AYURVEDIC MANAGEMENT OF VICHARCHIKA (ECZEMA): A SINGLE CASE STUDY

ABSTRACT

Eczema is a chronic, non-infectious, relapsing inflammatory skin disorder characterised by intense pruritus, erythema, vesiculation, oozing, crusting, and lichenification, significantly impairing quality of life. In Ayurveda, this condition closely correlates with *Vicharchika*, a *KshudraKushtha* characterised by *Kandu* (itching), *Pidika* (papules), *Shyava Varna* (blackish-brown discoloration), and *Bahusrava* (excessive exudation). A 42-year-old male patient presented with bilateral pretibial lichenifiedhyperpigmented plaques with thick crusting, scaling, follicular papules, and intense itching of 15 years duration — a classical presentation of *Vicharchika*. Treatment comprised *Shodhana* and *ShamanaChikitsa*. *Virechana Karma* was performed as the principal purificatory procedure, preceded by *AbhyantaraSnehapana* with *MahatiktaGhrita* and *BahyaSnehan-Swedana*. Following *Virechana*, the patient demonstrated marked clinical improvement with significant reduction in hyperpigmentation and pruritus. This case affirms the classical Ayurvedic understanding of *Vicharchika* and validates the efficacy of a systematic *Shodhana-Shamana* approach in chronic eczema management.

Keywords: *Vicharchika, Eczema, Virechana Karma, MahatiktaGhrita*

1. INTRODUCTION

Vicharchika (eczema) is one of the most prevalent chronic inflammatory skin disorders globally. According to the Global Burden of Disease Study 2019, eczema affects approximately 162–223 million individuals worldwide, with a global prevalence of around 2–5% in adults and up to 20% in children, making it the most burdensome non-fatal skin condition.[1] In India, its prevalence ranges from 2–10% of dermatological outpatient consultations, with significant morbidity due to chronic relapse and pruritus.[2]

The pretibial (lower leg) region is a commonly affected site, where persistent pruritus and hyperpigmentation pose both diagnostic and therapeutic challenges. While modern medicine primarily offers symptomatic relief through corticosteroids and antihistamines, long-term management remains unsatisfactory for many patients, often resulting in recurrence and systemic side effects.[3]

Ayurveda classifies this condition as *Vicharchika*— a *KshudraKushtha* (minor skin disorder), it arises from the combined vitiation of *Vata*, *Pitta*, and *Kapha*, with *Kapha* as the predominant *Dosha*.The Ayurvedic approach to skin diseases is holistic, addressing the root cause through *ShodhanaChikitsa* (bio-purification therapy) and *ShamanaChikitsa* (palliative therapy).[4] Among *Shodhana* procedures, *Virechana* (therapeutic purgation) holds a central role in eliminating accumulated *Doshas*, particularly in *Pitta*-predominant and *Rakta-dushti* conditions.[5]

The present article reports a clinical case of *Vicharchika* presenting with severe pruritus and blackish discoloration over the pretibial areas, managed through a combined protocol of *VirechanaShodhana* and *ShamanaChikitsa*, highlighting the efficacy of classical Ayurvedic interventions in achieving symptomatic relief and preventing recurrence.

2. CASE REPORT

A 42-year-old male patient presented to the Panchakarma OPD of ARSM Hospital with complaints of intense pruritus and progressive skin lesions affecting both lower limbs for 15 years. Cutaneous examination of bilateral pretibial regions revealed well-defined lichenifiedhyperpigmented plaques with thick crusting (indicative of prior oozing and exudation), prominent scaling, and visible follicular papulesalong with burning sensation and skin dryness. The pruritus was persistent and debilitating, significantly impacting quality of life, in addition to that patient had disturbed sleep, stress, unsatisfactory bowel evacuation.

The patient had received allopathic treatment over an extended period with unsatisfactory and non-sustained response. The lesions progressively worsened despite continued pharmacological management. In view of the refractory nature of the condition, the patient opted for Ayurvedic management and presented to the Panchakarma OPD for further evaluation. Written informed consent was obtained prior to initiation of treatment.

