Evaluation of Clinical and Immunological Parameters in Patients with Lichen Ruber Planus Treated with Acupuncture

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Summary
We have previously shown acupuncture to be effective in the clinical treatment of lichen ruber planus. In this investigation patients with disordered immunological parameters associated with lichen ruber planus were treated with a three week course of daily acupuncture. IgG, IgA, IgM, C3 and C4 complement fractions; α1-antitrypsin and α2-macroglobulin were measured before and after treatment. A return to within normal range was noted in a significant number of cases. We suggest that this is evidence for an immunomodulating effect of acupuncture.

Key words
Acupuncture, Dermatology, Immunology, Lichen ruber planus.

Introduction
Lichen ruber planus is a papulolous dermatosis affecting mainly females of middle and mature age. In some cases the disease affects only the mucous tissue, above all the oral mucosa. The aetiology and pathogenesis of the disease remain unknown. Thus, therapeutic methods are still debatable. For this reason a variety of therapeutic schemes are in current use (1-3).

Acupuncture and laser therapy have both proved useful in the treatment of lichen ruber planus (LRP), offering the possibility of combined treatment and a reduction in use of various medical preparations (4,5). Good therapeutic results with the helium-neon laser in LRP have been described, in which direct laser irradiation was applied on the skin lesions as well as at acupuncture points (6,7).

Dependent on the pathogenic factors, there are three types of lichen ruber planus:

1. Associated with neuro-psychotic and vegetative disorders.
2. Associated with infections, toxic and immunological disturbances.
3. Associated with a familial predisposition.

We were particularly interested to study some of the immunological indices in a group of patients with LRP, as well as to follow closely their dynamics under the influence of classical body and auricular acupuncture.

Method
The subjects of our study were 35 patients (28 females and 7 males), aged between 18 and 60 years, suffering from various clinical forms of LRP in which immunological disturbance had been noted. The timescale of the disease varied widely from 15 days to 10 years. Prior to and immediately after 15 sessions of acupuncture treatment, blood was taken to measure the following immunological parameters: IgG, IgA, IgM; C3 and C4 complement fractions; α1-antitrypsin and α2-macroglobulin.

Acupuncture was carried out each morning for 30min 5 days a week (Saturday and Sunday excluded) for 3 weeks on the following points: GV.20, BL.13,17 and 20, LI.14 and 11, ST. 36, SP.6 and 10, and on the auricular points: spleen, adrenal gland, lungs and subcortex.

Results
The immunological parameters under study showed the following tendencies after acupuncture: IgG reached normal levels in 10 out of 35 patients, IgA in 7, IgM in 5, C3 in 4, C4 in 2, α1-antitrypsin in 9 and α2-macroglobulin in 5 out of the 35 patients.

Concerning the dermatological condition of the patients: a very good therapeutic effect was obtained in 14 patients, a mild improvement in 15, and no effect in 6 patients. Itching, which is one of the main complaints of LRP, was observed in a total of 29 subjects. It was completely controlled in 22 of them, considerably reduced in 4, and in only 3 of the cases was no effect observed.

Discussion
The results obtained have shown that under the influence of acupuncture treatment not only have clinical improvement and recovery been observed, but also a return towards normal of immunological parameters. This may be regarded as evidence for an immunomodulating effect of acupuncture treatment, particularly when taken in conjunction with similar results from our previous investigation into the influence of electroacupuncture on immunological
parameters in patients with alopecia areata (8).

Future, more detailed and extensive studies of other immunological indices would help to provide a better and more complete explanation of the mechanisms of action of acupuncture treatment in lichen ruber planus.

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References

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