ISSN:3139-0935(Online)

Intemed: International Journal of Research in Integrated Medical Sciences (IJ-RIMS)

Journal homepage: www.intemed.in

Vol.: 2 | Issue: 10 | Oct 2026

Article History: Received: 13-10-2026 Accepted: 20-10-2026 Published:30-10-2026

DOI: doi.org/10.68108/intemed.v2.i10.25

Case Study

Clinical Management of Hyperkeratotic Lichen Planus Associated with Grahani through Virechana Karma: A Case Report

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ABSTRACT:

Background: Lichen planus is a chronic inflammatory disorder of the skin and mucous membranes. Hyperkeratotic lichen planus is characterised by thickened, persistent skin lesions. In Ayurveda, these manifestations may correlate with *Kitibha Kushta*. This case report describes the clinical management of hyperkeratotic lichen planus associated with gastrointestinal symptoms interpreted as *Grahani,* using an individualised Ayurvedic treatment approach.

Case Presentation: A 38-year-old female patient presented with multiple intensely hyperkeratotic, dark brown-to-black lesions over both upper limbs for approximately 18 months. Associated symptoms included loose stools after meals, colicky pain during defecation, reduced appetite, disturbed sleep, and psychological distress. The clinical diagnosis was hyperkeratotic lichen planus, correlated with *Kitibha Kushta* in Ayurveda.

Intervention: The patient received individualised *Shamana Chikitsa,* followed by *Snehapana* with *Panchatikta Ghrita* and *Virechana Karma* using *Manibhadra Avaleha.*

Outcome: The reported clinical assessment showed improvement in cutaneous manifestations and g astrointestinal symptoms. The presentation documented approximately 72% overall clinical recovery. The reported Lichen Planus Severity Index decreased from 80 to 22.4; however, the scoring calculations require verification.

Conclusion: This case describes an integrated Ayurvedic approach to hyperkeratotic lichen planus associated with *Grahani.* The patient reported clinical improvement after individualised treatment, including *Virechana Karma.* As this is a single case report, further systematic investigation is required to evaluate the efficacy and safety of this therapeutic approach.

Keywords: *Hyperkeratotic lichen planus, Grahani, Kitibha Kushta,Virechana Karma, Manibhadra Avaleha.*

Introduction: Lichen planus (LP) is a chronic inflammatory mucocutaneous disorder that may involve the skin, oral and genital mucosa, scalp and nails. Cutaneous LP commonly presents with papules or plaques that may develop pigmentation, scaling and hyperkeratosis. Hyperkeratotic lesions may be persistent and can adversely affect physical appearance and quality of life, often requiring prolonged management and follow-up.

From an Ayurvedic perspective, chronic inflammatory and hyperkeratotic skin

manifestations fall under the broader concept of Kushtha. The classical understanding of Kushtha involves multiple Dosha, Dhatu, and Srotas, particularly Twak, Rakta, Mamsa, and Lasika. In this case, the lesions' blackish-brown discolouration, roughness, and hardness were clinically correlated with Kitibha Kushtha, which is predominantly Vata-Kaphaja in nature.

The patient also presented with gastrointestinal manifestations suggestive of *Grahani Dushti*, including loose stools after meals, colicky pain during defecation and decreased appetite. The case was therefore assessed in relation to *Agni* and the involvement of *Rasa* and *Rakta Dhatu*, rather than considering the cutaneous manifestations in isolation. The assessed *Samprapti Ghataka* included *Vata, Pitta*, and Kapha, with involvement of Rasa, Rakta, and Mamsa Dhatu and Rasa, Rakta, Ambu, and *Sweda Vaha Srotas*.

An individualised therapeutic approach comprising *Panchabhautik Chikitsa, Shamana Chikitsa, Snehapana* and *Virechana* was adopted. The treatment was directed initially toward *Mala Pachana, Dosha Pachana* and *Agni Deepana*, followed by systemic and cutaneous management.

The clinical response was assessed using the Lichen Planus Severity Index (LPSI), incorporating BSA, AIF and MF parameters. The LPSI score decreased from 80 before treatment to 22.4 after treatment, with a documented overall clinical recovery of 72%. This case highlights an individualised Ayurvedic approach to hyperkeratotic lichen planus associated with gastrointestinal manifestations of *Grahani.*

Patient information

A 38-year-old female patient, married and working as a ward nurse, presented with multiple intensely hyperkeratotic skin lesions over the bilateral upper limbs. The patient was a resident of Bhosari. To maintain confidentiality, personally identifying information has been omitted from this case report.

