

## AYURVEDIC MANAGEMENT OF LICHEN PLANUS: A CASE REPORT

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## ABSTRACT

Lichen planus (LP) is a chronic inflammatory skin disorder that most often affects middle-aged adults. LP can involve the skin and mucous membranes; it can significantly affect the quality of life of patients as well. Lichen planus is an autoimmune disorder. In Ayurveda, Lichen planus can be compared to *Chramakushtha* type of *Kushthavyadhi* (~skin disease) which is the presentation of discolouration of the skin. In this study, a case report of lichen planus is being presented. The patient was treated on the lines of *Kushthachikitsa* with Predominant of *dosha*, aimed at controlling the vitiated *Vata*, *Kapha*, and normalizing the *Raktadushti*. For this *Panchakarma* therapy including *Virechan* (~the purgation) and *Raktamokshana*(~bloodletting therapy) as the chief treatment modality. On completion of Panchakarma therapy, the case was subjected to three months of *Shaman* therapy (~oral medication) of *GiloySwarasa* (~Juice of *tinosporacordifolia*), *SanshamaniVati*, *Amarsundari Vati*, Cap. Max Hb, *Avipittikar Chruna*, and Syrup *Raktadoshantak*. The observations made after the treatment through an assessment on various signs and symptoms and *Pathyapathya* (~Do's & Don'ts) were advised during the whole treatment. The Ayurvedic treatment was successful and able to save normal skin texture. The patient was first followed up for a month, after which the signs and symptoms were reduced. No other oral medication was administered during this follow-up. The patient had been given regular follow up for more than a year without any relapses and complications.

**Keywords:** Ayurveda, *Charma Kushtha*, *Kushthachikitsa*, Lichen planus.

## INTRODUCTION

Lichen planus (LP) is an inflammatory pruritic disease affecting the skin and mucous membranes.<sup>[1]</sup> The characteristic of primary lesions is tiny, shiny, violaceous, flat-topped, polygonal papules. The surface shows scant adherent scales. Site commonly affected are the wrists, lower back, shins, trunk, medial thighs, and ankle region. The Cutaneous lesions are intensely pruritic and lesions on legs may become hypertrophic. The lesions in the lichen planus are typically bilateral and relatively symmetric. The exact aetiology of lichen planus is not fully understood. Some cases are associated with the hepatitis C virus (HCV) infection. Lichen planus may co-exist with many diseases with an immunologic basis for their aetiopathogenesis.<sup>[2]</sup> Based on the lesions and the site of involvement, the Cutaneous lichen planus (CLP) has different clinical subtypes, it includes hypertrophic, popular(classic), vesiculobullous, atrophic, actinic, linear, follicular, pigmentosus lichen planus.<sup>[3]</sup> The classic CLP lesion is a shiny, red or purple-coloured, flat-topped papule. The lesion may also have a thin, transparent, and adherent scale. Diagnosis of lichen planus is difficult as it has various subtypes and lesions on the body. Distribution of lesions on the body may be helpful as it mainly affects the same areas that are involved in the annular or hypertrophic variants. Long-term use of topical corticosteroids may predispose the patient to develop atrophic lesions. The lesions of LP pigmentosus are bilateral and involve sun-exposed areas which are mostly seen in Indians and darker-skinned individuals.<sup>[4]</sup> Conversely, the lesion of LP pigmentosus-inversus typically affects the intertriginous and flexural areas which are mostly seen in whites and lighter-skinned Asians.<sup>[5]</sup> Management of the Lichen planus (LP) includes the use of systemic corticosteroid therapy, topical steroid creams and ointments, and oral antihistamines. The prognosis for life has improved dramatically from modern management but still, the response to the treatment is not good enough to prevent reproduce of a skin lesion in LP. In Ayurveda, most skin diseases are collectively described under a broad heading of *Katharina* (~skin disease).

*Charmakushtha* is one such disease explained under the heading of *Kshudrakushtha* (~disease of the skin). The classical symptoms of *Charma Kushtha* described in Ayurveda resembles Lichen planus. In this paper a patient diagnosed with Lichen Planus (LP) was managed successfully by Ayurvedic treatment on the lines of *Kushthachikitsa* (~treatment of skin disease) was discussed.

