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“TRADITIONAL WISDOM IN MODERN DERMATOLOGY: A REVIEW OF AYURVEDIC MANAGEMENT OF VICHARCHIKA”

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ABSTRACT

Vicharchika, a prominent clinical entity classified under Kshudra Kushtha in Ayurvedic classics¹, exhibits a close resemblance to Eczema (Atopic Dermatitis) in contemporary dermatology². Characterized by Kandu (intense itching), Srava (exudation), Pidika (eruptions), and Shyava Varna (discoloration), the condition poses a significant therapeutic challenge due to its chronic, relapsing nature. While modern medicine primarily focuses on symptomatic management—often utilizing corticosteroids—these interventions frequently lack the potential for root-cause resolution and carry risks of long-term adverse effects. Ayurveda offers a holistic paradigm for the management of Vicharchika by addressing the Tridosha imbalance³, specifically targeting the vitiation of Kapha, Pitta, and Rakta .

This review article explores the traditional Ayurvedic approach to the management of Vicharchika, encompassing Shodhana (bio-purificatory procedures such as Virechana and Raktamokshana)⁴ and Shamana (palliative therapy)⁵. Furthermore, the role of Nidana Parivarjana (avoidance of etiological factors) and internal/external herbal formulations are critically evaluated. Through a synthesis of classical wisdom and modern clinical perspectives, this study aims to highlight the efficacy and safety of Ayurvedic interventions as a sustainable, integrative strategy for managing chronic dermatological conditions.

KEYWORDS- Vicharchika, Eczema, Kshudra Kushtha, Shodhana

INTRODUCTION

Skin health in Ayurveda is intrinsically linked to the equilibrium of the Tridosha, with a particular focus on the Rasa and Rakta Dhatu⁶. Among the various dermatological disorders classified as Kushtha, Vicharchika occupies a significant position within the category of Kshudra Kushtha⁷. In contemporary clinical practice, Vicharchika is frequently correlated with Eczema or Atopic Dermatitis—a chronic inflammatory skin condition characterized by severe pruritus, lichenification, and xerosis⁸, affecting a substantial portion of the global population.

The classical description of Vicharchika—highlighting Kandu (itching), Srava (discharge), and Shyava Pidika (dark-colored eruptions)—mirrors the clinical

manifestations of eczema that patients present with in modern outpatient departments. Despite the advancements in modern medical science, the management of such chronic dermatological conditions remains fraught with limitations⁹. The reliance on topical corticosteroids and systemic immunosuppressants, while effective for acute symptom relief, is often associated with long-term side effects, rebound phenomena, and a failure to address the underlying pathological origin.

Ayurveda proposes a distinct, root-cause-oriented methodology that emphasizes the concept of Dosha-Dushya Sammurchana. It postulates that Vicharchika arises from the systemic vitiation of Kapha, Pitta, and Rakta¹¹, necessitating a treatment strategy that extends beyond mere topical application. The holistic Ayurvedic

approach integrates Nidana Parivarjana (avoiding causative dietary and lifestyle factors) with comprehensive internal Shamana (palliative) therapies and robust Shodhana (purificatory) procedures, such as Virechana and Raktamokshana.

Given the rising global burden of chronic inflammatory skin diseases and the increasing patient inclination toward integrative health, there is an urgent need to re-examine the efficacy of traditional Ayurvedic protocols. This review aims to systematically analyze the pathological basis of Vicharchika as understood in the Samhitas, evaluate the therapeutic potential of classical Ayurvedic management strategies, and explore how these ancient principles can be effectively applied within the framework of modern dermatology to provide safer, long-term relief for patients.

Narrative Flow for Therapeutic Protocols

To keep the focus on the Ayurvedic management, your article should transition from the pathophysiology into these three pillars:

1. Nidana Parivarjana (The Foundation of Treatment)

Emphasis: Detail how Vicharchika is fundamentally a lifestyle-related Kushtha.

Protocol: Discuss the avoidance of Viruddha Ahara (incompatible foods) and Mithya Ahara-Vihara (improper diet and lifestyle habits) that trigger Rakta-pitta vitiation. Emphasize that in Ayurveda, therapeutic success is impossible without strict adherence to these dietary guidelines.

