

**RESEARCH ARTICLE****AYURVEDIC MANAGEMENT OF VICHARCHIKA (ECZEMA) A SINGLE CASE STUDY**

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Manuscript Info**Manuscript History**

Received: 15 February 2026

Final Accepted: 18 March 2026

Published: April 2026

Key words:-

Vicharchika, Eczema, dermatitis, Virechana Karma, Mahatikta Ghrita

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 Kshudra Kushtha 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 lichenified hyperpigmented plaques with thick crusting, scaling, follicular papules, and intense itching of 15 years' duration - a classical presentation of Vicharchika. Treatment comprised Shodhana and Shamana Chikitsa. Virechana Karma was performed as the principal purificatory procedure, preceded by Abhyantara Snehapana with Mahatikta Ghrita and Bahya Snehana-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.

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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 The Ayurvedic approach to skin diseases is holistic, addressing the root cause through Shodhana Chikitsa (bio-purification therapy) and Shamana Chikitsa (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 Shodhanachikitsa (Virechana Karma and Shodhana Chikitsa).

hana)and ShamanaChikitsa, highlighting the efficacy of classical Ayurvedic interventions in achieving symptomatic relief and preventing recurrence.

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 lichenified hyperpigmented plaques with thick crusting (indicative of prior oozing and exudation), prominent scaling, and visible follicular papules, along with a burning sensation and skin dryness. The pruritus was persistent and debilitating, significantly impacting quality of life; the patient also reported disturbed sleep, psychological stress, and 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):-

Ashtavidha Pariksha:-

Parameter	Findings
Nadi	Sarp gati
Mala	Asamaadhanakara (unsatisfactory bowel)
Mutra	Samyak
Jivha	Sama
Shabda	Spashta
Sparsha	Ruksha, Anushna
Druk	Upanetra
Aakruti	Madhyama

Dashavidha Pariksha

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 lichenified hyperpigmented plaques
Surface Changes	Thick crusting (suggestive of previous oozing/exudation)
Scaling	Prominent
Additional Findings	Visible follicular papules
Skin Texture	Dryness present

Ayurvedic Diagnosis:-

On Ashtavidha Pariksha and Dashavidha Pariksha, 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-Vata Dosha and Rakta Dushti, as described in Madhava Nidana.⁶

Management:-

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

- A) Shodhana Chikitsa: (i) Purvakarma (Pachana Chikitsa, Abhyantara Snehapana, Bahya Snehana-Swedana), (ii) Pradhanakarma — Virechana Karma, and (iii) Paschatkarma — Sansarjana Krama
 B) Shamana Chikitsa (post-procedural palliative therapy).

Pachana Chikitsa (Digestive Correction) — 5 Days

Drug / Formulation	Dose & Frequency
Kaishor Guggul 250 mg	1 tablet twice daily (BD)
Raktapachaka Vati 250 mg	1 tablet BD
Arogyavardhini Vati 250 mg	1 tablet BD
Jeerakadyarishta	15 ml BD

Table 1: Pachana Chikitsa drugs administered for 5 days**Abhyantara Snehapana with Mahatikta Ghrita**

Day	Dose (ml)	Kshudhabodh	Lakshane (Observations)
1	30	After 4 hrs	Vatanulomana
2	40	After 5 hrs	Vatanulomana
3	60	After 6 hrs	Vatanulomana, Snigdha Malapravrutti

4	90	After 8 hrs	Vatanulomana, Snigdha Malapravrutti, Laghavata
5	90	After 8 hrs	Vatanulomana, Asamhata Mala, Laghavata
6	120	After 12 hrs	Twak Snigdhatata, Glani, Asamhata Malapravrutti, Sneha Dwesha — Samyak Snigdha Lakshana achieved

Table 2: Abhyantara Snehapana with Mahatikta Ghrita — progressive dosing and observations

Bahya Snehan-Swedana (Snehvirama Phase)