Clinical Examinations (*pariksha*):

AshtavidhaPariksha

Parameter	Findings
Nadi	Sarpgati
Mala	Asamadhanakara (unsatisfactory bowel)
Mutra	Samyak
Jivha	Sama
Shabda	Spashta
Sparsha	Ruksha, Anushna

Druk	Upanetra
Aakruti	Madhyama

DashavidhaPariksha

Parameter	Findings
Prakruti	Kapha-Vata
Vikruti	Kapha-Vata dominant Tridosha; involvement of Twak, Rakta, Mamsa, Ambu
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Satva	Madhyama
Aharashakti	Madhyama
Vyayamashakti	Madhyama
Vaya	Middle age (madhyamavastha)

Systemic Examination

System	Findings
Central Nervous System	No abnormality detected
Cardiovascular System	S1, S2 audible; no murmur
Respiratory System	Normal vesicular breath sounds bilaterally

Cutaneous Examination

Feature	Findings
Site	Bilateral pretibial regions
Lesion Type	Well-defined lichenifiedhyperpigmented plaques
Surface Changes	Thick crusting (suggestive of previous oozing/exudation)
Scaling	Prominent
Additional Findings	Visible follicular papules
Skin Texture	Dryness present

Ayurvedic Diagnosis

On *AshtavidhaPariksha* and *DashvidhaPariksha*, the patient's *Prakriti* was assessed as *Kapha-Vata* dominant. The presenting features of *Kandu* (pruritus), *Shyava Varna* (blackish discoloration), *Pidika* (follicular papules), and chronicity confirmed the diagnosis of *Vicharchika* with predominant *Kapha-VataDosha* and *RaktaDushti*, as described in *Madhava Nidana*.[6]

3. MANAGEMENT

After detailed assessment of *Dosha, Dushya, Agni, Satmya, Satva, Ahara Shakti, Vyayama Shakti, Bala*, and *Vaya*, the treatment protocol was designed comprising followigphases:

A) Shodhan (i) *Purvakarma*(*PachanaChikitsa,AbhyantaraSnehapana,BahyaSnehan-Swedana*), (ii) *Pradhanakarma — Virechana Karma*, and (iii) *PaschatkarmaSansarjanKram*

B) *ShamanaChikitsa* (post-procedural palliative therapy).

3.1 PachanaChikitsa (Digestive Correction) — 5 Days

Drug / Formulation	Dose & Frequency
KaishorGuggul 250 mg	1 tablet twice daily (BD)
RaktapachakaVati 250 mg	1 tablet BD
ArogyavardhiniVati 250 mg	1 tablet BD
Jeerakadyarishta	15 ml BD

Table 1: PachanaChikitsa drugs administered for 5 days

3.2 AbhyantaraSnehapana with MahatiktaGhrita

Day	Dose (ml)	Kshudhabodh	Lakshane (Observations)
1	30	After 4 hrs	Vatanulomana
2	40	After 5 hrs	Vatanulomana
3	60	After 6 hrs	Vatanulomana, SnigdhaMalapravrutti
4	90	After 8 hrs	Vatanulomana, SnigdhaMalapravrutti, Laghavata
5	90	After 8 hrs	Vatanulomana, Asamhata Mala, Laghavata
6	120	After 12 hrs	TwakSnigdhata, Glani, AsamhataMalapravrutti, SnehaDwesha — SamyakSnigdhaLakshana achieved

Table 2: AbhyantaraSnehapana with MahatiktaGhrita — progressive dosing and observations

3.3 BahyaSnehan-Swedana (Snehvirama Phase)

Day	Procedure
1	SarvangaSnehan — NimbaTaila + KaranjaTaila; SarvangaSwedan
2	SarvangaSnehan — NimbaTaila + KaranjaTaila; SarvangaSwedan
3	SarvangaSnehan — NimbaTaila + KaranjaTaila; SarvangaSwedan; Virechana Yoga — TrivritAvaleha 50 g + MudvikaPhanta (Virechanopaga)

Table 3: BahyaSnehan-Swedana and Virechana protocol

SamyakKaphantaVirechana was achieved. Total *Vegas* (purgation episodes): 28. *SansarjanaKrama* (post-Virechana dietary regimen) of 2 *Annakala* was advised.

