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CASE STUDY

A Case Report: Case Study of Lichen Planus Pigmentosus Treated with Ayurveda Medicine

Narendra Yogi and Akashdeep Meshram*
Department of Rachana Sharir, Parul institute of Ayurveda, Limda, Vadodara.
Corresponding Author: Akashdeep Meshram
Email: akashdeep.meshram260045@paruluniversity.ac.in

ABSTRACT
Lichen planus is a chronic inflammatory skin condition that affects millions of individuals worldwide. It is characterized by the appearance of itchy, flat-topped, purplish bumps or lesions on the skin, mucous membranes, scalp, and nails. While the exact cause of lichen planus remains unknown, it is believed to be an autoimmune disorder that occurs when the immune system mistakenly attacks healthy cells. According to Ayurveda, lichen planus is classified as a "Kitibha Kushtha" (In ayurvedic terminology every skin disease is broadly called as kustha) disorder, primarily associated with an imbalance of the "Vata" and "Kapha"doshas. The accumulation of toxins, known as "Ama," weakens the immune system and disrupts the body's natural equilibrium, leading to the manifestation of skin lesions and other symptoms. Method: A 14-year-old male presented with asymptomatic symmetrically distributed hyperpigmented macules since 1 years that were clinically diagnosable as Lichen Planus Pigmentosus (LPP). Patient was given consent followed by Shodhan Karma i.e. Virechan(purgation), Shamana and topical application. Results: Significant reduction in the hyper pigmentation was observed after 6month of treatment. Conclusion: The case report shows that Ayurveda treatment in the form of Shamana, Shodhan and followed by topical application gives clinically significant results in chronic Lichen Planus Pigmentosus (LPP).
***Keywords**: Lichen planus, Ayurveda, Shodhana karma, Shamana Karma, Kushtha*

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INTRODUCTION

Only a small number of Ayurvedic medications have been thoroughly tested for the treatment of chronic illness, even though they are frequently thought to be successful in treating lifestyle-related and chronic illness. A subacute or chronic form of lichen planus (LP) with an unclear cause is called lichen planus pigmentosus(LPP).T-lymphocytes assault the basal epidermis in this inflammatory condition, resulting in distinctive clinical and pathological abnormalities. It is typified by chronic itching that causes epidermal hyperplasia, which intensifies under stress. [4,5] Lichen planus pigmentosus (LPP) is a rare variant of cutaneous lichen planus characterized by the presence of hyperpigmented lichenoid lesions in sun-exposed or flexural areas of the body. The lesions are asymptomatic or mildly pruritic. Skin changes are dark brown or slate grey macules or papules with, in most cases, a diffuse pigmentation pattern. They most commonly affect the face, neck and upper limbs. Predominantly an intertriginous disease, usually in the axillae and groin, it has also been termed as lichen planus pigmentosus inversus. The scalp, nails or mucosa are not affected. LP pigmentosus can exist in association with typical LP lesions. It has been demonstrated that all these medications temporarily lessen symptoms. This condition could be classified under *Kitibha Ksudra Kustha* in Ayurveda. Lichen planus and *Kitibha Kustha* are similar because of the common sign and symptom, which is a *vata* and *kapha dosha* dominant condition in class of *Kitibha kshudra kushtha*. Which here is dominated by *Charma Kustha*, *Vata* and *Kapha doshas*.[3] This article describes a systemic steroid-dependent LPP patient who was successfully treated with intricate ayurvedic techniques. Following six months of consistent treatment and a one-year follow-up, there was a

noticeable improvement in the skin lesion and a significant decrease in pruritus. The follow-up photos showed that there had been an improvement.

CASE REPORT

A 15-year Male patient, from Jaipur came to OPD with complaints of distributed hyperpigmented lesions, pruritic, purple to dark brown papules over the Upper limb, lower limb spread from below the knee joint and on the back with itching over patches. The lesion showed gradual darkening in colour over the years. There were no any similar lesions over other parts of body. Examination of Face, palms, soles, scalp, and axillary area was normal.

PAST HISTORY

There was associated past history of fungal inflectional disease and Seborrhoeic dermatitis before 3 year. There was no history of friction prior to the onset of lesions and not involve any trauma on affected site. There was no specific seasonal allergy and no any food allergy history affecting the disease presentation. Patient had applied cosmetics occasionally. Patient used to apply household remedies like turmeric, coconut oil over affected area. There was no history of any drug intake as well as surgical intervention in affected area. No relevant History of Past illness contributing to the current condition of the Patient. No History of Diabetes Mellitus or Hypertension. All are said to be healthy in the family. These symptoms hampered daily activities of the patient. He consulted one allopathic physician before, but he couldn't get any relief from the symptoms, later he consulted to our hospital OPD for treatment.

