

## AN AYURVEDA APPROACH IN THE MANAGEMENT OF LICHEN PLANUS: A CASE REPORT

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### Abstract

Lichen planus (LP) is a rare, chronic, inflammatory autoimmune skin and mucous membrane disease. LP most commonly presents as itchy, shiny, reddish-purple spots (lesions) on the skin (cutaneous LP). A diagnosed case of 42 year old male patient, presenting with the itchy, shiny, reddish purplish spots on legs, hands and back, with severe itching especially in the night was brought by the relative to outpatient department (opd) at shri Vishwapriya Ayurvedic clinic, Warora. As per ayurvedic classics, patient was diagnosed as Vata-Kaphaj Kustha. A classic case of long-standing systemic steroid-dependent HLP is presented here which was intervened successfully with Ayurveda within 6 months. Hypertrophic lichen planus (HLP) is a rare inflammatory skin condition and develops into squamous cell carcinoma in few cases. Basically, kustha (skin diseases) is tridoshaj vyadhi, and the doshas of the patient were highly vitiated. Hence, the patient was managed by Nidan Parivarjana (removal of the causative factors), Virechana (the procedure of detoxification through induced purgation) and Raktamokshana (bloodletting). Remarkable results were observed, as the itching came down to 50% within three days of medications and with Virechana karma, the itchy purplish spots started to open, secrete and heal permanently. There is no difficulty post treatment but the patient was asked to strictly follow the dietary and lifestyle changes made during treatment for next 2 years.

### Introduction

Lichen planus (LP) is inflammatory, papulosquamous and immune mediated disease affecting skin, mucous membrane, hair and nails. "Pruritic, Purple, Polygonal, Planar, Papules, and Plaques" are the traditional 6 "P's" of LP [1]. The lesions are typically bilateral and relatively symmetric. Prevalence is 1% worldwide. Seasonal variation is seen. It occurs in middle age, and women are commonly affected than men.[2]. Infectious agents, drugs and chemicals are known to be the trigger factors. Hepatitis C viral infection is associated with some variant of LP. It is characterized by epidermal hyperplasia in response to persistent itch and gets intense by stress.[3,4]. Squamous cell carcinoma, keratoacanthomas developing on the HLP of lower limbs have been reported[5]. Most recent conventional treatment of the HLP and LP disorders consists the use of topical and systemic corticosteroid, psoralen and ultraviolet A therapy, immunosuppressant, systemic retinoid, cyclosporine, and acitretin[6,7].

### Case Report Narrative

A 42-year-old male patient diagnosed with HLP by a dermatologist presented in the Outpatient Department (OPD) of Shri Vishwapriya Ayurvedic

clinic, Warora with chief complaints of itching, large purplish reddish lesions on both the legs, hands and back from a long time. The patient was having these symptoms since 2 years, the patches were increasing despite of allopathic interventions of systemic and topical steroids.

### Past history:

Timeline	Relevant medical history and specific interventions
2017, September	Patient first developed the lesion of lichen planus in groin region
2017, October	Treated with topical cream containing corticosteroid and antifungal for chronic lichenified eczema for presenting complaints. Received additional treatment of oral corticosteroid (prednisolone 10 mg od) and oral antihistaminic which yielded mild relief to the patient. Continued allopathic medications for 2 years.
2017, October	In between patient took Mahamajisthadi kwatham (10ml bd with lukewarm water), gandhak rasayan 1 tablet bd for 15 days and discontinued on his own.
Relevant personal, family and psychological history	<p><b>Personal history:</b></p> <p>No previous history of photosensitivity or any previous skin diseases, diabetes, hypertension, thyroidism, insect bite, piles, fissure. He ate fatty and oily food regularly and had sedentary lifestyle without any exercise.</p> <p>Patient was obese with weight of 102 kgs. 5 months back patient had an operative for the fractures. No history of smoking and alcoholism. He had no history of drug allergy. He lives a sedentary lifestyle. His sleep was inadequate due to itching. He had not used any soap, detergent, shampoo, shoes from the date of illness.</p> <p><b>Past illness:</b></p> <p>Chickenpox, Malaria</p> <p>He had the history of acidity from last 6-7 years.</p>

	Family history:  <b>Maternal:</b> Diabetes  <b>Paternal:</b> Diabetes, Hypertension and obesity
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**Clinical findings:****General examination:**

The patient was afebrile. BP-140/90. The patient was obese with 102 kg of weight.

