

Ayurvedic Management Of Vicharchika – A Case Report

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ABSTRACT

Vicharchika is a *Kapha* predominant *Tridoshaja Vyadhi* mentioned under *Kshudra kushta* characterized by itching, eruptions, discoloration and oozing. Clinically, based on similarity in presentation it can be correlated with eczema, which significantly affects the quality of life due to its chronicity. An 18-year-old male presented with complaints of multiple dark, raised skin lesions over neck, cheeks, both shoulders and arms for the past one and half years associated with severe itching, burning sensation, occasional pus discharge and intermittent powdery discharge. Around the same time of skin manifestation, he suffered from Hepatitis A and also exhibited psychological distress. As a preparatory procedure, patient was advised *agni deepana* line of management in OPD. After this the patient was admitted and underwent *shodhana* therapy followed by *shamana aushadis* internally and externally. There was significant improvement in the condition with reduction in itching, burning sensation and oozing. Lesions dried, discoloration over the affected area improved along with the mental well-being. This case shows the effectiveness of an Ayurvedic approach in management of *Vicharchika* using *Shodhana* and *Shamana* therapies. Alongwith, *pathya sevana* helped in maintaining the homeostasis of the body, providing a controlled environment for the treatment. This treatment approach not only improved dermatological symptoms but also enhanced the patient's overall mental well-being. Further studies with larger samples are required for validation of these findings.

Keywords: Ayurveda, Case report, Vicharchika, Shodhana, Virechana.

INTRODUCTION

Vicharchika, is a common type of skin disorder described under *Kshudra kushta* in Ayurveda¹. According to Charaka, it is a *srava roga* with symptoms like *kandu* (itching), *pidaka* (eruptions), *syava* (blackish discoloration) and *bahu srava* (excessive oozing)². It is usually associated with increased *kapha dosha*³ along with the *dushyas* (pathogenic substances), which are *twak*, *rakta*, *mamsa* and *ambu*. Clinically, certain chronic skin conditions present with similar complaints which are relapsing in nature and affect the patient's quality of life significantly. Conventional treatment usually includes topical steroids, oral antibiotics, immunosuppressants and procedures like laser therapy⁴. Long term dependence on these medications can cause adverse effects and even recurrence of the symptoms. In Ayurveda, Acharyas have mentioned specific treatment for *Kushta roga* including *shodhana* procedures followed by *shamana aushadis* along with proper diet and lifestyle modifications⁵. In

the present case study, patient presented with symptoms of *Vicharchika* and underwent *sodhana* and *shamana* therapy. The symptoms reduced and overall condition of the patient improved showing effectiveness of Ayurveda treatment in the management of *Vicharchika*.

CASE REPORT

Details of the case

An 18-year-old male approached the Outpatient department of *Visha Chikitsa* at Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan with complaints of multiple dark, raised skin lesions over neck, cheeks, both shoulders and arms since the past one and half years. The lesions were associated with severe itching, burning sensation, occasional pus discharge and intermittent powdery discharge. He also mentioned feeling of stretching of skin over the cheeks. Patient was anxious regarding prognosis of this disease which was

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precipitated by depression due to demise of his father before 2 years.

History of the present illness

The patient was apparently healthy one and a half years back. Gradually, he started developing itching over the neck and bilateral shoulders, along with pus-filled eruptions. Around the same time, he was diagnosed with Hepatitis A and underwent allopathic treatment for the same.

During these months, itching increased and spread to his cheeks, shoulders and bilateral arms. The skin lesions were associated with burning sensation, pus formation, and a powdery type of discharge. He took allopathic treatment for these without any significant improvement. As the symptoms persisted, he approached our hospital for further management.

History of past illness:

History of Hepatitis A, one and half years back for which he underwent allopathic treatment. He also took extract of the leaves of *bhoomyamalaki* (*Phyllanthus niruri*) for 2 months following this.

Family history: Nothing significant

Personal history

Diet – Mixed

Appetite- Good

Bowel- Regular

Micturition- Regular

Sleep- Disturbed due to itching

General Examination

On general physical examination, there was no evidence of pallor, edema, clubbing, cyanosis, icterus or lymphadenopathy.