### Case Report

A 22-year-old girl student of 3<sup>rd</sup> BAMS on the date of 11/04/2019 came to the Ayurved hospital with complaints of itching with purplish flat bumps on both the legs from 2 years, associated with blackish discoloration with dryness on old flat bumps and new small bumps developed to its periphery for the last 15 days. The patient was normal 2 years back, but she then gradually developed itching with discoloration of skin in small patches on the groin region and both the thigh. It is spread up to the lower part of both legs. The itching was pronounced during the whole day and night also. She noticed that after itching purplish flat bumps gradually turned darker. There was no history of any major illness, allergy, and skin disease. Her appetite had normal; she used to take more spicy and fast food with her college friends. She felt constipated on some days and urination was normal and sleep was disturbed due to itching. Menstruation was irregular and sometimes appeared once in two months. She took treatment from modern medicine by a skin specialist doctor in her area. She had taken Dermovate (Clobetasol) ointment i.e. mostly steroid-based ointment for local application and antihistamines Loratin (Loratadine) 10 mg tablet for 1 year where she was diagnosed as having Lichen Planus(LP). After completion of this modern medical treatment, she observed the same problem with her and didn't get any relief then she went to the homoeopathic clinic. She took homoeopathic medicine that is *Rhus tox-30*, *Variolinum-200CH*, and *Bio-combination-20* for 1 year but after completion of treatment she didn't get full relief and her symptoms were increasing day by day. Then she came to the Ayurved Hospital for Ayurvedic diagnosis and treat-

ment. On examination, she built and nourishment was moderate, body temperature was 98.6 °F and blood pressure was 110/60 mmHg. *Nadi* was *Pitta-nubandhiVata* and her *Prakruti* was *pitta-vata* dominant. On general examination of the legs, the skin appeared dry, reddish with blackish flat bumps. Blackish discoloration with new small reddish flat bumps around it was observed on both legs. (Fig. 1) The itching was more severe without any discharge. The nails of all toes were normal. She didn't have any skin problems over the face, neck, thorax, back, and hands. Lymph nodes were not palpable. There was no swelling in the ankle joints but some reddish-blackish bumps around it. Systemic examination did not reveal any significant deformities. After both modern and homoeopathic types of medicine were taken by her but she didn't get any relief from that medicine, then she was willing and came to seek Ayurvedic treatment.

#### Diagnosis

The patient was diagnosed as having Lichen Planus (LP) in the modern medical clinic with relevant signs and symptoms. The basic investigation conducted at Ayurveda hospital showed Hemoglobin (Hb): 11 g/dl, ESR: 32mm in 1<sup>st</sup> hr, Total Leucocytes Count (TLC): 6600 per microliter, Neutrophils(N):45%, Lymphocytes(L):46%, Eosinophils(E):6%, Monocytes(M):2%, Basophils(B):1% and Random Plasma glucose level: 118mg/dl.

According to Ayurveda, any disease will manifest when there is an imbalance between three *Dosha* (humour) i.e. *Vata*, *Pitta*, and *Kaphadosha* in the body. These vitiated *Doshas* affect the basic tissue of the body called *Dhatu* resulting in the manifestation of various diseases. In Ayurveda skin disease is considered under *Kushtharoga*, due to the similarity in signs and symptoms of this lichen planus mostly resemble with *Charmakushtha* which is a type of *Kshudrakushtha*.<sup>[6]</sup> *Charma Kushtha* is dominant of *Vata* and *Kaphadosha*, these *Dosha* also vitiated to *Rakta* (~blood), *Tvacha* (~skin), *Mamsadhatu* (~muscle), and *Lasika* (~ tissue fluid).<sup>[7]</sup> Indulging in etiological factors leads to the vitiation of *Vata*, *kapha*, and *Rakta*. Vitiated *Vata* and *Kapha* produc-

ing symptoms like itching, bumps on the skin while vitiated *Raktadhatu* was responsible for producing symptoms like reddish-blackish discoloration of bumps over legs and thighs. The condition was diagnosed as *CharmaKushtha* under the heading of *Kushtha* based on clear clinical presentation.

#### Timeline

Before starting Ayurveda treatment written informed consent from the patient was taken and careful examination was done on dated 11/04/2019. The management was planned on the lines of *Kushthachikitsa* with Predominant of *dosha*<sup>[8]</sup> aimed at controlling the vitiated *Vata*, *Kapha* and to normalizes the *Raktadushti*. Treatment was planned and executed on the three modules; 1. *Panchakarma* therapy i.e. *Shodhan* therapy (Date: 15/04/2019 to 13/06/19), 2. Oral medication i.e. *Shaman* therapy (Date: 14/06/2019 to 13/09/19), and 3. Do's & Don'ts. i.e. *Pathyapathya*.

