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Case Study

EFFECT OF AYURVEDIC MEDICATION IN THE MANAGEMENT OF *VICHARCHIKA* W.S.R. TO PALMOPLANTAR ECZEMA

Shikha
Assistant Professor, Dept. of Kayachikitsa, Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja, U.P., India.

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ABSTRACT
The incidence of skin disorders resembling *Vicharchika* has increased in recent decades due to changing lifestyle patterns, including excessive exposure to detergents and chemicals, irregular dietary habits, stress, sleep disturbances and environmental irritants. These factors contribute to chronic, recurrent dermatological manifestations that significantly impair daily functioning and psychosocial wellbeing. *Vicharchika*, described under *Kshudra Kustha,* is characterized by itching, papules, oozing, discoloration and dryness, showing a close clinical resemblance to palmoplantar eczema described in modern dermatology. Contemporary treatment modalities, though effective in short-term symptom control, are often associated with relapse, dependency and adverse effects. Ayurveda, through its *Dosha-Dushya* based approach, *Shodhana–Shamana* therapies and *Rasayana* interventions, targets both symptoms and underlying pathophysiology, offering sustained improvement and reduced recurrence. Thus, the present study was undertaken to document the clinical outcome of Ayurvedic management in a case of *Vicharchika* w.s.r. to palmoplantar eczema. This work aims to contribute scientific evidence supporting the safe and effective potential of Ayurveda in managing *Vicharchika* and to encourage further clinical research.

INTRODUCTION
Palmoplantar eczema is a chronic inflammatory dermatosis affecting the palmar and plantar surfaces, characterized by erythema, pruritus, dryness, scaling, vesiculation, and painful fissuring [1]. Owing to the unique thickness of acral skin and continuous mechanical stress, lesions in these areas tend to be persistent and slow-healing. The condition significantly impairs daily functioning- patients may experience difficulty in gripping objects, performing routine household tasks, walking barefoot, and carrying out occupational work[2]. Recurrent fissures often lead to burning pain, sleep disturbance, and psychological distress. Chronicity and frequent relapses contribute to reduced quality of life, making long-term management challenging.

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In Ayurveda, the clinical features of palmoplantar eczema closely correlate with *Vicharchika*, a subtype of *Kshudra Kushtha*, characterized by *Kandu* (itching), *Rukshata* (dryness), *Pidika* (papulo-vesicular lesions), and *Bahusrava* (oozing) with chronic remissions and exacerbations [3]. The pathogenesis involves vitiation of *Tridosha*- predominantly *Kapha* and *Pitta*, along with *Rakta* and *Mamsa Dhatu Dushti*- leading to *Kleda Vriddhi*, *Twak-Dushti*, and impaired *Rasavaha* and *Raktavaha Srotas* [4]. Based on this understanding, the treatment protocol aims at reducing *Kleda* through *Kleda-Hara* and *Kapha-Pitta-Shamana* medicines, purifying and stabilizing *Rakta* to alleviate inflammation and burning, improving *Twak-Rogadhyata* (skin immunity/ resilience) using *Rakta-Prasadana Dravyas*, and addressing chronicity via *Shamana Aushadhis* and Local procedures (e.g., *Prakshalana*) targeting scaling, fissures, and infection risk.

Thus, the selected internal medicines and procedures were chosen specifically to break the *Samprapti*, reduce local inflammation, support healing of fissures, and prevent recurrence. The purpose of this

report is to document the clinical outcome of an Ayurvedic management protocol in a case *Vicharchika*. The study incorporates objective disease severity assessment using the Hand Eczema Severity Index (HECSI)[5], quality-of-life assessment using the Dermatology Life Quality Index (DLQI)[6] and photographic documentation. By systematically presenting symptom evolution, clinical reasoning, interventions used, and measurable outcomes, this case aims to demonstrate the potential effectiveness of integrative Ayurvedic management in *Vicharchika.*

AIMS AND OBJECTIVES

To evaluate the therapeutic effect of Ayurvedic mdeication in management of *Vicharchika* w.s.r. palmoplantar eczema.

MATERIALS AND METHODS

Case Description- A 40-year-old female visited P.L.R.D. Hospital, Khurja, U.P. in Kayachikitsa OPD with complaints of itching in bilateral hands, redness, burning sensation, dryness, cracks between the fingers and oozing since last 1 month. She gave history of similar complaints on and off since 12–13 years.

