

SCOPE OF PERSONALIZED HOMEOPATHY IN PSORIASIS: A TREATMENT SERIES OF FOUR CASES



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Nazmul Hasan^{1*}, Mesbah Uddin Md. Rezwanun Nayem², Mohammad Mohshinuazzaman³, Ziaur Rahman⁴ and Md. Nasir Uddin Sheikh⁵

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¹Dr. Nazmul's Chamber, Mirpur-1, Dhaka-1216. Bangladesh

²Department of Microbiology, Jagannath University. Chittaranjan Avenue. Dhaka-1100. Bangladesh

³Holistic Health, Mirpur-11, Dhaka-1216. Bangladesh

⁴Department of Physiology, Bangladesh Homeopathic Medical College and Hospital. Wari. Dhaka-1000. Bangladesh

⁵Department of Homeopathic Pharmacy, Bangladesh Homeopathic Medical College and Hospital. Wari. Dhaka-1000. Bangladesh

ABSTRACT

Background: Psoriasis is a common, chronic autoimmune-genetic disorder of the skin, often elicited by psychological stressors and environmental factors. The plaque variant is most frequently encountered, with guttate, pustular, inverse, and erythrodermic types also reported. Disease severity is typically quantified using modalities such as the Psoriasis Area and Severity Index (PASI). Conventional treatments—including topical agents, phototherapy, and systemic medications—are available, though many patients report limited satisfaction due to side effects, incomplete responses, and cost burdens. This case series investigates the therapeutic outcomes of individualized homeopathic medicine in patients diagnosed with plaque psoriasis in Bangladesh. **Methods:** Four adult patients with clinically confirmed plaque psoriasis received personalized homeopathic remedies selected on symptom similarity, namely *Calcarea carbonica*, *Lycopodium clavatum*, *Natrum muriaticum*, and *Sepia*. Treatment protocols included detailed documentation of remedy selection criteria, preparation methods, dosing regimens, and follow-up schedules. Baseline and follow-up assessments were conducted using PASI scoring, photographic documentation of lesions, and patient-reported satisfaction scores. **Results:** All patients demonstrated a measurable decrease in PASI scores over the treatment period. Clinical photographs reflected visible regression of plaques, while subjective satisfaction ratings improved consistently across cases. No significant adverse effects were recorded. **Conclusions:** In this series of four cases, individualized homeopathic treatment appeared to yield positive clinical outcomes in plaque psoriasis, as evidenced by both objective and subjective measures. Although limited by small sample size and absence of a control group, these findings suggest a potential role for homeopathic therapies in psoriasis management. Further research involving larger cohorts and controlled study designs is reasonable to validate these preliminary observations.

KEYWORDS: psoriasis-healing, personalized medicine, evidence-based treatment, dilution medicine

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*CORRESPONDING AUTHORS: Nazmul Hasan, Dr. Nazmul's Chamber, Mirpur-1, Dhaka-1216. Bangladesh
Email: nazmul_1979@yahoo.com

Introduction

Psoriasis is a chronic, non-communicable, inflammatory skin disease characterized by thickened, silvery-scaled patches (Raharja et al., 2021). Its cause is not yet known, but numerous studies link it with inflammatory and immune mechanisms most likely associated with a genetic predisposition that can be triggered by stress and environment (Armstrong & Read, 2020). Around 2-3% of the world's population have psoriasis; its prevalence in East Asia is 0.17% (Parisi et al., 2020), whereas in Bangladesh it is 0.7% (Bhuiyan et al., 2020). There are several types of psoriasis, including plaque, guttate, pustular, inverse, and erythrodermic psoriasis, and among them plaque type is the commonest (Dhabale & Nagpure, 2022). In order to identify the severity of a psoriasis lesion, a few tools are used, including the Psoriasis Area and Severity Index-PASI (Feldman & Krueger, 2005). In conventional medicine there are a wide range of treatments of different categories i.e. topical,

