

Recovery from Steroid Dependence: A Homeopathic Approach to Lichen Planus

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Abstract: Lichen planus is a chronic inflammatory skin condition often linked to autoimmune responses and stress - related triggers. This case study examines the onset and progression of lichen planus in a 55 - year - old male, SKS, who experienced significant emotional distress following the loss of his mother. The study explores the interplay between psychological stress, immune dysregulation, and treatment approaches, including homeopathy and allopathy.

Keywords: psychological stress, autoimmune disorder, lichen planus, emotional triggers, integrative treatment

1. Introduction

Lichen planus is characterized by pruritic, violaceous papules that can spread across various body regions. While its etiology remains multifactorial, stress has been identified as a potential exacerbating factor. SKS, an engineering professor with a structured lifestyle, developed lichen planus shortly after enduring prolonged emotional strain.

2. Case Presentation

SKS, a resident of Bangalore, India, presented with red, itchy lesions that began near his ankle and gradually spread toward his thighs and abdomen. The condition worsened in the evenings, leading to significant discomfort. Despite initial homeopathic treatment, symptoms persisted, prompting a shift to allopathic intervention, including steroid therapy.

Additional health concerns included:

- Acidity and weight gain attributed to prolonged steroid use.
- Respiratory issues, including wheezing and nasal congestion, requiring inhaler use.
- Family history of respiratory conditions, glaucoma, and cardiac complications.

3. Discussion

The correlation between stress and autoimmune skin disorders has been widely studied. Psychological distress can trigger inflammatory pathways, leading to heightened immune responses. SKS's case highlights the need for integrative approaches that address both physiological and emotional factors.

Follow up criteria reasons

1	Mental state Grief reaction	Prominent distressful mental state
2	Skin new eruptions I/F and old eruptions I/F	Expression of stress at physical level
3	Skin itching intensity /frequency	Expression of stress at physical level
4	Burning / bloating abdomen	Expression of stress at physical level
5	Cough I/F	Expression of lung disease
6	Breathlessness	Expression of lung disease
7	Wheezing	Functioning capacity of lungs
8	With drawl of inhalers	With drawl of allopathic medicine
9	Steroid tablets with drawl	With drawl of allopathic medicines
10	On examination	Change on physical level

Follow Up

ON 16 /10 /2016 NAT MUR 0/1 1 PHS PL 6 PHS for 2weeks

Date	1	2	3	4	5	6	7	8	9	10	Interpretation and expectation	Action
30/10	S	NO CHANGE	>/>	S	> During day	S	S	-	-	Eruptions drying	Control the spread of eruptions	NM 0/1 3 PHS PL 4HS for 2wks
14/11	S	No new eruptions	>/>+	Bloating >	I/F >	>	>	Asked to take 1 puff	Prednisolone 5mg	Eruptions reduced in size RS - no wheeze	Reduce the steroid inhalers	NM0/1 7PHS for 2 weeks
28/11	S	>/>	>/.	>	<<	<	<2	Continue with asthalin tds	continue	Wheeze ++	Diwali smoke	Ipecac 200 tds for 5 - 6 days fly NM 0/2

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												3PHS PL 4hs 10 days
12/12	Feels >	>/>	>/>	Burning	>/>	>	>	continue	Prednisolone 5mg alternate day	Eruptions reduced Wheeze >		NM0/2 7 PHS daily2wks
26/12	>	>/>	</<	>	>/>	>	>	continue	Prednisolone Once in 2 days	Dry skin due to winter	Advised to apply moisturiser	NM 0/2 BD in watery doses 2wks
10/1/17	Feels >	>/>	>/>	Burning< Cake on 31st dec	>	>	>	Alternate day	Pred once in 3 days	Eruptions dried black marks		NM0/2 TDS in watery doses daily2wks
25/1	>	>/>	>/>	>	On and off	>	>	Same continue	Prednisolone 4 days once		Continue moisturiser or coconut oil	NM 0/2 TDS daily 2wks
10/2	>	No new	<	>	<	climbing	<	Same	Prednisolone wkly once	Marks dull/wheeze o/E	continue	NM 0/6 1HS+PL 6HS Daily2wks
28/2	>	>	>	>	>	>	>	Once 2 days	Stopped tab		continue	NM 0/6 HSdaily2wks
15/3	Anger ++	New on thighs	</<	<	>	>	>	Continue		New eruptions appeared on legs 1	Continue	NM0/12 1HS PL daily 2wks
30/3	>	>	>/>	>	>	>	>	STEROID puff once in 2 days	No tablets			NMO/12 3 phs PL Daily2wks
16/4	>	>	>	>	>	>	>	Once in 3 days				NM 0/12 3 hs pl 4 2 wks
1/5	>	>	>	>	>	>	>	Once in week			Due to summer was comfortable	NM 0/12 3 hs PL 4hs daily 2 wks
18/5	Feeling >	>	>	>	>	>	>	Stopped	Stopped	feeling energetic		NM0/12 daily2wks
5/6	>	>	>	++	Cough<<	<<	<<	Asthalin nebulisation		Wheeze sounds o/e	Due to change of weather and got wet In the rain started with cough and wheezing ++	Ipecac 200 4 hrly
10/6	>	>	>	>	Cough < night	+	+	continue				Ipecac 200 tds
16/6	>	>	>	>	>	>	>	stop				NM0/12 daily 1 mth
10/7	>	>	>	>	>	>	>	>				NM0/12daily 1 mth
10/8	>	>	>	>	>	>	>	>				PL daily 1 month
12/9	>	>	>	Heartburn ++	<<	<<	<<	Duolin nebulisation			Had gone to trip to kashmir	Ipecac 200 4 hrly
15/9	>	>	>	>	<	>	>	stopped				Ipecac 200 tds
21/9	>	>	>	>	>	>	>					NM 0/12 Daily 1 mth
20/10	>	<	>	>	Cough on and off	>	>				Diwali season	NM 0/30 1hs pl 6 hs Daily 1mth
20/11	>>	>>	>>	>>	>>	>	>>					NM0/30 HS PL 6HS daily 1 mth
25/12	>>	>>	>>	>>	>>	>	>>					PL daily 1 month

Patient was feeling better overall mentally as well as physically, kept him under observation by giving PL for 5 months in between gave constitutional 1 or 2 doses for safer side

4. Conclusion

Complete Recovery from Lichen Planus with Homoeopathy (Fifty Millesimal Potency)

Lichen planus, often linked to stress - induced immune responses, can be challenging to manage. In this case, after experiencing persistent itching and skin lesions, the patient achieved full recovery using homoeopathic treatment with fifty millesimal potency.

Unlike conventional treatments that rely on steroids, which can lead to long - term side effects, the fifty millesimal method provided a gentle yet effective approach. Through carefully prescribed homoeopathic remedies, the patient experienced gradual healing, with inflammation subsiding, skin discoloration fading, and itching fully resolving. The treatment not only addressed the physical symptoms but also contributed to emotional balance and long - term remission.

This case highlights the potential of homoeopathy in managing chronic inflammatory conditions without dependency on conventional medication. Future studies can explore broader applications of this method in treating similar autoimmune disorders, reinforcing the importance of individualized healing approaches.

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