

AYURVEDIC MANAGEMENT OF VICHARCHIKA W.S.R. TO ATOPIC DERMATITIS: A CASE REPORT

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ABSTRACT

Background

Vicharchika is one of the Kshudra Kushtha described in Ayurveda. It is characterized by Kandu (itching), Bahusrava (profuse discharge), Shyava Varna (discoloration), Daha (burning sensation), and Ruja (pain). The clinical presentation resembles Atopic Dermatitis, a chronic inflammatory skin disorder affecting quality of life. Conventional management often provides symptomatic relief with frequent recurrence, necessitating exploration of alternative therapeutic approaches.

Aim

To evaluate the effect of Ayurvedic management in a case of Vicharchika w.s.r. to Atopic Dermatitis.

Case Summary

A 29-year-old female patient presented with severe itching, watery discharge, discoloration, burning sensation, and pain over the left leg. She was diagnosed with Vicharchika based on classical Ayurvedic signs and symptoms.

Intervention

The patient was treated with Arogyavardhini Vati, Gandhak Rasayana, Manjishthadi Kwatha, Gandharva Haritaki, along with Jalaukavacharana (Leech Therapy).

Results

Marked improvement was observed within six days. Itching, discharge, burning sensation, and pain completely subsided, while discoloration showed significant reduction.

Conclusion

Ayurvedic management showed encouraging results in Vicharchika and may be considered an effective treatment approach in Atopic Dermatitis.

Keywords: Vicharchika, Atopic Dermatitis, Ayurveda, Jalaukavacharana, Rakta Dushti, Kshudra Kushtha.

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INTRODUCTION

Skin diseases are among the most common disorders encountered in clinical practice. Atopic Dermatitis (AD) is a chronic relapsing inflammatory skin disease characterized by pruritus, erythema, edema, exudation, crusting, and lichenification. It affects approximately 15–20% of children and 1–3% of adults worldwide.¹

In Ayurveda, skin disorders are broadly described under Kushtha Roga. Vicharchika is classified among Kshudra Kushtha and is characterized by severe itching, discoloration, discharge, eruptions, burning sensation, and pain.²

Charaka describes Vicharchika as:

"कण्डू पिडका श्यावा बहुस्रावा विचर्चिका"

meaning a skin disease presenting with itching, eruptions, blackish discoloration, and excessive discharge.³

The pathology involves vitiation of Kapha, Pitta, and Rakta along with involvement of Twak, Rakta, Mamsa, and Lasika. Due to chronicity and recurrence, Vicharchika poses a therapeutic

challenge. The present case highlights successful management through Ayurvedic treatment.

CASE REPORT

Patient Information

- Age: 29 years
- Gender: Female
- OPD: Kayachikitsa OPD
- Date of First Visit: 22/05/2026

Chief Complaints

The patient presented with:

1. Kandu (Itching) +++
2. Srava (Watery discharge) ++
3. Vaivarnya (Discoloration) ++
15 days
4. Daha (Burning sensation) ++
5. Ruja (Pain) ++

Symptoms were localized over the left leg.

Clinical Diagnosis

Ayurvedic Diagnosis

Vicharchika

Modern Diagnosis

Atopic Dermatitis

NIDANA PANCHAKA

Nidana

- Kapha-Pitta aggravating diet
- Viruddha Ahara
- Excess intake of Guru and Snigdha Ahara
- Improper lifestyle habits

Purvarupa

- Mild itching
- Skin dryness
- Mild discoloration

Rupa

- Kandu
- Srava
- Vaivarnya
- Daha
- Ruja

Upashaya

Relief after Ayurvedic treatment.

Samprapti

Nidana Sevana → Agnimandya → Dosha Prakopa (Kapha-Pitta) → Rakta Dushti → Twak-Mamsa-Lasika Dushti → Srotorodha → Vicharchika

SAMPRAPTI GHATAKA

Factor	Involvement
Dosha	Kapha, Pitta
Dushya	Rakta, Twak, Mamsa, Lasika
Agni	Jatharagni Mandya
Ama	Present
Srotas	Rasavaha, Raktavaha
Srotodushti	Sanga
Rogamarga	Bahya
Udbhavasthana	Amashaya
Vyakta Sthana	Twak
Nature	Chirakari

Table 1. Treatment

a. Shaman chikitsa

Sr. No.	Treatment	Dose	Frequency	Duration	Route
1	Arogyavardhini Vati	125 mg	Twice daily (BD) after food	6 Days	Oral
2	Gandhak Rasayana	125 mg	Twice daily (BD)	6 Days	Oral

			after food		
3	Manjishthadi Kwatha	10 ml	Twice daily (BD)	6 Days	Oral
4	Gandharva Haritaki	2 g	Once daily at bedtime (HS)	6 Days	Oral

b. panchkarma

5	Jalaukavacharana (Leech Therapy)	Singling	Once	Day 1	Local Procedure
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Table 2. Therapeutic Action of Treatment

