RESEARCH PAPER

AYURVEDIC MANAGEMENT OF VICHARCHIKA (ECZEMA) IN A 52-YEAR-OLD FEMALE WITH COMORBID DIABETES AND HYPERTENSION: A CASE REPORT

Dr. Shilpi Kansal[1], Dr. Hmendra Kumar Verma[2]

[1]Assistant Professor, Department of Kayachikitsa, Govt. Ayurvedic, Yoga, and Naturopathy College, Kota, Rajasthan
[2]Assistant Professor, Department of Rachna Sharir, Govt. Ayurvedic, Yoga, and Naturopathy College, Kota, Rajasthan

Abstract

Introduction: Vicharchika, a type of Kshudra Kushtha in Ayurveda, is a chronic dermatological condition characterised by Kandu (itching), Srava (discharge), Pidaka (vesicles), and Shyava Varna (blackish discoloration). Clinically correlating with eczema/atopic dermatitis, it poses significant therapeutic challenges, especially in patients with comorbid conditions such as diabetes mellitus and hypertension, where conventional corticosteroids carry increased risks. This case report presents the successful Ayurvedic management of Vicharchika in a patient with underlying diabetes and hypertension.

Case Presentation: A 52-year-old female patient presented with dryness, scaly lesions on both legs, excessive itching, mild discharge, and red-black discoloration. She had a past history of diabetes mellitus and hypertension. Based on classical Ayurvedic parameters, the patient was diagnosed with Vicharchika. Treatment was administered in three phases over 45 days: Gandhak Rasayan (2 tablets twice daily), Mahamnjishthadi Kwath (20 mL twice daily), Mahatiktaka Ghrita (10 mL twice daily), along with Neem-based soap for local cleansing and Neem oil for local application. Dietary advice included Pathya (wholesome) items such as bottle gourd, moong dal, and Parval, while Apathya (unwholesome) items such as curd (Dahi), sour foods (amla ras pradhan), and green chillies were strictly avoided.

Intervention and Outcome: At first follow-up (Day 15), redness and itching significantly reduced, scale formation decreased, and lesion size diminished. At second follow-up (Day 30), dryness was reduced by 90%, itching was substantially relieved, scale formation was significantly reduced, and discoloration had completely resolved. The patient continued to show sustained improvement with maintenance therapy.

Conclusion: This case demonstrates that a comprehensive Ayurvedic treatment protocol, combined with appropriate Pathya-Apathya dietary modifications, can achieve remarkable clinical improvement (up to 90% symptomatic relief) in Vicharchika, even in patients with comorbid diabetes and hypertension. The treatment was well-tolerated and safe, offering a viable alternative to conventional corticosteroid-based therapies.

Keywords: Vicharchika, Eczema, Atopic Dermatitis, Gandhak Rasayan, Mahamnjishthadi Kwath, Mahatiktaka Ghrita, Diabetes Mellitus, Hypertension, Ayurveda

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Introduction

The skin, being the largest organ of the human body, holds significant cosmetic, physiological, and psychosocial value. Dermatological conditions affect millions worldwide, with eczema being one of the most prevalent inflammatory skin disorders. The global prevalence of eczema ranges from 15-30% in children and 2-10% in adults, with significant variations across populations [1]. The chronic, relapsing nature of eczema, coupled with its impact on quality of life, makes it a substantial public health concern [2].

In Ayurveda, skin diseases are comprehensively categorised under the term “Kushtha,” derived from the root “Kush” meaning “to vitiate or to harm.” Kushtha is further subdivided into Mahakushtha (major skin diseases, seven types) and Kshudra Kushtha (minor skin diseases, eleven types) [3]. Vicharchika is classified under Kshudra Kushtha and is characterised by a distinct constellation of symptoms:

Table 1: Symptoms

Symptom	Sanskrit Term	Description
Itching	Kandu	Intense pruritus

Vesicles/Papules	Pidaka	Small raised lesions
Discharge	Srava	Exudation/oozing
Blackish Discoloration	Shyava Varna	Hyperpigmentation
Dryness	Rukshata	Scaly, dry skin
Pain	Ruja	Discomfort

The classical texts provide detailed descriptions: Charaka Samhita describes Vicharchika with Kandu, Pidaka, Shyava, and Srava, attributing it to Kapha dominance [4]. Sushruta Samhita mentions Atikandu (severe itching), Atiruja (severe pain), and Rukshata, emphasising Pitta involvement [5]. Ashtanga Hridaya notes its chronicity and tendency for exacerbation [6]. Despite being Kshudra Kushtha, Vicharchika is a Raktapradoshaja Vikara (disease due to vitiated blood) involving all three Doshas, with Kapha as the dominant one [7].

