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Lichen Planus: Etiology, Treatment, and Clinical Remission

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ABSTRACT

Lichen Planus (LP) is a chronic inflammatory disorder of the skin and mucous membranes, characterized by pruritic, purple papules and, in oral forms, painful white patches or erosions. Although LP is widely considered an immune-mediated condition involving T-cell-driven autoimmune responses, its precise etiology remains unknown and no curative treatment exists. Current management relies on corticosteroids and immunomodulators to control symptoms and inflammation, but mucosal forms often persist and recur. This report presents a case in which a 19-year-old male with severe, treatment-resistant LP—involving both cutaneous and oral manifestations—experienced sustained clinical remission following his mother's dedicated Dharma practices within the Guan Yin Citta Dharma Door. The mother, after unsuccessful hospitalization, hormone therapy, and traditional Chinese medicine, undertook intensive practices including making vows, reciting Buddhist scriptures, and performing life liberation, while the son continued conventional treatment. Gradually, the son's oral lesions softened, skin lesions resolved, corticosteroid dependence was eliminated, and no recurrences occurred over subsequent years. From the Dharma perspective, the patient's LP is interpreted as a manifestation of accumulated killing karma from family sources, consistent with traditional Dharma teachings and Dharma Master Jun Hong Lu's observations on totem reading regarding the karmic consequences of taking life. This case illustrates the potential utility of Dharma-based approaches as complementary to conventional medicine and highlights the need for systematic investigation of these practices in dermatological and autoimmune conditions.

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Introduction

Lichen Planus (LP) is a chronic inflammatory disorder that affects the skin, mucous membranes, hair, and nails. It is characterized by the development of distinctive, flat-topped, polygonal, purple-colored papules that are often intensely pruritic. LP is widely considered to be an immune-mediated condition, involving T-cell–driven autoimmune responses against basal keratinocytes [1,2].

The condition most commonly appears in middle-aged adults and can present in several forms, including cutaneous, oral, genital, scalp, and nail involvement. Oral lichen planus, in particular, may manifest as white, lacy patches, erosions, or ulcerations on the mucosal surfaces and can be persistent and symptomatic [3,4].

While LP is not contagious, its clinical course is variable. Cutaneous lesions may resolve spontaneously within months to a few years, whereas mucosal forms tend to be more chronic and resistant to treatment. Management typically focuses on symptom control and reducing inflammation, often using topical or systemic corticosteroids and other immunomodulatory therapies [1,5]. Given its chronic, auto-inflammatory nature and lack of a definitive cure, therapeutic intervention remains pharmacologically driven and symptom-focused [6].

Although most patients with cutaneous lesions experience spontaneous resolution within 1–2 years of onset, recurrences are common, and residual hyperpigmentation may persist. In contrast, oral LP is typically a chronic condition that may or may not undergo spontaneous remission. Drug-induced LP generally improves gradually after discontinuation of the offending medication [7].

This situation suggests that our understanding of LP remains far from its core etiology, and current therapies serve only as temporary measures. There is a clear need to explore the underlying mechanisms and develop more effective interventions.

Given that LP is both a dermatological and an autoimmune condition, insights may be drawn from previous research in these related fields. Previous studies on skin disorders such as eczema, dermatitis, chronic urticaria, dyshidrosis, psoriasis, and vitiligo, indicate that these conditions can be effectively managed from a Dharma perspective [8-15]. Similarly, previous publications on autoimmune diseases like psoriasis, vitiligo, Crohn's disease, myasthenia gravis, rheumatoid arthritis, type 1 diabetes, systemic lupus erythematosus, Sjögren's disease, and systemic sclerosis, suggest that Dharma-based approaches hold therapeutic potential [13-22]. Notably, psoriasis and vitiligo are both dermatological and autoimmune conditions. Based on these findings, we hypothesize that LP may likewise respond favorably to Dharma-based practices.

