

CASE STUDY

Ayurvedic Management of *Vicharchika*- A Case Study

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ABSTRACT

Vicharchika is described under *Kshudra Kushta* as a *Rakthapradoshaja tridosha vyadhi* with a predominance of *kapha*, and *pitha dosha*. In *Ayurveda Vicharchika* may be correlated to Stasis Dermatitis, a chronic inflammatory disease of the lower extremities, that predominantly affects older individuals and is a cutaneous manifestation of venous hypertension due to venous reflex. A patient of 47 years, a young male consulted in OPD of the Panchakarma department, GAM, Puri. The patient presented with erythematous patches with flaking, crusting, oozing, and bleeding skin lesions over both lower legs associated with intense itching, aching pain, and skin edema in the past 6 months. Case was effectively managed through *Ayurveda* treatment protocol following, *Kusta Chikitsa*, *Vataraktha chikitsa* and *Dushivisha chikitsa*. The patient was given *Samana aushadies* like- *Dushivishari Gulika*, *Vilwadi Gulika*, *Gopichandanadi Vati*, *Madhusnuhi Rasayana*, *Brhat Dantapala Taila*, and *Shodana* therapies like *Virechana* and *Rakthamokshana*. Photographic documentation and symptomatic assessment confirms that Ayurvedic treatment, combined with medication and dietary adjustments, has effectively reduced the manifestations of *Vicharchika* in 50 days.

Key Words *Vicharchika*, *Stasis Dermatitis*, *Virechana*, *Rakthamokshana*

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INTRODUCTION

Vicharchika is described under *Kshudra Kushta*, which has key signs as *Kandu* (Intense Itching), *Bahusrava* (exudation), *Shyava Varna* (discoloration), *Pidaka* (pustule) *Ruja* (pain), *Rukshata* (dryness), *Raji* (thickening)^{1,2}. As per *Ayurveda* classics, *Vicharchika* is a *rakthapradoshaja tridosha vyadhi* with a predominance of *kapha*, *pitha dosha*, and *Rasa*, *Twak*, *Rakta*, *Mamsa*,

and *Kleda*⁴ are considered as *Dushyas*. Stasis Dermatitis can be correlated with *Vicharchika* due to their similarity in clinical features. Stasis dermatitis (SD)³ is a chronic inflammatory skin disease caused by underlying chronic venous insufficiency that primarily affects the lower extremities of older individuals. In total, 10% of people with venous insufficiency developed skin changes. SD typically manifests as bilateral erythematous and eczematous patches and

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plaques affecting the lower extremities. Distinctive symptoms include pruritus (itch), lesional inflammation, pain, scaling, changes in skin color, and thickening. With the progression of modernization and urbanization, *Vicharchika* has emerged as a prevalent skin condition largely influenced by poor dietary choices, hectic lifestyles, bad hygiene habits, stress, and occupational hazards.

Contemporary medical science treats eczema with corticosteroids and compression stockings whereas Ayurveda treatments are highly effective in this condition. Conservative management in Ayurveda includes the principles of *Vatarakta chikitsa*, *Kusta Chikitsa*, and *Dushivisha Chikitsa* integrating *Nidanparivarjana*, *Shodhana*, and *Shamana Chikitsa* due to the chronic and recurring nature of *Vicharchika*.

PATIENT INFORMATION

A 47-year-old male, a businessman by profession, presented in the outpatient department on 19th January 2024 with chief complaints of erythematous patches with flaking, crusting, oozing, and bleeding skin lesions over both lower legs associated with intense itching, aching pain, and skin edema in the past 6 months. The patient was diagnosed with both lower limb varicose disease (12 years back) and had no family history of varicose disease. The patient had taken allopathy treatment and underwent laser treatment for 7 years which gave him temporary relief for varicose disease. Six months back, his complaints started with occasional itching and discoloration of the skin along the

inner aspect of his right ankle, which worsened gradually and spread to both lower limbs. Past history: No H/O-DM/HTN Family history: Not significant.

CLINICAL FINDINGS

Skin examination:

Distribution: Bilateral Lower legs extending from Knees to feet

Inspection:

Lesions: Irregular, flaking, and crusting coalescing plaques with variable diameter, Evidence of serous exudate, and occasional bleeding

Color: Erythematous with areas of hyperpigmentation

Surface: Scaly, Crusty, excoriated with evidence of scratching

Palpation

Texture and Temperature: Rough, induration, temperature slightly elevated on affected areas

Tenderness: moderate tenderness

Edema: Mild to moderate

Vericosity: Numerous Dilated and tortuous veins Visible

Lymphadenopathy: Not significant

Other Findings: Intense Pruritis, aching pain, Atrophic Scarring

On general examination the patient is moderately nourished having blood pressure: 120/80 mm/hg with normal temperature, pulse, and respiratory rate. Other parameters like pallor, icterus, central cyanosis, digital clubbing, edema, and local lymphadenopathy were absent on examination.

