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A scientific case study on homoeopathic management of oral lichen planus with leukoplakia through constitutional approach

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Abstract

Background: Oral Lichen Planus (OLP) is a chronic autoimmune inflammatory disorder of the oral mucosa, often considered precancerous due to its potential for malignant transformation. Conventional therapies—mainly corticosteroids—provide only temporary symptomatic relief, while relapse and systemic side effects remain common. Homoeopathy, based on individualization, aims to restore internal balance by addressing psychosomatic and immunological derangements.

Case Summary: A 29-year-old female presented with a one-year history of whitish patches and burning in the oral cavity, aggravated after spicy and salty food intake. The onset followed an episode of typhoid treated with prolonged allopathic medication. Associated symptoms included halitosis and dental caries. Mentally, the patient exhibited emotional suppression, reserved temperament, aversion to consolation, craving for solitude, and fear of the dark. On the basis of totality, *Natrum muriaticum* was prescribed as a constitutional remedy. Follow-ups over 12 months demonstrated steady regression of lesions and disappearance of burning, with improvement in appetite, mood, and vitality.

Conclusion: This case exemplifies the holistic efficacy of individualized homoeopathic management in chronic oral mucosal disorders. The improvement in local pathology and general well-being suggests a systemic immuno-modulatory response triggered by constitutional prescribing.

Keywords: Oral lichen planus, leukoplakia, natrum muriaticum, autoimmune mucositis, homoeopathy, psychosomatic illness

Introduction

Oral Lichen Planus (OLP) is a chronic inflammatory disease of unknown etiology affecting approximately 0.5-2% of the population, predominantly middle-aged women. It presents with white reticular patches, erythematous lesions, or erosive ulcerations over the buccal mucosa, tongue, and gingiva. Histologically, OLP is characterized by degeneration of basal keratinocytes and a dense band-like lymphocytic infiltration, suggesting autoimmune pathogenesis.

From the psychosomatic viewpoint, OLP is often associated with emotional stress, personality conflicts, anxiety, and immune dysregulation. Hence, therapeutic approaches limited to topical corticosteroids or immunosuppressants remain palliative. Homoeopathy, with its emphasis on individual constitution and mental disposition, offers a comprehensive therapeutic model—addressing both the mucosal inflammation and underlying psychosomatic terrain.

Case Presentation

Patient Demographics

- **Name / Age / Sex:** Confidential / 29 years / Female
- **Occupation:** Homemaker
- **Residence:** Delhi, India
- **Date of first consultation:** 03 September 2024
- **Diagnosis:** Oral Lichen Planus with Leukoplakia

Chief Complaints

- Whitish patches over oral mucosa for one year.
- Burning and irritation in mouth after intake of spicy or salty food.

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- Bad odour from mouth.
- Dental cavities in molar teeth.
- No bleeding or aphthous ulcers.

Past and Personal History

- **History of Typhoid:** One year back, treated with antibiotics for three months, after which oral symptoms began.
- **No other systemic illness** reported.
- **Allopathic treatment:** Lakenacort, Tab. Defcort-6 mg (partial relief).
- **Diet:** Vegetarian; prefers spicy and salty food.
- **Thirst:** Normal (2-3 litres/day).
- **Stools and Urine:** Normal.
- **Sleep:** Refreshing, 7-8 hours/night.
- **Thermal reaction:** Ambithermal.
- **Menses:** Regular.

Mental Generals

The patient was born and brought up in Delhi in a large joint family. Her childhood was disciplined, marked by moderate parental strictness and high moral expectations. She was an obedient and sincere student, but preferred solitary study and limited social engagement. From early school years, she exhibited a reserved and introspective disposition, preferring to internalize emotions rather than express them.

Although relations with siblings were cordial, she often felt overshadowed by elder brothers who were academically superior. This led to mild self-insecurity and emotional withdrawal. Her mother's affectionate yet overprotective

nature had a strong influence; however, she described her father as emotionally distant due to his health issues (cardiac condition).

During adolescence, she faced episodes of emotional suppression—when hurt or criticized, she would remain silent for days, suppressing tears. She disliked consolation, finding it intrusive, and preferred to process grief in solitude. This emotional pattern persisted into adulthood.

In college, despite good performance, she avoided group interactions, fearing judgment. She describes herself as sensitive, disciplined, punctual, and introverted. Friend circle remains small; she finds it difficult to open up to new people.

