

AYURVEDIC MANAGEMENT OF VICHARCHIKA (ECZEMA) USING VIRECHANA KARMA AND INTERNAL MEDICATION: A CASE REPORT

¹Dr. Aditi Gadhave, ²*Vandana Bokade

¹PG Scholar, Department of Kayachikitsa, Dr D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune. Dr D. Y. Patil Vidyapeeth, Pune (Deemed to be University), India.

²Professor, Department of Kayachikitsa, Dr D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune. Dr D. Y. Patil Vidyapeeth, Pune (Deemed to be University), India.

Article Received on 15 July 2026,
Article Revised on 05 August 2026,
Article Published on 16 August 2026,

<https://doi.org/10.5281/zenodo.21989656>

*Corresponding Author

Vandana Bokade

Professor, Department of
Kayachikitsa, Dr D. Y. Patil College
of Ayurved and Research Centre,
Pimpri, Pune. Dr D. Y. Patil
Vidyapeeth, Pune (Deemed to be
University), India.



How to cite this Article: ¹Dr. Aditi Gadhave,
²*Vandana Bokade. (2026). Ayurvedic
Management of Vicharchika (Eczema) Using
Virechana Karma And Internal Medication: A
Case Report. World Journal of Pharmaceutical
Research, 15(16), 1467-1473.

This work is licensed under Creative Commons
Attribution 4.0 International license.

ABSTRACT

Background: *Vicharchika*, a subtype of *Kshudra Kushtha* described in Ayurvedic classics, is a chronic dermatological disorder that shares many clinical features with eczema.^[1,4] It commonly presents with intense itching (Kandu), dryness (Rukshata), hyperpigmentation (Shyava Varna), papular eruptions (Pidika), and occasionally oozing (Srava). Owing to its recurrent nature, the disease often considerably affects the physical comfort and daily life of affected individuals. Ayurveda advocates a holistic treatment approach that combines purification procedures with internal medications to correct the underlying pathological process. **Aim:** To describe the clinical outcome of a patient with Vicharchika managed through Virechana Karma followed by Ayurvedic internal medication. **Case Presentation:** A patient with chronic Vicharchika presented with persistent itching, dry scaly lesions, hyperpigmentation and lichenification involving the affected

skin. Following a comprehensive Ayurvedic assessment, Virechana Karma was administered as the principal purification therapy, followed by appropriate Ayurvedic oral medications, dietary regulation and lifestyle modification. Clinical progress was monitored through serial assessment of symptoms and visual examination of the lesions before and after treatment.

Results: The therapeutic intervention resulted in substantial relief from itching, scaling, lichenification and discoloration. Post-treatment clinical evaluation revealed significant improvement in the appearance and texture of the skin. Comparative clinical photographs supported the observed healing, and no treatment-related adverse events were noted during the course of therapy. **Conclusion:** This case demonstrates the potential of Virechana Karma, when integrated with Ayurvedic internal medication, in the management of Vicharchika. The favourable clinical response observed in this patient indicates that such an approach may offer a promising therapeutic option for chronic eczema; however, larger controlled studies are necessary to further establish its clinical effectiveness.

KEYWORDS: Vicharchika; Eczema; Ayurveda; Virechana Karma; Panchakarma; Case Report.

INTRODUCTION

Skin disorders are among the most common chronic health conditions worldwide and often considerably affect physical comfort, psychological well-being and quality of life. Eczema is a chronic inflammatory skin disease characterised by recurrent episodes of itching, dryness, erythema, scaling and thickening of the skin, and its global prevalence continues to rise, particularly among children and adolescents.^[4,10] Persistent itching frequently leads to scratching, which further damages the skin barrier and contributes to a cycle of inflammation and recurrence. Although conventional management with topical corticosteroids, emollients and antihistamines provides symptomatic relief, long-term treatment may be associated with frequent relapses, adverse effects and variable patient response.^[4,10] These limitations have encouraged the exploration of complementary and traditional systems of medicine for safer and more sustainable management.

