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Lichen planus: A case treated with fifty millesimal potency along with a miasmatic study of the disease pathology

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Abstract

Lichen planus is an autoimmune disease that affects skin and mucus membranes. It affects 1% of the population. The cure for this disease is aimed at reducing pruritis and time of resolution. Complications include scarring of the affected area, transformation to malignancy, and psychological sequelae. This case report shows the role of homoeopathic treatment based on totality of symptoms and efficacy of homoeopathic drugs in fifty millesimal potency. This is a case of a fifty-three-year-old lady affected with lichen planus. The medicine given was Sulphur in 0/3 potency on the basis of repertorisation in Synthesis Repertory using RADAR. The result was analysed using changes in the clinical symptom and general well-being of the patient. The Dermatology Life Quality Index (DLQI) improved from 14 to zero during the treatment. The MONARCH score is +9/13 which shows that there is a positive causal relationship between the Sulphur 0/3 and treatment outcome.

Keywords: Lichen planus, homoeopathy, fifty millesimal potency, miasm

Introduction

Lichen planus (LP) is an autoimmune disorder which is mediated by T-cells. Here the inflammatory cells attack an unknown protein within the skin and mucosal keratinocytes. Genetic factors, physical and emotional stress, injury to the skin, herpes zoster, hepatitis C, and drugs like gold, quinine, etc contribute to its development^[1]. Its etiology is unknown and has a preference for the trunk and flexor surfaces^[2]. Worldwide incidence is approximately 1% and affects adults between 30 to 60 years^[1]. The clinical features of LP include itching, flattened, polyangular, and purple papules. The surface of the lesion shows a lacy, reticular pattern of crisscrossed, whitish lines known as Wickham's striae. This can be accentuated by a drop of immersion oil^[3]. Microscopically, we can see a combination of degeneration of the basal layer of the epidermis and a band-like lymphocytic infiltrate and due to this, the junction between the dermis and epidermis is obscured. The hyperplasia of the epidermis is irregular. It shows a characteristic saw-tooth appearance with wedge-shaped hypergranulosis. The basal layer of the epidermis shows vacuolar degeneration with prominent necrosis of individual keratinocytes. There is a lymphocytic inflammatory infiltrate that forms a dense band in the superficial dermis^[4]. The diagnosis can be made clinically, but a skin biopsy is the final^[5]. Major complications include hyperpigmentation, ulcer formation in mucus membranes, dyspareunia, scarring of the female genital region, stenosis of the esophagus, psychological sequelae, and malignant transformation^[6]. There is no treatment for LP^[7]. LP affecting the skin usually clears itself within 1 to 2 years. So, treatment is aimed at reducing pruritus and time of resolution^[8]. Fifty millesimal potency was introduced in the sixth edition of Organon of Medicine by Dr. Hahnemann. According to him, this new method produces medicines of the highest development of power and mildest action^[9, 17].

Methods

This case of hypertrophic lichen planus is treated with constitutional medicine in fifty millesimal potency^[9]. The totality of symptoms was taken and repertorised using RADAR Software^[10]. Case reporting was done according to HOM-CASE guidelines, an extension of CARE guidelines^[11]. The relationship between the clinical improvement and the medicine given was assessed using the improved version of the Dermatological Life Quality Index (DLQI)^[12] and Modified Naranjo Criteria for Homoeopathy (MONARCH)^[13].

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Case Summary

A fifty-three-year-old female residing in Kottayam came to the OPD on 26/09/2022. She was a housewife with cattle rearing. The presenting complaints were –

1. Dragging pain in the gluteal region (both sides) for six months, < standing. The pain extended to the calf muscles. It started two years back. Some external ointments were applied, with only temporary relief.
2. Itching eruption on the dorsum of both feet in the last two years. It was dark and thick. Itching < night+ and got temporary relief by dipping in warm water. It first started as a small papule on the right foot after using rubber chappals. Then the lesion became enlarged and thick. After six months it spread to the left foot also. She was sleepless due to itching.