Nadi parikshan: His nadi was pitta kapha dominant, and had pulse 78/min.

**Physical examination**

He had a disturbed sleep pattern due to itching.

His *Prakriti* (Body Constitution) was *Pitta-Kapha* predominant, and on psychological evaluation, he was assessed with mental stress due to the skin problem.

**Local examination of the skin lesion:****Inspection:**

The lesions were purplish pink in colour, dry hypertrophied on both the legs. Keratotic crusts appeared on the lesion of the both the legs. The surrounding skin showed thickening and hyper-pigmentation. The patient had excessive itching in the affected region. No sign of varicose vein was observed on any of the legs. The mucous membranes were unaffected. Similar lesions without the keratotic crust were seen on the back and both the hands (but the lesions were very few in number as compared to legs).

**Palpation:**

No local tenderness or bleeding on manipulation was elicited, and no inguinal lymph nodes were involved.

### Systemic examination

<b>Respiratory system:</b>	AEBE clear
<b>Circulatory system:</b>	s1, s2 normal
<b>Digestive system:</b>	Tongue: whitish coating He had an excessive hunger.
<b>Excretory system:</b>	His stool was sticky and had smell but his bladder habits were normal. Frequency of stool-1-2 times with no fixed timings (but mainly in the afternoon) Frequency of micturition 4-5 times per day.no nocturnal micturition.

### Vikrut strotas parikshan:

<b>1.Rasavaha strotovikriti</b> hyperacidity	Repetitive episodes of indigestion leading to mental stress, dryness of patches and skin
<b>2.Raktavaha strotovikriti</b>	Acidity, skin lesions, hyperpigmentation
<b>3.Mansvaha strotovikriti</b>	Hypertrophied skin lesions, keratotic crust formation

**Investigations:**

Routine studies of blood and urine were within normal limits.

ECG -was normal.

Lipid profile: LDL, cholesterol was borderline high.

**Diagnosis:**

Based on the clinical findings, according to modern science it was lichen planus,

According to Ayurveda, based on the hetu and samprapti, it was diagnosed as vata-kaphaj kushtha (charma kushtha)

**Ayurvedic treatment and follow up timeline:**

Date and day of the visit	Summaries from initial, follow up visits and description of skin lesions	Interventions (1 tablet = 125 mg)
03/09/2019	<p>1. Itchy, large, hypertrophied lesions present on both the legs, hands and back, purplish violet in colour.</p> <p>2. Few newly papulous eruptions were also seen.</p> <p>3. Raised palliated excrescences, surrounding skin was</p>	<p>1. Panchatikta ghritam (<b>PTG</b>): 15 ml b.d after meal</p> <p>2. Bilvadi Gutika (<b>BG</b>): 1 tablet b.d after meal with lukewarm water</p> <p>3. Arogyavardhini tablets (<b>AV</b>): 3 tablets t.d.s with lukewarm water.</p> <p>4. Gandhak rasayan (<b>GR</b>): 3 tablets t.d.s</p> <p>5. Suvarnasya+haritaki+kutki (<b>SHK</b>) each 300mg in a combination</p> <p>6. Winsoria oil (<b>WO</b>) for local application two times a day.</p> <p>Ensuring dietary and lifestyle modification. Salt was strictly prohibited and only lukewarm was advised.</p> <p>Diet for next 7 days was jaggery, ghritam and jowar roti.</p> <p>Yoga was compulsory. Anulom Vilom for 15</p>

	hyperpigmented.	minutes, Kapalbhati for 10 minutes and Suryanamskar for 15 minutes daily. In Early morning Swamala Compound 10 gm given as a Rasayana therapy to reduce auto immune activity.
11 September 2019	50% relief in itching. Mild reduction in the papillated excrescences other symptoms remained unchanged.	1-6 all the medications were continued. 7. Gandharva haritaki :2 tablets HS with lukewarm water
19 September 2019	Itching was still 50%. Mild reduction in the papillated excrescences. Surface was dry, presence of crust. Purplish lesions. Patient was having a sound sleep for 5 hours.	1-7 all the medications were continued. <b>Raktamokshana</b> was done 60 ml bloodletting was done through midcubital vein.
28 September 2019	Mild reduction in papillated excrescences. Surface was dry and increased pigmentation of the surrounding skin.	1-7 all the medications were continued in prescribed doses. WO for local application

