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Lichenoid eruptions and its homoeopathic management: A case report

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Abstract
Lichenoid eruptions is a skin condition characterized by damage and infilteration between the epidermis and dermis. Examples of lichenoid eruptions include lichen planus, lichen sclerosus and lichen nitidus. Homoeopathic management is well known in skin conditions especially because it treats the patient as a whole and not just the isolated skin disease. This case report deals with one such case, where lichenoid eruptions are effectively managed in a 43 years old male, C. D'Costa, who presented with small painful eruptions on both extremeties since the past 4 months, which would leave a black discolouration on the skin after healing. These eruptions kept recurring and it caused discomfort to him along with difficulty in walking. Sulphur, a homoeopathic remedy with its sphere of action on the skin was prescribed based on detailed individualized analysis, resulting in significant improvement.

Keywords: Homoeopathy, lichenoid eruptions, sulphur 0/1

Introduction
Lichenoid eruption refers to a group of inflammatory skin conditions characterized by a specific pattern of inflammation at the interface between the epidermis and dermis. This pattern, often called "interface dermatitis," is marked by damage to basal keratinocytes and may include vacuolization, apoptotic cells (Civatte bodies), and a band of inflammatory cells (lymphocytes and histiocytes). The term "lichenoid" also refers to the clinical appearance of these conditions, which can resemble the flat, papular lesions of lichen planus [2].

Key features of lichenoid eruption
Histopathology
Characterized by damage to basal keratinocytes, vacuolization, and apoptotic keratinocytes in the epidermis.

Clinical presentation
Can range from papules and plaques to more generalized eruptions.

Inflammation
A band of lymphocytes and histiocytes in the superficial dermis, often obscuring the dermal-epidermal junction [3].

Case report
Patient Details
A 43 years old married man came to the OPD on 26th September 2024. A welder by profession, this man presented with small painful eruption on both extremities since the past four months.

Presenting complaints
There are small painful eruptions seen on the extremities. The eruptions leave back hyperpigmented patch after they heal. This has started four months back and they keep recurring. Itching is present but there is no discharge from the eruptions. The eruptions causes the patient to have difficulty while walking.
There is thickening and lichenification on the left lateral surface of legs but no itching present.
There are eruptions on the dorsum of the right foot since June 2024.

There is a flat reddish discolouration on left leg with a lot of itching.

Physical generals
Appetite: Good
Diet: Mixed
Thirst: 2-3 glasses of water per day
Urine: 5 times/day, controlled, no odour, no pain
Stool: 4 times/day, semisolid, satisfaction, no odour
Perspiration: Generalised
Cravings: Chicken, pork
Aversion: Nothing specific
Thermals: Ambithermal

Life space
- Gets angry easily, confronts them directly if they make him angry.
- Patient's father left them when he was in the ninth standard.
- Patient was not bothered when his father died a year ago it did not affect him.
- Patient works as a welder.
- He is very active
- Patient answers every question but hesistates a lot. He did not describe his whole mental state.
- Patient has good relations with his sisters, his mother and his wife.
- Patient has an IIT degree.

Vitals
Bp: 126/90 mmhg
Pulse: 74 bpm
RR: 14 rpm
Temp: Afebrile

General examination
Oedema: Not seen
Tongue: No coating
Nails: No clubbing
Lymphnodes: Not swollen
Eyes: No pallor

Systemic examination
RS: Clear, no rales, no ronchi
CVS: S1 S2 heard rhythmically
GIT: No tenderness
CNS: Well oriented in time and space

Investigations
HB: 14.6g/dl
ESR: 48.90mm/hour
HbA1C: 5.91%
T3: 88.57 IU/ml
T4: 7.73 IU/ml

