

**INTERNATIONAL JOURNAL OF
MULTIDISCIPLINARY HEALTH SCIENCES**
ISSN: 2394 9406

**“CONCEPTUAL AND LITERARY REVIEW OF VICHARCHIKA IN
AYURVEDA”**

Dr.Jyotsna Payamal¹ , Dr.Abhay Khot² , Dr.Gouri Mohite³

1. PG Scholar Rognidan department , LRP Ayurvedic College and Hospital , Islampur , Sangli.
Email – jyotsna010996@gmail.com
2. Associate Professor, Rognidan department , LRP Ayurvedic College and Hospital , Islampur , Sangli. Email – jyotsna010996@gmail.com
3. Professor and HOD, Rognidan department , LRP Ayurvedic College and Hospital , Islampur , Sangli. Email – jyotsna010996@gmail.com

Abstract:

According to ancient knowledge, the Kustha had a very old disease called Vicharchika. Kshudra Kustha, Kshudra Roga, and Sadhya Kustha are the three divisions of Vicharchika. Vicharchika can be described similarly to how every Kustha has Tridosha heritage. Pitta is responsible for Srava, Kapha is responsible for Kandu, and shyava signifies the existence of Vata. Even though they originated in Tridosha, a number of Acharyas gave alternative explanations of Dominance in Vicharchika, such as Pitta according to Acharya Sushruta, Vata-pitta Pradhana according to Acharya Madhava, and Kapha according to Acharya Charaka. These variations also highlight specific symptom clusters. Modern research has explicitly connected Vicharchika to eczema (dermatitis) based on its pathophysiology and symptomatology.

Keywords: Kshudra, roga, Pitta, Vicharchika, Kapha, Kushta

INTRODUCTION

In Ayurveda, all dermatological disorders are collectively described under the broad heading of Kustha, which is further classified into Maha Kustha and Kshudra Kustha based on severity and prognosis. Vicharchika is included under Kshudra Kustha and is recognized as a chronic, relapsing skin disorder that primarily involves Tridosha vitiation along with derangement of specific Dhatus. The disease is known for its persistent nature and tendency to recur, making it clinically significant in both classical and contemporary contexts. The pathogenesis of Vicharchika is initiated by the intake of incompatible diet (Viruddha Ahara), improper dietary habits, faulty lifestyle practices, and behavioral factors, which collectively lead to Agni Dushti at both Jatharagni and Dhatwagni levels. Impaired Agni results in improper digestion and metabolism, producing Ama, which acts as a key pathogenic factor in the disease process. The accumulated Ama, in association with vitiated Doshas, circulates through the body and localizes in susceptible tissues.

Classical texts describe the involvement of Tvak, Rakta, Mamsa, and Lasika Dhatus as essential components in the

manifestation of Vicharchika. The vitiated Doshas, after gaining mobility, lodge in these weakened Dhatus, resulting in their functional impairment. Although all three Doshas participate in the disease process, variations in Dosha predominance influence the clinical presentation. Pitta vitiation leads to inflammatory changes and exudation, Kapha contributes to itching and thickening, while Vata is responsible for dryness, discoloration, and fissuring of the skin. The derangement of Rasa, Rakta, and Mamsavaha Srotas, along with Srotodusti in the form of Sanga and Vimargagamana, plays a crucial role in disease progression. Localization of the pathological process in Twacha produces characteristic lesions marked by itching, discoloration, oozing, and occasional pain. Depending on the dominance of Doshas, the lesions may be dry or exudative, localized or widespread, and acute or chronic in nature. Thus, a comprehensive understanding of the Samprapti of Vicharchika, involving Dosha, Dushya, Agni, and Srotas, is essential for accurate diagnosis, prognosis, and formulation of appropriate therapeutic measures.

❖ **Aims –** To systematically explore and elucidate the Ayurvedic concept of **Vicharchika** as described in classical texts

❖ **Objective:**

1. To compile and analyze classical Ayurvedic references related to **Vicharchika** from authoritative texts.
2. To study the **Nidana, Samprapti, Purvarupa, Rupa, and Sadhya-Asadhyata** of Vicharchika as per Ayurveda.
3. To understand the **Dosha-Dushya involvement** and Samprapti Ghatakas in Vicharchika.
4. To review **Pathya and Apathya** described for Vicharchika in classical literature.