CLINICAL FINDING AND EXAMINATION:

The general examination and systemic examination of the patient was normal. He was in anxiety stress because of his illness. Patient skin texture was dry and rough. The lesions were hyperpigmented, pruritic, shiny, rounded oval bumps, often on the inner forearms, wrists or ankles, purple to dark brown papules, over the Upper limb, lower limb spread from below the knee joint and on the back with itching over patches.[7]

Relevant routine medical test: All routine blood haematological (CBC, RBS, LFT, RFT, ESR, IGE, HIV, HBSAG,) and URINE investigation were done.

ETIOLOGICAL FACTORS OF LPP OR KITIBHA KUSHTHA:

Use of incompatible or contrary items and drinks (excessive use of) liquids, unctuous and heavy food. Supression of urge of vomiting manifested after eating food and suppression of other urges also. After over eating doing exercise or get exposed to overheat, use of cold and hot, ingesting further food even during indigestion or before digestion of previous meals, over use of recently harvested cereals, curd, fish and over use of sour and salt, *masa*, *mulak*, *pistanna*, *tila*, milk, jiggery and day sleeping. [4,5]

PATHOGENESIS OF KITIBHA KUSTHA:

Vata etc. all the three vitiated *doshas* vitiate *tvak* (skin or *rasa dhatu*), *rakta* (blood), *mamsa* (muscles) and *ambu* (fluid portion or lymph). Thus these are seven pathogenic substratum of *Kustha*.[6]

SAMPRAPTI GHATAKA:

Dosha: *Kapha (+++), Vata (++), Pitta (+)*
Dushya: *Rasam (+), Raktam(++)*
Agni: *Jatharagni: Mandam, Dhatwagni- Mandam*
Ama: *Jatharagnijanya & Dhatwagnijanya*
Srotas: *Rasavaha(+), Raktavaha(++)*
Srotodushti: *Sangam, Vimargagamanam*
Rogamargam: *Bahyam*
Udbavasthanam: *Aamashyam*
Vyakti sthana: *Twak*
Swabhava: *Chirakari*
Ojas: *Madyamam*

DIAGNOSTIC ASSESSMENT:

The diagnosis of retrograde lichen planus pigmentosus was determined by a dermatologist. The presence of distinctive signs and symptoms as reported by cutaneous examination leads to the suspicion of lichen planus pigmentosus. No histopathological test was performed because the patient could not afford it. Confirmed diagnosis of lichen planus is not mentioned directly in the Ayurvedic texts. Skin diseases are collectively described as *kushtha roga* in Ayurveda. Due to its resemblance in signs and symptoms, LPP seems like *Ksudra kushtha Kitibha*, which is a *vata* and *kapha dosha* dominant condition in class of *kshudra kushtha*. *Kitibha* is characterised by Shyavam (Blackish brown discoloration), *Khinakharasparsha* (roughness) and *Parusha* (hardness) and the *Doshas* involved in *Kitibhakushta*.[8]

MANAGEMENT:

Aama Pachan (digestion and detoxification), *Virechana karma* (Purgation/*Shodhan* karma*)* and *Shanshaman chikitsa* (by using oral medicine) was the line of treatment followed for this disease.

Table 1: Treatment regimen

S.No.	Treatment regimen	Dose/ Duration
1	*Aama Pachana* (digestion and detoxification)- Chitrakadi vati	2 Tab- Twice a day For 3day
2	*Snehapana* with - Panchatikta ghrita till Samyak Snehana	Increasing to 30ml each day 30ml to 150ml: 5day
3	*Abhyanga – Swedana* *Abyanga* with *Narayan* oil and *Nadi swedana* with *Dashmool Kwath*	2day
4	*Virechana karma* (Purgation/Shodhan karma) with- *Trivatt avleha*	60 gm Empty stomach in morning 7 Vega Observed
5	*Samsansarjana karma* (Diet control)	For 7day

Table 2: Intervention of Oral Medicine regimen

1	*Anubhut yog:-* *Panchanimba churna (3gm)* *Guduchi sattva (250mg)* *Rasmanikya (125mg)* *Kamdhudharas (125mg)* *Gandhak rasayan (125mg)*	Compound combination taken for 3 months regular, Two time a day With Suskaushna jala (lukewarm water)
2	*Arogyavardhani Vati*	2 Tab, Two time a day
3	*Kaishor Guggulu*	2 Tab, Two time a day
4	*Brahmi Vati*	1 Tab, Two time a day
5	*Mahamanjisthadi Kwath*	20ml, Two time a day, After meal
6	*Brihat Marichyadi taila*	Applied by patient twice a day

