



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2024; 8(1): 253-256  
Received: 21-11-2023  
Accepted: 25-12-2023

**Dr. Susmita Sinha**  
BHMS, MD, Department of  
Homoeopathic, Attending  
Physician, Barrackpore  
POPD, NIH, West Bengal,  
India

**Dr. Avirup Basu**  
Post Graduate Trainee,  
Department of Materia  
Medica, Mahesh  
Bhattacharyya Homoeopathic  
Medical College and Hospital,  
Howrah, West Bengal, India

**Dr. Trishita Basu**  
BHMS, MD, Department of  
Homoeopathic, Reader,  
Department of Materia  
Medica, Mahesh  
Bhattacharyya Homoeopathic  
Medical College and Hospital,  
West Bengal, India

**Corresponding Author:**  
**Dr. Avirup Basu**  
Post Graduate Trainee,  
Department of Materia  
Medica, Mahesh  
Bhattacharyya Homoeopathic  
Medical College and Hospital,  
Howrah, West Bengal, India

## Lichen simplex chronicus treated successfully with individualized homoeopathic medicine: An evidence based case report

**Dr. Susmita Sinha, Dr. Avirup Basu and Dr. Trishita Basu**

**DOI:** <https://doi.org/10.33545/26164485.2024.v8.i1d.1077>

### Abstract

Lichen simplex chronicus is a chronic inflammation of the skin characterized by lichenification of the skin because of excessive itching and scratching. It is a common form of neurodermatitis which causes leathery texture of the skin, raw surface, skin patches and plaques. This disorder is the reflection of the pruritic dermatosis which may be the result of psychological stress. It significantly harms the patient's physical, emotional, and psychosocial wellness. This case report depicts a 67yrs old male diabetic patient presented himself with complaints of thick, scaly, itching eruption from lower 1/3rd of left leg to dorsum of foot for last 4 months treated by individualized homoeopathic medicine with remarkable improvement.

**Keywords:** Dermatitis, homeopathy, lichen simplex chronicus, lichenification, neurodermatitis

### Introduction

Lichen simplex chronicus is a type of chronic eczema characterized by single (occasionally several), itchy, lichenified plaques [1]. Lichen simplex isn't a primary condition or disease, but rather a result of some underlying cause. Lichen simplex chronicus frequently occurs in people with anxiety disorders, depression and nonspecific emotional stress as well as in patients with any type of underlying chronic dermatitis [2]. Lichen simplex chronicus is thickened and leathery (lichenified) skin with variable scaling that arises secondary to repetitive scratching or rubbing. Many hypothesize LSC has a psychosomatic origin [3]. Those predisposed to itch as a response to emotional tensions may be more susceptible to the itch-scratch cycle. It may also be associated with nervousness, anxiety, depression, and other psychological disorders [4, 5]. The most common areas are on self-accessible areas of the body such as the scalp, head, neck, hands, arms, and genitals [2]. Lichen Simplex Chronicus has been estimated to occur in approximately 12% of the population. The highest prevalence is typically from middle to late adulthood and often peaks at 30 to 50 years of age, likely due to the significant increase in stress at this point in one's life. The disorder is more prevalent in females than in males at a ratio of 2:1 [6].

### Case presentation

A 67 years old male patient presented himself in OPD on 10<sup>th</sup> December 2018, with complaints of thick, scaly, itching eruption from lower one third of left leg to dorsum of foot for last 4 months which was aggravated by continuous motion and ameliorated by warm application (Figure 1, Figure 2).

**Generals (physical & mental):** After case taking it is found that patient was lean, thin, stoop-shouldered, had a good appetite and cannot tolerate hunger, there was a desire for sweet, milk and salty things. Patient was a hot patient. His bowel habit was regular. Mentally he was very irritable and easily angered and he was very much restless.

**Local Examination:** In inspection there is whitish scale which extends from lower one third of left leg to dorsum of foot, swelling absent and contour shiny. There was visible sticky discharge. Thickening and lichenification of the affected area. On palpation oedema, pain and tenderness absent. Patient applied unspecified over-the-counter ointment without any result. He is a known diabetic patient and taking medicines for it.