14 October 2019	Slight increase in the itching. Pigmentation of the surrounding skin was less.no new lesions were seen.	PTG+GK+AV+LBK+GH in prescribed doses WO for local application
21 October 2019	Itching was reduced. Surface dried but the crust were still hard. Pigmentation reduced.	PTG+GK+AV+LBK+GH in prescribed doses WO for local application
28 October 2019	Itching was the same. No new violet patches or lesions were seen.	GR+AV+ in prescribed doses WO for local application
4 November 2019	Violet, purplish lesions were increased. Back and hand lesions were reduced significantly. Slight blood streaks were seen on the affected area.	PTG+GR+AV+GH in prescribed dose. Rasmanikya (RM) -1 tablets b.d along with honey. WO for Local Application
11 November 2019.	Significant reduction in formation of new lesions, shrinking of the lesions.	AV+GR+GH WO oil local application

18 November 2019	Violet patches reduced but itching increased slightly. surface was dry. No significant changes in the crust was observed.	PTG+GR+AV+GH in prescribed dose WO for local application
25 November 2019	Scary hyperpigmented areas.  Slight reduction in itching. Itching was more at the night time.	<b>AV</b> :2 tablets t.d.s <b>GR</b> : 2 tablets t.d.s  Khadir+haritaki+bhallatak+aragwadh+vidang+jati+amalaki+Rajani ( <b>KC</b> ): Daily 30 ml decoction of the KC was advised b.d after meal. <b>GH</b> in prescribed dose.  Winsoria oil application.
2 December 2019	Acidity was raised. Stress was increased. Itching increased slightly. Patches were dry but no significant changes in the crust was observed.	<b>AV</b> :2 tablets t.d.s <b>GR</b> : 2 tablets t.d.s <b>Patolmuladi kwatham (PK)</b> 15 ml b.d after meal <b>Aradwadhadi kwatham (AK)</b> 15 ml b.d after meal WO for local application Virechan karma advised.

	<b>Virechan karma(purvakarma)</b>	
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	started.	
3 December 2019	Slightly itching was reduced. Stools- watery, loose	Ghritpanam for the virechan karma was started. Proper written consent was taken. Patient was told about dietary and lifestyle changes during virechana karma prior to the process. Lunch during ghritpanam -simple light food. Oily, spicy was not allowed. Outer body oiling (bahya snehana) with <b>mahanarayana tail</b> and sarvang swedana with <b>dashmool kwatham</b> . (daily from 3 December to 9 December) <b>15 ml Go-ghritam</b> at 6 a.m. was given and lunch at 10.15 am once the hunger developed.
4 December 2019	Ghritam was digested properly. Stools -water, loose	<b>30 ml Go-ghritam</b> at 6 am was given and lunch at 10:30 am, once the hunger developed.
5 december 2019	Tongue-no coating Stools were non sticky and had no specific odour. Lightness in the body was felt.	<b>60 ml goghritam</b> at 6 am was given and lunch at 12 pm, once the hunger developed.
6 december 2019	Tongue- no coating Stools were nonsticy. Lightness in the body was felt,	<b>90 ml goghritam</b> at 6 was given and lunch at 12:30, once the hunger developed.
7 december 2019	lightness in body was felt. slight ghritam was excreted through the	<b>110ml ghritam</b> was given and lunch at 1:00 pm, once the hunger developed

