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Case Study

A CASE REPORT ON *SHODHANA, SHAMANA CHIKITSA* OF *VICHARCHIKA* WITH SPECIAL REFERENCE TO ECZEMA

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ABSTRACT

The disease *Vicharchika,* classified under *Kshudrakustha* in Ayurveda, is a dermatological condition frequently seen in clinical practice. Its cardinal features include *Kandu* (pruritus), *Pidaka* (papulovesicular eruptions), *Shyava Varna* (hyperpigmentation), and *Bahusrava* (exudation). Based on its clinical picture, it is commonly correlated with eczema. In contemporary medicine, management remains largely symptomatic, relying on anti-histamines and topical corticosteroids, with no definitive curative approach. Ayurveda advocates *Shodhana* and *Shamana Chikitsa* as the principal therapeutic measures for *Vicharchika*. A patient presenting to the OPD with complaints of intense pruritus, serous discharge, and erythematous lesions over the upper back, chest, scalp, face, and abdomen for one year was managed with *Virechana Karma* followed by *Shamana Aushadhis*. Significant clinical improvement was noted within two and a half months of treatment.

INTRODUCTION

According to *Vachaspatyam* and *Amarakosha* the word *Vicharchika* is derived from the root "*Charch Adhyane*".[1] The word '*Adhyane*' has two syllables '*Adhi*' which means 'above' and '*Ayane*' means to spread out. In Charak Samhita it has been mentioned *kustha* is the most chronic disease among all. *Vicharchika* is classified as a *Rakta-pradoshaja vikara* in Ayurveda, with dominating *Kapha dosa* and three *Dosa* involved. ("कफप्राया विचर्चिका ।।" Ch. Chi. 7/30).[2] *Vicharchika* is characterized by skin manifestation having the symptoms *Kandu* (itching sensation), *Pidika* (papule), *Shyava varna* (blackish brown discolouration), and *Bahusrava* (excessive exudation) as described in Charaka Samhita Chikitsa Sthana 7/26 ("सकण्डूः पिडका श्यावा बहुस्रावा विचर्चिका ।।").[3] There is no specific description available in *Samhita* regarding the line of management of *Vicharchika.* Hence the line of treatment is to be done according to the predominance of *Dosas*.

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The treatment should be planned on the basis of *Roga* and *Rogibala* (strength of the disease and patient).

Eczema is a type of dermatitis and these terms are often synonymously.[4] Eczema describes a clinical and histological pattern. Acutely, epidermal oedema (spongiosis) and itra-epidermal vesiculation predominate, whereas with chronicity there is more epidermal thickening (acanthosis), hyperkeratosis, upper dermal fibrosis and predominantly perivascular mononuclear cell infiltrate.

Eczema affects approximately 10% to 20% of children and 2% to 10% of adults worldwide.[5]

Case Report

A 64-year-old male attend to the OPD with a one-year history of blackish discoloration and diffuse scaly lesions over the face, upper and lower limbs, abdomen, and flanks, associated with severe itching, discharge, and facial puffiness. Lesions initially appeared as small, pruritic, oozing vesicles on the dorsum of both hands and spread to the hands, abdomen, flanks, and face within a few days. There was no past history of known allergies or significant family history. The patient had taken oral steroids and anti-inflammatory drugs prescribed by a local dermatologist with no symptomatic relief.

On Examination

- White scaly skin lesions over face, scalp, back of chest, abdomen, flanks.
- Fissure erythematous lesions with blackish dicolouration over chest, back of chest, both hands.

Laboratory Investigation

Routine haematology showed haemoglobin-13.6 gm%, E.S.R-30 mm/hr, Eosinophil-6%, AEC-605 cells/mm^3.

Diagnostic Assessment

Based on clinical presentation, examination and laboratory findings, the case was diagnosed as *Vicharchika* (chronic eczema).

The condition on through evaluation was considered to have *Kapha-pitta* as main *Dosa, Rakta* and *Rasa* as *Dhatus* and *Jatharagni mandya* as the source of *Ama* formation.

