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HOLISTIC HOMOEOPATHIC MANAGEMENT OF LICHEN PLANUS PIGMENTOSUS WITH DEEP EMOTIONAL SUPPRESSION: A PSYCHOSOMATIC CASE REPORT

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ABSTRACT: Lichen Planus Pigmentosus is a chronic pigmentary dermatosis characterized by slate-gray or brownish macules, often linked to autoimmune and psychosomatic factors like emotional suppression. This case report aims to evaluate the efficacy of individualized homoeopathic therapy in managing LPP by addressing underlying emotional triggers alongside physical symptoms. A 38-year-old male presenting with extensive hyperpigmented patches on his upper trunk for over a year was studied. The patient's history revealed significant internal worry and emotional repression related to his son's health. Methodology involved a holistic assessment and repertorization using Phatak's Repertory, leading to the selection of Phosphorus as the constitutional remedy, supported by Kali Arsenicum and biochemical tissue salts. Over a 12-month follow-up, results showed over 80% lightening of pigmentation, improved sleep, and restored mental vitality. No new lesions appeared, and the patient achieved emotional stability. The study concludes that addressing the psychosomatic root through individualized homoeopathy provides a safe and effective modality for long-term relief in chronic skin disorders where conventional treatments may only offer symptomatic results.

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INTRODUCTION

Lichen Planus Pigmentosus is a chronic pigmentary variant of lichen planus characterized by diffuse, slate-gray or brownish macules primarily affecting sun-exposed or flexural areas. While the exact etiology involves an autoimmune-mediated destruction of basal keratinocytes resulting in pigmentary incontinence, the disease is increasingly recognized as multifactorial. Beyond physical triggers, recent medical literature suggests that chronic anxiety, grief, and the deep-seated suppression of emotions can serve as both initiating and aggravating factors for LPP, reflecting a sophisticated interconnection between the mind and skin[1,2].

The purpose of this case report is to evaluate the efficacy of individualized homoeopathic intervention in treating LPP by addressing the "whole person" rather than just the cutaneous expression. This case involves a 38-year-old male presenting with extensive hyperpigmentation on the upper trunk and back, which manifested following a period of prolonged emotional suppression and anxiety regarding his son’s health. This approach is deemed important because conventional management typically involving corticosteroids or immunosuppressants frequently provides only symptomatic relief and may fail to address the underlying psychosomatic disturbances that maintain the pathology.

The hypothesis explored here is that by identifying the patient's constitutional state and addressing the internal disharmony caused by emotional repression, a physician can achieve long-term clinical remission and restored vitality. This study substantiates the core principle of homoeopathy: that true healing occurs when suppressed emotions are released and inner balance is restored.

PATIENT INFORMATION

Demographic Information

The patient is a 38-year-old male. Professionally, he serves as a responsible individual who often prioritizes family duties and maintains a reserved, gentle, and quiet demeanor.

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Chief Complaints

The patient presented with multiple dark brown, hyperpigmented macules and patches located on his upper trunk, shoulders, and back. These lesions developed gradually over the course of one year. The patches were characterized as non-itchy and non-scaly, yet they were progressively spreading across his upper body. Notably, the patient observed that the intensity of the pigmentation seemed to darken during periods when he felt emotionally low or particularly stressed.

Medical, Family, and Psychosocial History

The patient's psychosocial history is marked by a timid and sensitive nature, with a significant tendency toward the long-standing suppression of emotions. Since childhood, he has been reserved and conflict-averse, often concealing his sorrow and disappointment to maintain peace. A major source of chronic mental stress and anxiety is the health of his son, who suffers from Type 1 Diabetes Mellitus. His family history also includes a father with hypertension, though there is no known family history of autoimmune or skin disorders. Psychosomatically, his internal struggle manifested as disturbed sleep, mental fatigue, a loss of vitality, and a dislike for consolation, which he felt brought his suppressed feelings to the surface.

Relevant Past Interventions and Outcomes

Prior to seeking homoeopathic treatment, the patient utilized conventional medical interventions to manage the skin condition. Specifically, he had applied topical corticosteroids to the affected areas. While these interventions provided temporary symptomatic relief, they failed to halt the progression of the disease or address the underlying psychosomatic factors, leading to the continued spread of the pigmentation.