3.4 ShamanaChikitsa — 7 days post Virechana

Drug / Formulation	Dose &Anupana
Haridra + Sariva + Manjishtha + NimbaPatra + TriphalaChurna — 250 mg each	BD with Go-ghrita + warm water
Aaragwadhadi Kashaya	15 ml BD
NimbaTaila + KaranjaTaila	Local application

Table 4: ShamanaChikitsa administered post-Virechana for 7 days

4. OBSERVATIONS AND RESULTS

Following *Virechana Karma* and subsequent *ShamanaChikitsa*, reassessment after14days demonstrated the following clinical outcomes:

Parameter	Before Treatment	After Treatment (14 days post-Virechana)
Pruritus (Kandu)	Intense, persistent	Markedly reduced
Blackish discoloration (Shyava Varna)	Bilateral pretibial, dense	Significantly reduced
Lichenification& scaling	Present, prominent	Reduced
Crusting / exudation	Present	Absent
Constipation	Present	Relieved
Burning sensation	Present	Reduced

Table 5: Clinical outcome before and after treatment

Clinical Photographs

Photographic documentation of bilateral pretibial regions was obtained before and 14 days after *Virechana Karma*, confirming significant reduction in blackish discoloration consistent with subjective improvement.

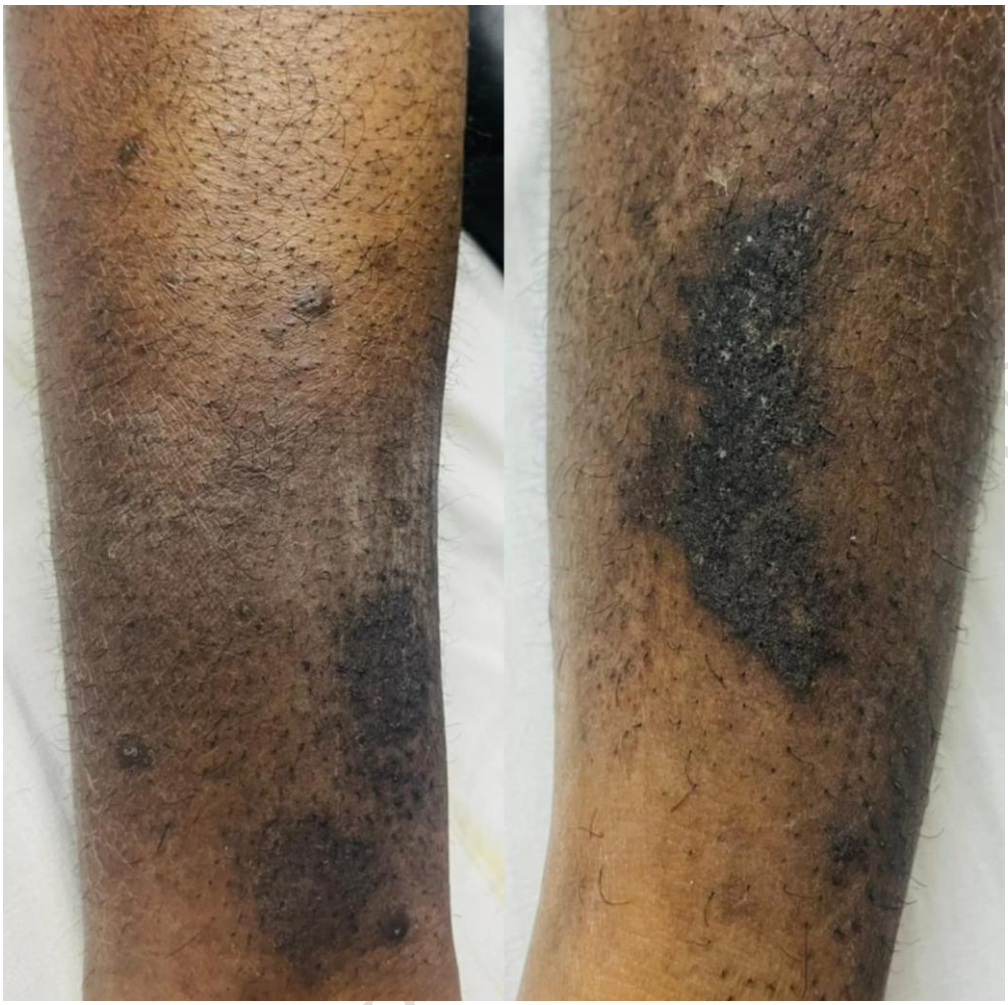

Figure 1: Before treatment — Bilateral pretibial hyperpigmentedlichenified plaques with dense blackish discoloration (bilateral limb shown)