Vital Signs

Pulse: 74/min

Blood Pressure: 120/70mmHg

Respiratory Rate: 16/min

Temperature: 97 F

Weight: 59kg

Height: 174cm

Systemic examination

No abnormality on examination of central nervous system, cardiovascular system, respiratory system and gastrointestinal system

Integumentary system- examination of lesions

Distribution- Generalized

Number of lesions – Multiple

Type of lesion- Papulopustular

Pattern – Discrete to confluent

Areas involved – bilateral shoulder, arms, cheek, neck

Local examination (Representative lesion)

Site- Left shoulder

Size- Varying sizes (1-2mm)

Shape- Round to irregular

Surface- Rough

Margins- ill-defined

Color- Reddish black hyperpigmentation

Asta-Vidha Pareeksha:

Nadi: Vata pitta

Mala: Prakruta

Mutra: Prakruta

Jihwa: Alipta

Shabda: Spashta

Sparsha: Anushna-Sheeta

Drik: Prakruta

Akriti: Madhyama

Dashavidha pareeksha*Prakruti: Vata Pitta**Vikruti: Kapha Pitta**Saara: Madhyama**Samhanana: Madhyama**Pramana: Madhyama**Satva: Madhyama**Satmya: Madhura Katu**Ahara shakti: Madhyama**Vyayama shakti: Madhyama**Vaya: Madhyama***Investigations**

In serology examination, IgE was elevated with a value of 700.1 IU/ml

Diagnosis – Vicharchika**Therapeutic Intervention****Medicines given in OPD before admission (for 1 week)**

1. HARIDRA KHANDA -5gm morning A/F with warm water
2. BRINGARAJASAVA - 15ml BD A/F with warm water
3. AVIPATHIKARA CHURNA – 3gm at night A/F with warm water
4. GUDUCHI CAPSULE 1-1-1 A/F
5. L.S VATI - 1BD B/F
6. TRIPHALA KWATHA CHURNA – for external wash
7. CHITRAKADI VATI- I BD B/F

Apart from this, patient was educated regarding chronicity of the case and importance of timely *shodana* therapy. Whole procedure of *virechana* was explained and informed consent was obtained.

	Treatment	Dosage	Duration
1	<i>Snehapana</i> with MAHATIKTAKA GHRITA	30ml, 50ml, 100ml, 100ml, 120ml	5 days
2	<i>Sarvanga Abhyanga</i> with ELADI TAILA followed by <i>Bashpa Sweda</i>	-	3 days
3	<i>Mukha Abhyanga</i> with ELADI TAILA	-	3 days
4	<i>Virechana</i> with TRIVRIT LEHYA + DRAKSHA PANAKA	60gm +100ml	1 day

Table 1: Treatment modalities during the course of admission (8 days)

Discharge medicines (for 15 days)

1. NIMBADI KASHAYA - 15ML BD B/F mixed with equal quantity warm water
2. GUDUCHI CAP - 1 BD A/F
3. BHUNIMBADI KHADA - 15 ML BD B/F
4. PURE SOAP - for external wash
5. ELADI TAILA - E/A and bath after 45minutes

