

## CLINICAL

# Homoeopathy for the treatment of lichen simplex chronicus: A case series

R Gupta\*, RK Manchanda and BS Arya

Department of Dermatology, Nehru Homoeopathic Medical College and Hospital, B- Block, Defence Colony, New Delhi 110024, India

**Twenty-seven patients with chronic lichen simplex involving various parts of the body were treated. *Hydrocotyle* was prescribed to 21 patients in different potencies (6c, 30c, 200c, 1 M, 10 M), *Thuja* to three patients (1 M, 10 M), *Graphites* (6c), *Kali bich* (30c) and *Sulphur* (200c) to one patient each during 1 year study period. Only two patients showed complete improvement with *Thuja* and one with *Graphites*. In other cases, the response was limited to partial relief itching. *Homeopathy* (2006) 95, 245–247.**

**Keywords:** Lichen simplex chronicus; *Thuja*; *Hydrocotyle*; *Graphites*; *Kali bich* and *sulphur*

## Introduction

Lichen simplex presents as itchy, thickened, hyperpigmented area with prominent skin markings.<sup>1</sup> Initially the lesion is usually skin or brown colour. The older lesion(s) become more thickened and hyperpigmented. The lesions are well marginated and usually present on the back of the neck (Figure 1) but can be seen on any part of the body (Figures 2 and 3). As a rule, exudation and scaling does not occur, but repeated scratching may result in secondary infection and inflammation. Secondary lichenification due to primary lesions of other skin diseases like contact dermatitis or atopic dermatitis may mimic lichen simplex chronicus.

Several homeopathic medicines including *Antimonium crudum*, *Arsenisum album*, *Calcerea carbonica*, *Cicuta virosa*, *Dulcamara*, *Graphite*, *Hydrocotyle*, *Lachesis*, *Lycompodium clavatum*, *Ranunculus bulbosis*, *Rhus toxicodendron*, *Sepia officinalis*, *Sulphur*, and *Thuja occidentalis*<sup>2–4</sup> may be indicated for the treatment of lichen simplex chronicus. In our series *Hydrocotyle* was prescribed for 21 patients, *Thuja* to three, *Sulphur*, *Graphites* and to one patient each.

## Material and Method

Twenty-seven patients with chronic lichen simplex on various parts of the body were included in the study. The history of all the cases was taken in detail with special emphasis on location, duration of disease, itching, thickening, and hyperpigmentation of skin (Table 1). On the basis of totality of the symptoms, homeopathic medicines were selected and given orally. The drugs were used in different potencies, 6c and 30c potencies were prescribed three times daily; 200c, 1 M and higher potencies were given once in a day until improvement started (Table 2). Subsequently either the

\*Correspondence: R Gupta, B/47-C, Sidhartha Extension, New Delhi 110014, India.

E-mail: [dr\\_ramji@yahoo.com](mailto:dr_ramji@yahoo.com)

Received 2 November 2005; revised 9 March 2006; accepted 19 June 2006

**Figure 1** Early papular lesions of lichen simplex chronicus on the nape of the neck.

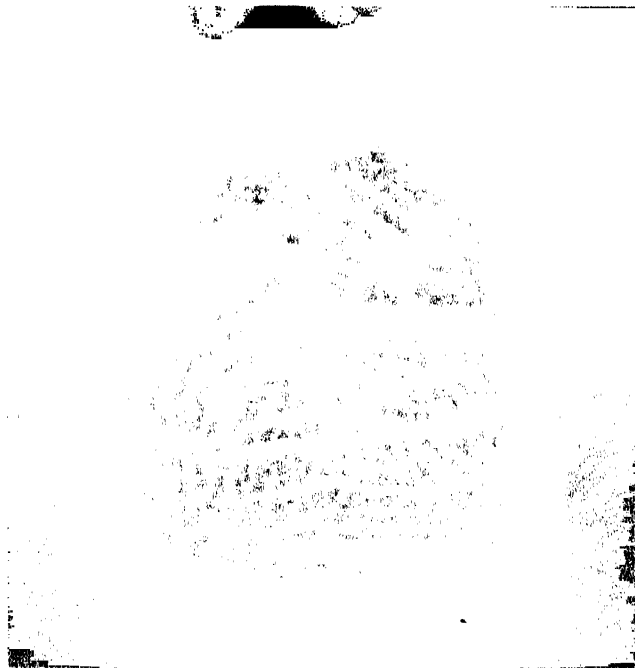


Figure 2 Lichenified lesions on the scrotum.

