

**AYURVEDA APPROACH IN THE MANAGEMENT OF HYPERTROPHIC LICHEN  
PLANUS – A CASE REPORT****Tapan Solanki<sup>1</sup>, Sachin Rohani<sup>2</sup>, Vinayak Joshi<sup>3</sup>**

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Lichen planus is a dermatological condition with challenging symptoms. Conventional treatments often have limitations. This case report explores the successful Ayurvedic management of hypertrophic lichen planus in a 19-year-old male patient. The treatment involved Purgation (*Virechana*), oral Ayurvedic medicines, and therapeutic phlebotomy (*Raktamokshana*). The patient experienced significant relief from symptoms, illustrating the potential of Ayurveda in addressing complex dermatological conditions.

**Keywords:** *Ayurveda, Hypertrophic Lichen Planus, Purgation, Therapeutic phlebotomy***INTRODUCTION**

Lichen planus is a chronic skin condition known for its distinctive symptoms, including itching, rash, and discoloration. The lichen planus is characterized by

shiny, violaceous, flat-topped polygonal papules. Lichen planus lesions frequently appear along scratch marks or scars (Koebner phenomenon). Hy-

hypertrophic lichen planus usually develops during the course of a subacute attack, but occasionally only hypertrophic or warty lesions are found. It most often occurs on the lower limbs, especially around the ankles (1). While modern medicine has its approaches to managing this condition, Ayurveda offers an alternative perspective. According to Ayurvedic principles, *Kushtha* is a term used for some skin diseases, which are classified into 2 groups – *Maha kushtha* and *Kshudra kushtha*. There are 11 *Kshudra kushthas*. *Alasaka kushtha* is a skin disease that comes under *Kshudra kushtha*, mentioned in *Charak Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, and *Bhavaprakash Samhita*. By reviewing articles and symptoms, we can deduce this as *Alasaka Kushtha* and correlate this type of *Kushtha* with Lichen planus and Prurigo Nodularis. (2) The treatment available in allopathic science has its limitations. There are certain non-steroidal medications that also have been used as alternatives, but the results are not satisfactory and steroidal medicines have topical and systemic side effects on long-term use. Ayurvedic treatment aims to cure the disease as well as promote overall health and well-being.

### Case Report:

A 19-year-old, Male, Indo-Aryan patient working as a student, came to Dr. D. Y. Patil Ayurveda Hospi-

tal, Pimpri, Pune on 24/12/2021 with complaints of dry blackish brown patches over the anterior side of left leg and left hand, rubor, pruritus, and thickness. The patient was healthy for eight months, gradually he developed slight skin discoloration over the anterior aspect of the left leg near the knee and shin region just below the knee joint with itching. The patches increased on the left hand also. No family history was present regarding Lichen planus or any dermatological disorders. Sleep was disturbed due to the itching with loss of appetite. On Examination, all vitals of the patient were within normal limits. His blood pressure was 124/84 mm Hg; Temperature was 98.2 Degree Fahrenheit. No past history of any disorder could be elicited. All the blood investigation reports were within normal limits. Prior to seeking Ayurvedic treatment, he had tried allopathic medications for eight months. The patient's symptoms significantly impacted his daily life, including sleep disturbances and loss of appetite. The patient's *agni* (digestive fire) was in *avara avastha* (suppressed) due to an irregular diet pattern, and frequent and excessive intake of non-vegetarian food which resulted in *Alasaka Kushtha* (Lichen planus). Informed consent was taken from the patient.