phototherapy and systemic-oral and injections, available (Mahil et al., 2020)(Lee & Kim, 2023). The efficacy and outcome of the currently available treatments fluctuate, and the degree of patient satisfaction is lower than expected (Schmitt et al., 2014)(Schmitt et al., 2014)(Strober et al., 2019). However, the search for new treatment and medicine for psoriasis is a continuous process (Tokuyama & Mabuchi, 2020). Homeopathic medicine is a popular choice in different regions of the world, including USA, Europe, Australia, and East-Asian countries (Relton et al., 2017). The recognition of homeopathic medicine as a complementary and alternative medicine-CAM is more accustomed in Southeast Asian countries, i.e. India, Pakistan, and Bangladesh (Kaur et al., 2019)(Ashraf et al., 2019)(Parvin et al., 2024). Homeopathic medicine has proven its efficacy in various diseases comprising different skin diseases, e.g. dermatitis and psoriasis (Bhuchar et al.,

2012)(Itamura, 2007)(Balamurugan et al., 2023). There are a number of medicines available to treat psoriasis, namely *Acid nitric*, *Arsenic album*, *Calcarea carbonica*, *Lycopodium clavatum*, *Lachesis*, *Medorrhinum*, *Mezereum*, *Natrum muriaticum*, *Phosphorus*, *Psorinum*, *Rhus toxicodendron*, *Sepia*, *Sulphur*, etc. In this case study the author presenting four cases of plaque psoriasis treated with individualized homeopathic medicines. Details of medicine selection criteria, procedure, preparation of administered medicine, and dosage were also described to make it easier to understand the treatment protocol.

Methods and Materials

This study involved four patients—one female and three males—aged between 26 and 67 years. All presented with similar symptoms characteristic of psoriasis, including eruptions, cracked and fissured skin, dryness, and desquamation. Following clinical diagnosis of psoriasis, all four patients opted for homeopathic treatment. None had a history of alcohol or tobacco use, and all were otherwise in good general health without comorbidities.

A range of individualized homeopathic medicines was prescribed based on symptom similarity, including *Psorinum*, *Sepia*, *Arsenicum album*, *Rhus toxicodendron*, *Lycopodium clavatum*, *Sulphur*, and *Calcarea carbonica* in various potencies. Additionally, *Natrum muriaticum* 6X and *Kali muriaticum* 6X, in biochemical preparation, were administered to two patients. All remedies were given orally, and the specific preparations and daily dosages are detailed in Table 1. Furthermore, all patients were advised to take ‘Placebo’ for a particular period as stated in Table 2.

Patients were advised to attend follow-up visits every four weeks; however, adherence to this schedule varied. Once a significant development was observed, all patients were scheduled to revisit after 3~6 months and unremittingly for 12 months.

A well-accepted tool, PASI was used to measure the severity of psoriasis lesions in these cases. The first assessment was taken at the beginning of the treatment, and the follow-up assessment was taken every 6 months which continued for 12 months. For the purpose of selecting homeopathic medicine, the author used the ‘Complete repertory from Radar Opus’ repertory software.

Table 1. List of the prescribed medicines and used potencies along with their preparation and dose/24 hours

SL. No.	Medicine	Potency	Preparation	Administration
01	<i>Psorinum</i>	1M	0.5 ml mixed with 60 ml distilled water	5 ml/24 hours
02	<i>Sepia</i>	200 1M		
03	<i>Arsenic album</i>	200 1M		
04	<i>Rhus toxicodendron</i>	200 1M		
05	<i>Lycopodium clavatum</i>	200 1M		
06	<i>Sulphur</i>	200 1M		
07	<i>Calcarea carbonica</i>	200 1M		
08	<i>Placebo (90% ethanol)</i>	Nil		
09	<i>Natrum muriaticum</i>	6X	Commercially available	8 tabs/24 hours
10	<i>Kali muriaticum</i>	6X		

CASE PRESENTATION, HOMEOPATHIC TREATMENT AND RESULTS

Case 1: Case history

A 26-years-female visited with dry, scaly, itchy, and painful skin lesions on her face and dorsum of the both hands and both feet. In addition, lesion sites were desquamating, fissured and oozing. Clinically she was diagnosed as a case of psoriasis, from which she had been suffering for 7 years. She desperately wanted to try homeopathic medicine, as it returned every time with conventional medicine. At first visit her PASI was 4.2 (Figure 1- Case 1: Before treatment).

