

Homoeopathic Management in Lichen Simplex Chronicus: A Case Report

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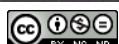
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ABSTRACT:

Lichen simplex chronicus is a chronic inflammation of the skin characterized by lichenification of the skin because of excessive itching and scratching. It is a common form of neurodermatitis which causes leathery texture of the skin, raw surface, skin patches and plaques. This disorder is the reflection of the pruritic dermatosis which may be the result of psychological stress. Conventional treatment only keeps the symptoms in abeyance and eruptions reappear again and again. In this case report a 23 year old male presented to Dr. B.R Sur Homoeopathic medical college, hospital and research centre, New Delhi, with complaints of hyperpigmentation with itching of bilateral feet since 1 year after detailed case taking and analysis *Arsenic Album 30C* was prescribed three times a day for 1 day, as constitutional remedy based on his symptom totality. After six months of treatment, the patient exhibited significant clinical improvement, with complete resolution of the lesion and restoration of normal skin texture and color. Photographic evidence of before and after treatment served as objective evidence of clinical changes. Modified Naranjo score of +8 provides evidence that the clinical outcome is due to homeopathic intervention. This case report suggests that Homoeopathy can serve as a possible treatment option for the management of Lichen simplex chronicus cases.

KEYWORDS: Dermatosis, Homoeopathy, Lichen Simplex Chronicus, Lichenification, Neurodermatitis.

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INTRODUCTION:

Lichen simplex chronicus may represent the end stage of a variety of pruritic and eczematous disorders, including AD. It consists of a circumscribed plaque or plaques of lichenified skin due to chronic scratching or rubbing. The scratching then causes the lichenification and further itching, resulting in an “itch–scratch–itch” cycle that perpetuates the process.^[1]

It may affect any part of the body, but commonly involves the nape of the neck, lower legs and ankles, sides of the neck, scalp, upper thighs, vulva, pubis or scrotum and extensor forearms.^[2] The peak incidence is between 30 and 50 years of age. The histopathological changes include acanthosis and variable degrees of hyperkeratosis. The rete ridges are lengthened. Spongiosis is sometimes present, and small areas of parakeratosis are occasionally seen. There is hyperplasia of all components of the epidermis. The dermis contains a chronic inflammatory infiltrate, and in very chronic lesions there may be some fibrosis. In all forms of lichenification, pruritus is a prominent symptom, and is often out of proportion to the extent of the objective changes. During the early stages of lichen simplex, the skin is red and slightly oedematous, and normal skin markings are exaggerated. The redness and oedema subside and the central area becomes scaly and thickened and sometimes pigmented. Surrounding this central plaque is a zone of lichenoid papules and beyond this an indefinite zone of slight thickening and pigmentation merging with normal skin. Diagnosis of lichen simplex chronicus is by clinical examination.^[2,3]

Previous researches have documented the clinical improvement of Lichen Simplex Chronicus (LSC) through individualized

prescriptions and consistent follow-ups, underscoring the value of a holistic case assessment. This paper aims to investigate the scope and effectiveness of Homoeopathic management in LSC, with a particular focus on the role of constitutional medicine.

CASE REPORT:

A 23-year-old male reported at the Out Patient Department (OPD) of Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, New Delhi with the complaint of hyperpigmentation with itching of distal dorsal aspect of both right and left foot, near the great toe since 1 year, as shown in “(Figure-2)”. Gradually, due to persistent itching and repeated rubbing, the area became rough, dry, hyperpigmented with thickening of the skin (lichenification). The itching was noted to worsen on exposure to warmth, particularly when the feet were placed under a blanket, during night and after consuming milk.

History of presenting complaint

The patient's complaint started a year back when he first noticed mild itching over the distal dorsal aspect of both right and left foot, near the great toe. The condition initially began as mild itching on the right and left foot, which gradually progressed to skin darkening and lichenification with accentuated skin markings. He had previously been diagnosed with lichen simplex chronicus and underwent conventional treatment with topical ointments for six months, but he experienced no significant relief. Consequently, he sought homeopathic treatment at our hospital.

Medical history

The patient was diagnosed with Pulmonary Tuberculosis at the age of 10 years and underwent a complete course of AKT (anti-Kochh's Treatment) for six months. No residual complications or sequelae were reported following treatment completion. There is no significant family history.

Physical generals

Appetite was good takes 3 meals/ day. Thirst was increased with 5 to 6 litres of water/day in small quantities. The patient is ambithermal and experiences profuse perspiration that leaves white stain on his clothes.. Desire for chicken 2+. Stool were hard, urine clear, sleep disturbed due to itching of both legs at night.

Mentals

Patient is very punctual and always kept his belongings in order. He wants to be in company and doesn't want to live alone. He rarely gets angry and never expresses his feelings adequately, keeping them to himself. He was cooperative during case taking. He was very anxious about his health and his skin complaint, throughout consultation, he kept asking how long it would take or if he would be okay.

