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AYURVEDIC MANAGEMENT OF CHRONIC VICHARCHIKA (ECZEMA) OF THE ANKLE THROUGH SHODHAN AND SHAMAN CHIKITSA: A CASE REPORT

Dr. Poonam Khyalia[1*], Dr. Ravi Sharma[2], Dr. Komal Kumari[3]

[1,3]MD Scholar, Department of Kayachikitsa, Madan Mohan Malviya Government Ayurved College, Udaipur, Rajasthan, India.

[2]Professor and Head of Department of Kayachikitsa, Madan Mohan Malviya Government Ayurved College, Udaipur, Rajasthan, India.

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***Corresponding Author**

Dr. Poonam Khyalia

MD Scholar, Department of Kayachikitsa, Madan Mohan Malviya Government Ayurved College, Udaipur, Rajasthan, India.

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ABSTRACT

Background: *Vicharchika*, a *Kapha–Pitta–Rakta* predominant *Kṣudra Kuṣṭha* described in classical *Ayurvedic* literature, closely corresponds to the modern dermatological entity eczema, characterised by intense pruritus, erythema, scaling, crusting and, in chronic stages, lichenification. Conventional management with topical corticosteroids and antihistamines offers symptomatic relief but is frequently associated with recurrence and cutaneous side effects on prolonged use, creating a rationale for exploring an integrated *Ayurvedic* approach.

KEYWORDS: *Vicharchika*; Eczema; *Virechana Karma; Snehapana; Mahatikta Ghrita*.

INTRODUCTION

Eczema, or dermatitis, is a heterogeneous group of inflammatory skin conditions characterised clinically by pruritus, erythema, vesiculation, oozing, crusting and, in chronic stages, lichenification and skin thickening. It is among the most common reasons for dermatological consultation worldwide and follows a relapsing–remitting course that disproportionately affects quality of life owing to persistent itching and visible cutaneous involvement.

Atopic and chronic eczema together represent one of the most prevalent inflammatory skin disorders globally, with epidemiological surveys reporting wide variation in prevalence across age groups and geographic regions and a disproportionate burden in adult and elderly populations who are frequently under-represented in incidence data.

The aetiology of eczema is multifactorial, involving impaired epidermal barrier function, dysregulated cutaneous immune responses with a Th2-skewed inflammatory profile, and environmental triggers such as irritants, allergens, heat, sweating and psychological stress. Chronic, localised presentations over flexures and bony prominences, as in the peri-malleolar region, are frequently aggravated by mechanical friction, dryness and recurrent low-grade irritant exposure.

Conventional management relies principally on emollients, topical corticosteroids, calcineurin inhibitors and, in refractory cases, systemic immunosuppressants or antihistamines. While effective for symptomatic control, prolonged topical steroid use is limited by cutaneous atrophy, tachyphylaxis and rebound flares on discontinuation, and systemic options carry their own toxicity profile. These limitations sustain clinical interest in disease-modifying, low-toxicity alternative approaches such as *Ayurveda.*

In *Ayurvedic* classical literature, eczema is best correlated with *Vicharchika*, classified among the *Kṣudra Kuṣṭha* (minor skin disorders) described in the seventh chapter of *Charaka Saṃhita Chikitsa Sthana,* and characterised as a *Kapha–Pitta* predominant condition with *Rakta* and *Tvak* as the principal *Dusya*.

Classical texts describe the cardinal features of *Vicharchika* as *Kandu* (itching), *Pidaka* (eruptions), *Syava-varnata* (dark discolouration) and *Bahusrava* (excessive discharge), a description corroborated in the *Shusruta Saṃhita* account of the same condition, closely paralleling the contemporary clinical description of eczema.

Ayurvedic management of *Tvak Vikara* (skin disorders) emphasises a combination of Sodhana (bio-purification, particularly *Virechana* Karma for *Pitta–Rakta* predominant *Doṣa-Duṣya* states) and *Samana* (palliative) therapy using *Rakta-Pitta-shamaka* and *Kushtaghna* formulations, supported by *Pathya-Apathya.*

Virechana Karma is classically designated as the foremost (Agra) therapy for *Pitta*-predominant *Kustha,* eliminating vitiated *Pitta* and *Rakta* through the *Adho Marga* and

thereby addressing the disease at the level of *Dosha* rather than merely suppressing the cutaneous manifestation, which is proposed as a key reason for more durable remission compared with purely palliative measures.

