

Ayurvedic management of Kitibha Kustha w.s.r. to Lichen Simplex Chronicus - A Case Report

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DOI:10.21760/jaims.10.5.47

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Skin disorders are very common and their burden on population is significant. Skin diseases are rarely fatal but due to chronicity of disease it causes considerable distress to patient. Eczema or dermatitis is a group of inflammatory skin diseases provoked by a wide variety of stimuli, i.e. direct injury from toxic chemicals, mechanical trauma and immunological reactions. Chronic Eczema is represented by severe itching, hyperkeratosis and lichenification. Lichen simplex chronicus one of the characteristic examples of chronic eczema. It is a skin condition characterized by chronic itching and scratching that leads to thickened [hypertrophied], hyperpigmented plaques with increased skin marking. Acharya Charaka Described Kitibha Kustha in context of Kshudra Kustha. The skin lesions in Kitibha Kustha are blackish [hyperpigmented], rough in touch like scar [hypertrophied], Dry & hard on touch. there is predominance of Vata-Kapha Dosha in Kitibha Kustha. The clinical presentation of Kitibha Kustha is resembling with lichen simplex chronicus. We have successfully treated this case of Lichen simplex chronicus with Shaman Snehapana, Jalauka-Awacharan, Khadira Lepa with Jatyadi Taila and Kashayapana.

Keywords: Lichen simplex chronicus, Kitibha Kustha, Snehapana, Jalauka-awacharan, Khadira, Jatyadi Taila

Corresponding Author	How to Cite this Article	To Browse
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Manuscript Received
2025-04-09

Review Round 1
2025-04-26

Review Round 2
2025-05-06

Review Round 3
2025-05-16

Accepted
2025-05-26

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
12.36

Note



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Introduction

Skin disorders are very common and their burden on population is significant. People are really concern towards physical appearance; diseased appearance of skin can really affect patient's psychological health and has profound impact on quality of life. Skin diseases are rarely fatal but due to chronicity of disease it causes considerable distress to patient.

Ayurveda has described various acute and chronic skin disorders under *Kustha-Rogadhikara*. In Ayurvedic context *Kustha* is described as one which causes discoloration of skin, one which causes deformity of skin and give ugly look.[1]

Kustha is classified as 7 *Maha Kustha* and 11 *Kshudra Kustha* depending upon involvement of *Dosha*, *Dhatu*s and severity of symptoms. *Acharya Charaka* Described *Kitibha Kustha* in context of *Kshudra Kustha*. The skin lesions in *Kitibha Kustha* are blackish [hyperpigmented], rough in touch like scar [hypertrophied], Dry & hard on touch. There is predominance of *Vata-Kapha dosha* in *Kitibha Kustha*. [2] The clinical presentation of *Kitibha Kustha* is resembling with lichen simplex chronicus.

Eczema or dermatitis is a group of inflammatory skin diseases provoked by a wide variety of stimuli, i.e., direct injury from toxic chemicals, mechanical trauma and immunological reactions.[3] Chronic Eczema is represented by severe itching, hyperkeratosis and lichenification. Lichen simplex chronicus one of the characteristic examples of chronic eczema. It is a skin condition characterized by chronic itching and scratching that leads to thickened [hypertrophied], hyperpigmented plaques with increased skin marking.[4] Lichen simplex chronicus may represent the end stage of a variety of pruritic and eczematous disorders, including atopic dermatitis. This itch-scratch cycle can be triggered by various underlying factors like chronic skin irritation, insect bites, psychological factors [anxiety, stress] and Dry skin. The area's most commonly involved are those that are conveniently reached like nape of the neck, ankles, legs, forearms, wrists, and genitalia.[5]

Treatment of lichen simplex chronicus in modern medicine includes high potency topical glucocorticoids, Antihistamins, Tricyclic Antidepressant with antihistamin activity.

Sedative action of these medicines can become bothersome.[6] In lichen simplex chronicus, the thickened skin is not supple and cracks easily, predisposing to fissures, especially on hands and feet. Secondary bacterial infection may occur and cause crusts, papules and pustules. Overall lichen simplex chronicus can be persistent and challenging to manage.

