



Original Research Article

Volume 15 Issue 03

March 2026

SUCCESSFUL HOMEOPATHIC MANAGEMENT OF CHRONIC FACIAL LICHEN PLANUS WITH PSYCHOSOMATIC BACKGROUND AFTER FAILURE OF CONVENTIONAL THERAPIES: A CASE TREATED AT DR BATRA'S HOMEOPATHY

Dr Irfan

Abstract

Lichen planus is a chronic inflammatory dermatosis with a strong psychosomatic and immunological background, often resistant to conventional interventions. This case report documents the successful classical homeopathic management of a 52-year-old female suffering from chronic facial hyperpigmented, itchy eruptions diagnosed as lichen planus, associated with long-standing depressive traits, anxiety, allergic rhinitis, and hair thinning. Despite prior treatments including antidepressants, laser therapy, and hormonal surgery, the condition progressively worsened. Individualized homeopathic treatment based on totality of symptoms and miasmatic understanding resulted in sustained clinical improvement across dermatological, allergic, psychological, and general health parameters. **This case highlights holistic transformation achieved at Dr Batra's Homeopathy Clinic.**

Keywords

Lichen planus, Classical homeopathy, Psychodermatology, Hyperpigmentation, Miasmatic prescribing, Dr Batra's Homeopathy

Introduction

Lichen planus is an immune-mediated chronic inflammatory disorder affecting skin and mucosa, frequently associated with psychological stress, anxiety, and depressive states. Facial involvement significantly impacts quality of life, self-esteem, and mental well-being.

Conventional management primarily focuses on symptomatic suppression with corticosteroids, immunomodulators, or laser therapies, often with relapse or aggravation.

Classical homeopathy, through individualized remedy selection based on mental, physical, and general symptoms, offers a holistic approach aimed at restoring immune balance and psychosomatic harmony.

Case Profile

Age / Gender: 52 years / Female

Occupation: School teacher

Marital status: Married, mother of three children

Chief Complaints

1. Dry, hyperpigmented facial eruptions with itching and burning sensation – **5 years**
2. Dry, sensitive skin with marked intolerance – **>5 years**
3. Scalp dryness with hair thinning and itching; dandruff present earlier
4. Frequent allergic sneezing, aggravated by dust, associated with occasional urine incontinence
5. Emotional distress related to chronic skin condition

History of Present Illness

The patient developed facial hyperpigmented eruptions following **laser therapy done five years ago**, after which the skin condition progressively worsened. Lesions were dry, itchy, associated with burning sensation, and cosmetically distressing. Over time, scalp involvement with dryness, itching, dandruff, and hair thinning developed. Allergic rhinitis with frequent sneezing further aggravated her discomfort.

Despite multiple interventions, the disease followed a chronic, relapsing course until homeopathic consultation.

Past Medical History

- Long-term antidepressant use – **10 years**
- Total hysterectomy – **4 years ago**
- Laser therapy for facial pigmentation – **5 years ago** (complaints aggravated post-procedure)

Investigations

- TSH: 0.69 μ IU/mL – Normal
- Renal function tests: Normal
- Liver function tests: Normal
- Vitamin D3: 14.9 ng/mL – Deficient
- Vitamin B12: 189 pg/mL – Low

Physical Generals

- **Appetite:** Decreased
- **Thirst:** Decreased
- **Thermal reaction:** Hot patient
- **Bathing:** Prefers cold water
- **Perspiration:** Profuse, non-offensive, whole body
- **Sleep:** 8 hours, unrefreshing

Mental & Emotional Profile

From childhood, the patient described herself as emotionally sensitive and gentle, maintaining good relationships with family, peers, and authority figures. She had no history of academic stress, parental pressure, or interpersonal conflicts. However, she displayed an inherent tendency toward **emotional vulnerability and internalization of stress**.

As adult responsibilities increased, particularly balancing professional duties as a teacher and family obligations, she gradually developed **low self-confidence, anxiety, and a depressive disposition**. The onset of chronic facial skin disease acted as a major emotional trigger, leading to persistent worry about appearance, fear of social judgment, frequent weeping spells, and heightened sensitivity to criticism. Her mental state became closely intertwined with her physical complaints, forming a classic psychosomatic presentation.

