International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(3): 146-152
Received: 12-04-2025
Accepted: 18-05-2025

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Integrating homeopathy with psychodermatology: A case based evidence study

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i3.C.1643

Abstract
Psychodermatology is an interdisciplinary field that explores the intricate relationship between psychological factors and skin disorders. Synonyms for this field include Psychocutaneous medicine; Mind and skin (or skin and mind) medicine; Sensoryneuronal dermatology; Psycho-somatic dermatology (or medicine) and Cutaneo-somatic dermatology (or medicine) [1]. According to the Global burden of disease project studied in 2010 and 2013 states that skin diseases are the fourth leading cause of non-fatal disease burden worldwide. Out of which, fungal diseases, other subcutaneous diseases and acne were amongst the top10 most prevalent diseases in the world.[2] The study suggests that 30 to 40% of patients with skin disorders have an underlying psychiatric or psychological problem that either causesor worsens the complaint [3]. This paper presents two clinical cases successfully treated with individualized homeopathy, indicating significant improvement in both dermatological and psychological symptoms.

Keywords: Psychodermatology, mind, homoeopathy, skin, disease

Introduction
The skin, the largest organ of the human body, serves as a remarkable interface between our inner world and the external environment. Its responses to external stimuli, such as rashes caused by irritants, and internal emotional states, like blushing when experiencing love, are vivid illustrations of its dual role in physiological and psychological processes [4]. This intricate connection stems from the shared embryological origin of the skin and brain in the ectoderm, both of which are influenced by the same hormones and neurotransmitters. Consequently, emotions such as fear, anxiety, shame, and guilt, as well as experiences of stigmatization or low self-esteem, significantly impact dermatological conditions.
Psychodermatology emerges as a field that bridges dermatology and psychology, focusing on the interplay between psychological well-being and skin health. It emphasizes the importance of psychosocial factors, a holistic approach to patient care, and the integration of psychological therapies in the prevention, treatment, and rehabilitation of dermatological disorders. Clinical observations underscore that internal stressors-such as family discord, financial challenges, or emotional trauma-frequently exacerbate skin conditions. In turn, individuals grappling with skin diseases often face psychological burdens, including shame, anxiety, depression, and body dysmorphia, creating a cyclical relationship between mental health and dermatological health.

Classification of Psychodermatology [5]
1. **Psychophysiological Disorders:** This involves skin diseases that are triggered or worsened by psychological stress. Examples include acne, alopecia areata, atopic dermatitis, and urticaria.
2. **Psychiatric Disorders with Dermatological Symptoms:** These are characterized by the absence of any pathological skin condition, with all visible skin issues being self-inflicted. These disorders are always accompanied by underlying psychopathology and are recognized as stereotypes of psychodermatological diseases. Examples include body dysmorphic disorder, eating disorders, obsessive-compulsive disorders, and trichotillomania.
3. **Dermatological Disorders with Psychiatric Symptoms:** It entails emotional issues being more prominent due to having a skin disease, with the psychological

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consequences often outweighing the physical symptoms. Conditions falling into this category include alopecia areata, albinism, chronic eczema, haemangioma, vitiligo, and psoriasis.

4. In the *Miscellaneous* category, several other disorders are grouped, including medication-related adverse effects of both psychiatric and dermatological medications. Psychodermatological disorders under this classification encompass conditions such as Psychogenic Purpura Syndrome, characterized by the spontaneous development of painful oedematous skin lesions progressing to ecchymosis, often preceded by stress or emotional trauma. Another example is Cutaneous Sensory Disorder, a heterogeneous clinical presentation where patients experience disagreeable skin sensations, pain, or negative sensory symptoms, as seen in conditions like Burning Mouth Syndrome or allodynia.

Hahnemann, in § 9 and § 94 of the *Organon of Medicine*, underscores the necessity of examining biological, social, and psychological influences on health. His holistic view of health and disease aligns closely with Engel's Biopsychosocial model, which considers the interdependence of biological, psychological, and social factors in health care. However, the role of homeopathy in addressing psychosomatic disorders, particularly in the evolving field of Psychodermatology, remains under-researched and under-documented.

This article presents two cases of psychodermatological conditions successfully treated with homeopathy. These cases highlight the potential of homeopathic medicine as an integrative approach to addressing both the physical and emotional dimensions of dermatological diseases.

Case Report

Case 1

A 27-year-old married female, working as a software consultant, was diagnosed with guttate psoriasis. She had previously consulted a dermatologist and tried antifungal powders, steroids, and antibiotics, but her condition showed no improvement. She presented with complaints of erythematous eruptions and intense itching over the entire body for six months. Initially, the rashes appeared on her groin and armpit regions and gradually spread to her back, elbows, knees, and neck. A biopsy confirmed the diagnosis of guttate psoriasis.

Other associated complaints included heartburn +2 aggravated by spicy food, headache worsened from sun exposure. She had habitual constipation requiring daily laxatives, occasionally accompanied by bleeding fissures.