CLINICAL FINDINGS

Physical Examination Findings: A detailed physical examination revealed multiple, well-defined brownish macules and patches localized over the upper trunk, shoulders, and back. The lesions were non-itchy and non-scaly, following a distribution typical of Lichen Planus

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Pigmentosus. Notably, there was no involvement of the oral mucosa, scalp, or nails, and no other systemic abnormalities were detected during the examination. The patient's physical generals were significant for profuse perspiration, particularly on the face and upper body. He was identified as a "chilly" patient, expressing a distinct preference for warmth. Additionally, his extremities were cold to the touch, and he reported disturbed, unrefreshing sleep due to persistent worry.

Clinical History and Homoeopathic Symptomatology: The selection of the homoeopathic remedy was based on a comprehensive totality of symptoms that integrated both physical expressions and deep-seated mental generals. The following key symptoms were utilized for clinical decision-making:

- Mental Generals: The patient exhibited a timid, gentle, and emotionally sensitive nature since childhood. He habitually suppressed his emotions, concealing sorrow, anger, and disappointment to avoid conflict. A defining characteristic was his intense anxiety regarding his family's wellbeing, specifically centered on his son's Type 1 Diabetes Mellitus. Furthermore, he demonstrated a marked aversion to consolation, which caused him to become more tearful.
- Physical Generals: Key indicators included his "chilly" thermal reaction, profuse perspiration, and coldness of the extremities.
- Skin Symptoms: The presence of dark brown hyperpigmentation specifically on the trunk and shoulders served as the primary physical characteristic.

These symptoms were synthesized through repertorization using Phatak's Repertory, which highlighted Phosphorus as the most indicated constitutional remedy due to its coverage of emotional sensitivity, anxiety for others, and the specific physical makeup of the patient.

