

# Psoriasis

An overview of this inflammatory skin condition and its homeopathic treatment by *Andrea Wiessner*

**P**soriasis is an inflammatory skin condition that affects two to three per cent of the population. It can appear at any age, but mostly between the ages of 11 and 60. Psoriasis is an autoimmune disease, belonging to a group of conditions where the immune system is over-active and attacks its own cells and tissues.

Normally skin cells are formed at the bottom of the outer layer of our skin. The cells go through a cycle of change, moving upwards through the layers to the surface of the skin where they die and are shed within a period of three to four weeks. In psoriasis this process is speeded up and cells can go through this cycle within three to four days. This causes thickening of the skin and its characteristic scaly appearance. Psoriasis affects mainly the skin and nails, but in six per cent of cases it is accompanied by inflammation of joints, affecting mainly fingers, toes and the spine and is called psoriatic arthritis.

The word psoriasis is derived from the Greek word *psora*, meaning itch, although in most cases the affected skin is not particularly itchy. But some patients do experience a lot of itching and sometimes the eruptions can be sore and painful, in particular when there are cracks present. Psoriasis can affect the whole body, including the scalp, but the face is often spared.

There are different types - psoriasis vulgaris, plaque psoriasis, appears in big patches of thickened skin usually with white/silvery scales on the elbows and knees, but also other parts of the body. When one finds lots of small scaly spots and patches the condition is called psoriasis guttate. This form often affects children and is frequently triggered by streptococcal throat infections and often disappears by itself within a few weeks or months. Psoriasis pustulosa, usually

presents with little yellow pustules and affects the palms of the hands and soles of feet.

In up to 50 per cent of psoriasis patients, nails can also be affected. One can see small indentures in the nails or circular discolorations under the nails. In more severe cases the nails can thicken and separate from the underlying nail bed.

The causes of psoriasis are still not entirely clear, although in 30 per cent of patients there is a family history of the condition. Certain factors can trigger the onset of the skin eruptions including streptococcal throat infections, particular medicines and injury to the skin, and emotional factors, such as stress or situations of trauma, shock and bereavement. Those trigger factors can be important for the homeopathic practitioner as it might indicate which remedy might be appropriate for that particular person.

Due to its appearance, psoriasis can profoundly affect an individual, as people unfamiliar with the condition might think it is contagious. The sufferer may also have to endure adverse comments from others about their appearance, which can affect his or her quality of life immensely.

## Conventional treatment

There is a selection of conventional treatments on offer, starting with topical treatments, then phototherapy (light treatment) and then stronger, oral treatments. Topical treatments vary from simple emollients to moisturise the skin and alleviate itching, to salicylic acid-based creams, topical steroid creams of varying strength and tar preparations. Treatment with various forms of ultra-violet light is also used, sometimes in combination with a medicine called Psoralen.



Photo courtesy of Peter Fisher

Many patients themselves notice the beneficial effect on their skin of ultra-violet light when their psoriasis improves with exposure to sunlight in the summer months. For severe psoriasis, oral medication can be used, often in addition to topical treatment. However, they can have side-effects. Also, most oral treatments are contraindicated during pregnancy.

## Homeopathic treatment

Many patients I see have already tried one or more forms of conventional treatment. Those have mostly been helpful and often cleared the skin eruptions. However, the effect has usually been only temporary and at some stage the psoriasis has come back. Some patients

are, therefore, looking for a more permanent “cure” for their condition, while others would simply like to reduce their use of steroid creams or other conventional treatments.

From the homeopathic point of view we can approach treatment in different ways. We can treat the person as a whole and try to find a constitutional remedy with the aim of strengthening the organism generally. This means looking at not only the patient’s psoriasis symptoms, but also his or her general health and way of reacting to the environment, as well as what drives him or her on an emotional level. But homeopaths can also treat symptomatically, meaning treating the psoriasis symptoms specifically. I usually aim for constitutional treatment but sometimes combine the two approaches, giving a more symptomatic skin remedy for flare-ups, while treating the person as a whole with a constitutional remedy.

Overall we often have good results with the treatment of psoriasis. However, I have seen in some of my patients that their general health as well as emotional well-being has improved but not the appearance of their psoriasis. Occasionally, I also see that the itch or soreness improves considerably but not so much the appearance. Or that the appearance is only slightly better but that the psoriasis does not affect them as much anymore, making it possible to get on with life. Although not the desired outcome, this obviously can have quite a positive impact on one’s life.

