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A CONCEPTUAL STUDY ON *VICHARCHIKA* WITH SPECIAL REFERENCE TO ECZEMA (ATOPIC DERMATITIS)

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ABSTRACT

Introduction: In *ayurvedic* literature, all skin disorders are described under *kushta roga*, which is broadly classified into two categories: *Mahakushta* and *kshudrakushta*. All *ayurvedic acharyas* have explained *Vicharchika* under *kshudrakushta* and is considered as *Sadhya kushta*. However, *kushta* is included among the *Ashta mahagada*, indicating its complex and challenging nature of management. *Vicharchika* can occur at any age but is more commonly observed in young individuals due to increased exposure to occupational and environmental factors along with mental stress. Factors such as consumption of junk food, irregular dietary habits, suppression of natural urges, use of cosmetics and chemical products, environmental pollution, stressful lifestyle and psychological disturbances play a significant role in increasing prevalence of *vicharchika* in the present era. **Materials and Methods**: Classical references related to *vicharchika* (eczema) were collected from the *Brihatrayee, laghutrayee* along with their commentaries, and other authoritative ayurvedic texts. Atopic dematitis (eczema) collected from modern texts along with journal and internal sources. **Discussion**: According to all *Acharyas*, *kuṣhta* is a *tridoshaja vyadhi* with predominant involvement of *rakta*, thereby classified as a *raktapradoshaja vikara*. In all types of *kushta roga,* vitiation of *rakta* and *pitta* has been emphasized. *Vicharchika* is described as a chronic skin disorder and it is mentioned in all classical *ayurvedic* texts under *Kshudra kushta*. **Conclusion**: From a contemporary perspective, *vicharchika* can be interpreted with atopic dermatitis in its similarities in clinical features and presentation. Long-term conservative management is essential in both treatment modalities. In *ayurveda*, *maha kuṣhta* and *kshudra kushta* represent broad clinical entities with well-defined principles of management, emphasizing *shodhana*, *shamana* and *rasayana Chikitsa* according to *avastha* of patient.

KEYWORDS: *Kushta, Kshudra kushta, vicharchika, shodhana, shamana, rasayana,* Atopic dematitis, Eczema.

INTRODUCTION

The term *kushta* is derived from the expression "*Kushnaati angam iti Kushtam*", which denotes disfigurement of the affected part of the body. In *Ayurveda*, all dermatological disorders are comprehensively described under *kushta*. It is considered one among the *Ashta mahagada*[1], indicating its grave nature and complexity in management. *Kushta* is broadly classified into two categories, namely *Mahakushta* and *kshudrakushta*.[2]

All *Ayurvedic Acharyas* have classified *Vicharchika* under *kshudrakushta* and is considered as *Sadhya kushta*. According to *Acharya Charaka*, *vicharchika* is a *kapha-pradhana tridoshaja vyadhi*, characterized by symptoms such as *Kandu* (itching), *Shyava* varna (blackish discoloration), *Pidaka* (vesicular eruptions), and *Bahusrava* (excessive discharge).[3]

According to *Acharya sushruta*, *vicharchika* is a *pitta-pradhana tridoshaja vyadhi*, presenting with manifestations such as *Raji* (prominent skin lines), *atikandu* (severe itching), *atiruja* (excessive pain) and

rukshata (dryness).[4] These all features can be closely correlated with eczema (Atopic dermatitis).

Atopic dermatitis is a common, non-infective, inflammatory skin disorder representing a characteristic reaction pattern of the skin. It is precipitated by internal factors, external factors, or a combination of both and is characterized by superficial inflammatory edema of the epidermis associated with erythema.[5] The condition commonly presents with symptoms such as itching, burning sensation, discomfort, pain, dryness, and accentuated skin markings.

VICHARCHIKA

Etymology of the word *Vicharchika*

The word *vicharchika* is derived from *Sanskrit* origin "*Church adhyane*" by using the prefix "vee" to it. The word *adhyane* has two syllables *"adhi*" which means "above" and "*ayane*" means to spread out.