Treatment	Therapeutic Action
Arogyavardhini Vati	Deepana, Pachana, Kushthaghna, Rakta Prasadana
Gandhak Rasayana	Kandughna, Kushthaghna, Rasayana, Rakta Shodhaka
Manjishthadi Kwatha	Rakta Shodhaka, Varnya, Anti-inflammatory
Gandharva Haritaki	Anulomana, Ama Pachana, Dosha Nirharana
Jalaukavacharana	Raktamokshana, Pitta-Kapha Shamana, Reduction of inflammation and itching

ASSESSMENT CRITERIA

Table 3. Assessment of Symptoms During Treatment

Symptom	Day 1	Day 3	Day 6
Kandu (Itching)	3	1	0
Srava (Watery Discharge)	2	0	0
Vaivarnya (Discoloration)	2	1	1
Daha (Burning Sensation)	2	0	0
Ruja (Pain)	2	0	0

Grading

0 = Absent, 1 = Mild, 2 = Moderate, 3 = Severe

Image 1 : before and after treatment

Criteria:



BEFOR



AFTER

Jalaukavacharana Procedure

Purva Karma

Before starting the procedure, the patient was assessed clinically and the indication for Jalaukavacharana was confirmed. The nature, benefits, and possible outcomes of the procedure were explained to the patient, and written informed consent was obtained. The patient was advised to remain relaxed and was positioned comfortably. The affected area on the left leg was cleaned with normal saline to remove any debris and discharge present over the lesion. A healthy medicinal leech was selected and kept in fresh water until it became active and suitable for application.

Pradhana Karma

The activated leech was gently placed over the affected lesion on the left leg. After a few moments, the leech attached firmly and started sucking blood from the diseased site. The progress of the procedure was monitored continuously. As the leech fed, its body gradually increased in size, indicating proper

bloodletting. The leech was allowed to remain attached until it showed signs of satiation and detached on its own. The patient tolerated the procedure well and did not experience any discomfort during the treatment.

Paschat Karma

Following the detachment of the leech, the bite site was cleaned and dressed with sterile gauze. Mild oozing from the site was allowed for a short period and then controlled appropriately. The leech was made to expel the ingested blood and was preserved according to standard procedures. The patient was advised to maintain local hygiene, avoid scratching the affected area, and continue the prescribed medications and dietary regimen. No immediate adverse effects were observed after the procedure, and the patient reported relief in symptoms such as itching and burning sensation during subsequent follow-ups.

Results

The patient showed progressive improvement in all symptoms during the treatment period. Severe itching (Kandu) reduced from grade 3 on Day 1 to complete absence on Day 6. Watery discharge (Srava), burning sensation (Daha), and pain (Ruja) completely subsided by Day 3 and remained absent until Day 6. Discoloration (Vaivarnya) improved from moderate severity (grade 2) to mild severity (grade 1) by Day 3 and remained stable thereafter. These findings indicate a marked therapeutic response to the Ayurvedic treatment regimen and Jalaukavacharana.

Table 4. Percentage Improvement in Symptoms

Symptom	Initial Score	Final Score	% Improvement
Kandu	3	0	100%
Srava	2	0	100%
Vaivarnya	2	1	50%
Daha	2	0	100%
Ruja	2	0	100%

Overall Improvement: 90% (Marked Improvement)

DISCUSSION

Vicharchika is one of the most frequently encountered varieties of Kshudra Kushtha described in the Ayurvedic classics. Acharya Charaka has mentioned Kandu (itching), Pidika (eruptions), Shyava Varna (dark discoloration), and Bahu Srava (excessive discharge) as its principal clinical features.⁴ The symptoms observed in the present case, including intense itching, watery discharge, discoloration, burning sensation, and pain, showed a close resemblance to the clinical presentation of Atopic Dermatitis described in contemporary medicine. Atopic Dermatitis is a chronic relapsing

inflammatory skin disorder characterized by severe pruritus, eczematous lesions, exudation, and recurrent flare-ups that considerably affect the quality of life of affected individuals.⁵

According to Ayurvedic principles, the pathogenesis of Vicharchika involves the vitiation of Kapha and Pitta Dosha along with the involvement of Rakta, Twak, Mamsa, and Lasika Dhatu. Indulgence in incompatible dietary habits, excessive consumption of Guru, Snigdha, and Abhishyandi Ahara, along with impaired digestive capacity, leads to Agnimandya and the formation of Ama. This Ama subsequently vitiates the Doshas and contaminates Rakta Dhatu. The vitiated Doshas then localize in the skin and manifest clinically as Kandu, Srava, Daha, Vaivarnya, and Ruja.⁶

In the present case, severe itching and discharge suggested Kapha predominance, while burning sensation and discoloration indicated the involvement of Pitta and Rakta. The chronic nature of the disease and its localization over the left lower limb pointed towards the participation of Twak, Rakta, and Lasika Dhatu in the disease process. Therefore, the treatment protocol was planned based on the principles of Agni Deepana, Ama Pachana, Rakta Shodhana, Kapha-Pitta Shamana, Kandughna, and Kushthaghna Chikitsa.