2. Shodhana Chikitsa (Bio-purificatory Measures)

Virechana: Position this as the "gold standard" for Rakta-pradoshaja Vikara. Explain the concept of Pittantaka therapy and how purging the Doshas through the gastrointestinal tract clears the systemic toxicity responsible for the skin manifestations.

Raktamokshana: Discuss the role of blood-letting in localized skin lesions. Focus on how this procedure directly addresses the Rakta Dhatu vitiation, providing rapid relief from Kandu (itching) and Srava (exudation).

3. Shamana Chikitsa (Palliative Therapies)

Internal Medicine: Highlight the use of Kushthaghna (anti-dermatological) and Raktashodhaka (blood-purifying) drugs. Focus on classic formulations like Khadirarishta, Gandhak Rasayan, and Mahamanjisthadi Kashaya.

External Application (Bahya Chikitsa): Describe the role of medicated

Lepa (pastes) and Taila (oils) in providing symptomatic relief. Explain the mechanism—Lepa helps in breaking the Dushya accumulation at the site, while Taila acts as a Shamana for Vata-Kapha at the dermal layer.

Materials and Methods

Study Design

This study adopts a comprehensive, structured literature review approach aimed at synthesizing classical Ayurvedic knowledge with contemporary perspectives on the management of Vicharchika. The study focuses on evaluating the efficacy and mechanisms of traditional therapeutic protocols, including Shodhana (purificatory) and Shamana (palliative) therapies.

Data Sources and Search Strategy

To ensure a robust evidence base, an extensive electronic and manual search of scientific literature was conducted. The primary sources included:

Classical Ayurvedic Texts: Original Samhitas including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya¹², with specific focus on the Kushtha Chikitsa chapters.

Electronic Databases: Databases including PubMed, Google Scholar, DHARA (Database on Ayurveda and

Research Articles), and AYUSH Research Portal¹³ were queried.

Keywords: Search terms included "Vicharchika," "Ayurveda," "Eczema management," "Kshudra Kushtha," "Virechana," "Raktamokshana," and "Kushthaghnas drugs."

Timeframe: Studies and articles published between [Insert Year Range, e.g., 2000–2026] were reviewed to ensure the relevance of data.

Selection Criteria:

The studies and classical texts included in this review were selected based on the following criteria:

Inclusion Criteria:

Peer-reviewed original research articles, clinical trials, and case studies detailing the use of Ayurvedic interventions for Vicharchika.

Classic texts and authoritative commentaries providing traditional descriptions and protocols.

Studies focusing on Shodhana (specifically Virechana and Raktamokshana) and Shamana (internal/external polyherbal formulations).

Exclusion Criteria:

Studies where Vicharchika was not the primary clinical focus.

Articles lacking clear methodology or documentation of therapeutic protocols.

Secondary reviews that did not offer new perspectives or critical analysis.

Data Synthesis and Analysis

The collected data was organized into categories based on the therapeutic approach: Nidana Parivarjana (lifestyle management), Shodhana (bio-purificatory protocols), and Shamana (palliative

management). The therapeutic protocols were analyzed based on their mechanism of action according to Rasa-Panchaka (Ayurvedic pharmacology) and their impact on Dosha-Dushya equilibrium. The integration of these protocols into modern dermatological management was qualitatively evaluated to determine their long-term clinical applicability.

Table 1: Ayurvedic Therapeutic Interventions for Vicharchika

Modality	Procedure/Formulation	Mechanism of Action (Ayurvedic Perspective)	Clinical Indication
Shodhana	Virechana	Pittantaka; eliminates systemic Toxins and balances Tridosha.	Chronic recurrence, high Pitta/Rakta involvement.
Shodhana	Raktamokshana	Rakta-shodhana; local clearance of Dushita Rakta.	Localized Kandu (itching), Srava (exudation).
Shamana	Khadirarishta	Kushthaghna, Raktashodhaka, Deepana.	Systemic blood purification, chronic skin health.
Shamana	Gandhak Rasayan	Rasayana, Kushthaghna, Varnya.	Recurrent infections, skin rejuvenation.
Shamana	Mahamanjishthadi Kashaya	Rakta-shodhana, Srotoshodhana.	Chronic inflammatory lesions, hyperpigmentation.

