

डॉ. सुनंदा व डॉ. सुभाष रानडे प्रतिष्ठान पुरस्कृत लेख

Management of Lichen Planus with Ayurvedic Medicines-A case Report



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Abstract:- Skin is the largest organ of body. Charmkushta and Alasak are skin diseases mentioned in Charak Samhita[1], Ashtang Sangrah, Ashtang Hruday[2] and Madhav Nidan in kushta nidan and chikitsa adhyay as kshudrakushta. According to Acharya Charak Charmakushta and Alasak has vata-kaph dosh predominance[3]. Depending on symptoms we can correlate it with lichen planus. Lichen planus is an autoimmune disease characterized by dense, band like (lichenoid) infiltrate in upper dermis[4]. In this case report patient with lichen planus treated with ayurvedic medicines following the principles of deepan, pachan, shodhan, etc. This treatment helps in exfoliation of the epidermis and promote new skin cell formation.

Keywords: - Ayurveda, Charmakushta, Kshudrakushta, Lichen Planus.

Introduction:- The human skin is the outer covering of the body with a total area of about 20 square feet[5]. According to Ayurveda, skin (Twak) is one of the 5 gyanendriya and is responsible for touch sensation that is sparshgyan. In Ayurveda, most of skin disease are explained under the spectrum as kushtha and they are classified as Mahakushtha and kshudrakushtha[6]. Saptadravyani plays major role in pathogenesis of kushtha they are -vitiated vata, pitta, kapha dosh along with Twak, mansa, rakta and lasika. In charmakushtha skin over the patch becomes thick like the skin of elephant and has vata, kapha dosh predominance[7]. Clinically we can correlate charmakushtha with lichen planus. The name lichen planus has been derived from Greek word 'Liechen'(tree moss) and Latin word 'Planus'(flat). An eruption of pruritic, erythematous 2-10mm polygonal topped papules with violaceous hue and scanty scale

characterise the disease[8]. It is an immune mediated oral and cutaneous inflammatory disease, found in 0.5 to 2.0% of general population[9]. It affects less than 1% of world's population. The prevalence is 2.6% with more female predilection[10].

Treatment for lichen planus includes symptomatic and potent glucocorticoids, UVB, PUVA or UVA. But there is need to treat the patient with effective and safe treatment based on dominance[11]. Ayurvedic medicines are often considered effective for treating such immune mediated disease.

Case History:- A female patient Mrs. ABC of 48 years visited to the OPD of M. A. Podar Hospital, Worli with following c/o:- A) Brownish papules all over body+++ , B) Itching+++ , C) Thickness++ , D) Burning+++ , E) Black coloured papule over buccal mucosa

Past History of disease:-

K/C/O:- a) DM since 20years, I) Tab. Dynaglipt M(40/500) 0-1-0, II) Tab. Cyblex M (40/500) 1/2-0-0
b) Hypothyroidism since 24years, Tab. Thyronorm 125mcg 1-0-0

H/O :- Malaria 10 years ago,

S/H/O:- I) Bariatric surgery in 2015, II) Tummy tuck surgery in 2018

H/O Present Illness:- Patient was asymptomatic before January 2021. Gradually she noticed erythematous, pruritic polygonal papules over upper and lower extremities and neck region.

Investigation:- Routine hematological and urine investigation were carried out.

Table 1. Timeline of the case

Date	Duration	Intervention	Disease Condition
Feb. 2021	4 Months	1) Tab. Omnicortil 10 mg 2) Tab. Cetrizine 5 mg	Patient presented with pruritus and skin lesions over upper and lower extremities, neck, back. Symptoms get relived during medication but get worsen whenever medication stopped.