Her medical history included Ovarian cyst surgery at the age of 17; Fissures and piles a year later; Renal calculi at 25, treated conventionally and Ringworm at 27, treated with antifungal medications.

Family History showed that the father and brother had a history of chronic skin infection while her grandparents had a history of cancer.

Her appetite was normal with craving for sweets, potatoes, and spicy Indian food. She was thirst less and experienced scanty perspiration. Her bowels were hard, sometimes accompanied by bleeding from the anus, worse with spicy food. Her sleep was refreshed, with no specific dreams. She experienced menarche at 14 years of age. Her menses were regular, lasting for 3 to 4days and usually had dysmenorrhoea on 2nd day.

- **Mental Generals:** The patient was the eldest sibling and was raised in a strict environment within a joint family. She was ambitious, business-minded, loved travelling, and disliked domestic duties. She had been in a relationship with a close friend whom she wanted to marry, however under parental pressure she was forced to marry a man chosen by her father. She struggled to accept her husband and felt emotionally unsettled following this emotional turmoil, she experienced episodes of vomiting in the morning, with reduced appetite and sleeplessness.
- **Clinical Finding:** The patient was medium in height and weight with a whitish complexion, oily face, and fissured tongue. Her pulse rate was 72/min and blood pressure was 130/80 mmHg. Her eruptions were erythematous, papular, and presented on the abdomen, bilateral upper and lower limbs, chest, and back. Auspitz's sign was negative [6].
- **Diagnostic Assessment:** The diagnosis was based on clinical presentation, distribution of lesions, history, and biopsy findings, which revealed hypo and hypergranulosis of the dermis with perivascular lymphocytic infiltrate.
- **Prescription:** The symptoms were analyzed, and the totality was framed based on mental generals, physical generals, and particular symptoms. Key mental symptoms included sadness better by consolation, suppressed anger, and ambition. Headache from sun and popular eruptions with itching were the characteristic physical particulars included in repertorisation. Miasmatic evaluation for the presenting symptoms was done with the help of" The Chronic disease by Dr. Samuel Hahnemann" showed the predominance of Sycosyphiliticmiasm [7]. Considering the above symptomatology, repertorisation was done using synergy software, Natrium Carbonicum 200C single dose was given followed with SL for a month (Figure 1).

Follow-up and outcomes

During first follow up, there were no changes in eruptions and itching increased. Also, fissures were aggravated. As there was no improvement, re-repertorisation was done and Graphites 200C single dose was prescribed (Figure 2). Extreme sadness with grief, pent up emotions, ambitiousness along with affinity for flexures were the basis of this new prescription. Following this, patient started to show improvement and medicine was not repeated as long as the improvement continued. After a month, itching improved by 30 to 40%. In next 3 months, itching was significantly reduced, but the eruptions persisted on the groins and behind the knee; hence Graphites 0/3 was given.LM potency was selected to avoid aggravation. Following this the patient continued to improve without further recurrence and new eruptions.

This case was assessed for causality relationship by Modified NARANJO Criteria as proposed by the HPUS (Homeopathic Pharmacopoeia of the United States) clinical data working group showed the score of +10/13.