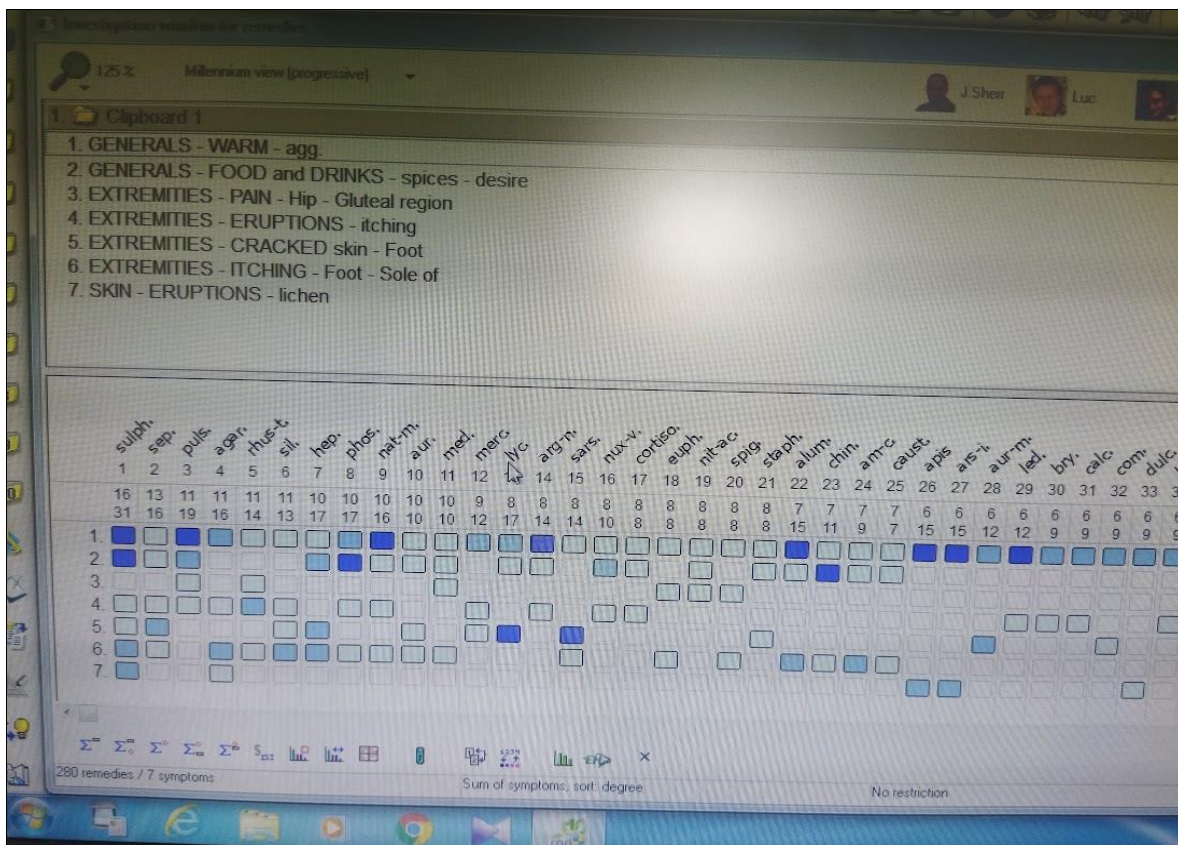
She had hepatitis at the age of twelve years and underwent cataract surgery one year back. There is a history of varicose veins and diabetes mellitus in the family. She is a hot patient with a desire for spicy foods and an aversion to sweets. She attained menopause at the age of forty-seven years. Other

symptoms are - severe itching+ in both soles and cracked skin of both soles+.

On examination, the BP is 150/90 mm of Hg. Her height is 162 cm, weight is 53 kg. Pulse rate is 76/min, respiratory rate is 16/min. The straight leg raising test was negative. The skin lesions were thick, with longitudinal grooving, ridging, and hyperpigmentation. A blood routine examination was done on 31/10/22. Random blood sugar was 100mg/dl. Hb – 10.8mg/dl, WBC total count – 7200 cells, polymorphs – 56%, lymphocytes – 39%, eosinophils – 05%, and ESR – 30mm/hr.

Totality of symptoms

- General aggravation from warmth
- Desire spices
- Pain in the gluteal region
- Itching eruptions on foot
- Cracked skin on the foot
- Itching of soles
- Lichen planus



Reportorial result

Sulphur 16/6 Sepia 13/5 Agaricus 11/4
Rhus tox 11/4 Pulsatilla 11/4 Silicea 11/4

Timeline of treatment

Date	Observation	Management
26/09/22	First day of visit. BP 150/90 mm Hg	Sulphur 0/3 one dose per week till the next visit
31/10/22	Amelioration of backache. Skin symptoms were aggravated. BP 126/70 mm Hg	Sulphur 0/3 one dose per week
19/12/22	History of fall – severe backache BP 136/80 mm Hg	Arnica 1M – one dose
12/01/23	Backache reduced. Sleep improved. BP 120/74 mm Hg	Sulphur 0/3 one dose per week
21/01/23	Skin symptoms reduced. Itching reduced, but not relieved	Sulphur 0/3 one dose per week



