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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 1 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.6The 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 actions7.ArogyavardhiniVati, described in Rasa RatnaSamuchchaya, acts as a potent hepatoprotective, Tridoshaghna, and TwakVikarNashaka formulation with Srotoshodhaka action8.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 Virechana4.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 Samhita9.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 Kushthagnaand Varnya in BhavaprakashaNighantu; curcumin, its active constituent, has demonstrated anti-inflammatory and immunomodulatory properties in modern studies11. Sariva and Manjishtha are mentioned in skin disorder in dhanvantarnighatu and bhavprakashrespectively.

Aaragwadhadi Kashaya, described in vagbhat Samhitauseful in kanduand kushtha 12. Local application of KaranjaTaila (Pongamiapinnata) described in Sushruta Samhita (ChikitsaSthana 9), in kushth chikitsa13. 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 Dushti14 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.

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