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A case report of lichen planus treated with homoeopathic medicine- *Rhus-toxicodendron*

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Abstract

Lichen planus is an inflammatory and common dermatosis. It is of unknown etiology. Morphology: 5P's that is Pruritic, Polygonal, Purple (violaceous), Plane (flat topped), Papules with Wickham's striae on surface. Most common sites are wrists and legs. A 40-year-old female presented in OPD with complaints of eruptions on dorsum of both hands and forearms since 12-13 years. Eruptions were multiple, blister like, purplish, bluish hue with intense itching. *Rhus-toxicodendron* was chosen considering all her presenting symptoms and it gave marked improvement to the patient. Minimum 1.5 year follow up was maintained because there are chances of lichen relapses. The aim of this article is to show the effectiveness of Homoeopathy in dermatologic conditions. Although, we need more studies to establish significant results.

Keywords: Lichen planus, *Rhus-toxicodendron*, homoeopathy, keynote prescription

Introduction

Inflammatory skin disease known as lichen planus (LP), which affects 0.5 to 1% of the population, has distinct clinical and histological features. Many variations in morphology and location exist, including oral, nail, linear, annular, atrophic, hypertrophic, inverse, eruptive, bullous, ulcerative, LP pigmentosus, lichen planopilari, vulvo-vaginal, actinic, lichen planus-lupus erythematosus overlap syndrome, and lichen planus pemphigoides. Classic LP typically presents as pruritic, polygonal, violaceous flat-topped papules and plaques. A lot of the variations are far less common than the original LP. It is more challenging to diagnose and treat the variations in a timely manner in the clinical setting due to their rarity and unusual appearances^[1]. The four Ps are typically present in classic LP lesions: purple, pruritis, polygonal, and papules/plaques. Wickham's striae, which are tiny, pale stripes formed by branny scale on the dry, shiny surfaces of the papules, are common. Although LP lesions can occur anywhere on the body and are usually symmetric in distribution, they are more common in the flexural surfaces of the forearms, wrists, and ankles, the dorsal surface of the hands, the shins, the trunk, and the sacral region. Oral mucosa involvement is also frequent.

Other cutaneous (scalp, hair, and nails) and mucosal (genital, oesophageal, and conjunctival) sites may be affected by lesions, although surprisingly, the face is rarely impacted^[1]. Patients of all ages can be affected by LP, however adults account for up to 95% of cases, and the majority of patients appear in their third or sixth decade of life^[2]. Although LP is typically thought of as an adult illness, 5–10% of instances do affect youngsters^[1, 3, 4]. Most of which are documented in India^[1, 5-9]. Although infantile instances have hardly ever been documented, onset is more common in school-aged children in the childhood population, with a mean reported age ranging from 7 to 11.8 years old^[1, 5, 6, 10-13]. There is no information on the prevalence of LP in the general population. An estimate of the frequency puts it between 0.5% and 1.0%^[14-17]. Prevalence rates ranging from 0.07 to 0.84 percent were discovered in epidemiologic research on specific patient or demographic groups, indicating that the overall population's frequency of LP is most likely lower than the predicted 0.5-0.1%. Particular symptoms, like mucosal lichen planus, are frequently seen disproportionately in certain patient groups, such as those with gynecological or dental conditions^[18-20].

Clinical Manifestation

In its most common form, a polygonal, violaceous papule with sharp margins and a diameter

of a few millimeters is the main lesion of lipomatosis. Wickham striae, a streaky or net-like pattern, are present on its surface. The papules may be distributed singly, in groups, or in an exanthemata-like pattern. Through confluence strange, 1–2 cm large, circular or oval plaques with or without keratoses emerge. The isomorphic reaction, also known as the Koebner phenomenon, is comparable to psoriasis in LP. Linear lesions appear one to two weeks following external irritation, typically from scratching [20,21]. Acute aggravation of LP can also be caused by physical factors like thermal irritation or UV exposure. In approximately 50% of LP patients, the isomorphic response is evident during the acute phase of the disease and is common [20, 22]. Subjectively, up to 80% of patients experience a frequently excruciating pruritus associated with LP [22, 23]. In most cases, the diagnosis of classical LP is not difficult. The emergence of identifiable polygonal papules at areas of predilection frequently in combination with typical mucous membrane lesions provides for a reliable clinical diagnosis [20].

