



ORIGINAL RESEARCH PAPER

Ayurveda

AYURVEDIC MANAGEMENT OF LICHEN SIMPLEX CHRONICUS :A CASE REPORT

KEY WORDS: Lichen Simplex Chronicus, Kitibha Kushta, Ayurveda, Case Report

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ABSTRACT

Lichen simplex chronicus (LSC) is a localized skin disorder characterized by lichenified plaques, often with overlying excoriations. The plaques may become discoloured, with erythema ranging from pink to dark brown. LSC, sometimes called neurodermatitis, affects an estimated 12% of the population, most often at 30 to 50 years of age, and is twice as common in females as in males. A 51-year-old male with no known comorbidities presented with severe itching and hyperpigmented lichenified plaques over both lower limbs, with fissuring over both heels. Symptoms resembled Kitibha kushta in Ayurveda. The treatment protocol of deepana, pachana, snehapana, sodhana and shamana chikitsa reduced the Itch NRS (Numerical Rating Scale) score from 10 to 0 and the DLQI (Dermatology Life Quality Index) from 20 to 7. This case highlights the potential efficacy of Ayurveda in managing Kitibha kushta (~Lichen simplex chronicus).

INTRODUCTION

Lichen simplex chronicus (LSC), also referred to as neurodermatitis, is a chronic pruritic dermatosis characterised by well-demarcated, thickened, hyperpigmented, and lichenified plaques that develop as a consequence of repeated scratching and rubbing of the skin (Charifa et al., 2025). It is not a primary cutaneous disorder; rather, it is a secondary response in which an initial itch stimulus, whether idiopathic or related to an underlying dermatological, systemic, neurological, or psychological trigger, starts a self-perpetuating itch-scratch cycle that culminates in lichenification (Ruenger, 2025). Lesions typically occur at easily accessible sites such as the nape of the neck, extremities, upper trunk, and anogenital region, and spare inaccessible areas such as the mid-back (Charifa et al., 2025).

The itch-scratch cycle causes significant sleep disturbance, emotional distress, and impaired quality of life, and may lead to diagnostic confusion with other pruritic or infectious dermatoses (Ruenger, 2025). High-potency topical corticosteroids remain first-line therapy.

Ayurveda explains such skin conditions under *kushta*. According to Astanga Hridaya (Institute of Ayurveda and Integrative Medicine [I-AIM], n.d.), *kushta* is divided into 11 *kshudra kushta* and 7 *maha kushta*. This condition falls under *kitibha kushta*, a *kshudra kushta* with *vata-kapha* predominance, explained by the *lakshanas rooksham*, *kinakharasparsham*, *kandu*, *parusham* and *asitham*. Ayurvedic management comprising *agnideepana*, *pachana*, *snehapana*, *sodhana* and *samana* therapies gave significant relief from symptoms.

MATERIALS AND METHODS

Patient Information

A 51-year-old male coconut harvester with no known comorbidities presented with severe itching and hyperpigmented lichenified plaques over both lower limbs for 5 years, with fissuring over both heels. He was on allopathic treatment from a dermatologist. Application of liquid paraffin aggravated the symptoms, while hot water reduced them. There was no family history of skin disease and no psychosocial stressors. He reported reduced appetite, aversion to food and tastelessness, and a history of smoking, alcohol and betel chewing. Routine blood investigations were normal. Dietetic history showed intake of *snigdha guru*

abhishyandhi ahara such as oily snacks and fish, and untimely meals, which may predispose to *kushta*.

Clinical Findings

The patient was afebrile with vitals within normal limits. There was no pallor, icterus, clubbing, cyanosis, oedema or lymphadenopathy, and the respiratory, cardiovascular and genitourinary systems were normal. Examination showed lichenification over both lower limbs, dryness and fissuring over both heels, hypopigmented plaque lesions over both lower limbs, and Beau's lines over the nails. Lesions first appeared over the right little toe and spread symmetrically to both feet and legs, including the dorsum. They were predominantly dry, rough, hyperpigmented plaques with ill-defined margins, with depigmented patches over the dorsum of the feet and legs; lichenified plaques of about 4–5 cm were noted over the ankles. The genitalia and mucosa were normal. Candle grease and Auspitz signs were negative.

Dasavidhapareeksha

The condition was considered *Tridosha* with predominance of *Vata* and *Kapha*. The *Dooshya* were *Rasa*, *Rakta* and *Mamsa dhatus* with *Twak upadhatu*. *Bhoomidesa* was *Anupa* and *Dehadesa* was *Pada* (lower limbs). *Rogabala* and *Rogibala* were *Madhyama*. *Kala* was *Hemantha ritu* (*Kshanadi kala*) and *Vyadhyavastha* was *Puranam* (chronic). *Agni* was *Manda*. *Prakruti* was *Vata-Pitta*, *Vaya Madhyama*, *Satva Madhyama* and *Satmya Sarvarasa*. *Ahara shakti* showed *avara abhyavaharana* and *avara jarana shakti*. *Vyayama shakti* was *Madhyama*.

Diagnostic Assessment

Diagnosis was clinical. The predominance of *vata-kapha* and the features *rooksham*, *kinakharasparsham*, *kandu*, *parusham* and *asitham* correlated with *kitibha kushta*. Biopsy was not done. The Itch Numerical Rating Scale (Clinical Tools Library, 2025) and Dermatology Life Quality Index (DLQI; MedCalculator, 2025) were used to assess severity.

