

## A CLINICAL CASE REPORT ON VICHARCHIKA AND ITS AYURVEDIC MANAGEMENT

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### ABSTRACT

Dermatological conditions had always been a cause of concern affecting 1.8 billion people at any point in time. Atopic dermatitis, a chronic relapsing hypersensitive response has the highest disease burden based on disability-adjusted life-years. Causing significant itch, pain, disfigurement, and physical and psychological stress, there is no cure for the same but can be controlled with treatment for periods before it recurs. The science of Ayurveda encompasses skin diseases under *kushta* pointing out a multifactorial etiology. The management line focuses mainly on shodhana followed by samana, rasayana therapies, and nidana parivarjana. A 39-year-old male patient (k/c/o T<sub>2</sub>DM) approached Kayachikitsa OPD of Govt. Ayurveda College, Thiruvananthapuram with complaints of erythematous pustular lesions over b/l hand, foot, and left foreleg associated with oozing and itching. Initially, kushtahara sodhana drugs were administered along with local

seka externally. Shodhana was the main line of treatment with prior snehana with due consideration to prameha. Vamana, virechana were done followed by *samsarjana krama*. Jalookavacharana done locally at the sites showed significant results. Itching, oozing and erythema considerably reduced with a change in EASI score from severe to mild form with no due exacerbation. The case report implies that repeated sodhana has a marked role in the treatment of skin diseases.

**KEYWORDS:** *vicharchika*, atopic dermatitis, *sodhana*, *kushta*, EASI score.

## INTRODUCTION

Eczema, also known as atopic dermatitis, is the most common form of dermatitis<sup>[1]</sup> Its development is influenced by a combination of genetic and environmental factors. The lifetime prevalence of eczema is significant, affecting a substantial portion of the population.<sup>[2]</sup> In children, the prevalence ranges from 15% to 30%, while in adults, it is lower, ranging from 2% to 10%. Symptoms include dry, scaly, or cracked skin, redness and inflammation, itching, and small, raised bumps or blisters.<sup>[1]</sup> The itching can lead to skin damage and infection, making it essential to manage the condition effectively. Common triggers include exposure to irritants such as detergents, soaps, and solvents, as well as allergens like dust mites, pet dander, certain foods, stress, changes in temperature and humidity, and infections.<sup>[3]</sup> While there is no cure for eczema, various treatments and lifestyle changes can help manage the condition. Making lifestyle changes, such as avoiding triggers, maintaining a consistent skin care routine, and managing stress, can help alleviate the symptoms. Moisturizers and topical creams can reduce inflammation and itching, while oral medications, such as antihistamines and steroids, may be prescribed for more severe cases. Phototherapy, or light therapy, can also be effective.<sup>[4]</sup>

Vicharchika explained in Ayurvedic literature shares similar characteristics of eczema, Rakta Pradoshaja Vikara, a condition originating from impurities in the blood. It involves an imbalance of all three doshas (Vata, Pitta, and Kapha), with Kapha dominance. Classified as Kshudra Kushtha, Vicharchika follows a chronic course, characterized by periodic exacerbations manifesting as intense itching (Kandu), the formation of papules (Pidika), blackish-brown discoloration of the skin (Shyava Varna), and excessive exudation or discharge (Bahusrava).<sup>[5]</sup> Management is multifaceted involving shodhana, samana, and rasayana therapies. Shodhana Chikitsa, or detoxification therapy, is employed to purify the body through procedures like Panchakarma, which includes oil massage, oil intake, purgation, and enema.<sup>[6]</sup> Additionally, Shamana Chikitsa focuses on dietary modifications, herbal topical applications,<sup>[6]</sup> and stress management through yoga and meditation to alleviate symptoms.<sup>[7]</sup> Furthermore, Rasayana Chikitsa, or rejuvenation therapy, aims to boost the immune system and promote skin health.<sup>[6]</sup>

## AIMS AND OBJECTIVES

To evaluate the role of a selected treatment protocol in the management of vicharchika.

## Study Setting

Department of Kayachikitsa, Govt. Ayurveda College, Thiruvananthapuram.

## CASE REPORT

### Basic information about the patient

Age:39, Sex: Male, Religion: Hindu, marital status: Married, Socio-economic status: middle-class family, Occupation: Tile worker.

### Presenting complaints

C/o itchy erythematous pustular skin lesions over bilateral hands, bilateral foot, and outer side of left foreleg -for 10 years aggravated since one month.