Classical definition of *vicharchika*

According to ***Acharya Charaka***, it is a skin ailment wherein eruptions over the skin appear with dark pigmentation, itching, and with a profuse discharge.[6] ***Maharshi Sushruta*** described that *vicharchika* is a condition in which the skin has linear rough lesions with intense itching and pain.[7]

Acharya Vagbhata narrated that the blackish eruptions with intense itching and watery discharge, that is, *Lasikadhya*, are referred to as oozing is called *vicharchika*.[8]

According to ***Acharya Kashyapa***, *vicharchika* is blackish-brown pustular eruptions with intense itching and pain having special symptoms such as *Vrana* and *Paka*.[9]

Acharya Harita described that multiple pinhead-sized eruptions with ulceration and itching are called *vicharchika*.[10]

NIDANA[11]

The specific etiological factors (*Nidana*) of *Vicharchika* have not been described separately in the classical texts; therefore, the general *Nidanas* of *Kushta*, as explained by various *Acharyas*, are considered applicable. These include: (1) *Aharaja nidana* (Dietary factors), (2) *Viharaja nidana* (Lifestyle factors), (3) *Manasika Nidana* (Psychological factors) and (4) *Anyaja Nidana* (Miscellaneous factors).

1. *Aharaja nidana*

Intake of *viruddhahara*, *mithyahara*, *Adhyasana* and *asatmyahara*, impairs *jataragni*, leading to *ama* formation and subsequent vitiation of *Kapha* and *Pitta dosha*. These *nidanas* play a significant role in *vicharchika*. In modern science, comparable dietary factors-such as incompatible foods, preservatives, and spicy or oily diets-are implicated in Atopic dermatitis. These triggers may induce IgE-mediated hypersensitivity, disrupt gut microbiota, and promote systemic inflammation, leading to chronic skin manifestations.[12]

2. *Viharaja nidana*

Diwaswapna, *Ratrijagarana*, *Vega Dharana*, *Ati Sweda* and improper regimen after *Shodhana* vitiate *Kapha-Pitta dosha* and impair *Agni*, leading to *Ama* formation, which leads to *Srotorodha* in *Twak* and *Rakta*. These factors can be correlated with circadian disruption, stress-induced neuro-immune imbalance, and skin barrier dysfunction. The resulting Th2 dominance, elevated IgE level, cytokine release, and increased transepidermal water loss (TEWL) contribute to skin barrier dysfunction and inflammatory pathogenesis of Atopic Dermatitis.[13]

3. *Manasika nidana*

Manasika nidanas such as *Chinta*, *Shoka*, *Bhaya* and *Krodha* vitiate *Rajasa* and-*Tamasa guna*, which impairs *Agni* and aggravate *Kapha-Pitta Dosha*, leading to *Ama* formation and *Srotorodha* in *Twak* and *Raktha*. In modern science, chronic psychological stress induces hypothalamic- pituitary-adrenal (HPA) axis and sympathetic system causing immune dysregulation with Th2-polarization, elevated IgE levels, cytokine release, and skin barrier dysfunction, thereby triggering and exacerbating atopic dermatitis.[14]

4. Anyaja *nidana* (Miscellaneous)

Kulaja nidana

In *Ayurveda*, this concept is explained through *Bija dosha* and *Beejabhaga avavava dushti*, indicating hereditary susceptibility. Individuals with *Kapha-Pitta* predominant *Prakruti* possess an inherent tendency for *Dosha sanchaya*, making them more prone to *Vicharchika*. This can be understood as Genetic factors, genetic predisposition and familial tendency of atopic dermatitis in contemperory science.[15]

POORVARUPA

There are no premonitory signs and symptoms of *vicharchika* in the text, but as it is classified as one of the *kshudraushta roga*, premonitory symptoms of the *kushta vyadhi* should be considered.[16]

RUPA[17-19]

Rupa, that is signs and symptoms of *Vicharchika*, as stated by different *Acharyas* can be summarized in the following

Sl.no	*Rupa*	*Charaka*	*Sushrutha*	*Vagbhata*
1	*Kandu*	+	+	+
2	*Pidika*	+		+
3	*Shyava*	+		+
4	*Srava*	+		+
5	*Raji*		+	
6	*Ruja*		+	
7	*Rukshata*		+	

Charaka has described a *Srava vicharchika* (wet type) *lakshana* like *bahusrava, pidaka, kandu, shyava varna* while ***Sushruta*** has given the description of *Ruksha Vicharchika* (dry type) *lakshana* like *kandu, raji, ruja, rukshata*. These types can be interpreted to acute and chronic atopic dematitis in modern science.

