

**AYURVEDIC MANAGEMENT OF CLINICALLY DIAGNOSED LICHEN PLANUS
PIGMENTOSUS: A CASE REPORT****Dr. C. Shrisky Shetty^{*1}, Dr. Savitha K. Bhat², Dr. Rachana C.³**¹3rd PG Scholar, Department of P.G Studies in Rasashastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Mangalore.²Professor, Department of P.G Studies in Rasashastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Mangalore.³HOD and Professor, Department of P.G Studies in Rasashastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Mangalore.***Corresponding Author: Dr. C. Shrisky Shetty**3rd PG Scholar, Department of P.G Studies in Rasashastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Mangalore. DOI: <https://doi.org/10.5281/zenodo.23313843>**How to cite this Article:** Dr. C. Shrisky Shetty^{*1}, Dr. Savitha K. Bhat², Dr. Rachana C.³. (2026). Ayurvedic Management of Clinically Diagnosed Lichen Planus Pigmentosus: A Case Report. World Journal of Pharmaceutical and Medical Research, 12(11), 347–355.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 05/09/2026

Article Revised on 25/09/2026

Article Published on 01/10/2026

ABSTRACT

Background: Lichen Planus Pigmentosus (LPP) is an acquired pigmentary disorder characterized by brown, grey or blackish pigmentation, commonly involving the face and neck.^[1,2] In Ayurveda, LPP does not have a direct one-to-one equivalent as an independently named disease. Its clinical presentation may be interpreted within the broader spectrum of *Kushtha*, particularly *Kshudra Kushtha*, considering the predominant involvement of *Tvak* and *Rakta* and manifestations such as *Vaivarnya*, *Kandu*, *Daha* and *Vedana*. **Method:** A 65-year-old male presented with blackish-grey discoloration over the cervical region for 4–5 months, associated with pain, itching and burning sensation. Clinical examination revealed diffuse blackish-grey to brownish pigmentation over the cervical region extending towards the upper presternal region with tenderness. The patient was assessed from an Ayurvedic perspective, including *Prakriti*, *Nidana*, *Dosha*, *Dushya* and *Samprapti*. The patient was clinically diagnosed with LPP and was managed sequentially with internal and external Ayurvedic medications over three treatment phases. **Results:** Following the initial 15-day treatment with internal and external medications like Skimmune, Aogyavardhini vati, Triphala churna, Patolakaturohinyadi Kashaya, with local application of Six - C ointment and Manjishta choorna, symptoms like burning sensation and pain completely resolved, while occasional itching persisted and slight improvement in discoloration was observed. After the second treatment phase, pain, itching and burning had completely resolved, with significant reduction in cervical discoloration. Following the third treatment phase, where only Arogyavardhini vati, Khadirarishta and Manjishta Taila application was prescribed, complete clinical resolution of the previously documented cervical discoloration was observed on 15 April 2026. No further medication was prescribed and the patient was kept under observation. **Conclusion:** This case documents progressive symptomatic improvement and complete clinical resolution of cervical pigmentation during sequential Ayurvedic management. The case supports a possible Ayurvedic interpretation of clinically diagnosed LPP within the broader *Kushtha/Kshudra Kushtha* spectrum, with consideration of Vata-Pitta predominance and *Tvak-Rakta* involvement. The observed outcome was interpreted as a case experience and cannot establish efficacy or causality because multiple interventions were administered sequentially. Further systematic studies using standardized outcome measures and longer follow-up are required.

KEYWORDS: Lichen Planus Pigmentosus, LPP, *Kushtha*, *Kshudra Kushtha*, Ayurveda, Vata-Pitta, *Tvak*, *Rakta*, perpigmentation, Arogyavardhini Vati, Skimmune, Patola Katurohinyadi Kashaya, Triphala churna Manjishta and Six C ointment etc.