Table 3: Case Timeline

Date & Follow-up	Previous Medical history	Family history
2020-21	Fungal inflection disease and Seborrheic dermatitis	He had no known history of diabetes, TB, any drug allergy
2022	Distributed hyperpigmented lesions, pruritic, purple to dark brown papules over the Upper limb, lower limb. Treated with topical steroid, antibiotics and moisturizer and oral medication for presenting complaints. He had temporary relief for some time and all symptoms were aggravated again and having side effects like puffy face, hair fall and swelling around the joints and both legs.	
Date and Visits Day	**Summaries and follow-up**	
8 November 2022	When patient came to our OPD with the complaints of hyperpigmented lesions over the lower leg and ankle, he has anxious and scary after the previous treatment	All routine investigation were done and all are under normal value.
16 November 2022	*Virechana karma* (Purgation/Shodhana karma)	Shamshodhana karma- Virechana - 7 Vega Observed
2 December 2022	Minimum relief observed- Reduce swelling around the knee, lower limb, face	
21 December 2022	Minimum relief observed- reduce inflammation on papules, reduce redness, itching	Shanshaman karma- Oral medication
7 January 2023	Mild relief observed- reduced hyperpigmented lesions, no itching, no new papules	
22 January 2023	Mild relief -	
15 February 2023	Reduced inflammation on over lesions and papules, no pain, no itching, reduced pigmentation on papules	

19 March 2023	Significant reduced hyperpigmentation on all over papules, no itching, no redness, no inflammation	
22 April 2023	Patient having good result, hyperpigmentation minimum, no papules around effected area, no itching	
10 July 2023	After stop the medication, no observed any new papules, no itching, pigmentation reduced, control the spread lesions	

RESULT AND DISCUSSION

Similar to skin disorders, LPP impairs a person's social life and psychological wellbeing. The patient had a medical state that was *Vata*, *Pitta* dominating and *Kapha dosha*. Dry dark brown colour pigmentation was the result of *Vata dosha's* involvement. Ayurveda consider *raktapitta dusti* as one prime cause of skin disease, therefore such patient may get relief after the vitiated *raktapitta doshas* out. For this *Virechana Karma* (therapeutic purgation) is indicated in skin disorders. At first the body should be prepared for *Amapachana*, the *Dosha*, which are present in *Dhatu* and *Srotas* are moistened by *Snehana* (internal oleation), liquified by *Swedana* (fomentation) and then brought to *Koshta* (stomach), thereafter it should be expelled by *Shodhana*. The drug, dietary and lifestyle modification were chosen based on *Nidana* (causative factors), involvement of dominant *dosha* and nature of disease. Formulation having *Pittavataharan*, *Vishaharan*, *Kandughana*, *Kushthaghana*, *Vranshodhana* and *Ropana* properties were used. In *shamana chikitsa* drugs having properties *Pittaaharan*, *vishaharan*, *kandughna*, *kushtaghna*, *vranshodhana*, *raktaprasadak* were used. According to that use of drug as per classical *Ayurveda* formulations pacifies vitiated doshas which improves quality of *rasa dhatu*.

Panchanimbachurna-In *Panchnimba Churna* almost all drugs like *Nimba*, *Bakuchi*, *Araghwadha*, *Haridra*, *Chakramarda*, *Bhallataka* etc. are having *Rakta prasadak* and *Twak Doshahara* properties. In Panchanimba churma the main ingredient is *Nimba* that have *Tikta*, *Kashay rasa* and *Laghu*, *Snigdha* properties by which *Pitta Shamaka* action can be observed. *Aragwadha, Amalaki, Maricha, Nimba and Haridra are having Kusthaghna and Kandughana* properties by which possible significant efficacy was observed. *Panchanimba churna* have provided better result in hyperpigmentation of the patches seen in case of LPP.[9]