CASE PRESENTATION

Demographic Details

Age	Gender	Occupation	Marital Status
63 years	Female	Housewife	Married

The patient presented to the outpatient department on 11 July 2025, with examination performed on the same day.

Chief Complaints

- Itchy patches over both legs, localised to the peri-malleolar (ankle) region — 8 months
- Redness of the overlying skin — 9 months
- Dry, rough and scaly skin over the affected area-7 months.
- Crusting over the lesions
- Burning sensation
- Pain over the affected sites.

History of Present Illness

The patient was apparently asymptomatic ten months prior to presentation. She gradually developed itching over the ankle and dorsum of the foot, initially mild and intermittent, which progressed over time to become severe and persistent. This was followed by erythema and dryness of the overlying skin. With continuation of the disease, episodes of oozing and crust formation were noted during active flares, while areas of longer standing involvement showed thickening and darkening of the skin, consistent with a chronic lichenified phase superimposed on an actively inflamed component. The patient identified dust, heat, sweating, psychological stress and use of soap as aggravating triggers. There was no associated fever or other systemic illness.

Past History

- No prior history of other allergic skin conditions
- History of allergic asthma

- History of prior use of topical and/or systemic medication, including corticosteroids, for the present complaint.

Drug History

History of prior topical and/or systemic steroid use was present, as noted above, though exact agents, doses and duration were not separately documented in the available case record.

Family History

- No family history of skin allergies
- No similar illness reported in the family.

Personal History

Parameter	Finding
Appetite	Normal
Sleep	Normal
Bowel habits	Normal
Bladder habits	Clear
Addictions	Tea (regular intake)
Menstrual history	Menopause attained 10 years prior to presentation

General Examination

Parameter	Finding
General condition	Fair / stable
Consciousness	Conscious and oriented
Built & nourishment	Moderate
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Edema	Mild
Temperature	Afebrile
Pulse	Normal
Blood pressure	Normal
Respiratory rate	Normal

Local (Skin) Examination

Bilateral peri-malleolar plaques were noted, predominantly over the medial and lateral ankle and extending onto the dorsum of the foot. Using the ABCDE framework for lesion characterisation:

- Asymmetry: the two halves of the lesion did not mirror one another

- Border: irregular, with uneven and notched margins
- Colour: variable, ranging through tan, brown, dark red and areas of hyperpigmentation
- Evolution: progressive change in extent, colour and surface character over the disease course, with new crusting and occasional bleeding on scratching
- Diameter: variable, largest plaques measuring several centimetres across the malleolar prominence
- Surface changes included dryness, scaling, lichenification and focal crusted erosions, most marked over the lateral malleolus bilaterally.

Systemic Examination

- Cardiovascular system: S1 S2 heard, no added sounds
- Respiratory system: bilateral air entry equal, no added sounds (asthma quiescent at presentation)
- Gastrointestinal system: abdomen soft, non-tender, no organomegaly
- Central nervous system: conscious, oriented, no focal deficit.

Ahṣṭavidha Pariksha (Eightfold Examination)

Parameter	**Finding**
Nadi (Pulse)	Regular rhythm; *Pitta–Kapha* predominant character
Mutra (Urine)	Normal frequency and colour, no documented abnormality
Mala (Stool)	Regular, formed, consistent with normal Bowel history reported
Jihva (Tongue)	*Sama* coating noted, suggestive of associated *Ama*
Sabda (Voice)	Clear, normal
Sparsa (Touch)	Local warmth and mild oedema over affected ankle; skin elsewhere normal temperature
Drk (Eyes)	No icterus or pallor
Akrti (General build)	*Madhyama* (moderate) build and nourishment

Dasavidha Parikṣha(Tenfold Examination)

