



A SYSTEMIC REVIEW ON EFFICACY OF HOMOEOPATHIC MEDICINES IN THE TREATMENT OF PSORIASIS

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Abstract:

Homoeopathic cure is based on law of similar, and selection of remedy is based on Constitutional approach in management of any disease. Where the modern system of medicines makes the usage of external application like ointments, steroids etc. In treatment of any skin infections like ring worm or tinea infections, which leads to suppression or palliation. So, the disease tends to recur often and becomes a chronic disease. Removal of local symptoms of the local direction by external application leads to rousing up the internal disease and the other symptoms that previously existed in a latent state side by side with the local affection. So, there is a wide scope for proper management and treatment of Psoriasis in Homoeopathy. As in our system of medicine we do not treat the disease but we treat the individual who is suffering. Through individualization with constitutional remedy (Approach) we can treat both acute as well as the chronic phase of disease, to prevent further recurrence and complications of the disease. 9 articles were collected which are related to the efficacy of homoeopathic medicines in Psoriasis. All these articles were collected from various database, year and publishers that is from 2009 to 2022 from the database like Google scholar. All these articles supported the efficacy of Homoeopathic medicines in Psoriasis.

Objective: The objective of the study was to conduct a review of the existing literature on homoeopathic research conducted on psoriasis.

Keywords: Homoeopathy, Observational studies, case reports, psoriasis

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DOI: 10.48047/ecb/2023.12.si10.00121

INTRODUCTION:

A widespread, recurrent, chronic inflammatory skin condition known as psoriasis is characterised by circular, confined, erythematous, dry, scaling plaques of varying sizes that are covered in imbricate, lamellar scales that are either greyish white or silvery white. The lesions tend to focus on the scalp, nails, elbows, knees, shins, and extensor surfaces of the limbs (particularly the shins) and the sacral area¹

Psoriasis affects 125 million individuals worldwide, according to the World Health Organization. Additionally, the World Psoriasis Day Consortium estimates that 2-3% of the world's population is affected globally. Adults can get psoriasis in 0.91 to 8.5 percent of cases.²

The corpus hippocraticum, which dates back to the dawn of medicine, has the oldest accounts of what looks to be psoriasis.³ Hippocrates (400–377 BC) referred to scaly lesions as *lopoi* (from "lepo" meaning "to scale"). However, Celsus (25BC–45AD) is credited with describing psoriasis for the first time in his "Dee medicinal" almost 2000 years ago. The condition was referred to as *impetigo* (Latin for "impetigo", which means "to strike").⁴ Incidence and prevalence of psoriasis is global. With over 150,000 new cases identified each year, psoriasis affects about 2% of the population in the United States. The incidence varies greatly between different countries.⁵

In response to an excessive build-up of cells on the skin's surface, scaly, red areas that are rough, itchy, and possibly painful occur. The lesion can arise anywhere on the body, but it typically affects the elbow, knee, scalp, and lower back. Clinically, psoriasis can come in five different forms: plaque, guttate, palmoplantar, inverse, and erythrodermic. 90% of all instances of psoriasis are caused by plaque psoriasis. The body occasionally experiences symmetrical patches, which are typically located in the scalp, knee, face, and elbow.⁶

PSORIASIS AND HOMOEOPATHY

Homoeopathy is a form of complementary medicine in which diseases are treated with extremely small amounts of natural substances that would typically produce their symptoms.⁷

The homoeopathic literatures subsequently suggested a number of medicines for the condition psoriasis - *Arsenic album*, *Borax*, *Calcarea carbonica*, *Fluoric acidicum*, *Graphites*, *Lycopodium clavatum*, *Mercurius solubilis*, *Natrum muriaticum*, *Petroleum*, *Phosphorus*, *Sepia*, *Staphysagaria*, *Sulphur*.^{8,9}

Further, patients frequently seek treatment of psoriasis from homoeopathic practitioners. There

is, however, no comprehensive review to identify evidence base in Homoeopathy for treatment of psoriasis. This study was undertaken to identify the research conducted in Homoeopathy for treatment of psoriasis.

