

A Case of Hypertrophic Lichen Planus



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Mr LBS 86yrs, male, Maharashtrian, widower, residing at Malad.

LOCATION	SENSATION	MODALITY	CONCOMITANT
SKIN since 2000 Rt lower shin of Tibia, near ankle joint	Multiple, Thick ³ , dark ³ , hard, brownish, blackish ³ , protruding nodular like lesions with peeling of skin which comes back again		Rx – Ayurvedic and Dermatologist's Rx taken without relief
Both elbows Rt > Lt	1-1 thick brown black lichenified spots+,		

Both soles, lateral sides Hypothenar area of palm Both index fingers Since 6 months	skin -peeling+ Rough, dark brown, peeling, itching		
SKIN Face, cheek, forehead Since many yrs Both forearms	Warts: Multiple, dark brown, flat Lipomas++		
RS Since many yrs F=1/yr D=15-30 days	URTI Mild coryza with sneezing	A/F: Banana/ Apple < June-July	

PATIENT AS A PERSON

APPETITE: Normal

CRAVING: Fish

URINE: Increased frequency at night, < If takes rice in dinner.

STOOL: 1-2/d, Tendency for constipation+, H/O: Piles+, > *Harde Tabs- an ayurvedic preparation.*

PERSPIRATION: Scanty

SLEEP: 4-5 hrs, yet refreshing

DREAMS: Has gone to village without intimating office, feels as if committed some crime and now, how to resume?

THERMAL: C4H**LIFE SPACE INFORMATION:** (As available from both written history and interview)

Pt is 86 yrs old, lean weighing 50kgs with height 5'5" and wheatish complexion. A timid, gentle person, he spoke good English, though had studied in Marathi medium school till 7th Std and then passed Matric from Bombay University in 1937. Started work in New Custom House from 1945 as Lower Division Clerk and retired as Officer Superintendent in 1979 at the age of 58yrs. His job profile was that of a clerk & supervising over 60-70 staff.

Pt's Fa expired in 1922 when pt was just 1 yr old, due to Typhoid, as medicines were not easily available that time. He had 2 uncles, and pt

and her Si were the only children in family. So they were loved and taken good care of by the uncles. Thus, he never really missed his father. He expressed that he had a fairly good childhood and even enjoyed his days of adolescence. He had no IPR difficulty with anyone in the family. No history of any tension or problems in work area, could take it on face value as and when it came. He said he is not troubled from anyone, anytime.

He has 3 sons and 2 daughters. Elder 2 sons (57,55) both live separately at Kanjur marg and Kandivli with their family and are well settled. Youngest son (53) and DIL are staying with pt. Son was in a salesman job but he left it since 6 months. Pt seems little apprehensive about this, but son doesn't have any children so they will manage. DIL was working as a nurse but left since pt's wife died 10 months back and she is now compelled to look after the house.

Pt's elder Daughter died in 2003 at the age of 51 yrs due to Ca Breast. And her H also died in 2006 due to Parkinsons. They have 2 children, out of them daughter is married but son, 20yrs old is left alone without parents and thus is staying with pt. Pt has taken up his responsibility.

Pt and his wife were more attached a lot to the elder daughter compared to the sons. Da was

like their Rt hand, esp wife's. Her death brought lot of pain to them.

Pt's 2nd Da had expired when she was just 2 yrs. Pt's wife also expired 10 mnths back. Pt's was in tears while narrating about the deaths. Added that his wife's life was good and she passed away peacefully for which he felt good.

He too seemed happy, since he has fulfilled all his responsibilities well. He is getting pension since last 28 yrs-currently gets Rs 6000 monthly and is not dependant on sons. In fact he helps them and Da's children if required.

He is a calm, quiet, timid person, living peaceful life. No other activity other than reading newspaper, just rests and relaxes. No interest in other readings.