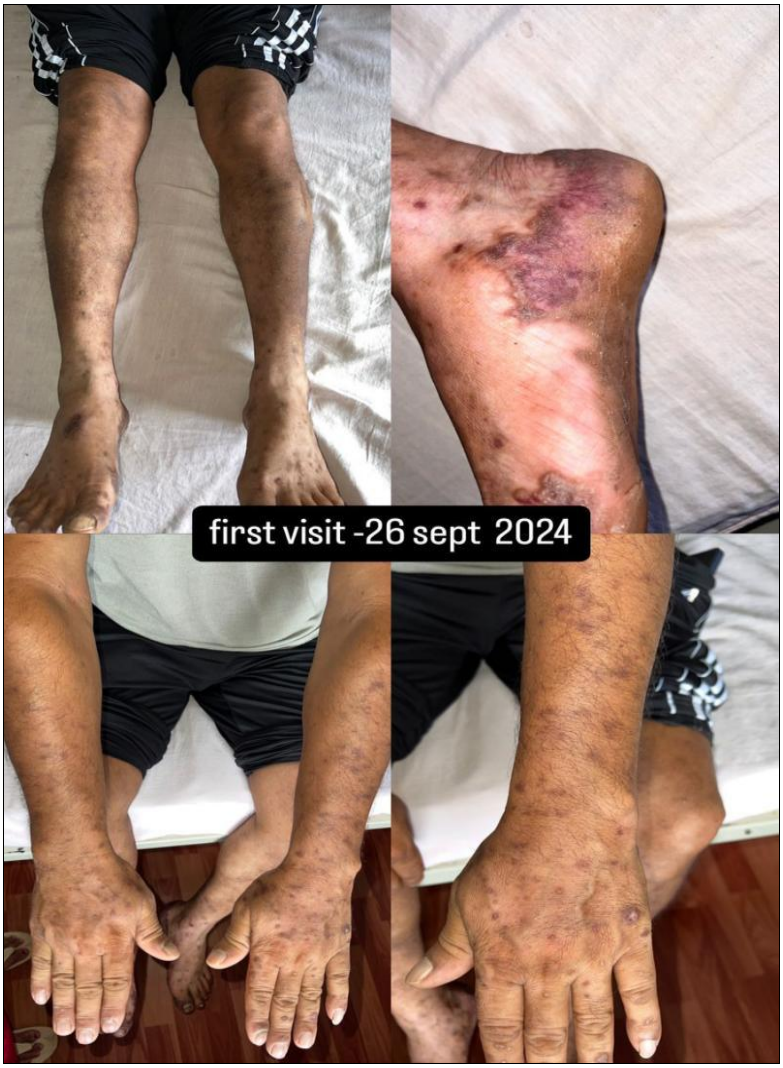

Fig 1: Before treatment

Management
Taking into consideration the mentals and the physical generals of the patient along with the presenting complaints, Sulphur was the remedy selected for this patient.

Prescription
Rx
1. Sulphur: 0/1 daily at night 15 days
2. Rub 40: 3 pills X TDS X 15 days
3. Calc flour 6X: 3 tabs X TDS X 15 days

First follow-up
10/10 2024
C/O: Boils over upper extremities and lower extremities and blackish discolouration have increased and have become big
Itching and dryness of skin. Aggravated- scratching
No new eruptions.
Appetite: good
Diet: Mixed
Thirst: 2-3 glasses of water per day
Urine: 5 times/day, controlled, no odour, no pain
Stool: 4 times/day, semisolid, satisfaction, no odour
Perspiration: Generalised

Prescription
Rx
1. Sulphur: 0/1 daily at night - 15 days
2. Rub 40: 3 pills X TDS X 15 days

Second follow-up
24/10/2024
C/O skin eruptions
New spots seen on upper and lower extremities, blackish discolouration
Itching is present Aggravation: evening
App: good
Diet: Mixed
Thirst: 2 liters of water per day
Urine: 5 times/day, controlled, no odour, no pain
Stool: 4 times/day, semisolid, satisfaction, no odour
Perspiration: Generalised
Weight: 76kgs

Prescription
Rx
1. Sulphur: 0/2 daily at morning X 15 days
2. Rub 40: 3 pills X TDS X 15 days
3. Calcarea flour: 6X 3 tabs X TDS X 15 days