MATERIALS AND METHODS

A comprehensive online research studies on psoriasis through Homoeopathy was conducted to identify publications in international search databases in Homoeopathy published during the period from 2009 to 2022. Relevant research was categorised by study type and appraised according to study design with their clinical outcomes.

The following criteria were adopted for undertaking this review:

Types of studies

This review included studies where the intervention was aimed at treating symptoms related to psoriasis through Homoeopathy. Any study where symptoms could at least be partially attributed to psoriasis treatments was included in this review.

All types of Randomised Controlled Trials and observational studies undertaken in any setting were included in the review. Well-documented and peer-reviewed case reports were also included.

Studies related to exclusively allopathic and complementary mode of therapeutics (Ayurveda, Unani, Siddha, Yoga and Naturopathy) along with expert opinions on the psoriasis were excluded from this review.

Homoeopathy was defined, for the purpose of this review, as the use of homoeopathic medicines prepared in accordance with officially recognised homoeopathic pharmacopoeias. Any homoeopathic prescribing strategy was included.

Search methods for identification of studies

Electronic searches

A systematic literature search was conducted in the main international search databases (PubMed, Research gate, IJRH and Science direct) for all clinical studies (both concluded clinical trials) published in the period from 2009 to 2022.

Data analysis

The studies were assessed manually by author Dr. Veerbadrappa C. and details of the study of the identified fields were added manually. Co-authors Dr. Kirtida Desai & Dr. Zankhana Poorav Desai re-examined the studies and cross-checked the entries made. The details of included studies as tabulated are given in Table 1.

RESULTS

Number of articles in this review, 9 articles related to Homoeopathy on psoriasis were identified, in which one is clinical observational study [11] five

are case reports, [10,14,16-18] and three are case studies [12-13,15].

(Human pathogenetic trial, data collection study, newspaper report and telephonic survey were excluded from this review.)

Number of participants

In one clinical study, the number of participants are 162[15] whereas three studies have participants less than 100. [10,11,14] five are single-patient case reports. [12,13,16-18]

Duration of treatment

Two studies have duration of treatment between 1month to 2 months. [13,17] Five studies have duration for 6 months to 1 and half year. [10,12,14,16,18] In one study, the duration of treatment is for 2 years.[11] In the remaining one study the duration was for 20 years [15]

Homoeopathic treatment approach

A constitutional mode of homoeopathic approach is followed exclusively in all the studies. [12-20] This approach has been detailed as determining totality of symptoms followed by case analysis and miasmatic diagnosis. In all the studies, Homoeopathic medicines were prescribed after detailed case taking as per homoeopathic principles. [10-18] Only 2 cases had MONARCH AND PASI SCORE. [12,18] In all the 7 cases prescription was done on the basis of case analysis and totality of symptom but no valid scales were used for assessments. [10,11, 13-17]

Medicines prescribed frequently

Medicines that are frequently prescribed in the clinical cases for psoriasis were identified in review as: Sulphur, Arsenicum album, Phosphorus, Lycopodium clavatum, Lachesis mutans, Natrum muriaticum, Nux vomica, Silicea terra, Sepia and Thuja occidentalis. The potency used has shown no common pattern varying from 30, 200 and 1M. [10-18]

Assessment/outcome parameters

In one study, standardised P.A.S.I (Psoriasis Assessment & Severity Index) & P.D.I. (Psoriasis Disability Index) R.R.I (Recurrence & Relapse Interval) scales were used in the assessment of psoriasis. [12,18]

In another study MONARCH score of was used.[18] while remaining eight studies used totality of symptoms along with photographs of the patients at entry, during and after treatment as the outcome assessment measures.[10,12-18].No standardised validated outcome scales were used in these seven studies.[10,11,13-17].

Treatment outcomes

All the studies reported definite outcomes, reflecting a rationale to use homoeopathy in the

treatment of psoriasis.

Type of publication

Four studies are published in peer-reviewed journals, [11,12,15,16] whereas three studies are non-peer-reviewed articles [13,14,17].

Level of evidences for clinical research

For one study, the level of evidence for clinical research [11] in the reviewed articles is 'B' which includes the controlled and uncontrolled observational studies, whereas for eight studies, level of evidences is 'C' including the case reports [10,12-18].

