

Lichen Planus – A Curable Skin Disease

ABSTRACT: Lichen planus is one of the commonest skin problem we come across. This study has been undertaken with an intention to discuss practical aspects of this skin disorder along with its Homoeopathic treatment and management to reach a favourable outcome.

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INTRODUCTION

Lichen planus is an inflammatory dermatosis of unknown etiology characterized by intense itching, polygonal, flat-topped papules with a violaceous hue involving the skin and less commonly the mucosae, hair and nails. They may be scattered or grouped, some may be umbilicated. They may have a slight scaly surface with 'Wickham's Striae' (fine white lines on the surface of the papules). Usually the lesions are pruritic and often there is eruption of new lesions on the linear scratch marks; this is called *Koebne's phenomenon* or *isomorphic reaction*.

Lichen planus is a condition that mainly affects the skin to cause an itchy rash. In some cases it affects the mouth, genitals, hair, nails and rarely other parts of the body. About 1 in 100 people develop lichen planus. More than two thirds of cases occur in people aged 30-60 years. However, it can occur at any age. It is not an inherited disease. It is not an infection and the rash cannot be 'caught' or passed on to others.

There are two types of lichen planus (LP)- acute and chronic. Acute LP is characterized by sudden extensive eruptions of typical LP papules all throughout the body surface (mainly extremities) and usually resolves within 6-18 months leaving a hyperpigmented surface which takes months to clear. Chronic LP, may persist for more than a decade; it includes oral LP, hypertrophic LP and lichen planopilaris; often involves nails giving rise to various types of dysmorphic changes. We have a considerable number of homoeopathic remedies

to treat Lichen Planus successfully.

WHAT CAUSES LICHEN PLANUS?

The cause of lichen planus is not known. A type of *inflammation* develops in the skin which causes the rash. However, the cause of the inflammation is not known. One theory is that the immune system may be 'triggered' by a virus or other factor in the environment to attack cells on the skin which leads to the inflammation.

Lichen planus is often associated with chronic active hepatitis, hepatitis B and C infections. Lichen planus is also associated with some autoimmune diseases such as myasthenia gravis. LP-like eruptions is also seen as a chronic form in graft-versus-host reaction, following the bone-marrow transplantation.

Genetic predisposition, though not common, does play a role in the development of LP in members of common HLA type. An increased incidence of HLA-A₃, HLA-B₇, and HLA-B₈, has been found in the development of Lichen Planus. Emotional stress may account for its onset or the relapse but to establish a causative relationship is difficult.

There is hyperkeratosis, a prominent granular layer, basal cell degeneration and a heavy T-Lymphocyte infiltration in the upper dermis. Degrating basal cells may form colloid (apoptotic) bodies. The T cell-basal cell interaction leaves a 'saw tooth' dermo-epidermal junction. The picture suggests an immune reaction to an unknown epidermal antigen.

A rash very similar to lichen planus occasionally develops from a known cause, but this is rare. For example: (i) as a side-effect to some medicines, this

is called a 'lichenoid drug eruption'. The rash clears within a few weeks after stopping a medicine that caused it. (ii) Lichen planus in the mouth is sometimes due to an allergy to mercury fillings in teeth. (iii) A rash similar to lichen planus occasionally develops after contact with certain chemicals used in colour photographic developing.

What does lichen planus look like?

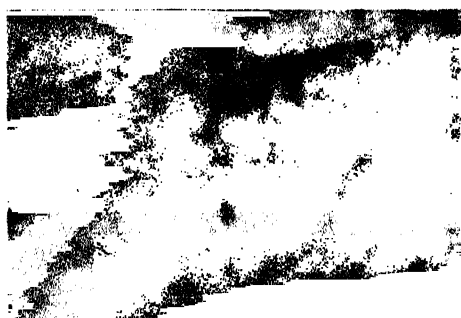
LICHEN PLANUS OF THE SKIN

Lichen planus classically involves the flexor sur-

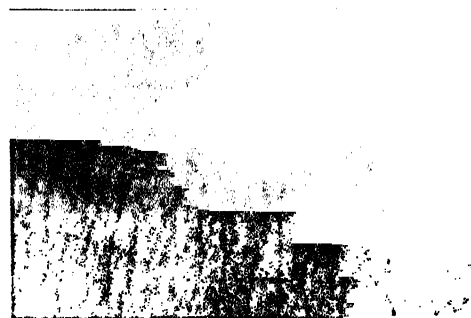
faces of wrist and forearm. The rash can appear anywhere on the body but is most likely to occur on the inner wrists, lower legs and lower back. The typical rash is small, red-purple bumps (papules). The bumps are usually shiny and flat-topped (planus means 'flat'). They vary in size from a pinhead to about 1 cm across. The number of flat topped bumps that develop varies. Fine white streaks often develop on the top of each bump; these are called 'Wickham's striae'.