In this report, we detail the case of a young student whose mucosal and cutaneous LP went into remission as a result of his mother's Dharma practice.

Worldviews, Mechanisms & Solutions

From a science perspective, the exact etiology of LP remains idiopathic (unknown), but it is universally recognized as a multifactorial, cell-mediated autoimmune condition. The current prevailing model suggests that environmental, systemic, or exogenous triggers interact with genetic susceptibility to alter basal keratinocytes, causing them to express novel self-antigens [1,2].

As indicated in the Introduction, two major challenges remain in the understanding and treatment of LP: no existing theory fully explains its pathogenesis, and no definitive curative treatment has yet been established. Consequently, the medical understanding of LP remains limited. Further research is therefore needed to clarify the underlying mechanisms and causes of LP and to develop more effective and potentially curative treatment approaches.

Rather than attributing LP to a complex interaction among environmental, systemic, exogenous, and genetic factors, the Dharma perspective conceptualizes LP as a karmic disease associated with the manifestation of spirits on the skin surface. This perspective was previously articulated by Dharma Master Jun Hong Lu, who taught that skin diseases may result from the presence or occupation of spirits associated with small aquatic animals on the skin, leading to symptoms such as itching and autoimmune responses. Once these spirits are ascended through appropriate Dharma practices and the karma is removed, the associated symptoms may resolve, allowing the skin to heal naturally [16,23,24].

Karmic causes and associated spirits may originate from several sources, either individually or in combination. First, they may be related to actions performed in a previous life. For example, an individual who operated a business involving the sale of aquatic animals in a previous life developed eczema early in her present life [8]. Second, karmic consequences may be associated with the consumption of large quantities of aquatic animals by the mother during pregnancy, potentially resulting in the infant developing a skin disorder soon after birth [8]. Third, karmic consequences may be transmitted through ancestral actions. For example, one reported case attributed a descendant's development of vitiligo to karmic consequences associated with his grandfather's involvement in abortion [15]. Fourth, an individual may have personally caught or killed aquatic animals during childhood and subsequently developed eczema later in life [16]. Fifth, an individual who caused burns or injury to another person's skin in a previous life developed psoriasis in the present life [16].

In summary, from the Dharma perspective, the underlying cause of certain skin diseases is understood more directly in terms of karma generated through the killing of aquatic animals. When such karma matures, it manifests itself as a physical disorder, including skin disease. From this perspective, autoimmune activity represents only one of several possible clinical phenotypes or manifestations of karma. Accordingly, LP may not be an exception and may likewise be understood within this karmic framework.

The following is a testimonial from a mother whose son developed severe LP while he was at school. Through her dedicated Dharma practices, her son reportedly recovered from the manifestations of LP.

Results

The following is a presentation by a practitioner of the Guan Yin Citta Dharma Door.

Case 1: My Son's Lichen Planus Was Healed by Three Golden Buddhist Practices

I encountered Guan Yin Citta Dharma Door in 2013. During the past 10 years of studying Buddhism, there have been so many efficacious cases.

LP is an immune system disease whose cause is unknown. It is a difficult problem in medicine. The condition is life-threatening in severe cases and depends on hormonal drugs for life. How could I have imagined this catastrophe would fall on my son?

In 2016, my son was 19 years old and faced his college entrance exam. One day, he said, "Mom, I have a lot of small packets like this on the back of my hands." I thought it was eczema, but then it grew more and more all over his body. I took him to the local Chinese medicine hospital for a checkup. The doctor diagnosed eczema and gave the child a month's prescription for traditional Chinese medicine. However, his condition did not improve even after the medicine was finished. Later, we saw the doctor again and received Chinese medicine for 3 months, but there was no improvement at all. I was anxious.

After taking him to a dermatology hospital, I registered him with a specialist in the field. After the doctor looked at him, he invited several doctors for consultations, but they could not determine what kind of disease it was. They only said it might be LP. They could not cure it. This disease has not yet found its cause in medicine, and there is no good treatment. The doctor suggested that I transfer my son to a larger hospital and asked me to let them know the results afterwards.