In modern dermatology, Vicharchika correlates with eczema, particularly atopic dermatitis. Atopic dermatitis is a chronic, inflammatory skin disease characterised by erythema, vesiculation, oozing, scaling, lichenification, and hyperpigmentation [8]. The clinical features show remarkable similarity: Kandu = pruritus, Pidaka = papules/vesicles, Shyavata = erythema/discoloration, Srava = discharge, Raji = lichenification, Ruja = pain, and Rukshata = dryness [9].

Contemporary treatment for eczema primarily includes topical corticosteroids, calcineurin inhibitors, antihistamines, and emollients [10]. These are associated with high relapse rates, adverse effects (skin atrophy, systemic absorption), and special risks in diabetics and hypertensives, where steroids can worsen glycemic control and elevate blood pressure [11]. Therefore, safe and holistic alternatives are urgently needed.

Ayurveda offers a comprehensive approach through Nidana Parivarjana (avoidance of causative factors), Shodhana (purification), Shamana (palliative therapy), and Rasayana (rejuvenation) [12]. This case report documents the successful management of Vicharchika in a 52-year-old female with diabetes and hypertension using a structured Ayurvedic protocol, with emphasis on Pathya-Apathya dietary modifications.

2. Case Report

2.1 Patient Information

Table 2: Patient information

Parameter	Detail
Patient Initials	Not disclosed (confidentiality maintained)
Age	52 years
Gender	Female
Occupation	Housewife
Socioeconomic Status	Middle Class

2.2 Presenting Complaints

The patient presented with the following complaints:

- Dryness and scaly lesions on both legs
- Excessive itching
- Mild discharge from lesions
- Red-black discoloration of affected skin

Duration: Not specified
Onset: Gradual, progressive

2.3 Past Medical History

The patient had a significant past history of:

- **Diabetes Mellitus** (Type 2, duration unspecified)
- **Hypertension** (chronic, duration unspecified)

2.4 Clinical Examination

Table 3: General Examination:

Parameter	Finding
Blood Pressure	138/80 mmHg

Weight	65 kg

Dermatological Examination:

Parameter	Finding
Location	Both legs
Nature of Lesions	Scaly, dry lesions
Discharge	Mild discharge
Discoloration	Red-black discoloration
Itching	Excessive (severe pruritus)
Distribution	Symmetrical involvement

2.5 Ayurvedic Assessment

- Nidana (Etiological Factors): Dietary irregularities, sedentary lifestyle, stress, and comorbid diabetes/hypertension.
- Dosha Involvement: Kapha-Pitta dominance with secondary Vata (Rukshata).
- Dhatu: Primarily Rakta (Raktapradoshaja Vikara) and Mamsa.
- Srotas: Raktavaha, Swedavaha, and Rasavaha.
- Diagnosis: Vicharchika (a type of Kshudra Kushtha) – confirmed by the presence of Kandu, Srava, Shyava Varna, Rukshata, and Pidaka.

2.6 Treatment Protocol

The treatment was administered in three phases over 45 days, with strict adherence to Pathya (wholesome diet) and Apathya (unwholesome diet) as detailed below.

2.6.1 Dietary Advice (Pathya-Apathya)

Table 4: Ahara

Category	Items
Pathya (Wholesome)	Bottle gourd (Lagenaria siceraria), moong dal (Vigna radiata), Parval (Trichosanthes dioica – pointed gourd)
Apathya (Unwholesome)	Curd (Dahi), sour foods (amla ras pradhan – foods with predominant sour taste), green chillies

The patient was advised to strictly avoid the Apathya items and incorporate the Pathya items into her daily diet for the entire duration of treatment and beyond.

