

AYURVEDIC MANAGEMENT OF KITIBHA KUSTA (LICHEN PLANUS): A CLINICAL
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ABSTRACT

Lichen planus (LP) is an autoimmune inflammatory disorder of the skin and mucous membranes with no known cause. It appears as pruritic, violaceous papules and plaques most commonly found on the wrists, lower back, and ankles. In Ayurveda all skin disorders are considered under *Kusta Rogadhikara*. we can consider LP under *Kshudra kusta* category as comparing with symptoms. Presenting a case study of LP treated successfully with ayurveda line of management. A 40-year-old female patient presented with complaints of silvery whitish lesions over B/L forearms wrist joints and shin area of both legs since 1 years successfully Managed with ayurvedic line of management. Patient showed significant improvement in lesions and symptoms. In the present study, *Kitibha Kushta* was effectively managed through a sequential therapeutic protocol: initial *Shodhana* therapy(*sadyovamana, virechana*), followed by *Shamana Chikitsa* and *Rasayana* treatment, coupled with strict *Pathya-Vivechana*. This integrative regimen resulted in significant clinical improvement, supporting its efficacy in combating the condition.

KEYWORDS: Lichen Planus, Ayurveda, Kusta, Tridosha, Shodhana, shaman.

INTRODUCTION

Skin disorders significantly affect health-related quality of life, comparable to other major medical conditions. They are the fourth most prevalent cause of illness worldwide, contributing substantially to non-fatal disease burden. Data from the Global Burden of Disease study indicates that skin and subcutaneous conditions have been rising at a concerning pace over the past several decades.

The most accepted explanation suggests that certain external factors such as viruses, medications, or allergens may modify the skin's natural proteins. These changes can confuse the immune system, causing cytotoxic T cells to mistakenly recognize the altered proteins as threats. As a result, the immune system attacks the skin's basal keratinocytes, leading to their destruction and forming cutaneous lichen planus. The prevalence of cutaneous lichen planus is approximately 0.2% to 1% among adults worldwide.^[1]

Most common in adults aged 30–60, Lichen planus lesions are described using the six P's (planar [flat-topped], purple, polygonal, pruritic, papules, plaques). Onset is usually acute, affecting the flexor surfaces of the

wrists, forearms, and legs. The lesions are often covered by lacy, reticular, white lines known as Wickham striae. Treatment focuses on symptom relief includes Topical corticosteroids, Oral corticosteroids retinoids, Antihistamine, immunosuppressives, topical immunomodulators, phototherapy, laser surgery, cryosurgery, anti-coagulant agents, and anti-microbial/anti-fungal agents.^[2]

Skin diseases are collectively described as *kushtha roga* in *Ayurveda*. Diseases affecting the seven layers of the skin, including *twaka*, *rakta*, *mamsa*, and *lasika*, are considered *Twakaroga*.

When the *Rakta Dhatu* becomes imbalanced or impure, it can lead to *Kushta*. *Twak Vikaras* often start because of *Mithyahara*, *Vihara*, and *Manasika nidhana*. These factors disturb the three *Doshas* Vata, Pitta, and Kapha which then affect *Rasa*, *Rakta*, *Mamsa*, and *Lasika*. Each *Dosha* imbalance shows up as different symptoms on the *twcha*.^[3] The *Brihatrayee* mentions 18 types of *kushtharoga*, with 7 classified as *mahakushta* and 11 as *kshudrakushta*. *Kitibha Kusta* falls under *kshudra kusta*.^[4]

According to *Charaka Acharya*, *Kitibha Kushta* is a type of skin disorder that arises due to an imbalance of the *Vata* and *Kapha doshas* and it is *Raktapradoshaja Vikara*. It shows symptoms such as *Shyava Varna*, *Khara Sparsha* and *Parushata*, *Ruksha Pidika*, and *Kandu*.^[5] Due to its resemblance in signs and symptoms, *Lichen Planus* seems similar to *Kitibha kusta*.

CASE REPORT

A 40years old female approached *Kayachikitsa* OPD of ALNRMAMCH with complaints of silvery whitish thin flat patchy multiple lesions over the both shin area of legs, forearms, and wrist joints since year. It is associated with intensive itching, loss of appetite and constipation.

History of present illness

Patient is a known case of DM -2 and Hypertension, on regular oral medications since 2years. Initially it started with reddish thin flat lesion over right forearm with mild itching about 3 months. Patient had consulted nearby allopathic clinic where she was treated with oral antihistamines and topical application, only itching complaint got reduced, no improvement in the lesions. she visited nearby government hospital, there she was prescribed with oral anti-fungal, steroids and topical applications. She got relief temporarily about 15 days. Again, remission of symptoms occurred and gradually

lesions were started to spread over both wrist joints, and shin area of both legs etc. so she approached *Kayachikitsa* OPD of ALNRMAMCH KOPPA for Ayurved line of management.

