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Case Report

An Ayurvedic Clinical Approach To NSAID-Induced Lichen Planus Pigmentosus: A Case Study

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Abstract

Lichen Planus Pigmentosus (LPP) is an immune-mediated pigmentary disorder characterized by diffuse, greyish-black macules, predominantly affecting sun-exposed and flexural areas. NSAID-induced LPP represents a drug-triggered variant resulting from type IV management, including topical corticosteroids and tacrolimus, often yields limited results. Ayurveda correlates LPP with *Kitibha Kushtha*, a *Ksudra Kushta*, presenting with *Shyava Varna*, *Parushata*, *Kandu* and *Kina-Khara Sparsha*. Management is focused on *Nidana Parivarjana*, *Shodhana*, and *Shamana Chikitsa*. Case Presentation: A patient with NSAID-induced LPP presented with diffuse greyish-black pigmentation and mild pruritus over the neck. Based on Ayurvedic evaluation, the condition was diagnosed as *Kitibha Kushta* with predominant *Vata-Kaphaja* involvement. Intervention: Treatment commenced with *Deepana-Pachana* using *Trikatu Churna*, followed by *Shodhananga Snehapana* with *Indukantham Ghrita*. Sequential *Vamana* and *Virechana* therapies were administered 3 months apart. After *Shodhana*, *Shamana Chikitsa* included *Aragvadhadi Kasaya*, *Khadirarista*, *Manibhadra Gula*, and *Gandhaka Rasayana*, with *Manjishtadi Taila* for *Sarvanga Abhyanga*. *Pathya Ahara-Vihara* (Dietary and lifestyle modifications) were strictly followed. Outcome: Significant reduction in pigmentation, pruritus, and burning sensation was observed, along with overall improvement in skin tone and texture. No adverse effects were reported during the therapy or follow-up. Conclusion: This case demonstrates the efficacy of a structured Ayurvedic protocol combining *Shodhana* and *Shamana Chikitsa* in managing NSAID-induced LPP. The integrative approach effectively alleviated symptoms, enhanced skin health.

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Introduction

Lichen Planus Pigmentosus (LPP) is an immune-mediated, usually asymptomatic condition, marked by diffuse, greyish-black pigmentation primarily over sun-exposed areas such as the face and the extensor surfaces of the body. Additionally, similar pigmented macules may also appear in the flexural regions. It predominantly affects individuals with darker skin tones (1).

The first documented case of Lichen Planus Pigmentosus (LPP) was reported in India in 1974 by Bhutani et al., who detailed the clinical and histopathological features in a study involving 40 patients. (2) Subsequent research involving 124 Indian patients revealed that LPP shows no gender predominance and lacks specific common sites of involvement. (3) The condition is most frequently observed in individuals with Fitzpatrick skin types IV and V. LPP is believed to result from a type IV hypersensitivity reaction, which triggers a lichenoid inflammatory response. This process contributes to melanin incontinence and subsequent dermal pigmentation. Additionally, increased keratinocyte proliferation accelerates the conversion of papules into greyish-black macules. (4)

The exact aetiology of Lichen Planus Pigmentosus (LPP) remains unclear. In an observational study involving 100 confirmed cases of LPP, no single definitive causative factor could be identified. However, several potential triggers were noted, including viral infections such as Hepatitis C, exposure to ultraviolet (UV) light, and the use of certain cosmetics, hair dyes, Sindhoor, mustard oil, perfumes, and aftershave products. Many of these topical substances contain strong photosensitizing agents, which, upon

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exposure to UV radiation, may initiate a lichenoid reaction. This often results in pigmented rashes, especially noticeable on the front of the neck and extensor surfaces. (5)

