

## AYURVEDIC MANAGEMENT OF VICHARCHIKA W.S.R. ECZEMA: A CASE STUDY

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**ABSTRACT**

*Vicharchika*, classified under *Kṣhudra Kushtha* in *Ayurveda*, closely parallels eczema described in modern dermatology. Eczema is a chronic, relapsing inflammatory skin disorder provoked by diverse stimuli such as toxic chemical injury, mechanical trauma, and immunological reactions, with significant global prevalence, especially among children. Eczema affects about 15–20% of children and 2–10% of adults worldwide. In India, prevalence ranges from 3–7% in children and 1–9% overall. Methodology: A prospective, randomized, open-labelled clinical experimental study. A 68-year-old male patient presented with thick, rough, blackish lesions over the bilateral ankle joints, cracks over the plantar region, *Strava*, *Kandu*, and *Daha* for 4 years. The Ayurvedic diagnosis was made as *Vicharchika* based on classical signs and symptoms. The patient was treated with *Snehanapa* using *Mahatiktaka Ghrita* 30 ml (test dose), followed by 50, 70, 90, and 110 ml. *Vishrama Kala* for 3 days consisted of *Sarvanga Abhyanga* with *Ksheerabala Taila* followed by *Nadi Sweda*. *Virechana* was administered with *Trivritta Avaleha*, followed by *Siravyadha* and *Prakshalana* with *Panchavalkala Kwatha*, after which *Gandhakadhy Malahara* was applied. Oral medications included *Arogyavardhini Vati* 2 tabs BD, *Gandhaka Rasayana* 1 tab BD, *Aragwadadhi Kashaya* 15 ml BD, *Pancha Nimba Churna* ½ tsp BD before food, and *Panchatikta Guggulu Ghrita* 10 ml BD. Result: The treatment showed significant improvement in the EASI score—from 23.20 (severe) to 6.2 (mild). Marked improvement was observed in subjective parameters with reduced *Kandu*, *Strava*, *Rukshata*, *Shyava Varnata*, etc. Conclusion: Despite major advances in dermatology, contemporary medicine lacks a definitive curative therapy for eczema. *Ayurveda* offers a rational and biologically coherent framework for managing chronic inflammatory dermatoses such as eczema. Its emphasis on systemic purification, metabolic correction, and tissue-level restoration provides a complementary approach to modern dermatologic care.

**KEYWORDS:** *Vicharchika, eczema, Virechana, Siravyadha, Lepa.***INTRODUCTION**

Eczema, or atopic dermatitis, is defined as a chronic, relapsing inflammatory skin disease characterized by pruritus, xerosis, erythema, and eczematous lesions resulting from skin-barrier dysfunction and immune dysregulation.<sup>[1]</sup> It represents distinctive reaction patterns in the skin, which may be acute or chronic and arise from multiple etiologies. In the acute stage, oedema of the epidermis (spongiosis) progresses to the formation of intra-epidermal vesicles, which may enlarge and rupture. In the chronic stage, oedema and vesiculation diminish, while epidermal thickening (acanthosis) increases, accompanied by varying degrees of vasodilatation and T-cell lymphocytic infiltration in the upper dermis.<sup>[2]</sup> Based on clinical presentation, eczema is classified into three

stages: **Acute eczema**, intense itching with erythema, oedema, vesicles, oozing, crusting or blisters; **Subacute eczema**, diffuse erythema and scaling as swelling and oozing reduce; **Chronic eczema**, persistent itching, hyperkeratosis, and lichenification with thickened, hyperpigmented skin and accentuated markings.<sup>[3]</sup>

*Ayurveda* groups most chronic skin disorders under *Kushtha*, a condition significant enough to be categorized among the *Aṣṭa Mahagada*, reflecting its complexity and therapeutic challenge. Within this spectrum, *Vicharchika* is described as a *Kṣudra Kushtha*, yet it remains one of the most commonly encountered dermatological conditions in Ayurvedic practice. As per *Acharya Charaka*, the classical features include *Kandu*

(persistent itching), *Strava* (oozing), *Pidaka* (papulo-vesicular lesions), and *Shyava Varṇa* (hyperpigmentation), indicating involvement of *Kapha-Pitta Dosha* along with vitiation of *Rasa* and *Rakta Dhatus*.<sup>[4]</sup>