❖ **Material and Methods:**

The present study is a conceptual and literary review conducted to understand the Ayurvedic perspective of Vicharchika (Kshudra Kustha) and its correlation with eczema.

Materials

The materials used for this study include:

1. Classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and their available commentaries.
2. Ayurvedic lexicons and dictionaries including

Shabdakalpadruma and *Vachaspatyam* for etymological and nirukti references.

3. Published research articles, review papers, and journals related to Vicharchika, Kustha.
4. Online databases and electronic resources relevant to Ayurveda.

Methods

1. Relevant references regarding Vicharchika were systematically collected from classical Ayurvedic texts.
2. Information related to etiology (Nidana), pathogenesis (Samprapti), clinical features (Purvarupa and Rupa), prognosis (Sadhyा-Asadhyata), and dietary and lifestyle measures (Pathya-Apathya) was compiled and analyzed.
3. Terminologies and concepts described in Ayurveda were interpreted.

❖ **Review of Literature:**

- **Etymology of Vicharchika**
- **Vachaspatyama**

When "carca" Dhatus are preceded with "Vee" and suffixed with "Navul," the feminine word Vicharchika—a form of

Svalpa Kustha—is created. (Vac, sixth section)

♦ **Shabda Kalpadrum**

Vicharchika, an illness of the feminine gender, is created by combining "Navul" with "Carca Tarjane" Dhatus. (Sa. Ka., fourth section)

▪ **Nirukti of Vicharchika**

Shabdakalpadrum explains two key characteristics of Vicharchika, namely that skin cracking mostly affects the hands and legs. "Visheshena care-ayate padasya Tvak vidaryate Anaya iti Vicharchika" refers to the disease that covers the skin in a specific way and primarily results in skin cracking on the hands and feet.

▪ **Definition**

सकण्डु पिडिका श्यावा बहुसावा विचर्चिका

□ (Cha. Chi. 7/26)

"Sa Kandu Pidika Shyava Bahu Srava Vicharchika" is the definition of Vicharchika given by Acharya Charaka. Refers to a skin condition in which dark-pigmented eruptions, irritation, and copious discharge from the lesion occur all over the skin.¹

▪ **Nidana;**

▪ Since Vicharchika is a variant of Kshudra Kustha, its etiological elements should be regarded as those of the Kustha. However, there is no precise description of the etiological factors of Vicharchika. They are as follows:

A. AHARA HETU²

(a) Viruddha Ahara

विरुद्धाध्यशनाज्जाताः कुष्ठशोफज्वरादयः ।

(Cha. Su. 26/85)

1. Consumption of milk and Chilchim fish
2. Intake of food that primarily consists of Ksheera, Dadhi, Takra, Kola, Kulattha, Masha, Atasi, Kusumbha, and Sneha, as well as Hayanaka, Yavaka, Chinaka, Uddalaka, and Koradusa
3. Mulaka and Lashuna's intake with Ksheera
4. Constant intake of Ksheera with Gramya, Audaka, and Anupa Mamsa
5. Using Dadhi and Sarpisha with Pippali, Kakmachi, and Lakucha
6. Using dairy products with meat
7. Using Guda and Mulaka
8. Overindulgence in milk and alcohol

- 9. Consumption of sour-tasting products with milk
- 10. Using too much green veggies with milk
- 5. An abrupt switch between Santarpana and Apatarpana, and vice versa

(b) Mithya Ahara –

- 1. Overuse of Amla, Lavana, Dadhi, Matsya, and Navanna
- 2. Overuse of Guda, Ksheera, and Tila
- 3. Aharanam atyartham sevanam Drava, Snigdha, and Guru
- 4. Overuse of oleation
- 5. Excessive and ongoing usage of Phanita and Madhu
- 6. Consuming meals that could make you feel burned
- 7. Eating when experiencing dyspepsia
- 8. Adhyasana

guidelines from cold to heat or heat to cold

6. Getting into cold water right away after feeling scared, tired, or exposed to sunlight

7. Sevana Mithya Sansarga

(b) Vega Vidharana

- 1. Refusing to indulge in natural cravings, such as Mutra and Purisha vegetables, etc.
- 2. Repression of the urge to throw up