Cutaneous drug eruptions have become increasingly common, particularly with the use of certain drug classes such as antimalarials, anticonvulsants, antihypertensives, antiepileptics, antihistamines, and nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs are widely used to manage pain and inflammation by inhibiting cyclooxygenase enzymes (COX-1 and COX-2), which reduces prostaglandin synthesis, thereby alleviating pain. Drug-induced allergic reactions can present with a variety of clinical features, ranging from simple skin discoloration to potentially life-threatening conditions. Most cutaneous manifestations are associated with itching (pruritus), maculopapular rashes, and other skin lesions. In a survey involving 56 patients with drug-induced lichenoid reactions (LDR), 27 individuals who had been using NSAIDs developed Lichen Planus Pigmentosus (LPP). The widespread over-the-counter availability of NSAIDs and their unsupervised use significantly contribute to the rising incidence of such adverse skin reactions. (6) Management of Lichen Planus involves minimizing triggering factors and ensuring adequate sun protection. Topical corticosteroids and topical tacrolimus are commonly prescribed treatments, although their effectiveness remains uncertain in many cases. In some instances, a combination of laser therapy with topical steroids has also been recommended for improved results. (7)

The skin, being the largest organ of the body, serves as a mirror reflecting the internal physiological state. Any alterations in its texture or colour can indicate disturbances in homeostasis. In Ayurveda, the skin is referred to as *Twak* or *Charma*, with the term *Twach* derived from the root *samvarana*, implying protection or covering. Diseases affecting the skin are broadly classified under *Kushta*, which is further divided into *Kshudra Kushta* and *Maha Kushta*. According to *Amarakosha*, the term *Kushta* originates from the root *kush*, meaning "that which originates from within." Due to *Aharaja* and *Viharaja Nidanas* (improper dietary and lifestyle habits), the *Tridoshas Vata*, *Pitta*, and *Kapha* become aggravated and localize in the *Rakta*, *Lasika*, *Twak*, and *Mamsa dhatus*. This results in *Shaithilyata* (loss of integrity) and *Dosha-Dushya Sammurchana*, ultimately leading to the manifestation of *Kushta*. In this case report, we discuss Lichen Planus Pigmentosus (LPP), which can be correlated to *Kitibha Kushta*, one of the *Kshudra Kushtas* in Ayurveda. This correlation is based on characteristic features such as *Shyava Varnata* (dark pigmentation), *Parushata* (roughness), and *Kinakhara Sparsha* (roughness in touch). Although *Kushta* is generally considered a *Tridoshaja* disorder, based on *Dosha Amshamsha Kalpana*, *Kitibha Kushta* is predominantly *Vata-Kaphaja* in nature. The primary approach in the management of any disease begins with *Nidana Parivarjana* (the elimination of causative factors) as all pathological manifestations stem from continuous exposure to these triggers, leading to further dosha aggravation. Based on the *Rogi Bala* (strength and capacity of the patient), *Shodhana* (purificatory therapy) can be administered, followed by *Shamana Chikitsa* (palliative treatment), as was implemented in this case. Initially, *Nidana Parivarjana* was strictly advised. This was followed by two major *Shodhana* therapies— *Vamana* and *Virechana*— administered three months apart. Prior to these procedures, *Deepana-Pachana* was performed using *Trikatu Churna*, and *Snehapana* (internal oleation) was done with *Indukantham Ghrita*. *Shamana* medications were prescribed, including *Aragwadadhi Kashayam*, *Khadirarishta*, *Manjishtadi Taila* (for external application), and *Manibhadra Gulam*. Significant improvement in the skin lesions was observed following treatment. The patient was also advised to adhere to *Pathya Ahara* (wholesome diet) and *Vihara* (regulated lifestyle) during the follow-up period. This paper presents a case study of NSAID-induced Lichen Planus Pigmentosus, correlated with *Kitibha Kushta*, successfully managed through a combination of *Shodhana* and *Shamana Chikitsa*.

