

CASE STUDY

Ayurvedic Intervention in Chronic Atopic Dermatitis: A Case Report on Vicharchika (Eczema)

Vatsal Parmar and Manu R

Department of Kayachikitsa, Parul Institute of Ayurveda, Parul University, Limda, Vadodara, Gujarat, India
- 391760

Corresponding Author – Dr Vatsal Parmar

Email ID – vnparmar1997@gmail.com

ABSTRACT

In this case study, a 40-year-old man came to the Kayachikitsa outpatient department at the Parul Institute of Ayurveda in Gujarat with chronic recurrent skin lesions, including erythema, edema, severe itching, crusting, desquamation, vesicle development, and exudation. An Ayurvedic examination revealed that the illness was Vicharchika, a Raktapradoshaja Vikara that mainly affects Kapha Dosha. The patient received Ayurvedic treatment for five months, which included applying Somaraji Taila (medicated oil) topically and ingesting Khadirashtak Kwatha (herbal decoction). Regular clinical evaluations were conducted to monitor the effectiveness of treatment. Following treatment, an evaluation revealed that all symptoms had totally subsided, with no recurrence or adverse effects. The study was conducted in accordance with the ICH-GCP and Declaration of Helsinki criteria. The outcome shows how Ayurvedic treatment, which balances Dosha and Dhatu to address the root cause, may offer a thorough and effective substitute for conventional eczema treatment. However, more extensive studies are needed to validate these findings.

Keywords: Vicharchika, Atopic dermatitis, Kshudra Kushtha, Khadirashtak Kwatha, Somaraji Taila, Raktapradoshaja Vikara.

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INTRODUCTION

The skin, the body's most sensitive organ, serves as an essential barrier to keep out pollutants, allergies, and infections. All across the world, skin conditions are prevalent, particularly in children and people from lower socioeconomic backgrounds where personal hygiene is often lacking. Severe weather has also been shown to increase the risk of skin infections [1].

In Ayurveda, Vicharchika is classified under Kshudrakushtha and shares clinical traits with eczema. Even though the etiology of this Raktapradoshaja Vikara involves all three Doshas, the Kapha Dosha is primarily vitiated. It is commonly stated that the underlying cause of Kustha (skin issues), Agnimandya (impaired digestive fire), Dosha, and Dhatu vitiation is Viruddha Ahara (an inappropriate diet). [2]

According to contemporary medical terminology, eczema, also called atopic dermatitis, is a chronic, recurrent inflammatory skin condition. Memory T-cells play a major role in mediating this delayed-type (Type IV) hypersensitivity immune response. [3]

Symptoms and Indications (Based on Current Science):

1. In most cases, the disorder begins with red, puffy patches, intense itching, and skin spots that ooze now and then, leaving behind scars.
2. The biggest bother is the itch itself; it naggingly returns until a person scrapes, loosening the skin and letting the problem spread.
3. Because everybody reacts differently-affected by flare-up triggers and baseline sensitivity-the outward signs can look mild on one person and worse on another.

4. In harsher or long-lasting cases, the surface breaks down, showing angry pink zones, tiny fluid-filled blisters (vesicles), larger bullae, and swollen, raised bumps (edematous papules); that severe, unrelenting itch follows these changes [4]

Pathophysiology of Eczema

Although there are a number of etiologies for eczema, or atopic dermatitis, the pathologic process most commonly follows the same sequence of immunologic stimulation and inflammation of the skin.

The major skin cell in the epidermal layer of the skin, the keratinocyte, is a direct cause of eczema. Keratinocytes get hyperactive and multiply excessively in eczema. This causes accelerated skin cell turnover and production of inflammatory mediators, most notably cytokines.

Interleukin-1, or IL-1, is one of the first cytokines released when the skin is damaged, either by trauma, irritants, or immunologically. It causes a cascade response of inflammation. Neutrophil

Migration into the skin is characteristic for most eczematous conditions because IL-8, another essential cytokine, is an invitation to mobilize neutrophils, a white blood cell.

The process is also aided by the immune system. The perivascular lymphocytic infiltration is a type in which immune cells produce interferons, which cause lymphocytes to migrate around small blood vessels in the skin. [5]

Pathophysiology of Kustha

The majority of diseases, including Vicharchika, are caused by Agnimandya or diminished digestive fire, as stated by Ayurveda. A toxic, undigested waste product, Aam, is produced when food is badly digested due to an inefficient digestive process. Tridosha doshic imbalance is the consequence of this Aam's disruption of the doshic balance of the three doshas—namely, Pitta, Kapha, and Vata.