Homeopathic treatment

Initially, the patient was prescribed *Psorinum* 1M, which produced marked improvement by the first follow-up visit. Based on the subsequent symptom picture, *Sepia* 200 was administered, followed later by *Sepia* 1M (Table 2 – Case 1; Figure 2 – Case 1). Over a period of seven months, the homeopathic management led to a progressive disappearance of

psoriatic lesions (PASI-0.0), ultimately resulting in fresh, clear skin (Figure 1 – Case 1: After treatment).

Case 2: Case history

A 29-years-male appeared with dry, itchy, desquamating, and occasionally painful skin lesions on his both knee joints and legs. At the age of 19, he was diagnosed with a case of psoriasis and went through multiple phases of treatment; however the lesions were coming back every time. With a hopeful mind to get cured, he started homeopathic medicine (Figure 1- Case 2: Before treatment).

Homeopathic Medicine

Initially, the patient was prescribed *Arsenicum album* 200, followed by *Arsenicum album* 1M, *Rhus toxicodendron* 200, *Rhus toxicodendron* 1M, and *Natrum muriaticum* 6X. The selection and sequence of medicines were determined according to the principle of symptom similarity, as outlined in Table 2 (Table 2 – Case 2; Figure 2 – Case 2). Under this personalized homeopathic management, the psoriatic lesions

gradually resolved, achieving a PASI score of 0.0, with the appearance of clear and healthy skin (Figure 1 – Case 2: After treatment).

Case 3: Case history

A 67 years-male presented with an itchy, painful, and inflammatory psoriasis lesion in his right leg. He had been suffering from this for years; however, he took different treatments at different times, including homeopathic medicines. From previous experience, he chose to take homeopathic medicine one more time (Figure 1- Case 3: Before treatment).

Homeopathic Medicine

Based on the compiled symptoms, the patient was prescribed *Lycopodium clavatum* 200 and *Kali muriaticum* 6X, followed by *Arsenicum album* 200, *Sulphur* 200, and *Sulphur* 1M (Table 2 – Case 3; Figure 2 – Case 3). After five months of

homeopathic treatment, the psoriatic lesions cleared completely, achieving PASI 0.0 with the appearance of fresh, thin, and healthy skin (Figure 1 – Case 3: After treatment).

Case 4: Case history

A 27-year-old male presented with itchy psoriatic lesions on the bearded area, pre- and post-auricular regions, and base of the neck, persisting for four years (Figure 1- Case 4: Before treatment).

Homeopathic Medicine

The patient was initially prescribed *Calcarea carbonica* 200, followed by 1M, and later *Sulphur* 200 (Table 2 – Case 4; Figure 2 – Case 4). Interestingly, this particular patient did not continue the treatment; however, his last follow-up image showed notable improvement with PASI 0.4 (Figure 1 – Case 4: After treatment).

Table 2. Detailed documentation of the four cases, including presenting complaints, the timeline of follow-up visits, and the corresponding individualized homeopathic prescriptions administered at each visit