Case report

A 23-year-old female presented to the outpatient department with complaints of greyish-black discoloration over the anterior aspect of her neck, persisting for the past three years. Initially asymptomatic, she began experiencing severe itching and the appearance of reddish papules on the same area, which progressively evolved into greyish-black hyperpigmented lesions. The affected skin gradually became rough in texture. Upon detailed history taking, it was noted that the patient had been on regular non-steroidal anti-inflammatory drug (NSAID) therapy for chronic sinusitis three years prior to the onset of the lesions. A punch biopsy performed after the development of the lesions confirmed the diagnosis of Lichen Planus Pigmentosus (LPP), with a strong suspicion of NSAID-induced aetiology. Despite undergoing treatment with topical corticosteroids and depigmenting agents for over two years, the patient reported no significant improvement. On the contrary, the lesions continued to darken, and pruritus persisted throughout the treatment period. There was no significant family history of similar skin conditions. The patient's menstrual history was within normal limits. However, she reported considerable psychological distress due to the persistent and visibly disfiguring skin condition. Cutaneous examination revealed ill-defined, greyish-black patches over the anterior neck. The skin over the lesions was rough, mildly to non-scaly, and hyperpigmented with persistent pruritus.

Personal History

The patient reported frequent consumption of NSAIDs on recurrent attack of sinusitis pain. *Ashtavidha Pariksha* (Eightfold Ayurvedic examination) revealed all parameters within normal limits, except for *Sparsha* (touch), which was noted as *Kharasparsha* (rough to touch) with *Rukshata* (dryness of the skin). On general examination, the patient's vital signs were found to be within normal limits

- Pulse rate: 76 beats per minute, regular in rhythm
- Blood pressure: 110/80 mmHg
- Respiratory rate: 18 bpm
- Temperature: 98°F

Examination of skin

A. Inspection

- Site of lesion- Over the front of neck.
- Lesion-hyperpigmented erythematous macular lesion.
- Colour- greyish black, reddish during onset of new lesion
- Scaling- mild to absent
- Borders- ill-defined or well-defined

B. Palpation

- Texture- Rough
- Thickness- mildly thickened than normal skin

Histopathology Report

- Punch Biopsy section shows mild hyperkeratosis, prominent granular layer and minimal acanthosis in the epidermis. Focal basal cell vacuolation also seen. Dermis shows scattered melanophages. Histopathological features consistent with Lichen planus pigmentosus.
- Diagnosis: Lichen planus Pigmentosus/ *Kitibha kushta*

Timeline

Table No: 1 Chronological Timeline of Clinical Presentation

YEAR	PATIENT CONDITION	INTERVENTION
2021	Patient experienced chronic episodes of headache and was diagnosed with sinusitis.	Frequent use of NSAIDs for pain management over a period of approximately three years.
2024 January	Developed mild itching and redness over the anterior neck, which rapidly progressed to greyish-black hyperpigmented, mildly scaling, thickened rough lesions within one week.	Punch biopsy confirmed Lichen Planus Pigmentosus (LPP). Prescribed topical corticosteroids and depigmenting ointments
2024 February	Symptoms worsened. Persistent itching, Extension of lesions to adjacent areas Increased Thickness of skin over lesion Mild scaling Increased hyperpigmentation symptoms Developed generalized body itching.	Patient discontinued treatment and did not take further medications for the skin condition
03/03/24	Presented to our OPD with above said complaints. scaling	Patient was otherwise healthy
04/03/24 –– 20/03/24	*Shodhana: Vamana*	*Vamana* was advised followed by *Samsarjana Krama, Pathya,* and *Shamanaoushadhis*.
21/03/24	Significant improvement post-reduction in symptoms after *Vamana.* Itching was drastically reduced. Mild reduction in reduction in pigmentation, thickness, roughness and scaling of lesions. Thickness reduced No new lesions appeared.	Advised *shamanoushadhis* for 3 months.
22/03/24 – 21/06/24	*Shamana chikitsa*	Continued *Shamana Chikitsa* for 3 months.
22/06/24-15/07/24	*Shodhana: Virechana*	Advised *Virechana* followed by *Samsarjana, Pathya Ahara-Vihara*,
16/07/24	Patient came for follow up after *virechana*. Only mild residual pigmentation observed. No new lesions, no itching or redness. Skin texture normalized.	Advised *shamana chikitsa* for 15 days and then follow up.
01/08/24	Complete resolution of lesions. No itching, redness, or recurrence of lesions noted. Skin appeared normal.	Patient was advised to maintain regular *Pathya Ahara* and *Vihara* for long-term prevention.