In Ayurveda, Vicharchika is described as one of the Kshudra Kushtha and is primarily associated with vitiation of Kapha, Pitta and Vata Dosha, along with involvement of Rakta, Twak, Mamsa and Lasika.^[1,2] Classical Ayurvedic texts describe Vicharchika as presenting with Kandu (intense itching), Pidika (papular eruptions), Shyava Varna (hyperpigmentation), Rukshata (dryness), Bahusrava (oozing) and Raji (lichenification or thickened skin). These clinical features closely resemble those observed in chronic eczema, making Vicharchika a relevant Ayurvedic correlate of this condition.^[1,2]

Ayurveda aims not only to relieve symptoms but also to address the underlying imbalance

responsible for disease development. Among the purification therapies, Virechana Karma is considered particularly beneficial in disorders involving Pitta and Rakta vitiation.^[1,2] By facilitating elimination of the aggravated Doshas, Virechana is believed to restore physiological balance and support healthy skin function. Internal Ayurvedic medications are subsequently administered to maintain the therapeutic benefit, promote tissue healing and reduce the likelihood of recurrence, with dietary regulation and appropriate lifestyle practices further complementing the treatment strategy.

The present case report describes the successful management of a patient with chronic Vicharchika using Virechana Karma followed by Ayurvedic internal medication. The case highlights the clinical response to this treatment approach, supported by symptomatic assessment and serial clinical photographs, and illustrates the potential role of Ayurveda in the management of chronic eczema.

CASE REPORT

Patient information

A 15-year-old male patient reported to the Kayachikitsa outpatient department with complaints of skin lesions over the hand region.

Chief complaints

Severe itching (Kandu); discharge from lesions (Srava); pustular eruptions (Pidika); scaling/flaking of skin; and blackish discoloration (Shyava Varna).

Duration: One month. Site of lesion: Hand region.

Ashtavidha and Ayurvedic assessment

Parameter	Finding
Prakriti	Vata–Pitta Prakriti
Agni	Manda Agni
Ayurvedic diagnosis	Vicharchika (Kshudra Kushtha)
Dosha involvement	Kapha–Pitta predominant, with Vata association
Dushya involvement	Twak, Rakta, Mamsa Dhatu

The clinical features suggested involvement of Kapha-Pitta Dosha with Rakta and Twak Dushti.

Treatment protocol

The patient was managed according to Ayurvedic principles through Shodhana followed by Shamana and Bahya Chikitsa.

1. Purva Karma — Snehapana

Internal oleation was performed using Panchatikta Ghrita for a duration of 5 days. The patient was observed for attainment of proper Snehana (oleation) signs before proceeding to Virechana.

2. Pradhana Karma — Virechana Karma

Therapeutic purgation was performed using Trivrit Avaleha, with an outcome of 15 Vegas (episodes of purgation). The patient was subsequently advised Samsarjana Krama according to the intensity of purification.

3. Shamana Chikitsa

Following completion of Shodhana therapy, the medications below were administered for 15 days.

Sr. No.	Medicine	Dose	Duration
1	Panchatikta Ghrita	1 teaspoon orally on empty stomach	15 days
2	Punarnava Mandoora	2 tablets twice daily after food	15 days
3	Arogyavardhini Vati	2 tablets twice daily after food	15 days
4	Gandhaka Rasayana	2 tablets twice daily after food	15 days
5	Triphala Tablet	2 tablets twice daily after food	15 days
6	Khadira-Sariva-Manjishta-Lodhra-Raktachandana Kwatha	30 ml twice daily after food	15 days

4. Bahya Chikitsa

GRAB ointment was applied locally over the affected hand region throughout the treatment period, as supportive therapy for reduction of local symptoms and improvement of skin condition.

RESULTS AND DISCUSSION

Clinical observations

After completion of the treatment protocol, considerable improvement was observed in clinical features.

Clinical feature	Before treatment	After treatment
Kandu (itching)	Severe	Markedly reduced
Srava (discharge)	Present	Reduced
Pidika (pustular lesions)	Present	Improved
Scaling	Present	Reduced
Shyava Varna (discoloration)	Present	Improved

Clinical photographs taken after 25 days showed visible improvement in lesion appearance, reduction in inflammation, and restoration of skin texture. No recurrence of symptoms was reported during the follow-up period.