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On physical examination, the patient was found anxious, with a loss of appetite and a constipated bowel with a coated tongue. Micturition and sleep were normal. The patient has a height- of 163 cm & weight- of 78 kg. Habits: taking curd, milk (Twice a day), Spicy, oily food, Tea (2 times/day) and smoking.

Laboratory investigations: Complete blood count, and random blood sugar, in normal range

DIAGNOSTIC ASSESSMENT

The diagnosis of Vicharchika (stasis dermatitis) was confirmed based on clinical presentation and assessment, with gradation of Subjective parameters of *Vicharchika* as seen in table 1 and Revised venous clinical severity scale⁵ as seen in table 2 was done.

Table 1 Gradation of Subjective parameters

Symptoms	Gradation	Score
Kandu	No itching	0
	Itching present rarely	1
	Itching disturbing patients' attention	2
	Severe itching disturbing patients sleep	3
Jala Srava	No <i>Srava</i>	0
	Moisture on skin lesions	1
	Occasional <i>srava</i> on itching	2
	<i>Srava</i> on itching	3
Pidaka	Absent	0
	1-2 <i>Pidaka</i> in one affected part	1
	3-4 <i>Pidaka</i> in one affected part	2
	More than 4 <i>Pidaka</i> in one affected part	3
Shyavata	Normal skin color	0
	Brownish red discoloration	1
	Blackish red discoloration	2
	Blackish discoloration	3
Rukshata	No dryness	0
	Dryness with rough skin	1
	Dryness with scaling	2
	Dryness with cracking	3
Raktha Srava	No <i>Raktha Srava</i>	0
	Occasional <i>Raktha Srava</i> After itching	1
	Mild <i>Raktha Srava</i> After itching	2
	Profuse <i>Srava</i>	3

Table 2 Revised venous clinical severity scale

Sl. no.	Parameters	Scoring	Score before treatment		Score after treatment	
			Right Leg	Left Leg	Right leg	Left leg
1.	Pain	0—None	2	2	0	0
		1—Mild (Occasional pain or other discomforts)				
		2—Moderate (Daily pain or other discomfort but not preventing regular daily activities)				
		3—Severe (Daily pain or discomfort and limits regular daily activities)				
2.	Varicose vein	0—one	2	3	2	3
		1—Mild (Few scattered)				
		2—Moderate (Confined to calf or thigh)				
		3.Severe (involves calf and thigh)				

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3.	Venous edema	0—None 1. Mild (Limited to foot and ankle area) 2. Moderate (Extends above the ankle but below the knee) 3. Severe (Extends to knee and above)	2	2	0	1
4.	Skin pigmentation	0—None 1—Mild (Limited to peri malleolar area) 2—Moderate (Diffuse over the lower third of calf) 3. Severe (Wider distribution above the lower third of calf)	2	3	1	2
5.	Inflammation	0—None 1—Mild (Limited to perimalleolar area) 2—Moderate (Diffuse over lower third of calf) 3—Severe (Wider distribution above lower third of calf)	2	2	0	0
6.	Induration	0—None 1—Mild (Limited to perimalleolar area) 2—Moderate (Diffuse over lower third of calf) 3. Severe (Wider distribution above lower third of calf)	2	3	0	0
7.	Active ulcer number	0—None 1 2 >3	0	0	0	0
8.	Active ulcer duration	N/A				
9.	Active ulcer size	N/A				
10.	Use of compression therapy	0—None 1—Intermittent use of stockings 2—Wears stockings most days 3—Full compliance: stockings	0	0	0	0
Total Score			12	15	3	6

THERAPEUTIC INTERVENTION

Shodhana Chikitsa was done for patient as seen in table 3.

1. Nidana Parivarjana

2. Shodhana Chikitsa

Table 3 *Shodhana Chikitsa* Administered

Days	Procedure	Interventions	Dose and time of administration
3 days	<i>Deepana</i> <i>Pachana</i>	<i>Shaddharana churna</i>	6gms of <i>Churna</i> with warm water bd bf
5 days	<i>Snehapana</i>	<i>Panchatikthaka grtha</i>	(Morning 7 am) Day 1 - 30ml Day 2 - 60ml Day 3 - 90ml Day 4 - 120 ml Day 5 -150 ml
3 days	<i>Abhyanga</i> and <i>Bashpa Sweda</i>	<i>Brhat danthapala thaila</i> (<i>pitha avirodhi kaphahara ahara</i>)	External
1 day	<i>Virechana</i>	<i>Trvrt avaleha</i> <i>Abhayadi modaka</i> <i>Anupana Ushna Jala</i>	9 am 17 vegas observed

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7 days	Samsarjana Karma	Peyadi krama	
3 sitting After 7,22,37 days of Virechana	Rakthamoksha	Siravyadha	1 st sitting-30 ml 2 nd sitting- 30ml 3 rd sitting-35 ml

3. Shamana Chikitsa

Shamana Chikitsa was given after Samsarjana Karma for one month as mentioned in table 4.

