

## Homeopathic treatment in oral lichen planus control: Case Report

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### Abstract:

Lichen planus, considered an inflammatory disease of the stratified squamous epithelium of unknown aetiology, is a condition that often affects the oral mucosa. This pathology is more prevalent in female caucasian patients and the signs and symptoms range from asymptomatic to completely debilitating painful mucosal lesions. **Objective:** To report a case of a patient affected by lichen planus, whose treatment was homeopathic. **Case report:** Female patient with pain complaints in oral mucosa and presence of whitish plaques in bilateral buccal mucosa that exacerbate during periods of stress. The lesions were controlled by homeopathy medication, which led to regression of the lesions and provided comfort to the patient. **Conclusion:** The use of homeopathy in Dentistry is a new concept, which has been growing and proving to be effective, especially when related to autoimmune diseases, where the stress is a factor linked to the development/exacerbation of the signs and symptoms.

**Keywords:** Mouth; Homeopathy; Lichen Planus, Oral

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## INTRODUCTION

Lichen planus (LP), considered an inflammatory disease of the stratified squamous epithelium of unknown aetiology, is a condition that often affects the oral mucosa, although may also affect other mucosa and skin. This pathology is more prevalent in female Caucasian patients between the 3<sup>rd</sup> and 6<sup>th</sup> decades of life<sup>1,2</sup>. The occurrence is rare in children and in men, although its report on the literature is becoming more common. The literature describes six clinical manifestations on the mouth: papular, reticular, plaque, erosive, atrophic and bullous<sup>1</sup>. It is also believed that stress or some kind of virus, i.e. hepatitis c virus, may be related to the appearance of the lesions<sup>2</sup>. Some recent findings reveal that patients with oral lichen planus (OLP) have significantly higher levels of stress, anxiety and depression when compared to patients without the condition<sup>3</sup>. Signs and symptoms may range from completely asymptomatic cases to sensitivity, burning and debilitating pain of the mucosa and it is known that periods of remissions and exacerbations may occur<sup>3</sup>. Generally, the lesions are bilateral with frequent involvement of the oral mucosa, although tongue, vestibule and gums may also be affected<sup>4</sup>. The recommended treatment for OLP consists on topical corticosteroids in order to reduce symptoms and improve the quality of life of the patients. However, in case of persistent lesions, systemic corticosteroids are indicated<sup>2</sup>. Thus, considering the importance of this pathology and the high incidence in the population, the aim of this paper is to report a case of a patient affected by LP, whose treatment was homeopathic.

## CASE REPORT

Female patient, 40 years old, attended the Department of Oral and Maxillofacial Surgery of Erasto Gaertner Hospital in 2007 with complains of burning and paresthesia in the oral mucosa. Oral exam revealed the presence of whitish streaks on bilateral buccal mucosa, with pathological examination report compatible with LP. Therefore, *Ignatia amara* 6CH – I/30cc was prescribed and the patient was referred to a dermatologist for skin evaluation (Figure 1). One year later, the patient returned and revealed that due the appearance of vaginal mucosa lesions, was in medical treatment. On oral examination was noticed that the lesions remained stable. One year later, the patient returned with exacerbation of the lesions on the right buccal mucosa, which acquired erosive aspect (Figure 2). Therefore it was requested



Figure 1. Irregular plate with crusted surface on arm.



Figure 2. Presence of ulcerated mucosa in the right cheek.

the anti-HCV test to evaluate a possible hepatitis C infection, which was not confirmed. Homeopathic clinical history was taken and the medication was replaced for *Natrum muriaticum* 12 CH – I/30cc. During the first month of treatment, there was exacerbation of lesion, followed by reduction of those and of burning mouth complaints. It was then prescribed *Natrum muriaticum* 30 CH – I/30cc, however, the patient did not follow the

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treatment and again presented symptoms. Then, was prescribed *Natrium muriaticum* 1SD, 2SD, 3SD and 4SD I/30cc, 5 drops directly on the tongue, twice a day. After three months, there was a reduction in the size of the lesion in the right buccal mucosa and was continued the homeopathic treatment with *Natrum muriaticum* 6SD, 7SD and 8SD I/30cc. In addition, the patient presented more calm and happy with the results achieved until that date and reporting less oral symptoms. After the beginning of the homeopathy, skin lesions in the right forearm region appear. The lesions in the oral cavity have returned after an episode of family dispute reported by the patient. In continuity with the homeopathic treatment, was prescribed *Natrum muriaticum* 13SD I/30cc and the lesions of the two affected sites have become asymptomatic in less than 1 month. After six months of stable and asymptomatic lesions, there was an episode of exacerbation of the oral lesions and the appearance of skin lesions in the fingers starting after the use of allopathic medication for cardiac arrhythmia. In 2012, homeopathy was already in concentration 31SD I/30cc and, in this same period, bilateral lesions in the oral mucosa had become symptomatic since the patient was investigating with the doctor a lump in the breasts. Ruled out the presence of breast pathology, the patient had no more complaints and oral lesions became asymptomatic again. Seven years since their first exam and using *Natrum muriaticum* 52SD I 30cc, lesions in the mouth and skin exacerbate after situations of stress, sadness and disappointment with her son. Currently, the patient is in regular follow-up, has stable LP lesions in oral mucosa and skin and is taking *Natrum muriaticum* 58SD I/30cc. The evolution of the case is shown on the timeline (Table 1).