DISCUSSION

This is only a literature review, attempting to collate the existing studies to identify their strong and weak aspects and to develop suggestions for future studies. A meta-analysis of the studies was not attempted considering the variations in patients' inclusion/exclusion and assessment parameters. No fixed criteria for study inclusion/exclusion were developed to do a systemic review. It was seen that in homoeopathic system very less number of studies have been conducted on psoriasis. Most are observational studies or isolated reporting of cases. There are no RCTs for treatment efficacy in psoriasis.

In these studies, reviewed the treatment strategies followed were mainly constitutional with added in inclusion of mental & physical generals to develop patient's picture. Psoriasis being a chronic relapsing condition, so a constitutional and a holistic approach is favoured. It is recommended that a psoriasis symptom totality or symptom syndrome adhering to the homoeopathic individualistic approach may be formed to acquire a most common set of homoeopathic remedies effective in the disease and obtain better results.

Drugs such as Arsenicum album, Sulphur, Phosphorus, Natrum muriaticum, Thuja, Lycopodium, Nux vomica, silicea were most frequently prescribed which are identified as constitutional medicines. Studies with specific medicines or constitutional medicines further validating their symptoms syndrome can be conducted in future to identify definite treatment strategy for psoriasis patients. It is recommended to develop study protocols for psoriasis incorporating the usage of validated scales. Psoriasis itself is a big social stigma for the patient, so assessment of quality of life must be an important part of the treatment including psychological support. The studies reported in the review used photographs of the patients for assessment which alone limits the possibility to draw firm conclusions on the effectiveness of Homeopathy in psoriasis [10,12-18].

Sl no.	Year of publication	Authors Name	Study Design	Number Of Participants	Intervention	Duration	Type Of Homeopathy	Assessment /Outcome Parameters	Summary Of Results	Medicine Used and Potency	Evidence Grade
1	2017	Lawrence Chukwudi Nwabudike ¹⁰	Case Report	3	Homoeopathic Medicine Based upon The totality of Symptoms	6months - 1year	Individualized	Removal of ACE inhibitors and beta-blockers	<i>Staphysagria</i> , at MK potency, weekly. Remission within 6 months. <i>Lycopodium MK potency</i> weekly with remission within 3 months and remains in remission 2 years later. <i>Tuberculinum MK Potency</i> taken weekly and Sulphur CH30 potency taken for itch and bland soaps and emollients were recommended. Full remission at 1 year together with most bodies.	<i>Staphysagria</i> , at MK potency, <i>Lycopodium MK potency</i> <i>Tuberculinum MK Potency</i> Sulphur CH potency	Evidence Grade C
2	2009	CM Witt, R Lüdtkke, SN Willich ¹¹	A Prospective Observational multicentric Study	82	Homoeopathic Medicine Based upon The totality of Symptoms	2years	Individualized	Improvement depends on the mean severity of all baseline diagnoses (physician assessment), mean severity of all complaints (patient assessment), and QoL scores. Follow up done for every 3months, 12	Total 83 remedies have been used. Under homeopathic treatment, the severity of psoriasis and accompanying diseases, as well as QoL improved substantially and the uses of conventional medication and health services decreased markedly.	Natrum Mur(11.4) , Sulphur (7.6), Sepia (5.9), Lyco (5.1), Phos (4.9), Sil (4.9), Puls (4.5), Calc (3.3), Nux Vom (3.1), Lach (2.9)	Evidence Grade B

