


AYURVEDIC CLINICAL INTERVENTION IN DUSHIVISHAJANYA VICHARCHIKA: A SINGLE CASE STUDY
Dr. Vijendra Parmar^{*1}, Dr. Prafulla², Dr. Sheetal Choudhari³
¹PG Scholar, Department of Agad tantra Evam Vidhi Vaidyaka, Rani Dullaiya Smriti Ayurveda P.G. College and Hospital, Bhopal.

²Professor & HOD, Department of Agad tantra Evam Vidhi Vaidyaka, Rani Dullaiya Smriti Ayurveda P.G. College and Hospital, Bhopal.

³Associate Professor, Department of Agad tantra Evam Vidhi Vaidyaka, Rani Dullaiya Smriti Ayurveda P.G. College and Hospital, Bhopal.

***Corresponding Author: Dr. Vijendra Parmar**

PG Scholar, Department of Agad tantra Evam Vidhi Vaidyaka, Rani Dullaiya Smriti Ayurveda P.G. College and Hospital, Bhopal.

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ABSTRACT

Dushivisha, a form of latent cumulative toxicity described in Ayurvedic literature, is known to precipitate chronic and recurrent dermatological disorders such as *Vicharchika* (eczema). The chronicity, complexity, and recurrent nature of such conditions require a holistic therapeutic approach that addresses both systemic imbalance and cutaneous pathology. **Case Summary:** A 35-year-old male presented with a one-year history of small, dry, circular patches on both legs, accompanied by reduced appetite and an urge for bowel movement after morning meals. A diagnosis of *Dushivishajanya Vicharchika* was made based on classical signs, *doshic* involvement, and chronicity of symptoms. The treatment included internal medications such as *Ajmodadi Churna*, *Chitrakadi Vati*, *Dushivishari Agada*, *Drakshasava*, and *Mahamanjishtadi Kashaya*, along with topical application of *Chitrakadi oil*. Follow-up evaluations were conducted on Day 7, 15, 21, and 30 to document symptomatic changes, lesion morphology, and overall well-being. **Results:** Progressive clinical improvement was observed at each follow-up interval. The patient demonstrated early symptomatic relief in terms of reduced dryness and itching by Day 7. By Day 15 and 21, substantial diminution in lesion size and discoloration was noted. By Day 30, the lesions had nearly resolved, appetite was restored, and no adverse effects were reported. **Conclusion:** The Ayurvedic protocol employed in this case appeared effective in managing *Dushivishajanya Vicharchika*, demonstrating progressive symptom resolution over a 30-day period. This case highlights the therapeutic potential of classical Ayurvedic formulations in toxin-mediated chronic dermatological conditions, warranting larger and more controlled clinical studies.

KEYWORDS: *Vicharchika, Dushivisha, Ayurvedic management, Chitrakadi oil, Dushivishari Agada.*
INTRODUCTION

Skin diseases represent a significant clinical category in both contemporary and traditional systems of medicine.^[1] Among them, *Vicharchika*, described under the umbrella of *Kustha* in Ayurveda, is characterized by itching, scaling, dryness, discoloration, and chronic lesion formation. When *Vicharchika* arises in association with *Dushivisha*—a state of subtle, accumulated toxins formed due to improper digestion, residual exogenous

substances, or metabolic impairment—the condition becomes more challenging to manage.^[2]

Dushivisha remains in a dormant state within the body, accumulating gradually and exerting pathological effects when precipitating factors such as poor diet, stress, or environmental exposures are present.^[3] This combination of deep-seated toxicity and *doshic* imbalance leads to chronicity, treatment resistance, and recurrence of skin lesions.^[4]

Despite the availability of scattered clinical reports, comprehensive case studies documenting treatment progression with structured follow-up intervals remain limited. This case study seeks to fill that gap by providing a detailed narrative of the patient's clinical course, therapeutic interventions, and measurable improvements at multiple time points over 30 days.

CASE PRESENTATION

A 35-year-old male visited the outpatient department with the chief complaint of small, dry, circular patches on both legs that had persisted for approximately one year. The lesions were non-oozing but were associated with progressive dryness and occasional itching. Systemic symptoms included loss of appetite and an urge for defecation immediately after morning meals. There was no significant medical history, including diabetes mellitus, hypertension, or thyroid disorders, ruling out common metabolic contributors to chronic dermatological issues.^[5]

Based on the chronicity, symptoms, and clinical features, a diagnosis of *Dushivishajanya Vicharchika* was established.

Table 1: Ayurvedic Treatment Protocol Administered.

Type of Treatment	Medicine / Procedure	Dosage & Frequency	Rationale
Internal	<i>Ajmodadi Churna</i>	3 g twice a day	<i>Deepana, Pachana, Agni</i> enhancement
Internal	<i>Chitrakadi Vati</i>	2 tablets twice a day	<i>Ama pachana, Agni</i> enhancement
Internal	<i>Dushivishari Agada</i>	2 tablets twice a day with honey	<i>Dushivisha</i> elimination, <i>Rasayana</i>
Internal	<i>Drakshasava</i>	15 ml twice daily with equal water after food	<i>Pitta-Vata</i> pacification, digestive improvement
Internal	<i>Mahamanjishthadi Kashaya</i>	15 ml twice daily	<i>Rakta-shodhana</i> , detoxification, anti-inflammatory
External	<i>Chitrakadi oil</i>	Local application	Skin healing, anti-microbial, <i>Kapha-Vata</i> pacification

Follow-Up Schedule

Clinical assessments were systematically conducted on.

