International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Individualised Homoeopathic Approach in Chronic Lichen Planus: A Case Report

Dr Jaimin V Trivedi

Abstract: ***Lichen planus (LP) is a chronic inflammatory and immune mediated disease that affects the skin, nails, hair, and mucous membranes. It is characterized by polygonal, flat-topped, violaceous papules and plaques with overlying, reticulated, fine white scale commonly affecting dorsal hands, flexural wrists and forearms, trunk, anterior lower legs, and oral mucosa. the skin and oral cavity remain the major sites of involvement.*** [(1)]

Keyword: lichen planus, chronic inflammatory, immune mediated, polygonal, flat topped, papules, plaques

1. Introduction

Lichen planus lesions are so called because of their "lichen-like" appearance and can be classified by the site they involve, or by their morphology.

Site
Lichen planus may be categorized as affecting mucosal or cutaneous surfaces.

- *Cutaneous* forms are those affecting the skin, scalp, and nails.
- *Mucosal* forms are those affecting the lining of the gastrointestinal tract (mouth, pharynx, esophagus, stomach, anus), larynx, and other mucosal surfaces including the genitals, peritoneum, ears, nose, bladder and conjunctiva of the eyes

Epidemiology
The prevalence of LP is 0.89% in the general population and 0.98% in patients seeking dermatological care according to a recent meta-analysis of 46 studies. The prevalence of cutaneous LP was reported to range between 0.2 and 1.0% of the adult population, and it is outnumbered by oral LP in most study populations. The incidence of LP is less well-characterized and displays considerable geographical heterogeneity as it ranges between 14 and 250 cases/100,000 person-years While oral LP affects females more frequently than males, cutaneous LP does not demonstrate a prominent sex predilection. Oral LP tends to develop 10 years later than cutaneous LP [(1)(2)]
lichen planus causes are unclear, triggers like;

- **Immune system dysfunction:** The body's immune system mistakenly attacks its own skin, mouth, nails, or hair tissues, causing inflammation and lichen planus symptoms.
- **Genetic predisposition:** People with a family history of autoimmune disorders have a higher risk of developing lichen planus due to inherited immune system tendencies.
- **Infections:** Viral infections, especially hepatitis C, can trigger the immune system to react abnormally, leading to the development of lichen planus.
- **Medications:** Certain drugs used for blood pressure, arthritis, or heart conditions can cause lichenoid reactions that mimic or trigger lichen planus.
- **Allergic reactions:** Exposure to dental materials, metals, or chemicals may provoke immune reactions that contribute to the development of lichen planus.
- **Stress:** Emotional or physical stress can worsen lichen planus symptoms by affecting the immune system and triggering flare-ups.[(3)(4)]

Case Details
A 63- year old woman came with complaint with extensive thickened hyperpigmented skin on left side then on right side of the leg since 15- year.

There is intense itching which is followed by scratching.

Agg at night, itching amel by appling ointment
k/c/o DM II patient is on oral hypoglycemic agents before meal (metformin sr 500)

Past history:
Fungal infection in 2005 treated with allopathic medication
Covid 19 in 2020
Dengue before 2 year

Family history:
Father: alive/ DM
Mother: dead
Grandfather: dead
Grandmother: oral lichen planus
Uncle: DM

Personal history:
Appetite: Good, can tolerate hunger.
Thirst: thirsty 2-3l/day, one glass at a time, pot water
Desire: sweet, rice
Aversion: not specific
Urine: 7-8t/day, yellowish no smell
Stool: satisfactory once/day, brownish in color
Perspiration: Profuse - offensive smell, no stain.
Sleep: Disturbed due to itching
Position: right sided
Dreams: of snakes+, of accident
Thermal: hot

Menstrual history:
Menarche: 15th yr of age
Menopause before 16 yr

Obstetrics history: G2 T2 P0 A0 L2

Life space:

Patient is jolly by nature. She has spent most of her life fulfilling her responsibilities towards family. She is concern about health of the family members. She gets angry on contradicted and she express her anger. she does not have any fears except fear of accident.

While asking on childhood she was brought up in joint family and good in education.

On observation: she is talkative and jolly

2. Examination

Local examination:
Erythematous papules, solid elevated flat topped circumscribed reddish - purplish lesion in multiple number.