Past History- No history of hypertension, type 2 diabetes mellitus, coronary artery disease, chronic kidney disease, pulmonary tuberculosis, blood transfusion, any surgical intervention and any major trauma.

History of Present Illness- According to the patient she was asymptomatic 1 month back and then she developed itching in bilateral hands up to the wrist joint, redness, burning sensation, dryness and cracks between the fingers and oozing since 1 month. On enquiry, she said that symptoms began gradually and got progressively worsened over time. The itching was moderate to severe in intensity, gradual in onset, persistent throughout the day and worsened at night, occasionally disturbing her sleep. It got exacerbated even on contact with plain water, exposure to detergents or soaps and sunlight. It was associated with burning sensation in the same region which also got worsened after hand washing, on exposure to soaps, detergents and hot water.

She also reported the development of cracks between the fingers and on the palms, which appeared approximately 2 weeks after the onset of itching. These cracks were dry, sometimes oozing, especially when hands are stretched or exposed to irritants. The surrounding skin appeared red and dry, with occasional tightness or stiffness while moving the fingers. She gave no history of trauma, insect bite, fever, systemic symptoms and generalized skin involvement. She denied any recent changes in diet, medication, or personal care products.

The patient had undergone repeated allopathic treatments, but the symptoms relapsed consistently. Hence, she presented to our hospital seeking Ayurvedic intervention for better and sustained disease control.

Family History- No relevant family history

Personal History

- Diet- Veg, 2 times a day- morning- 2-3 chapatti with 1 bowl of sabzi, night- 3 chapatti with one bowl of dal.
- Bowel- 1-2 times a day, normal consistency.
- Micturition- 5-6 times a day, 1-2 times per night, pale in color, no burning micturition.
- Sleep- Disturbed, 5-6 hours per night, 1-2 hours in day time.
- Occupation- Homemaker
- Addiction- Addicted to tea (5-6 cups/day)

General Physical Examination

- Decubitus- Sitting comfortably
- Built- Well built
- Nutrition- Well nourished
- Pallor- Not present
- Icterus- Not present
- Cyanosis- Not present
- Lymphadenopathy- Not present
- Tongue- Moist, uncoated, pinkish in color
- Nails- Brittle, medium shaped, no koilonychia, no leukonychia
- Clubbing- Not present
- Edema- Not present

Systemic Examination

- C.V.S.- S1, S2 audible, no murmurs
- R.S.- Air entry fair bilateral, no added sounds
- G.I.T.- Abdomen- Soft, non- tender, bowel sounds present.
- C.N.S.- Conscious, well oriented to time, place and person, intact memory.
- L.S.- All joints are freely movable and non-tender.

Ashtavidha Pariksha

- *Nadi – Niyamita, Vata-Pittaj*
- *Mala*- 1-2 times a day, *Samanya Sangathan*
- *Mutra*- 5-6 times a day, 1-2 times per night, *Nirdaha.*
- *Jihwa- Anavruta*
- *Shabda- Spashta*
- *Sparsha- Unushanosheeta*
- *Drika- Nirmala*
- *Aakruti- Samanya*

Dashvidha Pariksha

- *Prakruti- Kapha-Pittaj*
- *Vikruti- Lakshana Nimittaj*
- *Saar- Twaka Saar*
- *Samhanana- Madhyam*
- *Pramana- Madhyam*
- *Satmya- Sarva Rasa Satmya*
- *Satva- Madhyam*
- *Ahara Shakti- Alapa*
- *Vyayama Shakti- Madhyam*
- *Vaya- Madhyamavastha*

Table 1: Clinical findings on dorsal and palmar surfaces of hand

Region	Clinical Findings
Dorsal surface	• Diffuse erythema • Marked dryness with scaling • Multiple fissures, especially around finger folds and inter-digital spaces • Excoriation marks due to scratching • Mild swelling around knuckles • Patchy post-inflammatory hyperpigmentation • Nail changes– mild roughness; no major deformity • No signs of secondary infection (no pustules/crusting) • Rough, thickened skin texture
Palmar surface	• Pronounced dryness • Fine scaling • Minimal erythema • No visible vesicles • Presence of healed fissures • Mild desquamation

