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Clinical Improvement in Oral Lichen Planus: A Case Report at Dr Batra's

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ABSTRACT

Background

Oral lichen planus (OLP) is a chronic inflammatory mucocutaneous disorder that may produce persistent oral lesions, discomfort, pain or burning and can have an important effect on quality of life. Long-term clinical observation is therefore useful for documenting changes in symptoms and lesion status.

Case Presentation

A patient diagnosed with oral lichen planus was followed longitudinally using a disease-specific questionnaire assessing lesion distribution, predominant symptoms, itching, pain/burning, triggers, stress and functional impact. At follow-up, the recorded weight was 62.4 kg. The patient demonstrated a marked reduction in oral lichen planus lesions. Associated throat pain and itching had reduced, while toothache previously experienced during brushing had also improved. Hair fall had reduced to approximately 60–70 strands/day. Headache and vertigo were documented as completely relieved, and weakness had reduced. Frequent urination remained present.

Outcome

The clinical record demonstrated substantial improvement across multiple patient-reported symptoms, with particularly marked improvement in oral lichen planus lesions, headache and vertigo.

Conclusion

This case demonstrates the usefulness of structured, disease-specific symptom documentation for longitudinal assessment of a patient with oral lichen planus. The observed improvement is based on the supplied clinical follow-up record; because details such as standardized lesion scoring, histopathology, treatment allocation and a controlled comparator were not provided, causal treatment efficacy cannot be established from this case alone.

Keywords: Oral lichen planus, oral mucosal lesions, disease-specific questionnaire, longitudinal follow-up, patient-reported outcome, case report.

1. Introduction

Oral lichen planus is a chronic inflammatory disorder affecting the oral mucosa. Patients may present with manifestations ranging from relatively asymptomatic lesions to symptomatic disease associated with pain, burning and difficulty with oral activities.

OLP is clinically important not only because of its chronic and recurrent nature but also because of the need for appropriate long-term surveillance, given its recognised, though variably estimated, association with malignant transformation.

A structured assessment of symptoms can help clinicians document changes over time. In the present case, a disease-specific Oral Lichen Planus Questionnaire was used to document the clinical course and associated symptoms, and individualized homoeopathic care was provided as part of routine clinic management.

2. Case Presentation

A patient with a clinical diagnosis of oral lichen planus was enrolled for structured longitudinal monitoring at the clinic. The supplied case record centres on a disease-specific questionnaire rather than a conventional intake history; consequently, demographic details such as exact age and sex, and background information such as past history, family history and mental generals, are not available in the material provided and are therefore not reported here rather than being estimated or invented.

2.1 History of Present Illness

The patient presented with oral lichen planus lesions together with associated throat pain, itching, and toothache while brushing. Systemic complaints recorded alongside the oral disease included headache, vertigo, weakness, hair fall and frequent urination. The questionnaire captured onset, duration, rate of progression, number of lesions, predominant symptoms, anatomical distribution, aggravating factors, type of lichen planus, severity of itching, potential triggers and stress profile.

2.2 Past History and Family History

Not documented in the supplied clinical record.

2.3 Personal History

Body weight at follow-up was recorded as 62.4 kg. Other physical generals (appetite, thirst, thermal state, sleep) were not documented in the supplied record.

2.4 Clinical Examination

Oral examination was assessed through the disease-specific questionnaire, covering lesion distribution, number of lesions, disease spread, oral symptoms, itching, pain/burning, sleep impact, anatomical sites and seasonal aggravation. At follow-up, oral lichen planus lesions were recorded as very much reduced, with reduction also noted in throat pain, itching and toothache.

2.5 Investigations

No laboratory or histopathological investigations were included in the supplied case material.

2.6 Diagnosis

Primary diagnosis: Oral lichen planus, based on clinical assessment using a disease-specific questionnaire.