Lichen of Buccal Mucosa



Lichen Planus of Forearm



Isolated Lichen Planus

LICHEN PLANUS OF THE MOUTH

50% patients may develop LP on mucosal surface. About half of the people with a lichen planus skin rash develop white streaks on the buccal mucosa, inside of the cheeks, lips, gums, tongue, and palate. This is usually painless and not itchy. It may not be noticed unless looked for. Sometimes lichen planus of the mouth occurs without any skin rash. Grinspan's syndrome is a triad of oral LP, diabetes mellitus, and hypertension. LP involving mucous membrane is usually associated with an asymptomatic fine white lacy network or pinhead sized white papules.

LICHEN PLANUS OF OTHER PARTS OF THE BODY

Most people with lichen planus just have the skin rash and/or mouth involvement. However, in some cases other areas of the body are also affected. These include the following.

➤ **THE VULVA AND VAGINA:** Lichen planus can cause painless white streaks on the vulva. However, it can also cause painful red sore areas of the vulva and entrance to the vagina. This can be sore, itchy and in severe cases make it very painful during sexual intercourse. Scar tissue

may also develop which may narrow the entrance to the vagina.

- **THE PENIS:** The typical skin rash may affect the glans of the penis. Also, white patches may develop on the glans penis.
- **THE NAILS:** About 1 in 10 people with lichen planus have affected nails. The changes in the nails include thinning of nail plate, longitudinal splitting and ridges, subungual hyperkeratosis, onycholysis, red or brown discoloration, pterygium formation. However, severe damage to the nail or complete loss of nail plate can occur in some cases.
- **The Palms and Soles:** may also be affected by LP producing hyperkeratotic, yellowish papules which usually lacks the characteristic morphology of the typical lichen planus (LP). In these areas LP is often non-pruritic.
- **THE SCALP:** LP of scalp may cause patches of baldness.
- **RARELY:** The oesophagus (gullet), larynx, bladder and anus can be affected.

SYMPTOMS OF LICHEN PLANUS

1. **ITCHING:** Itch can range from mild to severe. A



severe itch is common and is often the worst thing about lichen planus. The itch may disturb sleep and affect the quality of life. The itchiness is unusual in that affected people tend to rub the rash rather than scratch to ease the itch.

2. **RASH:** Sometimes the rash develops quickly over a few days. The rash may spread rapidly to become generalized. Sometimes each bump develops gradually over several weeks. Sometimes, several bumps form in a line along a previous scar. Sometimes several bumps clump together to form a large patch. New bumps may appear over time as older ones are fading away. Each bump tends to last several months before fading away. The rash may appear at the site of trauma, Koebner's phenomena.
3. **DISTRIBUTION OF RASH:** Tends to start on the distal limbs, most commonly the volar aspects of the wrists and the lower back.
4. **CONSEQUENCES OF RASH:** In most cases, the individual lesion may last for several months (3-18 months) and the eruption as a whole tends to last for about a year or more and then clears (in some cases it persists longer). A non-itchy brown or grey mark may be left on the skin where each bump had been erupted. This post inflammatory pigmentation after the disappearance of lesions may take several months or years to fade away completely.
5. **ULCERS:** Lichen planus can also cause ulcers in the mouth but this is uncommon. If they occur they can be very sore and unpleasant. Hot or spicy foods are especially difficult to eat. Mouth ulcers can occur with or without the skin rash. In some cases, the gums become red and sore.

VARIANTS OF LICHEN PLANUS

The lack of characteristics of typical Lichen Planus (LP) in these variants often makes the diagnosis difficult. So, the descriptions of these variants are often most useful in our clinics to diagnose LP.

- 1) **ANNULAR LP:** Usually forms a ring of typical LP papules that spread peripherally often with central clearing; commonly affects glans penis.