INTRODUCTION

Lichen Planus Pigmentosus (LPP) is a pigmentary variant of lichen planus characterized by acquired brown, grey or blackish macular pigmentation. It is predominantly reported in individuals with darker skin and commonly affects the face, neck and flexural areas.^[1,2]

LPP generally has an insidious onset and may present with diffuse, reticular, blotchy or perifollicular pigmentation. The colour may vary from slate-grey to brownish-black. Itching or burning sensation may occur in some patients.^[1,2]

A clinico-etiological study involving 100 patients with LPP reported that the face and neck were among the commonest sites affected, with neck involvement in 48% of patients. Diffuse pigmentation was the commonest clinical pattern, and itching was reported in 41% of patients.^[3] The same study reported an association between hypothyroidism and diffuse LPP.^[3]

The terminology and classification of LPP have historically been controversial because of overlap with other acquired dermal macular hyperpigmentation disorders. A Delphi consensus published in 2023 highlighted the clinical overlap among LPP, ashly dermatosis, erythema dyschromicum perstans, Riehl's melanosis and pigmented contact dermatitis.^[4]

From the Ayurvedic perspective, LPP is not described as a separate disease entity in the classical Samhitas. Skin disorders are broadly described under the concept of *Kushtha*. Charaka describes *Kushtha* in association with Tridosha and involvement of *Tvak*, *Rakta*, *Mamsa* and *Lasika*.^[5]

A previously published Ayurvedic case report by Makwana et al. described chronic LPP and correlated the condition with *Charma Kushtha*, a type of *Kshudra Kushtha*.^[6] The patient in that report was managed with *Siravedha* followed by topical *Gandhakadruti Malahara*, with improvement in hyperpigmentation documented during follow-up.

However, the Ayurvedic correlation of LPP requires clinical interpretation because the classical texts do not describe LPP as a separate named disorder. Therefore, the present case is interpreted within the broader *Kushtha/Kshudra Kushtha* spectrum, with predominant clinical consideration of Vata-Pitta involvement and *Tvak-Rakta* as important Dushyas.

The present case describes the clinical presentation, Ayurvedic assessment, sequential therapeutic intervention and clinical outcome of a 65-year-old male with clinically diagnosed LPP involving the cervical region.

CASE REPORT

A 65-year-old male presented to the outpatient department on 25 February 2026 with a chief complaint of blackish-grey discoloration over the neck region for approximately 4–5 months.

The patient reported associated

- Pain over the affected area
- Itching
- Burning sensation

On clinical examination, tenderness was present over the affected area.

The pigmentation was diffuse and blackish-grey to brownish in colour, involving the cervical region with extension towards the upper pre-sternal region.

The patient was a known case of hypertension for approximately 10–12 years and was taking:

Tab. Amlong 5 mg – 1-0-0

No other significant medical history was reported.

The patient did not report similar lesions over other parts of the body.

Complete blood count and thyroid profile were within normal limits.

The condition was clinically diagnosed as Lichen Planus Pigmentosus.

The patient's Ayurvedic assessment revealed Prakriti – Vata-Pitta

Dietary and Lifestyle History

On detailed history, the patient reported habitual consumption of spicy and sour foods and occasional consumption of Alcohol.

The patient also reported an irregular sleep pattern characterized by sleeping very late and/or waking very early, resulting in inadequate sleep duration.

These dietary and lifestyle factors were considered probable *Apathya Ahara-Vihara* factors in the Ayurvedic assessment.

Ayurvedic Assessment

The clinical presentation was considered under the broader spectrum of *Kushtha*, particularly *Kshudra Kushtha*.

The prominent clinical features were correlated as follows in Table 1.

Table 1: Clinical Features and their Ayurvedic interpretation.

Clinical feature	Ayurvedic interpretation
Blackish-grey discoloration	<i>Vaivarnya</i> , with predominant Vata consideration
Burning sensation	<i>Daha</i> , suggestive of Pitta involvement
Pain	<i>Vedana</i> , suggestive of Vata involvement
Itching	<i>Kandu</i> , with possible Kapha association
Skin involvement	<i>Tvak</i> as principal site of manifestation

The patient's Vata-Pitta *Prakriti*, together with the clinical presentation, was considered in assessing the predominant *Vikriti*.