Table 2: HECSI – Severity Score per Clinical Sign

Clinical Sign	Severity Score (0–3)	Reason/Observation
Erythema	2	Visible redness on dorsal surfaces
Induration / papulation	1	Mild thickening
Vesicles	0	None visible (chronic stage)
Fissures	2	Cracks on dorsal and palmar regions
Scaling	2	Moderate scaling
Edema	1	Mild fullness around knuckles
Subtotal Severity Score	**8**	

Table 3: HECSI – Area Score for Each Region

Region	Approximate % Area Involved	Area Score (0–5)
Fingertips	~50%	3
Fingers	~60–70%	3
Palms	~40–50%	3
Dorsal Hands	~70%	4
Wrists	<10%	1

Table 4: HECSI – Final Regional Scores (Region Score = Severity Total × Area Score)

Region	Severity Total	Area Score	Region Score
Fingertips	8	3	24
Fingers	8	3	24
Palms	8	3	24

Dorsal Hands	8	4	32
Wrists	8	1	8
HECSI Total = 24 + 24 + 24 + 32 + 8 = 112 (moderate to severe severity)			

Table 5: Patient-reported outcomes- DLQI with Score

DLQI Question	**Patient's Response**	**Score (0–3)**
1. Skin symptoms	Moderate–severe itching, pain on flexion due to fissures	2
2. Embarrassment or self-consciousness	Visible dorsal lesions cause some embarrassment	1
3. Clothing difficulties	Not affected	0
4. Daily activities	Difficulty doing household chores, exposure to water worsens symptoms	2
5. Work or study limitations	Affected due to pain during hand use	2
6. Leisure activities	Mild impact	1
7. Problems participating in sports	Not significantly applicable	0
8. Relationship difficulties	No major relationship disturbance	0
9. Sexual difficulties	No impact	0
10. Treatment burden	Some inconvenience due to repeated applications	1
Total score		**10**

Table 6: Subjective Parameter of *Vicharchika*

Symptoms	**Gradation**	**Score**
Kandu (itching)	No itching Itching present rarely **Itching disturbing patient's attention** Severe itching disturbing patients sleep	0 1 **2** 3
Srava (discharge)	No *Srava* **Occasional *Srava* after itching** Mild *Srava* after itching Profuse *Srava* making clothes wet	0 **1** 2 3
Pidaka (papules)	Absent 1- 2 *Pidaka* in one affected part 3- 4 *Pidaka* in one affected part **More than 4 *Pidaka* in one affected par**	0 1 2 **3**
Shyavata/Vaivarnyata (discoloration)	Normal skin colour **Brownish red discoloration** Blackish red discoloration Blackish discoloration	0 **1** 2 3
Rookshata (dryness)	No dryness Dryness with rough skin Dryness with scaling **Dryness with cracking**	0 1 2 **3**
Daha (burning sensation)	Absence of burning sensation in affected part **Rarely burning sensation in affected part** Continues burning sensation in affected part Disturbing patients sleep	0 **1** 2 3

Therapeutic Intervention- It comprised of systemic medications targeting *Deepana–Pachana*, *Tridosha Shamana*, *Rakta-Shodhana* and *Twak-Prasadana,* along with local *Prakshalana* using *Triphala Kwatha* and *Tankan Bhasma.* The patient was monitored throughout the treatment period and clinical outcomes were evaluated at the completion of therapy. The following medicines were administered for a duration of 30 days with follow up at 15 days interval.

Table 7: Therapeutic intervention

Medicine	**Dose**
Panchanimbadi Churna + Giloy Satva	5g +250 mg twice a day
Arogyavardhini Vati	1 tab thrice a day
Panchtikta Ghrita Guggul	2 tab twice a day (after chewing)
Manjishthadi Kwatha	20 ml with equal amount of water twice a day
Avipattikar Churna	10g once a day at bed time
Mahatikta Ghrita	5 ml empty stomach in morning
Triphala Kwatha + Tankan Bhasma	Daily for local *Prakshalana*

