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MANAGEMENT OF VICHARCHIKA (ECZEMA) - AN AYURVEDIC APPROACH

Dr. Neema Choudhary*[1], Dr. Devesh Jaiman[2], Dr. Poonam Khayalia[3]

Post Graduate[1], Assistant Professor[2], Post Graduate[3],
PG Department of Kayachikitsa, Madan Mohan Malviya Govt. Ayurved College, Udaipur, Raj India.

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***Corresponding Author**
Dr. Neema Choudhary
Post Graduate, PG Department of Kayachikitsa, Madan Mohan Malviya Govt. Ayurved College, Udaipur, Raj India.

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ABSTRACT

In classical Ayurvedic literature, *Vicharchika* is described under *Kshudrakustha* (skin disorders) and can be clinically correlated with Eczema or Atopic Dermatitis as described in modern medicine. It is encountered by Ayurvedic Dermatologists characterized with symptoms namely *Kandu, Srava, Pidika* and *Shyava Varna.* Eczema (also called atopic dermatitis) is characterized by dry itchy skin with areas of poorly demarcated erythema and scale. In the acute phase eczema may be vesicular and oozing, In the chronic phase it may become hyperpigmented and lichenified (thickened). Excoriations (scratch marks) are frequently seen. The modern science has greatly advanced, particularly in dermatology but there are no specific medicaments for sure of eczema but symptomatic treatments like steroids are used, but they produce serious side effects like nephrotoxicity, osteoporosis, skin cancer etc. In contrast, *Ayurvedic* management involves a comprehensive therapeutic approach encompassing *Shodhana Chikitsa* (purificatory therapies), *Shamana Chikitsa* (palliative treatment), and *Sthanika Chikitsa* (local applications), supported by appropriate *Pathya Ahara* (dietary regulation) and *Pathya Vihara* (lifestyle modification). *Vicharchika* is a chronic dermatological condition whose prevalence has increased in recent years due to globalization, changing lifestyle patterns, and environmental factors. Owing to its recurrent nature, the disease significantly affects the quality of life of affected individuals. Despite the availability of various treatment modalities, long-term remission with minimal recurrence

remains a therapeutic challenge. *Ayurveda* emphasizes a preventive and holistic approach to achieve sustainable disease control. This review aims to critically analyze and compare the management of *Vicharchika* from Ayurvedic and modern medical perspectives, highlighting the significance of the integrative and preventive principles of *Ayurveda* in the effective management of the disease.

KEYWORDS: *Vicharchika*, Eczema.

INTRODUCTION

Eczema (Atopic Dermatitis) prevalence in India shows a rising trend, especially with urbanization, affecting around 10% of adults and significant numbers in children (potentially 15-30% lifetime), though rates vary by region, with some studies suggesting milder forms in South India.[1] Recent 2025 studies highlight high rates in young children (around 17-20%) and varying regional impacts, emphasizing environmental factors, pollution, and lifestyle changes as key drivers.[2] The skin, the largest organ in the body, is a reflection of the body and the mind and a unique person's physical, mental, and psychological conditions. Skin protects and covers the body, but it also aids in excretion and metabolism.[3] *Vicharchika* is classified under *Kshudra Kustha* as a distinct type of *Kustha* in *Ayurvedic* literature. According to *Acharya Charaka*[4], *Kapha Dosha* plays a predominant role in the pathogenesis of *Vicharchika*, whereas *Acharya Sushruta*[5] has emphasized the predominance of *Pitta Dosha*. The involvement of *Rasa*, *Rakta*, and *Mamsa Dhatu* along with *Twak* is clearly mentioned in classical texts.[6] Clinically, *Vicharchika* closely resembles eczema and is characterized by symptoms such as *Kandu* (pruritus), *Daha* (burning sensation), *Srava* (oozing), *Pidika*(papules), vesicles, *Rukshata*(dryness), Scaling, *Shyava varna*(discoloration), and Lichenification of the skin.[7]

In routine clinical practice, patients suffering from skin disorders are often observed to be both physically debilitated and psychologically distressed. The rising incidence of such conditions in the present era can be attributed to improper dietary habits, sedentary lifestyle, and environmental factors. *Ayurveda* offers a comprehensive therapeutic approach in the management of *Vicharchika* through *Shodhana* (purificatory therapies) and *Shamana* Chikitsa (palliative treatment). Furthermore, adherence to *Pathya-Apathya* along with *Rasayana Chikitsa* helps in preventing recurrence and achieving long-term remission of the disease.[8]

AIM AND OBJECTIVES

To develop a comprehensive understanding of the Ayurvedic framework for Eczema and its relevance in integrative healthcare.

