

PSORIASIS...



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Bless yourself with Homoeop

Psoriasis - A disease of body & mind!

Skin, the largest organ of our body does not just have a cosmetic value but also is a medium of expression for internal derangements of health in form of various ailments. These can be simply Boils, Acne, Urticaria or even more chronic ailments like Psoriasis. Studies by National Psoriasis Foundation have observed that psoriasis and psoriatic arthritis are common, life-altering and often debilitating conditions. Psoriasis affects an estimated 2-3 percent of the world's population and nearly 60 percent reported their disease to be a large problem in their everyday life.

One of the worst parts of having Psoriasis is the way others may avoid you, thinking that psoriasis is contagious or a sign of bad hygiene. It makes a person feel self-conscious, helpless & frustrated. Constant worrying about people's perceptions and avoiding certain social situations may become a major source of stress in life of the sufferers that, in return has been known to make Psoriasis worse. Fortunately Homoeopathy has an answer to the menace of this ailment which helps you lead a more confident and normal life like any other healthy individual.

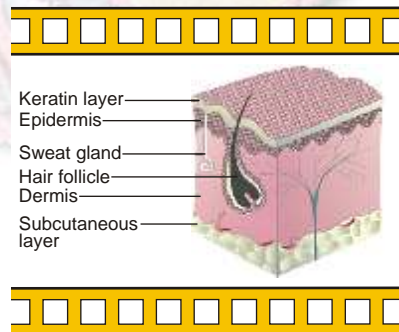
THE STRUCTURE OF SKIN

Skin is the largest organ & ultimate vessel of the body. It is composed of two major layers of tissue, epidermis & dermis. Accessory structures located in the dermis include :

- + Hair
- + Nails
- + Sweat glands
- + Sebaceous glands

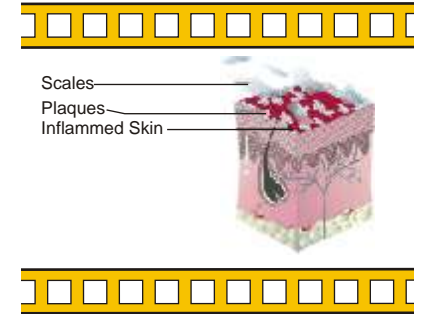
FACTS ABOUT SKIN

- + Regulates body temperature.
- + Stores water and fat.
- + A sensory organ.
- + Prevents water loss & entry of bacteria.
- + Protective shield against heat, injury and infection.



PSORIASIS & ALLERGY

Psoriasis is a chronic skin disease characterized by scaling and inflammation. Normally, skin cells mature and are shed from the skin's surface every 28 to 30 days. When psoriasis develops, the skin cells mature in 3 to 6 days and move to the skin surface. Instead of being shed, the skin cells pile up, causing the visible lesions. Psoriasis is not contagious and cannot be passed from one person to another, but it is most likely to occur in members of the same family.



INCIDENCE

Age: Can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years.

Sex: It affects both sexes equally.

Race: Psoriasis can affect persons of any race; however, epidemiologic studies have shown a higher prevalence in Western European and Scandinavian populations.

PSORIASIS : A Manifestation of Skin Allergy.

Years of research and practice at our clinics has accumulated enough evidence to help us arrive at a hypothesis where Allergy lies at the helm of most of the diseases and Psoriasis is one of them.

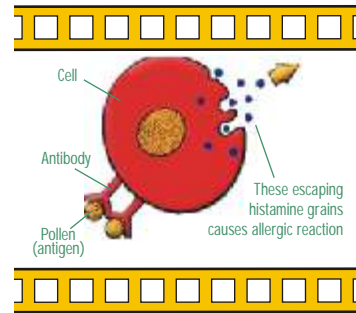
Allergy (Greek: allos, other + ergon, work = altered reaction) is an abnormal and individual hypersensitivity to substances that are ordinarily harmless and which results in various types of reactions.

Why does a person develop allergy?

Normally, a person's immune system clearly distinguishes between harmful and harmless foreign bodies and it reacts only to harmful bodies like various pathogenic bacteria and virus. When immune system fails to recognize harmless bodies as "harmless" it reacts to them and produces various symptoms in the form of allergic manifestations.

Mechanism Of Allergic Response

When an allergen enters our body, the IgE and the allergen forms a complex. This complex then binds to the mast cell. As a result the mast cell bursts and releases histamine. This histamine produces allergic symptoms such as redness, swelling, heat, itching etc.