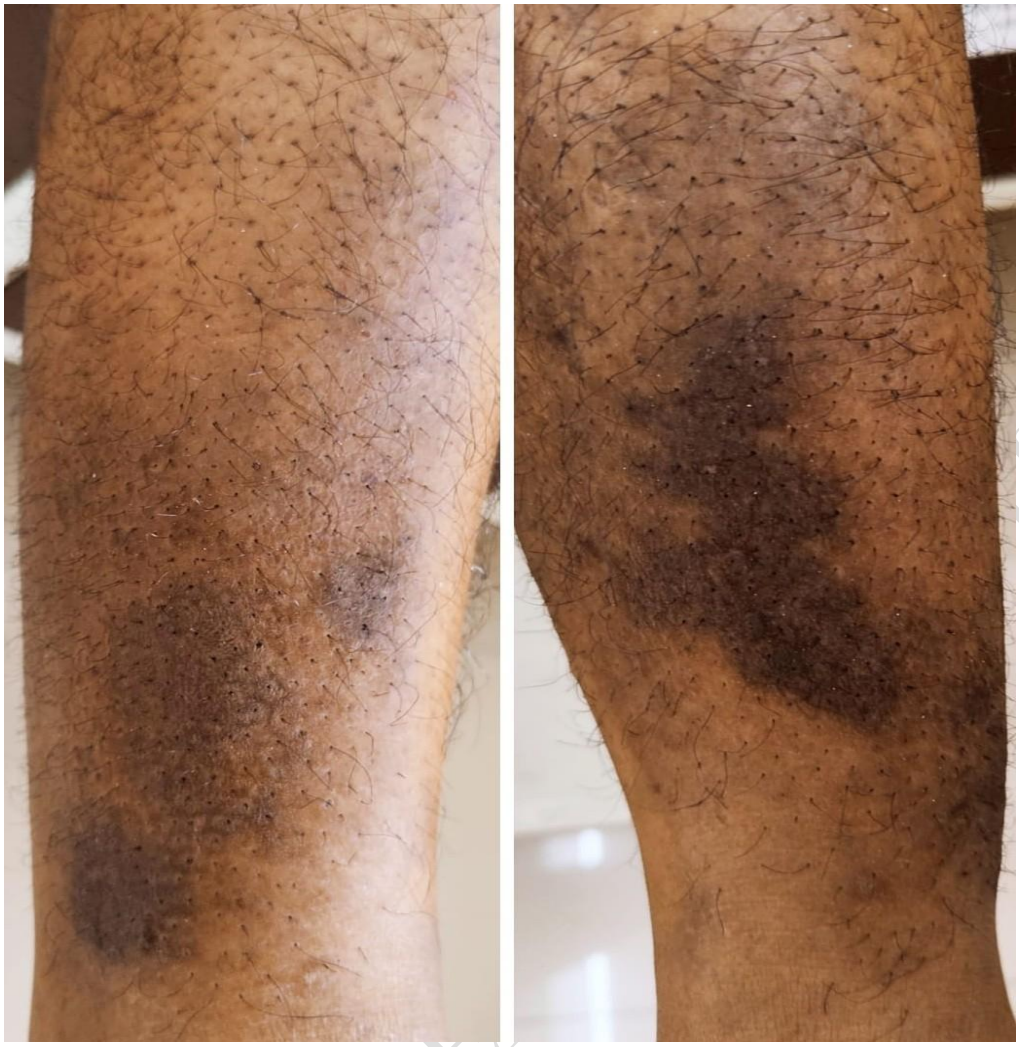

Figure 2: After treatment (14 days post-Virechana and shaman chiktsa) — Marked reduction in blackish discoloration and lichenification in bilateral pretibial region

5. DISCUSSION

Vicharchika, described in classical Ayurvedic texts as a *KshudraKushtha*, closely parallels eczema in contemporary dermatology. According to *Charaka Samhita* and *AshtangaHridayam*, it arises from the combined vitiation of *Vata*, *Pitta*, and *Kapha*, with *Kapha* as the predominant *Dosha*.[4] The pathogenesis involves impairment of *Agni* (digestive fire), leading to *Ama* (undigested metabolic toxins) accumulating in *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Ambu* (lymph) — the primary *Dushyas* involved in *Vicharchika*.[5]