Parameter	**Finding**
Prakṛti	*Kapha–Pitta* predominant (clinical assessment)
Vikṛti	*Pitta–Kapha* vitiation with *Rakta Dushti* localised to *Tvac*
Sara	*Madhyama Tvak Sara*
Saṃhanana	*Madhyama* (moderate compactness)
Pramana	Within proportionate limits for age and build
Satmya	*Madhyama*
Sattva	*Madhyama*
Ahara Sakti	*Madhyama Abhyavaharaṇa* and *Jarana Sakti*
Vyayama Sakti	*Avara to Madhyama*, consistent with age and sedentary occupation
Vaya	*Vrddhavastha* (elderly, post-menopausal)

Investigations

Baseline haematological and biochemical investigations (complete blood count, erythrocyte sedimentation rate, absolute eosinophil count, liver function test, renal function test, random blood sugar and serum IgE) were not performed for this patient, as the diagnosis was established on clinical grounds and no systemic indication necessitating laboratory work-up was identified at presentation.

Differential Diagnosis

Condition	Distinguishing Feature Against the Present Case
Psoriasis	Well-defined plaques with silvery-white micaceous scaling; absent in this patient
Contact dermatitis	Requires a clear history of exposure to a specific irritant or allergen at the affected site; not elicited here
Lichen planus	Flat-topped, violaceous, polygonal papules with Wickham striae; morphology not consistent with present lesions
Urticaria	Transient, evanescent wheals resolving within hours; lesions in this patient were persistent over months
Scabies	Intense nocturnal itching with burrows, typically interdigital; burrows absent here

Diagnosis

Modern diagnosis: Chronic eczema (dermatitis) of the bilateral peri-malleolar region.

***Ayurvedic* diagnosis:** *Vicharchika (Kṣudra Kuṣṭha).*

***Samprapti* (Pathogenesis)**

Nidana Sevana in the form of repeated local irritant exposure (soap, heat, sweating) and *Manasika Nidana* (psychological stress) led to vitiation of *Kapha* and *Pitta Doṣha*. The vitiated *Dosha*, in association with disturbed *Agni*, generated *Ama*, which combined with circulating *Doṣha* to vitiate *Rakta* and lodge in the *Tvac* (skin) through the *Rasavaha* and *Raktavaha Srotas*. Localisation occurred preferentially over the bony, friction-prone ankle region, clinically manifesting as *Kandu* (itching), *Raktata/Syavata* (redness progressing to dark discolouration), *Ruksata* (dryness), *Pidaka* formation and *Srava* (oozing) in the active phase, with *Kharata (*roughness) and *Tvak Vaivarṇya* (thickening and darkening) in the chronic phase — a presentation consistent with classical descriptions of *Vicharcika. (Caraka Saṃhitā, Cikitsā Sthāna 7; Suśruta Saṃhitā, Nidāna Sthāna 5).*

***Samprapti Ghaṭaka* (Components of Pathogenesis)**

Component	Detail
Dosha	*Kapha–Pitta* predominant, with secondary *Vata* involvement (*Kandu, Rukṣata)*
Dusya	*Rakta, Tvac, Lasika*
Agni	*Jaṭharagni Manda,* contributing to *Ama* formation
Ama	Present, indicated by *Sama Jihva* and chronicity of lesions
Srotas	*Rasavaha, Raktavaha, Svedavaha*
Srotodusṭi prakara	*Sanga* (obstruction) with *Vimargagamana* (abnormal flow) of *Rakta* and *Kapha–Pitta* to *Tvac*
Udbhava Sthana	*Amasaya* (site of *Dohṣa* accumulation secondary to *Agnimandya)*
Sanchra	*Sarvasarira,* via *Rasa-Rakta* circulation
Adhiṣṭhana	*Tvac*, localised to bilateral peri-malleolar region
Roga Marga	*Bahirmarga* (external pathway, manifesting at the skin)