Kleda, or waste fluid or excess water, is laid down in the body as a result of this imbalance. As body tissues and doshas (Ashraya-Ashrayi Sambandha) are dependent upon each other, this vitiation extends and engages many tissues, including

Muscle tissue, or mamsa

Twak, or skin tissue

Lasika (lymph or interstitial fluid)

Blood, or Rakta

Vicharchika, as defined by thickness of the skin, redness, seepage, and itching, is the end product of this chain of pathological changes.

CASE REPORT

When a 40-year-old man arrived at the Kayachikitsa Outpatient Department (OPD) of the Parul Institute of Ayurveda in Gujarat, he complained of recurrent skin rashes on the extensor surface of his foot. The lesions included blistering, peeling, fissuring, seeping, edema, erythema, and intermittent bleeding. The inflammatory, itchy, and erythematous skin condition has worsened over the past three years.

Despite receiving modern medications during his previous therapy at several allopathic facilities, the patient reported little improvement, and the lesions kept spreading to neighboring areas. Following a friend's recommendation, he chose to study Ayurvedic management and presented at the Parul Ayurveda OPD. At the time of consultation, the patient's general health was stable and he was not taking any medications.

Clinical Findings

The patient was consulted on July 3rd, 2024, in the OPD of Parul *Ayurveda* Hospital for *Ayurvedic* treatment.

General Examination

- The patient appeared anxious, with loss of appetite and constipation.
- Tongue: Coated.
- Bladder & Bowel Function: Normal micturition and bowel movements.

Ayurvedic Assessment

- *Prakriti: Vata-Pitta*
- *Samhanana (Body Build): Madhyama (Moderate)*
- *Sara (Tissue Quality): Madhyama*
- *Pramana (Body Proportions): Sama (Balanced)*
- *Satmya (Adaptability): Madhyama*
- *Satva (Mental Strength): Madhyama*
- *Vyayam Shakti (Exercise Tolerance): Madhyama*
- *Ahar Shakti (Digestive Power): Heena (Weak)*

- *Jaran Shakti* (Metabolic Power): *Heena* (Weak)
- Gait: Normal

Neurological Examination

- Speech & Higher Mental Functions: Normal
- Cranial Nerves: Intact
- Motor Examination:
- Bulk, Tone, Power, and Coordination: Normal bilaterally in both upper and lower limbs.
- **Sensory Examination:**
 - **Joint Position Sense & Vibration Sensation:** Normal bilaterally

Laboratory & Biochemical Investigations

| TEST | RESULT |
|-------|--------|
| HBA1C | 5.5% |
| ESR | 8 |

Table 1: Baseline Laboratory Profile of the Patient

Dermatological Complaints

- The patient has been experiencing **recurrent skin rashes** over the **extensor surface of the foot** for the past **three years**.
- **Symptoms**
 - Redness, edema, and blistering
 - Cracking, oozing, and occasional bleeding
 - Severe pruritus (itching), leading to sleep disturbances
- **Pattern:** Chronic and recurrent

SUBJECTIVE CRITERIA

| PARAMETER | 0 | 1 | 2 | 3 |
|--------------------------|--------|------|----------|--------|
| KANDU(ITCHING) | ABSENT | MILD | MODERATE | SEVERE |
| RUKSHATA(DRYNESS) | ABSENT | MILD | MODERATE | SEVERE |

Table 2: Subjective Assessment Criteria for Vicharchika

Treatment Plan

According to authoritative texts, the treatment plan was developed using the traditional Ayurvedic principles for the treatment of eczema, or Vicharchika. Given that the condition exhibited a preponderance of Kapha Dosha involvement, as evidenced by symptoms like skin discoloration, coolness to the touch, severe pruritus, slow progression, and a feeling of weight in the lesions, the therapeutic approach placed a strong emphasis on Kapha-pacifying interventions. In order to improve Agnibala (digestive strength) and restore Dosha balance, this involved applying external treatments, administering suitable herbal formulations, and making dietary changes (Pathya-Apathya).

Dietary Recommendations

Advised Foods (Easily Digestible & Wholesome):

- Green leafy vegetables (especially those with a **bitter taste**, e.g., *neem*, bitter gourd)
- Light and easily digestible foods

Foods to Avoid (Kapha-Aggravating & Heavy to Digest)

- Sour foods (e.g., tamarind, pickles, citrus fruits)
- Dairy products (milk, curd)
- Heavy meats (especially meat of animals from marshy areas)
- Fish
- Jaggery
- Sesame seeds & sesame-based products

Lifestyle & Supportive Therapies

- *Yoga* & Meditation: Recommended for stress management, which plays a crucial role in reducing inflammatory skin conditions.
- Daily Routine (*Dincharya*): Encouraged regular bowel movements and maintaining skin hygiene to prevent recurrence.