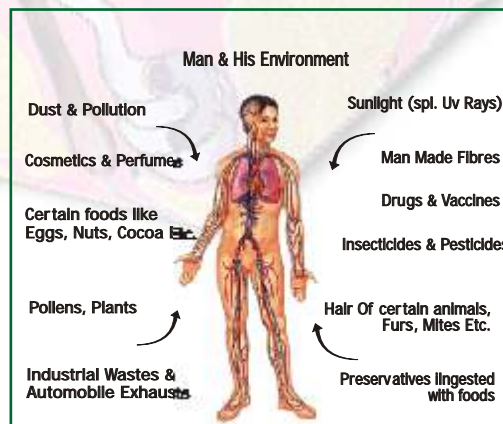


Types Of Allergy

Exogenic allergy is caused by various external allergens like industrial wastes, chemicals, insecticides, pesticides etc. Eventually, all allergens seem to cause gradual changes in the genetic make up and subsequently the allergy becomes **Endogenic**. The body tissues get 'sensitized' to various allergens and this leads to hypersensitivity reactions. These 'sensitized' response characteristics are passed on to the succeeding generations. The fundamental cause of all allergies, therefore, is endogenic and in most cases it runs in the family tree of the patient.

Often allergy remains dormant in the patient's body system until a situation arises when the patient's immune system is at low guard and his resistance is highly compromised. 'Physical stress states' such as surgery, infections, serious diseases, pregnancy, old age etc. are some of the conditions because of which body gets predisposed to attacks by allergens.

Some of the commonest allergic diseases alternate in a patient's life. A patient suffering from eczema in childhood may suffer from Bronchial Asthma in adulthood. Usually there would be a history of Hay fever, Urticaria, Eczema, Asthma, Arthritis etc. in the family.



DEVELOPMENT OF PSORIASIS

Psoriasis, an allergic manifestation of Skin, also has a genetic base and presents with an inflammatory response as evidenced by the Modern Science.

Immune Mediated Response - It is believed that psoriasis is an immune-mediated condition which develops when the immune system tells the body to over-react and accelerate the growth of skin cells. In people with psoriasis, there is excessive production of the immune cells, called T cells, in the skin. The T cells circulate throughout the body, carrying out the immune system's response to foreign invaders like bacteria or viruses. The overactive T cells migrate to the skin which leads to the rapid growth of skin cells, triggering inflammation and flaking of skin & thus results in the development of lesions.

Genetic predisposition - Few genes have been identified that cause psoriasis or other immune-mediated conditions. These genes determine how a person's immune system reacts. The risk of developing psoriasis or another immune-mediated condition increases when a close blood relative has psoriasis.

Family History - Most of the people with psoriasis report a family history of the disease. When both parents have psoriasis, the child may have a 50% chance of developing psoriasis.

TRIGGERING FACTORS

Infections

The infections known to trigger psoriasis in susceptible individuals are mentioned hereunder:

- + Candida albicans (thrush)
- + Human immunodeficiency virus (HIV)
- + Staphylococcal skin infections (boils)
- + Streptococcal pharyngitis (streptococcal throat)
- + Viral upper respiratory tract infection



Reaction to Certain Medications

Anti-malarial drugs - It has been observed that psoriasis may develop after taking an anti-malarial medication in some persons.

Beta-blockers (medication used to treat high blood pressure) and heart medication - These worsen psoriasis in some people.

Corticosteroids

Non-steroidal medications - used to treat arthritis and other inflammatory conditions may worsen psoriasis in some people.

Lithium - used to treat manic depression and other psychiatric conditions aggravates psoriasis in many persons.

Skin Injury

People with psoriasis often notice new lesions 10 to 14 days after the skin is cut, scratched, rubbed, or severely sunburned. This is called - "Koebner's phenomenon". All types of trauma have been associated with the development of psoriasis especially plaque psoriasis (e.g., physical, chemical, electrical, surgical, infective, and inflammatory types of injury). Even excessive scratching can aggravate or precipitate localized psoriasis.

Stress

Although having psoriasis is, in itself, stressful, some people can even trace their first outbreak to a particular stressful event.

Weather

- + Winter tends to be the most challenging season for persons suffering from psoriasis. It has been observed that cold weather is a common trigger for many people whereas on other hand a hot and sunny climate tends to clear the skin.
- + Sunburn on the other hand, can act as a triggering factor for psoriasis.



Hormones

Some of the research studies have shown that the severity of psoriasis may fluctuate with hormonal changes.