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TIMELINE

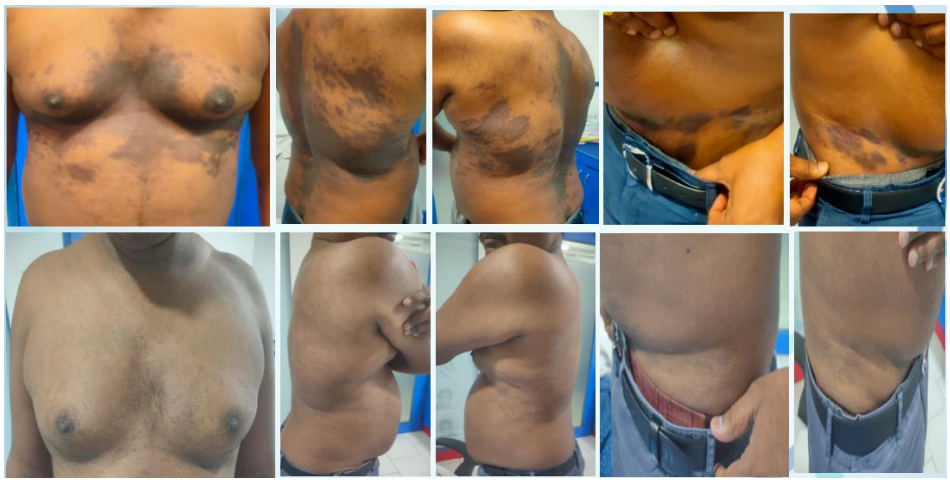

Figure 1: Transformation before and after treatment

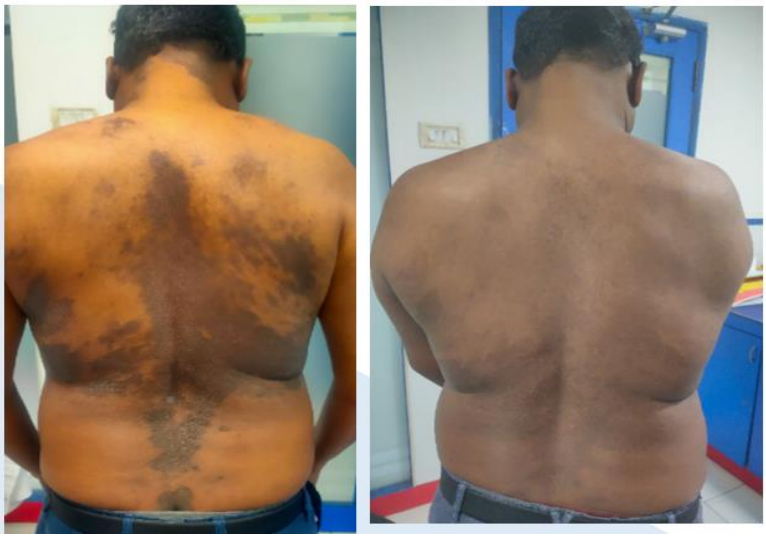

Figure 2: Transformation before and after treatment

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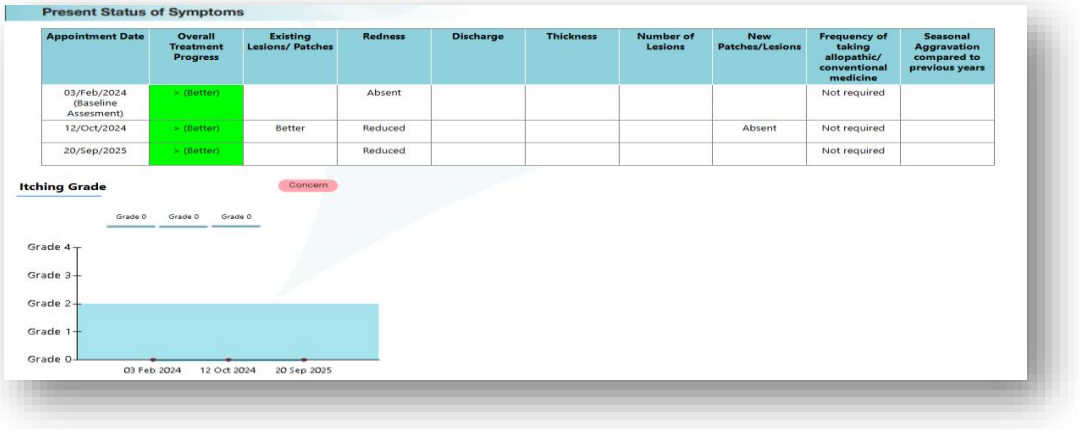

Present Status of Symptoms

Appointment Date	Overall Treatment Progress	Existing Lesions/ Patches	Redness	Discharge	Thickness	Number of Lesions	New Patches/Lesions	Frequency of taking allopathic/ conventional medicine	Seasonal Aggravation compared to previous years
03/Feb/2024 (Baseline Assesment)	> (Better)		Absent					Not required	
12/Oct/2024	> (Better)	Better	Reduced				Absent	Not required	
20/Sep/2025	> (Better)		Reduced					Not required	

Figure 3: Outcome Report

DIAGNOSTIC ASSESSMENT

Diagnostic Methods The diagnosis was primarily established through a comprehensive clinical physical examination and a detailed dermatological history. The physical examination focused on the morphology and distribution of the lesions, identifying diffuse, slate-gray to dark brown macules localized on the upper trunk and shoulders. While the diagnosis of Lichen Planus Pigmentosus (LPP) is often clinical, case documentation and the progression of the patches were monitored digitally using Dr Batra's Clinical Management System to ensure objective tracking of the pigmentary changes. No systemic abnormalities were detected during the examination, and the absence of mucosal, scalp, or nail involvement helped specify the LPP variant.

Diagnostic Challenges The primary challenge in this case was the psychosomatic nature of the disorder, as the physical symptoms were deeply intertwined with internalized emotional stress. The patient's habit of emotional suppression and his dislike for consolation made it difficult to initially elicit the underlying grief and anxiety that served as maintaining factors for the disease. Furthermore, the chronic nature of LPP and the patient's previous temporary success with topical corticosteroids required a detailed inquiry to distinguish between mere symptomatic relief and true holistic recovery.