### Choice of homeopathic medicine

In choosing which homeopathic remedy to use, we consider various factors. It can be extremely helpful to know if something might have triggered the onset of symptoms. If the psoriasis has been triggered by bereavement, for instance, this might guide us to particular grief remedies, although a variety of other factors or symptoms need to be present too to give such a remedy. It is also important for a homeopathic practitioner to understand what was the exact reaction to such an event, as everyone has their own particular way of experiencing and dealing with such traumas. If the patient still seems to be in deep grief and their reaction is to try to deal with their pain by themselves, withdrawing from others, we might think of *Natrum muriaticum*. This could be confirmed if the psoriasis eruptions are located on the scalp at the margin of the hair, and if the eruptions are worse

in the sun, which is not typical for psoriasis and, therefore, is an individual symptom of the patient.

The location of the patches can be useful for the choice of medicine. As mentioned before if eruptions are at the margin of the hair one might think of *Natrum muriaticum*. If the eruptions are behind the ears and in the folds of skin and possibly around the genitals, one might consider *Graphites*. In pustular psoriasis, affecting the palms and soles of feet, *Phosphorus* can be a good remedy, or *Arsenicum album* or *Arsenicum iodatum*. The latter two might also be useful if the eruptions cause a lot of itching, or a burning sensation.

Factors that aggravate or ameliorate a sufferer’s condition are important to know, especially if they are atypical for the condition, as this indicates an individual mode of expression particular to the affected person.

### Case study 1

Debbi, 55, was referred to me in July 2008 for treatment of her psoriasis. It was the third outbreak in her life. Initially it appeared in 1982 at the age of 29 when she was in the middle of her divorce. She had tar treatment at the time as well as PUVA (light treatment). This settled things. In 1985 her psoriasis came back after the death of her four year-old son. He was hit by a car and his death left Debbi in a state of shock. Her psoriasis had never cleared up completely since.

This recent outbreak started in December 2007 after an argument with her 16 year-old daughter who had been diagnosed with a psychotic episode and an eating disorder. She had been treated at a rehab clinic and had just been discharged. Debbi wanted to find out what her daughter’s plans were, when her daughter became very angry. As Debbi felt she wanted to connect with her she tried to stand her ground. Her daughter started to throw furniture and objects at her and Debbi backed down and left the room.

She was terrified and shocked. She felt astonished that her daughter was so violent. It left her feeling numb, confused and disempowered. The following day her psoriasis broke out, mainly on her back and legs. She had some Chinese medicine which improved things temporarily. But then it returned and when I saw her she had spots all over which were very itchy and, therefore, interrupting her sleep. Her inner thighs felt very sore. She was using aqueous cream as an emollient and a

herb, *mahonia aquifolium*.

In general Debbi’s health is good. She had an episode of depression after the death of her parents who died within a year of each other. Otherwise she has been well and there was no family history of psoriasis. One of the main issues that came out during the consultation was that she felt she had been cheated constantly in her life. She said that she allows people to cheat her then gets angry but turns it in on herself and sits on it. She also couldn’t understand that her daughter would run off, drink and take drugs when Debbi’s parents died when they could have grieved together. “Why would she do this after I had looked after her and supported her?”

As there was a history of shock and deep-seated grief in her story, I did consider homeopathic remedies for shock and grief. Debbi’s sense of injustice about how her daughter behaved, her sense of indignation and her way of letting others cheat her and suppressing her anger made me consider the remedy *Staphysagria*. Interestingly her daughter threw objects and furniture in her anger which is a typical *Staphysagria* symptom. *Staphysagria* is also a good remedy when emotional suppression, or grief, result in a persistent psoriasis.

However, as the state of shock she was in after the death of her son preceded everything and there were still elements of shock tangible in the way she experienced events, I started with *Aconite*. This is one of our big shock remedies and Debbi noticed that her psoriasis improved after that. We soon started with *Staphysagria* in an LM potency on a daily base and when I saw her after three months her psoriasis was much better. There had been a slow but gradual improvement, her skin was the best it had been since the first outbreak of her psoriasis. The itching pretty much stopped although she noticed that it came back when she missed her daily dose of *Staphysagria*.

