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SINGLE DOSE OF ARSENICUM ALBUM IN A CASE OF LICHEN PLANUS PIGMENTOSUS

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Abstract

Hypertrophic lichen planus (HLP) is a chronic, inflammatory, autoimmune skin condition characterized by thickened, verrucous, and hyperpigmented plaques, predominantly affecting the lower limbs [1][2]. It represents a rare but more persistent variant of classical lichen planus, marked by severe itching, potential for secondary infections, and long-standing pigmentation [3]. Conventional treatment modalities, including topical corticosteroids and antihistamines, often offer only temporary symptomatic relief with frequent relapses [4][6].

This paper highlights a case where individualized classical homeopathic treatment resulted in a significant reduction of symptoms, arrest of recurrence, and stoppage of conventional medication. The therapeutic approach focused on a holistic understanding of the patient, emphasizing mental, emotional, and physical totality to select the appropriate constitutional remedy. The case outcome suggests that homeopathy may offer long-term relief in chronic and steroid-dependent cases of HLP [6].

Keywords

Hypertrophic lichen planus, autoimmune skin disorder, chronic pruritus, homeopathy, steroid withdrawal, constitutional remedy

Introduction

Hypertrophic lichen planus (HLP) is a chronic, pruritic, and hyperkeratotic variant of lichen planus, commonly presenting on the lower extremities. The condition is characterized by thick, scaly, and often violaceous plaques with post-inflammatory hyperpigmentation. It is considered a T-cell-mediated autoimmune disorder that targets basal keratinocytes at the dermoepidermal junction [1].

Although the precise cause remains idiopathic, potential triggers include genetic predisposition, psychological stress, viral infections such as hepatitis C, and certain medications [2]. HLP is typically resistant to conventional treatment and is associated with intense itching, relapsing episodes, and cosmetic disfigurement due to persistent pigmentation and scarring [3].

Histopathologically, it shows hyperkeratosis, acanthosis, wedge-shaped hypergranulosis, and a band-like lymphocytic infiltrate [4]. In long-standing cases, malignant transformation into squamous cell carcinoma, though rare, has been reported [5].

Conventional management usually involves the use of potent topical corticosteroids, intralesional injections, calcineurin inhibitors, and oral antihistamines [6]. However, these treatments are often palliative in nature and may result in dependence or side effects over time. Hence, alternative modalities like homeopathy are increasingly being explored for their potential in offering long-term, holistic care with minimal side effects.

Case Profile

The patient, presented with hypertrophic lichen planus in both lower extremities, complaining of pigmented lesions with intense itching since childhood. The symptoms had progressed since February. She is a known case of hypertension and has been on T. Amlong 5 mg. She has no known history of diabetes, allergies, or respiratory complaints. Family history reveals similar skin complaints in her mother. Obstetric history includes two children delivered via LSCS. She also reports gastric complaints with GERD-like symptoms.

Initially, she had persistent itching and pigmentation, along with dark spots. Over the course of treatment, there has been a gradual and sustained improvement. By November 2023, the patient reported reduced pigmentation and dark spots, and no new complaints were noted.

She stopped using Allegra (previously taken daily) and discontinued the use of topical steroid creams, relying only on moisturizers along with homeopathic medication. In the following months, she continued to report improvement. By January 2024, itching was only occasional, and pigmentation had reduced. She had undergone a master health checkup which showed LDL 150, HbA1c 6.0, and TSH 3.0.

Through February and March 2024, she experienced occasional itching, but pigmentation and spots had significantly reduced. Mild new lesions were noted in early April, but overall improvement continued. By May, the itching had completely reduced with no new lesions, though existing pigmentation persisted. By June, she confirmed that she had stopped steroids completely and was only on homeopathy. She expressed significant improvement, with lesions gone and only pigmentation remaining.

In July and August, she reported occasional itching over the calf area. However, she maintained that she had stopped all steroids and felt much better with homeopathy. No new lesions were seen. The condition remained stable from September 2024 onwards, with no itching, no new lesions, and no scaling observed under Wood's lamp examination. She was advised to maintain a nutritious, immune-rich diet, use intense moisturizing lotion, and continue medication.