On the way home, both my son and I had heavy hearts! In the evening, when I was applying medicine to my child, seeing his whole body densely covered with pimples, my heart was like a knife!

The next day, I took him to the local Union Medical College Hospital and registered him with a specialist. The doctor said it might be LP, and the test report confirmed that it was LP. The condition was so serious that he had to be hospitalized immediately. The doctor continued: "This disease has not yet found its cause, and there is no cure. It often recurs, and can only be controlled by drugs. In serious cases, pimples grow inside the internal organs. It will be life-threatening at any time !"The doctor's words were like a thunderbolt to me! What can we do?

The time for college entrance exams is approaching day by day. If my son was hospitalized immediately, he would have to stop school. He discussed with the doctor hospitalization after the exam. The doctor replied: "No, this disease will end your life, and treatment cannot be delayed. How can you study without a life? If you cannot take the exam this year, take it next year." I could only helplessly persuade my child: "Give up the test this year, do it next year." However, I knew in my heart that the chance of redoing the exam is very slim. Considering my family's financial situation, we cannot afford him to reattend classes because of the high tuition fees. Moreover, we cannot expect an ideal reexamination. However, I could only coax my child to be hospitalized at that moment.

During the hospitalization, he was given an intravenous drip from morning to night all day long, but his condition did not improve significantly. The doctor said it was the most desirable outcome if the disease did not worsen. I watched my child being tormented by his illness every day, but there was nothing I could do about it. Life is bitter!

I am very ashamed to confess that I was still so foolish and unenlightened even though I had been a vegetarian for 2 years then! In order to replenish my child's health, I asked my husband to make beef soup! Later, I realized that beef soup induces inflammation. Why did the child's index remain high during the hospitalization? It is because we keep giving beef soup to him. I thought I was really stupid! Later, my son's condition worsened. The pimples grew all over his mouth, which became white and painful. The pain was unbearable. The illness is in my son's body, but the pain is in his mom's heart!

The doctor had no choice and advised us to see a stomatologist, but there was nothing the stomatologist could do! The doctor said that if the disease continued, it would develop into oral cancer. Despite a month of hospitalization, he was not cured. The doctor prescribed hormone medications for the child. I looked up the consequences of taking hormone medication on the Internet - the child would be dependent on hormone medication for the rest of his life, or else he would be prone to relapse. If this continued, the child's whole life would be ruined. At this point, I wanted to cry but the tears would not come!

It was not until my child was discharged from the hospital that I thought of praying to Guan Yin Bodhisattva to help me find a good doctor to treat him. Every day I searched online for a hospital that could cure this disease. Eventually, I found a senior Chinese medicine expert who specializes in treating rare and intractable diseases. Thus, I took my son to Beijing and found this clinic. The expert said that curing this disease was a long-term process. The expert prescribed my son Chinese medicine for a month. I took the list of medicines and saw: 14,000 CNY (US ~$2,080), which is all my family's entire savings. What about future medications and treatments? However, we could only take one step at a time.

Back home, I kneeled in front of the Buddhist altar and prayed to Guan Yin Bodhisattva with tears under my eyes every day. I made a vow to recite 2,000 Little Houses to my child's karmic creditors. I did not dare vow to the number of fish to be released because I do not have much money. My husband drives a cab and does not make much money every day. My salary is only 3,000 CNY. Our living budget is very tight.

On payday, I took some money to go to the food market to buy a few fish for my child to release. In addition to completing my own daily recitation every day, I also helped my child to recite Buddhist scriptures and recite Little Houses. His illness was obviously getting better day by day. When he was discharged from the hospital, there was a patch of LP on his bare foot. After a few Little Houses were repaid, the LP disappeared in a week's time.