According to *Acharya Sushruta*, it is characterized by *Rajyo* (linear rough lesions) with *Kandu* (intense itching), *Ruja* (pain), and *Rukshata* (dryness). When similar itching, burning, and pain are localized exclusively to the feet, the condition is termed *Vipadika*.<sup>[5]</sup> As described in *Bhela Samhita*, *Shyava Rakta Samutpanna* blackish-red, deep-rooted lesions (*Mamsopachita*) accompanied by *Strava* (oozing) is termed *Vicharchika*.<sup>[6]</sup>

Persistent exposure to etiological factors impairs *Agni*, leading to *Ama* accumulation and a *Kapha-Pitta* predominant state with excessive *Kleda*, driving inflammatory exudative pathology. Progressive involvement of *Rasa*, *Rakta*, *Mamsa*, *Twak*, and *Lasika* culminates in the characteristic eczematous lesions of *Vicharchika*.

Despite significant advancements in dermatology, contemporary medicine lacks a definitive curative therapy for eczema. Modern management primarily offers symptomatic relief through topical steroids, calcineurin inhibitors, antihistamines, and immunomodulators, which may provide temporary benefit but often carry risks of adverse effects and high recurrence rates. In contrast, *Ayurveda* offers a holistic approach aimed at systemic purification, metabolic correction, and tissue-level restoration—addressing both disease manifestation and recurrence.

## MATERIALS AND METHODS

### CASE REPORT

A 68 years old male, a farmer, came to the TGAMC OPD with the main complaints of intense itching, dryness, and thick, rough, blackish eczematous lesions on b/l ankle joint and cracking over both feet, with discharge and *Daha* for 4 years. Since last few years

the patient was exposed for various chemical fertilizers at his work place.

### Associated Complaints

He had disturbed sleep due to itching and burning sensation.

### Habits

taking curd with every meal, milk (Twice a day), Spicy, oily food, Tea (3 times/day).

### Past History

No h/o Diabetes mellitus/ Hypertension, other major medical and surgical history.

### Family History

No relevant family history.

### General examination

Built: moderate

Height: 5.6

Weight: 75 kg

Nourishment: moderate

Pulse: 78/min

Blood pressure: 120/80 mmHg

Temp: 98.6f

Respirator rate: 16/min

Tongue: clear

### SYSTEMIC EXAMINATION

CNS: conscious, well oriented

CVS: s1 s2 normal, no added sound

RS: AEBE, no murmur

P/A: umbilicus centrally placed, soft, non-tender, no organomegaly.

### SKIN examination

Site: medial aspect of ankle joint, and planter region

Distribution: symmetrical

Surface: rough

Margin: irregular

Discharge: present

Itching: present

### EASI SCORE<sup>[7]</sup> – 23.20 (SEVERE)

#### Roga pareeksha

Table no 01: showing *nidana panchaka of vicharchika*.

<i>Nidana</i>	<i>dadhi sevana at night, ushna Tikshna ahara, ushna- sheeta parihara etc</i>
<i>Purvarupa</i>	<i>Asweda, Atisweda, Toda, Raga, Kandu, Vaivarnya, Paridaha</i>
<i>Rupa</i>	<i>Kandu, rukhdhata, Daha, Srava, shyava varnata</i>
<i>Upashaya</i>	<i>Application of oil</i>
<i>Samprapti</i>	<i>Nidana Sevana → Agnimandya → Tridosha Prakopa (<i>kapha vata pradhana</i>) → Shithila of Twaka, Rakta, Mamsa and Ambu → tridosha gets seated in shithila dhatu → vitiation of saptako Dravya → sthana smshraya in adhoshakha → kandu, srava, daha shyava varnata → vicharchika</i>

**Samprapti ghatakas**

<i>Dosha</i>	:	<i>Kapha vata</i>
<i>Dushya</i>	:	<i>Twaka, Rakta, Mamsa, Ambu</i>
<i>Strotasa</i>	:	<i>Rasavaha, Raktavaha, Mamsavaha, Udakavaha</i>
<i>Strotodushti prakara</i>	:	<i>Sanga, Vimargagamana</i>
<i>Agni</i>	:	<i>jatharagni, dhatwagni</i>
<i>Udbhava sthana</i>	:	<i>Amashaya</i>
<i>Adhisthana</i>	:	<i>Twaka</i>
<i>Rogamarga</i>	:	<i>Bahya</i>
<i>swabhava</i>	:	<i>chirakari</i>