Effect of Arogyavardhini Vati

Arogyavardhini Vati is a widely used classical formulation indicated in Kushtha, liver disorders, and various metabolic conditions. It contains ingredients such as Katuki, Triphala, Shuddha Parada, Shuddha Gandhaka, Lauha Bhasma, and Tamra Bhasma. The formulation possesses potent Deepana and Pachana properties, which help restore impaired digestion and eliminate accumulated Ama. By correcting metabolic dysfunction and enhancing Agni, it interrupts the disease process responsible for chronic and recurrent skin disorders. In addition, its hepatoprotective and blood-purifying actions support the management of dermatological conditions and contribute to overall clinical improvement.⁷

Effect of Gandhak Rasayana

Gandhak Rasayana is regarded as one of the most effective Rasayana formulations for various skin diseases. It exhibits Kushthaghna, Kandughna, Rasayana, Krimighna, and Rakta Prasadana properties. Purified Gandhaka helps improve skin health, reduces inflammation, and promotes tissue healing. It is particularly effective in reducing itching and enhancing the regeneration of damaged skin. Modern studies have also demonstrated antimicrobial, antioxidant, and anti-inflammatory activities of sulfur preparations, which may explain the rapid reduction in itching and discharge observed in this case.⁸

Effect of Manjishthadi Kwatha

Manjishthadi Kwatha is commonly prescribed in conditions associated with Rakta Dushti and chronic skin diseases. Manjishtha (*Rubia cordifolia*), the principal ingredient, is renowned for its Rakta Shodhaka, Varnya, and Vishaghna properties. It helps purify blood, improves local circulation, and reduces inflammatory changes in affected tissues. Experimental studies have reported anti-inflammatory, antioxidant, and wound-healing properties of Manjishtha, which contribute significantly to the reduction of burning sensation, discoloration, and local inflammatory manifestations.⁹

Effect of Gandharva Haritaki

Ayurveda emphasizes the importance of proper bowel function in maintaining Dosha balance and preventing disease progression. Gandharva Haritaki acts as a mild purgative and Anulomana formulation that facilitates the elimination of accumulated Doshas through the gastrointestinal tract. By promoting regular bowel movements and supporting digestive functions, it prevents further Ama formation and assists in the overall management of chronic skin disorders.¹⁰

Role of Jalaukavacharana

Jalaukavacharana (Leech Therapy) is considered one of the most suitable methods of Raktamokshana for diseases involving Pitta and Rakta predominance. Acharya Sushruta has specifically recommended Jalauka application in conditions associated with inflammation, burning sensation, discoloration, and various skin disorders.¹¹

The therapeutic benefits of leech therapy can be explained from both Ayurvedic and modern scientific perspectives. Ayurvedically, Jalaukavacharana removes vitiated Rakta and Pitta from the affected region, thereby reducing local pathology and restoring tissue balance. From a modern standpoint, leech saliva contains several bioactive compounds such as hirudin, calin, eglins, bdellins, hyaluronidase, and vasodilatory substances. These compounds exhibit anticoagulant, anti-inflammatory, analgesic, and antimicrobial effects, resulting in improved microcirculation, reduction of local congestion, decreased inflammation, and symptomatic relief from pain and itching.¹²

Result

The patient exhibited significant improvement throughout the treatment period. Severe itching gradually subsided and was completely absent by the sixth day of treatment. Watery discharge, burning sensation, and pain were also completely relieved, indicating effective Kapha-Pitta Shamana and Rakta Prasadana. Discoloration showed noticeable but partial improvement, which may be attributed to the chronic nature of inflammatory skin changes that generally require a longer duration for complete resolution. Overall, approximately 90–

100% symptomatic relief was achieved within six days of treatment.

The rapid clinical response observed in this case highlights the effectiveness of an Ayurvedic treatment approach in interrupting the pathogenesis of Vicharchika. The combined actions of Deepana-Pachana, Rakta Shodhana, Rasayana therapy, and Jalaukavacharana successfully addressed the underlying Dosha-Dushya involvement and resulted in substantial clinical improvement without any adverse effects.

CONCLUSION

The present case demonstrates that Ayurvedic treatment consisting of Arogyavardhini Vati, Gandhak Rasayana, Manjissthadi Kwatha, Gandharva Haritaki, and Jalaukavacharana effectively managed Vicharchika w.s.r. to Atopic Dermatitis. Significant improvement was observed within six days of treatment. The findings suggest that Ayurvedic management can provide safe, effective, and economical care for patients suffering from chronic dermatological disorders. Further studies involving larger sample sizes are recommended.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of clinical details and photographs while maintaining confidentiality.

CONFLICT OF INTEREST

None declared.

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