Nidana

The probable *Nidana* identified from the history were:

Aharaja Nidana

- Habitual intake of spicy/pungent food – *Katu Rasa*
- Habituated to occasional Alcohol consumption.

Viharaja Nidana

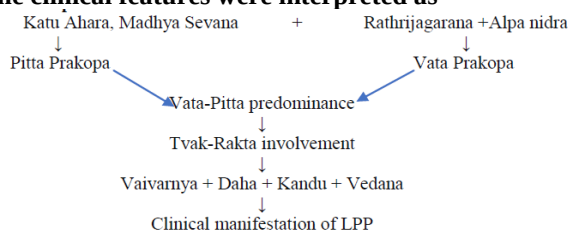
- Habitual late-night wakefulness – *Ratrijagarana*
- Sleeping late and waking very early
- Inadequate sleep – *Alpa-nidra*

These factors were considered probable rather than established causal factors.

Nidana–Dosha Relationship

The habitual intake of *Katu* predominant foods and Alcoholism was considered relevant to Pitta involvement, while the irregular sleep pattern was considered a possible Vata-aggravating factor.

The clinical features were interpreted as

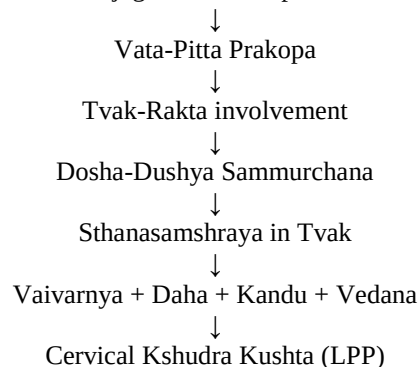


Proposed Samprapti

The proposed case-specific *Samprapti* may be as follows

Apathya Ahara

Katu-pradhana dietary pattern, Apathya Vihara, Ratrijagarana and Alpa-nidra



This represents a proposed Ayurvedic interpretation based on the patient's clinical presentation and should not be considered a disease-specific classical *Samprapti* of LPP.

THERAPEUTIC INTERVENTION

The patient was treated sequentially over three phases.

First Treatment Phase

The clinical photograph is given in Figure 1.

Treatment was initiated on 25 February 2026 and continued for 15 days as in Table 2.

TABLE 2.

Medicine	Dose	Route / Administration	Duration
Tab. Skimune – Ayurchem	2-0-2	Oral	15 days
Tab. Arogyavardhini Vati	1-1-1	Oral, Before food	15 days
Triphala Churna	½ tablespoon at night	Oral, for Nitya Virechana	15 days
Patolakaturhinyadi Kashaya	15 mL thrice daily with 15 mL water	Oral	15 days
Six C Cream	Three times daily	Local application	15 days
Manjishta Churna	Water paste	Local application twice daily	15 days

Rationale and Probable Mode of Action

The therapeutic plan was selected according to the clinical features and the proposed involvement of Vata, Pitta, *Tvak* and *Rakta*. The internal formulations were intended to address the systemic component of the proposed *Dosha-Dushya* disturbance, while the external preparations were directed towards the local manifestations of *Vaivarnya*, *Kandu*, *Daha* and *Vedana*.

Arogyavardhini Vati

Arogyavardhini Vati is a classical herbo-mineral formulation described in *Rasa Ratna Samuccaya* in the context of *Kushtha*.^[7] Its important ingredients include Katuki, Chitraka, Triphala, Guggulu, Shilajit, Nimba, Gandhaka and mineral components.

Katuki and Chitraka contribute *Deepana-Pachana* actions; Triphala contributes *Anulomana* and *Rasayana*

actions; Guggulu and Shilajit are traditionally associated with *Lekhana* and metabolic actions; while Nimba and Gandhaka contribute *Kushthaghna* and skin-oriented actions.

Collectively, these actions were considered relevant to the proposed *Agni*, *Dosha* and *Tvak-Rakta* involvement.

