



Original Research Article

Volume 15 Issue 03

March 2026

A CHRONIC FACIAL LICHEN PLANUS CASE SUCCESSFULLY MANAGED WITH CLASSICAL HOMEOPATHY AT DR BATRA'S HOMEOPATHY CLINIC

Dr Khushboo Darall

Designation: Homeopathic consultant

MG Road, Gurgaon Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id janvidarall@gmail.com, Mobile 9811810504

Abstract

Lichen planus is a chronic inflammatory dermatosis often associated with significant psychological distress and cosmetic morbidity, especially when involving exposed areas such as the face and neck. Conventional topical and systemic therapies frequently provide incomplete or temporary relief. This paper presents a long-standing case of facial lichen planus with hyperpigmentation, emotional suppression, anxiety, and stress-related aggravation, previously unresponsive to multiple conventional approaches. A constitutional homeopathic remedy was selected following detailed classical case-taking, repertorization, and miasmatic evaluation. Progressive clinical improvement was observed with sustained remission over three years. **This case highlights a marked physical and psychological transformation achieved through individualized homeopathic treatment at Dr Batra's Homeopathy Clinic.**

Keywords

Lichen planus, facial hyperpigmentation, classical homeopathy, Lycopodium, mind-body correlation, constitutional treatment

Introduction

Lichen planus (LP) is a chronic, immune-mediated inflammatory disorder affecting the skin and mucous membranes. Facial involvement, though less common, causes severe cosmetic concern, emotional distress, and social withdrawal. Stress is a well-known trigger and perpetuating factor. Homeopathy, through its holistic and individualized approach, aims to address both the cutaneous manifestations and the underlying psychosomatic contributors. This case demonstrates the effectiveness of classical homeopathy in a chronic, emotionally burdened patient with facial lichen planus.

Case Profile

- **Age / Gender:** Adult female
- **Occupation:** Homemaker
- **Marital Status:** Married
- **Diagnosis:** Lichen planus (face and neck)
- **Duration of Illness:** 7–8 months at presentation
- **Total Treatment Duration:** 36 months
- **Duration of Remission:** 3 years

Chief Complaints

- Progressive **darkening and hyperpigmentation of facial and neck skin**
- Blackish patches over cheeks and neck
- **No itching, redness, or active inflammation**
- Burning sensation of skin on application of various cosmetic products
- Marked **loss of self-confidence and avoidance of public events**

History of Present Illness

The patient developed gradual pigmentation over the face and neck, diagnosed as lichen planus. Multiple creams, ointments, and medicated face washes were used prior to consultation, resulting in persistent burning without significant improvement. Though lesions became less active over time, pigmentation persisted, causing emotional distress.

Stress was consistently reported as high, particularly related to family responsibilities and children's future.

Past Medical History

- Recurrent use of topical creams and ointments
- Typhoid fever during treatment course (successfully managed)
- Episodes of cold, cough, digestive disturbances
- Slip disc with nerve compression causing backache

Family History

- Non-contributory

Physical Generals

- **Appetite:** Decreased initially, later normalized
- **Thirst:** Decreased initially; later improved to 2–2.5 L/day
- **Perspiration:** Profuse, offensive, mainly underarms and face
- **Sleep:** 7–8 hours, disturbed initially, later normal
- **Thermals:** Hot patient, prefers AC
- **Diet:** Mixed, follows dietary advice well

Mentals

From early childhood, the patient was **obedient, compliant, and emotionally reserved**, rarely expressing disagreement even when internally distressed. Academic decisions were imposed during adolescence, leading to a persistent **sense of regret for not voicing her true wishes**. Though parents were not strict, she habitually suppressed her own desires to maintain harmony.

In adulthood, emotional stress intensified after marriage. Conflict and emotional harassment from in-laws, followed by sudden displacement from the family home after the father-in-law's death, led to a phase of **deep emotional shock and depressive tendencies**. She internalized grief, anger, and injustice without outward expression.