6. Water boiled with neem leaves for bath

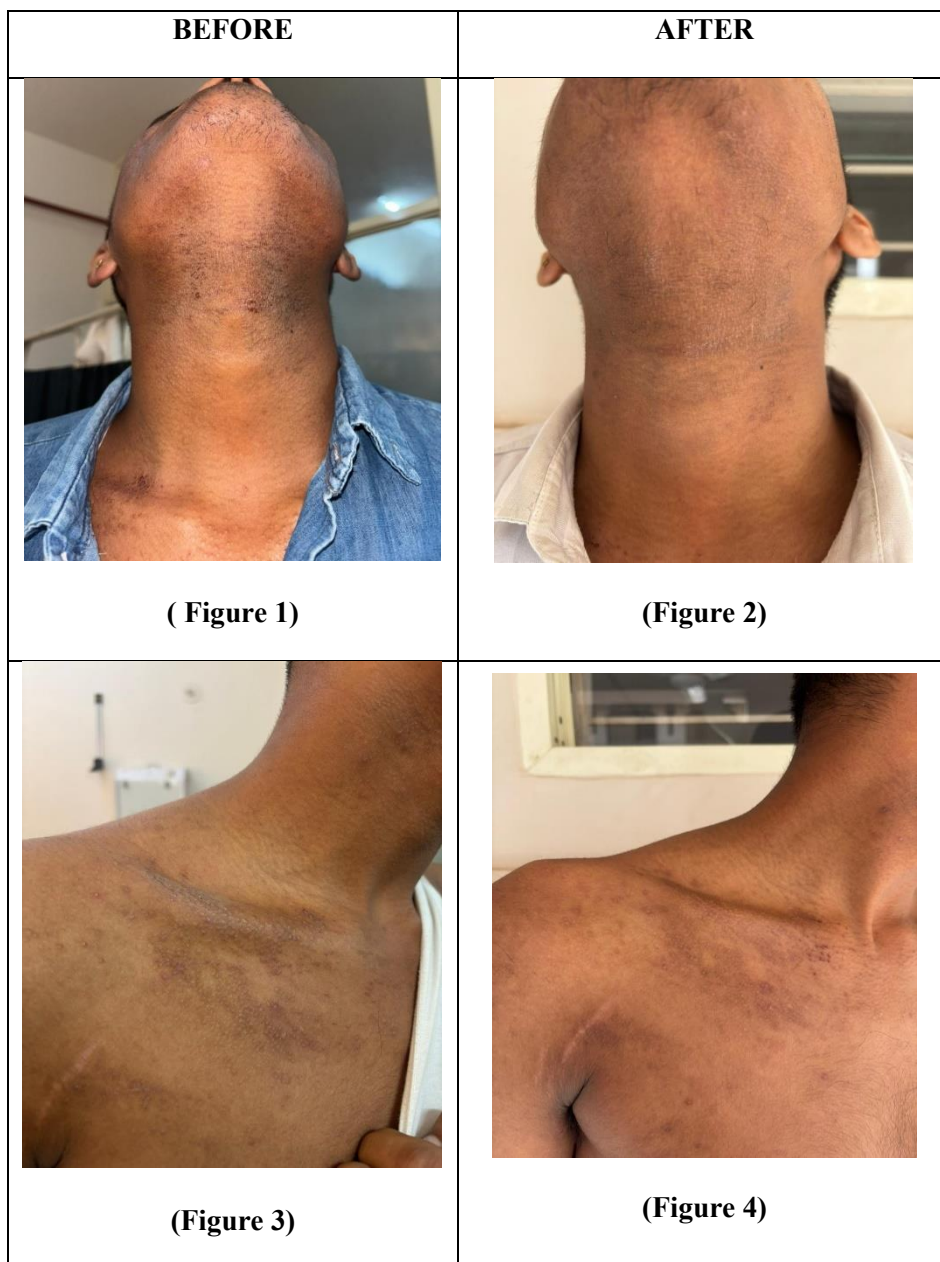
On Follow UP (for 15 days)

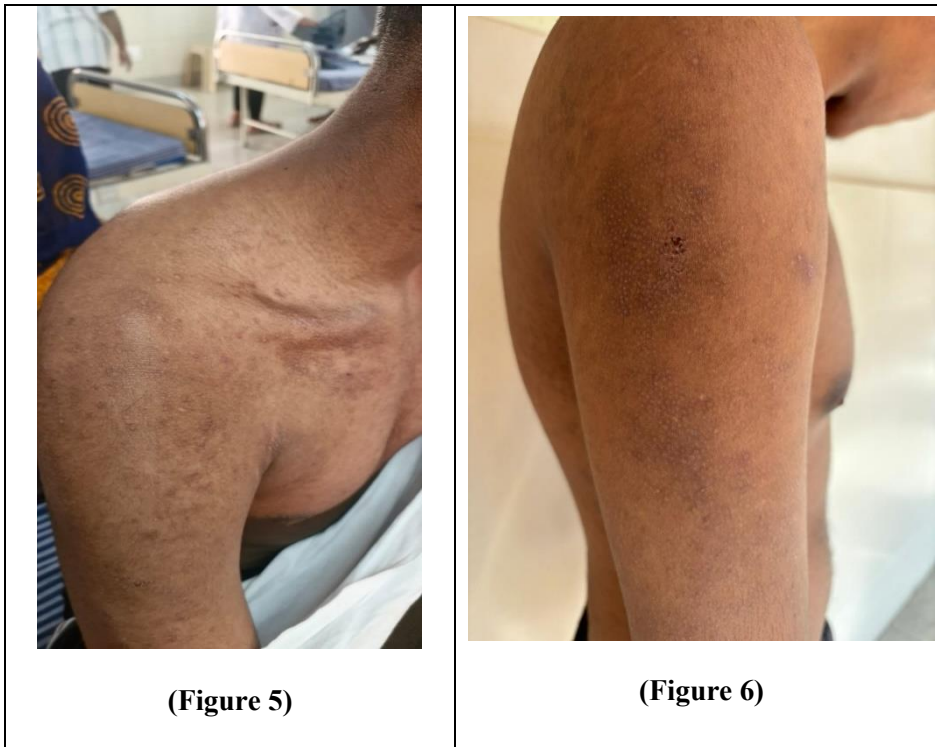
1. PATOLAKATUROHINYADI KASHAYA - 15ML BD B/F mixed with equal quantity warm water
2. NIMBADI GUGGULU - 1 BD A/F
3. L.S VATI - 1BD A/F