Personal history

- Appetite: reduced
- Diet: Mixed
- Bowel: Constipated /Once In 2days (Irregular)
- Sleep: Disturbed (1 & half month)
- Micturition: 6-7 times/day, 1/night

Past History

- Known case of DM type 2 [Tab METFORMIN 500MG OD]
- Hypertension [Tab AMLONG 5MG OD]
- No history of allergy to any substances/ medications.

Family History

- No other family member is said to be suffering from similar complaints.

Menstrual and Obstetric History

Menstrual cycle- regular (3-4 days) /28 days
G1P1L1A3D0

Table no. 1: showing examination details.

On examination	Ashtavidha Parikshan	Dashavidha Parikshan
BP –130/90 mm of Hg	Nadi – Vatakapahaj	Prakruti –vata pitta
P – 78/min	Jivha – liptata	Dushya – Rasavaha, Raktavaha, Mansavaha, Pureeshavaha stotasa
RS – AEBE Clear	Mala – malabaddata	Sara- Madhyama
CNS – Conscious & Oriented	Mutra – prakruta	Samhavana- Madhyama
P/A- Soft	Sparsh – Anushnasheeta Twacha -kharasparsha,ruksha	Satva – Madhyama
	Druk – Prakruta	Satmya – Shadrasa
	Akruti – Madhyama	Ahara – abyavarana shakti- Madhyama, Jeerna shakti -Avara
	Shabdha -Prakruta	Vyamava shakti- Madhyama
		Pramana-madyama
		Vaya – madyamavstha

Table 2: Showing Integumentary system.

Site- B/L forearms wrist joints and shin area of both legs
Skin texture- Dry, scaly
Lesions- shiny, flat topped, polygonal, violaceous papules
Discharge- Absent
Colour- silvery whitish discolouration
Lichenification- Absent
Edema-Absent
Secondary infections- Absent
Triggers factors- cold climate, non veg
Relieving factor – antihistamine tablet
Impact on daily life- Sleep disturbances and difficulty in concentrating due to intensive itching

Specific tests

Koebner Phenomenon - Positive

Auspitz test - Negative

Candle grease test - negative

Wickham striae - Positive

Kitibha Kushtha Samprapthi

Nidana Sevana, which includes factors such as Aharaja, Viharaja, and Manasika can lead to the formation of Jataragni and Rasadhatwagni Janya Ama. This accumulation of Ama disrupts the balance of the tridosha and affects the bodily tissues, including Twak, Rakta, Mamsa, and Lasika. As a result, there is a tendency for Sthanasamsraya in the Twacha, which manifests as pidika and Kandu can lead to Kitibha Kushta.

Samprapthi Ghatak

- Dosha - Vata - Vyana Vayu, Kapha, Pitta - Brajaka Pitta
- Dushya - Rasa, Rakta, Mamsa, Lasika
- Ama - Jatharagnijanyama
- Agni - Jataragnijanya agnimandya
- Srothas - Rasavaha, Raktavaha, Mamsavaha, Udakavaha, Swedavaha Srotas
- Srothodushti Prakara - Sanga

- Roga Marga - Bahya
- Udbhava sthana - Amashaya
- Vyaktasthana - Twacha
- Roga Swabhava - Chirakari
- Sadhyasadyata - Krichrasadhya

Lab investigations

CBC - Normal

RBS- 192mg/dl

AEC -442.2 cells/mm

MATERIALS AND METHODS

- Ama Pachana
- sadyovamana
- Arohana Snehapana
- Virechana
- Shamanaoushadhis
- Pathya-Apathya

Table no. 3: Treatment schedule.

DAYS	Shodhana
DAY 1	Amapachana: Amruthothara kwatha choorna 30 ml BD A/F Laghu suta shekhara vati 2 BD B/F
DAY 2	Sr. Abhyana with Chakramardha taila + triphala ghrutam followed by Bhaspa swedana. Kapha utkleshana done and Madhura ahara sevana advised for 1 day at night SadyoVamana - Madanapahaldi yoga Vegiki- 5, Antiki- pittanta, laingiki- mild reduction in kandu,improvement in sleep,appetite and seen changes in colour of lesions
DAY 3, 4, 5,6,7	Snehapana with Mahatitaka Gritha 30ml - 1day, 60ml -2 day, 100ml - 3day 120ml- 4 day, 150ml -5 day After Sneha jeerna laxanas afternoon: Sarvanga abhyanga with followed Chakramardha taila + triphala ghrutam by Bhaspa swedana.
DAY 8	Sarvanga abhyanga with followed Chakramardha taila + triphala ghrutam by Bhaspa swedana. Virechana with Hrudhya virechana lehya 40 gram Veigiki: 12, Antiki: kaphanta, laingiki- reduction in kandu,improvement in sleep,appetite, and marked changes in skin lesion and skin texture Samsarjana Karma for 5 days with 2 Annakala was explained to patient.

