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Individualized Homoeopathic Management of Stable Generalized Vitiligo with Coexisting Lichen Planus in an Elderly Female: A Case Report

Dr. Atul Sharma
Homeopathic Consultant | BHMS
Dr. Batra's Panchsheel Clinic, Dr. Batra's Positive Health Clinic Pvt. Ltd.
Email: dratul.sharma@drbatras.com

ABSTRACT

Vitiligo is a chronic autoimmune pigmentary disorder characterized by selective destruction of melanocytes, resulting in depigmented macules that significantly affect cosmetic appearance and quality of life. The coexistence of vitiligo with other autoimmune dermatological disorders such as lichen planus suggests a common immunological basis and often presents therapeutic challenges, particularly in elderly patients with multiple comorbidities.

This case report describes a 69-year-old female with a three-year history of generalized vitiligo, previously treated with topical corticosteroids, who presented with stable depigmented patches without the development of new lesions. She also had a history of facial and cervical lichen planus treated intermittently over the preceding ten years and borderline diabetes mellitus for seven years. Constitutional assessment revealed prolonged grief following the death of her husband during the COVID-19 pandemic, chronic stress, anxiety regarding her disease, disturbed sleep, religious inclination, courageous disposition, and episodes of sudden anger. Repertorial analysis indicated Arsenicum album as the constitutional remedy, while Wiesbaden Aqua was prescribed as an organ-supportive medicine.

Following individualized homoeopathic treatment combined with depigmentation therapy, the patient demonstrated stabilization of disease activity, absence of new lesions, progressive perifollicular repigmentation, reduction in itching, and improvement in emotional well-being. This case illustrates the potential role of individualized homoeopathic treatment in the long-term management of stable vitiligo associated with autoimmune comorbidity.

Keywords: Vitiligo, Lichen planus, Arsenicum album, Wiesbaden Aqua, Individualized homoeopathy, Autoimmune skin disease, Case report.

1. Introduction

Vitiligo is an acquired chronic pigmentary disorder characterized by progressive destruction of epidermal melanocytes, leading to well-demarcated depigmented macules. The disease affects approximately 0.5–2% of the global population and frequently coexists with other autoimmune

disorders, including thyroid disease, diabetes mellitus, alopecia areata, pernicious anemia, and lichen planus.

The coexistence of vitiligo and lichen planus has been reported in the literature and supports the concept of shared autoimmune mechanisms involving T-cell-mediated immune dysregulation. Such patients often present with prolonged disease duration, increased psychological burden, and variable responses to conventional treatment.

Diagnosis is primarily clinical and may be supplemented by Wood's lamp examination, which helps assess disease activity and monitor repigmentation.

Conventional treatment consists of topical corticosteroids, calcineurin inhibitors, phototherapy, systemic immunomodulators, and surgical interventions in selected stable cases. However, long-term therapy is frequently required, and complete repigmentation remains difficult to achieve.

Homoeopathy employs individualized constitutional prescribing based upon the totality of the patient's mental, emotional, physical, and pathological characteristics. Constitutional treatment aims to improve systemic susceptibility while promoting restoration of pigmentary function.

The present case describes successful long-term management of stable vitiligo associated with chronic lichen planus using individualized homoeopathic treatment.

2. Case Presentation

A 69-year-old female presented with complaints of multiple depigmented patches over different parts of the body that had been present for approximately three years.

She had previously received topical corticosteroid therapy with only partial improvement. At presentation, the lesions were clinically stable without significant increase in size; however, the patient remained concerned regarding cosmetic appearance and desired further repigmentation.

She also had a ten-year history of lichen planus involving the face and neck, for which she had received intermittent treatment. In addition, she was a known case of borderline diabetes mellitus for seven years under regular medical supervision.

The patient denied itching or burning over the vitiligo lesions but remained anxious regarding persistent depigmentation.

2.1 History of Present Illness

The depigmented lesions had appeared gradually three years earlier and progressed initially before stabilizing. No significant aggravating factors were identified. She had undergone conventional treatment using topical corticosteroids but continued to have persistent depigmented patches. The patient revisited the clinic approximately five months after her previous consultation for reassessment and continuation of treatment.