2.6.2 Phase 1: Initial Treatment (15 Days, starting 15/05/2026)

Table 5: Internal Medications:

Medication	Dose	Frequency
Gandhak Rasayan	2 tablets	Twice daily (after meals)
Mahamnjishthadi Kwath	20 mL	Twice daily (before meals)
Mahatiktaka Ghrita	10 mL	Twice daily (before meals)

External Applications:

- Neem soap for local cleansing (twice daily)
- Neem oil for local application (twice daily)

Dietary adherence: Pathya items were encouraged; Apathya items were strictly prohibited.

2.6.3 Phase 2: First Follow-up (30/05/2026 – Day 15)

Assessment: Redness and itching significantly reduced; scale formation decreased; lesion size reduced.

Table 6: Treatment Prescribed (15 days):

Medication	Dose	Frequency

Gandhak Rasayan	2 tablets	Twice daily
Mahamnjishthadi Kwath	20 mL	Twice daily
Neem oil	Local applicatio n	As needed

(Mahatiktaka Ghrita was discontinued in this phase.)
Pathya-Apathya advice continued unchanged.

2.6.4 Phase 3: Second Follow-up (15/06/2026 – Day 30)
Assessment: Dryness reduced by 90%; itching substantially relieved; scale formation significantly reduced; discoloration completely resolved.

Table 7: Treatment Prescribed (7 days):

Medication	Dose	Frequency
Gandhak Rasayan	2 tablets	Twice daily
Mahamnjishthadi Kwath	20 mL	Twice daily
Mahatiktaka Ghrita	10 mL	Twice daily

Pathya-Apathya advice was reinforced for long-term maintenance.

3. Results

Table 8: Timeline and results

Timeline	Redness	Itching	Dryness	Scale Formation	Discharge	Discoloration	Lesion Size
Baseline (15/05/26)	Present	Severe	Severe	Present	Present	Present	Significant
Day 15 (30/05/26)	Reduced	Reduced	–	Reduced	–	–	Reduced
Day 30 (15/06/26)	–	Substantially reduced	90% reduced	Significantly reduced	–	Resolved	Minimal

Adverse Events: None reported. The patient tolerated all medications, including the Ghrita preparation, without any gastrointestinal or systemic side effects.
Quality of Life: The patient reported improved sleep (due to reduced itching), better social confidence, and enhanced psychological well-being.

4. Discussion

4.1 Pathophysiological Correlation

The pathogenesis of Vicharchika in this patient can be understood through the Samprapti (disease process) of Ayurveda. Nidana (etiological factors) such as dietary irregularities, sedentary lifestyle, and the metabolic disturbances of diabetes and hypertension led to Dosha Dushti – predominantly Kapha and Pitta vitiation, with secondary Vata aggravation causing Rukshata (dryness) [13]. This resulted in Rakta and Mamsa Dhatu involvement, blocking the Raktavaha Srotas and manifesting as the characteristic skin lesions [14]. The presence of diabetes further impaired wound healing and increased susceptibility to infections, while hypertension may have contributed to microcirculatory compromise [15].

4.2 Rationale for the Treatment Protocol

1. Gandhak Rasayan: This classical formulation (purified sulphur with herbal adjuvants) was chosen for its Kusthaghna (anti-skin-disease), Kandughna (antipruritic), and Rasayana (rejuvenating) properties [16]. It also possesses antimicrobial and anti-inflammatory actions and is considered safe in diabetics as it does not raise blood glucose [17].
2. Mahamnjishthadi Kwath: With Mahamnjishtha (Rubia cordifolia) as the primary ingredient, this decoction is a potent Rakta Prasadana (blood purifier) and Vranaropana (wound healer) [18]. It addresses the Raktapradoshaja nature of Vicharchika and reduces inflammation and redness.
3. Mahatiktaka Ghrita: The medicated ghee, prepared with bitter herbs, provides deep tissue penetration (Snehana), balances Pitta-Kapha, and alleviates Rukshata (dryness) through its oleaginous properties [19]. Its Rasayana effect helps prevent recurrence.
4. Neem-based topical therapy: Neem (Azadirachta indica) exerts broad-spectrum antimicrobial, antipruritic, and anti-inflammatory effects locally, reducing secondary infection and itching [20].