MATERIALS AND METHODS

A concerted attempt was made to gather diverse textual references related to the management of *VICHARCHIKA*, with particular focus. The existing literature including the *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and Ashtanga Samgraha, Yogaratnakara, Bhavaprakasha and Sharangadhara Samhita, Chakradatta, Bhaishajya Ratnavali* and other pertinent current books are all reviewed. Published articles and internet sources were used to review the treatment approaches mentioned to manage.

NIDANA (CAUSATIVE FACTORS) OF ECZEMA

Acharya Charaka clearly explains that the development of *Kustha* is not possible through the derangement of a single *Dosa* alone.[9] Instead, the disease manifests due to the collective vitiation of *Sapta Dravya*, namely *Vata, Pitta, Kapha, Tvak, Rakta, Mamsa,* and *Ambu,* resulting in the manifestation of eighteen varieties of *Kustha*. On this basis, the etiological factors (*Nidana*) of *Vicharchika* are systematically classified into three categories.

1. *Aharaja Hatu* (Dietary factors)
2. *Viharaja Hatu* (Lifestyle factors)
3. *Acharaja Nidana* (Improper conduct and unethical practices)

AHARAJ HETU (Dietary factors)[10]

Viruddha Ahara-Milk with fish, Milk with sour or salty food, Heated honey, *Ati Snigdha & Guru Ahara*-Excess ghee, oil, fried food, Heavy meals taken regularly, *Dadhi Sevana* (Curd Intake)-Especially at night, *Ati Amla* & *Lavana Rasa*(Pickles, fermented food, Excess salt), *Mithya Bhojana-Adhyasana* (eating before digestion), *Visamasana* (irregular meals), *Sheetambu Sevan(*intake of cold water), *Navinanna ati-sevana*(over eating of new millets), *Matsya* (intake of fish), *Urada dala* (intake of black gram), *Pistanna*(consumption of flour based foods), *Guda*(jaggery), *Tila ati-sevana*(intake of sesame).

VIHARAJA HETUS (Lifestyle factors)[11]

Vegadharana (Suppression of natural urges such as urine, stool, flatus, hunger, thirst and sleep), *Ativyayama* (Excessive physical exercise especially after taking heavy meals), *Divaswapna* (Daytime sleep, particularly after food intake), *Ratrijagarana* (Night awakening

leading to vitiation of *Vata* and *Pitta), Sheeta Ushna Vyatyasa* (Sudden exposure to cold after heat or heat after cold), *Abhyanga Snana Avyavastha* (Bathing immediately after oil massage or improper bathing habits), *Ati Sweda* or *Asweda* (Excessive sweating or complete avoidance of sweating), *Maithuna Atiyoga* or *Ayoga* (Excessive or improper sexual activity), *Chardi Virechana Nigraha* (Suppression of natural urges of vomiting or purgation), *Dhupa Raja Dhuma Sevana* (Excess exposure to dust, smoke and pollutants), *Mithya Vihara*(Irregular daily routine and unhealthy lifestyle practices).

***ACHARAJ NIDANA* (Impropper Conducted Unethical Practices[12]**

Vipra tiraskara (Disrespect of Brahmanas), Guru *tiraskara* (Disrespect of teachers), *Anya papa acharana* (Practice of other sinful activities), *Sajjana vadh*(Killing of virtuous persons), *Papa karma acharana*(Indulgence in sinful activities), *Purva janma krita papa karma* (Sins] committed in previous births).

