

Management of *Vicharchika* (Atopic eczema) through an Integrated Ayurvedic Approach: A Case Report

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ABSTRACT:

Vicharchika, described in Ayurveda as a type of *Kshudra Kushtha* (minor skin disease), presents with key features such as *Kandu* (Pruritus), *Shyava* (hyperpigmentation), *Bahustrava* (Exudate) and *Raji* (Lichenification). These clinical features are comparable to atopic eczema (atopic dermatitis), a chronic, relapsing inflammatory skin condition characterized by xerosis, pruritus, exudation, and lichenification. A 21-year-old female patient with a history of long-standing eczema on the lower limbs, refractory to conventional treatments, was assessed through Ayurvedic parameters along with modern scoring systems including the Eczema Area and Severity Index (EASI) and the Dermatology Life Quality Index (DLQI). The treatment regimen included *Nidana Parivarjana* (elimination of aggravating factors), *Shamana Chikitsa*, which included oral administration of *Panchatikta Ghrita*, *Gandhaka Rasayana*, *Samshamani Vati*, and *Guduchyadi Kwatha*. Topical care was provided by washing the affected area with *Panchavalkala Kwatha* mixed with *Shuddha Tankana*. After washing, the patient was advised to use *Gandhaka Malahara* for topical application. Within 3 months of treatment, the patient experienced complete relief from itching, papules, exudation, burning, and pain. Objective assessments confirmed significant improvement, with the EASI score reducing from 7.2 to 0 and the DLQI score from 10 to 0, reflecting both clinical remission and restoration of quality of life. This case demonstrates that an integrative Ayurvedic approach can be highly effective in the management of *Vicharchika* (atopic eczema). The results emphasize the shared pathophysiology between Ayurveda and modern dermatology while showcasing the therapeutic potential of polyherbal formulations and holistic interventions. Further large-scale and controlled clinical studies are recommended to validate these encouraging findings.

KEYWORDS: Atopic eczema, Ayurveda, DLQI, EASI, Polyherbal, *Vicharchika*.

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INTRODUCTION:

In Ayurvedic classics, the term *Kushtha* designates a broad category of dermatological pathologies. These are taxonomically divided into *Maha Kushtha* (major skin disease) and *Kshudra Kushtha* (minor skin disease), encompassing seven and eleven distinct entities, respectively.^[1] The etiopathogenesis of *Kushtha*, according to the classical text Charaka Samhita, is attributed to the vitiation of the *Tridosha* (the three primary bio-humoral principles).^[2] This homeostatic imbalance pathologically affects key bodily tissues, namely *Twaka* (skin), *Rakta* (blood/connective tissue), *Mamsa* (muscle tissue), and *Ambu* (plasma/interstitial fluid), resulting in cutaneous manifestations.^[3]

Vicharchika, classified under *Kshudra Kushtha*, is clinically defined by Charaka as "*Sa Kandu Pidika Shyava Bahu Srava Vicharchika*," indicating a condition characterized by pruritic papules, hyperpigmentation, and profuse exudation.^[4] The Sushruta Samhita offers a complementary description, "*Rajyo Atikandu Atiruja Sa Ruksha Bhavanti Gatreshu Vicharchikayam*," which emphasizes features of lichenification (prominent skin markings), severe pruritus, severe pain, and xerosis (dryness).^[5]

The composite symptomatology of *Vicharchika* shows a strong clinical correlation with Atopic Eczema, a chronic disease that causes inflammation, redness and irritation of the skin.^[6] Atopic eczema represents a significant global health burden,

affecting 10-20% of the population^[7], with its incidence having increased two- to three-fold in industrialized nations over the last few decades. The condition substantially impairs quality of life through physical discomfort, psychological distress, and functional limitations. Standard medical management includes topical corticosteroids, immunomodulators, and emollients. In contrast, Ayurvedic therapeutics employ a holistic strategy to restore *Dosha* equilibrium through customized diet, lifestyle modifications, and herbo-mineral formulations. This case study details the implementation of a classical Ayurvedic protocol for the management of *Vicharchika* (Atopic eczema).^{[8],[9]}

In previously published studies on *Vicharchika*, Panchakarma procedures such as *Vamana*, *Virechana*, and *Raktamokshana* were commonly employed as part of the treatment protocol. However, in the present study, the patient was managed exclusively in the outpatient department (OPD) using internal Ayurvedic medications and supportive therapeutic measures, without undergoing classical Panchakarma procedures.