Timeline

Date / Phase	Event
8–10 months prior	Onset of itching followed by redness and dryness over ankle region
11 July 2025	Presentation and clinical examination; diagnosis of *Vicharcika* (eczema) established
Phase 1	*Dipana–Pacana* with *Ṣaḍanga Paniya* and *Citrakadi Vati*
Phase 2 (Day 1–7)	*Snehapana* with *Mahatikta Ghṛita*, graded 25–175 mL
Phase 3	*Sarvanga Abhyanga* with Deboskin oil and *Svedana*
Phase 4	*Virechana Karma* with *Trivṛit Avaleha* (*Hṛdya Virecana Avaleha)*
Post-*Virechana*	*Samsarjana Krama* followed by continued *Samana* medication and *Pathya–Apathya* advice
Follow-up	Clinical and photographic reassessment of lesion status

Treatment

The treatment protocol combined *Sodhana (Virechana Karma*) with adjunctive *Samana* (palliative) formulations and local applications, as summarised below.

Medicine	Composition	Dose	Frequency	Route	Duration	Classical Properties	Therapeutic Rationale
Chopchini Churna	*Smilax china (Chobchini)*	2 g	Twice daily	Oral	Through *Samana* course	*Tikta-Kaṣaya Rasa, Uṣṇa Virya; Raktasodhaka*	Blood-purifying action, traditionally used in chronic skin disease
Manjishthadi Churna	*Rubia cordifolia*	2 g	Twice daily	Oral	Through *Samana* course	*Tikta-Kaṣaya Rasa, Raktaprasadaka*	*Rakta-Pitta-shamaka*; reduces erythema and discolouration
Amalaki Churna	*Emblica officinalis*	1 g	Twice daily	Oral	Through *Samana* course	Pancarasa (predominantly *Amla), Sita virya; Rasayana*	Antioxidant, *Pitta*-pacifying, supports tissue healing
Arogyavardini Vati	Compound *(Suddha Parada, Śuddha Gandhaka and*	250 mg	Twice daily	Oral	Through *Samana* course	*Kaṭu-Tikta Rasa, Dipana-Pacana, Kuṣṭhaghna*	Improves *Agni*, reduces *Ama*, supports hepatic and metabolic

	others*)*						function
Punarnavadi Mandura	Boerhavia diffusa with *Mandura Bhasma*	250 mg	Twice daily	Oral	Through *Samana* course	*Tikta-Kaṣaya, Dipana, Sothahara*	Anti-inflammatory and mild diuretic action, reduces local oedema
Punarnavashtakwatha + Navakarshika Kwatha	*Boerhavia diffusa compound decoction*	5 g each	Twice daily, empty stomach	Oral	Through *Samana* course	*Tikta-Kaṣaya Rasa, Kaphapittahara*	*Raktasodhaka* and *Kuṣṭhaghna* decoction combination
Jatyadi Taila + Zinc Oxide	*Jasminum grandiflora m* based medicated oil	Locally sufficient quantity	Once daily	L/A	Through course	*Sita Virya, Vraṇaropaka, Kuṣṭhaghna*	Promotes wound/lesion healing, soothes crusted and excoriated skin
Mahatikta Ghṛita	Compound medicated ghee *(Tikta group herbs in Ghiṛta base)*	10 g, morning	Once daily × 7 days	Oral (*Snehapana)*	7 days, graded	*Tikta Rasa* predominant, *Snigdha Guṇa, Śita virya*	*Pitta-Kapha-hara Snehana;* prepares *Doṣha* for *Virechana*
Syp. Raktcure	Proprietary blood-purifier formulation	2 tsp	Twice daily	Oral	Through *Samana* course	*Raktasodhaka, Kuṣṭhaghna* group herbs (label-based)	Adjunct blood-purifying support
Psorvan Ointment + Deboskin Ointment	Proprietary compound ointments	Locally sufficient quantity	Once daily	Local application	Through and after course	*Sothahara, Kaṇḍughna* (label-based)	Symptomatic relief of itching, inflammation and dryness