Therapeutic Intervention

The patient was subjected to treatment under two schedules. In the OPD (Out Patient Department), itching and oozing were given prime importance and treated accordingly, as mentioned in Table 1. In the IPD, the patient was treated for *Shareera Shodhana* and *Dhatu Samya* with *Snehapana*, *Abhyanga, Swedana*, and *Virechana*, as mentioned in Table 2. On discharge, after *Virechana,* the following medications were prescribed for 15 days: *Mahatikta Ghrita* 10ml once daily on an empty stomach, *Arogyavardhini Vati* one tablet thrice daily before food, *Haridra Khanda* 3gm before food, and *Marichyadi* oil for external application.

Table 1: Therapeutic Intervention

S.No	Medicine	Dose and Time of Administration	Duration
1	*Mahamanjisthadi kwath*	15ml twice a day (morning and evening) empty stomach.	28 days
2	*Arogyavardhini rasa*	250mg twice a day before food.	28 days
3	*Haridra khanda*	3gm twice a day before food.	28 days
4	*khadirarista*	15ml with equal amount of water twice a day after food.	28 days
5	*Tankan + marichyadi oil*	Quantity sufficient	28 days
6	*Mahatikta ghrita*	5ml twice a day with meal.	14 days

Table 2: Treatment

Procedure	Medicine	Days and dose
Deepan – Pachana	*Panchakol churna*	5 gm, 5 days
Snehapana in *Aarohankrama*	*Mahatiktaghrita*	1st - 30 ml 2nd - 60 ml 3rd - 90 ml 4th - 120 ml 5th - 150 ml 6th - 180 ml 7th - 210 ml
Abhyanga followed by *Swedana*	*Chandanbalalakshadi oil*	8th – 10th day
Virechana	*Trivrithleha*	11th day, 50gm, 16 *Vega* observed
Samsarjan karma		3 days

RESULTS AND OBSERVATIONS

Table 3: Score of subjective parameters before and after treatment

Parameter	Before treatment	In between treatment (1 month)	After treatment (2 months)
Kandu (itching)	3	2	0
Pidaka (papule)	1	0	0
Shyava varna (blackish discolouration)	3	2	1
Bahusrava (oozing)	2	5	1
Total Score	9	5	1

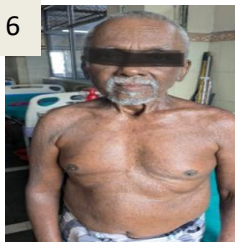
Figures




(On zero day) Before Treatment




(On Two month) During Treatment

(On Two and half month) After Treatment

DISCUSSION

In this case, the patient received allopathic treatment on multiple occasions, but the condition repeatedly relapsed, highlighting the therapeutic challenges of *Vicharchika* (eczema) in conventional medicine.

Vicharchika, which is generally considered a feature of *Kustha*, is a *Kaphaja Pradhana Tridoshaja Vyadhi.* It involves the aggravation and accumulation of *Kapha* in the *Srotas* responsible for digestion. This, in turn, obstructs the *Srotas* responsible for nutrient transport, i.e., *Rasavaha* and *Raktavaha Srotas*, and finally settles in the *Mamsavaha Srotas*, resulting in *Kandu, Shotha*, and *Puyasrava. Acharya Charaka* generally considers all *Twak Vikara* to have a mixed etiology (*Sannipatik*). The specific features of *Kustha* (skin diseases) manifest predominantly based on the *Doshas* involved.[6]

The treatment protocol for the management of *Vicharchika* (eczema) was undertaken according to *Ayurvedic* guidelines, consisting of *Shodhana* and *Shamana Chikitsa*.

Snehapana is considered one of the most important preparatory measures of *Shodhana* therapy due to its ability to produce *Dosha Utklesha* in the body, which is a prerequisite for *Shodhana Karma*. It also induces *Vata Anulomana*, *Deepta Agni*, proper consistency and *Snigdhata* of *Purisha*, and promotes *Varnaprasadana.*[7]

Swedana Karma accelerates the process by enhancing capillary circulation and mobilizing the morbid *Doshas* from the *Shakha* into the extracellular fluid by clearing the *Srotas* (channels) of the body. Finally, *Swedana Karma* facilitates the transport of metabolites into the *Rakta*, directing them to the *Koshtha* for easy elimination through *Virechana Karma*.[8]

Virechana is useful in *Pitta* dominant disorders along with *Kapha sansrista doshas* and *Pitta sthanagata kapha.[9]*