The etiological factors (*Nidana*) in the present case — faulty dietary habits (incompatible, heavy, excessively salty, sour, and fish-based foods), *Diwaswapna* (day sleeping), and psychological stress — are consistent with those described in *MadhavaNidana* as causative of

Kushtha.[6]The patient was advised to avoid heavy and spicy foods, as their consumption could aggravate the lesions associated with *Vicharchika*. The presence of *Kandu* (itching), *Shyava Varna* (blackish discoloration), dryness, and chronicity in the patient reflected a Kapha-Vata dominant presentation of the condition.

PachanaChikitsa

Pachana therapy was initiated to correct impaired *Agni* and facilitate *AmaPachana*. *KaishorGuggul*, described in *Sharangadhara Samhita*, is composed of *Guduchi* (*Tinosporacordifolia*), *Triphala*, *Trivrit*, and *Guggul*. It exerts *Raktashodhaka*, anti-inflammatory, and *Deepana-Pachana* actions[7].*ArogyavardhiniVati*, described in *Rasa RatnaSamuchchaya*, acts as a potent hepatoprotective, *Tridoshaghna*, and *TwakVikarNashaka* formulation with *Srotoshodhaka* action[8].*Jeerakadyarishta* enhanced *Agni*, relieved constipation, and prepared the body for oleation therapy.

Snehapana and Virechana

Snehapana was performed using *MahatiktaGhrita*, described in *CharakaSamhita*, Prepared with drugs like — *Guduchi*, *Vasa* (*Adhatodavasica*), *Kantakari*, *Patola*, and *Nimba* — its *Tikta Rasa*, *UshnaVirya*, and *Kaphaghna-Pittashamaka* properties mobilise deeply seated *Ama* and vitiated *Doshas* from *Dhatus*, facilitating their elimination through *Virechana*[4].*AstangaHridayam* describes *TiktaGhritaSnehapana* as the most appropriate oleation therapy in *TwakVikaras* and *RaktaPradoshaja Vikara*.[5]

Virechana was performed using *TrivritAvaleha*. *Trivrit* (*Operculinaturpethum*) is the drug of choice for *Virechana* in skin disorders, as described in *Charaka Samhita*[9].Modern research supports that therapeutic purgation promotes systemic detoxification and modulates inflammatory cytokine profiles in chronic skin disorders.[10]

ShamanaChikitsa

Post-*Virechana*, Shamana therapy consolidated the benefits of *Shodhana* and prevented recurrence. The compound herbal powder comprising *Haridra* (*Curcuma longa*), *Sariva* (*Hemidesmusindicus*), *Manjishtha* (*Rubiacordifolia*), *NimbaPatra* (*Azadirachtaindica*), and *TriphalaChurna* provided combined *Raktashodhaka*, anti-inflammatory, and *Rasayana* effects. *Haridra* is described as *Kushthagna*and *Varnya* in *BhavaprakashaNighantu*; curcumin, its active constituent, has demonstrated anti-inflammatory and immunomodulatory

properties in modern studies[11]. *Sariva* and *Manjishtha* are mentioned in skin disorder in dhanvantarnighatu and bhavprakashrespectively.

Aaragwadhadi Kashaya, described in *vagbhat Samhita*useful in *kandu*and *kushtha* [12]. Local application of *KaranjaTaila* (*Pongamiapinnata*) described in *Sushruta Samhita* (*ChikitsaSthana* 9), in kushth chikitsa[13]. The integrated *Shodhana-Shamana* approach systematically addressed the root pathology by correcting *Agni*, eliminating *Ama*, purifying *RaktaDhatu*, and pacifying vitiated *Doshas* — consistent with the principle of *NidanaParivarjana* combined with *Shodhana* and *Shamana* as stated in *Charaka Samhita*.