Diagnostic Reasoning and Differential Diagnosis Diagnostic reasoning was based on the whole person approach, integrating physical findings with mental generals. While the physical presentation led to a diagnosis of Lichen Planus Pigmentosus, differential diagnoses

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such as Post-Inflammatory Hyperpigmentation (PIH) and Erythema Dyschromicum Perstans (Ashy Dermatosis) were considered. However, the specific slate-gray hue and the correlation between emotional stress and the darkening of the lesions supported the LPP diagnosis. From a homoeopathic perspective, the diagnostic reasoning further involved repertorization using Phatak's Repertory, which compared remedies like *Phosphorus*, *Lycopodium*, and *Calcarea carbonica* to find the best constitutional match for the patient's timid nature and physical chilliness.

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Hyperpigmentation		✔		✔
Emotional suppression, anxiety	✔	✔		
Profuse perspiration	✔			
Chilly constitution, exhaustion	✔			✔

Table 1: Miasmatic background

Prognostic Characteristics The prognosis for this case was determined by the Sycotubercular miasmatic predominance, which often indicates a chronic, progressive condition requiring deep-acting constitutional treatment. The patient's loss of vitality and disturbed sleep served as prognostic indicators of deep-seated internal disharmony. However, the patient's positive response to the initial month of treatment noted by improved energy levels and the stabilization of existing lesions provided a favorable prognosis for long-term recovery.

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THERAPEUTIC INTERVENTION

Reportorial result

Remedies	phos.	calc.	lyc.	verat.	nux-v.	sulph.	carb-v.	nit-ac.	ars.	sil.	chin.	ferr.	graph.	kali-c.	calc-p.	hep.	merc.	nat-c.	op.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	5	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3
Intensity	9	10	9	8	7	7	5	5	8	7	6	5	5	5	4	4	4	4	4
Result	5/9	4/10	4/9	4/8	4/7	4/7	4/5	4/5	3/8	3/7	3/6	3/5	3/5	3/5	3/4	3/4	3/4	3/4	3/4
Clipboard 1																			
F - Fear, anxiety, fright	3	2	2	2	2	1	2	1	3				1		1			1	2
B - Black, dark	1			1	1		1		2		2	1					2		1
S - Sweat - in general, easy tendency, to	2	2	2	2	2	2	1	1		1	2	2	2	1		1	1	2	1
C - Cold - agg	1	3	2	3	2	1		2	3	3	2	2	2	3	2	2	1		
F - Fistula	2	3	3			3	1	1		3				1	1	1		1	

Figure 4: Repertorial result

Types of Intervention

The primary intervention employed was individualized homoeopathic therapy, focusing on a constitutional approach to address both the physical dermatological manifestations and the underlying emotional suppression. This was supplemented with biochemical tissue salts to support cellular regeneration and mitigate nervous exhaustion. No surgical or conventional pharmacological agents, such as corticosteroids, were used during the homoeopathic treatment period.

Type of Homoeopathy

The treatment followed the principles of Individualized Homoeopathy, where the remedy was selected based on the patient's unique mental and physical totality. The prescription involved a multi-constituent strategy: a high-potency constitutional single remedy was supported by low-potency acute and biochemical remedies to manage the case holistically.

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Administration of Intervention

- **Phosphorus 10M**: Administered as a single dose once weekly during the initial phase of treatment.
- **Kali Arsenicum 6C**: Administered as 2 drops twice daily to address skin inflammation and maintain tone improvement.
- **Biochemical Combination (Kali Sulph 6X + Kali Phos 6X)**: Administered as 2 tablets twice daily to enhance skin regeneration and provide nervous system support.
- **Duration**: The total duration of active medicinal intervention was 12 months, with regular monthly follow-ups to monitor progress.