In *Bhaishajya Ratnavali*, *Kustha Chikitsa Adhyaya, Mahamanjishtadi Kwatha* is highlighted as a foremost formulation for managing all types of *Kustha* and *Rakta-Pradoshaja Vikaras*.[10]

Manjishtha (Rubia cordifolia), the main ingredient, is well recognized as a leading *Rakta-Shodhaka* and *Kusthaghna Dravya*. The compound also contains *Nimba, Triphala, Katuki, Guduchi, Haridra, Daruharidra*, along with other *Tikta-Kashaya Rasa Pradhana* drugs that work synergistically. As a result, the formulation cleanses *Rakta Dhatu*, balances *Pitta* and *Kapha Doshas, stimulates Agni,* and removes *Srotodushti.*

In *Rasaratna Samucchaya*, *Arogyavardhini Vati* is described as an effective formulation indicated for *Kushtha, Kamala, Pandu, Yakrit-Vikara,* and *various Pittaja Rogas*.[11]

The key constituents of this formulation are *Parada, Gandhaka, Loha Bhasma, Abhraka Bhasma, Tamra Bhasma, Triphala, Trikatu, Katuki,* and *Nimba*. It principally pacifies *Pitta* and *Kapha Doshas* while cleansing *Rakta Dhatu* and *Yakrit* (liver), both of which play a central role in the pathogenesis of *Kushtha.* Hence, *Arogyavardhini Vati* regulates *Agni,* purifies *Rakta*, detoxifies *Yakrit*, and re-establishes *Dosha* equilibrium, leading to the alleviation of *Kushtha Lakshanas* such as scaling, pruritus, and discoloration.

Khadirarishta is described in *Bhaishajya Ratnavali* in *Kustha Chikitsa*.[12] The principal

ingredient, *Khadira* (Acacia catechu), is characterized as *Kushthaghna, Kandughna, Krimighna,* and *Rakta-Shodhaka.* The formulation further comprises *Triphala, Trikatu, Dhataki, Jiraka,* and other drugs, fermented with *Madhuka* and *Guda,* which augment bioavailability and therapeutic efficacy. Therefore, *Khadirarishta* acts chiefly by purifying *Rakta,* enhancing hepatic and gastrointestinal functions, regulating metabolism, and subsequently alleviating pruritus, scaling, and discoloration associated with *Kushtha*.

In *Bhaishajya Ratnavali*, *Haridra Khanda* is described as an effective formulation indicated for *Kandu, Visphota, Dadru, Sitapitta, Udarda, Kotha* and *Krimi roga*. The main ingredients of this formulation are *Haridra*, *Ghrita*, cow's milk, *Sarkara* and *Praksepa dravyas* are *Sunthi churna, Pippali churna, Marich churna, Sukshma ela churna, Dalchini churna, Teja patra churna, Vidanga churna, Trivrit churna, Amalaki phala twak churna, Vibhitaki phala twak churna, Haritaki phala twak churna, Nagakesara churna, Musta churna, Lauha bhasma*.[13]

Haridra and other ingredients works efficiently for skin as they are *Pitta-Kaphahara* in nature. The presence of *Goghrita* and milk acts towards balancing of *Pitta* while *Loha Bhasma* plays role for improvement of immunity.[14]

Marichadi taila is *Kapha samaka, Ushna virya, Teekshna, Ruksha, Kusthaghna* and *Kandughna*.[15]

Mahatikta Ghrita [16] is formulated with *Tikta Rasa Pradhana Dravyas* such as *Nimba, Patola, Guduchi, Katuki, Vasa, Haridra,* and *Daruharidra, processed in Ghrita. Ghrita* itself possesses *Sanskara Anuvartana* property, facilitating the transport of deep-acting drugs into the skin and micro-channels (*Srotogami*), while pacifying *Vata-Pitta*. Owing to its *Snigdha, Sheeta*, and *Yogavahi* qualities, it alleviates dryness, scaling, burning sensation, and inflammation.

Tikta Dravyas exhibit *Rakta-Shodhaka, Pitta-Kapha Shamaka*, and *Kleda-Shoshaka* actions, thereby reducing oozing, erythema, and epidermal thickening. Local application exerts *Shothahara*, *Daha-Prashamana*, and *Varnya* effects, pacifying lesions externally, whereas systemic administration purifies *Rakta Dhatu* internally. Regular *Pralepa/Abhyanga* with *Mahatikta Ghrita* promotes *Twak-Prasadana*, restoring normal skin color and texture, and prevents relapse.