**Analysis of the case:** After analysing the case, characteristic mental and physical symptoms were taken to form the totality of symptoms and *Repertorization* with Kent's Repertory was done by using Zomeo 3.0. (Figure 5).

**Therapeutic intervention:** After considering the *Miasm* and Totality of the symptoms and final consultation with

*Homoeopathic* material Medica we prescribed sulphur 200, 2 doses and he was instructed to take the medicine in the early morning on an empty stomach for one day followed by a placebo for one month and he was advised to do blood for FBS & PPBS. After 3 months all his complaints were recovered (Figure 3, Figure 4). A detailed timeline of treatment has been discussed in Table 1.

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

Date of visit	Observations	Interventions
10/12/2018	Thick, scaly, itching eruption from lower one third of left leg to dorsum of foot.	Sulphur 200, 2 doses along with placebo for one month.
31/12/2018	Eczema over left leg was aggravated; reddish eruption over right clavicular region decreased slightly. Blood report of Plasma glucose (FASTING) - 190 mg/dl.	Placebo was given along with he was advised to maintain diabetic diet strictly.
14/01/2019	Eczema over left leg is improving.	Placebo was given along with he was advised to continue diabetic diet.
11/02/2019	Eczema over left leg almost decreased.	Placebo was continued

**Table 2:** Assessment of the case according to MONARCH: Modified Naranjo Criteria for Homoeopathy [7]

Item	Yes	No	Not sure or N/A
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**



**Fig 1 and 2:** Showing thick, scaly, itching eruption from lower one third of left leg to dorsum of foot



Fig 3 and 4: Showing thick, scaly, itching eruption from lower one third of left leg to dorsum of foot is decreased

**Repertorial analysis of the case**

Remedy	Sulph	Lyc	Calc	Nat-m	Rhus-t	Merc	Nux-v	Arg-n	Carb-v	Puls	Ars	Apis	Calc-s	Phos	Staph
<b>Totality</b>	17	15	14	14	14	13	13	13	12	12	11	11	11	11	11
<b>Symptoms Covered</b>	7	5	6	6	6	6	6	5	5	4	6	5	5	5	5
[Kent ] [Mind]Irritability (see Anger):	3	3	3	3	3	2	3	2	3	3	2	3	3	3	3
[Kent ] [Mind]Restlessness, nervousness:	3	3	3	2	3	3	2	3	2	3	3	2	2	1	3
[Kent ] [Generalities]Heat:Sensation of:	3	3	2	3	1	2	2	2	0	3	1	3	3	2	1
[Kent ] [Stomach]Desires:Sweets:	3	3	2	1	2	1	1	3	2	0	1	0	2	0	0
[Kent ] [Stomach]Desires:Milk:	1	0	2	2	3	2	2	0	0	0	2	2	0	0	2
[Kent ] [Stomach]Desires:Salt things:	1	0	2	3	0	0	0	3	3	0	0	0	1	3	0
[Kent ] [Perspiration] Odour:Offensive:	3	3	0	0	2	3	3	0	2	3	2	1	0	2	2

Fig 5: Repertorial analysis using HOMPETH ZOMEIO software

**Discussion**

Lichen simplex chronicus is one of the common forms of chronic neurodermatitis, in which the epidermis becomes hypertrophied as a result of habitual scratching and rubbing of the specific areas of the skin [8]. It seriously affects the quality of life of the individuals due to the chronic itch conditions which deliberately leads to chronic pain, mood disturbances, loss of sleep and many other complications. Although it affects more than 10% of the general population, the limited research of pathogenesis, aetiology of the disease is making it more challenging to treat [9]. The symptoms of itchiness, dryness, scaling, hyperpigmentation and thickening of the skin develop as a result of psychological component or secondary to eczema, psoriasis or other cutaneous disease conditions [8]. Skin resembles the texture of a leather sheet and lichenification occurs followed by chronic scratching of the area [10]. *Homoeopathy* deals with the individual's totality of the symptoms. The outwardly reflected picture of the diseased individual forms the fundamental basis of the disease formation [11]. This case report describes the importance of single *individualized*

*constitutional Homoeopathic* treatment in a case of Lichen simplex chronicus. *Sulphur* was prescribed according to the symptoms of the patient and after doing proper repertorization. Individualized case evaluation is done. Complete cure of the case is achieved after *Homoeopathic individualistic* treatment. The possible causal attribution to the clinical outcome of homeopathic intervention on the patient was assessed with the help of 'Modified Naranjo Criteria for Homoeopathy' (MONARCH) [7] whose total score was 10 which is at par with the maximum score [Table 2]. Regular follow up also ensures that there was no recurrence after complete recovery.

