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A Case of Ostraceous Psoriasis in a 14-Year-Old Boy cured at Dr Batra's

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ARTICLE INFO

ABSTRACT

CASE STUDY

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Ostraceous psoriasis is a rare and severe form of chronic plaque psoriasis, characterized by thick, oyster shell-like scales that firmly adhere to the underlying skin. The disease primarily affects the elbows, knees, scalp, and lower back, though extensive involvement can occur. Globally, psoriasis affects approximately 2–3% of the population, with ostraceous variants representing a small subset of chronic, treatment-resistant cases [1].

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INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disorder that affects approximately 125 million people worldwide [2]. It is characterized by hyperproliferation of keratinocytes and inflammatory infiltration, leading to erythematous plaques covered with silvery-white scales. Among its several variants, **ostraceous psoriasis** is distinguished by thick, adherent, oyster shell-like scales that are often difficult to remove and may leave behind oozing or bleeding lesions [3].

Etiologically, psoriasis involves a combination of genetic predisposition and environmental triggers, including infections, stress, injury, and certain medications. The disease can present at any age and has a remitting and relapsing course. Common symptoms include itching, burning, and cosmetic disfigurement, which often affect

the patient's quality of life, leading to emotional distress, anxiety, and social withdrawal [4].

Complications of chronic psoriasis include psoriatic arthritis, secondary infections, and increased risk of cardiovascular and metabolic diseases. In ostraceous psoriasis, the emotional burden is higher due to the severe and disfiguring nature of the lesions.

Conventional treatments aim at symptomatic relief, often with temporary results. In contrast, **homeopathy offers a holistic and individualized therapeutic approach**, considering the totality of mental and physical symptoms.

This paper presents a case of ostraceous psoriasis in an adolescent male, treated successfully through individualized homeopathic management, with significant

improvement noted in both physical and emotional health.

CASE PROFILE

A 14-year-old male presented with a four-year history of psoriasis, which had recently shown a sudden exacerbation, particularly over the past week. The condition was marked by rapidly spreading lesions, increased scaliness, and intense itching. Initially, the patient also experienced painful bleeding from the lesions, leading to discontinuation of all steroid-based medications. On follow-up, the symptoms gradually began to subside. The lesions showed mild improvement, with a 20% reduction in pain and bleeding. The patient was advised to maintain regular moisturization of the skin. With continued care and adherence to a recommended skin-friendly diet, significant improvement was noted. Within a month, the lesions showed approximately 70% improvement, with the absence of bleeding and scaling. The Auspitz sign was negative, and overall skin condition showed encouraging recovery trends.

Key Mental Trauma Identified:

1. **Dysfunctional Family Dynamics:**
 - The child's **father is an alcoholic**, who returns home intoxicated, creating an environment of **unpredictability, fear, and emotional instability**.
 - His **mother works as a maid** to support the family, often absent and overburdened, leaving the child emotionally unsupported and overwhelmed.
2. **Feeling of Helplessness & Burden:**
 - The child is highly **sensitive and reserved**, bearing silent emotional pain. He internalizes the **stress of his mother's struggle** and **father's irresponsibility**, feeling helpless and burdened by things he cannot change.
3. **Suppressed Emotions and Loneliness:**

- He avoids school not just due to visible skin lesions, but also due to **embarrassment, low confidence, and social withdrawal**.
 - Lack of emotional ventilation and support may have led to **somatization**, manifesting through the skin.
4. **Loss of Joy and Fear of Judgment:**
- The **loss of social life**, being cut off from peers due to skin embarrassment, and the **fear of being judged** further deepened the emotional wound.