In current life, she maintains cordial family relationships but admits to episodes of emotional fatigue, particularly after illness or stress. She denies major mental trauma but acknowledges suppressed anger—especially when she feels misunderstood. When emotionally disturbed, she prefers silence and solitude, avoiding conversation until calm.

She expresses a fear of darkness, and mild anxiety regarding her health. Her coping style is passive endurance rather than confrontation. She seeks order and routine in daily life, is conscientious, and values duty. She desires company yet paradoxically prefers to be left alone when upset.

These traits—emotional reserve, aversion to consolation, suppressed anger, craving for salt, profuse perspiration, and ambithermal nature—strongly guided the selection of *Natrum muriaticum* as her constitutional simillimum.

Generalities

Table 1: General Physical Parameters of the Patient

Parameter	Observation
Appetite	Normal
Craving	Salty food
Thirst	Normal
Sleep	Refreshing; 7-8 hours
Perspiration	Profuse, non-offensive
Thermal	Ambithermal
Menses	Regular
Dreams	Unremembered
Posture of Sleep	Left side

Physical Examination

- **Oral mucosa:** Diffuse whitish reticular patches on buccal mucosa and lateral border of tongue; mild erythematous margins.
- **Pain:** Burning only on spicy food.
- **No bleeding / ulceration noted.**
- **Dental caries present** in lower molar region.
- **General condition:** Thin build (Weight: 43.6 kg).
- **Vitals:** Stable.

Diagnosis

- **Provisional:** Oral Lichen Planus with associated leukoplakic patches.
- **Investigations:** CBC—mild anaemia (Hb 9.2 g/dL), Typhi positive (04/01/2025).
- **Advised:** Biopsy to rule out dysplasia (deferred until Hb correction).

Analysis and Evaluation of Symptoms

Mental Symptoms

- Reserved; introverted; prefers solitude.

- Aversion to consolation.
- Suppressed anger.
- Fear of dark.
- Sensitive and emotional but hides emotions.
- Anxiety regarding health.

Physical Generals

- Craving for salt.
- Profuse perspiration.
- Ambithermal.
- Burning in mouth < spicy and salty food.
- Desire for cold water; amelioration from cold drinks.

Totality of Symptoms

1. Reserved, does not open easily.
2. Aversion to consolation.
3. Anger suppressed.
4. Fear of dark.
5. Craving for salty food.
6. Profuse perspiration, non-offensive.

7. Burning in mouth < spicy/salty food, > cold water.

Rubrics Taken

Mind - Timidity
Mind - Emotions - suppressed
Extremities - Coldness

Perspiration - Profuse
Mind - Consolation - Agg.
Mouth - Ulcers - Cheeks - Inside
Mouth - Ulcers - Cheeks - Inside - lichen planus

Repertorial Correlation

Remedies	merc.	nit-ac.	nat-m.	lyc.	cupr.	staph.	boor.	carb.	fl-ac.	all.	sepp.	ars.	calc.	kali-c.	kali-p.	phos.	aur-m-n.	ign.	nat-c.	acon.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	6	6	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4
Intensity	10	8	12	10	9	7	6	6	6	12	11	10	10	9	9	9	8	8	8	7
Result	6/10	6/8	5/12	5/10	5/9	5/7	5/6	5/6	5/6	4/12	4/11	4/10	4/10	4/9	4/9	4/9	4/8	4/8	4/8	4/7
Clipboard 4																				
MIND - TIMIDITY	2	1	2	3	2	1	2	1	1	4	3	2	3	3	2	3	2	2	3	2
MIND - EMOTIONS - suppressed			1	1	1	3		1										2		
EXTREMITIES - COLDNESS	2	1	2	2	3	1	1	1	1	2	1	3	3	2	2	2	1	1	2	2
PERSPIRATION - PROFUSE	3	2	3	3	2	1		1	2	3	3	3	3	3	3	2	3		2	2
MIND - CONSOLATION - agg.	1	2	4	1	1	1	1	2		3	4	2	1	1	2	2	2	3	1	1
MOUTH - ULCERS - Cheeks - Inside	1	1					1		1											
MOUTH - ULCERS - Cheeks - Inside - lichen planus	1	1					1		1											

Fig 1: Repertorisation chart displaying symptom coverage, intensity scores, and remedy gradations across multiple rubrics to identify the most suitable homeopathic remedy.