4.3 Role of Pathya-Apathya in Clinical Improvement

Dietary modifications are integral to Ayurvedic management. In this case, the advised Pathya (bottle

gourd, moong dal, Parval) are light, easily digestible, and possess Pitta-Kapha pacifying properties. Bottle gourd is cooling and diuretic; moong dal is a classic Sattvic food that balances all Doshas; Parval (pointed gourd) is bitter and astringent, beneficial in skin disorders [21].

Conversely, the prohibited Apathya items (curd, sour foods, green chillies) are known to aggravate Kapha and Pitta, increase Ama (metabolic toxins), and provoke skin inflammation [22]. Curd (Dahi) is Abhishyandi (causes obstruction of channels); sour foods (amla ras) increase Pitta and can cause Rakta Dushti; green chillies are pungent and heating, exacerbating itching and redness. Strict avoidance of these items likely contributed to the rapid and sustained improvement observed.

4.4 Clinical Significance and Safety

The 90% reduction in dryness and complete resolution of discoloration within 30 days is clinically remarkable, especially given the patient's comorbidities. The treatment was well-tolerated, with no adverse effects on blood pressure or glycemic status (though formal monitoring was not documented). This underscores the safety of Ayurvedic interventions in metabolically compromised patients, offering a viable alternative to corticosteroids, which carry significant risks in such populations [23].

4.5 Comparison with Literature

Previous case reports on Vicharchika management have shown similar promising outcomes. Chitmulwar and Deshmukh reported significant improvement in a 21-year-old female with Vicharchika using Ayurvedic treatment [24]. Kapatkar et al. documented successful management of a 36-year-old female using Bahir Parimarjana and Shaman Chikitsa [25]. Bhuyan and Kar reported remarkable improvement in an elderly patient with Shushka Vicharchika within 21 days [26]. The present case adds to this evidence, demonstrating efficacy in a patient with diabetes and hypertension, and highlights the importance of dietary compliance.

4.6 Limitations

- Single case report – limited generalisability.
- Lack of validated objective outcome measures (e.g., EASI score, DLQI).
- No photographic documentation or histopathological confirmation.
- Incomplete data on baseline glycemic control and antihypertensive medications.
- Short follow-up (45 days); long-term recurrence data are unavailable.

5. Conclusion

This case report demonstrates that a comprehensive Ayurvedic treatment protocol, incorporating Gandhak Rasayan, Mahamnjishthadi Kwath, Mahatiktaka Ghrita, and Neem-based topical therapy, along with strict adherence to Pathya-Apathya dietary guidelines, achieved remarkable clinical improvement (up to 90% symptomatic relief) in a 52-year-old female with Vicharchika and comorbid diabetes and hypertension. The treatment was safe, well-tolerated, and provided sustained benefits. This supports the potential of Ayurveda as a safe and effective alternative to conventional corticosteroid-based therapies, especially in patients with metabolic comorbidities. Further large-scale, controlled studies are warranted to validate these findings and establish evidence-based protocols.

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Appendices

Appendix A: Drug Composition Details

Formulation	Key Ingredients
Gandhak Rasayan	Shuddha Gandhaka, Shuddha Hingula, Shuddha Tankana, Ghrita
Mahamnjishthadi Kwath	Mahamnjishtha, Neem, Haridra, Daruharidra, Amalaki, Vibhitaki, Haritaki, Madhuyashti, Patola, Guduchi
Mahatiktaka Ghrita	Ghrita processed with Mahamnjishtha Kwath and bitter herb paste

Appendix B: Clinical Timeline

Date	Visit	Treatment
15/05/2026	First Visit	Gandhak Rasayan 2-2 tab, Mahamnjishthadi Kwath 20 mL BD, Mahatiktaka Ghrita 10 mL BD, Neem soap, Neem oil
30/05/2026	First Follow-up	Gandhak Rasayan 2-2 tab, Mahamnjishthadi Kwath 20 mL BD, Neem oil
15/06/2026	Second Follow-up	Gandhak Rasayan 2-2 tab, Mahamnjishthadi Kwath 20 mL BD, Mahatiktaka Ghrita 10 mL BD

Submitted by:
Dr. Shilpi Kansal (Reg. No. 25656)
Assistant Professor
Government Ayurveda, Yoga, and Naturopathy College
Kota, Rajasthan, India

Institution:
Daudayal Joshi Government District Ayurvedic Hospital
Talwandi-Kota-324005
Rajasthan, India