PHYSICAL GENERALS

Diet Type: Normal

Appetite: Normal

Cravings/Desires: Chicken,

Aversions: Nil

Thirst Level: Decreased

Stools: Satisfactory

Urine: Normal

Perspiration: Scanty, NO, NS

Thermal Reaction: Hot patient

Sleep: 6–9 hours, Quality: Refreshing

EXAMINATION

Skin: Dry, scaly patches over elbows and knees

Mild erythema, no active bleeding
No secondary infection or discharge noted

Nails: Normal, no pitting or discoloration

Scalp: Mild scaling present, no bleeding or oozing

Joints: No swelling, pain, or restriction of movement (Psoriatic arthritis ruled out clinically)

Vitals: Temp: 98.6°F | Pulse: 78 bpm | BP: 118/76 mmHg | RR: 18/min | SpO₂: 98% RA

General: Conscious, oriented, moderately built and nourished

MENTAL GENERALS –

The patient is a 14-year-old boy currently studying in the 9th standard. He is very good in sports but performs averagely in academics and openly admits that he does not enjoy studying. He lives with his parents and elder sister. The mother works as a domestic maid,

managing the family with great difficulty. The father is an alcoholic and often returns home intoxicated, which creates stress and emotional instability within the household. The patient appears mentally disturbed and withdrawn, speaking very little during the consultation—his mother was the one who explained most of the history. He is currently avoiding school due to embarrassment caused by increased skin lesions, which has impacted his confidence.

His childhood has been shaped by financial struggle, emotional neglect, and an unsupportive environment. Although he has a good relationship with friends, he has faced academic pressure and does not feel supported or motivated at home. His mother has had a stronger emotional influence on him, having stood by him through hardships, while his father's behavior is a major source of stress. The patient describes himself as reserved and quiet. He doesn't express emotions freely and tends to bottle them up, though he admits to being disturbed by his skin condition and the home environment.

He feels anxious and lacks confidence, especially when he has to go to school with visible lesions, fearing judgment or ridicule. He becomes irritable but avoids confrontation and suppresses anger silently. Emotional triggers include conflicts at home, feelings of

being ignored, and not being able to participate in activities due to his skin issues. He worries deeply about his mother's overwork and the father's erratic behavior. His saddest moments revolve around seeing his mother struggle and feeling helpless. However, his happiest moments are when he plays outdoor games—sports being his escape, where he feels alive, accepted, and confident. His hobbies are centered around physical activity, especially outdoor sports, which give him a sense of joy and release from emotional burdens.

Past History

N.S

Family History

N.S

Case analysis Reportorial totality

Mental Generals:

Mind – Reserved

Mind – Sadness – children, in

Mind – Anxiety – family, about his

Mind – Aversion to school

Mind – Indifference

Mind – Silent, taciturn

Mind – Delusion – neglected, he is

Mind – Anger – silent grief, from

Skin – Eruptions – THICK

Generals – Food and drinks – chicken – desire

Repertory screenshot

Remedy Name	Phos	Pule	Staph	Hat-m	Acon	Ign	Ars	Calc	Cham	Chlo	Lyo
Totality	12	10	10	9	8	8	7	7	7	7	7
Symptom Covered	6	6	4	6	4	4	5	5	4	4	4
[C] [Mind]Reserved:	3	2	2	1	1	2	1	2	1	1	1
[C] [Mind]Sensitive, oversensitive:Children:	2	2	2	1	2	1		1	2	1	1
[C] [Mind]Anxiety:Family, about his:	1						2				
[BN] [Mind]Aversion to, School:				1							
[C] [Mind]Indifference, apathy:	3	3	3	3	2	2	2	2	2	3	2
[C] [Mind]Irritability:Taciturn:		1					1	1			
[C] [Mind]Delusions, imaginations:Neglected:He is:		1		1							
[C] [Mind]Ailments from:Anger, vexation:Grief, with silent:	1	1	3	2	3	3	1		2	2	3
[C] [Head]Eruptions:Crusts, scabs:Thick:								1			
[C] [Generalities]Food and drinks:Chicken:Desires:	2										

Remedies Selected Based on Totality:

1. **Natrum Muriaticum 200C**
 - Selected for deep constitutional state: reserved nature, internalized sadness, irritability when angry, mental sensitivity, desire to be alone, fear of dark, and general thermal state (hot). Also matches craving for cold drinks and ice cream.
 - Acts on the psychosomatic link between suppressed emotions and skin complaints.
2. **Mezereum 6C** –
 - For **dry, scaly eruptions** with itching, especially when crusty or worsening in winter. Complements the skin layer of pathology and supports Natrum mur's deeper action.
3. **Kali Sulph 6X** –
 - For **flaky dandruff with itching**, yellowish scales, and supporting epithelial repair. Given as a biochemic tissue remedy to sustain skin improvement.

