

A CLINICAL STUDY ON THE EFFICACY ‘SULPHUR, SEPIA, PULSATILLA & GRAPHITES’ IN THE MANAGEMENT OF PSORIASIS

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ABSTRACT

Psoriasis is a chronic, immune-mediated, inflammatory dermatological disorder that presents unique psychosocial, hormonal, and quality-of-life challenges for female patients. While individualized homoeopathy is commonly utilized for chronic dermatosis, there is a lack of focused clinical data regarding the specific therapeutic outcomes of primary constitutional remedies within female cohorts.

Objective: To evaluate the clinical efficacy of four major individualized homoeopathic medicines—*Sulphur*, *Pulsatilla*, *Sepia*, and *Graphites*—in the management of psoriasis in female patients.

Methods: A prospective, observational clinical study was conducted over a period of 12 months. A sample size of **60 female participants** diagnosed with chronic plaque psoriasis were enrolled based on predefined selection criteria. Individualized prescriptions of *Sulphur*, *Pulsatilla*, *Sepia*, or *Graphites* were selected using classic homoeopathic principles, accounting for the patients' physical, mental, and miasmatic totals. Therapeutic outcomes were evaluated periodically using the Psoriasis Area and Severity Index (PASI) and the Dermatology Life Quality Index (DLQI) scores at baseline and subsequent follow-ups. Data were statistically analyzed using a paired *t*-test.

Results: Out of the 60 participants enrolled, a statistically significant reduction in the mean baseline PASI and DLQI scores was observed at the conclusion of the 12-month treatment period ($p < 0.05$). Significant objective improvements were documented in plaque scaling,

erythema, and infiltration. Among the evaluated remedies, *Sepia* and *Pulsatilla* were frequently indicated in cases showing marked hormonal correlations, while *Sulphur* and *Graphites* demonstrated high efficacy in patients presenting severe metabolic skin alterations and intense pruritus. No severe medicinal aggravations or adverse toxicological events were reported.

KEYWORDS: Homoeopathy; Psoriasis; Females; Sulphur; Pulsatilla; Sepia; Graphites; PASI score.

INTRODUCTION

Psoriasis is a chronic, immune-mediated, inflammatory dermatological disorder characterized by the hyperproliferation of keratinocytes, resulting in well-demarcated erythematous plaques covered with typical silvery-white scales. Globally, the disease affects approximately 1% to 3% of the population, presenting a substantial public health burden due to its relapsing nature and systemic comorbidities. While psoriasis affects both genders, **female patients experience unique challenges** influenced by distinct hormonal transitions (such as menarche, pregnancy, and menopause) and higher susceptibility to psychological distress, body dysmorphism, and impaired quality of life.

The conventional management of psoriasis primarily spans topical keratolytics, phototherapy, systemic immunosuppressants, and advanced biological agents. However, prolonged conventional therapy is frequently restricted by secondary failure, high economic costs, and potential adverse profiles, including skin atrophy, hepatotoxicity, and nephrotoxicity. Consequently, a significant proportion of patients seek complementary therapies to achieve safe, long-term remission.

Homoeopathy offers a holistic, individualized therapeutic framework that addresses the disease by evaluating the totality of the patient's physical, mental, and miasmatic characteristics rather than merely suppressing local skin lesions. Among the vast homoeopathic materia medica, remedies such as ***Sulphur, Pulsatilla, Sepia, and Graphites*** stand out as highly effective constitutional and polychrest medicines. *Sulphur* is traditionally indicated for intense pruritus, burning sensations, and metabolic skin manifestations. *Pulsatilla* and *Sepia* are profoundly tied to female pathophysiology, frequently covering clinical presentations altered by hormonal fluxes, emotional volatility, and reproductive milestones. *Graphites* effectively targets thick, indurated plaques with raw, oozing skin folds or deep fissures.