Procedure – *Prakshalana*

The *Prakshalna* procedure, utilizing *Triphala Kwatha* and *Tankana Bhasma*, was performed after thoroughly explaining the steps to the patient and ensuring aseptic precautions. To prepare the *Triphala Kwatha* 10gm of *Triphala Churana* was boiled in 160ml of water until reduced to one-fourth of its original volume. This decoction was then filtered and cooled to a lukewarm temperature. Subsequently, 250–500mg of *Tankana Bhasma* was added and thoroughly mixed. The affected palmoplantar areas were gently cleansed using sterile gauze or cotton soaked in the medicated *Kwatha* for 10–15 minutes. This careful application aimed to remove scales, discharge, and debris without causing irritation or trauma. Following *Prakshalana*, the treated area was gently patted dry, and appropriate external medication was applied. This procedure was carried out once or twice daily for a specified duration, contributing to *Kledahara* (reducing stickiness), *Vranashodhana* (wound cleansing), *Kandughna* (alleviating itching), and *Raktaprasadana* (blood purifying/soothing) effects, thereby reducing itching, inflammation, and local infection while promoting healing.

OBSERVATION & RESULT

Table 8: Subjective Ayurvedic grading

Symptoms	**Grade Before**	**Grade After**
Kandu	2	0
Srava	1	0
Pidaka	3	1
Shyavata/Vaivarnyata	1	0
Rookshata	3	1
Daha	1	0

Significant reduction *in Kandu, Srava, Pidika* and *Rookshata* was observed after treatment with almost complete remission of symptoms and improved daily activities and sleep.

Objective outcome (HECSI & DLQI)

Table 9: HECSI – Severity Score

Clinical Sign	**Severity Score before treatment**	**Severity Score after treatment**
Erythema	2	0
Induration / Papulation	1	0
Vesicles	0	0
Fissures	2	1
Scaling	2	0

Edema	1	0
Subtotal Severity Score	8	1

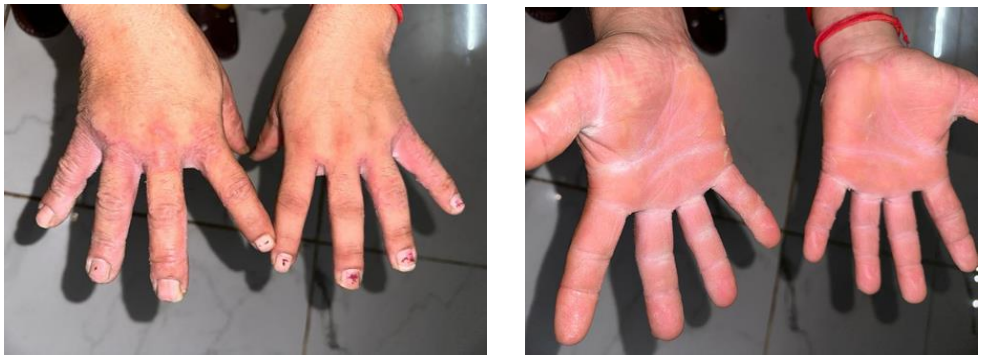
Table 10: HECSI – Final Regional Scores (Region Score = Severity Total × Area Score)

Region	Before Treatment			After Treatment		
	Approx. % Area Involved	Area Score	Region Score	Approx. % Area Involved	Area Score	Region Score
Fingertips	~50%	3	24	~10–15%	1	1
Fingers	~60–70%	3	24	~15–20%	1	1
Palms	~40–50%	3	24	~5–10%	1	1
Dorsal hands	~70%	4	32	~20–25%	2	2
Wrists	<10%	1	8	0%	0	0
HECSI Total	24 + 24 + 24 + 32 + 8 = **112** (moderate to severe severity)			1+1+1+2+0= **5**		

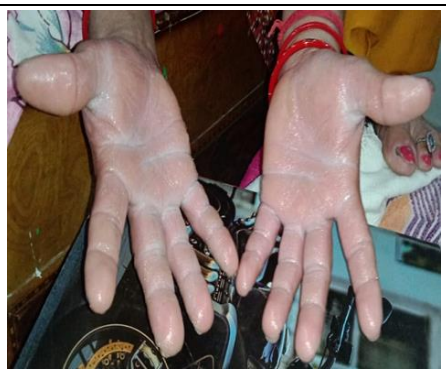
Table 11: DLQI with Score

DLQI Question	Score before treatment	Score after treatment
1. Skin symptoms	2	0
2. Embarrassment or self-consciousness	1	0
3. Clothing difficulties	0	0
4. Daily activities	2	0
5. Work or study limitations	2	1
6. Leisure activities	1	0
7. Problems participating in sports	0	0
8. Relationship difficulties	0	0
9. Sexual difficulties	0	0
10. Treatment burden	1	0
Total score	**10**	**1**

Photographic demonstration – Figure 1

Before Treatment


After Treatment

Mode of Action

The Ayurvedic treatment protocol for *Vicharchika* involved a combination of internal medicines and external applications, each contributing to breaking the *Samprapti* (pathogenesis) and promoting healing.