Panchakarmapcharaj –

- 1. Nisshidha Sevana Panchakarma Kriyamane
- 2. Inappropriate Snehapana administration

B VIHARA HETU

(a) Mithya Hetu

- 1. To exercise and take a sunbath after a large supper
- 2. To engage in sexual activity whilst experiencing dyspepsia
- 3. To exercise or engage in sexual activity following Snehapana and Vamana
- 4. A sudden transition without adhering to the gradual adjustment

C. ACHARA HETU

- 1. Offending teachers, Brahmins, and other dignified individuals
- 2. Engaging in immoral behavior in one's current or previous life
- 3. Using funds or property obtained unfairly
- 4. Killing or condemning good people

▪ **Samprapti:**

त्वग्रक्तमांसलसीकासु प्रदुष्टासु

व्यवस्थिताः। दोषाः कुर्वन्ति कुष्ठानि

विविधाकारत्क्षणानि ॥ (Cha. Ni. 5/4)

Acharya Charaka describes the dual role of the aetiological components in the Samprapati of Kustha. These variables loosen the four Dhatus, which are Tvak, Rakta, Mamsa, and Lasika (Shaithilyam Aapadyante), in addition to vitiating the three Doshas from their norms. The exacerbated Doshas multiplied in their various habitats and gained velocity throughout the disease's second stage of development. These circulating Doshas settle in the aforementioned Dhatus (Sthana-Adhigamna), where their weak and loosened constituency causes the Dhatus to become vitiated. As a result, Kustha is the pathology's manifestation. Kustha can manifest itself in an endless number of ways because of the infinite combinations and permutations of Dosha, Dushya, Sthana, and so on.³

Nidana Sevana

(Viruddha Ahara, Mithya Ahara, Mithya Vihara, Vega Vidharana, Achara Hetu)

Agni Dushti

(Jatharagni and Dhatwagni Mandya)

Ama Utpatti

(Improper digestion and metabolism)

Tridosha Prakopa

(Pitta predominance → Srava & Daha
Kapha predominance → Kandu & Shotha
Vata predominance → Rukshata & Vaivarnya)

Dosha Sanchaya – Prasara

(Accumulation and circulation of vitiated Doshas)

Srotodushti

(Rasa, Rakta, Mamsavaha Srotas)