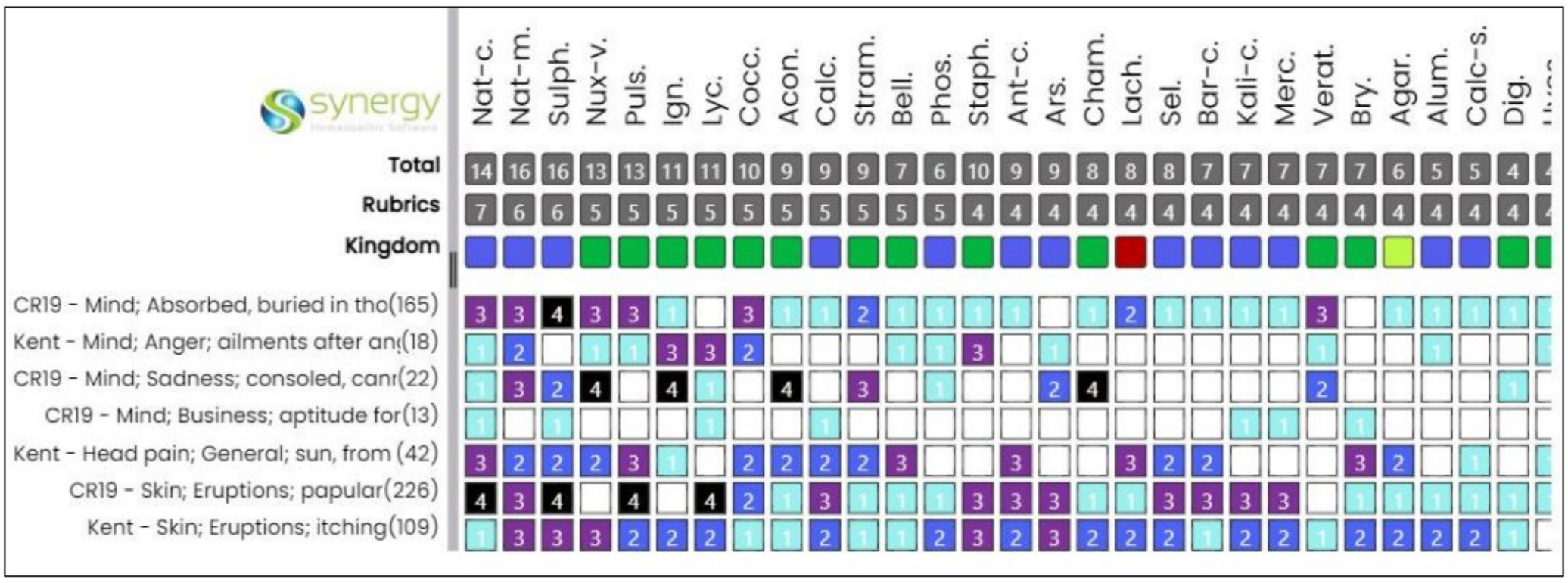

Fig 1: Homeopathic Repertorization Chart Generated by Synergy Software

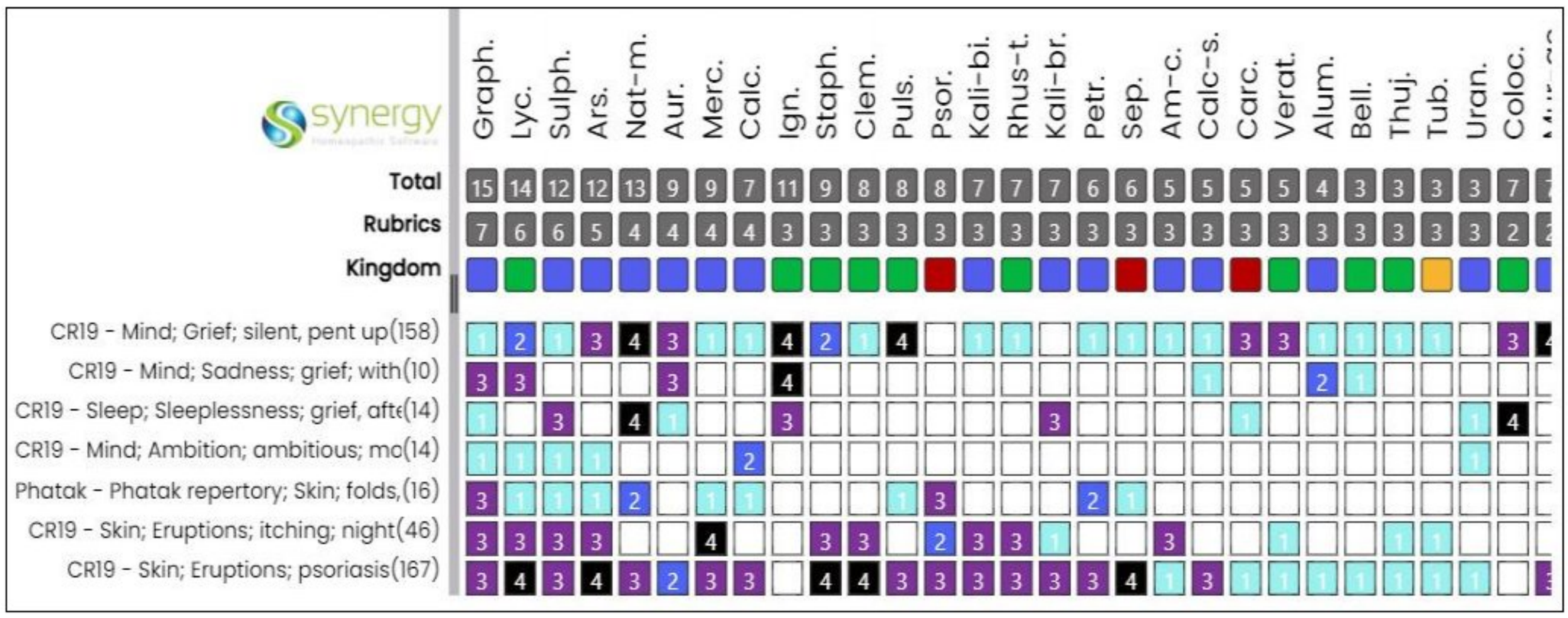

Fig 2: Repertorization chart from synergy homeopathic software for case CR19

Table 1: Follow-up details of Case 1

Date	Follow up	Prescription
After 1 month	Itching increased No change in eruptions Fissure aggravated, had to take analgesics and antibiotics. Eruptions especially on folds of hands and legs.	Re-Repertorisation done and the following rubrics were considered. • Silent, pent up grief • Sadness not better by consolation • Insomnia after grief As the patient had affinity towards folds of skin with itching at night, Graphite's was prescribed (Figure 2) Second Prescription-Graphite's 200+ SL for one month.
After 2 months	Itching reduced 30-40%. Sleep better. Eruptions started to fade. Headache frequency reduced.	SL BD for 1 month.
After 3 months	Patient 50% better. Patient feels calmer now and is now able to accept the new phase of her life. No new eruptions.	SL BD for 2 months.
After 5 months	Itching 60% better. Eruption persistent in groins and behind knee joint (popliteal region). Fissure in ANO, but stool is soft.	No change in medicine but potency changed to LM, to avoid aggravation. Graphite's 0/3-5 drops twice a day for 1 month.
After 6 months	Eruptions groins and behind knees better. Patient feels overall better	Graphite's 0/3-5 drops twice a day for 2 months.
After 8 months	Eruptions completely disappeared. No new eruptions. Fissure reduced. Can sit at one place for long time without any trouble.	SL BD for 2 months.
After 10 months	Patient is much better. No new eruptions.	SL BD for 3 months.
After 13months	No new complaints. Patient continues to be better. But patient wants to continue treatment (Figure 3, Figure 4)	SL BD for 3 months.
After 16 months	Patient much better and now is planning to conceive.	SL BD for 2 months
After 2years	Patient came and informed that she has conceived.	Course of treatment is completed.