	stools																									
8 december 2019	Lightness in body. Ghritam was excreted through the stools.	Green gram khichdi was advised for the meal. Complete rest was advised.																								
9 december 2019	No fresh complaints	<p>Tab Ichhabhediras (<b>IBR</b>)-125mg tablet</p> <p><b>1<sup>st</sup> tablet</b> given at 8:15 am, BP-110/90</p> <p><b>2<sup>nd</sup> tablet</b> given at 10:15 am, BP110/90</p> <table border="1"> <thead> <tr> <th>Veg-time</th> <th>malpravrutii</th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> -10:20am</td> <td>Gases came out followed by Watery, loose stool</td> </tr> <tr> <td>2<sup>nd</sup> -10:40am</td> <td></td> </tr> <tr> <td>3<sup>rd</sup> -11.07am</td> <td>Watery, loose stool</td> </tr> <tr> <td>4<sup>th</sup> -11:23am</td> <td>Watery, loose stool</td> </tr> <tr> <td>5<sup>th</sup> -11:48am</td> <td>Watery, loose stool</td> </tr> <tr> <td>6<sup>th</sup> -12:15pm</td> <td>Watery, loose stool</td> </tr> <tr> <td>7<sup>th</sup> -12:30pm</td> <td>Watery, loose stool</td> </tr> <tr> <td>8<sup>th</sup> -2.10pm</td> <td>Watery, loose stool</td> </tr> <tr> <td>9<sup>th</sup> -2.55pm</td> <td>Watery, loose stool</td> </tr> <tr> <td>10<sup>th</sup> -3.25pm</td> <td>Watery, loose stool</td> </tr> <tr> <td>evening dinner</td> <td>Watery, loose stool</td> </tr> </tbody> </table> <p>Green gram soup was given.</p>	Veg-time	malpravrutii	1 <sup>st</sup> -10:20am	Gases came out followed by Watery, loose stool	2 <sup>nd</sup> -10:40am		3 <sup>rd</sup> -11.07am	Watery, loose stool	4 <sup>th</sup> -11:23am	Watery, loose stool	5 <sup>th</sup> -11:48am	Watery, loose stool	6 <sup>th</sup> -12:15pm	Watery, loose stool	7 <sup>th</sup> -12:30pm	Watery, loose stool	8 <sup>th</sup> -2.10pm	Watery, loose stool	9 <sup>th</sup> -2.55pm	Watery, loose stool	10 <sup>th</sup> -3.25pm	Watery, loose stool	evening dinner	Watery, loose stool
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**Post virechana karma- lifestyle and dietary habits that were strictly prohibited and explained to the patients properly**

- |   |   |
|---|---|
| 1. Speaking, laughing loudly and spicy          | 4. eating till indigestion of food, eating oily |
| 2. travelling for long time.                    | 5. walking excessively                          |
| 3. sitting on particular place for a long time. | 6. sleeping during day time                     |
|   | 7. sex  |

**Post virechan- sansarjana krama(graduated dietary protocol)**

Date	Sansarjan krama (graduated dietary protocol)
	Rice(shastishali)
10 december 2019	Thin gruel prepared by boiling rice in 16 times water, the watery portion is manda-morning Liquid rice gruel prepared by boiling rice until it becomes soft and thin is peya-evening
11 december 2019	Thick rice gruel prepared with more of boiled rice in it is vilepi-morning Green gram soup-evening
12 december 2019	Green gram soup with jeera and ghritam -morning Green gram khichdi with ghritam -evening
13 december 2019	Green gram khichdi with ghritam-morning and evening

13 december 2019	Agni was Prakrit. Crust began to disappear. After bath the serous substance came out and the lesions began to heal. Itching was completed cured.	AV:1 tablet b.d with lukewarm water GR:1 tablet b.d with lukewarm water
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21 december 2019	Stool-watery soon after the medications. Patches reduced significantly. Healing was seen.	AV:1 tablet b.d with lukewarm water GR:1 tablet b.d with lukewarm water Rasapachak ( <b>RP</b> ): 2 tablets b.d (1 tablet =125mg) before meal with lukewarm water
1 January 2020	Blackish discoloration of patches was observed. Violet lesions disappeared completely. Itching stopped completely.	AV:1 tablet b.d with lukewarm water GR:1 tablet b.d with lukewarm water WO: for local application <b>Prushnaparnyadi kashayam (PK)</b> 15ml t.d.s
7 January 2020	No new patches.no itching.no violet lesions Stool-semisolid non-sticky. Crust disappeared completely.	AV:2 tablet b.d with lukewarm water GR:1 tablet b.d with lukewarm water
20 january	No new patches, Slight itching, Crust disappeared Stools-hard	AV:2 tablet b.d with lukewarm water GR:1 tablet b.d with lukewarm water <b>Patolmuladi kwatham(PMK)</b> -10 ml b.d with lukewarm water after meal <b>Aradwadhadi kwatham(AWK)</b> -10 ml b.d with lukewarm water <b>Swamla</b> 25grm daily. <b>Winsoria oil</b> for local application
31 January 2020	No fresh complaints	AV:1 tablet b.d with lukewarm water GR:1 tablet b.d with lukewarm water <b>Patolnimbadi vati (PNV)</b> : 1 tablet b.d <b>Swamla</b> 10gram daily.

