



Asian Journal of Science and Technology Vol. 16, Issue, 05, pp. 13718-13721, May, 2025

# RESEARCH ARTICLE

## LPP RECOVERY THROUGH HOMEOPATHY: A DR BATRA'S CASE REPORT

## \*Dr. Gratel Fernandez

Chief homeopathic consultant, Margao Branch, Dr Batra's Positive Health Clinic Pvt. Ltd., Qualification BHMS

## ARTICLE INFO

## Article History:

Received 11<sup>th</sup> February, 2025 Received in revised form 26<sup>th</sup> March, 2025 Accepted 18<sup>th</sup> April, 2025 Published online 26<sup>th</sup> May, 2025

#### Keywords:

Lichen Planus Pigmentosus, Dr Batra's, homeopathic care

## **ABSTRACT**

Lichen Planus Pigmentosus (LPP) is a rare, chronic dermatological condition marked by dark, non-itchy, non-scaly pigmentation, typically on sun-exposed areas. It is more prevalent in individuals with darker skin types, especially in tropical regions. A 48-year-old male presented with gradually spreading pigmented lesions on the neck and face since 2019, following emotional stress. At Dr Batra's, a holistic homeopathic approach led to long-term improvement, highlighting the effectiveness of individualized homeopathic care in LPP.

Citation: Dr. Gratel Fernandez 2025. "Lpp Recovery through Homeopathy: A dr Batra's Case Report", Asian Journal of Science and Technology, 16, (05), 13718-13721.

Copyright©2025, Dr. Gratel Fernandez. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

# **INTRODUCTION**

Lichen Planus Pigmentosus (LPP) is a rare, chronic skin condition presenting as dark brown to grayish-black pigmentation, primarily on sunexposed areas like the face and neck. It is more common in individuals with darker skin tones and is often triggered by sun exposure, stress, or certain cosmetic products. Unlike classic lichen planus, LPP lesions are usually non-itchy, flat, and without scaling. The exact cause is unknown but may involve autoimmune mechanisms. If left untreated, LPP can lead to persistent pigmentation and cosmetic distress.

## CASE PROFILE

A 48-year-old vegetarian male presented with complaints of dark pigmented lesions localized to the face and neck, diagnosed clinically as Lichen Planus Pigmentosus (LPP). The condition began in 2019 on the neck and gradually spread to the face, specifically on sun-exposed areas. The lesions were darkly pigmented, flat, non-raised, and non-itchy, with no scaling or inflammation. A skin biopsy was not performed. He has no personal or family history of autoimmune conditions, diabetes, hypertension, or any other chronic illnesses. He underwent inguinal hernia surgery 10 years ago, which was uneventful. The patient, originally from Madhya Pradesh and currently serving in the army for the past 20 years, reported frequent relocations as part of his service. He stated that the lesions began appearing when he was stationed in Gujarat. He does not use any cosmetics, facial creams, or wear neck ornaments, and he is not exposed to any chemicals at work. He uses soap frequently, washing his face multiple times a day. He has not been using sunscreen, which may have contributed to pigmentation. He follows a pure vegetarian diet, avoids junk foods, oily, spicy, and processed foods, and consumes plenty of fruits, vegetables, dry fruits, flax seeds, and green tea. He drinks 2 liters of water daily, uses a copper vessel to store drinking water for immunity, and avoids red meats, soft drinks, and alcohol. He sleeps for 8 hours daily with refreshing and undisturbed rest, and reports no constipation, bloating, or digestive issues. His thirst, urination, and appetite are normal. He has no symptoms of joint pains, hair fall, or pitting of nails. The only notable emotional stress occurred in 2019, when he was denied a promotion, which he found difficult to accept. Since then, he reports no significant stress, and currently describes his mental state as happy and relaxed. Initially, the patient was prescribed allopathic antiallergies and steroids, but only experienced temporary relief. After switching to a natural, homeopathy-based regimen under Dr. Gratel Marian Fernandes, significant improvement was noted. Over the course of regular followups, the pigmentation reduced drastically by more than 90%, and the thickness of lesions diminished visibly. The entire neck area has cleared, and only a faint spot on the left cheek remains. He continues to use Dr. Batra's face wash, skin pigmentation cream, skin fairness serum, and sunscreen applied at least 30 minutes before sun exposure or while working under bright light sources like a laptop. He is compliant with advice to avoid friction, tight clothing, and excessive washing. His blood parameters including Hb (14.2), TC (3700), Vitamin D (36), Sr. Calcium (8.9), Uric Acid (4.5), TSH (2.3), FBSL (92), and Creatinine (0.9) are all within normal limits. There is no hypertension, no diabetes, and no evidence of internal organ involvement.