In this case patient is 60 yrs. old female, farm worker, she has been working as farm labour since ages. *Acharya Charaka* mentioned *Atap Sevana* (Exposure to heat), *Shrama*, (Exercise) as a causative factor of *Kustha Vyadhi*. As we know *Kustha* is *Raktaprodoshaj Vyadhi*, above said *Hetu* [Causative factors] also causes *Raktadushti* in patient. In old age [*Vardhakyaaawastha*] there is dominance of *Vata Dosha*, *Vata Dosha* gets vitiated due to *Nidan Sevana* like, *Atap Sevana* (Exposure to heat), *Shrama*, (Exercise) *Chinta* (Anxiety), due to vitiation of *Vatadosha*, skin becomes dry causing intense need to scratch which ultimately leads to repetitive and continuous itching.

As we took dietary history patient stated that she has habit of consuming Curd on daily basis which eventually leads *Kaphadushti* in patient. In this case there is vitiation of four *Doshas* i.e., *Vata*, *Pitta*, *Kapha* and *Rakta*. However, there is predominance of *Vata-Kapha Dosha* which we determined on the basis of manifestation and causative factors of disease.

We have successfully treated this case of Lichen simplex chronicus with *Shaman Snehapana*, *Jalauka-Awacharan*, *Khadira Lepa* with *Jatyadi Taila* and *Kashayapana*.

Case Report

Patients Demographic and Chief Complaints

A 60-yr old female patient, Farm-worker by occupation, came to the Kaychikitsa OPD of Dhaneshwari Ayurved College and Hospital, Chh. Sambhajinagar on 16th Oct 2022 with complaints of:

- Itching over dorsal aspect of bilateral foot
- Hyperpigmented and Hypertrophied plaques over dorsal aspect of bilateral Foot
- Increased skin markings
- Ulceration with oozing of blood on and off

Duration: 5 years

History of Present Illness:

Patient was apparently normal before 5 years, then she gradually developed itching over anterior aspects of bilateral foot, itching was so intense and constantly present throughout the years, that it had ultimately led to hypertrophied, hyperpigmented and ulcerated plaques over foot. Symptoms got aggravated day by day causing vicious cycle of itching and scratching.

Patients' symptoms got aggravated after working in farm & soil. Patient consulted Dermatologist for said complaints, they prescribed Steroidal ointment, which gave temporary relief in symptoms, but there is relapse when patient discontinued steroids. Due to continuous itching & scratching over years patient developed ulcerated plaques over bilateral foot which got infected for which patient presented at Dhaneshwari Ayurved Hospital, Chh. Sambhajanagar

History of Past illness:

Patient is Known case of Hypertension since 5 yrs for which she is taking Tab. Amlo-5 mg OD.

No history of Asthma, Diabetes, Tuberculosis, Allergy.

Personal History:

Diet - Vegetarian

Addiction - Tobacco

Occupation - Farm-worker

Socioeconomic status - Lower middle class

Systemic Examination

CNS - Conscious oriented

CVS - Sinus Rhythm

RS - AEHL Clear

Ashtavidha Pariksha

Nadi - 80/Min

Mala - Sama

Mutra - Prakrut

Shabda - Prakrut

Sparsha - Khara

Druka - Prakruta

Akrti - Krisha

Local Examination

In the present case scenario following important signs and symptoms are assessed before and after treatment.

SN	Assessment Criteria	Gradation
1.	Lichenification	4/5
2.	Erythema	3/5
3.	hyperpigmentation	4/5
4.	Excoriations	4/5
5.	Scaling	5/5
6.	Pruritis	5/5