Triphala Churna

Triphala consists of Haritaki, Bibhitaki and Amalaki.^[8]

Haritaki is traditionally associated with *Anulomana* and Vata-regulating actions, Bibhitaki with Kapha-oriented and *Lekhana* actions, and Amalaki with *Rasayana* and Pitta-pacifying properties.

In the present case, Triphala was administered at night as *Nitya Virechana*, primarily to support regular bowel evacuation and mild purgative action.

Patolakaturohinyadi Kashaya

Patolakaturohinyadi Kashaya contains Patola, Katurohini, Chandana, Madhusrava, Guduchi and Patha and is described in *Ashtanga Hridaya Sutra Sthana 15/15*.^[9]

Patola and Katurohini are traditionally associated with Pitta-Rakta and *Kushthaghna* actions; Chandana contributes cooling and Pitta-pacifying properties; Guduchi is traditionally regarded as *Tridosahara* and *Rasayana*; and Patha is associated with *Kushthaghna* and *Kandughna* actions.

These combined properties were considered relevant to the patient's burning sensation, pigmentation and proposed Pitta-Rakta involvement.

Skimune Tablet

Skimune is a proprietary formulation containing Gandhaka, Rasayana, Navaka kashaya, Guggulu, Khadirarishtakam, Manjishta extract and Anantamoola extract according to the manufacturer's composition.^[10]

Gandhaka and Khadira are traditionally associated with *Kushthaghna* and *Kandughna* actions; Manjishta with *Rakta-prasadana* and *Varnya* actions; Anantamoola with Pitta-Rakta-oriented actions; and Guggulu with *Lekhana* and *Shothahara* actions.

The combined formulation was therefore considered supportive of the proposed *Tvak-Rakta* involvement and

the manifestations of itching and discoloration. Its individual contribution to the outcome cannot be determined because multiple formulations were administered concurrently.

Manjishta Churna

Manjishta (*Rubia cordifolia*) is included in Charaka's *Varnya Mahakashaya*.^[11] It is traditionally associated with *Varnya* and *Rakta-prasadana* actions.

In the present case, Manjishta Churna was used externally as a water-based paste. Its application was directed towards the local *Tvak-Rakta* involvement and *Vaivarnya*, with the intention of supporting normalization of the altered skin colour.

Six C Cream

Six C Cream contained Shuddha Gandhaka, Karanja Taila and Yashada Bhasma.

Shuddha Gandhaka is traditionally associated with *Kushthaghna* and *Kandughna* actions and was considered relevant to the local skin manifestations and itching.

Karanja Taila is traditionally associated with *Kushthaghna* and *Kandughna* properties and provided the oil base for local application over the affected *Tvak*.

Yashada Bhasma is traditionally used in topical preparations for skin disorders and was considered supportive of local skin healing and stabilization.

The combined local action of Six C Cream was therefore considered to involve *Kushthaghna*, *Kandughna* and skin-supportive effects, with relevance to the local *Tvak-Rakta* involvement and *Vaivarnya*.

FIRST FOLLOW-UP — 10 MARCH 2026

The patient was reviewed on 10 March 2026 after completion of the initial 15-day treatment phase.

Clinical response:

- Burning sensation – completely resolved
- Pain – absent
- Itching – occasionally present
- Discoloration – slight improvement

A clinical photograph was obtained at this visit shown in Figure 2.

Based on the improvement, the treatment was modified and continued for another 15 days.

Second Treatment Phase From 10 March 2026 As In Table – 3.

Medicine	Dose	Route / Administration	Duration
Tab. Skimune	1-1-1	Oral	15 days
Tab. Arogyavardhini Vati	1-0-1	Before food	15 days
Patolakaturohinyadi Kashaya	10 mL twice daily with 10 mL water	Oral	15 days
Triphala Churna	1 tablespoon at night	Oral	15 days
Six C Cream	Twice daily	Local application	15 days
Manjishta Churna	Water paste once daily	Local application	15 days

TABLE 3

SECOND FOLLOW-UP — 25 MARCH 2026

The patient was reviewed on 25 March 2026 after completion of the second treatment phase.

