



ISSN: 0976-3376

Available Online at <http://www.journalajst.com>

ASIAN JOURNAL OF
SCIENCE AND TECHNOLOGY

Asian Journal of Science and Technology
Vol. 17, Issue, 01, pp. 14079-14082, January, 2026

RESEARCH ARTICLE

HOMEOPATHIC MANAGEMENT OF LICHEN PLANUS PIGMENTOSUS: A TRANSFORMATIVE CLINICAL OUTCOME AT DR BATRA'S® HOMEOPATHY CLINIC

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ARTICLE INFO

Article History:

Received 17th October, 2025

Received in revised form

28th November, 2025

Accepted 04th December, 2025

Published online 29th January, 2026

Key words:

Lichen planus pigmentosus, Post-inflammatory hyperpigmentation, Classical homeopathy, Psychodermatology, Individualized treatment.

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ABSTRACT

Lichen planus pigmentosus (LPP) is a chronic inflammatory pigmentary disorder with significant psychosocial impact, often showing partial or temporary response to conventional therapies. This case study presents a middle-aged woman with long-standing LPP associated with post-inflammatory hyperpigmentation (PIH), recurrent itching, metabolic comorbidities, and deep emotional stress related to caregiving responsibilities. Despite multiple dermatological and supportive treatments over several years, the condition showed recurrence and persistence. Individualized classical homeopathic intervention resulted in sustained improvement in pigmentation, complete relief from itching, better metabolic stability, and marked enhancement in emotional well-being and self-confidence. This case highlights a holistic transformation achieved through homeopathic treatment at Dr Batra's® Homeopathy Clinic.

Citation: Dr. Abhishek Chaturvedi. 2026. "Homeopathic Management of Lichen Planus Pigmentosus: A Transformative Clinical Outcome at Dr Batra's® Homeopathy Clinic", *Asian Journal of Science and Technology*, 17, (01), 14079-14082.

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INTRODUCTION

Lichen planus pigmentosus (LPP) is a variant of lichen planus characterized by hyperpigmented macules and patches, predominantly affecting sun-exposed and flexural areas. The disease is often chronic, relapsing, cosmetically distressing, and associated with pruritus and psychological morbidity. Conventional management focuses mainly on topical steroids, depigmenting agents, and sunscreens, which frequently provide only transient relief. Homeopathy, with its individualized and holistic approach, offers a therapeutic alternative by addressing constitutional susceptibility and psychosomatic contributors.

Case Profile

- **Age/Sex:** Middle-aged female
- **Diagnosis:** Lichen Planus Pigmentosus with Post-Inflammatory Hyperpigmentation
- **Duration:** Since 2016 (relapsing course)
- **Associated Conditions:** Type 2 diabetes mellitus, dyslipidemia, hypertension, osteoarthritis (left knee)
- **Current Medications:** Antidiabetic, antihypertensive, statins, blood thinner (continued alongside homeopathy)

History of Presenting Illness

Initial Phase (2016): The complaint began with intense itching over the neck and chest, gradually spreading to forearms and arms. Dermatological consultation led to topical steroids and symptomatic medications, resulting in temporary improvement. The patient continued applying various ayurvedic oils, after which the condition remained dormant for some years.

Relapse Phase (November 2022): A sudden flare-up occurred with severe itching and hyperpigmented macules over the neck, chin, cheeks, and face, later extending to forearms. Allopathic treatment again reduced itching but pigmentation persisted, and the skin became increasingly dry and sensitive. She discontinued hair dye usage and used photostable sunscreen regularly, yet pigmentation continued.

Mentals: From childhood, the patient exhibited a strong sense of responsibility, discipline, and punctuality, often prioritizing duty over personal comfort. She was deeply sensitive to expectations placed upon her and developed a pattern of internalizing stress rather than expressing emotions.

As adulthood progressed, these traits evolved into heightened anxiety related to family responsibilities, particularly concerning her son, who had childhood ADHD and ongoing anxiety issues. Her emotional stress intensified during periods when her son required close supervision, especially during his education and later while living abroad.

She demonstrated constant worry about the future, fear of being unable to support her son adequately, and a strong need to remain in control. Socially, she became withdrawn during periods of skin aggravation, avoiding gatherings and losing interest in personal grooming due to embarrassment and lowered self-esteem. Over time, this emotional burden appeared to coincide with relapses of her skin condition, suggesting a strong psychodermatological link.

Physical Generals

- **Skin:** Dry, hyperpigmented macules; itching aggravated intermittently
- **Thermal Reaction:** Not marked
- **Appetite:** Moderate
- **Sleep:** Disturbed during periods of stress, later improved
- **Metabolism:** Borderline sugars initially, later controlled
- **Locomotion:** Difficulty walking fast due to left knee OA

Investigations

- **Feb 2023:**
 - FBS: 115 mg/dL
 - PPBS: 166 mg/dL
 - SGOT: 49 U/L
 - GGT: 43 U/L
- **Vitamin D:** 24.66 ng/mL (low)
- **Follow-up labs (Nov 2023 onwards):** Marked improvement in lipid profile, liver enzymes, and glucose levels

Totality of Symptoms

- Chronic hyperpigmentation with recurrent itching
- Dryness of skin with sensitivity
- Stress-related aggravation
- Strong sense of duty and responsibility
- Anxiety and constant worry about family
- Loss of self-confidence due to cosmetic disfigurement
- Associated metabolic disorders

Repertorial Considerations

- Mind – Anxiety about family
- Mind – Sense of responsibility, conscientiousness
- Mind – Ailments from prolonged grief and worry
- Skin – Discoloration, hyperpigmentation
- Skin – Itching, intermittent
- Skin – Dryness

Repertorisation and Remedy Selection (Revised Section): Based on the totality of symptoms encompassing chronic hyperpigmentation with intermittent itching, dryness of skin, stress-related aggravation, strong sense of responsibility, anxiety concerning family, and associated metabolic disturbances, repertorisation was carried out using standard repertory references.