Table 2. Timeline of case in MAPH, Mumbai

Sr. No.	Date and follow up visit	Intervention	Description of skin lesion
1)	21 / 06 / 2021	1) Aarogyavardhini 500mg BD 2) Kaishor Guggul 500mg BD 3) Gandharva haritaki churna 3gm Hs 4) Lodhra + Shwetchandan + Yashti + Gairik - LA with water 5) Sariva + Manjishtha + Kantakari + daruharidra + Triphala + Nimb + Punarnava + Gokshur + Kumari siddha kwath 20 ml BD	Blakish itchy papules all over body. Itching+++ Burning sensation+++
2)	05 / 07 / 2021	1) Siravedh karma 2) Aarogyavardhini 500 mg BD 3) Kumbhajatu vati 500 mg BD 4) Kaishor Guggul 500 mg BD 5) Mahamanjishthadi kwath 30 ml BD 6) Lodhra + Shwetchandan + Yashti + Gairik- LA with Panchatikta ghrut 7) Musta + Nimb + Aargvadh + Patha + Triphala + Daruharidra + Saptaparna siddha kwath Prakshalan	Blakish itchy papules all over body. Itching+++ Burning sensation++ No change in size, thickness and colour of skin lesions.
3)	22 / 07 / 2021	Ct. 2,3,4,5,6,7 + 8) Karanj Tail -LA	Blackish discolouration and papules all over body Itching++ Burning sensation++
4)	05 / 08 / 2021	Ct. 2,3,4,5,6,7 + 8) Karanj + Vranshodhan tail-LA 9) Anuloman with gandharv haritaki churna (7 gm) + Erand tail (10 ml)	Change in colour of skin lesions (Slightly lightening of skin) Itching+ No burning sensation Decrease in thickness of lesions No change in size of skin lesions
5)	26 / 08 / 2021	Ct. all 2 to 9	Significant decrease in itching and thickness of lesions. No burning No change in size of skin lesions

6)	13 / 09 / 2021	Ct. 2,3,4,5,7,8	Decrease in itching Decrease in thickness of lesion. No burning Slight change in size of skin lesions.
7)	30 / 09 / 2021	Ct. all + Kumkumadi tail –LA	Significant decrease in itching No burning Mild hypopigmented margins of lesions seen
8)	30 / 12 / 2021	1) Aarogyavardhini 500mg BD 2)Kumbhajatu vati 500mg BD 3) Kaishor Guggul 500mg BD 4)Mahamanjishthadi kwath 30ml BD 5)Musta+Nimb+Aargvadh+Patha+Triphala +Daruharidra +Saptaparna siddha kwath Prakshalan 6)Karanj+Vranshodhan tail-LA 7)Kumkumadi tail –LA	Itching+ No burning Lesions become hypopigmented centrally No thickness at lesions
9	13 / 01 / 2022	Ct. all 1 to 7 + 8)Gandharva haritaki churna 3gm HS	No thickness at lesions No itching No burning

Observation:- Criteria of assessment before and after treatment:- 1) Appearance of lesions:

a) Before treatment:- Dark blackish,thick, pruritic erythematous papules. **b)After treatment:-** Lesions become hypopigmented centrally and at margins. No itching or burning at lesions. Thickness significantly decreased.