Case Report

A 40-year-old female presented in OPD with complaints of eruptions on dorsum of both hands and forearms since 12-13 years. Eruptions were multiple, blister like, purplish, bluish hue with intense itching²⁺. Burning increases after scratching. Itching leads to sticky transparent watery discharges worse in rainy weather and sun light. Modalities- < Rainy weather, sun light

Associated complaints: Headache in both temporal region, since 7-8 years. < Exertion; > Medications

History of presenting complaints

The patient was apparently well, until 12-13 years ago when she developed multiple, blister like, purplish, bluish hue with intense itching²⁺ on dorsum of both hands and forearms. Initially, she did not take any treatment. After 6-7 years of appearance of eruptions, she took allopathic treatment which included local ointments. But after the course of treatment, eruption starts to reappear and complaints were not getting relief. She was worried about her condition and social disgust which led her to us for further treatment.

Personal History: Patient is a vegetarian and has addiction of Tobacco & Tea.

Gynaecological & Obstetric History

- **LMP:** 03/09/2022; Menstrual Cycle: Duration- 4-5 days; Frequency-28-30 days; Character of discharge- Bright Red Color
- **GPAL:** G₂ P₂ A₀ L₂- full term normal vaginal delivery

Mental generals: Patient is highly religious, Introvert, having trust issues, do not share anything easily and Desire to be alone

Physical generals: Her thermal reaction is Hot⁺. She has cravings for spicy food. Perspiration is scanty but profuse in soles²⁺.

General physical examination

Oral: Teeth/Tongue/Gums- Moist and clean, teeth imprints

Local Examination

Inspection- Multiple, blister like, purplish-bluish hue

Palpation– Soft and palpable

Provisional Diagnosis: Lichen Planus

Table 1: Analysis and Evaluation of symptoms

Mental generals	Physical generals	Particulars
1. Introvert ¹⁺	1. Thermal- Towards hot ²⁺	1. Multiple, blister like, purplish, bluish hue on dorsum of both hands and forearms. ³⁺
2. Religious ²⁺	2. Cravings- Spicy food ²⁺	2. Intense itching on affected region. ³⁺
3. Desire to be alone ¹⁺	3. Perspiration- Scanty, more on soles ¹⁺	3. Burning after scratching present. ³⁺
4. Have trust issues, do not share anything easily ²⁺		4. Itching leads to sticky transparent watery discharges. ³⁺
		5. Itching aggravated in rainy weather, sun light. ²⁺
		6. Headache in both temporal regions. <Exertion > Medications ²⁺

