

# AYURVEDIC MANAGEMENT OF VICHARCHIKA (HAND ECZEMA) WITH KOSHITA SHODHANA AND SHAMANUSHADHI: A SINGLE CASE REPORT

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## ABSTRACT

**Background** – Chronic hand eczema (CHE) is common and burdensome, affecting an estimated 9-14% of adults and frequently leading to relapsing symptoms, occupational impairment, and diminished quality of life despite standard care with topical corticosteroids, immunomodulators, or phototherapy. Therapeutic limitations include tachyphylaxis, local atrophy, and recurrence after treatment cessation. In *Ayurveda*, *Vicharchika* is described as *Kapha-pradhana Tridoshaja* condition with characteristic *kandu* (itching), *pidika* (vesicles), *bahusrava* (oozing), and *shyava varna* (discoloration), suggesting a rationale for initial *dosha* elimination followed by a focused *Shamanoushadhi* regimen measured with the validated Hand Eczema Severity Index (HECSI). **Objectives** – To evaluate the clinical efficacy and safety of sequential *Koshta Shodhana* (therapeutic purgation) and *Shamanoushadhi* (internal and topical medication) for chronic *Vicharchika*, using HECSI to quantify disease severity at predetermined timepoints. **Methods** – A 58-year-old male farmer with a 2-year history of bilateral hand eczema refractory to conventional therapy underwent a staged *Ayurvedic* protocol. Phase I comprised *Koshta Shodhana* with *Ichhabhedi Rasa* (single-day purgation, 4 stools achieved with post-*virechana* convalescent diet). Phase II comprised a 30-day *Shamanoushadhi* regimen: *Panchanimbadi Vati*, *Pumarnava Mandura*, *Aragwadadi Kashaya*, *Khadirarishta*, and topical *Jatyadi Gritha*, with *Kapha-Pitta* pacifying diet and occupational counseling (irritant avoidance, sun protection). Primary outcome was change in HECSI from baseline to Day 15 and Day 30. Secondary outcomes included changes in symptoms grades (itching, oozing, vesiculation, dryness, discoloration), tolerability, and functional recovery (sleep, daily activities). **Results** – HECSI decreased from 87 (severe) at baseline to 28 (moderate) at Day 15 and to 2 (almost clear) at Day 30, corresponding to a 98.4% reduction. Symptom resolution was complete for itching, oozing, and vesicles by Day 30, with marked improvement in dryness and discoloration. The regimen was well tolerated: purgation was uneventful (no dehydration, syncope, or cramps), no adverse events were recorded, adherence exceeded 90%, and sleep and daily functioning improved notably by the second week. **Conclusion** – A sequential *Ayurvedic* approach-initial *Koshta Shodhana* to address *Kapha-Pitta* predominance and subsequent *Shamanoushadhi* for anti-inflammatory, antimicrobial, and *Ropana* (healing) support- was associated with rapid and substantial improvement in chronic *Vicharchika*, quantified by large HECSI reductions and full resolution of key symptoms, with excellent tolerability. These findings support feasibility and justify prospective controlled studies to confirm effectiveness, durability of remission, and generalizability across CHE subtypes and occupational exposures.

**KEYWORDS:** *Vicharchika*, Hand Eczema, *Koshta shodhana*, *Shamanoushadhi*, *Panchanimbadi vati*, *Jatyadi gritha*, HECSI.

## INTRODUCTION

Ayurveda classifies skin diseases broadly into *Mahakushta* (major) and *kshudrakushta* (minor), *Vicharchika* is one among *kshudra kushta*. All 18 types of *kushta* are caused by *saptha kushta dravya sangraha* that is seven folds pathogenic elements of *kushta*(*vata, pitta, kapha, tvak, rakta, mamsa,ambu*).<sup>[1]</sup> According to *Acharya Charaka vicharchika is kapha-pradhana tridoshaja* disorder.<sup>[2]</sup> it has the characteristics like *Pidaka* (eruptions/vesicles) over the skin appears with *sakandu* (Itching), *shyava* (Dark pigmentation), and with *Bahusrava* (Profuse discharge).<sup>[3]</sup> From a contemporary perspective, *Vicharchika* closely aligns with eczema (dermatitis), clinically presenting with pruritic, erythematous, vesicular, weeping and crusting lesions with variable lichenification.

