

Management of Pityriasis Lichenoid Chronica with Individualized Homoeopathic Medicine: A Case Report

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Abstract: *Pityriasis lichenoides is a rare, acquired, inflammatory skin disorder. It includes: PLC (Pityriasis Lichenoid chronica, PLEVA (Pityriasis lichenoides et varioliformis acuta) FUMAD (Febrile ulceronecrotic mucha habermann disease). All three represent a clinical spectrum of single disease. A 11 year old male child presented with a history of itching all over the body and papular eruption with hypopigmented spots present all over the body especially over the face, hands, legs and back. itching causes reddish eruptions with warmth present for the past 5 months was treated with the homoeopathic medicine Sulphur 200 selected on the basis of Homoeopathic case taking and symptoms totality. Modern medical approaches with conventional treatment methods involves topical corticosteroids, phototherapy and systemic medications such as antibiotics and immunosuppressants. However, Homoeopathy medicine Sulphur was treated successfully without topicals, complications, or adverse effects.*

Keywords: Pityriasis Lichenoid Chronica, Homoeopathy, Sulphur

1. Introduction

Pityriasis lichenoides is an uncommon papulosquamous skin disorders⁽¹⁾ that include pityriasis lichenoides et varioliformis acuta (PLEVA), febrile ulceronecrotic Mucha-Habermann disease (a subtype of PLEVA), and pityriasis lichenoides chronica⁽²⁾. The prevalence of PLC is estimated at 0-0.5% with a peak incidence in young adults and children. It is more common in males than females⁽³⁾.

PLC has a more gradual manifestation of very small red-to-brown flat maculo papules with mica-like scale; it also follows a relapsing course but with long periods of remission⁽⁴⁾. The lesions generally occur on the anterior trunk and flexor surfaces and tend to be more numerous on the proximal rather than distal parts of the extremities. The face, palmoplantar surfaces, and mucous membranes are usually spared. Pruritus is sometimes present, but the lesions are more often asymptomatic⁽⁵⁾.

Histopathological evaluation of PL usually reveals dermal, wedge-shaped, lymphocytic infiltrate, epidermal spongiosis, parakeratosis, and variable necrosis of keratinocytes. The pathogenic mechanism behind PL is unclear although infectious or drug-related hypersensitivity reactions versus premycotic lymphoproliferative disorder are the mainstay theories⁽³⁾.

2. Case Report

A 11 year old male child presented with a history of itching all over the body and papular eruption with hypopigmented spots present all over the body especially over the face, hands, legs and back. itching causes reddish eruptions with warmth present since 5 months.

History of presenting illness:

The patient came with the complaints of itching all over the body since 5 months. Papular eruption present all over the body. The complaint gets aggravated by perspiration and

ameliorated by scratching. And also itching causes reddish eruptions with warmth present. Hypopigmented spots seen all over body especially over face, hands, back and legs. For this complaint the patient took allopathic treatment for past 2 months but gives no relief.:

Past history:

H/o allopathic treatment for similar complaints for past 2 months.

No H/o jaundice, typhoid.

Family history:

No relevant family history.

Life space investigation:

- Born by normal vaginal delivery.
- Crossed all milestones normally.
- Active since childhood, easily mingle with others, like to communicate with people, lively expressions, thinks and speaks maturely.
- Anger easily, get into fight easily with friends when they mock at him.
- Talking continuously.

Physical generals:

- Appetite: 3 times /day.
- Thirst: good (1- 2 lit / day).
- Desire: fanning, spicy food.
- Aversion: covering.
- Intolerance: brinjal, dry fish, pulses aggravates itching.
- Urine: passes regularly.
- Stool: passes regularly.
- Sleep: good.
- Perspiration: All over body perspiration aggravates itching.
- Thermal Reaction: predominantly hot.

General examination:

- Patient is conscious and well oriented with time, place and person.