## DISCUSSION

The use of homeopathic treatment in LP has been described in the literature as a possible alternative to corticosteroids. Medications like *Antim-crud.*, *Ars-alb.*, *Ars-iod.*, *Jugl-c.*, *Kali-bi.*, *Sul-iod.*, *Ign.*, *Sepia*, *Sulphur* and *Thuja*, for example, have already been tested and proved effective in controlling this pathology<sup>5,6</sup>. Mousavi et al<sup>7</sup> in a single blind randomized control clinical trial with 30 patients with OLP treated with *Ignatia* noted that there was a statistically significant reduction of pain and size of lesions compared to the control group (placebo). These authors also report that, after the treatment, the patient had an improvement of quality of life and was able to eat better and perform oral hygiene without discomfort. *Ignatia amara*

is suited for nervous temperaments, women in a sensitive and excitable nature and of great contradictions<sup>8</sup>. In the case described in this paper, the initial prescription was also *Ignatia Amara*, given the emotional elements presented in the first instance. However, a new homeopathic interview revealed other features that culminated in the replacement of the medication by *Natrum muriaticum*. Among the mental characteristics of *Natrum muriaticum*, according to *Materia Medica*<sup>8</sup>, are: "Psychic causes of disease; ill effects of grief, fright, anger, depressed, particularly in chronic diseases. Consolation aggravates. Irritable; gets into a passion about trifles. Awkward, hasty, Wants to be alone to cry".

LP is a T-cell-mediated autoimmune disease. Inflammatory cells involved in this process consist of T helper and T cytotoxic lymphocytes, natural killer (NK) cells, and dendritic cells. T-cell activation is central to the pathogenesis of the pathology. Cytotoxic T-cell infiltration into the epithelium results in apoptotic basal keratinocytes<sup>9</sup>. LP is a complex disease and thus can be caused or triggered by genetic malfunction and/or environmental factors. The existence of familial cases of LP may suggest a possible genetic predisposition<sup>10</sup>. Associated factors and disease conditions seen in LP include but are not limited to stress/anxiety, hepatitis C virus (HCV), autoimmune diseases, internal malignancies, dyslipidemia, and viral infections<sup>11</sup>.

The use of homeopathy for the treatment of OLP is based primarily in its correlation with stress, as previously described in the literature. It has been documented that if the adrenal medullary sympathetic system is activated excessively, persistently and too often, illness and disease may occur<sup>12</sup>. Chronic stress may cause a reduction in mitogenesis, alterations in lymphocytes, reductions in the ratio of T-helper cells and T-suppressor cells and an elevation in the number of natural killer cells<sup>13</sup>.

Nanoy et al<sup>14</sup>, in a study with 148 patients with OLP reported that 51% of them revealed having experienced stressful life events prior to the appearance of the lesions. Furthermore, over 37% of patients believed that the pathology was caused by stress. The main categories of causes of stress were death and illness of beloved ones, work and interpersonal and family relationships. At this point, one can understand that the main purpose of the homeopathic remedy is help the patient to make the effort of facing his conflict, adjusting himself to reality and of integrating himself as a healthier person<sup>15</sup>. This process is what happened to the patient described in this paper who, during the years, learned how to co-exist with her condition and make internal adjustments that made her

**Table 1.** Patient homeopathic history

Aug / 2007	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> consultation;</li> </ul> White spots on bilateral buccal mucosa; Ignatia amara 6CH - I / 30cc
May / 2008	<ul style="list-style-type: none"> <li>• Injuries to the genital mucosa;</li> </ul> stable oral lesions.
Apr / 2009	<ul style="list-style-type: none"> <li>• erosive lesions in the right buccal mucosa;</li> </ul> HCV negative; Natrum muriaticum 12CH - I / 30cc
May / 2009	<ul style="list-style-type: none"> <li>• Exacerbation of injuries then decrease these;</li> </ul> Natrum muriaticum 30 CH - I / 30cc Patient did not adhere to treatment and there was an increase of burning mouth.
Jan / 2010	<ul style="list-style-type: none"> <li>• Natrium muriaticum 1SD, 2SD, 3SD and 4SD I / 30cc;</li> </ul> MJD erythematous and MJE without injury;
Apr / 2010	<ul style="list-style-type: none"> <li>• MJD less erythematous and MJE without injury;</li> </ul> Injuries to the forearm skin right; Natrium muriaticum 5 SD, 6SD, 7SD and 8SD I / 30cc; calmer patient, with reduced symptoms and pleased with the results.
Sept / 2010	<ul style="list-style-type: none"> <li>• Injuries to the forearm improve;</li> </ul> Oral lesions exacerbated after family quarrel, sic. Natrium muriaticum 9SD, SD 10, SD 11, SD 12, 13SD - I / 30cc.
Oct / 2010	<ul style="list-style-type: none"> <li>• stable and asymptomatic lesions;</li> </ul> Maintained Natrum muriaticum - SD 14 to SD 24 - I / 30cc
Apr / 2011	<ul style="list-style-type: none"> <li>• Patient used allopathic drugs for arrhythmia;</li> </ul> Increased oral lesions; Injury appearance between the fingers.
Feb / 2012	<ul style="list-style-type: none"> <li>• Patient nodule research in breast;</li> </ul> Symptomatic oral lesions; Maintained Natrium muriaticum - SD 25 to SD 35 - I / 30cc
2015	<ul style="list-style-type: none"> <li>• stable and asymptomatic lesions;</li> </ul> Exacerbate in stressful situations; Natrum muriaticum - 36 SD to 58SD I / 30cc

able to overpass the difficulties that all social relations brings along to people involved.

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