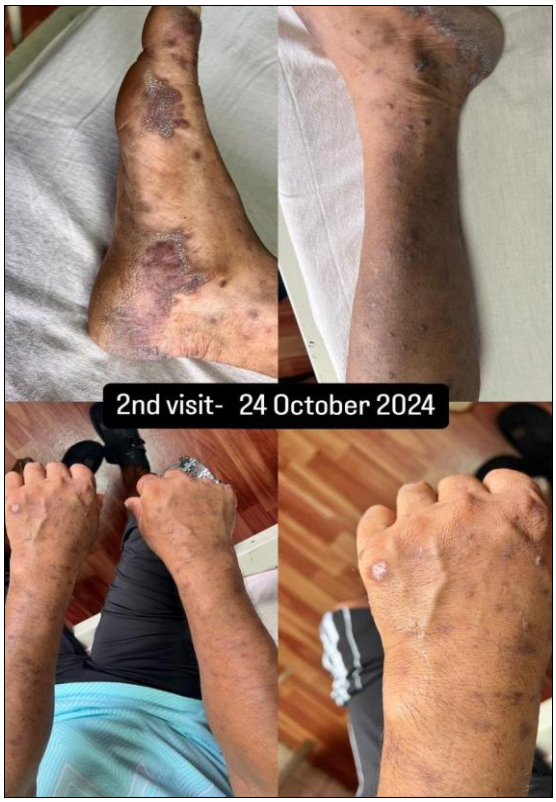

Fig 2: Second follow-up (24/10/2024)

Third follow-up
07/11/2024
C/O skin eurptions
No New spots seen on upper and lower extremities, blackish discolouration.
Itching++ Agg: Evening
Appetite: Good
Diet: Mixed
Thirst: 2 liters of water per day
Urine: 5 times/day, controlled, no odour, no pain
Stool: 4 times/day, semisolid, satisfaction, no odour
Perspiration: Generalised
Weight: 74kgs

Prescription
Rx
1. Sulphur: 0/2 daily at morning 15 days
2. Rub 40: 3 pills X TDS X 15 days
3. Calcarea flour: 6X 3 tabs X TDS X 15 days

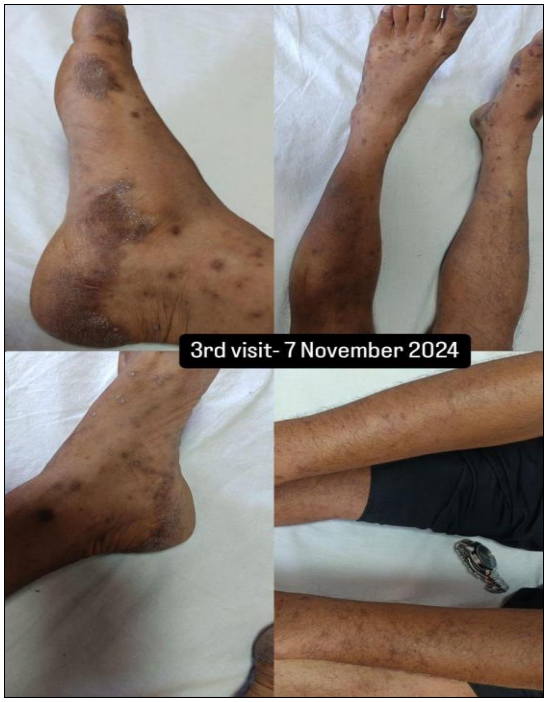

Fig 3: Third follow-up (07/11/2024)

Fourth follow-up
25/11/2024
C/O skin eurptions reduced by 90%
C/O New skin eruptions on lower back since 2-3 days
Previous eruptions are now healed and blackish discolouration is remaining
Itching ++ aggravation: night
Appetite: Good
Diet: Mixed
Thirst: 2 liters of water per day
Urine: 5 times/day
Stool: 3 times/day
Perspiration: Generalised

Prescription
Rx
1. Rub 40: 3 pills X TDS X 15 days
2. Calcarea flour: 6X 3 tabs X TDS X 15 days