ETIOLOGY OF ECZEMA[13]

- Genetic Factor: Family history of eczema, asthma, or allergic rhinitis,Mutations affecting the skin barrier (e.g., filaggrin deficiency) leading to increased water loss and allergen penetration.
- Immune Dysregulation: Hypersensitivity reactions (Type I and Type IV), Increased IgE levels and Th2-mediated immune response, especially in atopic eczema.
- Skin Barrier Dysfunction: Defective epidermal barrier, Increased transepidermal water loss, Easy penetration of irritants, allergens, and microbes
- Environmental Factors: Exposure to irritants: soaps, detergents, chemicals, cosmetics,
- Allergens: dust mites, pollen, animal dander, Climate: cold, dry weather or excessive humidity Infective Factors: Secondary bacterial infection (especially Staphylococcus aureus), Viral or fungal infections may aggravate eczema.
- Psychological Factors: Stress, anxiety, and emotional disturbances exacerbate symptoms.
- Hormonal Factors: Fluctuations during pregnancy, menstruation, or puberty can worsen eczema.
- Dietary Factors: (especially in children) Food allergens such as milk, eggs, peanuts, wheat (mainly in atopic eczema).

RISK FACTORS

Family-History, Obesity, Poor-circulation, Environmental-triggers irritantants, stress, occupational exposures.

***Purvarupa* of *Vicharchika*[14]**

Although the text does not provide an illustration of the premonitory sign and symptoms of*vicharchika*, since it is one of the *kshudra kushtha roga*, one can interpret the premonitory syndrome of the *kushtha vyadhi* as *vicharchika*'s symptoms. They are called *paridaha/Daha, pariharsha, gaurava, shwayathu, visarpana, asweda, swedadhikya, atislakshnata, vaivarnyata, toda, suptata,* and *ushmayana.*

***RUPA* OF *VICHARCHIKA*[15]**

Sr.no	*Rupa*	*CS*	*SS*	*AH*	*AS*	*BS*	*KS*	*MN*	*BP*
1.	*Kandu*	+	+	+	+			+	+
2.	*Pidika*	+		+	+			+	+
3.	*Shyava*	+		+	+			+	+
4.	*Srava*	+		+	+	+	+	+	+
5.	*Raji*		+			+			
6.	*Ruja*		+				+		
7.	*Rukshata*		+						
8.	*Rakta*					+	+		
9.	*Praklina*					+			
10.	*Vrana*						+		
11.	*Paka*						+		

SIGNS & SYMPTOMS OF ECZEMA[16]

Acute eczema: weeping and crusting, blistering - usually with vesicles but, in fierce cases, with large blisters, redness, papules and swelling, ill-defined border and scaling.

Chronic eczema: less vesicular and exudative, more scaly, pigmented and thickened, more likely to show lichenification- a dry leathery thickened state, with increased skin markings, secondary to repeated scratching or rubbing; and more likely to fissure.

***SAMPRAPTI*[17]**

Habitual intake of causative factors leads to aggravation of *Pitta, Kapha*, and *Vata Doshas*. These disturbed Doshas then circulate abnormally through the transverse channels of the body. During this process, *Twak, Rakta, Mamsa*, and *Lasika* undergo vitiation and loss of integrity. Subsequently, the *Doshas* localize in the skin along with the involved *Dushyas*,

producing cutaneous discoloration and formation of lesions, which finally culminates in the development of *Kushta roga.*

***SAMPRAPTI GHATAK*[18]**

Dosha: Tridosha

Dushya: Twak, Rakta, Mansa, Lasika(ambu)

Srotas: Rasa, Rakta, mansa & Udakavaha

Agni: Jatharagni & Dhatwagnimandya

Srotodushti: Sang & vimargagamana

Sanchara: Tiryagasira

Adhishtana: Twaka

Rogamarga: Bahya

Swabhava: Chirkari

PATHOPHYSIOLOGY OF ECZEMA[19]

Eczema is a chronic inflammatory skin disorder resulting from a combination of genetic predisposition, epidermal barrier dysfunction, immune dysregulation, and environmental triggers.

The primary event is defective skin barrier function, mainly due to reduced filaggrin and altered lipid composition of the stratum corneum. This leads to increased transepidermal water loss and allows easy penetration of allergens, irritants, and microorganisms into the skin.

Penetration of these antigens activates keratinocytes and antigen-presenting cells, which stimulate the immune system. There is a predominant Th2-mediated immune response, resulting in increased production of cytokines such as IL-4, IL-5, and IL-13, leading to IgE overproduction and eosinophil activation. The inflammatory mediators cause vasodilation, edema, and pruritus, producing erythema and itching. Repeated scratching further damages the skin barrier, resulting in a vicious itch–scratch cycle.

In chronic eczema, persistent inflammation leads to epidermal hyperplasia, lichenification, and fibrosis, with a shift toward Th1-mediated immune response.