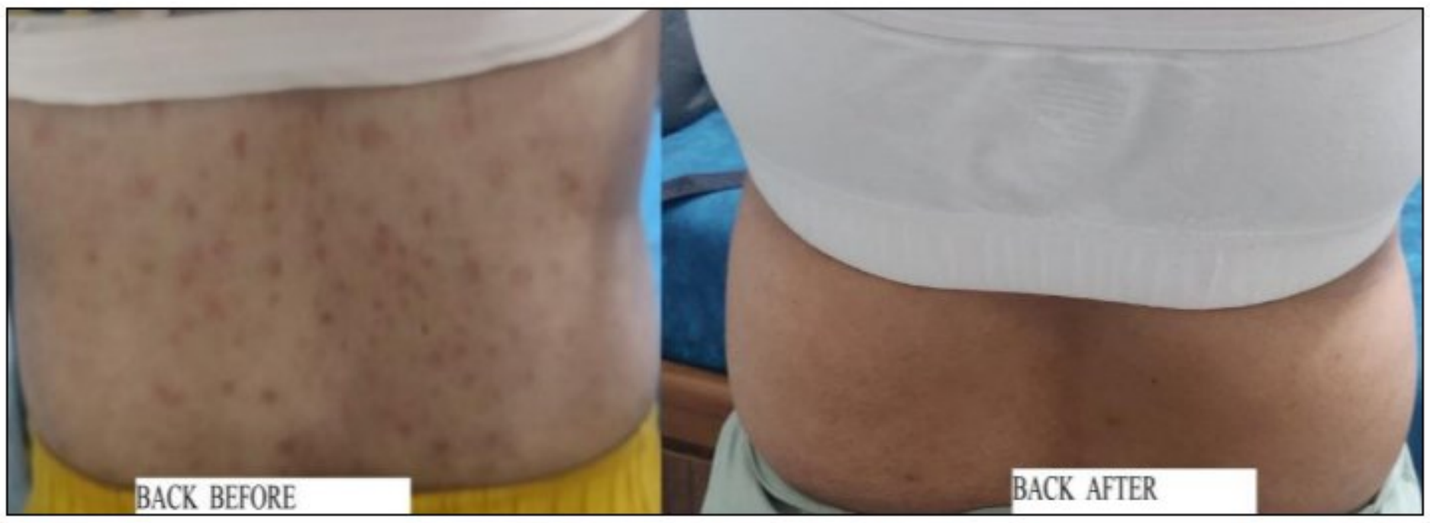

Fig 3: Comparative images of the lower back before and after treatment

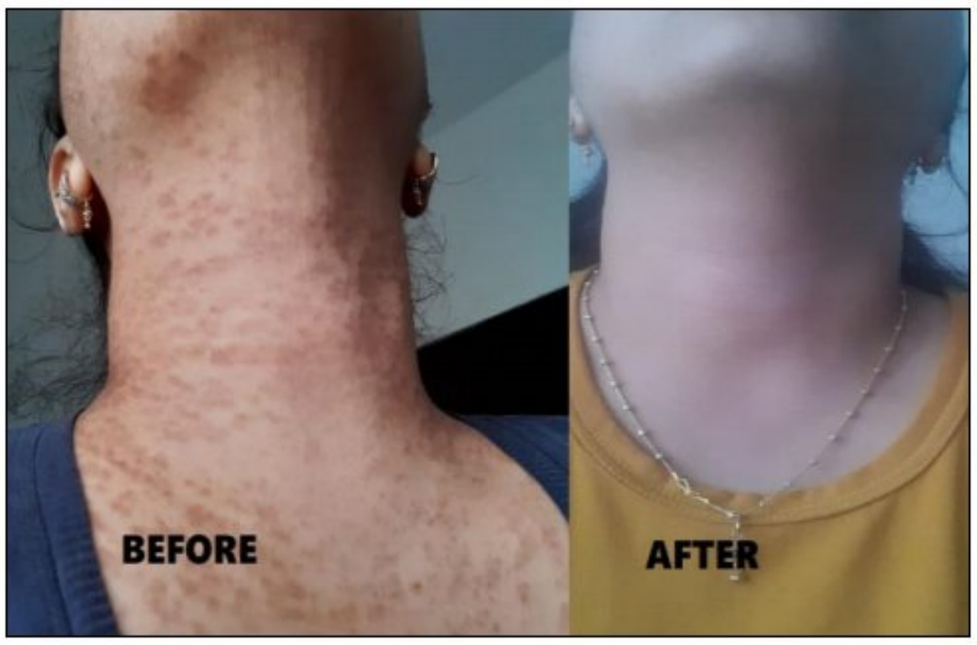

Fig 4: Neck pigmentation before and after treatment showing visible improvement

Case 2

A 31-year-old female presented with dark, purplish papular eruptions spread across her body except for the face. The condition began on the left shoulder and right breast, and progressed to the back, arms, and legs despite steroid and scabies treatments by a dermatologist. However, her complaints worsened and. Eruptions were initially purplish, later turning dark with severe itching and burning, temporarily relieved by coconut oil.

Others associated complaints include headaches with throbbing sensation in both temples, aggravated by slightest noise and mental exertion. The patient had a history of typhoid (twice at 25 and 27) and mild COVID-19 infection at 30. Her appetite is was good with hunger headache. She was thirsty, had aversion to milk and craving for chicken & fish. Her bowels were hard, dry and offensive especially post-delivery. Thermally she was hot. Her sleep was disturbed due to frightful dreams. Her menstrual cycle was regular with no specific complaints.

- **Mental History:** The patient was reserved, self-reliant, and financially independent from a young age. After two years of marriage, patient delivered a premature baby. Post-delivery, she stayed with her in-laws who insulted and reprimanded her, to which she felt very lonely, unsupported, and angry as there was nobody to help her and baby. During this time, she noticed first skin eruption on the left shoulder. Six months post-delivery, she came to know about her husband's extra marital affair. These events triggered feelings of betrayal, anger, and loneliness, coinciding with the progression of eruptions all over the body.
- **Clinical Findings:** The patient was lean, with a fair complexion and well-maintained appearance. Her pulse rate as 74/min, heart rate 80/min and blood pressure 110/80mm of hg. Her lesions were dark violet, flat, shiny and pruritic present all over the body except face. Based on the history and clinical findings, she was diagnosed to have Lichen Planus [6]. Patient took second opinion from the dermatologist, which again confirmed the diagnosis.
- **Prescription:** After analyzing the symptoms of the case, the characteristic mental, physical generals and particular symptoms were considered for framing the totality. The totality of symptoms taken for repertorisation were, ailments from mortification, dwells on past events, pain aggravated by anger, headache from fasting and eruptions lichen. Miasmatic evaluation for the presenting symptoms was done with the help of" The Chronic disease by Dr. Samuel Hahnemann" showed the predominance of Sycosyphilitic miasm [7]. Considering the above symptomatology, Repertorisation done using synergy software showed *Natrium Muriaticum* and Staphysagria as leading remedies (Figure 5).