She told me that when she started the treatment a lot of emotions came up. She realised that she had often been a victim in the past. She slept reasonably well but occasionally woke up at 6am in a rage. The theme of being a victim and having to make choices not to give away power came up in her dreams, too. As things had been going well we continued with *Staphysagria* LM 6.

When I saw her again three months later things were still going well. Although she had been under a lot of stress – not only with her daughter but



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also having lost her job – her psoriasis was 80 per cent better than the year before, even though it was winter time. She also told me at that stage that she had been dreaming about people who had treated her badly in the past. They were lovely to her, offering her cups of tea. She felt herself that this indicated a process of letting go and felt this might be healing.

When she came back three months later, she was having lots of problems with her daughter again. Her daughter had stopped her therapy, was taking drugs again and had taken an overdose of paracetamol and was back in rehab. Debbi felt numb and in a state of shock again and had developed panic attacks. Her skin had been variable but overall quite stable. As the shock was in the foreground again and because of the panic attacks, I gave another dose of Aconite 200c followed, after three weeks, by Staphisagria LM 12 daily.

She has been doing extremely well since. Her skin has improved and the panic attacks have become less frequent. Even though there is still a lot of stress with her daughter, she is able to deal with it and feels pleased with her overall progress. Speaking to her during the heat wave at the beginning of June 2009, she was happy to be wearing dresses for the first time in years!

Interestingly, both Aconite and Staphisagria belong to the same botanic family, ranunculaceae. Common issues of this family are great sensitivity, ailments from grief or shock, irritability as well as stitching and stabbing sensations. Aconite might be more appropriate where there are acute reactions and symptoms and a state of shock or panic, and Staphisagria where suppression and control are the main coping mechanisms.

### Case study 2

Georgia, aged four, was referred to my children's clinic in October 2004. She had developed small spots of psoriasis on her chest when she was three years old. Later she developed crusty eruptions on her scalp and more spots on her arms, in particular the elbows, as well as her knees and back. If she fell and broke the skin, new spots would develop. She had had a bad throat and ear infection a few months before the onset and had also started nursery one month prior to the outbreak. However, she had settled in well at nursery. She also had a history of glue ear and one nose bleed.

When I saw her Georgia had thick, yellow crusty patches of psoriasis on her scalp and disseminated small psoriasis spots on her chest, abdomen, arms and the extensors of her knees. She was a bright and delightful little girl, easy to get in contact with. In view of her general symptoms, such as her thirst for cold water, her love for fish and salty food, the history of a nose bleed and her imaginative, enthusiastic and sociable nature as well as her fears, I prescribed Phosphorus 200c in a single dose. She developed a few more spots on her lower back initially but then her psoriasis gradually cleared up.

She had one episode of tonsillitis and chest infection which required antibiotic treatment but was overall doing fine until September 2005 when

she had an outbreak with itchy eruptions on her body and also started grinding her teeth. She had had two episodes of head lice and an episode of vaginal thrush and was a bit more stropky. Phosphorus had no effect at that stage.

Over the next six months she had two doses of Medorrhinum which kept her psoriasis at bay. In April 2006 she had a tonsillectomy and had grommets inserted as she had bad tonsillitis in March and her hearing was impaired. Her psoriasis flared up after the operation. One dose of Tuberculinum 200c in May 2006 cleared everything. Tuberculinum is a remedy that is related to Phosphorus. Both remedies often complement each other in their action.

When I saw Georgia in January 2007 she was still absolutely fine and her psoriasis had gone. She was in good health in general and her lovely imaginative and enthusiastic self again. I discharged her from my clinic.

Georgia was re-referred to me in July 2008 at the age of eight, after her psoriasis came back on her scalp in May that year. She had had sore, itchy and scaly patches since then. She also had molluscum contagiosum on her arms and legs and a few nose bleeds. Following another dose of Tuberculinum her scalp cleared but the molluscum persisted until June 2009 when I saw her last. She had also had a few more nose bleeds, so I prescribed Phosphorus again which I think is her constitutional remedy. I would expect that this will clear the molluscum and would keep her well.

In my view homeopathy definitely has something to offer in the treatment of psoriasis. We can often help with the appearance as well as the experience of psoriasis. And in some instances we can see healing and transformation on a deep level which comprises improvement of the psoriasis as well as healing on an emotional and more general level. If this happens I never fail to marvel at nature's ability to bring about healing as well as our patients' courage to embrace it.



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