#### Panchakarma therapy (Shodhan therapy)

If there is severe vitiation of *dosha*, *panchakarma* therapy (*Shodhana*) is important to remove vitiated *dosha* so it is called purificatory therapy. *Virechana* (~the purgation) was preferred as it is indicated in *Rakta-Pitta* dominant skin disease. According to the patient bowel habit and type of *kushtha*, four tablets of *Abhayadimodak* by Zandu pharma<sup>[9]</sup> with *Phant* (~hot infusion) of black raisin was selected for the *Virechana*. Before *Virechana*, *snehapana* of *Panchatiktaghrit*<sup>[10]</sup> for 7 days (Date: 15/04/19 to 24/04/19) with external *Snehan* by *Dashmooladi* oil and *Swedan* by the decoction of *Dashmoola*<sup>[11]</sup> for the last 7 days (Date: 17/04/19 to 24/04/19) were administered. After successful *virechana* on date: 24/04/19, *Sansarjankarma* for 7 days (Date: 24/04/19 to 30/04/19) was given to the patient. In skin disease *Raktamokshana* (~bloodletting therapy) is important as *Dosha* situated in *Raktadhatu*<sup>[12]</sup>, So we carried out *Raktamokshana* 3 times with 15 days intervals by Leech application (Date: 08/05/19) on the discoloration of bumps and 2 times with 15 days intervals (Dated: 23/05/19 & 07/06/19) by *Prachhankarma* on new small bumps over legs and thigh. For *Raktamokshana* by Leech application, leeches were purchased from a recognized leech farm. *Snehapana* of

*Panchatiktaghrit* in the dose of 30ml with *Yavagu* (~rice gruel) was given after each *Raktamolshana* as advised in *Kushthachikitsa*.<sup>[13]</sup> (Table No. 1)

#### Oral medication (*Shaman therapy*)

Oral medicines were selected as per the predominance of *Dosha in Nadi Pareeksha* (~examination) with the patient after *Panchakarma* treatment. As *Vata*, *Pitta*, and *RaktaDushti* were present the preferred medicine should contain the drug-like *Giloy* (*Tinosporacordifolia* (Willd.) Miers.) *So*, *Swarasa* (~Juice) of *Giloy* and *SanshamaniVati*<sup>[14]</sup> was administered for 3 months (Dated:14/06/19 to 13/09/19) and 45 days (Dated: (14/06/19 to 28/07/19) respectively. As the main complaint was blackish discoloration of skin and itching, tablet *AmarsundariVati* by Shree Dhootapapeshwar Limited was added to control *Vata* and *KaphaDosha* for 15 days only (Dated:14/06/19 to 28/06/19). As this is an autoimmune condition and *RaktaDushti*, Cap. Max Hb which contains *Abhrakbhasma* and *Giloyosatva* was added for 1 month only (Dated:14/06/19 to 13/07/19). Syrup *Raktadoshantak* (by Aphali Pharma. Ltd.)<sup>[23]</sup> was prescribed orally to normalize the vitiation of *raktadhatu*. As the *doshas* were severely vitiated and the patient had complaint of constipation in this condition regular cleansing of the gut was needed, *Avipittikarachurna*<sup>[15]</sup> was prescribed which is laxative in nature and used to treat imbalances in the *Dosha* known as *pitta*. (Table No. 2)

#### *Pathyapathya* (~Do's & Don'ts)

Certain dietary and lifestyle Do's & Don'ts serve to maintain the balance of specific *Doshas* and promote sound health. An appropriate diet is not only used to neutralize toxins in the body but also enhances wellness. While taking the whole treatment the patient was suggested to take a light, fresh and non-spicy diet with warm water every day, other advice is to take *abhyanga* with medicated oil before bath and sleep at right time in the night and wake up at right time in the morning. With Do's, there was advice about Don'ts. In this advice don't take dry, oily, spicy, salty, fast food, *Viruddhaahara* and don't eat fruits that have a sour taste like- tamarind, tomato, etc. Also

advised to the patient that, don't take the stress of your skin disease.