Panchanimbadi Churna + Giloy Satva

Panchanimbadi Churna- This is formulated using *Nimba, Aragwadha, Amalaki, Maricha,* and *Haridra* as its principal constituents[7]. The formulation is described to possess *Pitta-Shamaka, Kushthaghna, and Kandughna* properties. It is therapeutically indicated in conditions associated with vitiation of *Kapha dosha, Rakta Dushti,* and *Kandu (*pruritus). Among its ingredients, *Nimba* is considered the chief component. Owing to its *Tikta* and *Kashaya Rasa* along with *Laghu* and *Snigdha Guna***,** a significant *Pitta-Shamaka* effect is attributed to this drug, contributing to its efficacy in inflammatory and pruritic skin disorders [8].

***Giloy Satva* (*Tinospora cordifolia*):** This ingredient possesses immune-modulatory, antioxidant, antipyretic, anti-allergic and anti-inflammatory properties[9]. *Tinospora* species are traditionally regarded as effective in the management of various dermatological conditions, including acne, urticaria, scabies, wounds, and dermatophytic infections such as ringworm [10].

***Arogyavardhini Vati*:** This polyherbal-mineral formulation is utilized for skin ailments and improves overall good health by balancing all the three *Dosha* [11]. It is described as *Kushtaghna* (alleviating skin disorders), *Kandughna* (alleviating itching), *Deepan* (appetizer), *Pachan* (digestive), *Malasuddhikari* (cleansing waste material), and *Raktaprasadana* (purifying blood) and *Kledahara.* [12]

***Panchtikta Ghrita Guggul*:** The ingredients in this formulation possess *Tikta Rasa* (bitter taste) and *Laghu* (light) and *Ruksha Guna* (dry qualities), which contribute to anti-itching effects and the reduction of *Kleda* (stickiness) and *Vikrut Meda* (morbid fat) [13]. It acts as a *Vranashodhak* and is beneficial for balancing vitiated *Doshas* and acts on body waste such as *Kleda*, *Meda*, *Lasika*, *Rakta*, *Pitta*, *Sweda*, and *Shleshma* [14]. Key properties include *Deepan*, *Pachan*, *Strotoshodhak* (channel cleansing), *Raktashodhak* (blood purifying), *Raktaprasadak* (blood enhancing), *Kushtaghna*, *Kandughna*, and *Varnya* (improving complexion) [15]. Guggulsterones, active components in *Guggulu*, demonstrate anti-inflammatory activity and are used in skin disorders [16].

***Manjishthadi Kwatha*:** This traditional Ayurvedic formulation is frequently prescribed for various skin conditions [17]. It functions as a *Raktashodhak* (blood purifier) and possesses antioxidant, anti-inflammatory, and antibacterial properties, contributing to skin health [18]. Its actions include *Shothahar* (anti-inflammatory), *Kushtaghna*, *Vranropak* (wound healing), *Vedanashamak* (analgesic), *Kandughna*, and *Dahaprashaman* (alleviating burning sensation) [19].

Avipattikar Churna: It primarily functions as a laxative, assisting in the removal of toxins from the body and aiding digestion [20]. This action supports the elimination of metabolic waste products which can contribute to skin pathologies.

***Mahatikta Ghrita*:** Medicated ghee formulations (*Ghritakalpanas*) are significant in the Ayurvedic management of *Kushtha* (skin disorders), including *Vicharchika*[21]. *Ghrita* is known to be effective in addressing dryness of the skin [22].

