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## A holistic constitutional, homoeopathic approach to hypertrophic lichen planus: A case report

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### Abstract

Hypertrophic Lichen Planus (HLP) is a chronic inflammatory skin condition marked by thick, itchy plaques on the extremities. Conventional treatments like corticosteroids and immunosuppressants offer relief but often cause side effects and frequent relapses. This article presents a case report on the successful management of Hypertrophic Lichen Planus using a holistic constitutional homoeopathic approach.

In this case, an individualised homeopathic remedy, tailored to the patient's physical, mental, and emotional profile, effectively treated the skin condition and improved overall health. Treatment led to a significant reduction in lesion thickness, itching, and recurrence, without side effects or conventional medications.

**Keywords:** Calcarea carbonica, hypertrophic lichen planus, holistic, constitutional medicine

### Introduction

HLP is a chronic, autoimmune skin condition characterized by thick, itchy, hyperkeratotic plaques that can significantly affect a patient's quality of life.

The interest of the people in recent years is growing for homoeopathy, which focuses on treating the individual as a whole rather than just the disease. A holistic, constitutional homoeopathic approach takes into account the patient's physical, emotional, and mental state to prescribe individualized remedies aimed at stimulating the body's natural healing processes. This case report aims to present the successful management of a patient with hypertrophic lichen planus using a constitutional homoeopathic approach. By documenting the treatment process, the report seeks to highlight the potential of homoeopathy in treating chronic skin conditions like HLP, offering a safe, non-invasive, and individualized alternative to conventional therapies. Through this case, we explore the principles of homoeopathy in managing not only the external symptoms of HLP but also addressing the underlying constitutional imbalances that contribute to the condition's persistence and recurrence.

- **Synonyms:** Lichen Planus Verrucosus
- **Definition:** Lichen planus (LP) is a common, benign condition of generally unknown cause affecting the skin and mucous membranes. Classically, lichen planus skin lesions have been described as popular (elevated skin lesions), purple (purplish-red), polygonal (with some straight, not round, edges), and pruritic (itchy) - the "4 P's". These can occur anywhere in the body and inside the oral cavity.
- Hypertrophic Lichen Planus is an uncommon skin condition that is typically seen in young, middle-aged, and older adults in the age group of 30-60 years.
- It can affect both males and females, although females are affected more than males.

### Aetiology

**Most cases of Hypertrophic Lichen Planus are idiopathic, meaning that the actual source of the skin involvement is unknown.**

- Atypical cell-mediated immunity could be the reason in certain situations.
- There is insufficient evidence to conclude that a particular diet contributes to the development of this skin condition.

- Lichen planus is not communicable and cannot be passed from one person to another; intimate physical contact with those who have the ailment cannot result in the development of the illness.

### Clinical features

- The thick skin lesions (plaques) are found on the arms and legs, especially around the hands and feet.
- There may be involvement of the nails, which may be malformed
- The size of the lesion: 1 mm to 10 mm
- Chronic itching and scaling of the skin that causes the skin to become thick, discoloured, and crusted with keratin build-up. (Acanthosis, Hyperkeratosis)
- The severity of the condition may vary.

### Diagnostic method

It is imperative to obtain a comprehensive medical history and perform a thorough physical examination. Clinical analysis of the presentations can lead to a diagnosis of hypertrophic lichen planus.

- **Dermoscopy:** A dermatologist uses a special magnifying lens to inspect the skin as part of a diagnostic procedure.
- **Skin biopsy:** Following completion, a skin sample is sent to a laboratory for microscopic examination and

pathological investigation. After integrating clinical observations, further tissue studies (if required), and microscopy results, the pathologist makes a definitive diagnosis. A skin biopsy is performed to rule out other similar conditions, which would reveal a saw-tooth pattern as a result of epidermal hyperplasia. Additional characteristics include a dense band of lymphocytes infiltrating the dermis at the dermo-epidermal junction, a thicker granular cell layer, and vacuolar or liquefactive degeneration of the epidermis' basal cells.

### Complications

- Fungal and bacterial infections: The illness can result in persistent skin scaling and itching, which moisture the skin and makes it an ideal place for fungi and bacteria to proliferate.
- Squamous cell cancer rarely arises from the lesions; in certain cases, the lesions might persist for years, causing psychological trauma, emotional stress, and problems with self-image.