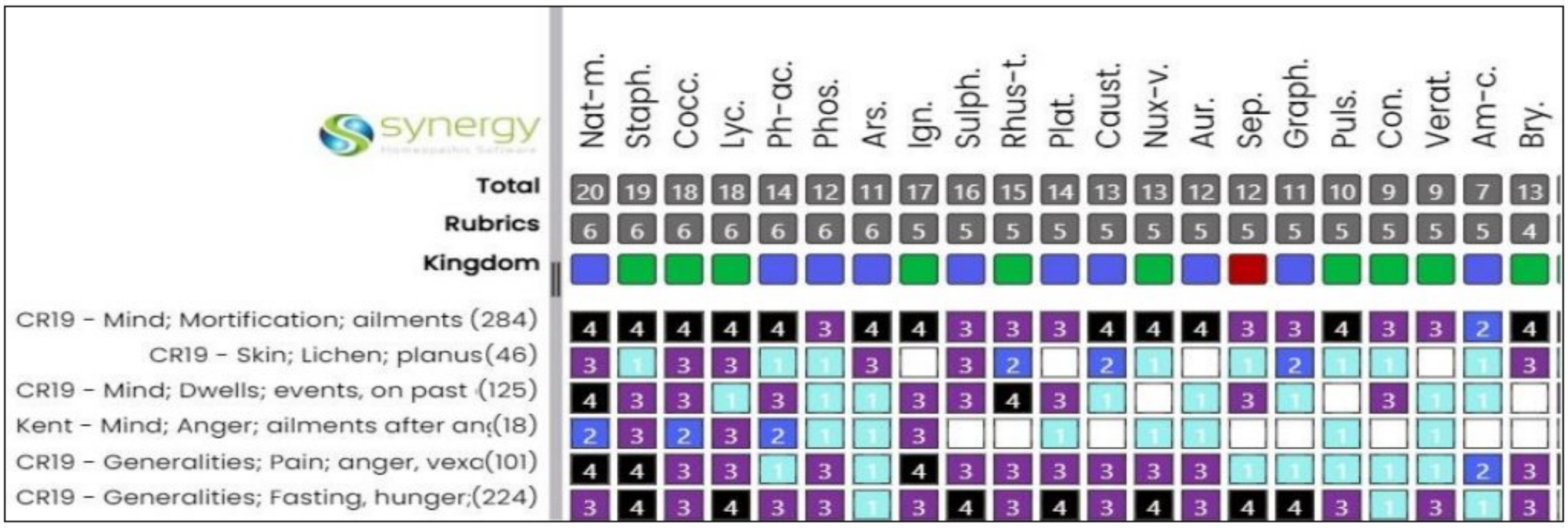

Fig 5: Repertorization chart for Case 2 (Lichen Planus)

Since the patient had more of anger and sadness after being offended, was hot and thirsty we gave her *Natrium Muriaticum*. Staphysagria being extremely sensitive to rudeness, too dignifiedto fight, anger but cannot express and chilly, was ruled out [8, 9]. The individualized homoeopathic remedy *Natrium Muriaticum* 200C-2 doses were given followed by SL for 2 months.

After the first prescription, no change was observed for a month. But no change was made in the prescription in order for the medicine to act. After two follow-ups, there was no change in the symptomology, so the case was re-taken and following new symptoms were noted; jealousy, dreams of snakes, anger about past events, headache before menses and menses dark, clotted. Based on the new totality of symptoms, re-repertorisation was done (Fig 6) and Lachesis mutans 200C single dose was prescribed. [8, 9] Following this prescription, the patient started showing steady improvement in her eruptions, itching, headache, sleep and dreams. After six months, the progress of the case had slowed down and hence LM potency of the same drug was given. LM potency was preferred to avoid any possible aggravation. The case was followed up for nearly one year, details of which are given in the table below.

The Modified NARANJO Criteria was applied to this case for ascertaining the casual attribution between the homoeopathic medicine and the change in the signs and symptoms of the patient. The total score of the outcome was +9/13.