***Vyadhi vinhischaya*****Table no 02: showing differential diagnosis.**

<b>Vyadhi</b>	<b>Inclusion</b>	<b>Exclusion</b>
<i>Vipadika</i>	<i>Pada sputhana</i>	<i>Srava, daha, shyava varnata at ankle joint</i>
<i>Pama</i>	<i>Kandu, shyava</i>	<i>Srava, daha,</i>
<i>Vicharchika</i>	<i>Kandu, shyava, srava, daha,</i>	No

**Diagnosis – vicharchika****INTERVENTION****Table no 03: showing intervention.**

<b>DATE</b>	<b>ORAL MEDICATION AND PROCEDURE</b>	<b>DOSE WITH ANUPANA</b>
13/04/2023 to 17/04/2023	<i>Deepana pachana with chitrakadi vati</i> for 5 days	1 tab TDS B/F With warm water
18/04/2023 to 22/04/2023	<i>Snehapana with mahatiktaka ghrita</i>	Test dose- 30ml 2 <sup>nd</sup> day – 50ml 3 <sup>rd</sup> day- 70 ml 4 <sup>th</sup> day- 90 ml 5 <sup>th</sup> day- 110 ml
23/04/2023 to 25/04/2023	<i>Vishramakala</i> <i>Sarvanga abhyanaga with ksheerabala taila f/b nadi sweda</i>	For 3 days
26/04/2023	<i>Virechana with trivutta avaleha</i>	50 gms with milk No of vegas observed: 13
27/04/2023 to 29/04/2023	<i>Samsarjana krama</i>	For 3 days
30/04/2023	<i>Siravyadha</i>	60 ml bloodletting done
30/04/2023 to 06/05/2023	<i>Prakshalana with panchavalkala kwath</i> <i>f/b gandhakadya malahara</i>	For application
Oral medication 30/04/2023 to 15/05/2023	1. <i>Arogyavardhini vati</i>	2 tab BD with warm water
	2. <i>Gandhaka rasayana</i>	1 tab BD with warm water
	3. <i>pancha nimba churna</i>	½ TSP BD with warm water
	4. <i>Aragwadadhi kashaya</i>	20ml bd with 20 ml water
	5. <i>Panchatikta guggulu ghrita</i>	2 tsp bd b/f with warm water
Follow up 15/05/2023 to 30/05/2023	1,2,3,4 +	
	6. <i>Khadirarishtha</i>	20ml bd with 20 ml water
	7. <i>Laghu sutashekhar rasa</i>	1tab bd with warm water
	8. <i>Gandhakadhyya malahara</i>	Application
Follow up 2 <sup>nd</sup> 01/06/2023 to 30/07/2023	1,2,3,4,5,	
	<i>Mahatiktaka lepa</i>	application

**RESULT****Table no 04: showing result of intervention.**

PARAMETERS	BT	AFTER VIRECHANA	AFTER 1 <sup>ST</sup> FOLLOW UP	AFTER 2 <sup>ND</sup> FOLLOW UP
<i>Kandu</i>	+++	++	-	-
<i>Rukshata</i>	+	+	-	-
<i>strava</i>	++	+	-	-
<i>shyava varna (blackish discolouration)</i>	+++	++	+	+
<i>Daha</i>	++	+	-	-
EASI SCORE	23.20	14.40	10.20	6.2(mild)

**Fig. 1: Before Treatment.****Fig.2: After Snehapana.****Fig. 3: After Virechana.****Fig. 4: After Follow Up.**

## DISCUSSION

Eczema, or atopic dermatitis, is defined as a chronic, relapsing inflammatory skin disease characterized by pruritus, xerosis, erythema, and eczematous lesions, resulting from skin-barrier dysfunction and immune dysregulation. The Eczema Area and Severity Index (EASI) is a validated clinical tool used to measure both the intensity and extent of eczema lesions. It assesses four hallmark signs of eczema erythema, edema/papulation, excoriation, and lichenification across four body regions (head/neck, trunk, upper limbs, lower limbs). The final score ranges from 0 to 72, reflecting overall disease severity, where higher scores indicate more widespread or severe eczema. Vicharchika is diagnosed based on lakshnas and treatment is planned as virechana, siravyadha, lepa along with oral medication.