4. AVIPATHIKARA CHURNA - 5 at night A/F with warm water PURE SOAP - for external wash
5. ELADI TAILA - E/A and bath after 45minutes
6. PURE SOAP - for external wash

SI No.	Symptoms	Before treatment	After treatment	Follow up
1	Itching	+++	+	-
2	Burning sensation	++	+	-
3	Pus discharge	++	-	-
4	Powdery discharge	++	-	-

Table 2: Observations And Results





(Figure 5)

(Figure 6)

DISCUSSION

About the disease

Vicharchika is one among the *kshudra kushta* and is a *kapha* predominant *tridoshaja vyadhi* involving *Twak, Rakta, Mamsa* and *Ambu* as *dushyas*. In the present case, severe itching (*kandu*), papulopustular eruptions (*pidaka*), blackish discoloration (*syava*) and profuse discharge (*bahu srava*) are the main symptoms which are similar to the classical features of *Vicharchika* mentioned by Charaka. In contemporary medicine, due to the chronic nature and similarity in clinical features it can be considered as eczema.

History of Hepatitis A could have altered the immune status of the patient triggering chronic skin conditions⁶. Additionally, stress and anxiety of the patient could have aggravated the condition⁷.

About the Interventions

Considering the pathogenesis, treatment approach was focused on the *Kapha Pitta dosha, kleda vridhi* and *rakta dushti*. As the condition was chronic, addressing the root cause by *shodhana* was essential rather than mere *shamana aushadis*. Along with this counselling and relaxation therapy was provided

which assured the patient, and helped gaining his confidence in treatment.

Due to non-willingness for admission on the first day, the symptoms were addressed by prescribing *Bringarajasava, Guduchi capsule, Laghusutashekara vati* and *Haridrakhanda*⁸; *Avipathikara churna*⁹ to decrease the toxin-load and *Triphala* for external wash considering its *kushtagna* property. *Chitrakadi vati* was advised for preparing the body for *snehapana*.

After proper *ama pachana*, patient underwent *shodhananga snehapana* for 5 days with dosages 30ml, 50ml, 100ml, 100ml and 120ml respectively. Considering the indication of *Mahatiktaka grita* in *kushta, kandu, daha, kamala* and *manasika vikaras*, it was the best drug of choice for *snehapana*¹⁰.

After attaining *samyak snigda lakshana, sarvanga abhyanga* followed by *Bashpa sweda* was done aiming at channelizing the *dosha* from *sakha* to *koshta*. *Eladi taila* was preferred for *abhyanga* because of its *vatakaphahara, varnaprasadana* and *kandu pidaka nasana* property¹¹.

Trivrit lehya being the best drug of choice, it was preferred as *virechana aushadi*¹² along with *Draksha panaka* resulting in 28 *vegas* indicating proper elimination of aggravated *doshas*.

Strict *samsarjanakrama* (*peyadi krama*) and *pathya* was advised after the *shodhana*.

During discharge, *Nimbadi kashaya* and *Guduchi*¹³ capsules were prescribed considering its *kushtahara* property, along with *Bhunimbadi kadha* to address liver function and balancing *Pitta dosha*. For *Bahya shodhana*, *nitya abhyanga with Eladi taila*, and Pure soap (main ingredient - *Sidharthaka churna*¹⁴) was advised.

As the dermatological symptoms reduced significantly during follow up, medicines further prescribed included *Patolakaturohinyadi kashaya*¹⁵, *Avipathikara churna* to address *Pitta* and liver function along with *Laghusutashekara vati* and *Nimbadi guggulu* to address skin complaints.