CASE REPORT:

A 21-year female student from the university of arts, presented on January 16, 2025, to the Outpatient Department of Rasashastra & Bhaishajya Kalpana at Government Ayurved college attached Hospital, Vadodara (OPD No. 617). The patient reported a chronic, three-year history of bilateral lower limb lesions.

Her chief complaints included *Shyavata* and *Strava* (hyperpigmented patches with serous exudation), accompanied by severe *Kandu* (pruritus), *Rukshata* (xerosis), *Ruja* (pain), and *Daha* (burning sensation) (Figure 1). Following clinical examination, a diagnosis of *Vicharchika* was established, which fulfilled the diagnostic criteria for Atopic Eczema as proposed by Hanifin and Rajka.^[10]

Clinical Evaluation and Outcome Measures

The patient underwent an extensive clinical assessment, comprising both a general physical examination and traditional Ayurvedic diagnostic procedures, including *Ashtavidha Pariksha* and *Dashavidha Pariksha*. Disease severity was evaluated using specific Ayurvedic clinical parameters: *Atikandu* (pruritus), *Shyavata* (hyperpigmentation), *Pidika* (papules/vesicles), *Bahustrava* (exudation), *Rukshata* (xerosis), *Raji* (lichenification), *Daha* (burning sensation), and *Ruja* (pain). To objectively quantify disease activity and its impact on quality of life, two standardized dermatological scoring systems i.e. Eczema Area and Severity Index (EASI) and the Dermatology Life Quality Index (DLQI) were applied.

Treatment History

The patient, diagnosed with *Vicharchika* (Atopic Eczema), had previously received allopathic treatment including cetirizine 10 mg once daily, prednisolone 5 mg once daily, itraconazole 200 mg twice daily, and

topical betamethasone valerate 0.05% cream for 3–4 months. Although these interventions provided transient symptomatic relief, the symptoms reappeared upon discontinuation. On presentation, the patient exhibited severe itching and dryness, hyperpigmented patches over both lower legs; the condition had persisted chronically for over three years. Dietary history revealed regular consumption of non-vegetarian food twice weekly, along with frequent intake of spicy and sour foods on a daily basis. There was no reported family history of *Vicharchika* or similar skin disorders.

General Examination

Vital signs were within normal limits: pulse rate 76/min, blood pressure 107/70 mmHg, temperature 98.8°F, and respiratory rate 20/min. Anthropometric measurements included height 154 cm, weight 61.1 kg, BMI 25.9 kg/m². Random blood sugar was 130 mg/dl.

Dashavidha Pariksha

The *Dashavidha* examination revealed the patient's *Prakriti* (individual inherent nature) to be of the *Kapha-Pitta* type. The *Vikriti* (pathological state) was characterised as *Saptako Dravya Samgraha*, indicating a complex vitiation involving the *Tridosha* and the bodily tissues of *Rakta* (blood), *Mamsa* (muscle), *Twak* (skin) and *Ambu* (lymphatic/fluid components). The patient's dominant tissue quality (*Sara*) was assessed as *Medasara* (adipose tissue). The majority of her constitutional factors were evaluated as

Madhyama (medium), including Samhanana (bodily structure), which was normal, *Pramana* (anthropometry), *Satmya* (adaptability), *Rajas Satva* (mental fortitude), and *Ahara Shakti* (digestive capacity). In contrast, her *Vyayama Shakti* (exercise tolerance) was found to be *Avara* (poor).

Ashtavidha Pariksha

The *Ashtavidha* examination revealed key clinical indicators. The *Nadi* (pulse examination) was consistent with a *Kapha-Pitta* predominance. The *Jihva* (tongue) presented with a white coating, suggestive of an underlying metabolic imbalance (*Ama*). The patient reported constipation, with stool consistency (*Mala*) assessed as *Baddha*. Her skin (*Sparsha*) was noted to be *Sheeta* (cool) upon palpation. Other parameters were observed to be within normal limits: *Mutra* (urinary frequency) was 6–7 times per day, *Shabda* (voice) was clear, *Drik* (vision) was normal, and the patient's *Akriti* (general physical build) was normal.