Changes in Intervention

Adjustments were made to the frequency of the constitutional remedy based on the patient's symptomatic improvement:

- **6th Month**: The frequency of *Phosphorus 10M* was reduced from weekly to fortnightly, and *Kali Arsenicum 6C* was shifted to alternate days. This was done because the patient showed 50–60% reduction in pigmentation and improved emotional balance, indicating a reduced need for frequent stimulus.
- **9th Month**: *Phosphorus 10M* was further reduced to once monthly as the patient achieved 80% improvement.
- **12th Month**: Active constitutional and acute medications were stopped and replaced with a placebo, maintaining the patient only on *Kali Phos 6X* to ensure continued emotional and nervous stability following the successful clearing of skin lesions.

Analysis of Remedies

Remedy Type	Remedy Name	Potency	Dose	Reasons
Constitutional	**Phosphorus**	10M	1 dose weekly	For emotional sensitivity, suppressed grief, anxiety for family, chilly constitution, and

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				skin affection with exhaustion.
Acute	**Kali Arsenicum**	6C	2 drops twice daily	For skin inflammation and maintaining uniform tone improvement.
Intercurrent	**Kali Sulphuricum + Kali Phosphoricum**	6X	2 tablets twice daily	To enhance skin regeneration, reduce pigmentation, and calm nervous exhaustion.

Table 2: Remedy selection

FOLLOWUP AND OUTCOMES

MONTH	PROGRESS	PRESCRIPTION
1st month	General improvement in energy; no new lesions; existing pigmentation stable	Phosphorus 10M (weekly), Kali Ars 6C, Kali Sulph 6X + Kali Phos 6X
3rd month	Pigmentation slightly lightened; better sleep, calmness noticed	Same prescription continued
6th month	50–60% reduction in pigmentation intensity; emotionally more balanced	Phosphorus 10M (fortnightly), Kali Ars 6C (alternate days)
9th month	80% improvement; skin tone near normal, no spread	Phosphorus 10M (monthly), Biochemics continued
12th month	Skin clear, even tone; patient emotionally stable and energetic	Placebo; maintenance on Kali Phos 6X

Table 3: Follow-up and outcomes

DISCUSSION

A primary strength of this case management was the holistic integration of the patient's psychological profile with his physical pathology, allowing for the identification of emotional suppression as a core etiological factor. The use of individualized homoeopathy, specifically the constitutional remedy *Phosphorus*, addressed the root cause rather than providing superficial symptomatic relief. Furthermore, the 12-month digital tracking and follow-up provided objective evidence of the gradual and sustained clearance of pigmentation. A limitation of this report is that

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it is a single case study; while the results are remarkable, broader clinical trials are necessary to standardize these findings across diverse populations with Lichen Planus Pigmentosus (LPP).

Lichen Planus Pigmentosus is widely recognized in dermatological literature as a chronic pigmentary disorder that is notoriously difficult to treat with conventional modalities. Studies by Sehgal et al. emphasize that while the condition is an autoimmune reaction against basal keratinocytes, its management often requires more than just topical steroids, which frequently offer only temporary results. Contemporary research increasingly supports the "brain-skin axis," suggesting that psychological stress and suppressed emotions can trigger or exacerbate autoimmune dermatoses. This case aligns with such literature, as the patient's lesions darkened during periods of high emotional stress[1,2,5,6].

The successful outcome of this case is attributed to the release of deep emotional suppression and the restoration of internal harmony. The assessment of the cause pointed toward a psychosomatic origin: the patient's habitual concealment of sorrow and his intense anxiety for his diabetic son disturbed his vital force, manifesting as LPP. By selecting *Phosphorus* a remedy known for treating sensitive individuals with high levels of sympathy and anxiety for others the treatment successfully neutralized the internal stressor. The miasmatic shift from a Syco-tubercular state to a state of health confirms that the remedy acted on a deep, structural level[3,4].

CONCLUSION

The essential lesson from this case is that chronic skin conditions like LPP should not be viewed merely as localized cutaneous diseases but as external expressions of internal emotional disharmony. Individualized homoeopathy offers a potent, non-invasive alternative for patients who do not respond to or wish to avoid long-term steroid use. This case substantiates the principle that true healing in psychosomatic disorders is achieved only when the physician addresses the patient's mental state alongside their physical symptoms.

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