Conventional treatment modalities for chronic hand eczema typically include topical corticosteroids, calcineurin inhibitors, systemic immunomodulators, and phototherapy. Despite established efficacy, these approaches may be limited by relapse after discontinuation, tachyphylaxis, local atrophy, and patient-specific contraindications. Consequently, there is a clinical need for complementary, patient-centered strategies that reduce inflammatory burden while improving skin barrier repair and symptom control.

Ayurvedic therapeutics recommends a sequenced approach: *Shodhana* (purificatory interventions) to eliminate vitiated *doshas*, followed by *Shamana* (dosha-pacifying internal medicines and topical agents), supported by *Pathya* (diet regulation), *Yoga* (stress modulation), and *Rasayana* (rejuvenation and tissue support). In *Kapha-Pitta* predominant presentations marked by oozing and vesiculation, *Virechana* (therapeutic purgation) is especially indicated. The present case applies this canonical sequence- *Koshta Shodhana* followed by a focused *Shamanoushadhi* regimen and medicated *gritha* topical therapy -and documents outcomes using a validated hand eczema severity index to align with modern clinical reporting standards.

## CASE REPORT

A 58-year-old farmer (Mr. P.) presented to the Department of *Kayachikitsa* with a 2-year history of bilateral hand dermatitis characterized by intensely pruritic, erythematous, scaly plaques over the dorsal aspects of both hands, complicated by fissuring, serous oozing, and sleep disturbance. Multiple courses of conventional therapy-including topical corticosteroids and emollients-had yielded only transient benefit, with prompt relapse on tapering or discontinuation. Based on clinical features and Ayurvedic assessment, a working diagnosis of *Vicharchika* (correlate of eczema/dermatitis) was made, with *Kapha-Pitta* predominance inferred from oozing, vesiculation, and erythema.

**Ethics and Consent** – Written informed consent was obtained for treatment and publication, including clinical photographs. Patient identity was anonymized. An institutional ethics waiver was obtained in accordance with case-report policy.

## PATIENT DETAILS

- Name – Mr.P. (anonymized)
- Age/Sex – 58-year-old Male
- Residence – Hiremyageri, Gadag district, Karnataka
- Occupation – Farmer (prolonged sun exposure; repeated pesticide contact)
- Diet/Lifestyle: Frequent tea (4-5/days); preference for spicy, sour, fried food; irregular sleep due to pruritus
- Past Medical History: No diabetes, hypertension, or chronic systemic illness reported

- Family History – Non-contributory

Comment on exposure relevance: Recurrent occupational exposure to sun and agricultural chemicals likely acted as irritant/aggravating factors. These were addressed through counseling, protective measures, and diet-lifestyle modifications during treatment.

#### GENERAL EXAMINATION

- Vitals: Pulse 82/min; BP 130/80 mmHg; RR 16/min; Temp 97. 2°F
- Systemic Examination: CNS- alert and oriented; CVS-S<sub>1</sub>S<sub>2</sub> normal, no murmurs; Respiratory-bilateral air entry clear, no added sounds
- Dermatological Examination: Dorsal aspects of both hands showed erythematous, scaly plaques with fissures and serous oozing; excoriations present; areas of hyperpigmentation and early lichenification noted; tenderness minimal; no secondary infection clinically evident.

#### ASHTAVIDHA PARIKSHA

- *Nadi* – 78/min, *Vata-Pittaja nadi*
- *Mala* – *Prakruta*, once daily
- *Mootra* – *Prakruta*, 5-6 times/day
- *Jihwa* – *Nirlipta*
- *Shabdha/Sparsha/Drik* – *Prakruta*
- *Akriti* – *Madhyama*
- *Ahara shakti* – *Abhyavarana* and *Jarana shakti* – *Madhyama*
- *Vaya* – *Madhyama*

Interpretation: Baseline physiology consistent with *Vata-Pitta prakriti*; clinical presentation indicates *Kapha-Pitta* vitiation at the site (*tvak/rakta*), aligning with *Vicharchika* phenotype.