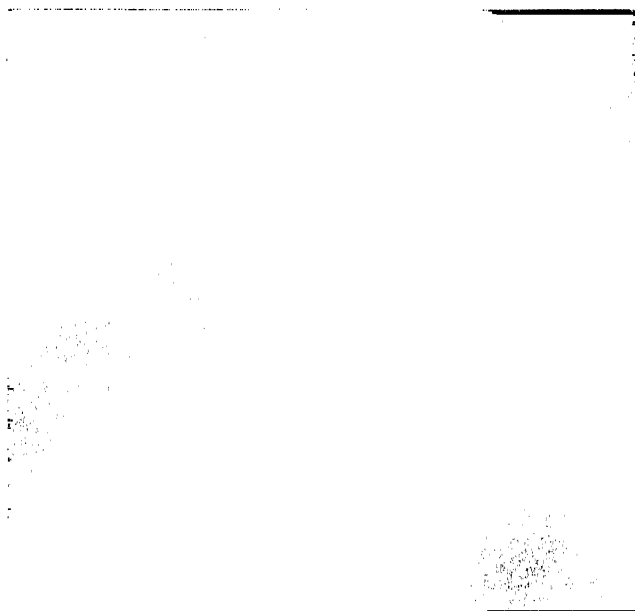


Figure 3 Thick, hyperpigmented lesions on the leg.

same or next potency was given according to requirement. No external application or dietary restrictions were given to any of the patients.

*Hydrocotyle* was prescribed to 21 patients on the basis of morphological presentation such as dry lesions(s), thickening of epidermal layer, circular spots and intolerable itching.<sup>4,5</sup>

*Thuja* was prescribed to three patients on the basis of dry skin and itching worse after scratching, sensitivity to touch, general aggravation from heat of bed at night and from cold damp air.<sup>2</sup>

*Sulphur* and *Graphites* were prescribed to one patient each on the basis of metal and general symptoms.<sup>2</sup>

*Kali bich* was also used in one obese patient with summer aggravation, secondary infection with itching, burning and ulceration.<sup>2,5</sup>

All the patients were assessed in terms of itching, thickening and hyperpigmentation of the skin. All patients were advised to avoid scratching the lesions.

## Results

Twenty of 27 patients completed the study, seven cases were lost to follow up (Table 1). Patients ranged from 15 to 77 years most were 20 to 50 years (90%). The male:female ratio was 11 : 9. Duration of the disease varies from 2 months to 30 years. Patients were followed up for periods ranging from 2 to 9 months and showed a variable degree of improvement in 15 days to 7 months. Three cases showed complete disappearance of itching, thickening and hyperpigmentation and another two showed improvements in itching and thickening of the lesions without any effect in pigmentation. The remaining 15 patients showed a variable degree of improvement in the itching only (10–80%) without any effect on thickening or pigmentation (Table 3).

There were no recurrences of the lesions in the patients who showed complete disappearance on follow-up for 1–12 months after treatment. Of the three patients, two were given *Thuja* 1M and 10M, one *Graphites* 6c. *Hydrocotyle* was prescribed to 12 patients in 6c potency, to six patients in 30c potency, to two patients in 200c potency, to six patients in 1M potency and to one patient in 10M potency. Only two of these patients showed any improvement apart from itching. *Sulphur* and *Kali bich* were prescribed to one patient each with slight relief of itching only (Table 2). One patient showed complete resolution with *Graphites*.

## Discussion

*Hydrocotyle* is frequently used and supposed to be a specific remedy for lichen simplex: the basis of prescribing as thick, lichenified pigmented lesions.<sup>4</sup> We prescribed it to 21 patients on the totality of the symptoms. With *Hydrocotyle* itching improved 10–100%. Thickening improved greatly in two patients without any effect on pigmentation. There was no further improvement even with continuation for 2–8 months or change of the potency. Thus *Hydrocotyle* was found not very useful in ameliorating the symptoms and signs of lichen simplex chronicus in our series.