***UPADRAVA* (Complications)[20]**

In *charakaNidanasthana* 5/11, the following complications of *kushtha* have been described

1.*Puyasravam*2. *Angabheda* 3. *Trishna* 4. *Jwar* 5. *Atisara* 6. *Daha*, 7. *Daurablya* 8. *Arochaka* 9. *Avipaka*

In severe cases of *vicharchika*, *Nidranasha* due to severe itching is seen. It may be regarded as one of the of the *upadravas.*

COMPLICATIONS OF ECZEMA[21]

Secondary bacterial infection (commonly Staphylococcus aureus), Eczema herpeticum (Herpes simplex virus infection), Fungal infections, Lichenification and skin thickening, Excoriations and fissuring, Post-inflammatory hyperpigmentation or hypopigmentation, Scarring in severe or recurrent cases, Erythroderma in extensive eczema, Sleep disturbance due to intense pruritus, Psychological stress and reduced quality of life.

CHIKISTHA[MANAGEMENT][22]

1. *Shodhan:* In *Shodhan, Vaman, Virechan* and *raktamokshan* are indicated.

Acharya Charaka has specified that *kushtha* where *vata* is dominant, *Ghrita* should be used. Similarly, when the kapha is dominant, *Vaman* karma should be done and in the dominance of *Pitta dosha*, *virechan karma* and *raktamokshan* should be instituted.

Sushrutacharya described the line of treatment of various *kushtha* in somewhat similar to *charakacharya*(Su.Chi. 9/4 3).

Vaman for *Kaphadhikakushtha* in Every fortnight, *Virechan* for the elimination of vitiated pitta should be undertaken every month. *Raktamokshan* for the expulsion of *dushitarakta* should be done twice in a year and Nasya karma should be carried out on every Third day.

Sushrutacharya has again mentioned the principle of treatment of *kushtha* is as follows. In *twakagata (rasagata)kushtha, shodhankarma* should be done& drug should be applied as external application.

In *raktagatakushtha, shodhan karma, kashayapana, raktamokshan* should be done.

In *mansagatakushthashodhan karma, alepana, kashayapana, raktamokshan. asava arista, manthakalpana* and *avlehaprepration* has been indicated.

In *medogatakusthasansodhana, raktamokshan & Bhallataka, shilajatu, gugulu, tuvraka, khadira, asana* & *ayaskriti* has been indicated.

Acc. to *Acharya Vagbhata, Kushtha* should be treated first by the *shodhan* i.c. through internal and external purification and shaman drugs should be prescribed thereafter.

In *Bhelasamhita, Vicharchika* has been mentioned as one of the "*Virechaya*" group. It reveals that acharya. have favoured to conduct the *karma virechana* in *vicharchika.*

Swedana-Swedana is given by Nadi Sweda or *Vaspa Sweda* for very short period before *Shodhana*. This liquefies the Doshas.

Basti- Both the types Basti are contraindicated in the general indications but depending upon the situations it can be done.

Virechana Karma Ideal for skin conditions involving *Pitta* and *Rakta* According *to Acharya Charaka*, safed *Nishoth*, *Danti* root, and *triphala* should be used for *Virechana*. The recurrence of the disorders was reduced by using *Kostha Shuddhi.*

Vamana Karma - *Pitta* and *Kapha* excess effectively treated. *Acharya Charaka* said that if *Kushtha* impacted the upper body, the patient should undergo Vamana by using *Madanphala, Mulathi,* and *Parora* leaf along with *Neem* juice.

Nasya Saindhava, Danti, Maricha, Pippali, and other medications that work well against *Krimi, Kushtha,* and *Kapha Prakopaja Vikara* are recommended for use with *Nasya.*

Dhumpana is indicated in *Kushtha, Krimi* and *Kilasa.*

Lepa- Lepa are anti-*Kushtha* topical treatments that work well for illnesses. *Guduchi*, Turmeric, *Amla* and *Shatavari* are frequently used to cure *Vicharchika. Bhavprakash* refers to this plant as *kushthaghana*, and its medicated oil is one of the most basic skin-disinfecting and healing remedies.