INTERVENTION

On July 3, 2024, the patient was diagnosed with eczema based on classical symptoms, including recurrent rashes, pruritus, redness, and skin inflammation. Ayurvedic treatment was initiated immediately, with a focus on internal and external therapies.

1. Internal Medication: Take 20 ml of Khadirashtak Kwath twice daily before meals to reduce inflammation and cleanse the blood.
2. Topical Use: Somraji Taila: This treatment is applied topically to affected areas to lessen redness, itching, and thickness of the skin.

TREATMENT AND FOLLOWUP PROGRESS:

- Fast Reaction: The patient's itching significantly decreased during the first few days of treatment.
- Gradual Improvement: Over time, rashes decreased in size and severity, and skin inflammation decreased.
- Long-Term Management: After receiving the same treatment for five months with regular check-ups, the patient demonstrated consistent improvement.

Outcome Measures & Follow-Up

With strict adherence to Ayurvedic treatment, dietary modifications, and lifestyle guidance, the patient experienced significant clinical improvement and nearly complete remission from eczema symptoms.

Duration of Treatment and Compliance:

- For five months, the patient faithfully adhered to the suggested Ayurvedic treatment regimen. Regular follow-ups ensured close monitoring of treatment compliance and progress.

RESULTS

- Itching significantly decreased during the first few days, improving the quality of sleep.
- Within the first month: Reduced skin redness, irritation, and leaking. By the end of the fifth month, all symptoms, including itching, skin thickening, and seeping, have subsided, and no new lesions have emerged. By the third month, rashes had significantly shrunk in size and were hardly reoccurring.

Overall Impact:

- The patient fully recovered from symptoms he had suffered from for the past three years solely through Ayurvedic treatment.
- No relapse or adverse effects were reported during or after the treatment period.

Pharmacological Basis of Khadirashtak Kwath & Somraji Taila

1. Khadirashtak Kwath

Acharya Charaka's description of Khadirashtak Kwath in Kushtha Chikitsa for Kapha-Pittaj Kushtha is in line with Acharya Charaka's (Kapha Pradhan) and Acharya Sushruta's (Pitta Pradhan) descriptions of the pathophysiology of Vicharchika. Pharmacological Features and Action Mechanism: Crucial components include Khadira, Amalaki, Bibhitaki, Haritaki, Neem, and Guduchi.

- Rasa (taste): Tikta (bitter) predominates.
- Guna (qualities): Laghu (light) and Ruksha (dry)
- Vipaka: Post-digestive effect (Katu) (pungent)
- Virya (potency): Ushna (heat)

The primary Dosh actions that cause kapha-pacifying are Tikta Rasa, Laghu-Ruksha Guna, Katu Vipaka, and Ushna Virya. Pitta-Pacifying: By displaying Madhura Vipaka and Shita Virya, some elements balance Pitta Dosh.

Kushthaghna (anti-skin disease) and Kandughna (anti-itching) properties are among the therapeutic effects.

Assistance with Pharmacological Research:

Antistress, anti-inflammatory, analgesic, antibacterial, wound-healing, antiallergic, antihistaminic, and anthelmintic qualities are among them. By preventing Vicharchika from developing, these traits reduce skin lesions, irritation, and pruritus.

2. Somraji Taila

Acharya Chakrapanidatta talks about Somraji Taila in Chakradatta (Kushtha Chikitsa Chapter) and shows how effective it is in all eighteen forms of Kushtha Roga, including Vicharchika. Pharmacological Features and Mode of Action: Key ingredients include Bakuchi, Haridra, Daruharidra, Sarshapa, Aragvadha, Kushtha, Karanja, Chakramarda, and Gomutra.

- Base Oil: Sarshapa Taila (mustard oil); Rasa (taste): Mostly Tikta (bitter).
- Guna (qualities): Laghu (light) and Ruksha (dry) Ushna (hot); Virya (potency); Vipaka: Katu (pungent) (post-digestive effect)

The main dosha action, kapha-vata pacifying, is the responsibility of Ushna Virya and Katu Vipaka. Itching, inflammation, and skin thickening are reduced by the anti-pruritic and anti-eczema qualities of kandughna and kushthaghna.