2.2 Past History

- Vitiligo for three years
- Lichen planus involving face and neck for ten years
- Borderline diabetes mellitus for seven years
- Menopause twenty years earlier
- No significant surgical history

2.3 Family History

Father and mother deceased. Seven siblings, four surviving. One brother with cerebrovascular accident. One sister with diabetes mellitus and hypertension. Family history of renal disease. No family history of vitiligo.

2.4 Personal History

Appetite normal; no specific cravings; thirst normal; stool and urine normal; sleep disturbed (approximately 6 hours); perspiration profuse; ambithermal reaction; mixed diet.

2.5 Mental Generals

The patient described herself as a courageous woman who had managed family responsibilities independently following the death of her husband during the COVID-19 pandemic. Although emotionally affected by this loss, she maintained strong religious faith and derived emotional comfort from regular prayer. She reported chronic stress, occasional anxiety regarding her illness, overthinking, and episodes of sudden anger. She remained deeply attached to her two sons, who were affectionate and supportive. Despite prolonged grief, she continued to perform daily activities independently and displayed determination in coping with life's challenges.

2.6 Clinical Examination

General examination: elderly female in stable general condition; vital parameters within normal limits; systemic examination unremarkable.

Dermatological examination: multiple stable depigmented macules; no perifocal erythema; no scaling; no active inflammatory changes; no evidence of new lesions. Previous lichen planus lesions over face and neck showed post-inflammatory changes.

2.7 Wood's Lamp Examination

Persistent depigmented lesions with characteristic fluorescence; no evidence of active expansion. Serial follow-up demonstrated gradual perifollicular repigmentation. Routine laboratory investigations were monitored in view of borderline diabetes mellitus.

2.8 Diagnosis

Primary Diagnosis: Stable generalized non-segmental vitiligo.

Associated Conditions: Chronic lichen planus (resolved/residual); borderline diabetes mellitus.

2.9 Differential Diagnosis

- Post-inflammatory hypopigmentation
- Idiopathic guttate hypomelanosis
- Chemical leukoderma

3. Case Analysis

The patient presented with chronic stable vitiligo associated with a background of autoimmune skin disease and prolonged emotional stress following bereavement. Characteristic constitutional features included chronic grief, religious disposition, anxiety regarding illness, disturbed sleep, overthinking, sudden anger, courageous personality, and strong family attachment. The physical generals included profuse perspiration, disturbed sleep, ambithermal constitution, and stable depigmented lesions.

These constitutional characteristics corresponded most closely with Arsenicum album, which was selected as the constitutional remedy. Wiesbaden Aqua was prescribed as an organ-supportive medicine to complement constitutional management and promote repigmentation.

3.1 Totality of Characteristic Symptoms

Mental Generals: Long-standing grief after the death of husband; religious disposition, finds peace in prayer; anxiety regarding her illness; overthinking; sudden anger; courageous and independent personality; strong attachment to her two sons; long-standing emotional stress.

Physical Generals: Disturbed sleep; profuse perspiration; appetite normal; mixed diet; ambithermal patient; menopause 20 years ago.

Particular Symptoms: Vitiligo since 3 years; stable depigmented patches; previous prolonged topical steroid use; no new lesions; history of lichen planus involving face and neck; borderline diabetes mellitus; repigmentation appearing during follow-up; itching absent during follow-up.

3.2 Repertorial Analysis

Repertorization was carried out using Hompath Zomeo after selecting the characteristic mental generals, physical generals and particular symptoms.

Selected Rubrics: Skin—Vitiligo · Sleep—Disturbed · Perspiration—Profuse · Mind—Anxiety about health · Mind—Grief · Mind—Religious affections · Mind—Anger, sudden.