Visits	Symptoms	PASI	Prescription*
Case One			
1 st Visit 07.09.21	She visited with itchy eruptions on her face, on her both hands, and feet. The lesion site had cracks, and aggravated by touch and motion	4.2	<i>Psorinum</i> 1M was administered once daily in the morning for 28 consecutive days, with a follow-up scheduled on day 29
2 nd Visit 06.10.21	Her itching decreased to a significant level. The skin lesions stopped spreading, however, the rest of the symptoms were same		Placebo, once in the morning/day, for 15 days, and asked to revisit.
3 rd Visit 22.10.21	Her itching still was there, with no other development. She had scanty menses from her menarche.		<i>Sepia</i> 200, two times/day, morning and night, for 21 consecutive days.
4 th Visit 13.11.21	General development observed. Itching, skin lesion, and oozing improved. She felt that the development was a bit better during the medication period.		<i>Sepia</i> 200, two times/day, morning and night, for 21 consecutive days.
5 th Visit 06.12.21	Psoriatic lesions site got better than before. Though the pace of healing was felt slow.		<i>Sepia</i> 1M, once/day, at the morning; Placebo, once/day, at the night, for 21 consecutive days.
6 th Visit 28.12.21	Skin lesions were much thinner, and the fissures were dimming gradually.		<i>Sepia</i> 1M, once/day, at the morning; Placebo, once/day, at the night, for 21 consecutive days.
7 th Visit 19.01.22	She reported 40 days later than the scheduled follow-up. Remarkably, all psoriatic lesions had completely cleared, and she had not taken any medication during this period. Despite this long discontinuation of treatment, the skin remained free of lesions, and the patient's overall health showed continued improvement.	0.0	Placebo, twice/day, at the morning and night, for 2 consecutive months, and revisit one month after completion of the course
8 th Visit 21.04.22	Psoriatic lesions were still fading up, and a general development of health was there.		No medicine advised. Asked to maintain a good health, and revisit after 6 months
9 th Visit 25.11.22	Psoriasis lesions disappeared for months. Patient is feeling much pleased.		No medicine advised. She was advised to maintain contact and should revisit if the lesions reappears.
Case Two			
1 st Visit 09.11.21	Dry, itchy, desquamation of skin, on both knee joints, and legs. The lesion site had cracks, and felt better on warm application, and covering	6.6	<i>Arsenicum album</i> 200, twice/day, at the morning and night, for 21 consecutive days. Asked to revisit 28 days later
2 nd Visit 08.12.21	His itching declined to a significant level. The desquamation of skin lesion also reduced.		<i>Arsenicum album</i> 200, twice/day, at the morning and night, for 21 consecutive days. Asked to revisit 28 days later
3 rd Visit 07.01.22	Itching and desquamation of skin were still there, not reduced much since the previous medication.		<i>Arsenicum album</i> 1M, once/day, at the morning; Placebo, once/day, at the

			night, for 21 consecutive days. Asked to revisit 28 days later
4 th Visit 07.02.22	General development observed. Itching reduced to a satisfactory level. Skin lesion improved, and thinner skin appeared		<i>Arsenicum album</i> 1M, once/day, at the morning; Placebo, once/day, at the night, for 21 consecutive days. Asked to revisit 28 days later
5 th Visit 10.03.22	Psoriatic lesions site got better than before. He experienced a phase of itching in both legs area followed by rain-bathing for a few times.		<i>Rhus toxicodendron</i> 200, once/day, at the morning; Placebo, once/day, at the night, for 14 consecutive days. Asked to revisit after 28 days
6 th Visit 11.04.22	Skin lesions were much thinner, and nearly fresh skin observed. However, he had a general complaint of itchiness, more at night		<i>Rhus toxicodendron</i> 1M, once/day, at the morning, for 7 days; Placebo, once/day, at the night, for 21 consecutive days.
7 th Visit 16.05.22	Psoriatic lesions disappeared, and a general development of health was there.	0.0	No medicine advised. Asked to maintain a good health, as he was maintaining. This time he was asked to revisit after 6 months to report his condition.
8 th Visit 02.12.22	Psoriasis lesions disappeared for months. Patient is feeling much pleased.		No medicine advised. Asked to maintain a good health. He was advised to maintain contact and should revisit if the lesions reappears.
Case Three			
1 st Visit 05.12.22	He presented with psoriasis, which was inflamed and painful. He was very rigid/obstinate, and authoritarian. Also had sleeplessness	6.6	<i>Lycopodium clavatum</i> 200, twice/day, and <i>Kali mur.</i> 6x, 8tabs/day for 21 consecutive days. Asked to revisit 28 days later
2 nd Visit 10.01.23	Inflammation of the skin increased, as well as pain also increased, however lesions stopped spreading, and the rest of the symptoms were same		<i>Lycopodium clavatum</i> 1M, once in the morning/day, and <i>Kali mur</i> 6x, 8 tabs/day for 21 days, and asked to revisit just after 28 days
3 rd Visit 14.02.23	The inflammatory lesion improved a lot, and pain reduced to a significant level. But he became restless, and impatient.		<i>Arsenic album</i> 200, two times/day, morning and night, and <i>Kali Mur</i> 6x, 8 tabs/day, for 21 consecutive days. Asked to revisit after 28 days
4 th Visit 17.03.23	General development observed. Lesion site of the skin became thinner, fissures and other features of inflammation began to fade away. Though the pace of healing was felt slow to the patient		<i>Arsenic album</i> 1M, once/day, morning and night, for 21 consecutive days. Asked to revisit after 28 days
5 th Visit 20.04.23	Psoriatic lesions site got better than before. Fresh, clean and healthy skin appeared.		<i>Sulphur</i> 200, once/day, at the morning for 7 days, then Placebo, once/day, at the night, for 21 consecutive days. Asked to revisit after 28 days
6 th Visit 23.07.23	Patient visited after 3 months later; medicines were finished for 60+ days. However, the psoriasis lesions faded away, and general improvement of health was observed.	0	No medicine advised. Asked to maintain a good health, as he was maintaining. This time he was asked to revisit after 6 months to report his condition.
Case Four			
1 st Visit 15.04.23	He visited with itchy eruptions on his hairy part of the face, around the ear and neck region.	1.6	<i>Calcarea carbonica</i> 200, two times/day, morning and night, for 21 consecutive days. Asked to revisit 28 days later
2 nd Visit 20.05.23	His itching reduced to a considerable level, and the skin lesions stopped spreading, however, the rest of the symptoms were same		<i>Calcarea carbonica</i> 1M once in the morning/day, for 21 days, and asked to revisit just after 28 days
3 rd Visit 27.06.23	His itching reduced to a significant level, and his psoriatic lesions were fading off with thinner skin.		Placebo, two times/day, morning and night, for 21 consecutive days. Asked to revisit after 28 days