Assessment: Criteria of Assessment with Scoring is mentioned in table-1.

Treatment Protocol

A. ***Nidana Parivarjana***: The patient was advised to avoid dietary substances like non vegetarian food, spicy foods, fermented foods, and fast food that aggravate *Dosha* and induce symptoms. This included abstinence from consuming heavy foods, incompatible food combinations, acidic foods, sesame, jaggery, excessive dairy products, etc.^[11]

B. Shamana Chikitsa

All formulations, except *Panchatikta Ghrita*, were procured from Government Ayurved Pharmacy, Rajpipla, Gujarat. *Panchatikta Ghrita* was advised to be purchased from Nagarjuna Ayurveda Pharmacy Kerala due to the unavailability of in-house production. The decoction was prepared by taking 1 spoon (approximately 10 g) of *Yavakuta Churna* and adding 16 parts of water (approximately 160 mL). It was then boiled adequately as required and filtered. Thereafter, 2–3 pinches (approximately 1–2 g) of *Tankana* powder were added before *Prakshalana* (washing).

Results: Showed in table-3

Table 1: Gradation of signs and symptoms of Vicharchika

Sign and Symptoms	Grades				
	0	1	2	3	4
<i>Kandu</i> (pruritus)	No itching	Occasional itching	Mild itching	Mild to Moderate itching	Severe itching
<i>Pidika</i> (Inflammatory papules or vesicles)	No edema and papulation	Mild edema reflects a barely perceptible elevation of skin.	Lesions that are visually perceptible	Eczematous plaques with distinct step off borders	Very raised papules
<i>Strava</i> (Exudate)	No Discharge	Mild Discharge	Moderate Discharge	Severe Discharge	Excessive Discharge with foul smell
<i>Daha</i> (Burning Sensation)	No burning	Occasional	Mild burning	Mild to Moderate burning	Severe burning
<i>Twak Rukshata</i> (xerosis)	No line on scrubbing with nails	Faint line on scrubbing by nails	Marked Lining on Scrubbing by nails	Excessive dryness leading to itching	Dryness leading to cracks and bleeding
<i>Shyava</i> (hyper pigmentation)	Normal colour	Near to Normal which Looks like a normal colour	Reddish coloration	Slight reddish-black dis coloration	Deep black reddish dis colouration
<i>Raji</i> (Lichinification)	Absent	Single line	Lines without discomfort	Multiple lines with discomfort	
<i>Ruja</i> (Pain)	No pain	Ocassional pain	Mild pain	Moderate pain	Severe pain
EASI score (Eczema Area Severity Index) - 7.2 (for 15% lower limb involvement)					
DLQI (Dermatology Life Quality Index) - 10					

Table 2: Details of given drugs during treatment

Drug	Dose	Duration of treatment	Duration of follow-up	Anupana	Kala
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<i>Panchatikta Ghrita</i> [12]	20 ml	3 months	1 month	Luke warm water	Empty stomach morning
<i>Gandhaka Rasayana</i> [13]	2 tablets (500 mg) Three times daily	3 months	1 month	Water	After meal
<i>Shamshamani Vati</i> [14]	2 tablets (500 mg) Three times daily	3 months	1 month	Water	After meal
<i>Guduchyadi Kwatha</i> [15]	10 ml Twice daily	3 months	1 month	-	Before meal
<i>Panchavalkal Kwatha</i> [16] + <i>Shuddha Tankana</i> [17]	Once (as per need)	3 months	1 month	External application	At night
<i>Gandhaka Malahara</i> [18]	Once (as per need)	3 months	1 month	External application	At night

Table 3: Details of the score of symptoms before and after treatment with follow-up