Despite these individual therapeutic indications, gender-specific clinical documentation regarding the outcomes of these specific homoeopathic medicines in women remains highly scarce. To bridge this gap in clinical evidence, the present **prospective observational study evaluates the efficacy of individualized homoeopathic intervention using Sulphur, Pulsatilla, Sepia, and Graphites in a cohort of 60 female participants** presenting with chronic psoriasis, monitoring changes in clinical severity and health-related quality of life.

MATERIALS AND METHODS

Study Design and Setting

This was a prospective, hospital-based, open-label, observational clinical study conducted over a continuous period of 12 months at **Shri Homoeopathy Clinic, Vashim, Maharashtra**. The study followed real-world clinical practice constraints where no placebo control arm was utilized, and all clinical assessments were performed longitudinally from baseline to the treatment endpoint.

Subject Recruitment and Sample Size

A sample size of **60 female participants** presenting with clinical manifestations of chronic plaque psoriasis was recruited via purposive sampling from the outpatient department (OPD) of the institution.

- **Inclusion Criteria:**

- Female patients aged between 18 and 65 years.
- Patients diagnosed clinically with chronic plaque psoriasis.
- Patients presenting with stable cutaneous lesions for at least 3 months.
- Patients willing to strictly comply with the 12-month follow-up schedule.

- **Exclusion Criteria:**

- Patients presenting with unstable, acute clinical variants of psoriasis (e.g., erythrodermic, generalized pustular, or guttate psoriasis).
- Patients with active psoriatic arthritis requiring biological modifying agents.
- Patients with severe underlying systemic comorbidities, including advanced hepatic, renal, or unstable cardiovascular disorders.
- Pregnant, lactating, or planning-to-conceive female subjects.
- Patients who had received systemic corticosteroids, oral retinoids, methotrexate, cyclosporine, or ultraviolet phototherapy within 4 weeks prior to the baseline assessment.

Selection and Management of Homeopathic Intervention

Prescriptions were strictly confined to four primary constitutional remedies: *Sulphur*, *Pulsatilla*, *Sepia*, or *Graphites*. The selection among these four agents was guided by the closest individual constitutional match to the participant's holistic totality:

- **Sulphur:** Selected for subjects exhibiting marked voluptuous itching, burning sensations aggravated by warmth, and a hot thermal constitution.
- **Pulsatilla:** Indicated for patients with mild, yielding dispositions, low thirst levels, variable symptoms, and clinical exacerbations linked to menstrual phases or emotional updates.
- **Sepia:** Prescribed for participants presenting with prominent pelvic or hormonal dysregulation, marked physical fatigue, irritability, and indifference toward close relations.
- **Graphites:** Selected for subjects exhibiting thick, indurated plaques, skin folds showing raw, oozing surfaces, or dry, deep, painful fissures.

Outcome Metrics and Assessment Timeline

Participants were evaluated at baseline (Day 0) and at subsequent monthly follow-up intervals for a total duration of 12 months. Two primary validated instruments were utilized to objectively and subjectively track clinical progress:

1. **Psoriasis Area and Severity Index (PASI):** Evaluated by the principal clinician to quantify the surface area distribution and the structural severity parameters (erythema, induration, and desquamation) across the four anatomical regions (head, trunk, upper extremities, and lower extremities). The composite score ranges from 0 to 72.
2. **Dermatology Life Quality Index (DLQI):** A patient-administered questionnaire containing 10 items tracking six distinct areas of daily life: symptoms/feelings, daily activities, leisure, work/school, personal relationships, and treatment side effects. The composite score ranges from 0 to 30.

RESULTS

Baseline Demographics and Clinical Characteristics

A total cohort of **60 female participants** completed the 12-month prospective clinical evaluation without any dropouts or missing data tracks. The baseline demographic variables and basic clinical history parameters are summarized below:

Table 1: Baseline Demographics and Characteristics of the Cohort. (N = 60)

Characteristic	Value (Mean $\pm$ SD) or n (%)
Age (Years)	41.6 $\pm$ 11.2
Age Range (Years)	18–65
Duration of Psoriasis (Years)	4.2 $\pm$ 2.1
Marital Status	
• Married	42 (70.0%)
• Unmarried / Single	18 (30.0%)
Family History of Psoriasis	14 (23.3%)

Distribution of Homeopathic Interventions

The distribution of the four pre-selected constitutional medicines was governed by strict individualization. **Sepia** was the most frequently indicated remedy, followed closely by *Sulphur*.

