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Lichen nitidus a rare condition treated by Homoeopathy: A Case Report

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ABSTRACT:

Lichen nitidus (LN) is a rare, chronic inflammatory dermatosis typically presenting as small, shiny papules. This case report describes a 17-year-old male diagnosed with LN who presented with linear, pruritic papules on the right forearm. Conventional therapies were not pursued; instead, individualized homoeopathic treatment was administered based on a holistic evaluation of mental, physical, and constitutional symptoms. *Syphilinum 200C*/3 dose, once daily for 3 days, was prescribed, allowed by placebo. Over three months, the patient showed complete resolution of symptoms with no recurrence. The Modified Naranjo Criteria for Homoeopathy (MONARCH) yielded a score of 9, indicating a probable causal relationship between the homoeopathic intervention and clinical improvement. This case highlights the potential role of individualized homeopathy in managing chronic dermatological conditions like LN, particularly when standard treatments are avoided or ineffective. Further research is warranted to evaluate its efficacy in broader clinical settings.

KEYWORDS: *Homoeopathy*, Individualization, Lichen nitidus, Syphilinum.

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INTRODUCTION:

Lichen nitidus (LN) is an uncommon chronic idiopathic inflammatory cutaneous eruption first described by Pinkus in 1901. [1] Lichen nitidus (LN) presents as multiple, discrete, shiny, flat-topped, pale to skin-coloured papules, 1 to 2 mm in diameter. [2] It most commonly presents in children and young adults and does not favour one sex or race. [3,4] Even though the pathophysiology is unclear, the hypothesis is that lichen nitidus (LN) presents from an underlying immune mechanism or associated with immune alterations in patients. [4,5] Histopathologically, LN is characterized by a well-circumscribed, mixed-cell granulomatous infiltrate near the lower surface of the epidermis and confined to a widened dermal papilla [6]

Lesions commonly present on the neck, trunk, limbs, abdomen, and penile shaft. The involvement of mucous membranes, palms, soles, and nails are rare, but there are reports. [3,4,7] If lichen nitidus (LN) is symptomatic, the patient mainly complains of mild sporadic pruritus. [4]

Conventional therapy includes, in chronic or persistent forms of lichen nitidus topical or systemic corticosteroids [4] and topical calcineurin inhibitors (tacrolimus), Photo chemotherapy (PUVA) are the options. [8,9] The findings of Synakiewicz et al. [4] reported that generalized LN may resist conventional treatment. Treatment of lichen nitidus (LN) or its improvement has not been documented so far by individualized homoeopathic medicine. There is a scope in our hand that we can treat such type of rare cases by single medicine and minimum dose.

CASE REPORT:

A 17-year-old, male pre-diagnosed as Lichen nitidus, visit in our OPD. He had complaints of multiple shiny papules that are 1-2 mm in size in linear distribution with itching on medial aspects of his right forearm for the last 6 weeks. Itching aggravates at night, and after bathing.

H/O P/C: The complaints have a sudden onset. Initially there were few eruptions, the numbers of papules increased with time.

Past medical history: H/0 chicken pox.

Family History: In paternal side h/o T2DM, HTN. Maternal side, h/o Bronchial Asthma.

Generalities:

His appetite is indifferent and capricious, ravenous. Desire for refreshing things, aversion to meat, thirst is profuse, obstinate constipation and foetid breath, with dark and offensive stool. Decay of teeth at the edge of gums, and cracks at the centre of tongue, chilly patient. Among mental generals' complaints of weakness of memory, loses remembrances of passing occurrences, names, dates. Can't control his anger and become hopeless easily.

Clinical Findings: Upon examination, multiple shiny papules that are 1-2 mm in size in linear distribution with itching on medial aspects of his right forearm (figure-1), with itching which aggravates at night, and after bathing.

Diagnosis Assessment: Following the history and clinical examination, the

patient was diagnosed as having *Lichen nitidus* (ICD-11: EA92) [10]

Totality of Symptoms:

- Can't control his anger and become hopeless easily.
- Weakness of memory loses remembrances of passing occurrences, names, dates.
- Obstinate constipation and offensive stool.
- Desire for refreshing things.
- Aversion to meat.
- Eruption is linear fashion.
- Decay of teeth at the edge of gums.
- Cracks at the centre of tongue.
- Thermally patient was chilly.

Analysis of the Case:

With the help of characteristic mental & physical generals & particulars, the totality of the symptoms was formed to individualize the patient. After considering the totality of symptoms, the patient was prescribed *Syphilinum 200/3* dose, OD/3 days, followed by Rubrum in 40 no globules, 5 globules each time for 14 days. The follow up & outcomes have discussed in details in Table- 1.

