

## Exploring Sulphur's Efficacy in Treating Lichen Planus: 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 mucosa's. Lesions generally clear up within a few months to years, leaving areas of hyperpigmentation. 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. Clinical experience and studies identify a positive role of Homoeopathy in skin conditions Lichen planus. This case treated with individualized Homoeopathic medicine over a period of 6 month, shows significant improvement which is evident from the photographs. This case shows the usefulness of Homoeopathy in treating the Lichen planus.

**KEYWORDS:** Homoeopathy, Individualization, Lichen Planus, Sulphur.

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### Quick Response Code



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### INTRODUCTION:

Lichen planus (LP) is an immune-mediated inflammatory condition leading to characteristic lesions on the skin and mucous membranes. It presents in up to 5% of the general adult population with a female predilection (2:1); the onset is most commonly in middle age <sup>[1, 2]</sup>. Classic LP typically presents as pruritic, polygonal, and

violaceous flat-topped papules and plaques; many variants in morphology and location also exist, including oral, nail, linear, annular, atrophic, hypertrophic, inverse, eruptive, bullous, and ulcerative <sup>[3]</sup>. 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 <sup>[4]</sup>. While LP is generally considered an adult

disease, 5–10% of cases do occur in children [5, 6].

### Clinical Manifestation:

The typical primary lesion of LP in its classical form is a polygonal, violaceous papule of a few millimetres 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<sup>[7,8]</sup>. Subjectively, LP is characterized by a frequently agonizing pruritus that can affect up to 80 % of patients<sup>[7,9]</sup>. Cutaneous lichen planus is considered a self-limited dermatosis; the mean duration is reported to be 1–2 years,<sup>[10]</sup> although afflicted mucous membranes may be more persistent and resistant to treatment with recurrences. However, high dosage of topical corticosteroids is first resort to treat cutaneous lichen planus and oral histamines are depended to pacify pruritus.<sup>[11, 12]</sup> where as in homoeopathy we do not treat the disease but treat the patient. As a result, individualised homoeopathic medicine derived from careful and detailed individualistic interrogation along with significant history paves the road to successful results.

### Totality of Symptoms –

- Pruritic papular rash on the dorsum of the foot and forearms for 3 months
- Itching is aggravated by washing and bathing at night
- Suppressed skin eruptions using ointments
- Desire meat, sour foods, and aversion to sweets
- Hot patient
- Constipated stool

### CASE REPORT:

A 13-year-old female came to the OPD of Mahesh Bhattacharyya Homoeopathic Medical College & Hospital with a complaint of pruritic papular rash on the dorsum of the foot and both forearms for 3 months. Itching is aggravated by washing and bathing at night. Previously, she applied graphite ointment to the affected part with utter despair. She had no significant past history or family history whatsoever.

History – The initial appearance of the skin eruptions was characterized by small, red papular eruptions accompanied by intense itching. While scratching provided temporary relief from the itching sensation, it led to the development of a rough, dry, hardened, and leathery skin lesion. Moreover, the condition worsened with the application of graphite ointments over the span of three months.

On examination, polygonal papular eruptions were seen in the dorsum of both feet. The skin over the affected region is intensely pruritic, as reported by the patient. The patient had a good appetite but could not tolerate hunger and desired fish, cold food, sour, meat, and aversion to sweet. Her thirst was moderate. The patient was thermally hot and his palms were too hot. She had no problem in urination but stool was constipated. On mental characteristics, the patient was irritable and restless in attitude. She was average built, stoop-shouldered and had a dirty-looking appearance. Menstrual history states her last menstrual period to be on 29/08/22; menarche at 12 years old. Cycle occurring regularly with no history of clots or pain.

- Stoop-shouldered and dirty looking appearance.

#### Miasmatic background:

##### Symptoms

Pruritic papular rash on the dorsum of the foot and forearms  
Itching aggravates at night  
Itching aggravates by washing  
Suppression of skin eruptions  
Desire meat  
Desire cold food

##### Miasm corresponding

Psoric miasm  
  
Syphilitic miasm  
Psoric miasm  
Psoric miasm  
Sycosis miasm  
Syphilitic miasm

**Diagnostic Assessment:** No Diagnostic tests are done; based on h/o & clinical findings a diagnosis of LP (Koebner's phenomenon present).

**Analysis of the Case:** After analyzing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and we repertorised the case with Kent's Repertory using Homopath Zomeo Elite (**Figure 4**).