Day	Procedure
1	Sarvanga Snehan — Nimba Taila + Karanja Taila; Sarvanga Swedan
2	Sarvanga Snehan — Nimba Taila + Karanja Taila; Sarvanga Swedan
3	Sarvanga Snehan — Nimba Taila + Karanja Taila; Sarvanga Swedan; Virechana Yoga — Trivrit Avaleha 50 g + Mudvika Phanta (Virechanopaga)

Table 3: Bahya Snehan-Swedana and Virechana protocol

Samyak Kaphanta Virechana was achieved. Total Vegas (purgation episodes): 28. Sansarjana Krama (post-Virechana dietary regimen) of 2 Annakala was advised.

Shamana Chikitsa — 7 Days Post-Virechana

Drug / Formulation	Dose & Anupana
Haridra + Sariva + Manjishtha + Nimba Patra + Triphala Churna — 250 mg each	BD with Go-ghrita + warm water
Aaragwadhadi Kashaya	15 ml BD
Nimba Taila + Karanja Taila	Local application

Table 4: Shamana Chikitsa administered post-Virechana for 7 days

Observations and Results:-

Following Virechana Karma and subsequent Shamana Chikitsa, clinical reassessment at 14 days demonstrated the following 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	Present	Absent
Constipation	Present	Relieved
Burning sensation	Present	Reduced

Table 5: Clinical outcome before and after treatment

Objective Assessment —Scoring for Sign and Symptoms of Vicharchika:-

An objective scoring system based on signs and symptoms of Vicharchika presenting in the patient was applied. Each parameter was graded on a 0–3 scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe), yielding a maximum total score of 18.

Parameter	Score (0–3)	Before Treatment	After Treatment
Kandu (Pruritus)	0–3	3 (Severe)	1 (Mild)
Shyava Varna (Hyperpigmentation)	0–3	3 (Severe)	1 (Mild)
Crusting (suggestive of previous oozing)	0–3	3 (Severe)	1 (Mild)
Pidika (Follicular Papules)	0–3	2 (Moderate)	1 (Mild)
Daha (Burning Sensation)	0–3	2 (Moderate)	1 (Mild)
Rukshata (Dryness)	0–3	3 (Severe)	1 (Mild)
Total Score	Max 18	16	6

Table 6: Objective Scoring for Sign and Symptoms of Vicharchika before and after treatment. Grading: 0 = Absent, 1 = Mild, 2 = Moderate, 3 = Severe.

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 hyperpigmented lichenified plaques.



Figure 2: After treatment (14 days) — Marked reduction in hyperpigmentation and lichenification.

Discussion:-

Vicharchika is described in classical Ayurvedic texts as a Kshudra Kushtha; its 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.⁵ The etiological factors (Nidana) in this 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 Madhava Nidana as causative of Kushtha.⁶ The patient was accordingly counselled to avoid heavy and spicy foods throughout the treatment course.

Pachana Chikitsa:-

Pachana therapy was initiated to correct impaired Agni and facilitate Ama Pachana. Kaishor Guggul, described in Sharangadhara Samhita, exerts Raktashodhaka and Deepana-Pachana actions.⁷ Arogyavardhini Vati acts as a potent hepatoprotective, Tridoshaghna, and Twak Vikar Nashaka formulation with Srotoshodhaka action.⁸ Jeerakadyarishta enhanced Agni, relieved constipation, and prepared the body for oleation therapy.