PAST HISTORY: Nil

FAMILY HISTORY

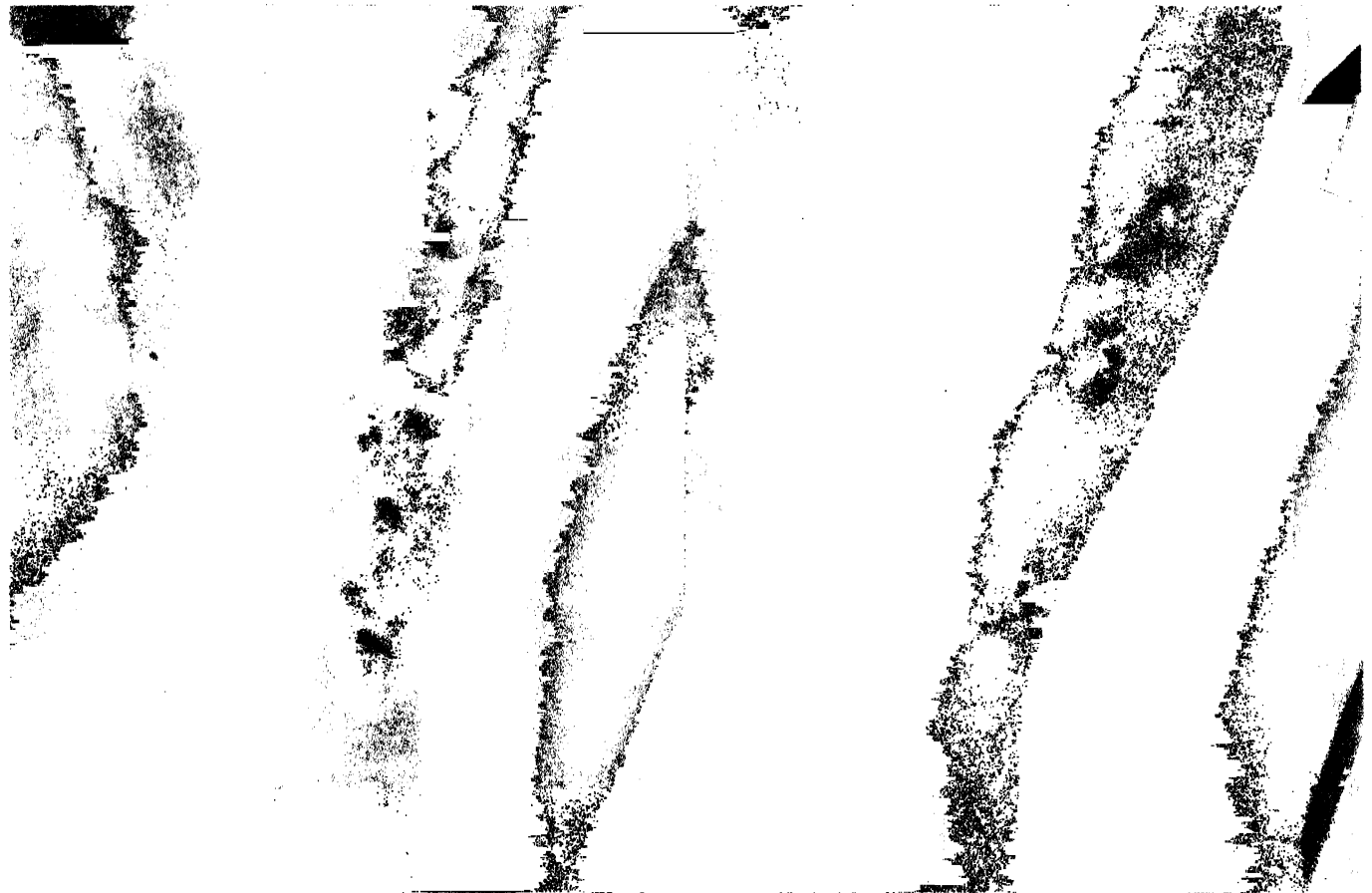
Father: Expired of Typhoid at 35yrs age.

Mother: Expired at 80yrs age due to old age.

Sister: Expired at 82yrs due to MI.

REMEDY: Silicea: Indications: Mild, Timid, Conscientious, Responsible, Satisfied, Sensitive (But not paralyzing), duty conscious (expressed even in dreams) lean, thin, chilly.

UNDERSTANDING: A person who is calm, quiet, timid and does not have big ambitions and expectations but still has fulfilled all his responsibilities and even today is taking care of grandson. A person who has lived with positive emotions, who could see his wife's death also with positive emotions. The continuous feeling that



Treatment of Mr LBS started on 30/08/07. Lesions were even more prominent at that time. Unfortunately the images of the first interview are not available. This is 2nd image after the treatment of about 8 months and 3rd image at the end of 15 months treatment.

comes from his history and his frequently used words during interview was about the satisfaction in his life as if he is prepared to leave the world with no desires left unfulfilled.

Looking at his calm, quiet, timid, chilly, physical structure another drug which came up was *Calc-phos* but *Sil* was selected keeping Conscientious, Responsible and Satisfaction high up in evaluation.

No much characteristics available in physical general and particular except type of lesions. But a person who has lived a very healthy life so far and today also, his vitality is very good. Thus 200 was decided as the potency.

Miasm: No much Fundamental load available as no major diseases in family and no past history of any illness. For Dominant Miasm – Pt with multiple warts and lipomas, some sort of stagnation in life where living retired life with no much activity, pathology being thickening and hypertrophy and very slow, gradual onset and progress of disease points towards Dominant Sycotic Miasm.

SUMMARY OF TREATMENT: Treatment started on 30/8/07 with *Silicea* 200 1PHS weekly. Seeing the type of lesions and slow progressing illness with sycotic activity, *Sil* was given daily HS and than tds doses. *Thuja* 1M single infrequent doses were started from Aug 2007.

RESULT: All the lesions started improving. Thick lichenified lesions from shin of Tibia started thinning out, they became softer, smoother and flat. Lichenified lesion from elbows flattened and almost disappeared. Skin roughness and discolouration from index finger, palm and sole is also much better. Itching completely disappeared.

In between Rx was discontinued as pt had gone to village and at that time he noticed improvement had stopped. Again with continuing Rx pt is showing slow and steady improvement. He is still taking Rx. Dose schedule has been gradually stepped up to get maximum benefit and it was found that frequent repetition was required for the lichenified lesions. At present is on *Thuja* 1M daily *Hep-sulph* and *Sil* 1M tds.