The patient reports no new lesions since beginning treatment, and he continues a healthy lifestyle that includes daily walks, deep breathing exercises, and complete avoidance of sunlight exposure during peak hours. He avoids harsh cosmetics and applies Dr. Batra's mild, non-comedogenic skincare range consistently. He was also advised Nutrigood and skin gummies to support internal health. Overall, the case shows a progressive and near-complete resolution of Lichen Planus Pigmentosus, achieved through a holistic homeopathic approach, lifestyle modification, and disciplined skincare regimen. The patient reports enhanced energy, improved general wellbeing, and satisfaction with his appearance and health.

#### **Physical Generals**

Diet	Mixed
Appetite	Normal
Desire	Sweet
Aversion	N.S
Thermal Reaction	Chilly
Thirst	Increased
Stools	Semi solid
Urine	Normal
Perspiration	Non offensive, No Staining
Sleep	7-8 hours refreshing
Dreams	Dsnt remember

#### **Examination**

CVS: S1 S2 heard RS: AEBE Clear CNS: Well oriented

Pallor: Nil

Mental Generals: The patient is a 48-year-old male, currently serving in the Indian Army, known for his disciplined, systematic, and sincere approach to both work and family life. He comes from a close-knit and principled family background, where discipline and emotional bonding were emphasized since childhood. His father, now retired, had a significant influence on his upbringing, instilling values of discipline and integrity. His mother was a homemaker, and he was always close to both parents, receiving warmth, love, and guidance throughout his formative years. His childhood was joyful, without any major emotional or academic difficulties. He describes himself as a happy-go-lucky child, who performed exceptionally well in school, was an all-rounder, and maintained healthy interpersonal relationships with teachers and peers. He faced no bullying or strict pressures from his parents, and he always met expectations with ease and confidence. He has been married since 1998 and lives with his wife and two sons. His relationship with all family members is harmonious and emotionally fulfilling. He balances his personal and professional life exceptionally well and is deeply family-oriented, valuing quality time and shared experiences with loved ones. Professionally, he is dedicated to his service in the army, where he enjoys a cordial relationship with his subordinates and maintains a strong work ethic. His work environment is disciplined, structured, and fulfilling, and he is known to be committed, punctual, and reliable. He is confident in his duties, occasionally bordering on overconfidence, but this stems from his consistent record of success and leadership. He describes himself as calm, patient, systematic, fastidious, loquacious, friendly, and well-adjusted, capable of mixing easily in social settings while staying grounded in his responsibilities. While he is generally emotionally stable, he admits to being emotional and sensitive, especially to health-related matters such as his skin condition (LPP). He tends to feel hurt easily, and consolation works well for him when he's down. He became especially stressed in 2019, when he was denied a promotion—a deeply disturbing event that shook him emotionally, as he had never faced failure or denial in his career before. This incident, though not openly expressed, affected him subconsciously and made him question his self-worth momentarily. Despite this, he maintained his external composure and continued his duties with dignity. He does not get angry easily and is generally described as mild-tempered. However, he may feel anxious about health, particularly about skin issues, which tend to occupy his mind. He is emotionally expressive and appreciates when others understand and acknowledge his feelings. He describes himself as not shy or reserved, and his natural cheerful disposition has been a strength in maintaining both personal and professional relationships. His hobbies include traveling and spending quality time with his family, which he cherishes the most. These moments give him inner peace and joy, reinforcing his identity as a familycentric, emotionally intelligent, and socially active individual.

