

Unani Approach in the Management of Lichen Simplex Chronicus (LSC): A Case Report

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ABSTRACT:

Lichen Simplex Chronicus (LSC) is a chronic, localized type of neurodermatitis characterized by lichenified, hyper-pigmented plaques resulting from a self-perpetuating itch scratch cycle. Conventional treatments provide only short-term relief and are often associated with adverse effects. Prolonged use of corticosteroids can cause serious adverse effects, antihistamines offer only partial control of pruritus, and systemic drugs or phototherapy are costly and carry significant risks. Moreover, these therapies fail to address the psychological component of the itch scratch cycle, leading to frequent relapses. This case report highlights the successful use of Unani therapy in an adult female patient with LSC associated with depression, demonstrating significant clinical improvement. A 42-year-old female presented with a three-year history of itchy, hyper-pigmented, lichenified plaque over the right ankle and dorsum of the foot. She had previously undergone allopathic treatment with minimal relief. The patient was prescribed with Unani therapy comprising 10 gm of oral *Majoon Najah* for depression and topical *Marham-e-Ra'al* (twice daily) for one month. Assessment was done clinically and through validated tools, including the Physician global assessment scale (PGA) and the Hamilton Depression Rating Scale (HAM-D), at baseline and after one month of treatment. Marked resolution of lesions and pruritus was observed, with notable improvement in depressive symptoms. The therapy was well tolerated, and no adverse effects were reported. This case suggests that Unani therapy may serve as a safe, effective, and culturally acceptable alternative for managing neurodermatitis. However, further controlled studies are needed to confirm its broader efficacy.

KEY WORDS: Antihistamine, LSC, Neurodermatitis, Unani Therapy.

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INTRODUCTION:

Lichen simplex chronicus (LSC) is a chronic neurodermatitis characterized by localized, dry, scaly, and thickened skin that typically results from habitual scratching or rubbing. It may be primary (psychodermatological) or secondary to conditions such as eczema or psoriasis and is often exacerbated by psychological stress.^[1] Although non-life-threatening, persistent pruritus can lead to secondary infection, altered keratinocyte proliferation, and, rarely, malignant transformation. LSC affects approximately 12% of the population, with a peak incidence between 30 and 50 years, with a female predominance (2:1).^[2] Conventional treatment options include high-potency topical corticosteroids, emollients, antihistamines, antibiotics, doxepin, capsaicin, immunomodulators, phototherapy, photochemotherapy, aspirin/dichloromethane, botulinum toxin, and cryosurgery or surgical excision in resistant cases. Management is challenging due to the high risk of recurrence, with potential side effects including skin atrophy, telangiectasia, irritation, photosensitivity, and post-surgical pigmentary changes or scarring.^[1]

In Unani medicine, LSC can be correlated with *Nar Farsi Muzmin*, and its psychological associations are addressed within *Amraaz-e-Nafsani* (psychiatric disorders), particularly *Malankholiya* (melancholia).^[3] Both LSC and depression are attributed to *Ghair Tabayi Sauda* (abnormal black bile). According to *Ibn-e-Sina*, the cold-dry temperament of *Khilt-e-Saudawi* disturbs the *Rooh-e-Dimaghi* (Pneuma of the Brain), leading to fear and depression.^[4] Similarly, the cold-dry nature of *Khilte Sawda* induces excessive skin dryness, disrupting the epidermal barrier and causing hyperpigmentation, scaling, and predisposition to secondary infections.^[5] Unani treatment principles for such

conditions include *Nafsiyati Tadabeer* (psychological measures), *Tanqiya-e-Mawad* (elimination of morbid matter), *Tarteeb* (moistness), *Taqwiyat-e-Qalb* (cardiac tonics), as well as topical and systemic agents with *Musaffiyate Dam* (Blood purifier), *Mudammile Qurooh* (Cicatrizant), *Mohallile Awrām* (Anti-inflammatory) and *Dafe Taffun* (Antiseptic) properties.^[4, 5] We report a 42-year-old female patient with lichen simplex chronicus (LSC) associated with depression who was managed successfully with Unani medications, demonstrating a safe, non-invasive herbal therapeutic option with favorable clinical outcomes and no observed adverse effects.

