%
3	10	3	70%
4	15	6	60%
5	20	10	50%
6	13	5	62%

Interpretation: Clinical significance of variation of PASI scores among all of 6 patients was in the range of 50-70. The greatest improvement (70) was recorded in a psoric patient who had guttate psoriasis, indicating that psoric miasm could be positively related to a quicker therapeutic reaction. The greatest increase (50 percent) was in the syphilitic patient which is in line with the classic homeopathic observations according to which syphilitic miasms

tend to respond slower. In general, the PASI decreases suggest that LM potency therapy at an individual level is effective to treat chronic psoriasis with regard to various miasmatic patterns.

Table 5: Symptom Improvement / Directional Healing

Patient	Key Symptom Relief	Directional Healing Pattern	Remarks
1	Scaling, erythema	Limbs → Trunk	Complete resolution
2	Itching first, plaques later	Face → Limbs	Gradual resolution
3	New lesions healed first	Limbs → Trunk → Face	Old lesions faded later
4	Crusting resolved before erythema	Limbs → Trunk	Steady improvement
5	Scaling and redness	Face → Hands → Legs	Slower but progressive
6	Mild acute symptoms reappeared	Mixed → Limbs → Trunk	Fully resolved after mild aggravation

Interpretation: In all patients, symptom improvement was followed by a full resolution of the lesions, in which scaling, erythema, and pruritus were reduced before full healing. The patterns of directional healing were in line with the classical homeopathic theory: the lesions were cured centrifugally, usually, limbs to trunk, and trunk to face. Mild acute symptoms were temporarily re-emerged in the patient with a mixed miasm, and then the lesions have cleared, and it is an example of a transient homeopathic aggravation. The findings of these observations support the claim that LM potency treatment does not only lessen severity of the disease but also goes through predictable healing patterns.

Table 6: Adverse Effects / Safety

Patient	Any Adverse Effects	Remarks
1	None	Safe
2	None	Safe
3	None	Safe
4	None	Safe
5	None	Safe
6	Mild itching aggravation	Resolved spontaneously

Interpretation: There was good tolerance of the treatment, and no adverse effects were reported in five patients. Aggravation of itching was mild with one patient, and he would no longer be under medication. These results show that LM potency homeopathic treatment is safe and non-invasive enough to be used as a treatment option in managing chronic skin-related disorders like psoriasis.

V. DISCUSSION

In the current research of six patients with chronic psoriasis who were given personalized LM potency homeopathic remedies, all the subjects experienced significant clinical improvement, and PASI scores were reduced by 50 to 70 % at the end of 12 weeks

of treatment. Symptom improvement (less scaling, erythema, and pruritus) and foreseeable directional healing patterns were found to go hand in hand with lesion regression, but no severe adverse events were noticed. These results are consistent with other previous studies in homeopathy with psoriasis and chronic skin disorders. A randomized, double-blind, placebo-controlled clinical trial performed by

Balamurugan et al. (2023) that found significantly more PASI improvement in patients receiving customized homeopathic medicines in LM potencies than placebo at the end of six months of treatment. The results of that study show that PASI scores were statistically better in the homeopathy group compared to the placebo ( $p = 0.002$ ) and that some quality of life variables have statistically improved in favour of homeopathy on some of the subscales, which is consistent with the idea that individualized homeopathy can positively impact the measures of objectivity and subjectivity of the disease in psoriasis.

The findings are also supported by case reports and observational studies. Several recent case report studies indicate that 1:1 homeopathic therapy is capable of causing significant improvement in PASI scores, furthermore, complete lesion resolution in some cases. As an example, a 2025 case report reported a 58 joints human female with an underlying history of psoriasis as chronic whose PASI score spoke of the range of 22.9 at the outset to 0.6 concerning the administration of customized homeopathy, and no recurrence was experienced within a 2-year follow-up. The patterns of outcomes are corroborated by such results on individual cases which helps to highlight the possibility of homeopathic individualized therapy to make any meaningful clinical improvement in our small cohort.

Similar results were obtained in a multi-center observational study that compared homeopathic therapy in the treatment of psoriasis using standardized disease severity indices where significant improvements in PASI and quality of life indices were observed after a year of follow-up. A substantial number of patients in that study showed substantial reduction of PASI scores with homeopathic therapy with larger percentages having PASI 75-89 and PASI 90-100 responses at 12 and 24 months. The increase in these longer-term data is consistent with our trend observation of consistent improvement throughout the treatment period and indicates the possibility of additional benefit of homeopathic care such as homeopathic care continued past the 12-week window of our study. A recent literature homeopathic case series study showed that 6 psoriasis patients receiving homeopathic treatment in an individualized manner showed considerable improvement in PASI and DLQI devastation, and that symptoms were controlled and avert of acute exacerbation. Our

results are also consistent with other clinical reports and case series on homeopathy in terms of safety, which always show few or no negative effects during the treatment, and this again upholds the safety profile of individualized homeopathy in chronic skin disease.

In spite of these positive similarities, there are some significant differences and constraints in the general literature that should be considered. Although our research and even certain clinical trials have revealed remarkable improvement of PASI with individualized homeopathy, the outcome as well as the quality of methodology of randomized homeopathy trials (not psoriasis specific) have been mixed in systematic reviews, resulting in a warning against over interpretation of study findings and the necessity of larger controlled trials. However, in the context of psoriasis studies, in particular, the cumulative data of controlled trials, observational studies, and well-documented case series (including those of LM potencies) demonstrates a repetitive tendency of clinical improvement, which is qualitatively similar to our data. The directional patterns of healing that have observed in our study, including; new lesions healing first, and the symptom reduction preceding a complete lesion clearance, are conceptually supported in the case literature and conventional homeopathic books, although such patterns are scarcely reported in the conventional dermatology literature. These fashions could be a manifestation of the miasmatic, individualistic homeopathic school, which prioritizes the totality of symptoms and dynamism in the development of the healing process.

## VI. CONCLUSION

This paper has proven individualized homeopathic care using LM potencies to be of significant clinical benefit in patients with chronic psoriasis. The six patients had all registered considerable decreases on PASI (50-70%), successful symptom treatment, and directional healing as per the classical homeopathic rules. The patients of psorica tended to improve faster whereas the patients of syphilis and mixed miasmas tended to improve gradually but steadily, which underscored the utility of miasmatic stratification in forecasting treatment outcomes. The treatment procedure was safe, and adverse effects were minimal hence the LM potency therapy is a tolerable and effective intervention.

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