General examinations:

He was 5 feet 6inch tall and his weight was 55kg. On examinations there was no pall or, oedema, jaundice or cyanosis. His blood pressure (BP) was recorded as 110/75mmHg, pulse rate was 70 bpm and respiratory rate was 13 inspirations per minute.

Local examinations:

A well defined irregular patch of thickened skin on distal dorsal aspect of both right and

left foot characterised with prominent skin markings (accentuated lines) and hyperpigmentation. Texture- Rough, thickened, leathery feel, Consistency- Firm, without tenderness, temperature- affected area normal on touch.

Repertorial totality - kent repertory

- Mind fastidious
- Mind company desire for
- Mind anxiety health about
- Stomach thirst small quantities for
- Stomach desire meat
- Generalities food milk aggravates
- Stool hard
- Perspiration profuse
- Skin discoloration
- Skin itching night aggravates

Repertorial analysis

The repertorial totality was framed as per the philosophy of the Kent repertory. The symptoms were converted into rubrics and the case was repertorised using Kent repertory^[4] [Figure 1]. After repertorisation, it was found that *Arsenicum album* covered the maximum number of symptoms and scored the highest.

THERAPEUTIC INTERVENTION:

After repertorisation with HOMPATH software and in consultation with Materia Medica^{[5] [6] [7]}, three doses of *Arsenic Album* 30C was prescribed on the first visit (March 17, 2025). After the repertorial analysis, the top five remedies identified were *Arsenic Album* (19/8), *Sulphur* (15/7), *Lycopodium* (14/5), *Nux vomica* (13/7), and *Lachesis* (13/7). After referring to the Materia Medica, it was noted that *Lycopodium* is typically suited to warm-blooded individuals

who experience anticipatory anxiety, lack confidence, and often display a form of cowardice, frequently accompanied by gastrointestinal or renal complaints. While *Sulphur*, though commonly indicated in pruritic conditions, usually presents with laziness, untidiness, indifference to personal appearance and *Lachesis* being a predominantly hot remedy with hemorrhagic manifestations like purpura, ecchymosis with marked loquacity and restlessness whereas *Nux vomica* is suited to

highly irritable individuals who are overly sensitive and easily offended, which were absent in this case therefore, *Arsenic Album* was finally selected.

Miasmatic analysis:

The miasmatic analysis of each of the symptoms, past history, family history and Objective findings are provided in Table1. The patient had multi-miasmatic background. ^[8]



Figure-1 : Repertorisation Chart

Repertorial Analysis

| | | | | |
|----------|-----------|----------|-----------|------------|
| ARS 19/8 | SULP 15/7 | LYC 14/5 | LACH 13/7 | NUX-V 13/7 |
|----------|-----------|----------|-----------|------------|

Table- 1: Miasmatic Analysis:

| SYMPTOMS | MIASMS | | |
|----------------------------------|--------|-----------|---------|
| | PSORA | SYPHILLIS | SYCOSIS |
| Anxiety about health and disease | ✓ | | |
| Desire company | ✓ | | |
| Fastidious | | ✓ | |

| | | | |
|--------------------------------------|---|---|---|
| Desire chicken | ✓ | | |
| Thirst increased in small quantities | ✓ | | |
| Aggravation from milk | ✓ | | |
| Perspiration profuse | ✓ | | |
| Stool hard | | | ✓ |
| Itching in both right and left foot | ✓ | | |
| Itching aggravated night | | ✓ | |
| Hyperpigmentation of skin | | | ✓ |
| Lichenification of skin | | | ✓ |
| TOTAL | 7 | 2 | 3 |

Table 2 - Therapeutic Intervention and Detailed Timeline of Treatment of case

| Date of visit | Symptoms | Interventions | Justification |
|---------------|---|---|---|
| 17 March 2025 | Dry, lichenified itchy hyperpigmented lesion over distal dorsal aspect of both right and left foot near great toe | <i>Arsenic album 30 tds 1 day</i> <i>Sac Lac 30 bd 15 days</i> | Based on totality of symptom |
| 02 April 2025 | Itching slightly reduced Hyperpigmentation same Dryness and lichenification same | <i>Arsenic album 30 tds 1 day</i> <i>Sac Lac 30 bd 15 days</i> | Intensity of symptom was slightly better hence same medicine with same potency is repeated. |
| 21 April 2025 | Itching reduced Hyperpigmentation slightly better Dryness and lichenification better | <i>Sac Lac 30 bd 15 days</i> | Intensity of the symptoms was quite reduced so Sac Lac was given . |
| 05 May 2025 | Itching no further improvement Hyperpigmentation same Dryness and lichenification same | <i>Arsenic album 200 1 dose</i> <i>Sac Lac 30 bd 1 month</i> | In view of no further improvement, potency of medicine was raised. |

| | | | |
|----------------|--|-------------------------------------|---|
| 10 June 2025 | Itching markedly improved Hyperpigmentation markedly improved Dryness and lichenification improved | <i>Sac Lac 30 bd 1 month</i> | As marked improvement was noted, hence only Sac Lac was given. |
| 15 July 2025 | The skin color is gradually returning to normal, with a noticeable reduction in hyperpigmentation | <i>Sac Lac 30 bd 1 month</i> | The patient was better in all the complaints hence Sac Lac was given. |
| 25 August 2025 | Itching and dryness absent Complete resolution of hyperpigmentation and lichenification with restoration of normal skin tone and texture over the affected area | <i>Sac Lac 30 bd 1 month</i> | No new complaints |