Remedies	ars.	nat-m.	sil.	calc.	merc.	phos.	nat-c.	sep.	thuj.	alum.	kali-c.	hep.	lyc.	sulph.	ant-t.	bell.	carb-v.	chin.	ferr.	graph.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3
Intensity	8	8	8	7	7	7	6	6	6	5	9	8	8	8	7	7	7	7	7	7
Result	4/8	4/8	4/8	4/7	4/7	4/7	4/6	4/6	4/6	4/5	3/9	3/8	3/8	3/8	3/7	3/7	3/7	3/7	3/7	3/7
Clipboard 2																				
SKIN - VITILIGO	1	1	1	1	1	1	1	1	1	1					1					
SLEEP - DISTURBED	2	1	2	1	1	2	2	1	2	1	3	2	2	3	3	1	2	2	2	3
PERSPIRATION - PROFUSE	3	3	3	3	3	2	2	3	2	1	3	3	3	2	3	3	3	3	3	1
HEAD - HAIR	2	3	2	2	2	2	1	1	1	2	3	3	3	3		3	2	2	2	3

Figure 1. Repertorial analysis chart.

3.3 Repertorial Result

Remedy	Result
Arsenicum album	4/8
Natrum muriaticum	4/8
Silicea	4/8
Calcarea carbonica	4/7
Mercurius solubilis	4/7
Phosphorus	4/7
Natrum carbonicum	4/6

Although several remedies scored similarly, Arsenicum album demonstrated the closest clinical correspondence with the patient's constitutional characteristics, emotional state, disturbed sleep, anxiety, chronic autoimmune skin disorder, and overall symptom totality.

3.4 Remedy Differentiation

Arsenicum album: Selected because of the patient's chronic anxiety regarding her disease, disturbed sleep, long-standing emotional stress following bereavement, restlessness of mind, concern regarding recovery, and chronic autoimmune skin pathology. The remedy also corresponds well to chronic degenerative conditions in elderly individuals.

Natrum muriaticum: Considered because of prolonged grief following her husband's death. However, the patient openly discussed her emotions, remained socially connected with her family, and did not exhibit the characteristic reserved, silent grief commonly associated with Natrum muriaticum.

Silicea: Considered due to chronic skin involvement but lacked the characteristic mental picture of anxiety and concern regarding health.

Calcarea carbonica: Considered because of age and constitutional weakness but failed to cover the patient's emotional characteristics and autoimmune skin presentation adequately.

3.5 Prescription

Constitutional Treatment — Arsenicum album 200C.

Organ-supportive Medicine — Wiesbaden Aqua.

Follow-up: Placebo during improvement with repetition according to symptom response.

Supportive advice included continuing depigmentation therapy as advised, avoiding unnecessary topical steroid use, regular follow-up with Wood's lamp assessment, stress management through prayer and relaxation, maintaining a healthy diet and blood glucose control, and adequate sleep and regular physical activity.

3.6 Miasmatic Analysis

The case demonstrated a predominantly Psoro-Sycotic background.

Psoric Features: Functional pigmentary disorder; anxiety; disturbed sleep; emotional stress; autoimmune susceptibility.

Sycotic Features: Chronicity; long-standing lichen planus; stable but persistent depigmented lesions; borderline metabolic disorder.

4. Follow-up

Duration	Clinical Progress
1 Month	Lesions remained stable; no appearance of new patches.
2 Months	Patient advised to continue medicines regularly and undergo depigmentation therapy.
3 Months	Mild perifollicular pigmentation became visible; itching absent.
4 Months	Progressive repigmentation observed over several patches; patient reported subjective improvement.
Final Follow-up	Disease remained stable with no new lesions; repigmentation continued; anxiety regarding disease reduced.