At this visit:

- Itching – absent
- Burning sensation – absent
- Pain – absent
- Discoloration – significantly reduced

The clinical photograph demonstrated a marked qualitative reduction in the intensity of the cervical pigmentation compared with the baseline photograph. Clinical photograph of second follow-up is given in Figure 3.

Based on the clinical response, the treatment was modified further.

THIRD TREATMENT PHASE FROM 25 MARCH 2026 AS IN TABLE - 4

Table 4.

Medicine	Dose	Route / Administration	Duration
Tab. Arogyavardhini Vati	1-0-0	Before food	15 days
Khadirarishta	10 mL twice daily with 10 mL water	Oral	15 days
Manjishta Taila	Three times daily	External application	15 days

Rationale and Probable Mode of Action**Khadirarishta**

Khadirarishta is a classical fermented Ayurvedic formulation traditionally used in skin disorders.^[12] Its principal ingredient is Khadira, supported by ingredients including Devadaru, Bakuchi, Daruharidra and Triphala.

Khadira is traditionally associated with *Kushthaghna* and *Kandughna* actions; Daruharidra with *Kandughna* and *Pitta-Rakta-oriented* actions; Bakuchi with *Kushthaghna* and skin-oriented actions; and Triphala with *Anulomana* and *Rasayana* properties.

These combined actions provided a rationale for introducing Khadirarishta during the later phase to continue systemic skin-directed management and support the proposed *Tvak-Rakta* involvement.

Manjishta Taila

Manjishta Taila was introduced during the third treatment phase.

Manjishta is traditionally associated with *Varnya* and *Rakta-prasadana* actions.^[11] The oil medium supported local application and continued management of the residual *Tvak-Rakta* involvement and *Vaivarnya*.

Its use during the final phase was therefore directed primarily towards the remaining pigmentation after resolution of pain, itching and burning sensation.

Arogyavardhini Vati

Arogyavardhini Vati was continued at a reduced dose during the final treatment phase. Its constituent drugs, particularly Katuki, Chitraka, Triphala, Nimba, Guggulu and Gandhaka, provide complementary *Deepana-Pachana*, *Anulomana*, *Kushthaghna* and *Lekhana* actions.^[7]

The reduced dose was continued as part of the systemic Ayurvedic management while the patient demonstrated progressive clinical improvement.

OUTCOMES & FOLLOW-UP**Final Follow-up — 15 April 2026**

The patient was reviewed on 15 April 2026 after completion of the third treatment phase.

At the final documented visit:

- Pain – absent
- Itching – absent
- Burning sensation – absent
- Cervical discoloration – completely resolved clinically

The previously documented blackish-grey cervical discoloration was no longer clinically apparent in the follow-up photograph as seen in Figure 4. No further medication was prescribed.

The patient was kept under observation for recurrence.

During the available observation period, no recurrence was documented and the patient did not return with the same complaint.

Overall Clinical Outcome

The clinical progression was:

On 25/02/2026

Blackish-grey cervical pigmentation

- Pain
- Itching
- Burning

10/03/2026

Burning resolved

Pain absent

Occasional itching

Slight improvement in pigmentation

25/03/2026

Pain absent

Itching absent

Burning absent

Significant reduction in pigmentation

15/04/2026

Pain absent

Itching absent

Burning absent

Complete clinical resolution of pigmentation

The improvement was assessed clinically and qualitatively from the patient's symptoms and serial clinical photographs.

DISCUSSION

Lichen Planus Pigmentosus is an acquired pigmentary disorder characterized by dark brown, grey or blackish pigmentation, commonly affecting the face and neck.^[1,2]

The present patient showed blackish-grey to brownish pigmentation predominantly over the cervical region, corresponding to the commonly reported colour spectrum and anatomical distribution of LPP.

Mendiratta et al. reported neck involvement in 48% of patients and diffuse pigmentation as the commonest clinical pattern in their study of 100 patients.^[3] The present case similarly demonstrated diffuse pigmentation over the cervical region.

The patient was 65 years old and presented with pain, itching and burning sensation. These symptoms gradually resolved during treatment, with burning and pain resolving during the first treatment phase and itching resolving by the second follow-up.