### History of presenting complaints

A 39-year-old male patient with a known history of type 2 DM of duration 6 years was apparently normal 10 years back. When he was engaged in flooring works mainly marble laying developed papular lesions over his right index finger. Within a few days he developed itching, burning sensation, and oozing followed by remissions.

### Timeline

Duration	Onset (10 years ago)	5 months after	After 1 year	3 years later	9 years after
Site of lesion	Rt.index finger	Rt. Index finger	b/l dorsum of hands	Same site	b/l dorsum of hands,b/l dorsum of foot,lateral aspect of lt.foreleg
Status of skin lesions	Papular,oozing	Same+discolouration	same	same	Pustular with crusts,oozing, with discolouration

### History of past illness

- H/o pneumonia -10 years back
- H/o T<sub>2</sub>DM since 6 years
- H/o Covid 19 - 3 years back

### Drug history

1. T. Vildagliptin 50 mg 1-0-1 continuing since 6yrs
2. T. Debistal gm2 2 mg 1-0-1 continuing since 6yrs

No history of medications prior to the disease condition. Took the following medicines for the present symptoms for 1 week and stopped the medicines

3. Cap.doxy-1-l-dr forte 1-0-1
4. T. Prednisolone 1-0-1
5. T. Pantop 1-0-1

**Family history**

No history of skin disease or asthma in family.

**Occupational history**

Tile worker for 19 years.

**Socioeconomic status**

Middle-class family.

**Psychosocial history**

Good relationship with family members. Stressed about the illness.

**Personal history**

Bowel: regular, well-formed, 1-2/day; Appetite: adequate; Bladder: 5-6 per day, 1-2 per night; Sleep: disturbed due to skin lesions; Exercise: nil; Allergy: Not yet detected; Addiction: alcohol- occasional.

**On Examination**

The general condition was normal. The patient was conscious, alert, oriented, and afebrile. The respiratory, gastrointestinal, cardiovascular, and musculoskeletal systems showed no abnormalities.

BP- 140/86 mm of Hg, PR- 80 bpm, regular, HR-80 bpm, regular, RR-16/min.

**Integumentary system examination**

Site of onset: Dorsal aspect of right index finger

Mode of spread: Centrifugal

Colour: erythematous

Primary lesion: pustules

Secondary lesion: crust

Configuration: coalesced

Margination: ill defined

Distribution: asymmetrical, genitalia not involved, mucosa not involved

Nail changes: mild clubbing, ridges, pitting.

### Laboratory investigations(25/4/2024)

Hb -14g/dl, ESR-82 mm/hr, TC-18,100 cells/mm<sup>3</sup>, Eosonophils- 3%,FBS-123 mg%,PPBS-206 mg%.

### Ashtasthana pareeksha

Nadi: sadaranam; Mutram: anavilam; Malam: pakvam, agrathitham;

Jihva: anupalipta; Sabdam: sadaranam; Sparsha: anushnaseetha; Akruithi: normal.

### Diagnosis

After proper history taking, examinations, and dosha evaluation clinically the case was diagnosed as vicharchika correlated with eczema.

### Treatment protocol and assessment

Date	Oral medication and procedure	Dose
	Patoladi kashayam T.Kaisoraguggulu Avipathy churnam Nishakatakadi kashayam Local dhara with panchatiktaka kashayam	90ml bd b/f (1-0-1)a/f 5g bd with kashayam muhurpanam
After 1 week	Stop 3 Vaiswanara choornam T.Shaddharanam	5g bd with hotwater (1-0-1)b/f
8/5/24-15/5/24	Snehapanam with tiktakam ghritham- 7 days	Starting from 25 ml,increasing dose till 200ml
16/5/24	Abhyangam +ushnambusnanam with dineshakeram	
17/5/24	Utkleshakara ahara sevana	
18/5/24	Vamanam with Madanaphala-3.5g, Vacha- 5g, Yashti-7.5g,Saindhava-5g,Honey-25ml	Madhyama vegas
Next 3 days	Samsarjana krama	
For 3 days	Guluchyadi kashayam T.Kaisoraguggulu Nishakatakadi kashayam Tiktakam ghritham Abhyangam+ushnambusnanam with Dineshakeram Takradhara (head) Pichu/kshalana with panchatiktakam kashayam	90ml bd b/f (1-0-1)a/f Muhurpanam 5g bd b/f
31/5/24	Virechanam with avipathy choornam – 30g with lukewarm water early morning	
Till samyak	Vaiswanara choornam	5g bd with hotwater