😊😊 Expert on Parenting 😊😊

On a flight to Florida, I was preparing my notes for one of the parent-education seminars I conduct as an educational psychologist. The elderly woman sitting next to me explained that she was returning to Miami after having spent two weeks visiting her six children, 18 grandchildren and ten great-grandchildren in Boston. Then she inquired what I did for a living. I told her, fully expecting her to question me for free professional advice. Instead she sat back, picked up a magazine and said, "If there's anything you want to know, just ask me."

😊😊 Guests for Dinner 😊😊

There was this little kid who had a bad habit of sucking his thumb. His mother finally told him that if he didn't stop sucking his thumb, he'd get fat. Two weeks later, his mother had her friends over for a game of bridge. The boy points to an obviously pregnant woman and says, "Ah, ha! I know what you've been doing!"

Oversensitive to Every Medicine

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In childhood we read stories of queens and princesses, so oversensitive that they faint from smelling flowers, we thought that this phenomenon is merely a product of imagination. But during my Homoeopathic practice I have met people who are oversensitive, in general terms allergic, to certain things or certain circumstances. For instance:

One gentleman who was an asthmatic told me that his trouble aggravates from clouds so much so that while he is in his bed-room early in the morning and when a small cloud gathers on the horizon he gets an attack of difficult breathing. He can actually predict that there is some cloud in the sky, if he gets this symptom. I also had a similar ailment from, in a different case.

Another person once told that he is very allergic to the ribbed-gourd (*luffa – torai*). He told that during its season he cannot go in the vegetable market; not only this, if some body puts this vegetable in his room in a bag without his knowledge, he gets a severe attack of bronchitis as soon as he enters the room.

The most unusual thing which happened with me is, I could eat gourd (*lowkee*) at home in my village with perfect impunity. But after appendicectomy in 1962 some unusual change took place in my constitution and I became allergic to it. Even if I happen to take the vegetable in a very little quantity, it causes severe colic and gastralgia and after my duodenal by-pass in 1978, it caused intestinal hemorrhage causing severe anaemia whenever little quantity of its vegetable was taken by chance, otherwise I keep in good health such is the uniqueness of oversensitiveness of the vital force.

Now, let me relate a case of a lady, 40 years old

who became oversensitive to every, even, mildest medicine.

On 3rd June 2008 the lady visited my clinic and told that about nine months ago her gallbladder was removed surgically due to gall stones, during that period she was given drip which caused her severe allergy. She developed the following symptoms:

- She felt severe burning in whole of her esophagus.
- Great flatulent distension.
- Frequent distressing headache.
- Constipation. Urge to stool not daily.

Being oversensitive to all kinds of medicines, even the mildest, she was in extreme distress and suffering as she was unable to take any medicine and there was no way for relief except suffering.

I gave her *Cuprum-metallicum* 30 one dose (5-6 globules of No 10 size moistened in the dilution in a little sugar of milk – it is my practice, I give the dose like this) once daily for four days. She felt very much better in all respects.

On 10th June 2008 she reported the following:

- Burning sensation in mouth and throat.
- Much agitation.
- Pain around the waist.
- Sensation of plug in various part eg throat and abdomen etc.

Now on looking against these new symptoms in repertory, *Ignatia* 200 was prescribed one dose once in two days. She had taken lemon water (*shikanjee*); after that she felt some aggravation for two days, followed by much relief in all respects.

In the third week of July 2008 she felt distress in pelvic region, as such consulted a specialist who



enomyoma/fibroid with septate fluid in the pelvis suggestive of PID (pelvic inflammatory disease).

The photo copy of the USG report is produced below:

For the above revelation she was prescribed some Antibiotics (?) and she did not inform me about this trouble and took these medicines for few days. Surprisingly her system had borne these medicines without least reaction; while previously she used to get severe reaction from simplest medicine.

Now she is again under Homoeopathic treatment and gradually uterine complaints are improving.

A few words about the action of *Cuprum-metallicum* for oversensitive patients as Dr J T Kent write in the lecture on *Belladonna* in his book 'Lectures on Homoeopathic Materia Medica':

"*Cuprum* is so sensitive all over. It has sensitive skin, sensitive polypi, everything sensitive; and it is so sensitive in its reaction that, when it is needed, partially indicated remedies will not work, because the patient is so oversensitive to everything that everything overacts. The smallest dose, the mildest dose, the simplest dose overacts and everything aggravates. Odors aggravate; well selected remedies disturb instead of cure. *Cuprum* tones down, relieves that sensitivity and well-selected remedies will then act curatively and longer.

advised Ultrasound scanning. The ultrasound scanning on 17th July 2008 revealed the following:

Bulky adenomyotic uterus with a heteroechoic lesion in the posterior myometrium...? Ad-

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S B L	Inside Front Cover	Hompath	Pg 04
M L D	Inside Back Cover	Platina and Cross Word	Pg 06
Orix	Back Cover	Rajan Sankaran	Pg 30
NJH Book Club	Pg 02	Aarish Academy	Pg 38
		NJH Book Club	Pg 50