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AYURVEDIC MANAGEMENT OF VICHARCHIKA (ECZEMA) - A CASE REPORT

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ABSTRACT

Background: Eczema is a common inflammatory dermatosis characterized by variable clinical manifestations, including erythematous macules, papules, vesicles, scaling, pruritus, and, in more severe cases, exudation and crusting. The clinical presentation of eczema shares several features with Vicharchika, an Ayurvedic dermatological condition described predominantly by *Kandu* (pruritus), *Pidika* (popular eruptions), *Shyava Varna* (dusky or hyper pigmented discoloration), and *Bahusrava* (excessive exudation). Although Ayurvedic literature describes a multimodal approach to such skin disorders, clinical case documentation using objective outcome measures remains important. **Case Presentation:** A 41-year-old man presented with an 8 month history of diffuse scaly lesions involving the face, upper and lower extremities, abdomen, and flanks. The lesions were associated with severe pruritus and serous discharge, resulting in considerable discomfort and impairment of daily activities. Based on the clinical presentation and Ayurvedic assessment, the condition was

diagnosed as *Vicharchika* (eczema). **Intervention and Outcome:** The patient was managed using an individualized Ayurvedic treatment protocol comprising oral *Raktha Shodhaka* and *Kushtahara Shamana Aushadhi*, along with *Parisheka* using *Sidharthaka Snana Choorna* as part of the management of excessive exudation. *Sadyovirechana* was subsequently administered for *Koshta Shuddhi*. From the seventh day onward, *Abhyanga* was initiated, followed by *Siravyadha* (therapeutic bloodletting) on the 11th day. Clinical response was assessed by using the Eczema Area and Severity Index (EASI). A clinically significant improvement was observed after 14 days of treatment, with reduction in disease severity and associated symptoms. **Conclusion:** This case highlights the potential role of an individualized, multimodal Ayurvedic therapeutic approach in the management of *Vicharchika* presenting with extensive eczematous lesions. The observed improvement in EASI score suggests a favorable clinical response; however, controlled clinical studies with larger sample sizes and longer follow-up are required to establish the efficacy, safety, and sustainability of this treatment approach.

KEYWORDS: Eczema; Vicharchika; Ayurveda; Parisheka; Abhyanga; Siravyadha; EASI.

INTRODUCTION

The terms eczema and dermatitis are used inter changeably. The histologic features of dermatitis can be classified into three categories: acute, sub-acute, and chronic. In acute dermatitis, there is a mix of skin blistering and an influx of mononuclear cells. Chronic dermatitis is marked by thickening of the skin layer, excessive skin cell production, hardening of the deeper skin layer, and a main collection of mononuclear cells around blood vessels. Sub-acute dermatitis shows a mix of features from both acute and chronic types. [1] Allergic contact dermatitis is an immune response that occurs when the skin comes into contact with an allergen. It has been estimated that dermatitis affects approximately 245 million people, which is about 3.34% of the global population. Around 10 to 20% of patients seen in general practice suffer from skin conditions, and eczema is a common type that affects a significant number of individuals with skin diseases.[2] *Vicharchika*, also known as eczema, is classified as one of the *Kshudra Kushta*, which refers to minor skin disorders. This condition is marked by the appearance of skin lesions that present with symptoms such as *Kandu*, which is an itching sensation, *Pidika*, which refers to the formation of small bumps or papules, *Shyava Varna*, which indicates a dark brown or blackish discoloration of the skin, and *Bahusrava*, which involves excessive fluid discharge or oozing from the affected area.[3]

There is no specific information in the Samhita about the line of management for *Vicharchika*. Therefore, the treatment should be based on the predominance of *Dosha*. The treatment plan should be determined according to basis of *Roga* and *Rogi Bala* (Strength of disease and patient).

PATIENT INFORMATION

A 41 year old male patient visited Vishachikitsa Outpatient department of RDS Hospital, Bhopal on 6/9/25 with complaints of blackish discoloration at both hands on dorsal surface of palm since 8 years. Clinical sign and symptoms like *Kandu* (Itching sensation), *Pidika* (Papule) *Shyava Varna* (Blackish brown discoloration) and *Bahusrava* (Excessive exudation) were present. He had taken treatment from general physician but found no relief, then he came here for further management.

Associated Complaints

He had disturbed sleep due to itching and burning sensation.

Habits: Taking curd, milk (Twice a day), Spicy, oily food, Tea (3 times/day) and smoking (4 beedis/ day).

Past History

No h/o Diabetes mellitus/Hypertension, other major medical and surgical history.