Triphala Kwatha + Tankan Bhasma (Local Prakshalana)

***Triphala Kwatha*:** *Triphala* is recognized for its free radical-scavenging, antioxidant, anti-inflammatory, antibacterial, and wound-healing properties [23]. It exhibits anti-viral, anti-bacterial, anti-fungal, and anti-allergic properties [24]. Topical application of *Triphala* provides protective benefits to skin cells and supports wound repair and regeneration [25].

***Tankan Bhasma*:** Applied topically, *Tankan Bhasma* acts as an antiseptic and aids in removing debris, creating a favourable environment for healing [26]. *Tankana* is endowed with *Kaphavishleshana* and *Vatahara* properties, attributed to its *Katu Rasa, Ushna*

Virya, and *Tikshana Guna*. The combined action of *Katu Rasa* and *Tikshana Guna* facilitates deeper penetration of the drug enabling effective elimination of vitiated *Kapha Dosha.* As a result, clinical manifestations such as *Kandu* (pruritus) are alleviated [27].

DISCUSSION

The case of a 40-year-old female suffering from *Vicharchika* presented with significant subjective and objective symptomatology, indicating a moderate to severe disease burden (HECSI Total = 112, DLQI Total= 10). The long history of recurrent complaints underscored the challenging nature of this inflammatory dermatosis. The Ayurvedic management protocol aimed at addressing the multifaceted pathogenesis of *Vicharchika*, characterized by vitiation of *Tridosha*, particularly *Kapha* and *Pitta*, *Rakta*, and *Mamsa Dhatu*.

The observed significant improvements across all parameters post-treatment strongly suggest the therapeutic efficacy in the reduction in *Kandu* (itching), *Srava* (discharge), *Daha* (burning sensation), and *Rookshata* (dryness) in subjective Ayurvedic grading, along with a dramatic decrease in HECSI (from 112 to 5), reflects comprehensive healing.

The internal medications were strategically chosen to target systemic imbalances. *Panchanimbadi Churna* and *Arogyavardhini Vati* contributed to anti-inflammatory actions and the purification of *Rakta*, directly countering the inflammatory and exudative components of *Vicharchika*[28]. *Giloy Satva* further enhanced immunomodulation, antioxidant defense, and helped fight infections, which is crucial for chronic inflammatory states and tissue repair[29]. The *Panchtikta Ghrita Guggul* and *Manjishthadi Kwatha* played a pivotal role in purifying *Rakta*, mitigating itching and inflammation, aligning with their *Kushtaghna* and *Raktashodhak* properties[30]. The inclusion of *Avipattikar Churna* addressed digestive aspects by promoting detoxification and aiding in the removal of metabolic waste products that can contribute to skin pathology [31]. *Mahatikta Ghrita*, as a medicated ghee, was utilized in the management of *Kushtha* and *Vicharchika*, and is beneficial for dryness of the skin [32].

The local *Prakshalana* with *Triphala Kwatha* and *Tankan Bhasma* provided direct benefits to the affected palmoplantar surfaces. *Triphala Kwatha* contributed antibacterial, anti-inflammatory, and wound-healing properties, supporting the healing of lesions and reducing infection risk [33]. *Tankan Bhasma* provided antiseptic action and suppressed inflammation, aiding in debris removal and fostering a clean environment for healing [34]. The combined local application was crucial for managing scaling, fissures, and promoting local tissue regeneration. The significant improvement in both clinical signs and patient-reported quality of life underscores the effectiveness of this integrative treatment protocol

CONCLUSION

This case study demonstrates the significant therapeutic efficacy of a comprehensive Ayurvedic management protocol in a 40-year-old female patient with *Vicharchika*. The integrated approach, combining internal medications and external *Prakshalana* procedures, resulted in a notable reduction in disease severity. Objective assessments using the HECSI showed a decrease from 112 to 5, while subjective Ayurvedic gradations of *Kandu*, *Srava*, *Pidaka*, *Shyavata/Vaivarnyata*, *Rookshata*, and *Daha* also showed marked improvement or complete remission. This outcome was further corroborated by an improvement in the patient's daily activities and overall quality of life. The study suggests that Ayurvedic interventions, by addressing systemic imbalances and local symptoms, offer an effective approach for managing challenging dermatological conditions like palmoplantar eczema.

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***Address for correspondence**
Dr. Shikha
Assistant Professor,
Dept. of Kayachikitsa,
Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja, U.P., India.
Email- shikha.khokhar308@gmail.com