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Lichen Planus Treated By individualized Homoeopathic Medicine- A Case Report

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ABSTRACT:
Lichen planus is an inflammatory dermatosis characterized by violaceous, scaly, polygonal flat-topped papules involving the flexor aspects of the wrists, lower limbs and the genital and oral mucosas. Lesions generally clear up within a few months to years, leaving areas of hyperpigmentation. The prevalence of LP in the total population is unknown. The frequency is estimated at between 0.5 and 1.0 %. LP affects patients of all ages, but up to 95% of all cases occur in adults, with most patients presenting between the third and sixth decades of life. In this case a male patient approached to our Out Patient department with complaints of multiple, flat topped, blackish papules involving the dorsal surface of feet and on anterior surface of right shin bone for last 1 year. His complaints were getting aggravated from rainy and spring season, with voluptuous itching aggravates at night. We started our treatment with Natrum Sulph 200/2 doses, followed by Natrum Muriaticum 200/2 dose and Natrum Muriaticum 1M/ 2 doses, from then patient shows gradual improvement started. Within a period of 3 months patient shows improvement and it takes 1 more week to subside other residual complaints. This case report not only portrays effectiveness of individualised homoeopathy but also focuses on the cost effectiveness of homoeopathic treatments.

KEY WORDS: Homoeopathy, Individualization, Lichen Planus. Natrum Muriaticum.

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INTRODUCTION:

Lichen planus (LP) is an inflammatory skin condition with characteristic clinical and histopathological findings that affects between 0.5 and 1% of the population. Classic LP typically presents as pruritic, polygonal, violaceous flat-topped papules and plaques; many variants in morphology and location also exist, including oral, nail, linear, annular, atrophic, hypertrophic, inverse, eruptive, bullous, ulcerative, LP pigmentosus, lichen planopilaris,

vulvovaginal, actinic, lichen planus-lupus erythematosus overlap syndrome, and lichen planus pemphigoides. Many of the variants occur much more infrequently than classic LP. The rarity of the variants and their atypical presentations make their timely diagnosis and management more difficult in the clinical setting.[1] Classic LP lesions commonly present with the four P's: purple, pruritis, polygonal, and papules/plaques. The papules often have dry, shiny surfaces with branny scale that forms fine, whitish streaks known as Wickham's striae LP lesions are typically symmetric in distribution and can affect any area of the body, but LP tends to favor flexural surfaces of the forearms, wrists, and ankles; the dorsal surface of the hands; the shins; trunk; and sacral region. Involvement of the oral mucosa is also common.

Lesions may involve other cutaneous (i.e., scalp, hair, and nails) and mucosal (i.e., genital, oesophageal, and conjunctival) sites, but, interestingly, the face is rarely affected.[1] LP affects patients of all ages, but up to 95% of all cases occur in adults, with most patients presenting between the third and sixth decades of life[2]. While LP is generally considered an adult disease, 5 to 10% of cases do occur in children. [1,3,4] . the majority of which are reported in India .[1,5–9]. In the childhood population, onset is more common in school-aged children, with mean reported age ranging from 7 to 11.8 years old, though infantile cases have rarely been reported.[1,5,6,10–13] The prevalence of LP in the total population is unknown. The frequency is estimated at between 0.5 and 1.0 % [14–17]. In epidemiologic studies on selected patient or population groups prevalence rates between 0.07 and 0.84 % were found, so that the frequency of LP in the total population is probably lower than the estimated 0.5–1.0 %. Special manifestations such as mucosal lichen planus can often be observed disproportionately within individual, e.g., gynaecological or dental, patient groups.[18–20]

Clinical Manifestation:

The typical primary lesion of LP in its classical form is a polygonal, violaceous papule of a few millimeters in diameter with sharp borders. Its surface possesses streaky or net-like pattern, i.e., Wickham striae. The papules can be distributed individually in a grouped or in an exanthemata's fashion. Through confluence bizarre, 1–2 cm large, round or oval plaques with or without keratoses develop. The isomorphic response or Koebner phenomenon can be observed in LP, just as in psoriasis. One to two weeks after mechanical irritation, usually due to scratching, linear lesions develop.[20,21] In a similar manner physical factors such as thermal irritation or UV irradiation can result in an acute exacerbation of LP. The isomorphic response is frequent and can be observed in the acute phase of the disease in about 50 % of LP patients.[20,22] Subjectively, LP is characterized by a frequently agonizing pruritus that can affect up to 80 % of patients.[22,23] LP is considered a self-li.mited dermatosis; the mean duration is reported to be 1–2 years.[15] Nevertheless, longer and chronically recurrent courses are possible, so that the prognosis in the individual case cannot be predicted.[23,24] The diagnosis of LP in its classical form is usually not difficult. The appearance of unmistakable polygonal papules at sites of predilection frequently in association with characteristic mucous membrane lesions allows for a secure clinical diagnosis.[20]

CASE PRESENTATION:

Patient aged 27 years old came to our Outdoor patient department with complaints of multiple, flat topped, blackish papules involving the dorsal surface of feet and on anterior surface of right shin bone for last 1 year. His complaints were getting

aggravated from rainy and spring season, with voluptuous itching aggravates at night. A clinical diagnosis of lichen planus was made. History of past illness led us to know that he has suffered from chicken pox at age of 10 years, typhoid at the age of 12 years, history of dog bite & vaccinated. Family history led us to know that his grandfather had tuberculosis. His grandmother suffered from bronchial asthma. His mother was suffered from hypertension, uterine fibroid and also history of cholecystectomy. His father had viral warts, hypertension and died of cardio vascular attack. Among generals' appetite is less, cannot tolerate carbohydrates like wheat flour, refined flour, potatoes, milk and milk products, and fruits. Cannot tolerate spinach. Profuse perspiration all over the body specially in summer season and causes white stain on clothes. Stool is hard, constipated, with unfinished sensation. Cannot tolerate sun heat. He is hot patient. He is gloomy, anxious about the future, prefers of being alone. His complaints were getting aggravated after the death of his father.

Analysis of the Case:

With the help of characteristic mental & physical symptoms, we formed the totality of symptoms and individualize the patient. Her particular complaints & modifying factors, strong family history. Among generals' appetite is less, cannot tolerate carbohydrates like wheat flour, refined flour, potatoes, milk and milk products, and fruits. Cannot tolerate spinach. Profuse perspiration all over the body specially in summer season and causes white stain on clothes. Stool is hard, constipated, with unfinished sensation. Cannot tolerate sun heat. He is hot patient. He is gloomy, anxious about the future, prefers of being alone. His complaints were getting aggravated after the death of his father. After forming totality, and considering the miasmatic background the patient was prescribed Natrum Sulphuricum 200 / 2 dose, and placebo for 1 months. But the patient complaints were standstill. Further considering the patient present complain and mental state as on further visit I came to know that he has a strong grief after betrayed by someone, after that all complaints have been started, along with other general characteristics symptoms, I gave him Natrum Muriaticum 200 / 2 dose, and placebo for 1 month, after that Natrum Muriaticum 1M/ 2 dose patient started improving, and returned to normal skin.

Table-1: Time line:

Date	Present Complaints	Prescribed Medicines
First Visit 7.05.2021	Complaints of multiple, flat topped, blackish papules involving the dorsal surface of feet and on anterior surface of right shin bone for last 1 year.	Natrum Sulphuricum 200 / 2dose. Placebo for 14 days.
Second Visit 21.05.2021	Complaints same as before.	Placebo for 7 days.
Third Visit 28.05.2021	Complaints same as before. considering the patient present complain and mental state.	Natrum Muriaticum 200 /2 dose. Placebo for 1 month.
Forth Visit 25.06.2021	Flat topped, blackish papules in dorsal surface is better than before.	Natrum Muriaticum 1M /2 dose. Placebo for 1 months.
Fifth Visit 30.07.2021	Blackish scar is clear. Returned to normal skin.	Placebo for 1 months.

Clinical images and progress:

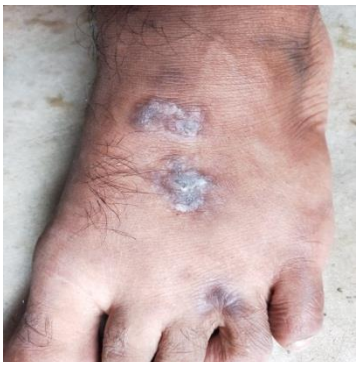
Fig-1: First Visit (7.05.21)

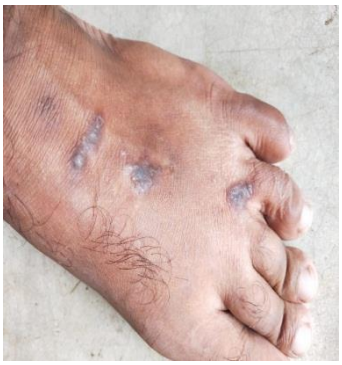
Fig-2: Second Visit (21.05.21)

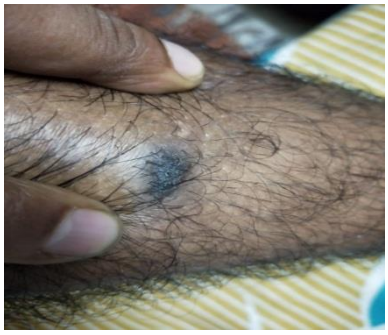
Fig-3: First Visit (7.05.21)

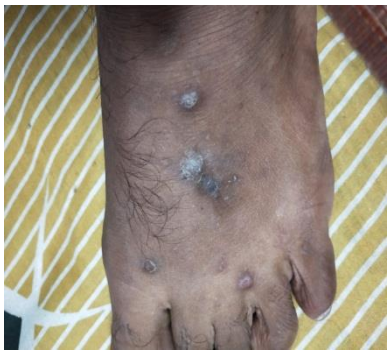
Fig-4: Third Visit (28.05.21)