From October 2024 through May 2025, the patient remained stable with no itching, scaling, or new lesions. Pigmentation continued to reduce. As of May 2025, she collected two months' worth of medication and planned to travel to Bangalore. Overall, the patient experienced a significant and sustained improvement in her symptoms with homeopathic treatment, discontinued all conventional steroidal interventions, and now manages well with continued homeopathic support and lifestyle modifications.

Physical Generals

Appetite: Normal

Cravings: Chicken

Aversions: Citrus Fruit

Thirst: Normal

Number of glasses/day: 2-3 liters/day

Perspiration:

Stain: None

Quantity: Normal

Odour: Non-offensive

Parts: Generalized

Urine: Regular

Stools: Regular

Thermals: Ambithermal

Covering: Not required

Bathing: Seasonal

Seasonal Preference: All seasons

Prefers: AC and Fan

Sleep: 7-8 hours

Type of sleep: 8 hours but still feels sleepy

Position of sleep: Back

Examination

General Appearance:

Patient appears well-nourished and adequately built

Conscious, coherent, and cooperative

Ambulatory and oriented to time, place, and person

No signs of acute distress

Vital Signs:

Temperature: 98.6°F (37°C)

Pulse: 76 beats/min, regular

Respiratory rate: 18 breaths/min

Blood pressure: 124/78 mmHg

SpO_2: 98% on room air

Skin and Nails:

Skin: Clear, normal texture, no rashes or lesions

Nails: Normal, no clubbing or cyanosis

Head and Neck:

No scalp tenderness

Eyes: Pupil size normal, reactive to light, conjunctiva clear

Ears: No discharge, tympanic membrane intact

Nose: No nasal discharge or obstruction

Throat: Mild congestion, no tonsillar hypertrophy

Neck: No lymphadenopathy or thyroid enlargement

Chest Examination:

Inspection: Chest symmetrical, no deformities

Palpation: Equal expansion on both sides

Percussion: Resonant throughout

Auscultation: Clear breath sounds bilaterally, no wheeze or crackles

Cardiovascular System:

Heart sounds S1 and S2 heard clearly

No murmurs or gallops

Peripheral pulses well felt and symmetrical

Abdomen:

Soft and non-tender

No organomegaly or masses

Bowel sounds present and normal

Neurological Examination:

Cranial nerves intact

Motor strength 5/5 in all extremities

Reflexes normal

Sensory system intact

Coordination and balance normal

Mental Status:

Alert and oriented

Memory and attention intact

No signs of anxiety or depression at the time of examination

Family Setup:

The patient belongs to a 4-membered nuclear family. Previously, they lived in Dubai where the family was involved in business. Ten years ago, they shifted permanently to Chennai. While in Dubai, the patient consulted various allopathic doctors for her ailments but did not find lasting relief. Her father was actively involved in business during their time in Dubai. Currently, the family is settled in Chennai, living a well-organized and routine life. The patient's relationship with her family is cordial and supportive.

Upbringing and Life Experiences:

The patient describes her upbringing as positive and without any major challenges. She had a jovial and friendly nature throughout her childhood. There were no significant stressful periods in her school or college years. She reports having a good relationship with both her siblings and her parents. When asked who had a greater influence on her, she did not particularly single out either parent, suggesting a balanced upbringing.

Childhood and School Life:

She had a healthy academic life with good scholastic performance. She was never subjected to bullying and shared pleasant interpersonal relationships with both her teachers and friends. Her parents were not overly strict and did not impose unrealistic expectations on her, which allowed her to grow in a stable, nurturing environment.

Work Environment:

Currently, the patient is a homemaker. She takes great pride in maintaining her home and describes herself as a perfectionist with a strong desire for cleanliness and order. She gets particularly irritated when household things are mismanaged, especially by her husband. Her daily routine includes ensuring everything at home is neat, well-placed, and orderly. This strong need for structure and perfection sometimes leads to irritation when others do not match her standards.

Personality Attributes:

The patient describes herself as jovial, friendly, and extroverted by nature. She enjoys being around people and has an open demeanor. However, she also admits to being anxious about her health and is often worried about her current complaints. She describes herself as restless, particularly when things are not in their proper place or when cleanliness is compromised. Her need for perfection and control over her environment is a defining trait of her personality.