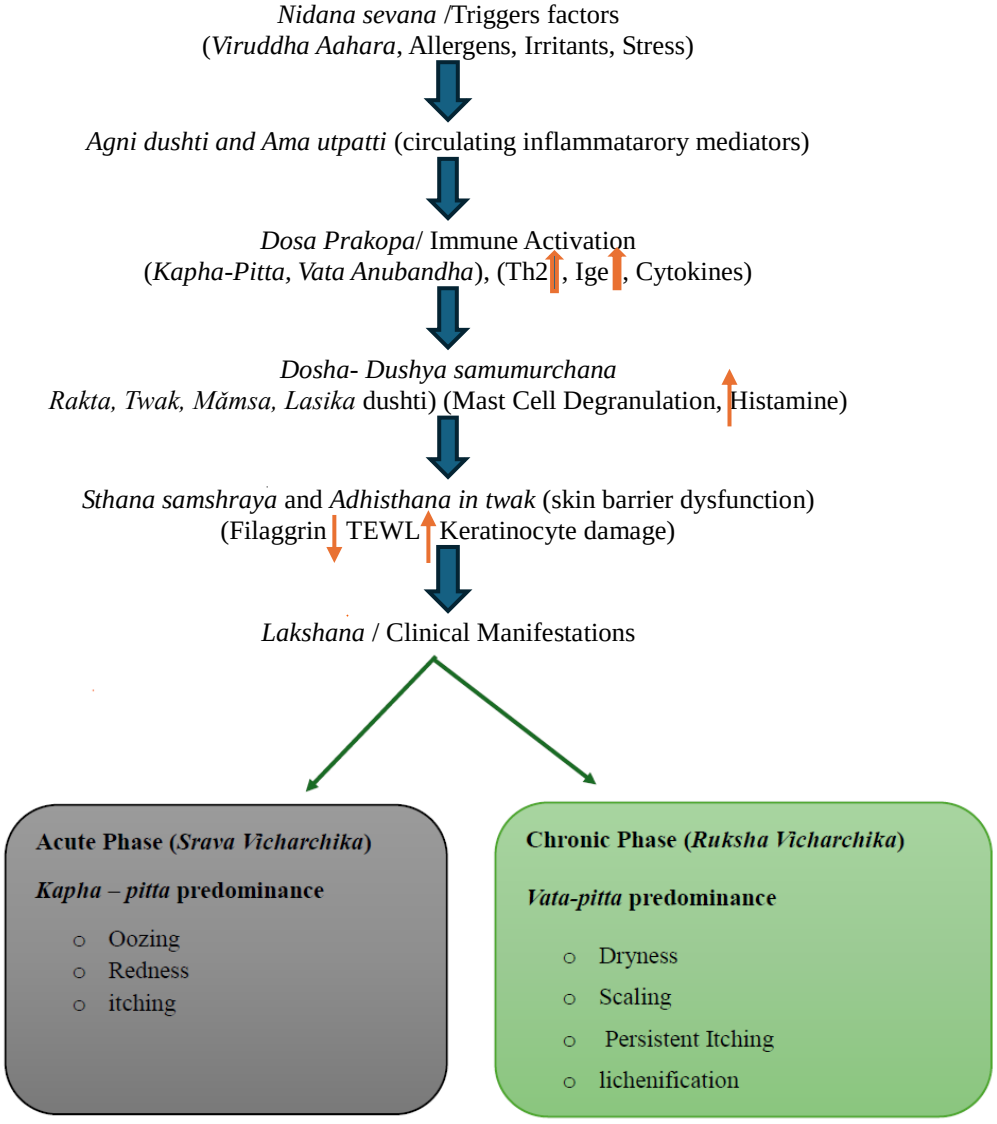
Acute atopic dermatitis[20]

It is characterized by intense pruritus, erythema, papulovesicular eruptions, and profuse oozing. These clinical manifestations show a close resemblance to *Srāva Vicharchika,* based on *lakshana, dosha* predominance like *pitta* and *kapha, Dushya (Rasa, raktha, mamsa, lasika)* and *samprāpti*.

