



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 29-33
Received: 01-11-2024
Accepted: 02-12-2024

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Homoeopathic treatment of discoid lupus erythematosus of lips: A case report

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DOI: <https://doi.org/10.33545/26164485.2025.v9.i1a.1329>

Abstract

Introduction: Discoid Lupus erythematosus (DLE) is one of the autoimmune diseases affecting skin which can be clinically diagnosed in today's society, leading to low self-esteem and disabling them from social interaction. Mostly occurring in females in their third and fourth decades of life.

Case Summary: A 49-year-old female presented with the complaint of eruption over the lips for the past 10 years. The case was clinically diagnosed as DLE. Based on the characteristic symptoms, repertorial analysis and individualization Homoeopathic medicine *Borax veneta* was prescribed. In this case study homoeopathic management has proven its efficacy in DLE.

Keywords: Management, proven, medicine

Introduction

- **Definition:** Lupus erythematosus is a multisystem disorder that predominantly affects the skin. It is characterized by presence of abnormal antibodies and immune complex. Systemic lupus erythematosus (SLE), which has multiorgan involvement and Cutaneous lupus erythematosus (CLE), which is confined to skin and mucosa [1]. There are several types of cutaneous lupus. The most common classification is acute cutaneous lupus (ACLE), sub-acute cutaneous lupus (SCLE), and chronic cutaneous lupus erythematosus. Discoid lupus erythematosus (DLE) is the most common form of chronic cutaneous erythematosus [2] and can occur as localized form (80%) with lesions on the face, ears, and scalp or as disseminated DLE (20%) with lesions above and below the neck [3].
- **Prevalence:** DLE is more frequently seen in third and fourth decades of life with a female predilection of 5:1 ratio [1]. The prevalence of SLE in India is reported as 3.2 per 100000 population [4].
- **Etiopathogenesis:** Although the exact etiology for SLE and CLE are not known, but multifactorial involvement is seen in SLE and CLE, including genetic load and environmental exposures, such as ultraviolet radiation (UVR), drugs, pesticides, and tobacco. The role of autoantibodies remains unclear in CLE, but the immunoglobulins are strongly involved in the local pathogenesis of CLE lesions. In DLE, IgG is responsible for the majority of immune complex deposits [5].
- **Clinical features:** Most common sites are face, oral mucosa, chest back and extremities. Cutaneous lesions are seen as slightly elevated, red or purple macules; that are often covered by gray or yellow adherent scales. By removing the adherent scale, follicle-sized keratotic spikes similar to carpet tracks can be seen ("carpet tack sign") [6]. The lesions slowly expand with active inflammation and hyperpigmentation at the periphery, leaving depressed central atrophy, scarring, telangiectasia, and hypopigmentation [3].
- **Diagnosis:** Direct immunofluorescence microscopy demonstrates immunoglobulin(s) and complement deposits at the basement membrane zone in 90% of cases. These deposits are typically granular, and they are composed primarily of IgG and/or IgM. The findings of histopathologic examination show peri adnexal inflammation, follicular plugging, and hyperkeratosis [6].
In the evaluation of DLE, the dermatologist should take a directed history, perform a cutaneous examination looking for signs of possible systemic disease. The diagnosis of DLE is made based on clinical features, but histology may be required to confirm the diagnosis [3].

- It is found that autoimmune diseases are affecting the community more than before especially after the covid pandemic.

There are so many reports available and studies are going on. It shows there are multiple reports of incident AD diagnosed after COVID-19, the risk in the context of key circulating strains is unknown [7]. The authors could find only few study reports on Discoid lupus erythematosus cases treated by Homoeopathy while searching the Databases.

Patient information

History

A 49-year-old female of known case of Discoid lupus erythematosus of lips reported to the Materia medica OPD, Northeastern institute of Ayurveda and Homoeopathy, Shillong on 9th September 2023. She presented with a complaint of ulcer on the lower lip. Scab formation on lips and it was so painful, burning, after peeling it causes soreness and bleeding in the last 10 year. There was swelling of the lower lip. It was painful during chewing, drinking and eating. She felt better with warm application. [Figure 1]

Patient's complaint started 10 years back as small red macular eruption which became ulcer with redness and thick scab formation. It gradually spread to nearby areas. She was very concerned about the condition and she consulted dermatologist. Patient was not satisfied with the results, so she came to the OPD for homoeopathic medicine. When she came to OPD she was covering her lips because of shyness. Patient had a history of hemorrhoids and Gastritis for which she took allopathic medication, and recovered.



Clinical findings

The Patient weighed 60 kg, with a height of 145 cm. Her body mass index was 28.5. Patient is fair complexioned and overweight. No pallor, edema, icterus, cyanosis, and no lymphadenopathy.

Oral examination of lips, buccal mucosa, floor of mouth, tongue, palate, tonsils, gums and teeth shows no other findings except for the eruption with yellow thick scab on the lips.

Generalities

During the Rapport with the patient, we came to know that the patient was very anxious, and she was very sensitive to noise. Even slight noise disturbed her sleep. The patient was very irritable. She had bitter taste in her mouth. She was very thirsty and she had desire for sour things. Patient had complaint of leucorrhoea which was very acrid and excoriating the parts, which was worse after menses, mostly 2 weeks after menses. She had recurrent attack of loose stools but bowels were regular.

Diagnostic assessment

This was a diagnosed case of DLE of lower lip [Figure 1] verified clinically in the OPD.

Case analysis and repertorisation

After complete case taking in accordance with the homoeopathic principles, the following characteristic symptoms are taken for repertorisation after proper analysis and evaluation.