2)Pre and Post images

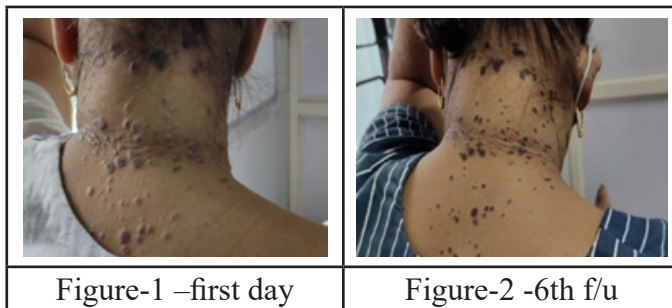


Figure-1 –first day

Figure-2 -6th f/u

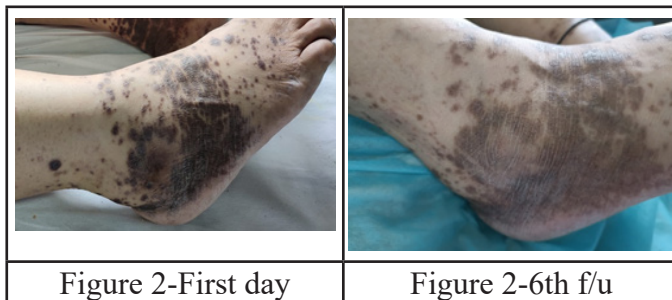


Figure 2-First day

Figure 2-6th f/u

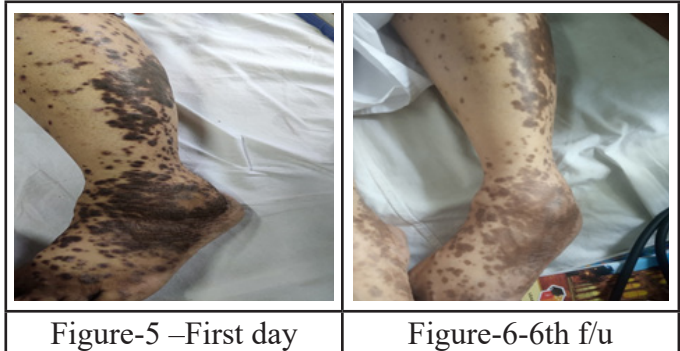


Figure-5 –First day

Figure-6-6th f/u

Result:- The line of treatment mentioned above showed a significant improvement in sign and symptoms of patient before and after treatment. Patient was satisfied with 8 months of treatment.

Pathophysiology:- Causes:- Primary causes:-

1)Diabetes mellitus, 2)Obesity

Secondarycauses:- 1)Madhurrasadhikya,Guru-

Abhishyandi dravya sevan eg:-Dadhi,fruit salad, 2)Fermented food like idli,dosa, 3)Excess katuras sevan. Non-veg-3times/week mostly fish and chicken 4)Divaswap

Jatharagnimandya → Strotorodh due to vitiated pitta and kapha dosha (Pitta dushti with ushna,tikshna gunas that is vidgdha dushti; kapha dushti with ati madhur,ati picchil,abhishyandi guna) → Vataprakop

due to strotasavrodh → Vitiated pitta and kapha along with vata becomes tiryakgami through sira and further vitiate twak, rakta, mansa, lasika. → Atisnigdha, Atipicchil, Abhishyandi, Apachit ahar ras nirmiti → Uttarottar dhatu production process disturbed(Dhatushaithilya) → Decomposition of

twachadi dhatu due to lack of nutrition → Kushtha

Discussion:- Exfoliation of the lichenoid skin and promotion of new cell formation is achieved with the help of sthanic and abhyantar deepan, pachan and shodhan chikitsa.

Table 3 : Action of drugs

No.	Drug	Component	Properties	Mode of action
1)	Aarogya- vardhini vati	Para, Gandhak, Loh Bhasma, Tamra bhasma, Abhrak bhasma, Triphala, Kutaki, Shilajit, Chitrakmul, Guggule, Nimbdal swaras	Tikta ras, Deepan, Pachan	Tridosh shaman, Krumighna, hrudya, vishghna Rasayan.
2)	Kaishor Guggul	Triphala, Guduchi, Trikatu, Vidang, Trivrutta, Dantimul	Deepan, Pachan	Tridoshghna, Kushtaghna, Kantivardhak, Rasayan
3)	Kumbha- jatuvati	Lodhra, Jatamansi, Loha bhasma, Shilajatu, Kumbhatwak, Suvarna sutshekhar	Kledhar, Katu, Tikta, Ushna	Medoroghar, Kledhar
4)	Maha- manjishtha-di kwath	Manjishtha, Trivrutta, Kutaj, Karanj, Krutmal, Trayman, Murva, Mahanimb, Haridra, Daruharidra, Indrayav, Kushtha, Kirattikta, Vasa, Patha, Sariva, Raktachandan, Patol	Tikta, Madhur ras	Twakdoshar, Medoghna
5)	Karanj Tail	Karanj, Saptchada, Langli, Snuhi, Arka, Anala, Bhringaraja, Haridra, Gomutratail, Vatsanabha	Tikta, Katu, Ushna	Kandughna, Kushthaghna, Vranropan
6)	Vranshodhan tail	Nirgundi, Karveer, Nimb, Dhattur, Haritaki, Karanj	Laghu, Ruksha, Ushna	Kledhar, Shoshan
7)	Musta	Musta	Laghu, ruksha, Ras: -tikta kashay, Vipak: -katu, Veerya: -sheet	Twakdoshar, lekhan, raktaprasadak, Deepan, pachan