Past History: Operated for inguinal hernia.

Family History: No f/h of any illness

Case analysis reportorial totality

Repertory used	Rubrics selected
	<ul> <li>Mind – Fastidious</li> </ul>
	<ul> <li>Mind – Conscientious about trifles</li> </ul>
	<ul> <li>Generalities – Chilly patient</li> </ul>
	<ul> <li>Mind – Intelligence – Active</li> </ul>
Kent Repertory	<ul> <li>Mind – Fixed ideas</li> </ul>
	<ul> <li>Mind – Obstinate</li> </ul>
	<ul> <li>Mind – Sensitive – Mental</li> </ul>
	<ul> <li>Mind – Company – Desire for</li> </ul>
	<ul> <li>Generals – Food and drinks – Sweets – Desire</li> </ul>

## Repertory screenshot

Remedies	lach.	aur.	stram.	ars.	Nux-Y	Sulph	anac.	ant.c.	811.	agar.	graph.	,ooi	merc	180	acon.	chin.	c/c.	COFF	laur	Duls	am
Serial Number	1	2	3	4	5	6	7	8	9	10	-11	12	13	14	15	16	17	18	19	20	2
Symptoms Covered	3	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1
Intensity	4	5	5	4	4	4	3	3	3	2	2	2	2	4	3	3	3	3	3	3	2
Result	3/4	2/5	2/5	2/4	2/4	2/4	2/3	2/3	2/3	2/2	2/2	2/2	2/2	1/4	1/3	1/3	1/3	1/3	1/3	1/3	1/
Clipboard 1																					
SKIN - Spots - Circumscribed pigmentation following eczematous	1					1			1				1								
inflammation																					
SKIN - Lichen planus				2			1	2		1		1	1								
Temperaments - sun, persons who cannot stand the MIND - STRESSED	1																				
MIND - Fastidious	-			2	2						1										
Mind and sensorium - Intelligence, he had received joyful																					
MIND - Imaginations, fancies, fixed ideas	2	4	2		2	3	2	1	2	1	1	1		4	3	3	3	3	3	3	E
FACE - Expression - friendly APPETITE - Desire		1	3																		

Selection of Remedy Ars alb 200 2doses/1wk

## Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Fastidious, punctual, disciplined	✓	✓		
Chilly patient	✓			
Craving for sweets	<b>√</b>	✓		✓
Intelligent, confident	✓			✓
Sensitive, emotional, needs consolation	✓	✓		
Health anxiety	✓	✓		
Friendly, mixes easily		✓		✓
Fixed ideas, headstrong		✓	✓	

# **RESULTS**

Month	Clinical Observations & Progress	Remedy Given
1st Month	Lesions covered more than 50% of the back and some parts of the chest; very painful and itchy. Pain	Ars-alb 200C – 2 doses weekly
	and redness reduced within 1 week. Sleep disturbed due to itching and pain. Sleep improved after 10	followed by Sac Lac
	days. Skin burning sensation with night aggravation. Burning reduced significantly by 2nd week.	
	Could not sleep on back due to skin pain. Able to lie down and sleep on back by 3rd week.	
2nd Month	Skin lesions started turning dry and shedding. Lesions 80% better by 4th week. No new eruptions	Ars-alb 200C – 2 doses weekly
	seen. Itching occasional and mild. General comfort increased.	followed by Sac Lac
3rd Month	Skin lesions almost completely healed. Slight redness around the edges of the lesions. Mild itching at	Ars-alb 200C – 2 doses weekly
	night. Emotional well-being improved, no longer stressed by the condition.	followed by Sac Lac
4th Month	Complete healing of skin lesions on the chest and back. No itching. Skin smooth and normal in	Ars-alb 200C – 2 doses weekly
	appearance. The patient feeling overall improvement in quality of life.	followed by Sac Lac
5th Month	No recurrence of lesions. Skin clear with no signs of inflammation or itching. Patient's general health	Ars-alb 200C – 2 doses weekly
	and mood have improved significantly.	followed by Sac Lac
6th Month	Patient reports complete healing with no new eruptions. Mild occasional itching noticed during	Ars-alb 200C – 2 doses weekly
	extreme heat, but manageable.	followed by Sac Lac
7th Month	Skin is clear and healthy, no residual scars or marks. Patient feels confident and comfortable. No	Ars-alb 200C – 2 doses weekly