Each sign is graded on scale of 0 to 3 where

- 0 = None
- 1 = Mild
- 2 = Moderate
- 3 = Severe

Investigation

CBC - Within Normal Limits

ESR - 40

LFT - Within Normal Limits

RBS - 100 mg/dl

Diagnosis: Patient is diagnosed as A Case of *Kitibha Kustha*, depending upon its Manifestation and involvement of *Dosha* and *Dushya*. *Kitibha* shows skin manifestations like *Shyava* (Hyperpigmented lesions), *Khara-Sparsha* (Hypertrophy i.e., Lichenification), *Parushya* (rough skin with increased skin markings). *Kitibha Kustha* is having vitiation of *Vata* and *Kapha*, patients' skin is Dry, Hyperpigmented and Hypertrophied which indicates *Vata* predominance, Constant itching is manifestation of vitiated *Kapha*. [7]

Treatment given:

Deepan-Pachan Chikitsa	1.Ajamodadi Churna	4 gm with lukewarm-water	BD [Before food] 5 days
	2.Mustadi Kwath	10 ml	BD [Before food] 5 days
Anuloman	3.Gandharva-Haritaki Churna	5 gms	At night with Koshna Jala
Shaman Snehapan	4.Panchatikta Ghrita	20 ml	At morning [6a.m] 15 days
Jalaauka- Awacharan	Done On 3rd Day of Snehapana [3 Settings done 7 days Apart]		
Lepana	Khadija Churna with Jatyadi Taila	-----	At night [for 1 month]
Kashaya-Pana	Mahamanjistha Kwatha	10 ml	After food [for 2 months]
	Guduchi Kwatha	20 ml	for 2 months, At morning

Results

SN	Assessment criteria	Before	After
1.	Lichenification	4/5	1/5
2.	Erythema	3/5	0/5
3.	hyperpigmentation	4/5	2/5
4.	Excoriations	4/5	1/5
5.	Scaling	5/5	0/5
6.	Pruritis	5/5	0/5



Figure 1: Jalauka-Awacharan



Figure 2: Jalauka-Awacharan



Figure 3: Before treatment



Figure 4: After treatment

Discussion

According to Acharya Charaka, *Kushtha* is *Tridoshaj* i.e., all three *Dosha* [*Vata*, *Pitta*, *Kapha*], *Rakta*, *Lasika*, *Twaka*, *Mansa Dhatus* are necessarily involved in pathogenesis of *Kushtha*[8] we have to treat the disease depending on predominance of *Dosha* and involvement of *Dhatu*.

Predominance of *Dosha* is understood by presenting clinical features of disease. In the present case scenario of *Kitibha Kustha* there is predominance of *Vatadosha* and *Kaphadosha* along with *Pittadushti* and *Raktadushti*. *Vata* predominance is indicated as patients' skin is dry [*Ruksha*], rough [*Parushya*], hypertrophied [*Khara*] and hyperpigmented [*Shyava*]. *Kapha* predominance is indicated by constant itching [*Kandu*]. Ulceration and Burning indicates *Pittadushti* and *Raktadushti*. While treating *Kustha*, dominant *Dosha* is treated first followed by secondary vitiated *Dosha* and *Dhatu*[9] thus, we have planned line of treatment accordingly, like *Deepana*, *Anulomana*, *Snehapana*, *Lepan* and *Jalauka-Awacharan*.

Snehapana: In present case of *Kitibha Kustha*, *Vata Dosha* is primarily vitiated, Acharya Charaka advised *Snehapana* in *Vatapradhan Kushtha* as a first line of treatment, hence to pacify vitiated *Vata Dosha*, we have given *Shaman Snehapana* with *Panchatikta-Ghrita* 15 ml in the morning for 15 days.[10]

Jalauka-Awacharan: In present case secondary vitiated *Dosha* is *Kapha Dosha*, also due to chronicity of disease *Rakta Dosha* is vitiated. *Acharya Charaka* advised *Jalauka-Awacharan* in *Kaphaj Kustha* with limited number of skin lesions. Patient is having limited skin lesions [at bilateral ankle joints] that's why blood-letting is done by *Jalauka*.^[11] Total 3 settings of *Jalaukaawacharan* done 7 days apart, each time 20 ml blood-letting done. Patient was advised to take *Panchatik-Ghrita* in *Madhyam Matra* [20ml] before and after *Jalauka-Awacharan*. Leech when applied to skin it sucks the blood at superficial level i.e., from capillaries or extra cellular region which is more impure than other body parts, thus creates new cellular divisions which takes place by removing dead cells layer and result in reduction in local swelling and lichenification.^[12] Leeches while Blood-letting secretes saliva which contain various bioactive substances, including anticoagulants and vasodilators which leads to reduction of Interlukin-1 which is responsible for inflammation, probable ways of action of leech therapy are; normalization and improvement of capillary circulation, Anti-inflammatory effect, immune stimulation and immune modulating effect.