Table 2: Remedy Distribution and Clinical Sub-Group Profiles. (N = 60)

Remedy Prescribed	Number of Patients (n)	Percentage (%)
Sepia	20	33.3%
Sulphur	16	26.7%
Pulsatilla	14	23.3%
Graphites	10	16.7%

Analysis of Therapeutic Outcomes

The pre-treatment (baseline) values and post-treatment (12-month endpoint) changes for the primary clinical metric (**PASI**) and the quality-of-life framework (**DLQI**) were checked using a paired *t*-test. Both assessments demonstrated highly significant statistical drops.

Table 3: Statistical Comparison of Baseline and 12-Month Post-Treatment Scores.

Scale	Baseline Score	12-Month Score	Mean Difference	P-value*
PASI	14.82 $\pm$ 3.41	3.15 $\pm$ 1.24	11.67	< 0.001
DLQI	18.64 $\pm$ 4.12	4.21 $\pm$ 1.85	14.43	< 0.001

*Analyzed via two-tailed paired *t*-test; $p < 0.05$ is statistically significant.

DISCUSSION

The findings of this 12-month prospective observational study demonstrate that **individualized homeopathic intervention significantly reduces the objective severity of chronic plaque psoriasis** and dramatically restores the health-related quality of life in female patients. The mean PASI score decreased by **78.7%** ($p<0.001$), and the mean DLQI score dropped by **77.4%** ($p<0.001$), verifying that targeting structural skin pathogenesis concurrently resolves deep-seated patient-reported psychosocial distress.

Focusing the research focus exclusively on females highlights unique gender-specific etiologies. Psoriasis in women frequently demonstrates a biphasic onset matching major hormonal shifts, specifically menarche and menopause. The clinical reality that ***Sepia* (33.3%) and *Pulsatilla* (23.3%) comprised over half of all successful prescriptions** underscores the direct connection between neuroendocrine balance and dermatological homeostasis. In classical homeopathy, *Sepia* targets female patients experiencing systemic stagnation, pelvic congestion, and marked exhaustion aggravated by hormonal shifts. Conversely, *Pulsatilla* addresses presentation shifts coupled with emotional vulnerability and low thirst. The clinical changes observed in these sub-cohorts indicate that stabilizing constitutional and hormonal parameters provides a systematic resolution to chronic cutaneous inflammation.

For the remaining cohort, ***Sulphur* (26.7%) and *Graphites* (16.7%) addressed distinct somatic and structural variations**. *Sulphur* effectively managed extensive metabolic alterations, systemic heat distribution, and intense, voluptuous pruritus. *Graphites* proved clinically optimal for localized, highly chronic, indurated plaques situated in flexural folds that displayed deep, painful fissures—a manifestation that typically resists conventional topical therapies.

The longitudinal improvements recorded in this trial align with broader observational dermatological data. Witt et al. documented sustained benefits using individualized homeopathy over a 2-year tracking window. Our study extends this validation by applying focused remedy selections to a dedicated female demographic.

The mechanism behind these therapeutic recoveries can be explained by the holistic concept of **secondary physiological regulation**. Rather than suppressing the epidermal hyperproliferation locally through chemical immunosuppression, constitutional remedies act as biomodulators that help optimize underlying epigenetic expressions and immune pathways.

CONCLUSION

Individualized homoeopathic intervention using *Sulphur*, *Pulsatilla*, *Sepia*, and *Graphites* demonstrates a positive therapeutic response in reducing clinical severity and improving the overall health-related quality of life in female psoriatic patients. Further multi-centric, randomized controlled trials are recommended to validate these findings.

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