CASE HISTORY:

A 42-year-old housewife was brought to the outpatient department with a one-year history of an itchy, hyperpigmented skin plaque on the right ankle and dorsum of the foot. She reported that the lesion began as an area of persistent itching followed by gradual thickening and darkening of the skin. Over time, coarse white scales appeared in the plaque. There was no history of similar lesions elsewhere in the body, and no systemic symptoms were reported. Exacerbation of lesions usually occurs with mental stress. History revealed multiple untreated episodes of depression, with no other significant findings, except for skin lesions. The patient had no family history of atopic dermatitis, eczema, psoriasis, or allergic disorders (asthma or allergic rhinitis). The patient reported emotional distress and occasional social embarrassment owing to the visibility of the lesion. No significant occupational exposure contributed to the condition. Dermatological examination revealed multiple, well-defined, hyperpigmented, lichenified plaques of variable sizes on the right ankle and dorsum of the right foot.

Overlying coarse white scales were noted and the surrounding skin appeared hyperpigmented. There was no history of watery discharge. However, the patient reported bleeding after scratching. Neurological examination was normal except for poor attention. No lymphadenopathy, varicose veins, or systemic abnormalities were observed. Dermoscopic evaluation of the lesion revealed exaggerated skin markings in a crisscross pattern with perifollicular hyperpigmentation, overlying white scales, and a reddish-brown background. A few broken hair and linear excoriations were also observed. The diagnosis was made based on clinical examination, history, and dermoscopic findings. A definitive diagnosis of lichen simplex chronicus associated with depression was established. Informed consent was obtained from the patient prior to commencement of the treatment.

THERAPEUTIC INTERVENTION

The patient was prescribed with a combination of oral and topical medicine (Table 1).

1. *Majoone Najah* 10 g orally twice daily after meals for treating depression.^[6]
2. *Marhame Ra'al* for topical application twice daily. Before application, the affected area was cleaned with lukewarm water.^[6]

Follow-up:

The patient was admitted to the IPD in the National Institute of Unani Medicine,

Bengaluru, hospital and given oral administration of *Majoone Najah* 10 gram twice daily after meal. Lesion were cleaned with lukewarm water and *Marhame Ra'al* was applied twice daily for 30 days. Assessment of efficacy (PGA and HAM-D) and dermoscopy were done before and after the treatment.^[7, 8]

RESULTS:

After one month of therapy, dermoscopic examination showed smooth skin surface without evidence of scaling, erythema, or pigmentation irregularities (Fig-3). The patient demonstrated marked clinical improvement with reduced skin thickening, scaling, and dryness. (Fig-4). The PGA index for erythema and excoriation decreased from 4 points at baseline to 1 point after treatment, while lichenification decreased from 4 points to 0, indicating substantial improvement in disease severity (Table 2). Similarly, the Hamilton Depression Rating Scale (HAM-D) score decreased from 15 (moderate depression) to 8 (mild), reflecting a notable improvement in mood and reduction in depressive symptoms. She expressed an increased confidence in social interactions and a greater sense of psychological well-being. Family members also observed positive changes in mood and overall outlook. No adverse effects were reported, and the treatment was well tolerated. No further therapeutic measures were required during the follow-up period.

Table-1: Composition and dosage of therapeutic formulations given to the patient.

Formulation	Ingredients	Dose and mode of administration
<i>Ma'joon Najah</i>	<i>Post-e-Halela Kabuli</i> (<i>Terminalia chebula</i> Retz.) <i>Post-e-Balela</i> (<i>Terminalia bellirica</i> Gaertn. Roxb.) <i>Āmla Muqashshar</i> (<i>Phyllanthus emblica</i> L.) <i>Halīla Siyāh</i> (<i>Terminalia chebula</i> Retz.)	10 gm twice daily

	<i>Turbud Mawsūf</i> (<i>Operculina turpethum</i> L.) <i>Bisfāyij</i> (<i>Polypodium vulgare</i> L.) <i>Aftīmūn</i> (<i>Cuscuta reflexa</i> Roxb.) <i>Ustūkhudūs</i> (<i>Lavandula stoechas</i> L.) <i>ʿAsal</i> (honey).	
<i>Marhame Raʿal</i>	<i>Raʿal</i> (resin of <i>Shorea robusta</i> F.), <i>Kafoor</i> (<i>Cinnamomum camphora</i> L.), <i>Katha</i> (<i>Acacia catechu</i> L. extract), <i>Mom</i> (beeswax) <i>Roghan-e-Gao</i> (clarified butter/ghee)	Topical application twice daily (Q.S)

Table-2: Changes in PGA Index for erythema, lichenification, and excoriation before and after treatment

Features	Baseline	After one month
Erythema	4 (very severe)	1(almost clear)
Lichenification	4 (very severe)	0 (clear)
Excoriation	4 (very severe)	1 (almost clear)