### A case study

#### Case profile

14 years old male patient came to OPD with the following complaints:

Location	Sensation	Modalities	Concomitant
Extremities Left leg (shin bone) since 1.5 years	Itching <sup>+</sup> ↓ Starting with (tiny, vesicle) eruption <sup>+</sup> ↓ Dry and lathery skin ↓ black discolouration (Hyper pigmented) ↓ scaling <sup>+2</sup> Occasional bleeding due to scratching No burning No discharge	No specific modalities given by patient	

**Past history:** Appendicitis-operated in 2017

#### Family history:

Father: Gastric complaint; operated for Hernia

Mother: operated for DNS

Paternal Grandfather: skin allergy

Paternal Grandmother: No any complaint

Uncle: skin allergy

Maternal grandfather: DM; HTN

Maternal grandmother: DM

#### Personal history

- **Appetite:** hungry +3
- **Thirst:** 1-1.5 Liters/day
- **Urine:** 4-5 times /day
- **Stool:** Once /day, satisfactory
- **Desire:** chicken+; pizza+2; spicy+
- **Thermal Reaction:** chilly
- **Sleep:** sound; occasionally startle; on abdomen & lateral
- **Dreams:** dream of ghost +
- **Perspiration:** profuse on face, back, palm and chest, yellow staining; Odor ++

- **Mile stones:** Birth weight: 2.9 kgs; sitting: 8-9 months; standing & walking: 1.5 years (delayed); breast feeding for 1 year; speaking words and sentences after 1 year
- No any problem at birth only mother having c/o nausea during pregnancy, normal delivery

#### Life Space

Patient born and brought up in a Rajput family, Navsari. Patient came in our OPD with his father through someone references. father said that they have taken since one and half year treatment but symptoms get relief and that again complaint reappear, so someone tell them that try homoeopathic medicines. He lived with 4 family members; mother, father, grandfather and grandmother. Over pampered child because his born after many years of his parents' marriage. His friends are older than him and plays with them. Patient talk maturely as if he is from same age group. He has good rapport with teachers and friends but irritated easily in slightest matter. he is good at studies and obedient towards his teachers but is lazy in doing his homework as his mother says we often have to ask for complete his homework, he scored 88% in last year 7<sup>th</sup> standard exam. He cannot express his anger towards his

friends on contrary he would express in front of parents after coming to school. He dislikes crowd and cannot mix easily with any new person.

He takes time for him to settle, but after he develops rapport, he is very talkative by nature. If he wants something and he do, not get he would cry till he gets that particular thing so he is stubborn by nature. Patient like to sit silently and see cartoon on the TV but do not like to do physical activity. Patient also having a fear of dog, fear of dark, fear of height and fear of being alone.

Physician observed that patient is curious about how physician is making medicine and passing it; passing the time sitting on the chair as if he doesn't care about anything.

### Physical examination

**Built:** obese+2, Wheatish complexion

**Weight:** 68 kgs

**Nails:** pink

**Tongue:** white coated

**Conjunctiva:** pink

**Vitals:** normal range

**Systemic examination:** NAD

**Provisional Diagnosis:** Hypertrophic Lichen Planus (HLP).

### Totality of symptoms

Fear of being alone, dark, dogs, height

Loquacious

Obstinate

Dreams of ghost

Aversion to work / laziness

Excessive hunger

Perspiration offensive Odor

Obese person

Vesicular eruption on left leg, itching, dryness, skin lathery and blackish

Perspiration profuse on back; yellow staining on linen sleep position on abdomen

**Approach to the case:** Repertorial (Kent)

### Repertorial Totality

Mind-Fear-alone, of being

Mind-Fear-dark, of

Mind-Fear-dogs, of

Mind-Fear-high places, of

Mind-Loquacity, talkative

Mind-Obstinate (headstrong)

Mind-Indolence (Aversion to work)

Sleep-Dreams-ghosts

Stomach-Appetite-ravenous (excessive)