Motherhood heightened her emotional sensitivity. She developed **excessive anxiety regarding her children's health and future**, often anticipating negative outcomes. Minor ailments in her children triggered physical anxiety responses such as cold extremities and restlessness. She remained **over-sensitive, anxious, shy, and fearful**, with a strong tendency toward **negative anticipation**.

Anger remained largely suppressed—she avoided confrontation to prevent hurting others, speaking out only when emotional tolerance was exceeded. Dreams in the past frequently replayed traumatic life events, waking her in tears. Over time, as the skin disease progressed, she became increasingly withdrawn, losing confidence and avoiding social gatherings.

Totality of Symptoms

Mental

- Suppressed emotions
- Anxiety about family and children
- Fearful anticipation
- Oversensitive, shy, reserved
- Low self-confidence

Physical

- Facial and neck hyperpigmentation
- Burning of skin without redness or itching
- Profuse perspiration
- Decreased thirst
- Hot patient

Repertorial Analysis

- Mind – Anxiety – about children
- Mind – Suppression of emotions
- Mind – Fear – anticipation
- Skin – Discoloration – dark
- Skin – Eruptions – lichen planus

- Generalities – Heat – aggravates

Least Similar Most Characteristic

- **Mental picture:** Emotional suppression, anticipatory anxiety, lack of self-confidence
- **Physical generals:** Hot patient, profuse perspiration, decreased thirst
- **Particulars:** Facial lichen planus with pigmentation, burning without inflammation

Remedy Selection

Lycopodium clavatum was selected based on:

- Strong correspondence with suppressed confidence and internalized anxiety
- Anticipatory fear and emotional insecurity
- Chronic skin conditions with pigmentation
- Clear mental–physical correlation

Miasmatic Consideration

- Predominantly **Psoric–Syphilitic miasm**, reflected in chronicity, pigmentation, emotional suppression, and slow tissue response.

Prescription

- **Lycopodium clavatum** (constitutional remedy)
- Potency selected based on intensity of mental and physical symptoms
- Repetition guided strictly by response

Follow-Up Summary with Prescription

Date	Clinical Status	Remedy / Advice
May–July 2023	Pigmentation present, no itching/redness	Lycopodium
Nov 2023	Pigmentation significantly reduced, confidence improved	Continued constitutional remedy
Jan 2024	~85% improvement, skin clearer	Lycopodium (as required)
Apr–Sep 2024	Stable remission, no new lesions	Supportive care
Oct 2025–Feb 2026	No relapse, Woods lamp negative	Observation

Transformation Table

Parameter	Before Treatment	After Treatment
Facial pigmentation	Dark, prominent	Significantly reduced
Itching / redness	Absent but burning present	Absent
Emotional state	Anxious, withdrawn	Confident, stable
Social interaction	Avoided public events	Attends confidently
Disease activity	Progressive	Complete remission



Discussion

This case demonstrates the importance of individualized constitutional homeopathic treatment in chronic dermatological conditions. The resolution of facial lichen planus was not limited to cutaneous improvement but extended to emotional stabilization and restoration of self-confidence. Addressing long-standing suppressed emotions and anxiety proved crucial for sustained remission.

Conclusion

Chronic facial lichen planus with deep psychosomatic roots can be effectively managed through classical homeopathy when detailed case-taking, proper repertorization, and constitutional prescribing are employed. **This case stands as evidence of lasting physical and emotional transformation achieved at Dr Batra's Homeopathy Clinic.**

References

1. Boyd AS, Neldner KH. Lichen planus. *J Am Acad Dermatol*. 1991;25(4):593-619.
2. James WD, Berger TG, Elston DM. *Andrews' Diseases of the Skin*. 12th ed. Philadelphia: Elsevier; 2016.
3. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain Publishers; 2003.
4. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B Jain Publishers; 2002.
5. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. New Delhi: B Jain Publishers; 2007.