**Table 1:** Clinical findings of *Alasaka Kushta*

<i>Shyavata</i>	Bluish/cyan discoloration
<i>Kharatwam</i>	Roughness on touch
<i>Parushatwam</i>	Hardness on touch
<i>Rukshatwam</i>	Dryness
<i>Ugra Kandu</i>	Severe itching

### Physical Examination

- Blood pressure - 124/84mmhg
- Pulse rate – 74 beats/min.
- Respiratory rate – 16/min.
- Temperature – 98.2 F
- Bowel – Irregular (Once in two days and Hardstool)
- Appetite – Decreased (Less intake of food)

- Micturition – 4-5 times/ day

- Sleep – Disturbed

### Ashtasthana Pariksha

- *Nadi*(Pulse) – *Kapha Pradhana vata*
- *Mala*(Stool) – *Vibandh*(Constipation)
- *Mutra*(Urine) – *Samyak*(Normal)
- *Jivha*(Tongue) – *Sama*(Coated)
- *Shabda*(Speech) – *Prakrita*(Normal)
- *Sparsha*(Tactilation) – *Anushna*(Afebrile)

- *Druk*(Eyes) – *Prakruta*(Normal)
- *Akriti*(Anthropometry) – *Madhyama*(Normal)

**Examination of Skin:**

**Inspection**

- Size & shape – Small patches and Irregular.
- Nature of skin - Dry
- Color – Blackish brown
- Thickness – 1 mm to 1.4 mm thick
- Nature of Lesion - Blackish brown elevated

lesions

- Discharge – Scales (powder-like).
- Color of Discharge – Whitish.

**Palpation**

- Touch - Dryness
- Temperature – Warm on touch
- Texture – Rough

**Treatment:**

**Table 2: Oral Treatment from 24/12/2021-7/1/2022**

Sr.No	Name of Medicine	Dose	Anupana
1	<i>Patolakaturohinyadi kashyam</i>	10ml BD After food	Lukewarm water
2	<i>Panchatikta ghrut guggulu</i>	1g TDS After food	Lukewarm water
3	<i>Kaishore guggulu</i>	500 mg BD After food	Lukewarm water
4	<i>Manjishtadi kashayam</i>	10ml BD After food	Lukewarm water

**Table 3: Plan of Virechan from 8/1/2022-23/1/2022**

Sr. No	Procedure	Date	No. of Days
1	<i>Hinguvastaka</i> <i>Choorna 1 Tablespoon – twice</i> <i>daily before food with lukewarm water</i>	08/01/2022 - 11/01/2022	3
2	<i>Ghrutapana with</i> <i>Mahatiktaka ghrutam for five days</i>	12/01/2022 - 16/01/2022	5
3	<i>Virechana with Abhayadi Modak</i>	19/01/2022	1
4	<i>Sansarjan Krama followed for 5 days</i>	19/01/2022 - 23/01/2022	5

**Table 4: Medicines on discharge from 24/1/2022-6/2/2022**

Sr. No.	Name of Medicine	Dose	Anupana
1	<i>Patolakaturohinyadi kashyam</i>	10ml BD After food	Lukewarm water
2	<i>Panchatiktaghrut guggulu</i>	500 mg TDS After food	Lukewarm water
3	<i>Kaishoreguggulu</i>	500 mg BD After food	Lukewarm water
4	<i>Manjishtadikashayam</i>	10 ml BD After food	Lukewarm water
5	<i>Panchatikta Taila</i>	2 times external application	

This treatment was followed by *Raktamokshana - Siravedha* (Therapeutic phlebotomy) on 7/2/2022.

**Table 5: Before & after the treatment**

Symptoms	Before Treatment (24/12/2021)	After Treatment (8/2/2022)
<i>Shyavata</i>	3	1
<i>Kharatwa</i>	2	1
<i>Parushatwa</i>	3	1
<i>Rukshatwa</i>	3	0
<i>Kandu</i>	3	0

Note – In this case study only subjective parameters were taken for assessment of treatment. Objective parameters were considered for the integumentary system Examination. The gradation system based on these parameters was used to assess the patient's symptoms. Scores were recorded before and after treatment, showing significant improvement (Table 5).