Chronic atopic dermatitis[21]

Chronic atopic dermatitis is a long-standing, relapsing inflammatory skin disorder characterized by persistent pruritus, marked dryness, lichenification, scaling, and thickened skin, resulting from epidermal barrier dysfunction, immune dysregulation, and repeated scratching, with periods of exacerbation and remission. These clinical manifestations show a close resemblance to *Ruksha Vicharchikā*, based on *lakshana*, *dosha* predominance like *vata* and *kapha, dhatu kshaya, Dushya (Rasa, raktha, mamsa, lasika)* and *samprāpti.*

***SAMPRAPTHI* / PATHOPHYSIOLOGY**



Repeated exposure to *Viruddha Ahara*, *Guru-Snigdha Ahara*, environmental irritants, allergens, and psychological stress leads to *Agni Vaishamya* and subsequent *Ama* formation, which acts as a pathological mediator in the progression of *Vicharchika*. *Ama*, along with *Kapha-Pitta Dosha prakopa*, results in *Srotorodha* and *Dushya* predominantly affecting *Twak*, *Rakta*, *Mamsa*, and *Lasika*. This *Ayurvedic* concept can be interpreted with modern immunological mechanisms wherein allergens, chemicals, and stress. Trigger the Th2 polarization which elevated IgE levels, and increased production of pro-inflammatory cytokines such as IL-4,

IL-5, and IL-13, representing immune dysregulation analogous to *Dosha prakopa*. The localization of aggravated *Kapha* and *Pitta* in *twak* and *Rakta* corresponds to epidermal barrier dysfunction characterized by filaggrin deficiency, increased transepidermal water loss (TEWL), and keratinocyte damage, which facilitate allergen penetration and sustain inflammation.

Kapha, Pitta aggravation clinically manifests through mast cell degranulation, histamine release, vasodilatation, and dermal edema, producing erythema, pruritus, and exudative lesions.

In the acute phase (*Srava Vicharchika*), features such as oozing, redness, and intense itching correlate with acute eczematous dermatitis marked by active inflammation and exudation.

In the chronic phase (*Ruksha Vicharchika*), *Vata anubandha* becomes prominent, leading to dryness, scaling, lichenification, and persistent itching, which correspond to chronic eczema with epidermal thickening and sustained immune activities Thus, *Vicharchika* may be integratively understood as a disorder involving *Agni* dysfunction, *Ama*-mediated inflammation, *Dosha* imbalance, barrier disruption, and immune dysregulation, paralleling the pathophysiology of modern atopic dermatitis.

SAMPRAPTHI-GHATAKA

Dosha	*Kapha Pitta*
Dushya	*Twak, raktha, mamsa, lasika (Ambu)*
Srotas	*Rasa, rakta, mamsa*
Agni	*Jataragni and dhatwagnimandya*
Srotodusti	*Sanga and Vimargagamana*
Sanchara sthana	*Tiryaga sira*
Udbhava sthana	*Amashaya and Pakwashaya*
Adhishtana	*Twak*
Rogamarga	*Bahya*
Swabhava	*Chirakari*

***SADHYA-ASADHYATA*[22]**

If *Vicharchika* is having dominance of *Eka Dosha* or *Vata Kaphaja* then it is *Sadhya* but when it is either *Vata Pittaja* or *Kapha Pittaja* then it is *Krichha Sadhya.* Moreover, if there is dominance of all the *tridosha* & patient is having certain complains like *Trishna, Balahani, Agnimandya*, then it is *Asadhya*.

***UPADRAVA*[23]**

Upadravas of *Vicharchika* have not been described separately in the *Ayurvedic* texts. However, *Upadravas* of *Kushta* are described by *Acharya Charaka* which is applicable for *Vicharchika* as it is a type of *Kushta*. These are as follows.

Puyasrava, angasada, trishna, jwara, atisara, daha, dourbalya, arochaka, Avipaka.

***CHIKITSA* OF *VICHARCHIKA*[24]**

Clinically, *Vicharchikā* manifests in two predominant forms-*Ruksha Vicharchikā* and *Srāva Vicharchika* and their management varies accordingly. *Ruksha Vicharchikā,* characterized by dryness, fissuring, scaling, and predominance of *Vāta-pitta Dosha*, requires *Snehana-pradhāna Chikitsā,* including *Tiktha Ghṛtapāna*, *Abhyanga* with medicated oils, *mrudu Virechana*, *Rakta-Shodhana* and *Śhamana Ouṣadhi* to counteract dryness and restore skin integrity. In contrast, *Srāva Vicharchikā*, marked by oozing, itching, inflammation, and predominance of *Kapha-Pitta Dosa*, needs *Rukshana*, *ropana*, *Rakta-Shodhana* and *Kaya shodhana* procedures, such as *Vamana*, *Virechana*, *Raktamokṣaṇa* along with *Kapha-Pitta* pacifying internal and external medications.