Table no. 4: Discharge medication.

Sl. No.	Drug	Dose	Anupana
1	Chandraprabha vati	1-0-1 A/F	Warm water
2	Manjistadi Kashaya	3tsp -0-3tsp B/F	Warm water
3	Madhusnuhi rasayana	2tsp -0-2tsp B/F	Warm water
4	Panchatikta ghritha guggulu	1-0-1 B/F	With Kashaya
5	777oil	External application	
6	Urtiplex ointment	External application	

Table no 5: Follow up – 15 days.

Sl. No.	Drug	Dose	Anupana
1	Madhusnuhi rasayana	2tsp -0-2tsp B/F	Warm water
3	Raktamurta kwatha	3tsp -0-3tsp B/F	Warm water
4	Panchatikta ghirtha guggulu	1-0-1 B/F	With Kashaya
5	Hrudya virechana	0 -0-1/2tsp A/F	Warm water
6	777oil	External application	
7	Urtiplex ointment	External application	
8	D -sora soap	External application	

DISCUSSION

Kitibha Kushta is classified under *Kshudra Kushta* in *Ayurveda*. *Kitibha Kushta* arises due to *tridosha* vitiation, especially *Vata* and *Kapha* and Involvement of *Sapta Dhatus* (*Twak, Rakta, Mamsa, Lasika, Rasa, Ambu*). In this patient *mithyahara, vihara and mansika karana* are main etiological factors. so correction in the dietary habit and mental status also plays very important role. Here treatment was planned according to *kusta chikitsa sutra* explained by our *ayurveda acharyas*.

through examination of *rogi and roga* reveals avastha of *dushit dosha, dushya* involved in pathogenesis of diseases. *Acharyas* have described that *Mandagni* is the root cause of almost all diseases. *Rogah Sarveapi Mandagnou*^[6] It is the condition from which many other disease conditions arise.

The patient presented with complaints of loss of appetite and constipation, which are indicative of the presence of *ama* in the body. In such conditions, correction of *agni* is of primary importance before initiating *śodhana cikitsa*. Therefore, *Amṛtottara Kaśāya* and *Laghu Sūtasekhara Vāṭi* were prescribed to facilitate *āmapācana and agnidīpana*.

- **Amapachana & Agni Deepana:** *Amruthotharamkashayam* through *Rasapanchaka* properties and its synergetic effect of the ingredients *amurta, haritaki, shunti* proves to be effective in reducing *Ama* and thereby corrects the *Agni*.^[7]
- *Laghu Sūtasekhara Vāṭi*, possessing *snigdha guṇa, madhura rasa, and madhura vipāka*, exhibits *sṛṣṭa vināśana* properties, alleviating constipation and support *dīpana pācana*, aiding *ama* digestion, enhancing metabolic activity, and restoring *agni* balance.^[8]
- **Sarvāṅga Abhyanga and swedana:** is recommended as a *pūrva karma* before administering *Sadyo Vamana* and *Virechana* therapies. *Abyanga* performed using *Chakramardha taila* and *triphala ghritam* followed by *Sarvanga swedana*. *Chakramarda taila* is *KaphaPitta Shamaka* and *Kushtaghna* in action. *triphala ghritam* is *kandugna and vran ropana* and it reduces the dryness, roughness, scaling. It does the *Doshavilayana* and brings them from *Shakhas* to *Koshta* to eliminate them.
- **Sadyo Vamana** is a treatment modality that focuses on eliminating the aggravated *Kapha Dosha*. The patient presented with *Utklesha doshaavastha* of

kapha^[9] such as *mandagni, gaurava, sheeta sparshata, annadwesha, sleshama sanchaya* seen in form *teevra kandu* so *sadyo vamana* was planned as *urdwa shodhan*.