4 th Visit 05.08.23	General development observed. Itching & skin lesions improved a lot. His sense of cleanliness yet to improve.	0.4	<i>Sulphur</i> 200, once/day, morning, and Placebo, once/day, night, for 21 consecutive days. Asked to revisit after 28 days
5 th Visit	Patient did not contact any more. Tried to reconnect and conserve the status. He sent few images, but did not continue the medicine further		

*All medicines were prepared in the following method: 0.5ml of respective medicine added with 60ml distilled water.



Figure 1. Comparative images illustrating the progression of psoriasis in four patients across various body regions. The 'Before Treatment' photos depict the initial presentation of lesions, while the 'After Treatment' images demonstrate significant improvement following individualized homeopathic therapy.

Case 1		psor.	sep.	sulph.	calc.	lyc.	sil.	ars.	bry.	merc.	kal.	
		1	2	3	4	5	6	7	8	9	10	
		7	6	6	6	6	6	6	6	6	6	
		15	16	15	14	14	14	13	13	13	12	
1. Clipboard 1		x										
1. SKIN - ERUPTIONS - psoriasis		(121) 1	2	3	2	2	3	2	2	1	2	2
2. SKIN - CRACKS		(102) 1	2	3	3	3	2	2	1	1	2	1
3. GENERALS - TOUCH - agg.		(259) 1	2	3	3	1	3	3	2	3	2	3
4. GENERALS - MOTION - agg.		(318) 1	2	2	3	1	1	3	2	3	3	2
5. MIND - IRRITABILITY		(644) 1	2	3	3	3	3	3	3	3	2	3
6. MIND - DESPAIR - itching of the skin, from		(4) 1	3									
7. MIND - DESPAIR - recovery, of		(78) 1	2	2	1		2	1	3	2	2	1