- + Disease frequency peaks during puberty and menopause.
- + When hormone levels increase during pregnancy, symptoms are more likely to improve than worsen. In contrast, symptoms are more likely to flare in the postpartum period, if any changes occur at all.

Others

Smoking, and heavy alcohol consumption appears to trigger psoriasis in some people.



CLINICAL PRESENTATION OF PSORIASIS

Psoriasis is a papulosquamous disease. It is characterised by scaling papules (raised lesions < 1 cm in diameter) and plaques (raised lesions > 1 cm in diameter). The lesions of psoriasis are distinct, circumscribed and are typically distributed symmetrically on the scalp, elbows, knees, lumbosacral area, and in the body folds

Symptoms of psoriasis can vary from person to person but may include one or more of the following:

- + Red patches of skin covered with silvery scales
- + Small scaling spots (commonly seen in children)
- + Dry, cracked skin that may bleed
- + Itching, burning or soreness
- + Thickened, pitted or ridged nails
- + Swollen and stiff joints

Psoriasis can be highly variable in morphology, distribution, and severity. It has been classified into many types depending upon clinical presentation.

TYPES OF PSORIASIS

Morphologically, there are following types of psoriasis. Each has its own unique signs and symptoms:

PLAQUE PSORIASIS

It is the most common type of psoriasis & is also called “psoriasis vulgaris.” “Vulgaris” means “common”. Females develop plaque psoriasis earlier than males. The first peak occurrence of plaque psoriasis is in people aged 16-22 years. The second peak is in people aged 57-60 years. Psoriatic plaques tend to be symmetrically distributed over the body. They vary in size and can appear as distinct patches or join together to cover a large area.

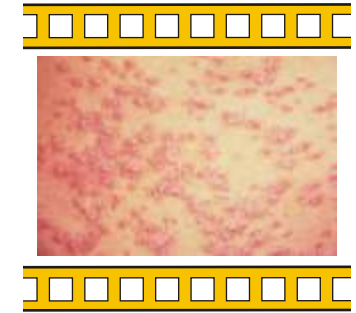
Features:

- + Raised and thickened patches of reddish skin, called “plaques,” covered by dry, thin, silvery-white scales. When the scale is removed, the skin underneath looks smooth, red, and glossy with bleeding spots.
- + Psoriatic plaques are well defined and have sharply demarcated boundaries.
- + Plaques most often appear on the scalp, trunk, and limbs, with a predilection for extensor surfaces such as the elbows and knees. However, they can appear anywhere on the body, including the genitals and the soft tissue inside the mouth.
- + **Rupoid psoriasis** is characterized by scaly hyperkeratotic, grayish-brown, cone-shaped lesions with concave surfaces on trunk & extremities.
- + Areas of psoriasis which have been chronically rubbed, and that have become very thickened, are referred to as **Lichenified psoriasis**.



GUTTATE PSORIASIS

This is the second most common type of psoriasis & most frequently develop in children and young adults who have a history of streptococcal infections (about 2-3 weeks) with or without throat symptoms. Boys and girls are equally affected.



Features:

- + Usually beginning on the trunk and the proximal extremities, the lesions may sometimes spread to involve the face, the ears, and the scalp.
- + Appears as discrete, demarcated, salmon-pink (red) teardrop like lesions, oval or circular.
- + Usually there is a fine scale on the drop-like lesion that is much finer than the scales in plaque psoriasis.

PUSTULAR PSORIASIS

This form of psoriasis can occur in widespread patches or in smaller areas on hands, feet or fingertips.



Features:

- + Pus-filled blisters appearing just hours after the skin becomes red and tender.
- + Blisters dry within a day or two but may reappear every few days or weeks.
- + Generalized pustular psoriasis can also cause fever, chills, severe itching, weight loss and fatigue.

INVERSE PSORIASIS

Not common, inverse psoriasis is also called “skin-fold,” “flexural,” or “intertriginous” psoriasis. This type of psoriasis can be severe and incapacitating. It is more prevalent in people who are overweight and is worsened by friction and sweating.

Features:

- + Red and inflamed plaques that occur only in skin folds armpits, in the genital area, between the buttocks, and under the breasts.
- + Characterized by smooth patches of red, inflamed skin. Scales do not form usually.



Genital Psoriasis - The regions of the genital area that may be affected by psoriasis include: the pubis, the genitals (the vulva, for women; the penis and scrotum, for men), the skin between the anus and vulva or anus and scrotum, and the skin around the anus. Lesion appears as red, shiny skin around the genital area. The skin feels tight and sore. It may split or crack.