Volume 14 Issue 4, April 2025

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

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- General Appearance: fair complexion.
- Built and Nourishment: Moderately built and moderately nourished.
- No signs of pallor, oedema, clubbing, jaundice, lymphadenopathy, cyanosis.
- Respiratory Rate: 17cycle/min.

Local examination:

- **Inspection:** Multiple hypopigmented spots seen all over the body. Reddish papular eruptions present.
- **Palpation:** Tenderness over papules. Warmth present.

Diagnostic assessment:

Based on this clinical examination and history, this case was diagnosed as PLC. After analysis and evaluation of the case, the reportorial totality was constructed and repertorization details are ⁽⁶⁾.

MIND	7 SKIN - ITCHING - perspiration -	
1 MIND - IMPULSIVE	during	
2 MIND - LOQUACITY	GENERALS	
SKIN	8 GENERALS - FOOD and DRINKS - spi	
3 SKIN - DISCOLORATION - red - heat -	desire	
with	Remedies	ΣSym ΣDeg Symptoms
4 SKIN - DISCOLORATION - red -	sulph.	7 13 1, 2, 4, 5, 6, 7, 8
scratching; after	ars.	7 11 1, 2, 3, 4, 5, 6, 8
5 SKIN - ERUPTIONS - itching	rhus-t.	6 13 1, 2, 4, 5, 6, 7
6 SKIN - ERUPTIONS - papular	phos.	6 11 1, 2, 4, 5, 6, 8
	puls.	6 10 1, 2, 4, 5, 7, 8
	caust.	6 9 1, 2, 5, 6, 7, 8

The miasmatic analysis was done by Dr. R. P. Patel's Chronic Miasms in Homoeopathy and their cure, and the predominant miasm was psora ⁽⁷⁾.

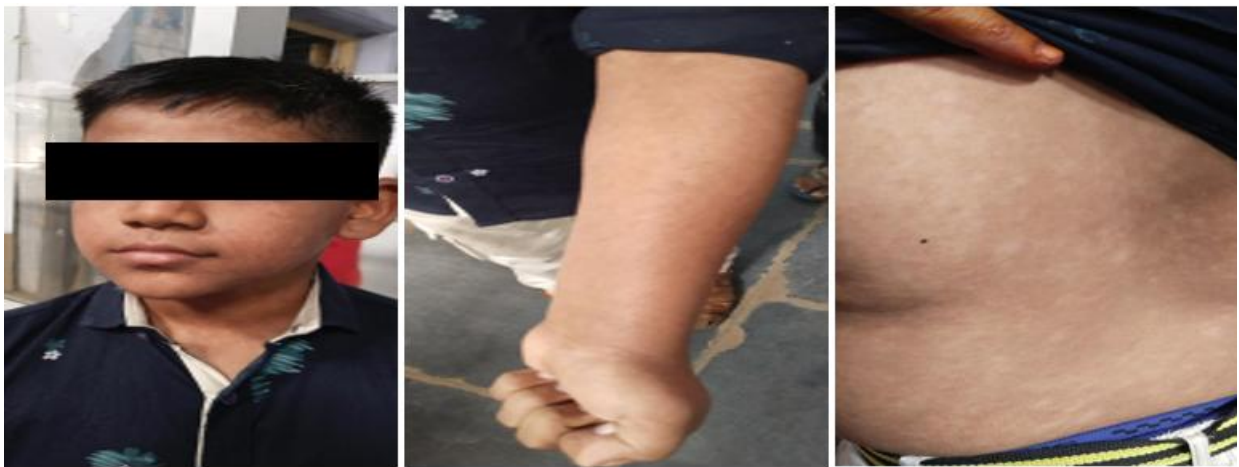
Therapeutic intervention:

After repertorization and referring to Materia Medica ⁽⁸⁾,sulphur was selected, covering the maximum rubrics,

including the characteristic features of the condition. Afterward, assessing the patient susceptibility based on age, seat of the disease, pathology, and nature of the disease, higher potency was indicated ⁽⁹⁾, and hence the prescribed 200C potency was administered orally.