Case 2		ars.	rhust.	sep.	aur.	merc.	puls.	sil.	sulph.	hep.	kal.	
		1	2	3	4	5	6	7	8	9	10	
		7	7	6	6	6	6	6	6	6	6	
		14	11	13	11	11	11	11	11	10	10	
1. Clipboard 1		x										
1. SKIN - ERUPTIONS - psoriasis		(121) 1	2	2	3	1	2	2	2	2	1	2
2. SKIN - CRACKS		(102) 1	1	2	3	2	2	3	2	3	2	1
3. SKIN - ERUPTIONS - dry		(94) 1	3	1	3	3	2		3	2	2	2
4. MIND - REPROACHING ONESELF		(91) 1	2	1	1	2	1	2	1	1	1	1
5. MIND - HOPEFUL		(55) 1	1	1			2	1		1		1
6. GENERALS - WARM - amel.		(172) 1	3	3	2	2	2	1	2	2	3	3
7. GENERALS - COVERS - amel. - desire for, and		(19) 1	2	1	1	1		2	1		1	

Case 3		lyc.	ars.	sulph.	calc.	puls.	sil.	merc.	phos.	thut.	rub.	
		1	2	3	4	5	6	7	8	9	10	
		9	9	8	8	8	8	8	8	8	8	
		22	13	19	16	16	15	13	11	10	8	
1. Clipboard 1		x										
1. SKIN - ERUPTIONS - psoriasis		(121) 1	3	2	2	2	2	2	2	2	1	
2. SKIN - CRACKS		(102) 1	2	1	3	3	3	2	2	1	1	1
3. SKIN - ERUPTIONS - inflamed		(11) 1	2	1		1						1
4. SKIN - ERUPTIONS - painful		(87) 1	2	2	3	1	2	3	1	1	1	1
5. GENERALS - FOOD AND DRINKS - sweets - agg.		(87) 1	2	1	2	1	2	1	2	1	1	1
6. GENERALS - FOOD AND DRINKS - sweets - desire		(285) 1	3	1	3	2	2	1	2	2	1	1
7. SLEEP - SLEEPLESSNESS - night		(312) 1	3	2	2	3	3	2	1	2	2	1
8. MIND - OBSTINATE		(158) 1	2	2	2	3	1	2	1	1	2	1
9. MIND - DICTATORIAL		(66) 1	3	1	2		1	2	2	1	1	1

Case 4		calc.	sulph.	lyc.	psor.	nat-m	rit-ac	rhust.	sep.	ars.	merc.	
		1	2	3	4	5	6	7	8	9	10	
		9	8	8	8	8	8	7	7	7	7	
		19	19	15	14	13	13	19	17	16	15	
1. Clipboard 1		x										
1. SKIN - ERUPTIONS - psoriasis		(121) 1	2	2	3	2	1	2	2	3	2	2
2. SKIN - ERUPTIONS - Hairy parts; on		(13) 1	1		1		2	1	3			2
3. SKIN - ITCHING		(440) 1	2	3	3	3	3	2	3	3	3	3
4. FACE - ITCHING		(184) 1	3	2	1	1	1	1	2	2	2	1
5. GENERALS - BATHING - agg.		(106) 1	3	3	2	1	1	2	3	3	1	2
6. GENERALS - WEATHER - wet weather - agg.		(185) 1	3	2	2	1	1	2	3	2	3	2
7. MIND - CONFUSION OF MIND		(570) 1	3	2	2	2	3	1	3	3	2	3
8. MIND - FEAR - cancer; of		(64) 1	1	1	1	3	1	2		1	3	
9. MIND - INDIFFERENCE - appearance; to his personal		(19) 1	1			1						

Figure 2. Evaluation of presenting symptoms of the four cases, using synthesis repertoire (Schroyens, 1993)

Discussion

The primary aim of psoriasis treatment is to reduce symptoms and enhance quality of life, for which several treatment options are available, including topical therapies, phototherapy, systemic immune modulators, and biologics; despite these options, several limitations remain significant, namely adverse effects, risk of long-term complications, and the potential for treatment resistance. Additionally, high costs and inconsistent responses across individuals often hinder effective disease management (Mahil et al., 2020)(Lee & Kim, 2023). The existing limitations underscore the urgent need to explore safer,

more accessible, and personalized therapeutic approaches for psoriasis. Emerging molecular insights reveal that the cytoplasmic dynamic force, or core energy, plays an important role in regulating cellular activity, opening up a potential new route for understanding and treating disease (Arjona et al., 2023), as well as controlling cell healing development (Mosaffa et al., 2020). This energy eventually powers the entire living thing, whether it's a single-celled amoeba or a multicellular human. Interestingly, homeopathic medicine is often considered an energy medicine with potential effects at the cellular level (Golden, 2007).

