Treatment of Lichen Ruber Planus with Acupuncture

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Summary

The standard treatment of Lichen ruber planus is with steroids, so any effective, alternative treatment is to be welcomed. A previous controlled trial of acupuncture in this disease had demonstrated its efficacy. This report is of a series of 57 patients treated over a 5 year period. Full relief of symptoms was achieved in 31.6% following a single course of 15 acupuncture sessions over 3 weeks. The remaining patients were given a second course of acupuncture after which 85.9% success was reported. The points used in treatment were determined by the causative factors of the disease in each patient and additional electroacupuncture was given where severe itching was a symptom.

Key words

Acupuncture, Dermatology, Electroacupuncture, Lichen ruber planus, Pruritus.

Introduction

Lichen ruber planus (LRP) is an extremely itchy, papulosquamous dermatosis which affects both sexes equally and can appear at any age.

The aetiology of the disease is unclear, but clinical studies indicate that there are many pathogenic factors which can provoke the development of the disease. Frequently, we observe a combination of LRP with autoimmune disease, metabolic diseases (diabetes, hypercholesterolaemia, urolithiasis, etc.) and sometimes a genetic predisposition is apparent (1,3,7,8). The pathogenic factors can be classified into three groups:

1. Neuro-psychological and vegetative disturbances.
   Psychosocial stress, increased anxiety, exhaustion, etc. are frequently concomitant with the disease and may determine its course.

2. Infections, toxic and immunological disturbances.
   A viral aetiology of LRP has not been proven; but neither has it been rejected, taking into account the features of certain viral infections, the positive isomorphic phenomenon and several epidemiological studies (e.g. occurrence in families).

A large group of medications, such as antimalarial drugs, heavy metals (gold, silver), arsenicals, penicillin, salicylates, etc. can provoke the emergence of Lichen papules.

This provocation is accompanied by immunological phenomena (usually of type IV) or by the blocking of sweat gland activity. Chemicals of a different nature, usually from the photographic industry, can cause Lichen papules through type IV contact allergy mechanisms.

3. Genetic predisposition. This has been observed less frequently and is the object of contemporary studies, but the results so far are contradictory and statistically flawed.

Of all the medications available to dermatological practice, the best therapeutic result is achieved with corticosteroids. In less severe forms frequently local application is sufficient, while in chronic disseminated forms and in those with erosion of the mucous membranes, long term systemic steroid treatment may be necessary as well as intralesional therapy. In dermatology generally, but especially in severe forms of LRP, it is important to use alternative therapeutic methods through which the dangerous side effects of long-term corticosteroid therapy can be avoided.

I have previously reported adequate results in the treatment of LRP with helium-neon laser therapy, using laser acupuncture and direct irradiation of the disease-caused skin lesions (4).

Bocharov et al. (2) have used acupuncture to treat 18 patients with LRP in a comparative study with 13 other patients treated with medications. Results show a faster effect on the subjective symptoms as well as on the rash in the group treated with acupuncture. The literature also shows favourable results from the application of acupuncture in the treatment of skin itch (6,10). LRP patients with neuro-psychological aetiology often complain of severe itching. We found that electroacupuncture led to considerably better reduction in the itch than simple, manual acupuncture.

Method

Over a period of 5 years we treated 57 patients (31 women and 26 men) aged 21 to 63 years, mainly with disseminated and relatively severe forms of LRP. According to their main, basic, pathogenic factors, patients were divided into two groups:

Group 1 - 42 patients with neuro-psychological and vegetative disturbances;
Methods of Treatment

The selection of acupuncture points was carried out in relation to the above classification (Table 1).

<table>
<thead>
<tr>
<th>Number of Patients</th>
<th>Pathogenic Factors</th>
<th>Acupuncture Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Neuro-psychological and vegetative disturbances</td>
<td>GV.20, GB.20, BL.13, HT.7, PC.6, SP.6, ST.36. Auricular points: Shen men, Liver, Subcortex, Heart.</td>
</tr>
<tr>
<td>15</td>
<td>Infections, toxic and immunological disturbances</td>
<td>GV.20, BL.13,17,20, LI.4,11, ST.36, SP.6,10. Auricular points: Spleen, Adrenal gland, Pulmonary, Subcortex.</td>
</tr>
</tbody>
</table>

The treatments were carried out daily in the morning between 8 and 13hr (excepting Saturday and Sunday). Each course of treatment involved 15 procedures of 30min duration, and courses were about 1 month apart. Patients with severe itch were treated with electroacupuncture to the needles at all the Group 1 acupuncture points for the first 5-7 treatment sessions. A Chinese electro-stimulator (model G6805) was used at a frequency of 8-12Hz.

Results

The results are shown in Table 2. From the total of 57 patients 18 (31.6%) appeared cured after the first course of 15 treatments. The remaining 39 patients were given a second course of treatments one month later, by the end of which 49 (85.9%) of the original 57 had obtained a full cure, 5 (8.8%) had had some improvement and 3 (5.3%) had had no response.

Discussion

On the basis of the observed results we can state that acupuncture is an effective method for the treatment of Lichen ruber planus and can be usefully applied in dermatological practice. A necessary condition, however, is the determination for each patient of the pathogenic factors which have provoked the disease.

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**References**

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