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

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DOI: [https://doi.org/10.33545/26164485.2024.v8.i1b.1059](https://doi.org/10.33545/26164485.2024.v8.i1b.1059)

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, erosive, bullous, ulcerative, LP pigmentosus, lichen planopilaris, vulvo-vaginal, actinic, lichen planus–lupus erythematosus overlap syndrome, and lichen planus pemphigoides. Classic LP typically presents as prurritic, 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 [3,4,9]. 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 lipomatos, Wickham striae, a streaky or net-like pattern, are present on its surface. The papules may be distributed singly, in groups, or in an exanthemmat-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 itching 2+. 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 itching 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: G1 P1 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 soles 2+.

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>
<thead>
<tr>
<th>Table 1: Analysis and Evaluation of symptoms</th>
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<tbody>
<tr>
<td><strong>Mental generals</strong></td>
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<tr>
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<tr>
<td>1. Introvert 1+</td>
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<tr>
<td>2. Religious 2+</td>
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<tr>
<td>3. Desire to be alone 1+</td>
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<tr>
<td>4. Have trust issues, do not share anything easily 2+</td>
</tr>
<tr>
<td>6. Headache in both temporal regions. &lt; Exertion &gt; Medications 2+</td>
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<tr>
<td>8. Burning after scratching present. 3a</td>
</tr>
<tr>
<td>9. Itching leads to sticky transparent watery discharges. 3a</td>
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<tr>
<td>10. Itching aggravated in rainy weather, sun light. 3a</td>
</tr>
<tr>
<td>11. Headache in both temporal regions. &lt; Exertion &gt; Medications 2+</td>
</tr>
</tbody>
</table>

Fig 1: Repertorial chart
Prescription
First prescription was Rhus-tox: 30/TDS, 4 globules of size 30 given on 01/12/2022

Table 2: Follow up

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow Up</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/12/2022</td>
<td>Better in eruptions and itching</td>
<td>Rhus-tox 30/TDS for 15 days</td>
</tr>
<tr>
<td>22/12/2022</td>
<td>Eruptions are same but better in itching</td>
<td>Rubrum 30/TDS for 30 days</td>
</tr>
<tr>
<td>02/02/2023</td>
<td>Better in itching</td>
<td>Rhus-tox 30/TDS for 1st 15 days</td>
</tr>
<tr>
<td>02/03/2023</td>
<td>Better in eruptions 2+ and itching</td>
<td>Rubrum 30/OD (HS) for 30 days</td>
</tr>
<tr>
<td>13/04/2023</td>
<td>Eruptions and itching are same as before</td>
<td>Rhus-tox 30/OD (HS) for 7 days</td>
</tr>
<tr>
<td>18/05/2023</td>
<td>Better in eruptions and itching</td>
<td>Rhus-tox 30/OD (HS) for 7 days</td>
</tr>
<tr>
<td>21/06/2023</td>
<td>Eruptions better 3+, itching absent, itching on face &lt; rainy weather</td>
<td>Rhus-tox 30/OD (HS) for 7 days</td>
</tr>
<tr>
<td>14/07/2023</td>
<td>Better in eruptions and itching absent</td>
<td>Rhus-tox 30/OD (HS) for 15 days</td>
</tr>
<tr>
<td>02/08/2023</td>
<td>Eruptions disappear and slight itching present</td>
<td>Rhus-tox 30/OD (HS) for 7 days</td>
</tr>
<tr>
<td>31/08/2023</td>
<td>Eruptions disappear and itching absent</td>
<td>Rhus-tox 30/2 Doses (SOS), Nihilium 30/TDS for 30 days</td>
</tr>
<tr>
<td>05/10/2023</td>
<td>Eruptions disappear and itching absent (SOS not taken)</td>
<td>Nihilium 30/TDS for 30 days</td>
</tr>
<tr>
<td>02/11/2023</td>
<td>Eruptions disappear and itching absent (SOS not taken)</td>
<td>Nihilium 30/TDS for 30 days</td>
</tr>
<tr>
<td>07/12/2023</td>
<td>No complaints</td>
<td>Nihilium 30/SOS</td>
</tr>
</tbody>
</table>

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 for more researches on scope of homeopathy in treatment of LP. LP is considered a self-limited dermatosis; the mean duration is reported to be 1–2 years. Nevertheless, longer and chronically recurrent courses are possible, so that the prognosis in the individual case cannot be predicted. 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

References

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