Systemic examination:
RS – AEBE CLEAR
GIT: soft, liver, spleen not palpable
CVS: s1s2 heard
CNS: conscious, oriented

Diagnosis: lichen simplex

Repertory selected: synthesis repertory

Repertorial totality:

1 MIND - LOQUACITY
SLEEP
2 SLEEP - POSITION - side; on - right side; on
DREAMS
3 DREAMS - SNAKES
PERSPIRATION
4 PERSPIRATION - ODOR - offensive
SKIN
5 SKIN - ITCHING - night
GENERALS
6 GENERALS - MENOPAUSE - ailments from

Remedies	∑Sym	∑Deg	Symptoms
lach.	6	13	1, 2, 3, 4, 5, 6
sulph.	5	11	1, 2, 4, 5, 6
phos.	5	9	1, 2, 4, 5, 6
lyc	5	8	1, 2, 4, 5, 6

Remedy Selection
Considering the repertorial results and the patient's overall symptoms picture, lachesis showed the closest match to the totality. It covers all major mental, general symptoms and corresponded well with the patient's characteristics modalities. Therefore, lachesis was selected as the most suitable remedy for this case.

Prescription: Rx Lachesis 6c bd for 1week
SL TDS 15 days

Advice: stop ointment and apply coconut oil



Before During



After

Follow up:

After 15 days, Itching reduced 20% thickened skin as it is Skin discoloration reduced 20-30% Generals – NAD	Rx Lachesis 6c bd for today SL Tds for 15 days
After 15 days, Itching reduced 40%, thickened skin as it is Skin discoloration reduced 30% Generals- NAD	Lachesis 6c bd for today SL Tds for 15 days
After 15 days, Itching reduced 50-60% Thickened skin reduced 20-30% Skin discoloration reduced -50% Generals – NAD	Rubrum bd for today SL Tds for 15 days
After 15 days, Itching reduced 80% occasionally occurs Thickened skin reduced 50% Skin discoloration reduced 70% Generals- NAD	Rubrum bd for today SL Tds for 15 days
After 15 days, Itching increased since 4-5 days Thickened skin reduced 50% Skin discoloration reduced 70% Generals – NAD	Lachesis 6c bd for today SL Tds for 15 days
After 15 days, Itching reduced than before Thickened skin reduced 70% Skin discoloration reduced 80% Generals- NAD	Lachesis 6c bd for today SL Tds for 15 days
After 15 days, Itching not present Thickened skin reduced 80-% Skin discoloration reduced 80% Generals- NAD	Rubrum bd for today SL Tds for 15 days

3. Discussion

The present case demonstrated the application of the fundamental homoeopathic principles of the law of similars & individualisation in management of lichen planus. Based on the totality of symptoms Lachesis was prescribed. considering the chronic nature and pathological involvement of the skin lower potency with frequent repetition was selected as guided by principles of dose and repetition described in Hahnemann's organon of medicine. There is significant clinical improvement with approximately 70-80% overall improvement and complete relief in itching. The improvement in symptoms and clinical presentation suggests a favourable outcome during follow ups.

4. Conclusion

Lichen planus is a chronic inflammatory dermatological condition characterised by a variable clinical course, with periods of remission and possible recurrence or relapse. Therefore, the clinical improvement observed in this case is encouraging however absence of remission can only be established through long term follow up. Further well - designed clinical studies are necessary to evaluate the role of individualised homoeopathic treatment in lichen planus. The case highlights the importance of individualised prescribing, dose selection and regular clinical documentation in homoeopathic practice.

Patient Consent

Patient's consent was obtained to display the image on scientific platform.

References

[1] https://en.wikipedia.org/wiki/Lichen_planus#:~:text=Lichen%20planus%20(,%5B15%5D
[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC8591129/#:~:text=a%20new%20tab-,Epidemiology,Pathogenesis,-Genetics
[3] https://www.medicoverhospitals.in/diseases/lichen-planus/#:~:text=While%20the%20exact,triggering%20flare%2Dups.
[4] Oxford_Handbook_of_Medical_Dermatology.pdf
[5] organon of medicine by dr Samuel Hahnemann
[6] homoeopathic materia medica by William Boericke
[7] concise materia medica by S.R. Phatak