In homeopathy, medicine is chosen based on both the individual's specific traits and general clinical situations, emphasizing the significance of a comprehensive approach. Each patient with the same clinical illness, such as psoriasis, presents differently, presenting not just the normal symptoms of the ailment but also distinct characteristics such as temperament, emotional responses, and individual preferences, including food habits. Homeopathic doctors appreciate that even patients with the same condition can experience different symptoms and reactions. As a result, while prescribing homeopathic medicines, the emphasis is on the individual's whole condition of health and well-being, ensuring that treatment tackles not just the sickness but also the patient's lifestyle and psychological situation. This personalized approach leads to a more successful and meaningful healing journey because each cure is selected based on a complete understanding of the patient as a whole. Effective treatment may necessitate a series of various therapies tailored to each individual. Physicians choose remedies based on a thorough evaluation of the aforesaid clinical and individual's physical and mental profiles, usually utilizing a repertory—a list of symptoms and their related remedies (Tosun & Atayoglu, 2025).

The current case series presents that psoriasis affected four different individuals, who were treated with personalized homeopathic medicines. The significance of the selection criteria is justified with the positive changes of the skin-lesion site (Figure 1-4). The homeopathic pharmacopoeia enlisted a number of drugs that have a prominent affinity to skin diseases, and several of them have proven their effectiveness in psoriasis (Mahesh et al., 2019). However, the individualized nature of homeopathic prescribing limits the ability to confine within a fixed list of medicines for any specific clinical condition (Balamurugan et al., 2023)(Dey et al., 2022). Considering the patient's severity of sufferings and the instruction provided by Hahnemann regarding chronic disease treatment, the doses and frequency of the selected medicines were designed (Hahnemann, 1991)(Rawat, 2002).

During the treatment period, patients of this study were given non-medicated 0.1% ethanol-mixed distilled water—'Placebo'—as a part of the treatment. In homeopathy, a placebo serves as a valuable tool in treatment, particularly for chronic diseases. It allows the physician to observe the natural course of the remedy's action without interference, giving the vital force time to respond. Additionally, it helps to maintain the patient's confidence by simulating continued treatment, even when no active medicine is currently required. This phenomenon was recently demonstrated by a group of researchers and showed that in long-term care, the use of a placebo is considered almost essential to ensure both therapeutic patience and continuity (Hull et al., 2013), which also justified the use of the placebo. The follow-up PASI assessment exhibits the betterment of the patients, which is an accepted tool to evaluate psoriasis.

The lack of control groups, the small sample size, and the presentation's restricted generalizability are some of the weaknesses that the author admits. However, case series provide useful clinical insights and successfully illustrate customized treatment options in the context of homeopathy. They also serve as important preliminary evidence, often paving the way for further research and enhancing understanding of complex or uncommon clinical scenarios.

Conclusion

In this case series of four patients with plaque psoriasis, individualized homeopathic treatment was associated with favourable outcomes—manifested by objective improvements in PASI scores as well as enhanced patient satisfaction. While the sample size is small and the study lacks a control group, the findings hint at a possible therapeutic role for tailored homeopathic interventions in managing plaque psoriasis. To endorse and expand upon these preliminary observations, future research should involve larger patient cohorts, randomized controlled designs, and exploration of underlying mechanisms.

Author Contribution

Conceptualization: N.H. and M.U.M.R.N.; Writing- first draft preparation: N.H., M.U.M.R.N., M.M., and Z.R. Writing: review and editing: N.H., M.U.M.R.N., M.M., Z.R., and M.N.U.S.

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Declarations

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Conflict of interest: Authors have no conflict of interest to declare

Ethical approval: The patients provided well-informed written consent, and all four expressed no reservations about using homeopathic medicine, which is a widely practiced alternative treatment in Bangladesh.

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