								months and 24			
3	2021	Prof. (Dr.) Niranjan Mohanty ¹²	Case Study	1	Homoeopathic Medicine Based upon The totality of Symptoms	1 year	Constitutional	P.A.S.I (Psoriasis Assessment & Severity Index) & P.D.I. (Psoriasis Disability Index) R.R.I (Recurrence & Relapse Interval).	Sulphur 0/1 6 hourly in 7 days interval, improvement seen in 3 months, silicea 0/1 it helped but piles continued, thuja 10m antisycotic medicine, silicea 0/2 showed improvement, again new symptoms arrived sinusitis along with change in physical and mental generals. After taking case again phosphorus 0/1 was given patient showed improvement. Antipsoric Sulphur 200 given and there is no relapse of symptoms.	Sulphur 0/1, Thuja10m, Silicea0/1, Phosphorus 200, Sulphur 200	Evidence Grade C
4	2020	Dr. Yogendra Bhadoriya ¹³	Case Study	1	Homoeopathic Medicine Based upon The totality of Symptoms	1 and half month	Individualized	Patches, Scaling, Dryness, And Itching Reduction	Thuja---30 / BD / For 30 Days Bio Combination--- 20/ 4 TAB/ QID/ For 30 Days Plain coconut oil for local application all over body FOR 1 ST 15DAYS, RELIEF IN ITCHING AND SCALING,	Thuja	Evidence Grade C

									<p>DRYNESS AND PATCHES PERSISTS, Thuja--200/ OD/ for 15 days and Placebo for Next 15 Days.</p> <p>Bio combination and oil application continued for next 15 days.</p> <p>Relief in itching, scaling, dryness and patch size reduced to 50%. Repeated the same as thuja 200 OD / 15days,</p> <p>All patches disappeared and patient was observed relaxed psychologically</p> <p>Thuja--200/ OD/for 8 days and placebo for next 8 Days</p> <p>Coconut oil application continued for 15 Days.</p>		
5	2011	L.C. NWABUDIK E ¹⁴	Case Report	4	Homoeopathic Medicine Based upon The totality of Symptoms	6 months to one year	Individualized	Patches, Scaling, Dryness, And Itching Reduction	<p><i>Lycopodium</i> at C200 potency, to be administered weekly and a bland hydrating cream. After 3 weeks treatment < in complaints so LACHESIS 200 weekly for 2 months. Started showing</p>	Lycopodium, Lachesis, Sulphur, Arsenicum Album,	Evidence Grade C

									<p>free from lesions in scalp and preauricular region. After 4 months all lesions gone.</p> <p><i>Sulphur</i> at M potency with weekly administration and a Sulphur- based cosmetic cream for his itching.</p> <p>At his follow-up visits at 1 and 2 months, he showed marked improvement and, at 4 months, he showed almost complete clearing. He is still-lesion free 2 years with mild lesions in elbow.</p> <p><i>Lachesis</i> at M potency. His general state improved, in spite of an aggravation of his lesions at his one-month follow-up.</p> <p>He continues to remain lesion-free, with the exception of occasional mild,</p>		
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									<p>transitory recrudescence at the onset of winter. <i>Arsenicum album</i> at M potency, weekly and a 10% urea cream, which was to be applied around the nails. At 6 weeks, she had observed substantial improvement in her general state and felt able to resume many activities, although she showed a mild aggravation of her palmar lesions. She reported pregnancy (6 weeks gestation) at 5 months after treatment, with nail growth and improvement of her periungual lesions, although she had ceased treatment 2 weeks earlier. The patient was still dissatisfied and her treatment was changed to the homeopathic</p>		
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									<p>medicine <i>Lycopodium</i> at M potency. She returned 9 months later and her nail lesions were gone, with the exception of the nail of her right ring finger, which, though diminished, was still not completely healed.</p>		
6	2015	Dr Girish Gupta Dr Naveen Gupta, Dr Asha ¹⁵	An Evidence Based Clinical Study	162	Homoeopathic Medicine Based upon The totality of Symptoms	From 1994-2014	Individualized	Reduction in size, number, thickness or scaling of lesions was considered as improvement.	<p>Out of 162 patients, 55 patients (33.95%) were markedly improved, 70 patients (43.21%) improved, 14 patients (8.64%) maintained status quo and 23 patient (14.20%) aggravated. <i>Lycopodium</i> was found to be effective in maximum number of patients followed by <i>Pulsatilla</i>, <i>Calcarea carbonica</i> and <i>Natrum muriaticum</i>. <i>Lycopodium</i> 27, <i>Pulsatilla</i> 24, <i>Calc-c</i> 24, <i>Nat-m</i> 21, <i>Silicea</i> 9, <i>Phos.</i> 7, <i>Ars-alb</i> 4,</p>	Lycopodium, Pulsatilla, Calc-C, Nat-M, Silicea, Phos, Arsalb, Sulphur, Sepia, Nux-V, Carc.	Evidence Grade C