Ayurvedic Interpretation

LPP does not have a direct one-to-one equivalent in the classical Ayurvedic disease nomenclature. Therefore, the present case was interpreted within the broader spectrum of *Kushtha*, particularly *Kshudra Kushtha*.

Charaka describes *Kushtha* as involving Tridosha and the Dushyas *Tvak*, *Rakta*, *Mamsa* and *Lasika*.^[5] The clinical manifestation in the present patient was predominantly localized to the skin, making *Tvak* an important site of manifestation, while *Rakta* was considered an associated Dushya.

The previous Ayurvedic case report by Makwana et al. correlated LPP specifically with *Charma Kushtha*.^[6] The present case differed in age, sex, anatomical site, symptom profile and therapeutic approach. Therefore, rather than assigning a definitive classical subtype, the present case was interpreted within the broader *Kushtha/Kshudra Kushtha* framework.

Nidana

The patient reported habitual consumption of spicy foods and occasional Alcohol consumption. These were interpreted as *Katu* and *Amla* predominant dietary exposures.

Classical descriptions of *Kushtha Nidana* include several forms of unwholesome dietary practices, including

excessive consumption of certain tastes and incompatible dietary patterns.^[5]

The patient also reported sleeping very late and/or waking very early, resulting in inadequate sleep. This was interpreted as *Ratrijagarana* with *Alpa-nidra* rather than being labelled as primary *Anidra*.

Charaka discusses the importance of appropriate sleep in maintaining health.^[13] The irregular sleep pattern in the present patient was therefore considered a possible Vata-aggravating lifestyle factor.

However, these dietary and lifestyle factors should be regarded as probable *Nidana* rather than established causes of LPP.

Dosha Consideration

The patient's *Prakriti* was assessed as Vata-Pitta.

The clinical manifestations also suggested Vata-Pitta predominance:

- *Vaivarnya* – considered predominantly Vata-associated
- *Daha* – considered Pitta-associated
- *Vedana* – considered Vata-associated
- *Kandu* – suggesting possible Kapha association

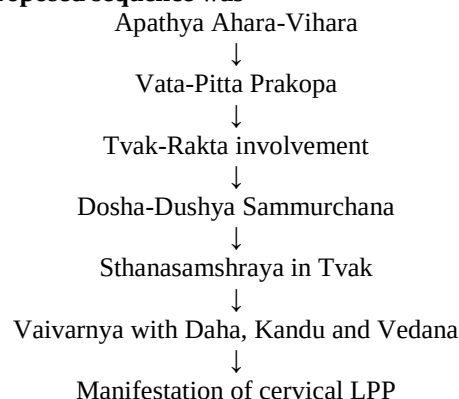
Although Vata-Pitta predominance was considered clinically, the classical pathogenesis of *Kushtha* involves Tridosha. Therefore, the present case should not be interpreted as establishing LPP as an exclusively Vata-Pitta disorder.

Proposed Samprapti

The proposed *Samprapti* was based on the patient's individual history rather than a disease-specific classical description of LPP.

Apathya Ahara, particularly *Katu-pradhana* dietary intake and *Madhya sevana*, was considered capable of contributing to Pitta aggravation. Irregular sleep was considered a possible Vata-aggravating factor.

The proposed sequence was



This interpretation provides an Ayurvedic framework for understanding the patient's presentation but should not be considered a universally established *Samprapti* of LPP.

Therapeutic Rationale

The treatment was planned according to the clinical manifestations and the proposed Ayurvedic pathogenesis.

The internal formulations were directed towards systemic management of the proposed *Dosha-Dushya* disturbance, while the external preparations were directed towards local *Tvak-Rakta* involvement and *Vaivarnya*.

Arogyavardhini Vati

The combination of Katuki, Chitraka, Triphala, Guggulu, Shilajit, Nimba and Gandhaka was considered to provide complementary *Deepana-Pachana*, *Anulomana*, *Lekhana* and *Kushthaghna* actions.^[7]

These actions were considered relevant to the proposed systemic involvement and to supporting appropriate metabolic and eliminative functions.