#### THERAPEUTIC INTERVENTION:

By incorporating distinctive physical general and specific details, a complete symptom

profile was compiled to provide individualized treatment for the patient. Considering the above-mentioned totality of symptoms and the miasmatic background, a prescription of *Sulphur 0/1/16D* was administered, followed by a Placebo 30/OD for 14 days. The eruptions and itching improved considerably after incremental doses of *Sulphur* in fifty-millesimal potency ranging from *Sulphur 0/1* to *Sulphur 0/6* (**Figure 3**). A detailed timeline of the treatment has been discussed in **Table 1** below.

#### FOLLOW UP & OUTCOMES:

**Table 1: Therapeutic interventions and detailed timeline of treatment of the case:**

Date of visit	Observations	Therapeutic intervention
20/10/22	Itching is comparatively better.	<i>Sulphur 0/2</i>
01/11/22	Slight increase in itching.	<i>Sulphur 0/3</i>
03/01/23	Size of eruptions & itching decreased	<i>Sulphur 0/4</i>
21/03/23	Patient had relief in itching, eruptions are much better.	<i>Sulphur 0/5</i>
25/04/23	No new eruptions appear & the old are improving.	<i>Sulphur 0/6</i>

The Modified Naranjo Criteria (MONARCH) was used to measure the improvement following the treatment with homeopathic medicine and the total score was 10. <sup>[13]</sup> [Table 2]

**Table 2: Assessment of the case according to MONARCH: Modified Naranjo Criteria for Homoeopathy <sup>[13]</sup>**

Item	Yes	No	Not sure
Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?	+1		
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve? (Suggest using a validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that, with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Total score = 10

**Clinical images and progress:****Fig-1 (First Visit: 20/10/22)****Fig-2 (Second Visit: 03/01/23)****Fig-3 (Third Visit: 25/04/23)**

Figure 1 show pruritic papular rash on the dorsum of both feet before treatment whereas Figure2 & 3 shows marked recovery and healthy texture of the skin after treatment.

Remedy	Sulph	Graph	Zinc	Puls	Ars	Caustr	Merc	Lach	Phos	Calc	Nat-m	Stram	Lyc	Bry	Kali-s	Apis
<b>Totally</b>	23	17	17	16	15	15	14	14	14	14	14	14	14	13	13	13
<b>Symptoms Covered</b>	9	8	7	7	7	7	8	7	7	6	6	6	5	6	6	5
<b>Kingdom</b>																
[Kent ] (Mind)RESTLESSNESS, NERVOUSNESS: (249)	3	2	3	3	3	2	3	2	1	3	2	3	3	1	2	2
[Kent ] (Mind)IRRITABILITY (SEE ANGER): (245)	3	3	3	3	2	3	2	2	3	3	3	2	3	3	3	3
[Kent ] (Stomach)DESIRES:Sour,acids,etc.: (77)	2			2	2			2	2	2	2	2		2	1	2
[Kent ] (Stomach)DESIRES:Meat: (20)	1	1					1				1					
[Kent ] (Stomach)AVERSION:Sweets: (12)	2	3	2		2	2	2		2							
[Kent ] (Rectum)CONSTIPATION (SEE INACTIVITY): (213)	3	3	3	2	3	3	2	3	3	3	3	3	3	3	2	3
[Kent ] (Generalities)HEAT:Sensation of: (86)	3	1	2	3	1	1	2	2	2	2	3		3	1	3	3
[Kent ] (Skin)ITCHING:Night: (44)	3	2	1	1		2	1	2				1				
[Kent ] (Skin)ERUPTIONS:Suppressed: (50)	3	2	3	2	2	2	1	1	1	1		3	2	3	2	

**Figure 4: Repertorial analysis of the case****DISCUSSION:**

Lichen planus is an inflammatory dermatosis characterized by violaceous, scaly, polygonal papules involving the flexor aspects of the wrists, lower limbs, and genital and oral mucosae. 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, medications, allergens, and even neoplasia<sup>(3, 14)</sup>. As lichen planus is immune mediated skin disorders it

would not be cured gently without individualized Homoeopathic medicine. In this case we see that patient in the path of cure so, this can be added as a evidence based proof. This case of LP shows the role of Homoeopathic medicine in fifty millesimal potency. There are many case reports showing the effectiveness of similar remedy in lichen planus cases.<sup>[15,16]</sup>The prescribed medicine not only improved the symptomatology but also improved other

general symptoms of the patient as reported by her in follow ups.

## CONCLUSION:

In the above-described case, it becomes evident that an individualized similimum remedy can lead to a remarkable recovery. This instance highlights the effectiveness of individualized homeopathic medicines in treating lichen planus. Notably, the patient experienced significant improvement solely through the internal administration of the appropriate homeopathic remedy, without the use of any local applications.

## 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 homeopathic 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.

**Conflict of interest:** Author declares that there is no conflict of interest.

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