



**“ROLE OF SHAMAN AND NITYA VIRECHAN IN THE MANAGEMENT OF
VICHARCHIKA (ATOPIC DERMATITIS)”: A CASE STUDY**

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Abstract

Background: In Ayurveda, Vicharchika, a type of Kshudra Kushtha, bears a strong clinical resemblance to atopic dermatitis. It is a Tridoshaja Raktapradoshaja Vikara with Kapha predominance. **Case Presentation:** A 55-year-old female presented with a 7-year history of recurrent, hyperpigmented, thickened, erythematous papular lesions with severe itching, burning sensation, and serous discharge distributed over her legs, back, abdomen, and hands. The condition was diagnosed as Vicharchika. **Intervention:** The patient was treated with a comprehensive Ayurvedic protocol comprising Nitya Virechana (daily therapeutic purgation) using Erand Bhrishta Haritaki Churna and a 30-day course of internal medications (Panchatikta Guggulu Ghrita, Amritadi Kwath, Sarivadi Vati, etc.) along with external applications (Panchvalkal Kwath bath, Mulethi Lepa, and 777 oil). **Outcome:** Assessment on day 0, 15, and 30 based on subjective parameters (Kandu, Srava, Daha, Shyavata, Rukshata) showed significant improvement. By day 30, symptoms like oozing, burning, and most of the dryness had resolved, while itching and discoloration were markedly reduced.

Conclusion: The combined regimen of Nitya Virechana and Shamana Chikitsa proved highly effective in managing this chronic case of Vicharchika, offering substantial symptom relief and visible skin improvement. This holistic approach presents a viable alternative for refractory atopic dermatitis.

Keywords: Vicharchika, Kushtha, Atopic Dermatitis, Nitya Virechana, Shamana Chikitsa, Ayurveda

Introduction:

In Ayurvedic literature, dermatological disorders are comprehensively classified under the broad heading of Kushtha, further subdivided into Mahakushtha and Kshudrakushtha [1]. Vicharchika, a subtype of Kshudrakushtha, is clinically analogous to eczema or atopic dermatitis in modern dermatology [2]. It is primarily a Tridoshaja condition (involving all three bio-humors) with a Kapha predominance and is notably a Raktapradoshaja Vikara, indicating vitiation of the Rakta Dhatu [3]. The pathogenesis involves the vitiation of Rasa , Rakta , Mamsa , and Kleda [4].

The characteristic features of Vicharchika include Kandu (pruritus), Pidika (papules/vesicles), Shyavata (discoloration/erythema), Srava (exudation), Raji (lichenification), Ruja (pain), and Rukshata (dryness) [5]. From a pathophysiological perspective, Vata manifests as dryness and pigmentation, Kapha as itching, and Pitta as exudation and burning sensation.

Atopic dermatitis is a chronic, inflammatory skin disease affecting a significant global population, with an estimated prevalence of 2–5% in children and young adults [6]. The Ayurvedic management of Kushtha revolves around Nidanaparivarjana (avoidance of causative factors), Shodhana (bio-purification), and Shamana (palliative therapy) [7]. Given the chronicity of Vicharchika, Shodhana Chikitsa, particularly Virechana Karma (therapeutic purgation), is emphasized for deep detoxification and long-term remission. This case study demonstrates the efficacy of a protocol integrating Nitya Virechana (daily purgation) with Shamana Aushadhis in a chronic case of Vicharchika.

Case Presentation

A 55-year-old female patient presented at the OPD of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur, with chief complaints of widespread skin lesions for

seven years. The lesions were hyperpigmented, thickened, erythematous, and papular, accompanied by intense itching (Kandu), a burning sensation (Daha), and serous discharge (Srava). The lesions were distributed over the abdomen, back, legs, and both hands. The patient had taken allopathic treatment previously with inadequate relief and sought Ayurvedic management.

Patient History:

- **Past History:** Known case of Hypertension (on medication).
- **Diet:** Vegetarian.
- **Bowels:** Irregular with constipation.
- **Agni (Digestive Fire):** Mandagni (low).
- **Ayurvedic Examination:**
 - **Prakriti (Constitution):** Pitta-Kapha
 - **Nadi (Pulse):** Pitta-Kapha
 - **Jihva (Tongue):** Sama (coated)
 - **Sparsa (Touch):** Anushna (not hot)

Diagnosis: Based on the clinical features, a diagnosis of Vicharchika (Atopic Dermatitis) was established.

Samprapti (Pathogenesis): Nidana Sevana (causative factors) → Agnimandya (weakened digestion) → Kapha Pradhana Tridosha Prakopa (vitiation of all doshas, predominantly Kapha) → Vitiation of Twaka, Rakta, Mamsa, and Ambu (skin, blood, muscle, and water elements) → Manifestation of Kandu, Srava, Pidika leading to Vicharchika.

Materials and Methods

Study Design: Single case interventional study.