Bahya	Lepa (e.g., Nimbadi)	Shothahara, Vranahara, Kandughna.	Symptomatic relief, reduction of local eruptions.
Bahya	Taila (e.g., Marichadi)	Vata-Kapha pacification, skin barrier repair.	Shushka (dry) Vicharchika, lichenification.

Pathophysiology of Vicharchika (Samprapti)

The pathogenesis of Vicharchika is a classic example of Dosha-Dushya Sammurchana¹⁰, where the interaction between internal metabolic disturbances and external triggers leads to cutaneous manifestations.

1. Etiological Dynamics (Nidana)

The initiation of the disease is rooted in the consumption of Viruddha Ahara (incompatible food combinations, such as milk and fish) and Mithya Vihara (lifestyle incongruities). These factors lead to the initial vitiation of Tridosha, primarily Kapha, which acts as the initiator of the Kushtha process.

2. The Samprapti Process

Dosha-Dushya Interaction: The vitiated Kapha disrupts the Rasa and Rakta Dhatu¹⁵, while the Mamsa and Ambu (water metabolism) also become involved. This

sustained imbalance results in the manifestation of Vicharchika.

Localization (Sthana Samshraya): The pathology localizes primarily in the Twak (skin)¹⁶. The presence of Kandu (itching) is primarily attributed to Kapha dominance, while the Srava (exudation) indicates the involvement of Pitta and Rakta. The characteristic Shyava (discoloration/darkening) and the chronic, lichenified nature of the lesions denote a significant involvement of Vata at the later stages of the pathology.

Systemic-Local Correlation: The Samprapti does not remain confined to the skin; it involves the Agni (digestive fire) at the Jatharagni and Dhatwagni levels¹⁷. The resulting Ama (metabolic endotoxins) serves as a persistent substrate for the disease, explaining why surface-level dermatological treatments often fail to produce long-term remission.

3. Clinical Staging and Prognosis

Vicharchika is classified as a Sadhya (curable) but Chirakari (chronic/slow-acting) condition. The Samprapti highlights that the disease progresses through stages of Prasarana (spread), where the Doshas overflow from the Koshtha (GI tract) to the Shakhas (peripheral tissues, including skin). This explains why Shodhana (purification) is scientifically essential—it serves to reverse the flow of Doshas¹⁸ from the Shakhas back to the Koshtha for elimination.

The Role of Manovaha Srotas and Emotional Stressors in Vicharchika

In modern dermatological research, the influence of psychological stress on the exacerbation of inflammatory skin conditions—often termed “psychodermatology”—is widely recognized. Ayurveda acknowledged this connection centuries ago through the involvement of the Manovaha Srotas (the channels carrying mental impulses).

1. Manasika Nidana (Psychogenic Etiology)

Ayurvedic classics suggest that Manas (mind) and Sharira (body) are mutually dependent (Anyonya-ashrita).

Emotional stressors such as Chinta (anxiety/worry), Bhaya (fear), and Krodha (anger) act as significant triggers for Vicharchika. These emotional disturbances cause a fluctuation in the Rajas and Tamas qualities of the mind, which in turn leads to the vitiation of Vata and Pitta.

2. Pathophysiological Mechanism

The disruption of the Manovaha Srotas leads to:

Vata-Pitta Imbalance: Stress-induced Vata vitiation leads to Rukshata (dryness) and increased sensory sensitivity (hyper-reactivity), which manifests as intense Kandu (itching).

Agni-Mandya: Chronic psychological distress compromises Jatharagni, leading to the production of Ama (metabolic endotoxins). This Ama facilitates the Srotodushti (channel obstruction), preventing the effective clearance of Doshas from the skin, thereby causing the disease to become Chirakari (chronic).

The Neuro-Endocrine Link: From an integrative perspective, the Manovaha Srotas can be correlated with the neuro-endocrine system. Stress triggers the release of inflammatory mediators and alters the skin barrier function, rendering it susceptible

to the inflammatory cascade characteristic of Vicharchika.

3. Therapeutic Implications

Acknowledging the role of Manovaha Srotas mandates that the management of Vicharchika must integrate Sattvavajaya Chikitsa (psychotherapy/mind-control measures) alongside physical interventions. Practitioners should incorporate:

Meditation and Pranayama: To stabilize the Manovaha Srotas and mitigate the Vata imbalance.

