

Management of Lichen Planus Nodularis through Individualized Homoeopathic Medicine: A Case Report

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ABSTRACT:

Lichen planus nodularis is a chronic dermatological condition characterized by painful, pruritic nodular lesions, often leading to intense discomfort and reduced quality of life. Conventional treatments may have limited effectiveness, creating a need for alternative therapeutic options. This case report presents the successful homeopathic management of a 72-year-old male diagnosed with lichen planus nodularis, highlighting the potential benefits of individualized homeopathic treatment. The patient, a 72-year-old male, presented with a six-month history of intensely pruritic, painful nodular lesions affecting 50-60% of his body. The initial Lichen Planus Severity Index (LPSI) score was 45, indicating moderate to severe disease involvement. The patient's primary concerns were severe itching, discomfort, and impaired daily functioning. The diagnosis of lichen planus nodularis was confirmed clinically. An individualized homeopathic remedy, *Sulphur 200*, was prescribed based on the patient's symptoms. Treatment progress was tracked over six months using the LPSI, photographic documentation, and the modified Naranjo criteria for assessing the causal relationship between treatment and outcomes. The patient demonstrated significant improvement, including reduced pruritus, decreased nodule size, and eventual symptom remission. These positive outcomes were corroborated by a decrease in LPSI score and photographic evidence. This case report suggests that individualized homeopathic treatment may provide relief for chronic dermatological conditions such as lichen planus nodularis. The observed improvement supports a probable causal link between the homeopathic intervention and clinical outcomes, as indicated by the modified Naranjo criteria. However, larger studies are necessary to validate the efficacy and generalizability of homeopathic interventions in treating chronic dermatological conditions where conventional approaches may be insufficient.

KEYWORDS: Homoeopathy, Hypertrophic lichen planus, Lichen planus nodularis, Lichen planus severity index.

Received: 27.10.2024 Revised: 23.11.2024 Accepted: 16.12.2024 Published: 20.12.2024



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INTRODUCTION:

Lichen Planus Nodularis (LPN), also referred to as Hypertrophic Lichen Planus (HLP), is an uncommon and challenging variant of lichen planus. Characterized by intensely pruritic, hyperkeratotic nodules, LPN predominantly affects the extensor surfaces of the limbs, causing significant physical and psychological distress due to persistent itching and discomfort.^[1] Although LPN can resemble other dermatologic conditions histologically, it is distinct in its association with a prolonged disease course and an increased risk of squamous cell carcinoma, particularly in men and those with chronic disease duration.^[2,3]

Differential diagnoses for lichen planus nodularis include prurigo nodularis, which also presents with pruritic, nodular lesions but lacks the characteristic violaceous hue and Wickham's striae seen in lichen planus. Other conditions to consider are hypertrophic lichen planus, psoriasis, and nodular scabies, each of which has distinct histopathological features that help differentiate them from lichen planus nodularis.

The prevalence of lichen planus in India is relatively low, ranging from 0.1% to 2.6%, with cutaneous variants showing a male predominance, primarily affecting middle-aged to older adults (30-60 years).^[4] Notably, the severity and chronicity of LPN tend to escalate in older adults, often leading to secondary complications from prolonged scratching or irritation.^[5] Conventional treatments, including topical corticosteroids, calcineurin inhibitors, and immunosuppressive agents,^[6] often yield limited efficacy in chronic cases of LPN, underscoring the need for alternative and individualized approaches.

This case report presents a 72-year-old male diagnosed with LPN, who exhibited

moderate to severe symptoms with a baseline Lichen Planus Severity Index (LPSI) score^[7] of 45 and 50-60% body surface area involvement. After six months of Individualized Homeopathic (IH) treatment, the patient's LPSI score reduced dramatically from 45 to 1, with substantial symptomatic relief. The case was reported according to HOM-CASE guidelines,^[8] with the MONARACH (Modified Naranjo Criteria for Homeopathy)^[9] employed to establish a causal relationship between the intervention and clinical outcomes. This report highlights the potential of homeopathic treatment as a viable therapeutic option in managing chronic cases of LPN.

PATIENT INFORMATION:

A 72-year-old male presented to the Homeopathic OPD on March 15, 2024, seeking relief from multiple nodular skin eruptions on both the upper and lower limbs, associated with severe itching that had been persistent for the past two years. The itching was reported to intensify during changes in weather, particularly during the night. Additionally, the patient exhibited a predilection for sweet foods and reported difficulty tolerating hot weather.

Medical and Treatment History

The patient had been experiencing nodular eruptions with associated itching for two years, which significantly impacted his sleep and overall quality of life. He initially consulted a dermatologist and was prescribed Topical 6% ointment. Despite regular use of this medication over the two years, the patient experienced no lasting improvement in his condition, prompting him to seek alternative treatment through homeopathy.

Clinical Findings During Examination of Skin

During the physical examination, multiple flat-topped, violaceous papules and plaques with polygonal boundaries and a shining surface were observed scattered across the patient's upper and lower limbs. [Figure 1] The lesions were distributed over nearly the entire body and were characterized by very severe itching, particularly exacerbated at night and during weather changes. LPSI score was calculated to be 45 at baseline, indicating moderate to severe involvement. Based on the clinical presentation of pruritic, nodular lesions and the patient's prior diagnostic history confirmed by a dermatologist, the diagnosis of lichen planus nodularis is well-supported. The characteristic features observed, along with previous expert evaluation, provide a reliable basis for this diagnosis, allowing for targeted management aligned with the patient's specific condition.