Figure 1 Dermoscopic image (Pre intervention)

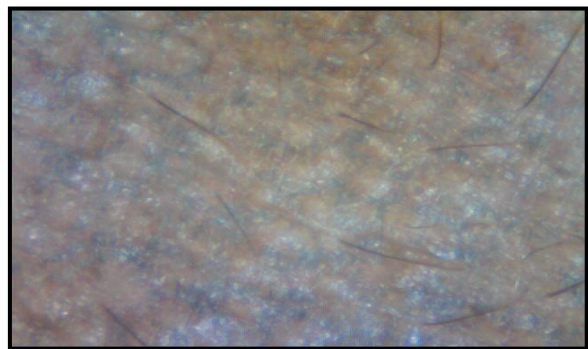


Figure 2 Dermoscopic image (Post intervention)



Figure 3 Clinical close-up image (Pre intervention)



Figure 4 Clinical close-up image (Post intervention)

Figure caption details:

Figure 1 - Dermoscopic baseline image showing gray-white scaling, prominent linear fissures/cracks running vertically and

obliquely, multiple ill-defined brownish patches, and lichenification.

Figure 2 - Clinical close-up image showing well-demarcated, lichenified plaques over the dorsum of the foot and ankle region, hyperpigmented and thickened skin with accentuated skin markings, scaly, dry, and rough surface suggesting chronic scratching/itching, irregular excoriation marks, and post-inflammatory pigmentation (PGA score 12).

Figure 3 - Dermoscopic image after one month of treatment showing smooth skin surface without evidence of scaling, erythema, or pigmentation irregularities.

Figure 4 - Clinical close-up image after one month of treatment showing marked improvement with reduced skin thickening, scaling, and dryness. The skin surface appeared smoother with no new excoriations, and hyperpigmentation had lightened, indicating good healing and disease control (PGA score 2).

DISCUSSION

This case highlights the potential of Unani medicine in the management of lichen simplex chronicus, particularly in patients experiencing chronic, recurrent lesions, where conventional therapies may offer only temporary relief. Although LSC is not life-threatening, its persistent itching, visible skin changes, association with depression and risk of recurrence can lead to considerable physical discomfort and psychological distress.¹⁰ The challenge is further heightened by the habitual scratching/itching cycle, which perpetuates the condition and complicates long-term control. The favourable outcome in this case may be attributed to the holistic approach of the Unani system, which addresses both the underlying humoral imbalance and symptomatic manifestations, while also improving the patient's emotional well-

being. As the condition correlates with *Nar Farsi muzmin* (chronic eczema) along with *malankhliya* (depression) within the Unani system, the treatment was administered according to principles aimed at balancing humours, detoxifying the body, and restoring the circulation of affected part.^[4, 5]

The herbal components of *Ma'joon Najah* used in this case carry diverse pharmacological properties like *Munzij wa Mushil-e-Sauda* (Concoctive and purgative of black bile), *Mufarreah* (mood-elevating), *Muqawwi Dimagh* (brain tonic) and *Muqawwi Aasab* (nervine tonic), *Musaffi dam* (blood purifier), *Muqawwi-e-Meda* (Gastric tonic) and *Muqawwi-e-Kabid* (Liver tonic), that may act synergistically to cure the depression as well as stimulate healing process, reduce oxidative stress, and modulate immune activity.^[3, 4] The selection of ingredients in *Ma'joon Najah* offers a rational basis for its dual therapeutic role in addressing both depression and wound healing in LSC. Several components, such as *Terminalia chebula* and *Terminalia bellirica*, possess potent antioxidant and anti-inflammatory activities through modulation of pathways like NF-κB, STAT1/3, and Nrf2, which not only reduce cutaneous inflammation but also protect neural tissue from oxidative stress, a known contributor to depressive states.^[9, 10] *Phyllanthus emblica*, rich in vitamin C and polyphenols, enhances endogenous antioxidant defences, conferring neuroprotective and skin-repair benefits.^[11] *Operculina turpethum* and *Polypodium vulgare* provide anti-inflammatory and wound-healing support, aiding in the resolution of chronic lichenified plaques.^[12, 13] *Cuscuta reflexa* exhibits antioxidant, and neuroprotective properties, potentially improving mood regulation.^[14] *Lavandula stoechas*, traditionally recognized as a *mufarreah* (mood elevator) in Unani medicine, has demonstrated anxiolytic, neuroprotective,

with dermatological benefits in modern studies.^[15]