Seeing the hope, I was even more confident that I could help my child overcome the disease with the Three Golden Buddhist Practices! I repaid his karmic creditors by burning the Little House after reciting it every day. I observed LP on his body every day. Blessed by the Bodhisattva, it has got better day by day. Meanwhile, a month's dose of Chinese medicine was soon finished. There was no money in the family, and the child is very understanding of that fact. Because seeing the doctor would cost over 10,000 CNY, he chose to take the hormone drugs previously prescribed by the hospital.

I recited Buddhist scriptures at work and after work. I did not ask my fellow Buddhist practitioners to help me with a single sheet of Little House. I repaid his karmic creditors one sheet after reciting one and two sheets after reciting two. The child's oral LP became softer and less painful, and the large area subsided. The child's mood was relaxed!

Two and a half months later, he reduced the hormone dose to half a pill. In the fourth month, the hormone pills were stopped. During this time he was basically vegetarian. His mouth was almost healed. The LP on his skin was disappeared. I have been reciting Little Houses to my child with a grateful mind, and I do not dare stop for a moment. Although I do not have the money to help my child release many lives, I firmly believe that as long as there is sincerity, Guan Yin Bodhisattva will definitely bless and protect us!

Seeing his condition gradually stabilize, I told him: "We cannot give up on the college entrance examination. You should do your best to take the examination and review the courses as you should. It does not matter how it ends. Mom can accept it." His college entrance examination results came out, and he unexpectedly got into the second tier of school. In view of the child spending most of the year fighting his illness in the senior high school year, it is unbelievable that he got this grade. My deepest gratitude to the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva! Be grateful, be grateful!

It is the Bodhisattva who gave the child a second life, changed our family's destiny, and gave me a new life! Then I deeply repented and blamed myself. If I had prayed to the Bodhisattva's blessing as soon as my child's illness started and utilized the Three Golden Buddhist Practices to help him, he would not have suffered so much. I also repent: I am a Buddhist practitioner and have vowed to be vegetarian, but I still fed my child beef while he was hospitalized. I am grateful to the Bodhisattva for Her forgiveness.

Regarding releasing life, I also have a deep understanding. My Master enlightened us that the most important thing to learn about Buddhism is the arousal of intention, and life release is releasing compassion. I did not have much money to release life on behalf of my child at that time. I only released a few fish on payday, and my child still gets better slowly. The number of fish released is important, but for Buddhists, the more critical thing is the arousal of intention!

Now, my son has graduated from university. The Bodhisattva's blessing allowed him to find an ideal job. Over the past few years, his condition has not recurred. He is healthy and happy. I am grateful!

He now also recites Buddhist scriptures. When he encounters difficulties at work, he resolves them by reciting Buddhist scriptures. The Master and Bodhisattvas have blessed him in his dreams many times. The Guan Yin Citta Dharma Door is true! Think of the many people who have this disease, who have not encountered the Dharma. They are still taking hormones every day, who have been inflicted by hormones, and who live a life of pain and suffering. How lucky are we? In this life, we can meet Master Lu and the Dharma, and receive the Bodhisattvas' blessings and protection! We are immensely grateful to the great Dharma and to the outstanding and efficacious Guan Yin Citta Dharma Door!

Grateful to our Greatly Compassionate Benefactor Father Master Lu, who spread such wonderful Dharma to the world. This is so that we can have a good life, a harmonious family, a successful study, and change our fate and fortune through the Three Golden Buddhist Practices.

Master Lu enlightened us that a disease doctors cannot cure is a disease of karma! In fact, my son's illness is also related to killing karma. In the past, his grandmother created a lot of killing karma in the countryside; my husband loved fishing; and I always loved eating fish. When I was pregnant I ate fish every day. Additionally, I had an abortion. When my son was younger, he raised silkworms for fun. As a result, it is my son who was retributed for all of this karma! I repent to the Bodhisattva for the ignorant karmic obstacles I created.