Manjistha (Rubia cordifolia L.) possess *Tikta*, *Kashaya* and *Madhura rasa*, *Guru*, *Ruksha guna*, *Ushna virya* and *Katu vipaka*. It is *Kapha shamaka* (pacify Kapha) due to *Tikta*, *Kashaya rasa*, *Ushna virya* and *Katu-vipaka* while *Pitta shamaka* due to *Madhura*, *Tikta*, *Kashaya rasa*, *Guru* and *Ruksha guna*. Ayurvedic text enumerated *Varnya* (improves complexion), *Kushtaghna* (anti leprotic), *Rakta shodhaka* (blood purifier), *Krimighna* (anti-microbial) *Shothahara*, *Vedana sthapaka* (analgesic), and *Shonita sthapaka* (anti-coagulant) qualities of *Manjistha*. Clinical studies revealed analgesic, anti-inflammatory, anti-microbial, anti-oxidant, anti-cancer activities of *Manjistha*.The ingredients of *Mahamanjisthadi kashaya* are mentioned in *Kandughna*, *Varnya*, *Deepaniya*, *Dahaprashamana* and *Vayasthapana mahakashaya*. Thus, breaking the pathology of the disease, it provides excellent relief in the symptoms of LPP.[10]

Guduchi (*Tinospora cordifolia*) has *Tikta*, *Kashaya rasa*, *Laghu*, *Snigdha guna*, *Ushna virya* and *Madhura vipaka*. It has *Tridosha shamaka*, *Jvaraghna*, *Krimighna*, *Kushtaghna*, *Vishaghna* (antidote), and *Rasayana* (rejuvenative) effect. Studies demonstrated anti-inflammatory, immunosuppressive, anti-leprotic, anti-ulcer, anti-oxidant, hepatoprotective, and immunomodulatory properties of *Guduchi*.[11]

Rasayan Dravya like *Rasmanikya*[12], *Kamdhudha*[13] and *ghandhak rasayan*[14] used in combination of *Panchanimba churna*. The major ingredient of *rasmanikya* is *Tamrabhasma* which helps in Rbc formation thus restoration of complexion or colour of skin, *Hartal* helps in itching. *Kamdhudha* effect on *Tridosha*, balances Pitta. Also, *abhrak*, *Nimba*, and *Guduchi* will act as a *kaphavatahara*, *Raktashodhak* and *Raktaprasadan Rasayan dravya* will pacify doshas and prevent progression of disease. Also, *Rasayana dravyas* will help to cure *Agnimandya*.

Arogya Vardhani Vati is a useful formulation in treating skin disease like eczema, dryness of skin, vitiligo, rashes etc. It is indicated in various skin disease due to vitiated *Vata* and *Kapha*. *Kitibha* is disease of *Vata Kapha dusti*, so it is useful in *Kitibha*, also used as *Dipana pachana, Pakwashyadusti nashak*.[15] *Brahmi vati* has neuroprotective action, the drugs have antistress, antianxiety, antidepressant, brain tonic and immunostimulant effect. As the patient was of *Avara satva*, so the above formulation was given to improve her psychological strength.[16] *Kaishor Guggulu* balances *Pitta* and *Kapha*, particularly when it affects musculoskeletal system. Its main ingredients– *Guduchi*, *Triphala* and *Trikatu*–when combined with *Guggulu*, create a detoxifying and rejuvenating combination aimed primarily at removing deep-seated

Pitta from the tissues. In *Dhatu Kshaya* (degenerative) condition at affected part, it also acts to nourish and strengthen the system, supporting the overall health and proper function of the joints, the muscles and the connective tissue. *Guggulu* exudate is obtained in the form of oleo gum resin from the stem of the plant *Commiphora mukul* (Hook. ex.). The pharmacological properties of *Guggulu* in Ayurveda are *Tikta* (bitter) in Rasa, *Laghu* (light) in *Guna* (property), *Ushna* (hot) in *Virya* (potency) and *Katu* (pungent) in *Vipaka*. Pharmacological action of *Guggulu* as described in Ayurveda is *Brihana* (corpulent), *Kaphavatahara* (reduces *Kapha* and *Vata*), *Pittala* (increases Pitta), *Vrishya* (aphrodisiac), *Lekhana* (reduce fat), *Deepana* (increases gastric enzyme) and *Balya* (provides strength). Therapeutic indications of *Guggulu* are multiple according to different *Ayurvedic* classical textbooks such as *Sthaulya* (obesity), *Vata Vyadhi* (diseases of nervous system), *Amavata* (rheumatoid arthritis), *Vidradhi* (abscess), *Udara Roga* (abdominal disorders), *Vatarakta* (gouty arthritis), *Shopha* (edema), *Puti Karna* (otitis media) and *Vrana* (ulcer).[17] *Brihat Marichyadi taila* has antiseptic and antifungal properties. So probable mode of action is moisture balance (*Kapha* in balance), effective functioning of the metabolic mechanisms that coordinate all the various chemical and hormonal reactions of the skin (Pitta in balance) and efficient circulation of blood and nutrients to different layers of the skin (*Vata* in balance). It also depends on the health of three *Dhatus* (Body tissues) viz. nutritional fluid (*Rasa*), blood (*Rakta*) and muscle (*Mamsa*). *Rasa* supports all the *Dhatus* and keeps the skin healthy. *Rakta*, in association with liver function, helps detoxify the skin of toxins, while *Mamsa* provides firmness to the skin.[18]