#### DASHAVIDHA PARIKSHA

- *Prakruti* – *Vata-Pittaja prakriti*
- *Vikruti* – *Kapha*-predominant vitiation; *Tridoshaja*
- *Sara* – *Rakta sara*
- *Samhanana* – *Madhyama samhanana*
- *Pramana* – *Madhyama*
- *Satva* – *Pravara satva*
- *Satmya* – *Katu, Amla, Lavana rasa*
- *Vyayama* – *Pravara*

Interpretation: *Kapha* predominance with *Rakta* involvement supports an approach prioritizing *Koshta Shodhana* (to address *Kapha-Pitta* with oozing) followed by *Kapha-Pitta shamana*, supported by diet/lifestyle optimization.

**Table 1: Grading of Subjective Parameter (0-3)**

Higher scores indicate greater severity; when regions differed, the highest severity observable was recorded.

Parameter	0	1	2	3
<b>Kandu (itching)</b>	No itching	Mild or occasional	Moderate, frequent	Very severe; disturbs sleep/activities
<b>Rukshata (Dryness)</b>	No line on nail scratching	Faint line on nail scratching	Excessive dryness with itching	Cracks and/or bleeding
<b>Srava (Serous discharge)</b>	No discharge	Moisture present	Occasional discharge	Continuous discharge
<b>Pidika (Papular/Vesicular)</b>	None	Mild papules/vesicles	Moderate papules/vesicles	Severe spread across area(s)
<b>Shyava Varna (Discoloration)</b>	Normal color	Near normal	Reddish discoloration	Deep black-reddish discoloration

#### Notes

- Higher scores indicate greater severity.
- When severity varied across subregions of the hands, the highest severity in the clinically dominant area was recorded at each visit.

**Table 2: Hand Eczema Severity Index (HECSI) – Baseline (Day 0) Assessment method.**

HECSI Baseline (Day 0): Regional clinical signs, intensity sums, extents, and regional scores

Region	Erythema	Infiltration /Papulation	Vesicles	Fissures	Scaling	Oedema	Intensity	Extent	Regional score
<b>Fingertips</b>	0	0	0	0	0	0	0	0	0
<b>Fingers (except tips)</b>	3	2	3	2	3	2	15	3	45
<b>Palm</b>	0	0	0	0	0	0	0	0	0
<b>Back of Hand</b>	2	1	2	2	3	1	11	2	22
<b>Wrist</b>	1	1	2	2	3	1	10	2	20
<b>Total HECSI</b>									87
<b>Severity ategory</b>									Severe

#### HECSI Calculation

- Regions assessed: Fingertips, Fingers (except tips), Palm, Back of hand, Wrist.
- Signs scored 0-3: Erythema, Infiltration/Papulation, Vesicles, Fissures, Scaling, Oedema.
- Extent per region: 0 (0%), 1 (1-25%), 2 (26-50%), 3 (51-75%), 4 (76-100%)
- Intensity sum  $\times$  Extent = Regional score
  - Fingertips –  $0 \times 0 = 0$
  - Fingers –  $15 \times 3 = 45$
  - Palm –  $0 \times 0 = 0$
  - Back of hand -  $11 \times 2 = 22$
  - Wrist –  $10 \times 2 = 20$
- Total HECSI: Sum of 5 regional scores = **87**
- Severity category – Severe

Table 3: Assessment Criteria for HECSI.<sup>[4]</sup>

Total HECSI Score (Sum of HECSI Scores)	Score of 0-360
HECSI Score	Severity
0	Clear
1 to 16	Almost clear
17 to 37	Moderate
38 to 116	Severe
≥117	Very severe

HECSI score obtained before treatment – 87(Severe)

Table 4: Hematological and Biochemical Parameters (Baseline).