***Virechana Karma* Protocol8**

1. Dipana–Pacana

Sadanga Paniya (20 g, as a herbal decoction for drinking) and *Chitrakadi Vati* (2 tablets twice daily) were administered prior to *Snehapana*. *Ṣaḍanga Paniya*, a *Tikta-Kaṣaya* combination, was selected for its *Agni*-stimulating and *Ama-pacaka* properties, while *Citrakadi Vaṭi*, containing *Chitraka (Plumbago zeylanica)* as its principal *Dipana* ingredient, was used to further kindle *Jaṭharagni.*

Correction of *Agni* and digestion of *Ama* at this stage is classically emphasised as a prerequisite before *Snehana* and *Sodhana*, ensuring that the administered *Sneha* is properly metabolised and that *Dosha* are rendered mobile (*Vilayana)* rather than further aggravated. *(Caraka Saṃhitā, Cikitsā Sthāna 7; Siddhi Sthāna 1 (Kalpanāsiddhi Adhyāya)*.

2. Snehapana* with *Mahatikta Ghṛita

Day	Dose (mL)	Day	Dose (mL)
Day 1	25	Day 5	125
Day 2	50	Day 6	150
Day 3	75	Day 7	175
Day 4	100		

Mahatikta Ghṛita, a *Tikta*-group medicated *Ghṛita* classically described for *Kuṣṭha* and *Rakta-Pitta* disorders, was selected for its *Pitta-Kapha-hara* and *Raktasodhaka* properties, appropriate to the *Kapha-Pitta-Rakta* dominant *Samprapti* identified in this case. *(Bhaiṣajya Ratnāvalī, Kuṣṭha Rogādhikāra).*

Ghrita as a *Sneha Dravya* was chosen over *Taila* for its affinity to carry lipophilic *Tikta* principles to the *Rakta* and *Tvac Dhatu* while being comparatively *Pitta*-pacifying.

The *Arohaṇa Krama* (ascending dose schedule) over seven days allowed gradual saturation of *Dhatu* with *Sneha*, monitored clinically for development of *Samyak Snigdha Lakṣaṇa* (signs of adequate oleation) before proceeding to *Sodhana*, in keeping with the principle that inadequately prepared *Dosha* yield incomplete and potentially harmful elimination. *(Aṣṭāṅga Hṛdaya, Sūtra Sthāna 16 (Snehavidhi Adhyāya); Caraka Saṃhitā, Siddhi Sthāna 1).*

3. Sarvanga Abhyanga and Svedana

Whole-body *Abhyanga* using Deboskin oil was performed, followed by *Svedana*, as *Purvakarma* immediately preceding *Virechana.*

Abhyanga promotes *Vata Samana*, improves peripheral circulation and assists in mobilising *Doṣha* from the *Śakha* (peripheral tissues) toward the *Kostha* (gastrointestinal tract), while *Svedana*, through induced sudation, further liquefies and loosens (*Śithilikaraṇa*) the channels, facilitating smoother and more complete expulsion of vitiated *Dosha* during the subsequent *Virechana* procedure. *(Aṣṭāṅga Hṛdaya, Sūtra Sthāna 2 (Dinacaryā Adhyāya) and Sūtra Sthāna 17 (Svedavidhi Adhyāya)).*

4. Virechana Karma

Trivṛt Avaleha (*Hṛdya Virecana Avaleha)*, containing *Operculina turpethum (Trivṛt*) as its principal purgative ingredient, was administered as the *Virecaka Yoga.*

Trivṛt is classically regarded as a comparatively mild and safe purgative, particularly suitable for *Pitta*-predominant skin disease and for elderly patients, where aggressive purgation carries greater risk of *Vata* aggravation. *Virechana Karma* is indicated in *Pitta-Rakta* predominant *Kuṣṭha* as it eliminates vitiated *Doṣha* through the *Adho Marga* (lower route), directly addressing the *Raktadusti* underlying *Vicarcika* rather than merely suppressing surface symptoms. *(Caraka Saṃhitā, Kalpa Sthāna; Cikitsā Sthāna 7; Aṣṭāṅga Hṛdaya, Sūtra Sthāna 18).*