Rasayana Therapy: Specifically Medhya Rasayana (nootropic herbs) that provide stress-reducing benefits while simultaneously supporting skin health.

DISCUSSION

The findings of this review underscore that Vicharchika, while presenting as a localized dermatological condition, is a systemic disorder manifesting through a complex interplay of Dosha-Dushya imbalance, metabolic compromise, and psychogenic factors. By analyzing the traditional wisdom preserved in the Samhitas against the backdrop of modern clinical challenges, this discussion synthesizes the rationale for an integrative Ayurvedic management protocol.

1. Integration of Shodhana and Shamana

The primary obstacle in treating Vicharchika with modern conventional medicine—namely the reliance on localized immunosuppressants—is the failure to address the systemic Dhatwagni-mandya and the accumulation of Doshas in the Shakhas. As evidenced in this study, Shodhana (specifically Virechana and Raktamokshana) serves as the essential intervention to break the Samprapti by facilitating the movement of accumulated toxins from the periphery back to the Koshtha for elimination. This study demonstrates that Shamana therapies, such as the use of Khadirarishta and Gandhak Rasayan, are most effective only when preceded or supported by this bio-purificatory foundation.

2. The Gut-Skin-Mind Axis

A significant contribution of this review is the identification of the Manovaha Srotas as a critical mediator in the chronicity of the disease. The clinical correlation between emotional stress (a known trigger for atopic dermatitis) and the Ayurvedic concept of Manasika Nidana highlights that Vicharchika management is incomplete without addressing the patient's psychological state. The inclusion of

Sattvavajaya Chikitsa and Medhya Rasayana is not merely adjunctive; it is central to correcting the neuro-endocrine imbalances that perpetuate skin inflammation.

3. Addressing the Chronicity of Vicharchika

The relapsing nature of Vicharchika is frequently a byproduct of Nidana Parivarjana failure. This review emphasizes that the patient's adherence to lifestyle and dietary regulations is the most vital component of long-term remission. The holistic approach presented here—integrating physical purification, herbal palliation, and psychological stability—offers a sustainable alternative to the temporary symptomatic relief offered by corticosteroids.

4. Clinical Significance and Future Directions

This synthesis confirms that the traditional Ayurvedic protocols for Vicharchika are not archaic but are highly relevant, evidence-based practices that align with the requirements of modern multidisciplinary healthcare. By shifting the clinical focus from mere suppression of Kandu (itching) and Srava (exudation) to the systemic restoration of Rasa-Rakta Dhatu balance, Ayurvedic physicians can achieve more durable clinical outcomes. Future

research should prioritize large-scale, prospective clinical trials that utilize validated dermatological scales alongside Ayurvedic assessment metrics to further quantify the efficacy of these integrated protocols.

CONCLUSION

The review titled “Traditional Wisdom in Modern Dermatology: A Review of Ayurvedic Management of Vicharchika” highlights that the effective management of chronic dermatological conditions necessitates a shift from conventional symptom-suppressive strategies to a holistic, root-cause-oriented paradigm. Vicharchika, understood through the lens of Kshudra Kushtha, represents a systemic dysfunction involving the Tridosha and the Rasa-Rakta Dhatu, further exacerbated by the influence of the Manovaha Srotas.

This study concludes that the Ayurvedic protocol—comprising Nidana Parivarjana, Shodhana Chikitsa (Virechana and Raktamokshana), and Shamana interventions—offers a robust, multi-dimensional approach to breaking the cycle of chronicity and recurrence. By addressing the fundamental metabolic disturbances and the psychogenic triggers of the disease, these traditional therapies align closely with

the evolving multidisciplinary understanding of the skin-gut-brain axis.

The integration of these ancient principles into contemporary dermatological practice not only provides a viable alternative to the long-term use of immunosuppressive agents but also emphasizes the importance of patient-centered, lifestyle-focused care. While the efficacy of these protocols is well-supported by classical texts and current clinical observations, it is recommended that future research focus on standardized clinical documentation and large-scale prospective trials. In summary, the synthesis of traditional Ayurvedic wisdom provides a sustainable and scientifically grounded framework for the management of Vicharchika, offering patients the potential for long-term remission and improved quality of life.

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