1. Anxiety

Yes, the patient does identify herself as an anxious type, especially when it comes to her health. She tends to become nervous and restless when she senses something abnormal in her body. She feels sad and emotionally burdened when worried about her ailments, which leads her to repeatedly seek medical reassurances.

2. Anger and Irritability:

She admits to becoming angry when things are mismanaged at home, especially when her expectations for cleanliness and order are not met. Her irritation is mostly directed at her husband when he fails to maintain her standards. She is fastidious by nature and gets upset quickly in such situations. Although she does not display aggressive anger, her frustration is evident in her tone and behavior.

3. Emotional Sensitivity:

The patient considers herself emotional, particularly about matters involving order, hygiene, and perfection. She becomes easily affected when her space or routine is disturbed. She is sensitive to disorder and expresses her emotions through restlessness, sighs, and occasional

verbal remarks. Her emotional response stems from her deep-rooted need to maintain control and balance in her surroundings.

4. Most Stressful Situations:

She has not reported any major external stressful life events but does find internal stress in dealing with health-related anxieties and the emotional burden of not getting relief from her complaints. Her stress manifests in overthinking, sleeplessness, and emotional exhaustion.

5. Saddest Moments of Life:

While she did not report any deeply saddening traumatic event, her ongoing health condition has created a feeling of emotional sadness and helplessness.

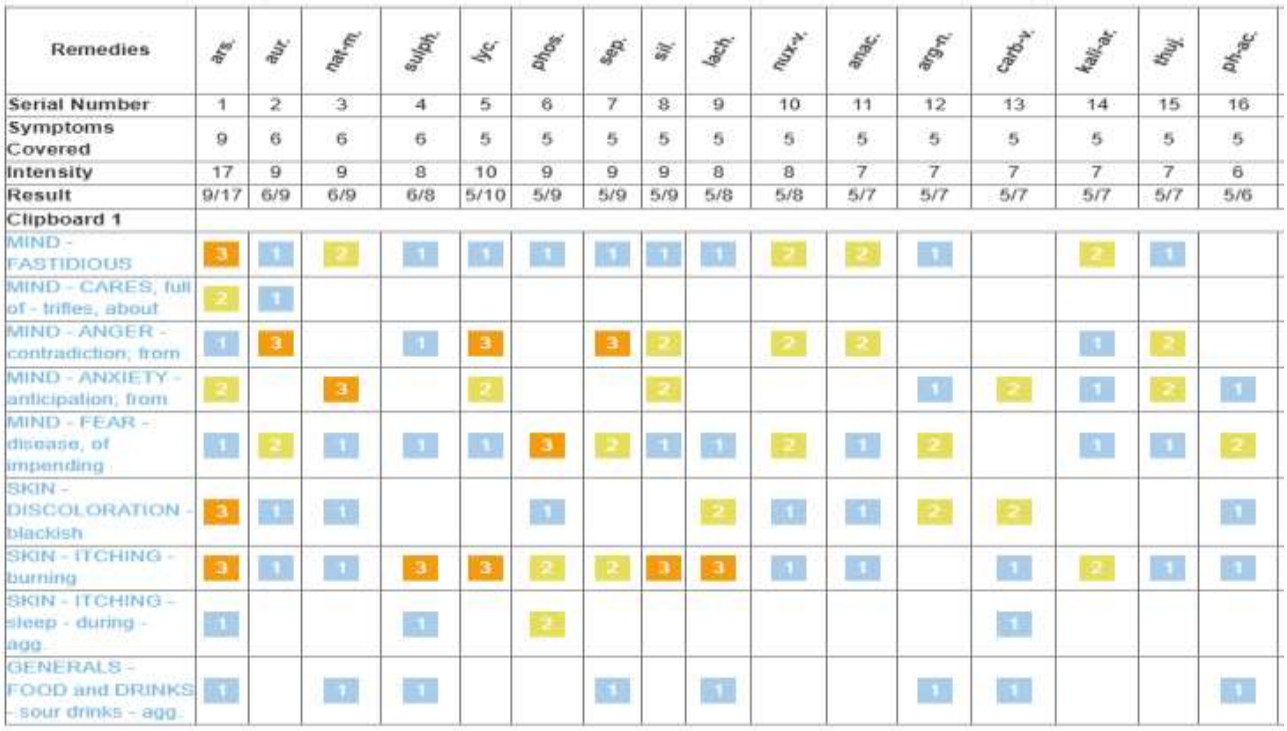
6. Happiest Moments of Life:

Her happiest moments revolve around spending time with her family, maintaining a clean and orderly home, and being appreciated for her efforts. She enjoys occasions where her family praises her homemaking skills, and she feels emotionally fulfilled when everything is in place according to her expectations.

case analysis Reportorial totality

Repertory used	Rubrics selected
Repertory Name	– MIND- FASTIDIOUS – MIND-CARES, full of-trifles, about – MIND-ANGER- contradiction; from – MIND - ANXIETY - anticipation; from – MIND - FEAR- disease, of impending – SKIN- DISCOLORATION blackish – SKIN - ITCHING - burning – SKIN - ITCHING- sleep-during- agg. – GENERALS- FOOD and DRINKS sour drinks - agg.

Repertory screenshot



Remedies	ars.	aur.	nat-m.	sulph.	lyc.	phos.	sep.	sil.	lach.	nux-v.	anac.	arg-n.	carb-v.	kali-ar.	thuj.	ph-ac.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Symptoms Covered	9	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5
Intensity	17	9	9	8	10	9	9	9	8	8	7	7	7	7	7	6
Result	9/17	6/9	6/9	6/8	5/10	5/9	5/9	5/9	5/8	5/8	5/7	5/7	5/7	5/7	5/7	5/6
Clipboard 1																
MIND - FASTIDIOUS	3	1	2	1	1	1	1	1	1	2	2	1		2	1	
MIND - CARES, full of - trifles, about	2	1														
MIND - ANGER - contradiction; from	1	3		1	3		3	2		2	2			1	2	
MIND - ANXIETY - anticipation; from	2		3		2			2				1	2	1	2	1
MIND - FEAR - disease, of impending	1	2	1	1	1	3	2	1	1	2	1	2		1	1	2
SKIN - DISCOLORATION - blackish	3	1	1			1			2	1	1	2	2			1
SKIN - ITCHING - burning	3	1	1	3	3	2	2	3	3	1	1		1	2	1	1
SKIN - ITCHING - sleep - during - agg.	1			1		2							1			
GENERALS - FOOD and DRINKS - sour drinks - agg.	1		1	1			1		1			1	1			1

Selection of Remedy

Remedy selected: Arsenicum album

Mental generals:

Marked anxiety, especially about health

Restlessness, both physical and mental, with constant shifting due to unease

Desire for order and perfection, becoming irritable when things are mismanaged

Sadness and helplessness when chronic complaints persist despite treatment

Physical generals:

Skin complaints marked by intense itching, dryness, and rough, scaly eruptions, which are keynote symptoms of Arsenicum album

Chronic nature of complaints, with multiple unsuccessful allopathic consultations in Dubai, reflecting the Arsenicum album type who anxiously seeks help

Restlessness and possible aggravation of symptoms at night

The overall constitutional picture—combining anxiety, restlessness, perfectionism, and deep concern about health along with characteristic skin symptoms—makes Arsenicum album the most suitable remedy in this case.

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – Fastidious		✓		
Mind – Cares, full of trifles, about	✓			
Mind – Anger from contradiction	✓			
Mind – Anxiety from anticipation	✓			
Mind – Fear of disease, of impending	✓			
Skin – Discoloration, blackish		✓	✓	
Skin – Itching, burning	✓	✓		
Skin – Itching during sleep, agg.	✓			
Generals – Food and drinks, sour drinks agg.	✓			

Results

Month	**Progress**	**Prescription**
1st Month	Persistent itching, pigmentation, and dark spots reduced; no new complaints; general condition good	Arsenicum Album 200C followed by SL
2nd Month	Continued reduction in pigmentation and thickening; itching still present	SL
3rd Month	Itching reduced, pigmentation and dark spots reduced; BP normal; **patient stopped Allegra & steroids**	SL
4th Month	Further improvement in itching and pigmentation; patient only on moisturizers now	SL