Family History

No relevant family history.

Psychological Evaluation

Patient was in stress due to disturbed sleep, burning sensation and itching.

Clinical Findings

Vital signs of patient were normal. The sleep of the patient was disturbed due to itching. On Integumentary system examination, distribution of the skin lesion was over the face, upper and lower limbs, abdomen and flanks. Type of lesion was papules, vesicles and scaly lesions. The colour was blackish associated with rough surface and serous discharge.

Laboratory parameters

Hb: 14.2 gm%, E.S.R: 20 mm/hr, Eosinophils: 6%, AEC: 625 cells/c mm.

Timeline Table 1:

Timeline

Date	Relevant medical history
January 2025	Acute onset of skin lesion over neck associated with itching
February 2025	Severe itching and burning sensation started
March 2025	Disturbed sleep due to itching
April 2025	Started allopathic treatment (Corticosteroids and ointment)
August 2025	Symptoms reappeared
September 2025	Consulted in outpatient department of SDM Hospital and admission advised.

Diagnostic Assessment

Sroto Pareeksha : *Raktavaha Srotas*

Symptoms - *Daha* (Burning sensation), *Panduta* (pallor), *Vyangh*a (pigmentation), *Kotha* (Skin eruptions)[4]

Diagnosis - *Sravi Vicharchika* (Eczema Contact) *Kandu* (Itching sensation), *Pidika* (Papule), *Shyava Varna* (Blackish brown discoloration) and *Bahusrava* (Excessive exudation)

Therapeutic intervention

Date	Oral medication and procedure	Dose
6/9/25	1. *Dooshivishari Agad* Tablet	2-0-2 After food
	2. Patola katurohinyadi Kashaya	30 ml-0-30ml after food (with warm water)
	3.*Avipattikar Churna*	1 tsf-0-1tsf after food
	4. *Marichyadi taila*	External application
7/9/25	6. *Sarvanga Parisheka* with *Sidhartaka Snana Choorna Kashaya*	
8/9/25	7. *Sadyovirechana - Trivrit Lehya + Draksha Kashaya*	
9/9/25	8. Tablet *Gandhaka Rasayana DS*	1-0-1 after food
10/9/25	9. Tablet *Arogya Vardhini*	2-0-2 before food
11/9/25	10. *Sarvanga Abhyanaga* with *Marichadi Taila* 11. *Panchatikta Guggulu Ghrita* 12. *Mahatiktalepa*	20ml with warm water-empty stomach External application
12/9/25	1 to 12	
13/9/25	13. *Aragwadadhia Kashaya* 14. *Nimbaamritadi Eranda taila*	20-0-20ml after food 10ml bed time with warm water
14/9/25	1 to 14	60ml of blood obtained
15/9/25	1 to 14 and 15. *Siravyadha*	
16/9/25 to 17/9/25	1 to 14	
18/9/25	Discharged the patient with following medicines	

	1. *Panchatikta Guggulu Ghrita* 2. *Khadira Arishta* 3. *Shiva Gutika* 4. *Marichadi Taila* 5. *Nalpamaradi Taila* 6. *Mahatiktaka Lepa*	15 ml Before food – Empty stomach 20 ml-0-20 ml After food 1-0-0 After food External application Before bath External application After bath External application

Outcomes Table 3.

Outcomes

Parameter	**Before treatment**	**In between the treatment (7th day)**	**After 14 day of treatment**
Kandu (Itching sensation)	Present	Reduced	Absent
Pidika (Papule)	Absent	Absent	Absent
Shyavavarna (Blackish brown discoloration	Present	Present	Reduced
Bahusrava (Excessive exudation)	Present	Reduced	Absent
EASI Score	29	23	15

Fig. 1: picture showing Before the outcome.

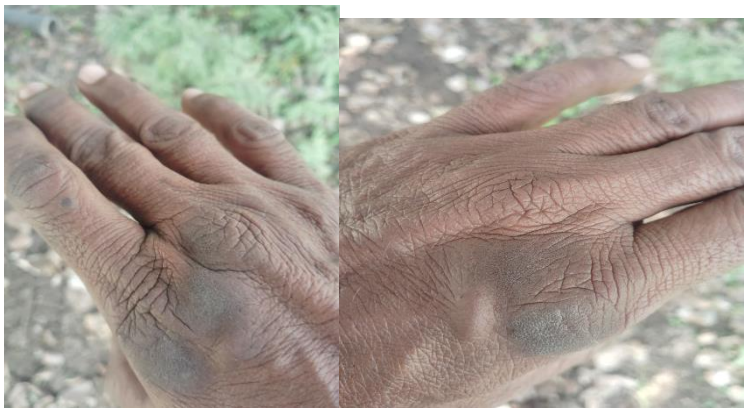

Fig. 2: picture showing after the intervention of case.