I really cannot imagine if I had not encountered the Guan Yin Citta Dharma Door, how my life would have been. It must have been in the dark. My child cannot live a healthy and happy life as it is now. I am grateful to the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva! Grateful to the Master! Grateful for the Guan Yin Citta Dharma Door, which freed our family!

Through studying the *Buddhism in Plain Terms*, I have learned more about life and been relieved of worries. Family members are all our conditioning power for practicing Buddhism. Without my child's illness, how could I have made the effort to study Buddha's teachings? How could I apply the Three Golden Buddhist Practices to solve life's problems? I am grateful for the trials and tribulations life has given me, making me stronger and grateful!

I have already made vows: to be a vegetarian for life, to observe the Five Precepts, to perform the Ten Wholesome Actions(十善业), to release living beings for life, to devote myself to one Buddhist practice and never quit, to be one of the hands and eyes of Guan Yin Bodhisattva, to form positive connections with all beings, to extensively transform sentient beings, to save and help more sentient beings in the rest of my life, attain enlightenment in one lifetime and to repay the benevolence of the Buddha!

Today, I am writing this belated sharing presentation with a grateful heart because I want to use my personal experience to tell those children and families who are still suffering from illnesses: Buddhism is real and can change our lives. The Three Golden Buddhist Practices can really change our fate and fortune!

Shared by: G215

Comments:

1. The young man was diagnosed with LP at age 19—a critical juncture, as this falls within the "predestined 369 calamity" framework taught by Dharma Master Jun Hong Lu. According to this concept, karmic repercussions are especially likely to manifest at ages containing 3, 6, or 9, often in the form of illness. Once karma solidifies into disease, recovery becomes exceedingly difficult. Therefore, it is wise to address and dissolve karmic obstacles before they surface. Even better, however, is to avoid creating negative karma in the first place. The 369 age includes ages such as 3, 6, 9, 13, 16, 19, 23, and so on.

2. "*In order to replenish my child's health, I asked my husband to make beef soup! Later, my son's condition worsened. Later, I realized that beef soup induces inflammation*." First, from a Buddhist perspective, using the flesh of sentient beings as a means of restoring health would not be considered a choice. There are many plant-based sources of protein that can provide the nutrients needed to support the body without involving the taking of another sentient being's life. Second, the claim that beef soup promotes inflammation remains scientifically debated and cannot simply be presented as an established fact. "*Later, my son's condition worsened*." From the perspective of Dharma, the worsening of her son's condition should not automatically be attributed to the physical properties of beef soup. Rather, one could understand it in terms of the new karma created through consuming the flesh of a sentient being.

This case is similar to a previous case in which a person suffering from eczema killed snakes in an attempt to treat her condition. Instead of promoting healing, her condition worsened [8]. Such examples illustrate how an action undertaken with the intention of benefiting oneself may, from the Buddhist perspective, produce the opposite result when it involves harmful karma.

Thus, not understanding the Dharma can have serious consequences. People may sincerely act with the intention of benefiting themselves or others, yet unknowingly create causes that bring further harm. The Dharma teaches us to look beyond immediate intentions and apparent benefits and to understand the karmic consequences of our actions.

3. "*Two and a half months later, he reduced the hormone dose to half a pill. In the fourth month, the hormone pills were stopped*." Master Lu advises Buddhist practitioners to consult their doctors when reducing or discontinuing medication, rather than making such decisions on their own at home. Medication doses should be adjusted under appropriate medical supervision.

Discussion

LP is a chronic inflammatory disorder involving the skin and, in some patients, the oral and other mucosal surfaces. Although it is widely regarded as an immune-mediated disease involving T-cell–driven responses against basal keratinocytes, its precise etiology remains incompletely understood [1,25]. Current management is primarily directed toward controlling inflammation, relieving symptoms, and reducing immune-mediated tissue damage, while definitive curative treatment remains unavailable. This therapeutic and etiological uncertainty provides a rationale for exploring complementary conceptual frameworks and approaches that may offer additional perspectives on the disease.