5th Month	Itching minimal; pigmentation lightened; patient feels better	SL
6th Month	Maintained improvement; no flare-ups	SL
7th Month	Stable condition	SL
8th Month	No itching; skin condition stable	SL
9th Month	Maintained results; no relapse	SL
10th Month	No new complaints; general health good	SL
11th Month	Itching controlled; pigmentation improved; good compliance	SL
12th Month	Significant improvement; reduced need for SOS meds; skin healing steadily	SL

Discussion & Conclusion

The patient presented in September 2023 with chronic complaints of intense itching, thickened pigmented skin, and recurrent dark spots. She was heavily dependent on daily Allegra for symptomatic relief and was using topical steroidal creams, indicating suppression of symptoms rather than a curative approach. Her overall general health was stable, but the skin condition had become a significant physical and psychological concern, impacting her quality of life.

Initial prescription with Arsenicum Album 200C helped target the specific dermatological manifestation — addressing both inflammatory and keratotic changes. These remedies were selected based on totality and the nature of the eruptions: thick, itchy, and pigmented with scaling.

The first major improvement was recorded in November 2023, where the patient reported a significant reduction in itching and pigmentation. Notably, she had stopped Allegra completely, which she had been taking daily for years. By December 2023, the patient had also discontinued steroid creams, indicating a marked shift from suppression to a more natural, curative response of the body.

The skin progressively improved — thickening reduced, no new eruptions occurred, and her general well-being remained good.

From March 2024 onward, the prescription focused on maintenance and stabilization. As the skin condition stabilized, SAC-L 200C was introduced monthly as a constitutional and anti-miasmatic support remedy to prevent recurrence and reinforce internal healing.

The patient followed up consistently till May 2025, with stable skin, no return of itching, significant reduction in pigmentation, and a complete stop to the use of allopathic medicines.

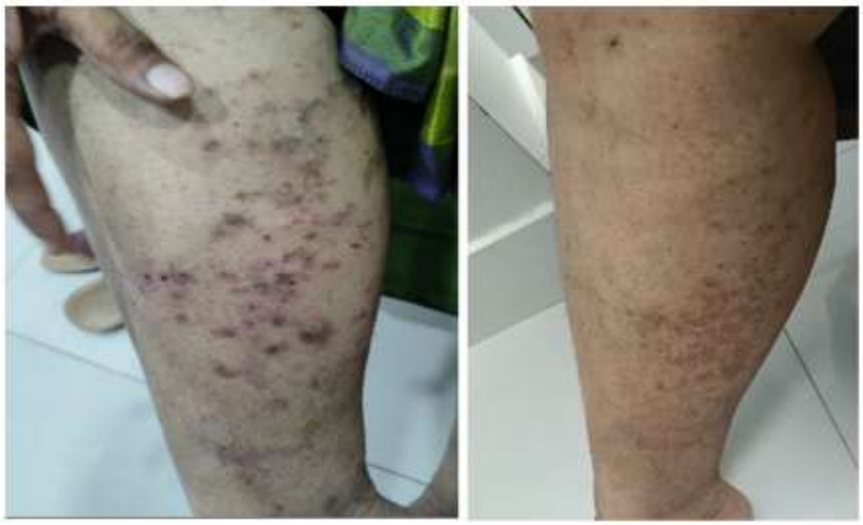
Conclusion

This case highlights the successful classical homeopathic management of a chronic, steroid-dependent dermatological condition. Through a carefully individualized selection of remedies, the patient's deep-rooted condition was addressed, leading to:

- Cessation of allopathic medications (antihistamines and steroid creams),
- Significant and sustained reduction in itching, pigmentation, and skin thickening,
- Improved general health and quality of life, and
- No recurrence or relapse observed during the 12-month steady follow-up phase.

The case underscores the importance of remedy selection based on symptom totality, long-term follow-up, and constitutional support in treating chronic skin diseases.

The transformation



Acknowledgments

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