- **Śodhanāṅga Snehapana**—a preparatory step before *Śodhana* for *Virechana*. helps in liquefying and mobilizing *Kapha* and *Pitta doṣas* from *śākha* to *koṣṭha*, preparing them for elimination in *Bahudoṣa Avasthā*. *Shodhana Poorva Arohana Snehapana*^[10] administered till *samyak snigdha lakshana* for 5 days. Gradual increase of dose of *sneha* is important for loosening the bond between *Dosha* and *Dushya*, there by helping in breaking the pathogenesis. *Snehapana* procedure, which lubricates the all micro and macro channels and responsible for *Utkleshana* of *Dosha*. *Mahatiktaka Ghrita*, when administered as *Snehapana*, helps reduce *Rukshata* and *Kandu*. Enriched with *Tikta Rasa pradhana dravays*, it acts on the *Rasa, Rakta, and Mamsa Dhatus* the primary *Dushyas* involved in *Kitibha Kushta*. Additionally, it functions as a *Tridosha Shamaka* and possesses *Raktaprasadaka* properties.
- **Virechana:** In *Kushta Roga*, the primary *Dhatu* involved is *Rakta*, which plays a vital role in the *Prasara* stage of *Kushta Samprapti*. Due to the *Ashraya-Ashrayi Bhava* between *Pitta* and *Rakta*, their treatment modalities, with this therapeutic intention *Virechana*^[11] was administered using *Hridaya Virechana Lehya* in a dose of 40 grams, followed by warm water to facilitate purgation. After *shodhana* therapy improvement seen in morphology of skin lesions, intensity of itching, appetite, bowel and sleep quality improved. patient discharged with oral medications for 15 days.
- **Shamaushadies**
 - *Chandraprabha Vati* balances all three *doshas* especially effective in *vata-kaphaja* origin *kusta* and acts as a *rakta-śodhaka, kuṣṭhaghna, Rasāyana*, and *Yogavāhi*^[12] as patient is known case of DM 2 it will be helpful in managing *madumeha* also.
 - *Manjiṣṭhādi Kaśhaya* is a polyherbal formulation prominently used for treating various types of *Kuṣṭha*. Its formulation includes herbs like *Manjiṣṭhā, Nimba, Haridra, Gudūcī, Patola* and *Triphala*, known for their *RaktaŚodhaka, Kṛmighna, Kuṣṭhaghna, Kandughna, Pitta-Kapha Hara* and *Srotoshodhaka* properties.^[13]
 - *Pañcatiktaka Ghṛta Guggulu* is a classical *Ayurvedic* formulation combining *Nimba, Patola,*

Gudūcī, Vāsā, Vyāghrī, Ghṛita and *Guggulu*.^[14] it will Reduce scaling, dryness, itching and discoloration of lesions because of *Snigdha guna, Kandughna & Vraṇa Ropana* property. It Balances residual *Pitta* and *Kapha Doṣas* post-*Śodhana*, which are primarily involved in *Kitibha Kuṣṭha*. The grith pacifies *Vāta*, while *tiktaka drvays* regulate *Pitta* and *Kapha*, offering comprehensive *doṣha* management. *Rasāyana* Effect Supports tissue rejuvenation, enhances skin texture and tone and prevents relapse.

- 777oil and Urtiplex ointment: given for external application it alleviates itching, redness, and discomfort. Supports lesion healing and pigmentation correction.^[15]
- *Madhusnuhi Rasayana* comprises *Madhusnuhi* as a potent *Rakta-prasādaka*, while *Amalaki, Harītakī,* and *Aśvagandhā* contribute therapeutic effects as *Kleda-śhoṣhaka, Rasāyana* and *Kuṣṭhaghna* respectively.^[16] The patient was advised to return for review after 15 days.

Table no 6: Representing results before and after treatment.

Symptoms	Gradation	Before treatment	After Shodhana	After follow-up
<i>Śyāva varṇa</i>	3	Severe	Reduced - 1	Reduced - 0
<i>Kandu</i>	3	Severe	Reduced - 1	Reduced - 0
<i>Srava</i>	0	absent	absent	absent
<i>Pidika</i>	3	Severe	Reduced - 2	Reduced - 0
<i>Ruja</i>	1	Mild	Reduced - 0	Reduced - 0
<i>Khinakhara sparśa</i>	3	Severe	Reduced - 0	Reduced - 0

Where 3 = severe, 2 = moderate, 1 = mild, 0 = absent of symptoms



CONCLUSION

In this clinical evaluation of Lichen Planus, correlated as *Kitibha Kuṣṭha* in *Ayurveda*, the strategic integration of *Śodhana*, *Śamana*, *Rasāyana* and *Bahirparimarjana Chikitsa* administered according to *Doṣa-Duṣya vivechana* results in significant clinical improvement and sustained remission through a structured regimen. *Pathyapathya*, *Sadvṛitta*, and *Nidāna Parivarjana* further enhanced outcomes. Based on the results, it can be proven that *Kitibha Kuṣṭha* responds well to traditional Ayurvedic therapies outlined in the *Kuṣṭha Cikitsā* and also highlights *Ayurveda's* potential in treating lichen planus, offering natural alternative to conventional treatments.

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