The present report approaches LP from the perspective of the Guan Yin Citta Dharma Door. Within this framework, disease may be understood in relation to karma and the manifestation of spirits, rather than solely through biological, genetic, environmental, or immunological mechanisms. In particular, the Dharma perspective described in this manuscript associates certain skin disorders with karmic consequences related to the killing of aquatic animals and with the manifestation of associated spirits. Physical symptoms may represent manifestations of underlying karmic conditions, and Dharma practices may contribute to the resolution of these manifestations. This framework differs fundamentally from the prevailing biomedical model and should therefore be understood as a distinct explanatory perspective rather than an established biomedical mechanism.

The rationale for investigating LP from this perspective is partly derived from previous reports involving dermatological and autoimmune conditions. The manuscript identifies previous reports concerning eczema, dermatitis, chronic urticaria, dyshidrosis, psoriasis, and vitiligo, as well as autoimmune diseases including psoriasis, vitiligo, Crohn's disease, myasthenia gravis, rheumatoid arthritis, type 1 diabetes, systemic lupus erythematosus, Sjögren's disease, and systemic sclerosis [8-22]. Psoriasis and vitiligo are particularly relevant to the present hypothesis because they have both dermatological and autoimmune features. On this basis,

we propose that LP, which similarly involves both cutaneous manifestations and immune-mediated mechanisms, may also be responsive to Dharma-based practices.

The case presented in this report provides preliminary clinical observation consistent with this hypothesis. The patient's mother reported that her son has developed widespread skin lesions, which were subsequently diagnosed as LP. The disease also involved the oral cavity and was associated with substantial discomfort. Conventional treatment, hospitalization, and subsequent treatment with Chinese medicine did not initially produce satisfactory improvement. She subsequently undertook intensive Dharma practices, including recitation of Buddhist scriptures, recitation of Little Houses, life release, vegetarian practice, and other practices associated with the Three Golden Buddhist Practices of the Guan Yin Citta Dharma Door. During this period, she observed progressive improvements in her son's skin and oral manifestations.

Of particular interest is the temporal association between the initiation of intensive Dharma practice and the reported improvement. The mother reported that a residual lesion on the son's foot disappeared after several Little Houses were completed, followed by continued improvement of the cutaneous and oral manifestations. She further reported that the corticosteroid dose was gradually reduced and eventually discontinued, with near-complete healing of the oral lesions and disappearance of the skin lesions. Several years later, she reported that the condition had not recurred. These observations suggest that intensive Dharma practice may have coincided with sustained clinical improvement in this individual case.

However, scientists may be reluctant to attribute the observed improvement exclusively to Dharma practice on the basis of this report, as multiple interventions were implemented during the course of the illness, including hospitalization, conventional medication, Chinese medicine, and dietary changes. Moreover, although cutaneous LP can undergo spontaneous remission, with many patients experiencing resolution within one to two years mucosal involvement generally follows a more persistent course [1]. In the present case, the patient developed oral LP, making spontaneous remission a possible but less likely explanation for the observed recovery. Nevertheless, spontaneous remission cannot be definitively excluded, and delayed effects of medical treatment, combined therapeutic effects, and other uncontrolled variables also cannot be ruled out. Therefore, from a conventional scientific perspective, a causal relationship between the patient's karmic burden and the development or resolution of LP cannot be established conclusively in this case alone.

However, from the Dharma perspective, the evidence presented in this case is considered sufficient to support the efficacy of Dharma-based practices within the Dharma framework, including the proposed relationship between karmic causes, spiritual manifestations, and disease.