Before treatment after treatment

Discussion

Lichen planus is a chronic inflammatory disease of the skin and mucus membranes. It causes a negative impact on the physical and mental plane of the patient. This disease spontaneously disappears within one or two years [8]. So, the main aim of treatment is to reduce the symptoms and time of resolution. This case of hypertrophic LP shows the role of homoeopathic medicine in fifty millesimal potency. Homoeopathic medicine prescribed based on totality of symptoms can reduce both the distressing symptoms and reduce the time of resolution. The accompanying symptoms

also got relieved. The dermatological quality of life index is improved by the administration of similar medicine in fifty millesimal potency. Medicinal aggravations which are the common features of centesimal scale, does not exist in fifty millesimal scale [9, 17]. Medicines of highest powers and mildest action are the result of this new scale of potentization. In chronic disease, the correctly chosen homoeopathic medicine can be repeated daily for months in this new, altered but perfected method [9]. So here the medicine – Sulphur was given in 0/3 potency and was repeated in the frequency of one dose per week.

Miasmatic cleavage of the pathology of lichen planus [18]

Pathology	Miasm
Degeneration of the basal layer of epidermis	Tissue destruction is the syphilitic miasm
A band-like lymphocytic infiltrate in the dermo-epidermal junction	Pathological proliferation or infiltration is sycotic miasm.
An irregular epidermal hyperplasia	Again, irregular multiplication shows sycotic prominence.
Wedge-shaped hypergranulosis.	Sycotic miasm.
In the basal layer of epidermis there is vacolar degeneration and necrosis of keratinocytes	Degeneration and tissue death shows syphilitic presence.

The disease starts with a functional change in the tissues, which is psoric. In the course of time sycotic and syphilitic predominance can be seen in the pathology. So, in order to prevent the relapse of lichen planus, the case require antisycotic and antisiphilitic medicines according to the totality of symptoms [9].

There are many case reports showing the effectiveness of similar remedy in lichen planus cases [15, 16].

Conclusion

The case report shows a case of Lichen planus treated with fifty millesimal potency on the basis of totality of symptoms. It aids as a valuable study in such cases although conclusions should be made from further systematic studies.

Declaration of patient consent

A written informed consent was taken from the patient to use her clinical condition and pictures to be reported in the journal.

Appendix 1: Dermatological Life Quality Index

Sl. No	Questions	Response on 26/09/22	Response on 21/01/23
1.	Over the last week, can you tell how much itchy, sore, painful, or stinging has your skin been?	Very much (3)	Not at all (0)
2.	Over the last week, can you tell how much embarrassed or self-conscious have you been because of your skin?	A lot (2)	Not at all (0)
3.	Over the last week, can you tell how much has your skin interfered with you going shopping or looking after your home or garden?	A lot (2)	Not at all (0)
4.	Over the last week, can you tell how much has your skin influenced the clothes you wear?	A little (1)	Not at all (0)
5.	Over the last week, can you tell how much has your skin affected any social or leisure activities?	A little (1)	Not at all (0)
6.	Over the last week, can you tell how much has your skin made it difficult for you to do any sport?	Not relevant (0)	Not relevant (0)
7.	Over the last week, can you tell how much has your skin been a problem at work or studying?	A lot (2)	Not at all (0)
8.	Over the last week, can you tell how much has your skin created problems with your partner or any of your close friends or relatives?	A little (1)	Not at all (0)
9.	Over the last week, can you tell how much has your skin caused any sexual difficulties?	Not relevant (0)	Not relevant (0)
10.	Over the last week, can you tell how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?	A lot (2)	Not at all (0)

Total score on 26/09/22 = 14. It means the skin condition created a large effect on patient's life. The score on 21/01/23 shows the score is zero.

Appendix 2: Modified Naranjo Criteria Domain

1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1
3.	Was there an initial aggravation of symptoms?	+1
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1
5.	Did overall well-being improve? (Suggest using validated scale)	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease	+1
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	0
8.	Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement? (Consider a known course of disease, other forms of treatment, and other clinically relevant interventions)	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+1
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1
	Total score	+9

Conflict of Interest

Not available

Financial Support

Not available

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