rookshana	Abhayarishtam	(30ml-0-30ml)a/f
	Snehapanam with guggulutiktakam ghritham – 7 days	
3 days	Abhyangam +ushnambusanam with suddhadurvadi tailam	
	Virechanam with avipathy choornam -45g with honey	15 vegas
	Samsarjana krama	
Advise on discharge	Guluchyadi kashayam T.Pramehoushadhi Cheriyamadhusnuhi rasayanam	90ml bd b/f (1-0-1)a/f 10g bd b/f
	Jalukavacharanam (twice)	In 1 month interval

### Outcomes

Parameters	Before treatment	In between	After treatment
Kandu	Present	Reduced	Absent
Pidika	Absent	Absent	Absent
Shyavavarna	Present	Reduced	Reduced
Bahusrava	Present	Reduced	Absent
EASI Score	24		6

### Laboratory investigations(17/6/2024)

Hb-14, WBC count-9100 cells/mm<sup>3</sup>, ESR-22mm/hr, FBS-104, PPBS-160.

### Adverse and unanticipated events

No adverse events were noticed during the course of treatment. Adherence to modalities were assessed by direct interrogation and observation.

## RESULTS AND DISCUSSION

Initially sodhana, kaphapittahara management was adopted. To relieve oozing local dhara with tiktara dravyas were done. Keeping in view the recurrent nature of the disease sodhana was the main line of management adopted. Snehana poorva rookshana was done using vaiswanara choornam which is agnideepana and shaddharanam tablet with abaddhamedohara, kushtahara, and meahara properties. Since oozing, redness predominated tiktaka ghritham was used for snehapanam. Vamanam followed after Samyak Snigdha lakshanas were seen in the patient supplemented by samsarjana krama. Madhyama vegas got during Vamana. Anulomanam with avipathi choornam with prior vicharana snehana was done to rectify seshadosha.

Pittakaphahara chikitsa was subsequently done. In purview of stress and psychological factors in the causation of disease takradhara head was administered. Sodhanapoorvaka snehanam was again done with guggulutiktakam ghritham followed by virechanam with Avipathy choornam in honey. Pravara vegas were got.

Eczema being predominantly kaphaja, here paittika symptoms were exhibited by the patient and showed most relief with pittahara chikitsa. In view of raktasuddhi, jalukavacharana was done repeatedly on the lesion sites.

There was a significant reduction in discoloration, oozing, and itching with a change in EASI score from severe to mild.

## CONCLUSION

Dermatological lesions are always characterized by relapses and remissions. Nidana parivarjana, repeated sodhana and conditional samana chikitsa has a significant role in diverting the course of the disease. Repeated purificatory therapies were found effective in this case.

## PATIENT PERSPECTIVE

I had severe itching over the lesions disturbing sleep which reduced with treatment. The discoloration caused cosmetic concern while oozing from the lesions and the associated burning sensation held me from eating, doing other activities with hand, even discontinuement of job. These concerns were relieved with the completion of the treatment course.

## INFORMED CONSENT

Due consent was obtained from the patient prior to publication of his medical information.



TREATMENT RESULTS	
<p><b>Palm Before Treatment</b></p>  A photograph showing the palms of both hands before treatment. The skin is severely affected by a condition, appearing thick, cracked, and covered in numerous small, raised, reddish-brown lesions.	<p><b>Palm After Treatment</b></p>  A photograph showing the palms of both hands after treatment. The skin appears significantly improved, with the lesions resolved and the skin surface looking smoother and more normal in color.
<p><b>Foot Before Treatment</b></p>  A photograph showing the feet before treatment. The skin on the feet is thick, cracked, and covered in numerous small, raised, reddish-brown lesions, similar to the palms.	<p><b>Foot After Treatment</b></p>  A photograph showing the feet after treatment. The skin on the feet appears significantly improved, with the lesions resolved and the skin surface looking smoother and more normal in color.
<p><b>Leg Before Treatment</b></p>  A photograph showing the leg before treatment. The skin on the leg is thick, cracked, and covered in numerous small, raised, reddish-brown lesions, similar to the palms and feet.	<p><b>Leg After Treatment</b></p>  A photograph showing the leg after treatment. The skin on the leg appears significantly improved, with the lesions resolved and the skin surface looking smoother and more normal in color.



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