Complaints	BT (0 day)	AT (3 months)	Follow up (1 month)
<i>Kandu</i> (Pruritus)	3	1	0
<i>Pidika</i> (Inflammatory papules or vesicles)	2	0	0
<i>Srava</i> (Exudate)	1	0	0
<i>Daha</i> (Burning Sensation)	3	0	0
<i>Twak Rukshata</i> (xerosis)	3	0	0
<i>Shyava</i> (Hyperpigmentation)	4	1	1
<i>Raji</i> (Lichinification)	3	0	0
<i>Ruja</i> (Pain)	2	0	0
EASI	7.2	0	0
DLQI	10	1	0

*BT- Before Treatment, AT-After Treatment



**Figure 1: Before treatment
(Date-16/01/2025)**



**Figure 2: After 1 month
(Date: 13/02/2025)**



**Figure 3: After 2 months
(Date- 06/03/2025)**



**Figure 4: After 3 months
(Date- 03/04/2025)**



**Figure 5 : After 1 month of Follow up
(Date- 01/05/2025)**



**Figure 6: After 2 months of Follow up
(Date- 05/06/2025)**

DISCUSSION:

The clinical presentation of Atopic eczema, shows a strong correlation with the classical Ayurvedic entity of *Vicharchika*, which is classified under *Kshudra Kushtha* (minor skin disease). Given the limitations of conventional treatments for chronic, relapsing conditions, including the potential side effects of long-term corticosteroid use, many patients seek more holistic and sustainable therapeutic systems like Ayurveda.

In this case, a definitive diagnosis was established by integrating both modern and traditional frameworks. The patient's condition fulfilled the Hanifin and Rajka criteria for atopic dermatitis, presenting with key major features like pruritus and chronic, relapsing lesions in a typical distribution, alongside minor features such as dryness and lichenification. The corresponding Ayurvedic evaluation, including *Ashtavidha* and *Dashavidha Pariksha*, revealed the underlying pathophysiology as *Kapha-Pitta Dosha* vitiation associated with *Rakta Dushti*. Based on this comprehensive assessment, a dual therapeutic approach was planned to address both the systemic imbalance and the localized clinical manifestations. The efficacy of combined herbal and herbo-mineral formulations in relieving the symptoms of *Vicharchika* is demonstrated through this approach.

Previous treatment with allopathic medication provided temporary symptom relief, with recurrences observed after discontinuation. The proposed Ayurvedic treatment protocol

includes the internal administration of *Panchatikta Ghrita*, *Gandhaka Rasayana*, *Samshamani Vati*, and *Guduchyadi Kwatha*. External therapy involved *Prakshalana* (cleansing) with *Panchavalkala Kwatha* combined with *Shuddha Tankana*, and after *Prakshalana*, application of *Gandhaka Malahara*.

The factors such as *Viruddhahara* (incompatible diet), *Diwasvapa* (daytime sleeping), *Ajirnadhyashana* (eating food before digestion of previously intake food), and *Ushna Tikshna Ahara* (intake of too much spicy foods) are known to cause *Rakta Dushti* (vitiation of blood), predisposing individuals to diseases like *Kushtha* (integumentary disease) [19]. Previous studies established a strong association between *Viruddhahara* (incompatible diet) and *Vicharchika*. [20] A previous study found that regular or excess use of *Amla Rasa* (sour taste) in the diet causes *Rakta Dushti* (vitiation of blood), which further leads to skin disorders. [21]

All the ingredients of *Panchatikta Ghrita* have the dominancy of *Tikta Rasa* (bitter taste), which acts as *Dipana* (stimulating digestive fire), *Pachana* (digestive), and *Kaphaghna* (alleviates *Kapha*). It also exhibits *Lekhana* (drying & sloughing), *Vishaghna* (antitoxic), and *Kledaghna* (removes excess moisture) properties. These actions, particularly *Kandughna* (anti-pruritic) and *Kushthaghna* (anti-dermatitis), help alleviate core symptoms of eczema. *Ghrita* (ghee) enhances drug absorption due to its lipophilic nature, facilitating cellular delivery and promoting recovery of normal skin texture.