Treatment

As the patient was on long-term steroid medications, *Vamana* was selected as the first line of treatment to eliminate vitiated *doshas*. The treatment principles followed is delineated in table 3.

Table 3: *Vamana Karma* (induced vomiting)

Poorvakarma					
Karma	**Formulation**	**Dose**		**Duration**	**Route**
Deepana pachana	*Trikatu Churna*	5 g TID with warm water before food		4 days (till *pakwa mala lakshana* seen)	Orally
Snehapana	*Indukantham ghrita*	Day 1	30 ml	5 days (*Samyak Snigdha Lakshana* seen)	Orally
		Day 2	60 ml		
		Day 3	90 ml		
		Day 4	120 ml		
		Day 5	180 ml		
Sarvanga Abhyanga	*Manjishtadi Taila*	QS		6th and 7th day	External application
Svedana	*Bashpa Sveda*	QS		6th and 7th day	External

Pradhanakarma				
Vamana	*Madanaphala Yoga (Madanaphala, Vacha, Yashtimadhu, Saindhava, Madhu)*	*Antarakha Mushti Matra*	7th Day after *Abhyanga* and *Svedana*	Orally 5 *vegas* (bouts) observed
Paschatkarma				
Dhoomapana	*Haridra Varti*	3 times each nostril and 3 times orally	Same day after *Vamana*	Nasal and Oral
Samsarjana Krama	*Peya, Vilepi, Akruta Yusha, Kruta Yusha*	QS	4 *Annakala*	Orally

After undergoing *Vamana Karma*, the patient experienced significant relief from symptoms. There was a marked reduction in itching, thickness, pigmentation and roughness of the lesions. The previously noted mild scaling and erythema were also visibly reduced. The patient was prescribed *Shamanaoushadhis* as shown in table 4, for a duration of three months and was advised to maintain regular follow-up to monitor progress and prevent recurrence.

Table 4: *Shamanaoushadhi* after *Vamana*

MEDICINE	DOSE
Aragwadadhi kashayam	30 ml Kashaya BD with warm water before Food.
Khadirarishta	15ml BD after food
Manibhadra gulam	1 tbsp bed time
Manjishtadhi taila	External application

Virechana was administered 3 months after Shamanaoushadhis for further dosha elimination as shown in table 5.

Table 5: *Virechana karma* (purgation)

Poorvakarma					
Karma	**Formulation**	**Dose**		**Duration**	**Route**
Deepana pachana	*Trikatu Churna*	5 g TID with warm water before food		4 days (till *pakwa mala lakshana* seen)	Orally
Snehapana	*Indukantham ghrita*	Day 1	30 ml	5 days (*Samyak Snigdha Lakshana* seen)	Orally
		Day 2	60 ml		
		Day 3	90 ml		
		Day 4	120 ml		
		Day 5	180 ml		
Sarvanga Abhyanga	*Manjishtadi Taila*	QS		6^{th}, 7^{th} and 8^{th} day	External application
Svedana	*Bashpa Sveda*	QS		6^{th},7^{th} and 8^{th} day	External
Pradhanakarma					
Virechana	*Avipathi Churna* with jaggery in warm milk	20 g		8^{th} day	Orally Number of *vegas*- 10
Paschatkarma					
Samsarjana Krama	*Peya, Vilepi, Akruta Yusha, Kruta Yusha*	QS		5 *Annakala*	Orally

Following *Virechana Karma*, the patient showed remarkable improvement in symptoms. There was no evidence of new lesion formation, and the previously existing itching, redness, thickness, and roughness of the skin had completely subsided. Only mild residual pigmentation remained. The patient was therefore advised to continue *Shamana Chikitsa* as shown in table 6 for an additional 15 days, followed by a review follow-up to monitor the final stage of recovery and ensure sustained remission.