Genital psoriasis in Children (**Napkin psoriasis**) lesion is characterized by itching which may become infected on scratching. Scratching can also produce dryness, thickening and thus further itching of the skin.

ERYTHRODERMIC PSORIASIS

Also known as “exfoliative” psoriasis, this is the least common type. This form of psoriasis can be fatal, as the extreme inflammation and exfoliation disrupt the body's ability to regulate temperature and makes it difficult for skin to perform barrier functions.



Features:

- + It can cover entire body with a red, peeling rash that can itch or burn intensely.
- + It may be triggered by severe sunburn, by corticosteroids and other medications or by another type of psoriasis that's poorly controlled.

EFFECT OF PSORIASIS ON OTHER PARTS OF BODY

Mucous membranes: The tongue, anogenital area may also be involved by psoriasis in the form of whitish patches.

Eyelids & Angle of mouth (Psoriatic blepharitis and angular stomatitis): Usually presents unilaterally, with a small plaque of psoriasis on one eyelid extending to the lid margin or on the cheek at the angle of the mouth.



Nails (Psoriatic Nails): About 50 percent of persons with active psoriasis have psoriatic changes in fingernails and/or toenails. Only less than 5% of patients present with psoriatic nails without any other cutaneous findings of psoriasis. Psoriatic changes in nails range from mild to severe.

Following nail changes can occur in psoriasis either singly or all together:

- + Deep pitting of nail, probably due to defects in nail growth caused by psoriasis.
- + Yellow to yellow-pink discoloration of nail, probably due to psoriatic involvement of the nail bed.
- + Appearance of white areas under the nail plate indicating that the nail plate is becoming detached from the nail bed (**onycholysis**). There may be reddened skin around the nail (**paronychia**).
- + Crumbling of the nail plate in yellowish patches
- + Complete loss of nail due to psoriatic involvement of the nail matrix and nail bed.



Joints (Psoriatic Arthritis): It is a lifelong condition that causes deterioration, pain, and stiffness of the joints. Psoriatic arthritis can develop within a few months of getting psoriasis or decades later, whereas some people experience only joint problems and never develop psoriasis. Almost 90% of people who develop psoriatic arthritis develop nail involvement first (pitting, ridges, or a yellowish-orange discoloration).



Risk Factors:

- + Persons with active psoriasis, especially those having pustular psoriasis.
- + Those having psoriatic nails.
- + Age - Psoriatic arthritis can begin at any age. Swelling and stiffness in the joints usually first appears between 30 and 50 years of age.

Signs & Symptoms:

- + Psoriatic arthritis classically involves the distal interphalangeal joints, often asymmetrically. Joints in the neck, back, knees, ankles, and other areas may also be affected.
- + Red, warm, tender, and inflamed joints with stiffness.
- + Pain and swelling in the joints is worse in the morning or after rest.
- + Sausage-like appearance of the affected fingers and toes (in severe cases.)
- + Mutilans form- It is a severe form of psoriatic arthropathy characterized by multiple joint involvement, gross destruction of bones & joints, with severe constitutional symptoms.

DIAGNOSIS

It can be difficult for the doctor to diagnose psoriasis in the early stages, when the disease may be limited to rough patches on the elbows. Certain symptoms, such as a dandruff-like scalp condition or what looks like a fungal infection, may be hard to recognize as psoriasis. Nail pits may be a sign of early psoriasis, but they may also be a sign of other conditions.

Physical Examination: Psoriasis is typically diagnosed through physical examination done by the doctor or health care practitioner.

The primary lesion of psoriasis is in the form of well-defined scaly papular patches covered by silvery adherent scales. Scrapping the area with a glass slide leaves a minute bleeding spot (Auspitz's sign), which is diagnostic for psoriasis.

SCALE OF SEVERITY

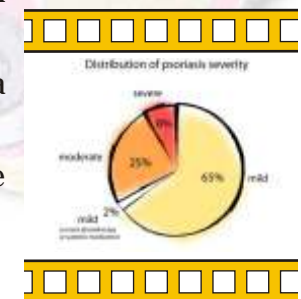
The Psoriasis Area Severity Index (PASI) is the most widely used measurement tool for psoriasis. PASI combines the assessment of the severity of the lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease).