CONCLUSION

In this case there was a significant reduction in itching and burning sensation, along with complete stoppage of discharge, leaving the lesions dry. *Shodhana* and *Shamana* therapies helped in managing both the systemic and local aspects of the condition. Maintaining a healthy internal environment by *pathya sevana* supported the treatment. A psychosomatic approach contributed to the overall health of the patient. Since this is a single case study, the results cannot be generalized. Further research with larger sample sizes and longer follow-up is needed to validate the same.

REFERENCES

1. Agnivesha, Charaka Samhita, revised by Charaka & Dridhabala with Ayurveda deepika commentary of Chakrapanidatta, edited by Vd. Yadavaji Trikamji Acharya, Chaukhambha Prakashan, Varanasi, reprint Chikitsa Sthana, 2007; 7/26.: 450.
2. Agnivesha, Charaka Samhita, revised by Charaka & Dridhabala with Ayurveda deepika commentary of Chakrapanidatta, edited by Vd. Yadavaji Trikamji Acharya, Chaukhambha Prakashan, Varanasi, reprint Chikitsa Sthana, 2007; 7/26, p450
3. Acharya Agnivesa Charaka Samhitha edited by Vaidya Jadavji Trikamji commentary with Ayurveda Deepika published by Choukhamba Orientalia, Varanasi reprint 2021, Chikitsasthana 7thchapter, sloka no.30 pages no 451.
4. Calabrese G, Licata G, Gambardella A, De Rosa A, Alfano R, Argenziano G. Topical and Conventional Systemic Treatments in Atopic Dermatitis: Have They Gone Out of Fashion? Dermatol Pract Concept. 2022 Jan 1;12(1):e2022155. doi: 10.5826/dpc.1201a155. PMID: 35223191; PMCID: PMC8824598.
5. Agnivesha, Charaka Samhita, revised by Charaka & Dridhabala with Ayurveda deepika commentary of Chakrapanidatta, edited by Vd. Yadavaji Trikamji Acharya, Chaukhambha Prakashan, Varanasi, reprint Chikitsa Sthana, 2007; 7/39.
6. Griffin PM, Kevat DA, McCarthy JS, Woods ML. Chronic urticaria following acute hepatitis A. BMJ Case Rep. 2012 Sep 18;2012:bcr2012006479. doi: 10.1136/bcr-2012-006479. PMID: 22989421; PMCID: PMC4544675.
7. Shchaslyvyi AY, Antonenko SV, Telegeev GD. Comprehensive review of chronic stress pathways and the efficacy of behavioral stress reduction programs (BSRPs) in managing diseases. Int J Environ Res Public Health. 2024;21(8):1077. doi:10.3390/ijerph21081077.
8. Shreelakshmi S, Raju C M M. A Clinical Study to Evaluate the Efficacy of Haridrakhandha in the Management of Allergic Rhinitis in Paediatric Age Group. International Journal of Ayurveda and Pharma Research. 2022;10(8):14-20.
9. Govind Das, Bhaishajya Ratnavali, Edition Reprint 3rd, Chaukhambha Prakashan,Varanasi 2013, chapter 56 verse 25-29 Pg. no. 922.
10. Agnivesha, Charaka Samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Yadavaji Trikamaji Acharya. Chikitsasthana, Ch.7, Ver.144-150. 2nd edition. Varanasi: Chaukhambha Surbharati Prakashan; 2020.p.457.
11. Tripathy Brahmananda, Ashtanga Hridaya Chaukhamba Sanskrit Pratishtan, Delhi Edition Reprinted 2012 Su. S. Chapter 15, Shloka 43.
12. Atrideva Gupta (2005). Vidyotini Hindi Commentary, Astanga Hridayam, Kalpasthana 2/9-10, Chaukhambha Samskrita Samsthana, Varanasi.p.509

13. Neethu M., Chaitra H., Ananya Latha Bhat, Madhusudhana V., Ayurvedic Approach in the Management of Urticaria-A Case Study, *Int. J. Sci. R. Tech.*, 2025, 2 (10), 102-107. <https://doi.org/10.5281/zenodo.17294703>
14. Phartale R, Upadhyay R, Phartale V. A review of Patolakaturohinyadi Kashaya as a polyherbal hepatoprotective formulation. *Int J Ayurveda* 360. 2025;2:933–943. doi:10.63247/3048-7390. vol.2. issue 3.13.
15. Tripathi B editor, Charaksamhita by Acharya Agnivesh, Chikitsasthana, Chapter 7, Verse 91,92, Varanasi Choukhamba Surbharati Prakashan, edition 2012.p311

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