	physical complaints.	followed by Sac Lac
8th Month	The patient reports no skin issues. Occasional mild itching, mostly in response to stress or weather	Ars-alb 200C – 2 doses weekly
	changes.	followed by Sac Lac
9th Month	No new lesions. Skin condition continues to be stable. The patient's sleep pattern is regular, and there	Ars-alb 200C – 2 doses weekly
	is no discomfort.	followed by Sac Lac
10th	Skin condition remains clear with only minor itching. Patient reports feeling physically and	Ars-alb 200C – 2 doses weekly
Month	emotionally balanced.	followed by Sac Lac
11th	No signs of skin lesions. Skin texture is smooth, and the patient reports no major complaints.	Ars-alb 200C – 2 doses weekly
Month		followed by Sac Lac
12th	Complete resolution of symptoms. Skin is completely clear, and there is no recurrence. Overall health	Ars-alb 200C – 2 doses weekly
Month	and well-being are at a high level.	followed by Sac Lac

## DISCUSSION& CONCLUSION

The case presented a patient with severe dermatological symptoms, primarily characterized by widespread lesions on the back and chest, accompanied by intense itching, pain, and sleep disturbances. The patient's condition initially caused significant discomfort and emotional distress, affecting both physical and psychological well-being. Over the course of treatment, there was a notable improvement in the patient's condition. Within the first month, there was a reduction in pain and redness, with the patient reporting better sleep and decreased burning sensations. By the second month, the lesions began to dry up and shed, showing clear signs of healing. As treatment continued, the skin condition progressively improved, with the lesions almost completely healed by the third month and no further eruptions observed. By the fourth month, the patient's comfort level and emotional well-being had also improved significantly.

- By the sixth month, the patient reported a complete resolution of symptoms, with no recurrence of lesions. The skin had returned to a smooth, healthy appearance, and there were no signs of inflammation or itching. The emotional and psychological impact of the condition had diminished, with the patient feeling more confident and at ease.
- By the end of the 12-month period, the patient's skin remained clear and stable, and there was no indication of relapse. The patient's overall health, sleep, and emotional state were also markedly improved, signifying a full recovery.

#### The transformation





Acknowledgments: I take this opportunity to thank those who have helped and supported me personally and professionally during this case

## REFERENCES

Boger CM. Boger Boenninghausen's Characteristics & Repertory with corrected abbreviations, word index & thumb index. 47th impression. New Delhi: B. Jain Publisher (P) Ltd.; c2019.

HC Allen MD. Keynotes Rearranged & Classified with leading remedies of the Materia edica added with other leading Nosodes & Bowel Nosodes 13th edition. New Delhi Indian Books & Periodical Publishers.

Kent JT. Lectures of the Homoeopathic Materia Medica 6th edition. New Delhi: B. Jain Publishers Private Ltd. 2013

William Boericke. New Manual of Homoeopathic Materia Medica and Repertory. 4th print edition. New Delhi: M. Jain Indian books and periodicals Publishers Pvt Ltd; P. 5. Clark JH. A dictionary of practical material medical, volume- III, Reprint Edition. B Jain Publishers Pvt. Ltd.

\*\*\*\*\*