Table 6: *Shamana chikitsa* after *Virechana*

MEDICINE	DOSE
Aaragwadadhi Kashayam	30 ml Kashaya BD with warm water before Food.
Gandhaka rasayana	1 tablet OD after food
Manibhadra gulam	1 tbsp bed time
Manjishtadhi taila	External application

Assessment Criteria

The assessment parameters were derived from the clinical symptoms exhibited by the patient. Since the lesions were localised to the neck, the evaluation was conducted by grading from 0 to 3, following inspection, palpation and patient interrogation. Grade 0 indicated the least severity, while grade 3 represented increased symptom severity. Parameters such as *Shyavam* (discoloration) were assessed through inspection of the hyperpigmented lesion, while *Kinakhara sparsha*(roughness) and *parushatwa*(hardness) of the lesions were evaluated through palpation in comparison to normal skin. *Kandu*(itching) was considered as a subjective parameter as reported by the patient with the complete absence of itching considered as grade 0. The assessment criteria are presented in table 7.

Table 7: Assessment criteria of lesions

Clinical Feature	Grade 0	Grade 1	Grade 2	Grade 3
1.*Shyavam* (Discoloration)	Normal skin tone	Mild brownish discoloration	Moderate brownish discoloration	Severe brownish to greyish-black
2. Kinakhara Sparsha (Roughness to touch)	Normal skin texture	Mild roughness on touch	Moderate roughness on touch	Severe roughness with scaling
3. Parushatwa (Hardness/	Normal skin	Mild hardness of lesions	Moderate hardness	Severe hardness with
4. Kandu (Itching was assessed based on subjective response	No itching	Mild, occasional localized itching	Moderate generalized itching	Very severe itching disturbing sleep and

Results

Clinical Feature	Description	Score (0–3)	Pre-Treatment	Post-*Vamana* and *shamanachikitsa*	Post-*Virechana and shamanachikitsa*
1. Shyavam	Degree of skin discoloration	0–3	3	2	0
2. Kinakhara Sparsha	Roughness of skin on touch	0–3	3	1	0
3. Parushatwa	Hardness / induration of lesions	0–3	3	1	0
4. Kandu	Severity of itching	0–3	3	1	No itching

Discussion

The present case of Lichen Planus Pigmentosus characterised by hyperpigmented lesions on the front of neck accompanied with itching, roughness and thickness of skin. The condition was linked to *Kitibha Kushta* with a predominance of *Vata-kapha dosha*.The *vyadhi* affects *rasavaha, raktavaha* and *mamsavaha srotas* vitiating *vata, pitta, kapha, twak, rakta, mamsa* and *lasika* causing disease manifestation in *tvak*. The onset of the following case was due to an adverse drug reaction to NSAIDS and hence *shodhana* was chosen as the first line of treatment. Following the *shodhana* procedures, proper *samsarjana krama* was administered to restore *agnibala* and *sharirabala*(strength to digestive fire and body), after which *Shamana* therapy was carried out incorporating both internal and external treatment modalities.

Emphasizing the concept of *'Rogāḥ Sarve Api Mandagnou'*, *dipana-pachana* was given first to enhance *jatharagni*(digestive fire) and thereby eliminating *ama*(toxins). *Trikatu churna* comprising *Pippli, Shunti, Maricha* was chosen as a drug of choice due to its direct indication in *kushta* and *amapachana*. Each individual drugs comprising the formulation is predominant in *agni, vayu mahabhutas* which in turn reduces *kapha-vata doshas* and also enhances *agni* thereby digesting *ama* even at the cellular level. (8) Apart from this, individual drugs possess anti-oxidant, anti-allergic and anti-inflammatory action and are rich in flavonoids that aids in reducing pigmentation of skin from hyperpigmentation and inhibits the factors like inflammatory cytokines, TNF- alpha which favoured the present dermatic condition. (9)