									Sulphur 3 (1.85 %) 9. Sepia 3, Nux-v 2, Carc. 1 frequently prescribed medicine		
7	2019	H Venkatesan ¹⁶	Case Report	1	Homoeopathic Medicine Based upon The totality of Symptoms	6 months	Individualized	without any recurrence and good quality of life.	Petroleum in 30C & 200C Potencies internally and Cardiospermum Halicacabum Mother Tincture was given for external application. Deep Ulcer over the Left-Hand Thenar area started healing along with reduction in Scaling and Thickening of the adjacent areas of Eruptions. In the 4 th Month Visit, the Ulcer got completely healed and the pink colored new normal skin layer started developing over the eruption area. Patient treated for 6 months and no recurrence for next one year.	Petroleum Cardiospermum	Evidence C
8	2022	Sushanta Sasmal, Priyanka Mallick ¹⁷	Case Report	1	Homoeopathic Medicine Based upon The totality of Symptoms	2 months	Individualized	Reduction in symptoms	patient was prescribed Natrum Muriaticum 200, 2dose, and was instructed to take once in early morning	Natrum Mur	Evidence C

									in empty stomach followed by placebo for next 21 days. After taking medicine for 2 months his itching and exfoliation subsided and returned to normal healthy skin.		
9	2021	Dr. Nisha CN ¹⁸	Case Report	1	Homoeopathic Medicine Based upon The totality of Symptoms,	6months	Individualized	MONARCH score of	Psorinum200 one dose given when Itching, scaly lesions on various parts of the body General weakness Soreness and pain over the parts Offensiveness of the body Dermatology quality of life index was analyzed which showed a score of 24 out of 30. At 3 rd follow up psorinum repeated as there was itching and soreness of lesions. At the last follow-up Complaints relieved Dermatology quality of life index was again analyzed which showed a score of 0.	Psorinum	Evidence C

Only observational studies were carried out reporting positive extrapolations of homoeopathic treatment, but due to lack of a control group, it is difficult to assess the extent of response to Homoeopathy. Keeping this in view, future studies may be designed to investigate the true extent of placebo or context effects in homoeopathic treatment. Further, more vigorous research designs including pragmatic methodology and RCTs are required for scientific validation of results.

In most of the studies, reviewed patients were followed up for 6 months – 2years or less which is a short period for the assessment of treatment outcomes as psoriasis is a chronic slow-progressing disease, and rate of its progression varies over the years. Only one case had a duration 20 years. However, it has been identified that the patients usually tend to drop out after a period of 1 year. The treatment strategy may be focussed on retaining the patient for a longer follow-up period for a reduction in the relapse rate of disease. Studies identifying treatment approaches and use of the future studies on psoriasis can be designed by overcoming these flaws.

The sample size or the number of patients participating in the studies reviewed is highly varied for getting a desired statistical outcome. Further research having optimal sample size identified on the basis of already existing studies can be designed to assess the efficacy of homoeopathic medicines in psoriasis. Effect sizes can be used to determine the sample size for follow-up studies or examining effects across studies, which again depends on the research question and the experimental design.

The review illustrates the usefulness of Homoeopathy in treatment of psoriasis, but the role of homoeopathic treatment must be explored further on studies focussing on the efficacy of treatment based on specific outcome parameters. Parameters were used in only few cases and follow up in one study was for 20years.

CONCLUSION:

Psoriasis, despite being physically uncomfortable, significantly increases psychological morbidity. Studies show that homoeopathy can treat psoriasis when there are varying degrees of clear skin without any psoriatic patches.

The treatment, however, is prolonged and needs to be based on homoeopathic principles of totality and constitutional treatment. A larger number of studies on strong evidence-based parameters, with rigorous study designs including RCTs with validated

scales, are essentially required to be conducted to develop evidence base of Homoeopathy for psoriasis treatment.

Financial support and sponsorship:

Nil.

Conflicts of interest:

None declared.

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