The further Panchakarma management for the patient, following Virechana, includes Raktamokshana (bloodletting therapy) to facilitate purification of the vitiated blood and aid in the resolution of the condition. This is further emphasized by AcharyaSushruta, who states that Kushtha involving Rakta Dushti[14] mandatorily requires RaktaShodhana as an essential component of the treatment plan. Additionally, Nasya karma is planned to be incorporated in the management, as psychological factors play a significant role in the etiology of Kushtha. This is well supported by MadhavaNidana, which explicitly mentions Krodha (anger) and Shoka (grief) as causative factors of Kushtha, indicating that stress-related triggers must also be addressed through appropriate Panchakarma intervention for a holistic and comprehensive recovery of the patient

6. CONCLUSION

Vicharchika closely parallels the clinical presentation of eczema, characterised by intense pruritus, blackish discoloration, dryness, and chronicity. The present case demonstrates that a systematic Ayurvedic approach — incorporating *NidanaParivarjana, ShodhanaChikitsa,* and *ShamanaChikitsa* — can effectively address the root pathology rather than merely suppressing symptoms. The significant improvement in pruritus, hyperpigmentation, skin texture, constipation, and overall quality of life validates the classical Ayurvedic treatment principles for *Vicharchika*. Further clinical studies with larger sample sizes and standardised protocols are warranted to establish evidence-based guidelines for the Ayurvedic management of *Vicharchika* and its integration into mainstream dermatological care.

PATIENT CONSENT

Written informed consent was obtained from the patient for the publication of this case report and accompanying clinical photographs.

REFERENCES

1. Silverberg JI, Barbarot S, Gadkari A, Simpson EL, Weidinger S, Mina-Osorio P, et al. Atopic dermatitis in the pediatric population: A cross-sectional, international epidemiologic study. Ann Allergy Asthma Immunol. 2021;126(4):417–28.

2. Hay RJ, Johns NE, Williams HC, Bolliger IW, Dellavalle RP, Margolis DJ, et al. The global burden of skin disease in 2010: an analysis of the prevalence and impact of skin conditions. J Invest Dermatol. 2014;134(6):1527–34.

3. Wollenberg A, Barbarot S, Bieber T, Christen-Zaech S, Deleuran M, Fink-Wagner A, et al. Consensus-based European guidelines for treatment of atopic eczema in adults and children: part I. J EurAcadDermatolVenereol. 2018;32(5):657–82.

4. Acharya YT, editor. Charaka Samhita of Agnivesha, ChikitsaSthana. Ch. 7, Ver. 3, 47–50 ,144–150; Sutrasthana Ch. 3/17, Ch. 4. Varanasi: ChaukhambaSurbhartiPrakashan; 2014.

5. Shrikantha Murthy KR, editor. AshtangaHridayam of Vagbhata, Sutrasthana Ch. 16; NidanaSthana Ch. 14; ChikitsaSthana Ch. 19. Varanasi: Krishnadas Academy; 2012.

6. Madhavakara. MadhavaNidana (RogaVinischaya) with Madhukosha commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 2009. Ch. 49.

7. Sharangadhara. Sharangadhara Samhita, MadhyamaKhanda. Ch. 7. Varanasi: ChaukhambaOrientalia; 2006.

8. Ambikadattashastri. RasaratnaSamuchchya. 9th edition. Chapter no-20. Verse no-87. Varanasi: Chaukhamba Sanskrit Publisher;1994. p. 400.

9. Acharya YT, editor. Charaka Samhita of Agnivesha, ChikitsaSthana. Ch. 7, Ver. 44-45. Varanasi: ChaukhambaSurbhartiPrakashan; 2014.

10. Patwardhan B, Gautam M. Botanical immunodrugs: scope and opportunities. Drug Discov Today. 2005;10(7):495–502.

11. Gupta SC, Patchva S, Aggarwal BB. Therapeutic roles of curcumin: lessons learned from clinical trials. AAPS J. 2013;15(1):195–218.

12.Shrikantha Murthy KR, editor. AshtangaHridayam of Vagbhata, ChikitsaSthana Ch. 19, versee17-18. Varanasi: Krishnadas Academy; 2012.

13. Acharya YT, editor. Sushruta Samhita of Sushruta, ChikitsaSthana. Ch. 9. Varanasi: ChaukhambaSurbhartiPrakashan; 2012.

14.Acharya YT, editor. Sushruta Samhita of Sushruta, Sutra Sthana. Ch. 24. Varanasi: ChaukhambaSurbhartiPrakashan; 2012.