Lepan: External therapies [*Bahiparimarjan Chikitsa*] are one of the major modes of therapy in *Kustha*, as it has direct action over skin. *Acharya Charaka* stated that, *Lepana* gives Immediate relief along with internal medicines in *Kustha*. According to *Acharya Sushruta* when disease is located in Blood (*Raktagata-Awastha*) line of treatment planned is *Sanshodhan*, *Lepan* and *Kashaypan*, so after *Raktamokshan* by *Jalauka*, *Lepa* of *Khadir Churna* mixed with *Jatyadi Taila* is applied over affected area (Anterior aspects of both foot).^[13]

Mode of Action of *Jatyadi Taila* and *Khardira Churna*

Jatyadi Taila is classical ayurvedic formulation described in *Sharangdhar Samhita*. *Jatyadi Taila* is potent *Vranaropak* and *Vranashodak* when applied topically. *Jatyadi Taila* possess ingredients like *Jati*, *Haridra*, *Nimba*, *Patol*, *Karanja*, *Yashtimadhu*, *Lodhra*, *Tutha*, *Sariva* etc. most of the ingredients are *Tikta*, *Kashaya* and *Katu Rasa* dominant. *Kashaya* and *Tikta Rasa* are predominantly in *Kustha* as they reduces *Kleda* and act as *Twaka-Prasadana* i.e., promotes texture of skin.^[14]

Nimba is described as *Kusthaghna* by *Bhavprakash*, it is potent antibacterial, which helps with secondary infections caused due to constant itching. *Tutha* present in *Jatyadi Taila* does *Lekhana Karma*, thus removes slough and dead skin and promotes granulation at lesion. All the ingredients which are present in *Jatyadi Taila* by means of its *Kandughna*, *Krimighna* properties alleviates itching, due to *Vranaropak* property heals secondary infection and ulcers.^[15]

Kashaypana: Hyperpigmentation of skin is really bothersome and difficult to treat in patients with lichen simplex chronicus. We have used *Mahamanjisthadi Kashaya* and *Guduchi Kashaya* for 2 months to overcome hyperpigmentation. *Manjistha* is known for its *Varnya* [enhance skin complexion] property^[16] the plant is *Kashaya*, *Tikta* and *Madhura* in *Rasa*. It balances *Kapha* and *Pitta*. *Acharya Sushruta* mentioned use of *Guduchi Swarasa* for 1 month in the context of *Kustha-Chikitsa*.^[17] *Guduchi* act as *Agnideepak* and *Rasayana*, thus prevents recurrence of disease.

Conclusion

Lichen simplex chronicus is difficult to treat due to recurrence of disease and continuous itching. In modern medicine steroidal ointments are used for treatment but after discontinuation of treatment there is relapse of disease. Lichen simplex chronicus treated successfully with *Ayurvedic* treatment like *Snehapana*, *Jalauka*, *Awacharana* and *Kashaypana*. There is marked improvement in hypertrophy of skin and itching where as *Hyperpigmentation* is still present at some extent. There is no relapse of disease after abovesaid *Ayurved* interventions.