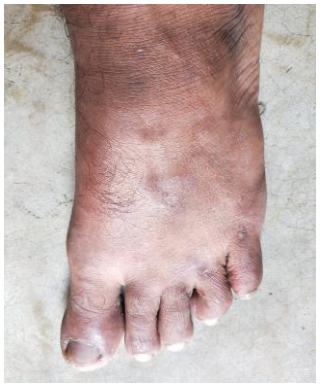
Fig-5: Forth Visit (25.05.21)

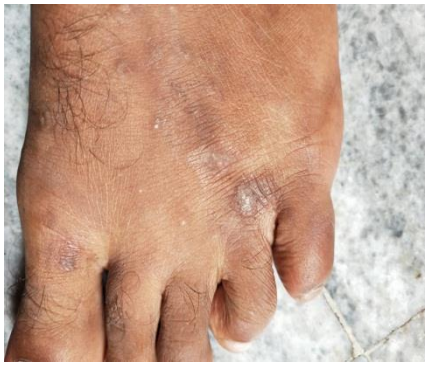
Fig-6: Forth Visit (25.06.21)

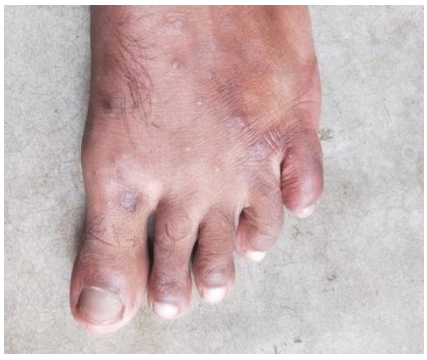
Fig-7: Forth Visit (25.06.21)

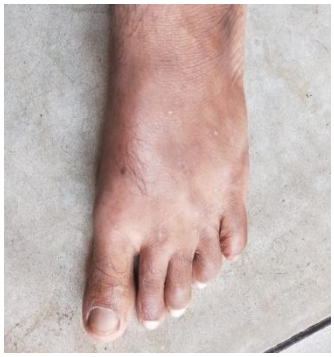
Fig-8: Fifth Visit (30.07. 21)

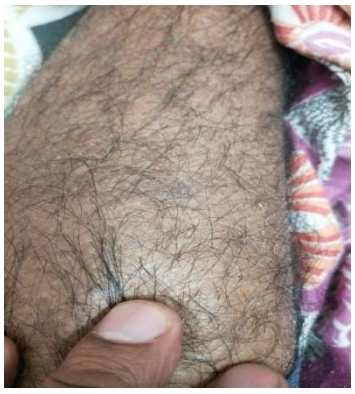
Fig-9: Fifth Visit (30.07.21)

DISCUSSION:

Lichen planus is an inflammatory dermatosis characterized by violaceous, scaly, polygonal papules involving the flexor aspects of the wrists, lower limbs and the genital and oral mucosa's. Lesions generally clear up within a few months to years, leaving areas of hyperpigmentation. It is believed that the pathogenesis is mediated by autoimmune T cells in response to viral agents, medication, allergens and even neoplasia[1,25]. In addition to classic LP, a

myriad of LP variants exist, including oral, nail, linear, annular, atrophic, hypertrophic, inverse, eruptive, bullous, ulcerative, LP pigmentosus, lichen planopilaris, vulvovaginal, actinic, LP-lupus erythematosus overlap syndrome, and LP pemphigoides. The pruritic, polygonal, violaceous, flat-topped papules and plaques of classic LP are the most common presentation of the disease, but morphology and location vary greatly among the variants. A very careful history of patient, extensive clinical examination, and individualization of the case on the basis of homoeopathic philosophy help us select the Natrum Sulph 200 followed by Natrum Muriaticum 200, and 1M potency and to remove the symptoms. Homoeopathic treatment claims it's because of individualistic approach. Here in this case, with complaints of multiple, flat topped, blackish papules involving the dorsal surface of feet and on anterior surface of right shin bone for last 1 year. His complaints were getting aggravated from rainy and spring season, with voluptuous itching aggravates at night. Has been treated successfully with ultra-diluted homoeopathic medicines.

It is true that exact mechanism of action is still unknown but that does not interfere with the acceptance of homoeopathy among the patient. On the contrary homoeopathic medicines are less prone to develop adverse drug reactions due to ultra-diluted medicinal preparations. In developing countries like India, disease complications are also associated with escalation in the cost of treatment, where homoeopathy can play a crucial role to cut down the cost of treatment as well. Thus, the above-discussed was managed successfully with the classically selected homoeopathic medicine. Lack of awareness among the patients and lack of availability make use of homoeopathy difficult for the patients across the world. The cases which are being cured by practitioner are not coming under light. This case not only puts lights on the favour of homoeopathic medicines but also raise a strong question in favour of its use.

CONCLUSION:

This case report shows positive effect of treatment, individualized homoeopathic medicine in managing the case of Lichen Planus.

LIMITATION OF STUDY:

As it is a single case report. In future case series can be recorded and published to establish the effectiveness of individualized homoeopathic medicine in Lichen Planus.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.

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CONFLICT OF INTEREST: Author declares that there is no conflict of interest.

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