— Sanga & Vimargagamana

Dushya Dushti

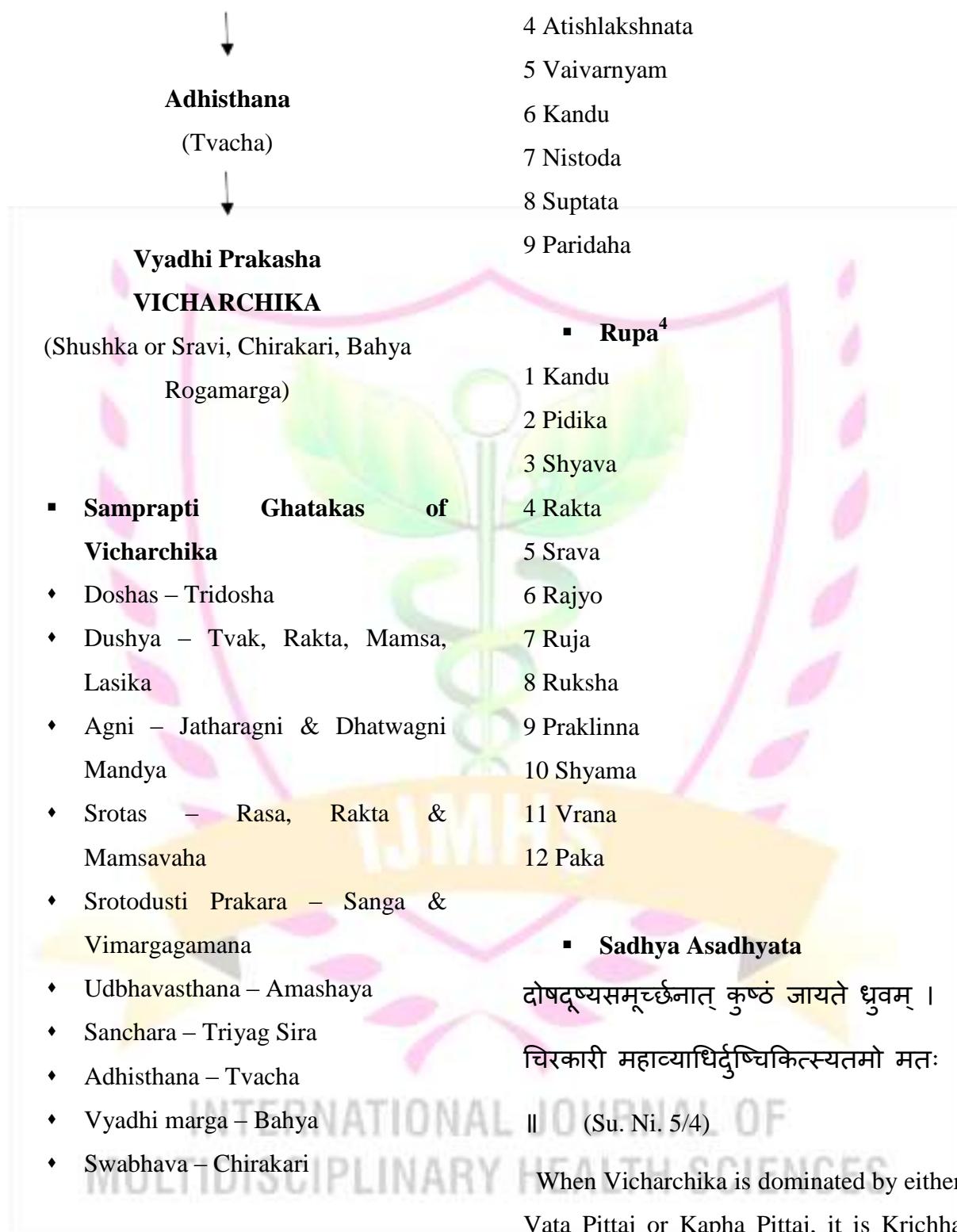
(Tvak, Rakta, Mamsa, Lasika – Shaithilya)

Sthana Samshraya

(Deposition of Doshas in weakened Dhatus)

Vyakti Avastha

(Manifestation of symptoms –
Kandu, Pidika, Shyava Varna, Srava,
Ruja)



When Vicharchika is dominated by either Vata Pittaj or Kapha Pittaj, it is Krichha Sadhya; when it is either Vata Pittaj or Kapha Pittaj, it is Sadhya. Furthermore, it is the Asadhyta stage of Vicharchika if all the tridosha is dominant and the patient is

experiencing specific complaints such as Trishna, Balahani, or Agnimandya.

▪ **Pathya – Apathya**

➤ **Pathya**

- ♦ Laghu anna, Tikta saka, Purana dhanya, Jangala mamsa, Mudga, Patolam, Nimba, Triphala, Shali, Shastika, Yava, Godhuma, Masura, Maksika, Pana- Pariseka- Avagaha of Khadira Kashaya, Bakuchi etc.

➤ **Apathya**

- ♦ Guru anna, Amla rasa, Dugdha, Dadhi, Aanupa mamsa, Guda, Tila, Kulattha, Masa, Ikshu vikara, Vidahi, Vishtambhi, Viruddha ahara, Vishama ahara.
- ♦ **Vihara** - Diva swapna, Swedana, Ativyayam, Vegadharana, Papa karma

▪ **Modern Aspect of Pathogenesis (Eczema / Dermatitis)^{5,6,7,8}**

From a modern medical perspective, **eczema (dermatitis)** is a chronic, relapsing inflammatory disorder of the skin resulting from a complex interaction between **genetic predisposition, immune dysregulation, epidermal barrier dysfunction, and environmental triggers**. The disease is not caused by a

single factor but represents a multifactorial pathogenic process.