CONCLUSION

LPP is a rare and difficult skin condition to cure. This case study demonstrated that *Ayurvedic* management with *Virechan* as *Shodhan Karma* along with *Samshamana* karma. Combining *Virechan Karma* with oral and topical medication (*Panchanimba churna*, *kaishor guggulu*, *Brihat Marichyadi tailam* and *Rasayan*) may be a reasonable option for cases like Lichen planus pigmentosus, where much is not to be offered by modern skin care. This case report also highlights the importance of *Shodhana Karma* in skin disease or *Kushtha rog*. Still the effect of *Shodhana* and *shamana* cannot be confirmed until the patient is evaluated thoroughly and treated with more patients, And the disease should never reoccur after a long period of time.

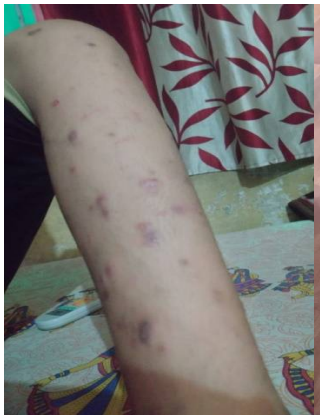
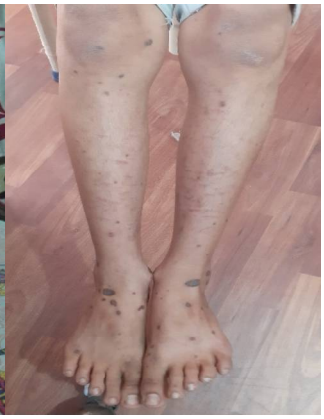

Fig.no. 1 **Fig.no.2**

During on 1st day

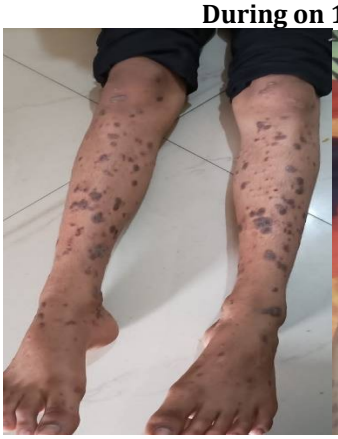
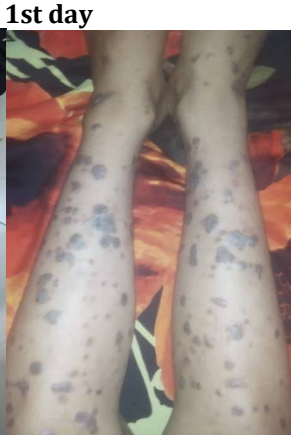

Fig.no.3 **Fig.no. 4**

After 3 month of treatment

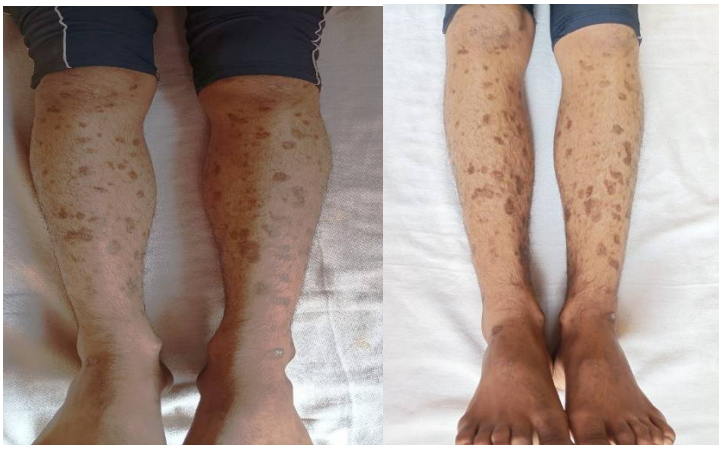

Fig.no. 5 **Fig.no. 6**

After 6 month of treatment

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