It was given by tapering the dose for a period of 1 Mandala that is about 48 days.

Triphala Churna

The combination of Haritaki, Bibhitaki and Amalaki provides *Anulomana*, *Rasayana* and *Dosha-balancing* actions.^[8] It was prescribed at night as *Nitya Virechana* to support regular bowel evacuation and mild purgative action.

Patolakaturohinyadi Kashaya

The combination of Patola, Katurohini, Chandana, Madhusrava, Guduchi and Patha provides predominantly bitter, cooling and *Pitta-Kapha*-oriented actions.^[9]

These properties were considered relevant to the patient's burning sensation, pigmentation and proposed *Pitta-Rakta* involvement.

Skimune

Skimune contains Gandhaka Rasayana, Navakashaya Guggulu, Khadirarishtakam, Manjishta and Anantamoola.^[10]

The ingredients are traditionally associated with *Kushthaghna*, *Kandughna*, *Rakta-prasadana*, *Lekhana* and skin-oriented actions. These were considered supportive of the proposed *Tvak-Rakta* involvement and the clinical manifestations of itching and discoloration.

Manjishta Churna

Manjishta is traditionally associated with *Varnya* and *Rakta-prasadana* actions and is included in Charaka's *Varnya Mahakashaya*.^[11]

Its external application was therefore directed towards the correction of local *Tvak-Rakta* involvement and *Vaivarnya*.

Six C Cream

Six C Cream contained Shuddha Gandhaka, Karanja Taila and Yashada Bhasma.

Shuddha Gandhaka – Traditionally associated with *Kushthaghna* and *Kandughna* actions.

Karanja Taila – Traditionally associated with *Kushthaghna* and *Kandughna* properties and provided the oil base for local application.

Yashada Bhasma – Traditionally used in topical skin preparations and considered supportive of local skin stabilization.

The combined local action was therefore considered *Kushthaghna*, *Kandughna* and skin-supportive, with relevance to the local *Tvak-Rakta* involvement and *Vaivarnya*.

Khadirarishta

The principal ingredient Khadira is traditionally associated with *Kushthaghna* and *Kandughna* actions. Other ingredients such as Daruharidra, Bakuchi and Triphala provide additional skin-oriented, *Pitta-Rakta* and *Anulomana* actions.^[12]

These properties supported its introduction during the later phase of treatment.

Manjishta Taila

Manjishta is traditionally associated with *Varnya* and *Rakta-prasadana* actions.^[11]

Its external application during the final phase was directed towards residual *Tvak-Rakta* involvement and *Vaivarnya* after the symptoms of pain, itching and burning had resolved.

CONCLUSION

A 65-year-old male with clinically diagnosed Lichen Planus Pigmentosus presented with blackish-grey cervical pigmentation associated with pain, itching and burning sensation.

From an Ayurvedic perspective, the condition was interpreted within the broader *Kushtha/Kshudra Kushtha* spectrum, with predominant clinical consideration of *Vata-Pitta* involvement and *Tvak-Rakta* as important *Dushyas*.

Habitual consumption of spicy foods, Alcohol and an irregular sleep pattern characterized by late sleep and early awakening were identified as probable *Apathya Ahara-Vihara* factors. These should be regarded as possible contributing factors rather than established causes of LPP.

The patient received sequential Ayurvedic management consisting of Arogyavardhini Vati, Triphala Churna, Patolakaturohinyadi Kashaya, Skimune, Manjishta Churna, Six C Cream containing Shuddha Gandhaka,

Karanja Taila and Yashada Bhasma, Khadirarishta and Manjishta Taila over three treatment phases.

Burning sensation and pain resolved during the first treatment phase, itching resolved during the second treatment phase, and progressive reduction in pigmentation was observed. Complete clinical resolution of the cervical discoloration was documented on 15 April 2026.

No further medication was prescribed and the patient was kept under observation. No recurrence was documented during the available observation period.