This was followed by administration of *Shodhananga snehapana* in increasing dose as suggested by Chakrapani *'Agre Iti Sarpiradishu'*. Considering the *agni* and *koshta* of the patient *Indukantham Ghrita* was used for *snehapana* until *samyak snighdha lakshanas*(proper internal oleation) were seen. The formulation comprises 17 ingredients in which *Putikaranja, Devadaru, Shatpala* possesses anti-inflammatory and immunomodulatory action. *Dashamoola* in the formulation aids in correcting the *agni*. The *ghrita* promotes Th-1 type of response and thereby overall acts as immunomodulatory thereby acts well in the present case as it is arised due to the hypersensitivity and immunosuppression to NSAIDs. Apart from this, *ghrita* itself is described as *Ojovardhaka*, *Rasayana*, and *Vayasthapana* (promotes overall strength and prevents aging). Specifically, *Indukantham Ghrita* enhances *Vyadhikshamatwa* (improves immunity), and is *Kanthivardhaka* (improves complexion). (10)

Abhyanga facilitates the absorption of medicated oil through sweat glands, sebaceous glands and hair follicles which is assimilated by *Bhrajaka Pitta* thereby improves skin quality. *Manjishtadhi taila* was used along the course of treatment of the present case due to its significant result in *Kushta chikitsa*. This can be attributed to the *thikta kashaya rasa* (bitter -astringent) of *manjishta* standing as the *Arambhasamarthya* (primary) drug which acts in pacifying *vata-kapha dosha*, *raktashodhana* (purifies blood), *varnya* (enhance complexion) and *twakprasadana* (nourishes skin). The formulation acts directly on *twak, rakta* and *mamsa dhatu* which are involved in *samprapti* of *kitibha kushta*. Apart from this *Manjishta* is enriched in tannins and anthraquinones giving antioxidant and anti-inflammatory effect to the formulation. (11)

Bashpa sveda mobilises the *dosha* and aids in effective expulsion. (12) *Vamana* therapy facilitates the elimination of vitiated *dosha* from the *koshta*, particularly *pitta* and *kapha*. The *ushna*, *tikshna*, *vyavayi*, and *vikasi gunas* of *vamanopaga dravyas* including *Madanaphala*, *Vacha Churna*, *Saindhava*, *Madhu*, and *Yashtimadhu Phanta* reaches the *hridaya* then the *dhamanis* and circulate through *sthula* and *suksma srotas* thereby effectively cleansing dosha at the cellular level. Owing to the predominance of *agni* and *vayu mahabhutas* in *vamaka dravyas*, they exhibit

urdhvabhagahara prabhava, expelling the vitiated *dosha* upward through the mouth. (13) *Virechana* therapy is administered both as a curative and preventive measure for skin diseases due to the predominance of similar qualities in *virechana dravya*. The *ushna guna* liquefies the vitiated *dosha* and being predominantly composed of *prithvi* and *jala mahabhutas* facilitates their downward movement from the *koshta*. *Avipattikara Churna* eliminates *pitta*, has *anuloma* (downward) action and minimal risk of complications, hence was chosen here for purgation. (14) *Samsarjana krama* was followed in strict order in order to bring the *agni* to normalcy. In this case of *kitibha kushta*, these treatment modalities along with *shamanaoushadhis* were found effective in removing the presented clinical symptoms and restoring systemic balance.