Psoriasis is usually graded as:

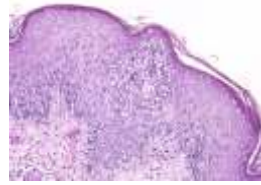
- + Mild - affecting less than 3% of the body
- + Moderate - affecting 3-10% of the body
- + Severe - affecting more than 10% of the body

The degree of severity is generally based on the following factors:

- + The proportion of body surface area affected
- + Disease activity (degree of plaque redness, thickness and scaling)
- + Response to previous therapies
- + The impact of the disease on the person.



Skin Biopsy: Can confirm the diagnosis of plaque psoriasis. However, it is usually done to evaluate unusual cases of psoriasis or to rule out other conditions when the diagnosis is not certain.



Blood Tests: Increased levels of antibodies to the streptolysin-O are present in more than one half of patients of guttate psoriasis which indicates that the patient had a streptococcal infection recently.

X-Ray of affected joints: The symptoms of psoriatic arthritis are similar to other arthritic diseases such as rheumatoid arthritis, gout, etc. Radiological examination helps to differentiate. However, most of the changes occur in the later stages of the disease such as bony erosions occurring at the cartilaginous edge.



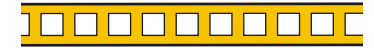
The differential diagnosis of psoriasis includes other scaling dermatoses. Such dermatoses include the following:

- + Seborrhoeic dermatitis that involves the scalp, nasolabial folds, and retroauricular folds.
- + Pityriasis rosea, which begins with a herald patch and is self-limited.
- + Lichen simplex chronicus, which is caused by repeated rubbing or scratching.
- + Parapsoriasis, which is characterized by atrophy, telangiectasia, and pigmentary abnormalities.
- + Pityriasis rubra pilaris, which is characterized by psoriasiform patches that often begin in sun-exposed areas.
- + Other conditions (e.g., discoid eczema or secondary syphilis) that can be differentiated by clinical and pathological criteria.

MINIMISING FLARE-UPS

Tips that can help people living with psoriasis ease their discomfort and maximize the effectiveness of treatment:

1. **Diet:** It is better to avoid animal and vegetable fat. Low sodium diet is advised to avoid much exfoliation and itching.



2. **Learn the triggers:** Although it is not always possible to avoid every trigger, knowing what triggers psoriasis can help a person make informed decisions.

3. **Quit Smoking & Limit alcohol consumption:** If one has psoriasis or a family history of psoriasis, avoid them

4. **Reduce Stress:** Joining a psoriasis support group, psychological counseling, exercise and a number of relaxation techniques can effectively reduce stress.



5. **Take good care of skin:**

Moisten the skin: Keep the skin moist so as to prevent dryness and cracking. Using a non-mineral based aqueous cream will not suppress the ailment & can offer great local relief.

Avoid scratching: The word "psoriasis" is derived from the Greek word "psora" meaning itch. Scratching causes the skin to bleed and worsens psoriasis. It can also puncture the skin, allowing bacteria to enter and cause an infection. So scratching should be avoided.

Do not use irritating cosmetics or soaps.

6. **Adjunct treatment:** Occupational and Massage therapy involves physical treatment of joints and muscles to reduce pain and improve function in case of Arthritis.

FACTS & MISCONCEPTIONS

Psoriasis is contagious.

Psoriasis, especially in the moderate or severe forms, is highly visible, but it's not contagious. One can't 'catch' the disease from another person and you can't pass it on to someone else by touching them or having close contact.

Psoriasis is just an annoying skin rash.

Once thought to be a skin condition, research has shown that psoriasis is actually a disease of the immune system that causes abnormal growth in skin cells. Skin cells in psoriasis grow faster than they can be shed and this results in a 'pileup' of skin cells that appear as red, inflamed areas covered by silvery scales.

Psoriasis is caused by poor hygiene.

There is no link between hygiene and psoriasis. Psoriasis is a disease of the immune system and no amount of washing or scrubbing can remove the scaly areas, or ensure they don't come back.

Psoriasis is easily diagnosed.

Many conditions affecting the skin look alike, for example some early symptoms of psoriasis, such as itching and redness, look the same as another condition called eczema or atopic dermatitis. This can sometimes make the disease difficult to diagnose. It's important to see a doctor who can do the necessary tests to make a proper diagnosis.

Psoriasis can be cured.

Psoriasis is a chronic disease for which there is currently no cure. Once symptoms appear, patients have psoriasis for life and it may

alternate with affections of other systems. As skin gets better joints get affected. Most treatments are aimed at controlling symptoms and improving the quality of life for sufferers of psoriasis. But Homoeopathy has a lot to offer in terms of long term relief through safe, effective and holistic treatment.