The clinical outcome provides a documented case experience of sequential Ayurvedic management of clinically diagnosed LPP. However, the simultaneous and sequential use of multiple interventions means that the contribution of any individual formulation cannot be determined. Further prospective studies with standardized clinical outcome measures, longer follow-up and larger sample sizes are required to evaluate the reproducibility of these observations.



Figure 1: On Day 1(25/2/2026) Before Treatment.



Figure 2: DAY 16 (10/3/2026).



Figure 3: DAY 30 (25/03/2026).



Figure 4: DAY 45 (15/4/2026).

REFERENCES

1. Ghosh A, Coondoo A. Lichen planus pigmentosus: the controversial consensus. *Indian J Dermatol*, 2016; 61(5): 482-486. doi:10.4103/0019-5154.190108.
2. Robles-Méndez JC, Rizo-Frías P, Herz-Ruelas ME, Pandya AG, Ocampo-Candiani J. Lichen planus pigmentosus and its variants: review and update. *Int J Dermatol*, 2018; 57(5): 505-514. doi:10.1111/ijd.13806.
3. Mendiratta V, Sanke S, Chander R. Lichen planus pigmentosus: a clinico-etiological study. *Indian Dermatol Online J.*, 2019; 10(3): 288-292. doi:10.4103/idoj.IDOJ_253_18.
4. Sarkar R, Vinay K, Bishnoi A, Poojary S, Gupta M, Kumaran MS, et al. A Delphi consensus on the nomenclature and diagnosis of lichen planus pigmentosus and related entities. *Indian J Dermatol Venereol Leprol*, 2023; 89(1): 41-46. doi:10.25259/IJDVL_804_2021.
5. Agnivesha, Charaka, Dridhabala. *Charaka Samhita*. In: Sharma RK, Dash B, editors. *Charaka Samhita with Ayurveda Dipika commentary*. Varanasi:

- Chaukhambha Sanskrit Series Office; 2016. Chikitsa Sthana, Kushtha Chikitsa Adhyaya, 7/4-10.
6. Makwana SM, Kapadiya MM, Bedarakar P, Patgiri BJ. Chronic lichen planus pigmentosus treated with Ayurveda: a case report. *Ann Ayurvedic Med.*, 2020; 9(1): 44-48.
 7. Shastri A, editor. *Rasa Ratna Samuccaya* of Vagbhata. Varanasi: Chaukhambha Amarbharti Prakashan; 2015. Kushtha Rogadhikara, 20/87-93.
 8. Peterson CT, Denniston K, Chopra D. Therapeutic uses of Triphala in Ayurvedic medicine. *J Altern Complement Med.*, 2017; 23(8): 607-614. doi:10.1089/acm.2017.0083.
 9. Vagbhata. Ashtanga Hridaya. In: Paradakara HS, editor. *Ashtanga Hridaya with Sarvangasundara and Ayurveda Rasayana commentaries*. Varanasi: Chaukhambha Surbharati Prakashan; 2002. Sutra Sthana, 15/15.
 10. Ayurchem Products. Skimune Tablet: composition and product information [Internet]. Mumbai: Ayurchem Products; [cited 2026 Sep 25]. Available from: <https://ayurchemstore.com/products/skimune-tablet-3-x-10-tablets>
 11. Agnivesha, Charaka, Dridhabala. Charaka Samhita. In: Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta*. Varanasi: Chaukhamba Surbharati Prakashan; 2014. Sutra Sthana, Shadvirechanashatashritiya Adhyaya, 4/15-18.
 12. Murthy KRS, editor. *Sharangadhara Samhita* of Sharangadhara. Varanasi: Chaukhambha Orientalia; 2012. Madhyama Khanda, 10/60-65.
 13. Agnivesha, Charaka, Dridhabala. Charaka Samhita. In: Sharma RK, Dash B, editors. *Charaka Samhita with Ayurveda Dipika commentary*. Varanasi: Chaukhambha Sanskrit Series Office; 2016. Sutra Sthana, Ashtauninditiya Adhyaya, 21/35-36.
 14. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *BMJ Case Rep.*, 2013; 2013: bcr2013201554. doi:10.1136/bcr-2013-201554.