**Table 6: Timeline with outcome**

Timeline	Dates	Treatment plan	Clinical outcome
<b>Onset of treatment</b>	24/12/2021	As per Table no.2	Treatment started
<b>Follow up 1</b>	7/1/2022	As per Table no. 2	Bluish discoloration, hardness, roughness, dryness decreased, Satisfactory relief
<b>Follow up 2</b>	24/1/2022	As per Table no. 3	All the symptoms significantly decreased, no itching
<b>Follow up 3</b>	6/2/2022	As per Table no. 4	No dryness, no itching, bluish discoloration, roughness, hardness of skin present in mild condition As per Table no. 5

## DISCUSSION

After proper examination and diagnosis, the patient was successfully treated with classical Ayurvedic principles i.e., *Shodhana* (detoxification) and *Shamana chikitsa* (palliative treatment). *Acharya Charaka* gave the precise *Chikista Sutra* (treatment principle) for *Kushta*. The *Shodhana* and *Shamana chikitsa* are described in *Samhitas* for the management of *Kushta* (3). The first and foremost important part of Ayurvedic management is to correct *Agni*. So, *Deepana-Pachana* is to be done as the *Poorva karma* (preliminary measures) of *Shodhana Chikista* (4). For that *Hingvastaka Choorna* was used, it was given for 3 days and *virechana* had been advised after *Samyak snehapan* (Proper administration of *Sneha*) with *Abhayadi Modak*. After *Virechana*, *Sansarjan Krama* (Post *Virechan* regimen) was followed.

**Deepana – Pachana with Hingvastak churna:** The medicine will act in the body when there is *nirama-vastha*. Hence, it is necessary to attain such a state before the administration of *Virechana* drugs to get

maximum benefit. *Deepana and Pachana* drugs help to achieve such a state. The outcome of the medicine that has been administered in *Ama* state is compared to the extraction of juice from *Amla Phala* (Unripened fruit) (5). By the virtue of its *Ushna guna*, it is *Deepana, Pachana, and Vata Anulomana* in action. Due to its *Ushna guna*, it also acts as a *Sothahara* drug (6).

### Virechana

*Virechana* is the procedure that expels out the *Doshas* through *Adhomarga* i.e., *Guda*. This *Karma* mainly aims to eliminate *Pitta dosha*. After *Virechana* Therapy, the person gets purity of channels of circulation, clarity of the sense organs, lightness of the body, increase in energy, promotion of the power of digestion and metabolism, freedom from diseases, and expulsion of feces (7). Most of the *Kushta* comes under the heading of *Raktapradoshaja vyadhis*. *Rakta* is the *mala* (waste) of *Pitta*. So, there is *Avinabhava Sambandha* (Dependence) between *Rakta* and *Pitta*. When an excessive amount of *Pitta* is expelled from the body it helps to purify the *Rakta* also

and cures the *Raktapradoshaja vikaras* like *Kushtha*. *Virechana karma* has specific action on *Sapthadravyas* (*Rasa, Rakta, Lasika, Udaka, Kapha, Pitta*, etc.) and on *Vata*, which are prime factors in the causation of skin disorders. Hence *Virechana* is the best *Shodhana karma* in *Kushta* to prevent reoccurrences (8). The medicine used for *Virechana* is *Abhyadi Modakam*. *Abhyadi Modak* is used in constipation (*Malavshambh*), *Virechan yoga* (Medicine) should get absorbed, and due to its *Virya* (Potency), it reaches the *Hridaya* (Heart) followed by the *Dhamanis* (Circulatory channels), thereafter reaching the macro and micro channels of the body. The *Vyavayi guna* of the drug is responsible for quick absorption. The *Vikasi Guna* causes *Dhatu Shaithilya karma* (Loosening of the bonds of the *dhatu*s and their *avayavas*). Due to *Ushna Guna*, *dosha sanghata* (compactness) is liquefied (*Vishyandana*). The action of *Tikshana Guna* (Incisive quality) is to break the *Mala* and *Doshas* into microforms, by reaching the micro-channels that disintegrate endogenous toxins, which are then excreted. Due to the *Prabhava* (specific action) of the medicine, *Virechana* occurs.