4.1 Clinical Outcome Assessment

Clinical Parameter	Baseline	Final Follow-up
Vitiligo patches	Stable multiple depigmented patches	Stable with visible repigmentation
New lesion formation	Present previously	No new patches during follow-up
Disease progression	Chronic	Arrested

Clinical Parameter	Baseline	Final Follow-up
Repigmentation	Absent	Progressive perifollicular pigmentation
Itching	Occasional	Absent
Sleep	Disturbed	Improved
Stress level	Persistent	Reduced
Anxiety regarding disease	High	Significantly reduced
Overall quality of life	Moderately affected	Improved

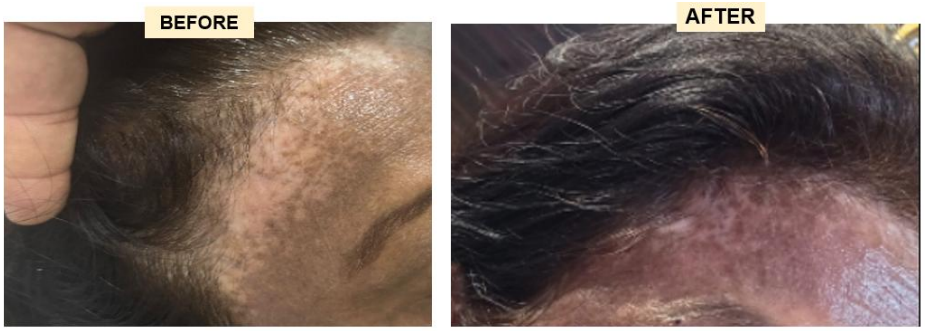

Figure 2. Serial documentation of repigmentation.

5. Health-Related Quality of Life (HRQL)

At presentation, the patient remained distressed by persistent depigmented patches despite previous topical steroid therapy. The loss of her husband during the COVID-19 pandemic had contributed to prolonged emotional stress, further affecting her sleep and psychological well-being. During follow-up, stabilization of the disease, visible repigmentation, and absence of new lesions significantly improved her confidence and reduced disease-related anxiety. She reported greater emotional stability while continuing her routine daily activities independently.

6. Patient Perspective

"After my husband's death, I became mentally stressed, and the white patches worried me even more. Previous treatment did not give lasting improvement. During treatment, I noticed that no new patches appeared and the old patches slowly started regaining colour. This gave me confidence and peace of mind. I feel hopeful and continue my treatment regularly."

7. Learning Points

- Vitiligo frequently coexists with other autoimmune disorders such as lichen planus and metabolic diseases.
- Individualized constitutional prescribing should consider the patient's emotional background in addition to local skin manifestations.
- Long-term follow-up is essential to evaluate disease stabilization and repigmentation.
- Serial clinical assessment helps document gradual repigmentation and absence of disease progression.
- Integrating constitutional treatment with patient counselling and lifestyle modification may improve long-term adherence and quality of life.

8. Discussion

Vitiligo is a chronic autoimmune pigmentary disorder with an unpredictable course and frequent association with other autoimmune diseases. In the present case, vitiligo coexisted with a previous history of lichen planus and borderline diabetes mellitus, suggesting an underlying autoimmune predisposition. The patient had also experienced profound emotional stress following the death of her husband during the COVID-19 pandemic, an event that remained central to her emotional state.

Constitutional analysis emphasized chronic anxiety, disturbed sleep, overthinking, religious inclination, and persistent concern regarding her skin disease. These features corresponded most closely with Arsenicum album, while Wiesbaden Aqua was prescribed as supportive therapy for repigmentation.

During follow-up, no new depigmented lesions developed, existing patches remained stable, and gradual perifollicular repigmentation became evident. The absence of itching, improvement in emotional well-being, and stabilization of the disease indicate a favorable long-term response. Although spontaneous stabilization may occur in vitiligo, the sequential clinical improvement and sustained absence of disease progression over serial follow-ups suggest a beneficial therapeutic outcome in this patient.

9. Conclusion

This case demonstrates successful long-term management of stable generalized vitiligo in an elderly female with coexisting lichen planus and borderline diabetes mellitus using individualized constitutional homoeopathic treatment. Arsenicum album, selected on the basis of the patient's constitutional characteristics, together with Wiesbaden Aqua as supportive therapy, was associated with stabilization of depigmented lesions, gradual repigmentation, reduction in disease-related anxiety, and improvement in quality of life. The case highlights the importance of individualized constitutional prescribing and long-term follow-up in the management of chronic autoimmune pigmentary disorders.

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