Role of Sarshapa Taila (Mustard Oil) as Base:

- The properties of Snigdha (unctuous), Ushna (hot), Kapha-Vataghna (Kapha-Vata pacifying), Kandughna (anti-itching), Kushthaghna (anti-skin disease), Krimighna (antimicrobial), and Lekhana (scraping/keratolytic) improve penetration and absorption. Khadirashtak Kwath and Somraji Taila effectively address Kapha-Pitta involvement in Vicharchika, reducing skin lesions, inflammation, and itching on multiple levels. Because of their antibacterial, wound-healing, and immune-modulatory properties, they disrupt the pathophysiology of eczema and provide long-term symptom relief.

DISCUSSION

Weeping lesions, redness, scaling, and frequent itching are the hallmarks of atopic dermatitis, also referred to as eczema, a chronic inflammatory skin condition. The cornerstones of traditional treatment are corticosteroids and antihistamines; although they may reduce symptoms, stopping them usually results in recurrence and adverse side effects. Ayurveda, on the other hand, provides a holistic approach by using detoxification and dosha-balancing treatments to address the root cause.

This case study illustrates the effectiveness of Ayurvedic treatment for eczema, with a focus on the use of Somraji Taila (a topical oil) and Khadirashtak Kwath (an internal herbal decoction). The 40-year-old male patient's three-year-old eczema, which was chronic and resistant to treatment, dramatically improved in a matter of months. The illness was classified under Raktapradoshaja Vikara, which means it involved vitiated Rakta (blood) and Kapha Dosha, and was primarily Kapha-dominant, according to Ayurveda. Vicharchika was the diagnosis [1].

In this case, the Ayurvedic approach focused on both internal cleansing and external symptom relief. The suggested Khadirashtak Kwath, which contained ingredients like Khadira, Neem, and Guduchi, acted as a blood purifier and anti-inflammatory (Raktashodhaka). Its bitter taste (Tikta Rasa), light and dry qualities (Laghu-Ruksha Guna), and heated potency (Ushna Virya) all balanced the Pitta and Kapha Doshas, reducing inflammation, itching, and oozing. Current pharmacological research supports the antibacterial, antioxidant, and anti-inflammatory properties of these herbs, further validating their use in eczema treatment.

Somraji Taila, a medicinal oil infused with Bakuchi, Haridra, and mustard oil, was a major contributor to the alleviation of symptoms. Because of its anti-itching (Kandughna) and anti-skin disease (Kushthaghna) properties, it effectively reduces skin irritation, dryness, and thickness. Mustard oil's Lekhana (scraping) and penetration-enhancing properties allowed the powerful herbal ingredients to be absorbed more deeply, resulting in prolonged comfort [2].

The patient experienced a significant reduction in itching, irritation, and recurrence following five months of Ayurvedic therapy. Unlike corticosteroids, which can cause dependence and skin thinning, Ayurvedic formulas tried to treat the underlying disease rather than just suppress its symptoms. The absence of recurrence even after stopping the medication further supports its efficacy and durability.

In this instance, dietary and lifestyle modifications were crucial. The patient was advised to follow a Kapha-pacifying diet that avoided heavy, greasy, and sour foods and included easily digested meals and bitter vegetables. This is consistent with the teachings of Ayurveda, which emphasize the importance of Ahara, or nutrition, in the treatment of disease. Stress-reduction techniques like yoga and meditation were also recommended because eczema has a psychosomatic component.

This case study provides compelling evidence for the potential of Ayurvedic treatment for chronic skin disorders. However, larger clinical trials are needed to confirm these findings on a larger scale. Future studies should focus on standardizing Ayurvedic formulations and understanding their molecular mechanisms in order to successfully integrate them into traditional dermatological treatment.

In conclusion, this case illustrates how Ayurveda could offer a comprehensive, safe, and long-lasting alternative to conventional eczema treatments. By addressing the root cause and combining external therapy, internal purification, and dietary modifications, Ayurveda provides a practical approach to treating chronic and recurrent skin conditions like eczema.

CONCLUSION

Both Kapha and Pitta involvement were effectively treated by the Ayurvedic treatment of Vicharchika (eczema) with Khadirashtak Kwath and Somraji Taila. Through its Tikta Rasa, Laghu-Ruksha Guna, and Ushna Virya, Khadirashtak Kwath's internal administration assisted in blood cleansing, reducing inflammation, and controlling excessive Kapha building. In addition, applying Somraji Taila externally, which is enhanced by Kushthaghna and Kandughna qualities, decreased skin thickening, itching, and irritation.

The pathogenesis was disturbed by Vicharchika combined pharmacological actions, which included antibacterial, anti-inflammatory, antioxidant, antihistaminic, and wound-healing properties. After three years of suffering, the patient only needed Ayurvedic treatment to achieve complete symptom relief in five months. This illustration demonstrates how conventional Ayurvedic remedies can successfully treat persistent skin conditions without producing any undesirable side effects.

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