- 2) **LINEAR LP:** Linear group of typical LP papules, commonly seen in children.
- 3) **HYPERTROPHIC LP:** These are highly pruritic, lichenified, scaly, violaceous, hypo- or hyperpigmented plaques, usually symmetric, commonly occurs in shins and ankles; has a tendency to develop malignant changes.
- 4) **ATROPHIC LP:** Associated with atrophy of skin.
- 5) **LP ACTINICUS (LP tropicus, LP pigmentosus):** Commonly occurs in tropical countries, which involves sun-exposed areas of children and young adults; mildly pruritic, associated with pigmentations.
- 6) **LP ERYTHEMATOSUS:** It is non-pruritic, soft, red papules, especially on the forearms, commonly found in older patients.
- 7) **LICHEN PLANOPILARIS:** It shows acuminate, keratotic, follicular papules, primarily on the scalp; often associated with atrophy, alopecia and scaling.
- 8) **ULCERATIVE LP:** It consists of chronic bullae and ulcerations of soles and sometimes of mouth or other mucosae; there is definite chance to develop squamous cell carcinoma.
- 9) **TWENTY NAIL DYSTROPHY:** All the nails are thin, ridged, roughened, and often also split; usually seen in children. Here other manifestations of LP may be absent.
- 10) **VESICULOBULLOUS LP:** may occur on pre-existing LP or on previously normal skin; it is also termed as LP pemphigoides; bulla may contain blood.

DIAGNOSIS OF LICHEN PLANUS

In most cases the rash is typical and one can diagnose the condition from the look of the rash. If there is any doubt, then a small sample of affected skin can be taken for a biopsy and histopathological examination. The following characteristic changes in the skin can be seen which confirms the diagnosis.

- Hyperkeratosis without parakeratosis
- Focal hypergranulosis.
- Irregular acanthosis producing a saw-toothed appearance of rete-ridges.
- Liquefaction degeneration of basal cell layer.

- Band-like upper dermal lympho-histiocytic infiltrate.
- Colloid bodies in deep dermis and upper dermis.
- Small separations between the epidermis and dermis.
- Hypertrophic LP lesions shows hyperkeratosis, acanthosis and papillomatosis.
- Oral lesions often show parakeratosis rather than hyperkeratosis.

PROGNOSIS OF THE DISEASE

- Prognosis of Lichen planus is good. The lesion usually goes without leaving any ongoing problems.
- Treatment can usually ease skin symptoms until the rash clears.
- Without treatment, about half of cases of lichen planus affecting the skin clear within 6-9 months. The rest usually clear soon after this. It is unusual for the rash to last longer than 18 months. However, lichen planus persists longer in a small number of people who are severely affected. This is mostly in people who develop lichen planus mouth ulcers, and lichen planus of the vulva or penis.
- For lichen planus of the skin, once the rash has cleared, about 1 in 5 affected people have a recurrence sometime in the future. A small number of people have several recurrences.
- If lichen planus affects nails or hair, the damage such as bald patches or destroyed nails is permanent.
- People with lichen planus have a slightly higher chance of developing other 'inflammatory' diseases. Eg ulcerative colitis, alopecia areata, vitiligo, dermatomyositis, morphea, lichen sclerosis, and myasthenia gravis etc. This is probably due to some people being more prone to 'immune' or 'inflammatory' conditions. However, every patient with lichen planus does not develop these complications.
- If painful ulcers develop in the mouth due to lichen planus, then there is higher chance of developing cancer of the mouth.
- If the vulva is badly affected, there is a slight

increased risk of developing cancer of the vulva.

HOMOEOPATHIC REMEDIES FOR LICHEN PLANUS

Here I am describing some of the leading homoeopathic remedies which are usually prescribed to treat the cases of lichen planus depending upon the symptoms present in the patient. Constitutional and anti-miasmatic remedies play a great role to cure the patient and to prevent its recurrence.

AGARICUS-MUSCARIUS

- i. Burning, itching, redness, and swelling of skin eruptions.
- ii. Miliary eruption, with intolerable itching and burning.
- iii. Circumscribed erythematous, popular and pustular and oedematous lesions.
- iv. Itching of toes and feet as if frozen.
- v. Swollen veins with coldness of skin surface.