Primary Concerns and Symptoms

The patient presented with multiple hyperkeratotic lesions over both upper limbs, associated with a progressive increase in the number and size of lesions. The lesions were associated with blackish-brown discolouration and changes in their appearance. The patient reported gastrointestinal symptoms including loose stools, particularly after meals, colicky pain during defecation and decreased appetite. Disturbed sleep and psychological disturbance were also reported. The cutaneous and gastrointestinal symptoms had been present for approximately 18 months, while psychological disturbance was reported for approximately two years.

Medical and Personal History

There was no documented history of diabetes mellitus, hypertension or major surgical illness. The patient had decreased appetite, loose stools and disturbed sleep. She consumed a non-vegetarian diet. No relevant family history or genetic information was documented in the available case records.

Psychosocial History

The patient reported psychological disturbance for approximately two years, in addition to disturbed sleep. The chronic progression and visible changes in the skin lesions were associated with concern regarding their appearance. Further standardised assessment of psychosocial impact was not documented in the available records.

Previous Interventions and Outcomes

Before presenting for the reported Ayurvedic management, the patient had consulted an allopathic physician and experienced only temporary relief. She had also received methotrexate treatment for approximately six months. Despite previous treatment, the patient subsequently observed progression and spread of the lesions over both hands, accompanied by changes in their appearance.

Based on the clinical presentation and diagnostic assessment, the condition was subsequently diagnosed as hyperkeratotic lichen planus and correlated with *Kitibha Kushtha (Vata-Kaphaja)* from an Ayurvedic perspective.

Clinical Finding:

On clinical examination, the patient presented with multiple intensely hyperkeratotic lesions involving the bilateral upper limbs. The lesions showed a progressive increase in number and size and were associated with blackish-brown discolouration. The lesions were described as rough and hard in character, corresponding clinically with features considered suggestive of *Kitibha Kushtha*.

The gastrointestinal examination was clinically correlated with the patient's history of loose stools after meals, colicky pain during defecation and decreased appetite. Sleep was reported to be

disturbed. Psychological disturbance had also been reported for approximately two years.

From an Ayurvedic clinical assessment, the predominant *Dosha* involvement was considered to include *Vata* (particularly *Vyana Vayu*), *Pitta* (particularly *Bharajaka Pitta*) and *Kapha*. *Rasa, Rakta* and *Mamsa Dhatu* were considered involved, with *Twak* mentioned as an *Upadhatu*. The involved *Srotas* were *Rasa, Rakta, Ambu* and *Sweda Vaha Srotas*, with *Sanga* described as the type of *Srotodushti*. The *Udbhava Sthana* was considered *Amashaya* and *Pakvashaya*, while the *Vyakta Sthana* was *Twak*.

Timeline:

Date	Clinical Event	Intervention
Previous 6 months	Previous allopathic treatment	Methotrexate was reportedly taken for approximately six months; temporary relief was reported.
23-12-2025 to 08-01-2026	Initial therapeutic phase	Panchabhautik Chikitsa with Laghusutshekhara, Phalatrikadi Guggulu and Chaturtaka
09-01-2026 to 25-01-2026	Follow-up	Same treatment continued
27-01-2026 to 26-02-2026	Shamana phase	Vaikrantha Bhasma + Rasa Manikya + Suvarna Makshika + Yashada Bhasma; Jatamansi Phanta
27-02-2026 to 02-03-2026	Preparatory procedure	Snehapana with Panchatikta Ghrita
04-03-2026	Shodhana intervention	Virechana
After treatment	Outcome assessment	LPSI reduced from 80 to 22.4; reported overall recovery: 72%

Diagnostic Assessment

The diagnostic assessment was primarily based on clinical history, physical examination and Ayurvedic clinical assessment. The dermatological presentation was evaluated on the basis of the morphology, pigmentation, hyperkeratosis, roughness and hardness of the lesions.

The differential diagnosis included *Ekakushtha, Sidhma, Kitibha* and psoriasis. *Ekakushtha* was considered based on the possibility of large lesions; *Sidhma* was differentiated by its characteristic whitish/coppery and thin lesions; *Kitibha* was considered because of the blackish-brown discolouration, roughness and hardness; and psoriasis was considered because of its potential presentation with erythematous plaques and thick scaling.

The final diagnosis was documented as hyperkeratotic lichen planus**,** correlated with Kitibha Kushtha (Vata-Kaphaja)**.**

Therapeutic Intervention

The patient was managed using an individualised sequential Ayurvedic therapeutic approach comprising *Panchabhautik Chikitsa, Shamana Chikitsa, Snehapana* and *Virechana*. The initial therapeutic objective was documented as *Mala Pachana, Dosha Pachana* and *Agni Deepana*.