One of the fundamental events in eczema is **impairment of the skin barrier**, particularly involving defective keratinization and reduced levels of structural proteins and lipids in the stratum corneum. This barrier dysfunction leads to increased **transepidermal water loss**, resulting in dryness and enhanced penetration of allergens, irritants, and microbes. This altered barrier integrity closely resembles the Ayurvedic concept of **Twak and Dushya Dushti**.

Immune dysregulation plays a central role in the pathogenesis of eczema. There is a predominance of **T-helper 2 (Th2) mediated immune response**, characterized by elevated cytokines such as interleukin-4, interleukin-5, and interleukin-13. These cytokines promote inflammation, pruritus, and increased IgE production. In chronic stages, a shift toward **Th1-mediated responses** contributes to skin thickening and lichenification. This inflammatory cascade can be correlated with **Pitta and Kapha predominance** described in Vicharchika.

Pruritus is a hallmark symptom of eczema and results from the release of

histamine, proteases, and neuropeptides, which stimulate sensory nerve endings in the skin. Persistent scratching further damages the skin barrier, perpetuating the inflammatory cycle. This vicious cycle resembles the Ayurvedic explanation of **Kandu due to Kapha and Vata vitiation**.

Environmental and lifestyle factors such as exposure to allergens, irritants, climatic changes, stress, infections, and dietary habits act as triggering or aggravating factors. These factors activate immune responses and worsen skin inflammation, corresponding to the Ayurvedic concept of **Nidana Sevana** and **Agni Dushti** leading to disease manifestation.

Microbial colonization, especially by **Staphylococcus aureus**, is commonly observed in eczema lesions and contributes to disease severity by releasing toxins that intensify immune activation. This phenomenon may be compared to **Ama association and Srotodushti** in Ayurveda.

In summary, modern pathogenesis describes eczema as a condition arising from **skin barrier disruption, immune imbalance, inflammatory mediator release, and environmental triggers**,

resulting in chronic and recurrent lesions. These mechanisms parallel the Ayurvedic Samprapti of Vicharchika involving **Dosha vitiation, Dushya impairment, Srotodushti, and Twak Adhisthana**, supporting the conceptual correlation between the two systems of medicine.

❖ Discussion and Conclusion:

According to the traditional criteria, viticharchia is somewhat comparable to dermatitis or eczema. Erythema, or skin reddening, is the initial symptom. The second is eczema eruption, which itches and results in skin blistering or vesiculation. The dissolution of these papules or vesicles causes seeping from the skin's afflicted area. Scales may appear and the skin may thicken if the illness continues. Vicharchika, without the traditional definition, can be described as a clinical entity where the lesion is Shyava colored, Pidikotpatti with excessive itching, or Ruja, and can appear anywhere on the body. It could be Sushka or Sravi.

❖ Bibliography:

1. Acharya Vidyadhar shukla and Prof Ravidutta Tripathi, Charak Samhita of Agnivesha, Reprint edition, Delhi,

Chaukambha Sanskrit Pratishthan, 2009, part 2, page no. 185.

2. Acharya Vidyadhar shukla and Prof Ravidutta Tripathi, Charak Samhita of Agnivesha, Reprint edition, Delhi, Chaukambha Sanskrit Pratishthan, 2009, part 2, page no. 181.

3. Acharya Vidyadhar shukla and Prof Ravidutta Tripathi, Charak Samhita of Agnivesha, Reprint edition, Delhi, Chaukambha Sanskrit Pratishthan, 2009, part 1, page no. 515.

4. Acharya Vidyadhar shukla and Prof Ravidutta Tripathi, Charak Samhita of Agnivesha, Reprint edition, Delhi, Chaukambha Sanskrit Pratishthan, 2009, part 1, page no. 185.

5. Bieber T. Atopic dermatitis. *N Engl J Med.* 2008;358(14):1483–94.

6. Leung DY, Guttman-Yassky E. Deciphering the complexities of atopic dermatitis: shifting paradigms in treatment approaches. *J Allergy Clin Immunol.* 2014;134(4):769–79.

7. Elias PM, Steinhoff M. “Outside-to-inside” (and now back to “outside”) pathogenic mechanisms in atopic dermatitis. *J Invest Dermatol.* 2008;128(5):1067–70.

8. Weidinger S, Novak N. Atopic dermatitis. *Lancet.* 2016;387(10023):1109–22.