**Virechana:** *Virechana* plays a central therapeutic role in *Vicharchika* by providing systemic elimination of vitiated *Pitta* and *Kapha* dosha, *Deepana* and *pachana* done with *chitrakadi vati*. *Snehapana* with *mahatiktaka ghrita* in *arohana krama* for 5 days, as *mahatiktaka ghrita tikta-katu pradhana*, facilitates *Aama-pachana*, reduces *Kleda* and *Pitta-dushti*, and *Srotoshodhana*, thereby interrupting the key components of *Samprapti*, including *Rasa* vitiation, *Rakta dushti*, and *Mamsa-Adhisthana* involvement. *Virechana* interrupts the pathological cascade responsible for *Twak*, *Rakta*, and *Mamsa Dushti*. This results in reduced inflammation, itching, exudation, and recurrence, making *Virechana* a cornerstone therapy in both acute management and long-term remission of *Vicharchika*.

It is told that *Vicharchika* (*Kushta*) is a *Rakta Pradoshaja Vikaara* and *Siravyadha* is an effective modality in treating *Rakta Dushti*. According to *Acharya Sushruta*, in *Vicharchika*, the vein situated 2 *Angula* above *Kshipra Marma* should be punctured using *Vrihimukha Shastra*. *Siravyadha* alleviates *Vicharchika* by removing inflammatory, cytokine-rich vitiated blood, which reduces dermal congestion, oxidative stress, and immune-mediated hypersensitivity. This enhances microcirculation, decreases pruritus and erythema, and breaks the chronic inflammatory cycle underlying eczema.

*Lepa* should be applied against the direction of hair follicles (*Pratiloma Gati*). This facilitates the absorption of *Dravya* through *Romakoopa* and reaches the deeper layers by *Swedavaha Sira Mukhas* (blood capillaries). *Bhrajaka Pitta* which is seated at *Twak* also play a role in metabolism of drug supplied. By all these factors *Lepa* would get absorbed in the *Twak*. Due to *Ushna*, *Teekshna*, *Sara* properties of *gandhakdhy* *malahara*, removes the obstruction in *Swedavahi Srotas* and cures the disease. And *Mahatiktaka Lepa* is *Vata Pittahara*, *Dahaghna* and *Shyavahara* which helps in *vicharchika*.

*Arogyavardhini Vati* helps in *Vicharchika* by correcting *Agni*, reducing *Ama*, purifying *Rakta*, and regulating

*Kleda*, thereby decreasing inflammation, itching, and oozing while promoting healthy skin healing. *Gandhaka Rasayana* exerts potent *Rakta-shodhana*, *Kledahara*, and *Kandu-prashamana* actions. It enhances immunity, reduces inflammation, and promotes tissue regeneration, helping to alleviate itching, oozing, and recurrent flares. *Aragwadhadhi Kashaya* is *Kaphahara*, *Dahahara* and *Kandughna*. *Pancha Tikta Guggulu Gritha* is *Tikta Rasa*, *Vata Pittahara*, *Katu Vipaka*, *Kapha Vatashamaka* and *Kandughna*, as a *shamanaga Sneha* the *Ghrita* base enhances deeper tissue penetration, supports *Dhatu Poshana*, and reduces *Kandu* through its *Kandughna* and anti-inflammatory actions, making it therapeutically ideal in conditions like *Vicharchika*.

## CONCLUSION

*Vicharchika*, described under *Kṣudra Kushtha* in *Ayurveda*, closely parallels eczema in its chronicity, inflammatory nature, and impact on the quality of life. Although contemporary dermatology offers symptomatic relief through corticosteroids and immunomodulators, long-term control remains challenging due to recurrence and adverse effects. *Ayurvedic* principles provide a comprehensive, root-cause oriented approach by addressing doshic imbalance, metabolic dysfunction, and tissue-level pathology through *shodhana* and *shamana* therapies. Emerging evidence suggests that these interventions may improve clinical outcomes, reduce relapse frequency, and enhance skin barrier restoration. Integrating *Ayurvedic* strategies with modern clinical understanding may offer a safe, effective, and sustainable framework for managing *Vicharchika*, warranting further well-designed clinical studies to strengthen the evidence base.

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