Psoriasis cannot be inherited.

While many patients with no family history develop psoriasis, there is a genetic link in approximately 40 - 60% of patients with the condition. Other contributing factors, such as injury or infection, may act in conjunction with several genes, or specific patterns of genes, to set in motion the chain of events resulting in psoriasis.

Sun affects Psoriasis.

It has been recognized that daily, short, non-burning exposure to sunlight helps to clear or improve psoriasis. Ultraviolet B (UVB) (315280 nm) is absorbed by the epidermis and has a beneficial effect on psoriasis. However, excess of sun exposure can turn the skin red or cause sunburn, which can actually cause psoriasis to flare and worsen.

Health complications associated with Psoriasis.

Skin controls the body temperature and serves as a barrier to infection. Thus, large areas of psoriasis can lead to fluid loss and poor blood flow (circulation). Severe itching can lead to thickened skin and bacterial infections. Some patients may also develop psoriatic arthritis which can be debilitating and painful, thus making it difficult to perform day to day activities. Low self-esteem, depression, stress anxiety are the psychological disorders which may be associated in such cases.

Website Ref.

- <http://www.skincarephysicians.com/psoriasisnet/triggers.html>
- http://www.skincarephysicians.com/psoriasisnet/psoriatic_arthritis.html
- <http://www.mayoclinic.com/health/psoriasis>
- <http://www.mayoclinic.com/print/psoriasis>
- http://www.emedicinehealth.com/plaque_psoriasis
- http://www.emedicinehealth.com/guttate_psoriasis/article_em.htm

Website Ref.

- <http://www.emedicine.com/derm/topic361.htm>
- <http://en.wikipedia.org/wiki/Psoriasis>
- http://en.wikipedia.org/wiki/Psoriasis#Types_of_psoriasis
- <http://www.nlm.nih.gov/medlineplus/ency/article/000822.htm>
- <http://dermnetnz.org/scaly/psoriasis-general.html>
- <http://www.psoriasis.org/about/psa/tests.php>

ROLE OF HOMOEOPATHY

A relief in true sense is possible only with Homoeopathy. Psoriatic lesions are an outward manifestation of internal indisposition which is **ALLERGY**, and can be effectively treated with Homoeopathic medication in over 80% of cases.

Homoeopathy is a system of medicine that adopts an individualistic and holistic approach towards the sick. It stimulates body's own healing process, enhances body's self recovery capacity without the use of steroids and short term relief of external applications. It works at the root level & restores deviated immunity back to normalcy.

Psoriasis is a chronic recurring condition which varies in severity from minor localized patches to complete body coverage. It is a kind of disease that never goes away, the symptoms of psoriasis subside only for a while (remission) and then return (flare-up, or reactivation). Remission can last for years in some people whereas in others, flare-ups can occur every few weeks. Certain triggers, such as stress and seasonal changes, can reactivate psoriasis.

The duration of treatment thus varies from case to case, depending on various factors such as - duration of lesions, extent of spread of the disease & general health of the patient. As psoriatic lesions are known to flare-up in winters & settle down in summers naturally, so a homoeopathic physician has to follow the case for a longer time, may be up to 3-5 yrs, in order to see that there is no further remission & relapse depending on the season.

Furthermore homoeopathic medicines also help combat the effects of associated stress thus imparting a positive attitude towards life in patients for whom Psoriasis has become like a social stigma. Homoeopathy uses only natural medicinal substances in minute doses rendering the treatment effective, yet absolutely free from any side-effects.

Hence you are safe with Homoeopathy and its healing power.

“Homoeopathy is the golden medicine for the silvery scales of psoriasis”.

CASES TREATED AT BAKSON



*I have been suffering from Psoriasis for the past 4 yrs and after treatment at Bakson's Homoeopathy I am more than 80% better and have recovered the hope of living a normal life again. **Mr. A.S. Bindra***

*Psoriasis has been a cause of concern for about 2 years now, but with homoeopathic medication at Bakson, I am blessed with a new life and have found 70% relief in my symptoms. **Mr. Vinod Kumar Sharma***

*My experience with Bakson has been miraculous. I have been almost cured of my skin ailment which had been diagnosed as Psoriasis through homoeopathic treatment. **Mr. Manoj Arora***

I was a horror figure for my family due to psoriasis, from which I had been suffering for years. Treatment at Bakson by Dr. Bakshi has given me a new life and now I can happily enjoy the moments with my grand children.

Mr. R.L. Nayar