Table 4 Shamana Oushadies Administered

Days (After samsarjana karma)	Medicines	Dose and Anupana
1 month	Vilwadi Gulika	2 tabs twice daily bd af
1 month	Dushivishari	2 tabs twice daily

	Gulika	with tulsi swarasa bd af
1 month	Gopichandanadi Vati	2 tabs twice daily bd af
1 month	BrhatDanthapala Thaila	External application
1 month	MadhuSnuhi Rasayana	6 g twice a day with lukewarm water bd af

Table 5 Follow up and outcome of the gradation of Symptoms

Sl No	Parameters	Before Treatment	After Virechana	After Shamana Chikitsa	And
1	Kandu	3	2	0	
2	Pidika	3	2	1	
3	Syavatha	2	2	1	
4	JalaSrava	2	1	0	
5	Raktha srava	1	0	0	
6	Rukshatha	3	2	1	

FOLLOW-UP AND OUTCOMES

Table 5 illustrates the follow-up and outcomes of the the gradation of Symptoms at different stages: before treatment, post-Virechana, and after Rakthamoksha and Shamana Chikitsa. Figure 1.1 and 1.2 represents the patient's condition before treatment, Figure 2.1 and 2.2 shows the results following Virechana, and Figure 3.1 and 3.2 displays the final outcome at discharge.



Figure 1.1 & 1.2 Before treatment



Figure 2.1 & 2.2 After Virechana



Figure 3.1 & 3.2 At the time of Discharge (after 50 days)

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DISCUSSION

Vicharchika was effectively managed through Ayurvedic treatment protocol following, *vatashonitha chikitsa*, *Kusta chikitsa* and *dushtavrana chikitsa*. For *Ama Pachana*, *Shatdharana Churna*, containing *Ushna* and *Tikshna Dravyas*, was administered. *Snehapana* was performed with *Panchatikta Ghrita*⁶, predominately of *Tikta Rasa*, *Lekhana*, *Vishaghna*, and *Kledahara gunas*. *Abhyanga* and *Svedana* were done with *Brhat danthapala thaila*, which has *tiktha kashaya rasa*, *sheetha veerya*, and *pitharaktha samana* properties. *Vicharchika*, a *Raktapradoshaja vikara*, is treated with *Virechana* as recommended by Acharya utilizing *Trivrth Lehya* and *Abhayadi Modaka*. *Trivrth*⁷ is *Sukha Virechana*, having *Katu Tikta Rasa Laghu*, *Ruksha*, *Tikshna Gunas*, *Ushna Veerya*, and *Kaphapithahara* property. *Abhayadi Modak*⁸ has *Ushna*, *Teekshna* properties, and *Adhobhaghara prabhava* containing *Haritaki*, *Amlaki*, *Danti*, *Trivrut*, *Pippali* as main ingredients. *Raktamokshana* was done to achieve *Raktashuddhi* as *Rakta* is one of the main *Dushya*. Acharya *Charaka*⁹ specifically recommends *Siravyadha* in the case of *Rakthasrita dosha*.

Vilwadi Gulika has predominance of *katu, tiktha rasa*, *ushnavirya*, *laghu ruksha guna* acts as *kaphavata samana* and *kleda visoshana*. *Dushivishari Gulika*¹⁰ is *Pittakaphaghna*, *Vishaghna*, *Raktaprasadaka*, *Katu Vipaka* with *Laghu Ruksha Guna*, where as *Pippali* in this

yoga possesses *Rasayana* and *Yogvahi Gunas*. *Gopichandanadi Gulika*¹¹ indicated in *balavisarpa* has *Musta*, *Japapuspa*, *Amalaki*, *Twak*, and *Nagakesara* as main ingredients does *Pitta Rechana*, which helps in reducing the symptoms of *Vicharchika*. *Madhusnuhi Rasayana*¹² has *Madhusnuhi* as *Raktaprasadaka*, and *Amalaki*, *Hareetaki*, and *Ashwagandha* acting as *kledashoshana*, *Rasayana* and *kushtaghna*.

CONCLUSION

The case report demonstrates the successful management of *vicharchika*, with the help of *Ayurveda* treatment protocol. Here *Shodhana Chikitsa* like *Virechana*, *Rakthamokshana* and *Shamana Oushadies* provide relief in the symptoms of *Vicharchika* like *Kandu*, *Pidika*, *Daha*, etc. During the follow-up period, there was no aggravation in the eczema, was completely cured after 50 days.

PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has consented to report his images and other clinical information in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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