DISCUSSION

The Ayurvedic diagnosis was made as *Vicharchika*, which is commonly known as eczema, based on the observed signs and symptoms. The patient was treated with a combination of therapies including *Parishekasweda* (a type of sudation performed through shower sprinkling), *Abhyanga* (oil massage), *Sadyovirechana* (purgation therapy), *Siravyadha* (bloodletting), and *Shamana Aushadhis* (oral medications). *Swedana Karma*, which refers to the process of sudation, is a key component of the *Purvakarma* phase of *Panchakarma*, alongside *Snehana Karma* (oleation). The treatment also included the use of *Sidarataka Snana Choorna*.[5] is *Tikta Kashaya Rasa Pradhana*. It possesses *Sheeta Virya* and *Vata Kaphahara* properties. *Sidarataka Snana* Yoga is classified as *Varnakara, Kandughna*, and *Twakdoshahara.* Once proper *Swedana* is performed, it aids in developing *Mriduta* (softness), *Laghuta* (lightness), and *Agnideepti* (enhanced digestive power) in the body. Through the process of *Snehana*, the *Dhatus* and blocked *Doshas* get softened. Then, with the application of *Swedana*, these substances are mobilized and move towards the *Koshta*, where they accumulate. These accumulated substances are later eliminated from the body through the *Shodhana* process.[6] *Marichadi Taila* has properties that balance *Kapha*, is *Ushna* in *Virya*, *Teekshna*, *Ruksha, Kushtaghna*, and *Kandughna*. The patient was not suitable for *Snehapana*, and due to his age, we opted for *Sadyovirechna*. *Trivrit* has *Kashaya Rasa*, *Madhura* in *Rasa*, *Ruksha* and *Katu* in *Vipaka*. It is *Kapha* and *Pitta* pacifying. When used with other ingredients, it becomes *Tridosha* pacifying and beneficial for all diseases.[7] In *Shalyakarma*, *Siravyadha* is considered half of the treatment. *Siravyadha* is a procedure for *Raktamokshana*. *Vicharchika* is a disease caused by excess *Rakta*. Hence, *Siravyadha* helps in removing impure *Rakta* from the body. *Patola Katurohinyadi Kashaya* has *Tikta Rasa, Ruksha Guna*, and properties that pacify *Kapha* and *Pitta*. It acts as *Kanduhara*, *Rakta Shodaka*, *Varnya*, and *Kushtaghna*. *Gandhaka Rasayana* has *Katu* and *Tikta Rasa*, is *Kapha Hara*, *Kandughna*, and Kushtaghna. Arogyavardhini Vati has *Tikta Kashaya Rasa, Ushna Virya*, *Tridoshahara*, *Pachana*, *Rakta Vardhaka*, *Rasayana*, and *Kushtahara* properties. *Punarnava Mandoora* has *Tikta Rasa, Katu Vipaka, Sheeta Virya, Kapha Vatahara*, and *Rakta Vardhaka properties*. *Aragwadhadhi Kashaya* has properties that pacify *Kapha*, reduce burning sensation, and is *Kandughna*. *Pancha Tikta Guggulu Gritha* has *Tikta Rasa, Vata Pittahara, Katu Vipaka, Kapha Vata shamaka*, and *Kandughna* properties. *Mahatiktaka Lepa* is *Vata Pittahara, Dahaghna*, and *Shyavahara*. Significant improvements were observed after 14 days of treatment in terms of itching, skin lesions, and serous discharge.

CONCLUSION

Vicharchika, also known as eczema, is a condition that tends to come back or reoccur. In this current study, the patient was treated with a combination of therapies including *Parisheka Sweda*, which involves sudation through shower sprinkling, *Abhyanga* or oil massage, *Sadyovirechana* or purgation therapy, *Siravyadha* or bloodletting, and *Shamana Aushadhis*, which are oral medications. These treatments were found to be effective in managing eczema. The findings and approach presented in this study can serve as an encouraging resource for new researchers and scholars, motivating them to explore and conduct further studies on this condition.

PATIENT PERSPECTIVE Patient was satisfied with the treatment in terms of reduced itching, burning sensation, exudation and improved sleep.

PATIENT CONSENT Written permission for the publication of this case study has been obtained from the patient.

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