Samyak Virecana Lakṣaṇa (signs of adequate purgation) were assessed clinically, including appropriate number of *Vegas* (purgative episodes), elimination of *Dosha* in expected sequence (*Pittanta, Kaphanta or Vatanta* as applicable), and a feeling of lightness and clarity in the patient following the procedure, without excessive exhaustion or dehydration. Following *Virechana*, the patient was advised a graded *Samsarjana Krama* diet (*Peya Vilepi, Yuṣa* progressing to normal diet) to restore *Agni* before resumption of solid food and continued *Samana* medication. *(Caraka Saṃhitā, Siddhi Sthāna 1 (Kalpanāsiddhi Adhyāya)).*

Follow-up Medications and *Pathya–Apathya*

Following *Virechana*, the patient was continued on the *Samana* formulations listed in the treatment table, intended to consolidate the *Doṣha-Dhatu* correction achieved through *Sodhana*, control residual *Kandu* and inflammation, and support healing of the skin barrier. Structured dietary and lifestyle advice (*Pathya–Apathya*) was provided as an integral part of management.

Recommended *(Pathya)*: light, easily digestible food with *Tikta Rasa* predominance — bitter gourd, Patola, fenugreek, old barley and wheat preparations, green gram, lentils, green leafy vegetables; drinking lukewarm water; staying in a cool environment; avoidance of mental stress; regular sleep.

Restricted (*Apathya)*: excess sour, salty and pungent food; spicy and fried food; curd and excess buttermilk; fish, meat, egg and seafood; stale and incompatible food combinations; jaggery and excess sweets; alcohol and smoking; daytime sleep; excessive sweating and heat exposure.

Outcome Assessment

Subjective Findings (Clinical Impression).

Parameter	Before Treatment	After Treatment
Itching	Severe, persistent	Markedly reduced (clinician-reported)
Burning sensation	Present	Reduced
Pain	Present	Reduced
Dryness	Marked	Improved skin texture

Objective Findings (Clinical Impression).

Parameter	Before Treatment	After Treatment
Erythema	Marked, well-demarcated	Visibly reduced
Scaling	Present	Largely resolved

Crusting / oozing	Present over active lesions	Absent
Lichenification / thickening	Present	Softer texture, residual hyperpigmentation

Photographic Assessment

Written informed consent was obtained from the patient for clinical photography and for publication of the images. Figure 1 shows the bilateral peri-malleolar lesions before treatment, demonstrating erythematous, scaly, crusted and lichenified plaques.

Figure 2, taken after completion of the *Virechana*-centred protocol, shows substantially reduced erythema, resolution of crusting and scaling, and softer skin texture with residual post-inflammatory hyperpigmentation.

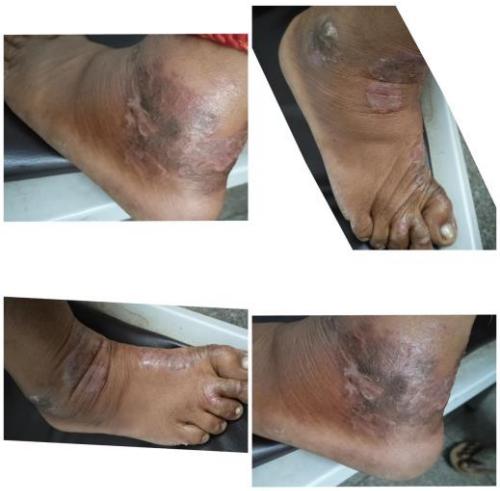

Figure 1: Bilateral Peri-malleolar Lesions Before Treatment.

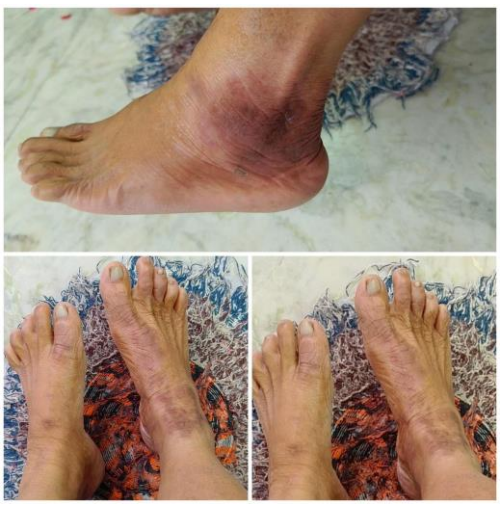

***Figure 2*: Same Site After Completion of the *Virechana*-Centred Protocol, Showing Reduced Erythema, Scaling and Crusting.**