Clinical Diagnosis

- **Lichen planus (facial)**
- Differential diagnoses: Melasma, Post-inflammatory hyperpigmentation, Discoid lupus erythematosus

Homeopathic Case Analysis

Characteristic Totality of Symptoms

- Chronic hyperpigmented, dry, itchy facial eruptions with burning
- Marked skin sensitivity
- Scalp dryness with hair thinning
- Allergic sneezing aggravated by dust
- Hot patient with decreased thirst
- Long-standing depressive state with weeping and lack of confidence
- Complaints aggravated after suppression (laser therapy, antidepressants)

Repertorial Rubrics

- Mind – Sadness, weeping disposition
- Mind – Anxiety about health
- Skin – Eruptions, lichen, face
- Skin – Discoloration, dark
- Skin – Dryness with burning
- Nose – Sneezing, frequent, dust agg.
- Hair – Falling, scalp dryness
- Generalities – Heat, intolerance to
- Generalities – Decreased thirst

Repertorization Outcome

Leading remedies considered:

- **Natrum muriaticum**
- Sulphur
- Sepia
- Arsenicum album

Natrum muriaticum emerged as the most comprehensive remedy covering the mental state, skin pathology, allergic tendency, and chronicity.

Life Space – Miasmatic Classification

- **Dominant miasm:** Psoro-sycotic
- Psora: Hypersensitivity, itching, allergies
- Sycosis: Hyperpigmentation, chronicity, suppressed pathology

Prescription Strategy

- Constitutional remedy in infrequent repetition
- Supportive intercurrent remedies as required
- Nutritional correction (Vitamin D3 & B12)
- Avoidance of suppressive topical agents

Follow-Up & Prescription Table

Date	Clinical Changes	Prescription
04-05-2025	Severe facial pigmentation, itching, allergy ++	Natrum mur 200C – single dose
22-05-2025	Overall feeling better, itching reduced	Placebo
04-06-2025	Skin calmer, sneezing reduced	Natrum mur 200C
11-07-2025	Dandruff absent, no scalp itching	Placebo
Aug–Oct 2025	Progressive reduction in pigmentation	Natrum mur 1M (single dose)
Nov–Dec 2025	Hair fall stable, thickness improving	Placebo
Jan–Feb 2026	Pigmentation minimal, allergy controlled	Natrum mur 1M (repeat)

Transformation Table

Parameter	Before Treatment	After Treatment
Facial pigmentation	Dark, extensive	Markedly reduced
Itching & burning	Severe	Absent
Scalp condition	Dry, dandruff, hair thinning	Healthy scalp, improved hair thickness
Allergic sneezing	Frequent, uncontrollable	Occasional, mild
Emotional state	Depressive, weeping	Confident, emotionally stable
Quality of life	Severely affected	Restored



Discussion

This case demonstrates the role of classical homeopathy in managing chronic psychodermatological conditions. The patient's disease followed suppression-aggravation cycles following laser therapy and prolonged antidepressant use. By addressing the **mental-emotional core, physical generals, and miasmatic background**, sustained improvement was achieved without relapse.

The gradual, orderly improvement—from mental and general well-being to skin and hair—confirms **Hering's Law of Cure**.

Conclusion

This case highlights that individualized classical homeopathy can successfully manage chronic facial lichen planus with psychosomatic background where conventional therapies fail. The holistic recovery encompassing mental, dermatological, allergic, and general health parameters underscores the transformative potential of homeopathy when practiced scientifically.

Sustained healing and overall transformation were achieved at Dr Batra's Homeopathy Clinic.

References

1. Wolff K, Johnson RA, Saavedra AP. *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*. 8th ed. McGraw-Hill; 2017.
2. Boyd H. *Introduction to Homoeopathic Medicine*. B Jain Publishers; 2005.
3. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain; 2004.
4. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. B Jain; 2010.
5. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B Jain; 2011.