Follow-up and outcomes:

FOLLOW UP DATE	INDICATIONS FOR PRESCRIPTION	MEDICINE WITH DOSES
28.03.2023	Itching all over the body.papular tender,itching with reddish eruptions,hypopigmented spots present.	Sulphur 200/2dose (od) Sac lac/30dose (hs) -30 days
25.04.2023	Hypopigmentation slightly improved,itching present,reddish discoloration present,papular tender.	Sulphur 200/2dose (od) Sac lac/30dose (hs) -30 days
23.05.2023	Itching reduced,papular tender occasionally,reddish discoloration reduced,hypopigmentation better than before.	Sulphur 200/2dose (od) Sac lac/30dose (hs) -30 days
25.06.2023	Itching reduced,papular tender occasionally,reddish discoloration reduced,hypopigmentation reduced.	Placebo 30dose (od) Sac lac/30dose (hs) -30 days
22.07.2023	Hypopigment reduced,itching reduced,papules tender,reddish discoloration reduced.	Sulphur 200/2dose (od) Sac lac/30dose (hs) -30 days
26.08.2023	Hypopigmentation greatly improved,itching only on exposure to sun,reddish discoloration reduced,papules non tender.	Placebo 30dose (od) Sac lac/30dose (hs) -30 days
24.09.2023	Patient feels much better,no itching,reddish discoloration not present,no papules present,itching only on exposure to sun occasionally.	Placebo 30dose (od) Sac lac/30dose (hs) -30 days
27.10.2023	Patient feels better.	Placebo 30dose (od) Sac lac/30dose (hs) -30 days

Before treatment**After treatment****Report**

DEPARTMENT OF PATHOLOGY			
NAME	OP NO	LAB ID	PATHOLOGY NO
WARD/UNIT/DEPT	DATE	RECEIVED BY	REPORTED BY
HistoPathology Report CLINICAL DETAILS: Multiple hyperpigmented lesions all over the body. SPECIMEN: 3mm punch biopsy of skin from left thigh. GROSS: Received a single skin punch biopsy measuring 3.5 cm in greatest dimension. All embedded - 1 block. MICROSCOPIC FINDINGS: Sections stained from the skin biopsy show keratinizing stratified squamous epithelium. The basal layer appears to be adequately pigmented and melanocytes are present. There is extensive perivascular lymphocytic inflammation. Epithelium is unremarkable. There are no features of paraneoplastic hyperpigmentation or interface changes. NOTE: SKIN BIOPSY WITH ADEQUATELY PIGMENTED BASAL LAYER AND MILD PERIVASCULAR INFLAMMATION. SUGGEST CLINICAL CORRELATION. END OF REPORT			

3. Discussion

During the course of treatment, the patient experienced a gradual decrease in complaints without any worsening of symptoms, aligning with J. T. Kent's fourth observation, indicating "no aggravation whatever." This observation highlights that with the accurate remedy and potency, particularly in cases with less depth in pathology or functional diseases, cure can be achieved without exacerbation of symptoms. This form of cure represents the highest order,

especially in acute conditions, where recovery occurs without any aggravation. The patient continued treatment without any recurrence of complaints⁽¹⁰⁾.

The patient showed marked improvement in a period of seven months, leading to reduction in itching, redness, resolution of papules and scaling, skin changes, relief from symptoms and improved patient satisfaction and quality of life.

4. Conclusion

Individualized homeopathic treatment has demonstrated effectiveness in managing Pityriasis Lichenoid Chronica a chronic and debilitating skin condition. The patients significant improvement in symptoms and quality of life demonstrates the potential benefits of treatment approach in PLC management.

Declaration of patient consent

The authors certify that they have obtained patient consent and that the patient has given his consent for his photographs and other clinical information to be reported in the journal. In addition, the patient was made to understand that his name and initials would not be published, and efforts would be made to conceal his identity.

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