DISCUSSION

The clinical course in this case is consistent with the classical *Samprapti* of *Vicharcika*, in which *Agnimandya*-driven *Ama* formation, combined with *Kapha-Pitta* vitiation and secondary *Raktadusti*, manifests at the *Tvac* through the *Rasavaha* and *Raktavaha Srotas*. The chronic, friction-prone peri-malleolar location, the alternating active (oozing, crusted) and chronic (lichenified, hyperpigmented) phases, and the identified aggravating factors of heat, sweating and stress are all consistent with this pathogenic model.

This *Samprapti* finds a reasonable correlate in the modern understanding of chronic eczema as a barrier-dysfunction and Th2-skewed inflammatory disorder aggravated by mechanical and environmental triggers.

Each component of the protocol was selected to address a specific link in the *Samprapti*. *Dipana-Pacana* with *Ṣaḍanga Paniya* and *Chitrakadi Vaṭi* targeted the underlying *Agnimandya* and *Ama*, a necessary first step before *Snehana*, since unprepared *Doṣha* are classically held to respond poorly to subsequent *Sodhana*.

The *Tikta*-predominant oral *Churna* and *Kwatha* formulations (*Chopchini, Manjishthadi, Punarnavashtaka, Navakarshika*) share a common *Raktasodhaka* and *Kuṣṭhaghna* action profile, consistent with the *Pitta-Rakta* component of the *Samprapti*, while *Arogyavardhini Vati* and *Punarnavadi Mandura* contributed additional *Dipana* and mild *Sothahara* (anti-oedema) action.

The combination of several *Tikta-Kaṣaya* formulations rather than a single agent reflects the classical principle of *Yoga (*combination) for broader and more sustained *Dosha* correction, and may be considered an example of therapeutic synergism, wherein overlapping *Rakta-Pitta-shamaka* actions reinforce one another.

Mahatikta Ghṛita was selected for *Snehapana* because its *Tikta Rasa* and *Ghṛita* base combine *Pitta*-pacification with *Sneha*-mediated *Dhatu* penetration, preparing the *Dosha* for elimination while being comparatively protective of *Pitta*-predominant tissue such as *Rakta* and *Tvac*.

Virechana Karma using *Trivṛt Avaleha* was chosen as the *Sodhana* procedure of choice for this *Pitta-Rakta* predominant skin disease, in keeping with the classical principle that

Virechana is the foremost therapy for Pitta-origin disorders and, by extension, for *Raktaja Kuṣṭha.*

Trivṛt's comparatively mild purgative action made it a reasonable choice in an elderly patient, minimising the risk of excessive *Vata* aggravation that can accompany more drastic purgatives.

From a contemporary perspective, several herbs employed in this protocol, notably *Boerhavia diffusa*, have been associated in published pharmacological work with anti-inflammatory, antioxidant and immunomodulatory activity, which may plausibly contribute to reduced cutaneous inflammation, although the precise biochemical mechanisms in this individual case were not investigated and should be interpreted as a proposed, rather than confirmed, explanation.

The post-*Virehcana* continuation of *Samana* medication and structured *Pathya-Apathya* advice reflects the classical understanding that *Śodhana* addresses the root *Doṣha* imbalance while *Samana* and lifestyle correction consolidate the gain and reduce the likelihood of relapse, a combination that may offer an advantage over purely palliative, steroid-based approaches in terms of durability of remission, though this remains to be confirmed by comparative follow-up data.

Prolonged topical corticosteroid use in eczema is well documented to carry risks of cutaneous atrophy and rebound flare on discontinuation, a limitation that the integrated *Sodhana-Samana* approach used in this case sought to circumvent by addressing the underlying *Dosha-Dusya* derangement rather than relying solely on local anti-inflammatory suppression.