Table-3: Modified Naranjo Criteria

| Domains | Yes | No | Not sure |
|--|-----|----|----------|
| 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 time frame relative to the drug intake? | 1 | | |
| 3. Was there an initial aggravation of symptoms? | | 0 | |
| 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 | | |
| 6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? | | | 0 |
| 6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms—from organs of more importance to those of less importance?—from deeper to more superficial aspects of the individual?—from the top downwards? | | | 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? | | 0 | |
| 8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions) | | +1 | |

| | | | |
|---|----|--|---|
| 9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.) | +2 | | |
| 10. Did repeat dosing, if conducted, create similar clinical improvement? | | | 0 |
| Total Score = 8 | | | |

Photographic Evidence



Figure-2: Before Treatment



Figure-3 : During Treatment



Figure-4: After Treatment

FOLLOW UP

After administering *Arsenic album* 30 thrice a day only for 1 day followed by *sac lac* 30 twice a day for 15 days. In accordance with Dr. Kent's doctrine concerning the potency selection, therapeutic intervention was systematically modified in relation to the patient's mental, physical, and local conditions.^[9] With regular follow-ups, itching, hyperpigmentation and lichenification disappeared from both feet. Patient was under follow-up for 6 months without any recurrence. Changes in signs and symptoms, as well as medicines prescribed in every follow up, are provided in Table 2. The objective evidence of the treatment outcome was documented through photographic evidence at the first visit, and after 6 months of the treatment. The Modified Naranjo Criteria for homoeopathy in causality assessment has provided the evidence of improvement as substantiated in the case by a MONARCH score of +8.^[10] Modified Naranjo Criteria for Homeopathy (MONARCH), a causal attribution

inventory tool, was used to find out any causal relationship between the homoeopathic intervention and the outcome of treatment. The score obtained in each of the 10 domains of MONARCH is detailed in Table 3. The MONARCH score at the final visit was +8 on the '−6 to +13' scale. This shows a positive causal attribution of the individualised homoeopathic treatment towards this case of lichen simplex chronicus.

DISCUSSION:

Lichen simplex chronicus is a localized, well-demarcated area of lichenification resulting from repeated scratching or rubbing, perpetuating an itch–scratch cycle. The visible changes in skin texture and pigmentation pose considerable cosmetological concerns, also affecting the overall quality of life and patient's day-to-day functioning, due to persistent pruritus and discomfort. In contrast to conventional treatment, emerging literature indicates potential benefits of homoeopathic interventions in the management of Lichen

simplex chronicus (LSC). A peer-reviewed case series published in 2006, comprising 27 patients, demonstrated that individualized prescriptions—most commonly *Hydrocotyle*, *Thuja*, and *Graphites*—were associated with partial to complete remission of symptoms^[11]. Subsequent case reports lend further support to these observations. One described significant reduction in pruritus and resolution of lichenification following administration of *Hepar sulphuris* in LM potencies^[12]. Similarly, another report documented marked clinical improvement in an elderly patient with LSC who received weekly doses of *Silicea* 200C^[13]. Collectively, these findings suggest that individualized homoeopathic prescribing offers favourable clinical outcomes in chronic dermatological conditions, particularly in scenarios where conventional approach are constrained by adverse effects or limited efficacy.

In the presented case, a well demarcated, lichenified patch on bilateral feet with itching was resolved after the use of individualised homoeopathic medicine *Arsenic album* 30C prescribed following a final consultation with the homoeopathic *materia medica* and with the help of the repertory. Within four weeks of the initial prescription, itching reduced significantly. By eight weeks, the lesion became softer with marked reduction in lichenification and improvement in pruritus. After administering *Arsenicum album* 200C, further improvement was noted as resolution of skin hyperpigmentation and complete relief from itching. At six-month follow-up, the affected area showed near-normal skin texture and no recurrence. This response of homoeopathic medicine was also assessed by the MONARCH criteria, with a score of 8, which is near the maximum possible score of 13. This strongly suggests a causal

relationship between the administration of the single homeopathic remedy, *Arsenicum album*, and the remission of Lichen Simplex Chronicus.

CONCLUSION:

In this case, complete clinical recovery with no recurrence of hyperpigmented or lichenified lesions provides documented evidence of improvement. The outcome suggests that homoeopathic intervention may have a beneficial role in the management of lichen simplex chronicus (LSC). However, as this report is limited to a single case, further rigorously designed studies are necessary to substantiate and scientifically validate these findings.

Limitation of study:

As this is single case report it requires more RCTs and case series are further warranted.

Declaration of patient consent:

The authors obtained written informed consent from the concerned patient to publish his case records and photographs without revealing his identity.

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

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