#### Follow-up and Outcomes

The patient was advised to visit once every week during *panchakarma* treatment. After the 2 months (62 days) of *Panchakarma* treatment, significant improvement was seen. Her general condition improved. Itching, reddish-blackish bumps on skin disappeared. There were no formations of new bumps on the skin. Occasionally she used to express itching over legs and thigh, but the severity had reduced. After completion of *Panchakarma* treatment, she was advised to take oral medicine for 3 months with a follow-up visit once every 15 days. After 5 months of both *Panchakarma* and oral medicine treatment, all blackish bumps on the skin disappeared completely and a reduction in other symptoms was also observed. (Fig. 2) Since it is an autoimmune disease patient was advised to continue the treatment for a longer duration. She was under follow up for more than one year without any relapse and complication. According to treatment modules, the patient responded well to the treatment, after *Panchakarma* treatment symptoms like itching all over the legs and skin lesions started to reduce gradually by the end of *raktamokshan* treatment. Changes in the new reddish bumps on the skin were also noted. Old blackish flat bumps are well-localized on the skin and normal skin colour begins to occur around it. At the end of the *Raktamokshan* by *Prachchhankarma* on old blackish bumps itching, dryness of skin and formation of new small bumps around it were relieved. Occasionally she had attacks of mild itching over the legs. About 70% improvement was seen at the end of *Panchakarma* treatment in 62 days. The patient was advised to oral medication therapy after 7 days of *sansarjana-krama*. According to the predominance of *dosha* oral medicine advised continuing with do's and don'ts she showed good response. (Fig. 2)

## DISCUSSION

Lichen planus is an inflammatory disorder that can cause swelling and irritation in the skin and mucous membrane. On the skin, lichen planus usually appears



as reddish, itchy, flat bumps that develop over any body parts. This is an autoimmune disorder with an idiopathic cause. LP may present either in a localized or a generalized manner with the papules preferentially involving the flexural areas of the upper extremities and the extensor aspect of the lower extremities.<sup>[16]</sup> Lesions are usually distributed in a bilaterally symmetrical manner. The arms and legs are the most common sites of involvement, although the thighs, lower back, trunk, and neck may also be involved. The Cutaneous lichen planus (CLP) has different clinical subtypes according to the morphology of the lesions and the site of involvement.

In this case, vitiated *Vata* and *Kaphadosha* produced symptoms like itching and vitiated *raktadhatu* produced discolouration of the skin with reddish-blackish bumps on the skin. Complete Ayurveda diagnosis of this case can be termed as *Charma kushth*. *Sampraptivighatani*.e. treatment in such disease condition can be achieved by relieving *Vata* and *kaphadosha* and later correcting vitiated *Pittadosha* and *Raktadhatu* along with *Raktashodhak* and *Rakta-Pittashamak* drugs. *Panchakarma* is an important therapy before the administration of drugs therapy. For purification of the body, *Panchakarma* is needed. In this case, *Virechana* is one of the best *Panchakarma* which is used in various skin diseases that had been done with all precautions. After *Virechana* patient got relief from symptoms like dryness and itching of skin. There was *Raktadhatudushti* in lichen planus, *Raktamokshana* is the best *Panchakarma* for *Raktadushti*, so *Raktamokshana* 3 times by leech application and 2 times by *Prachchhankarma* were administered. Vitiated *Rakta* had been drawn from the body by *Raktamokshana* i.e. bloodletting therapy. Then for purification of blood oral medication to the patient was advised. *Giloy* is the drug of choice in the management of skin disease. It has *vatahararaktaprasadan* and *rasayan* properties<sup>[17]</sup> which is indicated in skin disease. Studies of *Giloy* (*Tinosporacordifolia* (Willd.) Miers.) have shown that having anti-inflammatory, anti-oxidant, and immunomodulatory action.<sup>[18]</sup> Medicines *SanshamaniVati* and Cap. Max HB both contains *Giloy satva* is a major ingre-

redient that has a good immunomodulatory effect use as *Rasayana* (~rejuvenation).<sup>[19]</sup> Cap. MaxHb also contains *Abhrak Bhasma* which has efficiency by improving the immune system of human beings and is used in the treatment of immunodeficiency diseases and skin diseases.<sup>[20]</sup> *Avipittikarachurna* contains laxative drugs that ensure daily expulsion of *doshas*, also it has anti-inflammatory properties which can reduce cellular inflammation.<sup>[15]</sup> *Amarsundarivati* is indicated in the treatment of *Vataroga*.<sup>[21]</sup> As per examination in the patient *Vatadosha* was predominance in nature to control *Vatadosha*, *Amarsundarivati* was administered only for 15 days. Syrup *Raktadoshantak* which contains *Manjistha* and other blood purifier drugs have *raktaprasadaka* property and is indicated in *Raktadushti* condition.<sup>[22]</sup>