2. *Shaman:Shaman chikitsa* is given with two specific purpose

a) To treat *kushtha* in those patients who are unable and contraindicated for *shodhan karma.*

b) To subside the remnant doshas after *shodhan karma.*

Kushthaghna: 1) *Khadirarishta* 2) Sarivadyasava 3) *Arogya Vardhini Vati*

Kandughna: 1) *Laghu Sootho Shekhara Vat*i 2) *Madhu Yashti Choorna 3) Haridra Choorna*

Rasayana: 1) *Khadirarishta* 2) *Amalaki Rasayana* 3) *Gokshira*

Raktashodhaka: 1) *Sarivadyasava* 2) *Chandanasava* 3) *Maha Manjishthadi Kashaya*

Kaphavatahara: 1) *Bhallataka Vati 2) Amrita Bhallataka Leha* 3) *Chitrakasava*

Malavatanulomana: 1) *Haritaki Choorna* 2) *Triphala Kashaya* 3) *Avipattikora Choorna*

Ropana: 1) *Triphala Kashay*a 2) *Mohatiktoka Kashaya* 3) *Majishtadi Kashaya*

Anti infectivea: 1) *Tiktaka Kashaya* 2) *Patala Katurahinyadi Kashaya* 3) *Guduchi Kwatho*

Antibacterial: 1) *Guduchi Kwatha* 2) *Rasa Manikya* 3) *Tala Sindoora*

Bactericidal: 1) *Malla Sindoora* 2) *Vrinapahari Rasa*

Anti-fungal: 1) *Chakramarda Taila* 2) *Tankona Bhasma*

Anti stress: 1) *Jatamamsi Choorna* 2) *Sarpagandha Vat*i 3) *Saraswathari Vati*

Adaptogenic: 1) *Guduchi Kwatha* 2) *Tagara tablets*

CNS Depressant: 1) *Jatamamsi Choorna* 2) *Saraswatharishta*

Single drugs: *Haridra, Nimba, Amalki, Khadir, Nimb, Patola, Daruharidra, Kasisa, Musta, Lodhra, Sarjrasa, Vidanga, Manahshila, Hartala, Karaveera etc.*

Specific Preparation: for *Vicharchika Pathya Churna, Visha Tailam, Durvadh Tailam, Ekvinshati Guguglu, Panchnimb Churna, Edagajadi Lepa, Grihdhumadi Lepa, Aragwadhadi Kwatha, Udaybhaskar Ras, Ras Manikya, Amritankur Loha, Marichadi Taila, Vicharchikari Taila, Neeli Ghrita, Khadir Kwatha, Haridradi Taila, Arka Taila, Lghu And Maha Marichyadi Taila. Ras Manikya, Shadbindu Taila, Vicharchikahar Lepa, Vidangadi Churna, Karanja Taila And Kashmaryadi Lepa* etc are specific preparations mentioned in ayurvedic texts.

Nidana Parivarjana: The term "*Nidana Parivarjana*" refers to avoiding causative elements. This limits the vitiation of *Doshas*, hence halting the future advancement of the disease.

DISCUSSION

Vicharchika corresponds to eczema (atopic dermatitis), a chronic skin disorder with impaired barrier function, dryness, and increased susceptibility to infections and allergens. In Ayurveda, it is Kapha-dominant, with acute symptoms like *Kandu, Shyava, Pidika,* and *Bahusrava,* and chronic features such as *Raji, Arti,* and *Saruksha.* Improper diet and lifestyle (*Ahita, Viruddha, Mithya Ahara*) vitiate *Jatharagn*i, producing *Ama* and *Amavisha*, which affect multiple *Srotas* (*Rasavaha, Raktavaha, Mamsavaha, Swedavaha*). *Srotodusti* manifests as *Sanga* (obstruction) and *Vimarga-gamana* (abnormal flow), creating sites of weakness. Management requires systemic and topical therapy, *Shodhana, Shamana, Pathya-Apathya* adherence, and herbal support. An integrated approach improves outcomes and reduces relapses**.**

CONCLUSION

Vicharchika corresponds to eczema and requires long-term management with systemic and topical therapies. *Ayurvedic* treatment—including oral and topical formulations, *Panchakarma,* and adherence to *Pathya-Apathya*—provides effective relief. Avoiding triggers, using moisturizers, and applying medicated oils or ghee help reduce dryness and itching. The holistic approach addresses both physical and psychological impacts, making Ayurveda a valuable option for managing mild and chronic skin disorders.

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