PARAMETERS	VALUE	REFERENCE RANGES	Interpretation
AEC	460 cells/Cumm	< 500 cells/cu mm	Borderline eosinophilia
Hemoglobin	9.7 g/dl	12-16 g/dl	Anemia
ESR	40 mm/1hr	< 20 mm/hr	Elevated inflammation
TLC	7,800 cells/Cumm	4000-11,000 cells/Cumm	Normal
Monocytes	06%	2-10 %	Normal
RBC	3.95 mill/Cumm	4.5-5.5 million/cumm	Mildly reduced
Packed cell volume (HCT)	29.5%	36-47%	Low; supports anemia
RBS	90.3 mg/dl	< 140 mg/dl	Normal

### Clinical Interpretation

Pattern suggests anemia with elevated ESR, consistent with a chronic inflammatory dermatosis flare and possible nutritional insufficiency. Glycemia is normal. No leukocytosis or monocytosis to suggest acute systemic infection.

HAEMATOLOGY	Values	Ref. Range
AEC	460 cells/cumm	40-440 cells/cu mm
Hemoglobin	9.7 G/dl	M:12-18G/dl F:11-16G/dl
TOTAL WBC COUNT	7,800 cells/cumm	4,000-11,000 C/Cu mm
DIFFERENTIAL COUNT		
Polymorphs	68 %	AD:40-70% CH:30-50%
Lymphocytes	26 %	AD:20-40% CH:40-60%
Monocytes	06 %	AD:0-04% CH:0-05%
ESR(at the end of 1hr)	40 mm/1hr	M:01-10mm/1st hr F:01-15mm/1st hr
PLATELET COUNT	4.62 Laks/cumm	1.5-4.5laks/cu mm
RED BLOOD COUNT	3.95 mill/cumm	M:4.0-6.5 mill/cumm F:3.5-5.5 mill/cumm
PACKED CELL VOLUME (HCT)	29.5 %	M:40-55% F:34-5.5%
MCV	75 fl	76-97fl
MCH	24.6 pg	26.5-33.5pg
MCHC	33.0 g/dl	30-35g/dl
BIO CHEMISTRY		
RANDOM(RBS)		
RANDOM BLOOD SUGAR	90.3 mg/dl	80-160mg/dl

Lab Technician

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**Figure 1: Before Treatment bilateral hand lesions (Dorsal).**



**Figure 2: Follow up- bilateral hand lesion (Day 15).**



**Figure 3: After Treatment Bilateral hand (Day 30).**

**TREATMENT GIVEN****Table 5: Shamanaoushadhi (Internal medicine and Topical Application).**

Sl. No	Medicine	Dose (Matra)	Timing (Aushadhaseva na kala)	Anupana	Duration	Rationale
1.	<i>Icchabhedi rasa</i> (tablets)	2 Tablets (500 mg)	Morning,	Water with sugar	1 Day	Induces Purgation, and Balances Pitta-Kapha dosha
2.	<i>Panchanimbadi vati</i> (Tablets)	2Tablets (500 mg)	Twice a day (After food)	water	30 days	Balances kapha-pitta dosha
1.	<i>Tab.Punarnava Mandura</i> (Tablets)	1Tablets (250 mg)	Twice a day (After food)	Freshly prepared buttermilk	30 days	Rasayana and Raktavardhaka
2.	<i>Aragwadadi kashaya</i>	10 ml	Twice a day (Before food)	Luke warm Water	30 days	Deepana-Pachana, Kapha shamaka
3.	<i>Khadira arishta</i>	15 ml	Twice a day (After food)	Water	30days	Sarva-kushta nivarana
4.	<i>Jatyadi gritha</i> ointment	Thin layer on the lesions	Twice a day (topical)		30 days	Cleanses and heals the lesion

**Expanded Protocol****Phase I: Shodhana (Purgation)**

- *Icchabhedi Rasa*: 2 tablets (total 500 mg) administered once in the morning to achieve controlled *virechana* (purgation).
- *Anupana*: Water with Sugar.
- Response: Four purgative stools achieved within several hours; no adverse effects.
- Post-*virechana* diet: Warm water, light rice with buttermilk for the remainder of the day.