After proper *Shodhana* therapy, *Shamana Chikitsa* is administered to pacify the remaining vitiated *Doshas*, restore their physiological functions and maintain long-term homeostasis. For *Rakta Shodhana*, drugs such as *Manjishta*, *Guduchi*, *Sariva* and *Patola* are commonly prescribed to purify the blood and reduce inflammatory pathology.

In chronic and recurrent conditions, *Rasayana* therapy - including formulations like *Guduchi Ghrita* and *Amalaki Churna*-plays a significant role. These therapies help nourish the *Sapta Dhatus*, enhance immunity(*Vyadhikshamatva*) and prevent relapse. Therefore, in *Vicharchikā,* repeated *Śhodhana*, has been advised according to the clinical type-*Ruksha* or *Srāva*-followed by appropriate *Śhamana* and *Rasayana* therapy, constitutes the most rational and effective line of management.

Pathya* and *Apathya*[25] in the *vicharchika

Pathya

Laghu anna, Tikta shaka, Bhallataka, Triphala, Nimba, Purana dhanya, Jangala Mamasa, Mudga, Patola, Ghrita, Adhaki, Masura, Mandukaparni.

Apathya

Guru anna, Dugdha, Amla rasa, Anupa Mamsa, Matsya, Guda, Tila, Kulattha, Vidahi anna, Abhishyandi Anna, Ikshu Vikara, Lavana, Maithuna.

DISCUSSION

Vicharchika is a chronic and recurrent skin disorder described under *Kshudra Kushta* by different *acharyas* in *Ayurveda*. The prognosis varies from individual to individual and significantly affects quality of life. *Nidanas* like *Aharaja, Viharaja, manasika* and *anyaja nidana.* These factors lead to *Agni Dushti, Ama* formation, and vitiation of *Kapha* and *Pitta Dosha*, resulting in *Srotorodha and involvement of Twak, Rakta, Mamsa* and *Lasika* leads to manifestation of *vicharchika.*

Clinically, *Vicharchika* presents in different forms, such as *Ruksha Vicharchikā*, characterized by dryness, scaling, fissuring, and intense itching, can be clinically correlated with dry eczema or the chronic lichenified stage of atopic dermatitis. *Srava Vicharchikā*, marked by oozing, exudation, inflammation, and secondary infections can be clinically correlated with wet eczema or the acute stage of atopic dermatitis. These variations reflect differences in *doshic* predominance and disease chronicity, hence it is need a individualized therapeutic approaches.

In contrast, *Ayurveda* offers a comprehensive and promising management strategy through *Shodhana* and *Shamana Chikitsa* (purification and pacification therapies), followed by *Pathya-apathya* (appropriate dietary and lifestyle modifications). *Rasayana* therapy plays a particularly significant role in chronic and recurrent cases, especially in conditions like *Ruksha* and *Srava Vicharchika*, as it nourishes the *sapta dhatus*, enhances immunity, and helps prevent relapse. This holistic *Ayurvedic* approach aims to eliminate vitiated doshas in a natural and systematic manner without producing harmful side effects, thereby improving overall health and enhancing the quality of life.

CONCLUSION

Vicharchika, though classified as a *Kshudra Kushta* and *Sadhya Vyādhi*, poses therapeutic challenges due to its inclusion under *Kushta* which is a *Mahagada*. It is a *Tridoshaja Vyadhi* with *Kapha* or *Pitta* predominance and involvement of *Tvak, Rakta, Mamsa*, and *Lasika*. Clinically, it manifests as *Ruksha Vicharchika* or *Srava Vicharchika*, closely resembling eczema (Atopic dermatitis). Ayurvedic management through *Nidana Parivarjana, Shodhana, Shamana*, and *Rasayana* therapies offers a holistic approach that not only alleviates symptoms but also helps prevent recurrence. Thus, *Ayurveda* provides a safe and effective long-term management strategy for *Vicharchika*.

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