#### **Manjishtadi Kashayam**

This medicine is mainly indicated in *Kapala kushtha, Vatarakta, Pama, and Rakthamandala*. It is an effective blood purifier used in skin diseases, especially involving itching. *Manjishtadi Kashayam* is potent enough for *Kushtha* and also has *Rakta shodhana* (blood purifying) properties. All the drugs are of *laghu* (light) and *ruksha guna* (dry) except *guduchi* which is *guru* (heavy) and *snigdha* (Unctous). Therefore, *kleda shoshana* (Absorption of liquefied waste materials) is done effectively by this *kwatha* along with *ama pachana, agnidipana, kleda shoshana, pitta, and kapha shamana*. All the drugs have their actions targeted mainly on *Rasa, Rakta and, Mamsa dhatu*. These three are the main components of *Kushtha Samprapti* (9).

#### **Patola Katurohinyadi Kashayam**

*Patola Katurohinyadi Kashayam* is used commonly in the treatment of skin diseases. This medicine is pre-

pared from the herbs in *Patoladi gana* of *Ashtanga Hrudaya*. It is widely used in the treatment of skin diseases involving itching, pigmentation, and burning sensation (10). Since this formulation is augmented with *Tiktha rasa* (Bitter taste), it can detoxify the *raktha* and thereby aid in the healing of skin disorders (11).

#### **Panchatikta ghrut guggul**

*Kushtha* is *Tridoshajanya vikara, Udbhava sthana* (origin) of *Kushta* is *Amashaya* (Stomach and duodenum). Initially, *Doshas* get lodged in *Twak* (Skin) & *Shakhas* (Extremities). Then *Doshas* move and produce *Mandalas* (Circular patches). The *Doshas* get lodged in deeper *dhatu*s. Then through *Tiryakgami Siras* (blood vessels), *Vyadhi* (Disease) spreads to the whole body along with the aggravation of *Pitta* and *Shleshma*, circulates through *Siras*, and spreads *Kushtha* (12). Action of *Panchatikta ghruta guggul* is due to its *tikta rasa, laghu & Ruksh guna*, so it has anti-itching properties, *kleda & Vikrut meda upashoshan* (absorption of fat), *vranashodhak* (wound purifying). It mainly acts on body wastes (*kleda*), fat (*meda*), plasma (*lasika*), blood (*rakta*), pitta, sweat (*sweda*) & *shleshma*.

#### **Kaishore guggulu**

*Kaishore Guggulu* is an herbal remedy containing purified *Guggulu* and is used as an antiallergic, antibacterial, and blood purifier. It acts as a health promoter for aging skin, acts as natural blood cleanser, and is helpful as a supportive herbal supplement for many health conditions, such as diabetes and skin diseases (13). Summing up all contents, the characteristics of the medicine are – *laghu* with *tikta rasa* having *kaphaghna, pittaghna, and kledaghna* property. These drugs help to lessen excessive *kleda in rakta and mamsa* which is the root cause of *kushtha*. By reducing *kleda*, it reduces itching and rash in the first place. *Guggulu* also has the special property to reduce *kleda, mamsa, and meda*. The combination mainly acts on *pitta, kapha, sweda, and lasika* (lymph).

#### **Raktamokshana – Siravedha**

It is highly effective in *Gridhrasi* (*Sciatica*) with *Anubandha* (Combined) of *Kapha* & involvement

of a *Dushya* (Impurity) such as *Pitta or Rakta* as it induces the *Anulomana of Vata* by removing the *Avarana (Layer) of Pitta and Kapha Dosha*. In *Siravedha*, there is an expulsion of morbid humor (vitiated *Doshas*) accumulated due to inflammatory reactions. (14) (15)

## CONCLUSION

Lichen Planus is a disease with significant social stigma. In this particular case, in spite of the patient's young age and severity, we could manage the patient with *Ayurveda* treatment along with dietary changes. This brought down the severity of the patient in the span of 45 days. Thus, it can be assumed that usage of steroidal drugs may not be necessary in all the cases of lichen planus. The attempt to document and publish studies like this would hopefully serve as a basis to inspire more researchers to use sensitive trial designs, in larger groups which can effectively investigate the clinical efficacy of traditional health systems like *Ayurveda*. Further research and documentation of such cases could pave the way for broader acceptance and integration of *Ayurveda* in dermatological care.

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