Three patients were given *Thuja*, two showed complete disappearances of signs and symptoms in 7 months treatment without any recurrences of symptoms during 1–12 months of follow-up. The third

**Table 1** Profile of lichen simplex chronicus patients treated

Case no.	Age	Sex	DOD*	Site of disease	DOT†	Drug/potencies	Improvement (with duration in months)		
							Itching	Thickening	Pigmentation
1	23	F	2-4 m	Left wrist	7m	Thuja 1M	100% (7)	100% (10)	100% (12)
2	40	F	8m	Neck	7m	Hydrc 6	> 10% (7)		
3	45	F	1 y	Right ankle	7m	Hydrc 1 m, 10M	> 25% (1/2)		
4	42	M	1y 6m	Left leg	7m	Hydrc 1M	> 25% (7)		
5	23	F	6 m	Both legs	9m	Graph 6	100% (12)	100% (5)	> 90% (9)
6	38	M	1y 6m	Neck	7m	Kali bich	> 50% (7)		
7	28	F	2 m	Rt side chest	7m	Thuja 10M	100% (2)	100% (5)	100% (8)
8	32	M	4-5 y	Left elbow	7m	Hydrc 6	> 10% (6)		
9	44	F	30 y	Left ankle	8m	Hydrc 6,30,1M	> 75% (6)		
10	45	F	2-3 y	Left ankle and elbow	4m	Hydrc 6, 30, 200, 1M	> 10% (4)		
11	40	M	2-3 y	Left foot and toe	6m	Hydrc 6, 30	> 30% (6)		
12	34	M	6-7 y	Scrotum	4m	Hydrc 6	> 40% (4)		
13	40	M	3-4 y	Left foot	4m	Hydrc 6,30,1M	> 10% (4)		
14	28	F	1y	Generalised	4m	Hydrc 6,1M	> 10% (4)		
15	15	M	12 y	Legs (ext)	4m	Hydrc 6	> 40% (4)		
16	40	M	3m	Neck	2m	Hydrc 6,30	> 40% (2)	> 90% (2)	
17	35	F	1y	Legs both	6m	Hydrc 6,30,200	100% (5)	> 90% (6)	
18	42	M	10 y	Left both	4m	Hydrc 6	> 60% (4)		
19	42	M	6 m	Back	2m	Thuja 1M, 10M	> 80% (2)		
20	70	M	9 y	Legs both	2m	Sulph 200	> 50% (2)		
<i>Lost to follow up</i>									
21	32	M	4 m	Neck	1m	Hydrc 6			
22	27	F	2 y	Sacrum	15d	Hydrc 6			
23	35	M	5 y	Right leg	1m	Hydrc 6			
24	45	M	4m	Legs	1m	Hydrc 6			
25	50	F	2 y	Left foot	15d	Hydrc 30			
26	37	M	20 y	Neck	15d	Hydrc 6			
27	42	F	5 y	Both foot	15d	Hydrc 30			

\*Duration of disease.

†Duration of treatment: d = days, m = months, y = years.

**Table 2** Homeopathic medicines and potencies prescribed

Drugs	Potency	No. of cases prescribed
<i>Hydrocotyle</i> (21 cases)	6c	12
	30c	6
	200c	2
	1M	6
	10M	1
<i>Thuja</i> (3 cases)	1M	2
	10M	1
<i>Sulphur</i>	200c	1
<i>Graphites</i>	6c	1
<i>Kali bich</i>	30c	1

**Table 3** Improvement in signs and symptoms

Sl. no.	Signs/symptoms	Total no. of cases	Percentage of improvement				
			10-25%	26-50%	51-75%	76-90%	100%
1	Itching	20	6	5	3	2	4
2	Thickening of skin	20	0	0	0	1	3
3	Hyperpigmentation	20	0	0	0	0	2

patient showed only 80% improvement in itching during 2 months but no effect on thickening or pigmentation. *Graphites* was given to one patient with

almost complete clearance of all symptoms in 12 months. *Sulphur* and *Kali bich* were used in one case each with some relief in itching only. In this study it is clear that *Thuja* and *Graphites* emerged as the medicines which are able to clear the lichen simplex chronicus completely. However, a further controlled trial in large number of patients is required before any conclusion is drawn.

## References

- Gupta R. *Text Book of Dermatology*. 1st edn. Jaypee Brother Medical Publisher (P) Ltd, 2002, p 165.
- Gupta R, Manchanda RK. *Textbook of Dermatology for Homocopathis*. 1st edn. New Delhi: B. Jain Publishers (P) Ltd, 2005, p 186.
- Kent JT. *Repertory of the Homoeopathic Materia Medica*. 6th ed. New Delhi: B. Jain Publishers (P) Ltd, 1996, p 1333.
- Bose SC. *Drugs of Hindustan with their Homoeopathic uses, Proving and Clinical Verification*, 9th edn. Kolkata: Hahne-mann Publishing Co, Pvt. Ltd.
- Hering C. *The Guiding Symptoms of the Materia Medica*, Vol VI. New Delhi: B. Jain Publishers, 1971, pp 81, 352-353.