Table 1: Therapeutic applications and timeline of treatment of the case

Date of visit	Observations	Prescription
19.08.24 (1st Visit)	Multiple shiny papules that are 1-2 mm in size in linear distribution with itching on medial aspects of his right forearm, with itching which aggravates at night, and after bathing. (Figure:1,2)	1. *Syphilinum 200/3* dose 2. Rubrum 200/OD for 21 days.
23.09.24 (2nd Visit)	In the second visit, the size of multiple shiny papules was reduced in size, and itching also reduced at night and after bathing. (Figure:3)	Rubrum 200/OD for 21 days.
27.12.24 (3rd Visit)	Next Visit, all the shiny papules was subsiding from his right forearm. And returned to normal healthy skin. Itching also subsides. (Figure:4, 5)	Rubrum 200/OD for 21 days.

The Modified Naranjo Criteria (MONARCH) was used to measure the improvement following the treatment with homeopathic medicine and the total score was 9. [11]

Table -2: Assessment of the case according to MONARCH: Modified Naranjo Criteria for Homoeopathy

Item	Yes	No	Not sure
Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve? (Suggest using a validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that? with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Total score = 9

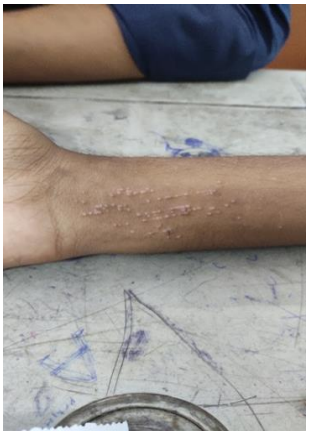

Figure-1: Before treatment

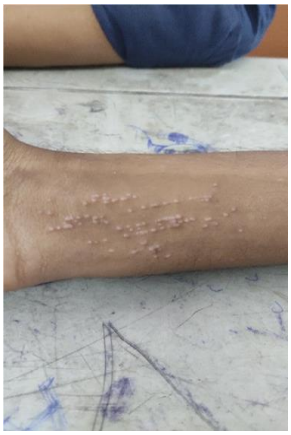

Figure-2: During treatment

Figure-3: During treatment

Figure-4: After treatment

Figure-5: After treatment

DISCUSSION:

This case demonstrates the successful treatment in plausible time frame of Lichen nitidus (LN)—a rare, chronic inflammatory skin condition—using individualized homeopathic treatment. A major strength lies in the holistic, symptom-based approach that considered the mental, physical, and general characteristics of the patient. The individualized prescription of *Syphilinum 200C* was based on a detailed totality of symptoms, aligning with classical homeopathic methodology. The application of the MONARCH (details in Table 2) causality assessment tool provided a structured framework to assess treatment outcome and indicated a likely causal relationship between the intervention and clinical improvement (score = 9).

Lichen nitidus is considered self-limiting in many cases, though persistent or symptomatic cases may require medical intervention. Conventional treatments include topical or systemic corticosteroids, calcineurin inhibitors, and phototherapy (PUVA, narrow-band UVB). [2,4,8] These options, however, may carry adverse effects with prolonged use. Literature describing alternative therapies for LN is sparse.

The case aligns with the findings of Synakiewicz et al. [4] and Taga et al. [12], who reported that generalized LN may resist conventional treatment. Notably, this report is among the very few, if any, to present therapeutic success with individualized homoeopathy. The

positive outcome contributes to a growing body of evidence suggesting that complementary medicine, particularly homoeopathy, may have a role in dermatologic conditions, particularly when conventional approaches are either ineffective or declined by patients.

The decision to prescribe *Syphilinum* was made following detailed individualization based on the patient's mental, physical, and constitutional symptoms. These included memory loss, hopelessness, offensive stool, chilly disposition, and unique tongue and dental characteristics, among others. The progressive and lasting improvement of the skin condition and general well-being—observed over three successive visits. The absence of recurrence and the resolution of all symptoms without further medicinal intervention strengthen the likelihood of a treatment-related outcome.

CONCLUSION:

Individualized homoeopathic treatment is a useful complementary approach for managing chronic and rare dermatological conditions such as *Lichen nitidus*. Careful case-taking and holistic symptom evaluation are essential for remedy selection. The MONARCH criteria can improve the assessment of treatment outcomes. Further controlled clinical studies are needed to validate these findings and define the role of homoeopathy in dermatology.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

However there is limitation in the absence of histopathological confirmation. Additionally, this was a single-patient observational study without a control group or comparison to standard treatment, making it difficult to definitively attribute improvement solely to the homoeopathic intervention.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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