The repertorial outcome indicated remedies covering:

- Chronic pigmentary disorders with post-inflammatory changes
- Cutaneous discoloration associated with constitutional weakness
- Tendency for relapse under emotional stress

Following repertorial analysis and clinical correlation, an individualised therapeutic plan was formulated. The treatment strategy included internal constitutional support along with remedies known for their affinity to pigmentary disorders, skin metabolism, and connective tissue repair, administered in suitable potencies and dosage forms according to the patient's susceptibility and chronicity of disease.

Medicines Prescribed

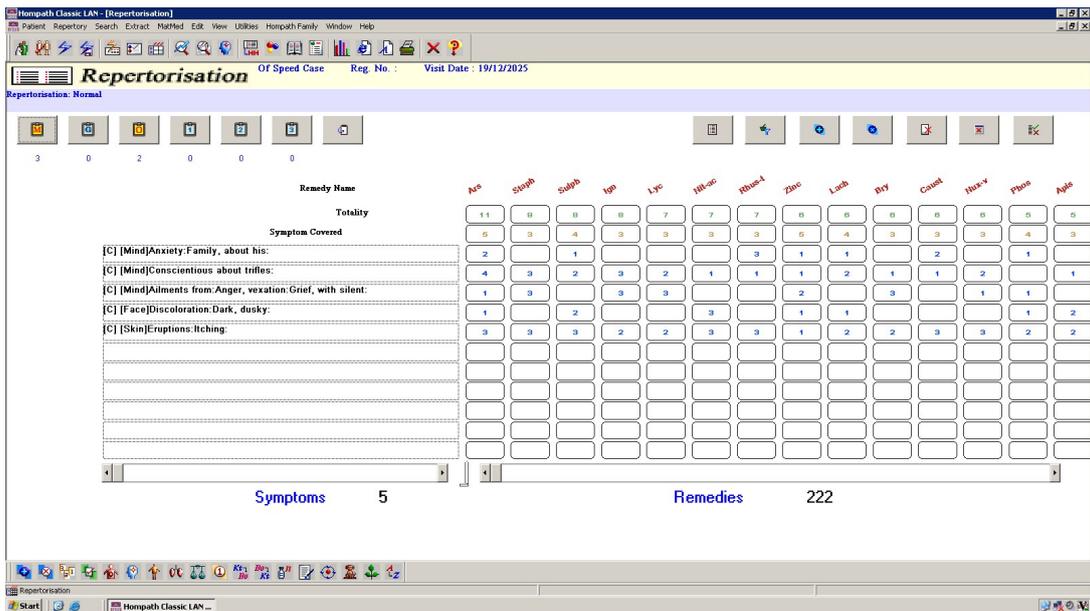
- **Berberis aquifolium** – for chronic hyperpigmentation and skin discoloration
- **SISL 6X** – to support skin structure and metabolic balance

- **Silicea 6X (powder)** – to enhance tissue repair, skin vitality, and long-term constitutional stability

These medicines were prescribed alongside ongoing allopathic medications for diabetes, hypertension, and dyslipidemia, without interference.

Follow-Up

Date	Clinical Assessment	Prescription
Apr 2023	Mild itching persists; hyperpigmentation stable	Berberis aquifolium + SISL 6X + Silicea 6X
Jun 2023	Itching markedly reduced; no new lesions	Same medicines continued
Aug 2023	Pigmentation stable with slight lightening	Continued Berberis aquifolium + tissue salts
Oct 2023	Visible fading of facial pigmentation; no itching	Same prescription
Dec 2023	Improvement in colour, texture, and dryness	Medicines continued
Jan–Mar 2024	Significant facial clearance; neck lesions lighter	Maintenance doses
Jun 2024	Sustained improvement; better skin texture	Continued
Feb–Sep 2025	No relapse; pigmentation much faded	Observation and supportive continuation



Clinical Outcome: With continued homeopathic intervention using Berberis aquifolium, SISL 6X, and Silicea 6X, the patient demonstrated gradual yet sustained improvement in pigmentation, complete resolution of itching, enhanced skin texture, and significant psychological uplift, without recurrence of active lesions.

DISCUSSION

The use of remedies targeting pigmentary metabolism, connective tissue health, and constitutional susceptibility played a pivotal role in achieving long-term stability. Unlike previous short-term symptomatic relief obtained through topical therapies, the homeopathic approach resulted in progressive fading of lesions and restoration of skin health, highlighting its role in chronic inflammatory pigmentary disorders.

Transformation Table

Parameter	Before Homeopathy	After Homeopathy
Itching	Frequent, distressing	Completely absent
Pigmentation	Dark, progressive	Significantly faded
Skin Texture	Dry, sensitive	Healthy, improved
Emotional State	Anxious, withdrawn	Confident, expressive
Social Interaction	Avoidant	Active, engaged
Quality of Life	Poor	Markedly improved

CONCLUSION

This case highlights that chronic LPP with PIH, resistant to conventional management, can respond favorably to individualized classical homeopathy. The sustained clinical improvement, emotional stabilization, and enhanced quality of life underscore the value of a holistic approach. A clear transformation was achieved through comprehensive homeopathic care at Dr Batra’s® Homeopathy Clinic.

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