Consequently, keratinisation decreases, leading to reduced itching and restoration of a healthy complexion.^[22] *Gandhaka Rasayana* acts on *Rakta* and *Twacha*. It removes all the blood impurities. Also, impurities stored in the body gets removed and hence it improves the *Uttarottara Dhatu* quality. It acts as *Rasayana*, *Kushtaghna*, *Vishaghna*, *Jantughna*, *Kandughna*, *Dahaprashaman*, *Raktashodhaka*, *Vranaropaka*, *Twachya* and *Krumighna*. It is mainly indicated in *Kushtha Roga* mainly in *kshudra kushtha* with dominant symptoms of burning.^[23] It possesses properties like antibacterial, antiviral, and antimicrobial. ^[24] In disease, where *Raktadushti* occurs due to *Rasadhatu Dushti*, *Gandhaka Rasayana* works as *Amrutvalli*.^[25] *Samshamani Vati* demonstrates substantial antibacterial activity, suggesting its constituents have therapeutic potential against microbial infections ^[26]. *Guduchyadi Kwatha*,^[27] mentioned in *Yogaratanakara*, containing *Guduchi* along with *Triphala*, *Daruharidra* and *Guggulu*, is indicated in skin diseases, injury and swelling. Topical application of *Panchavalkala Kwatha*^[28] promotes lesion healing and prevents infection. The formulation's astringent, anti-inflammatory, and antimicrobial effects are attributed to tannins and flavonoids that inhibit inflammatory cytokines (IL-6, TNF- α) and polyphenols that counter oxidative stress. Triterpenoids facilitate wound healing through enhanced collagen synthesis and tissue repair ^[29]

Shuddha Tankana Drava is traditionally recommended for *Vrana Shodhana*. The *Ushna* (hot) and *Tikshana* (sharp) properties of *Shuddha Tankana* aid in the debridement of the feet and promote skin regeneration ^[30]. Sodium borate (*Tankana*) confers keratolytic, antimicrobial, and anti-inflammatory effects, while boron enhances tissue repair and reduces inflammation ^[31]. The astringent action of *Tankana* tightens the skin, prevents scaling, and facilitates healing of eczema lesions, further supported by boron's regenerative activity ^[32]

Gandhaka Malahara primarily contains *Gandhaka*, which is crucial for the regeneration and repair of skin tissue—an important aspect in managing *Kushtha*. ^[33]

For objective evaluation of therapeutic efficacy, standardised tools such as the Eczema Area and Severity Index (EASI) and Dermatology Life Quality Index (DLQI) were employed. EASI provided a reproducible quantitative assessment of clinical features such as papules, lichenification, and xerosis, revealing marked improvement, with scores reduced from 7.2 to 0. Similarly, DLQI scores improved from 10 (very large effect) to 0 (no effect), signifying a remarkable restoration of psychological well-being and quality of life. The patient had discontinued all modern medications one month before the initiation of Ayurvedic treatment. The patient was followed up for one month after completion of the treatment, during which no recurrence was observed. This integrative assessment, combining Ayurvedic diagnostic

rationale with modern outcome measures, establishes Ayurvedic therapy as a comprehensive, safe, and evidence-based modality for chronic dermatoses. It further underscores the scientific validity and holistic potential of Ayurvedic interventions in contemporary dermatological practice. The only remaining limitation observed in the present case was *Shyavata* (blackish discoloration), which showed a gradual reduction during the follow-up period.

CONCLUSION:

This case highlights the successful management of chronic *Vicharchika* (atopic dermatitis) through an integrative Ayurvedic protocol combining internal polyherbal formulations and external applications. The regimen significantly improved EASI and DLQI scores, indicating reduced inflammation and enhanced quality of life. The therapeutic efficacy is attributed to the synergistic *Kushthaghna* and *Raktashodhaka* actions addressing *Kapha-Pitta* and *Rakta* vitiation. These results suggest the promise of Ayurvedic modalities in chronic dermatoses and support the need for further clinical validation.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

The findings of the present study are limited by its single-case design, lack of a control group, and relatively short follow-up duration. Furthermore, the concurrent administration of multiple Ayurvedic interventions made it difficult to ascertain the individual therapeutic contribution of each component. Therefore, larger controlled clinical studies with extended follow-up periods are warranted to further establish the efficacy and safety of the proposed treatment protocol.

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