2.7 Differential Diagnoses

- Oral lichenoid drug/contact reaction
- Chronic hyperplastic candidiasis
- Leukoplakia
- Discoid lupus erythematosus of the oral mucosa
- Mucous membrane pemphigoid

3. Disease-Specific Assessment

The following domains were incorporated into the Oral Lichen Planus Disease-Specific Questionnaire used to follow this patient:

Domain	Assessment
Onset and duration	Recorded through disease-specific questionnaire
Disease spread / number of lesions	Assessed

Domain	Assessment
Oral symptoms, itching, pain/burning	Assessed
Sleep impact	Assessed
Anatomical sites	Assessed
Seasonal aggravation, stress	Assessed
Type of lichen planus	Oral lichen planus

4. Case Analysis

The supplied record documents outcome through the structured questionnaire rather than through conventional totality-of-symptoms case-taking. Consequently, the mental generals, repertorial analysis, and specific constitutional or acute remedy selected for this patient are not stated in the material provided. To avoid attributing a prescription that was not documented, this report does not include a Remedy Differentiation or Prescription section; readers should note that individualized homoeopathic treatment was provided as part of routine clinical management at the centre, in parallel with the disease-specific monitoring described here.

5. Follow-up and Clinical Outcome

At the documented follow-up, the following status was recorded:

Clinical Parameter	Earlier Status	Current Status
Oral lichen planus lesions	Present	Very much reduced
Throat pain	Present	Reduced
Itching	Present	Reduced
Toothache while brushing	Present	Reduced
Hair fall	Increased	Reduced; ~60–70 strands/day
Headache	Present	Completely relieved
Weakness	Present	Reduced
Vertigo	Present	Completely relieved
Frequent urination	—	Persistent
Weight	—	62.4 kg

6. Patient-Reported Outcome

The documented patient-reported outcome can be summarized as: marked reduction in oral lichen planus lesions with associated improvement in throat pain, itching and toothache; headache and vertigo were completely relieved, while weakness and hair fall reduced; frequent urination persisted. This offers a concise, patient-centred description of the clinical course.

7. Learning Points

- OLP requires longitudinal assessment: a single clinical assessment may not adequately represent the fluctuating nature of the disease.
- Disease-specific questionnaires improve documentation of lesion status, symptoms, triggers and functional impact.
- Symptom improvement should be documented separately, since oral lesions, itching, throat pain, toothache, headache, vertigo, weakness and hair fall may show different degrees of response.
- Persistent symptoms need independent evaluation; frequent urination remained present despite improvement in the oral disease.
- Clinical improvement does not eliminate the need for surveillance; patients with OLP should continue appropriate oral examination and follow-up because of its recognised, if low, malignant-transformation potential.

8. Discussion

Oral lichen planus is generally regarded as a chronic inflammatory condition requiring long-term clinical observation, and the disease can present with heterogeneous manifestations that may fluctuate over time. In this case, a structured disease-specific questionnaire allowed the clinical team to capture several dimensions of the patient's experience rather than focusing solely on the visible oral lesions.

The most significant documented change was the marked reduction in oral lichen planus lesions, with parallel improvement in itching, throat pain and toothache. Headache and vertigo were reported as completely relieved, while weakness and hair fall showed partial improvement. These associated symptoms should not automatically be considered manifestations of oral lichen planus; their improvement or persistence should be interpreted independently unless a clear clinical relationship has been established.

Long-term follow-up remains important in OLP because the condition carries a small but non-zero risk of malignant transformation, with risk influenced by factors such as epithelial dysplasia, tobacco and alcohol exposure, tongue involvement, atrophic/erosive morphology and hepatitis C infection. Clinical improvement of symptoms should therefore not be equated with elimination of the need for continued oral examination and surveillance.

9. Conclusion

This case demonstrates marked clinical improvement in oral lichen planus lesions during longitudinal follow-up, accompanied by reduction in throat pain, itching and toothache. Headache and vertigo were reported as completely relieved, while weakness and hair fall improved; frequent urination persisted. The case highlights the value of a structured Oral Lichen Planus Disease-Specific Questionnaire for documenting changes in lesion status, symptom burden and associated complaints over time. The findings are encouraging at the individual-patient level but should be interpreted cautiously; further prospective studies using standardized OLP severity scores, objective oral examination, histopathological confirmation where indicated, validated quality-of-life instruments and appropriate controls would be required to determine treatment effectiveness.

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