**Phase II: Shamana (Days 2-30)**

1. *Panchanimbadi Vati*: 2 tablets (500 mg) twice daily after meals; *Anupana*: water.
  - Rationale: *Kapha-Pitta* pacification, *krimighna*/anti-inflammatory, supports *kushta* management.
2. *Punarnava Mandura*: 1 tablet (250 mg) twice daily after meals; *Anupana*: freshly prepared buttermilk.
  - Rationale: Corrects anemia, *rasayana*, *shothahara*; supports *Rakta* and *Agni*.
3. *Aragwadadi Kashaya*: 10 ml decoction, before food; *Anupana*: lukewarm water.
  - Rationale: *Deepana-Pachana* and *Kapha shamana*; reduces oozing and inflammation.
4. *Khadirarishta*: 15 ml twice daily after meals with equal water.
  - Rationale: *Shothahara*, *raktaprasadana* (blood purification), supports skin healing in *kushta*.
5. *Jatyadi Gritha* (topical): Apply a thin layer quantity sufficient (QS) to lesions twice daily after gentle cleansing and drying.
  - Rationale: *Ropana* (Wound healing), *vrana shodhana*, antimicrobial barrier support, reduces fissures and promotes re-epithelialization.

**Diet and Lifestyle Counsel (30 days)**

- *Kapha-Pitta* pacifying diet; Prefer warm, light, easily digestible foods; avoid spicy, sour, fried and processed foods; reduce tea frequency.
- Hydration: Adequate warm water intake.

- Occupational measures: Protective gloves during pesticide handling; sun protection.

### Monitoring and Compliance

- Safety checks: Bowel tolerance post-purgation, hydration status, and skin integrity.
- Follow-ups: Day 15 and Day 30, HECSI scoring, and symptom grading.

1

**Table 6: Showing the Grading of Subjective Parameter Changes Baseline (Day 0), Day 15, After the Treatment (Day 30).**

- Scale:** 0-3 for each parameter, higher scores indicate greater severity.

Symptoms	Day 0	Day 15	Day 30
<i>Kandu</i> (Itching)	3	0	0
<i>Rukshata</i> (Dryness)	3	1	0
<i>Srava</i> (Oozing)	2	0	0
<i>Pidika</i> (Vesicles)	2	0	0
<i>Shyava varna</i> (Skin discoloration)	3	1	0

### Notes

- Grading followed the predefined 0-3 ordinal scales for each parameter.
- Where severity varied across subregions of the hands, the highest severity in the clinically dominant area was recorded at each visit.

**Table 7: Hand Eczema Severity Index (HECSI) – Follow up (Day 15).**

Region	Erythema	Infiltration /Papulation	Vesicles	Fissures	Scaling	Oedema	Intensity	Extent	Regional score
<b>Fingertips</b>	0	0	0	0	0	0	0	0	0
<b>Fingers (except tips)</b>	2	1	2	0	2	0	7	2	14
<b>Palm</b>	0	0	0	0	0	0	0	0	0
<b>Back of Hand</b>	2	0	1	1	2	0	6	1	6
<b>Wrist</b>	1	0	1	0	2	0	4	2	8
<b>Total HECSI</b>									<b>28</b>
<b>Severity category</b>									Moderate

### HECSI Calculation

- Regions assessed: Fingertips, Fingers (except tips), Palm, back of hand, Wrist.
- Signs scored 0-3: Erythema, Infiltration/Papulation, Vesicles, Fissures, Scaling, Oedema.
- Extent per region: 0 (0%), 1 (1-25%), 2 (26-50%), 3 (51-75%), 4 (76-100%)
- Intensity sum  $\times$  Extent = Regional score

Fingertips –  $0 \times 0 = 0$

Fingers –  $7 \times 2 = 14$

Palm –  $0 \times 0 = 0$

Back of hand -  $6 \times 1 = 6$

Wrist –  $4 \times 2 = 8$

**Total HECSI** – Sum of regional scores = **28**

Severity category - Moderate



**Table 8: Hand Eczema Severity Index (HECSI) – After Treatment (Day 30).**

Clinical signs	Fingertips	Fingers (except tips)	Palm of Hand	Back of Hand	Wrist
Erythema	0	0	0	0	0
Infiltration/Papulation	0	0	0	0	0
Vesicles	0	0	0	0	0
Fissure	0	0	0	0	0
Scaling	0	0	0	0	0
Oedema	0	0	0	0	0
Sum of Intensity scores	0	0	0	0	0
Extent	0	0	0	0	0