References

1. Garde GK. Sartha Vagbhata. 1st ed. Varanasi: Chaukhamba Prakashan; 2011. *Adhyaya 14, verse 3-4. p. 204* [Crossref][PubMed][Google Scholar]
2. Shastry S, editor. Charaka Samhita of Agnivesha. Vol. 2. Reprint ed. Varanasi: Chaukhamba Bharati Academy; 2004. *Chikitsa Sthana, Kustha Adhyaya 7, verse 30. p. 253* [Crossref][PubMed][Google Scholar]
3. Munjal YP, editor-in-chief. API Textbook of Medicine. 9th ed. New Delhi: Jaypee Brothers; 2012. *Chapter 11.4, Eczema. p. 480* [Crossref][PubMed][Google Scholar]

4. Khanna N. Illustrated Synopsis of Dermatology & Sexually Transmitted Diseases. 4th ed. New Delhi: Elsevier; 2014. *Chapter 6, Eczematous Dermatitis. p. 86* [Crossref][PubMed][Google Scholar]
5. Munjal YP, editor-in-chief. API Textbook of Medicine. 9th ed. New Delhi: Jaypee Brothers; 2012. *Chapter 11.4, Eczema. p. 483* [Crossref][PubMed][Google Scholar]
6. Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, et al. , editors. Harrison's Principles of Internal Medicine. 17th ed. New York: McGraw-Hill; 2008. *Part 1, Section 9. p. 1125* [Crossref][PubMed][Google Scholar]
7. Shastri S, editor. Charaka Samhita of Agnivesha. Vol. 2. Reprint ed. Varanasi: Chaukambha Bharati Academy; 2004. *Chikitsa Sthana, Kustha Adhyaya 7, verse 34–35. p. 254* [Crossref][PubMed][Google Scholar]
8. Shastri S, editor. Charaka Samhita of Agnivesha. Vol. 2. Reprint ed. Varanasi: Chaukambha Bharati Academy; 2004. *Chikitsa Sthana, Kustha Adhyaya 7, verse 9–10. p. 252* [Crossref][PubMed][Google Scholar]
9. Shastri S, editor. Charaka Samhita of Agnivesha. Vol. 2. Reprint ed. Varanasi: Chaukambha Bharati Academy; 2004. *Chikitsa Sthana, Kustha Adhyaya 7, verse 31–32. p. 253* [Crossref][PubMed][Google Scholar]
10. Shastri S, editor. Charaka Samhita of Agnivesha. Vol. 2. Reprint ed. Varanasi: Chaukambha Bharati Academy; 2004. *Chikitsa Sthana, Kustha Adhyaya 7, verse 37–38. p. 254* [Crossref][PubMed][Google Scholar]
11. Ambikadattashastri K, editor. Sushrut Samhita of Maharshi Sushruta. Varanasi: Chaukambha Sanskrit Sansthan; Year not available. *Kustha Chikitsa Adhyaya 9, verse 52. p. 257* [Crossref][PubMed][Google Scholar]
12. Patil V. Textbook of Panchakarma. 1st ed. Reprint ed. Varanasi: Chaukambha Publications; 2022. *Chapter 8. p. 414–5* [Crossref][PubMed][Google Scholar]
13. Ambikadattashastri K, editor. Sushrut Samhita of Maharshi Sushruta. Varanasi: Chaukambha Sanskrit Sansthan; Year not available. *Kustha Chikitsa Adhyaya 9, verse 6. p. 63* [Crossref][PubMed][Google Scholar]
14. Shastri S, editor. Charaka Samhita of Agnivesha. Vol. 2. Reprint ed. Varanasi: Chaukambha Bharati Academy; 2004. *Chikitsa Sthana, Kustha Adhyaya 7, verse 58. p. 258* [Crossref][PubMed][Google Scholar]
15. Anonymous. Sharangdhar Samhita. Madhyam Khanda. Reprint ed. Varanasi: Chaukambha Surbharati Prakashan; 2007. *Adhyaya 9, verse 166–169. p. 200* [Crossref][PubMed][Google Scholar]
16. Anonymous. Sharangdhar Samhita. Madhyam Khanda. Reprint ed. Varanasi: Chaukambha Surbharati Prakashan; 2007. *Adhyaya 2, verse 133–138. p. 122* [Crossref][PubMed][Google Scholar]
17. Ambikadattashastri K, editor. Sushrut Samhita of Maharshi Sushruta. Varanasi: Chaukambha Sanskrit Sansthan; Year not available. *Kustha Chikitsa Adhyaya 9, verse 14. p. 74* [Crossref][PubMed][Google Scholar]

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