After initial *Virechana* followed by *Raktamokshan* treatment for 3 months, *Giloy*swarasa (~juice of *Tinosporacordifolia* (Willd.) Miers.) was given with an empty stomach early in the morning as *rasayana* regimen for 3 months for effective control of the autoimmune reaction and to prevent relapse of disease. The total treatment planned here regulates *Vata*, reduces *Kapha*, and purifies *Rakta*. A good result obtained in this case shows the effectiveness of complete Ayurvedic management. The lack of specific laboratory investigation reports as evidence for the response to the Ayurvedic treatment is a limitation of this case study.

## CONCLUSION

The result, in this case, was encouraging to prove *Virechana* (~the purgation) and *Raktamokshana* (~bloodletting therapy) both *Panchakarma* treatments effective in the management of *Kushtha* (~ skin disease). Around 70% improvement was seen at the end of *Panchakarma* treatment in 62 days. After the *Panchakarma* therapy, oral medicine had worked more effectively for a better result in the patient of skin disease. In Ayurvedic management of Lichen planus both *Panchakarma* (*Shodhan*) therapy and oral medication (*Shaman*) therapy with *Pathyapathya* (~Do's & Don'ts) showed significant relief in the signs and

symptoms of the patient without relapsing the disease condition

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**Table 1:** Panchakarma therapy (Shodhan therapy) Treatment Schedule

Treatment	Interventions	Duration
Snehapana	Panchatiktaghrit	7 days[Date: 15/04/19 to 21/04/19]
Snehan (External)	Dashamooladi oil	7 days[Date: 17/04/19 to 24/04/19]
Swedan	Decoction of Dashmoola	7 days[Date: 17/04/19 to 24/04/19]
Virechan	Abhayadimodak with Phant (hot infusion) of black raisin	1 day[Date: 24/04/19]
Sansarjankarma	Light diet	7 days[Date: 24/04/19 to 30/04/19]
Raktamokshana	By Leech application	1 day (15 <sup>th</sup> day after virechana)[Date: 08/05/19]
Raktamokshana	By Prachhankarma	1 day (15 <sup>th</sup> days after leech application) [Date: 23/05/19]
Raktamokshana	By Prachhankarma	1 day (15 <sup>th</sup> day after prachhan karma) [Date: 07/06/19]
Snehapana	30ml Panchatiktaghrit with Yavagu	3 day (after each raktamokshana) [Date: 08/05/19, 23/05/19 & 07/06/19]
Sansarjankarma	Light diet	7 days[Date: 07/06/19 to 13/06/19]

**Table 2:** Oral medicines

Drug	Dosage	Duration (Dates)	Relation to food	Anupan
Giloyswarasa (Juice of <i>tinoporacardifolia</i> (Willd.) Miers.)	30 ml, one time a day	For 3 months continued (14/06/19 to 13/09/19)	An empty stomach in the early morning	With water
AmarsundariVati	250mg, 2 tab. two times a day	For 15 days only (14/06/19 to 28/06/19)	After food	With water
*Cap. Max HB (Abhrak-Bhasma+ Giloyvatva)	200mg, 1 Cap. two times a day	For 1 month only (14/06/19 to 13/07/19)	After food	With water
AvipittikarChruna	5gms, at bed-time in the night.	For 15 days only. (14/06/19 to 28/06/19)	After food	With warm water
Syp. Raktadoshantak (Aphali Pharma.Ltd).	30ml, two times a day	For 1 month only (14/06/19 to 13/07/19)	After food	With an equal quantity of warm water
Sanshamani Vati	500mg, two times a day	For 45 days (14/06/19 to 28/07/19)	Before food	With warm water

\*Product by maruti enterprises, Mumbai.

**Fig. 1:** Lesion of LP on legs before treatment



**Fig. 2:** Lesion of LP on legs after treatment (5 months)



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