The fundamental difference between Dharma and science, however, lies in the basis on which causality is understood and established. From the Dharma perspective, the causal relationship between karmic actions and their corresponding consequences was not formulated in this individual case. Rather, this relationship is understood to have been established through Dharma teachings long before the present case was observed. For example, the *Sutra of the Terra Treasure* (地藏经), transmitted more than a thousand years ago, describes the karmic consequences of killing, including illness and a shortened lifespan as forms of karmic retribution. Building upon these teachings, Master Lu provided more specific explanations regarding the consequences of killing aquatic animals, including the development of skin diseases, and further taught that spiritual ascension and the elimination of karmic obstacles are fundamental approaches to addressing such conditions.

In the present case, the patient's mother reported several sources of killing-related karma within the family: the grandmother had engaged extensively in killing animals in the countryside; the patient's father enjoyed fishing; the mother regularly consumed fish and reported eating fish daily during pregnancy; she had also undergone an abortion; and, when the patient was younger, he raised silkworms for entertainment. From the Dharma perspective, these actions generate negative karma that will eventually mature and manifest as retribution. Within this framework, the patient's LP is interpreted as a manifestation of this accumulated karma. The underlying principle is that causes inevitably produce corresponding effects, and no one can ultimately escape the consequences of their actions.

Accordingly, the reported recovery following the application of Dharma practices is viewed within the Dharma framework not as the initial discovery of a causal relationship, but as an experiential manifestation consistent with pre-existing Dharma teachings. The case is therefore interpreted as providing an example in which both the proposed karmic cause of the disease and the subsequent improvement following Dharma practice are consistent with teachings that predate the case itself.

This distinction also explains why the role of a control group is understood differently within the two frameworks. From the Dharma perspective, when a practitioner sincerely follows the instructions and practices taught by the Dharma Master, a controlled experiment is not considered necessary to establish the underlying causal principle. The practitioner applies the prescribed practices and observes the resulting changes in accordance with the Dharma teachings. In contrast, within the scientific framework, controlled experimentation is necessary precisely because the proposed causal relationship has not yet been in the scientific literature. Scientists therefore require appropriate controls, statistical analysis, reproducibility, and other methodological safeguards to determine whether the observed outcome can be attributed to the intervention rather than to spontaneous remission, concurrent treatment, placebo effects, or other confounding factors.

These two approaches need not be regarded as mutually exclusive. Dharma does not necessarily reject scientific investigation; rather, scientific investigation can provide an additional means of examining and documenting outcomes associated with Dharma practices. Indeed, the present case illustrates the possibility of coexistence between the two approaches. While the mother undertook Dharma practices on behalf of her son, the patient also received conventional medical treatment, including hospitalization, medication, and Chinese medicine. Thus, the case does not require the rejection of conventional medicine in order to consider the potential contribution of Dharma practice.

From this perspective, the present case should be regarded as both a testimony within the Dharma tradition and a potential starting point for scientific investigation. If similar improvements in LP are observed in additional patients who undertake Dharma-based

practices, systematic research could determine whether these observations are reproducible. Future studies could prospectively enroll patients with clinically and, where appropriate, histologically confirmed LP and document disease severity using standardized dermatological and mucosal outcome measures. Changes in lesion extent, pruritus, pain, oral involvement, quality of life, medication requirements, and recurrence could be monitored longitudinally. Larger studies incorporating appropriate control groups and multiple comparison groups could then assess whether Dharma-based practices are associated with outcomes beyond those attributable to conventional treatment or the natural history of LP.

Accordingly, scientific investigation should not be viewed as a challenge to the Dharma framework, but as a complementary means of documenting and evaluating its reported effects. The Dharma framework provides a pre-existing explanation of causality and a set of practices intended to address the underlying karmic causes, whereas scientific research can investigate whether clinical outcomes associated with those practices can be observed consistently under controlled and reproducible conditions. The present case therefore provides a bridge between these two perspectives and supports further investigation of Dharma-based practices as a potential complementary approach to LP.