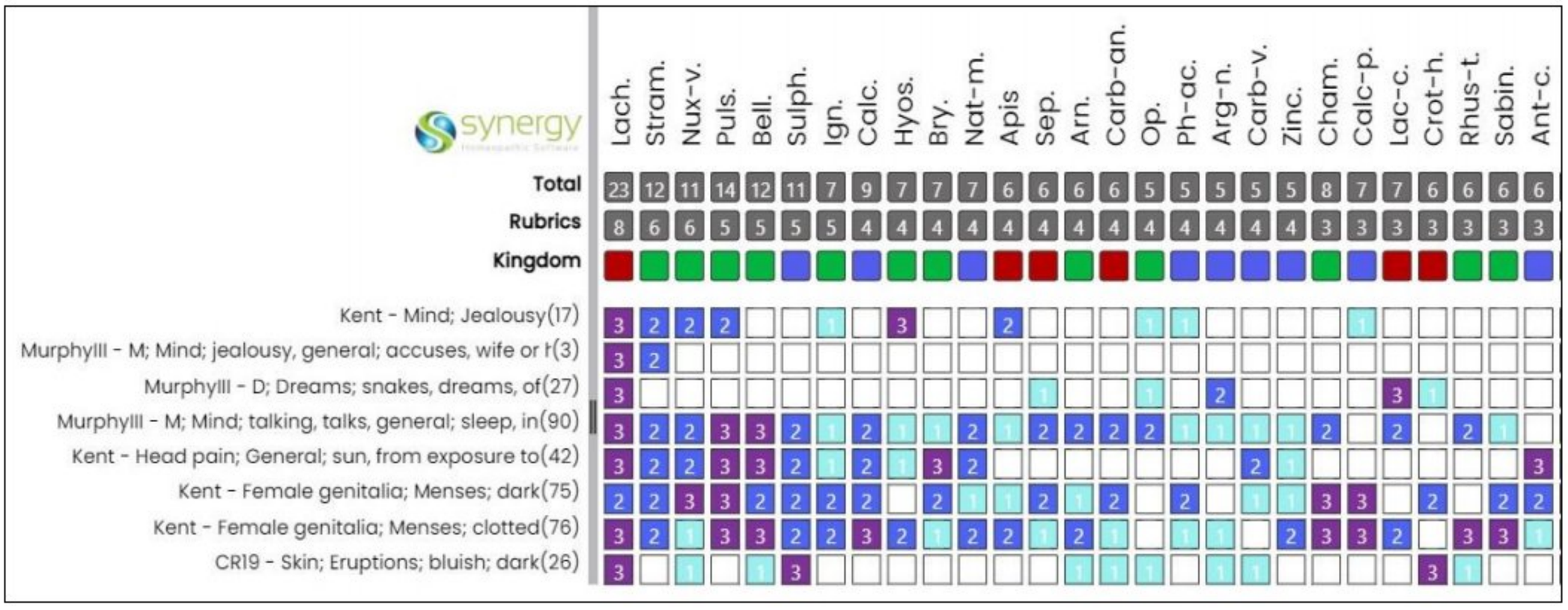

Fig 6: Second repertorization for Case 2 with updated symptoms

Table 2: Follow-up details of case 2

Date	Follow up	Prescription
After 1 month	No Change	SL BD for 1 Month
After 2 months	No Change	SL BD for 1 month
After 3 months	No Change-Status Quo Recase-taking was done 1. Jealousy: Husband being faithless 2. Anger about past events, cannot forget things easily. 3. Dreams Snake 4. Before Menses headache, sleep disturbed. 5. Menses dark and clotted 6. Talks in sleep.	On RE-repertorisation Lachesis 200 stat SL BD for 1 Month (Fig 6)
After 4 months	Headache better Sleep sound Feels better before menses Eruptions remains same, no change	SL BD for 1 month
After 5 months	Eruption started to fade 20-30%. Itching 40% better. Patient mentally better, is able to detach herself from the past.	SL BD for 1 month
After 6 months	Eruption fading from above downwards. Itching better Sleep sound No dreams of snake.	SL BD for 2 months
After 8 months	Patients feel overall better. She is mentally sound. No complain before menses. Itching 60-70% better. Eruptions are fading slowly.	SL BD for 2 months
After 10 months	Patient continues to be better. She can see the eruptions fading, but clinically no changes observed as compared to previous consultation.	As progress of case has slowed down, hence potency increased. Lachesis 0/3 10 drops-BD for 1 month
After 11 months	Patches started to merge.40-50% better in patches, lighter than before.	Lachesis 0/3 10 drops-BD for 1 month
After 12 months	Patient continues to be better. Eruptions 60% lighter on upper extremities and back. No itching and no new eruption. No change in present treatment plan.	Lachesis 0/3 10 drops-BD for 3 months
After 15 months	Patient continues to be better. Eruptions are getting lighter. No itching and no new eruptions. (Figure 7; Figure 8).	Lachesis 0/3-10 drops B.D contd...