**Conclusion**

Lichen Simplex Chronicus (LSC) is a persistent skin condition secondary to other chronic conditions; hence, it is as difficult to identify as it is to cure. In this context, this case report goes one step further in demonstrating the efficacious treatment of LSC with individualized homeopathic medicine without any adverse effects of drug reactions or recurrence of the disease symptoms.



**Limitation of study**

This case report is not sufficient to draw any conclusion rather good quality, well-designed studies are required to establish the efficacy of Individualized homeopathic medicines in managing lichen simplex chronicus.

**Patients consent**

The patient has consented that his images and other clinical information will be published in the journal; He has understood that his name and initials will not be included in the manuscript.

**Acknowledgement**

The authors deeply acknowledge the patient for allowing us to collect the data.

**References**

1. Khanna N. Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases, fourth edition, New Delhi, ELSEVIER; c2011.
2. <https://emedicine.medscape.com/article/1123423-overview>, lichen simplex chronicus, Jason Schoenfeld, MD Resident Physician, Department of Dermatology, University of Buffalo, State University of New York School of Medicine and Biomedical Sciences; c2018 Aug 16.
3. Lotti T, Buggiani G, Prignano F. Prurigo nodularis and lichen simplex chronicus. *Dermatologic Therapy*. 2008 Jan-Feb;21(1):42-46. PMID: 18318884. DOI: 10.1111/j.1529-8019.2008.00168.x
4. Lee MR, Shumack S. Prurigo nodularis: a review. *The Australasian Journal of Dermatology*. 2005 Nov;46(4):211-218, quiz 219-220. PMID: 16197418. DOI: 10.1111/j.1440-0960.2005.00187.x.
5. Konuk N, Koca R, Atik L, Muhtar S, Atasoy N, Bostanci B, *et al.* Psychopathology, depression and dissociative experiences in patients with lichen simplex chronicus. *General Hospital Psychiatry*. 2007 May-Jun;29(3):232-235. PMID: 17484940. DOI: 10.1016/j.genhosppsy.2007.01.006.
6. Martín-Brufau R, Berná CJ, Andreo RA, Redondo BC, Gras LR. Personality differences between patients with lichen simplex chronicus and normal population: A study of pruritus. *Eur J Dermatol*. 2010 May-Jun;20(3):359-363.
7. Lamba C, Gupta V, Haselen R, Rutten L, Mahajan N, Molla A, *et al.* Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy: The Journal of the Faculty of Homeopathy*; c2020. p. 109.
8. Charifa A, Badri T, Harris BW. Lichen Simplex Chronicus. In: StatPearls. Treasure Island (FL): Stat Pearls Publishing; c2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499991>
9. Teresa JU, Does VA, Mohsin N, Yosipovitch G. Lichen Simplex Chronicus Itch: An update. *Acta Derm Venereol*. 2022;102:4367. PMID:36250769. DOI: 10.2340/actadv.v102.4367.
10. Aboobacker S, Harris BW, Limaie F. Lichenification. In: StatPearls. Treasure Island (FL): Stat Pearls Publishing; c2023 Jan. PMID: 30726017.
11. Hahnemann S. Organon of medicine. 5th and 6th ed. combined translated by RE Dudgeon, William Boericke

26<sup>th</sup> impression. New Delhi: B. Jain Publishers (P) Ltd; c2010.

**How to Cite This Article**

Sinha S, Basu A, Basu T. Lichen simplex chronicus treated successfully with individualized homeopathic medicine: An evidence-based case report. *International Journal of Homoeopathic Sciences*. 2024;8(1):253-256

**Creative Commons (CC) License**

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.