Aragvadadhi Kashaya has demonstrated significant reduction in *kandu* might be due to its *thikta Kashaya madhura rasa* (astringent bitter sweet taste) aiding in *tridosha shamana* particularly *kapha dosha*. This formulation is recommended for *kushta* because of its anti-inflammatory properties and mild laxative effect. (15) The phytochemical analysis has revealed the presence of alkaloids, flavonoids, phenols and tannins which possess antioxidant properties and aid in skin healing. (16) *Khadirarishta* with *Khadira* as the *arambhasamarthya*(primary) drug was considered foremost for *kushta "Khadiro kushtgnanam sreshtam"* as it acts by clearing the *dosha* in *rakta* attributed to its *thikta kashay rasa*. The *Daruharidra* in the formulation provides anti-inflammatory effects while *Bakuchi* with its *thikta katu rasa* and *ushna veerya* favours the therapeutic potential of the formulation. (17) Additionally, the formulation contains gallic acid, phenols and flavonoids that disrupt free radical chains thereby preventing the further spread of lesions. (18) *Manibhadra gulam* comprising *Vidanga, Amalaki, Hareetaki, Trivrit* and *Guda* is recommended for its *agnideepana*(increase digestive fire), *kushatahara* (relieves skin diseases), *krimighna* (wormicidal), *kandugna* (relieves itching) and *anulomana* action. Since the preparation is not exposed to fire, it retains the inherent qualities predominantly *sara guna* imparting *nitya virechana* (regular purgation) and aids in washing out toxins. (19) *Gandhaka rasayana* was used as an adjunct to enhance the overall effect. A significant reduction in discoloration of skin was observed attributing to the *varnya guna* of *shudha gandhaka* (purified sulphur). *Chathurjatha,Nagakesara* and *Bhringaraja* comprising the formulation helps in relieving *kandu.* The formulation is inherently anti-inflammatory and anti-pruritic supporting the therapeutic intervention. (20)

The clinical symptoms presented by the patient such as hyperpigmentation of skin, roughness, hardness and itching were completely resolved by the end of treatment. This outcome can be credited to the effectiveness of *shodhana* and *shamana chikitsa* applied in this case. Compared to the uncertain results of topical corticosteroids prescribed in modern medicine these ayurvedic treatments offer a reliable and definitive approach for treating Lichen Planus Pigmentosus. These modalities primarily along with *nidana parivarjana*(avoidance of causative factors) and understanding the *samprapti* (disease process) can be considered as an efficient treatment modality against wide range of skin disorders.

Conclusion

The successful management of NSAID-induced Lichen Planus Pigmentosus (*kitibha kushta*) in this case demonstrates the therapeutic potential of a structured Ayurvedic protocol. Sequential *shodhana* procedures including *snehapana*, *abhyanga*, *bashpa sveda*, *vamana*, and *virechana* facilitated effective elimination of vitiated *dosha*. Subsequent *shamana* therapy with *Aragvadhadi Kashaya*, *Khadirarishta*, *Manibhadra Gula*, and *Gandhaka Rasayana* promoted *raktashodhana*, mitigated *kandu* and hyperpigmentation, and enhanced *vyaadhikshamatwa*(immunity). *Vamana* and *virechana* were administered following appropriate *abhyantara snehpana* and *bahya snehana*, ensuring proper expulsion of *doshas* through both upward and downward routes. The *oushadhis* selected *Madanaphala Yoga* for *vamana* and *Avipathi Churna* for *virechana* were specifically aimed at pacifying the vitiated *tridoshas*. The *shamanaoushadhis* used played a pivotal role in disease management. *Aragvadhadi Kashaya* and *Khadirarishta* exhibited potent *kushtaghna* properties, while *Manjishtadi Tailam* served as a *raktaprasadaka* and *twachya*. *Gandhaka Rasayanam* provided both *kushtaghna* and *kledaghna* effects, contributing to the reduction of pigmentation and inflammation. *Manibhadra Gulam* was administered for *nitya virechana*, supporting continuous *shodhana* and maintenance of *dosha* equilibrium. Overall, the integrative use of *shodhana* and *shamana* therapies offered substantial relief from symptoms, improved pigmentation, and enhanced overall skin health, reaffirming the efficacy of classical Ayurvedic management in drug-induced dermatological conditions.

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