- **Day 7:** Early response
- **Day 15:** Intermediate improvement
- **Day 21:** Consolidation phase
- **Day 30:** Final outcome

Parameters observed included dryness, itching, lesion size, colour changes, systemic symptoms, and overall patient comfort.

RESULTS

Day 7 Follow-Up

By the end of the first week, the patient demonstrated **early symptomatic relief**. The dryness of the lesions had begun to reduce, and the itching was noticeably less frequent. The patient also reported a mild improvement in appetite, indicating early correction of digestive imbalance. The lesions appeared slightly less elevated, suggesting initial anti-inflammatory action.

Intervention Protocol

The treatment regimen was designed to address.

1. *Agni deepana* and *Ama pachana* to correct digestive impairment
2. *Dushivisha* elimination and *dosha* pacification
3. *Rakta* and *Twak* purification
4. Local nourishment and healing of lesions

Internal Medications

- **Ajmodadi Churna** – 3 g twice daily
- **Chitrakadi Vati** – 2 tablets twice daily
- **Dushivishari Agada** – 2 tablets twice daily with honey
- **Drakshasava** – 15 ml twice daily with equal quantity of water after food
- **Mahamanjishthadi Kashaya** – 15 ml twice daily with water

External Medication

- **Chitrakadi oil** applied locally on affected areas once daily

Day 15 Follow-Up

By Day 15, there was **visible reduction in the size of the patches**, with the borders becoming less defined. The skin surface appeared smoother, and discoloration had begun to fade slightly. The patient reported a significant decline in itching episodes, enhancing daily comfort. No new lesions appeared, indicating effective arrest of disease progression.

Day 21 Follow-Up

On Day 21, the lesions demonstrated **substantial healing**, with pronounced fading of patch margins and texture normalization. Dryness had reduced to a minimal level. Appetite and digestion showed clear improvement, and the patient reported a sense of increased lightness and well-being. The therapeutic response at this stage indicated successful detoxification and *doshic* balance.

Day 30 Follow-Up

By Day 30, **near-complete resolution** of the lesions was observed. The skin had regained almost normal texture and coloration. The patient reported restored appetite,

normalized bowel habits, and complete absence of itching. Throughout the treatment course, **no adverse**

reactions or intolerance to the medications were reported.

Table 2: Sequential Follow-Up Observations (Day 0–30).

Parameter	Day 0 (Baseline)	Day 7	Day 15	Day 21	Day 30
Dryness	Severe	Moderate	Mild	Minimal	Absent
Itching	Moderate	Mild	Occasional	Rare	Absent
Lesion Size	Large, defined patches	Slight reduction	Visible reduction	Significant reduction	Nearly normal skin
Discoloration	Pronounced	Slight improvement	Improving	Mild	Minimal / resolved
Appetite	Poor	Mild improvement	Improved	Good	Normal
Bowel Urge Post Meals	Present	Reduced	Rare	Absent	Absent
New Lesions	Present (baseline)	None	None	None	None
Patient Comfort	Low	Improving	Good	Very good	Excellent

DISCUSSION

The present case demonstrates the effectiveness of a structured Ayurvedic treatment protocol in managing *Dushivishajanya Vicharchika* within a short clinical window.^[6] The regimen addressed the multidimensional nature of the disease: digestive impairment, toxin accumulation, and dermatological pathology.^[7]

- *Ajmodadi Churna* and *Chitrakadi Vati* enhanced digestive fire, reducing Ama formation.^[8]
- *Dushivishari Agada* targeted *Dushivisha*, facilitating detoxification.^[9]
- *Mahamanjishthadi Kashaya* provided *Rakta-Shodhana* and *Pitta-Kapha* pacification.^[10]

- *Drakshasava* offered *Pitta-vata* balancing and systemic nourishment.^[11]
- The *Chitrakadi* oil provided local anti-inflammatory and antimicrobial effects.^[12]

The progressive improvements observed at each interval support the synergistic action of the formulations. The absence of adverse effects reinforces the safety profile of the protocol.

While the findings are promising, this being a single case study, broader research with standardized parameters and larger sample sizes is essential for drawing generalizable conclusions.

Table 3: Symptom Severity Score Over Time.

Symptom	Day 0	Day 7	Day 15	Day 21	Day 30
Dryness	9	6	3	1	0
Itching	7	4	2	1	0
Lesion Size	8	6	4	2	1
Discoloration	7	5	3	2	1

CONCLUSION

This 30-day case study demonstrates that an integrated Ayurvedic therapeutic regimen can effectively manage *Dushivishajanya Vicharchika*, resulting in significant symptomatic relief and lesion resolution. Serial follow-up assessments highlight the consistency of improvement across all clinical parameters.^[1] The outcomes suggest that classical Ayurvedic formulations, when used judiciously, may offer substantial benefits in managing toxin-mediated chronic skin disorders. Further controlled clinical studies are warranted.

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