Treatment phase	Intervention	Duration	Purpose
Initial phase	Panchabhautik Chikitsa	23-12-2025 to 08-01-2026	Mala Pachana, Dosha Pachana and Agni Deepana
Continued phase	Laghusutshekhara + Phalatrikadi Guggulu + Chaturtaka	23-12-2025 to 25-01-2026	Continued systemic management
Shamana phase	Vaikrantha Bhasma + Rasa Manikya + Suvarna Makshika + Yashada Bhasma	27-01-2026 to 26-02-2026	Shamana management
Supportive intervention	atamansi Phanta	27-01-2026 to 26-02-2026	Included as part of the Shamana phase
Snehapana	Panchatikta Ghrita	27-02-2026 to 02-03-2026	Preparation for Shodhana
Shodhana	Virechana	04-03-2026	Shodhana therapy

Follow-up Outcome:

The patient's clinical response was evaluated using the Lichen Planus Severity Index (LPSI). The assessment incorporated Body Surface Area (BSA), Area Involvement Factor (AIF) and Morphological Factor (MF).

BEFORE TREATMENT









AFTER TREATMENT





Clinical Assessment:

Parameter	Before treatment	After treatment
BSA factor	5	2
AIF	4	2
MF	4	2
LPSI score	80	22.4

LPSI = BSA factor × (AIF + MF)

The LPSI score decreased from 80 before treatment to 22.4 after treatment, with an overall reported clinical recovery of 72%.

Adverse Events

No adverse or unanticipated events are reported in the available case presentation.

Discussion

The present case describes hyperkeratotic lichen planus associated with gastrointestinal manifestations suggestive of *Grahani Dushti*, managed through an individualised Ayurvedic therapeutic approach. A major feature of the case was the simultaneous consideration of cutaneous manifestations and gastrointestinal symptoms rather than addressing the skin lesions independently.

The Ayurvedic assessment identified involvement of *Vata, Pitta* and *Kapha*, with *Rasa, Rakta* and *Mamsa Dhatu* and multiple *Srotas*. The clinical characteristics of blackish-brown discolouration, roughness and hardness were correlated with *Kitibha Kushtha*, predominantly *Vata-Kaphaja*.

The treatment was therefore planned sequentially. The initial approach emphasised *Mala Pachana, Dosha Pachana* and *Agni Deepana*, followed by *Shamana Chikitsa*. Subsequently, *Panchatikta Ghrita* was used for *Snehapana*, followed by *Virechana*. The presentation describes *Panchatikta Ghrita* as being used in the context of blood purification and reduction of inflammation, while Virechana was selected as the Shodhana intervention.

The case also provides an objective numerical assessment through LPSI. The reduction from 80 to 22.4, accompanied by a reported 72% overall clinical recovery, provides a measurable indication

of improvement during the documented treatment period.

A strength of this case is the use of a defined clinical severity measure together with a chronological record of the therapeutic interventions. Another strength is the documentation of both gastrointestinal and dermatological manifestations, allowing the case to be presented within the Ayurvedic framework of systemic assessment.

However, important limitations should be acknowledged. This is a single-patient case report and therefore cannot establish treatment efficacy or causality. The available records do not provide detailed laboratory investigations, histopathological confirmation, standardised patient-reported outcomes or long-term recurrence data. The exact dosage and administration schedule of several formulations are also not documented in the available presentation. Therefore, the observed improvement should be interpreted as a clinical observation requiring confirmation through appropriately designed studies.

Conclusion

This case demonstrates an individualised Ayurvedic approach to hyperkeratotic lichen planus associated with gastrointestinal manifestations suggestive of *Grahani Dushti*. Sequential management involving *Panchabhautik Chikitsa, Shamana Chikitsa, Snehapana* and *Virechana* was associated with improvement in the documented clinical parameters, including a reduction in LPSI from 80 to 22.4 and a reported overall clinical recovery of 72%. The case highlights the potential importance of assessing gastrointestinal function, *Agni, Dosha, Dhatu* and *Srotas* while managing chronic cutaneous manifestations. Further systematic clinical research with standardised diagnostic, outcome and follow-up measures is required to evaluate this therapeutic approach.

Informed Consent:

Written informed consent was obtained from the patient before enrolment in the study from the patient for publication of the case report and accompanying clinical photographs, if applicable. The patient should be adequately informed that identifying information will be removed and that the case may be published in an academic/scientific journal.