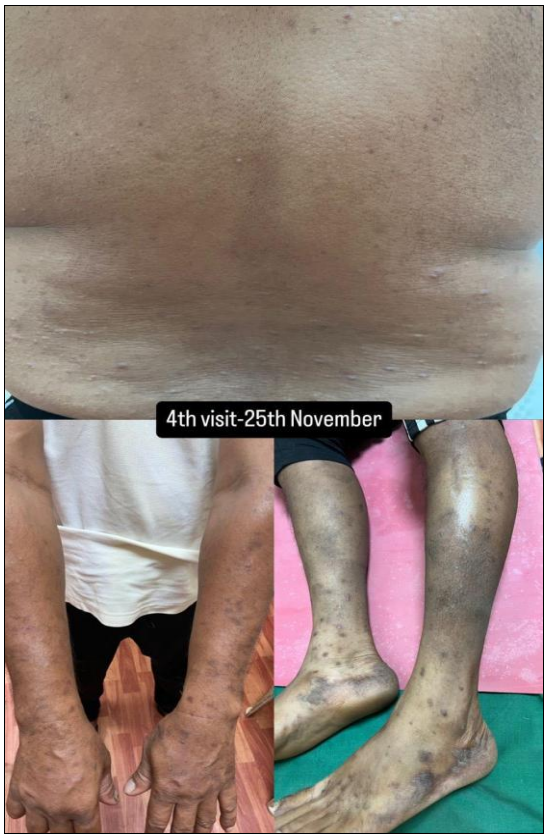

Fig 4: Fourth follow-up (25/11/2024)

Fifth follow-up
12/12/2024
C/O skin eurptions reduced by 90%
C/O new skin eruptions on lower back better by 60%
Previous eruptions are now healed and blackish discolouration is remaining
Itching ++ agg: Night, perspiration
Appetite: Good
Diet: Mixed
Thirst: 2 liters of water per day
Urine: 5 times/day,
Stool: 1 time/day
Perspiration: Generalised
Weight: 72 kgs

Prescription
Rx
1. Sulphur: 0/3 X 15 drops X daily morning X 15 days
2. Rub 40: 3 pills X TDS X 15 days
3. Calcarea flour: 6X 3 tabs X TDS X 15 days
Patients advised: Investigations - FBSL, Uric Acid levels

Sixth follow-up
02/01/2025
Previous reports results
FBSL: 110 mg/dl
Uric acid: 5.7mg/dl
HbA1C: 5.9%
C/O recurred skin eruptions, old ones have healed with discolouration reduced.
C/O new eruptions red coloured on back since 4-5 days
Itching++ aggravated: Night.
C/O blackish skin eruptions on feet better by 80%
Appetite: Good
Diet: Mixed
Thirst: 2 liters of water per day
Urine: 5-6 times/day,
Stool:1times/day
Perspiration: Generalised
Weight: 71.6 kgs

Prescription
Rx
1. Sulphur: 0/4X 15 drops X daily morning X 15 days
2. Rub 40: 3 pills X BD X 15 days
3. Calcarea flour: 6X 3 tabs X TDS X 15 days

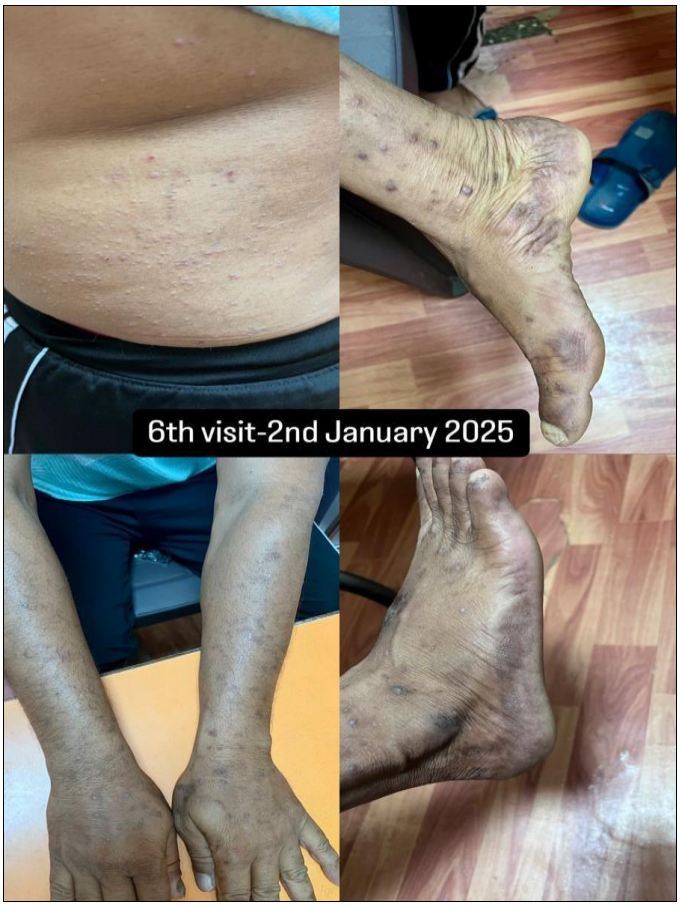

Fig 5: Sixth follow-up (02/01/2025)