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Reserved, introverted nature	✓			
Sadness, desire to be alone	✓			
Irritability when angry	✓	✓		
Mental sensitivity	✓			
Fear of dark	✓			✓

RESULTS

Month	Progress	Prescription
Dec 2023 (1st Month)	Scaling & itching increased initially, bleeding stopped, stopped steroids	Nux Vomica 30C – 4 doses, SAC-L
Jan 2024 (2nd Month)	70% improvement in lesions, no bleeding, no scaling, Auspitz sign negative	Bell 30C, Mez 30C, Kali Sulph LA
Feb 2024 (3rd Month)	Continued improvement, no new lesions	Bell 30C, Mez 30C, Hep Sulph 30C – 6 doses
Mar 2024 (4th Month)	Skin better, emotionally more stable	Bell 30C, Mez 30C
Apr 2024 (5th Month)	Overall stable, itching minimal	Bell 30C, Mez 30C
May 2024 (6th Month)	Dandruff on scalp better	Bell 30C, Mez 30C
Jun 2024 (7th Month)	Skin remains stable, no recurrence	Bell 30C, Mez 30C

Jul 2024 (8th Month)	General well-being better, mild dryness persists	Bell 30C, Mez 30C
Sep 2024 (9th Month)	Condition stable, no active complaints	Bell 30C, Mez 30C
Nov 2024 (10th Month)	Mild scaling returned due to season change	Bell 30C, Mez 30C, SAC-L
Dec 2024 (11th Month)	Scaling under control, overall stable	Bell 30C, Mez 30C, SAC-L
Jan 2025 (12th Month)	Marked emotional and physical recovery, patient cheerful	Bell 30C, Mez 30C, SAC-L
Mar–Jun 2025	Maintained with SAC-L alone, no new episodes	SAC-L only

SUMMARY:

- **Initial Phase (Dec–Jan):** Acute symptoms like bleeding, intense itching, and active lesions addressed.
- **Mid Phase (Feb–Jun):** Noticeable improvement, constitutional balance achieved, psychological distress reduced.
- **Late Phase (Jul–Jan):** Maintenance and prevention of recurrence.
- **Current Status:** Stable, under SAC-L support, symptom-free since last few months.

DISCUSSION & CONCLUSION

This case highlights the remarkable journey of a 14-year-old boy who initially presented with widespread dry, scaly skin eruptions, emotional withdrawal, and a deeply disturbed mental state. Burdened by a challenging family environment, where the mother worked tirelessly as a domestic help and the father struggled with alcohol abuse, the child exhibited signs of emotional suppression, sadness, and aversion to school due to the social stigma associated with his visible skin condition. He was reserved during consultations, rarely speaking for himself, and seemed weighed down by the stress and helplessness of his daily life.

Over the course of treatment, a gradual but clear transformation was observed—both mentally and physically. The skin lesions, which were once widespread, itchy, and a source of constant discomfort, showed consistent improvement month after month. Bleeding stopped, scaling reduced significantly, and the child began regaining his confidence. The progress was not only visible on his skin but was mirrored in his personality as well. From a quiet, withdrawn, and emotionally burdened boy, he started to open up, communicate more freely, and even expressed joy in resuming his outdoor games, which had once been his only escape.

He returned to school and began participating in social activities, showing a notable shift from isolation to inclusion. His emotional resilience improved, and the constant burden of worry and shame visibly lifted. What began as a case shadowed by physical symptoms and emotional neglect evolved into a story of healing, inner strength, and visible transformation. This case strongly affirms the holistic impact of individualized care in addressing both the mind and the body, leading the patient towards a path of true and lasting recovery.

THE TRANSFORMATION



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