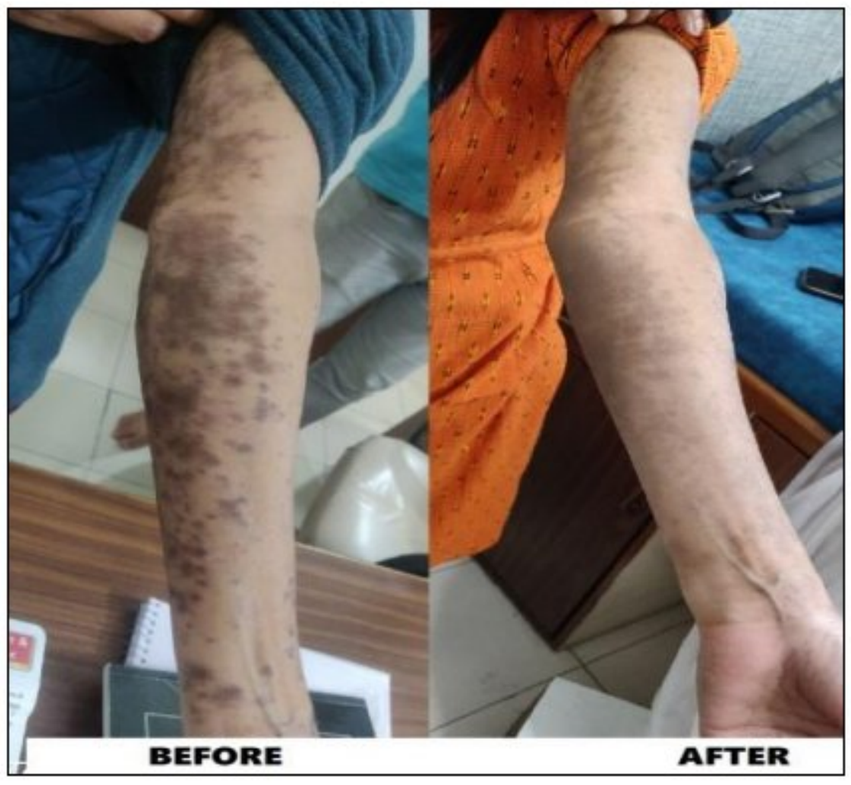

Fig 7: Skin eruptions on upper body before treatment

Fig 8: Before and after comparison showing improvement in eruptions

Discussion

Psychodermatology is an interdisciplinary field that bridges the gap between dermatology and psychiatry. The Brain and skin share a bidirectional connection that can translate psychological stress from the brain to skin and vice-versa [10]. Stress impacts the skin mainly through the hypothalamic-pituitary-adrenal (HPA) axis. Upon sensing stress, neurons in the hypothalamus secrete corticotropin-releasing hormone (CRH), which is transported to the pituitary gland, where it binds to the CRH receptor type-1 (CRH-R1) and stimulates the secretion of proopiomelanocortin (POMC)-derived neuropeptides, including α-melanocyte stimulating hormone (α-MSH), β-endorphin, and adrenocorticotropin (ACTH). ACTH travels to the outer layer of adrenal cortex through the bloodstream, binds to the MC2 receptors (MC2-R), and stimulates production of glucocorticoids (GC) including cortisol and corticosterone. Cortisol regulates a wide range of stress responses by binding to the glucocorticoids receptor (GR) [11]. Under normal circumstances, cortisol follows circadian rhythm, peaking in early morning and declining at midnight. Chronic Stress can significantly disrupt this cycle which can suppress immune system, alter lymphocyte proliferation, and shift of the T helper (Th)1 towards Th2 responses exacerbating inflammatory skin conditions [11].

The interplay between emotions and skin has been long acknowledged, with reference appearing in dermatology literature as early as 1917 [12]. Recognizing this permanent interaction of the mind and the skin, effective treatment must address the holistically encompassing cutaneous, emotional and mental aspect. Modern medicine often combines dermatological and psychiatric approaches, focusing on improvement in sleep disturbance; reduction in physical stress; improvement in self-esteem. [13] However, limited Psychological training and time constraints amongst dermatologists often lead to referrals to psychiatrist, increasing patient's medicinal and economical burden. This fragmented approach often results in partial relief rather than complete cure.

Homoeopathy, as a holistic science, offers an integrated approach by addressing the cause-effect relationship between mental and physical symptoms. Dr. Hahnemann, in the sixth edition of the Organon of Medicine, outlined the management of mental disorders in §210-§230. Further, a recent study "Psychophysiological dimension of acne vulgaris and its Homoeopathic treatment" highlights the effectiveness of homeopathy in addressing psychodermatological conditions [14].

In the realm of constant mind-skin interaction, it's crucial to view the patient as an integrated entity encompassing cutaneous, emotional, and mental aspects [15]. It's incumbent upon the Homeopath to possess skills that transcend the diagnosis and management of skin changes, and to have a profound understanding of Psychiatry, Dermatology, and Psychodermatology. An unbiased observation can aid in comprehending and probing the patient's emotional grievances, thereby assisting in the formation of a comprehensive symptom profile.

In the first case of this paper, patient developed skin complaints following a stressful event of marrying against her will causing great sadness and suppressed emotions. This incident had a significant impact on her psychologically and physiologically. Identifying these potential triggers along with physical totality, helped in finding the similimum, this led to her recovery.

Similarly, emotional trauma from long-standing ill-treatment by in-laws and betrayal by husband triggered her lichen planus in the second case. Given the psychological impact of these occurrences, as well as the physical symptoms, an individualized homoeopathic medicine was prescribed. This remedy, not only improved her skin condition but also her mental wellbeing.

The above two cases were evaluated with help of Modified NARANJO criteria and showed the score of +10/13 and +9/13 respectively. Over the period of one year, the quality of life of both the patients significantly improved along with their skin complaints.

Conclusion

Aphorism 225 of Dr. Hahnemann's 6th edition of Organon of Medicine underscored that emotional causes can deteriorate physical health. This case study highlights the mind-body connection and demonstrated the effectiveness of individualized homeopathic medicine in managing psychodermatological cases.

Homeopathy's holistic approach, careful case-taking, safety and affordability, and high degree of patient satisfaction position it as a good alternative for inclusion in worldwide mental healthcare programmes [16]. This is particularly pertinent in the current scenario where stress levels are at their peak. Therefore, there is a pressing need to conduct

numerous methodologically rigorous clinical trials on the scope of Psychodermatology in Homeopathy to gain acceptance in the scientific community.

Conflict of Interest
Not available

Financial Support
Not available

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How to Cite This Article
Khan J, Smart N. Integrating homeopathy with psychodermatology: A case-based evidence study. International Journal of Homoeopathic Sciences. 2025;9(3):146-152.