Timeline

The clinical course is summarized in Table 1.

Table 1 Timeline of Illness

Sl. No	Time Period	Clinical Details
1	5 years back	Intense, persistent itching over the right little toe; thickening, darkening and roughness of skin. Topical medication at Government Hospital gave temporary relief.

2	4 years back	Progression to bilateral toes and feet with hyperpigmented plaques. Topical and internal allopathic medication gave temporary relief.
3	2 years back	Hyperpigmented thickened lesions over dorsum of both hands. Homeopathic medication caused generalized burning sensation and was stopped; lower limb lesions aggravated. An injection from a dermatologist reduced symptoms.
4	November 2025	Aggravation with severe itching and hyperpigmented plaques over lower limbs. Clobetasol cream and cetirizine reduced itching and left hypopigmented patches.
5	Two weeks later (follow-up)	Liquid paraffin, clobetasol propionate + 6% salicylic acid, cetirizine and CPM tablets added; liquid paraffin aggravated symptoms.
6	December 2025	Presented to our OPD; symptomatic relief after medication; admitted for inpatient (IP) management.

THERAPEUTIC INTERVENTION

The medicines and procedures administered are given in Table 2. On discharge, *Manibhadra gulam* (I-AIM, n.d.) 15 g HS and *Eladi keram* (Vidyanath, 2006) for external application were advised.

Table 2 Therapeutic Intervention

Stage	Procedure	Internally	Externally	Remarks
1	Deepana pachana	Chirivilwadi kashayam 90 ml bd b/f T.Shaddharanam 1-0-Partharishtam + Khadirarishtam 30 ml bd a/f × 7 days	Vara choornam + honey utkharshana mGharshan am with kharapatra leaf	Itch NRS 10 DLQI 20 Appetite improved; mild relief in itching
2	Samana	Aragwadadi kashayam 90 ml bd b/fAvipathi choornam 1 tsp HS with honey × 5 days	Repeat	Itching reduced
3	Snehana	Achasnehapana with Aragwada mahatiktakam ghritham (25–200 ml) × 7 days	After snehapana: abhyangam + ushnambu snanam withDinesha keram(Wiki source, n.d.) × 3 days	Itching reduced Dryness and roughnes s reduced
4	Sodhana	Virechana with Avipathi choornam 20 g with honey; peyadi	–	5 vegas
5	Deepana pachana	Chirivilwadi kashayam 90 ml bd b/f T.Shaddharanam 1-0-1 b/f	–	–
6	Sodhana	Repeat	Nasyam with Anu thailam (I-AIM, n.d.) 2.5 ml each nostril × 6 daysMukha	Itching reduced Lesion thickness reduced

			bhyangam with Dineshakera mThalam with Rasnadicho ornam(Vidyanath, 2006) +Ksheerabala thailam (IAIM, n.d.)	
7	Deepana pachana	Chirivilwadi kashayam 90 ml bd b/f T. Shaddharanam 1-0-1	–	–
8	Snehapana	Achasnehapana with Aragwada mahatiktakam ghritham (25–200 ml) × 7 days	After snehapana: abhyangam + ushnambu snanam with Sudhadurva di keram (Vidyanath, 2006) × 3 days	–
9	Sodhana	Virechana with Avipathi choornam 20 g with honey; peyadi × 3 days	–	5 vegas Itch NRS 0 DLQI 7

RESULTS AND DISCUSSION

The patient was diagnosed with *kitabha kushta* with *vata-kapha* predominance. At admission he had *agnimandhya*, so *chirivilwadi kashayam* (Vidyanath, 2006) and *shaddharanam* tablet (National Institute of Indian Medical Heritage [NIIMH], n.d.) were given for *deepana pachana*. In view of skin involvement and *rasa dushti*, *Partharishtam* (Sen, n.d.) and *Khadirarishtam* (Wikisource, n.d.) were added. For itching, *aragwadadi kashayam* and *avipathy choornam* (I-AIM, n.d.) were given, with marked improvement. *Snehapana* with *aragwadha mahathikthaka gritha* from 25 to 200 ml followed; after the initial course itching was markedly reduced, as were dryness and roughness of the skin. *Swedana* and *shodhana* with 20 g *avipathy choornam* followed, producing five vegas. After this, *deepana* with *chirivilwadi* and *shaddharanam* was done, followed by *nasya* since the condition shows neurocutaneous manifestation (Charifa et al., 2025). Itching and lesion thickness reduced during this period. A second round of *snehapana* and *sodhana* was done with the same medicines. *Manibhadra gulam* was given for 1 month on discharge since it contains *rasayana* drugs such as *Amalaki* and *Abhaya*.

Assessment before and after treatment used the Itch NRS (range 0–10) and DLQI (range 0–30). The Itch NRS and DLQI scores of 10 and 20 before treatment fell to 0 and 7 respectively after treatment (Figure 1).



(a) Before treatment (b) After treatment

Figure 1 Lesions Before and After Treatment

CONCLUSION

In the present case, the treatment protocol was adopted as per *Ayurvedic samprapti*. This case underscores the importance of *sodhana* and *samana* therapy in managing chronic skin diseases like *kitibha*. Multimodal Ayurvedic treatment led to substantial recovery in a chronic case without recurrence.

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