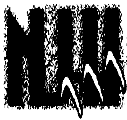

Lichen Planus: Moss on Moses

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"Botany", wrote Alphonse Karr, "is the art of insulting flowers in Greek and Latin". Nosology, the refined art of naming diseases, may be called the science of impressing/intimidating the patient and his doctors, the lay and the learned, in Greek-n-Latin or Tamil-n-Telugu. From Gk *Lichen* meaning a tree moss, and Latin *planum* meaning flat comes the common skin problem Lichen planus (Lpl) which true to its Gk-n-Latin origin, has remained Greek and Latin to modern medicine for the past 2000 years.

Aurelius Cornelius Celsus, usually known as Celsus, was a Leonardo da Vinci that in Rome strode over the end of pre-christian era and the early decades of the Christian times. He was a member of a noble family, a non-medico, wrote most extensively on medicine, and his was the first medical books to be printed, and reprinted 50 editions over and spanning over 3 centuries. His clarity of expression earned him the epithet "the Cicero of physicians". Such a man fathered the term Lichen. The suffix planus was added by an outstanding English dermatologist Sir William James Erasmus Wilson in the early 19th century.

The Dorland's medical dictionary sums up Lpl pithily: "an inflammatory disease, with wide flat violaceous, itchy, polygonal papules having a characteristic sheen, occurring in circumscribed patches, and often very persistent. The etiology is unknown but an emotional basis is suspected." The variants are annular, atrophic, bullous, erosive, follicular and hypertrophic. A severe form, with intense inflammation, was named Lichen rubber by Ferdinand Hebra, Viennese dermatologist, contemporaneous with Erasmus Wilson.

While mostly idiopathic, Lpl follows exposure to dyes and color-film developers. Lpl has been linked with bullous, pemphigoid, alopecia areata, vitiligo and chronic ulcerative colitis. Lpl is mostly self-limiting. Persistent/severe cases demand "superpotent topical corticosteroids". If too protracted, a malignant change may, rarely, supervene.

Immanuel Kant, the acknowledged father of Western philosophy bemoaned medico's penchant for inscrutable names for conditions ordinary or otherwise "Physicians think they do a lot for a patient when they give his disease a name." One of Murphy's Law is pertinent here: "Just because a doctor has a name for your condition doesn't mean he knows what (the hell) it is". Richard Asher, the British medical wit wryly applauds medical naming of "conditions existent or non-existent" and amplifies its clinical competence: "However, uninformative the name of his illness may be a patient feels his foe is partly vanquished once he knows its name. We all know the conversation: "I seem to have an inflamed tongue, doctor. Will you have a look at it?" "Ah, you've got glossitis". "Thank you doctor. It's all right now I know what it is".

Lpl belongs, rightly, to a wide assortments of high sounding names that, for the medical student, the patient, and even the doctor, start, with a bang and end with only a whimper that like, say, cancer, may so stay put for many a millennium. How about creating a new acronym as an umbrella term for all the many diseases that carry a fancy impressive name but no sense. A good, honest dermatologist, allopathic, homoeopathic, naturopathic or whichsoeveropathic, while discussing Lpl with the patient,

should tell him that the issue is PIKNA – Problems I know Nothing About. That will exonerate the physician if his treatment fails to work, and empower the patient, in Illichian style, to manage his/her own malady. The fact of PIKNA grossly outweighing PIKLA (Problems I knew Little About) may be pleased from a Harvard Dean addressing newly admitted medical student: "Gentleman, I urge you to engrave this on the template of your memories: there are thousands of diseases in this world, but Medical Science only has an empirical (= guesswork/ experience/quackery) cure for twenty-six of them. The rest is guesswork". To this valiant intellectual candor, a Stanford Dean added spice: "It is generally known that 50% of what we teach for a medical college is correct. The only trouble is that no one knows for sure which 50%". Lichen planus, thou art the humbler, nor, the humiliator of medical science. We hope Hahnemanneopathy is a welcome exception to this.

How to Diagnose- The Lichen Planus

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These are groups of flat topped erythematous or purplish papules showing a criss-cross appearance on the surface often seen on the flexor surface of the skin with symmetric distribution. It is an uncommon acute, sub acute or chronic disorder of the skin and mucous membranes characterized by purplish, polyhedral, flat-topped, itching papules occurring mostly on the flexor surfaces and in the mouth. The name lichen is derived from the resemblance it has to the purplish lichens that grow on trees in the hills.

The three main features of Lichen planus are

- Typical pruritic skin lesions.
- Mucosal lesions.
- Band like infiltration of melanophages and lymphocytes in the dermis.

Etiology

1) Exact etiology is unknown, Nervous and mental tension/trauma may predispose.
2) Associated with the Disease-Myasthenia gravis with thymoma, graft versus host disease.
3) Drug Induced: Sulphonamides, Sulphonylureas, Tetracylines, Chloroquine, Quinidine, Quinacrine, Antimony, Iodides, Phenothiazines, Chlorothiazide, Hydrochlorothiaride etc.

Pathology

At the epidermodermal junction band-like inticration of melanophage, histocyte is seen. At the same site immunoglobulin mainly 1 gm deposits are seen.

Clinical Features

a) Age: Young adults and children. Sex: Both
b) The lesion first appears on the flexor aspect of upper and lower limbs, over the axillae and on the abdomen, fore arms, wrist, legs, genitalia and on face symmetrically.
c) The typical lesion consists of polygonal and pleomorphic papules which are very small at the outset but gradually become pea-sized with violet colour.
d) Papules may enlarge with clearing of the