8)	Triphala Churna	Amalaki, Haritaki, Bibhitaki	Kashay, Laghu, Ruksha	Medoghna, Kushthaghna, Deepan, Rasayan
9)	Shwetchandan	Shwetchandan	Laghu, Ruksha, Ras-Tikta, Madhur, Vipak-Katu, Veerya-Sheet	Kaphaghna, Raktadoshhar, Dahaprashman
10)	Lodhra	Lodhra	Laghu, Ruksha, Ras-Kashay, Vipak-Katu, Veerya-Sheet	Twakdoshhar, Raktadoshhar, Kaphaghna
11)	Saptparna	Saptaparna	Laghu, Snigdha Ras-Tikta, Kashay Vipak-Katu Veerya-Ushna	Vranashodhan, Raktashodhan, Kushthaghna
12)	Nimb	Nimb	Laghu, Ras:-Tikta Kashay, Vipak-Katu, Veerya-Sheet,	Kandughna, Vranashodhan, Dahaprashaman, Raktashodhak
13)	Aargvadh	Aargvadh	Guru, Snigdha, Ras-Madhur, Vipak-Madhur, Veerya-Sheet	Kushtaghna, Dahaprashaman, Raktashodhak
14)	Daruharidra	Daruharidra	Laghu, Ruksha Ras-Katu, Veerya-Ushna,	Deepan, Raktashodhak, Vranashodhan, Vranropan
15)	Patha	Patha	Laghu, Teekshna, Ras-Tikta Vipak-Katu, Veerya-Ushna	Tridoshhar, Deepan, Pachan, Raktshodhak
16)	Shuddha Gairik	Shuddha Gairik	Snigdha, Madhur, Sheet	Raktaprasadan, Kandughna, Raktapittaprashaman, Dahaprashaman

Conclusion:- By using basic principles of Ayurvedic management-deepan, pachan, shodhan, etc the patient having lichen planus successfully treated without any side effect. This shows Ayurvedic medicines have great potential in such autoimmune diseases.

Reference:- 1)Vd. Kale: Charak Chikitsasthan 7/22-24,Chaukhamba Sanskrit Prakashan,Delhi,First edition 2014;p-181. 2)Vd. Garde: Sartha Vagbhat Nidanstan14/8,Chaukhamba Surbharti Prakashan,Varanasi,Reprint-2011;p-205. 3) Vd. Kale: Charak Chikitsasthan 7/22-24,Chaukhamba Sanskrit Prakashan,Delhi,First edition 2014;p-181. 4)Dr. Uday Khopkar: Skin diseases and sexually transmitted infections;CBS publications,Reprint 2011;p-142. 5)http://www. webmed. com/skin-problems-and-treatments/picture-of-the-skin#:~:text=The%20skin%20is%20the%20largest,touch%2C%20heat%2C%20and%20cold. 6) Vd. Kale: Charak Chikitsasthan 7/13,Chaukhamba Sanskrit Prakashan,Delhi,First edition 2014;p-179. 7)

Vd. Kale: Charak Chikitsasthan 7/9-10,Chaukhamba Sanskrit Prakashan,Delhi,First edition 2014;p-181. 8)) Dr. Uday Khopkar: Skin diseases and sexually transmitted infections;CBS publications,Reprint 2011;p-142. 9) http://www. ncbi..nlm. nih. gov/pmc/articles/PMC3961895. 10) http://www. ncbi..nlm. gov. pmc. 11)Dr. Uday Khopkar: Skin diseases and sexually transmitted infections;CBS publications,Reprint 2011;p-145. Figures:-[Figure 1], [Figure-2],[Figure-3],[Figure-4],[Figure-5],[Figure-6] Tables:- Table 1. Timeline of the case , Table 2. Timeline of case in MAPH,Mumbai,Table 3 Action of drugs

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