- Patient was very anxious
- Sensitive to noise
- Patient was irritable
- Bitter taste in mouth
- Patient was thirsty
- Patient had desire for sour food and drinks
- Patient was more prone to loose stools
- Acrid leucorrhoea, excoriating the vulva
- Leucorrhoea is more after menses, especially 2 weeks after
- Ulcer on lip with yellow base
- Spreading ulcer on lips

Above symptoms converted into rubrics and repertorised by RADAR software using synthesis repertory. [Figure 2]

After repertorisation *Borax* came first with covering 10 symptoms out 11 and with total score of 21. *Kali sulph* covered 9 symptoms with total score 21, *Sulphur* covered 9 symptoms with score of 21, *conium* covered 9 symptoms with score 19 and *Arsenicum* covering 8 symptoms with total score of 23. After assessing the characteristic symptoms for miasmatic background, the case is found to be a psoro-syphilitic case.

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Therapeutic Interventions

First prescription

Nine doses of potentised homoeopathic medicine Borax veneta 30c were prescribed on 16th August 2023 thrice daily. The medicine was given from a certified manufacturing company, by that the genuiness is confirmed. The medicine is given in No 30-globule form, four globules to be taken three times daily. The patient is advised to avoid direct exposure to sun light and advised to do the revisits in 2 weeks.

Basis of prescription

After repertorial analysis and consulting the materia medica, we had differentiated the close running remedies and came to the conclusion that Borax veneta is the most suitable, most similar medicine for the condition in this particular case. Borax veneta has a sphere of action in gastrointestinal system especially mouth, stomach and rectum and female genital organs especially vagina and vulva, also has action





in skin & blood [8]. Furthermore, it covers the symptoms as tettery spots round the mouth, scabs on the upper lip, swelling of lower lip with burning and pain as of excoriation, aphthae in the mouth and on the tongue. Ulcers bleed on touch and eating [9].



Follow up and outcomes

Patient’s symptoms are assessed every 2 weeks as the patient visited the OPD. The condition of the patient is analyzed and adjusted the dose and repetition of medicine accordingly. The complete details of the follow up and details are given in TABLE 1 below with the essential pictures.

The outcome is assessed clinically by the presentation of symptoms and analyzing the previous complaints got on Baseline visit. Comparing the physical and mental generals of the patient during every visit. Collected the picture in every follow up for the evidence-based treatment.

Table 1: Follow up Details

Date with numbers of follow-up	Complaints/ symptoms	Intervention	Patient’s picture
09 th September 2023 Baseline visit	First visit symptoms described in patient information	Borax veneta 30 4 pills 3times daily/ 3 days PI / 15 days	
30 th September 2023 1 st follow up	Pain is relieved. Patient has thick scab in lower lip still present. Swelling is reduced. Leucorrhoea and loose stools are still present, but improved	Borax veneta 30 4 pills 3times daily/ 3 days PI / 15 days	
14 th October 2023 2 nd follow up	Pain and redness are reduced. Eruption and scab formation is reduced but still persisting. with total relief for the patient. leucorrhoea is improved.	Borax veneta 30 4 pills 3times daily	
04 th November 2023 3 rd follow up	Ulcer is fully healed with a little scab remaining on the lip. No more loose stools. And no more complaint of leucorrhoea.	Borax veneta 30 4 pills 3times daily	

18 th November 2023 4 th follow up	The ulcer and the scabs are fully relieved, and no new ulcers formed. Pigmentation is reduced. No recurrence of the symptoms. Generals are good and improved.	SL / 3Doses	
9 th December 2023 5 th follow up	Patient feels all the way better. No recurrence. vitals and generals are good. No more symptoms.	SL / 3Doses	

Discussion

Discoid lupus erythematosus, it is a form of chronic cutaneous lupus erythematosus finds very difficult to cure with conventional medicine as it is included in the autoimmune diseases. The conventional system recommends lifestyle measures like photoprotection, cessation of smoking as the more effective ways to treat DLE than the conventional medicines. First line of Topical treatment is Topical and intralesional corticosteroids, Topical calcineurin inhibitors, Retinoids, Tocoretinate and R- salbutamol. Conventional systemic therapies include Antimalarial drugs. Other alternative therapies include Laser and Photodynamic therapy ^[11]. Furthermore this treatment failure can cause Dyspigmentation and skin atrophy. Long term use of the conventional medicine can cause adverse reactions in organ system and even skin, like hyperpigmentation.

So, from these we can understand the importance of homoeopathy in treating the auto immune diseases, as homoeopathy is well known for individualized treatment with minimum side effects. In India, Homoeopathy has secured a good position in promoting public health, being a close second among AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) ^[12].

In this case patient had been taking conventional treatment for months. Symptoms showed no signs of healing, but after taking homoeopathic treatment for a few months, patient got gradually healed completely with improving other system functioning. and it is very promising that the complaints didn't show any recurrence after discontinuing the medicine. So, if homoeopathy can be proven to treat conditions like Discoid lupus erythematosus, where conventional system stated as incurable, through evidence-based trials, it will give patients a reliable choice and cost-effective treatment.

Conclusion

Homoeopathy is a specialized system of medicine which treat patient as a whole, not just a disease. This case of an Autoimmune disease completely healed by homoeopathic treatment, along with the clinical evidence will be very much useful for students, practitioners and mostly public. So, homoeopathy can be a treatment of choice in the So-called incurable disease, where everyone become hopeless.

It is inappropriate to generalize the outcome on the basis of single case report. but it sheds light on many other areas where further trials are to be done.

Informed Consent

Patient written consent was taken before case taking for confidentiality of her identity.

Conflict of interest

None declared

Financial Support

None

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How to Cite This Article

Kharmujai DB, Tahseen AMC. Homoeopathic treatment of discoid lupus erythematosus of lips: A case report. *International Journal of Homoeopathic Sciences*. 2025;9(1):29-33.

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