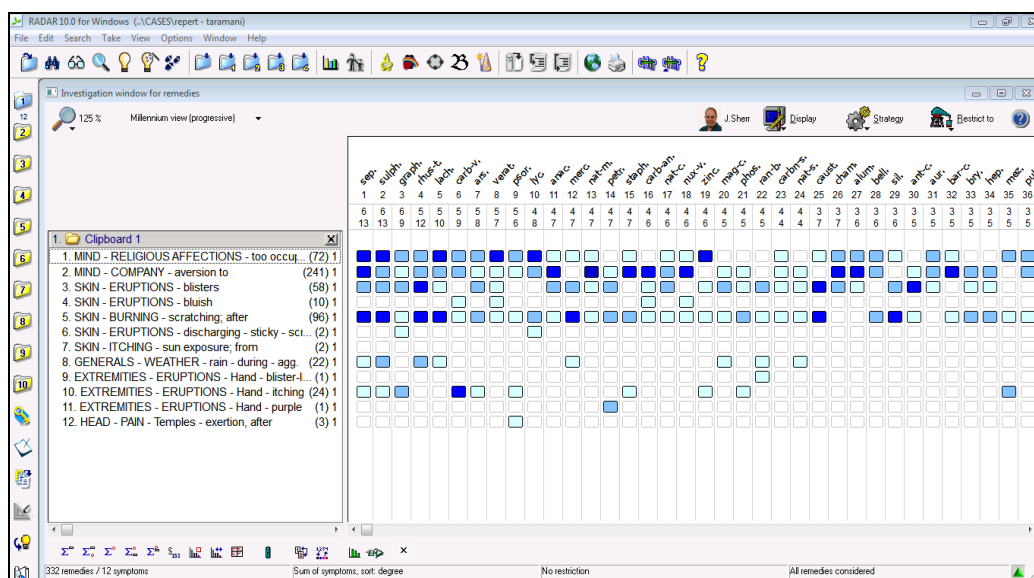


Fig 1: Repertorial chart

Prescription

First prescription was Rhus-tox: 30/TDS, 4 globules of size 30 given on 01/12/2022

Justification of remedy [27, 28]: Vesicular eruptions with intense itching, burning after scratching

Worse: cold, wet rainy weather and after rain, drenching.

Table 2: Follow up

Date	Follow Up	Prescription
08/12/2022	Better in eruptions and itching	Rhus-tox 30/TDS for 15 days
22/12/2022	Eruptions are same but better in itching	Rubrum 30/TDS for 30 days
02/02/2023	Better in itching	Rhus-tox 30/TDS for 1 st 15 days Nihilium 30/TDS for next 15 days
02/03/2023	Better in eruptions 2+ and itching	Rubrum 30/OD (HS) for 30 days
13/04/2023	Eruptions and itching are same as before	Rhus-tox 30/OD (HS) for 7 days
18/05/2023	Better in eruptions and itching	Rhus-tox 30/OD (HS) for 7 days
21/06/2023	Eruptions better ²⁺ , itching absent, itching on face < rainy weather	Rhus-tox 30/OD (HS) for 7 days
14/07/2023	Better in eruptions and itching absent	Rhus-tox 30/OD (HS) for 15 days
02/08/2023	Eruptions disappear and slight itching present	Rhus-tox 30/OD (HS) for 7 days
31/08/2023	Eruptions disappear and itching absent	Rhus-tox 30/2 Doses (SOS), Nihilium 30/TDS for 30 days
05/10/2023	Eruptions disappear and itching absent (SOS not taken)	Nihilium 30/TDS for 30 days
02/11/2023	Eruptions disappear and itching absent (SOS not taken)	Nihilium 30/TDS for 30 days
07/12/2023	No complaints	Nihilium 30/SOS



Fig 2a: Before treatment- date 01/12/2022



Fig 2b: After treatment- date 7/12/2023

Discussion

Homoeopathy is often sought by patients suffering from chronic diseases. Nwabudike *et al* presented 4 cases of LP treated with individualized homoeopathy and concluded that LP may respond to homeopathy. They further suggested a need of more researches on scope of homeopathy in treatment of LP [26]. LP is considered a self-limited 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]. This patients had been suffering from more than 12 years without any relief from variety of treatments availed. She was treated with Homoeopathic medicine *Rhus toxicodendron* 30. She is in continuous follow up and is asymptomatic for almost 4 months. This case highlights the beneficial effect of homoeopathic medicine in case of Lichen planus. This should be further explored in clinical trials.

Conclusion

We have approached and used keynote prescription because Dr. S. Hahnemann has pointed out in the Organon of medicine in Aphorism 153 about striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case must kept in view. So, this article also explain us about utility of keynote prescription.

Conflict of Interest

Not available

Financial Support

Not available

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