INTERVENTION:

After a thorough evaluation of the patient's symptoms, the case was analyzed based on a totality of symptoms, incorporating both

general physical symptoms and specific presenting complaints, with particular emphasis on unique modalities. Repertorization was done using Kent's repertory through the RADAROPUS software, focusing on key symptoms: papular eruptions with intense itching worsened at night or with changes in weather, increased appetite with a craving for sweets, and intolerance to hot weather. [Figure 2]

The results from the repertorization were cross-referenced with Boericke's materia medica^[10] to confirm the most appropriate remedy. Based on the totality of symptoms and consultation with the materia medica, Sulphur 200 was selected as the most suitable medicine and potency for this case.^[11]

FOLLOW-UP AND OUTCOMES

Over the course of 6 months follow up (Table 1), the patient's LPSI score had reduced significantly from 45 to 1, and the patient reported complete remission of symptoms, with no new lesion observed. On physical examination, skin of upper and lower limb appeared normal, with only minor signs of post inflammatory hyperpigmentation remaining. [Figure 3]

Table -1: Follow up table:

Date of Follow Up	Symptoms	Prescription	Justification Of Prescription
15 th March, 2024	Patient presented with multiple nodular eruptions on skin of both upper and lower limb with intense itching. [Figure 1]	1. <i>Sulphur 200C</i> / TDS / 5 days. 2. <i>Sac lac 30C</i> / BD / 21 days.	The remedy was prescribed on the basis of totality of symptoms and after consultation with Boericke's materia medica. ^[11]
5 th April, 2024	. Multiple Nodular eruptions on skin of both upper and lower limb with intense itching better than before.	1. <i>Sac lac 30C</i> / BD / 21 days.	Repetition of placebo as the case starts improving.

29 th April, 2024	Patient complaint similar as before.	1. <i>Sulphur 200</i> / OD / 5 days. 2. <i>Sac lac 30C</i> / BD / 21 days.	Repetition of the similar medicine which is prescribed earlier. ^[13]
29 th May, 2024	e. Nodular lesions on skin is better than previous stage. With marked improvement in the Itching of skin complaint.	1. <i>Sac lac 30C</i> / BD / 28 days.	Repetition of placebo as the case starts improving.
19 th July, 2024	e. Nodular lesions on skin is better than previous state. Itching disappeared completely.	1. <i>Sac lac 30C</i> / BD / 28 days.	Repetition of placebo as the case starts improving.
21 st August, 2024	. Skin condition better than previous stage. No Itch in the skin.	1. <i>Sac lac 30C</i> / BD / 21 days.	Repetition of placebo as the case starts improving.
20 th September, 2024	Nodular skin lesion improved completely with significant reduction in the Outcome assessment score. Itching in the skin complaint completely abolished. [Figure 3]	1. <i>Sac lac 30</i> / BD/ 21 days.	Repetition of placebo as the complaints resolved completely.

Modified Naranjo Criteria score is + 9 indicating positive cause-effect relationship between the Homoeopathic medicine given to the patient and positive outcome. (Table-2)

Table-2: Post intervention Modified Naranjo score table.

Domain	Patient answer	Score
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+ 2
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+ 1
3. Was there a homeopathic aggravation of symptoms?	No	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes	+ 1
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	Yes	+ 1
6A. <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	Not sure	0

6B. <i>Direction of cure</i> : did <i>at least one</i> of the following aspects apply to the order of improvement in symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	Not sure	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	Not sure	0
8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+ 1
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+ 2
10. Did repeat dosing, if conducted, create similar clinical improvement?	Yes	+ 1
Total score = + 9		



Figure-1: Pre intervention photograph of the skin lesion

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
(36) 1	3	3	1	3	2	2			2	2	1	1			2				2	3	2		2	1		2	2			2	
(86) 1	2	2	2	3	2	3	2	1	1	1	2	2	2	1	3	3	2	3	1	2		2	3	3	2			2	1	2	1
(44) 1	3	1	1			2	2		1	1	1	1	1								2						1			1	2
(24) 1	2		2	1	2	1		2	2				1		2	3					2					2		1			
(7) 1	2	1					2						1														2				

Figure- 2: Reportorial sheet



Figure- 3: Post intervention photograph of the skin lesion.

DISCUSSION:

Homoeopathy has shown potential as a treatment for Lichen Planus, Nodularis a chronic inflammatory dermatological condition. Several case reports demonstrate successful outcomes using IH medicines. For instance, in one reported case, Nitric acid 30 led to symptom improvement within five months.^[13] additionally, a series of four cases reported remission using various homoeopathic remedies.^[14] Homoeopathic

medicines are believed to target the body's weakened immune system and gradually restore normal function.^[15]

What makes this case report distinct from others is the severity of the condition, measured through the Lichen Planus Severity Index, and the significant reduction in this score following six months of individualized homeopathic treatment. The Patient's baseline LPSI score of 45, indicating moderate to severe disease, was reduced to 1

by the end of the treatment, signifying complete remission.

While these results are promising, further research is necessary to establish the efficacy of homoeopathy in the treatment of lichen planus and its various subtypes, including lichen planus nodularis.

CONCLUSION:

In conclusion, this case demonstrates that individualized homoeopathic treatment may offer significant clinical benefits in the management of lichen planus nodularis, as evidenced by the substantial reduction in the LPSI score and symptom severity. The application of the modified Naranjo criteria for Homoeopathy further supports the causal relationship between the treatment and observed outcomes.

While further research is needed, this case adds to the growing literature on the potential role of homoeopathy in chronic dermatological conditions, offering a safe and effective alternative to conventional treatment.

Declaration of Patient Concern:

The author certifies that they have obtained all appropriate patient consent forms. The patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that the patients' name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Saklani NK, Bhavya. Management of Lichen Planus Nodularis through Individualized Homoeopathic Medicine: A Case Report. *Int. J. AYUSH CaRe.* 2024;8(4):566-573.

<https://doi.org/10.70805/ija-care.v8i4.643>

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