Remedy Prescribed

Date	Prescription	Response
03/09/2024	Natrum muriaticum 200C, single dose, followed by placebo for 15 days	Baseline established. Mild burning relief.
26/09/2024	Placebo	Burning reduced; inflammation less.
28/11/2024	Continued placebo	Stable; no pain.
04/01/2025	Typhi positive; mild anaemia; continued placebo; advised supportive diet	Oral lesions improving; general weakness.
04/02/2025	Natrum muriaticum 200C repeated	Marked improvement; eating normal diet.
10/04/2025	Placebo	50% improvement. Burning absent.
08/05/2025	Placebo	70% better; no itching.
12/06/2025	Mild relapse after spicy food; same remedy repeated	Burning relieved.
19/09/2025	Placebo	Stable; patches fading.
06/11/2025	Final follow-up—white patches reduced, no burning	Maintained improvement.

Results and Outcome

- **Lesions:** Gradual reduction in size and whiteness.
 - **Burning pain:** Completely subsided by fifth month.
 - **General health:** Appetite, digestion, and vitality improved.
- **Emotional balance:** Greater calmness, confidence, and reduced anxiety.
 - **No relapse** after eight months of remission.



Fig 2: The images show a clear before-and-after improvement, with oral lesions reducing significantly in redness and thickness as healing progressed.

Outcome Report



Fig 3: The figure summarizes the patient’s symptom progress across follow-up visits, showing steady improvement in discharge, itching, and seasonal aggravation along with a marked decline in itching grade over time.

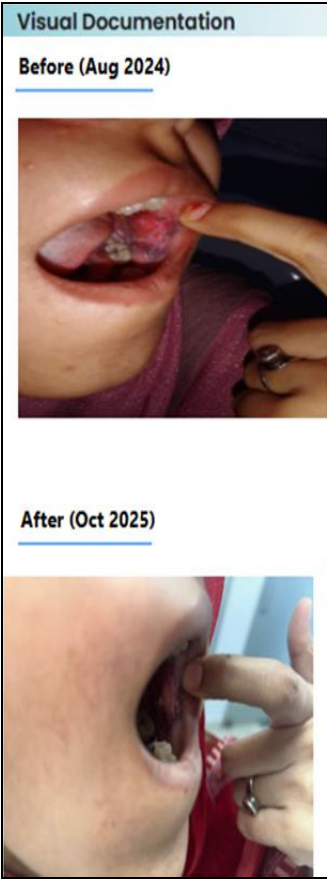


Fig 4: The images show marked healing of the oral lesion, with the swollen, whitish patch seen initially giving way to a healthier, clearer mucosal surface over time.

Discussion

OLP is widely regarded as a T-cell-mediated autoimmune reaction, where basal epithelial cells become targets of cytotoxic lymphocytes. Psychological stress acts as a recognized precipitant by altering cortisol and cytokine profiles, contributing to epithelial apoptosis. In this case, the timing of symptom onset after prolonged allopathic medication and a stressful typhoid episode suggests immune dysregulation secondary to emotional and physical stressors. The mental portrait of emotional suppression and internalized grief aligns with the *Natrum muriaticum* constitution described in classical Materia Medica. The progressive improvement of oral lesions, along with enhanced general vitality and emotional resilience, underscores the systemic nature of homoeopathic response. The absence of relapse despite withdrawal of corticosteroids indicates restoration of immune equilibrium rather than palliation. Clinical parallels may be drawn from studies by Oberai *et al.* (IJRH, 2015) and Nayak *et al.* (2019), where individualized homoeopathic medicines demonstrated measurable improvement in autoimmune mucocutaneous conditions including OLP and psoriasis, suggesting a possible immuno-modulatory mechanism through regulation of pro-inflammatory cytokines.

Conclusion

This case substantiates the role of individualized homoeopathic prescribing in chronic autoimmune mucosal disorders. *Natrum muriaticum*, selected on the basis of

totality encompassing mental, general, and particular symptoms, not only alleviated local lesions of Oral Lichen Planus and Leukoplakia but also restored emotional equilibrium and systemic health.

Homoeopathy offers a safe, non-steroidal, and sustainable approach to managing chronic inflammatory oral diseases by addressing the mind-body continuum central to their pathophysiology.

Conflict of Interest

Not available

Financial Support

Not available

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