		<b>Gandhak dhruti</b> for local application
8 February 2020	New patches over right lower leg	AV:2 tablet b.d with lukewarm water GR:2 tablet b.d with lukewarm water PTG :10 ml b.d after meal <b>Manspachak vati (MPV)</b> : 2 tablets bd after meal with lukewarm water Haritaki+suvarnasya+kutki+nishottar ( <b>HSKN</b> ) (75mg each) – 3-gram powder HS with lukewarm water Swamla (SA)10gram daily. Gandhak dhruti (GD) for local application
17 February 2020	Itching increased slightly	AV_+GR+PTG+ HSKN+SA+ in prescribed doses <b>Gandhak dhruti (GD)</b> for local application
4 march 2020	Itching decreased completely. discoloration of skin seen, mild acidity	Bakuchi tail (BT) for local application Bakuchi churna (BC)1-gram b.d with till seeds Phaltrikadi kwatham (PTK)15 ml t.d.s with lukewarm water
13 march 2020	Skin is regaining its normal colour and healing.	Bakuchi tail for local application Bakuchi churna 1-gram b.d with til seeds Phaltrikadi kwatham -15 ml t.d.s with

		lukewarm water
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Results:



Figure 1: initial stage October 2017



Figure 2 : Inflamed stage as on 3/9/2019

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Figure 3: Dried and healed lesions post virechana



Figure 4: recent pictures as on 30 August 2020

#### Laboratory findings comparison: Pre and post virechan

Before virechana

DATE	TYPE	VALUE UNIT
2019-12-04	Triglycerides	96.75 mg/dL
2019-12-04	Cholesterol, HDL	46.19 mg/Dl
2019-12-04	Cholesterol, total	<b>202.14 mg/dL</b>
2019-12-04	Cholesterol, LDL	<b>136 mg/dL</b>

After virechana

DATE	TYPE	VALUE UNIT
2019-12-15	Triglycerides	71.34 mg/dL
2019-12-15	Cholesterol, HDL	<b>37.87 mg/dL</b>
2019-12-15	Cholesterol, LDL	<b>117.11 mg/dL</b>
2019-12-15	Cholesterol, total	169.24 mg/dL

### Patient Perspective:

I am very happy with this ayurvedic treatment, because before this ayurvedic treatment I was very stressed about this diseased condition. Quality of my sleep and my overall of my life was not good. But after taking this ayurvedic treatment, all of my symptoms improved, my itching came down to 50% within three days of initiation of treatment. Not only my skin problem is solved but along with it my acidity and weight problem has also been solved. My cholesterol levels are normal now. Proper and timely corrections in my exercise, diet, lifestyle, water intake with proper counselling took me out of this strenuous and itchy disease. I did not follow an 'elimination diet' per se, but rather was instructed to follow a diet with which foods to avoid. Detoxification process was very relaxing. I could literally feel the changes post virechana. Person like me who was non believer of Ayurveda, now takes ayurvedic medications for the simple ailments like cold and cough.

### Discussion

Lichen is a type of skin disease mentioned in Ayurveda under the classification of Kshudra Kushtha. The classical sign of Charma Kushtha is thickening of the skin like the skin of an elephant.[8] It is verrucous lichenification of skin and usually develops in patients with psoriasis, dry eczema, and LP. Treatment of Kushtha including all type Kushtha consists of purification therapy (Samshodhana),[9] internal and external administration of the drug (Samshamana).[10] Dietary and lifestyle modification also play an important role in the management of Kushtha.[11] The patient was suffering from a Kapha-Vata dominant Kushtha complicated with a Vranam (verrucous lesion).