Finally, honey contributes antimicrobial, anti-inflammatory, and tissue-regenerative effects, supporting both wound healing and overall systemic resilience.^[16] Together, these pharmacologically active constituents address the humoral imbalance (*ghalaba-e-sauda*) implicated in *Malankholiya* as well as in *Nar farsi muzmin*. The ethanolic extract of *Shorea robusta* resin (10–30% w/w), applied topically in excised and incised wound models, produced a dose-dependent acceleration in wound contraction, along with increased hydroxyproline content and tensile strength in rats^[16]. Traditional Siddha literature also supports its topical use for tissue repair.^[17] *Cinnamomum camphora* constituents exhibit potent anti-inflammatory activity in LPS-stimulated macrophages through the inhibition of inflammatory mediators, which may indirectly promote wound healing by controlling local inflammation.^[18] *Acacia catechu* extracts have a broad pharmacological spectrum, including antioxidant, anti-inflammatory, antibacterial, antifungal, and immunomodulatory activities, supporting their roles in tissue repair and infection prevention.^[19] Beeswax, like honey, possesses notable wound-healing potential due to its anti-inflammatory and antimicrobial activity against pathogens such as *Staphylococcus aureus*, *Salmonella enterica*, *Candida albicans*, and *Aspergillus niger*, with synergistic enhancement when combined with honey or olive oil.^[20] Ghee, owing to its lipid base, serves as an effective carrier for herbal actives, improving spreadability and absorption; experimental and Ayurvedic formulations such as *Jatyadi Ghrita* (a classical ayurvedic formulation of *Neem*, *Licorice*, *Jasmine*, *Majishtha*, *Khas* and *Ghee*) have shown significant wound contraction, accelerated closure, and enhanced tissue

regeneration.^{[21], [22]} Collectively, these ingredients exhibit complementary mechanisms of collagen synthesis stimulation, inflammation control, antimicrobial action, and enhanced dermal regeneration making them valuable in multi-herb wound-healing formulations. The overall effect of Unani therapeutics in the management of conditions associated with *Sard wa Khushk Mizaj* of *Sawda*, such as LSC and depression, can be attributed to their concoctive, laxative, and purgative properties, which facilitate *Tanqiya-e-Badan* (systemic detoxification) by eliminating the pathological black bile implicated in disease causation. These drugs generally possess a hot and moist temperament, which helps restore humoral balance by counteracting the excessive coldness and dryness of the diseased temperament, thereby achieving *Ta'deel-e-Mizaj* (restoration of an altered temperament).

In LSC, topical application of agents with *Muhallil* (resolvent), *Mulattif* (demulcent), *Mulaqyyin* (emollient), *Dafe Tafun* (antiseptic), and *Jali/Mudammil-e-Qurooh* (detergent and wound-healing) actions helps soften thickened skin, reduce inflammation, prevent secondary infection, and promote tissue repair. In depression, the same temperament-correcting and *Sawda*-purging approaches work internally by improving *Quwwat-e-nafsaniya* (Psychic faculty), enhancing tissue nutrition, regulating cutaneous and cerebral microcirculation, and restoring the functional integrity of the nervous system. This comprehensive action addresses both the somatic and psychological dimensions of *Sawda*-dominant disorder.

Limitation of study:

Despite its promising outcomes, this study has certain limitations. The relatively brief follow-up period limits the evaluation of the

long-term durability of therapeutic benefits. Moreover, as a single-patient observation, these findings cannot be extrapolated to the general population without caution. Nonetheless, the case contributes meaningful clinical observations to the existing body of evidence, indicating that, when administered under expert supervision, Unani formulations may offer a safe and effective option for the management of complex, chronic conditions such as LSC. To validate these findings, future investigations incorporating larger sample sizes, control groups, and extended follow-up periods are warranted, along with mechanistic studies at cellular and molecular levels.

CONCLUSION:

This case report demonstrates the potential efficacy of Unani therapy in treating LSC associated with depression. The *Ma'joon Najah* and *Marham Ra'al* application regimen led to significant improvement in itching, scaling, lichenification, and depression symptoms. Given its promising results, Unani medicine may serve as a valuable complementary approach for treating neurodermatitis. Further research is required to substantiate these preliminary findings.

Informed consent:

Written informed consent was obtained from the patient for the publication of this case report and any accompanying images.

Credit authorship:

Iram Naaz conceptualized the case, documented clinical details, and wrote the initial draft of the manuscript. **Mohd Shahid** contributed to data collection and reviewed the manuscript. All authors approved the final version and are accountable for its content.

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