Conclusion

If a patient is diagnosed with LP, the initial approach is generally to investigate potential environmental, systemic, immune, and genetic factors and to provide treatment directed toward the identified or suspected causes. Such an approach may achieve satisfactory therapeutic outcomes for some patients. In practice, however, even when potential contributing factors are identified, treatment may remain unsatisfactory, particularly in persistent forms such as mucosal LP. From the Dharma perspective, this may indicate the need to look beyond conventional biomedical explanations and investigate the underlying causes of disease within the framework of karma. The present case provides an example of this perspective: The patient's family history was associated with heavy killing karma. These accumulated karma contributed to the development of mucosal LP. This interpretation is consistent with the teachings described in Buddhist scriptures and the teachings of Master Lu.

Among the various forms of killing karma described in this case, the mother's consumption of one live fish every day during pregnancy provides an opportunity to examine the different perspectives of science and Dharma. From the perspective of nutritional science, fresh fish is a nutrient-rich "food" containing abundant protein, essential amino acids, and fats, and is generally regarded as a healthy source of nutrition. From the Dharma perspective, however, killing fish for consumption is understood as an act that creates karma. The more animals one kills, the greater the associated karmic burden that is created. Such karmic obstacles may eventually manifest themselves as suffering or disease. LP is one possible manifestation of the maturation of karmic consequences. Thus, science and Dharma approach the same phenomenon at fundamentally different levels of interpretation. Because their frameworks differ, their understanding of the underlying causes and significance of the same behavior also differs substantially.

This Dharma perspective raises a key question: why would the karmic consequence manifest as LP in the child rather than the mother? Because the mother consumed fish during pregnancy with the explicit intention of supporting her child's health, the karmic impact directly affects the child. Furthermore, witnessing a child's suffering often inflicts far deeper emotional pain on a mother than enduring illness herself. The case also links the severity and mucosal involvement of the LP to an accumulation of other karmic influences. Together, these combined karmic factors likely drove the development of mucosal LP—a form widely recognized as particularly persistent and challenging to treat.

Master Lu repeatedly emphasized the importance of not creating karmic debts. Within this teaching, taking the life of a fish is understood as incurring a karmic debt to that sentient being. When the karmic conditions mature and the debt becomes due, suffering may manifest itself as a consequence. For this reason, Buddhist practitioners are encouraged to observe the Five Precepts and refrain from actions that generate corresponding karmic consequences. Observing these precepts is therefore not merely a moral principle but also a means of preventing future karmic suffering.

Ultimately, this case illustrates the fundamental Dharma principle of understanding both Cause and Effect: one should recognize the causes of one's actions and understand that those actions may eventually produce corresponding results. Understanding the relationship between Cause and Effect is essential not only for interpreting illness but also for guiding one's conduct and preventing the creation of further karmic obstacles.

Like medical textbooks, Dharma offers a body of knowledge capable of addressing intractable diseases and should be understood and utilized by healthcare professionals and the public alike.

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On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to (http://www.lujunhong2or.com). For the English website, please refer to (https://guanyincitta.com). Without exception, these cases bear witness to the truth of the Dharma.

Conflict of Interest

No.

Financial Support

None.

Ethical Statement

The author did not take part in any part of the experimental design, experimental treatments and result analysis of the patients. All the experimental procedures and practices by the presenters were done by themselves independently.

Statement by Translator and Writer

The case presentation in the text were translated from Chinese to English based on their intended meaning rather than a word-for-word approach. The remaining portions of the paper were written based on my limited understanding of Guan Yin Citta Dharma Door. If there are any inaccuracies or deviations from the true meaning of the Chinese version, or if the content does not accurately reflect Master Lu's teachings, I sincerely seek forgiveness from the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, all Buddhas and Bodhisattvas, Dharma Protectors, and Master Jun Hong Lu.

Disclaimer of Liability

The contents of the presentation, comments, and discussion, including text, images, and other information obtained from Dharma practitioners, are provided strictly for reference purposes. Due to the unique nature of individual karma, results similar to those experienced by the practitioner may not be replicated. The experiences and advice shared should not be construed as medical advice or a diagnosis.

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