Treatment Protocol:

The treatment plan was structured as follows:

1. **Nidanaparivarjana:** Avoidance of causative factors.
2. **Nitya Virechana:** Daily administration of Erand Bhrishta Haritaki Churna (5 gm) at bedtime (HS) for 30 days to induce mild purgation and facilitate daily detoxification.

3. **Abhyantar Chikitsa (Internal Medications):** Administration of internal medicines for 30 days as detailed in Table 1.
4. **Bahya Chikitsa (External Applications):** Local applications as per Table 1.

Table 1 : Internal medication for 30 days

Sr. no	Medication	Method of administration	Number of days
1	Panchtikta Guggulu Ghrita	2 tsf BD with milk after food	30 days
2	Amritadi kwath	100 ml twice daily before food	30 days
3	Sarivadi vati	500 mg BD after food	30 days
4	Sheetpittabhanjan ras	2 ratti BD with gud after food	30days
5	Panchnimb churn	5 gm BD after food	30 days
6	Panchwalkal kwath	For bath	30 days
7	Mulethi churn +Dahi +Erand tail	Local application for whole body .wash after 30 minut	30 days
8	777 oil	For local application	30 days
9	Erand bhrust haritaki churn	5 gm HS	30 days

Assessment Criteria: The patient was assessed on day 0 (baseline), day 15, and day 30 based on subjective parameters graded on a 4-point scale (0-3), as defined in Table 2.

Table No. 2: Showing Grading of Subjective Parameters

Kandu (itching)	Grade	Rukshta (dryness)	Grade
No itching	0	No line on scratching with nail	0
Mild or occasional itching	1	Faint line on scratching by nail	1
Moderate itching (tolerable), frequent	2	Excessive dryness leading to itching	2
Very severe itching (disturbing sleep and other activity)	3	Dryness leading to cracks and bleeding	3

Srava (oozing)	Grade	Pidika (papular eruption)	Grade
No discharge	0	No papular eruption	0
Moisture on the skin lesion	1	Mild developed papular eruption	1
Occasionally discharge	2	Moderate developed papular eruption	2
Discharge	3	Severely spread all over the body	3

Shyava Varna (skin discoloration)	Grade	Daha (burning sensation)	Grade
Normal color	0	No	0
Not normal but near to normal	1	Mild, occasional	1
Reddish discoloration	2	Moderate, continuous	2
Deep black reddish discoloration	3	Severe, continuous with disturbing sleep	3

Results

The results of the clinical assessment across the three time points are presented in Table 3. Photographic documentation supported the clinical findings

Table 3: Clinical Improvement Assessment

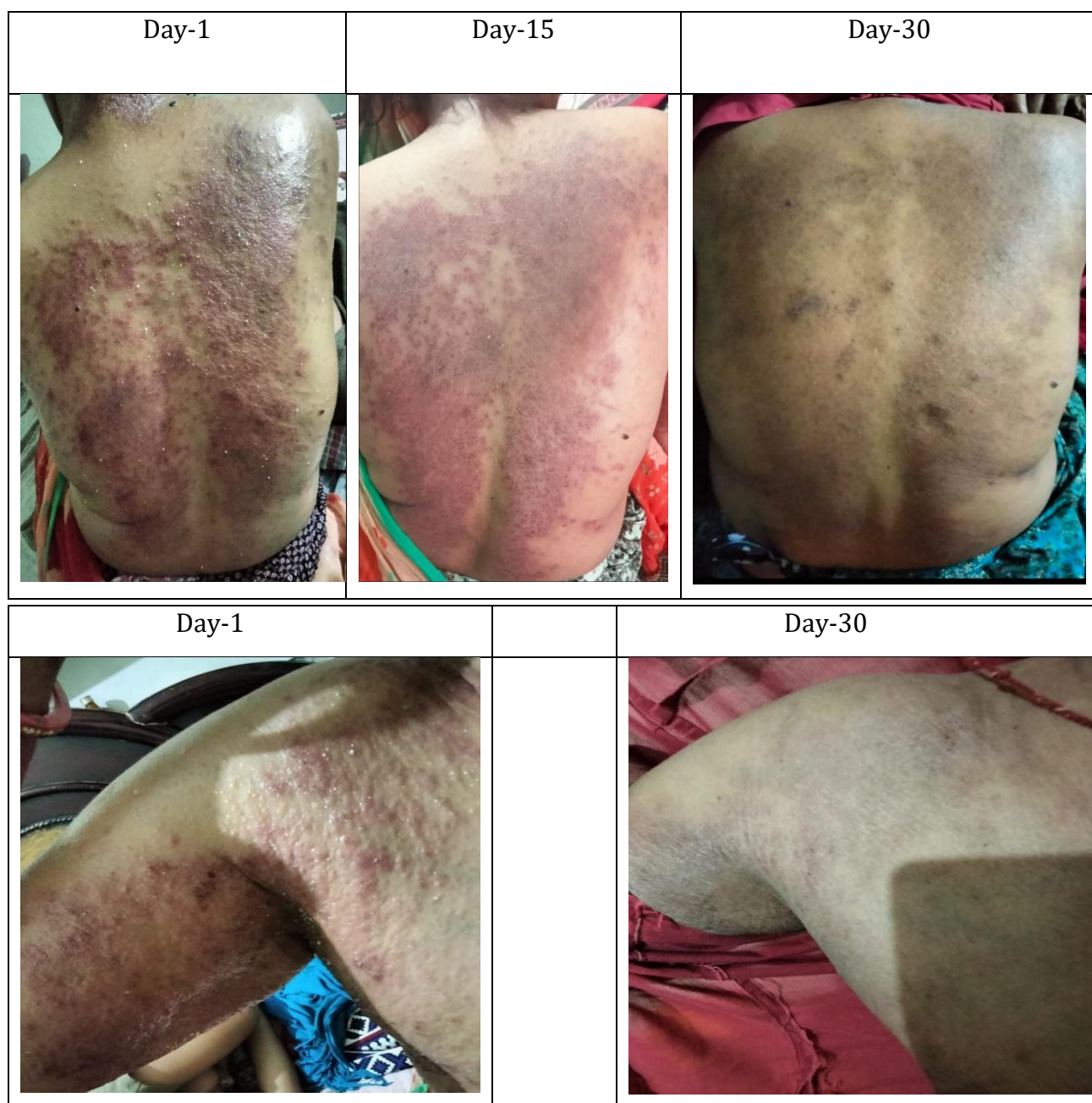
Time Point	kandu (itching)	rukshta (dryness)	srava (oozing)	Pidika (papular eruption)	shyava varna (skin discoloration)	Daha (burning sensation)
Day 0	3	3	3	3	3	3
Day 15	2	2	1	2	2	1
Day 30	1	0	0	0	1	0