CONCLUSION

In this 63-year-old patient with chronic peri-malleolar Vicharcika (eczema), a combined *Sodhana-Samana* protocol centred on *Virechana Karma* with *Trivṛt Avaleha*, supported by *Snehapana* with *Mahatikta Ghṛita* and adjunctive *Rakta-Pitta-shamaka Śamana* formulations, was associated with visible clinical improvement in erythema, scaling and crusting without reported adverse effects. The case illustrates a classically reasoned, internally consistent application of *Ayurvedic* principles to a chronic dermatological condition and supports the conduct of larger, methodologically rigorous studies to establish the efficacy of this approach.

REFERENCES

1. *Agnivesha. Caraka Saṃhita,* revised by *Chraka* and *Dṛḍhabala,* with Ayurveda Dipika commentary of Cakrapaṇidatta. Edited by Vaidya Jadavji Trikamji Acharya. Varanasi: *Chaukhambha Surbharati Prakashan; Charaka Chikitsa* chapter 7.
2. *Agnivesha. Caraka Saṃhita. Sutra Sthana, Maharoga Adhyaya,* Chapter 20 [classification of *Kuṣṭha* among *Trayodasa Maharoga.*
3. *Agnivesha. Caraka Saṃhita Siddhi Sthana, Kalpanasiddhi Adhyaya,* Chapter 1 [*Samyak Snehana and Samyak Virecana Lakṣaṇa.*
4. *Acharya, Y. T. (Ed.). (2005). Charaka Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta (Reprint ed.). Chaukhamba Surbharati Prakashan.*
5. *Acharya, Y. T. (Ed.). (2005). Charaka Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta (Reprint ed.). Chaukhambha Surbharati Prakashan.*
6. *Agnivesha. Caraka Saṃhita Kalpa Sthana* [description of *Trivrt/Nilini* and other *Virecaka Dravya.*
7. *Sushruta. Sushruta Saṃhita,* with *Nibandhasangrah*a commentary of Ḍalhaṇa. Edited by Vaidya Jadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan; [edition year]. *Cikitsa Sthana, Kuṣṭha Cikitsita*, Chapter 9, Verse 43.
8. *Vagbhaṭa. Aṣṭaṅga Hṛdaya,* with Sarvangasundara commentary of *Aruṇadatta* and *Ayurvedarasayana* of Hemadri. Edited by Pt. Hari Sadashiva Shastri Paradakara. Varanasi: *Chaukhambha Surbharati Prakashan;. Sutra Sthana, Dinacarya Adhyaya, Chapter 2.*
9. *Vagbhaṭa. Aṣṭaṅga Hṛdaya. Sutra Sthana, Snehavidhi Adhyaya*, Chapter 16.
10. *Vagbhaṭa. Aṣṭaṅga Hṛdaya. Sutra Sthana, Svedavidhi Adhyaya*, Chapter 17.
11. *Vagbhaṭa. Aṣṭaṅga Hṛdaya. Satra Sthāna, Vamana Virechana Vidhi Adhyaya*, Chapter 18.
12. *Govinda Dasa Sena. Bhaiṣajya Ratnavali,* with Siddhiprada Hindi commentary. Edited by Prof. Siddhi Nandan Mishra. Varanasi: *Chaukhambha Surbharati Prakashan; Kuṣṭha Rogadhikara [Mahatiktaka Ghṛita]*.
13. Hadi HA, Tarmizi AI, Khalid KA, Gajdács M, Aslam A, Jamshed S. The epidemiology and global burden of atopic dermatitis: a narrative review. Life (Basel). 2021; 11(9): 936.
14. Hostoffer R, et al. Atopic dermatitis: a review of diagnosis and treatment. J. Pediatr. Pharmacol Ther., 2024; 29(6): 587.

15. Das S, Singh PK, Ameeruddin S, Bindhani BK, Obaidullah WJ, Obaidullah AJ, Mishra S, Mohapatra RK. Ethnomedicinal values of Boerhaavia diffusa L. as a panacea against multiple human ailments: a state of art review.