



## Management of Pediatric Palmoplantar Psoriasis Using Individualized Homoeopathic Potentized Sulphur: A Case Study

By

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### Abstract

**Background:** Palmoplantar psoriasis (PPP) is a chronic, debilitating variant of psoriasis characterized by hyperkeratosis, painful fissuring, and erythema localized to the palms and soles. In pediatric populations, PPP severely affects quality of life, restricting school performance, fine motor activities, and mobility. Alternative, individualized therapeutic protocols like homeopathy are increasingly explored as complementary interventions.

**Case Summary:** A 6-year-old female child presented with severe, recalcitrant palmoplantar hyperkeratotic lesions accompanied by deep, painful fissures, extensive scaling, and associated bleeding. Following a detailed case history and repertorization, codesigned potentized Sulphur 200C was prescribed. Serial clinical photography demonstrated progressive reduction in hyperkeratotic plaque thickness and complete healing of painful fissures without any reported adverse events.

**Conclusion:** This case underscores the potential of individualized homeopathic medicine, specifically Sulphur 200C, in achieving significant clinical resolution in severe pediatric palmoplantar psoriasis.

**Keywords:** Palmoplantar psoriasis; Pediatric dermatology; Homeopathy; Sulphur 200C; Repertorization; Case study; Hyperkeratosis; Skin fissures.

### Introduction

Palmoplantar psoriasis (PPP) represents a therapeutically challenging clinical variant of psoriasis vulgaris, affecting less than 5% of all psoriatic patients but accounting for a disproportionate burden of physical disability [1]. In children, the condition is especially problematic due to deep, painful skin fissures leading to severe pain and bleeding [2]. Homeopathy offers a non-invasive approach targeting the host's constitutional susceptibility rather than merely suppressing local cutaneous manifestations [3].

### Case Presentation

#### Patient Information and Clinical Findings

A 6-year-old female child presented with severe, bilateral cutaneous lesions on both the palms and soles. The palms displayed expansive, thick hyperkeratotic plaques covering the central palmar surfaces, with deep, painful fissuring. The plantar surfaces showed massive, hardened, yellowish-brown hyperkeratotic scaling cracked by deep fissures.



### Photographic Documentation of Clinical Progression

The chronological clinical documentation of the patient's hands and feet is presented below, illustrating the progression from baseline pathology to full resolution.



Palmar Surface Baseline

Plantar Surface Baseline

Figure 2: Intermediate Healing Phase



Palms (Early Progress)

Palms (Late Progress)

Soles Progress

Figure 3: Complete Resolution



Palmar Resolution

Plantar Resolution

### Symptoms Considered in Case Taking

A detailed case history was recorded to evaluate the child as a unified whole. The following characteristic symptoms were derived from clinical observation and parental interview:

#### 1. Mental & Emotional Symptoms

- Irritability: Pronounced irritability, particularly during the evening hours and when the physical discomfort peaked.
- Restlessness: General physical and mental restlessness, worse in closed or warm rooms.

#### 2. Physical Generals

- Thermal Reaction: Strong intolerance to heat; the patient was distinctly "hot," preferring open air.
- Alimentary Desires: A high craving for sweets and highly seasoned food.
- Aggravation from Warmth: General discomfort and skin itching were markedly aggravated by the warmth of the bed at night.

#### 3. Particular Skin Symptoms (Local Totality)

- Hyperkeratosis & Scaling: Densely packed, dry, thick, yellowish-brown scales over the palms and soles [2].
- Fissuring: Deep, painful, bleeding cracks along the natural flexure lines of the hands and feet.
- Sensory Manifestations: Intense voluptuous itching, which the child would scratch until it bled, followed immediately by a severe burning sensation [3].

## Repertorial Analysis

The characteristic symptoms were translated into rubrics using classical homeopathic repertories .

**Repertorial Sheet & Quantitative Evaluation**

| Rubrics / Symptoms               | Sulphur | Graphites  | Arsenicum Alb. | Petroleum  | Calcarea Carb. |
|----------------------------------|---------|------------|----------------|------------|----------------|
| Psoriasis / Palmoplantar scaling | +++     | +++        | ++             | ++         | +              |
| Deep, painful skin fissures      | ++      | +++        | +              | +++        | ++             |
| Itching followed by burning      | +++     | ++         | +++            | ++         | +              |
| Aggravation from warmth of bed   | +++     | ++         | + (Amel.)      | +          | +              |
| Thermally hot / Heat intolerance | +++     | + (Chilly) | + (Chilly)     | + (Chilly) | + (Chilly)     |
| Marked desire for sweets         | +++     | +          | ++             | +          | +++            |

Repertorial Conclusion: Sulphur emerged as the clear similimum, covering the structural pathology, local sensations, and constitutional physical generals [3].

### Therapeutic Intervention

Based on the repertorial totality, Sulphur 200C was selected. It was administered orally twice ,

First dose:- 23/07/2025

Second dose :- 17/09/2025

sparse doses to avoid severe homeopathic skin aggravation [3].

## Discussion

Palmoplantar psoriasis remains an enigma in dermatological therapeutics due to its highly resistant nature [1]. From a homeopathic perspective, skin manifestations are viewed as an external expression of an internal, systemic derangement [3]. Sulphur is historically recognized as a premier anti-psoric remedy [4]. In potentized form (200C), it appears to exert a regulatory influence over the altered epidermal kinetics and inflammatory cascades characterizing psoriatic lesions [7].

## Conclusion

This case study demonstrates the successful resolution of severe, debilitating pediatric palmoplantar psoriasis using classical individualized homeopathy via Sulphur 200C. The treatment achieved complete structural clearance of hyperkeratotic plaques and healed painful fissures, restoring full functional mobility to the child.

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