Observations:

A marked reduction in all symptoms was observed by day 15. By day 30, symptoms like Srava (oozing), Daha (burning), Rukshata (dryness), and Pidika (papules) were completely resolved. Kandu (itching) and Shyava Varna (hyperpigmentation) showed significant improvement but were still mildly present. The old, scaly layers dried and exfoliated, and skin texture improved considerably.

Photographic Evidence:

Visible improvement noted in post-treatment images, including clearance of lesions and pigmentation reduction.



Day 0 (Before Treatment) - *[Image Description: Hyperpigmented, erythematous, papular lesions with scaling]*

Day 30 (After Treatment)- *[Image Description: Significant clearance of lesions, reduced erythema and scaling]*

Discussion

The management strategy successfully targeted the core Samprapti of Vicharchika. **Nitya Virechana** with Erand Bhrishta Haritaki served as a crucial Shodhana procedure, facilitating the daily elimination of vitiated Doshas, especially Pitta and Kapha, from the body via the Kosta. This regular, mild purgation helped reverse the pathogenesis at its root by correcting Agnimandya and preventing further formation of Ama and vitiation of Rasa and Rakta Dhatu [8].

The internal **Shamana Aushadhis** worked synergistically:

- **Panchatikta Guggulu Ghrita:** Acting as a Srotoshodhaka and Raktashodhaka, this medicated ghee purified micro-channels and blood, reducing systemic inflammation [9].
- **Amritadi Kwath and Sarivadi Vati:** These formulations effectively pacified Pitta and Rakta, controlling inflammation, burning, and itching.
- **Sheetpittabhanjan Ras and Panchnimb Churna:** Provided anti-allergic and antimicrobial actions, addressing hypersensitivity and preventing secondary infection.

The external applications played a vital role in symptomatic relief and local healing. **Panchvalkal Kwath** bath provided astringent and wound-healing properties. The paste of **Mulethi (Yashtimadhu)** with **Dahi** and **Eranda Taila** moisturised the deeply dry skin, pacified local Vata and Pitta, and reduced itching. **777 Oil**, derived from *Wrightia tinctoria*, is known for its potent anti-inflammatory and antipruritic effects in skin disorders.

This multi-modal approach ensured comprehensive detoxification (Shodhana), systemic pacification of Doshas (Shamana), and local symptomatic management (Bahya Parimarjana), leading to the significant clinical improvement observed.

Conclusion

This case study demonstrates the remarkable efficacy of an integrated Ayurvedic treatment protocol featuring Nitya Virechana and Shamana Chikitsa in managing chronic, refractory

Vicharchika (Atopic Dermatitis). The strategy effectively addressed the Tridoshaja and Raktapradoshaja nature of the disease, providing substantial relief from debilitating symptoms and significantly improving the patient's quality of life. This holistic approach underscores the potential of Ayurveda as an effective therapeutic modality for managing challenging dermatological conditions.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this case study.

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Nil.

Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. The patient understood that her name and initials would not be published and due efforts would be made to conceal her identity.

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