Seventh follow-up
16/01/2025
C/O skin eruptions on left arm recurred since 4-5 days
Itching ++ agg: Night
C/O discolouration has reduced
C/O blackish eruptions on both feet also reduced
App: Good
Diet: Mixed
Thirst: 2 liters of water per day
Urine: 5-6 times/day
Stool: 1 time/day
Perspiration: Generalised
Weight: 71.45 kgs

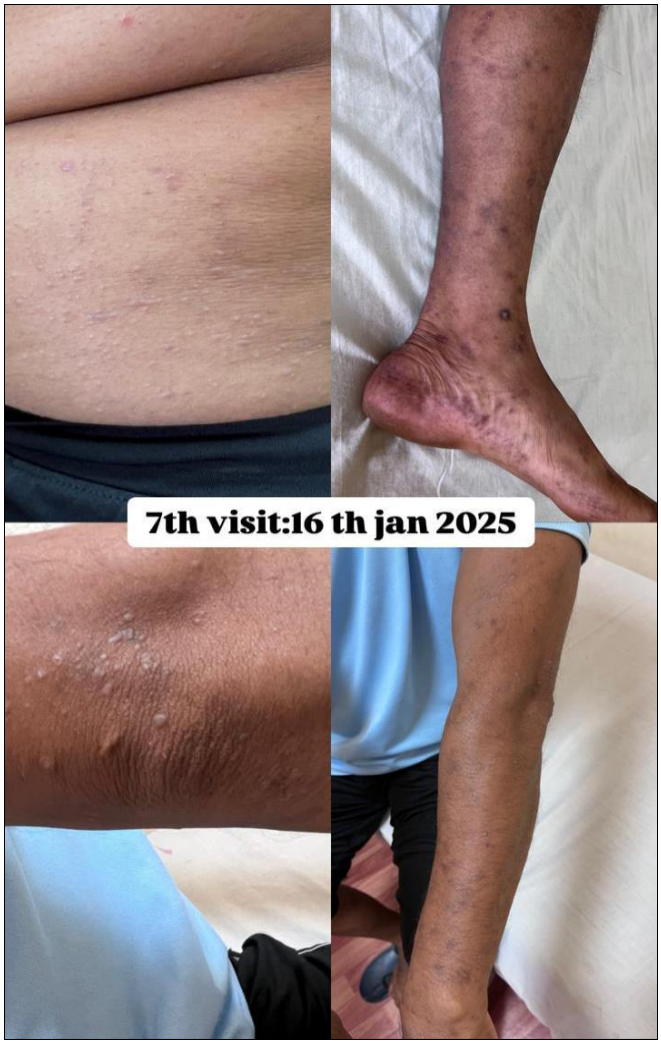

Fig 6: Seventh follow-up (16/01/2025)

Conclusion

This case shows us the classical action of Sulphur which when given initially tends to bring out the suppressed symptoms, that's why most probably on the first follow up we saw that there was aggravation of the symptoms. Once the suppressed eruptions were brought out then the actual healing of the eruptions started. Even the hyperpigmented spots left back after the lichonoid eruptions healed has lightened.

It is worth to note that the lichonoid eruptions could be the result of this man's occupation which is that of a welder, hence his occupation acts as a maintaining cause in this case causing the ocurrence of new eruptions. Sulphur, prescribed based on a detailed case analysis, effectively helps to manage these lichenoid eruptions with a significant reduction in them. Homoeopathy not only addresses the eruptions but also helps in restoring the skin and lightening the hyperpigmented patches after the eruptions have healed. For complete resolution of the eruptions we would have to remove the maintaining cause whic in this case is the mans occupation which is not feasible to do but the effect of it can be reduced by advising the man to use protective gear while he works.

Declaration

Patients consent was obtained for the use of clinical data and images in this report.

Conflict of interest: Not available
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