ALUMINA

- i. Chapped, dry tettery eruptions.
- ii. Intolerable itching when getting warm in bed; must scratch until it bleeds, then becomes painful.
- iii. Brittle nails; brittle skin on fingers.

ANTIMONIUM-CRUDUM

- i. Pimples, vesicles, and pustules; sensitive to cold bathing.
- ii. Dry, measles-like eruptions; itching when warm in bed.
- iii. Scaly, pustular eruption with burning and itching; worse at night.
- iv. Skin disorders with gastric derangements.
- v. Thick, hard, honey-colored scabs.

APIS-MELLIFICA

- i. Erysipelas eruption with sensitiveness and swelling, rosy hue.
- ii. Skin eruptions with burning and stinging pain.
- iii. Hives with intolerable itching > cold application.
- iv. Buccal lichen planus; tongue fiery red, swollen, sore, and raw with vesicles.
- v. Membrane of mouth and throat glossy, as if varnished.

ARSENICUM-ALBUM

- i. Itching, burning, swellings of eruptions.
- ii. Papular, dry, rough, scaly eruption; worse cold and scratching.
- iii. Malignant pustules, ulcers with offensive discharges.
- iv. Urticaria like eruptions with violent burning and restlessness.

ARSENICUM-IODATUM

- i. Dry, scaly, itching eruptions with marked exfoliations leaving a raw exuding surface.
- ii. Eczematous reddish eruptions with itching and oozing.
- iii. Associated with enlarged lymph glands.

BELLADONNA

- i. Skin dry, hot, sensitive, burning, scarlet, and smooth.
- ii. Eruptions like scarlatina, suddenly spreading.
- iii. Alternate redness and paleness of skin.
- iv. Erysipelas like eruption with enlarged, inflamed, indurated glands.
- v. Indurations of skin after inflammations.

DULCAMARA

- i. Pruritus always worse in cold, wet weather.
- ii. Itching burns after scratching < in warmth.
- iii. Skin very sensitive to exposure of cold, causes urticaria like eruptions which is very itching.
- iv. Humid eruptions on face, genitals, hands etc.
- v. Thick, brown yellow crusts, bleeding when scratched.

JUGLANS-CINEREA

- i. Red eruptions, like flush of scarlatina.
- ii. Itching and pricking when heated > scratching.
- iii. Erythema and erysipelatous redness.

LEDUM-PALUSTRE

- i. Intense itching of feet and ankle < from scratching and warmth of bed.
- ii. Ecchymosis; long discolouration after injury.

LYCOPodium

- i. Violent itching; fissured eruptions.
- ii. Skin becomes thick and indurated.
- iii. Brown spots, freckles worse on left of face and

nose.

- iv. Dry, shrunken, especially of palms.
- v. Skin discolouration associated with gastric and hepatic disorders.

PHYTOLOCCA-DECANDRA

- i. Skin becomes dry, shrunken, pale; with intense itching.
- ii. Papular and pustular eruptions; most useful in early stages of cutaneous diseases.
- iii. Syphilitic eruptions; scarlatina like rash.
- iv. Discolouration to boils, and when sloughing occurs.
- v. Skin diseases associated with swelling and induration of glands.

SARSAPARILLA

- i. Rash from exposure to open air; dry, itching, comes in springs; becomes crusty.
- ii. Rhagades; skin cracked on hands and feet.
- iii. Skin hard, indurated.
- iv. Summer cutaneous affection.
- v. Emaciated, shrinkled skin, lies in folds.

STAPHYSAGRIA

- i. Eruptions of head, ears, face, and body; thick scabs, dry and itching violently.
- ii. Scratching changes location of itching.
- iii. Inflammation of phalanges.

SULPHUR-IODATUM

- i. Itching on ears, nose and in urethra.
- ii. Papular eruptions on face.
- iii. Arms covered with itching rash.
- iv. Cold-sores on lips.

CONCLUSION

The condition is usually self-limiting, although rarely, particularly oral lichen planus may persist for more than 10 years. In very mild asymptomatic patients only reassurance and placebo are all that is needed. But the most other cases require judicial treatment to cure the disease. The homoeopathic medicines described here shows remarkable results in the patients with lichen planus. Suspected lesions are to be biopsied for detection of malignant changes and should be treated accordingly.