Snehapana and Virechana:-

Snehapana was performed using Mahatikta Ghrita, described in Charaka Samhita. Its constituent herbs — Guduchi, Vasa, Kantakari, Patola, and Nimba — confer Tikta Rasa, Ushna Virya, and Kaphaghna-Pittashamaka properties, mobilising deeply seated Ama and vitiated Doshas from Dhatus, facilitating their elimination through Virechana.⁴

Virechana was performed using Trivrit Avaleha. Trivrit (*Operculina turpethum*) is the drug of choice for Virechana in skin disorders.⁹ Modern research corroborates that therapeutic purgation promotes systemic detoxification and modulates inflammatory cytokine profiles in chronic skin conditions.¹⁰

Shamana Chikitsa:-

Post-Virechana, Shamana therapy consolidated the benefits of Shodhana and prevented recurrence. The compound herbal powder comprising Haridra (*Curcuma longa*), Sariva (*Hemidesmus indicus*), Manjishtha (*Rubia cordifolia*), Nimba Patra (*Azadirachta indica*), and Triphala Churna provided combined Raktashodhaka and Rasayana effects. Haridra is described as Kushthagha and Varnya in Bhavaprakasha Nighantu; curcumin, its active constituent, has demonstrated anti-inflammatory and immunomodulatory properties.¹¹ Sariva and Manjishtha are classical Raktashodhaka drugs indicated for skin disorders as per Dhanvantari Nighantu and Bhavaprakasha respectively. Aaragwadhadi Kashaya is indicated in Kandu and Kushtha.¹² Local application of Karanja Taila (*Pongamia pinnata*) is documented as useful in Kushtha Chikitsa.¹³ The integrated Shodhana-Shamana approach systematically addressed the root pathology by correcting Agni, eliminating Ama, purifying Rakta Dhatu, and pacifying vitiated Doshas — consistent with the principle of Nidana Parivarjana combined with Shodhana and Shamana.

Further Panchakarma management including Basti, Nasya, Shirodhara, Raktamokshana (bloodletting therapy) is planned. Raktamokshana facilitate purification of vitiated blood. Acharya Sushruta states that Kushtha involving Rakta Dushti¹⁴ mandatorily requires Rakta Shodhana as a component of the treatment plan. Nasya karma is also planned, as Madhava Nidana explicitly cites Krodha (anger) and Shoka (grief) among the causative factors of Kushtha, underscoring the need to address psychological triggers for a holistic recovery.

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 Nidana Parivarjana, Shodhana Chikitsa, and Shamana Chikitsa — can effectively address the root pathology rather than merely suppressing symptoms. The significant improvement in pruritus, hyperpigmentation, skin texture, bowel regularity, and overall quality of life validates the classical Ayurvedic treatment principles for Vicharchika. Further clinical studies with larger sample sizes, standardised protocols, and validated outcome measures are warranted to establish evidence-based guidelines for the Ayurvedic management of Vicharchika and its integration into mainstream dermatological care.

Summary Points:-

- Vicharchika (eczema) is a chronic Kshudra Kushtha characterised by Kandu, Shyava Varna, Pidika, and Bahusrava, closely correlating with modern chronic eczema.
- A 42-year-old male with 15-year-old refractory bilateral pretibial eczema unresponsive to allopathic treatment was successfully managed with a classical Shodhana-Shamana protocol.
- PachanaChikitsa (KaishorGuggul, ArogyavardhiniVati, Raktapachakvati, Jeerakadyarishta) corrected Agni and prepared the patient for Snehapana.
- AbhyantaraSnehapana with MahatiktaGhrita mobilised deep-seated Doshas; SamyakSnigdhaLakshana was achieved on Day 6.
- Virechana Karma using TrivritAvaleha achieved SamyakKaphantaVirechana effectively purging accumulated Ama and vitiated Doshas.
- Post-Virechana Shamana Chikitsa (Haridra, Sariva, Manjishtha, Nimba, Triphala, Aaragwadhadi Kashaya, local KaranjaTaila and NimbTaila) consolidated results and prevented recurrence.
- At 14 days post-Virechana, marked reduction in pruritus, hyperpigmentation, and crusting was observed, along with significant improvement in sleep quality and bowel function.
- The case validates the efficacy of classical Nidana Parivarjana-Shodhana-Shamana strategy in chronic Vicharchika, with further Panchakarma procedures (Basti, Raktamokshana, Nasya,Shirodhara) planned for holistic management.

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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