Figure 1: Clinical photographs of the affected hand region before and after treatment.

DISCUSSION

Vicharchika is a chronic skin disorder described under Kushtha, in which involvement of multiple Doshas and Dhatus contributes to disease manifestation. In the present case, symptoms such as itching, discharge, pustules, scaling and discoloration indicated involvement of Kapha-Pitta Dosha with Rakta and Twak Dushti.

The treatment approach was planned according to the principle of Samprapti Vighatana.

Snehapana with Panchatikta Ghrita was performed as a preparatory procedure before Shodhana; Tikta Rasa-predominant drugs are traditionally considered beneficial in Kushtha owing to their ability to reduce Kleda and support purification of affected tissues.

Virechana Karma was selected as the primary purification therapy in view of Pitta involvement and its classical indication in skin disorders; comparable clinical improvement following Virechana in Vicharchika/eczema has also been reported in the published Ayurvedic case literature.^[1,2] The elimination of aggravated Doshas through Virechana may contribute to reduction of inflammatory manifestations.

Panchatikta Ghrita was continued after purification as Shamana therapy; the Tikta drugs present in the formulation may help balance Pitta-Kapha Dosha and support normal skin function. Khadira, Sariva, Manjishta, Lodhra and Raktachandana are traditionally used in Kushtha management for their Rakta Prasadana, Kandughna and Pitta-Kapha-pacifying properties, while Gandhaka Rasayana, Arogyavardhini Vati, Punarnava Mandoora and Triphala were used as supportive medicines to maintain metabolic balance and promote recovery. The external application of GRAB ointment provided local symptomatic support and contributed to improvement of the skin lesions.

CONCLUSION

The present case demonstrates that Ayurvedic management consisting of Virechana Karma followed by Shamana therapy and external application showed beneficial clinical improvement in Vicharchika (eczema). The observed reduction in symptoms suggests the potential role of a holistic Ayurvedic approach in managing inflammatory skin disorders. Further clinical studies are required to validate these findings.

ACKNOWLEDGEMENT

The authors acknowledge the guidance and support provided by the concerned department, faculty members, clinical staff, and the patient for cooperation during the treatment period.

Conflict of Interest

The authors declare that there is no conflict of interest.

Patient Consent

Written informed consent was obtained from the patient and guardian for publication of clinical details and photographs.

REFERENCES

1. Agnivesha, Charaka, Dridhabala. *Charaka Samhita*. Yadavji Trikamji Acharya, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan, 2011.
2. Sushruta, Dalhana. *Sushruta Samhita*. Yadavji Trikamji Acharya, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan, 2012.
3. Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, et al. *Fitzpatrick's dermatology*. 9th ed. New York: McGraw-Hill Education, 2019.
4. Langan SM, Irvine AD, Weidinger S. Atopic dermatitis. *Lancet*, 2020; 396(10247): 345-360.
5. Wollenberg A, Kinberger M, Arents B, Aszodi N, Avila Valle G, Barbarot S, et al. European guideline for the treatment of atopic eczema (atopic dermatitis). *J Eur Acad Dermatol Venereol*, 2024; 38(7): e1-e67.
6. National Institute for Health and Care Excellence. Atopic eczema in under 12s: diagnosis and management [Internet]. London: NICE, 2023. [cited 2026 Aug 6]. Available from: [nice.org.uk](https://www.nice.org.uk)
7. Sharma PV. *Dravyaguna vijñana*. Vol. 2. Varanasi: Chaukhambha Bharati Academy, 2006.
8. Anonymous. *The Ayurvedic formulary of India*. Part 1. 2nd rev. ed. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of AYUSH, 2003.
9. Anonymous. *The Ayurvedic pharmacopoeia of India*. Part 1. Vol. 1. New Delhi: Government of India, Ministry of Health and Family Welfare, 2001.
10. Eichenfield LF, Tom WL, Berger TG, Krol A, Paller AS, Schwarzenberger K, et al. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*, 2014; 71(1): 116-132.