Perspiration-Odor-offensive

Perspiration-Staining-the linen, yellow

Generalities-Obesity

Sleep-Position-abdomen on

Extremities-Eruption-leg, vesicles

Extremities-Eruption-itching

Extremities-Discoloration-leg, black

Extremities-Dryness-lower limbs

### Repertorisation

17 symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12
Name of remedy	Bell	Phos	Sulph	Calc	Puls	Ars	Lyc	Lach	Nat-m	Kali-c	Sep	Caust
Symp. covered	13	12	12	12	12	11	9	11	11	9	9	9
Totality	23	24	24	22	22	20	22	19	18	18	18	17
1. EXTREMITIES, DISC..												
2. EXTREMITIES, ERUP..		I	I	I	I			I	I		I	
3. EXTREMITIES, ERUP..			II							II		III
4. GENERALITIES, OBE..	II	II	II	III	II	II	II	I	II	II	I	
5. MIND, FEAR (appreh..	I	III		I	II	III	III			III	II	
6. MIND, FEAR (appreh..	I	II		II	II	I	II		I			II
7. MIND, FEAR (appreh..	III			I	I				I			II
8. MIND, FEAR (appreh..		I	II	I	I				I			
9. MIND, INDOLENCE (..	I	III	III	II	II	I	III	III	III	II	III	II
10. MIND, LOQUACITY,..	II	II	I	I		I		III	I			I
11. MIND, OBSTINATE (..	III	I	II	III		II	I	I		II		II
12. PERSPIRATION, OD..	I	II	III		III	II	III	II		I	III	
13. PERSPIRATION, PR..	III	II	II	III	II	III	III	II	III	III	III	II
14. PERSPIRATION, ST..	II					I		III				
15. SLEEP, DREAMS, gh..	I		II		I			I	I	II	I	
16. SLEEP, POSITION, a..	II	II	I	I	II	I	II	I	I		II	I
17. STOMACH, APPETI..	I	III	III	III	III	III	III	I	III	I	II	II

**Miasm****Fundamental:** Sycotic**Predominant:** Sycotic**Susceptibility:** Low to moderate**Prescription:** 22/03/2024

Rx;

Calcarea carb 30

3 pills x HS x 7 days

Sac lac 30

6 pills x BD x 7 days

**Follow up****Criteria for follow ups**

	Symptoms
1	Itching
2	Black discolorations
3	Dryness/roughness of skin
4	Scaling
5	Bleeding

**Follow ups**

Progress notes sign

Aggravation: &lt; Amelioration: &gt; S: Same

AB: absent/nil Increase: ↑ Decrease: ↓

F: fluctuating Occasionally: O 1 Dose = 3 pills at a time

Date		Symptom changes				Interpretation	Prescription
	1	2	3	4	5		
28-3-2023	↓	S	↓	↓	↓	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
17-04-2023	O	↓	S	↓	O	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
28-04-2023	O	S	S	↓	AB	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
13-05-2023	AB	↓	↓	O	AB	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
27-05-2023	F	S	↓	↓	AB	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
08-06-2023	O	↓	↓	S	AB	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
23-06-2023	O	S	S	S	O	status quo	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
28-06-2023	AB	↓	↓	↓	AB	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
17-07-2023	AB	↓	↓	↓	AB	Better	cal. carb 30c HS 3 doses sac lac 30c BD 15 days
29-07-2023	AB	↓	↓	↓	AB	Better	cal. carb 30c HS 6 doses sac lac 30 BD 30 days
28-08-2023	AB	↓	S	↓	O	Better	cal. carb 30c HS 3 doses sac lac 30cc BD 15 days
13-09-2023	AB	S	↓	S	O	Status quo	Thuja 1m 1 Dose cal. carb 30c HS 6 doses sac lac 30c BD 30 days
30-10-2023	AB	↓	↓	↓	AB	Better	cal. carb 30c HS 6 doses sac lac 30c BD 30 days
26-11-2023	AB	↓	↓	↓	AB	Better	cal. carb 30c HS 6 doses sac lac 30c BD 30 days
15-02-2023	AB	↓	↓	↓	AB	Better	cal. carb 30c HS 6 doses sac lac 30c BD 30 days



28-02-2023



29-03-2023



17-04-2023



13-09-2023



15-02-2024

licensed under the identical terms.

**Conclusion**

The present case report evidently suggests the successful treatment of hypertrophic lichen planus and restoration of well-being of patient with the help of constitutional homoeopathic medicine. This case report highlights that the remedy selected based on the patient's unique physical, emotional, and mental state can bring about notable improvement in symptoms such as itching, discomfort, and lesion size. The gradual improvement seen in this case underlines the importance of patience and persistence in homoeopathic treatment.

**Conflict of Interest:** Not available**Financial Support:** Not available**References**

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