LP has a strong association with anxiety, stress, and diabetes.[12] In the presenting case, though the onset of disease can be linked with stress but the history reveals that he was on steroids for a long time. HLP and few varieties of long-standing, erosive LP develop into Bowen's disease, a premalignant condition, and squamous cell carcinoma. Although the disease is diagnosed from its clinical features, biopsy is often recommended to make the diagnosis and to look for cancer. The current conventional treatment involves topical and a long course of oral steroids, calcineurin inhibitors, retinoid, acitretin, hydroxychloroquine,

methotrexate, azathioprine, and phototherapy. Various studies had shown the use of indigenous medicines in oral LP.[13,14] There are also limitations for the use and drawbacks of topical steroids and systemic glucocorticoids because of suppression of hypothalamic–pituitary–adrenal axis and other systemic side effects.[15] Ayurvedic principles have shown potential to be used in non-communicable and lifestyle disorders. These are convenient, safe, and least expensive in compare to the conventional method of treatment.[16] Herein, the drugs, dietary, and lifestyle modifications were chosen] on the basis of Nidanam (causative factors of disease), involvement of dominant Dosha (Kapha-Vata), and nature of the disease (Vyadhi). Formulations having Kaphavataharam, Vishaharam, Kandughna, Kushthaghna, and Vranashodhanaropanam properties were used. Blood-letting (Rakta-Mokshana) is also one of the effective treatments.

1. **AWK** used in the case is Kushthaghna, Vishaghna, and having Shamanam (pacificatory) properties. It is effective in Kandu, Prameha and acts as Dushta Vranavishodhaka. Patolamuladi Kashayam is also Kaphahara, Kushthahara, and Vishahara. It is used for Shodhana (purification and bowel cleansing).

2. Major ingredients of **Arogyavardhini Vati** are Gandhaka (Sulphur), Kutki (Picrorhiza Kurroa), Nimba (Aristolochia Indica), which are the versatile drugs for all type of skin diseases. It also contains Tamra (Copper), which has scrapping (Lekhana and Vranashodhana action) and acts on Lasika. Further, Arogyavardhini Vati is a panacea by its name and a good medicine for liver. It is helpful in Pachana (metabolism) of Ama Visha and corrects the production of vitiated Rasa Dhatu in the body.

3. Gandhak rasayana:

It maintains balance of vata, pitta kapha.

Raktamokshan and virechan karma were done for the maintenance of prakrit pitta and other doshas ,

The modalities adopted in the case may be applied to the similar case too. However, a trial with one or two formulations may be proposed to assess further role of Ayurveda.

**Conclusion:** Steroids, higher antibiotics, stress leads to Rasavaha and then Mansvaha Strotodushti. To break the samprapti , rasayana- swamala compound , agad Bilvadi gutika was helpful, Arogyavardhini in loading dose helped to remove Doshas in some extent while Virechan removed almost 90 percent. Patient also lost 10 kg weight after Virechana and lipid profile revealed cholesterol levels lowered dramatically, which indicates doshas were removed from all over the body. As the patient felt enthusiastic and fresh after Virechana, patient gained confidence after Virechana which also helped to reduce his stress dramatically. So accordingly, conclusion is that- In an auto immune disorders, we must think of Rasayan to strengthen the cell mediated immunity. we must go for panchakarma to remove the trigger

factors which are nothing but the toxins accumulated in the body. Yoga will help you mentally to manage your stress.

HLP is a rare and difficult skin condition to cure. It is notorious for its recurrence and has also the possibility to develop into squamous cell carcinoma. Although the disease is not mentioned in the Ayurveda classics what is important is exactly knowing the vitiated doshas. agni, a detailed history to rule out the triggers and maintaining the patient on the ayurvedic diet, detoxification with panchakarmas and some internal herbomineral medications are the mainstay of the treatment. panchakarma will clean the body completely rather than curing just the disease.

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