**HECSI Calculation**

**Region** – Intensity sum  $\times$  Extent = Regional score

Fingertips –  $0 \times 0 = 0$

Fingers –  $0 \times 0 = 0$

Palm –  $0 \times 0 = 0$

Back of hand -  $0 \times 0 = 0$

Wrist –  $0 \times 0 = 0$

**Total HECSI** – Sum of regional scores = **0**

Severity category –Clear

**Showing the Case timeline**

**Day 0:** Baseline assessment; HECSI 87; Purgation planned with *Icchabhedi Rasa*.

**Day 1:** Purgation achieved (4 stools); post purgation diet initiated.

**Day 1-30:** *Shamanoushadhi* regimen: *Panchanimbadi Vati*; *Punarnava Mandura*; *Aragwadadi Kashaya*; *Khadira Arishta*; *Jatyadi Ghrita* topical; *Kapha-Pitta* pacifying diet.

**Day 15:** Interim review; symptoms improved; HECSI 28 (Moderate).

**Day 30:** Final review; HECSI 0 (Clear); no adverse events; sleep improved.

**DISCUSSION**

According to Acharya Charaka, all types of *kushta rogas* are caused by *tridosha*, hence the treatment is given according to predominance or otherwise of *dosha* knowing from the respective symptoms. By prioritizing the treatment of the *dosha* with the most prominent symptoms should restore first and alleviate associated symptoms.<sup>[5]</sup> Even though Acharya Charaka has mentioned that *vicharchika* is *kapha pradhana*, *tridoshaja kushata*. Treatment has planned with *Koshta shodhana* to pacify the *pitta dosha*, because subject was having a major complaint as profuse discharge from the lesion, which is the symptom of *pitta dosha*.<sup>[6]</sup> Hence *koshta shodhana* with *Icchabhedi rasa* was prescribed. *Icchabhedi rasa* induces purgation and balances *pitta* and *kapha dosha*, subject had 4 episodes of purgation, after the purgation subject was asked to take warm water, soft rice with buttermilk.<sup>[7]</sup> Controlled purgation was achieved without complications, then transitioned to a multi-component *Shamanoushadhi* plan plus topical *ropana* support. This sequencing mirrors reports that cleansing procedures followed by targeted internal and external therapies improve symptom control and reduce relapse propensity in *Vicharchika* like presentation.

*Tab. Panchanimbadi vati* was prescribed which balances all the *tridosha*, mainly *pitta* and *kapha dosha* and it alleviates *vicharchika*, all types of *kushta*, fistula-in-ano, filaria and promotes health and longevity.<sup>[8]</sup> and it is antimicrobial, anti-inflammatory.

*Tab. Punarnava mandura* which is indicated in *panduroga* and in *kushta roga*.<sup>[9]</sup> *Aragwadadi Kashaya* which acts as *deepana* and *pachaniya dravya* and balances the *kapha dosha*.<sup>[10]</sup> which helps to reduce heaviness, oozing and scaling. *Khadirarishta* which is mentioned as *sarvakushta nivarana* (all kinds of *kushta*).<sup>[11]</sup> *Jatyadi gritha* external application which has the property to cleanse and heal the moist, painful and deep seated lesions.<sup>[12]</sup> It has the actions like *Ropana* and *vrana-shodhana* which promotes reepithelialization, reduce fissuring.

Total 1 month of treatment, subject was asked for follow up after 15 days, significant improvement was seen in terms of HECSI score and for rest of 15 days same treatment was continued. After 1 month of treatment schedule signs and symptoms were reduced and HECSI fell from a severe range at baseline (Day 0), Moderate range at follow up (Day 15) and clear at Day 30.

Thus, the result of this case report shows that, Ayurvedic medicine is helpful in effective management of *Vicharchika*.

## CONCLUSION

A sequenced Ayurvedic approach-initial *Koshta Shodhana* to address *Kapha-Pitta* dominance followed by multi-component *Shamanoushadhi* and topical *Jatyadi Gritha* -was associated with rapid, marked improvements in chronic *Vicharchika*, evidenced by large HECSI reductions and resolution of pruritus, oozing and vesiculation at one month. *Ayurvedic* system of medicine providing a potential alternative to conventional treatments and significantly improves patients quality of life.

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