CONCLUSION

This case report illustrates that Ayurvedic management comprising *Mahamanjisthadi kwath*, *Arogyavardhini Vati*, *Khadirarishta*, *Manjishtha Churna*, *Haridra khanda, Mahatikta ghrita* and external application of *Tankan* with *Marichadi taila* offers a comprehensive strategy for the management of *Vicharchika*.

Throughout the treatment period, *Kandu, Pidika,* and *Bahusrava* subsided completely, while *Shyava Varnata* exhibited partial improvement.

This holistic approach not only mitigates clinical symptoms but also targets the underlying *Dosha-Dushya* imbalance. In contrast, conventional therapy with anti-histamines, topical corticosteroids provide rapid symptomatic relief yet carries the risk of long-term adverse effects. Therefore, integrating Ayurvedic modalities with modern treatment may yield a balanced therapeutic protocol that optimizes efficacy while minimizing risk of disease.

Patient Consent

In this case report form, the patient has given full consent for the images to be published in the journal.

REFERENCES

1. Sastri Pt. Haragovinda; Namalinganusasana or Amarakosha of Amarasimha with Ramasrami (Vyalhyasudha) commentary of Bhanuji Diksita, Varanasi: Chaukhamba Sanskrit Sansthan, 2012 Edition: Reprint, Ditiya kanda. Chapter 6 (Manushya Varga)/52, Page no-282.
2. Vd. Kushwaha H.C.S., Charaka Samhita, Chaukhambha Orientalia, Varanasi, 2018, Second part, page-199
3. Vd. Kushwaha H.C.S., Charaka Samhita, Chaukhambha Orientalia, Varanasi, 2018, Second part, (Ch.chi.7/26), page-199
4. Dr. Khanna N; Dermatology and sexually transmitted discases; Modern Publishers, New Delhi, 2002 Edition: Reprint; Chapter-8; Page-52
5. Eczema Facts https://nationaleczema.org/eczema-facts
6. Agnivesha. Charak Samhita, with Ayurveda Tattva Sandipika Hindi Commentary, Reprint, Part 1. Varanasi: Chaukhambha Bharati Academy; 2009. p. 252.
7. Lawrence S.,k. Ajitha, A review on the mode of action of sneha in kostha during sodhana and snehapana, Int. J. Res. Ayurveda Pharma. 9(3), 2018
8. Akhilanath Parida, Satyasmita Jena, and Varun Sawant, Trans., "A Critical Review on Action of Swedana Vis-A-Vis Sudation Therapy", Int J Ayu Pharm Res, vol. 8, no. 1, pp. 66–68, Feb. 2020, Accessed: Aug. 13, 2026. [Online]. Available: https://ijapr.in/index.php/ijapr/article/view/1371
9. Murthy KRS, English translation on Astanga Hrdayam of Vagbhata. Sutrasthana; Vamana Virechanavidhi: Chapter 18, Verse 1. Varanasi: Chowkhamba Krishnadas Academy, 2013: 58.
10. Ambikadatta Shastri. Bhaishajya Ratnavali. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 1996. p.623 [Crossref] [PubMed] [Google Scholar]

11. Ambikadatta Shastri. Rasaratna Samucchaya. 9th edition. Chapter no-20. Verse no.87. Varanasi: Chaukhamba Sanskrit Publisher; 1994. p.400
12. Ambikadatta Shastri. Bhaishajya Ratnavali. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 1996. p.639
13. Dr. Rao G.P. Bhaisajya Ratnavali of Kaviraj Shri Govind Das Sen. First edition. Varanasi: Chaukhamba Orientalia; 2014
14. Dr. Sonare M.A., Dr.Samantaray M.K. and Dr.S.Vikram, Critical analysis of Haridra Khanda - An Ayurvedic Formulation, Journal of Ayurveda and Integrated Medical Sciences | Sept - Oct 2019 | Vol. 4 | Issue 5
15. Lawrence D.T., J.R. Anand, J.K. Girish and Tripathy T.B., Ayurvedic management of Vicharchika (Eczema)- A case report
16. Ambikadatta Shastri. Bhaishajya Ratnavali. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 1996. p.633 .

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